

Bundle Public Trust Board 10 October 2023

- 1 10:00 - Chair's Welcome and Note of Apologies
Lead: Sir David Nicholson Group Chair
Action: To note
Apologies Received: None for this meeting
In attendance
- 2 10:02 - Patient Voice
Lead: Hannah Murdoch, Head of Communications
Action: To inform
Presenters: Hannah Murdoch, Head of Communications
N MacDuff Nurse Consultant
Dr Thickett, Consultant Respiratory Physician
12172614 Patient Experience Amanda Cuff - YouTube
- 3 10:12 - Staff Voice - Quality Team
Lead: Alan Duffell, Group Chief People Officer
Action: To inform
Presenters: K Creedon, K Saville, R Spedding
- 4 10:22 - Declarations of interest
Lead: Sir David Nicholson, Group Chair
Action: To note
Pack A - Declarations Sept 23
- 5 10:23 - Minutes of the Previous Meeting of the Board of Directors held in Public on 1 August 2023
Lead: Sir David Nicholson, Group Chair
Action To approve
Draft RWT Public Trust Board Minutes 1 August 2023 v2 GN
- 6 10:25 - Board Action Points and Matters Arising and from the Minutes of the Board of Directors Meeting held in Public on 1 August 2023
Lead: Sir David Nicholson, Group Chair
Action: To review, update and for information
see also item 6.1
Pack A Public Board Oct 23 Actions
- 6.1 Reinforced Aerated Autoclaved Concrete (RAAC) Letter
Lead: Gwen Nuttall, Chief Operating Officer
Action To inform and assure
PRN00777 Reinforced aerated autoclaved concrete (RAAC) letter_05092023
- 7 10:29 - Chair's Report – Verbal
Lead: Sir David Nicholson, Group Chair
Action: To inform and assure
- 8 10:33 - Group Chief Executive's Report
Lead: Prof. David Loughton, Group Chief Executive
Action: To inform and assure
Group Chief Executive's Report to comprise of:
CEO Report
Trust Management Committee Chair's Report (item 8.1)
Winter Plan (item 8.2)
Pack A RWT Trust Board - Chief Executive Report 10.10.23
- 8.1 Trust Management Committee - Chair's Report (Reading Room)
Pack B RWT Trust Board TMC report 22.09.23

Lead: Gwen Nuttall, Chief Operating Officer

Action: To discuss and approve

In Reading Room:

Wolverhampton Place Winter Plan

Pack A FINAL Winter Plan front sheet October 2023 (002)

Pack A FINAL Winter Plan 2023-24

Pack A Appendix A - IP

8.2.1 B Pack - OneWolverhampton Winter Plan

For Reading Room - Information only.

Pack B - OneWolverhampton Winter Plan - RWT Board - October 23 - V0.1

Pack B Appendix 1 - OneWolverhampton Winter Plan

9 Support our Colleagues (SECTION HEADING)

9.1 10:38 - People Committee (PC) - Chair's Report

Lead: Allison Heseltine, Associate Non-Executive Director

Action: To inform and assure

Pack A Front Sheet RWT Chairs Report - People Committee FINAL vA

Pack A Summary RWT Chairs Report - People Committee FINAL vA

9.2 10:42 - Group Chief People Officer by exception Workforce Report

Lead: Alan Duffell, Group Chief People Officer

Action: To inform and assure

Comprises

Executive Workforce Metrics (item 9.2.1 Reading Room)

Pack A Executive Workforce Metrics

9.2.1 Executive Workforce Metrics (Reading Room)

Pack B Exec Workforce Report

10 Effective Collaboration (SECTION HEADING)

10.1 10:47 - Group Chief Strategy Officer Report

Lead: Simon Evans, Group Chief Strategy Officer

Action: To inform and assure

Comprises

Black Country Provider Collaborative Update (item 10.1.1 Reading Room)

Quality Improvement Team Update (item 10.1.2 Reading Room)

NHS Impact Maturity Matrix Self-Assessment (item 10.1.3 Reading Room)

Pack A RWT TB Group CSO Report Oct 23

10.1.
1 Black Country Provider Collaborative Update (Reading Room)

Lead: Simon Evans, Group Chief Strategy Officer

Action: To inform and assure

Pack B - Key Msgs BCPC Executive - September 2023

10.1.
2 Quality Improvement Team Update (Reading Room)

Lead: Simon Evans, Group Chief Strategy Officer

Action: To inform and assure

Pack B - RWT QI Rep September

10.1.
3 NHS Impact Maturity Matrix Self-Assessment (Reading Room)

Pack B Appendix 1 - NHS Impact Maturity Matrix Self-assessment TB Oct23

11 10:52 - Break

12 Improve the Health of our Communities (Section Heading)

Lead: Stephanie Cartwright, Group Director of Place

Action: To inform and assure

Pack A RWT Trust Board Group Director of Place report October 23

- 13 Excel in the Delivery of Care (Section Heading)
- 13.1 11:06 - Finance Committee - Chair's Reports
Lead: John Dunn, Deputy Chair/Chair Finance Committee
Action: To inform and assure
Pack A Chairs Report -Committee-Board August Final
Pack A Report to Board - Chairs Report F+P Sept
- 13.2 11:11 - Report of the Group Chief Financial Officer Months 4 and 5
Lead: Kevin Stringer, Group Chief Financial Officer
Action: To inform and assure
Comprises Month Finance Report (item 13.2.1 Reading Room)
Pack A M05 Board Report
Pack A M04 Board Report. Front sheet
- 13.2. Monthly Finance Reports (Reading Room)
1
Pack B M05 Board Report .pdf
Pack B M04 Board Report
- 13.3 11:16 - Audit Committee - Chair's Report
Lead: Julie Jones Non-Executive Director/Chair Audit Committee
Action: To inform and assure
Pack A Chairs report to Board October AC 12 September 2023
- 13.4 11:20 - Chief Operating Officer Report by exception Verbal Report
Lead: Gwen Nuttall, Chief Operating Officer
Action: To inform and assure
Comprises
Prioritising Elective Capacity Self Assessment Item 13.4.1 (reading room)
- 13.4. Prioritising Elective Capacity Self Assessment (Reading Room)
1
Part B TASK 52100 - Prioritising Elective Capacity Self Assessment
- 13.5 11:24 - Quality Committee (QC) - Chair's Report
Lead: Louise Toner, Non-Executive Director/Chair Quality Committee
Action: To inform and assure
Comprises
IQPR Quality Committee (Item 13.4.1 in Reading Room)
Pack A September 2023 QGAC Chairs Report. v1.1
- 13.6 11:29 - Chief Nursing Officers Report - by Exception
Lead: Debra Hickman, Chief Nursing Officer
Action: To inform and assure
Comprises
Patient Experience & Complaints Report (item 13.5.1 Reading Room)
Infection Prevention and Control Report/Update (item 13.5.2 Reading Room)
Bi-Annual Skill Mix Review (item 13.5.3 Reading Room)
Pack A Front Sheet CNO report - Trust Board version - September 23
Pack A Summary - CNO report - Trust Board version - September 23
- 13.6. Patient Experience & Complaints Report (Reading Room)
1
Lead: Debra Hickman, Chief Nursing Officer
Action: To inform and assure
Pack B TB - Patient Experience report - June July 2023 18092023v3 (002)
- 13.6. Infection Prevention and Control Report (Reading Room)
2

Lead: Debra Hickman, Chief Nursing Officer
Action: To inform and assure

Pack B - IP report TB Sept 23

13.6.
3 Nursing Workforce Skill Mix Review (Reading Room)

Lead: Debra Hickman, Chief Nursing Officer
Action: To inform and assure

Pack B Biannual Nursing Workforce Skill-mix review - Sept 2023

13.7 11:34 - Midwifery Services by exception Report

Lead: Tracy Palmer, Director of Midwifery
Action: To inform and assure

Pack A Maternity Services report - Sept 2023 TB

13.7.
1 Midwifery Services MBRRACE report (Reading Room)

Pack B Midwifery Services Report MBRRACE UK 21 (1)

14 11:37 - Any Other Business

14.1 Questions Received from the public

15 Integrated Quality and Performance Review Executive Summary

Lead Gwen Nuttall, Chief Operating Officer
Action: To inform and assure

Pack B IQPR August Report

16 Resolution

Lead: Sir David Nicholson, Group Chair
Action: To approve

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.

17 Date and Time of Next Meeting Tuesday 12 December 2023 at 10:00 am

18 Approved (and redacted if required) Minutes of Committee Meetings of the Board (for Information only)

18.1 People Committee Approved Minutes

Pack B PODC Mins 28 July 2023

18.2 Quality Committee Approved Minutes

Pack B Draft QGAC Minutes - July

18.3 Finance and Productivity Committee Approved Minutes

Pack B Performance + Finance Mins July TB Redacted

Pack B Finance & Productivity Mins 23.08.23

18.4 Trust Management Committee Approved Minutes

Pack B Trust Management Committee Minutes 21 July 2023

18.5 Audit Committee Approved Minutes

Pack B Minutes of the Audit Committee 26.5.23 approved at Sept 2023 meeting of

DECLARATIONS OF INTEREST – SEPTEMBER 2023

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

Adam Race	Director of HR & OD	Outside Employment	Dudley Integrated Health and Care NHS Trust	Employed as Interim Associate Director of People at DIHC from 4 April 2022
Alan Duffell	Group Chief People Officer	Loyalty Interests	UK and Ireland Healthcare Advisory Board for Allocate Software (Trust Supplier)	Member (unpaid)
Alan Duffell	Group Chief People Officer	Loyalty Interests	Chartered Management Institute	Member
Alan Duffell	Group Chief People Officer	Loyalty Interests	CIPD (Chartered Institute for Personnel and 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	Jason Ryall - Employee of KPMG.	Associate Director - Asset Management Advisory Sector, Infrastructure Advisory Group, KPMG.
Allison Heseltine	Non Executive Director	Loyalty Interests	Jake Meyers,	Future son in law works for Hydrock South West as a Senior Electrical Engineer.
Angela Harding	Associate Non Executive Director	Outside Employment	General Dental Council	People and Organisational Development Director
Angela Harding	Associate Non Executive Director	Outside Employment	Naish Mews Management Company	Director

Angela Harding	Associate Non Executive Director	Outside Employment	Inspired Villages Group	Executive Operations Director, integrated retirement community sector Replaces employment with the GDC Trustee for the Rotha Abraham Trust which was set up to advance medical research and practice to benefit the population of Wolverhampton. Unpaid role
Brian McKaig	Chief Medical Officer	Loyalty Interests	Rotha Abraham Trust	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
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David Loughton	Group Chief Executive	Loyalty Interests	Institute of Health and Social Care Management	Companion
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David Nicholson	Group Chairman	Outside Employment	Sandwell and West Birmingham Hospitals NHS Trust	Chair
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David Nicholson	Group Chairman	Outside Employment	Global Health Innovation, Imperial College	Visiting Professor
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David Nicholson	Group Chairman	Outside Employment	The Dudley Group NHS Foundation Group	Chairman
Debra Hickman	Chief Nursing Officer	Nil Declaration		
Gillian Pickavance	Associate Non Executive Director	Shareholdings and other ownership interests	Wolverhampton Total Health Limited	Director
Gillian Pickavance	Associate Non Executive Director	Outside Employment	Newbridge Surgery	Senior Partner at Newbridge Surgery Wolverhampton

Gillian Pickavance	Associate Non Executive Director	Outside Employment	Tong Charities Committee	Unpaid member of the Committee
Gwen Nuttall	Chief Operating Officer	Hospitality	Abbott Diagnostics	Meal sponsored by Abbott Diagnostics for an award ceremony for clinical staff.
Gwen Nuttall	Chief Operating Officer	Loyalty Interests	Calabar Vision 2020 Link	Trustee
John Dunn	Non Executive Director/Deputy Chair	Nil Declaration		

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

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

Julie Jones	Non Executive Director	Outside Employment	Solihull School Parents' Association	Trustee
Julie Jones	Non Executive Director	Outside Employment	Cranmer Court Residents Wolverhampton Limited	Director of leasehold management company
Keith Wilshere	Group Company Secretary	Shareholdings and other ownership interests	Keith Wilshere Associates	Sole owner, sole trader
Keith Wilshere	Group Company Secretary	Loyalty Interests	Foundation for Professional in Services for Adolescents (FPSA)	Trustee, Director and Managing Committee member of this registered Charity and Limited Company since May 1988.

Keith Wilshere	Group Company Secretary	Outside Employment	Walsall Healthcare NHS Trust	Group Company Secretary Continuance of previous employment supporting the Covid-19 Vaccination Programme as Senior Clinical Lead on an as and when required basis until October 2021.
Kevin Bostock	Group Director of Assurance	Outside Employment	Oxford Health NHS Foundation Trust via Orange Genie Umbrella Company	
Kevin Stringer	Group Chief Financial Officer/Group Deputy Chief Executive	Outside Employment	Healthcare Financial Management Association	Treasurer West Midlands Branch
Kevin Stringer	Group Chief Financial Officer/Group Deputy Chief Executive	Loyalty Interests	Midlands and Lancashire Commissioning Support Unit	Brother-in-law is the Managing Director

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

Kevin Stringer	Group Chief Financial Officer/Group Deputy Chief Executive	Loyalty Interests	National Institute of Health Research	Daughter works part-time for this organisation.
Lisa Cowley	Non Executive Director	Outside Employment	Beacon Centre for the Blind	Healthy Communities Together Project Sponsor
Lisa Cowley	Non Executive Director	Outside Employment	Beacon Centre for the Blind	CEO
Louise Toner	Non Executive Director	Outside Employment	Walsall Healthcare NHS Trust	Non-Executive Director

Louise Toner Non Executive Director Outside Employment Birmingham City University Professional Advisor

Louise Toner Non Executive Director Outside Employment Wound Care Alliance UK Trustee

Louise Toner Non Executive Director Outside Employment Birmingham Commonwealth Society Trustee

Louise Toner Non Executive Director Outside Employment Advance HE (Higher Education) Teaching Fellow

Louise Toner	Non Executive Director	Loyalty Interests	Birmingham Commonwealth Association	Chair of Education Focus Group and Member of Board of Directors
Louise Toner	Non Executive Director	Loyalty Interests	Greater Birmingham Commonwealth Chamber of Commerce	Member
Louise Toner	Non Executive Director	Loyalty Interests	Bsol Education Partnerships Group	Member
Louise Toner	Non Executive Director	Loyalty Interests	Health Data Research UK	Member/Advisor

Louise Toner	Non Executive Director	Loyalty Interests	Royal College of Nursing	Member
Louise Toner	Non Executive Director	Loyalty Interests	Nursing and Midwifery Council	Required Registration to practice
Martin Levermore	Associate Non Executive Director	Shareholdings and other ownership interests	Medical Devices Technology International Ltd (MDTi)	Ordinary shares
Martin Levermore	Associate Non Executive Director	Outside Employment	Nehemiah United Churches Housing Association Ltd	Vice Chair of Board paid position by way of honorarium

Martin Levermore	Associate Non Executive Director	Outside Employment	Medilink Midlands	Chair non-paid of not for profit medical industry network organization/association
Martin Levermore	Associate Non Executive Director	Outside Employment	New Roots Limited Charity	Chair of Trustees non-paid homeless charity
Martin Levermore	Associate Non Executive Director	Outside Employment	Her Majesty's Home Office	Independent Adviser to Windrush Compensation Scheme paid
Martin Levermore	Associate Non Executive Director	Outside Employment	Birmingham Commonwealth Association Ltd	Chair of Trade and Business non-paid not for profit association

Martin Levermore	Associate Non Executive Director	Outside Employment	Medical Devices Technology International Ltd (MDTi)	Chief Executive Officer paid of private Medical Device company
Martin Levermore	Associate Non Executive Director	Outside Employment	Commonwealth Chamber of Commerce	Executive member non-paid
Sally Evans	Group Director of Communicatons and Stakeholder Engagement	Outside Employment	Walsall Healthcare NHS Trust	Group Director of Communications and Stakeholder Engagement
Simon Evans	Group Chief Strategy Officer	Outside Employment	Walsall Healthcare NHS Trust	Group Chief Strategy Officer

Simon Evans	Group Chief Strategy Officer	Outside Employment	City of Wolverhampton College	Governor - unpaid
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Stephanie Cartwright	Group Director of Place	Nil Declaration
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Tracy Palmer	Director of Midwifery	Nil Declaration
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Umar Daraz	Non Executive Director	Nil Declaration
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Patrick Carter	Specialist Advisor to the Board	Director	JKHC Ltd (business services)	Director
Patrick Carter	Specialist Advisor to the Board	Director	Glenholme Healthcare Group Ltd	Director
Patrick Carter	Specialist Advisor to the Board	Director	Glenholme Wrightcare Ltd (Residential nursing care facilities)	Director
Patrick Carter	Specialist Advisor to the Board	Director	The Freehold Corporation Ltd (property; real estate)	Director
Patrick Carter	Specialist Advisor to the Board	Director	Primary Group Limited, Bermuda (Insurance & Re-Insurance)	Director
Patrick Carter	Specialist Advisor to the Board	Outside Employment	Primary Group Limited, Bermuda (Insurance & Re-Insurance)	Chair
Patrick Carter	Specialist Advisor to the Board	Outside Employment	NHS Improvement (Monitor)	Non Executive Director
Patrick Carter	Specialist Advisor to the Board	Outside Employment	Health Services Laboratories LLP	Chair
Patrick Carter	Specialist Advisor to the Board	Outside Employment	Scientific Advisory Board - Native Technologies Ltd (experimental development on natural sciences and engineering)	Member
Patrick Carter	Specialist Advisor to the Board	Outside Employment	Bain & Co UK	Advisor
Patrick Carter	Specialist Advisor to the Board	Outside Employment	JKHC Ltd (business services)	Business Services

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

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

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

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

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

Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Visa Inc (financial)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Wisdomtree Physical Swiss Gold (commodity)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Land/Property Owner	Villa in France	Owner
Patrick Carter	Specialist Advisor to the Board	Land/Property Owner	Farms, farmland, residential and tourist activities in Hertfordshire	Owner
Patrick Carter	Specialist Advisor to the Board	Non-financial interests - unremunerated directorships	CAFAO Ltd	Director (Member's own company which takes care of his family office matters)
Patrick Carter	Specialist Advisor to the Board	Non-financial interests - unremunerated directorships	The Freehold Acquisition Corporation Ltd (property; real estate)	Director
Patrick Carter	Specialist Advisor to the Board	Non-financial interests - unremunerated directorships	The Freehold Financing Corporation Ltd (property, real estate)	Director
Patrick Carter	Specialist Advisor to the Board	Non-financial interests - unremunerated directorships	Glenholme Senior Living (Bishpam Gardens) Ltd (nursing home)	Director

The Royal Wolverhampton NHS Trust (RWT)

Minutes of the meeting of the Board of Directors held on Tuesday 1 August 2023 at 10:00 am virtually via Microsoft Teams (MT)

PRESENT:

Sir David Nicholson	Chair
Mr J Dunn	Deputy Chair/Non-Executive Director
Mr S Evans	Group Chief Strategy Officer,
Mr A Duffell	Group Chief People Officer,
Prof. L Toner	Non-Executive Director,
Mr K Stringer (v)	Group Chief Financial Officer,
Ms G Nuttall (v)	Chief Operating Officer/Deputy Chief Executive,
Ms L Cowley	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 P Boyle	Group Managing Director of Research and Development,
Ms A Harding	Associate Non-Executive Director,
Ms A Heseltine	Non-Executive Director,
Mr K Wilshere	Group Company Secretary,
Ms T Palmer	Director of Midwifery,
Ms S Evans	Group Director of Communications and Stakeholder Engagement
Dr B McKaig	Chief Medical Officer
Dr U Daraz	Associate Non-Executive Director,
Mr M Levermore (v)	Non-Executive Director,
Dr J Odum (v)*	Group Chief Medical Officer,
Ms S Cartwright	Group Director of Place.

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

IN ATTENDANCE:

Ms S Banga	Operations Coordinator for the Company Secretary, RWT,
Ms M Zajac	Senior administrator for the Company Secretary, RWT,
Ms H Murdock	Head of Communications, RWT for Patient Story item,
Ms G Nightingale	Executive Assistant to Group Chief Executive, RWT,
Ms M Glover	Cardiac Rehabilitation Nurse Manager, RWT for Patient voice item,
Ms K Wooding	Interim Senior Matron for Cardiology, RWT for Patient voice item,
Ms J Watts	Head of IT Cyber Security, RWT for Staff voice item,
Mr J Lockley	Senior IT Cyber Security Technician, RWT for Staff voice item
Ms M Morris	Deputy Director of Nursing, RWT
Mr T Nash	Communications Officer, RWT
Mr M Ondrak	Wolverhampton Acute Branch Unison Branch Secretary & staff side lead RWT, member of Public, via MT
Mr P Terry	Member of the public
Mr A Tibbs	Business Development Director, Acacium Group, member of the public
Ms S Gill	Member of the public

APOLOGIES:

Lord Carter	Strategic Advisor to the Board,
Prof. D Loughton (v) CBE	Group Chief Executive Officer,
Ms D Hickman	Chief Nursing Officer

Part 1 – Open to the public

TB. 9191: Apologies for absence

Sir David noted apologies from Prof. Loughton, Ms Hickman and Lord Carter

TB. 9192: Patient Voice – Excel in the Delivery of Care

Sir David highlighted the importance of setting out the impact and outcome on Patients of services provided to them. Ms Evans said the story was of a Patient who was transferred to the Trust and had received care as part of his cardiac rehabilitation. She said he had received primary care elsewhere. She mentioned it gave insight on how the Trust interacted with other organisations and other Trusts when Patients were received from out of care together with post care. Introductions were made, Ms Wooding went through the pathways at the Trust. Ms Glover went through the rehabilitation process undertaken by the Patient at the Heart and Lung Centre at the Trust.

Ms Cowley said it was a positive story with positive feedback on the support provided by the Healthcare Support Worker, and the difficulty in obtaining psychology services was noted. She felt conversations should take place in how alternatives could be provided that would meet the needs of Patients. She said there were some highly skilled clinical nurse specialists who with some specific training could make a difference.

Ms Glover said there was a large amount of expertise within the nurse specialist teams, Allied Health Professionals and other highly skilled professionals, who with additional training and support would be in a position to do this but investment was required. Ms Wooding said joint work was being undertaken with RWT and Walsall Healthcare NHS Trust (WHT) to develop the Clinical Psychology Service between the 2 Critical Care Units.

Sir David thanked all and said the video highlighted the fantastic overall service provided at RWT together with highlighting the importance of Healthcare Assistants who provided great care and services to Patients.

Resolved: that the Patient Story be received and noted.

TB.9193: Staff Voice – IT Cyber Security Team

Mr Duffell introduced Ms Watts and Mr Lockley. He asked what key challenges were being faced by the team. Ms Watts said recruitment of skilled staff was a key challenge. She said Cyber covered a wide area of IT technology, and there was a high demand of experienced Cyber staff. She said the Trust had collaborated with WHT to offer Cyber Services to WHT and there had been a challenge in recruiting staff to support the team. She said the Trust had launched the first on-call service for Cyber in the region. She said there had been high volumes of malicious attempts of Cyber-attacks through avenues such as email internet-based attacks, even through the suppliers through the NHS. She said the team were looking at how to fully educate users across the Trust.

Mr Duffell asked what it was like to work for the Trust. Ms Watts said she had worked at the Trust for 13 years and positive support had been received from the management team. She felt as individuals' staff were listened to. She said the introduction of hybrid working had a positive impact on the team in enabling them to work in any location affectively as they worked across multiple sites, together with supporting GP practices across Walsall and Wolverhampton.

Dr Daraz asked about interaction with the University of Wolverhampton as the University had a training centre for Cyber security. Mr Duffell said pre-Covid discussions had taken place with

the University but due to Covid nothing progressed. Dr Daraz said he would liaise with Mr Duffell and Mr Bruce to see if he could progression this any further.

Ms Harding asked whether staff had an understanding of Cyber Security and did the team get frustrated with mistakes made by staff. Ms Watts said the team did not get frustrated they understood that the team were there to support users as they had a service to deliver. She said it was recognised that more education was required around Cyber Security especially in relation to detection of malicious emails, which was the area where the most risk was seen for end users.

Mr Dunn asked whether the team were content that the latest technology was available for them to undertake their work. He also asked what the number of Cyber-attacks received each week were. Ms Watts said the team had the relevant technology required to do the job at an adequate level. Ms Watts said as the Trust used NHS emails the Trust may not see all malicious emails and when they reached the team they had been compromised. She said across RWT and WHT around 15 NHS emails had been compromised each week which the team had analysed and recovered. She said the Trust would see hundreds of fire wall attacks across the internet daily. She said the Trust had at present been able to defend against the attacks. Mr Dunn thanked the team on how they kept the Trust safe on the number of Cyber-attacks which were received.

Sir David thanked all the team for all their work done at the Trust.

Resolved: that the Staff Voice item of the IT Cyber Security team be noted

TB. 9194: To receive declarations of interest from Directors and Officers

Sir David asked whether there were any new or changed declarations to be made. None were noted.

TB. 9195: Minutes of the meeting of the Board of Directors held on 6 June 2023

Sir David confirmed there were no amendments to the minutes of the meeting of the Board of Directors held on 6 June 2023.

Resolved: that the Minutes of the Board of Directors held on 6 June 2023 be approved as a true record

TB. 9196: Matters arising and Board Action Points from the minutes of the meeting of the Board of Directors held on 6 June 2023

6 June 2023/TB 9153

Strategic Delivery Plan – Year 1 (2023/24)

“Mr Evans together with relevant NED and Executive Director review board level metrics within the Strategic Delivery Plan – monitoring achievements of objectives to identify if they were input based or outcome based.”

Mr Evans confirmed the updated report was on the agenda for today’s meeting.

Action: it was agreed the action be closed.

6 June 2023/TB

OneWolverhampton Progress update Report

“A dashboard be created showing progress being made, to be reviewed by sub-Committees.”

Mr Evans confirmed the report was on the agenda for today’s meeting.

Action: it was agreed the action be closed.

6 June 2023/TB 9153

Strategic Delivery Plan – Year 1 (2023/24)

“Mr Evans to amend the wording on page 4 of the Strategic Delivery plan from WOD to PODC.”

Mr Evans confirmed the wording had been amended.

Action: it was agreed the action be closed.

6 June 2023/TB 9161

Group Chief People Officer - Workforce Report

“Staff sickness be reviewed at PODC.”

Mr Duffell confirmed the item had been added to the PODC agenda for July’s meeting.

Action: it was agreed the action be closed.

6 June 2023/TB 9155

Quality Governance Assurance Committee (QGAC) - Chair's Reports April and May

“Information be provided to QGAC to provide assurance as to whether the Trust would deliver what was mentioned within the Cancer delivery plan.”

Mr Nuttall confirmed a brief recovery report had been added to the agenda for the today’s meeting.

Action: it was agreed the action be closed.

6 June 2023/TB 9155

Mental Health Capacity Assessments

“Proposals be sought on how monitoring of the MACS in practice would take place.”

Dr McKaig said recent MCA audit (March 2023) found that MCA compliance remained around 51% across RWT. He said this due to a number of factors including new staff, winter pressures and the safeguarding adult’s team being less visible on the wards due to reduced capacity within the team. To remedy this, team had recently appointed a Band 6 MCA Deprivation of Liberty Safeguard (DoLS) nurse and a Band 3 Safeguarding Adults Healthcare to ensure the team were more visible on the wards. He said this had resulted in higher numbers of DoLS applications across the trust the past 5 months. He said the Trust was aiming to develop the Safeguarding Champions programme and reinvigorate the MCA service improvement project to ensure sustainability in the work being undertaking.

Dr McKaig said addition to this the team had met with the digital nursing team with the intention of adding the safeguarding team to the app to give MCA advice. He said this would expand the scope of staff the team would be able to contact and provide support to. He said the Safeguarding adult’s team were also researching MCA policies from other trusts with the intention of developing a stand-alone MCA policy. He said this would provide RWT staff and stakeholders with a better understanding of the application of the legislation with the aim of embedding it better across RWT. He said further audits were planned to monitor future compliance of MCA and our team are working collaboratively with other trusts within the Black Country Integrated Care Board (ICB) to develop stronger auditing processes.

He mentioned another recent audit on the quality of mental capacity assessments had demonstrated poor adherence to the record keeping policy. He said further to this, the safeguarding team were reviewing the current MCA form and putting procedures in place to review the quality of MCA’s completed for DoLS referrals. He said RWT had reviewed and amended the bespoke MCA / DoLS training package and had aligned it with WHT to ensure consistency for staff with the application of legislation across both sites. He said the team were undertaking some targeted MCA / DoLS training with the Divisional Leads for specific areas of RWT where compliance had identified further work was required.

Action: it was agreed the action be closed.

6 June 2023/TB 9151

OneWolverhampton Progress Update Report June 2023

“Mr Evans to provide information direct to Prof. Toner on what the remaining areas were where the Trust was non-compliant on priority 5, Patient referral and seeing Patients within 2 hours of referral.”

Mr Evans confirmed the relevant information had been provided to Prof. Toner.

Action: it was agreed the action be closed.

6 June 2023/TB 9150

Freedom to Speak Up Report

“Ms Flint to arrange a walkabout with Mr Dunn.”

Mr Dunn confirmed a walkabout had been arranged and to take place in July.

Action: it was agreed the action be closed.

6 June 2023/TB 9152

Quality Account

“The Quality Account be approved subject to circulation to the Board by email prior to publication.”

Mr Bostock confirmed the Quality Account was circulated and approval obtained.

Action: it was agreed the action be closed.

TB. 9197: Chair’s Report – Verbal Update

Sir David mentioned he attended a Board Dinner event for NHS England who were visiting the Birmingham and Solihull (BSOL) Integrated Care Board (ICB). He said there was mention of the industrial disputes and the impact on Patients. He said focus was also made to the Elective Recovery Programme, the importance of delivering the programme and reducing numbers on waiting lists. He said there was also mention of the plans for Urgent and Emergency Care particularly around winter and lastly the recovery plan for Primary Care. He said it was mentioned that these 3 items should be on Trust agendas.

Resolved: that the Chair’s Report – Verbal Update be noted

TB. 9198: Chief Executive's Report

Ms Nuttall introduced the report and highlighted Prof Cannaby, the Group Chief Nursing Officer had left the Trust to take a post as a Pro-Vice Chancellor at Coventry University. She said Prof. Loughton wanted to pass on thanks for all her hard work and contribution to the Trust.

Ms Nuttall said during June and July the Trust had safely managed the continued strike action undertaken by Doctors in training and Consultants. She mentioned strikes were also announced for August. She said the strikes had resulted on some appointments being cancelled which impacted Patients. She thanked everyone at the Trust who ensured the organisation was safe during the strikes.

Ms Nuttall finally mentioned the NHS celebrated its 75th birthday and Prof. Loughton wanted to express his thanks to NHS Staff past and present for their support.

Sir David said the contribution Prof. Cannaby made to the organisation was recognised by the Board. He acknowledged the fantastic effort people were making to mitigate the effects of the industrial action across the service notwithstanding times where Patients were not being treated during those circumstances. He also said thanked staff for their efforts to the NHS 75th anniversary.

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

Excelling in the Delivery of Care

TB. 9199: Elective Recovery Update Report

Ms Nuttall introduced the report and said this focussed on elective recovery and included cancer performance. She said there were a series of metrics which measured and benchmarked performance for elective recovery with a view of speeding up and improving outcomes and waiting times for Patients. She said the expectations for elective recovery at the end of June was that no Patient would wait 78 weeks on a waiting list unless it was their choice. She said there were a small number of Patients who had decided to make that choice and those Patients would not be removed from the waiting list but be recorded and reported differently. She said the Trust had failed the metric of no Patients waiting over 78 weeks in June, by 39 Patients waiting over that time period, spread across 3 specialities gynaecology, general surgery and urology. She said the metric was not achieved in July. She said there were 56 Patients waiting over 78 weeks again in those 3 specialities. She said the worse case scenario forecast for the end of August was there would be 50 Patients waiting over 78 weeks all of those Patients would be in the urological specialty. She said the Trust had a route to zero for waiting times over 78 weeks by the end of August for the specialties of gynaecology and general surgery.

Ms Nuttall said linked in with the 78 weeks, another key metric where focus was required was the metric of no Patients waiting over 65 weeks at the end of March 2024. She said currently all of the specialties that the Trust reported on were removing Patients at the required run rate to achieve 65 weeks. She said the additional industrial action, previously mentioned, had not been factored into the achievement of the 65 weeks. She said the Trust would not plan for any unexpected sickness and currently there was some reluctance in some quarters for consultants to undertake waiting list initiatives. She said therefore it was likely that the Trust would require other support which would include mutual aid from partners either within the Black Country or nationally and potentially insourcing or outsourcing. She said the Board was aware that the Trust had already agreed to some insourcing and outsourcing support. She said the actions required were multi factorial for 78 weeks including mutual aid and it did vary across what the Black Country Providers could provide and also nationally. She said validation was a key action required, especially for Patients waiting for an out Patient appointment. She spoke briefly about undertaking additional out Patient work where we can, alongside insourcing and internal productivity. Additional activity could also potentially result in additional income through the Elective Recovery Fund. She said plans were in place and presented to Performance and Finance Committee (P&F) for additional activity to increase activity to 107.3% of the plan which would earn a potential of additional £5.8m additional income. She said the trust was working through that contribution. She said Outpatients was an important transformational piece of work going forward due to the size of the waiting list. She said the expectations required were that the organisation focus on Patient initiated follow ups, reducing DNAs and validation. She mentioned there was a national go further faster programme, sponsored by Prof Tim Briggs, which focussed on 16 Outpatient specialties of which the Trust along with the whole of the Black Country were signed up to.

Ms Nuttall said one example of where there were lots of opportunities to improve productivity through Patient initiated follow ups. She said the Trust was currently achieving 1 ½ % of Patients going through that particular metric. She said the national challenge was to get to 5% but Prof. Briggs had set a challenge for everyone to get at least into double digits and that was where the trust would be aiming.

Ms Nuttall said there was a clinically led programme led by Dr McKaig around Outpatient transformation and there was a deep dive scheduled at the next P&F meeting on Outpatient productively programme that had been established.

Sir David said one of the comments made about the Trusts performance in the area was “the plan would be delivered” but the Trust did not deliver. He asked why this was and was the Trust being over optimistic.

Ms Nuttall felt the Trust was not over optimistic she said the organisation was clearly aware of the number of Patients that were waiting every month for their treatment. She felt the trust was pragmatic and realistic around the position even if it was not the ideal scenario. She said the Trust forecast it’s position on a daily basis and submitted forecast to the Elective Recovery Group of the ICB. She said the final decision on the overall Black Country forecast were made by the Black Country System.

Sir David asked what was reasonable to hold Ms Nuttall to account for, and asked when the route to zero was. Ms Nuttall said currently the worst-case scenario for the end of August would forecast a failure of 50 Patients. She said at this current time she did not have a plan to achieve for 50 Patients in urology. She said that was what she was highlighting to the Board publicly that the Trust would not achieve that metric in August. She said if the Trust went above that figure she would expect to be held to account. She said the Trust was working on all the mitigations to reduce that figure and obviously the Trust would want to be to at zero at the end of August if possible. The key objectives were to ensure Patients were treated as soon as possible.

Mr Levermore asked whether the issue with urology could be that the Trust was taking Patients from other Trust’s lists which would mean that the Trust was not able to maintain its own lists. Ms Nuttall said with urology the Trust’s numbers had changed in that at the beginning of June as the Trust took on the responsibility for managing the urological service between Wolverhampton and Walsall. She said the non elective service transferred August 2022, but the elective service transferred on the 1 June, so the Trust now had Walsall urology waiting list incorporated into RWT reporting. She said there was no doubt a demand and capacity challenge existed in absorbing all of that service. She said the Trust had inherited a larger number than originally thought and that had posed an issue. She said the Trust had also acquired the Consultants who used to work for WHT and following a TUPE process they are now part of RWT. She said there was opportunity for the Trust to increase the productivity in urology. She said urology was a national problem, in terms of waiting list size and capacity. She said the Trust would be reliant on mutual aid and insourcing it would be unlikely until the end of March 24 to achieve the 65 weeks. She said to answer she felt that RWT had done the right thing in absorbing the service. She said it was a clinically driven model recognising an approach that was made originally by WHT around clinical safety issues.

Dr Pickavance asked about weekend working, in view of the fact that some of the problems were difficulties in getting enough staff to run some of the services. She asked was the Trust over working existing staff in making them undertake extra hours, or where their extra staff in place to cope with those extra rotas.

Ms Nuttall said weekend working was a staff choice. She said the biggest challenge was the input of consultants and anaesthetics. She said there were staff, theatre staff and surgeons that were willing to undertake additional work on the weekends. She said the Trust reviewed the number of hours that people worked but it was voluntary and not a must do so that the Trust could achieve the target.

Ms Heseltine asked about some of the risks which had taken place with ophthalmology and mentioned at the Quality Committee and Private Board. Ms Nuttall said ophthalmology was currently challenged at around 52-week standard rather than 65 or 78 weeks. She said there were challenges around paediatric ophthalmology which were also national challenges around paediatric surgery. She said the waiting lists for children were nationally increasing. She said the demand for ophthalmology was currently being managed. She said there was more that

could be done, with local optometrists around follow ups which needed to work its way through the system. She said the main issues around ophthalmology were productivity on waiting lists. She said the Trust benchmarked well but could do better in terms of throughput on cataract operating lists and Outpatient validation. The national going further forward project under Prof Briggs had provided metrics and packs that could be used and good practice models to benchmark. She said there was lots of work still required for ophthalmology on paediatric surgery, surgery for corneal grafts of which there was a national shortage and waiting lists were reducing and work with the local optometrists so that Patients would be discharged back into the Community.

Ms Heseltine asked whether there was something as a Board that needed to be doing from a commissioning point of view. Ms Nuttall felt not as a Board but more for Executives to pursue with commissioners.

Mr Dunn asked what the medium-term plans were there for urology as there seemed to be an issued with capacity internally. He asked how the Trust was going to enhance its capacity to move towards the end of the year and beyond as the overall waiting list was increasing the Patients within it were waiting longer. Ms Nuttall said it was a multiprong approach and in the short term the Trust was to rely on some insourcing support to assist with some of the more 'routine' urological procedures. She said there was some mutual aid available across the Black Country, Russell's Hall. She said there was also the Outpatient work and the follow up programme and ensuring that people were streamed effectively to the right pathway. She said the Trust was aware that there could be more activity on day cases and Outpatients over on the Walsall site and there was an opportunity to increase productivity there for the Trust. She said whether this would automatically forecast a reduction to every Patient being seen by 65 weeks was something which needed to be worked through.

Prof. Toner asked about the use of teledermatology in primary care and whether there was any potential to use it at the Trust for gynaecology or menopause clinics to free up some clinical time. Ms Nuttall believed teledermatology still had some work to go through across the whole of the Black Country which was a separate ICB challenge. She said there was an initial menopause clinic being piloted at Sandwell and West Birmingham, which if successful would be rolled out at RWT. She felt all of the Outpatient transformation was an opportunity, including streaming and to ensure that Patients were streamed to the best pathway for them. She felt there was a huge piece of work to go out to all of the Outpatient specialities.

Ms Cowley mentioned she sat on the provider collaborative group for ophthalmology and felt from an independent view RWT excelled in terms of pushing forward initiatives and she was aware RWT Consultant team had led on a number of those. She said it was a challenging area due to the number of Patients but there was some positive work coming out of that group. She said recovery was discussed at P&F and one focus was around staff culture and the ability and confidence of staff at every level to identify what could be done differently. She was aware some of the Quality Improvement (QI) work was underway.

Mr Evans said QI work was important in looking at how improvements could be made.

Ms Nuttall said the cancer metrics had been a challenge pre-covid, the waiting lists mentioned in the report were post covid. She said the Trust was a tertiary centre and there were demand and capacity challenges across many of the tumour sites. She said one of the specialities focused with demand and capacity with urology. She said the Trust had a successful cancer urology service and individuals who worked in there were nationally known and the Trust attracted referrals from outside our catchment area. She mentioned pathology was another area which was particularly challenged with the amalgamation of the Black Country Pathology Service. She said cancer referrals since post Covid were 15% higher than they were pre-covid. She said the national average was an increase of 7% in cancer referrals. Pathology was a key

diagnostic on the Patient pathway and the increase in demand was not able to be met in service delivery. The Department had a medium to long term recovery plan. She said there were also other challenges with staffing, particularly with oncology. She said the Trust had tried overseas and international recruitment. She said urology had also been a challenge and the Trust was often affected by late tertiary referrals from other organisations which affected the metrics and waiting times. She said there were certain specialities where referrals were received post the 62 days which affected performance. She said the specialities currently challenged were gynaecology, skin, colorectal and haematology. She said although all of the specialities had been impacted since Covid there could be significant increases due to national campaigns but equally if there was high profile death or diagnosis. She said recent example where there were significant increases in referrals were Debra James known as the bowel babe for colorectal and George Alagiah who had recently passed away. She felt there would definitely be an increase in the 2 weeks referrals. She said those lists were managed by either additional work from the clinical team, consultants and the clinical nurse specialists. She said the Black Country was recognised by the NHS as having a sophisticated mutual aid programme for cancer. She mentioned all the four acute Trusts had provided support to each other for various cancer pathways and it was recognised as a positive way of working post covid. She mentioned attached to the papers was a letter Prof. Loughton and she had received escalating the Trust into tier 2 performance letter. She said this related to the Trust and not the system. She said the Black Country system remained in tier 3 and there were 3 tiers 1 being national escalation 2 region and 3 was self-management within individual ICBs. She said RWT had been escalated into a tier Trust fundamentally on its 62-day performance in terms of the reduction of people on the waiting list. She said there was a discrepancy between what had been agreed locally and with NHSE region and national which currently was also affected by the transfer of Patients from WHT. She said there was an agreed and accepted NHSE position for the numbers of Patients that the Trust needed reduce waiting over 62 days down to and the absolute number to hold the organisation and herself to account to was no more than 217 Patients waiting over 62 days at the end of March. She said the Trust would be aiming to be below that figure. She said the other 62-day metric often reported on was the percentage of Patients that the Trust treated over 62 days and that target in month was 85% of Patients within 62 days. She said the Trusts current performance was in the bottom 10 nationally which was not a positive position. She asked all to note the letter received within the report.

Mr Levermore asked if DNAs could be reduced how much capacity could be filled within the services like urology. Ms Nuttall said the urology DNA rate for Outpatients was benchmarking well at 8% which was a good benchmark nationally. She said there were opportunities if the DNA rate reduced it would assist to improve the Outpatient metrics which was part of the outPatient transformation programme. She said there were most likely other specialities which required focus which had got more higher DNA rates.

Sir David said he did not underestimate how this all was correct about demand issues and subsequently delivery was very difficult. He felt there were 4 issues that should be borne in mind, firstly the overall things that the Trust was not delivering on. What the Trust said it would do or the expectation of it on a whole series of fronts. He said that raised a question to him as to whether there were some things systemic the way the Trust was dealing with things as opposed to dealing with one issue at a time and whether there were some fundamental cultural change issues around QI or what was required to be put into place. He said secondly there clearly was an issue with urology and he felt a medium-term plan was required as to what was to be done how that would be put into practice. He proposed that at the next Board or following board there was a plan setting out the medium-term position in relation to urology. He also mentioned and there was a major transformation with Outpatients which needed to be taken into account and delivered in order for it to be more sustainable and he recognised all the work being done. He finally mentioned cancer he said it was not a great place for the organisation to be in there was an issue about whether the Trust was being hard enough on itself in relation to this. He said sometime in the medium term there should be a proper discussion again about

cancer to see whether things were in place make it happen.

Resolved: that the Elective Recovery Update Report be received and noted
Action: Ms Nuttall to provide a plan setting out the medium- term position in relation to urology at a Board meeting.

TB. 9200: Performance and Finance - Chair's Reports April and May

Mr Dunn highlighted the overall waiting list at the Trust was increasing and Patients were waiting longer. He felt there should be focus on productivity and Ms Nuttall had presented a plan which showed an increase in the Elective Recovery Fund but the committee asked Ms Nuttall review this to see whether there could be any further increases. He said the Trust was facing a deteriorating financial position and the Committee was asked for additional actions to focus on grip in control, run rate, ensuring there were forecasts moving forward for the end of the quarter and the end of year. He said there should also be even greater focus on the cost improvement program which originally was a challenge of £45m but there was a huge amount which was outstanding. He said the Trust needed to be very conscious of challenged financial position.

Resolved: that the Performance and Finance - Chair's Reports April and May be received and noted

TB. 9201: Report of the Chief Financial Officer - Months 2 and 3

Mr Stringer introduced the report and highlighted the Trust was £2.7m adrift from a deficit plan that had £13m. He said there were some uncontrollable and unanticipated costs within the budget and of that £2.7m approximately £2m related to industrial action strike costs and the impact of unfunded inflation. He raised for the Board's awareness to staff sickness and that it was costing more than allowed within the budget. He said a report would be presented to the Board. He said the Trust was £2m below where the Trust was expected to be at the end of June for Cost Improvement Program. He said there was unrelenting focus from the Executive team on a number of issues and actions and there was a large element of unidentified cost improvement programme going forward. He said there was a change in the set of rules to be released which would reduce Elective Recovery Fund (ERF) requirements to go back to April to allow for the strike costs which would be a benefit to the organisation. He said details were awaited. He also mentioned the system was approximately £15m off plan with 5 of the 8 organisations not where they should be. He said the Integrated Care Board (ICB) was struggling against its financial deficit plan and the Trust needed to make all efforts to see whether it could get back to the budget which was set as a Board.

Ms Jones asked about balance sheet releases, the report mentioned £5m was released to date with £4.9m planned for the rest of the year. She asked whether that profile balance sheet was released in line with the expectation of the budget or had it been phased differently. Mr Stringer said this was aligned to the budget. He said there was a piece of work being undertaken across the ICB with the commission colleagues who were to review all the balance sheets of all organisations to obtain an independent view. He said this piece of work may identify opportunities and if that was the case the Trust would have to reprofile across the system or across the Trust and a paper would be brought back to the Audit Committee and Finance Committee on the outcome.

Sir David said there was an issue as to whether NHS England had agreed the overall ICB financial envelope and asked whether that had been agreed and signed off. Mr Stringer said it was reluctantly acknowledged. He said a letter was received by Dale Bywater letter which said that "you should be thriving for break-even" but everybody else was working on the deficit target as submitted all profile plans across all of the providers of the aggregated system were based

on that deficit that was submitted. Sir David asked whether any capital or financial schemes for the Trust were at risk due to the overall financial issue. Mr Stringer said he was not aware that any capital schemes had been at risk or refused. He said the oversight, pushback and the level of challenge due to the system deficit had heightened.

Resolved: that the Reports of the Chief Financial Officer - Months 2 and 3 be received and noted

TB. 9202: Quality Governance Assurance Committee (QGAC) - Chair's Reports June and July

Prof. Toner highlighted the challenge with diagnostics and histopathology turnaround times. She said this was due to the shortage of cellular pathologists and work nationally was being undertaken. She also mentioned there had been issues on request of tests, the electronic system ICE where tests were required was not specific enough to ensure the tests were correct in terms of the urgency of the results. She said there was an upgrade of the ICE system, but it was not done at that update. She said Dr McKaig was aware of this and work was being undertaken to try and see when another update would be done to include that. She said moving forward the decision had been taken that there would be no paper requests for pathology it would all be done electronically. She said the other area of concern was diagnostics in terms of scanning, scanning covers, cancer diagnostics and maternity care and felt there was a big challenge as there was a local national and international shortage of ultrasonography's. She said an incident was identified whereby results that were awaited by requesters between September 2021 and March 2023 in the area of transmissible diseases unfortunately there was a glitch in the system and the results did not go to the relevant people. She said an investigation had taken place and all the Patients were being contacted and being managed appropriately.

Resolved: that the Quality Governance Assurance Committee (QGAC) - Chair's Reports June and July be received and noted

TB. 9203: Chief Nursing Officer Director Nursing Report

Ms Morris highlighted the Trust remained in a positive vacancy position for nurse registered nursing and non-registered nursing in midwifery staff, but it was important for the Board to note that there were approximately 130 staff in the recruitment pipeline. She said there had also been national challenges on the health visiting vacancies but assured the Board actions were being undertaken and additional recruitment was in progress.

She mentioned the issue with the computer-based theory test which had been identified by one of the test centres in Nigeria. She said no further updates had been received from NMC and the nurses who were affected by this were being supported by the Trust. She said the Trust had now implemented the clinical accreditation program which was a drive of how the Trust progressed quality safety embedding improvement across clinical areas. She said for adult and children safeguarding the Trust continued to progress work around mental capacity assessment and deprivation of liberty safeguards and a plan was in place. She also mentioned the Patient experience enabling strategy had been approved at sub committees for approval by the Board. She mentioned infection prevention and one challenging issue was C-Difficile, a detailed improvement plan was in place and the Trust was above trajectory in quarter 1. She assured the Board that a decontamination program was to be launched and plans were being progressed for the equipment cleaning centre. She mentioned there was an infection delivery plan in the reading room for the Board to endorse which was developed collaboratively with RWT and WHT. She finally mentioned nationally there had been an increase in measles and actions were in progress should any increase occur.

Resolved: that the Chief Nursing Officer Director Nursing Report be received and noted, the Patient Experience Enabling Strategy be approved and the Infection Prevention Delivery Plan be received and noted.

TB.9204: Midwifery Services Report

Ms Palmer introduced the report and mentioned midwifery workforce. She said there were 22 whole time equivalent midwifery vacancies which included maternity leave. She said it was positive to note all those vacancies had been recruited into. She said there was focus on 1-1 care rates in labour which were being maintained at 100%. She said the acuity data showed a deficit and she was awaiting assurance on the quality of data inputted for accuracy purposes. She asked all to note that NHS technical guidance for year 5 Maternity Incentive Scheme (MIS) had been published. She said a second addition had been received last week due to concerns of some standards being unachievable which would be circulated.

Resolved: that the Midwifery Services Report be received and noted

TB. 9205: Chief Medical Officer's Report

Dr McKaig introduced the report and provided an update on the Mental Health Report. He said there was a significant increase with the number of Patients with Mental Health illnesses presenting to the Emergency Department (ED). He said there had been significant challenges with Patients who had to be treated and kept in ED over prolonged periods of time which was not appropriate for their age and condition. He said that was reflected within the revised risks, and a lot of the risks sat outside the control of RWT. He said these had been escalated along with the other acute Trusts to the Integrated Care Board (ICB) around provision of requirement in terms of liaison services and he also ensured that the Trust was regulatory compliant. He said work was in progress.

Dr McKaig mentioned the Pharmacy and medicine optimisation report. He said there was an ongoing risk for medicine storage which was regulatory rather than a Patient harm risk and mitigations were in place. He said risk to Patients was minimal. He said audits and benchmarking had been undertaken and positive assurance was provided around processes and safety of medicine usage prescribing and administration.

Dr McKaig mentioned the Medical Appraisal report which was a statutory report which required sign off at the Board by the Group Chief Executive and Chairman to be submitted to NHSE. He assured the Board systems were in place for support around medical appraisals and as the responsible officer assured the Board that medical appraisal compliance exceeded the required standards.

Mr Dunn asked about pharmacy staffing and the inability to provide weekend service. He asked what actions were in place looking at recruitment for the service to be provided. Dr McKaig said the Trust struggled with some medicine's optimisation, when Patients were admitted to hospital pharmacists had an obligation within 24 hours to view the medications the Patient was receiving and optimise those medications. He said where the Trust failed was AMU around weekends, staffing was not available to do that and that was where often missed doses around important medicines took place. He said the Director of Pharmacy was undertaking work to see what the Trust's establishment may look like and a business case had been presented to the Trust which was being supported. Mr Dunn asked whether the Trust was in a position to provide a service over the weekend. Dr McKaig said there was a very limited position and there was no pharmacy ward provision available over the weekends at the present time.

Ms Cowley said she believed funding was available for Mental Health Support Workers and asked whether that was still the case. She also asked how much engagement there was from

the Mental Health Trust in relation to broader community transformation work and support with inPatients. Dr McKaig said the voluntary sector health workers were employed and there was a Mental Health team within the Trust. He said from what the Trust could manage internally, yes there was provision in place. He said some of the challenges were recognised of Patients coming in who required 3 to 1 or 4 to 1 nursing sometimes up to several weeks at a time. He said that required employing agency staff to support that which had implications of a whole range of situations. He said in terms of engagement with the Mental Health Trust groups had been created to see how the issues could be resolved. He said there was work ongoing from the mental health Trust around transforming community services and with engagement with acute providers. He said given the volume of work turning up at the front door which he said was likely to increase together with recent changes proposed around the police and accessing mental health services he felt a lot more work required in conjunction with the mental health trusts to try and manage those Patients to ensure they were seen in the right place at the right time.

Ms Nuttall said the relationship the Trust had a strong relationship with the Black country Partnership Mental Health Trust from an operational perspective in providing support for advice and guidance to the Trust.

**Resolved: that the Chief Medical Officer's Report be received and noted
That the Medical appraisal report be noted**

Improve the Health of Our Communities

TB.9206: OneWolverhampton Progress update Report

Mr Evans introduced the report and said a complete review had taken place of all the priorities for each of the working groups. He said a draft dashboard had been developed to support this which included metrics of which each organisation was accountable for delivering. He also mentioned there were still ongoing discussions with the Integrated Care Board (ICB) from a Place Based Partnership perspective around what proposed delegation could look like moving forward.

Prof. Toner asked how the work being done with OneWolverhampton linked in with maternity services. She also said when looking at the dashboard the community metrics were very similar or along similar lines to what was included in the IQPR and asked how these were to align with each other.

Mr Evans said work with maternity services was identified as a result of the children and young people plan as well as linking into to the relevant areas. He said some work was underway trying to align particular children's and maternity which was probably the biggest area of overlap across the whole of the City.

Mr Evans said in response to the second question work was underway to look at a different committee at an RWT level to oversee the delivery of all of out of hospital care including both the metrics that was in the dashboard, metrics, and IQPR due to the growing nature of the Place Based Partnership and the importance of it. He said a proposal would be presented to the Board on how that could be achieved.

Prof. Toner said within maternity services she could not see actual maternity midwives of health and inequalities midwives. She asked whether they were involved in those hubs and how involved they were. Ms Palmer said they were involved in some of the subgroups and task and finish groups, and she would be attending the young People and Childrens meetings in the future.

Ms Jones asked about the measures in place and whether details could be included once single tasked items had been completed. Mr Evans said there was a whole other reporting layer that sat within the dashboard that would come through the management committee and could think of a way of reflecting that within the dashboard.

Ms Cowley said previously there was discussion about how effectively OneWolverhampton and comparably Walsall Together were working as a collaborative she appreciated it was difficult to put that into a dashboard. She asked was that something that could be looked at and asked for an update.

Mr Evans said in part this would be through the delegation from the target operating model with the ICB that would cover key metrics and the dashboard would be similar or at least cover a significant portion of metrics covered at Walsall Together. He said with the appointment of Ms Cartwright as Group Director of Place more work was being undertaken collaboratively.

Dr Daraz asked about the level of engagement with Wolverhampton City Council on the dashboard. Mr Evans said he co-chaired OneWolverhampton with Emma Bennett the Executive Director who covered both Adults and Social Care. He said there was a strong commitment with the Local Authority on both the dashboard and to the working groups. He said the Council was very much included in the work being undertaken.

Sir David said one of the issues was focus on the technocratic elements where everything was in order and having governance in place, but the quality of the decision making/conversations never reach those heights as they got lost in governance subcommittees objectives priorities benchmarking. He asked whether Mr Evans felt there would be better quality conversations and what were the nature of the conversations that would take place. Mr Evans said he felt the conversations which took place currently were very much operational conversations. He said a lot of work had taken place for getting the governance in place and to get it set up. He said the conversations were very real conversations between operational leaders which took place on an almost daily basis particularly from a Wolverhampton perspective.

Resolved: that the OneWolverhampton Progress update Report be received and noted

Support our Colleagues

TB.9207: People Organisational and Development Committee - Chair's Report June

Ms Heseltine highlighted there was no report for July's meeting due to timescales as the meeting took place last Friday. She highlighted the EDI annual report was supported by the Committee and for approval by the Board. She also mentioned the Board Assurance Framework (BAF) risk was reviewed and a decision was reached to keep the score of the BAF risk the same. She said EDI improvement and delivery plan was reviewed and updated. She said there was a change in personnel with EDI. she said the Committee focused on sickness absence for the July's meeting a number of actions were highlighted, to focus and encourage on the training for managers to ensure that they had confidence and competence to carry out sickness absence discussions and how to move them forward. She said Divisions were to review hot spot areas and individuals with high levels of sickness absence to look at the processes being followed, and the support offered, and the audits would come back to PODC. She said finally to ensure the prominence publication and offers of wellbeing support. She said it was felt that the long-term sickness did follow due process well and there was evidence to support that. she said the workforce plans for RWT and NHS England were reviewed, and the Trust was awaiting the ICB workforce plan. She also mentioned work was being undertaking in relation to civility and respect.

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

TB. 9208: Group Chief People Officer - Workforce Report

Mr Duffell introduced the report and highlighted focus on sickness absence, which he said would be continually reviewed. He said in relation to industrial action the Junior Doctors current mandate for Junior Doctors was to expire on or about the 19 August and the BMA were out to ballot to their members for continuing industrial action beyond that date. He said that ballot was due to close at the end of August and outcome of the ballot should be received at the beginning of September. He said the Royal College of Nursing also went to ballot for further industrial action and did not meet the mandate to take further industrial action. He said Society of Radiographers did get a mandate for industrial action but theirs was not aggregated it was Trust by Trust and within the RWT the threshold was not met to take industrial action.

Resolved: that the Group Chief People Officer - Workforce Report be received and noted

TB.9209: Annual Equalities Report

Mr Duffell said the report had been reviewed in depth by PODC and was presented for approval by the Board. Mr Duffell said there was improvement from a Patient and staff perspective, but ongoing work was required. He said some extensive actions plans had been prepared. He said his aim was to have a consolidated overview of all the EDI related actions which were to be taken forward to the Trust to be reviewed by PODC on an ongoing basis.

Resolved: that the Annual Equalities Report be approved.

Effective Collaboration

TB.9210: NIHR Clinical Research Network (CRN) West Midlands

Dr McKaig introduced the report and said RWT hosted the CRN West Midlands which would be rebranding to Research Delivery Network. He also mentioned the Trust had been successful in rebidding to host the network in October 2024 for 6 years which was positive news. He said the financial reports detailed that the CRN were presenting a break-even financial position and the operational report indicated positive progress around commercial study recruitment. He said work was being undertaken with the CRN with engagement with the 6 Integrated Care Services.

Sir David congratulated all involved in securing to host the CRN.

Resolved: that the NIHR Clinical Research Network (CRN) West Midlands be received and noted

TB.9211: Strategic Delivery Plan – Year 1 (2023/24) of Joint Strategy approval

Mr Evans introduced the report and said following the last update the recommendation was for the strategy to be reviewed by each of the subcommittees, Chairs and Lead Executives to ensure all were confident with the detail, data and what was to be achieved with the metrics for this year. He said the review had taken place and the reporting mechanism had also been agreed for each of the metrics back through to the Trust Board

Resolved: that the Strategic Delivery Plan – Year 1 (2023/24) of Joint Strategy be Approved

TB. 9212: Any Other Business

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

TB. 9213: Integrated Quality and Performance (IQPR) Report

Resolved the IQPR report was received and noted.

TB. 9214: Questions from members of the public

Mr Wilshere confirmed no questions had been received.

TB. 9215: Date and time of the next meeting 10 October 2023 at 10:00 am

TB. 9216: To consider passing a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business about to be transacted, publicity on which would be prejudicial to the public interest

Resolved; that the resolution be approved.

The meeting closed at 12:15 pm

List of action items- Public Board Meeting 10 October 2023

Agenda item	Assigned to	Deadline	Status
Public Trust Board 01/08/2023 9.1 Elective Recovery Update Report			
1425.	Urology update	● Nuttall, Gwen	29/11/2023 ■ Pending
<p><i>Explanation action item</i> Ms Nuttall to provide at a Board meeting a plan setting out the medium-term position in relation to Urology.</p> <p>UPDATE: An update will be provided to the December Board meeting</p>			
Public Trust Board 01/08/2023 3 Staff Voice - IT Cyber Security Team			
1424.	Training Centre for Cyber Security at the University of Wolverhampton	● Daraz, Umar	30/09/2023 ■ Completed
<p><i>Explanation action item</i> Dr Daraz to liaise with Mr Duffell and Mr Bruce to see if discussions with University of Wolverhampton could be progressed further in relation to the training centre at the University for Cyber Security.</p> <p>UPDATE: 02/10/23 Dr Daraz is in process of arranging a meeting with colleagues at the Trust and University</p>			

- To:
- All NHS trusts:
 - chairs
 - chief executive officers
 - estates leads

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

- cc.
- Integrated care boards:
 - chairs
 - chief executive officers
 - estates leads
 - Regional directors

5 September 2023

Dear Colleagues,

Reinforced aerated autoclaved concrete (RAAC)

Last week new guidance was published by the Department for Education regarding the approach to the presence of RAAC in the school estate. This has generated heightened public interest in the presence of RAAC in the NHS estate, and a number of questions from colleagues.

You are all aware of the risks associated with RAAC as part of the extensive programme of work undertaken over recent years. We are writing to reiterate the position in the NHS estate, and to outline actions you should be taking to assure yourselves as far as possible that RAAC is identified and appropriately mitigated, to keep patients, staff and visitors safe.

To provide co-ordination to these actions, we will be communicating via regional operations centres. **Please therefore ensure that appropriate arrangements are made within your organisation to be able to respond to communication from your regional operations centre (ROC) on this subject.**

Guidance on RAAC identification, monitoring and remediation

All guidelines on RAAC are based and driven by expert advice from the Institute for Structural Engineers (IStructE). There has been no change in IStructE guidance, which government has confirmed continues to be the basis of action to manage the situation in the NHS and wider public sector. We continue to work closely with government departments and technical advisory groups and have asked to be made aware of any changes to the guidance so that we can share these with you immediately.

Following an alert issued by The Standing Committee on Structural Safety (SCOSS) in 2019, the NHS in England put in place a now well-established programme to identify RAAC, support providers to put appropriate mitigations in place, and plan for eradication. We have worked closely with the trusts managing the 27 previously identified sites, including securing funding for investigative, safety/remedial and replacement work, with three of those sites now having eradicated RAAC.

As part of this ongoing work, in May 2023 NHS England sent out additional guidance to organisations including all provider trusts (including mental health, community and ambulance) following [updated national guidance](#) from IStructE on RAAC identification, management and remediation and [Further Guidance on Investigation and Assessment](#) (April 2023).

Identification of RAAC

We asked trusts to assess their estate again based on this updated guidance. Initial assessments of additional sites identified through this process are already being undertaken and are expected to be completed by the end of this week. The national RAAC programme team are collating information from these assessments, including where appropriate mitigation plans and the steps necessary to remove this material from use.

Given the importance of this work, we ask that – in any instances where this has not already been the case – boards ensure they support their estates teams and review the returns they provided to assure themselves that the assessments made were sufficiently thorough and covered all buildings and areas on your estate (including plant/works, education and other non-clinical areas/buildings).

ICBs will want assurance about the primary care estate and should work with their local primary practices and PCNs to ensure you have confirmation that no RAAC has been identified or, where it has, on the identification and management of RAAC. Guidance for the primary care estate was circulated in January of this year, which ROCs can reshare.

Management of identified RAAC

Trusts which have previously identified RAAC will have put in place management plans in line with the IStructE guidance.

In light of the need to maintain both the safety and confidence of staff, patients and visitors, **we recommend that in those organisations where the presence of RAAC has been confirmed and is being managed, boards take steps now to assure themselves that the management plans in place for each incidence – and particularly where panels are currently subject to monitoring only – are sufficiently robust and being implemented.**

Where you think you require assistance in completing this work, please contact:
england.estatesandfacilities@nhs.net.

Planning for RAAC incidents

Effective management of RAAC significantly reduces associated risks; but does not completely eliminate them. Planning for RAAC failure, including the decant of patients and services where RAAC panels are present in clinical areas, is therefore part of business continuity planning for trusts where RAAC is known to be present, or is potentially present.

A regional evacuation plan was created and tested in the East of England. Learnings from this exercise have been cascaded to the other regions.

We would recommend that all boards ensure that they are familiar with the learning from this exercise and that they are being incorporated into standard business continuity planning as a matter of good practice.

This exercise is, however, essential for those organisations with known RAAC, and should be done as a matter of priority if it has not already been completed.

Thank you to you and your teams for the work on this to date, particularly in those organisations where RAAC has been found and management/remediation plans have been enacted. As mentioned above we will communicate further information through ROCs.

Yours sincerely,



Jacqui Rock
Chief Commercial Officer



Dr Mike Prentice
National Director for Emergency Planning
and Incident Response

Trust Board Meeting – to be held in Public on 10 October 2023		
Title of Report:	Chief Executive's Report	Enc No: 8
Author:	Gayle Nightingale, Executive Assistant 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 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 10 October 2023

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 one Consultant Appointment since I last reported:</p> <p><u>Trauma and Orthopaedics (Spinal)</u> Dr Poornanand Goru</p>
2.0	Policies and Strategies
	<p>Policies for September 2023</p> <ul style="list-style-type: none"> • Policies, Procedures, Guidelines and Strategies Update for August and September 2023 Report • Director Sponsor Report • Statistics – Search for Polices on TrustNet Report • Audit of Policy Awareness Report • CP69 – Medical Handover Policy • HS12 – Decontamination of Reusable Medical Devices Policy • MP10 – Temperature Monitoring for Medicines Storage (formerly Medicines Cold Chain) Policy • OP20 – Management of Deceased Patient Policy • OP47 – Interpreting and Communication Procedure and Policy • OP65 – Capacity Management Policy • SOP02 – Attendance at Strategy Discussions (Children's Safeguarding) – Standard Operating Procedure (SOP) • SOP19 – (Formerly OP70) – Private Patient - (SOP) • SOP29 – Dragon Medical Workflow Manager – New (SOP) • SOP30 – The Use of Portable Bladed Fans in Environment – New (SOP)
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

	<ul style="list-style-type: none"> • Since 24 April 2020 I have held monthly with the Chair, Vice Chair and Scrutiny Officer of the Health Scrutiny Panel Committee meetings virtually • 14 August 2023 – participated in the virtual Local Estates Forum (LEC) • 17 August 2023 – met virtual with PA Consulting as part of the Black Country Integrated Care Board (ICB) Financial Improvement programme • 18 August 2023 - presented the Exceeding Expectation Award to Jo O’Sullivan, Living with and Beyond Cancer Support Manager • 22 August 2023 – undertook a virtual Joint RWT and WHT Non-Executive Directors (NEDs) Briefing • 23 August 2023 – participated in a virtual NHS Providers - Provider Selection Regime (PSR) Roundtable webinar • 29 August 2023 - virtually met with Kerry Flint, Freedom to Speak Up Guardian • 30 August 2023 – participated in an NHS Leadership event on Winter Planning for 2023/24 • 31 August 2023 – attended the formal Opening of Prestbury Medical Practice • 4 September 2023 - participated in the Black Country Collaborative Executive Group meeting • 6 September 2023 – participated in an NHS Leadership event with Amanda Pritchard, Chief Executive – NHS England • 8 September 2023 - met with Mark Ondrak, Staff-side Lead and participated in the virtual Local Negotiating Committee (LNC) • 12 September 2023 – participated in a Black Country Provider Collaborative Board Development session • 14 September 2023 - participated in a virtual Senior Medical Staff Committee meeting • 15 September 2023 – attended the Joint WHT and RWT Research Celebration event • 19 September 2023 - undertook a virtual Joint RWT and WHT Non-Executive Directors (NEDs) Briefing • 20 September 2023 - participated in the interviews for a Regional Research Delivery Networks (RRDN) Director • 22 September 2023 - virtually met with Becky Wilkinson - Director of Adult Services, Wolverhampton City Council, participated in a Joint WHT and RWT Black Country Integrated Care Services (ICS) Financial meeting and presented Exceeding Expectation Awards to Karen Meredith, Senior Practice Education Facilitator and Toni Shaw, Senior Practice Education Facilitator
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 10 October 2023		
Title of Report:	Chair's report of the Trust Management Committee (TMC) held on 22 September 2023 – to note this was a virtual meeting	Enc No: 8.1
Author:	Gayle Nightingale, Executive Assistant to the Group Chief Executive	
Presenter/Exec Lead:	Gwen Nuttall, Chief Operating Officer/ Deputy Chief Executive	

Action Required of the Board/Committee/Group			
Decision	Approval	Discussion	Other
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input checked="" 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 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: 22 September 2023
	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 None in this report.</p>
<p>Advise Matters discussed and reviewed at the most recent Trust Management Committee (TMC).</p>
<p>Alert None in this report.</p>

Links to Trust Strategic Aims & Objectives	
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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

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

Report to Trust Board Meeting to be held in Public on 10 October 2023

EXECUTIVE SUMMARY

Chair’s report of the Trust Management Committee (TMC) held on 22 September 2023 – 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"> • 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)/ Director of Nursing Report • Finance Position Report – Month 5 • Financial Recovery Board Update Report • Capital Programme Update Report • Operational Finance Group Minutes • Black Country Provider Collaboration Update 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. • Black Country Pathology Services Report • Digital Programme and Strategy Update Report • Property Management Update Report • Patient Experience Report • Contracting and Business Development Update Report • Sustainability Report • Quality Team Improvement Update Report • Digital Innovation Update Report • Cancer Services Report • Nursing and Midwifery Workforce Report

	<ul style="list-style-type: none"> • Annual Audit of Risk Management Strategy Report • Health and Safety Report • Midwifery Services Report • Infection Prevention Report • Trust's Phased Approach to the Introduction of Gender Inclusive Toilets • Executive Walkabout Action Summary Update Report
5	<p>Business Cases approved - Division 1</p> <ul style="list-style-type: none"> • There were none this month.
6	<p>Business Cases approved - Division 2</p> <ul style="list-style-type: none"> • Business Case TA707 Nivolumab for Previously Treated Unresectable Advanced or Recurrent Oesophageal Cancer • Business Case TA725 Abemaciclib with Fulvestrant for the treatment of Hormone Receptor Positive, HER2 Negative Advanced Breast Cancer after Endocrine Therapy • Business Case TA786 Tucainib with Trastuzumab and Capecitabine for the treatment of HER2 Positive Advanced Breast Cancer after Two or more Anti-HER2 Therapies • Business Case TA789 Tepotinib for Advanced Non-small Cell Lung Cancer with MET Gene Alteration • Business Case TA798 Durvalumab for the maintenance treatment of Unresectable Non-small Cell Lung Cancer after Platinum-based Chemoradiation • Business Case TA802 Cemiplimab for the treatment of Advanced Cutaneous Squamous Cell Carcinoma
7	<p>Business Cases approved - Division 3</p> <ul style="list-style-type: none"> • Business Case for the Recruitment of Additional Nurse Staffing within Acute Paediatrics • Business Case for the Recruitment of Additional Paediatric Staffing to Meet Level 2 Staffing Levels for the Paediatric High Dependency Unit (HDU)
8	<p>Business Cases – Corporate</p> <ul style="list-style-type: none"> • Business Case for the Expansion of Education Leads and Postgraduate Medical Education deferred to next month
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 for August and September 2023 Report • Director Sponsor Report • Statistics – Search for Polices on TrustNet Report • Audit of Policy Awareness Report • CP69 – Medical Handover Policy • HS12 – Decontamination of Reusable Medical Devices Policy • MP10 – Temperature Monitoring for Medicines Storage (formerly Medicines Cold Chain) Policy • OP20 – Management of Deceased Patient Policy • OP47 – Interpreting and Communication Procedure and Policy • OP65 – Capacity Management Policy • SOP02 – Attendance at Strategy Discussions (Children's Safeguarding) – Standard Operating Procedure (SOP) • SOP19 – (Formerly OP70) – Private Patient - (SOP) • SOP29 – Dragon Medical Workflow Manager – New (SOP)

	<ul style="list-style-type: none">SOP30 – The Use of Portable Bladed Fans in Environment – New (SOP)
11	Other items discussed: <ul style="list-style-type: none">There were none this month.

Report to the Trust Board, 10 October 2023

Title of Report:	RWT 2023/24 Winter Plan	Enc No: 8.2
Author:	Kate Shaw, Deputy Chief Operating Officer, Division 2 Gwyneth Kidd, Service Improvement 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 checked="" 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 discuss and approve this year's winter plan. The Board are asked to read the OneWolverhampton Place winter plan summary document, contained in the reading room. The two plans align across the Wolverhampton Place. The Place plan has been reviewed and assessed by the Black Country UEC Delivery Board.

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) can be found within the Winter Plan.can be found within the Winter Plan.	None		
Resource Implications:	Workforce and financial implications are set out in the paper.		
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.		
	Working/Exec Group	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: September 23
Report Journey/Destination or matters that may have been referred to other Board Committees	Board Committee	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Board of Directors	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: September 23
	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:

Summary of Key Issues using Assure, Advise and Alert

Assure

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

Risk	Mitigation
IC's above current levels	<ul style="list-style-type: none"> Continuous monitoring and escalation
Staff sickness	<ul style="list-style-type: none"> Trust processes in place Winter vaccination programme launched Divisional and Trust staff allocation meetings Prioritising the wellbeing of our staff
Transport failure	<ul style="list-style-type: none"> Escalation and utilisation of alternative provider as now
Covid, Flu, Norovirus, etc. impacting on inpatient flow and nursing home closures	<ul style="list-style-type: none"> IP processes and guidelines in place Joint work with Capacity IP input to Nursing Homes
Continued industrial action	<ul style="list-style-type: none"> Strike planning to continue Team engagement and comms

Advise

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

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

Alert

Potential mitigation schemes identified in the report are not funded (£901K). Schemes identified in the OneWolverhampton plan (to which the RWT plan is aligned) are funded through Service Development Funds (SDF)

The bed mitigation plan in the document were initially assessed as Amber / Red in September 23 as the identified bed gap was not fully mitigated. The plan is likely to be reviewed as Amber at the UEC Delivery Board on 6th October. Verbal update to be provided to the Board on the 10th Oct.

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
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	<ul style="list-style-type: none"> • 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

Winter Plan 2023/24

Report to Trust Board Meeting to be held on 10 October 2023

EXECUTIVE SUMMARY

This paper sets out the Trust's plan for managing the winter period, focusing on the priority areas within NHS England's overarching plan. This plan is a subsection of the OneWolverhampton Winter Plan, in recognition of the responsibility that needs to be taken across the Health and Care System. Structures are in place to maintain involvement and engagement with partners in the coming weeks/months at Executive, clinical and operational levels. The detailed RWT plan is appended to this cover sheet.

Bed capacity modelling has been undertaken within the Trust and within the ICB. This is based on actual activity from August 2022 to March 2023 and currently shows a gap of between 37 and 53 beds. It assumes that elective and cancer activity continues throughout the winter. It also includes assumptions at ICB level for winter pressure growth of 4%, flu and covid assumptions and ambulance conveyances.

A number of schemes and initiatives are in progress to mitigate the bed capacity gap which can be seen in the table below. A number of these are expansions and further developments of existing services and schemes whilst some are new. The mitigations are cross referenced against the High Impact Priority Interventions and are set out below.

Scheme	Worst Case	Best Case	Detail
Virtual Wards	10	15	Increased use of current including South Staffordshire
Medicine Model of Care	12	12	Based on 2 beds Respiratory, Older Adult Medicine, Diabetes; 3 beds Renal and Gastro
MFFD	8	12	10-15% of 80
Same Day Discharge Centre	3	3	Enhanced discharge service (adults) commencing November
Paediatric Inpatient Capacity	8	10	Additional inpatient capacity
Total	41	52	

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

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, and other key metrics is set out in section 3.

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

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

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

RECOMMENDATIONS

It is recommended that the Board discuss and approve the RWT Winter Plan.

This document is to be read in conjunction with the OneWolverhampton Place Winter Plan (in the reading room)

Winter Plan 2023/24

1. Introduction

This paper sets out the Trust's 2023/24 Winter Plan. 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. This 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 are in place to maintain involvement and engagement with partners in the coming weeks and months at executive, clinical and operational levels.

2. Context

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

1. Increasing capacity
2. Growing the workforce
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- High general non-elective demand – forecast increase of 4% included in modelling.
- Noroviruses, influenza and the potential unpredictability of any emerging covid variants
- Surges in Respiratory Syncytial Virus (RSV) in children
- Challenges in the social care market to assist with discharges
- Ongoing industrial action for doctors in training and consultants
- Potential increase in staff absence due to increase in covid, flu or other seasonal illness.

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

3. UEC Activity and Performance

Non-elective activity post covid remains high. Type 1 emergency attendances continue in an upward trend. This is shown in the figure below.

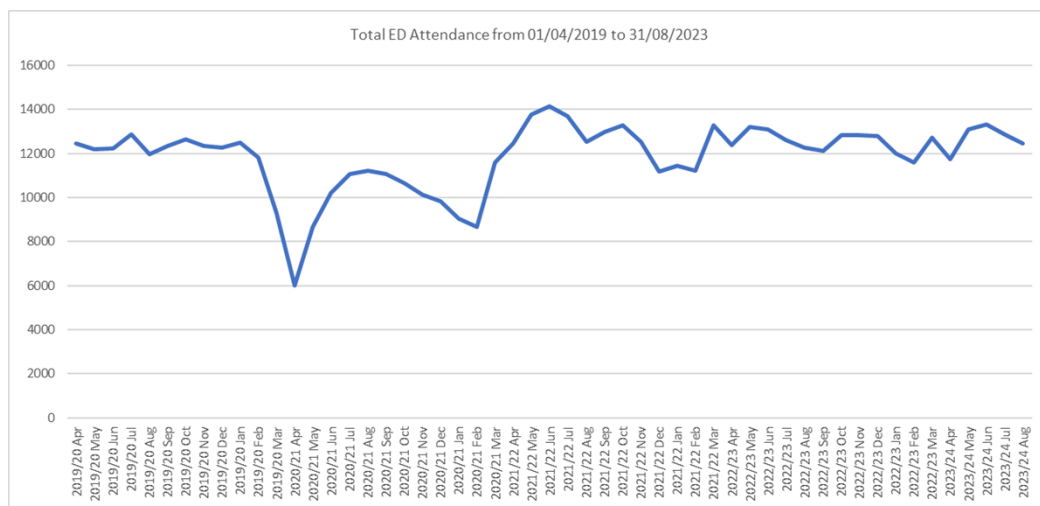


Figure 1: Total ED attendances from 1 April 2019 to 31 August 2023

The inpatient admission rate from ED is down against 2019 activity but is on an upward trajectory. The initiatives underway to assess patients and discharge home or to alternative care pathways at the front door continue from Winter 23. This means utilising all the community admission avoidance options and management of appropriate patients through Same Day Emergency Care services (SDECs) continue. There are short, medium, and long term plans to change the medical model of care within Division 2 to ensure patients are managed on the most appropriate pathway and the most appropriate setting, these are detailed in section 5.3.1 below.

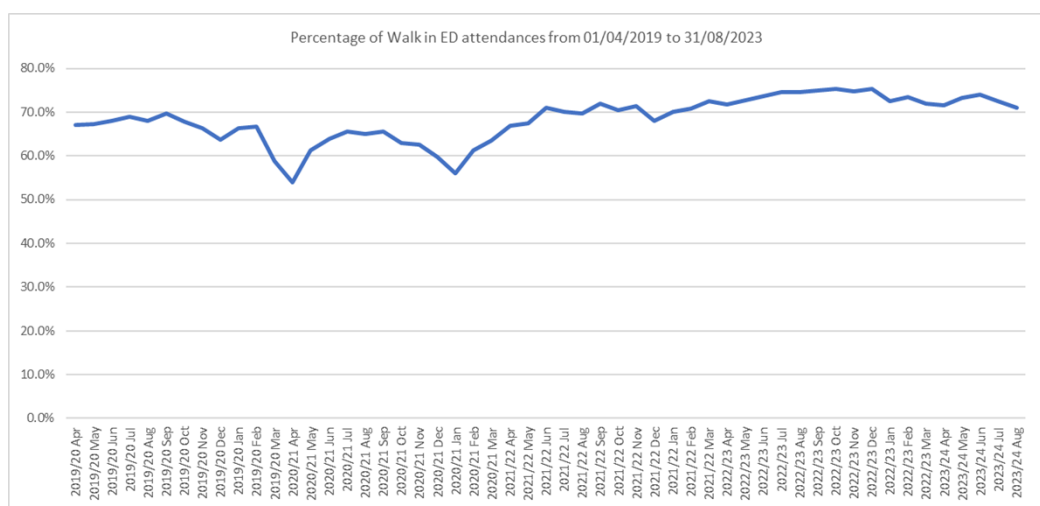


Figure 2: Percentage of walk in ED attendances from 01 April 2019 to 31 August 2023

The numbers of patients walking into ED at New Cross continues to be the highest within the Black Country. The increase in the numbers of patients requiring a major's cubicle and subsequent admission from walking-in also continues.

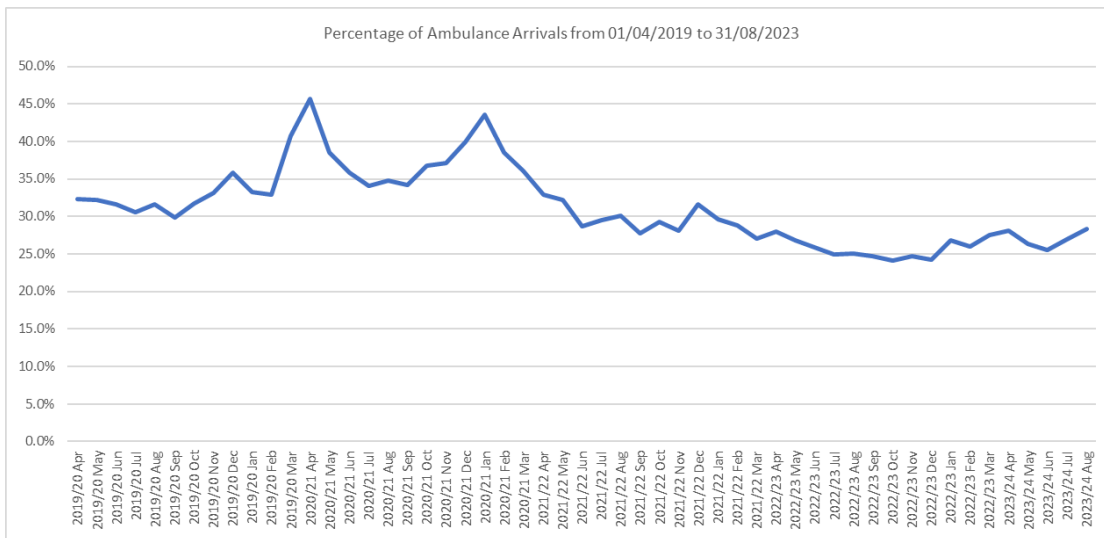


Figure 3: Percentage of Ambulance arrivals from 1 April 2019 to 31 August 2023

One significant change since last year’s Winter Plan has been the sustained increase in ambulances ‘intelligently conveyed’ (ICs) to New Cross particularly from Shropshire, Telford, and Wrekin but also from within the Black Country. The initial change in January 2023 corresponds to the implementation of a series of improvement initiatives within emergency and medicine at the start of the calendar year – Criteria Led Handover and the RWT Push Model.

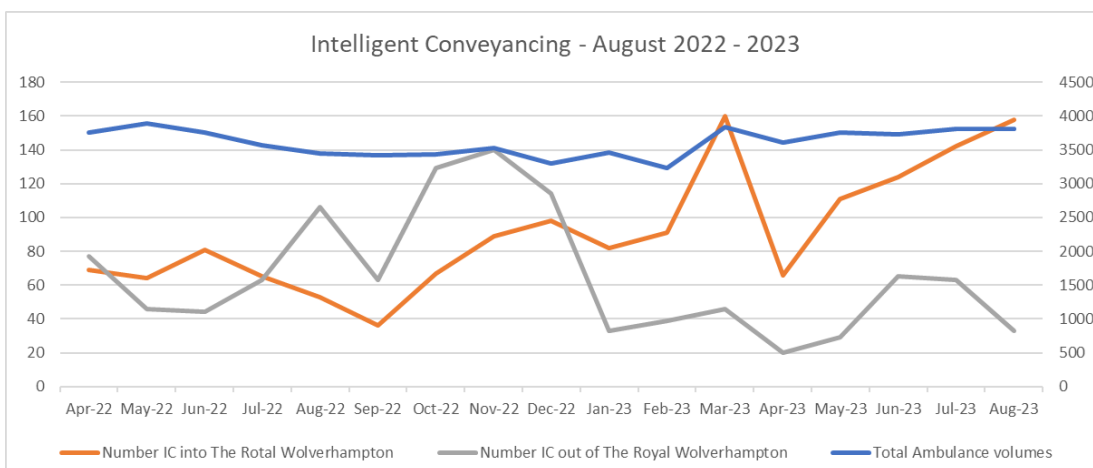


Figure 4: IC's between August 2022 and August 2023

Despite an increase in ICs, the overall number of ambulances conveyed to New Cross remains largely unchanged. The poor ambulance offload performance of 2022 has been turned around, and the organisation routinely offloads over 98% of ambulances within 60 minutes.

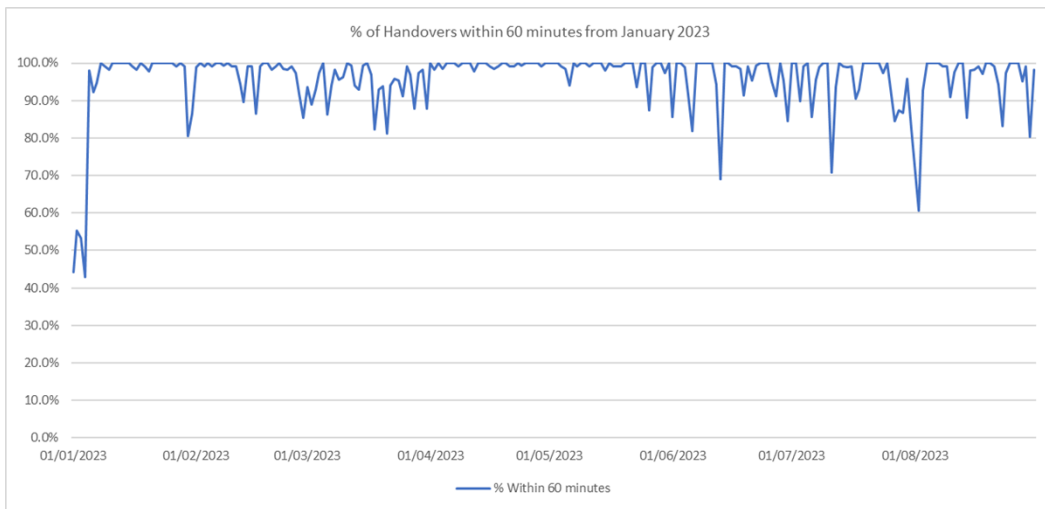


Figure 5: Percentage of handovers within 60 mins from Jan 2023

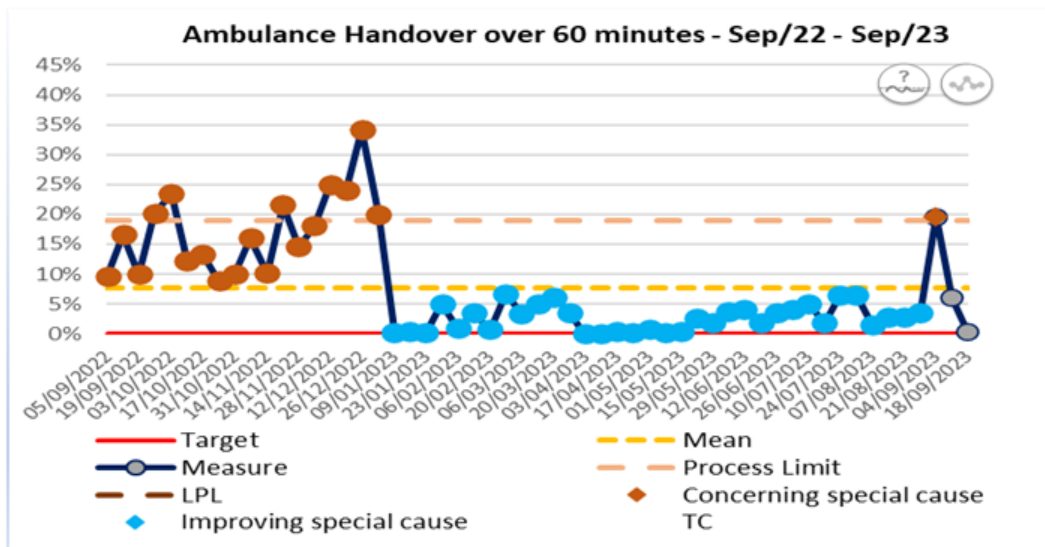


Figure 6: Ambulances handed over within 60 mins - Sept 2022 to Sept 2023

Nx Ambulance Handover > 60 mins

	Target	Actual		Target	>60 Minutes
07-Aug	<0%	1.54%		0%	
14-Aug		2.79%			
21-Aug		2.79%	New Cross		0.37%
28-Aug		3.61%	Walsall		3.28%
04-Sep		19.64%	Dudley		5.37%
11-Sep		6.09%	City & Sandwell		9.49%
18-Sep		0.37%	Shrewsbury & Telford		30.82%

Table 1: Ambulances handed over within 60mins – West Midlands performance since August 2023

The Trust is currently one of around twenty organisations within England meeting the 76% 4 hour performance target. Alongside this, 12-hour performance is also routinely achieved.

Organisation	Rank by latest week	18/09/2023
Birmingham Women's and Children's NHS Foundation Trust	1	81.6%
The Royal Wolverhampton NHS Trust	2	80.0%
South Warwickshire NHS Foundation Trust	3	78.3%
The Dudley Group NHS Foundation Trust	4	77.9%
University Hospitals Coventry and Warwickshire NHS Trust	5	75.2%
Walsall Healthcare NHS Trust	6	74.7%
University Hospitals Birmingham NHS Foundation Trust	7	73.5%
George Eliot Hospital NHS Trust	8	73.0%
University Hospitals of North Midlands NHS Trust	9	71.5%
Sandwell and West Birmingham Hospitals NHS Trust	10	69.7%
Worcestershire Acute Hospitals NHS Trust	11	65.0%
Shrewsbury and Telford Hospital NHS Trust	12	61.7%
Wye Valley NHS Trust	13	55.6%

Table 2: Emergency Department Performance - West Midlands for w/c 18 Sept 2023

Hospital	April 23 %	May 23 %	June 23 %	July 23 %	Aug 23 %
Birmingham Women's and Children's NHS Foundation Trust	85.19%	85.96%	82.83%	91.07%	90.77%
The Royal Wolverhampton NHS Trust	79.95%	79.52%	76.58%	78.96%	78.21%
Walsall Healthcare NHS Trust	77.36%	79.75%	75.67%	75.38%	75.06%
South Warwickshire NHS Foundation Trust	83.28%	73.00%	76.31%	76.24%	73.78%
The Dudley Group NHS Foundation Trust	74.52%	73.38%	72.93%	74.50%	72.82%
University Hospitals Coventry and Warwickshire NHS Trust	76.64%	73.70%	71.53%	73.91%	72.74%
George Eliot Hospital NHS Trust	75.13%	77.60%	77.43%	75.47%	70.02%
University Hospitals of Derby and Burton NHS Foundation Trust	66.69%	68.37%	67.67%	71.77%	69.42%
Sandwell And West Birmingham Hospitals NHS Trust	74.86%	72.69%	70.99%	70.44%	69.14%
University Hospitals of North Midlands NHS Trust	70.05%	69.37%	68.82%	69.61%	68.59%
Worcestershire Acute Hospitals NHS Trust	67.02%	66.37%	67.11%	67.25%	65.13%
Wye Valley NHS Trust	59.64%	57.65%	59.28%	56.30%	55.59%
University Hospitals Birmingham NHS Foundation Trust	53.78%	54.43%	53.03%	53.04%	54.74%
The Shrewsbury and Telford Hospital NHS Trust	54.25%	55.33%	53.58%	51.86%	51.64%
England	77.31%	76.80%	73.34%	73.99%	72.98%

Table 3: Emergency Department Performance - April to August 2023

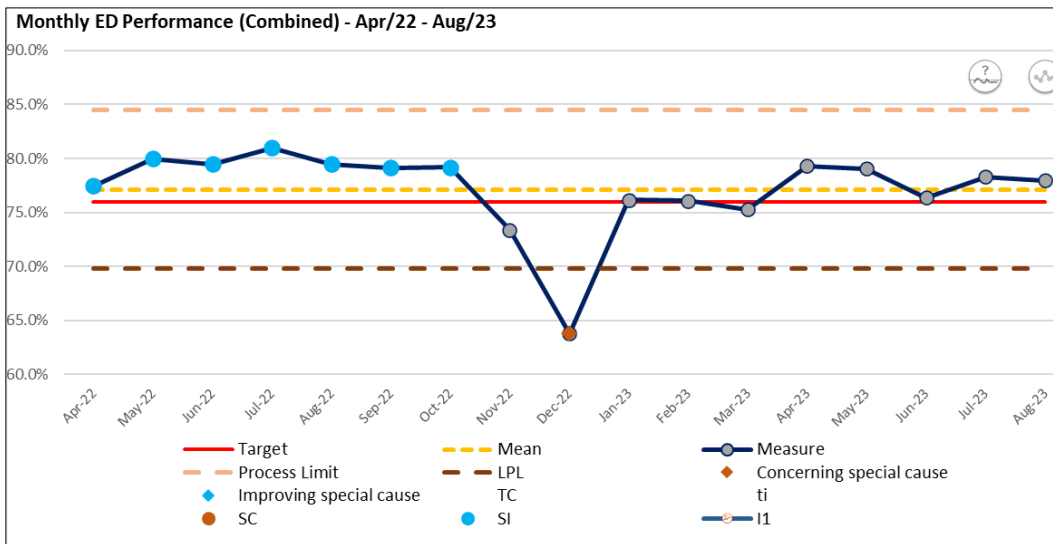


Figure 7: Monthly ED performance, April 2022 to August 2023

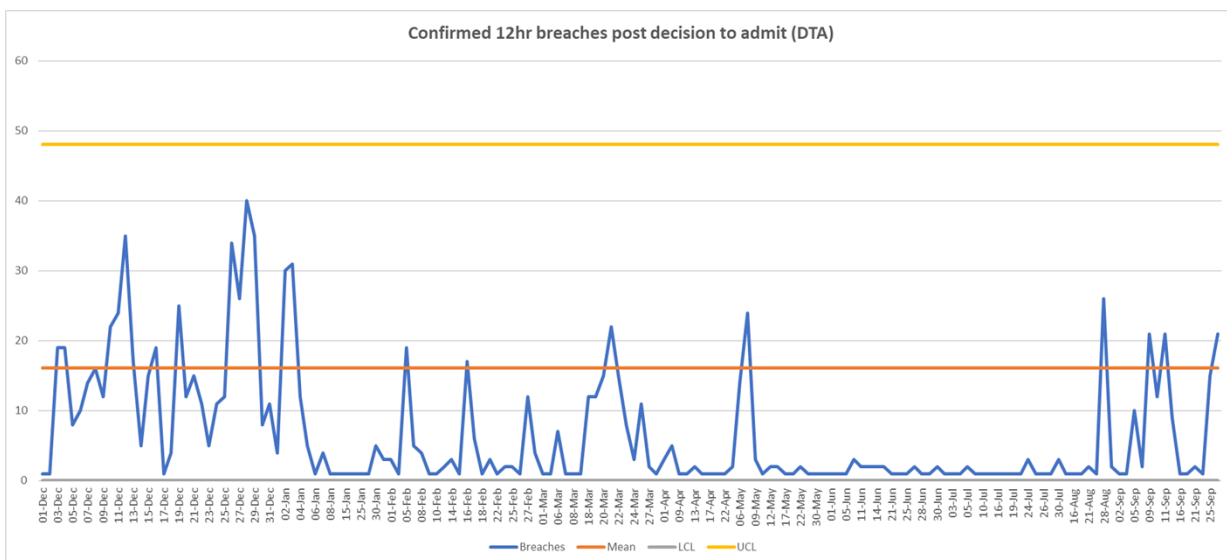


Figure 8: Confirmed 12 hour breaches post DTA

Non-elective bed occupancy remains high and routinely runs at 95% or higher for the majority of wards. The number of patients with no criteria to reside (NCTR) within Wolverhampton has not increased from the improvements made last winter. Patients discharge ready (medically fit for discharge) averages around 80 per day. This includes patients waiting for rehabilitation, out of area patients and patients waiting for final assessments and decisions. Patients waiting over 12 hours for a bed from decision to admit saw deterioration in August and September, some of this is associated with patients waiting for a mental health admission, which can face significant capacity challenges.

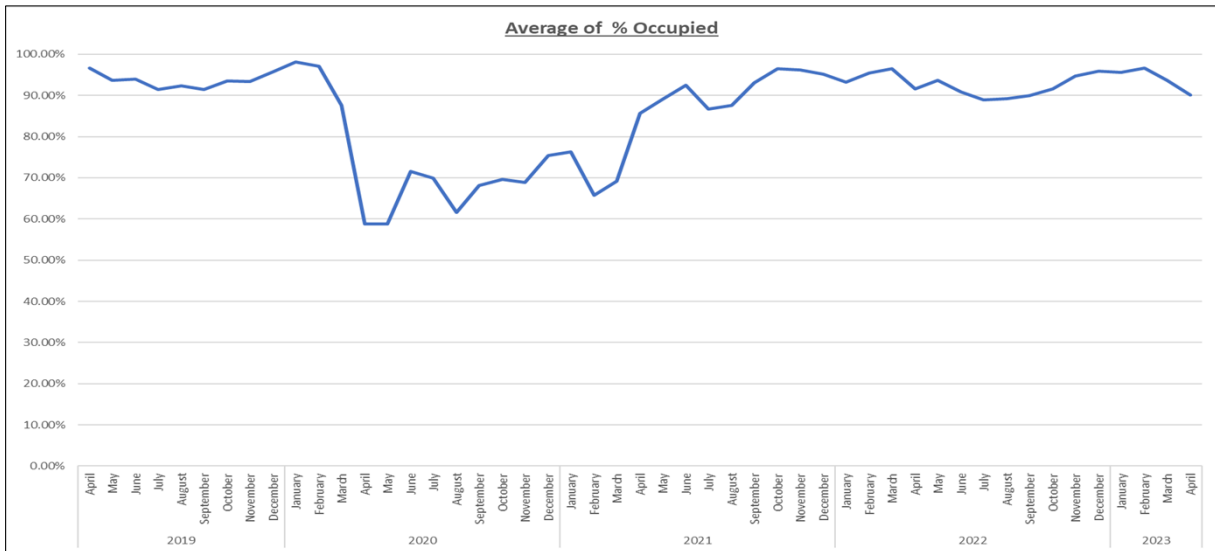


Figure 9: Bed occupancy

4. Modelling and assumptions

Bed capacity modelling has been undertaken within the Trust and within the ICB. This is based on actual activity from August 2022 to March 2023 and currently shows a gap of between 37 and 53 adult and paediatric beds. Bed modelling incorporates a complex algorithm including assumptions on increase in activity, length of stay, numbers of patient delays, flu and covid rates and ambulance conveyances, hence a best and worst-case model. The plan assumes that elective and cancer activity continues throughout the winter.

The bed modelling tool can be re-run at any time and the Trust’s actual and forecast position will continue to be monitored during the weekly Trust performance meetings.

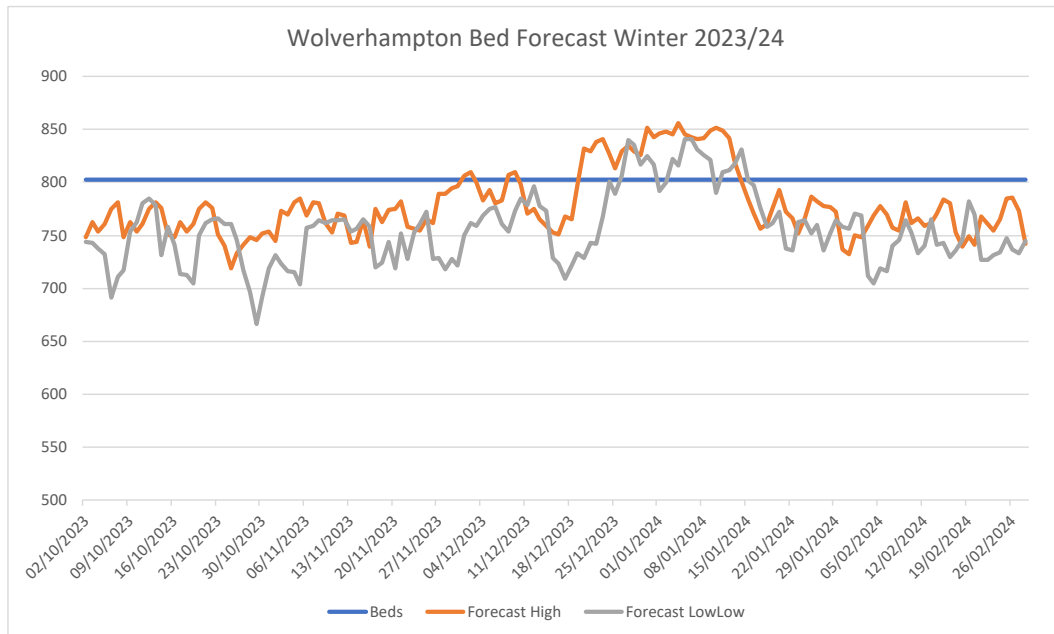


Figure 10: Winter bed forecast

A number of schemes and initiatives are in progress to mitigate the bed capacity gap which can be seen in the table below. A number of these are expansions and further developments of existing services and schemes

whilst some are new. The mitigations are cross referenced against the High Impact Priority Interventions and are set out below.

Initiative	Worst case	Best case	Detail
Virtual wards	10	15	Increased use of current including South Staffordshire
Medicine Model of Care	12	12	Based on 2 beds Respiratory, Older Adult Medicine, Diabetes; 3 beds Renal and Gastro
Discharge Ready (MFFD)	8	12	10-15% of 80
Same Day Discharge Centre	3	3	Enhanced discharge service (adults) commencing November
Paediatric Inpatient Capacity	8	10	Additional inpatient capacity
Total	41	52	

Table 4: Schemes to mitigate the bed capacity gap

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

Table 5: Mitigations cross referenced against the High Impact Priority Interventions

The UEC Recovery Plan Maturity Self-assessment highlighted two areas of additional focused support. These were Intermediate Care and Acute Respiratory Infection Hubs (ARI). A wider response to the remaining high-impact interventions can be found in Appendix 1 of the OneWolverhampton Winter Plan.

Acute Respiratory Infection Hubs:

Several iterations of the ARI hubs were delivered across the Black Country as part of the previous winter response. Learning from this has been taken to support best practice for Wolverhampton.

The specification for an ARI hub service for the city is currently being finalised. Potential sites for the service have been identified and we will be undertaking a selection process during September. The intention for go live is early Dec 23.

Intermediate Care:

Based on the criteria of the iUEC self-assessment, there are several improvements required in Wolverhampton to support the development of intermediate care. These include the creation of a single referral system for assessment and triage; and the development of mechanisms to monitor the impact of intermediate care on long-term care needs.

A working group has been established that includes the Director of Adult Services at CWC and the DCOO for Division 3 at RWT to support the creation of a long-term plan for intermediate care. This will include the issues raised above and initial proposals include the creation of a joint Head of Service post to review opportunities for closer working across both NHS and Local Authority services.

5. High-Impact Interventions

5.1 Same Day Emergency Care

Same Day Emergency Care: reducing variation in SDEC provision by providing guidance about operating a variety of SDEC services for at least 12 hours per day, 7 days a week

RWT has provided considerable expansion to its Same Day Emergency Care (SDEC) offering over the past 12 months. The Royal Wolverhampton NHS Trust (RWT) currently offers medical, frailty, surgical (including gynaecology) and head and neck SDEC services. Paediatric model currently runs alongside paediatric assessment unit and there are plans to redefine this service in October.

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. This allows for the provision of same-day care for patients who would otherwise require admission to hospital. Patients can be rapidly assessed, diagnosed, and treated and, if clinically safe, return home the same day that care is provided. As part of the Medicine Model of Care, work is progressing to establish a fully integrated Medical SDEC, with Frailty SDEC remaining separate.

Direct access to all SDECs remains in place from both West Midlands Ambulance Service (WMAS) and the Care Coordination team.

In December 2022, work started on designing a Paediatric SDEC to allow referral of children and young people for appropriate assessment, investigation, treatment, and discharge. It aims to minimise delays for patients needing investigation, allowing services to process emergency patients more efficiently and offer an alternative to hospital admission. It is anticipated that the Paediatric SDEC service will be available 7 days per week from 0800-2200hrs, with Care Co providing a single point of referral for external practitioners. Given anticipated winter pressures, the agreed 'go live' date is 02 October 2023. Currently the paediatric SDEC is aligned to Paediatric Assessment Unit (PAU)

5.2 Frailty

Frailty: reducing variation in acute frailty service provision. Improving recognition of cases that could benefit from specific frailty services and ensuring referrals to avoid admission

In addition to the SDEC overview provided above, the Frailty SDEC has been providing a 7-day service for older frail adults since September 2022. This facility has capacity for 9 patients who are drawn either from ED or directly from WMAS via the Care Coordination team. The team assess those patients with frail complex needs and provides intervention to avoid unnecessary admissions.

In addition to the above, HOT clinics are also in place to ensure patients can be seen by a consultant on the day of referral. These are designed for access by the Emergency Department and clinical teams for early intervention – preventing crises for older adults.

These services are complemented by the Community frailty virtual ward. This frailty virtual ward has 35 'beds' and supports up to 70 patients per month based on an average length of stay of 14 days. This service supports expedited discharge, but also admission avoidance for those who have attended Frailty SDEC and may otherwise need to be admitted. These patients will be observed from home to reduce the risk of de-conditioning. If patients become unwell again, they will be actively signposted to other community services for support.

Beyond this, Older Adult Medicine Consultants undertake a daily ward round in conjunction with community services – including Virtual Ward and RIT – to provide real-time advice and guidance to support patients and prevent unnecessary admissions.

In addition to this, Wolverhampton has mobilised a falls response programme. This includes a falls pick-up service, supported by therapy and Urgent Community Response. The ability to provide a clinical assessment reduces the need for WMAS to attend and convey patients unnecessarily, while the therapy element ensures a risk assessment can be undertaken to reduce the risk of further falls.

Strength and balance classes are also being delivered throughout the city through Public Health as part of a 12-month trial. There is a proven correlation between physical activity and improved mental state and reduced incidence of falls and frailty. These classes will ensure older adults maintain their core strength and reduce the risk of developing frailty and hospital admissions.

Similarly, an innovative pilot has been commissioned to provide nutrition and hydration advice in care homes. Care homes with the highest rate of ED attendance for falls have been targeted to provide a bespoke training package. This focuses on ensuring optimum hydration to reduce the risk of dehydration and potential falls.

During Quarter 2, the NHS RightCare system toolkit for frailty is being used to assess and benchmark our current position and to understand the priorities in frailty care and key actions to take in the future through OneWolverhampton Partners. Underpinning this is the work taking place in Primary Care and the work being undertaken in Wolverhampton around falls, delirium, and dementia.

5.3 Inpatient flow and length of stay

Inpatient flow and length of stay (acute): reducing variation in patient care (including mental health) and length of stay for key UEC pathways/conditions/cohorts by implementing in-hospital efficiencies and bringing forward discharge processes for pathway 0 patients

As detailed within the Trust's ambulance handover plan, there are three primary focus areas to inpatient flow:

- Ambulance offload capacity
- ED and alternative pathways
- Inpatient flow and discharge

The key metrics that NHSE will be measuring our performance on is ambulance handover times and Criteria to Reside, as well as the Trust's discharge actions.

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 week day, one patient is moved directly from either ED or AMU to a base ward at 09.30 and 11.30. This has meant that our ambulance handover times have greatly reduced. The Ambulance Receiving Centre has been fully operational since November 2022.

An Emergency Department streaming pilot commenced on 22 March between 09:00-21:00 seven days per week. An experienced trained triage nurse/ACP/clinician was located in the main ED reception. All patients (excluding paediatrics) were signposted to this individual who undertook a brief history from the patient. If the patient met the criteria of the pre-agreed pathways they could be signposted to an alternative area. During the initial 4 week pilot a total of 1260 patients were streamed to alternative locations. This pilot demonstrated that during the hours the streaming pilot was operating, there was a reduction in the average time to triage. This initiative is now fully operational. Whilst this initial pilot was internal to RWT, work is now progressing

with our partners to look at opportunities for widening the scope of this initiative to include streaming or navigating patients away from ED to the most appropriate place for their needs.

The Wolverhampton Discharge Ready (Medically Fit for Discharge) patients, is discussed three times per week. This includes an early morning operational escalation call and daily ICS system calls. To ensure continuous improvement and learning from best practice, several initiatives are underway, including the development of a new joint commissioning framework for hospital discharge, which will be used by OneWolverhampton partners to develop new hospital discharge integrated delivery models.

To further support inpatient flow, early morning and late afternoon Huddles take place across each of the wards. The Trust's bespoke huddle tool is used to keep track of patients, track their progress, and escalate any blocks in their movement towards discharge. A systematic MDT review of patients with extended lengths of stay takes place twice weekly. This includes 'stranded patients' with a length of stay more than 7 days, and 'super stranded' patients with a length of stay more than 21 days. These meetings are chaired by the Deputy Chief Operating Officer for Emergency and Medicine.

For non-complex discharge, a similar level of 'Weekend Discharges' is achieved compared to weekdays. This is enabled by a weekend discharge list being generated on Fridays by the clinical and operational teams to identify patients who can be safely discharged over the weekend.

Work is underway to improve discharges for pathway 2 patients who are being discharged to residential care within the independent community sector. This aims to ensure patients have an Estimated Date of Discharge (EDD) set, and that delays and readmissions are reduced.

An enhancement to the Rapid Access to Social Care is being supported through Adult Social Care Discharge Funding to provide an 08:00 – 22:00, 7-day service. The RASC team provides bridging cover for patients who have a defined start date for their package of care (POC). This enables expedited discharge for patients who would otherwise remain in an acute bed while waiting for their care package to start. Funding of £222k has been identified for this scheme.

There are also plans to continue with the dedicated porters for Radiology. A recent trial has demonstrated that dedicated porters have decreased wait times for inpatient scans to within 24 hours (on average). This reduction in waiting time for scans will reduce the overall length of stay for patients.

5.3.1 The Medicine Model of Care

Whilst a huge challenge clinically and operationally, it is recognised that periods of industrial action over the past year have had a positive impact on flow performance due to the presence of specialty senior decision makers at the front door, meaning more timely assessments, alternative plans to admission and discharges of patients. The Emergency and Medicine division are therefore working through options around a new model of care.

Clinically led, this new model aims to build on the Division's work to date under the Right Patient Right Place programme of work and in summary means that:

- Specialist consultants are rostered to cover all floors in Emergency Services, specifically to avoid admission; redirect activity; and facilitate timely discharge (Monday to Friday)
- An integrated Medical SDEC will be established (with a separate adjacent Frailty SDEC) offering ambulatory services including access to Virtual Ward, booked procedures and Hot clinics

- A Same Day Discharge Centre will be operational between November 2023 and March 2024 to step patients down from base wards, ED and AMU, more efficiently than now.
- Progress will be made against the Trust's Acute to Community Vision by rebalancing acute bed capacity to community capacity.

5.3.2 Delivering the new model of care

It is intended that the proposed changes mean there will be no net loss of beds this winter for the Trust, but rather a realignment of beds meaning that patients will be seen and managed in the right place. To facilitate this, the following moves are planned:

- WPH Ward 1 (Stroke Rehab – 20 beds) relocates to WPH Ward 2 (23 beds)
- Ward 2 service (Older Adult Medicine) relocates to Ward A7/A8
- Vacated Ward 1 becomes Division 3 20 bed rehab capacity
- Gastroenterology runs from A7 and the top of A8
- A8 becomes Hot Rehab (20 beds)
- C41 becomes Same Day Discharge Centre (SDDC)
- WPH Ward 1, 2, Neuro Rehabilitation Unit and Outpatients become Division 3 capacity, supporting Division 3's progression of the Rehab Model of Care / partnership work with Walsall.

This will enable models to be tested through the winter. It is recognised that the Trust's aspirations are such that the need for 'community' and rehab beds significantly reduces, however, taking beds out from the organisation before winter has a high level of risk and is not proposed. It is anticipated that all aspects of the new model will equate to approximately 10 beds worth of capacity. Work is underway with to redesign the rehab model of care in partnership with Division 3.

5.4 Community bed productivity and flow

Community bed productivity and flow: reducing variation in inpatient care and length of stay, including mental health, by implementing in-hospital efficiencies and bringing forward discharge processes.

Learning has been taken from last year's winter funding to tailor support and schemes appropriately to maximise impact.

Additional temporary social work staffing provided through last year's funding led to a 50% reduction in the backlog of allocations for patients with no criteria to reside awaiting discharge. This was a reduction from 100 unallocated individuals in December 2022 to 50 in March 2023. We will be looking to continue this by enhancing the hospital social work team. This will be achieved by recruiting one additional Social Work Manager; 4 additional Social Workers; and 3.5 WTE Social Care Workers to support expedited discharge from an acute setting. This will lead to a continued reduction in the number of people who do not need the criteria to reside in hospital. It will also deliver an increase in the number of people who are discharged to their usual place of residence following a hospital admission. This will be due to the increased availability of social workers to attend ward huddles and influence discharge pathways.

Beyond this, Adult Social Care Discharge Funding will be 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. This role will also support the sourcing of longer-term care and support to individuals continue to move through the pathway as required and ensure reablement provision is available for newly discharged individuals.

The Home Assisted Reablement Programme (HARP) will also be enhanced – offering an additional 50 hours of reablement per week from within the existing workforce. This will increase capacity to support pathway 1 discharges and further reduce discharge delays.

An expansion of the Community Occupational Therapy Team (COTT) will be undertaken to support the review of patients discharged into D2A services. This expansion will also support the enhanced social work team in moving people on from D2A pathways in a timely manner. Previous enhancements last year had demonstrated positive outcomes. There was a reduction in long-term care requirements in 65% of cases following COTT review. This reduction will create additional capacity within the market to support further discharges.

A dedicated Bariatric Reablement service is being established. This will enable individuals identified as bariatric to access a bed-based reablement service as part of their planned return home when a home discharge is not possible.

A package of Care Home Support will also be expanded to encourage the use of Care Coordination as a single point of access (excluding red flags), the use of Docobo out of hours to support escalation for all PCNs and Care Homes; an analysis of ED data to support targeted work; and the development of a Care Facilitator Role.

From a practical perspective, the entirety of the Pathway 3 budget will be transferred to the ICB to ensure consistency of approach. This will bring benefits in both efficiency and oversight with all Pathway 3 beds and bring consistency between spot-purchased and block-booked beds.

5.5 Care transfer hubs

Care transfer hubs: implementing a standard operating procedure and minimum standards for care transfer hubs to reduce variation and maximise access to community rehabilitation and prevent re-admission to a hospital bed:

As part of the winter planning process, an 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 also being implemented to manage the increased demand seen by the service. The addition of an integrated social worker will create dedicated resource and capacity within the team to support with discharge, reducing hand-offs and providing a seamless and timely transfer of care. Similarly, the addition of a prescribing pharmacist will be able to support any prescription concerns or queries to again reduce the risk of readmission and reduce the risk of failed or delayed discharges due to TTO concerns or inaccuracies. Funding has been received via the SDF for £119k.

The Care Co-ordination team supports the D2A team in facilitating discharges from acute beds. They have a clear understanding of the support available across the city and, as such, can support expedited discharge by supporting individuals and navigating them effectively in their discharge pathway. This will also support reduced rates of readmissions, as well as reduced length of stay, by ensuring that individuals are provided with the most appropriate care.

There is also wider 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. The ambition is to best meet people's needs by offering a one-stop approach. The opportunity for co-location will also facilitate improved information sharing in the absence of a shared system

and support the transition between services where necessary. It is hoped that this approach will reduce demand for front-door services by being able to navigate people to suitable alternatives.

Beyond this, a proof of concept is being delivered to implement a Community Transfer of Care (CTOC) form for health professionals to complete when accessing community reablement services. The proof of concept will enable social care professionals to triage the recommended level of support and ensure this is the best fit for individuals. Initial evidence suggests that the prescription of ongoing care is reduced in 65% of long-term packages following Community Occupational Therapy and Social Worker input.

5.6 Intermediate care demand and capacity

Intermediate care demand and capacity: Supporting the operationalisation of ongoing demand and capacity planning, including through improved use of data to improve access to and quality of intermediate care including community rehab.

Assuming current levels of performance, we believe that our commissioned capacity meets anticipated demand for intermediate care based on the demand and capacity exercises undertaken as part of the BCF Plan for 2023-25, across all partners within Place (including commissioners, Social Care, RWT, the community and voluntary sector etc).

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.

5.7 Virtual Wards

Virtual wards: standardising and improving care across all virtual ward services to improve the level of care to prevent admission to hospital and help with discharge.

The continuation and development of virtual ward is a core part of the winter plan. The Royal Wolverhampton NHS Trust's Adult Community Services will be maintaining the capacity and scope of the Virtual Ward offering. This will allow a greater number of patients to receive the care they need at home safely and conveniently, rather than in a hospital setting. Support will include remote monitoring and the use of technology and medical devices, such as pulse oximeters. This will ensure as many patients as possible can be cared for in the place they call home.

The capacity covers several clinical pathways however this year, bed numbers are not attached to each pathway. This allows more fluidity and flexibility and for the team to utilise capacity most responsively. There is an overall bed capacity of 98 beds, with the ambition to maintain 80% occupancy. Clinical pathways include:

- Respiratory; COVID, oxygen weaning, asthma, COPD and ARI
- Frailty
- Paediatric
- Palliative/ Supportive care
- Awaiting diagnostics
- General Medicine

With an average LoS of 14 days, this will equate 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.

The Trust is also in discussion with Staffordshire in terms of access and providing oversight and access to the Staffordshire virtual ward. It is anticipated that this will see an increase in 'beds' available for RWT to use and is part of the mitigation plan.

5.8 Urgent Community Response

Urgent Community Response: increasing volume and consistency referrals to improve patient care, ease pressure on ambulance services, and avoid admission:

RWT's Rapid Intervention Team (RIT) has extended its operating hours to provide a 24/7 Urgent Community Response service. This will allow patients to receive urgent care in their homes; avoiding hospital admissions and enabling people to live independently for longer. This is a Nurse-led, multi-disciplinary service composed of advanced nurses, therapists, clinical support workers and who will see, assess, diagnose, and treat patients.

Throughout the summer, the Rapid Intervention Team (RIT) have piloted falls pick up and post falls assessment service; this is being developed to continue substantively as part of overall service development and winter readiness.

This enhanced offering is anticipated to reduce demand at emergency portals, supporting the achievement of the two-hour urgent response target and reduce escalations into hospital.

5.9 Single point of access

Single point of access: Driving standardisation of urgent integrated care coordination which will facilitate whole system management of patients into the right care setting, with the right clinician or team, at the right time.

The Care Coordination team at RWT work closely with healthcare services including Primary Care, RWT and WMAS to ensure that patients are navigated to the most appropriate service. This includes direct booking into SDEC to reduce demand of the emergency portals.

As part of the OneWolverhampton Urgent and Emergency Care Strategic Working Group, a priority has been established to support widening the offer to the current Care Coordination team. The ambition is to work with partners including Housing, Adult Social Care and Mental Health to provide a single point of access to a wider range of services. It is anticipated that this will reduce demand on front line services by navigating patients to the most appropriate service. Through Adult Social Care Discharge funding, the scope of the team is being enhanced to include pharmacy and adult social care support. Funding has also been identified to support the introduction of a new telephony system to increase the number of calls that can be handled.

5.10 Paediatrics

While increased paediatric capacity is not listed within the 10 high impact areas, it is recognised that it is a local priority for Wolverhampton. In order to safely manage the current wards demands PAU has frequently been closed in order to increase the bed base. When PAU is closed those young people who would have been referred direct from GPs or sent up from ED for observation remain in the Paediatric Emergency Department. This is a poor experience for young people and places increased demands on ED cubicle availability for other patients, potentially resulting in departmental overcrowding and 12-hour breaches.

Plans have been submitted to mobilise up to an additional 10 beds to support with additional paediatric capacity. The chart below outlines the daily average bed occupancy during that period, clearly demonstrating both an increasing occupancy trend and a consistency of operating above 26 beds.

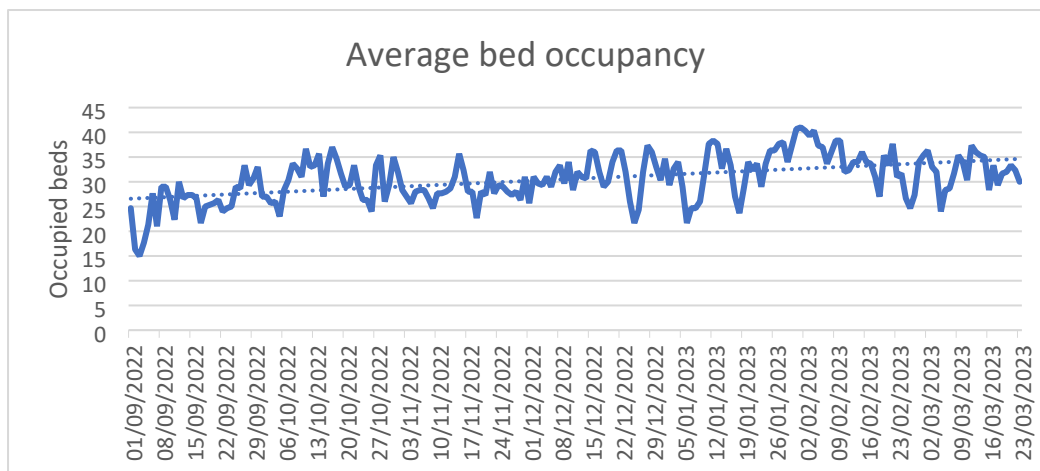


Figure 11: Average bed occupancy

6. Elective Care

Ward D7 at New Cross is to remain an elective ward (36 beds) and we will continue to deliver the Cancer and Elective Recovery Plan. Hilton Main ward at Cannock Chase Hospital will also remain ringfenced elective ward for Orthopaedics, alongside the continued development of the Community Diagnostic Centre at Cannock

7. Infection Prevention (IP) measures

Detail on the Trust’s winter IP measures can be found in **Appendix A**.

8. Estates and Facilities

Estates and Facilities will continue with normal service to support clinical areas, as well as additional capacity for the Same Day Discharge Centre.

There are dedicated Porters working in Radiology to reduce the waiting time for in-patients requiring a CT scan, the aim being same day.

From a staff well-being perspective, East side and North Lobby café are offering a daily staff hot meal special for £1.50 to ensure staff can access get a nutritious meal.

9. Ensuring a sustainable workforce

Whilst traditional recruitment continues, there is also a focus to our commitment to retaining the Trust’s existing workforce. This aligns to the objectives set out in the NHS People Plan and includes supporting individuals in the earlier and final stages of their career, including mentoring, career development conversations, retire and return workshops, flexible working, promotion of the many routes of health and wellbeing support.

10. Risks

There are a number of risks associated with the winter initiatives. These are listed below along with their mitigations.

Risk	Mitigation
IC's above current levels	<ul style="list-style-type: none"> Continuous monitoring and escalation
Staff sickness	<ul style="list-style-type: none"> Trust processes in place Winter vaccination programme launched Divisional and Trust staff allocation meetings Prioritising the wellbeing of our staff
Transport failure	<ul style="list-style-type: none"> Escalation and utilisation of alternative provider as now
Covid, Flu, Norovirus, etc. impacting on inpatient flow and nursing home closures	<ul style="list-style-type: none"> IP processes and guidelines in place Joint work with Capacity IP input to Nursing Homes
Continued industrial action	<ul style="list-style-type: none"> Strike planning to continue Team engagement and comms

Table 6: Risks and mitigations 12: Risks and mitigations

11. Funding

Indicative costs for each of the schemes are set out in the table below.

Scheme	Indicative cost	Comments
10 additional paediatric beds	£305,517	Requires funding from ICB.
Virtual Ward, Intermediate Care and Care Co-ordination	£0	£991k received via Social Discharge Fund to support schemes, mentioned above.
Medicine Model of Care		
<ul style="list-style-type: none"> Specialist input to Emergency Services (evening cover) 	£80,187	Currently planned 09:00 – 17:00hrs but could extend if funded. No additional nursing required, other workforce being scoped
<ul style="list-style-type: none"> Pharmacist 	£45,000	
<ul style="list-style-type: none"> Same Day Discharge Centre <ul style="list-style-type: none"> X2 additional recliners Hot meal provision (Mon-Fri) with ward hostess Pharmacy support to SDDC 	£5,000 £28,000 £108,000	
<ul style="list-style-type: none"> WPH – 2 x locum therapists, 1 x PT/1 x OT (4 months) 	£40,000	
Streaming		
<ul style="list-style-type: none"> B6 RN B2 HCA 	£141,297 £85,352	
Additional private transport for discharge (Mon – Fri, Nov to end March)	£ 63,000	
Total	£901,353	

Table 7: Indicative costs for winter schemes

Additional schemes above are not currently funded, however will be able to be progressed if funding becomes available.

12. Links to Other Escalation Tools

It should be noted that the RWT winter plan and escalation is clearly aligned to regional and national reporting, using the national Operational Pressure and Escalation (OPEL) Framework. This is a framework that aims to provide a unified, systematic and structure approach to the detection and assessment of acute hospital UEC pressures. The Trust OPEL score is assessed twice daily as a minimum in order to determine the escalation

level that acute and community partners operate. There is a series of actions underneath the escalation level of actions to be taken daily.

Other tools in use that the Trust will refer to are the Acute Critical Care Network escalation tool, Cold and Inclement Weather plans and other linked business continuity plans.

13. Summary

- The Trust has a series of winter plan schemes, most of which build on actions from Winter 22/23, including virtual ward, intermediate care and care co-ordination.
- There is a detailed plan to redesign the current medical model of care as outlined briefly in the paper. Additional detail is to be shared at future meetings.
- Intention is to retain elective operating throughout the winter period by utilising the ring-fenced capacity at New Cross and Cannock Chase. This is to ensure the Trust achieves the expected measure of having no patient wait over 65 weeks at the end of March 24.
- The predicted shortfall in bed capacity has a mitigation plan, however this is deemed amber / red risk, due to the number of risks that will likely exist in the winter period, be those levels of flu or covid or staff sickness or ambulance conveyances from other regions.
- Only additional schemes that are funded have been agreed to progress (see above). Other schemes will not progress unless funding is available.
- The plan is aligned with the OneWolverhampton Winter Plan, which has been signed off by the OneWolverhampton Place Board.
- Actions will be monitored daily, weekly and all reviewed at the end of the winter period to assess success and impact in preparation for Winter 25.

1. Infection Prevention (IP) measures

Respiratory viruses include seasonal, avian, and pandemic influenza, respiratory syncytial virus (RSV) and severe acute respiratory syndromes (SARS). COVID-19, along with many other respiratory infections such as influenza (flu), can spread easily and cause serious illness in some people. You may be infected with a respiratory virus such as COVID-19 and not have any symptoms but still pass infection onto others. The common respiratory viruses are seasonal influenza and RSV. They can infect any age group although the severe complications of such infection are often restricted to children and the elderly. These viruses are most commonly transmitted by airborne, droplets or nasal secretions and can lead to a wide spectrum of illness. In the UK many of these viruses are seasonal in their activity and tend to circulate at higher levels during the winter months.

The risk of catching or passing on COVID-19 is greatest when someone who is infected is physically close to or sharing an enclosed and/or poorly ventilated space with other people. When someone with a respiratory viral infection such as COVID-19 breathes, speaks, coughs or sneezes, they release small particles that contain the virus which causes the infection. These particles can be breathed in or can come into contact with the eyes, nose, or mouth. The particles can also land on surfaces and be passed from person to person via touch.

The Trust's infection prevention team have been providing outbreak management support to care homes and other high-risk areas, e.g., workplaces and schools since early into the pandemic. This support continues as part of the core service.

Community infection and vaccination rates are routinely monitored by the system and within the Trust. The uptake in vaccination rates and variation by area support demand forecasting and subsequent operational decisions.

Vaccinations are on offer to all Trust staff – both Covid booster and annual Flu vaccine. A refreshed communication plan is in place to promote the benefits of receiving both vaccinations.

Uptake on staff vaccinations is monitored at Trust level with compliance reported to line managers.

Vaccinations are also available for those patients at high risk, e.g., respiratory to coincide with their existing treatment.

As of April 2023, the Trust introduced new guidance in relation to Covid-19:

1.1 Current Inpatient screening guide for COVID-19

- At any stage of admission on the development of any suspected COVID-19 symptoms
- On ward transfer to Clinical Haematology Unit, Deanesly Ward
- Only screen Contact patients on the development of any suspected COVID-19 symptoms.
Do not routinely test asymptomatic patients who are a contact

1.2 Discharge screening

Inpatients for discharge to another care setting (such as a residential/nursing home) to have LFT screen 48 hours prior to discharge. This must be documented on the e-discharge letter.

1.3 Face mask wearing

Universal masking has now ceased, and the Trust will adopt a risk-based approach to face mask use going forward. Masks need to be worn in the current scenarios:

- When caring for a patient who is suspected or confirmed of having an active respiratory tract caused by a droplet transmissible pathogen to protect staff from exposure
- On personal risk assessment
- If a patient or a colleague requests you to wear a mask
- When caring for patients in outbreak situations involving an infection spread via droplet route
- Emergency portals. When assessing patients for symptoms of respiratory tract infections: including ED, SDEC of all specialities, PAU, Cardiology, Maternity triage, UTC, Phoenix

Cohort bay of patients with infection spread via droplets, then sessional mask is advised.

Masks are not needed in the following areas:

- Office areas
- Hospital corridors
- Inpatients areas (unless specified above masks are not routinely required in other inpatient areas)
- Outpatients
- Training environments and meetings
- Emergency portals. Following assessment and confirmed having no respiratory tract symptoms

Examples of infections transmitted via droplets: SARS-CoV-2 (COVID-19), Influenza A/B, Respiratory Syncytial Virus (RSV), Bacterial Meningitis, Diphtheria, Mumps.

1.4 Routine Lateral Flow Test (LFT) changes

Inpatients for discharge to another care setting (such as a residential/nursing home) to have LFT screen 48 hours prior to discharge. This must be documented on the e-discharge letter.

[Managing healthcare staff with symptoms of a respiratory infection or a positive COVID \(5\).pdf](#)

[Respiratory Illnesses Protocol PRT_04_Protocol.pdf \(xrwh.nhs.uk\)](#)

**Paper for submission to the Trust Board Meeting – to be held in Public
On 10th October 2023**

Title of Report:	OneWolverhampton Winter Plan	Enc No: 8.2.1
Author:	Matt Wood – Head of the Programme and Transformation Officer, OneWolverhampton	
Presenter/Exec Lead:	Gwen Nuttall – Chief Operating 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 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:

The Board is asked to note the contents of the report and endorse the proposed city-wide actions to support the delivery of health and social care services across the winter period.

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 Risk Description Is Risk on Risk Register: Yes <input type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable):		
Resource Implications:	Revenue: Funded through Adult Social Care Discharge Fund (ASCDF) and Service Delivery Funds (SDF) Capital: Workforce: Additional workforce funded through Adult Social Care Discharge Fund Funding Source: Adult Social Care Discharge Fund via ICB and City of Wolverhampton Council		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision. This is also a live document and the data will be refreshed on a monthly basis.		
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 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: X		

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>The OneWolverhampton winter plan has provided targeted support for those groups that experience the greatest vulnerability and with the most challenging needs. This includes those with mental ill-health, the homeless, and those demonstrating drug and alcohol misuse.</p>												
	Report Journey/Destination or matters that may have been referred to other Board Committees	<table border="1"> <tr> <td>Working/Exec Group</td> <td>Yes<input checked="" type="checkbox"/>No<input type="checkbox"/></td> <td>Date: September 23</td> </tr> <tr> <td>Board Committee</td> <td>Yes<input type="checkbox"/>No<input type="checkbox"/></td> <td>Date:</td> </tr> <tr> <td>Board of Directors</td> <td>Yes<input type="checkbox"/>No<input type="checkbox"/></td> <td>Date:</td> </tr> <tr> <td>Other – OneWolverhampton Urgent and Emergency Care Strategic Working Group and Place Board</td> <td>Yes<input checked="" type="checkbox"/>No<input type="checkbox"/></td> <td>Date: 26.09.2023</td> </tr> </table>	Working/Exec Group	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: September 23	Board Committee	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	Board of Directors	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	Other – OneWolverhampton Urgent and Emergency Care Strategic Working Group and Place Board	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Working/Exec Group	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: September 23											
Board Committee	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:											
Board of Directors	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:											
Other – OneWolverhampton Urgent and Emergency Care Strategic Working Group and Place Board	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: 26.09.2023											

Summary of Key Issues using Assure, Advise and Alert	
<p>Assure Matters of concern, gaps in assurance or key risks to escalate to the Board/Committee</p> <p>This paper and its appendix detail the key actions being undertaken by providers across the city to support with an increased demand in services that is likely to be experienced over the winter months. This includes actions from RWT (although a separate paper will address this in greater detail), The City of Wolverhampton Council, Public Health, Care Homes, Pharmacy, Mental Health and Primary Care.</p> <p>It also provides an overview of the schemes that are being supported by the £3.4m of Adult Social Care Discharge Funds received into the city.</p>	
<p>Advise Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought</p> <p>The comprehensive plan (Appendix 1) is a live document. The data will be updated on a monthly basis to ensure appropriate monitoring and challenge through the OneWolverhampton UEC Strategic Working Group.</p>	
<p>Alert Positive assurances & highlights of note for the Board/Committee</p> <p>In the 22/23 financial year, OneWolverhampton had access to an additional £1m of funding to support preventative measures linked to winter. At present, the only funding we have been able to access is Adult Social Care Discharge Funds which supports discharge-related activity only and cannot be used to support preventative measures.</p> <p>To mitigate this risk, a number of additional preventative priorities have been identified. These can be mobilised at short-notice if and when additional funding becomes available.</p>	

<p><i>Excel in the delivery of Care</i></p>	<ul style="list-style-type: none"> • Embed a culture of learning and continuous improvement • Safe and responsive urgent and emergency care • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
<p><i>Support our Colleagues</i></p>	<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
<p><i>Improve the Healthcare of our Communities</i></p>	<ul style="list-style-type: none"> • Deliver improvements at PLACE in the health of our communities
<p><i>Effective Collaboration</i></p>	<ul style="list-style-type: none"> • Improve population health outcomes through provider collaborative • Improve clinical service sustainability •

OneWolverhampton Winter Plan

Report to Trust Board Meeting to be held in Public/Private on 10th October 2023

EXECUTIVE SUMMARY

This paper details the place-based winter plan for the city, developed in partnership by OneWolverhampton.

£3.4m of funding has been received in the form of Adult Social Care Discharge Funds (ASCDF). A wide range of schemes have been mobilised across the Partnership to support the management of winter pressures across health and social care. Funding has been prioritised to schemes that demonstrated a successful impact on hospital discharge and reducing ambulance handover delays during the 22/23 winter period.

There are several risks associated with mobilisation, including lack of funding for preventative initiatives; staff sickness; and ability to recruit to new posts. Appropriate mitigation is in place to manage and reduce the risk level where possible.

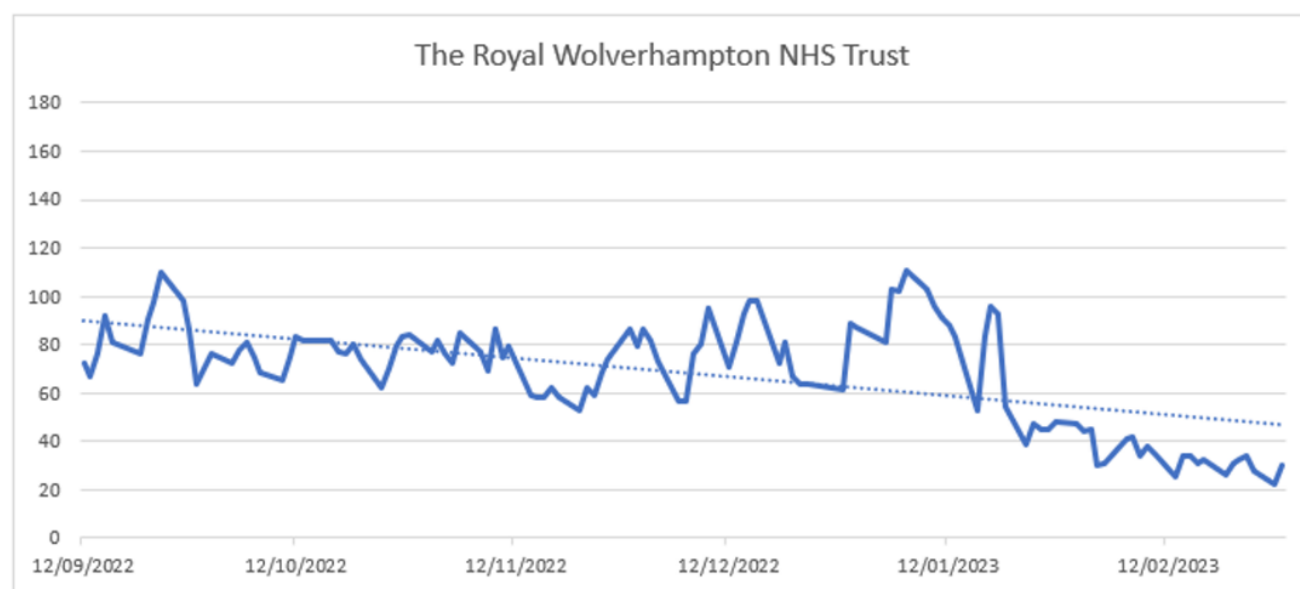
This paper has been written in conjunction with the RWT winter plan paper. Further detail around the bed modelling, bed gap mitigation and a position statement on the 10 Urgent and Emergency Care High Impact Interventions can be found in the RWT plan. This includes an understanding of the relationship between OneWolverhampton and RWT in the delivery of these interventions.

BACKGROUND INFORMATION

Building on the success of last year's place-based winter plan, OneWolverhampton has continued to lead the development of a city-wide approach to winter planning for the 23/24 winter.

Through the collaborative approach taken last year to winter planning, we were able to demonstrate a considerable reduction in the number of patients with No Criteria to Reside (NCTR), ensuring that those patients who were medically fit could return to the place that they call home.

Trends in the total count of NCTR patients reported at Trust level 12/09/2022 to 28/02/2023



Modelling

Modelling for 23/24 suggests an unmitigated bed gap of between 37 and 53 beds for New Cross Hospital which will peak between December 2023 and January 2024.

The schemes detailed below are targeted towards reducing the length of stay by expediting discharge – either through enhanced capacity, resource or equipment – or preventing unnecessary conveyancing – such as the additional support to care homes. These schemes are expected to support enhanced flow across the health and social care system.

Further specific details on the bed modelling and mitigation can be found in the detailed Royal Wolverhampton NHS Trust winter plan and Appendix 1 for this paper. This also includes a position statement on the Urgent and Emergency Care 10 High Impact Interventions and how these are being managed in partnership between RWT and OneWolverhampton.

Aims

This year's plan addresses several key aims:

- Ensure Homefirst remains the default and preferred option across all partners
- Enhance support to those who are the most vulnerable and with the most challenging needs (including those with mental ill-health, the homeless, and those with drug and alcohol issues)
- Deliver a place-based response to winter by working closely with partners
- Reduce conveyancing to hospital and ambulance handover delays
- Expedite flow and discharge from the acute setting

To support these aims, £3.4m of Adult Social Care Discharge Fund (ASCDF) monies has been allocated to Wolverhampton through the ICB and CWC. £2,069,492 has been allocated to CWC and £1,384,012 has been allocated to the ICB and ringfenced for Wolverhampton. This funding could be used to support the following objectives:

- Increasing Social Care capacity; providing more care packages to more people, in ways that have the greatest possible impact in reducing delayed discharge from hospitals
- Ensuring local partners can plan services sufficiently far in advance and for providers to develop long-term workforce capacity plans
- Being used in ways that build on learning from evaluation of the impact of previous discharge funding
- Allowing Local Authorities, the NHS and the Social Care sector to streamline discharge, assessment and placement processes and help to free up greater Social Worker time and capacity

A full evaluation of the schemes funded through last year's winter has been undertaken which has supported the prioritising of initiatives for delivery this year.

A joint funding allocation exercise has been undertaken by a task and finish group with representation from RWT, the City of Wolverhampton Council (CWC) and Black Country Integrated Care Board (ICB). This included a bidding process where bids were assessed against alignment with the Better Care Fund (BCF); ASCDF ambitions; duplication; ability to mobilise at pace; scalability; cost; sustainability; and clarity of metrics.

Details of the approved schemes can be found below:

Agreed Schemes – CWC Funded

Scheme / Initiative	Brief Description of Scheme / Initiative	Year 1 (23/24)
Hospital Enhanced Social Work	Additional social worker capacity to support timely assessment and discharge of patients to include out of area hospital discharges.	£440,375

Enhanced PST	Additional brokerage staff capacity to support timely assessment and discharge of patients to include out of area hospital discharges.	£41,000
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.	£40,638
Additional OT Capacity	Recruitment of additional OTs to support timely discharge for pathways 1-3.	£300,000
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.	£179,780
Pathway 1 Seasonal Reablement	Contingency funding to support additional winter demand / capacity pressures for Pathway 1 seasonal reablement at home.	£125,000
Pathway 2 Seasonal Spot Beds	Contingency funding to support additional winter demand / capacity pressures.	£400,000
BCHT Mental Health Social Worker	A designated, locality-based, named, mental health social worker to oversee or undertake assessments of patients requiring adult social care support.	£50,473
Community Equipment Stores	Contingency stock of equipment to ensure capacity can meet demand and minimise the chances of delays occurring because community equipment is not available	£52,500
TOTAL		£1,629,766

Agreed Schemes – ICB Funded

Scheme / Initiative	Brief Description of Scheme / Initiative	Year 1 (23/24)
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 above existing commissioned activity.	£100,000
BCHT Structured IP Day Support	In-reach work on wards to help patients and staff identify support to achieve discharge and connection with outreach services.	£34,956
BCHT Additional Step-Down	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).	£50,000
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).	£55,000
RWT Enhancing Care Co-ordination	Improving the digital and staffing infrastructure of Care-Co to enable increased and wider support for hospital discharge.	£119,664
RWT Intermediate Care	Supporting early facilitated discharge for patients waiting for start dates of social care funded packages of care, reducing deconditioning for patients and improving flow.	£650,000
RWT Virtual Wards	Supporting the delivery of Virtual Wards in conjunction with Community Infrastructure funding. In line with the 2022/23 commitments made and the operating plan 22/23 and 23/24.	£221,519
TOTAL		£1,231,139

Agreed Schemes – Funded in Partnership between CWC and ICB

Scheme / Initiative	Brief Description of Scheme / Initiative	Year 1 (23/24)
Care Homes	To provide increased support to Care Homes (e.g. education, training, networking opportunities), linking in to the OW Care Homes Workshop / Steering Group	£5,000
Delirium Patients	Develop delirium pathways and test out different pathways out to establish future approach.	£50,000
Non-Weight Bearing Patients	Trial / test out alternative placement arrangements for NWB patients to determine future ongoing approaches / arrangements.	£50,000
Community / Voluntary Sector	Increase in social prescribing support capacity to meet additional demand.	£72,000
(Split equally 50/50) TOTAL		£177,500

A robust monitoring system is in place, with monthly returns being provided to the Department of Health and Social Care for the ASCDF schemes. Governance will continue through the OneWolverhampton Urgent and Emergency Care Strategic Working Group. This is chaired by Gwen Nuttall and attended by the Managing Director for Wolverhampton (ICB) and the Head of Adult Social Care and Health Partnerships (CWC). A bespoke data pack is being created by RWT's Information Department to support the monitoring of the OneWolverhampton winter plan and will be reviewed regularly to determine impact.

Beyond initiatives funded by the ASCDF, there are a number of provider-specific actions being taken, details of these can be found in Appendix 1.

Further opportunities:

Additional winter funding has been identified by the ICB to enable investment in initiatives for Primary Care. These initiatives are currently being scoped and will be included in the ongoing updates and monitoring of the winter plan.

If additional funding were made available, priority would be given to:

- Admission avoidance schemes
- Exploring opportunities for enhanced extended access in primary care to support 7-day and bank-holiday working
- Further focus on known vulnerable cohorts
- Greater focus on care homes to support individuals staying in the place they call home
- Support services that have continued at risk
- Greater engagement and financial support with the charity, voluntary and community sector to support known vulnerable groups
- Further enhancing those services which delivered successfully in the previous year

Risks to delivery:

Several risks have been identified and appropriate mitigation has been put in place to support successful delivery of the winter plan.

<u>Risk</u>	<u>Impact</u>	<u>Score</u> (likelihood x consequence)	<u>Mitigation</u>
Lack of funding to support preventative initiatives	Inability to reduce pressure on front-door services by reducing diverting and reducing attendances	3x4 = 12	Scheme proposals are being developed currently and priorities have been identified. If funding is made available, we will be able to mobilise schemes at pace.
Inability to recruit appropriate workforce	Inability to mobilise additional services	2x4=8	Many of the approved schemes have continued at-risk from last winter. As such, staff are already in post to support delivery. Recruitment has also begun early to support schemes that require recruitment and previous recruitment campaigns have been successful across social care and health.
Workforce illness and absence	Reduced workforce impacting service delivery	3x4=12	Covid and Flu vaccines are available to all RWT; and Flu vaccines available to CWC staff RWT has set safe-staffing levels across wards to allow managers to cater for planned absence Staffing is monitored and reviewed at multiple times daily to ensure front-line services are prioritised
Availability of residential care beds in the city	Extended length of stay and increased NCTR numbers	2x4=8	We have historically always had sufficient residential care capacity over the winter period in the city and have block-booked beds based on previous levels of demand

RECOMMENDATIONS

The Board is asked to note the contents of the enclosed report and support the delivery of the Place-based winter plan as described above.

Any Cross-References to Reading Room Information/Enclosures:

Appendix 1 – the full OneWolverhampton winter plan

RWT Winter Plan – provision of full bed modelling, mitigation and response to the UEC 10 High Impact areas



OneWolverhampton

Working together for better health and care

Winter Plan

2023-2024

Our aims

- Ensure Homefirst remains the default and preferred option across all partners
- Enhance support to those who are the most vulnerable and with the most challenging needs (including those with mental ill-health, the homeless, and those with drug and alcohol issues)
- Deliver a place-based response to winter by working closely with partners
- Reduce conveyancing to hospital and ambulance handover delays
- Expedite flow and discharge from the acute setting



Learning from last year

- Learning from the successes of last year, we have built on the strength of our partnership working
- This has included a full evaluation of schemes that were implemented in the previous winter to inform decision-making
- Schemes that proven successful in the previous year have been prioritised for implementation for 23/24 through ASCDF



Working in Partnership and Governance

- The Place-based Winter Plan continues to be overseen by the Urgent and Emergency Care Strategic Working Group
- This meeting is chaired by the Chief Operating Officer of the Royal Wolverhampton NHS Trust (RWT) and membership includes the Managing Director for Wolverhampton (ICB) and the Head of Adult Social Care and Health Partnerships (City of Wolverhampton Council)
- Support has been identified from within OneWolverhampton to support the monitoring and delivery of the Wolverhampton Winter Plan using a project management approach



OneWolverhampton UEC Priorities

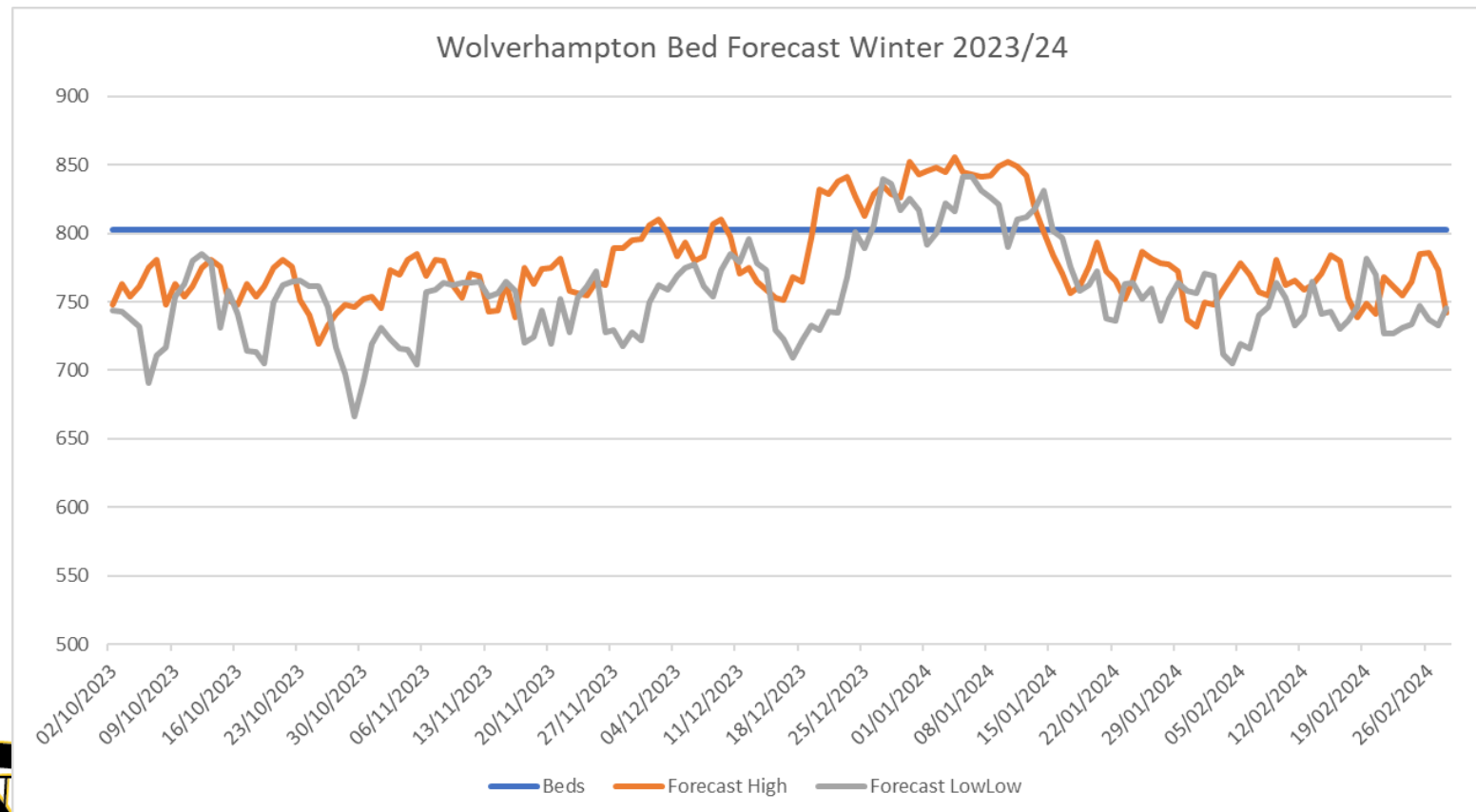


- **Helping people with urgent needs access the right care, first time**
 - Ensuring Care Coordination becomes the first option for WMAS, GPs and Care Homes when navigating same-day needs for individuals
 - Delivering a range of community services that meet same-day urgent needs as an alternative to hospital
- **Ensuring a timely experience when accessing ED**
 - Maximising the use of same-day emergency care (SDEC) and Urgent Treatment Centres
- **Ensuring effective discharge from hospital (push)**
 - Improving discharge processes by ensuring planning for discharge starts at admission
 - Scaling up social care services with a focus on domiciliary care
- **Delivering an integrated approach to demand and capacity planning**
 - Reviewing impact of previous initiatives to ensure effectiveness and value for money of commissioned services
 - Gaining a holistic understanding of needs and services across the city
- **Expanding new services in the community that provide alternatives to bed-based care**
 - Support the expansion of Virtual Ward services to ensure the right number of beds is available to support Wolverhampton's needs



Current unmitigated position

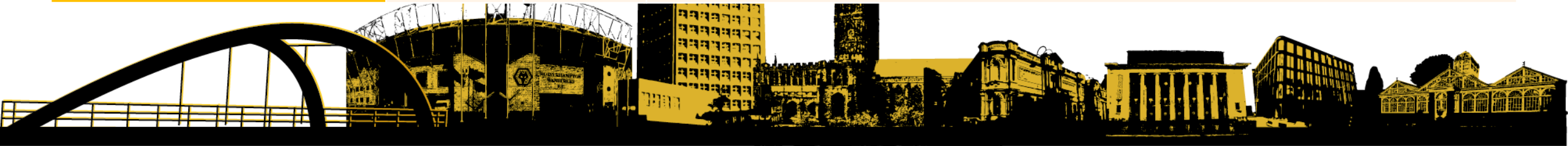
- The modelling predicts a worst-case deficit of between 37 and 53 general and acute beds, which will peak in January 2024. This is without any mitigation or additional capacity.
- This is based on a 2% growth rate and flu modelling based on last year's actuals



Mitigation

- There are several specific schemes detailed below with a modelled contribution to reducing the bed gap
- In addition, the schemes supported through the Adult Social Care Discharge Fund are targeted towards reducing the length of stay by expediting discharge – either through enhanced capacity, resource or equipment – or preventing unnecessary conveyancing – such as the additional support to care homes
- There are no plans to mobilise additional adult general and acute beds at present due to estates and workforce capacity challenges
- While these proposals relate to Wolverhampton residents and are not always inclusive of wider local authorities, we will endeavour to work collectively to support the flow of patients across local government boundaries

Scheme	Worst Case (beds)	Best Case (beds)	Detail
Virtual Wards	10	15	Increased use of current capacity, including South Staffordshire
Medicine Model of Care	12	12	Based on 2 beds Respiratory, Older Adult Medicine, Diabetes; 3 beds Renal and Gastro
MFFD	8	12	10-15% of 80
Same Day Discharge Centre	3	3	Enhanced discharge service (adults) commencing November
Paediatric Inpatient Capacity	8	10	Additional inpatient capacity
Total	41	52	



Funding available

- Wolverhampton Place was allocated £3,453,504 from the Adult Social Care Discharge Fund for 2023/24. This was allocated as follows:
 - £2,069,492 for the City of Wolverhampton Council (CWC)
 - £1,384,012 for the Integrated Care Board (ICB) Wolverhampton Place
- This funding is used to support:
 - Increasing Social Care capacity; providing more care packages to more people, in ways that have the greatest possible impact in reducing delayed discharge from hospitals
 - Ensuring local partners can plan services sufficiently far in advance and for providers to develop long-term workforce capacity plans
 - Being used in ways that build on learning from evaluation of the impact of previous discharge funding
 - Allowing Local Authorities, the NHS and the Social Care sector to streamline discharge, assessment and placement processes and help to free up greater Social Worker time and capacity



Funding approach

- A multi-agency task and finish group has been established to determine priority areas for spend – including areas prioritised from last year
- Membership was drawn from the ICB; City of Wolverhampton Council (CWC); OneWolverhampton; RWT; and Black Country Healthcare Trust
- Proposals were received from City of Wolverhampton Council; the Care Homes Team at the ICB; RWT; Compton Care; Black Country Healthcare; and Wolverhampton Voluntary and Community Action
- These were assessed against alignment with BCF or ASCDF metrics; duplication; ability to deliver in required timeframe; scalability; cost; sustainability; and clarity of metrics



Agreed schemes – CWC Funded

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Community / Voluntary Sector	Increase in social prescribing support capacity to meet additional demand.	£72,000
(Split equally 50/50) TOTAL		£177,500



Adult Social Care

- **Enhancing the hospital Social Work team** to reduce the allocation of NCTR patients with one additional Social Work Manager; four additional Social Workers; and three Social Care Workers
- Additional capacity within the **Personalised Support Team (PST)** to support timely assessment and discharge
- An additional 50 hours of reablement per week offered through the **Home Assisted Reablement Programme (HARP)**
- Expanding the **Community Occupational Therapy Team (COTT)** to support the review of discharges patients
- Establishing a **dedicated bariatric reablement service**
- Piloting a test and learn **Community TOC pathway** for health professionals to refer a person living at home and without an existing package of care to adult social care for community reablement for up to 4 weeks to avoid unnecessary admissions



RWT Acute Services

- A number of initiatives have continued from last winter, including:
 - The **Ambulance Receiving Centre (ARC)** providing an additional 17 ambulance offload spacing, increasing the total to 28
 - The **10 additional surge beds** have remained open
 - Utilisation of the **North Bristol 'push' model** continues and has developed into the RWT 'priority patient' model
- **No Criteria to Reside (NCTR)** patients are discussed three times per week – attended by partners across the City to support escalation
- A bespoke huddle tool is in use at the **twice-daily huddles** that escalates any blocks in patient flow
- Medical, surgical, frailty, and head and neck **SDECs** are in place – direct access remains in place from both WMAS and Care-Coordination



RWT Acute Services

- In addition to schemes that have continued, a number of new initiatives are being implemented:
 - Learning from the periods of industrial action, a **Specialty physician** role is being implemented at the front door to work alongside the existing medical complement. They will work in ED and SDEC to facilitate moves to virtual wards, HOT clinics and support admission avoidance.
 - A **Same-day Discharge Centre** is being established from the beginning of November to provide an enhanced discharge lounge where patients will receive the final elements of their care to support a return to the place they call home. This will include an increased MDT approach and will remain open until 22:00. Patients will be onboarded to the virtual ward from the Same-day Discharge Centre.
 - A **Paediatric SDEC** is planned to go-live in October to support an increase in same-day treatment and reduction in unnecessary admissions.



RWT Community Services

- RWT will be maintaining the capacity and scope of the **Virtual Ward** offering, allowing patients to receive the care they need in the place they call home, support expedited discharge and reduce unnecessary hospital admissions
- The Rapid Intervention Team (RIT) has extended operating hours to provide a **24/7 Urgent Community Response**
- The **Care-Coordination** offer is being enhanced through ASCDF to include pharmacy and social care support, as well as strengthened infrastructure to support greater call-handling capacity
- **Intermediate Care** is continuing to deliver an 08:00 – 20:00, 7-day service through the Rapid Access to Social Care (RASC) and Community Intermediate Care Team (CICT)



RWT Children and Young People's Services

- Mobilisation of **Paediatric SDEC** in October 2023 to support same-day treatment and reduce unnecessary admissions
- Delivery of a **paediatric virtual ward** to support expedited discharge and allow children to be cared for in the place they call home
- Deployment of a paediatric **respiratory clinical nurse specialist service** – this includes active care planning to reduce the risk of escalation for respiratory conditions; undertaking home visits; delivering Hot clinics; education to schools and nurseries; and supporting parents and carers with telephone queries
- Commissioned to operate **2 Level 2 acute** beds for Winter 23/24



Primary Care

- The development and implementation of a new Primary Care Framework for Primary Care; a local incentive based scheme to support continued improvement and development of Primary Care and build on the benefits of the national Quality Outcomes Framework Scheme (QOF). The Framework focuses on 6 key thematic areas:
 - **Increasing Primary Care access**; through initiatives such as capacity and demand modelling, additional appointments and effective care navigation
 - **Supporting the prevention agenda** on obesity, smoking, alcohol, cardiovascular disease and falls
 - **Supporting vulnerable cohorts** through identification, care planning and signposting of those with Severe Mental Health, Unpaid Carers and those people living with Dementia
 - **Supporting those people with a long-term condition**; such a diabetes and cardiovascular disease
 - **Earlier identification of people with cancer**; to include learning from National Cancer Diagnosis Audits and timely completion of Cancer Care Reviews
 - **Early identification, management, support, personalisation and advance care planning** for people in the last 12 months of life
- While this work will become business as usual and is not funded through winter monies, it is anticipated that these actions will support access to primary care and a reduction in escalations to secondary care and thus support the increased demand seen in the winter period



Primary Care

- Working with wider teams across the system to review the **Enhanced Health in Care Homes** approach to minimise avoidable conveyances to hospital;
- Pro-active care planning around **frailty**, in particular, identifying patients with mild frailty, over 65 years at risk of a fall and revisiting information around prevention, assessment, diagnosis and treatment of delirium;
- Maximising the use of **MDT Co-ordinators**;
- Expanding the **Healthy Ageing Co-ordinators (HACs)** roles in to ALL PCNs across Wolverhampton;
- Increasing referrals to the **Community Pharmacist Consultation Services (CPCS)** and other, alternative services;
- **Increasing access to routine appointments** and releasing clinical time through alternative delivery of the Covid-19 vaccination programme (e.g. community pharmacies) and additional roles and reimbursement scheme (ARRS) roles.



Primary Care-led Acute Respiratory Infection (ARI) Hubs

- An ARI hub is being commissioned during the winter months to provide access to **same-day urgent assessment** for both adults and children, preventing unnecessary hospital attendances and ambulance conveyances
- The service will operate Monday to Friday, between 13:00 and 20:00 with a minimum of **42 appointments provided per day**
- Appropriate estate has been identified and the service will be delivered from the Phoenix Centre
- The expected go-live date is the **4th of December 2023**



Compton Care

- Delivery of personalised care and support through the completion of **Advanced Care Plans and ReSPECT** documents to support unnecessary and unwated hospital admissions
- Compton's palliative and end of life care **Urgent Community Response** will be operational over the winter months, with a 4-hour daytime response and a 2 hour night-time response
- Palliative and end of life care **virtual ward** will be caring for complex patients in a step up/step down model
- Delivery of consultant-led, **integrated MDT with RWT**



Pharmacy

- Pharmacies are being encouraged to sign-up to deliver **flu and covid vaccinations** to support primary care
- From December, pharmacies will be delivering the **common conditions service** for seven common conditions, including earache, sore throat, or UTI
- This means that patients will be able to **access medication without the need for a GP appointment**
- During the Christmas period, pharmacies across Wolverhampton will be participating in a rota to ensure there are **4-6 pharmacies open across the city during the Bank Holidays**



Care Homes

- **Place-based Care Homes** programme of work being established to include Quality Framework; reduce duplication; and a Care Academy
- **Personalised Care Plan** training continues to be rolled-out
- Compton Care supporting **Advance Care Plans and ReSPECT** to reduce unnecessary conveyances
- Place-based **CQC information-sharing** meetings are held by partners to share relevant information, concerns, and best practice
- **Frailty, recognising End of Life and Escalating Deterioration (FREED)** training is being offered to all bed-based services
- **Falls response pilot** in place which includes strength and balance classes and nutrition and dietetic support
- **24/7 UCR** model in place which is achieving the national target for response times
- Docobo continues to be rolled out to support **remote monitoring** – currently in place across 2,647 beds



Infection Prevention and Control

- From September, an infection prevention focus will be delivered across RWT based on winter preparedness, including education, communications and support with outbreaks in inpatient areas
- Vaccinations are on offer to all staff – both Covid booster and flu
- The Public Health team commission RWT's Infection Prevention Team to support care homes with outbreak management, surveillance, education and audits
- Community infection and vaccination rates are routinely monitored by the system and within the Trust



Supporting Staff

- A wellbeing offer is in place for both RWT and CWC to provide support for physical, emotional, mental and financial wellbeing
- This includes access to a 24/7 counselling helpline for RWT staff as well as staff physiotherapy
- Both CWC and RWT have local Wellbeing Champions and Mental Health First Aiders available to support staff at challenging times



Risks to delivery

- These include:
 - Lack of funding to support preventative initiatives
 - This includes funding in previous years which supporting additional opening for GPs, including 7-day working and Bank Holidays and is not available in 23/24
 - Recruitment of appropriate workforce
 - Many schemes have continued at risk, now funded through ASCDF, which reduces risks around recruitment
 - When schemes require additional staffing, recruitment has started in the summer to ensure start dates prior to Winter
 - Workforce illness and absence – including potential Covid and Flu spikes
 - Covid and Flu vaccines are available to all RWT; and Flu vaccines available to CWC staff
 - RWT has set safe-staffing levels across wards to allow managers to cater for planned absence
 - Staffing is monitored and reviewed at multiple times daily to ensure front-line services are prioritised
 - Availability of residential care beds in the city
 - We have historically always had sufficient residential care capacity over the winter period in the city and have block-booked beds based on previous levels of demand



Further opportunities

- Additional winter funding has been identified by the ICB to enable investment in initiatives for Primary Care. These initiatives are currently being scoped and will be included in the ongoing updates and monitoring of the winter plan
- If additional funding were made available, priority would be given to:
 - Admission avoidance schemes
 - Exploring opportunities for enhanced extended access in primary care to support 7-day and bank-holiday working
 - Further focus on known vulnerable cohorts
 - Greater focus on care homes to support individuals staying in the place they call home
 - Support services that have continued at risk
 - Greater engagement and financial support with the charity, voluntary and community sector to support known vulnerable groups
 - Further enhancing those services which delivered successfully in the previous year



Paper for submission to the Trust Board Meeting to be held in Public on 10 October 2023

Title of Report	People Committee Chair's Report	Enc No. 9.1
Author:	Adam Race, Director of Operational Human Resources and Organisational Development	
Presenter:	Allison Heseltine, Non-Executive Director & Chair of People Committee	
Date(s) of Committee/Group Meetings since last Board meeting:	28 July 2023 (July Meeting not formally reported to August Board due to proximity of meetings) 22 September 2023	

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 this report.			

ALERT

Sickness absence in month is meeting the target. The rolling 12-month performance is improving, but not yet meeting the target. There is a sickness absence improvement plan in place which will be reviewed by People Committee in October.

Industrial Action is likely to continue for medical staff for the remainder of this financial year. Consultant staff currently have a mandate for industrial action until December 2023 and Junior Doctors have the same until February 2024.

ADVISE

July Meeting

The Medical Revalidation Report was reviewed by the Committee and approved for consideration by the Board in August.

The Committee considered an initial briefing of the Long-Term Workforce Plan. Further updates will be brought to the Committee as more detail on the delivery is available.

September Meeting

The Committee undertook a review of retire and return data, which identified a reduction in the proportion of nurses retiring who are choosing to return following that retirement (to 37% in the 12 months to 31 August 2023 compared with 50% over the last 5 years). The Committee resolved to ensure promotion of retire and return processes, particularly to nursing staff, in light of the updated arrangements from October 2023 and to review the data for the financial year at a future committee.

There is a developing issue nationally whereby some Band 2 clinical staff, with the backing of trades unions, are making claims for their posts to be regraded to Band 3. Early work is due to commence in partnership with staff side to fully scope the issue in the Trust.

The Committee received Model Hospital data related to key workforce performance. The data demonstrated good performance in relation to a number of indicators, however, noted elevated sickness absence and elevated leaver rates for medical and midwifery staff. The absence position is well known and covered by the sickness improvement plan. Further work will be undertaken to understand the leaver destination for midwifery and medical staff.

The staff survey will launch week commencing 25 September.

ASSURE

July Meeting

The Committee received an update on NHS England Equality Diversity and Inclusion Improvement Plan, including the six high-impact actions. The actions are being embedded in the Trust's EDI Delivery Plan

The Committee received the Civility and Respect roll-out plan, building on the 280 colleagues who have already been trained, and includes training/ workshops across a range of topics, including active bystander and conflict management workshops. The core training has been agreed as mandatory (tier 3), supported by the People Committee.

September Meeting

The Committee received an update on the Estates and Facilities workforce through the deep dive. The Committee were assured that the key workforce risks are understood and mitigated appropriately. The Committee noted excellent work in relation to Quality Improvement across Estates and Facilities Division.

The Board Assurance Framework Risk was reviewed and no changes made.

Implications of the Paper			
Changes to BAF Risk(s) & TRR Risk(s) agreed	No change. SR17 reviewed.		
	Risk Description - Not Applicable		
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 are:

- Sickness absence, which remains elevated with an improvement plan in place.
- Industrial Action, which is likely to continue until the end of the financial year.
- The staff survey is due to launch imminently.
- The NHS England EDI Improvement Plan has been published and actions are being embedded in the Trust's EDI Delivery Plan.
- Civility and Respect training is being rolled out across the organisation.
- The Board Assurance Framework has been reviewed.

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 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
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Report Journey/Destination Significant 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"/>	Date: 23 June 2023
	Board of Directors	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: 1 August 2023
	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 AND ORGANISATIONAL DEVELOPMENT COMMITTEE
CHAIR****MATTERS FOR THE BOARD'S ATTENTION*****July Meeting*****Executive Workforce Report**

The Committee received the executive workforce report setting out good performance across a range of indicators, particularly vacancies at just under 3%, retention at almost 90%, and mandatory training at 95% all meeting the target. Sickness, appraisals and turnover continued to improve.

Long term workforce plan

The Committee received a summary on the NHS Long Term Workforce Plan. In brief summary, the plan noted significant workforce shortages over the next 15 years in the absence of action on the workforce. The plan contains actions over the long term to address the identified shortage.

The Committee noted the implications of the plan at the early stage and will receive further information as the requirements of the plan are operationalised through the ICB. The Committee noted the context of RWT and the Black Country in working with education providers and in the context of developments such as the North Hub.

Deep Dive on Sickness Absence

The Committee received a deep dive review of sickness absence. Sickness absence is generally elevated due to a number of factors; infection prevention, increased waiting times for treatment and absence attributable to mental health issues.

For nurses, AHPs and doctors the Trust benchmarked well on model hospital.

The Committee noted the detailed action plan in respect of which it will receive updates at future meetings.

Revalidation update

The Committee received the Medical Revalidation report that was submitted to the August meeting of the Board for assurance.

EDI Improvement plan

The Committee received a summary of the recently published NHS England Equality Diversity and Inclusion Improvement plan. The plan which included six-high impact action was being reviewed against the Trust's EDI delivery plan. The six high impact actions were:

1. Board accountability for EDI objectives
2. Fair and inclusive recruitment processes and talent management strategies
3. Improvement in the net pay gaps
4. Improvement plan to address health inequalities within the workforce
5. Comprehensive induction for international staff
6. To create an environment to eliminate bullying, discrimination, harassment and physical violence at work

A further update will be brought to the November meeting of the People Committee and the Committee Chair is working to identify measurable EDI objectives for non-executive board members.

Civility and respect roll out plan

The Committee received a report for assurance. The report provided a summary of the work to date, which had included the attendance of 280 staff at Civility and Respect sessions. The sessions to date had received 100% positive feedback with participants reporting that the sessions were insightful and provided a safe and open space to discuss issues of incivility.

A detailed roll-out plan was provided including different modes of delivery and a range of workshops covering 'Active Bystander' behaviours, 'Conflict management and nurturing positive conversations' and 'Igniting personal behaviours'. The Committee strongly supported the inclusion of Civility and Respect training as mandatory.

Board Assurance Framework – SR17 (EDI)

The Committee reviewed the Board Assurance Framework and agreed to include the six-high impact actions within the controls. The Committee did not propose any change to the current risk rating.

September Meeting

Meeting Quoracy

The meeting was not quorate, given the absence of a Deputy Chief Operating Officer representative. The meeting did benefit from the attendance of and operational input from the Divisional Manager for Estates and Facilities.

Retire and Return

The Committee received information relating to proportion of staff who were choosing to return after having retired. The data demonstrated a significant reduction in the number of nurses accessing this option. Further action to promote retire and return, particularly to nursing staff was agreed and the data will be reviewed at the end of the financial year.

Industrial Action

Industrial action continues across the NHS for medical and dental staff. Junior doctors now have a mandate until February 2024 with Consultant staff having a mandate until close to the end of the calendar year. Planning should consider that industrial action may continue for the remainder of the financial year.

Band 2 Clinical Staff

There is a developing issue nationally whereby some Band 2 clinical staff, with the backing of trades unions, are making claims for their posts to be regraded to Band 3. Early work is due to commence in partnership with staff side to fully scope the issue in the Trust.

Executive Workforce Report – Month 5

The Committee received the Executive Workforce Report for Month 5 which showed good performance across a range of indicators with targets for vacancies, retention, turnover, and mandatory training being met. Sickness absence continues to be closely monitored and the People Committee will receive an update in October.

Model Hospital Review

The Committee received an update on the data contained in model hospital, considering particularly how the Trust's data compares to that in other organisations. The data, when compared with Trust's rated 'good' by the CQC, showed, good performance for leavers / turnover for most staff groups and medical agency spend, which is better than average.

It was agreed that a further review of leaver destination would be undertaken for the Committee in relation to leaver destination for medical and midwifery staff where the leaver rate is elevated.

Deep Dive – Estates and Facilities

The Deep Dive into Estates and Facilities workforce was received by considered by the Committee. Key points of note were:

- There is an ageing workforce in estates and facilities, driven in part by individuals choosing to work longer. In facilities, there are no difficulties recruiting and the service was well engaged in the range of employability schemes, including through the Princes Trust.
- There has been excellent work undertaken with the Quality Improvement Team to embed the principles and improvement across the division. The leadership had undergone the full training packages, whilst half day and day long awareness sessions had been developed for

front line staff. The use of huddle boards was active in departments.

Staff Survey

The Board is advised that the staff survey will launch week commencing 25 September.

Board Assurance Framework – SR17 (EDI)

The Committee reviewed the Board Assurance Framework. There were no changes proposed to the rating of SR17 risk.

The Committee also noted that there was a long-standing action to retain close oversight of retention and turnover metrics with a view to raising a risk if required. Given the improved and comparatively positive performance for these indicators, this action was closed and the monitoring of these indicators will form part of normal business.

ACTIVITY SUMMARY

Presentations/Reports of note received including those Approved

July Meeting

Executive Workforce Report

The Committee received the executive workforce report setting out good performance across a range of indicators, particularly vacancies at just under 3%, retention at almost 90%, and mandatory training at 95% all meeting the target. Albeit not meeting the targets, sickness, appraisals and turnover continue to improve.

There was discussion around the e-roster metrics where the target for publishing rosters six weeks in advance was not being met. It was noted that this was being managed, led by the by the Head of Nursing – Workforce, and agreed that a further discussion would be held at the next committee on whether further information would be required at this stage.

Long term workforce plan

The Committee received a summary on the NHS Long Term Workforce Plan. In brief summary, the plan noted significant workforce shortages over the next 15 years in the absence of action on the workforce. The plan included commitments at national level to:

- ***train*** more staff; including increasing the number of medical training placements by 10,000 and increasing the number of nurse training places by 80%.
- ***retain*** more staff through improving flexibility and the experience of work and
- ***reform*** the delivery of services with new roles and new ways of training.

The Committee heard that in relation to nurse training the Trust had already increased training placements by 100% and that work would be required to further expand training placements beyond this. Work had been undertaken at ICS level to estimate the Black Country impact of the workforce plan. The implications for working with local education providers and the very specific needs of the Black Country and the Trust (e.g. the proposed North Hub development) were also noted.

Sub-groups of the People Committee

The Committee approved terms of reference for two sub-groups; the Operational Workforce Group and the People and Organisational Development Group. These groups provide direction and oversight on the wider workforce agenda and assurance to the People Committee. Membership includes senior members of operational and clinical teams, together with key corporate and leads from within the HR directorate.

Deep Dive on Sickness Absence

The Committee received a deep dive review of sickness absence. Sickness absence is generally elevated due to a number of factors; infection prevention, increased waiting times for treatment and absence attributable to mental health issues.

For nurses, AHPs and doctors the Trust benchmarked well on model hospital.

The discussion focused on the wellbeing support that was in place for staff alongside the robust application of the policy. The importance of supporting managers to hold what can be difficult conversations was recognised together with ensuring the infrastructure was sufficient to support staff return to work. It was noted that the referral rates to Occupational Health had increased and there remained a vacant specialist post in that department.

Operational colleagues reflected on a number of factors, such as the large estates and facilities workforce with a small management team and, across other Divisions, the complex nature of the issues staff were facing including issue in their personal life. The sickness action plan is being put into place and updates will be received at a future Committee.

Education, Training, Apprenticeships and Leadership Development

The Committee received an update on this item covering:

- the inter-professional leadership conference for the Trust (RWT and WHT) the first of which had taken place on April 2023. A further conference had been booked for 17 October and Committee members were encouraged to attend.
- The future medical leaders programme has recommenced following a pause.
- Apprentice numbers had improved and were now higher than they had been prior to COVID.
- Additional reporting was being put in place on the demographics of delegates attending training – this would initially be reported through the People and Organisational Development Group.

Revalidation update

The Committee received the Medical Revalidation report that was submitted to the August meeting of the Board for assurance.

NHS England EDI Improvement plan

The Committee received a summary of the recently published NHS England Equality Diversity and Inclusion Improvement plan. The plan which included six-high impact action was being reviewed against the Trust's EDI delivery plan. The six high impact actions were:

1. Board accountability for EDI objectives
2. Fair and inclusive recruitment processes and talent management strategies
3. Improvement in the net pay gaps
4. Improvement plan to address health inequalities within the workforce
5. Comprehensive induction for international staff
6. To create an environment to eliminate bullying, discrimination, harassment and physical violence at work

A further update will be brought to the November meeting of the People Committee and the Committee Chair is working to identify measurable EDI objectives for non-executive board members.

Civility and respect roll out plan

The Committee received a report for assurance. The report provided a summary of the work to date, which had included the attendance of 280 staff at Civility and Respect sessions. The sessions to date had received 100% positive feedback with participants reporting that the sessions were insightful and provided a safe and open space to discuss issues of incivility.

Looking forward the roll-out plan included:

- Further on-line sessions
- Introduce a mandatory (tier 3) training topic covering civility and respect
- The development of a train the trainer programme to support local roll-out. This had commenced in maternity and was imminent for student nurses via a practice education facilitator.

Further positive culture workshops were planned covering 'Active Bystander' behaviours, 'Conflict management and nurturing positive conversations' and 'Igniting personal behaviours'. The Committee

strongly supported the inclusion of Civility and Respect training as mandatory.

Board Assurance Framework – SR17 (EDI)

The Committee reviewed the Board Assurance Framework and agreed to include the six-high impact actions within the controls. The Committee did not propose any change to the current risk rating.

September Meeting

Outstanding Actions for the Committee were reviewed:

- The Committee undertook a review of retire and return data, which identified a reduction in the proportion of nurses retiring who are choosing to return following that retirement (to 37% in the 12 months to 31 August 2023 compared with 50% over the last 5 years). The Committee resolved to ensure promotion of retire and return processes, particularly to nursing staff, in light of the updated arrangements from October 2023 and to review the data for the financial year at a future committee.
- The Committee noted the challenges associated with ensuring rostered staff have six weeks' notice of their rosters and gave consideration as to whether to consider data around a further indicator (e.g. whether rosters were published five weeks in advance). The Committee were satisfied with the update on the work that is being undertaken around roster performance and agreed to keep this under review as part of the workforce performance report.
- An update was provided on a matter that was raised through the Wellbeing Steering Group in relation to Junior Doctors Pay. The Wellbeing Steering Group were keen to ensure that junior doctor pay on commencement was correct, noting the challenges for less than full time trainees. Work is underway between medical staffing and the employing specialties and at the time of the committee further discussions were planned at the Wellbeing Steering Group at the end of September.

Key Updates

A summary of key updates was provided including:

- Industrial action. It was noted that industrial action continues across the NHS for medical and dental staff. Junior doctors now have a mandate until February 2024 with Consultant staff having a mandate until close to the end of the calendar year. The Committee was advised that planning should assume continued industrial action for the remainder of the financial year.
- The Committee received a brief update on the work of the Provider Collaborative from a workforce perspective, which included work to consider the options for the digital solutions being led by the Chief Information Officer at Dudley Group, NHS FT, mandatory training provision across the collaborative, being led by RWT, the harmonisation of key HR policies across the collaborative being led by the RWT Director of Operational HR and OD and the consolidation of staff survey provider to the organisations within the collaborative. The Group Chief People Officer agreed to bring updates to the People Committee on a monthly basis.
- There was a developing issue at national level relating to Band 2 Healthcare Support workers, where following some clarifications in national job profiles, staff. In some organisations had claimed that their roles were in fact band 3. A number of trades unions at national level are commencing campaigns in relation to this. The Trust has agreed to undertake exploratory work in partnership with trades unions on this matter, along with colleagues from WHT.

Executive Workforce Report – Month 5

The Committee received the Executive Workforce Report for Month 5 which showed good performance across a range of indicators with targets for vacancies, retention, turnover, and mandatory training being met.

An improvement had been seen in relation to the sickness absence rate over the rolling 12 months and, whilst there had been a small deterioration in appraisal compliance in month, generally, performance was improving. The Committee confirmed that it would receive an update on the sickness absence improvement plan as part of the next report into the Employee Relations agenda (October).

It was noted that the staff survey was due to be sent out to staff during the week of 25 September 2023.

Model Hospital Review

The Committee received an update on the data contained in model hospital, considering particularly how the Trust's data compares to that in other organisations. The data, when compared with Trust's rated 'good' by the CQC, showed:

- good performance for leavers/ turnover nursing, AHPs and scientific and technical staff.
- below average spend on medical agency.
- elevated turnover or leaver rates for medical staff, midwives, and healthcare scientists.
- elevated sickness for all but midwifery staff.

There was a detailed discussion on the data and it was agreed that this provided some helpful triangulation with the Trust's own data together with a focus on areas the Committee might want to further explore. It was agreed that further work would be brought back on the destination of leavers where these were elevated, particularly midwives.

Update from the Operational Workforce Group (OWG) and People and Organisational Development Group (PODG)

The Committee were advised that a number of the items on the agenda for the meeting had been through OWG or PODG as appropriate. Key updates aside that were:

- the scrutiny on the workforce plan continued through OWG and further update was being taken to OWG in October alongside work that was also being undertaken as part of the scrutiny on the financial position.
- OWG had considered developments in relation to NHS Emeritus Consultants, recently retired consultants returning to the NHS, working remotely to support elective recovery. At the present time, availability of candidates is low and not aligned to Trust requirements. Initial reflections from operational and clinical colleagues were to keep this under review, noting the nature of the support offered (remote) and the preference for working with known recent retirees in the first instance.
- The Hard to Fill post report continues to be reviewed
- Lessons that could be learnt from medical appraisal for non-medical staff were considered through PODG. It was noted that there were a number of factors supporting the high levels of compliance for medical staff; regulatory oversight, the ability of the appraisee to choose their appraiser (from a list of appraisers) and the infrastructure support provided by the revalidation team. PODG considered that there may be merit in exploring the possibility of a wider network of appraisers for non-medical appraisal and further discussions with clinical professional oversight were planned through the group.

Schwarz Rounds

The Committee received and approved the Terms of Reference for the Schwarz Rounds Steering Group.

The Committee also received the Schwarz Rounds Annual Report. The report set out the current situation in relation to Schwarz Rounds which had been established in the Trust seven years prior. The report set out that rounds that had been delivered over 2022/ 2023 covering topics such as leadership, incivility and, resuscitation decisions together with reflections on the rounds and feedback. The Schwarz Round Steering Group report an active programme looking forward and continued push to increase the number of staff, particularly clinical staff attending the rounds.

The annual report was received and approved by the Committee and will be considered at the December Trust Board.

Deep Dive – Estates and Facilities

The annual Deep Dive into Estates and Facilities workforce was received by the Committee. It was noted that:

- The age profile suggested an ageing workforce and the Committee discussed the impact of this; there was some impact on sickness absence with a proportion of the workforce experiencing long term health conditions, however, the Division were proud of the extent to which staff remained in service and described this as a success. There was no difficulty recruiting to facilities jobs and the Division were fully engaged with a range of employability schemes.
- There were challenges recruiting to technical roles in estates and medical physics where NHS rates of pay could not compete with the private sector. The approach had been to grow staff locally making use of the apprenticeship programmes, however, there was a retention risk on completion of training.
- The report highlighted some excellent work undertaken with the Quality Improvement Team to embed the principles and improvement across the division. The leadership had undergone the full training packages, whilst half day and day long awareness sessions had been developed for front line staff. The use of huddle boards was active in departments.
- The Division noted that they had achieved the highest response rate in the Trust for the staff survey in 2022. Actions related to improving compassion, teamwork and learning.

The Committee took assurance on the report.

Workforce Resourcing and Productivity

The Committee received the regular report on workforce resourcing and productivity. The report set out the recruitment metrics including good performance across the time to hire, which most recently sat at 46.8 days with employment checks (references, DBS checks etc) being completed within 18.4 days against a target of 20 days.

The report also provided detail on engagement with the Prince's Trust and other employability schemes, from which the most recent cohort had resulted in 12 of the participants being recommended for the bank/ offered employment with the Trust.

The Committee noted the report, however, requested further information on the performance of medical recruitment. This will be included in future reports as available.

Staff Survey Report

The Committee received a report in relation to the staff survey. Of note the report updated that:

- The survey provider had changed from Quality Health (IQVIA) to Picker as part of work to align staff survey across the Black Country. This will mean that a management report at Black Country Provider Collaborative, provided by Picker, will be available as part of the information pack for the 2023 results.
- It has become mandatory for bank staff to be included in the survey from 2023. RWT undertook the survey for bank staff in 2022 ahead of the requirement.
- Work was underway to ensure early review of results (internally) and action plans in place as soon as possible.
- The survey is due to launch week commencing 25 September.

Risk Review

The Committee reviewed the Board Assurance Framework. There were no changes proposed to the rating of SR17 risk.

The Committee also noted that there was a long-standing action to retain close oversight of retention and turnover metrics with a view to raising a risk if require. Given the improved and comparatively positive performance for these indicators, this action was closed and the monitoring of these indicators will form part of normal business.

Matters presented for information or noting.

July Meeting

Digital Workforce Agenda

The Committee received an update on the Walsall and Wolverhampton Digital Enablement (WODEN) programme. The most recent work of the programme had been to survey staff across RWT and WHT on their digital capability and inclusion.

Results were being analysed and will be reported to a future meeting of the Committee.

Workforce Plan

The Committee received a report on the workforce plan setting out where there were variances from the plan. The Committee noted the monitoring of the workforce plan alongside other controls on pay expenditure.

The July meeting received for information:

- Minutes of the Operational Workforce Group
- Minutes of the People and Organisational Development Group

September Meeting

The September meeting received for information:

- Minutes of the Operational Workforce Group
- Minutes of the People and Organisational Development Group
- Minutes of the Staff Survey Oversight Group
- Minutes of the Academy Steering Group

Chair's comments on the effectiveness of the meeting:

The meetings contained full agendas supported by high quality papers and discussion around the agenda with significant contributions from all members.

Report to the Public Trust Board

On 10th October 2023

Title of Report:	Executive Summary Workforce Report	Enc No: 9.2
Author:	Adam Race, Director of Operational HR & OD	
Presenter/Exec Lead:	Alan Duffell Group Chief People Officer/Adam Race, Director of Operational HR & OD	

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 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	None Risk Description Is Risk on Risk Register: Yes <input type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable):		
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 September 2023
	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 rates, turnover, 12 month retention and mandatory training. Appraisal compliance and sickness absence are rated amber.

Advise

Vacancy rates meet the target at 2.77%

Retention is meeting the target at 89.93%

Mandatory training compliance is above target at 95.00%

Turnover has improved slightly to 9.97% and is now meeting the target.

Alert

The Committee is alerted to:

- Sickness absence rates for the rolling 12 month period are slightly above the target . Actions are in place and the Trust benchmarks favourably for most staff groups.
- Appraisal compliance is not meeting the target, the paperwork has been streamlined and divisions are progressing plans to ensure delivery.
- The British Medical Association (BMA) and Hospital Consultants and Specialists Association currently hold mandates for industrial action. Industrial action took place on 19th and 20th September for Consultant Medical staff and 20-23rd September for Junior doctors and at the time of writing further strike action was due to take place from 2 October to 5 October.

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 Workforce Report

Trust Board

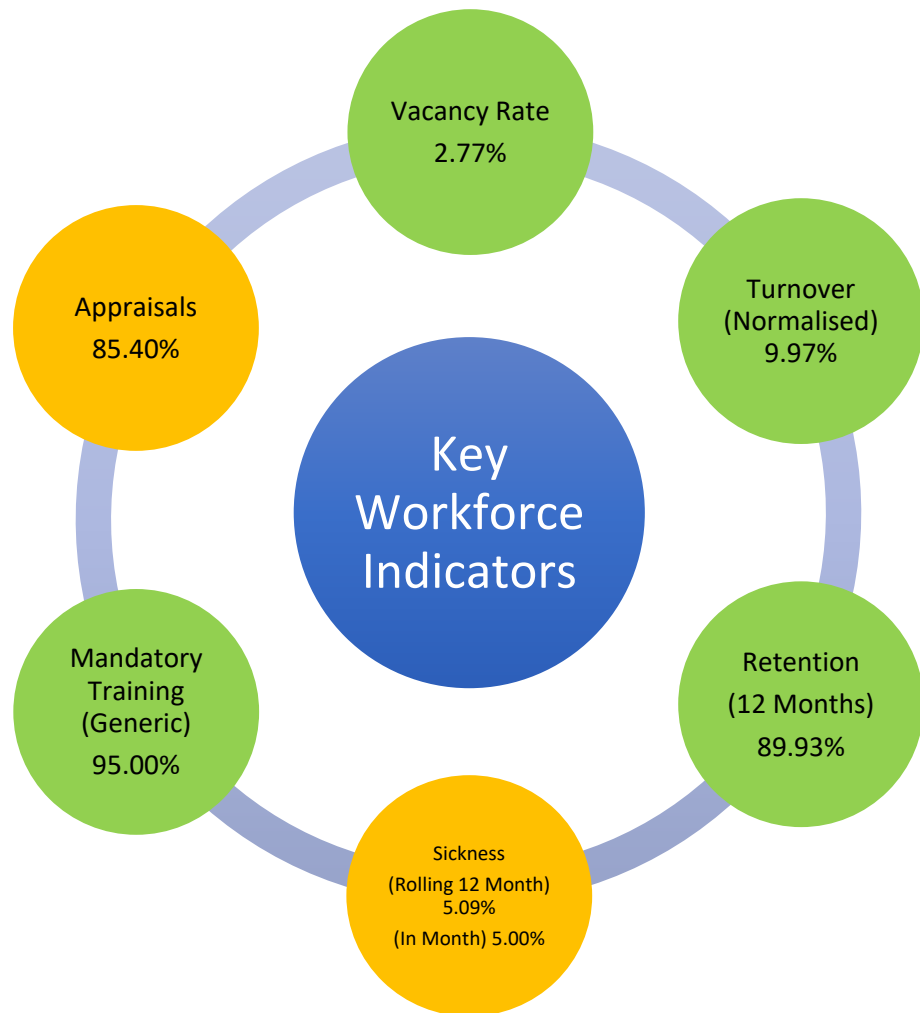
October 2023

Summary

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

Four of the six workforce indicators are meeting the agreed targets/ thresholds - vacancy rates, turnover, 12 month retention and mandatory training. Appraisal compliance and sickness absence are rated amber.

- Normalised turnover is 9.97%, improving slightly in month and for the seventh consecutive month. The retention rate is meeting the agreed standard at 89.93% having improved in each of the four consecutive months.
- The vacancy rate has improved slightly in month and continues to meet the target at 2.77%. Over the last month the number of staff employed has increased by 40WTE. The vacancy rate has improved despite a small increase in the budget (13 WTE). Recruitment continues to outpace turnover. The increase in the workforce is driven predominantly by an increase in month in the number of rotational doctors employed by the Trust. The number of international/ newly qualified nurses working towards their pin is decreasing as the individuals qualify and the pipeline slows in response to the Trust's favourable vacancy position.
- Attendance levels (rolling 12 months) have improved in July. The in month performance for this indicator is at the target maximum at 5.00% whilst the rolling 12 month figure has improved to 5.09%.
- Performance in relation to generic Mandatory Training continues to meet the external target of 85%. Current performance is stable at 95.00%. Role specific mandatory training compliance has increased to 94.40% and above the target. In relation to appraisal, compliance rates are improving and are now at 85.4%. This indicator is rated amber and below the target of 90%.
- The fill rate through the bank in August was 63% for registered nursing staff and 86% for healthcare assistants. The medical bank fill rate was 71% exceeding the target of 70%.



Four of the six workforce indicators are meeting the agreed targets / thresholds; vacancy rate, turnover, retention rate and mandatory training compliance. Sickness absence, turnover and appraisal compliance are rated amber.

Turnover has improved slightly to 9.97% and is now meeting the target. Turnover performance is now meeting the standard for all but Additional Clinical Services, Nursing and Midwifery, AHP and Healthcare Scientist staff groups. The vacancy level has improved in month and continues to meet the target. This indicator is meeting the target for all staff groups.

In month absence levels remain high but are now at the target maximum. Absence levels for rolling 12 month attendance levels continue to be impacted by COVID-19 absence and are slightly above target at 5.09% showing an improvement over the last month.

Mandatory training (generic) compliance rates have improved, and continues to exceed the 85% target. Appraisal compliance has worsened slightly and is not meeting the Trust target of 90%.

Summary Items by Exception

Industrial Action

Board members will be aware of the current industrial relations situation in the NHS and the wider public sector. As part of ballots across the country: The British Medical Association (BMA) and Hospital Consultants and Specialists Association currently hold mandates for industrial action.

Strike action has taken place:

- 19 and 20 September 2023 for Consultant Medical staff;
- 20 – 23 September 2023 for Junior Doctors.

A further strike has been called for the period 2 October 2023 to 5 October (72 hours) for both Consultants and Junior Doctors. In relation to all action, the Trust's business continuity plans have been put in place to ensure the safe running of services.

In August the government announced a pay award for medical staff; for most medical staff the award is 6%, however, for Junior doctors the award is 6% plus £1,250. The pay award provides for an additional 3% for SAS doctors on the new contract.

This pay award has been made effective and will be paid in September.

Staff Survey

The National Staff Survey launched in September.

All Trust data has been uploaded to Picker, the staff survey contractor for this year. 60% of surveys will be distributed electronically to staff with regular access to emails as part of their role with the remaining 40% distributed in paper form. Plans are in place to ensure effective, timely distribution of the surveys through the Divisional and Directorate structures.

The Director of Operational HR and OD has led a piece of work across the provider collaborative to ensure all Trusts are using the same provider which provides a number of added benefits:

- Small financial benefits and enhancements to the survey at no cost;
- Uniform reporting across the provider collaborative and
- A consolidated management report, provided by the survey provider setting out shared focus areas and areas where provider collaborative Trusts can learn from each other.

The survey has been distributed in the organisation.

Executive Summary Workforce Report

Trust Board
10th October 2023



Safe & Effective | Kind & Caring | Exceeding Expectation

Alan Duffell
Group Chief People Officer

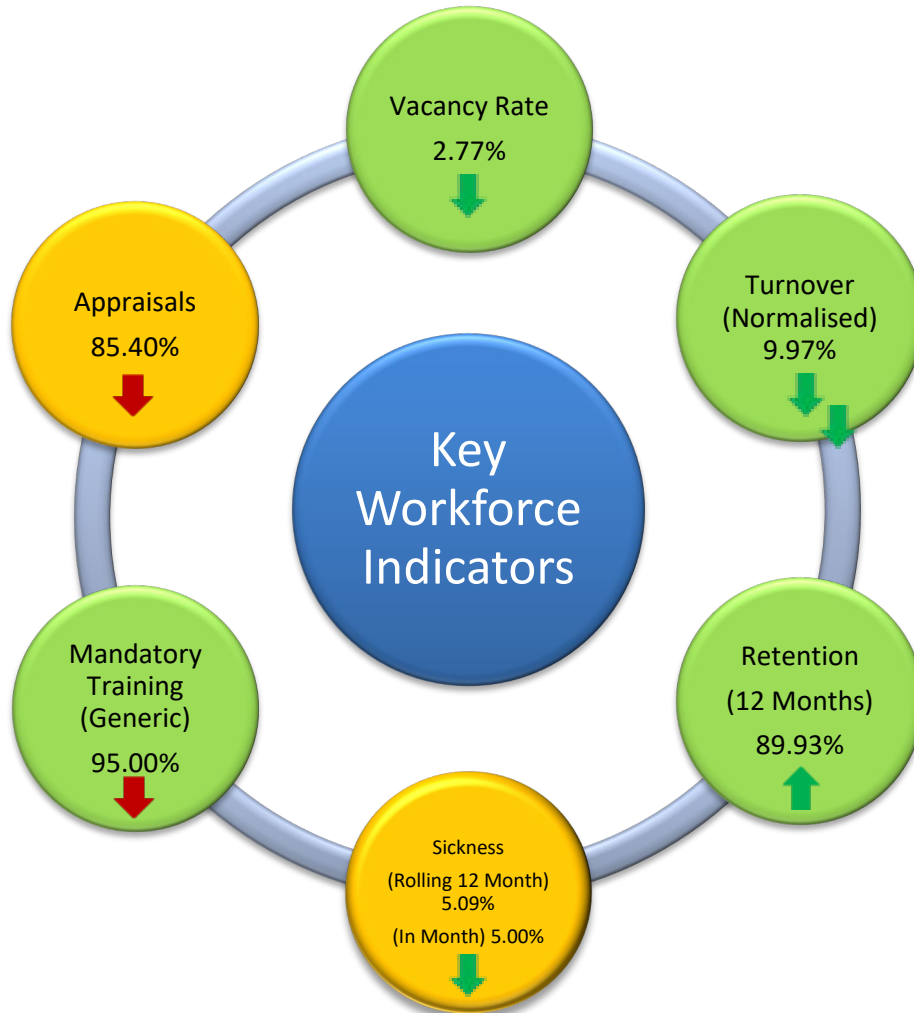
Executive Summary

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

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 9.97%, improving slightly in month and for the seventh consecutive month. The retention rate is meeting the agreed standard at 89.93% having improved in each of the four consecutive months.
- The vacancy rate has improved slightly in month and continues to meet the target at 2.77%. Over the last month the number of staff employed has increased by 40WTE. The vacancy rate has improved despite a small increase in the budget (13 WTE). Recruitment continues to outpace turnover. The increase in the workforce is driven predominantly by an increase in month in the number of rotational doctors employed by the Trust. The number of international/ newly qualified nurses working towards their pin is decreasing as the individuals qualify and the pipeline slows in response to the Trust's favourable vacancy position.
- Attendance levels (rolling 12 months) have improved in July. The in month performance for this indicator is at the target maximum at 5.00% whilst the rolling 12 month figure has improved to 5.09%.
- Performance in relation to generic Mandatory Training continues to meet the external target of 85%. Current performance is stable at 95.00%. Role specific mandatory training compliance has increased to 94.40% and above the target. In relation to appraisal, compliance rates are improving and are now at 85.4%. This indicator is rated amber and below the target of 90%.
- The fill rate through the bank in August was 63% for registered nursing staff and 86% for healthcare assistants. The medical bank fill rate was 71% exceeding the target of 70%.
- The report also provides an update on industrial action, staff survey and rostering metrics.

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, turnover and appraisal compliance are rated amber.

Turnover has improved slightly to 9.97% and is now meeting the target. Turnover performance is now meeting the standard for all but Additional Clinical Services, Nursing and Midwifery, AHP and Healthcare Scientist staff groups.

The vacancy level has improved in month and continues to meet the target. This indicator is meeting the target for all staff groups.

In month absence levels remain high but are now at the target maximum. Absence levels for rolling 12 month attendance levels continue to be impacted by COVID-19 absence and are slightly above target at 5.09% showing an improvement over the last month.

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

Appraisal compliance has worsened slightly and is not meeting the Trust target of 90%.



Summary Items

Pay, Reward and Industrial Action

Board members will be aware of the current industrial relations situation in the NHS and the wider public sector. As part of ballots across the country:

The British Medical Association (BMA) and Hospital Consultants and Specialists Association currently hold mandates for industrial action.

Strike action has taken place:

- 19 and 20 September 2023 for Consultant Medical staff;
- 20 – 23 September 2023 for Junior Doctors.

A further strike has been called for the period 2 October 2023 to 5 October (72 hours) for both Consultants and Junior Doctors. In relation to all action, the Trust's business continuity plans have been put in place to ensure the safe running of services.

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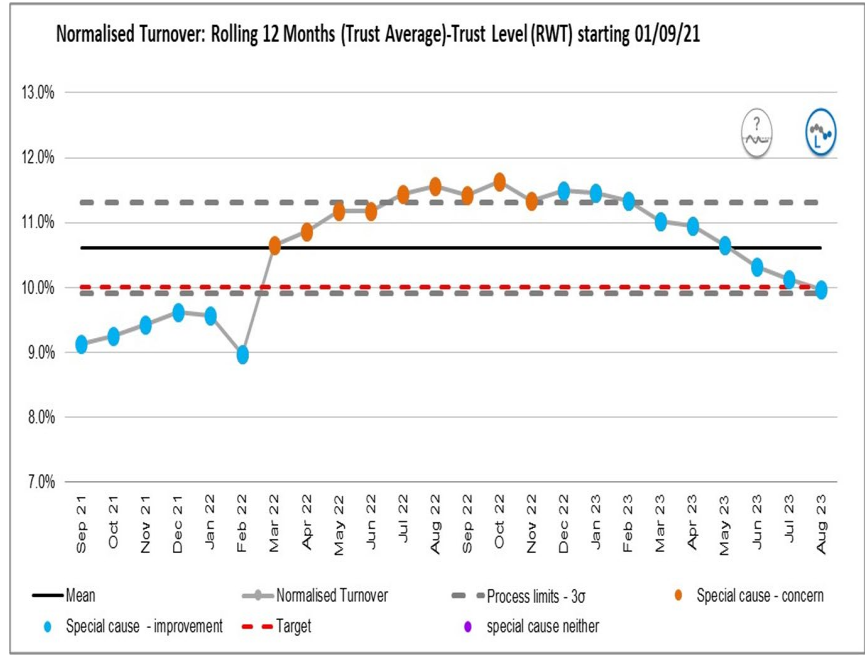
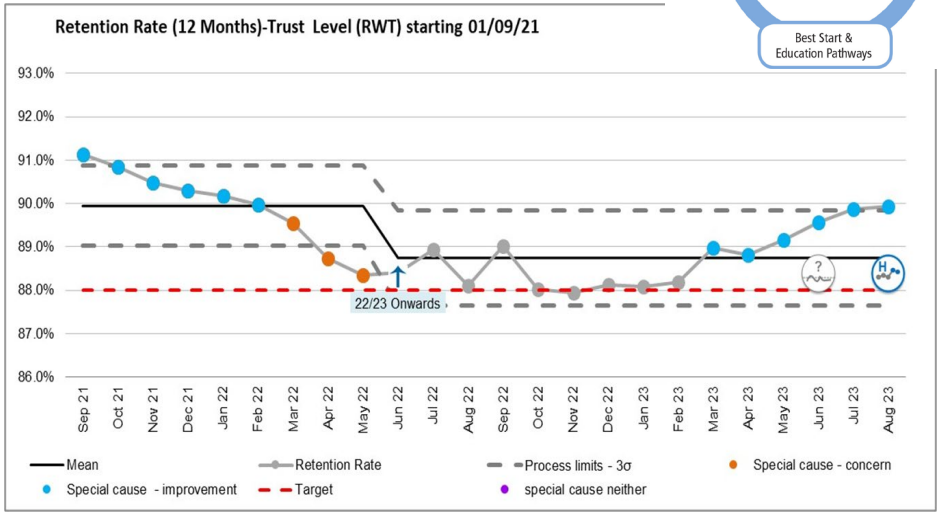
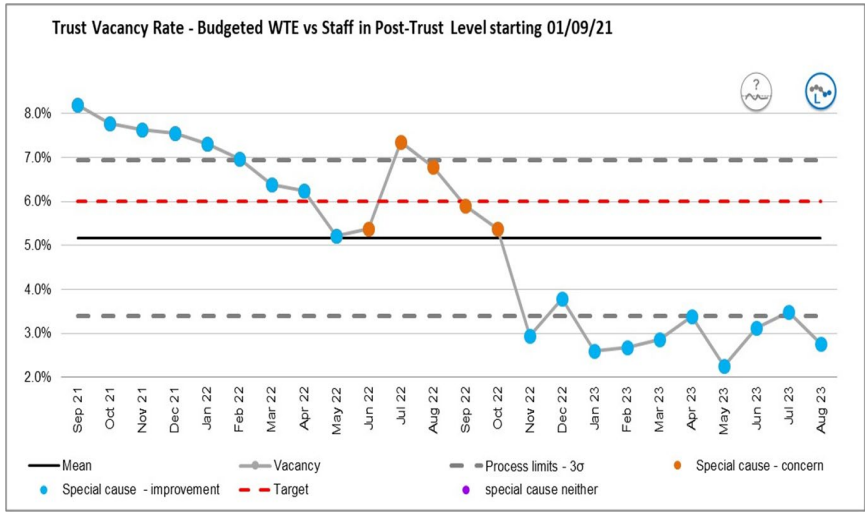
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The survey has been distributed across the organisation.

Attract, Recruit & Retain

What Does The Data Tell Us?			Is Performance Stable?		
Sometimes	Yes	No	Yes	Getting Worse	Getting Better



Key Issues & Challenges

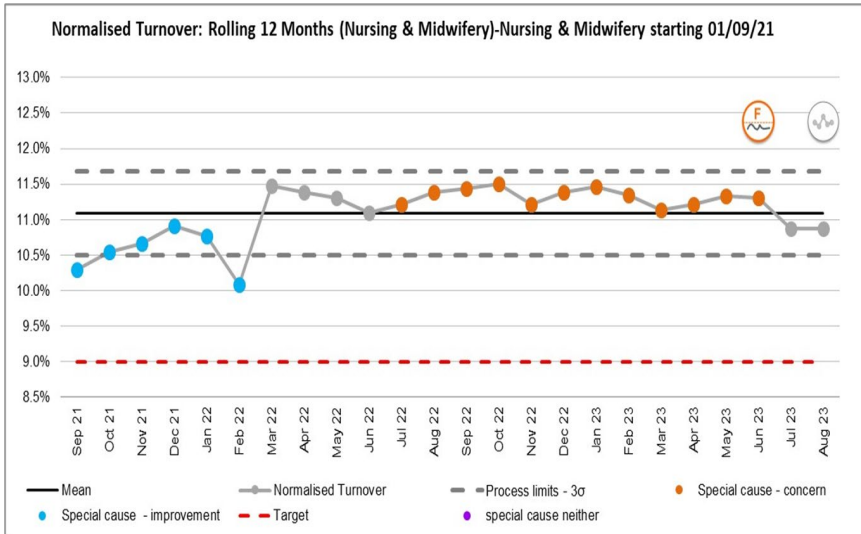
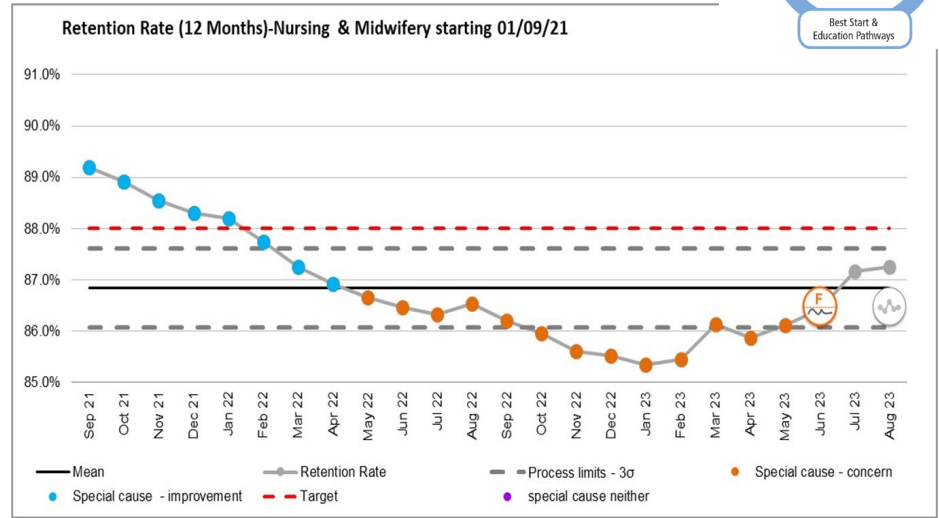
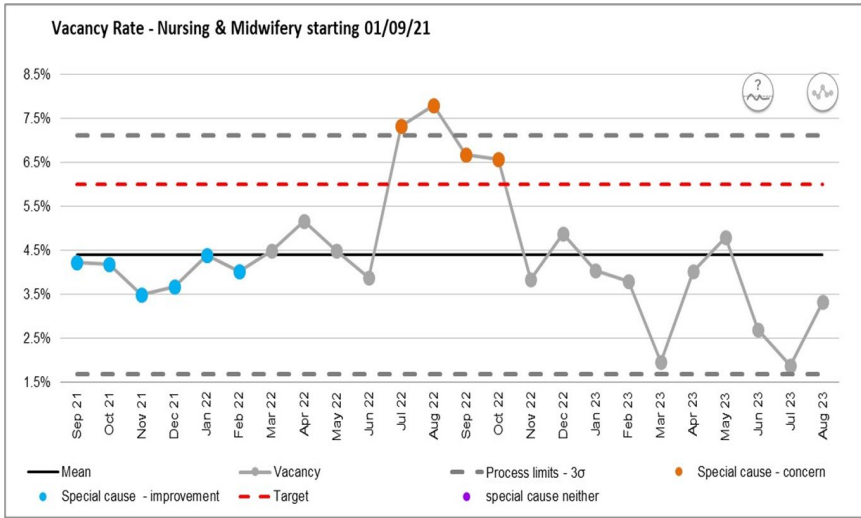
- Whilst the vacancy levels are performing well overall, there continues to be hotspots and there is a lead time, particularly in relation to international and newly qualified nurses where the recruitment will have reduced the vacancy level, but a period of consolidation is required before they can take on the full range of required duties as a registered healthcare professional.

Key Actions & Progress

- The Retention Rate at 12 months is meeting the 88% target at 89.93%.
- Turnover is below target at 9.97%.
- The vacancy rate is now meeting the target consistently and now for all staff groups.
- Active work continues to identify hard to fill posts and with a focus on on AHP, and Healthcare science posts.
- Starters continue to outpace leavers with the net increase in month predominantly in medical staff group.
- 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.

Attract, Recruit & Retain

What Does The Data Tell Us?			Is Performance Stable?		
Sometimes	Yes	No	Yes	Getting Worse	Getting Better



Key Issues & Challenges

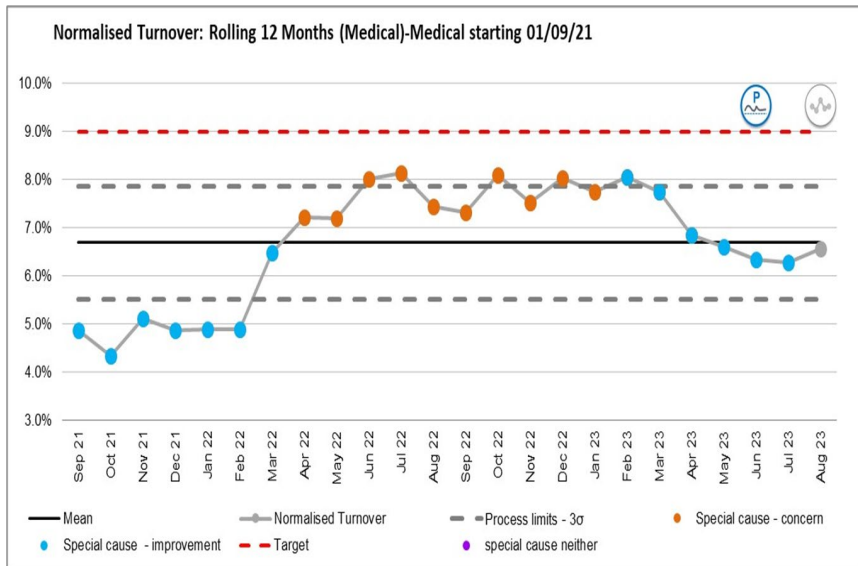
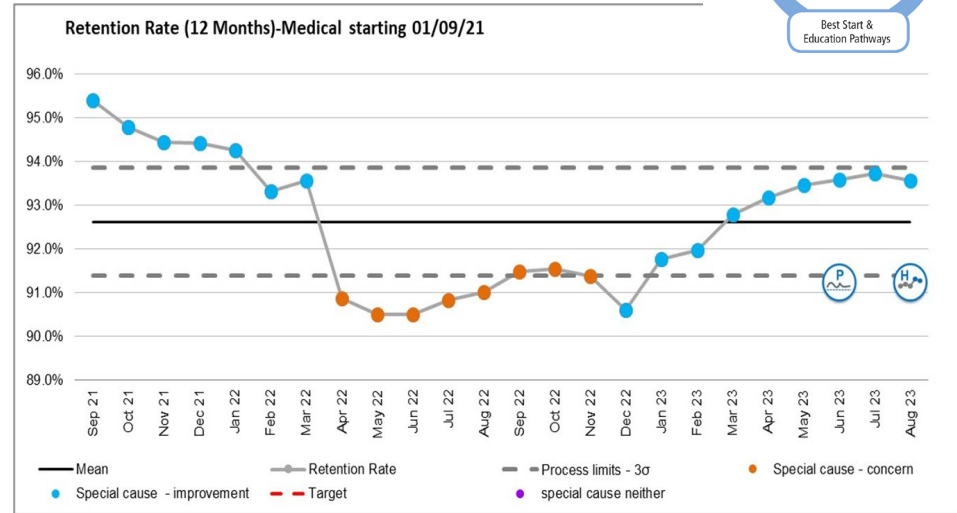
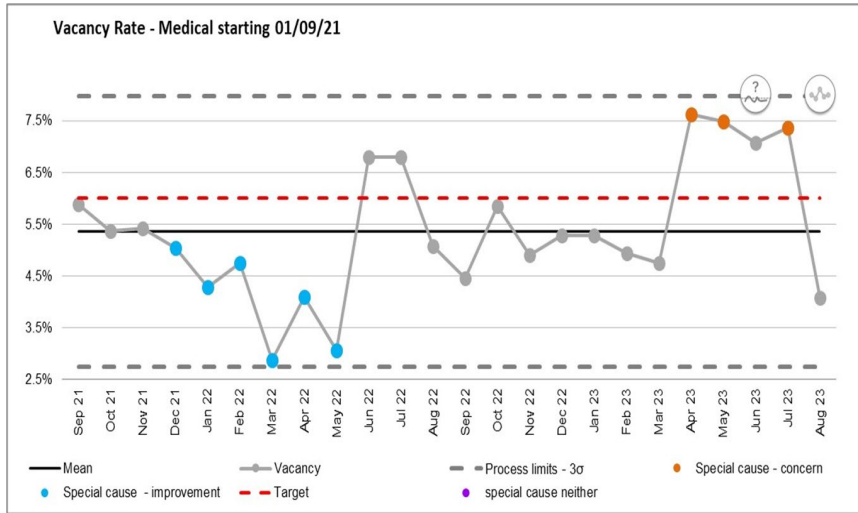
- Nursing turnover, whilst showing some recent improvement is above target at 10.87%. Work life balance is a key driver of turnover. Increased turnover is also driven by staff who deferred retirement/ may otherwise have left in prior years now leaving the service/ Trust. Wider review of this suggests it is a rebalancing and is likely to stabilise in the near term, however, this will need close monitoring.
- Additionally, it should be noted that whilst nursing turnover has increased within the Trust, this is a general trend in provider and peer organisations.

Key Actions & Progress

- The vacancy rate for nursing and midwifery staff is meeting the target at 3.33% with just over 100 vacancies for nursing staff.
- There are 93 WTE international/ newly qualified nurses in the pipeline working towards their pin and further newly qualified nurses scheduled to join in September/October.
- Recruitment has slowed for this staff group given the favourable vacancy position.

Attract, Recruit & Retain

What Does The Data Tell Us?			Is Performance Stable?		
Sometimes	Yes	No	Yes	Getting Worse	Getting Better



Key Issues & Challenges

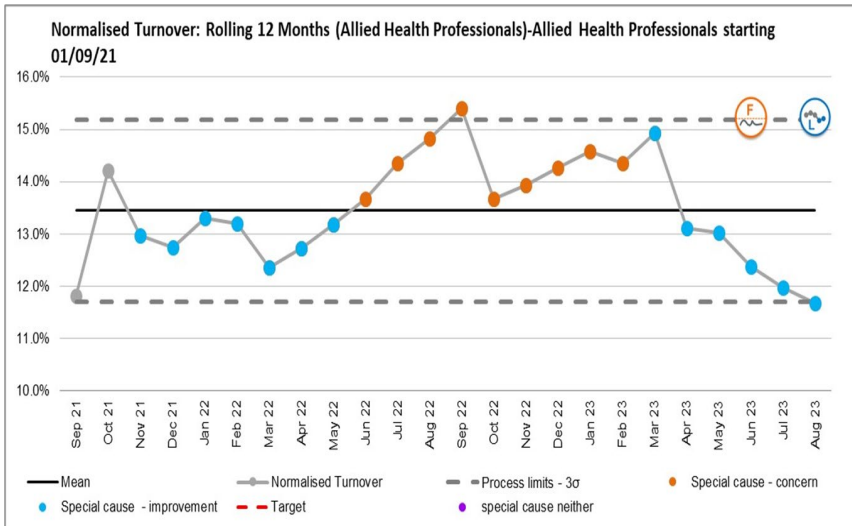
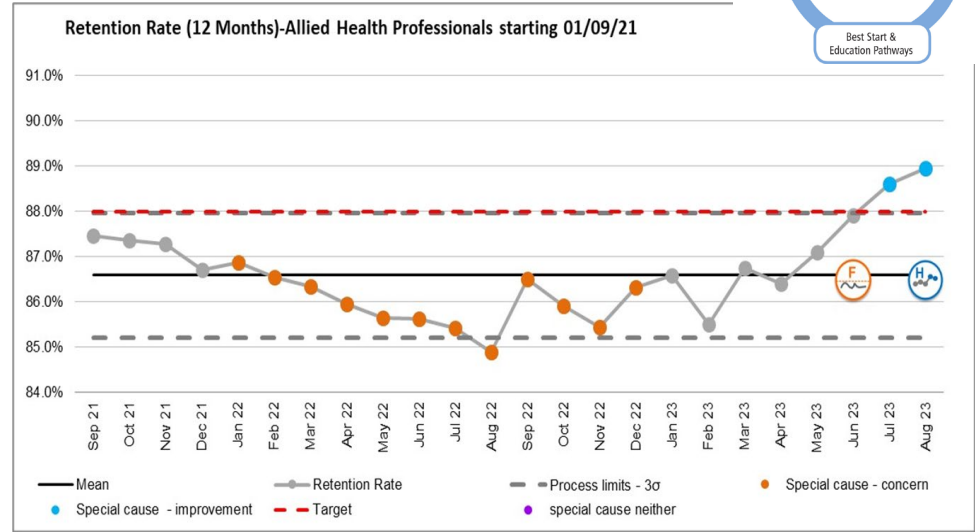
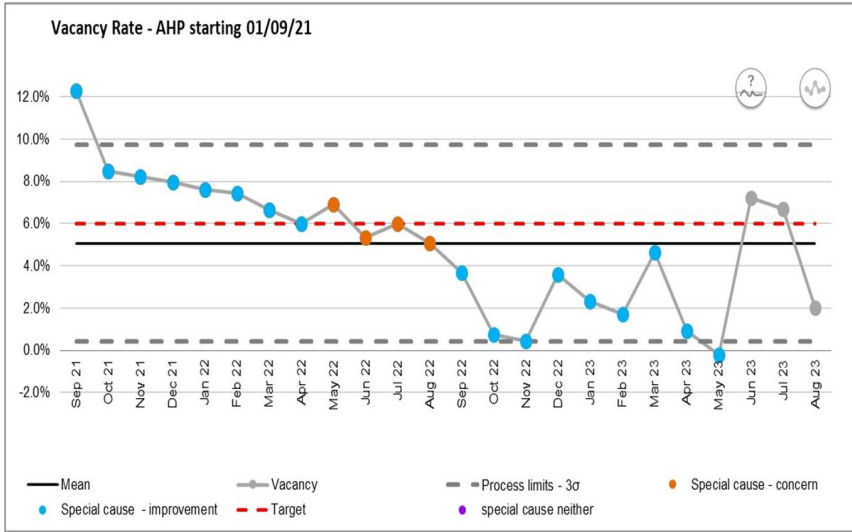
- Whilst the overall position is hugely positive, there are some hotspots in key services where vacancy levels give cause for concern, such as in clinical oncology, emergency medicine and microbiology.
- High cost agency spend in Microbiology is due to abate from October when this is replaced with a more cost effective solution.

Key Actions & Progress

- The vacancy rate has improved as the number of staff increased following the August rotation.
- All recruitment and retention metrics for medical staff are being met.
- There has been successful Consultant recruitment in Cardiology, Histopathology, Urology, Emergency Medicine, Respiratory, Diabetes, Gastroenterology and Acute Medicine. A CESR post has been developed in Microbiology where the Consultant post has been previously advertised without success.

Attract, Recruit & Retain

What Does The Data Tell Us?			Is Performance Stable?		
Sometimes	Yes	No	Yes	Getting Worse	Getting Better

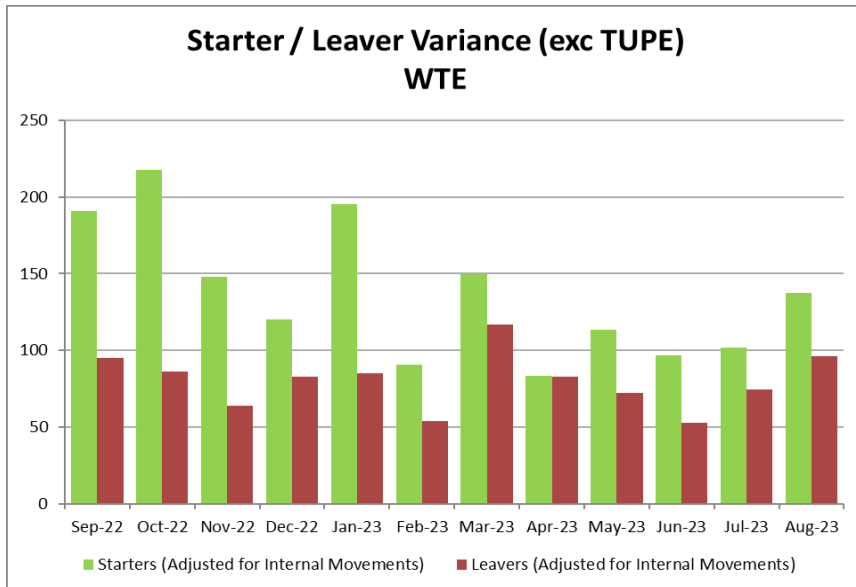
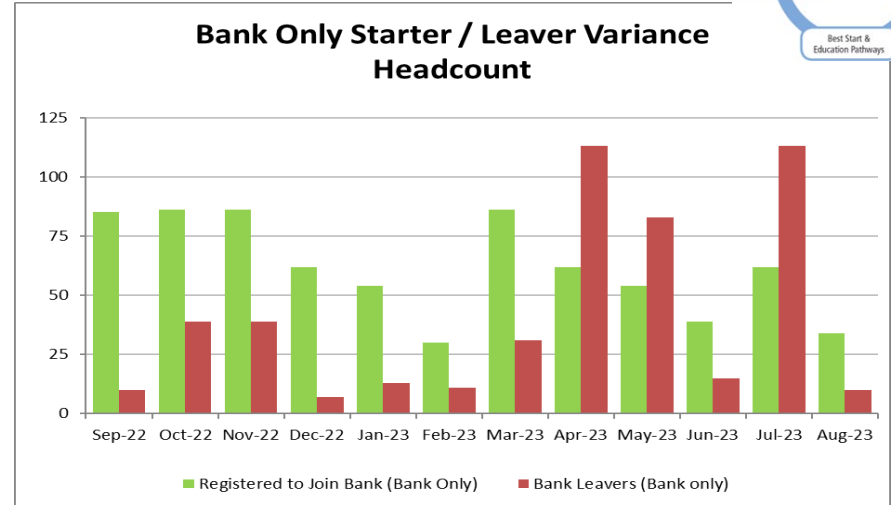
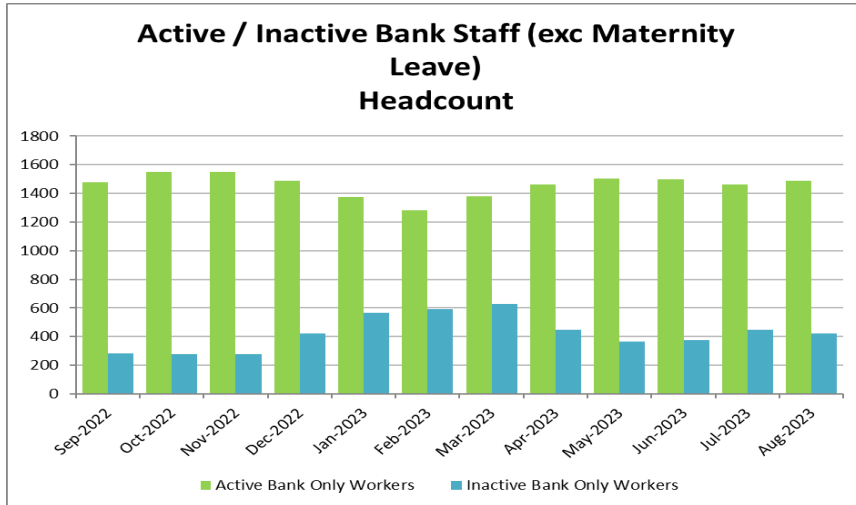


Key Issues & Challenges

- Metrics for AHPs cover Podiatry, Dietetics, Occupational Therapy, Physiotherapy, Orthoptics, Radiography (diagnostic and therapeutic), Orthotics, Speech and Language Therapy (SaLT), and Operating Department Practitioners (ODPs).
- There are hotspots in particular staff groups, specifically, Chiropody/Podiatry (2.2WTE, 16.84%), Dietetics (6.71WTE, 24.72%), Occupational Therapy (12.28WTE, 14.35%) and Operating Department Practitioners (26.53WTE, 24.48%).
- Turnover for AHPs is elevated, albeit improving.

Key Actions & Progress

- AHP vacancy levels overall are now meeting the Trust target.
- Radiology has seen significant improvements in vacancy rates which have shifted from over target to an over-established position as part of a management of change. International recruitment continues to be a success in radiology. Temporary staffing arrangements are in place for vacancies where necessary to ensure services are appropriately staffed.

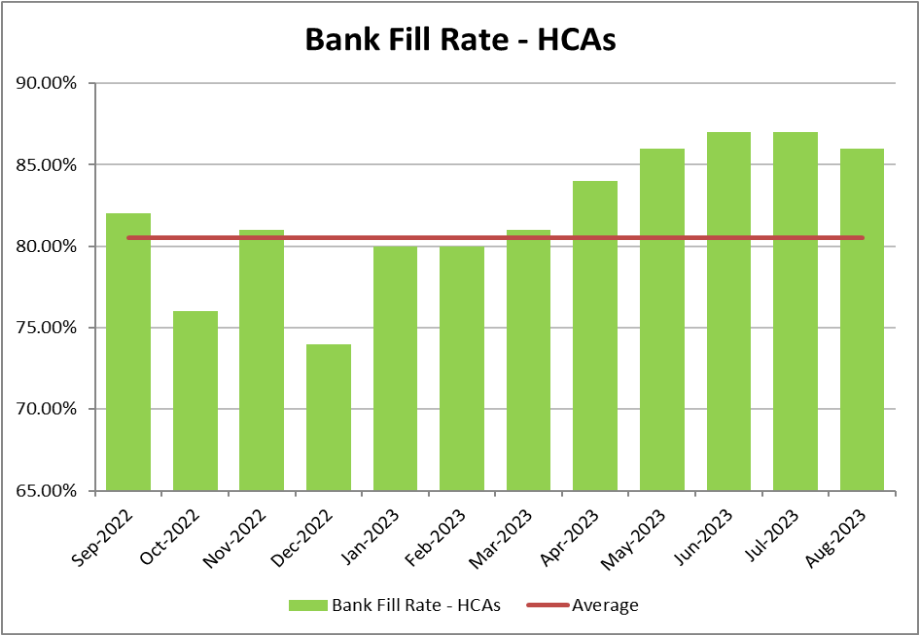
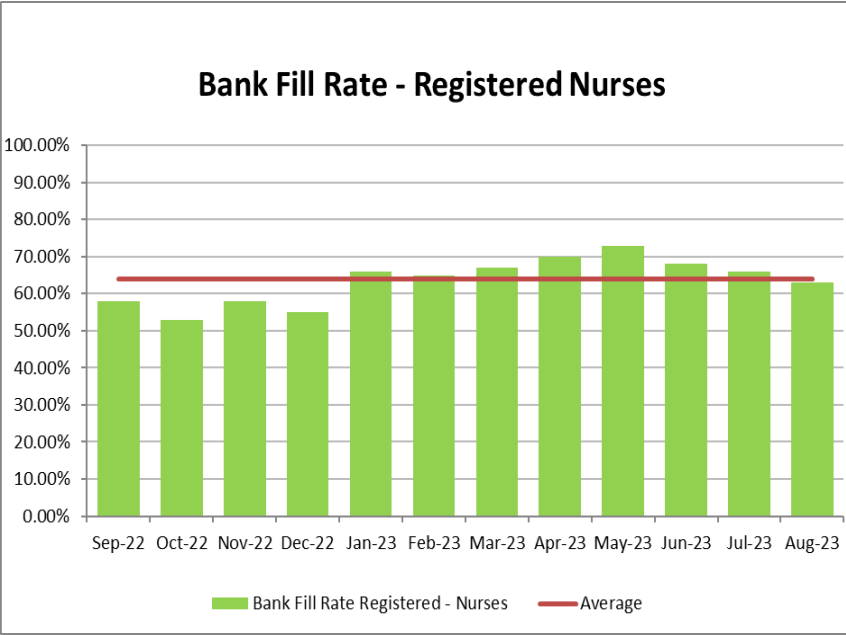
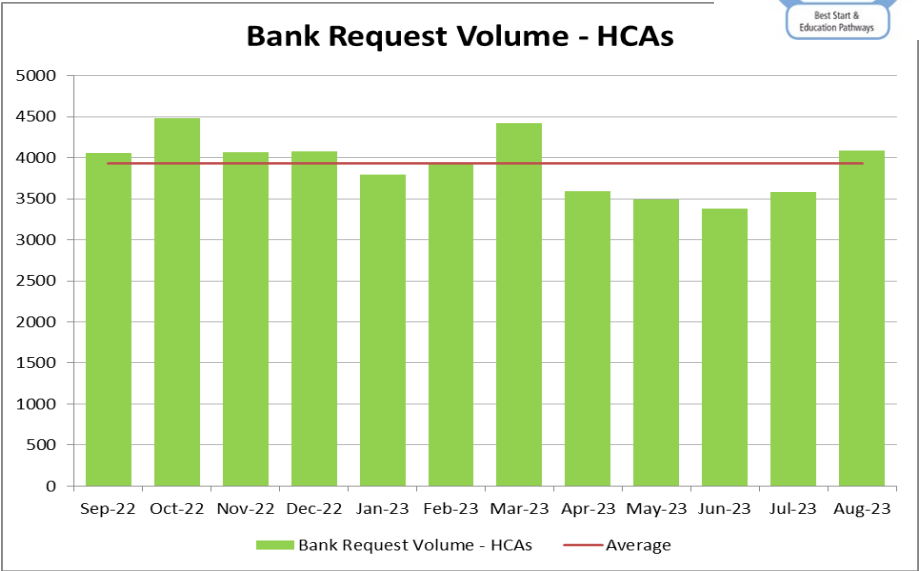
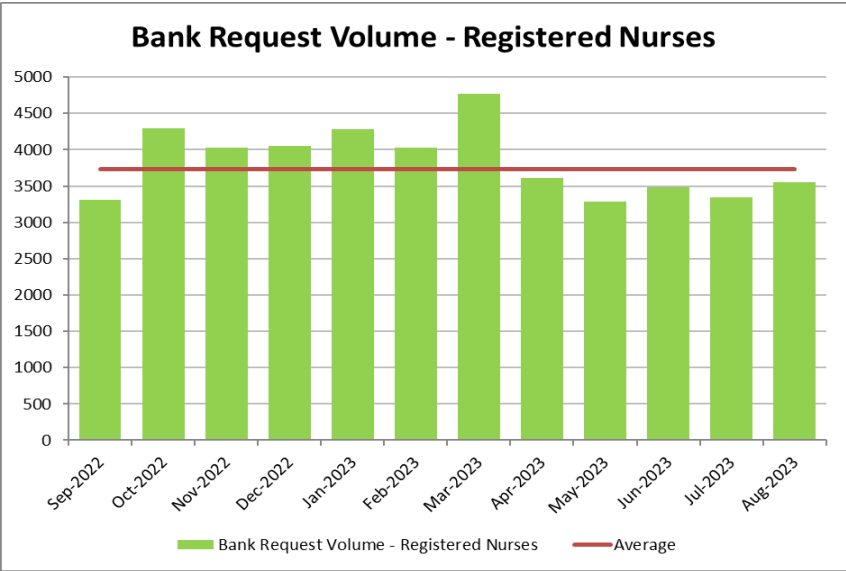


Key Issues & Challenges

- 611 Late requested shifts (within and over 24 hours of the start time of the shift), 441 of these shifts have been identified that prior notice may have been given, in addition 198 requests were requested more than 24 hours after the start time of the shift which is having a negative impact on fill rates – a continual increase from June and July.
- Continued decrease in the fill rate for ED as the £5 Enhanced Rate has ceased – 75% fill rate in May, 58% fill rate in June, 52% fill rate in July, 45% fill rate in August – The number of requests has increased from 439 in May, 445 in June and 464 in July and significantly higher in August to 557 requests

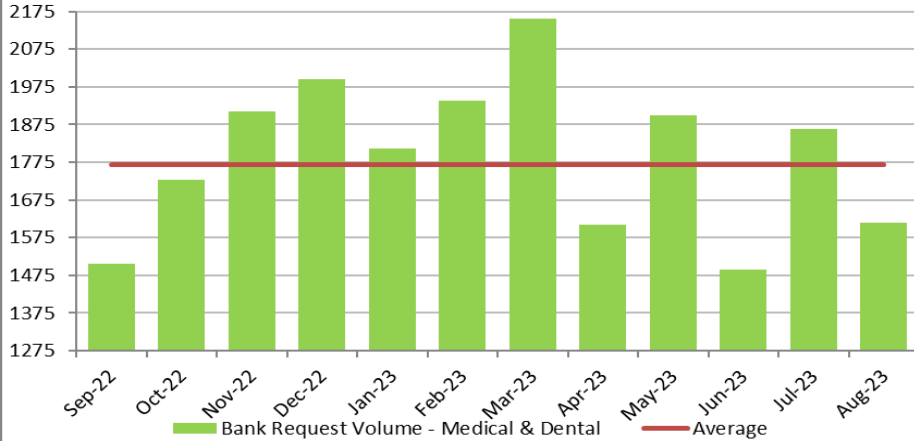
Key Actions & Progress

- £45 per hour Enhanced Rate for Sonographers in Maternity extended until the end of September.
- Bank Admin vacancy published, interviews currently taking place, 4 Conditional Offers made, interviews continuing in September
- Students on placement with the Trust – 2 Conditional Offers made, 7 completed pre-employment checks and ready to start work
- 79 Internal new starters registered – 42 Qualified, 24 Unqualified and 13 Admin this is an increase of 12 new starters from July





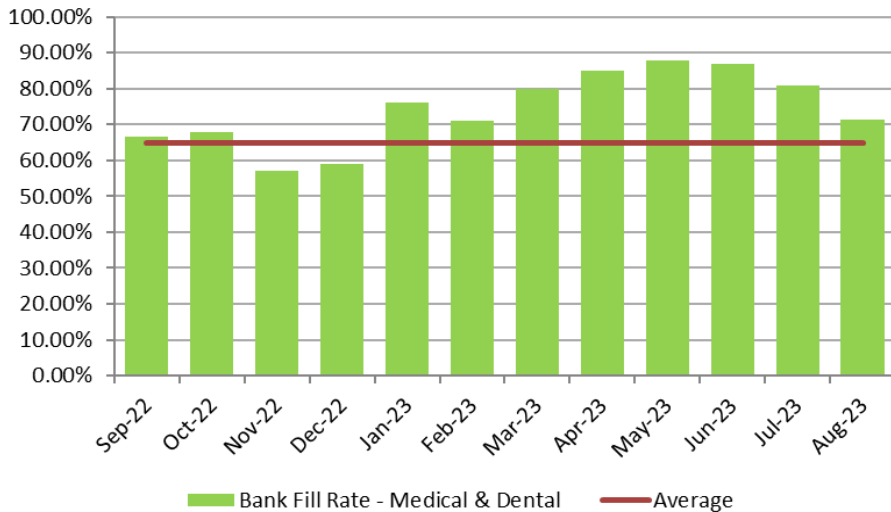
Bank Request Volume - Medical & Dental



Key Issues & Challenges

- Bank fill rates, for nursing are below target:
 - 67% for registered nursing staff in month
 - 81% fill rate for HCSW staff in month
- Clinical system accesses for medical collab bank workers is working but could still be improved. Further work to be done, review with IT required to make accessing systems much simpler for collab bank workers.
- Health Roster rollout and training for medical staff currently being reviewed.
- We have internally streamlined onboarding process for bank workers making it a quicker process to join the medical bank
- Drivers for bank demand continues to be absence, coupled with increased demand due to operational pressures.

Bank Fill Rate - Medical & Dental



Key Actions & Progress

- Medical bank fill rate has sustained its increase from circa 40% to 71%. This improvement is due to medical staff joining the medical locum bank internally and externally, and follows implementation of a new system for booking medical bank in September 2022..
- Collab bank shifts continue to be booked at a steady rate throughout the majority of the specialties across the Trust. Collab bank utilised in ENT, ED, General Medicine and General Surgery.
- Streamlined onboarding process for bank workers making it a quicker process to join the medical bank



Education / Organisational Development	BCPS	Corporate	Division 1	Division 2	Division 3	Division 4	Estates	Grand Total
Mandatory Training - Statutory Topics	91.40%	96.10%	94.60%	94.70%	95.50%	85.70%	97.30%	95.00%
Mandatory Training - Policy Required	94.10%	96.80%	93.30%	93.00%	95.90%	88.20%	98.30%	94.40%
Appraisal	86.90%	82.30%	83.50%	86.70%	85.10%	100.00%	92.10%	85.40%

Mandatory Training - Statutory Topics	Jun-23	Jul-23	Aug-23
225 Black Country Pathology Service	92.00%	92.30%	91.40%
225 Corporate Division	95.80%	95.30%	96.10%
225 Division 1	95.70%	95.00%	94.60%
225 Division 2	95.30%	94.80%	94.70%
225 Division 3	96.40%	96.30%	95.50%
225 Division 4	95.10%	85.70%	85.70%
225 Estates & Facilities Division	97.40%	97.50%	97.30%
Grand Total	95.60%	95.30%	95.00%

Appraisals	Jun-23	Jul-23	Aug-23
225 Black Country Pathology Service	86.60%	88.50%	86.90%
225 Corporate Division	81.70%	82.10%	82.30%
225 Division 1	82.80%	82.90%	83.50%
225 Division 2	83.90%	86.10%	86.70%
225 Division 3	85.80%	86.50%	85.10%
225 Division 4	84.60%	66.70%	100.00%
225 Estates & Facilities Division	93.00%	91.60%	92.10%
Grand Total	84.80%	85.50%	85.40%

Mandatory Training - Policy Required	Jun-23	Jul-23	Aug-23
225 Black Country Pathology Service	92.30%	93.80%	94.10%
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225 Division 3	95.00%	95.70%	95.90%
225 Division 4	96.60%	85.70%	88.20%
225 Estates & Facilities Division	97.60%	97.90%	98.30%
Grand Total	93.40%	94.10%	94.40%

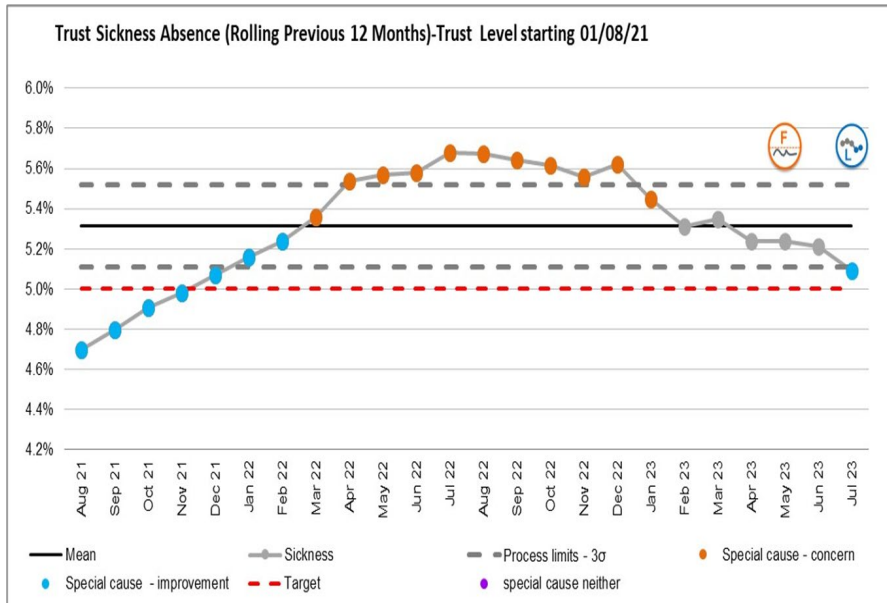
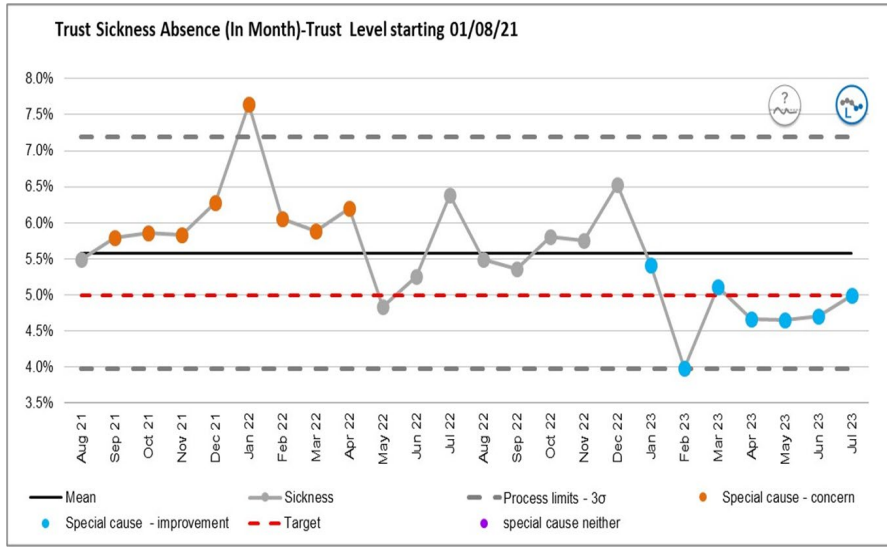
Key Issues & Challenges

- Appraisal compliance is not meeting the target across the board and the last time this target was met was in December 2019.
- Particular focus is needed in corporate and Divisions 1 and 3 where performance is most challenged.
- Service pressures have had and continue to have a profound effect on the ability to undertake timely appraisals

Key Actions & Progress

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

What Does The Data Tell Us?			Is Performance Stable?		
Will We Meet The Target?					
?	P	F	?	H	L
Sometimes	Yes	No	Yes	Getting Worse	Getting Better



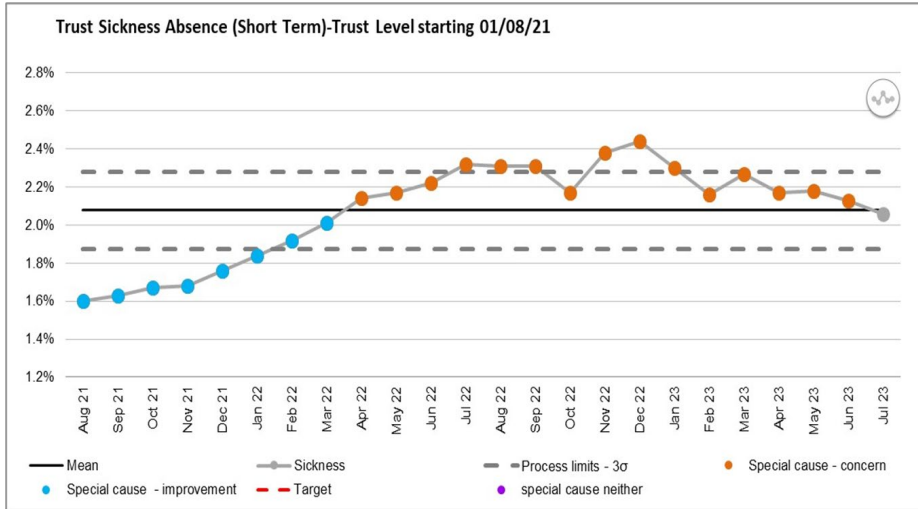
Key Issues & Challenges

- The rolling 12 month absence rate remains above the Trust target at 5.09% despite an improvement in month and for the fourth consecutive month.
- In month sickness absence has increased to 5%, meeting the target, in July 2023.
- Occupational Health referrals increased in August 253 from 233 in July. The average for 2022/23 was 213 referrals per month and 2023/24 is showing an increase on that with an average of 226 referrals per month.

Key Actions & Progress

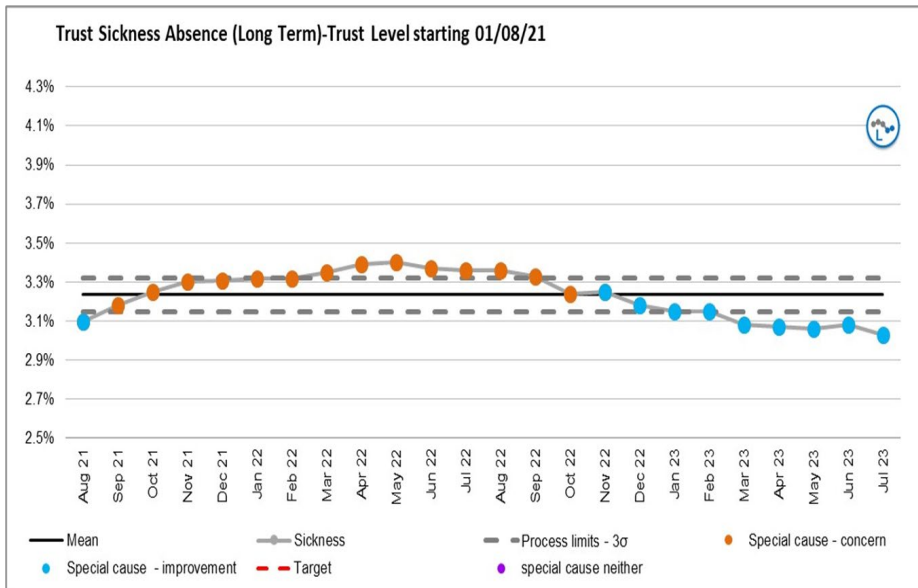
- HR colleagues have been reviewing cases where staff are experiencing the highest levels of absence to ensure appropriate escalation within divisional structures.
- HR teams continue to sensitively support the management of long and short term sickness absence cases as appropriate in the current circumstances.
- Considerable work has been done to develop the wellbeing support offer, including psychological and practical wellbeing support for staff.
- The flu and COVID-19 vaccination campaigns commence in September and future reports will include information on uptake.
- Occupational Health appointments with nurses have been made within the required timeline in 91% of cases despite the increase in activity as have 91% of referrals requiring a doctor were seen on the required timeline in August.

What Does The Data Tell Us?			Is Performance Stable?		
Sometimes	Yes	No	Yes	Getting Worse	Getting Better



Key Issues & Challenges

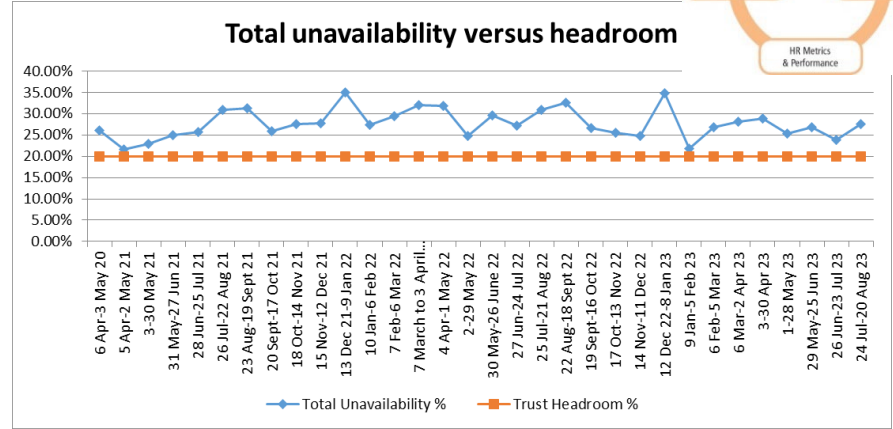
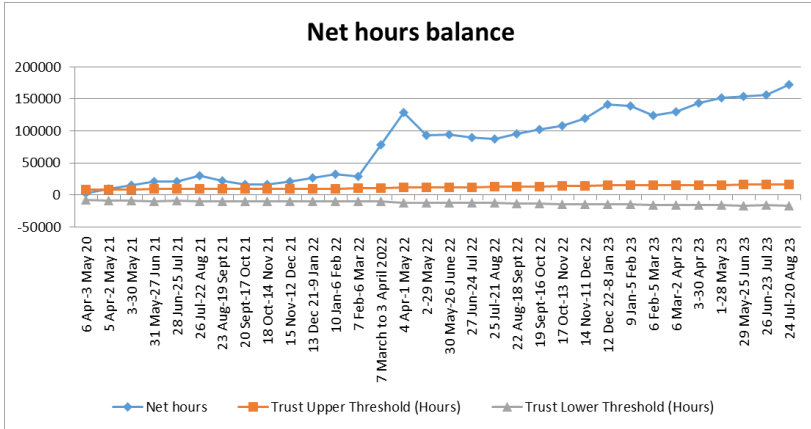
- Of the 5.00% target for sickness absence, it is typical for around 60% of the threshold (3.00%) to be attributable to long-term sickness absence and the remaining 40% (2.00%) to short term absence.
- Both absence types continues to be above this indicative 'targets' in July 2023. A detailed review has been undertaken by the Head of HR Advisory, which found the majority of cases were being appropriately managed in accordance with the policy.



Key Actions & Progress

- A detailed sickness absence management plan has been put in place to ensure robust management of all cases
- Divisions shall need to focus particularly on short term absence.
- A case by case review has been undertaken by the Head of HR Advisory with HRMs for all long term sickness absence cases which has been reported to the People and OD Committee. It found that in the large majority of cases of long term sickness the process had been followed appropriately.
- The HR Advisory Team are working through the recently launched NHS England's Improving Attendance Toolkit, further updates will be provided through regular updates to the People and OD Committee.

Productivity – e-Rostering Metrics



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

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

Key Issues & Challenges

The Trust’s net hours balance remains outside of agreed thresholds (2% total contracted hours). For the current reporting period, this equated to just under 172k of unused contracted hours; a significant increase compared to the previous report. Challenges are particularly in Divisions 1 and 2 where net hours increased by around 6000 hours each.

Unavailability is exceeding headroom, driven by:

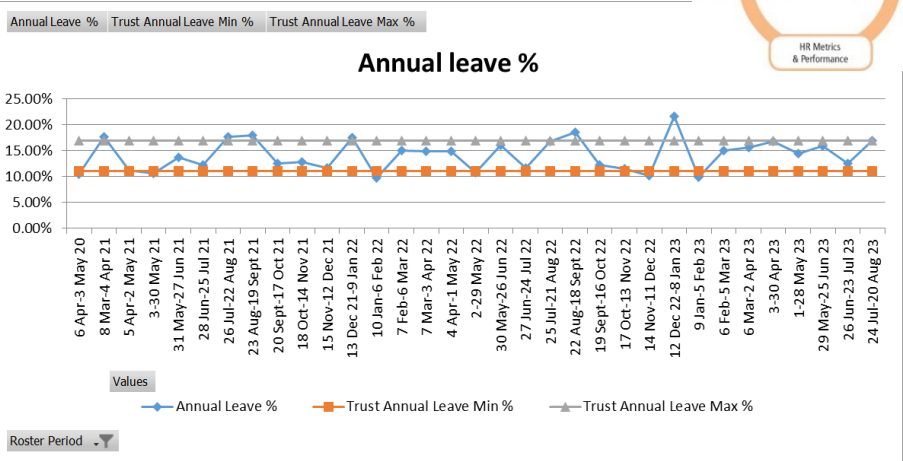
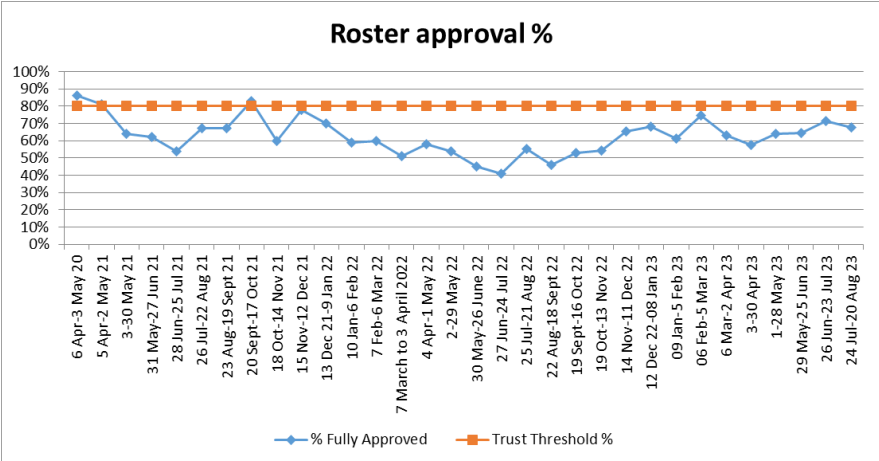
- Sickness, 5.35%, exceeding 3.24% provision
- Other leave, 1.61% - not factored into headroom
- Working day, 0.67% - not factored into headroom
- Parenting, 2.10% - not factored into headroom

Annual Leave and Study Leave are within thresholds.

Key Actions & Progress

- Net hours continue to be prioritised when training is delivered. Staff are instructed to view the extra net hours training video.
- Dedicated remote and face to face net hours sessions continue to take place and are successful in identifying net hours issues and bringing the department’s net hours balance down.
- Outpatients, Fowler centre and Audiology are some of the more recent departments we have had sessions with and have already seen some reduction by about 2000 hours so far with more identified. Further sessions are also being arranged for LCRN managers.
- BCPS continues to remain within thresholds with an improvement towards net zero.
- The cause of this significant increase in under investigation by the E-Rostering Team in conjunction with support from Nursing Workforce.

Productivity – e-Rostering Metrics



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

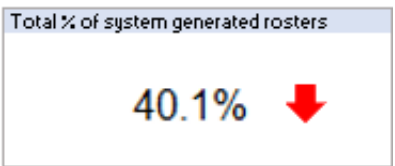
Definition: Absence from core service delivery due to annual leave
Trust threshold: Ideal is 15% but within 11-17%

Key Issues & Challenges

- The number of rosters fully approved six weeks in advance of the roster start date remains below the agreed threshold (80%). This month was a slight decrease at 67%, however year on year is a significant improvement (55% in 2022) The team continue to chase and challenge poor adherence to approval.
- Reasons cited for late approval were being new to the rostering process, changes in management, delayed response times from the E-Roster team and not having cover for sickness/leave.
- Despite an increase, annual leave met thresholds (11-17%) this month at 16.91%. As expected, this is a significant rise over last month (12.57%). This mirrors trends last year for a sharp increase around the start of the school holidays and we should probably expect similar results next month.

Key Actions & Progress

- Non-adherence continues to be escalated.
- Face to face and remote sessions to target net hours. There is also a focus on net hours during training and refresher sessions.
- Nursing Workforce continues to address compliance for inpatient nursing areas at the confirm, challenge and support meetings.
- Annual leave entitlement issues continue to be worked through in collaboration with the ESR team. More streamlining has been done with workforce and payroll to improve processes including the upcoming entry of carry over into ESR and annual leave vs ESR balances reports.
- Auto-roster and service plan use continues to be encouraged and implemented on both activity-based rosters and shift-based rosters. Auto-roster uptake has remained stable for a number of months now and further work is underway to continue improvement in this area.
- Project meetings have been arranged to plan the upcoming Allocate Loop roll out expected this year.



E-Rostering level of attainment

Nursing & Midwifery	1
Healthcare Scientists	0
Pharmacy	0
Allied Health Professionals	0
Additional Clinical Services	0

Workforce Metrics - Trust Board
M5: Data Effective 31st August 2023
Full Trust

B01	Workforce Profile	31st Mar 2023 Out-turn	Target	2023-2024												YTD Change Out-turn	Comments		
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				
B01.1	Substantive Staff WTE	9999.33		10002.13	10043.43	10086.45	10114.26	10154.55										155.22	Inc Permanent, Fixed Term, & Locums with WTE on Payroll
B01.2	Substantive Staff WTE (Exc Rotational Doctors)	9682.42		9687.54	9722.82	9768.75	9795.87	9787.26										104.84	Inc Permanent, Fixed Term, & Locums; Exc Rotational Drs
B01.3	Substantive Staff Headcount	11,371		11,379	11,428	11,478.00	11,496.00	11,550.00										179	Inc Permanent, Fixed Term, & Locums with WTE on Payroll
B01.4	Bank Staff Only Headcount	2,017		1,918	1,881	1,883.00	1,898.00	1,931.00										-86	
B01.5	Agency LMS Headcount	156		157	156	156	156	166										10	
B01.6	% Staff from a BME background	35.66%		36.41%	37.08%	0.36	0.36	0.37										1.08%	
B01.7	TUPE in WTE	0.00		0.00	0.00	0.00	0.00	0.00										0.00	
B01.8	TUPE Out WTE	19.11		10.08	1.00	2.33	3.33	2.00										20.61	

Data Owner: Workforce Planning & Business Intelligence

B02	Changes to Workforce Profile	31st Mar 2023 Out-turn	Target	2023-2024												YTD Change Out-turn	Comments		
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				
B02.1	Change in Workforce Profile WTE (Exc Rotational Doctors)			-31.47	-6.23	21.65	14.09	60.74										60.74	
B02.2	Starters WTE (Exc Rotational Doctors)			114.67	119.62	75.30	87.96	75.70										473.25	
B02.3	Leavers WTE (Exc Rotational Doctors)			82.70	72.09	52.93	74.24	96.15										378.11	Leavers current month target calculated as 1/12th of 10.5% of in-month Staff in Post

Data Owner: Workforce Planning & Business Intelligence

B03	Workforce Profile by Staff Group	31st Mar 2023 Out-turn	Target	2023-2024												YTD Change Out-turn	Comments		
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				
B03.1	Add Prof Scientific and Technic WTE	276.83		275.48	279.64	279.36	278.70	284.20										7.37	
B03.2	Additional Clinical Services WTE	1,907.91		1,895.79	1,910.29	1,906.21	1,897.02	1,878.92										-28.99	
B03.3	Add Clin Serv Newly Qualified / Overseas Nurses Awaiting PIN	114.52		111.60	146.23	123.69	92.59	93.27										-21.25	
B03.4	Administrative and Clerical WTE	2,162.10		2,170.84	2,172.89	2,175.61	2,179.55	2,185.26										23.16	
B03.5	Allied Health Professionals WTE	568.46		566.16	564.26	565.01	578.98	581.78										13.32	
B03.6	Estates and Ancillary WTE	596.55		600.58	602.90	610.40	613.48	613.77										17.22	
B03.7	Healthcare Scientists WTE	499.42		499.13	501.73	504.20	506.26	509.95										10.53	
B03.8	Medical and Dental WTE (Exc Rotational Doctors)	788.59		794.69	798.53	804.85	800.81	795.07										6.48	
B03.9	Medical and Dental WTE (Rotational Doctors)	316.91		314.59	320.61	317.70	318.39	367.30										50.39	
B03.10	Nursing and Midwifery Registered WTE	2,863.55		2,865.87	2,873.58	2,905.12	2,923.07	2,920.30										56.75	
B03.11	Students WTE	19.00		19.00	19.00	18.00	18.00	18.00										-1.00	

Data Owner: Workforce Planning & Business Intelligence

B04	Vacancy Rate by NHS Staff Group	31st Mar 2023 Out-turn	Target	2023-2024												2023-24 Average	Comments		
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				
B04.1	Total	2.87%	6.00%	3.40%	2.36%	3.12%	3.48%	2.77%										3.00%	
B04.2	Allied Health Professionals	4.66%	6.00%	0.93%	-0.20%	7.12%	6.71%	2.04%										3.36%	Staff in Post WTE vs Budgeted WTE in ESR
B04.3	Healthcare Scientists	15.00%	6.00%	1.29%	-1.78%	5.57%	1.21%	2.79%										1.32%	Refined calculation 2019/20: removal of recharges and reserves from Budgeted WTE therefore not directly comparable to previous figures
B04.4	Medical & Dental	4.75%	6.00%	7.63%	7.48%	7.08%	7.36%	4.08%										6.73%	Staff Group definitions determined by NHS Improvement
B04.5	NHS Infrastructure Support	5.98%	6.00%	3.65%	4.91%	4.57%	5.34%	5.49%										4.79%	Staff in Post adjusted for St Helen's employed Rotational Doctors and removal of Chair / NEDs
B04.6	Other ST&T	-10.47%	6.00%	-0.26%	-1.07%	-2.79%	2.84%	5.80%										0.90%	
B04.7	Registered Nursing, Midwifery and Health Visiting Staff	1.96%	6.00%	4.03%	4.80%	2.69%	1.89%	3.33%										3.35%	
B04.8	Support to Clinical Staff	-0.04%	6.00%	2.18%	1.68%	0.71%	1.46%	0.55%										1.32%	RAG ratings updated effective May 21

Data Owners: Finance & Workforce Planning & Business Intelligence

B05	Vacancies by NHS Staff Group	31st Mar 2023 Out-turn	Target	2023-2024												2023-24 Average	Comments		
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				
B05.1	Total	296.27		352.02	352.11	325.05	315.85	289.31										326.87	
B05.2	Allied Health Professionals	27.98		5.36	-1.13	44.73	41.78	12.18										20.58	
B05.3	Healthcare Scientists	91.08		6.70	-8.86	30.12	-6.51	14.90										7.27	Staff in Post WTE vs Budgeted WTE in ESR
B05.4	Medical & Dental	56.40		93.90	92.55	87.48	91.05	49.46										82.89	Refined calculation 2019/20: removal of recharges and reserves from Budgeted WTE
B05.5	NHS Infrastructure Support	86.86		52.08	68.66	63.98	77.77	79.48										68.39	Staff Group definitions determined by NHS Improvement
B05.6	Other ST&T	-22.04		-0.60	-2.53	-6.26	6.69	13.52										2.16	Staff in Post adjusted for St Helen's employed Rotational Doctors and removal of Chair / NEDs
B05.7	Registered Nursing, Midwifery and Health Visiting Staff	57.44		120.91	145.65	80.70	56.51	101.09										100.97	
B05.8	Support to Clinical Staff	-1.45		73.67	57.77	24.30	49.57	18.68										44.80	

Data Owners: Finance & Workforce Planning & Business Intelligence

B06	Turnover	31st Mar 2023 Out-turn	Target	2023-2024												2023-24 Average	Comments		
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				
B06.1	% Total Workforce Turnover (Rolling previous 12 months)	12.56%	10.00%	12.50%	12.18%	11.83%	11.49%	11.27%										11.86%	
B06.2	% Normalised Workforce Turnover (Rolling previous 12 months)	11.03%	10.00%	10.95%	10.66%	10.34%	10.13%	9.97%										10.41%	Exc Rotational Drs (reflects NHS Digital Benchmark data)
B06.3	% Normalised: Additional Professional, Scientific, and Technical	12.36%	10.00%	10.72%	9.61%	9.04%	8.39%	7.55%										9.06%	
B06.4	% Normalised: Additional Clinical Services	10.35%	10.00%	10.91%	11.13%	10.17%	10.44%	10.33%										10.40%	
B06.5	% Normalised: Administrative and Clerical	10.37%	10.00%	10.55%	10.36%	9.42%	9.04%	9.06%										9.69%	Exc Rotational Drs, Students, TUPE Transfers, End of Fixed Term
B06.6	% Normalised: Allied Health Professionals	13.12%	10.00%	13.29%	13.03%	12.38%	11.97%	11.68%										12.47%	
B06.7	% Normalised: Estates and Ancillary	11.39%	10.00%	10.88%	10.10%	10.00%	10.03%	9.14%										10.03%	RAG ratings updated effective May 21
B06.8	% Normalised: Healthcare Scientists	13.68%	10.00%	13.40%	13.03%	12.61%	12.53%	11.56%										12.63%	
B06.9	% Normalised: Medical and Dental (Exc Rotation Drs & Clinical Fellows)	7.75%	10.00%	6.86%	6.61%	6.35%	6.29%	6.57%										6.54%	
B06.10	% Normalised: Nursing and Midwifery Registered	11.14%	10.00%	11.21%	11.33%	11.30%	10.87%	10.87%										11.12%	

Data Owner: Workforce Planning & Business Intelligence

B07	Retention Rate	31st Mar 2023 Out-turn	Target	2023-2024												2023-24 Average	Comments		
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				
B07.1	Retention Rate (12 months)	88.98%	88.00%	88.81%	89.15%	89.57%	89.86%	89.93%										89.46%	
B07.2	Retention Rate (18 months)	84.27%		84.01%	84.04%	84.49%	84.40%	83.70%										86.13%	No. Employees with 1 or more years service now / No. Employees employed one year ago x 100. Exc Rotational Drs, Students, TUPE Transfers, Clinical Fellows, & Fixed Term
B07.3	Retention Rate (24 months)	80.41%	0.00%	80.08%	80.05%	80.37%	80.28%	80.32%										80.22%	

Data Owner: Workforce Planning & Business Intelligence

B08	Sickness Absence (1 month in arrears)	31st Mar 2023 Out-turn	Target	2023-2024												2023-24 Average	Comments
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
B08.1	% Sickness Absence (In Month)	5.00%	5.00%	4.67%	4.65%	4.71%	5.00%	Avail Oct									4.76%
B08.2	% Sickness Absence (Rolling previous 12 months)	5.00%	5.00%	5.24%	5.24%	5.21%	5.09%	Avail Oct									5.20%
B08.3	WTE Days lost to Sickness	11,084.90		13,643.37	14,431.76	141,194.97	15,599.04	Avail Oct									
B08.4	% Short Term Sickness	2.16%		2.17%	2.18%	2.13%	2.06%	Avail Oct									
B08.5	% Long Term Sickness	3.15%		3.07%	3.06%	3.08%	3.03%	Avail Oct									
B08.6	Estimated Cost of Sickness (£)	£1,091,089		£1,278,411	£1,434,332	£1,411,327	£1,517,389.02	Avail Oct									
Data Owner: Workforce Planning & Business Intelligence																	
B09	Flu Campaign	2022-23 Season Out-turn	Target	2023-2024												2023-24 Cumulative	Comments
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
B09.1	Front Line Staff Vaccinated (Cumulative)	3828															
B09.2	Non Front Line Staff Vaccinated (Cumulative)	1619															
B09.3	Total (Cumulative)	5051															
B09.4	% Front Line Staff Vaccinated (Cumulative)	61.73%	TBC														
Data Owner: Workforce Planning & Business Intelligence																	
B10	Open Employee Relations Cases - Number of Cases	31st Mar 2023 Out-turn	Target	2023-2024												2023-24 Average	Comments
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
B10.1	Open Formal Grievances Cases + Open Bullying & Harassment Cases	41		32	19	17	20	22									22
B10.2	Open Capability Cases	2		2	3	1	1	1									2
B10.3	Open Disciplinary Cases	36		36	35	34	31	31									33
Data Owner: HR Employee Relations																	
B11	Freedom to Speak Up	31st Mar 2023 Out-turn	Target	2023-2024												2023-24 Cumulative	Comments
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
B11.1	New Genuine Whistleblowing Cases Raised	0															0
B11.2	Number of Concerns Raised through FTSU Guardian In Month	14		9	15	15	17	13									69
Data Owner: Freedom to Speak Up Guardian																	
B12	Apprenticeships	31st Mar 2023 Out-turn	Target	2023-2024												2023-24 Cumulative	Comments
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
B12.1	Number of New Apprentices Started in Month	3		35	2	4	0	5									46
B12.2	Number of Existing Staff Converted to Apprentices in Month	2		5	4	0	5	5									19
Data Owner: Education & Training																	
B13	Education / Organisational Development	31st Mar 2023 Out-turn	Target	2023-2024												2023-24 Average	Comments
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
B13.1	Trust Induction	90.00%	0.00%	89.80%	90.10%	90.10%	90.50%	90.50%									86.08%
B13.2	Local Induction	94.30%	0.00%	94.50%	94.90%	95.10%	95.10%	95.00%									81.91%
B13.3	Mandatory Training - Tier 1 - Statutory Topics (Formerly "Generic")	85.00%	85.00%	95.10%	95.40%	95.60%	95.30%	95.00%									95.13%
B13.4	Mandatory Training - Tier 2 - Policy Required (Formerly "Specific")	94.30%	85.00%	94.30%	94.50%	93.40%	94.10%	94.40%									92.91%
B13.5	Appraisal	90.00%	90.00%	83.70%	83.60%	84.80%	85.50%	85.40%									79.62%
Data Owner: Education & Training																	
B14	Temporary Staffing Spend - Agency	2022-23 Total	Target	2023-2024												2023-24 Cumulative	Comments
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
B14.1	Agency Spend - Total	£7,594,396		£721,813	£716,067	£675,764	£787,028	£697,280									£3,597,952
B14.2	Agency Spend - Nursing & Midwifery	£0															£0
B14.3	Agency Spend - Medical Staff	£6,298,177		£607,200	£618,914	£494,966	£555,732	£548,651									£2,825,464
B14.4	Agency Spend - Other	£1,296,219		£65,325	£97,153	£180,798	£171,985	£128,909									£644,171
Data Owner: Finance																	
B15	Temporary Staffing Spend - Bank	2022-23 Total	Target	2023-2024												2023-24 Cumulative	Comments
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
B15.1	Bank Spend - Total	£37,183,785		£3,594,410	£3,766,081	£2,900,147	£3,517,677	£3,619,858									£17,398,173
B15.2	Bank Spend - Nursing & Midwifery	£7,607,648		£751,216	£670,679	£526,752	£546,802	£671,645									£3,167,093
B15.3	Bank Spend - Medical Staff	£13,584,214		£1,193,826	£1,672,126	£1,059,523	£1,448,222	£1,181,245									£6,554,941
B15.4	Bank Spend - Other	£15,991,923		£1,649,368	£1,423,277	£1,313,873	£1,522,653	£1,766,969									£7,676,139
Data Owner: Finance																	
B16	Bank Fill Rate	31st Mar 2023 Out-turn	Target	2023-2024												2023-24 Average	Comments
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
B16.1	Registered Nursing Shifts Filled	67.00%	85.00%	70.00%	73.00%	68.00%	66.00%	63.00%									68.00%
B16.2	Unregistered Nursing Shifts Filled	81.00%	90.00%	84.00%	86.00%	87.00%	87.00%	86.00%									86.00%
B16.3	Medical Staff Shifts Filled	80.00%	60.00%	85.00%	88.00%	87.00%	80.88%	71.39%									82.45%
Data Owner: Resourcing and LMS																	
B17	e-Rostering	6th Mar 2023 Out-turn	Target	2023-2024												2023-24 Average	Comments
				6 Apr 23 - 5 May 23	6 May 23 - 5 Jun 23	6 Jun 23 - 5 Jul 23	6 Jul 23 - 5 Aug 23	27 Jun 2022 - 24 Jul 2022	6 Sep 23 - 5 Oct 23	6 Oct 23 - 5 Nov 23	6 Nov 23 - 5 Dec 23	6 Dec 23 - 5 Jan 24	6 Jan 24 - 5 Feb 24	6 Feb 24 - 5 Mar 24	6 Mar 24 - 5 Apr 24		
B17.1	% Rotas Set 6 Weeks in Advance (42 Days)	63.00%	80.00%	57.00%	64.00%	45.00%	71.00%	67.00%									43.43%
B17.2	Unused Hours	130152.80	Roster WTE * 6h	143,274	151,847	93,941	157,071	173,323									102,779
B17.3	% Staff on Annual Leave	15.60%	14.00%	16.78%	16.78%	16.02%	12.57%	16.91%									11.29%
Data Owner: e-Rostering																	

Report to Trust Board Meeting – The Royal Wolverhampton NHS Trust to be held in Public on Tuesday 10 th October		
Title of Report:	Group Chief Strategy Officer Report: - Black Country Provider Collaborative Update - Quality Improvement Team Update	Enc No: 10.1
Author:	Simon Evans - Group Chief Strategy Officer Report	
Presenter/Exec Lead:	Group Chief Strategy Officer Report	

Action Required of the Board/Committee/Group			
Decision	Approval	Discussion	Other
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Recommendations:			
<ul style="list-style-type: none"> • Approve the QI maturity matrix self-assessment • Note the good progress being made in the BCPC • Note that a future meeting of the JPC will consider a joint approach to QI that could be adopted across all four Trusts 			

Implications of the Paper:			
Risk Register Risk	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> On Risk Register: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Changes to BAF Risk(s) & TRR Risk(s)	None		
Resource Implications:	None		
Report Data Caveats	None		
Compliance and/or Lead Requirements	CQC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Well-led
	NHSE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Response to NHS Impact
	Health & Safety	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Legal	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	NHS Constitution	Yes <input 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	None as a result of this paper		
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: BCPC Executive Group
	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 checked="" type="checkbox"/> No <input type="checkbox"/>	Date: Improvement and Research Sub-Group

Summary of Key Issues using Assure, Advise and Alert	
Assure	
<ul style="list-style-type: none"> • Good progress is being made with the BCPC work programme in both clinical and corporate work streams. • The Joint Provider Committee is now in place and will oversee progress of the BCPC on behalf of all four Trusts. • The Senior QI leadership team continues to collaborate with colleagues from across the Black Country to establish a joint approach. 	
Advise	
<ul style="list-style-type: none"> • An event was held with Executives, Non-Executive Directors, and senior leaders from across both trusts to review the recently published 'Delivery of Continuous Improvement' review¹ (DCI review) and undertake the self-assessment as to both trusts current rating alongside the 5 domains for quality improvement (NHS IMPACT). • Further Joint Board Development sessions are planned for the BCPC following the success of the event in September. • Alignment of Board sub-committees, trust board meetings have been agreed by all four Trusts. 	
Alert	
Positive assurances & highlights of note for the Board	
<ul style="list-style-type: none"> • NHS IMPACT (Improving Patient Care Together) has been launched to support all NHS organisations, to have the skills and techniques to deliver continuous improvement and is the new, single, shared NHS improvement approach. An initial stocktake assessment has been completed which requires Board sign off prior to submission. 	

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

¹ <https://www.england.nhs.uk/long-read/nhs-delivery-and-continuous-improvement-review-recommendations/>

Group Chief Strategy Officer Report:

Report to Trust Board Meeting to be held in Public on 10th October

EXECUTIVE SUMMARY

This report provides an update on two key areas of work. Firstly, an update on the progress of the Black Country Provider Collaborative work programme. This covers the key meetings held over the period and provides an update on the relevant work streams.

Secondly, the report contains an update on the Continuous Improvement Programme. This demonstrates the continued good progress made with the collaborative approach with Walsall Healthcare NHS Trust and includes the NHS England maturity matrix self-assessment, which assesses the Trusts' state of readiness against the 5 domains for quality improvement. This has to be completed by all Trusts, approved by the board and returned by end of October 2023.

BACKGROUND INFORMATION

Section One: The Black Country Provider Collaborative (BCPC) Update – August/September 2023

The BCPC Executive Group met on the 7th August 2023. Updates were received from each of the workstreams:

a) Clinical Improvement Programme

1. 'Further Faster' Outpatient Initiative

An update on progress with the 'Further Faster' outpatients initiative. Positive progress is being made with further actions to validate demand and establish 'Super clinics' now being focused on for progression during the latter stages of the initiatives.

2. BCPC GIRFT Quarterly Report

GIRFT quarterly data was presented showing minimal progress in attaining target performance. Key challenge is the 'lag time' in data reporting centrally (currently between 3 to 6 months behind). Local work is being progressed to identify more frequent data is available on a monthly basis to enable Clinical Networks to proactively manage progress on delivery.

b) Corporate Improvement Programme

- a. **Payroll** – Milestones and delivery dates were presented to ensure delivery of the agreed option by the end of the 23/24 financial year.
- b. **HR (Mandatory Training)** – Two organisations submitted an offer and the preferred bidder (RWT) will be asked to present their proposal at a future Collaborative Executive

c) Draft BCPC Annual Report

A full and final version will be published online in September.

d) BCPC 23-24 Budget

There is currently a shortfall in the required budget for the BCPC. The Collaborative Executive agreed to a four-way split of the shortfall.

e) Governance

It was confirmed that all four trusts have now approved the collaboration agreement and Terms of Reference for the Joint Provider Committee. Further work to align Trust Board meeting cycles, and the focus and functions of Trust Board sub-committees is underway.

f) Workforce

An update on a key range of priorities being progressed, as follows

- a. **International recruitment** - A proposal to progress a single BCPC wide International Recruitment campaign for 24/25 was discussed and agreed.
- b. **E-Rostering** - It is hoped and anticipated that by utilising common systems and approaches across the four partners, that a range of productivity and efficiency savings will be identified.
- c. **Seamless Movement of Staff** – Analysis of the current position for Car parking and ID cards was presented with a potential way forward over a short, medium and long-term timeline.

g) Strategic Developments

- a. **North-Hub** – Work to progress the North Hub FBC through Trust Boards has progressed, however, NHSE have confirmed that approval for further funding to support the scheme is not forthcoming.
- b. **Productivity & Value Group** – PA Consulting have now commenced work with the system to support financial recovery. They will be reaching out to meet teams and key people from across the system shortly.

h) Clinical Summit

The next Clinical Summit is being planned for October 27th and will be a joint summit with the Primary Care Collaborative.

i) Joint Board Development Session

All four Trust Boards met as part of a joint Board development session on 12th September. This was the first opportunity all four Boards had to meet jointly; it provided a good space to share updates from each organisation as well as the BCPC work programme. Further joint events are planned as we continue to build ever stronger collaborative relationships.

Section Two: Continuous Improvement Update

This report provides the Board with an update on progress against the QI Board Action plan and other strategic developments in the QI arena. It also contains the outputs of the session ran with senior leaders that culminated in the completion of the Board level maturity matrix self-assessment. This needs to be approved by the Board and submitted to NHSE by end October 2023.

The general QI update report which includes details on training numbers, the QI project Registry and other QI activities are included in the Reading Room for information.

Delivering Continuous Improvement DCI Review

The NHS delivery and continuous improvement review and recommendations (DCI review) considered how the NHS, working in partnership, can both deliver effectively on its current priorities and continuously improve quality and productivity in the short, medium, and long term.

The focus of the report identifies 5 domains that need to be in place for an organisation to have truly embedded continuous improvement and for it to be part of BAU for everyone. Those organisations that have achieved this have adopted a Quality Management System (QMS) i.e. Quality planning, quality control and quality improvement. Perhaps not unsurprisingly, all Trusts currently rated as outstanding by the CQC already have this management model in place.

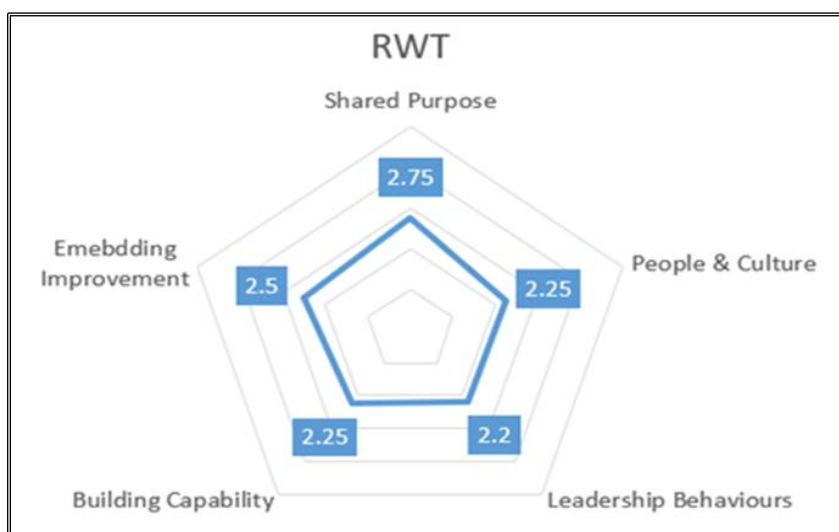
Domains

1. Building a shared purpose and vision
2. Investing in People and Culture
3. Developing Leadership Behaviours
4. Building Improvement Capability
5. Embedding into management and systems

A Maturity matrix (self-assessment) has been sent to all CEOs to assess our state of readiness against the 5 domains for quality improvement (NHS IMPACT). An event was recently held with Executives, Non-Executive Directors and senior leaders from RWT and WHT to work through the self-assessment.

RWT and WHT reported broadly similar levels of maturity with most responses lying between the developing and progressing stages. Improvement actions were identified during the workshop and are being incorporated into the QI Board action plan which will be presented to TB for sign-off in December. The detailed self-assessment is available in the Reading Room.

A synopsis of our scoring against the domains is below:



Descriptor	Rating
Starting	1
Developing	2
Progressing	3
Spreading	4
Improving & Sustaining (exemplar)	5

Black Country Quality Improvement System

All four Trusts across the Black Country currently have a version of a QI methodology in place. As part of our continued drive to align ways of working, a piece of work is underway to try and develop a consistent approach across all four providers. A joint proposal on an agreed approach has been developed and a paper is being presented to the BCPC Executive Group, with a view to coming to the Joint Provider Committee for approval. This will look to establish a consistent approach to embedding a quality management system (QMS). The paper will also include ideas and areas for collaboration eg. QI Awards for the Black Country, Bespoke training packages, huddle boards, coaching modules, sharing good practice, QI leads for whole systems pathways etc.

The QI leadership team has attended an NHS Provider event reviewing the learning from the Virginia Mason Trusts and hearing firsthand from the two CEO's regarding the level of commitment and 'buy-in' required from the Board. A meeting was also held with the Head of the Leeds Improvement Method from Leeds Teaching Hospitals NHS Trust; the Trust is regarded as an exemplar for embedding QI at all levels of the organisation. The learning will be incorporated into the QI Board action plan.

QI Awards 5th July:

Our first Joint QI Awards event was held on 5th July with over 200 people in attendance, 130 posters received (70 WHT, 60 RWT), 50 nominations for QI Champions and QI Teams with 17 Awards and 10 oral presentations on the day. The feedback received was resoundingly positive with the event being well supported by Executives and Non-Executive Directors.

The event evaluated well with general feedback themes being:

- the opportunity to showcase people's work and successes,
- the positive sharing of ideas and innovations,

- the coming together of the two trusts,
- networking opportunities and hearing the oral presentations.

A short video of the event which truly captures ‘the spirit of the day’ can be found at:

<https://youtu.be/eHIWZM3O9g8>

RECOMMENDATIONS

- 1. Approve the maturity matrix self-assessment**
- 2. Note the good progress being made in the BCPC**
- 3. Note that a future meeting of the JPC will consider a joint approach to QI that could be adopted across all four Trusts**

Pack B - Any Cross-References to Reading Room Information/Enclosures:

- a) NHS Impact Maturity Matrix Self-Assessment**
- b) QI Team quarterly update**
- c) BCPC Programme Update**

Key Messages on the Provider Collaborative – September 2023

The following are the key messages from a range of BC Provider Collaborative activities including both the Collaborative Executive meeting of the 4th September, and the PC Board Development meeting on the 12th September 2023.

1) North Hub

Dialogue with NHSE has continued throughout the summer period on the North Hub business case. Unfortunately, NHSE has confirmed that access to national TIF funding was no longer possible.

With a continued need for an 'elective hub' in the Black Country, the BCPC will be working with ICB colleagues to reflect on the recent 'North Hub' journey and identify where next through the Elective Care & Diagnostic Board in early October.

2) Mandatory Training

The Collaborative Executive received an update at their 4th September meeting, on the recent EOI process. It was confirmed that two EOI's were received, with one subsequently withdrawing.

It was confirmed that the remaining EOI would now be asked to develop a PID and Business Case for presentation, review, and support through the remainder of this financial year. To aide this work a secondment was agreed and would be appointed to commence from the end of September, identifying a clear work plan for approval by the Collaborative Executive.

3) MMUH

The Collaborative Executive received an update from the senior leadership team from SWBH on the progress of the MMUH development.

A number of revenue implications were highlighted which are being pursued through active dialogue with the BC ICB and wider NHS partners. Some further work has been requested by the Collaborative Executive and will be brought back for discussion at their next meeting prior to any decision making that maybe required from the JPC in October.

4) Joint Provider Committee

It was confirmed that all four partner Trusts had approved the proposal to establish a Joint Provider Committee, which will commence from October 2023. The Collaboration Agreement and the terms of Reference had been agreed, and Helen Attwood is in the process of collecting all necessary signatures to formalise the arrangements.

All four partners have also confirmed that they have adjusted their SORD's (Scheme of Reservation and Delegations) to enable this establishment, and the BCPC Managing Director is reviewing support arrangements for the JPC in the short term.

5) BCPC Annual Report

The first BCPC Annual Report has now been drafted and is under final review. An Executive Summary is also being developed, and it is anticipated that printed versions will be ready and available for the Clinical Summit in October.

The final versions will be signed off by the Collaborative Executive in October, with electronic copies available shortly afterwards via the webpage.

6) Clinical Summit

The next Clinical Summit will be held on Friday 27th October at the GTG Training & Conference Centre in Wolverhampton. A draft programme for the day is being finalised, which will have a range of short presentations from key system speakers, together with 'spotlight' videos on some of our key achievements, Clinical Network time, and an opportunity for clinical input into the planning for 24/25 work plan priorities.

Registration is currently 'open', with 140 registered so far on a maximum capacity of 200 delegates. Should anyone wish to register, please reach out to Ellie Haddington asap.

7) Governance – Collaborative Executive Refresh

With the Joint Provider Committee now established the next stage of the Provider Collaborative Governance refresh will begin to focus on the Collaborative Executive and its supporting workstream infrastructure over the remainder of the financial year.

It is anticipated that the membership of the Collaborative Executive will be reduced to a more manageable number through a **fair and equitable** process via an EOI which will be released shortly.

This repositioned Collaborative Executive will be focused on delivering the BCPC Work Plan, and is still likely to be complemented by an 'Extended Collaborative Executive' meeting in person (face to face) on a quarterly basis, ensuring wider involvement and engagement on all system wide activities and priorities.

8) Joint Board Development Session

The PC Joint Board Development session was successfully held on the 12th September at the GTG Training & Conference Centre. Feedback was positive in the main with a desire to hold such events on 2 to 3 times a year basis.

Feedback is being reviewed on format, venue, and topic suggestions which will be provided for consideration at the October JPC.

9) BCPC Profile Raising

Interest in the BCPC continues to grow with further presentations undertaken and requested as follows:

- **NHS Governance Conference** – a presentation on the BCPC's Journey to date
- **NHS Providers** – a presentation the ICB Chief Nurse forum on the work of the BC Provider Collaborative, and how nursing can play a key role in their development
- **NHS Finance Directors** - A presentation on the work of the BC Provider Collaborative, and possible alignment of productivity and efficiency priorities
- **BC ICB Strategic Development Committee** - The development of the Joint provider Committee, and how it supports the development of the Black Country ecosystem.

Quality Improvement Update

Quality Improvement Team

Kate Salmon - Deputy Director of Strategy & Improvement

Dr Lee Dowson - Associate Medical Director for Quality Improvement

September 2023

Contents

Content	Page(s)
Capacity & Capability	3 – 7
Division One Spotlight	8 – 10
Division Two Spotlight	11 – 13
Division Three Spotlight	14 – 15
Areas of Focus Oct – Dec 2023	16

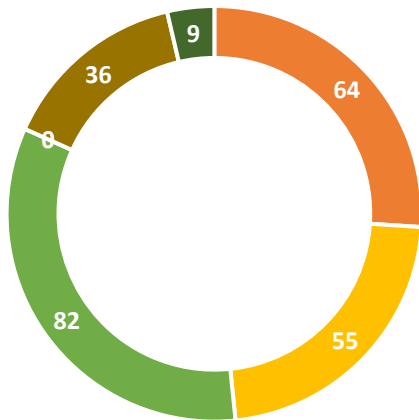


Capacity & Capability

Total number of people completed or undertaking QSIR training

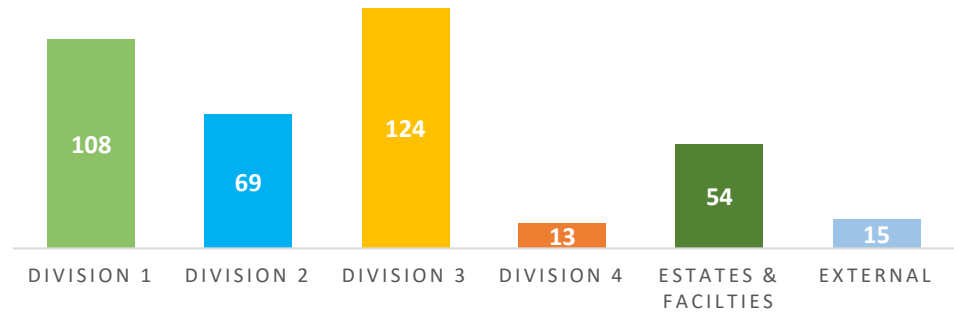
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Away Days & Bespoke Training (Completed)

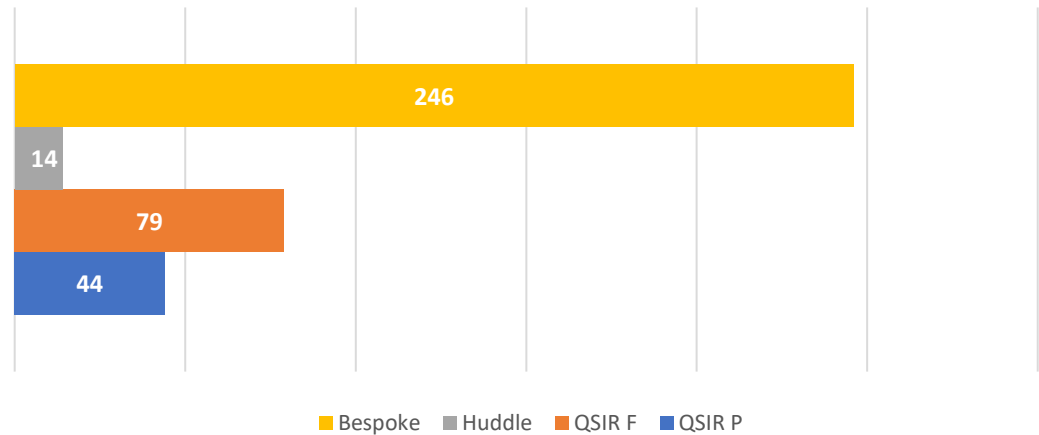


- Division 1
- Division 3
- Estates & Facilities
- Division 2
- Division 4
- External

Number of Trainees by Division (Completed)

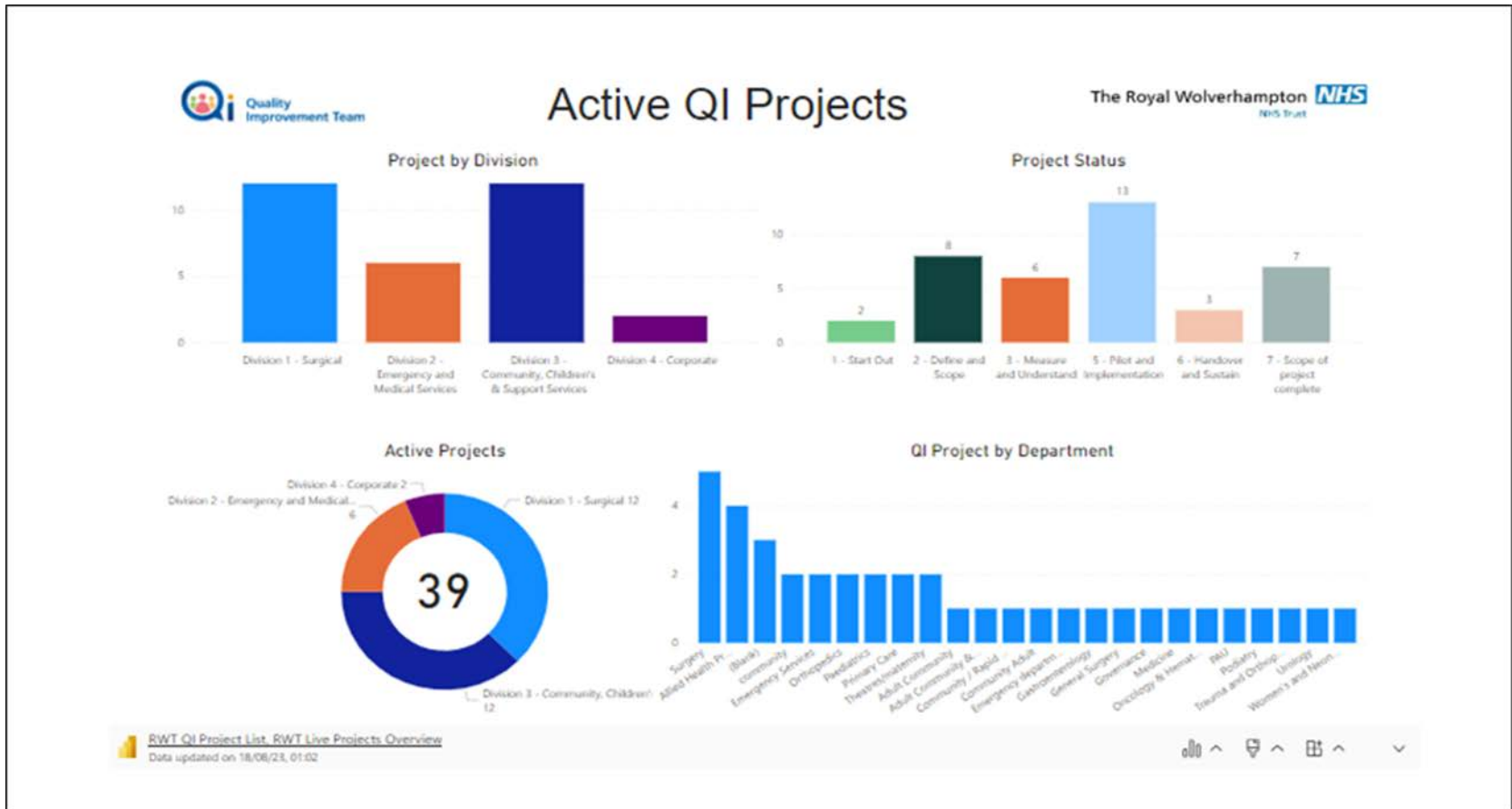


Trainees by Course Undertaken (Completed)



Capacity & Capability

Active Projects



Capacity & Capability

Estates & Facilities QI Training Programme

June 4th 2023 saw the delivery of the first of 7 Estates and Facilities Quality and Improvement training sessions, the last being delivered on 31st July 2023.

The sessions were unique in that although using the Model for Improvement methodology and incorporating several QSIR tools and techniques these were designed specifically for our E&F team leaders and supervisors.

83 colleagues from 11 different departments attended either a 3 hour or a one day session which included group activities and discussion and any fears that participants would not be willing to engage were very quickly dispelled as the QI team were delighted by the participants enthusiasm and willingness to share their experiences relating to improvement work – past and present.

Themes identified throughout the sessions have been collated and will be presented to the senior E& F management team with the expectation that an action plan will be developed in addition to the QI team supporting the roll out across the division of QI huddle boards



QI Huddle Board

Our Team

Next Huddle

Board Rules

What type of huddle?

Just do it - Things we can just do

Is the change still working?

Working on it

What's done

What's not done

Number of completed improvements to date



Capacity & Capability

QI Huddle Board Update

The New Cross portering team have successfully implemented a QI huddle board resulting in them submitting a poster for the QI awards and winning QI team of the year!

As a result of the Estates and Training QI training programme a further 7 boards have been requested for the housekeeping and transport teams.

The QI boards are also being tested across 3 ward areas – A6, A21 and C14 working with the Nursing Quality Team. The pilot will identify any amendments required for use in clinical areas.



QI Huddle Boards

Porters Team / New Cross Hospital



Introduction

We were approached by the Quality Improvement Team to trial the QI Huddle Board within our Division. We agreed to trial it at New Cross Hospital and 10 Facilitators were identified and trained



How does it work? We have slips of paper which we ask our teams to complete if they have an idea. Then we hold a weekly 15 minute meeting when we stand up around the QI Board and discuss any issues, concerns or suggestions for improvement.

AIM We talk about these ideas and try to find solutions together as a team. If we can't solve it ourselves we ask for a volunteer within the team to gather more information or whatever is needed to move things forward.

Outcomes so far.....

- New equipment has been sourced
- 1:1 Training with IT software for staff implemented
- New ARC shift pattern organised
- Repairs to broken equipment in progress
- Liaison with the Emergency Department to collect broken trolleys
- Work progressing to reduce the number of broken beds on site




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

Team Events & Away Days

Team Away Day	Themes	Outcomes
Primary Care Workforce – Health & Wellbeing QOF (11/07/2023)	An away day for ideology and improvement plan for Health and Wellbeing of workforce, working towards the QOF objective 23/24. Specific focus on administrative teams within the 9 VI GP practices.	Review workforce data and conduct a staff survey to highlight areas for improvement. Use the outcome analysis to generate a Quality Improvement project around Health & Wellbeing
Community Children's Nursing Service (CCNS) (22/09/2023)	Away day is to Enhance Team working as the CCNS work through a proactive development and platform relaunch	TBC
Paediatric Away Day (14/09/2023)	A Paediatric away day was run last year with success. Plan is to run another one this year to review the outcomes from last year and to bring in anything urgent/new	TBC
Joint Haematology Services (RWT & WMH) Away Day (11/07/2023)	<ul style="list-style-type: none"> Operational requirements of both teams IT challenges across RWT & WHT Emergency Transfer Processes from WHT to RWT Outpatient Processes 	Action plan developed and shared with the team. Initial focus on Emergency Patient Transfer processes. Joint Operational Group established to maintain momentum and to discuss business as usual items.
Fire Safety Team Away Day (21/07/2023)	Introduced the team to the Model for Improvement. Discussed SMART aims and understanding the impact/benefits of achieving their SMART aim.	Developed a SMART aim for the Fire Safety Service. Undertook a visioning exercise for developing the Fire Safety Team for the future.

Division One Spotlight

Improving CEPOD Theatre Start Times

The problem:

- Theatre time being lost due to lengthy processes prioritising and coordinating workload.
- No collective forum for surgical and anaesthetic teams to make collaborative decisions.
- Delays, uncertainty on case order and occasional conflict.
- Poor data quality (performance): time and date of surgery booked was not reliably recorded.

PDSA cycles to improve CEPOD theatre start times:

- Redesign of paper booking forms to include relevant data fields.
- Design and implement a digital booking system – to collect data and display an activity dashboard (Fig.2)
- Employ a CEPOD coordinator to improve theatre utilisation and reduce waiting times.

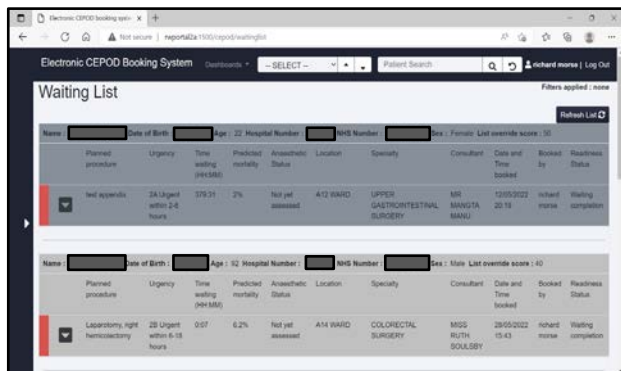


Fig 2: digital booking system: a dashboard of cases waiting (accessible on all Trust terminals).

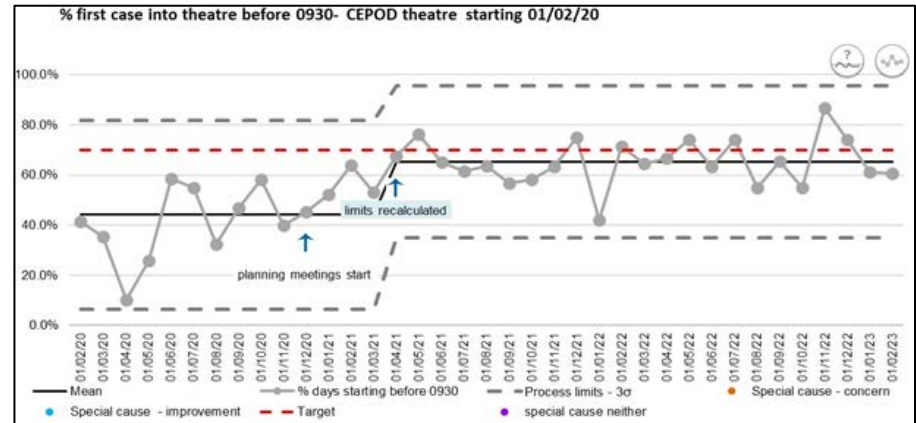


Fig 1: SPC chart demonstrating that the implementation of planning meetings have led to a sustained improvement in CEPOD theatre start times from an average of 45% to 68% of first cases into theatre before 0930.

Outcomes and Learnings

- Planning meetings have made significant improvement to CEPOD theatre start times.
- Improvement is impossible if you do not know your current performance.
- Data should be carefully assessed for its quality.

Recommendations for next steps:

- Further improvements to digital booking system to allow categorisation of cancellation reasons and consistent procedure terminology.
- Use data to make case for PDSA cycles e.g., coordinator role, changes to processes, or increases in capacity.

Division One Spotlight

Reducing Length of Stay for Elective Hip and Knee Replacements at CHH

The opportunity to improve Length of Stay:

- The GIRFT current standard to achieve is 2.7 days for primary Knee and Hip replacements
- RWT is currently at Q4 achieving for Knees 3.6 days and 3.8 days for Hips (this includes the NX patients) (Fig.1 and Fig.2)
- Other Black Country Providers achieving under 3 days on MHS (2.8 for hips and 2.7 Knees)
- Best in country achieving 1.2 days for Hips and 1.6 days for Knees (top 3 are Northumbria, York and Royal Devon)

Why is length of stay a problem? Engaging key stakeholders

The QI team facilitated a stakeholder engagement session with colleagues across pathway to:

- Identify the causes of an increased length of stay.
- Agree projects that will improve length of stay and can be progressed as QI projects.
- Gain stakeholder engagement and buy-in to lead and contribute to QI projects.

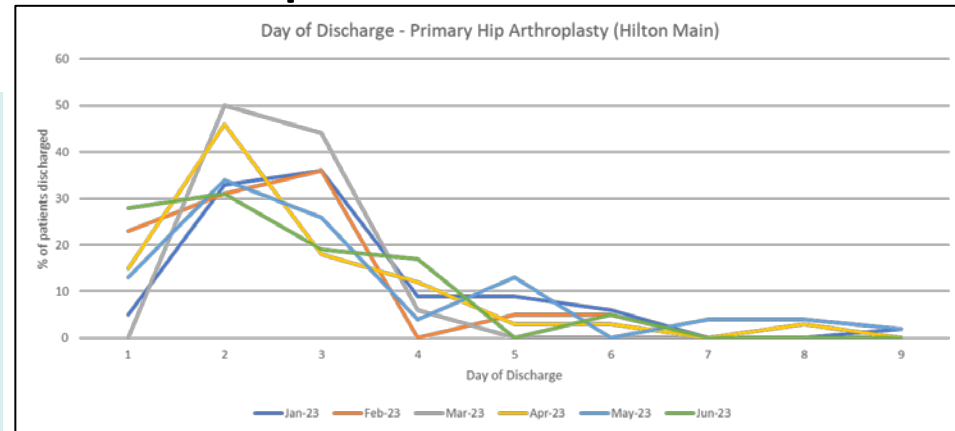


Fig.1.

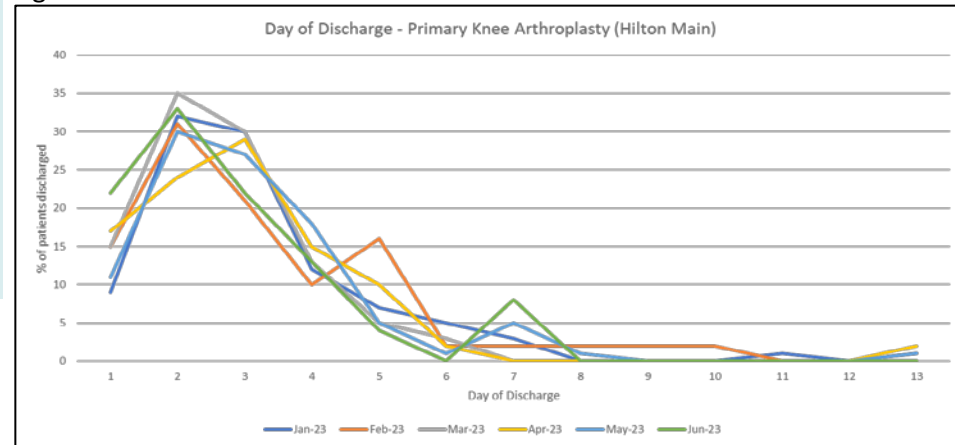


Fig.2.

Division One Spotlight

Reducing Length of Stay for Hip and Knee Replacements at CHH

Outputs:

- Cause and effect of a longer length of stay (Fig.3)
- Driver diagram – what changes can be made that will contribute to a reduced length of stay (Fig.4)

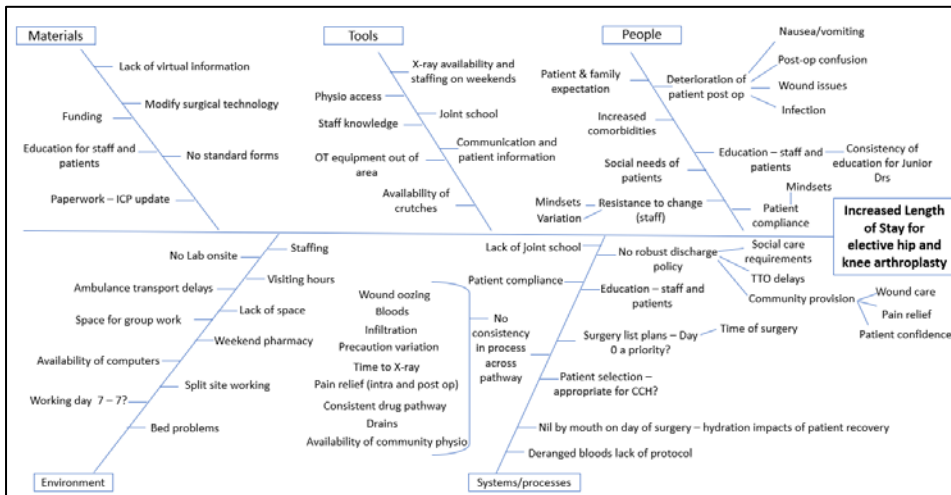


Fig.3. Cause and Effect Diagram: Increased Length of Stay

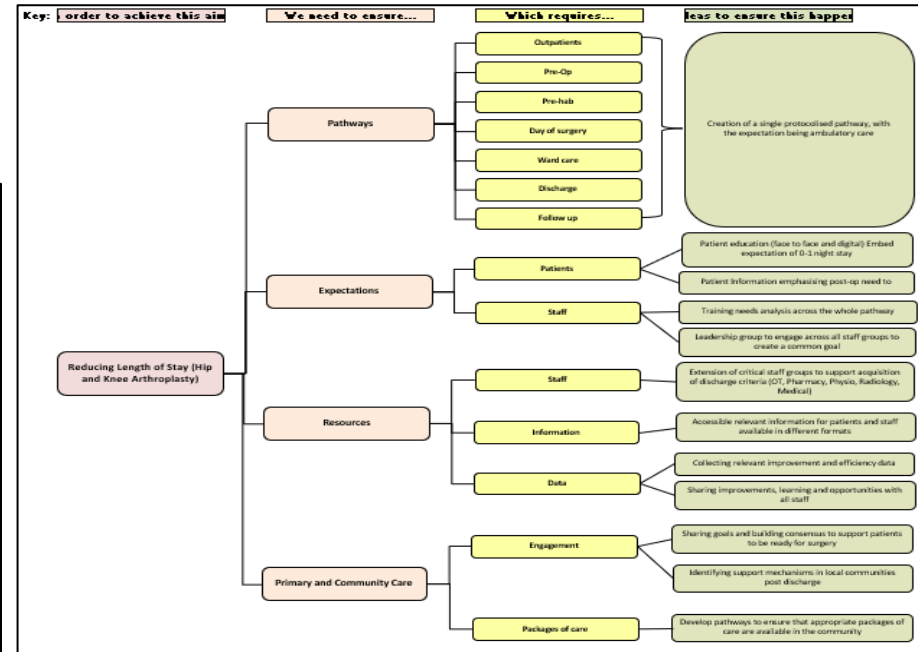


Fig.4. Driver Diagram: Reducing Length of Stay

Next Steps:

- Implementation of QI projects to increase patient “preparedness” for hip or knee arthroplasty, setting the expectation of a Day 0 – 1 discharge and to improve patient confidence and compliance with Day 0 -1 discharge.
- Further engagement with surgeons and anaesthetists to identify main sources of variation in clinical practice that contribute to a longer length of stay e.g. wound oozing and having a consistent drug pathway for pain management.
- Explore opportunity to move towards a nurse-led discharge model.

Division Two Spotlight

The Push Model

Why did we implement the Push Model at RWT?

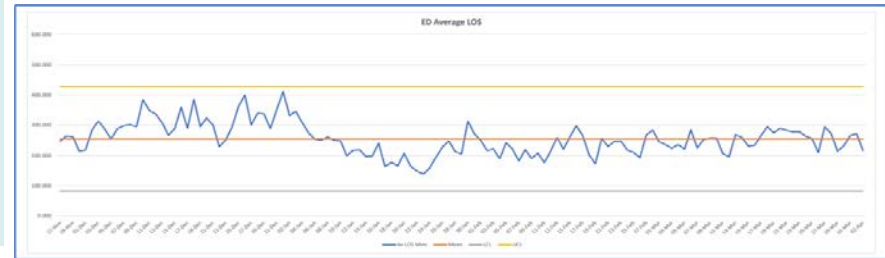
- This was the Trust's response to the national and regional expectation that organisations would develop their own version of the model in an attempt to reduce potential harm for patients in the community waiting for an ambulance due to handover delays and those patients waiting for a bed in Emergency Departments.

The Principles

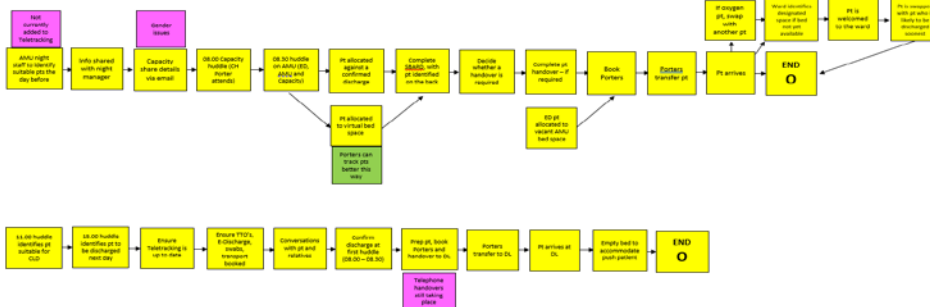
- Early discharge (straight home or via the Discharge Lounge) before midday for pathway 0 patient. Patients who do not require any package of care/placement or assessment on the date of discharge should not be occupying a ward bed after midday.
- Ambulances must not queue for longer than 60 minutes in any circumstance.
- One patient will be moved from ED to AMU and from AMU to the base wards at 10.00, 11.00, 12.00 hrs.
- If a bed is not available on the designated ward, an alternative bed will need to be found within the Directorate.
- By 22.00 every evening, AMU should ensure that there are 10 empty beds.



Percentage of ambulances offloaded within 60 minutes post implementation of the Push Model



ED average length of stay post implementation of the Push Model



Next steps:

- Ongoing monitoring
- Continued engagement with teams
- Ritualising afternoon huddles, fully embedding Criteria Led Discharge to ensure bed space is available for the Primary Patient as part of Push Model

Division Two Spotlight

Implementation of a new Model of Care for Emergency and Medicine - ahead of Winter 2023

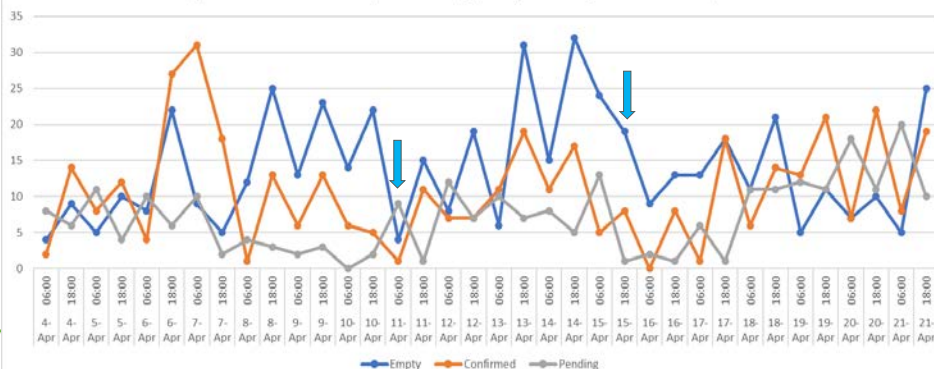
Whilst a huge challenge clinically and operationally, it is recognised that periods of industrial action have had a positive impact on flow performance due to the presence of specialty senior decision makers at the front door, meaning more timely assessments, alternative plans to admission and discharges of patients.

The charts show the medicine bed state a week prior, during, and after the industrial action that took place from 11 to 15 April 2023. As can be seen, there is an increase in the number of confirmed discharges as well as empty beds available during the strike period. Similarly in July 2023, the number of empty beds increases over the period of the industrial action, and maintains some momentum compared with the week prior.

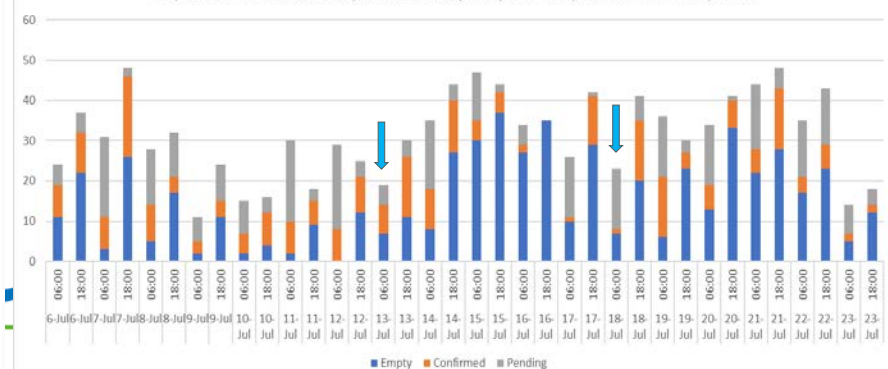
With this in mind, Directorate teams have developed a new model of care which in summary means that;

- Specialist consultants are rostered to cover all floors in Emergency Services, specifically to avoid admission; redirect activity; and facilitate timely discharge
- An integrated SDEC. Conversations regarding Frailty SDEC will continue
- Provide a Same Day Discharge Centre between November 2023 and March 2024 to step patients down from base wards, ED and AMU, more efficiently than now
- Support the Trust's Acute to Community Vision by rebalancing acute bed capacity to community led bed capacity

Impact of Jr Doc strike on patient flow, split by am and pm bed state - April 2023



Impact of Jr Doc strike on patient flow, split by am and pm bed state - July 2023

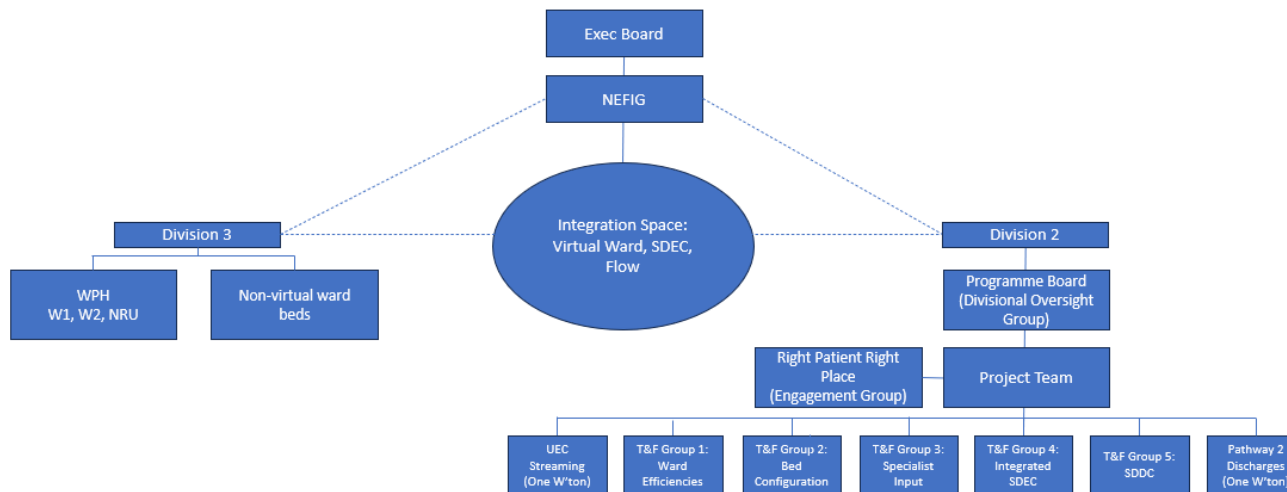


Division Two Spotlight

Implementation of a new Model of Care for Emergency and Medicine - ahead of Winter 2023

Next steps for the new Model of Care

- Exec Team approval w/c 21 Aug
- Enabling tasks:
 - Fully embed Criteria Led Discharge, ritualise am and pm huddles
 - Ensure consistencies with all consultant colleagues in terms of ward cover
 - TTO efficiencies and Pharmacy support - ensuring they are completed the day prior to discharge
 - Better access to Huddle Tool (plans progressing to share screen on Teletracking boards)
 - Further education on virtual ward pathways and skill mix to support early transfer
- Establish a project structure, with key deliverables for each Task & Finish Group



Division Three Spotlight

Community Phlebotomy Referral Improvement Project Overview

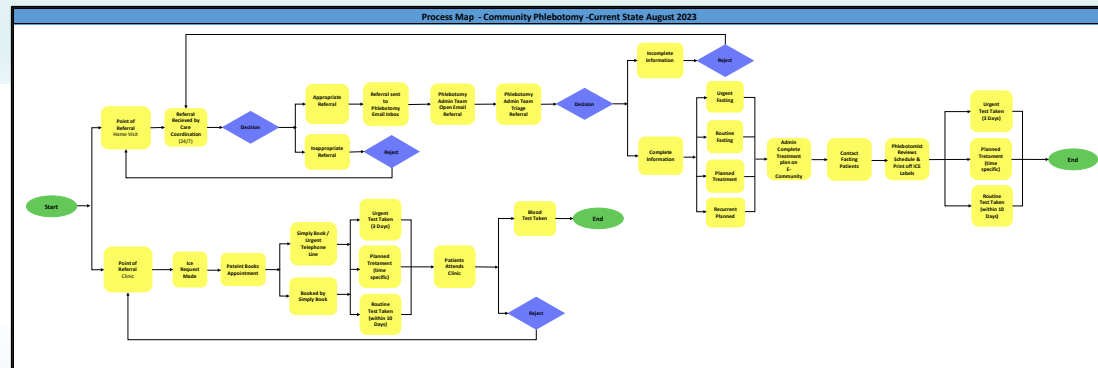
To increase the compliance of the referral process into the Community Phlebotomy Service of all Wolverhampton GP Practices. The aim is to achieve 95% compliance by November 2023 for all Wolverhampton GPs.

The team were tasked with improving Community Phlebotomy to increase awareness and referrals. There is now the use of ICE instead of paper blood forms, but this was not used widely and efficiently, which was creating issues with pts being turned away. This has had a negative effect on the patient pathway to enable a blood test within the correct time frame and patient relationship.

Quality Improvement Outcomes

The SMART aim was agreed and the Project Working group formed with agreement for the plans and trajectory for the change ideas. The project has just gone through the first PDSA cycle for pilot stage of the project, which was successful and report to be shared with the Project Working Group.

PRIMARY OBJECTIVE	SECONDARY OBJECTIVE	CHANGE IDEAS	METHODS
To increase the compliance of the referral process into the Community Phlebotomy Service of all Wolverhampton GPs (Wolverhampton & Walsley WPC)	Use of ICE	Implement ICE across all GP practices	Compliance Data by GP and WPC
	Referral Process	Standardise referral process across all GP practices	Referral Form
	State Check	Implement standardised state checking	State Check
	Increased/Improved use of phlebotomy	Implement standardised state checking	Phlebotomy Referral
	Reduced WPC	Implement standardised state checking	WPC Data
	Continued & Improved Target Set	Implement standardised state checking	WPC Data



Next Steps

- Review the process map to make the changes and further improvements post first stage
- Plan second PDSA to roll out to all Wolverhampton GPs once the VI GP pilot stage has been completed
- Finalise data pack to review the improvement measurements periodically

Division Three Spotlight

Primary Care Workforce – Health & Wellbeing Quality & Outcomes Framework

Project Overview

A project has been initiated post a successful away day to establish ideology improvement planning for the health and wellbeing of Primary Care administrative workforce. A survey was sent out to all the VI GP Practices and outcomes reviewed with the Project Working group to plan the selected projects and the PDSA cycles required to deliver towards the overall Quality Improvement aim.

The aims of this project interlink with the Trusts wider commitment to staff health and wellbeing through the overarching aims of the Trusts Health and Wellbeing Approach

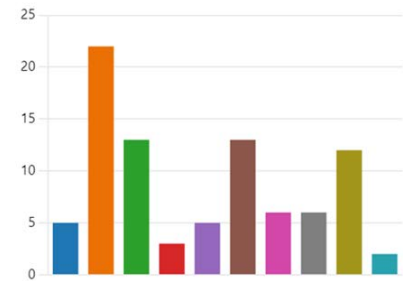
Quality Improvement Outcomes

The outcome was delivered by collating information from the affected workforce, reviewed and analysed to focus on two key areas which will improve the health & wellbeing of the administrative workforce

Communications – improvement of engagement with administrative teams, to develop forms and process of communication to increase inclusion & awareness

Regular Meetings/ Team meetings – improvement of regular team meetings to include all the practice administrative team

● Induction plan/pack	5
● Communication	22
● Regular meetings/team meetings	13
● Peer reviews	3
● Champion/buddy system	5
● Training opportunities	13
● Progression opportunities	6
● Flexible working opportunities	6
● Improved recruitment process	12
● Coaching/training skills for tea...	2



Next Steps

- The project timeline is to deliver outcomes by February 2024. The plan is to formulate two working groups to run 2 PDSA cycles led by the volunteers that attended the away day
- The planning proposals will be agreed/organised by 15th August.
- The teams will have a lead that will feed into the Project Working Group and CQI team will support with direction of the Quality Improvement
- Collaborate with the ImproveWell 3 year Pilot scheme

Areas of Focus During Next Quarter

The team are currently supporting projects / work programmes across the Division with directorates, however key areas of focus over the next 3 months include:

Division 1

- Establishing QI projects to reduce late cancellations of surgery. The QI team are working with the Critical Care Directorate to facilitate a stakeholder engagement session to work collaboratively with specialities to reduce late cancellations and improve theatre utilisation.
- Continuation of reducing length of stay projects for hip and knee arthroplasty.
- Implementation of PDSA cycles in Obstetrics to reduce over running of Obstetric operating lists.
- Engaging with directorates to understand QI support needs e.g. running QI cafés within the directorates and offering QI coaching and guidance to colleagues

Division 2

- Establishing workstreams to support the Medical Model of Care Programme
- Continuation of the Right Patient Right Place Project Group
- Develop programme of work within the Gastroenterology Department – specifically focussing on Endoscopy
- Roll-out of QI Tools for the Division to support project development and methodology

Division 3

- Support two current large complex projects with Adult Community to point of delivery with successful change and improvement measures. (Community Phlebotomy & Urgent Response Delivery in Community)
- Improve the data quality for the QI the projects and the management planning of review e.g., creating data packs and ensuring that the data is succinct, agreed with the stakeholders and will establish a good measurement of improvement.

Q. Data: NHS Impact Self-assessment Levels across 22 Categories from National Survey

		1	2	3	4	5	
Category	Starting	Developing	Progressing	Spreading	Improving & Sustaining		RWT
Building a Shared purpose and Vision							
7	Board and executives setting the vision and shared purpose	Starting: We are starting to develop a shared vision aligned to our improvement methodology, although only known by a few and not lived by our executive team. Our organisational goals are not yet aligned with the vision and purpose in a single, strategic plan.	Developing: Our board, executive leaders and senior management team can describe a shared vision and purpose that is the start of the process to align these with our organisational goals.	Progressing: Our board, executive leaders and senior management team are active and visible in promoting the shared vision and translating it into a narrative that makes it meaningful and practical for staff. Measures have been agreed and defined with a small number of key metrics (e.g. Operations, Quality, Financial and People / workforce).	Spreading: Our vision and shared purpose inform our journey and plans, and operational and clinical leaders and teams across our organisation know how they are contributing to, and own, our organisational goals. All employees have been communicated to and understand our shared vision in a way that means something to them.	Improving & sustaining: Our vision and shared purpose is well embedded and often referred to by the board and other leaders, who are able to bring it to life and make the link between their team's priorities and improvement plans and the agreed organisational goals. Most of our staff can describe our vision and shared purpose in their own words and what they can do in their role to contribute.	3
8	Improvement work aligned to organisational priorities	Starting: Our organisational purpose, vision, values and strategic priorities are in development, but not yet widely communicated to staff. Organisational goals are yet to be defined in a way that enables them to be cascaded to all of our teams.	Developing: Our organisational purpose, vision, values and strategic priorities are understood by some within our organisation, but generally seen as organisational goals rather than something which is directly meaningful to them.	Progressing: Our organisational purpose, vision, values and strategic priorities have been translated into agreed organisational goals, and measurement systems have been established. The priorities are well understood by most leaders and managers, which is helping to create organisational alignment.	Spreading: Our organisational purpose, vision, values and strategic priorities are visible and understood by leaders, managers and most staff. Our organisational goals have been agreed and measurement systems have been established and are being used across most areas.	Improving & sustaining: Our organisational purpose, vision, values and strategic priorities are role modelled and actively reinforced and communicated by leaders and managers, widely understood by most staff across our organisation and translates into improvement activity at team level.	3
9	Co-design and collaborate - celebrate and share successes	Starting: We are at the early stages of working out what quality or continuous improvement means in our context and how we will apply it systematically. So far engagement has been largely focused on senior leadership.	Developing: The Board has set a small number of bold aims with measurable goals for improvement, and a communications and engagement plan ensures that staff have at least heard about these goals.	Progressing: Our improvement goals are developed and refined through a collaborative engagement process, which at least involves leaders and most managers and a two-way feedback process.	Spreading: We have an agreed plan for delivery at organisational level which is cascaded through line managers down to team level, based on an established engagement and co-development process and a common approach to improvement. Celebration and learning events are used to recognise and share improvements.	Improving & sustaining: Our leaders and managers model collaborative working as part of the organisation's continuous improvement approach. We have an agreed plan for delivery at organisational level that we can systematically track to team level. Celebrate and learning events are an established practice to recognise and share improvements widely.	3
10	Lived experience driving this work	Starting: There is an aspiration or stated commitment to engage patients, carers, staff and public in further design of our shared purpose and vision, but it is not yet fully worked through or systematic.	Developing: Patients, carers, staff and public are involved in the design and communication of our shared purpose and vision, and may have a role in setting improvement priorities.	Progressing: Patients, carers, staff and public are actively engaged in co-designing organisational purpose, vision, values and setting strategic priorities for improvement.	Spreading: Patients, carers, staff and public are actively engaged in setting improvement priorities, including at service, pathway or team level, and in evaluating the impact of improvements from a user perspective.	Improving & sustaining: Patients, carers, staff and public have a voice which influences the strategic improvement agenda and decision making at board level, including setting the strategic direction of the organisation and wider system.	2
						Average score	2.75

	1	2	3	4	5	
Category	Starting	Developing	Progressing	Spreading	Improving & Sustaining	RWT
Investing in People and Culture						Average score 2.25
11 Pay attention to the culture of improvement	Starting: There is an aspiration or stated commitment at Board level to establish an improvement culture, but it is yet to be worked through even at Board and executive level.	Developing: Our Board is committed to establishing an improvement culture and has plans to put this into practice, including Board development. The organisation has ways of measuring culture change (e.g. using a cultural survey or the NHS staff survey) and readiness for improvement.	Progressing: Our improvement approach considers culture as an integral aspect, including for corporate functions, recognising the value they bring to enabling organisational improvement. The majority of improvement activity starts with ways to actively engage staff and teams from clinical, operational, and corporate services in support of improvement goals and effective delivery of patient care. Our organisation has ways of measuring culture change and readiness for improvement at departmental or team level.	Spreading: Leaders and managers at all levels understanding their part in establishing a culture consistent with improvement. We consider measures and markers of culture change alongside other ways of evaluating improvement, down to team level. We have established a culture where our staff feel confident and empowered to take part in improvement activity in their own area and talk openly and honestly to leaders and managers when they are 'walking the floor' (e.g., during 'go & see' visits).	Improving & sustaining: We have a reputation for having established a culture consistent with improvement, and we can evidence that with data (e.g., NHS staff survey). Teams and departments work collaboratively across organisational boundaries to deliver improvement which benefits patients and users. We recognise leaders, managers and staff who are role models for the kind of behaviour and culture we want to create.	2
12 What matters to staff, patients and carers	Starting: Our ways of understanding what matters most to staff, patients and carers tend to be reliant on formal mechanisms (e.g., surveys) and the link to improvement is not strong or systematic.	Developing: We understand well as an organisation what matters most to staff, patients and carers (e.g., through two-way engagement) and this helps to shape our overall improvement priorities and our approach. Picking up on what matters most to our staff helps to bring us together around a common agenda and creates energy for improvement.	Progressing: Most of our services and functions have a good understanding of what matters most to staff, patients and carers (e.g., through two-way engagement) and this informs their local improvement priorities and activity. Our staff have a voice at Board level to provide feedback on how it feels to work here (e.g., through staff stories, informal interactions, staff networks). Leaders and managers help to translate the needs of patient and carers into improvement priorities or goals.	Spreading: Most of our teams have a good understanding of what matters most to staff, patients and carers (e.g., through two-way engagement) and this informs their local improvement priorities and activity. Most staff feel invested and excited about the opportunities they have to participate in improvement activity which matters to them. Patients and service users have a role in the development, prioritisation and monitoring of delivery of improvement goals.	Improving & sustaining: Most of our staff can describe what matters most to them, patients and carers and how this translates into their local improvement priorities and activity. There is a strong and direct connection between their improvement activity and making things better for patients, which is energising. Patients and service users often work in close partnership with our teams on improvement activity, helping to focus on what will make the greatest difference.	2
13 Enabling staff through a coaching style of leadership	Starting: There is some recognition of how a coaching style of leadership helps to encourage improvement, but it is not widely applied.	Developing: There is an organisational endorsement of a coaching-style of leadership, but it is not applied systematically (e.g., through leadership training). There are some good examples of how a coaching-based approach can bring about improvement, and this is increasingly recognised and encouraged. Staff are often supported to make changes when doing improvement activities.	Progressing: A coaching style of leadership is well established with training available for leaders and managers who request it. Leaders and managers are widely engaged in improvement and regularly sponsor improvement activities (e.g., to help unblock issues). Senior leaders participate in improvement, celebration and learning events on a regular basis. Staff generally feel supported and empowered.	Spreading: Leaders and line managers are trained systematically in coaching and enabling teams to solve problems for themselves. Our executive leaders act as coaches and teachers of the improvement method for all levels, including role modelling a coaching style. Managers and clinicians participate in improvement, celebration and learning events on a regular basis. Staff talk about feeling more trusted and empowered.	Improving & sustaining: A coaching style of leadership is embedded as the default approach throughout the organisation, and it is applied to our greatest challenges. Staff and teams thrive in this environment and take greater ownership of improvement. Our leaders and managers are recognised as effective improvement coaches and are often sought after to lead and support improvements beyond our own organisation.	2
14 Enabling staff to make improvements	Starting: Improvement activity is limited and may be centralised (e.g., led by a discrete 'improvement team' with relevant skills operating independently). Staff do not generally feel able to make improvements in their own area of work.	Developing: Some staff and teams feel able to make improvements (e.g., if they have been trained or are supported by a central team). There may be learning locally but it is generally not shared across teams and departments.	Progressing: The majority of staff are actively involved in improvement activity and feel able to suggest ideas for improvement and to make changes in their own area.	Spreading: The majority of teams feel empowered and trusted to carry out improvement activity in their own areas, applying a consistent approach. Our staff understand the factors driving progress (whether positive or negative), and can solve problems effectively.	Improving & sustaining: Staff and teams are systematically engaged in improvement activity as part of their day to day work and are proactive in sharing the learning, and in looking for ways to collaborate with other teams and organisations in improvement programmes.	3

	1	2	3	4	5	
Category	Starting	Developing	Progressing	Spreading	Improving & Sustaining	RWT
Developing Leadership behaviours						Average score 2.2
15 Leadership development strategy	Starting: Our board, senior leaders and line managers are not yet trained in a consistent and defined improvement approach which they are expected to apply and role model.	Developing: Our leadership team have started to develop their improvement knowledge and are gaining an understanding in how it can impact their role.	Progressing: Our leadership works with managers and teams across the organisation to develop improvement skills and enable and co-ordinate improvement.	Spreading: Our leadership and management teams actively enable staff to own improvement as part of their everyday work and all teams and staff have had training in improvement.	Improving & sustaining: Our board focus on constancy of purpose through multi-year journey and executive hiring and development, including succession planning. Our board are visibly linked to future planning at a system level.	2
16 Leadership Values and behaviours	Starting: Our leadership values and behaviours and our expectations of managers are not explicitly defined, or do not include reference to an improvement-based approach.	Developing: Leadership values and behaviours are agreed across our organisation.	Progressing: Leadership values and behaviours are agreed, and role modelled by leaders and managers across the organisation.	Spreading: Leadership values and behaviours are agreed, role modelled and supportively challenged when not lived up to.	Improving & sustaining: A clear framework and expectations for leadership and management values and behaviours which are consistent with an improvement-based approach are applied throughout the organisation.	2
17 Leadership acting in partnership	Starting: Our Leadership works to competing and misaligned goals lacking in clarity.	Developing: Most of our leaders work in partnership with their fellow leaders and managers.	Progressing: Our leadership team have shared goals with commissioners and work effectively with systems partners.	Spreading: Our leadership team has shared longer term goals with network partners or commissioners as well as collaborative involvement over wider health economy.	Improving & sustaining: Our board and system focus on constancy of purpose through multi-year journey with improvement at its core.	3
18 Board development to empower collective QI leadership	Starting: Our board discusses improvement at board meetings, but it is not a regular occurrence.	Developing: Our board has received some improvement training and visit to parts of the organisation at least monthly. Improvement is discussed at every board meeting.	Progressing: Our leadership works with managers and teams across the organisation to enable and co-ordinate improvement.	Spreading: Our leadership and management teams actively enable staff to own improvement as part of their everyday work.	Improving & sustaining: Our leaders and managers - CEO through to front line demonstrate their commitment to change by acting as champions of the improvement and management method, by removing barriers and by maintaining a visible presence in areas where direct care /operational work is done.	2
19 Go and see visits	Starting: Some senior leaders spend time on the 'shop floor' from time to time to engage directly with staff and teams but it is not routine or widely practiced.	Developing: Our leaders understand the importance of 'walking the floor' to 'go & see'; but we have variation in leader participation; some leaders and managers use our improvement tools.	Progressing: Our Executives regularly 'walk the floor'/'go & see'; they incorporate the tools and methods into their meetings, strategic planning and daily management.	Spreading: All levels of leadership and management 'walk the floor'/'go & see' as a matter of routine and the insights they gain informs decision making and problem solving to support improvement.	Improving & sustaining: Leaders undertake 'walk the floor'/'go & see' visits for external bodies to visit their site and to observe different ways of working.	2

	1	2	3	4	5		
Category	Starting	Developing	Progressing	Spreading	Improving & Sustaining	RWT	
Building Improvement Capability and Capacity						Average score	
						2.25	
20	Improvement capacity and capability building strategy	Starting: We do not have a structured training or capability building approach for improvement skills. Training is ad hoc and focused on small central teams. We have some use of external resources (e.g. Academic Health Science Networks and Institute for Healthcare Improvement Open School).	Developing: Our improvement methodology has been agreed and the Board has undergone its own development to build literacy around quality improvement. Staff have access to induction on joining, improvement training and a small group of staff support capability building.	Progressing: Training is a balance of both technical skills, behavioural attributes and data analysis. Coaching support is available during and post training and time is given for staff to undertake training and development in the adopted improvement methodology. Some learning is shared across the organisation. A system exists to identify, engage and connect all those people that have existing QI capability.	Spreading: Sustainability is addressed via 'in-house' training and development approaches including train the trainer models. Improvement capability building for 'lived experience' service user partners is underway; they are seen as contributors to improvement teams. The programme is working towards being self-sustaining through developing its own improvement coaches.	Improving & sustaining: There is a systematic approach to improvement, and induction and training are provided to every member of staff as part of learning pathways and career progression, including induction and line manager training with >80% coverage. Capability building is self-sustaining, meeting the improvement needs of the organisation. The organisation consistently shares capability, building learning with other sites, regionally and nationally.	3
21	Clear improvement methodology training and support	Starting: No single improvement methodology has been adopted and only limited sharing of improvement gains/learning is cascaded beyond the immediate area where improvement is underway.	Developing: There are pockets of capability built by motivated staff with an interest in improvement. We have a training needs analysis which is underway to understand staff development & training needs for NHS Impact components, alongside a dosing formula and skills escalator to support capability building ambitions.	Progressing: Clarity exists on which improvement methodology and approach is being consistently applied. A longer term commitment exists to a training and development system for building capability at scale. Service users and carers are recognised as key stakeholders.	Spreading: Training and development are undertaken by all leaders, managers and staff. Learning from all improvement activity is effectively shared across the organisation. Staff, patients, service users and wider teams are using their skills and knowledge to deliver improvement and cascade improvement techniques to their peers.	Improving & sustaining: Learning from improvement activity is driving continuous improvement There is a common improvement language across the organisation. Knowledge and learning from improvement is highly visible, harvested, collated and shared widely as part of a scaling up and spread strategy.	2
22	Improvements measured with data and feedback	Starting: Our organisational approach to reviewing and tracking progress against goals has yet to be defined, At present Improvement doesn't feature in whole organisational measures.	Developing: We are seeing minimal improvement in our organisational measures. We have developed some elements of our organisational approach to reviewing and tracking progress, however this is ad-hoc and stakeholders do not feel it supports them to deliver.	Progressing: We are tracking improvement over time for some of our organisational measures. We have a holistic approach to achieving our goals, evidenced by data, centred on problem solving, and management that stakeholders feel is supportive.	Spreading: Improvement is sustained for most organisational measures. Our goals are reviewed regularly at organisational level and our plans are adapted to ensure they meet the clearly defined goals if required.	Improving & sustaining: Sustained improvement over time for all system measures. We understand what is driving performance, (whether positive or negative), and problem solve effectively. Our goals around longer term sustainability are reviewed regularly at organisational level.	2
23	Co-production	Starting: We have small discrete teams with relevant skills operating independently from one another labelled as clinical governance, service development, clinical audit or transformation, that are working in silos reporting to various directors.	Developing: Learning is captured when doing improvements, but this is rarely shared across departments.	Progressing: Users and wider stakeholders are strongly involved in co-designing and co-producing the capability building approach. Staff, patients, service users and other stakeholders have access to improvement capability development.	Spreading: Stakeholders are both supported and challenged to ensure success. We understand the factors driving progress (whether positive or negative), and problem solve effectively.	Improving & sustaining: Stakeholders are both supported and challenged to ensure success. Users and wider stakeholders are embedded within teams and are an integral part of the capability building process.	2
24	Staff attend daily huddles	Starting: Any huddles are only traditional shift change clinical handovers.	Developing: There is a plan in place for team huddle to focus on continuous improvements in all clinical frontline areas with clinical and operational staff in attendance.	Progressing: All clinical frontline areas have continuous improvement team huddles established. There is a plan in place to establish continuous improvement team huddles in all operational/support/corporate areas.	Spreading: All operational/support/corporate areas have continuous improvement team huddles established.	Improving & sustaining: There is a cascade of huddles for all teams from Executive to frontline teams (clinical, operational, corporate) which hold regular continuous improvement huddles using a standardised format and process.	2

	1	2	3	4	5		
Category	Starting	Developing	Progressing	Spreading	Improving & Sustaining	RWT	
Embedding improvement into management systems and processes						Average score 2.5	
25	Aligned goals	Starting: Where improvement plans exist they are very locally determined and driven. Our business planning is an activity conducted at board and senior leadership level but executives' and functions goals are often not well aligned with each other.	Developing: Our department goals may involve up or downstream departments; we do not share improvement planning across departments. Our business planning is an activity conducted at board and senior leadership level to produce goals that are cascaded top-down to the rest of the organisation.	Progressing: Our organisational goals are established to support our overall vision; our departmental goals align systematically with those of our organisation. Our business planning process is based on two-way engagement leading to greater local ownership of the goals.	Spreading: Our organisational and departmental goals are systematically aligned to our overall vision; and we are working to align goals across our system. Our organisational goals are developed using a consistent management system, based on two-way engagement leading to strong ownership of the goals and greater transparency between areas.	Improving & sustaining: Our organisational and departmental goals are systematically aligned to our overall vision and that of our system. Individual objectives are clearly linked to the strategic plan through the team, departmental and organisational goals and improvement plans.	2
26	Using the management system for planning and understanding	Starting: Our business planning and performance management processes do not make it easy for us to understand status or progress against our goals. We do not have visibility of what we are working on across the organisation.	Developing: Our business planning and performance management processes give the Board and senior managers reasonable visibility of status and progress against our goals. There are some routines for selecting and prioritising improvement work. Although we have some resource available there is no defined process for prioritising and allocating resource.	Progressing: Our business planning and performance management processes give the Board and most line managers good visibility of status and progress against our goals. There is good visibility of what we are working on across the organisation. We have an agreed approach for selecting and prioritising improvement work. Staff and assets from enabling services (e.g. HR, Finance, Comms, Informatics) are also aligned to our improvement priorities.	Spreading: Our business planning and performance management processes give good visibility of status and progress against our goals across all departments and teams. We have an agreed and transparent approach for selecting and prioritising improvement work which generally works well. Our supporting resources are assigned to supporting delivery of improvement goals across the organisation in a way that is perceived to be fair and effective. Staff and assets from enabling services (e.g. HR, Finance, Comms, Informatics) are also aligned to improvement priorities and are shared across the system in an agile way.	Improving & sustaining: Our business planning and performance management processes give good visibility of status and progress against our goals across all departments and teams, and is considered the 'one version of the truth' across the organisation. We have an agreed and transparent approach for selecting and prioritising improvement work which works well and can flex to meet changing needs. There is complete and timely visibility of what teams are working on across our organisation. There is a co-ordinated approach to review, prioritise and co-ordinate allocation of resources to support pathway-level improvement.	3
27	Using the management system to respond to local, system, and national priorities	Starting: We do not yet have a coordinated or consistent management approach to how we respond to changing needs, address problems or deliver against our plans. Instead it is perceived as reactive or firefighting.	Developing: Across the organisation, we believe having a management method (e.g., Lean) is important to our success. Some of our leaders are using management methods daily, which is recognised to be helping.	Progressing: Most leaders and managers in the organisation use our management methods to manage and run their departments, including responding to problems that may arise or to take account of changing priorities.	Spreading: Our management method is well embedded in how we work in all parts of the organisation, to team level. As an organisation we are using run charts and statistical process control (SPC) charts not just RAG or tables. Our technology, staff and facility decisions are aligned with our management system goals.	Improving & sustaining: All teams use the management method to understand, run and improve each aspect of our organisation; we use data effectively (e.g., SPC) to understand and improve performance. Whether our work is succeeding or is challenged, we strive for continuous improvement.	2
28	Using the management system to integrate QI into everything we do	Starting: Improvement/QI is seen as separate to the day to day delivery of services. Our performance management system is seen as separate from any improvement activity or methods we apply, and may be sending conflicting signals within the organisation.	Developing: Improvement/QI is starting to be more integrated with day-to-day delivery and targeted towards particular performance priorities or risks. Improvement activity is contributing to performance in some front-line clinical areas.	Progressing: Improvement/QI is starting generally well integrated with day-to-day delivery across the organisation and is increasingly the basis of how we deliver against our performance goals. Improvement activity is contributing to performance in many front-line clinical areas and supporting clinical functions.	Spreading: As part of our management system, all parts of the organisation are using improvement/QI methods, and learning occurs between areas (e.g., to understand and reduce waste). We have multiple examples of sustained improvement over months and years, not just month-to-month variation.	Improving & sustaining: The way we understand, manage and improve performance across the organisation – including how we use and report data – is consistent with our approach to improvement and based on an improvement cycle. We have many examples of sustained improvement, including reference cases recognised beyond our organisation.	3

**Paper for submission to the Trust Board Meeting – to be held in Public
On Tuesday 10 October 2023**

Title of Report:	Group Director of Place Update	Enc No: 12.1
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 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 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 matters that may have been referred to other	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:

Board Committees	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
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Summary of Key Issues using Assure, Advise and Alert

Assure

Good progress continues to be made in relation to the development of the OneWolverhampton Place Based Partnership.

Work has began on the joint work across community services as presented at the last joint. Board development session.

Advise

A previous risk in the form of young people’s oral health was raised in the previous report. Through the health inequalities funding, a programme of work is being supported to address this risk in the form of dental varnishing.

Terms of reference for the new Integration Committee have been drafted and the first meeting is taking place towards the end of October.

Alert

The delegation of activity to place presents considerable opportunities for the development of OneWolverhampton.

The Place-based Winter Plan has been written for the city and agreed by the Partnership

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

Group Director of Place Update

Report to Trust Board Meeting to be held in Public on 10th October 2023

EXECUTIVE SUMMARY

The potential for delegation of services to Place provides a number of additional opportunities for OneWolverhampton. This includes cementing OneWolverhampton's position as the lead partnership for the city in the collaborative delivery and planning of health and care services.

Since the previous update, the draft winter plan for 23/24 has been completed and recommendations have been made for the allocation of health inequalities funding. This includes a children and young people's dental varnishing scheme that addresses a risk in the previous OneWolverhampton report and an expanded offer from the Mander Centre Health Hub.

BACKGROUND INFORMATION

Delegation of services to Place

Following the release of the ICB draft delegation policy the partnership has submitted a draft proposal outlining the potential scope of delegation to Wolverhampton Place. The OneWolverhampton submission included potential governance arrangements and a scope of services that could be included in delegation. Some points of assurance/awareness:

- Several Places and Systems around England are working through the governance and structures required for delegation; we are linking in closely to these places.
- There is a clear provision in the Health & Care Act (2022) for delegation, however NHS England are seeking legal advice on a national level to confirm the mechanism through which delegation can be achieved.
- It is not yet clear on how any variation on scope or pace between Black Country Places will be managed.

The ICB has since released a draft Operating Model for the system, which the partnership will review and respond to in full.

There is a shared ambition to make OneWolverhampton the lead partnership in the city for the collaborative planning and delivery of health and care services. There is also a shared ambition to take the development of the partnership to its next stage by using the opportunities that can be afforded through the delegation of responsibilities to Place. Work is ongoing with the ICB and other place-based colleagues across the system to determine what the process of delegation will mean and how sharing experiences can assist development.

The OneWolverhampton partnership is approaching these ambitions from a position of strength and reflection following a very successful initial year of collaborative working and relationship building. OneWolverhampton is keen to maintain the integrity of the partnership model it has developed and for any delegated responsibilities to be aligned with this.

There is a joint commitment across the OneWolverhampton partnership to increase collaborative working through the agreed governance arrangements in the following areas:

- Family Hubs
- Intermediate Care*
- Care Home Quality Assurance*
- Primary Care Framework
- Children and Young People Emotional Health and Wellbeing
- Assistive Technology

- Workforce
- Equipment

The list above is not dependent on delegation and is within the current gift of partners, however delegation would enable a greater level of local autonomy for those with an *. The possibilities of what can be achieved through increased collaborative working on the above will be determined over the coming months.

Winter Planning

The success of last year's approach has also been noted in a review from The King's Fund. Wolverhampton was highlighted as an area of exemplary practice in the partnership approach to winter planning and the delivery of Adult Social Care Discharge Funds.

We have continued to build on the successes and learning from last year in the completion of this year's winter plan. The capacity for partnership working has continued to develop and has allowed us to make innovative use of the Adult Social Care Discharge Funding available for the city. While this funding is allocated to the City of Wolverhampton Council and the Integrated Care Board, the relationships we have fostered have enabled us to commission a range of services across the partnership to best meet the anticipated needs throughout winter.

Health Inequalities

OneWolverhampton has received £189,547 of funding via the Integrated Care Board (ICB) to support the reduction of health inequalities across the city. A funding process has been established by the OneWolverhampton Health Inequalities Transformation Group which has enabled multi-provider input into the decision-making process.

Following this process, a number of schemes have been approved to support the reduction of health inequalities in the city.

- Children's Oral Health Fluoride Varnishing

This programme will deliver local, targeted community fluoride varnishing for children aged between 0 and 5. This programme will be delivered in Family Hubs and Early Years settings, strengthening partnership working and also addressing a key risk highlighted in the previous OneWolverhampton report around children and young people's oral health.

- Children and Young People's Health Champions

A network of Health Champions will be established to support the co-production of children's services and support increased engagement between providers and young people. These Champions will also support the delivery of health messaging within school and community settings and support young people in achieving the best start to life.

- A Healthier Hostel for Wolverhampton

Funding will support the continued delivery of the Healthier Hostel project. The initial findings demonstrates that the programme supported admission avoidance and expedited discharge. This will enable the continued delivery of in-reach, primary-care led clinics to a demographic group that would benefit from additional support when accessing health and care services.

Expanding the Mander Centre Health Hub

In addition to the above, it has been agreed that a proportion of the health inequalities funding would support the continued delivery of a health hub at the Mander Centre. The Health Hub currently offers health checks and vaccinations in a city-centre location. The model has been designed to support increased uptake for these services by supporting ease of access and opportunistic uptake. The additional funding

will allow an expansion of the services offered from the Mander Centre and also the strengthening of partnership working by co-locating services.

A partnership approach is being taken to the delivery of services and, while this is currently being confirmed, an indicative list includes: childhood immunisations; weight management and smoking cessation; liver scans; sexual health services; and mental health advice and wellbeing. The health inequalities funding represents an element of the total funding required and this has been sourced from across the Partnership. The business case has been presented and supported by Strategic Commissioning Committee and represents a truly innovative approach to the delivery of health services.

High-Intensity User Service

OneWolverhampton Board received a presentation from the High Intensity Use Service that is delivered jointly between RWT and Black Country Healthcare NHS Trust. The Board heard about the hugely impactful work delivered by the team which is based in the A&E department at New Cross Hospital in Wolverhampton. The team work intensively with individuals who access health care either more than or differently to expected use. This includes individuals who access the Emergency Department 10 or more times in 12 months, or more than three times in a single month. The team take a person-centred approach to understanding individual needs and how these can be best be met.

For the 50 patients referred to the service in 22/23, there has been a 60% reduction in ED attendance, non-elective admissions and ambulance conveyance. There has also been a 62% reduction in mental health services activity and an improvement in quality of life scores for these individuals by 106%.

Following the presentation, conversations are underway to understand how the Partnership can best support individuals and the service. This includes ongoing conversations about the implementation of permanent input from social care, identifying missed opportunities for primary care input to share learning, and a referral route to the social prescribing service.

DEVELOPMENT OF JOINT VISION FOR COMMUNITY SERVICES

Work has commenced on collaboration and the creation of joint responses amongst community services within the Black Country. This work has been on two levels:

Wolverhampton and Walsall:

Following the Trust Boards' joint development session on 5th September 2023, an outline programme for the collaborative work across the group has been developed and the groups are in the process of being established. This will involve both acute and community colleagues as required. A summary of the work undertaken since the Board Development session is as follows:

- A draft governance model has been produced
- A set of proposed workstreams have been identified (please see below)
- Proposed project leads have been identified
- Acute medical leads have been confirmed from Wolverhampton (Dr Richard Carter & Dr Gil Malocm), and are being discussed at Walsall
- A dedicated medical lead for community services has been appointed (Dr Simon Harlin as Group Strategic Clinical Lead for Community Services – Wolverhampton and Walsall)
- Our vision has been presented to various partners and has received strong support, recognition and appreciation of early involvement.

A paper detailing all of the above will be taken to both Trust's executive teams in early October.

Proposed workstreams:

PHM, insights & delegation			Acute Community Transformation			RWT/WHT interoperability			
Data & analytics	PHM model & evaluation	Delegation governance	VW offer	UCR offer	Integrated Rehab pathway	Digital	Out of hours	Referral pathways	Command centre (SPA)

Black Country Community Providers:

A programme of work is being developed by the NHS community providers within the Black Country to look at areas for collective action during this winter. The focus is on maintaining sovereignty at Place, whilst collaborating on areas where a Black Country-wide approach will enable more people to be cared for at home. Examples of potential areas for collective action include:

- a minimum specification for services across the Black Country around urgent care pathways, virtual wards and access to medical advice for community teams;
- high impact interventions such as structured medication reviews for people at high risk of hospital (re)admission, standardised interventions in care homes and local agreements over community care for people where their GP or hospital provider is based outside of their borough of residence;
- Increasing referrals from West Midlands Ambulance Service by improving the capability of community services to deal with demand surge. This involves capacity and demand reviews as well as creating the governance structure to ensure patient safety is maintained at those points where demand may temporarily exceed capacity

The two programmes of work are complementary, with both aimed at working together where this makes sense for each service's local population. The Wolverhampton and Walsall collaboration affords the opportunity to work at a faster pace in securing many of these benefits.

ESTABLISHMENT OF INTEGRATION COMMITTEE

As agreed by the Board in August, the Trust will be establishing an Integration Committee with its inaugural meeting taking place at the end of October 2023. Chair arrangements, Non-Executive and Executive Director membership and appropriate attendees have been established, Terms of Reference for the Committee have been drafted and will be discussed at the first meeting of the Committee in October and will be shared with Board for ratification in December. The focus of the Committee will be to ensure appropriate oversight of the development of the OneWolverhampton place based partnership, the development and implementation of delegation proposals, the development of out of hospital care with a particular focus on community based services and the Trust as a key partner in integrated delivery of health and social care.

RECOMMENDATIONS

The Board is asked to note the contents of the report and the continued development of OneWolverhampton.

Paper for submission to the Trust Board Meeting to be held in Public on 10th October

Title of Report	Exception Report from the Finance & Productivity Committee Chair
Author:	J Dunn, Chair
Presenter:	J Dunn, Chair
Date(s) of Committee/Group Meetings since last Board meeting:	23 rd August 2023

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

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

Summary of Key Issues:

Links to Trust Strategic Aims & Objectives	
<i>Excel in the delivery of Care</i>	a) Embed a culture of learning and continuous improvement b) Prioritise the treatment of cancer patients c) Safe and responsive urgent and emergency care d) Deliver the priorities within the National Elective Care Strategy e) We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
<i>Support our Colleagues</i>	a) Be in the top quartile for vacancy levels b) Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing c) Improve overall staff engagement d) Deliver improvement against the Workforce Equality Standards
<i>Improve the Healthcare of our Communities</i>	e) Develop a health inequalities strategy f) Reduction in the carbon footprint of clinical services by 1 April 2025 g) Deliver improvements at PLACE in the health of our communities
<i>Effective Collaboration</i>	h) Improve population health outcomes through provider collaborative i) Improve clinical service sustainability j) Implement technological solutions that improve patient experience

	k) Progress joint working across Wolverhampton and Walsall l) Facilitate research that improves the quality of care
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Report Journey/Destination Significant follow up action commissioned (including discussions with other Board Committees, Groups, changes to Work Plan)	Working/Executive Group	Y/N	Date:
	Committee	Y/N	Date:
	Board of Directors	Y/N	Date:
	Other	Y/N	Date:

EXCEPTION REPORT FROM FINANCE & PRODUCTIVITY COMMITTEE CHAIR

ALERT

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

Elective Care Recovery

- The Trust has now received formal notification of its escalation into Tier 2 for Cancer. It remains unclear what the criteria is for exiting the tiering system is, but the focus is on 62-day backlog reduction and achievement of the faster diagnosis standard. The Trust is currently achieving its trajectory for both.
- 1,301 patients (1088 outpatients and 213 admitted patients) either had their appointment cancelled or rearranged as a result of the Junior Doctor Industrial Action in July. This activity is being re-arranged but will impact other patients who would have otherwise utilised this capacity.
- The Trust had 53 x 78-week breaches at the end of July across gynaecology, urology and general surgery. The forecast is for this number to reduce to 50 in August but solely within Urology.

Draft Forecast Outturn

The committee received a draft report provided to the Black Country ICS on the forecast outturn position for 2023/24. The forecast had been constructed using Month 4 reported financial performance as an underpinning trend, with specific know benefits and pressures overlaid. Three scenarios had been constructed – Best case, Most likely and Worst case.

Key Headlines:

- The Most likely scenario results in a forecast deterioration from the current deficit plan by £20m, with key challenges:
 - Current run rate
 - CIP not being achieved
 - Strike costs – with assumed funding to offset
 - CDC activity benefit
 - ERF benefit
- The committee challenged the forecast position and noted that further work is underway but acknowledged the likely deterioration in financial performance.
- Further work is taking place on Run rate validation and reduction, additional CIP initiatives and extending ERF benefits by further productivity.

Medium Term Financial Plan

The committee received a very early draft plan.

- Work is underway to expand this model to cover a further two financial years through to 2027/28 along with refining the inputs through further validation with Trust colleagues.
- Addition scenarios will be tested on both income and productivity assumptions.

Financial Recovery Group Report

- Current forecast for delivery of CIP is at £24m and £21m remains unidentified and further work continues to identify further supporting opportunities – Medicines Management, ERF enhancement, comparison with other Acute Trusts, Procurement and run rate reduction.

ADVISE

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

Elective Care Recovery

- RTT - Having plateaued towards the end of 2022/23, the Trust's waiting list has risen steadily since the turn of the year, because of the continued instances of industrial action and the transfer of Urology patients from

Walsall. Only the latter was known when the Trust devised the trajectory and incorporated it. The Committee was that this will reduce once Gynae Urology initiatives commence.

- The profile of the waiting list remains different from that seen pre-COVID – a greater number of people waiting at all weekly bands and a much greater number of long waiters (over 52 weeks).
- Continuing focus and action is taking place to improve the long waiters with a focus on 78 week and 65 week cohorts. 78-week waiters in General Surgery and Gynaecology are forecasting clearance during August. Insourcing is due to start in Gynaecology in September to further focus on 52- and 65-week waiters.
- ERF Productivity – The Trust delivered 97.3% of activity in July (compared to 2019/20) compared to a plan of 94.7%. On a value weighted activity basis, this equates to 102% (compared with a plan of 106%).
- Year to date, Trust activity performance stands at 102% and value weighted activity performance is 104%.
- The committee reviewed Cancer performance:
- Diagnostic – CT and MRI performance meeting target with additional capacity being forecast through the Community Diagnostic Programme In December. Ultrasound performance is currently challenged with addition capacity through recruitment and additional facilities to ensure that recovery meets plan. Echo performance is currently challenged with action taking place on further recruitment.
- Cancer Services – Referrals - Continuing at a high level c120% of the level seen in 2019/20.
- The number of patients waiting over 62 days has reduced from the previous month and the trust is in line with the planned trajectory to meet the target standard by the end of March 2024.

Financial Performance

- The Trust is reporting an in month adjusted deficit of £5.5m adverse to plan that leads to a year end deficit.

ASSURE

Positive assurances & highlights of note for the Board/Committee

- The committee highlighted continued high performance within ED, improved ambulance handover and waiting times and that Trust performance is within the top decile. The Committee expressed thanks to the ED team for their continuing high level of performance.
- The Committee highlighted the continuing focus and achievement in enhancing flow throughout the hospital and great teamwork in facilitating discharge for medically fit patients.

ACTIVITY SUMMARY

Presentations/Reports of note received including those Approved

Microsoft Office 365 N365 (REAF 1211) – Endorsed by the Committee

Matters presented for information or noting

Outpatient Transformation Programme Update
FRG Terms of Reference Annual Review
NHSI Monthly Return
Annual Work Plan
Capital Report
Supplementary Finance Report
Temporary Staffing Dashboard
High Value Contract Report

Chair's comments on the effectiveness of the meeting:

Nothing to report

Paper for submission to the Trust Board Meeting to be held in Public on 10th October

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

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

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

Summary of Key Issues:

Links to Trust Strategic Aims & Objectives	
<i>Excel in the delivery of Care</i>	a) Embed a culture of learning and continuous improvement b) Prioritise the treatment of cancer patients c) Safe and responsive urgent and emergency care d) Deliver the priorities within the National Elective Care Strategy e) We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
<i>Support our Colleagues</i>	a) Be in the top quartile for vacancy levels b) Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing c) Improve overall staff engagement d) Deliver improvement against the Workforce Equality Standards
<i>Improve the Healthcare of our Communities</i>	e) Develop a health inequalities strategy f) Reduction in the carbon footprint of clinical services by 1 April 2025 g) Deliver improvements at PLACE in the health of our communities
<i>Effective Collaboration</i>	h) Improve population health outcomes through provider collaborative i) Improve clinical service sustainability j) Implement technological solutions that improve patient experience

	k) Progress joint working across Wolverhampton and Walsall
	l) Facilitate research that improves the quality of care

Report Journey/Destination Significant follow up action commissioned (including discussions with other Board Committees, Groups, changes to Work Plan)	Working/Executive Group	Y/N	Date:
	Committee	Y/N	Date:
	Board of Directors	Y/N	Date:
	Other	Y/N	Date:

EXCEPTION REPORT FROM FINANCE & PRODUCTIVITY COMMITTEE CHAIR

ALERT

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

Elective Care Recovery

- The Trust remains in Tier 2 for cancer performance with no further clarity over the criteria for existing.
- The focus from the Trust remains on the number of patients waiting over 62 days and faster diagnostic performance. Whilst the number of patients waiting over 62 days has reduced from previous months, the Trust had 39 x 78-week breaches at the end of August, primarily in Urology.
- A plan is in place to reach zero for the 78-week performance by the end of November 2023.
- Trust Cancer diagnostic performance has dropped below trajectory in month, primarily in Ultrasound. Further options are now being explored to improve performance.
- 984 patients (876 outpatients and 108 admitted patients) either had their appointment cancelled or rearranged because of the Junior Doctor Industrial Action in August. This activity is being re-arranged but to the detriment of other patients who would have otherwise utilised this capacity. This is in addition to capacity that was not booked to in anticipation of strike action.
- The profile of the waiting list remains drastically different from that seen pre-Covid with two key differences – a greater number of people waiting at almost all weekly bands and a greater number of long waiters (those over 52 weeks)
- Concerns were raised about meeting the outpatient target performance and it was agreed the current plan would be reviewed and enhanced.
- Concerns were raised about the status of the Winter plan. Whilst it was not available for review at the committee, once available it would be copied to member for their attention prior to Trust Board. Questions were raised about the key assumptions including Covid.

ADVISE

Elective Care Recovery

- The Trust delivered 110% of activity in August (compared to 2019/20) compared to a plan of 113%. On a value weighted activity basis, this equates to 106% (compared with a plan of 108%).
- Year to date, our activity performance stands at 104% and our value weighted activity performance at 105%.

IQPR

- Cancer Targets - changes to the 28 faster day diagnosis standard. The target was 70% in Q2 and 75% for Q4, the Trust has achieved forecast performance for the 28 day standard, it looks like underperformance within the report as the metrics are recorded quarterly.
- It was clarified that an action plan was put in place to address 31 day treatments and that those improvements are being made and are reflecting in performance, particularly for radiotherapy.

- Whilst ED performance was under pressure at the start of month it has improved throughout September and remains in the top quartile for all acute trusts
- Whilst improvements to the number of Medically Fit patients continues, the committee asked for further information regarding the profile of days stayed. A continuing very good performance.

Forecast Outturn

- The committee reviewed in detail the briefing provided on the forecast outturn for 2023/2024 financial year. Key assumptions and the robustness of the action plan was challenged.
- The committee were briefed that the revenue forecast outturn position is expected to deteriorate from the planned deficit of £26.75m. The deterioration ranges from £12.3m to £39m, with the most likely scenario being £21m worst that plan. Further work is in place to review and enhance this position and detailed discussions and review will be monitored on a two weekly basis.
- Further work is taking place to reduce the Divisional run rate, which would give an upside within the 'Most Likely' scenario.
- Continued focus and drive is taking place to improve recurrent CIP.
- The Committee will continue to examine ways to reduce risk and improve performance.

Overview of Financial Performance

- The Trust is reporting an in month adjusted deficit of £4.6m, this is £850k adverse to plan, this leads to a year to date deficit of £25.4m which is £4.7m behind plan.

Financial System Update

- The ICB is reporting a YTD deficit of £71m, £25m adverse to plan (2.1%) with 6 out of 8 organisations running deficit positions.

ASSURE

Elective Care Recovery

- The Trust now has a route to zero for 78 week patients – it is expected that this will be achieved by the end of November 23.
- The Trust is in line with its recovery trajectories for cancer backlog and the faster diagnosis standard.
- The Trust is on its trajectory to clear 65 week waits by the end of March 24 although some first outpatients will breach the October standard In Urology, Gynaecology and Cardiology.

ACTIVITY SUMMARY

Presentations/Reports of note received including those Approved

MATTERS PRESENTED FOR INFORMATION OR NOTING

Protecting and Expanding Elective Capacity Board Self-Assessment
 Public Sector Decarbonisation Scheme (PSDS) Phase 3C Progress (System Bid) Update
 Solar Farm Progress
 BAF
 NHSI Monthly Return
 Annual Work Plan
 Capital Report
 Supplementary Finance Report
 Temporary Staffing Dashboard
 High Value Contract Report
 Contracting & Business Development Update
 Sustainability & Green Plan Update

CHAIR'S COMMENTS ON THE EFFECTIVENESS OF THE MEETING:

The Committee felt that there had been good challenge and a lot of necessary debate had taken place.

Report to the Trust Board Meeting to be held in Public on 10 October 2023		
Title of Report:	Report of the Group Chief Financial Officer - Month 5	Enc No: 13.2
Author:	Kevin Stringer, Group Chief Financial Officer	
Presenter/Exec Lead:	Kevin Stringer	
Action Required of the Board/Committee/Group		
Decision	Approval	Discussion
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other		
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		

Implications of the Paper:			
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		
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: 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 its providing high quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes and open and fair culture		

Equality and Diversity Impact	N/A		
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: 20 September 2023
	Board of Directors	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Other: TMC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: 22 September 2023

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

Links to Trust Strategic Aims & Objectives	
<i>Excel in the delivery of Care</i>	We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations

Title of Report

Report to Committee/Trust Board Meeting to be held in Public/Private on -----

EXECUTIVE SUMMARY

BACKGROUND INFORMATION

RECOMMENDATIONS

Pack B - Any Cross-References to Reading Room Information/Enclosures:

Paper for submission to the Trust Board Meeting to be held in Public on No meeting			
Title of Report:	Report of the Chief Financial Officer - Month 4	Enc No:	13. 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. . <input type="checkbox"/> 23/24 operating a deficit plan (in this financial year). . <input type="checkbox"/> 23-26 Recovery Plan operating across three years. . <input type="checkbox"/> 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		
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: 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		
Report Journey/Destination or matters that may have been referred to	Working/Exec Group	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Board Committee	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (F&P)	Date: 23rd August 2023
	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: No meeting
Summary of Key Issues using Assure, Advise and Alert			
N/A			
Links to Trust Strategic Aims & Objectives (Delete those not applicable)			
Excel in the delivery of Care	We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations		

Reference Pack

Report of the Chief Financial Officer

Finance Report
August 2023 - Month 5



	Page
Dashboard	4
Summary	5
Income and Expenditure Run Rate	6
Capital and Cash	7
Pay Expenditure	8
Cost Improvement Programme and Reserves	9
Appendices	
Appendix A	Income & Expenditure Account 10
Appendix B	Statement of Financial Position 11
Appendix C	Cash Flow 12

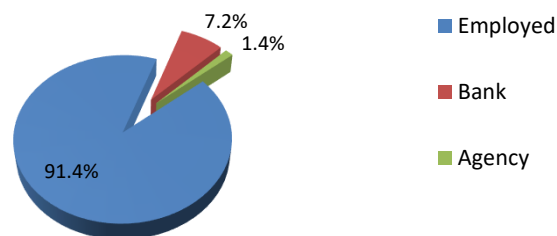
Income & Expenditure Position

(see page 5)

	In Mth Actual	YTD Actual
	£'m	£'m
Income		
1. Patient income	62.18	292.64
2. Other income	13.13	70.21
Total	75.32	362.85
Expenditure	79.91	388.29
Surplus/ (deficit)	(4.60)	(25.44)
Planned surplus/(deficit)	(3.75)	(20.75)
Variance to plan	(0.85)	(4.69)

Workforce

(see page 8)



Patient Income

Elective recovery fund activity to date is £1m above the revised national expectation. As per NHSE guidelines this is included in the August position. Other variable income relating to drug, devices and diagnostics is £0.2m above plan. All other income is within the block.

Actual Outturn

(see page 5)

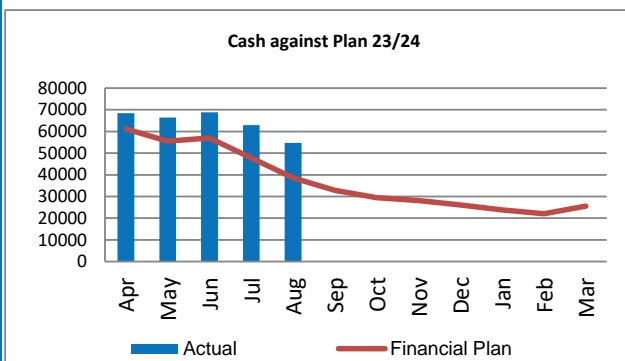
£4.60m deficit in month
(£850k adverse to plan)

£25.4m deficit year to date
(£4.7m adverse to plan)

Cash in the Bank

(see page 7)

Plan £38.6m
Actual £54.7m



Covid-19 Expenditure

In month 5 there was expenditure of £118k on testing and £43k on Covid Medicines Delivery Unit. (Year to date £534k and £192k respectively).

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

Cost Improvement Programme (CIP)

(see page 9)

In-month delivery of £3.30m against a target of £2.42m.

Against a YTD target of £9.76m, £7.07m has been delivered, of which 25% is recurrent.

The Trust is forecasting savings of £23.83m, of which £12.6m is forecast to be achieved recurrently, this equates to 28% of the total CIP target.

Overview of Financial Performance

The Trust is reporting an in month adjusted deficit of £4.6m, this is £850k adverse to plan, this leads to a year to date deficit of £25.4m which is £4.7m behind plan.

Income is £1.8m favourable to plan in month and £0.3m favourable YTD. This is made up of Patient Care income being £1.8m favourable in month and £3.4m favourable YTD, largely due to national changes in ERF guidance and expected payments. This is predominantly offset in the YTD position by recognising £3m less Capital Grant Funding Income than plan, as this is matched to expenditure and there has been timing delays which will catch up later in the year (Excluded from National Performance monitoring).

In month pay expenditure has over spent by £2.0m. This is due to a number of reasons including: £278k for cover for the junior doctors strike, £647k relating to temporary medical staffing covering gaps in the rota and other absences, £801k in nursing areas where there has been cover required for increased sickness, maternity and annual leave as well as some patient acuity requirements. There is also an overspend in month of £500k due to the medical pay award being accrued in month, but the Trust receiving insufficient funding to cover the costs. These overspends are offset by some net vacancies in other areas.

Non-pay is also overspent in month by £859k. There are activity pressures of £673k relating to activity increases which are funded through ERF or variable contracts, along with £368k of activity pressure that are not linked to changes in income. Utilities are also overspent by £128k due to an increase in water charges due to a water leak underneath the hospital buildings, this has now been repaired. There partially off set by underspends next overspends.

Drugs is also overspent by £126k.

Year to date the position is also overspent, Pay is £7.5m overspent including, £2.2m strike costs, £3.1m medical staffing cover, £3.2m nursing cover for sickness etc, vacancies in other areas offset this cost.

Non pay is overspent by £2.5m of which £3m relates to activity case mix and £691k on utilities due to the broken CHP and £200k water increases. There are offsetting underspends in other areas.

Drugs is £145k overspent.

System Updates

The ICB is reporting a YTD deficit of £71m, £25m adverse to plan (2.1%) with 6 out of 8 organisations running deficit positions .

The system has a number of significant demand pressures, including Mental Health and prescribing, as well as the cost of industrial action and excess inflation (M5 YTD figures unavailable at the time of this report). There was also CIP underperformance of £9.4m (largely within 4 organisations), and £3.5m of agency spend above plan; although at 2.5% of gross staff expenditure, this is still within system cap. These are partially supported by other underspends elsewhere.

Capital Allocation: The ICB has a YTD underspend against its planned capital allocation spend of £18.1m (58%) but is forecasting to spend its total allocation of £86.3m.

CDEL is underspent by £53.8m YTD (55.8%) with a forecast under spend of £18.8m (8.7%).

Capital

The Trust has five types of capital programme with a combined plan of £56.2m for the year; these are CRL totalling £20.9m, and PDC £4.5m, both monitored as part of our statutory duty by NHSE, and additionally Grant funding from PSDS of £17.3m, IFRIC 12 related capital spend of £9.2m, and IFRS 16 new or renewed leases £4.3m. This is a movement of £14.4m from M4 due to removal of Elective Hub PDC (£14.4m) due to unsuccessful bid.

YTD capital is underspent by £7.5m, with a capital spend of £21.6m YTD. Against ICS CRL, there is an underspend of £2.3m YTD against plan due to timing of orders compared to plan phasing, this is only a timing difference and the Trust are expecting to meet the ICS CRL of £20.9m by the end of the year.

PDC capital - there is an underspend of £1.8m due to delayed agreement (compared to plan) of EPR business cases and its expected PDC funding, however the Trust anticipates meeting anticipated PDC CRL of £4.5m.

Grant funding has a YTD variance of £3.0m, due to timing of orders, with the Trust forecasting to spend all Grant approved capital funding projects.

IFRS 16

CRL YTD variance of £0.3m due to one BCPS still being commercially agreed, however still forecasting for leases to commence during 23/24. IFRIC 12 YTD is £0.0m which is in line with Plan.

£m	22/23								23/24					YTD Avg	Movement
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug		
Patient Income															
1 Plan	54.79	61.89	57.85	57.06	57.44	58.17	58.41	97.46	54.90	58.57	57.27	58.21	60.31	57.24	3.07
2 Actual	54.82	60.56	56.79	60.38	54.88	57.79	58.18	100.44	53.48	59.49	59.09	58.41	62.18	57.61	4.57
3 Variance	0.03	(1.33)	(1.06)	3.32	(2.56)	(0.38)	(0.23)	2.99	(1.42)	0.92	1.82	0.20	1.87	0.38	1.50
Non Patient Income															
4 Plan	11.67	17.01	13.26	12.41	21.15	13.07	14.23	30.98	16.07	15.50	16.15	12.33	13.20	15.02	(1.81)
5 Actual	11.80	11.49	19.22	13.75	16.99	14.40	18.15	17.82	14.65	16.99	12.99	12.44	13.13	14.27	(1.13)
6 Variance	0.13	(5.52)	5.97	1.34	(4.16)	1.33	3.92	(13.16)	(1.43)	1.49	(3.16)	0.11	(0.07)	(0.75)	0.68
Pay Expenditure															
7 Plan	41.49	46.92	42.71	42.54	43.20	40.89	43.28	82.72	44.11	47.15	45.61	48.01	48.53	46.22	(2.31)
8 Actual	42.75	48.28	43.60	42.16	40.52	42.64	42.71	82.05	46.78	48.56	47.93	47.10	50.55	47.59	(2.96)
9 Variance	(1.27)	(1.37)	(0.89)	0.38	2.69	(1.75)	0.57	0.67	(2.67)	(1.41)	(2.32)	0.90	(2.03)	(1.37)	0.65
Non Pay Expenditure															
10 Plan	16.35	16.60	17.14	17.10	18.15	17.43	19.31	18.47	17.18	17.10	16.27	23.03	17.61	18.40	0.79
11 Actual	16.24	16.32	17.23	17.78	15.75	15.85	17.87	24.20	17.52	16.54	17.59	18.61	18.47	17.57	(0.90)
12 Variance	0.12	0.28	(0.09)	(0.68)	2.40	1.59	1.43	(5.72)	(0.34)	0.56	(1.32)	4.42	(0.86)	0.83	1.69
Drugs Expenditure															
13 Plan	5.58	6.10	5.55	5.65	5.98	5.97	5.70	6.03	5.92	6.10	6.34	6.24	6.27	6.15	(0.13)
14 Actual	6.03	6.58	5.91	5.95	6.32	6.47	5.83	6.56	5.66	6.09	6.59	6.27	6.40	6.15	(0.25)
15 Variance	(0.45)	(0.48)	(0.36)	(0.30)	(0.34)	(0.50)	(0.12)	(0.54)	0.27	0.01	(0.25)	(0.04)	(0.13)	(0.00)	0.12
CIP over/ (under) achievement															
16 Variance	(0.76)	(0.41)	(1.19)	(1.83)	(1.86)	(0.74)	(1.44)	0.58	(1.39)	(0.57)	(0.08)	(1.53)	0.88	(0.89)	(1.77)
BCPS Savings over/ (under) achievement															
16 Variance	0.08	0.08	(0.01)	0.03	0.00	(0.14)	(0.10)	(0.07)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserves supporting position															
17 Actual	0.68	1.58	1.47	1.59	(0.48)	2.50	0.95	(0.31)	2.85	1.09	1.30	(5.24)	(0.00)	0.00	0.00
Other Non Operating Expenditure															
18 Plan	(3.61)	(3.27)	(3.78)	(3.78)	(3.78)	(3.80)	(3.84)	(3.83)	(3.79)	(3.81)	(3.85)	(3.87)	(3.68)	(3.83)	0.15
19 Actual	(3.54)	(3.53)	(3.75)	(3.57)	(3.54)	(3.54)	(3.52)	(2.04)	(3.77)	(3.78)	(3.75)	(3.77)	(3.83)	(3.77)	(0.06)
20 Variance	0.08	(0.26)	0.03	0.21	0.24	0.26	0.32	1.79	0.02	0.03	0.09	0.10	(0.15)	0.06	0.21
Total															
Plan	(0.58)	4.76	1.65	0.62	9.81	1.54	1.10	17.18	(1.48)	(0.61)	0.13	(3.83)	(3.46)		
Actual	(1.93)	(2.66)	5.52	4.68	5.74	3.69	6.41	3.42	(5.60)	1.50	(3.79)	(4.92)	(3.94)		
Variance	(1.35)	(7.42)	3.87	4.06	(4.07)	2.16	5.31	(13.76)	(4.12)	2.11	(3.92)	(1.08)	(0.48)		

Commentary on variances and trends:

Patient Income - For 2023/24 the income plan consist of two elements; a variable element for elective activity and applicable pass through costs such as drugs and a fixed element for all other income. Following NHS guidance, the variable element overperformance against the plan has been included in the position of £1m for this year so far. Additionally for August, income has been included for the position for the Medical Pay award.

Non-Patient Income - excluding grant funding for capital schemes, in month 5 non patient income increased by £170k compared to month 4. This was due to a drop in Education income £460k as expected in the phasing of the contract, offset by increases in car parking income £70k and GP Income £226k. The balance was within BCPS.

In terms of variance private patients under performed by £41k. Other Directorate income was under plan by £309k. There is a variance in Trustwide budgets of £520k caused by moving prior month balance sheet releases to be recorded as CIP. This is offset by overperformances in Corporate £74k (Salary sacrifice and SLA's), Division 3 £46k (GP Income) and Estates and Facilities £50k (car Parking and Catering) and BCPS £43k (offset by increased expenditure).

Pay - Increased in month by £3.45m. Of this increase £2.5m relates to the Medical Pay award that has been accrued as per national guidance. The remaining increase is made up of WLI costs £142k, Bank £105k, Locums £148k and additional enhancements due to a five week month £269k. There is also additional substantive staff costs in Division 2.

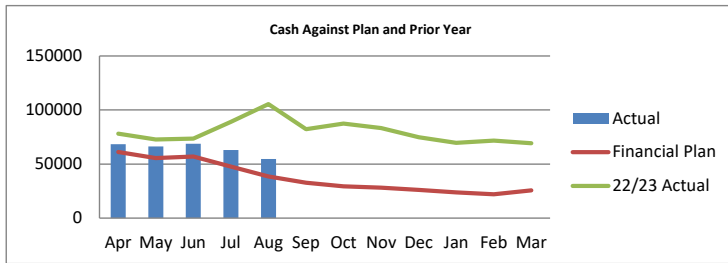
There was an overall overspend of £2.0m. Division 1 had the largest overspend (£1.0k) (including £27k strike cover costs) there was also £390k for ward and theatre staff absence cover costs and £317k for medical staff rota cover, as well as £84k for posts in maternity where funding is awaited and £100k of backdated WLI claims. Division 2 also had a large overspend being £890k (£302k strike cover costs) of which £343k related to additional cover on wards for staff absences above plan (maternity and sick leave etc). There were also overspends in medical staff (£178k) covering absences and rota gaps. There are also less significant under and overspends in other areas.

Non-Pay - A decrease in the run rate in month of £145k. This was within BCPS (Hosted Service).

In terms of variance there is an overspend of £859k. Of this £681k was within Division 1 and this was caused by activity related pressures, £543k of which is related to activity funded through variable contracts. Division 2 was also overspent by £208k again activity related pressures being the driver, however the majority of this cost is related to activity which is not funded through variable contracts.

Drugs - Expenditure was £13k higher in month 5 than month 4. In month expenditure was overspent at £126k making the year to date position to £145k overspent.

Cash Position



The cash balance as at 31st August 2023 is £54.7m, a £8.3m decrease on the previous month and an increase of £16.0m 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; £3.8m ICB income due to timing differences between plan & cash received; £1.4m additional LDA funding for Q1; early receipt (compared to plan phasing) of Q2 LDA funding £4.5m; £7.3m higher ICS income; £10.0m cash benefit due to timing of loan to DGFT; and £10.1m reduced capital spend (this is timing on projects). This is netted out by £1.8m less cash for PDC due to timing of EPR scheme; £1.3m less cash for PSDS due to timing of schemes; £11.6m additional pay costs and £15.8m additional non pay costs.

Better Payment Practice Code

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

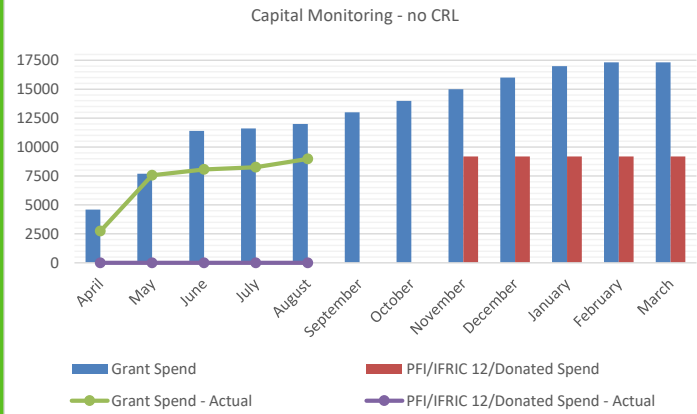
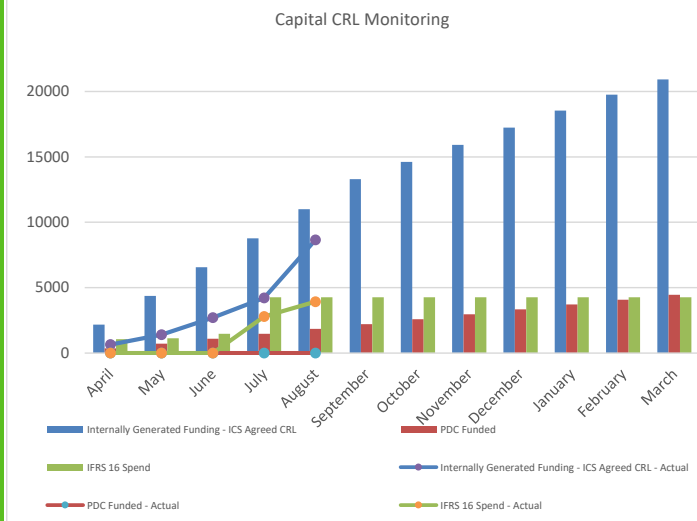
	M5 23/24	Cumulative	M4 23/24	Cumulative
Value	98%	96%	97%	95%
Volume	96%	95%	97%	95%

Debtor Days

Calculated Debtor Days for the year are:-

	M5 Actual	M4 Actual
Total	5.51	5.27
Being:-		
NHS	5.63	5.41
Non NHS	4.98	4.73

Capital

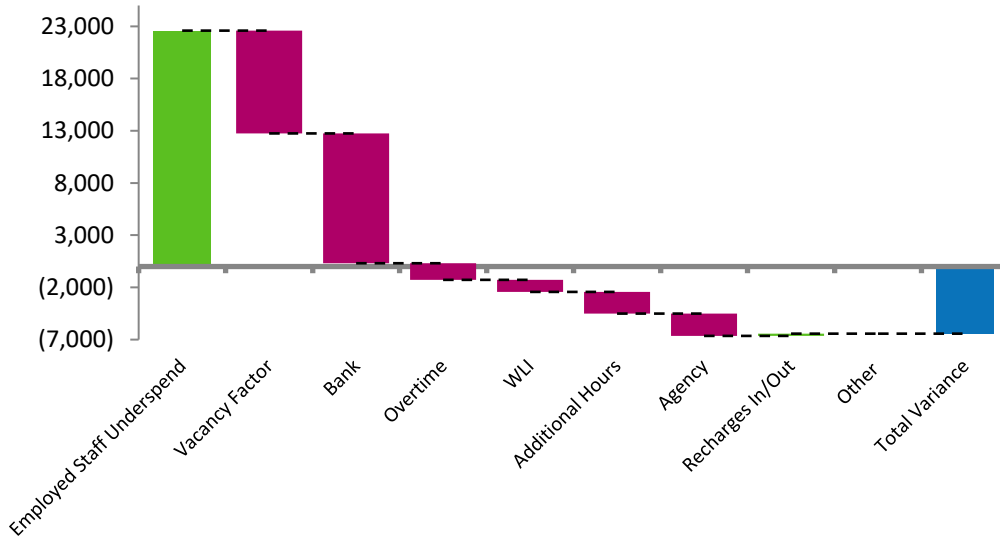


The Trust have spent £21.6m of capital YTD to 31st August 23, which is an underspend of £7.5m against forecast YTD capital spend of £29.1m. Of this £21.6m YTD spend:

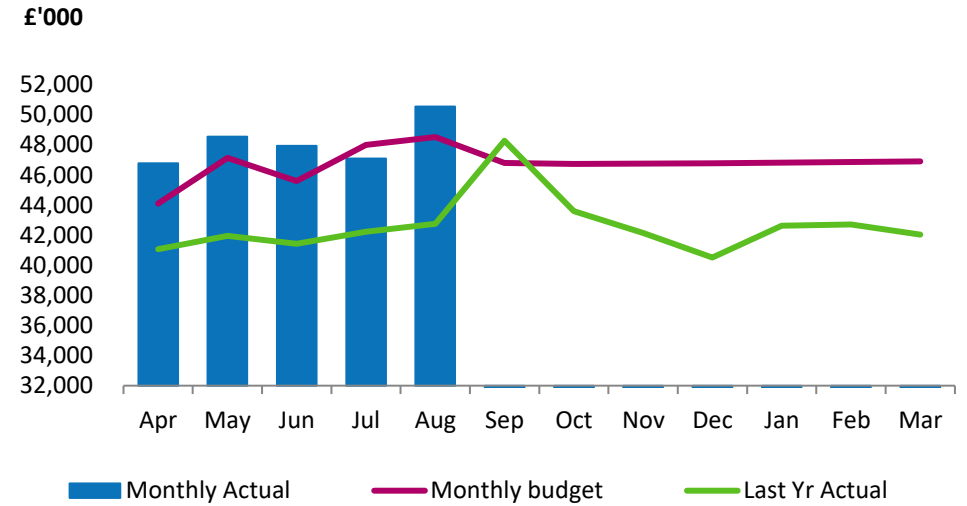
Capital CRL Monitoring - £8.7m relates to capital spend which the ICS is measured against, this is an underspend of £2.3m against Plan due to timing of orders. The Trust envisages meeting the ICS CRL of £20.9m. There has been £0.0m spend YTD on PDC due to delay in approval of EPR business case creating variance to Plan of £1.8m. There was £3.9m spend YTD on IFRS 16 with only one lease left to be commercial agreed (anticipating October 23).

Capital Monitoring - non CRL - The balance of the capital YTD, £9.0m, relates to capital spend on grant funded items with £8.8m relating to PSDS Phase 3a and £0.2m relating to Phase 3b. This is variance of £3.0m against Planned Grant spend of £12.0m due to timing of orders. The Trust are forecasting to meet the reforecast capital expenditure spend for 23/24 of £56.2m (this includes removal of £4.5m UEC PDC and £14.4m Elective Hub PDC, offset against renewal IFRS 16 leases £2.7m)

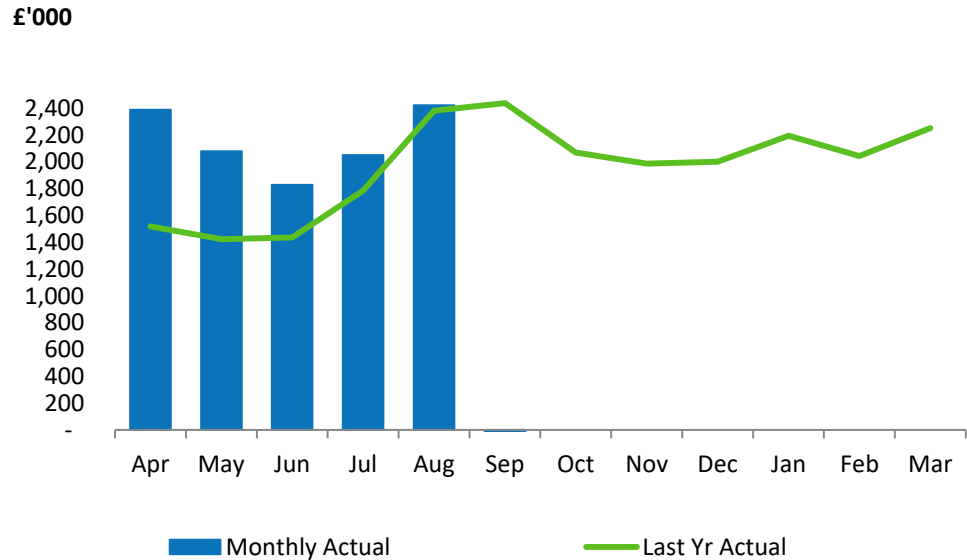
Year to Date Variance to plan



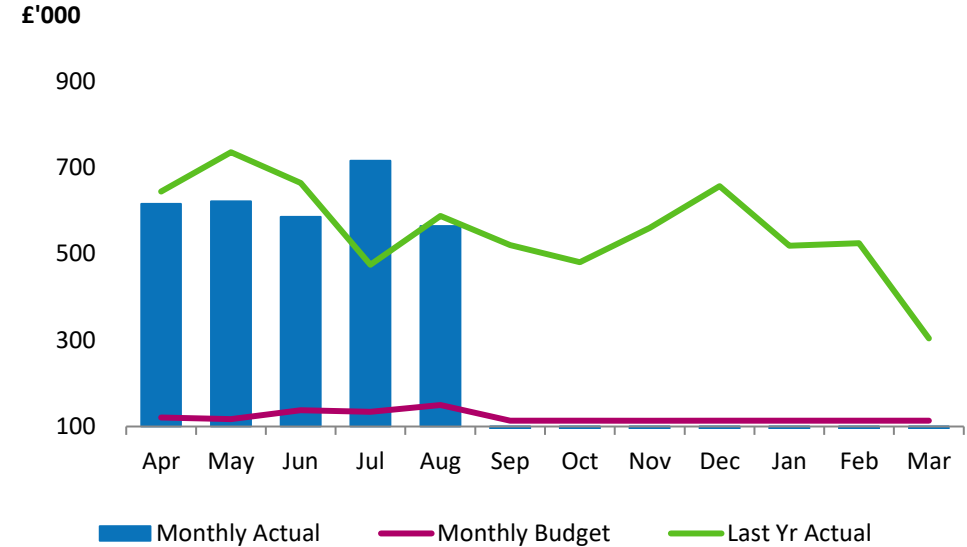
Total Pay Expenditure Trend



Bank Expenditure Trend



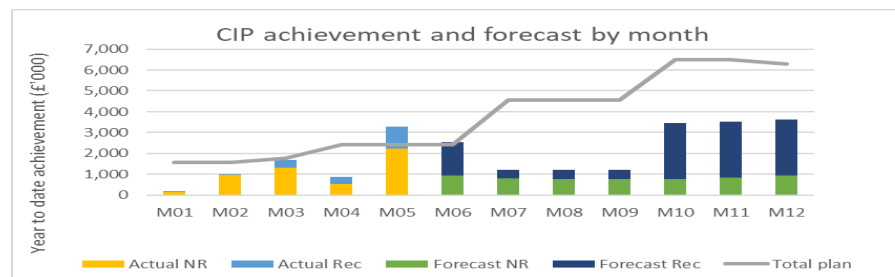
Agency Expenditure Trend



Cost Improvement

Division	YTD Plan	YTD Actual	Variance
Corporate	521	562	41
Division 1	2,416	1,218	(1,197)
Division 2	1,572	400	(1,172)
Division 3	1,066	539	(527)
Division 4	3	0	(3)
Estates And Facilities	532	236	(296)
Trustwide	3,651	4,113	461
Grand Total	9,763	7,069	(2,694)

Division	Total target	FOT total	Variance
Corporate	3,254	1,476	(1,779)
Division 1	15,080	2,945	(12,136)
Division 2	9,815	1,127	(8,688)
Division 3	6,657	1,506	(5,151)
Division 4	22	0	(22)
Estates And Facilities	3,322	414	(2,908)
Trustwide	7,003	16,361	9,358
Grand Total	45,153	23,828	(21,324)



Against an in month target of £2.42m, the Trust has achieved £3.30m. This is largely due to additional non-recurrent schemes being identified in the month.

33% of the in-month achievement is recurrent, however only 25% of the year to date achievement is recurrent.

Due to the phasing of the efficiency plan, the savings required to hit the plan increase in each quarter (plan savings are £2.4m in each month of Q2, £4.6m in each month of Q3 and £6.4m in each month of Q4).

The CIP forecast and pipeline schemes have been reviewed in detail and savings of £23.83m are expected to be achieved in year, with 44% of these expected to be delivered recurrently (£12.64m). The FYE of the recurrent schemes is £13.4m.

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				
272,612	60,308	62,183	1,874	Patient Activity Income	701,798	289,250	292,641	3,391
486	127	118	(9)	Other Patient Care Income	1,521	634	453	(180)
1,955	0	8	8	Top Up Income	0	0	8	8
20,605	4,408	4,349	(59)	Education, Training & Research Income	53,745	23,239	22,957	(282)
12,725	421	735	314	Non Patient Care Other Income	17,578	12,106	9,082	(3,024)
94	55	41	(14)	Private Patient Income	658	274	294	20
31,559	8,192	7,883	(309)	Income on Directorate Budgets	86,267	37,013	37,411	398
340,037	73,511	75,316	1,805	Total Income	861,566	362,516	362,847	331
				Expenditure				
209,441	48,527	50,552	(2,026)	Directorate Expenditure Budgets - Pay	561,091	233,403	240,926	(7,523)
81,491	17,610	18,469	(859)	Directorate Expenditure Budgets - Non Pay	223,363	91,196	88,740	2,456
28,683	6,274	6,400	(126)	Directorate Expenditure Budgets - Drugs	72,611	30,868	31,012	(145)
0	880	0	880	Cost Improvement Savings	(32,461)	(2,694)	0	(2,694)
0	0	0	0	BCPS Savings	0	0	0	0
319,615	73,291	75,421	(2,131)	Total Expenditure	824,604	352,773	360,679	(7,906)
20,422	220	(105)	(326)	EBITDA Surplus/(Deficit)	36,962	9,743	2,168	(7,576)
11,863	2,631	2,676	(46)	Depreciation	33,017	13,019	13,186	(168)
678	(110)	(4)	(107)	(Interest Receivable) / Payable	1,369	181	(70)	252
5,263	1,158	1,157	1	Other Charges	13,900	5,792	5,789	2
17,804	3,678	3,830	(152)	Other non operating items	48,286	18,991	18,905	86
2,618	(3,458)	(3,935)	(477)	Net Surplus/(Deficit) before Adjustments	(11,325)	(9,248)	(16,738)	(7,489)
(12,498)	(288)	(660)	(372)	Adjustments as per NHSI reported position	(15,425)	(11,503)	(8,705)	2,798
(9,881)	(3,747)	(4,596)	(849)	Adjusted Financial Performance as NHSI	(26,750)	(20,751)	(25,443)	(4,691)

Note: In month reserves have been moved into pay and non pay to fund existing pressures this includes backdated budget.

Note : Adverse Variances in Brackets

2023/24 Balance Sheet as at 31st Aug 2023

	<u>Aug 2023</u> <u>Plan</u>	<u>Aug 2023</u> <u>Actual</u>	<u>July 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	504,834	494,287	491,630	2,658	486,739
Intangible Assets	7,114	5,548	5,667	(119)	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	4,652	4,634	4,634	0	4,634
TOTAL NON CURRENT ASSETS	518,009	505,896	503,357	2,539	498,660
CURRENT ASSETS					
Inventories	8,347	11,508	7,462	4,046	8,347
Trade and Other Receivables	49,658	35,643	34,052	1,591	59,564
Other Current Assets	0	0	0	0	0
Cash and cash equivalents	38,631	54,662	62,943	(8,281)	69,265
TOTAL CURRENT ASSETS	96,636	101,813	104,456	(2,644)	137,176
Non Current Assets Held for Sale	0	0	0	0	0
TOTAL ASSETS	614,644	607,709	607,813	(105)	635,836
CURRENT LIABILITIES					
Trade & Other Payables	(109,627)	(98,825)	(91,522)	(7,303)	(114,207)
Liabilities arising from PFIs / Finance Leases	(6,199)	(8,841)	(8,841)	0	(13,462)
Provisions for Liabilities and Charges	(3,649)	(3,321)	(3,374)	52	(4,201)
Other Financial Liabilities	(9,881)	(15,123)	(17,990)	2,867	(10,424)
TOTAL CURRENT LIABILITIES	(129,357)	(126,109)	(121,727)	(4,383)	(142,294)
NET CURRENT ASSETS / (LIABILITIES)	(32,721)	(24,297)	(17,270)	(7,027)	(5,118)
TOTAL ASSETS LESS CURRENT LIABILITIES	485,288	481,599	486,087	(4,488)	493,542
NON CURRENT LIABILITIES					
Trade & Other Payables	(287)	(257)	(264)	7	(287)
Other Liabilities	(10,673)	(10,224)	(10,769)	545	(5,470)
Provision for Liabilities and Charges	(1,780)	(1,780)	(1,780)	0	(1,780)
TOTAL NON CURRENT LIABILITIES	(12,740)	(12,261)	(12,814)	552	(7,537)
TOTAL ASSETS EMPLOYED	472,548	469,338	473,273	(3,935)	486,005
FINANCED BY TAXPAYERS EQUITY					
Public Dividend Capital	301,400	305,676	305,676	0	305,676
Retained Earnings	63,183	55,694	59,629	(3,935)	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	186	190	190	0	190
TOTAL TAXPAYERS EQUITY	472,548	469,338	473,273	(3,935)	486,005

2023/24 Cash Flow as at 31st August 2023

	Aug-23	Aug-23	Aug-23	Aug-23
	Plan £'000	Actual £'000	Variance £'000	In Month Movement £'000
OPERATING ACTIVITIES				
Total Operating Surplus/(Deficit) (gross of control total adjustments)	(3,103)	(11,019)	(7,915)	(9,243)
Depreciation	12,925	13,186	261	7,959
Fixed Asset Impairments	0	0	0	0
Capital Donation Income	(11,999)	13	12,012	10
Interest Paid	(1,477)	(1,475)	2	(892)
Dividends Paid	0	0	0	0
Release of PFI /Deferred Credit	0	0	0	0
(Increase)/Decrease in Inventories	0	(3,161)	(3,161)	(3,122)
(Increase)/Decrease in Trade Receivables	9,945	23,958	14,013	29,722
Increase/(Decrease) in Trade Payables	5,236	(10,141)	(15,377)	(21,093)
Increase/(Decrease) in Trade Payables Ann Leave Acc	0	(849)	(849)	1,188
Increase/(Decrease) in Other liabilities	0	4,698	4,698	(1,057)
Increase/(Decrease) in Provisions	0	(787)	(787)	(851)
Increase/(Decrease) in Provisions Unwind Discount		0		0
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	11,527	14,424	2,898	2,621
CASH FLOWS FROM INVESTING ACTIVITIES				
Interest Received	892	1,545	653	970
Payment for Property, Plant and Equipment	(45,003)	(27,622)	17,382	(13,401)
Payment for Intangible Assets	(1,847)	(292)	1,555	(263)
Receipt of cash donations to purchase capital assets	11,199	0	(11,199)	0
Proceeds from sales of Tangible Assets	0	1	1	1
Proceeds from Disposals	0	0	0	0
NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES	(34,759)	(26,368)	8,391	(12,693)
NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING	(23,233)	(11,944)	11,289	(10,073)
FINANCING				
New Public Dividend Capital Received	(4,276)	0	4,276	0
Capital Element of Finance Lease and PFI	(3,124)	(2,659)	465	(1,621)
NET CASH INFLOW/(OUTFLOW) FROM FINANCING	(7,400)	(2,659)	4,741	(1,621)
INCREASE/(DECREASE) IN CASH	(30,633)	(14,603)	16,030	(11,694)
CASH BALANCES				
Opening Balance at 1st April 2023	69,265	69,265	0	0
Closing Balance at 31st August 2023	38,632	54,662	16,030	(11,694)

Reference Pack

Report of the Chief Financial Officer

Finance Report
July 2023 - Month 4



	Page	
Dashboard	4	
Summary	5	
Income and Expenditure Run Rate	6	
Capital and Cash	7	
Pay Expenditure	8	
Cost Improvement Programme and Reserves	9	
Appendices		
Appendix A	Income & Expenditure Account	10
Appendix B	Statement of Financial Position	11
Appendix C	Cash Flow	12

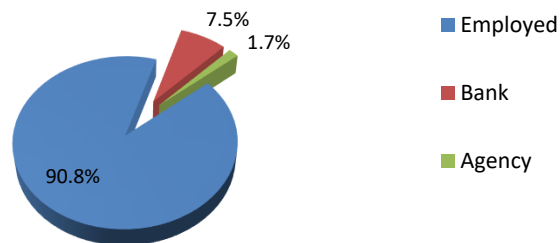
Income & Expenditure Position

(see page 5)

	In Mth Actual	YTD Actual
	£'m	£'m
Income		
1. Patient income	58.41	230.46
2. Other income	12.44	57.07
Total	70.85	287.53
Expenditure	75.90	308.38
Surplus/ (deficit)	(5.05)	(20.85)
Planned surplus/(deficit)	(3.92)	(17.00)
Variance to plan	(1.13)	(3.84)

Workforce

(see page 8)



Patient Income

Elective recovery fund activity to date is £0.8m behind the national expectation, mainly in elective and day case activity and as per NHSE guidelines no ERF clawback is yet included in the position. Other variable income relating to drug, devices and diagnostics is £0.3m behind plan. All other income is within the block.

Cost Improvement Programme (CIP)

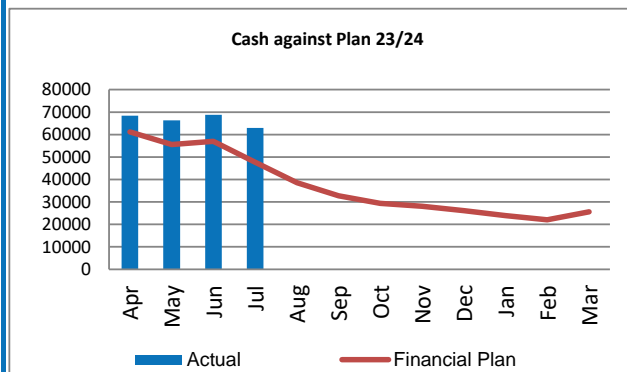
(see page 9)

In-month delivery of £0.83m against a target of £2.42m. Against a YTD target of £7.3m, £3.8m has been delivered, of which 19% is recurrent. The Trust is forecasting savings of £9.1m, of which £2.5m (28%) is forecast to be achieved recurrently.

Cash in the Bank

(see page 7)

Plan £47.7m
Actual £62.9m



Covid-19 Expenditure

In month 4 there was expenditure of £81k on testing and £40k on Covid Medicines Delivery Unit. (Year to date £415k and £149k respectively).

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

Reserves

(see page 9)

£7.4m of reserves are released into the position at month 4 of an annual value of £26.2m.

Actual Outturn

(see page 5)

£5.05m deficit in month
(£1.13m adverse to plan)

£20.8m deficit year to date
(£3.8m adverse to plan)

Overview of Financial Performance

The Trust is reporting an in month adjusted deficit of £5.05m, this is £1.13m adverse to plan, this leads to a year to date deficit of £20.85m which is £3.8m behind plan.

Income was £0.3m favourable in month, (primarily due to patient income) and £1.5m adverse YTD against plan. The YTD variance being due to capital grant funding not running in line with plan YTD £3.3m, this will catch up as the capital project spend is incurred later in the year. This is offset by year to date overperformance on patient income (£1.5m) the main drivers being £0.6m release of prior year provisions, £0.5m investment from commissioners for current service developments and growth.

In month pay expenditure has over spent by £1.4m. This is due to a number of reasons including: £345k for cover for the junior doctors strike, £625k relating to temporary medical staffing covering gaps in the rota and other absences, £495k in nursing areas where there has been cover required for increased sickness, maternity and annual leave as well as some patient acuity requirements. In addition there are some unfunded cost pressures awaiting a decision to possibly fund from reserves that are being released into the position.

Non pay is also overspent in month by £642k, this includes an underspend of £328k relating to hosted services which attracts a reduced income. There are also activity pressures of £441k relating to activity increases in Division 1 and £230k in Division 3. Utilities are also overspent by £215k largely as a result of the CHP being broken at the start of the month, an increased water bill has also incurred an overspend of £128k, the reasons behind this are still being investigated. There are underspends in corporate areas offsetting these overspends.

Drugs is also slightly overspent by £38k.

Year to date the position is also overspent, Pay is £7.8m overspent including, £1.72m strike costs, £2.5m medical staffing cover, £2.3m nursing cover for sickness etc, £1m for cost pressures awaiting a decision.

Non pay is overspent by £1.7m of which £1.7m relates to activity case mix and £691k on utilities due to the broken CHP. These are offset by an underspend (£428k) on pathology services due to cytology activity being low along with hosted services underspending by £224k.

Drugs is close to plan at £18k overspent.

System Updates

The ICB is reporting a YTD deficit of £59m, £19m adverse to plan (2.1%) with 5 out of 8 organisations running deficit positions .

Against plan there are £5m of demand pressures; including £3m within Mental Health, £9.5m of CIP underperformance (largely within 3 organisations), an estimated £7.2m impact from industrial action, excess inflation of £10m, and £3.5m of agency to plan though at 2.5% of gross staff expenditure, still within system cap. These are partially supported by other underspends elsewhere.

Capital Allocation: The ICB has a YTD underspend against its planned capital allocation spend of £17.4m (73.2%) but is forecasting to spend its total allocation of £86.3m.

CDEL is underspent by £46.6m YTD (58.2%) with a forecast under spend of £4.4m.

Capital

The Trust has five types of capital programme with a combined plan of £70.6m for the year; these are CRL totalling £20.9m, and PDC £18.8m, both monitored as part of our statutory duty by NHSE, and additionally Grant funding from PSDS of £17.3m, IFRIC 12 related capital spend of £9.2m, and IFRS 16 new leases £4.3m. This is a movement of £1.7m from M3 due to removal of UEC PDC (£4.5m) due to unsuccessful bid offset against two IFRS 16 lease renewals for Bentley Bridge (£0.2m) and Rioch Printing (£2.6m).

YTD capital is underspent by £12.7m, with a capital spend of £15.2m YTD. Against ICS CRL, there is an underspend of £4.8m YTD against plan due to timing of orders compared to plan phasing, this is only a timing difference and the Trust are expecting to meet the ICS CRL of £20.9m by the end of the year.

PDC capital - there is an underspend of £4.2m due to formal finalisation of two business cases and its expected PDC funding. Until the business cases are formally agreed and PDC formally approved to the Trust there is no agreed PDC CRL. However the Trust anticipates that the business cases will be approved with the relevant PDC funding provided.

Grant funding has a YTD variance of £3.3m, due to timing of orders, with the Trust forecasting to spend all Grant approved capital funding projects.

£1.4m IFRS 16 YTD variance due to leases (predominantly BCPS) still being commercially agreed, however still forecasting for leases to commence during 23/24. IFRIC 12 YTD is £0.0m which is in line with Plan.

£m	22/23									23/24				YTD Avg	Movement
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul		
Patient Income															
1 Plan	54.24	54.79	61.89	57.85	57.06	57.44	58.17	58.41	97.46	54.90	58.57	57.27	58.21	56.91	1.30
2 Actual	56.40	54.82	60.56	56.79	60.38	54.88	57.79	58.18	100.44	53.48	59.49	59.09	58.41	57.35	1.06
3 Variance	2.17	0.03	(1.33)	(1.06)	3.32	(2.56)	(0.38)	(0.23)	2.99	(1.42)	0.92	1.82	0.20	0.44	(0.24)
Non Patient Income															
4 Plan	11.30	11.67	17.01	13.26	12.41	21.15	13.07	14.23	30.98	16.07	15.50	16.15	12.33	15.91	(3.57)
5 Actual	11.60	11.80	11.49	19.22	13.75	16.99	14.40	18.15	17.82	14.65	16.99	12.99	12.44	14.88	(2.43)
6 Variance	0.30	0.13	(5.52)	5.97	1.34	(4.16)	1.33	3.92	(13.16)	(1.43)	1.49	(3.16)	0.11	(1.03)	1.14
Pay Expenditure															
7 Plan	41.29	41.49	46.92	42.71	42.54	43.20	40.89	43.28	82.72	44.11	47.15	45.61	45.66	45.62	(0.04)
8 Actual	42.23	42.75	48.28	43.60	42.16	40.52	42.64	42.71	82.05	46.78	48.56	47.93	47.10	47.76	0.65
9 Variance	(0.94)	(1.27)	(1.37)	(0.89)	0.38	2.69	(1.75)	0.57	0.67	(2.67)	(1.41)	(2.32)	(1.44)	(2.13)	(0.69)
Non Pay Expenditure															
10 Plan	16.48	16.35	16.60	17.14	17.10	18.15	17.43	19.31	18.47	17.18	17.10	16.27	17.97	16.85	(1.12)
11 Actual	15.94	16.24	16.32	17.23	17.78	15.75	15.85	17.87	24.20	17.52	16.54	17.59	18.61	17.22	(1.39)
12 Variance	0.54	0.12	0.28	(0.09)	(0.68)	2.40	1.59	1.43	(5.72)	(0.34)	0.56	(1.32)	(0.64)	(0.37)	0.28
Drugs Expenditure															
13 Plan	5.51	5.58	6.10	5.55	5.65	5.98	5.97	5.70	6.03	5.92	6.10	6.34	6.24	6.12	(0.12)
14 Actual	5.66	6.03	6.58	5.91	5.95	6.32	6.47	5.83	6.56	5.66	6.09	6.59	6.27	6.11	(0.16)
15 Variance	(0.15)	(0.45)	(0.48)	(0.36)	(0.30)	(0.34)	(0.50)	(0.12)	(0.54)	0.27	0.01	(0.25)	(0.04)	0.01	0.04
CIP over/ (under) achievement															
16 Variance	(0.79)	(0.76)	(0.41)	(1.19)	(1.83)	(1.86)	(0.74)	(1.44)	0.58	(1.39)	(0.57)	(0.08)	(1.53)	(0.68)	0.85
BCPS Savings over/ (under) achievement															
16 Variance	0.08	0.08	0.08	(0.01)	0.03	0.00	(0.14)	(0.10)	(0.07)	0.00	0.00	0.00	0.00	0.00	0.00
Reserves supporting position															
17 Actual	(0.71)	0.68	1.58	1.47	1.59	(0.48)	2.50	0.95	(0.31)	2.85	1.09	1.30	2.17	1.75	(0.42)
Other Non Operating Expenditure															
18 Plan	(3.61)	(3.61)	(3.27)	(3.78)	(3.78)	(3.78)	(3.80)	(3.84)	(3.83)	(3.79)	(3.81)	(3.85)	(3.87)	(3.82)	(0.05)
19 Actual	(3.58)	(3.54)	(3.53)	(3.75)	(3.57)	(3.54)	(3.54)	(3.52)	(2.04)	(3.77)	(3.78)	(3.75)	(3.77)	(3.77)	(0.00)
20 Variance	0.03	0.08	(0.26)	0.03	0.21	0.24	0.26	0.32	1.79	0.02	0.03	0.09	0.10	0.05	(0.05)
Total															
Plan	0.06	(0.58)	4.76	1.65	0.62	9.81	1.54	1.10	17.18	(1.48)	(0.61)	0.13	(3.83)		
Actual	0.60	(1.93)	(2.66)	5.52	4.68	5.74	3.69	6.41	3.42	(5.60)	1.50	(3.79)	(4.92)		
Variance	0.54	(1.35)	(7.42)	3.87	4.06	(4.07)	2.16	5.31	(13.76)	(4.12)	2.11	(3.92)	(1.08)		

Commentary on variances and trends:

Patient Income - For 2023/24 the income plan consist of two elements; a variable element for elective activity and applicable pass through costs such as drugs and a fixed element for all other income. For July, additional income has been included for the position for releasing prior year provisions (£0.12m), and an improvement in CDC activity for July.

Non-Patient Income - excluding grant funding for capital schemes, in month 4 non patient income decreased by £180k compared to month 3. This was due to a drop in CRN (hosted service) £634k (due to planned cost changes), and a drop in GP income of £262k. These were offset by an increase in Education income £330k and BCPS (hosted) of £352k.

In terms of variance private patients over performed by £34k. Other Directorate income was over plan by £101k. In corporate areas there was an over achievement of £138k due to salary sacrifice schemes overperforming, clinical illustration and lead recruiter activity and recharges of staff to other organisations. BCPS was £189k overperforming, offsetting increased costs. These were partially offset by an underperformance on GP income in Division 3 worth £311k, (this is expected to recover later in the year).

Pay - Decreased in month (£0.63m) there were no bank holidays paid in July which accounts for £591k of this decrease, there were also lower costs in this month for covering the junior doctors strike, a decrease in month of £85k .

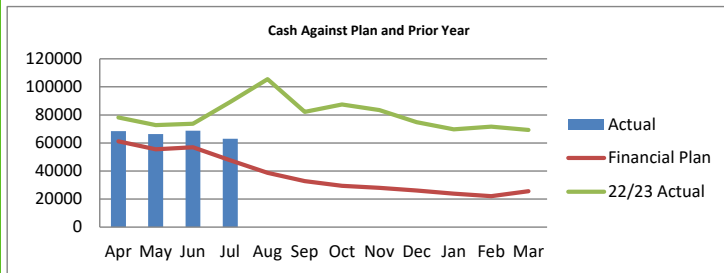
There was an overall overspend of £1.44m. . Division 1 had the largest overspend (£931k) (including £374k strike cover costs) there was also £174k for ward and theatre staff absence cover costs and £129k for medical staff rota cover, as well as £156k for posts in maternity which funding is awaited. Division 2 also had a large overspend being £902k (£275k strike cover costs) of which £233k related to additional cover on wards for staff absences above plan (maternity and sick leave etc). There were also overspends in medical staff (£350k) covering absences and rota gaps. Other overspending areas include HR £40k, Medical Director £70k both due to unfunded posts. There are also less significant under and overspends in other areas.

Non-Pay - An increase in the run rate in month of £1.02m. Within this there was an increase due to the previous month having a planned balance sheet release of GRN's totaling £1.5m. This was offset by a reduction in CRN of £632k (offset by reduced income)

In terms of variance there is an overspend of £642k. Estates and facilities are overspent by £518k due to the Combined Heat and Power plant being out of service (£214k) and an overspend on utilities usage at Cannock and West Park (£150k), water charges were also higher than budget by £128k. Division 1 had overspends related to activity case mix (£440k). Hosted services were £337k underspent, offsetting these overspends.

Drugs - Expenditure was £52k lower in month 4 than month 3. In month expenditure was slightly overspent at £38k reducing the year to date position to £18k overspent.

Cash Position



The cash balance as at 31st July 2023 is £62.9m, a £5.8m decrease on the previous month and an increase of £15.2m on financial plan. The increase on plan is due to: £18.7m cash settlement of 22/23 pay award income netted out by £19.6m additional pay cost. Additional movements are £5.1m Staffs 22/23 income received in year; £5.1m ICB income due to timing differences between plan & cash received; £1.4m additionally LDA funding for Q1; early receipt (compared to plan phasing) of Q2 LDA funding £4.5m; and 12.3m reduced capital spend (this is timing on projects). This is netted out by £4.4m less cash for PDC due to timing of schemes; £1.3m less cash for PSDS due to timing of schemes; £0.2m lower ICS income; and £6.4m 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:

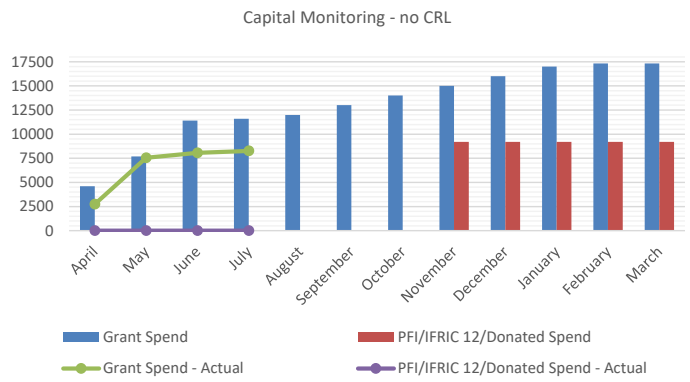
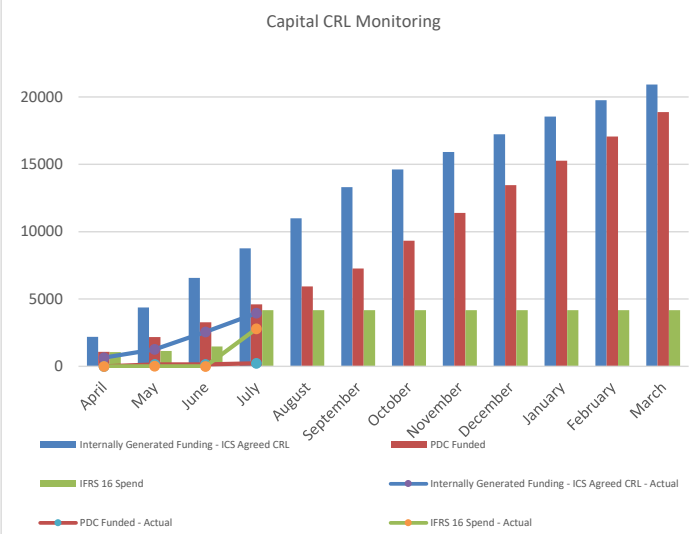
	M4 23/24	Cumulative	M3 23/24	Cumulative
Value	97%	95%	96%	95%
Volume	97%	95%	96%	94%

Debtor Days

Calculated Debtor Days for the year are:-

	M4 Actual	M3 Actual
Total	5.27	5.08
Being:-		
NHS	5.41	5.40
Non NHS	4.73	3.84

Capital

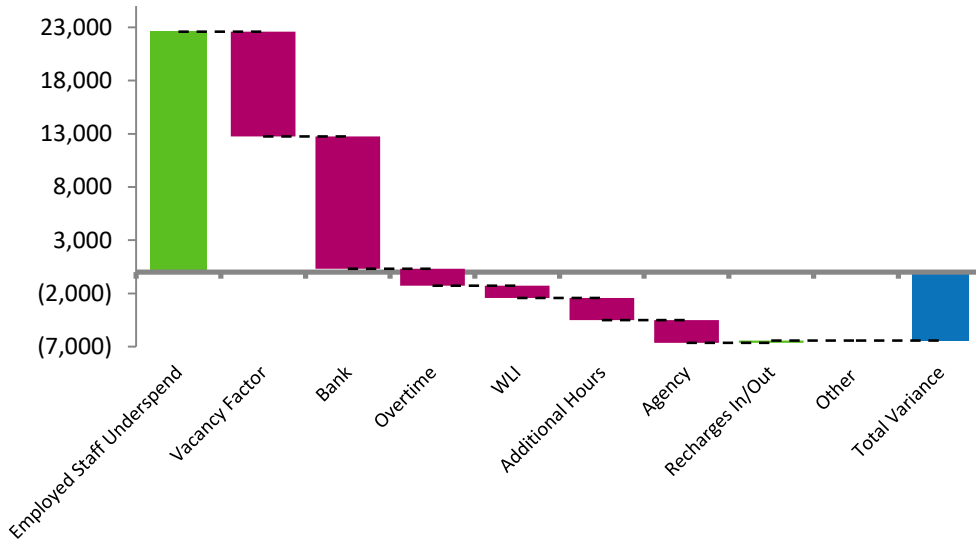


The Trust have spent £15.2m of capital YTD to 31st July 23, which is an underspend of £12.7m against forecast YTD capital spend of £29.1m. Of this £15.2m YTD spend:

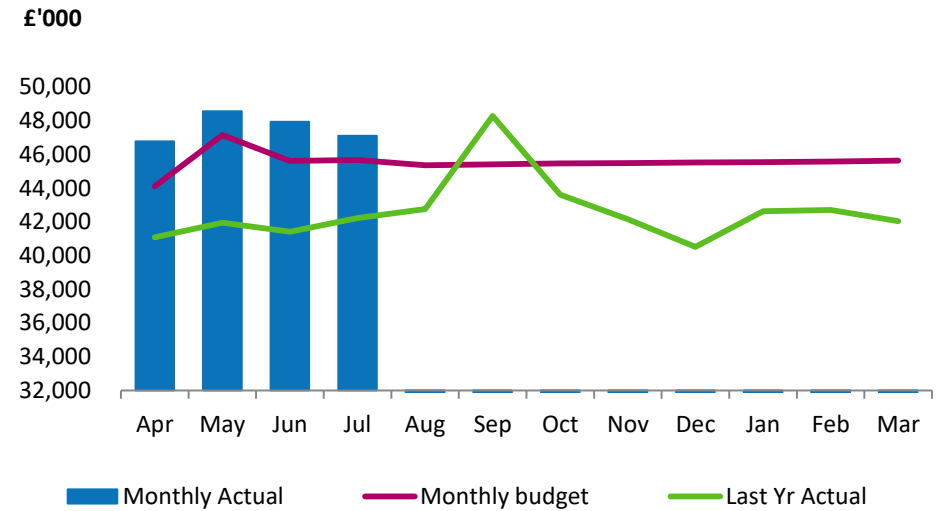
Capital CRL Monitoring - £3.9m relates to capital spend which the ICS is measured against, this is an underspend of £4.8m against Plan due to timing of orders. The Trust envisages meeting the ICS CRL of £20.9m. There has been £0.2m spend YTD on PDC due to the business cases still being agreed creating variance to Plan of £4.2m. There was £2.8m spend YTD on IFRS 16 due to two lease extensions with an underspend of £1.4m due to leases (predominantly BCPS) still being commercially agreed.

Capital Monitoring - non CRL - The balance of the capital YTD, £8.3m, relates to capital spend on grant funded items with £8.1m relating to PSDS Phase 3a and £0.2m relating to Phase 3b. This is variance of £3.3m against Planned Grant spend of £11.6m due to timing of orders. The Trust are forecasting to meet the reforecast capital expenditure spend for 23/24 of £70.9m (this includes removal of £4.5m UEC PDC offset against renewal IFRS 16 leases £2.7m)

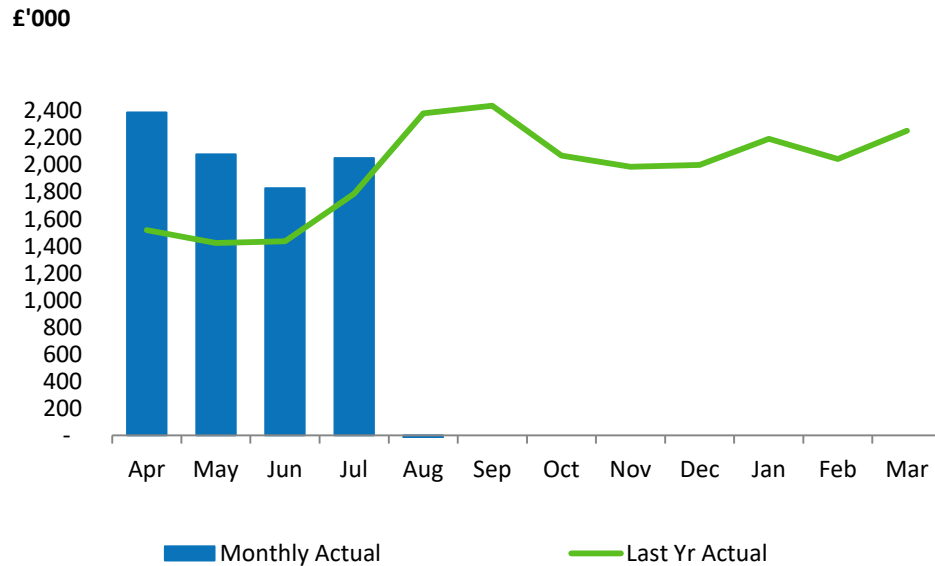
Year to Date Variance to plan



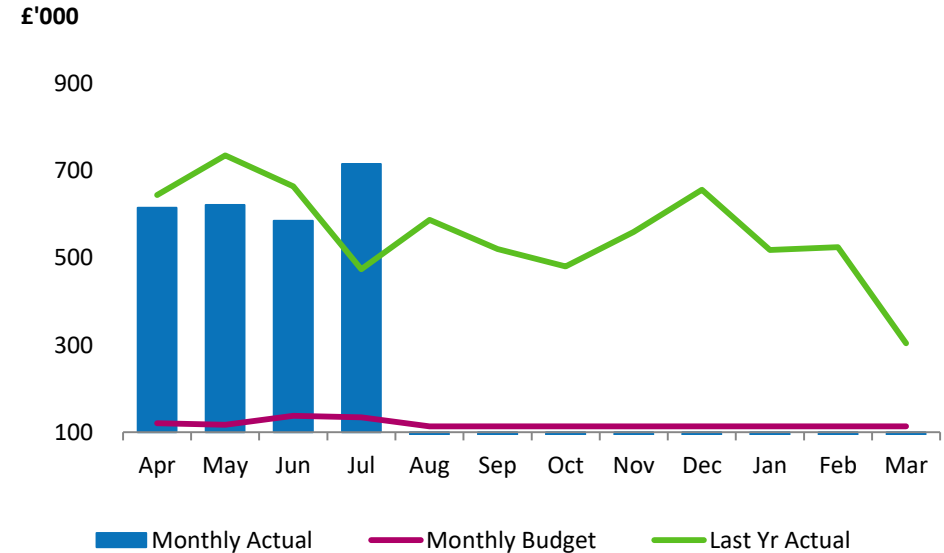
Total Pay Expenditure Trend



Bank Expenditure Trend



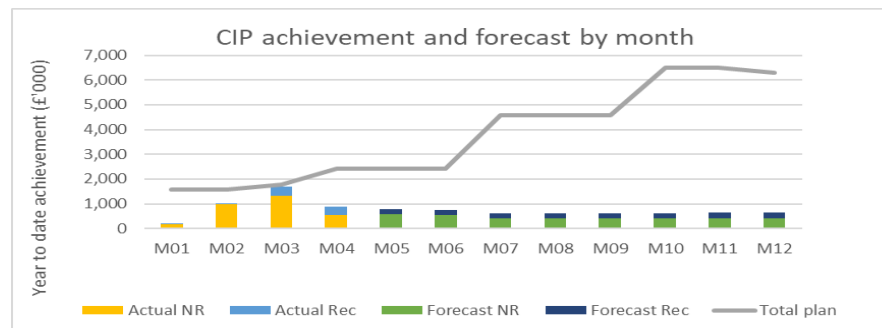
Agency Expenditure Trend



Cost Improvement

Division	YTD Plan	YTD Actual	Variance
Corporate	354	67	(287)
Division 1	1,647	1,113	(534)
Division 2	1,072	273	(799)
Division 3	727	387	(340)
Division 4	4	0	(4)
Estates And Facilities	363	19	(344)
Trustwide	3,180	1,914	(1,266)
Grand Total	7,346	3,772	(3,575)

Division	Total target	FOT total	Variance
Corporate	3,243	218	(3,025)
Division 1	15,080	2,950	(12,131)
Division 2	9,815	1,138	(8,678)
Division 3	6,657	716	(5,941)
Division 4	33	0	(33)
Estates And Facilities	3,322	73	(3,249)
Trustwide	7,003	3,971	(3,032)
Grand Total	45,153	9,065	(36,088)



Against an in month target of £2.42m, the Trust has achieved £833k. 37% of the in-month achievement is recurrent, however only 19% of the year to date achievement is recurrent. Due to the phasing of the efficiency plan, the savings required to hit the I&E plan increase in each quarter (plan savings are £2.4m in each month of Q2, £4.6m in each month of Q3 and £6.4m in each month of Q4). The forecast CIP is £9.1m, which includes £2.5m (28%) of recurrent savings. A number of schemes are being reviewed which focus on recurrent savings being achieved.

Reserves

Start point		29,703,056
Additional Income allocated to reserves		15,874,006
Full Year Effect of reserves 'drawn down' upto current month		(19,334,559)
Reserves phased into position		(7,403,659)
Reserves available for future months		18,838,846
Earmarked Reserves	Division 1	(3,664,112)
	Division 2	(4,107,732)
	Division 3	(3,196,330)
	Division 4	(36,837)
	Estates and Facilities	0
	Corporate & Other	(1,079,161)
Less: Expected Slippage		24,603
		<hr/>
		(12,059,567)
	Available Balance	6,779,278
Balance made up of	Drugs	0
	Inflation	4,589,108
	Trustwide Education/LDA	688,149
	Contingency	594,961
	CDC - Trustwide	907,060
Less:	Expected Balance Sheet Release	0
		<hr/>
		6,779,278

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				
217,794	58,207	58,406	199	Patient Activity Income	695,665	228,942	230,459	1,517
402	127	91	(36)	Other Patient Care Income	1,521	507	336	(171)
1,704	0	0	0	Top Up Income	0	0	0	0
16,321	4,740	4,759	19	Education, Training & Research Income	53,689	18,831	18,608	(223)
12,252	221	211	(10)	Non Patient Care Other Income	17,578	11,685	8,347	(3,338)
28	55	89	34	Private Patient Income	658	219	253	34
24,913	7,192	7,293	101	Income on Directorate Budgets	83,538	28,821	29,528	707
273,414	70,542	70,849	306	Total Income	852,649	289,005	287,531	(1,475)
				Expenditure				
166,687	45,663	47,104	(1,442)	Directorate Expenditure Budgets - Pay	546,536	182,531	190,374	(7,843)
65,253	17,972	18,614	(642)	Directorate Expenditure Budgets - Non Pay	207,921	68,528	70,271	(1,743)
22,654	6,237	6,274	(38)	Directorate Expenditure Budgets - Drugs	72,296	24,594	24,612	(18)
0	2,149	0	2,149	Activity Changes/Service Dev./Cost Pressures/Inflation Reserves	25,153	6,909	0	6,909
0	19	0	19	Contingency Reserves	1,090	495	0	495
0	(1,533)	0	(1,533)	Cost Improvement Savings	(37,546)	(3,575)	0	(3,575)
0	0	0	0	BCPS Savings	0	0	0	0
254,595	70,505	71,992	(1,487)	Total Expenditure	815,450	279,482	285,257	(5,775)
18,819	37	(1,144)	(1,181)	EBITDA Surplus/(Deficit)	37,199	9,523	2,273	(7,250)
9,457	2,631	2,667	(37)	Depreciation	33,017	10,388	10,510	(122)
603	79	(54)	132	(Interest Receivable) / Payable	1,606	292	(67)	359
4,209	1,158	1,158	0	Other Charges	13,900	4,633	4,632	1
14,269	3,868	3,772	96	Other non operating items	48,524	15,313	15,075	238
4,550	(3,831)	(4,916)	(1,085)	Net Surplus/(Deficit) before Adjustments	(11,325)	(5,790)	(12,802)	(7,012)
(12,073)	(88)	(136)	(47)	Adjustments as per NHSI reported position	(15,425)	(11,215)	(8,045)	3,170
(7,523)	(3,919)	(5,051)	(1,132)	Adjusted Financial Performance as NHSI	(26,750)	(17,005)	(20,847)	(3,843)

Note : Adverse Variances in Brackets

2023/24 Balance Sheet as at 31st July 2023

	<u>July 2023</u> <u>Plan</u>	<u>July 2023</u> <u>Actual</u>	<u>June 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	503,362	491,630	489,991	1,639	486,739
Intangible Assets	6,862	5,667	5,544	123	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	4,652	4,634	4,634	0	4,634
TOTAL NON CURRENT ASSETS	516,285	503,357	501,596	1,761	498,660
CURRENT ASSETS					
Inventories	8,347	7,462	8,480	(1,019)	8,347
Trade and Other Receivables	49,658	34,052	33,887	164	59,564
Other Current Assets	0	0	0	0	0
Cash and cash equivalents	47,700	62,943	68,785	(5,842)	69,265
TOTAL CURRENT ASSETS	105,705	104,456	111,152	(6,696)	137,176
Non Current Assets Held for Sale	0	0	0	0	0
TOTAL ASSETS	621,990	607,813	612,748	(4,935)	635,836
CURRENT LIABILITIES					
Trade & Other Payables	(104,022)	(91,522)	(98,519)	6,997	(114,207)
Liabilities arising from PFIs / Finance Leases	(6,199)	(8,841)	(6,048)	(2,793)	(13,462)
Provisions for Liabilities and Charges	(3,741)	(3,374)	(3,563)	189	(4,201)
Other Financial Liabilities	(9,990)	(17,990)	(13,065)	(4,925)	(10,424)
TOTAL CURRENT LIABILITIES	(123,952)	(121,727)	(121,195)	(532)	(142,294)
NET CURRENT ASSETS / (LIABILITIES)	(18,247)	(17,270)	(10,042)	(7,228)	(5,118)
TOTAL ASSETS LESS CURRENT LIABILITIES	498,039	486,087	491,554	(5,467)	493,542
NON CURRENT LIABILITIES					
Trade & Other Payables	(287)	(264)	(271)	7	(287)
Other Liabilities	(11,300)	(10,769)	(11,314)	544	(5,470)
Provision for Liabilities and Charges	(1,780)	(1,780)	(1,780)	0	(1,780)
TOTAL NON CURRENT LIABILITIES	(13,367)	(12,814)	(13,365)	551	(7,537)
TOTAL ASSETS EMPLOYED	484,672	473,273	478,189	(4,916)	486,005
FINANCED BY TAXPAYERS EQUITY					
Public Dividend Capital	310,065	305,676	305,676	0	305,676
Retained Earnings	66,641	59,629	64,545	(4,916)	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	187	190	190	0	190
TOTAL TAXPAYERS EQUITY	484,672	473,273	478,189	(4,916)	486,005

2023/24 Cash Flow as at 31st July 2023

	Jul-23	Jul-23	Jul-23	Jul-23
	Plan £'000	Actual £'000	Variance £'000	In Month Movement £'000
OPERATING ACTIVITIES				
Total Operating Surplus/(Deficit) (gross of control total adjustments)	(917)	(8,237)	(7,320)	(6,462)
Depreciation	10,312	10,510	198	5,282
Fixed Asset Impairments	0	0	0	0
Capital Donation Income	(11,599)	3	11,602	0
Interest Paid	(1,182)	(1,173)	9	(590)
Dividends Paid	0	0	0	0
Release of PFI /Deferred Credit	0	0	0	0
(Increase)/Decrease in Inventories	0	885	885	924
(Increase)/Decrease in Trade Receivables	9,945	25,550	15,605	31,313
Increase/(Decrease) in Trade Payables	(1,450)	(15,502)	(14,051)	(26,453)
Increase/(Decrease) in Trade Payables Ann Leave Acc	0	(679)	(679)	1,358
Increase/(Decrease) in Other liabilities	0	7,566	7,566	1,811
Increase/(Decrease) in Provisions	0	(735)	(735)	(799)
Increase/(Decrease) in Provisions Unwind Discount	0	0	0	0
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	5,109	18,189	13,080	6,385
CASH FLOWS FROM INVESTING ACTIVITIES				
Interest Received	706	1,240	534	664
Payment for Property, Plant and Equipment	(38,995)	(23,345)	15,650	(9,124)
Payment for Intangible Assets	(1,474)	(291)	1,183	(262)
Receipt of cash donations to purchase capital assets	11,199	0	(11,199)	0
Proceeds from sales of Tangible Assets	0	0	0	0
Proceeds from Disposals	0	0	0	0
NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES	(28,564)	(22,396)	6,167	(8,722)
NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING	(23,455)	(4,208)	19,247	(2,337)
FINANCING				
New Public Dividend Capital Received	4,389	0	(4,389)	0
Capital Element of Finance Lease and PFI	(2,498)	(2,114)	384	(1,075)
NET CASH INFLOW/(OUTFLOW) FROM FINANCING	1,891	(2,114)	(4,005)	(1,075)
INCREASE/(DECREASE) IN CASH	(21,564)	(6,322)	15,242	(3,412)
CASH BALANCES				
Opening Balance at 1st April 2023	69,265	69,265	0	0
Opening Balance at 1st March 2023				
Closing Balance at 31st July 2023	47,701	62,943	15,242	(3,412)

Trust Board Committee Chairs Assurance Report

Name of Committee:	Audit Committee
Date(s) of Committee Meetings since last Board	12 September 2023
Chair of Committee:	Julie Jones
Date of Report:	3 October 2023

ALERT Matters of concerns, gaps in assurance or key risks to escalate to the Board	<ul style="list-style-type: none"> Following escalation from the Finance and Productivity Committee, members considered the internal control and governance issues surrounding the award of the Renal Dialysis contract. On 8 February 2023 patients began to be seen by the preferred contractor, Renal Services UK, prior to the contract award being considered by Trust Board and prior to the conclusion of all aspects of the procurement process. Following an internal review, both F&P and Audit Committee were presented with an action plan of recommendations to strengthen governance controls already in place. The Audit Committee were satisfied that the controls in place governing procurement at the Trust are well-designed; the issue arose due to non-compliance with these controls. It was agreed that the Group Chief Financial Officer would contact all SROs involved in procurement and reinforce the existence of, and requirement to follow, Trust policy.
ADVISE Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought	<ul style="list-style-type: none"> The committee reviewed the Board Assurance Framework and discussed themes for consideration regarding future evidence, assurance, and watch-list/horizon scanning.

ASSURE Positive assurances & highlights of note for the Board	<ul style="list-style-type: none"> • At the start of the meeting the annual private meeting was held between the Committee and the three external firms of auditors. Positive feedback was received from all three on the Trust's receptiveness to audit and willingness to engage with the auditors. No risks or matters of concern were raised. • The quarterly security report gave assurance that risks were being managed. • The committee was updated on IT Cyber Security and received assurances over the confidentiality, integrity and availability of Trust networks, systems and data. • There were no finalised internal audit reports to consider. Internal audit updated the committee on audits in progress. The committee approved four changes to the 2023/24 internal audit plan to reflect the risks arising from emerging issues and updated guidance. It was noted that 12 outstanding management actions were overdue and had not been given an update on iBABS, an improvement from the last update but still not where it should be. • The committee received the Local Counter Fraud Service progress report providing a summary of the fraud prevention, detection and investigation work undertaken since the last meeting. • There was a discussion about the governance arrangements between the Trust and the ICS/ICB and progress in developing delegations between the organisations in the system and the provider collaborative. • The committee received a report detailing Single Tender Actions and Suspension Breaches. Eleven Single Tender Waivers were actioned between April and June 2023, with retrospective orders being 0.31% of the number of total orders in the quarter.
Recommendation(s) to the Board	<ul style="list-style-type: none"> • Losses and special payment proposed write offs were agreed for final approval by the Trust Board.
Changes to BAF Risk(s) & TRR Risk(s) agreed	<ul style="list-style-type: none"> • None.
ACTIONS Significant follow up action commissioned (including discussions with other Board Committees, changes to Work Plan)	<ul style="list-style-type: none"> • The committee will take forward the actions relating to the recommendations previously made by external and internal auditors.
ACTIVITY SUMMARY Presentations/Reports of note received including those Approved	<ul style="list-style-type: none"> • Please refer to agenda on ibabs.
ACTIVITY SUMMARY Major agenda items discussed including those Approved	<ul style="list-style-type: none"> • Please refer to agenda on ibabs.
Matters presented for information or noting	<ul style="list-style-type: none"> • No interests were declared by members.
Self-evaluation/ Terms of Reference/ Future Work Plan	<ul style="list-style-type: none"> • Members were asked to consider what the committee had done well, what could have been done better, and whether the business of the meeting had made a difference to patients. It was noted that the depth and openness of the renal contract award discussion was helpful.
Items for Reference Pack	<ul style="list-style-type: none"> • None

RWT Prioritising Elective Capacity – Self Assessment (PRN00673)

Assurance Area	Assured?	Currently reported to P&F?
<p>Validation</p> <p>The board:</p> <ul style="list-style-type: none"> a. has received a report showing current validation rates against pre-covid levels and agreed actions to improve this position, utilising available data quality (DQ) reports to target validation, with progress reported to board at monthly intervals. This should include use of the nationally available LUNA system (or similar) to address data quality errors and identify cohorts of patients that need further administrative and clinical validation. b. has plans in place to ensure that at least 90% of patients who have been waiting over 12 weeks are contacted and validated (in line with validation guidance) by 31 October 2023, and has sufficient technical and digital resources, skills, and capacity to deliver against the above or gaps identified. We are developing a range of digital support offers for providers to improve validation. c. ensures that the RTT rules and guidance and local access policies are applied and actions are properly recorded, with an increasing focus on this as a means to improve data quality. For example, Rule 5 sets out when clocks should be appropriately stopped for 	<p>The Trust has received a report showing current validation rates and the actions being taken to improve this position further. Validation rates will be reported to Board on a monthly basis via the 'Elective Recovery Report'.</p> <p>58% of patients waiting over 12 weeks have been validated within the last twelve weeks through regular text messaging. The Trust has developed a process to routinely text message patients on a weekly basis to ensure this target is achieved by the end of October. Letters will be sent to those patients who do not have a mobile phone number recorded on the system. The Trust has bid for funding to support this programme of work and is awaiting the outcome.</p> <p>The Trusts access policy is consistent with national guidance and adherence is monitored through regular data quality reports as well as a Trust RTT (referral to treatment) validation team. The latter provides regular training to colleagues either on</p>	<p>No - will be included in Elective Recovery Report for Octobers Committee</p> <p>As above</p> <p>N/A – no routine reporting requirement</p>

<p>‘non-treatment’. Further guidance on operational implementation of the RTT rules and training can be found on the Elective Care IST FutureNHS page. A clear plan should be in place for communication with patients.</p> <p>d. has received a report on the clinical risk of patients sitting in the non RTT cohorts and has built the necessary clinical capacity into operational plans.</p>	<p>request or when training needs are identified.</p> <p>The Board has received updates on specific cohorts of high-risk patients (e.g. glaucoma patients in Ophthalmology). A further review of all non-RTT patients is in progress and will be updated to Board through the Finance & Productivity Committee in November 2023.</p> <p>Additional support is requested from Commissioners in procuring community capacity for patients such as those mentioned above, to reduce the clinical risk across the system and transfer patients to a more appropriate setting for their treatment.</p>	<p>Specific cohorts, like the ones opposite have been reported through QGAC. A Trust wide report will be shared in the first instance with P&F in December (concluded in November).</p>
<p>First appointments</p> <p>The board:</p> <p>a. has signed off the trust’s plan with an ambition that no patient in the 65 week 'cohort' (patients who, if not treated by 31 March 2024, will have breached 65 weeks) will be waiting for a first outpatient appointment after 31 October 2023.</p>	<p>The Trust will not achieve the clearance of all first outpatients by the end of October 2023. The Trust expects c3,300 first outpatients to remain without a date in Urology, Gynaecology, Cardiology and Community Paediatrics.</p> <p>The Trust expects to clear these patients in the following timeframes:</p> <ul style="list-style-type: none"> Gynaecology – clearance anticipated by end of December 23 through the use of an insourcing proposal 	<p>Reported routinely since September in Elective Recovery Pack.</p>

<p>b. has signed off the trust’s plan to ensure that Independent Sector capacity is being used where necessary to support recovery plans. To include a medium-term view using both insourcing and outsourcing, the Digital Mutual Aid System, virtual outpatient solutions and whole pathway transfers. National support and information on utilisation of the Independent Sector is available via the IS Co-ordination inbox england.iscoordination@nhs.net</p>	<p>that started in September.</p> <ul style="list-style-type: none"> • Cardiology – clearance anticipated by the end of November 23 through increased validation, WLI initiatives and insourcing. • Urology – clearance anticipated by the end of December 23 through the use of an insourcing proposal due to start on the 7th October 2023. • Community Paediatrics – clearance anticipated by the end of March 24 with all patients receiving a clock stop in the same timeframe. <p>For all the above, the expectation remains that no 65-week waits will remain at the end of March 2024 with additional capacity procured to ensure the timeframe from outpatient to treatment is reduced.</p> <p>The Trust has been routinely using all available independent sector capacity since the end of the pandemic. Unfortunately, this is limited to specialties that do not have a long waiting problem, e.g. orthopaedics.</p> <p>Insourcing arrangements are either in place or due to start in multiple specialties including Urology, Gynaecology, Gastroenterology and Cardiology to support the reduction in the waiting list</p>	<p>No – summary of IS usage to be included in Elective Recovery Report in October.</p>
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	and the Trust requests support through the DMAS solution.	
<p>Outpatient follow-ups</p> <p>The board:</p> <p>a. has received a report on current performance against submitted planning return trajectory for outpatient follow-up reduction (follow-ups without procedure) and received an options analysis on going further and agreed an improvement plan.</p> <p>b. has reviewed plans to increase use of PIFU to achieve a minimum of 5%, with a particular focus on the trusts' high-volume specialties and those with the longest waits. PIFU should be implemented in breast, prostate, colorectal and endometrial cancers (and additional cancer types where locally agreed), all of which should be supported by your local Cancer Alliance. Pathways for PIFU should be applied consistently between clinicians in the same specialty.</p> <p>c. has a plan to reduce the rate of missed appointments (DNAs) by March 2024, through: engaging with patients to understand and address the root causes, making it easier for patients to change their appointments by replying to their appointment reminders, and appropriately applying trust access</p>	<p>The Trust does not anticipate hitting the 25% outpatient follow up reduction by the end of March 2024 with follow ups 2.5% down on 2019/20 in the year to date. The Trust is focusing its efforts on increasing the uptake of patient initiated follow up (PIFU) which will support the achievement of this target but there remains too many patients on our follow up waiting list who require face to face assessment to mean a 25% reduction will be achieved.</p> <p>The Trust is currently achieving 1.5% of patients moving on to PIFU with a plan to increase this to 5% by the end of the year with a roll out plan agreed for a number of specialties. PIFU pathways are already in place in the named cancer specialties.</p> <p>There is a plan in place to reduce DNA's from the current rate of 9.2% to 6.2% by the end of the year through increased awareness of DNA's and targeted intervention.</p>	<p>Yes – included in Elective Recovery Report</p> <p>Yes – included in Elective Recovery Report</p> <p>No – to be included in Elective Recovery Report from October</p>

<p>policies to clinically review patients who miss multiple consecutive appointments.</p> <p>d. has a plan to increase use of specialist advice. Many systems are exceeding the planning guidance target and achieving a level of 21 per 100 referrals. Through job planning and clinical templates, the Board understands the impact of workforce capacity to provide advice and has considered how to meet any gaps to meet min levels of specialist advice. The Trust has utilised the OPRT and GIRFT checklist, national benchmarking data (via the Model Health System and data packs) to identify further areas for opportunity.</p> <p>e. has identified transformation priorities for models such as group outpatient follow up appointments, one-stop shops, and pathway redesign focussed on maximising clinical value and minimising unnecessary touchpoints for patients, utilising the wider workforce to maximise clinical capacity.</p>	<p>The Trust has a plan to increase the volume of advice and guidance being offered through the roll out of the CAS/RAS concept in further specialties and increased engagement with primary care. This increase does rely on a variable payment system being agreed for advice and guidance with local commissioners.</p> <p>Through its outpatient transformation programme and engagement with GIRFT and the Further Faster programme, the Trust is taking forward a number of initiatives across a number of specialties.</p>	<p>Yes – included in Elective Recovery Report</p> <p>Yes – included in Financial Recovery Papers</p>
<p>Support Required</p> <p>The board has discussed and agreed any additional support that maybe required, including from NHS England, and raised with regional colleagues as appropriate.</p>	<p>Additional capacity continues to be requested from system partners in challenged specialties – particularly Urology.</p> <p>Support is requested from Commissioners in developing a variable payment system for advice and guidance activity as well as commissioning community capacity where appropriate to reduce the clinical risk of non-RTT patients.</p>	<p>N/A</p>

Sign Off	
Trust Lead (name, job title and email address)	Gwen Nuttall, Chief Operating Officer/Deputy Chief Executive (gwen.nuttall2@nhs.net)
Signed off by chair and chief executive (names, job titles and date signed off)	Sir David Nicholson, Group Chair, David Loughton, Group Chief Executive,

Paper for the Trust Board Meeting to be held in Public on 10th October 2023

Title of Report	Exception Report from the Quality Committee	Enc No:13.5
Author:	Louise Toner	
Presenter:	Chair of Committee	
Date(s) of Committee/Group Meetings since last Board meeting:	27 th September 2023.	

Action Required of Committee/Group (Please remove action as appropriate)			
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 and the Alerts section in particular.			
The Board is asked to endorse this report.			

ALERT

- It was confirmed that the Trust remains under Tier 2 scrutiny as opposed to being escalated to Tier 1 for Cancer Performance. The rationale for remaining in Tier 2 is the Trust's performance with the 28-day faster diagnosis standard and improvements in our 31-day metrics and some very slight improvement in 62 day waits for some tumour sites. Urology and Prostate are particularly challenging with Frimley Park continuing to offer mutual aid, where patients are prepared to travel for treatment and to Russell's Hall Hospital for Renal Surgery and Northampton for Prostate Treatment. Discussion took place re what more could be done to help reduce the backlog and again demand and capacity was discussed using colorectal as an example.
- Diagnostics and in particular Histopathology turnaround times remain particularly challenging, however, the skin cancer performance has shown a very slight improvement. Further, Moh's surgery has just commenced at the Trust with the first 2 patients receiving treatment. Discussion took place regarding the Community Diagnostics Centre's 7 day working and it was reported that the plan would be to offer a 6-day service with Waiting List Initiatives taking place on a Sunday but with a view to 7 days working longer term (2024).
- The numbers of patients awaiting ophthalmology follow up continues to increase with 7824 in the system who are past their review date and a further 4580 patients to be added in the next 30 days but there are no appointment slots. It was reported that capacity and demand is the issue and that insourcing to help manage the system has been paused. The committee was assured that there was no evidence of patient harm coming through. Discussion took place re utilising optometrists in the community, but the ICB will not provide the required funding, despite this being identified in the Trusts commissioning intentions.
- There has been a 16% increase in the number of MASH checks in Children – the highest in recent years.
- Following a Trust wide Audit, Mental Capacity Act Assessments have remained at 50%

ADVISE

- The Trust anticipates that it will be compliant with the 28-day faster cancer diagnosis pathway of 75% as it is very near to being achieved.
- C difficile 4 cases this month. Deep cleaning has now commenced using the using the decant facility and there will be a Permanent Patient Equipment Cleaning Centre available from November 2023.
- It was reported that the Malnutrition Universal Scoring Tool (MUST) is not being completed as required, and a rapid improvement event in October has been scheduled to help improve compliance.
- The number of pressure ulcers has increased, and it was reported that have been some mattress failures, but further themed analysis is being undertaken.
- Observations on time remain in the area of 85% compliance.
- MFFD/Criteria to reside patients were at 76 in July and 60 in August creating challenges in discharging patients, particularly those who are out of area.
- Maternity staffing is improving with newly qualified midwives and midwives from overseas joining the workforce. This impacts the overall skill mix, however 1:1 care in labour continues to be achieved. Acuity of women is high, and work is continuing to analyse the impact of this.
- Smoking at the time of delivery remains above the set target.
- Pneumonia has had a higher-than-expected SHMI and as a result a is subject to ongoing scrutiny the results of which are demonstrating improvements in the SHMI.
- There has been an increase in the number of Domestic Homicide Reviews involving the Trust.
- Training is in the region of 96% Compliance for Level 1 and 2 Safeguarding, Children and Adults, Oliver McGowan, Deprivation of Liberty Safeguards and Mental Capacity Assessment. Level 3 Safeguarding Adults remains challenging with a new e Learning package under development to increase flexibility of access and increase compliance.

ASSURE

Positive assurances & highlights of note for the Board/Committee

- The recruitment of Nurses both newly qualified and from overseas continues to keep vacancy rates to a minimum.
- Integrated care services are performing well.
- A planned schedule of Night Visits has been introduced being undertaken by Senior Nursing staff.
- In respect of The Mortality Quality Improvement plan, there is a robust process in place that identifies where there is poor care, and how the learning from these cases is used to impact changes in practice.
- The SHMI is 0.8996
- Safeguarding compliance for Health Visitors and School nurses has improved.
- Initial Health assessment compliance has significantly increased

Implications of the Paper

Changes to BAF Risk(s) & TRR Risk(s) agreed.

There are 21 risks being managed with no new risks identified, 5 risks have been removed and 7 red risks remain. All overdue risks have been updated.

Five risks have been removed are:

- ID 5536 – Provision of Mental Health Beds has been replaced by risks 6017,6018 and 6019 awaiting approval.
- ID 5619 – Inadequate ventilation in all birthing rooms – delivery suite

	ID 5671 – POCT manufacturer contracts due to expire. ID 5748 – CAMS Patients on A 21 ID 5800 – Non-Compliant with BCG/SCID service provision		
Compliance and/or Lead Requirements	CQC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: All domains
	NHSE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Tier 2 monitoring
	Health & Safety	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Legal	Yes <input type="checkbox"/> No <input 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:	
The key issues are:	
<ul style="list-style-type: none"> • Cancer Improvement Plan and the continuation of Tier 2 scrutiny with NHSE Midlands. • The numbers of patients awaiting Ophthalmology follow up continues to increase. 	

Links to Trust Strategic Aims & Objectives – Given that the committee is concerned with Quality and Safety all of the below are relevant

<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>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
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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
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<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
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Report Journey/Destination Significant 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 P&F	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: TBC
	Board of Directors	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date
	Other Discussions taking place with a view to aligning QPES and QGAC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: Ongoing
Any Changes to Workplan to be noted	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Date:

EXCEPTION REPORT FROM: QUALITY GOVERNANCE ASSURANCE COMMITTEE CHAIR

MATTERS FOR THE BOARD'S ATTENTION

The Trust remains in Tier 2 letter scrutiny regarding our 62 and 31 day waits as identified in the ALERT section above.

ACTIVITY SUMMARY

Please see list below

QSAG was postponed and, as a result, there was no consideration of any item coming from the Divisions. The agenda is being carried forward to the next meeting in 3 weeks' time.

Matters presented for information or noting.

- Mortality Quality Improvement Plan
- Maternity Services Governance Report including
 - CNST Report
 - Maternity Dashboard
 - MBRRACE – UK Perinatal Mortality Report 2021 Births
 - Maternity Services Parts 1 and 2 QM Reports
 - SUI Report with HSIB recommendations
- Infection Prevention BAF
- Chief Nursing Officer Report
- Integrated Quality and Performance Report
- Trust Risk Register
- Cancer Improvement Plan
- Safeguarding Assurance Report (Adults and Children)
- Report to the Provider Collaborative Quality and Safety Boards at BC Trusts and the ICB
- Urology Final Senate Review RWT and WHT and Senate Urology Actions Summary July 2023

Chair's comments on the effectiveness of the meeting:

An effective meeting with good discussion particularly around the Cancer Improvement plan. As a result of QSAG being postponed there was no discussion regarding the Divisions and other overarching quality and safety issues, some of which should have come to the Quality Committee. These items will be included in the next QSAG agenda in 3 weeks and come to the Quality Committee thereafter.

**Paper for submission to the Trust Board Meeting – to be held in Public
On 10th October 2023**

Title of Report:	Chief Nursing Officer Report.	Enc No: 13.6
Author:	Catherine Wilson and Martina Morris - Deputy Chief Nursing Officers	
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 checked="" type="checkbox"/> No <input type="checkbox"/>

Recommendations:

- The Board is asked to note the contents of the report and receive it for discussion and assurance.

Implications of the Paper:

Risk Register Risk	Chief Nursing Officer (CNO) risks on the risk register: Yes <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): 15 (High 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	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: 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		

	<p>harm.</p> <p>Effective: care, treatment and support achieve good outcomes, helping people maintain quality of life and is based on the best available evidence.</p> <p>Caring: staff involve and treat everyone with compassion, kindness, dignity and respect.</p> <p>Responsive: services are organised so that they meet people’s needs.</p> <p>Well-led: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.</p>		
<p>Equality and Diversity Impact</p>	<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>		
<p>Report Journey/Destination or matters that may have been referred to other Board Committees</p>	<p>Working/Exec Group</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>Date: Trust Management Committee (TMC) – 22/09/2023</p>
	<p>Board Committee</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>Date: Quality Committee (QC) – 27/09/2023</p>
	<p>Board of Directors</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>Date: N/A</p>
	<p>Other</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>Date: N/A</p>

<p>Summary of Key Issues using Assure, Advise and Alert</p>	
<p>Assure</p>	<ul style="list-style-type: none"> This month, our recruitment pool has consisted of both, domestic Newly Qualified Nurses who have completed their training and Clinical Fellowship Nurses, which has enabled us to maintain a healthy vacancy position and recruitment pipeline. The Care Hours per Patient Day have remained in a positive position of 8.3. The number of Deprivation of Liberty Safeguards (DoLS) submitted has significantly increased as a positive response to the Safeguarding Team’s increased clinical visibility and education support. Initial Health Assessment (IHA) compliance for Looked after Children has positively increased this quarter as a result of focussed improvement work.
<p>Advise</p>	<ul style="list-style-type: none"> Compliance data for Malnutrition Universal Scoring Tool (MUST) assessments requires improvement and a rapid improvement event is planned for October 2023. A Medication Management Summit, in conjunction with Pharmacy colleagues, to focus improvements on medication safety and management will be held late September 2023. The Senior Nursing Team have undertaken the second round of nighttime visits across all clinical areas to gain assurance that the required standards of care are being maintained. Wider themes noted have been shared for learning and further inform improvement activities and focus. Improvement actions continue to be delivered pertaining to a variety of Infection Prevention and Control indicators.
<p>Alert</p>	<ul style="list-style-type: none"> N/A

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 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 • 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 Nursing Officer Report.

Report to the Trust Board meeting – to be held in Public on 10th October 2023.

EXECUTIVE SUMMARY

This report provides an overview of August's position with regards to key Nursing and Midwifery recruitment and retention activities and Nurse Sensitive Indicators (NSIs). In addition, it provides key updates pertaining to the safeguarding agenda and refers to the detailed Patient Experience, Infection Prevention and Control (IPC), Bi-annual skill mix review and Maternity reports, which are presented separately.

The report demonstrates our ongoing commitment to growing and sustaining the Nursing and Midwifery workforce, with a positive vacancy position, and improvements in some of the NSIs as a result. There are improvement actions and/or overarching improvement plans in place to continue further improving our position with regards to, for example, key workforce indicators, pressure ulcers, falls, observations being completed on time, IPC indicators and learning from complaints and incidents.

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

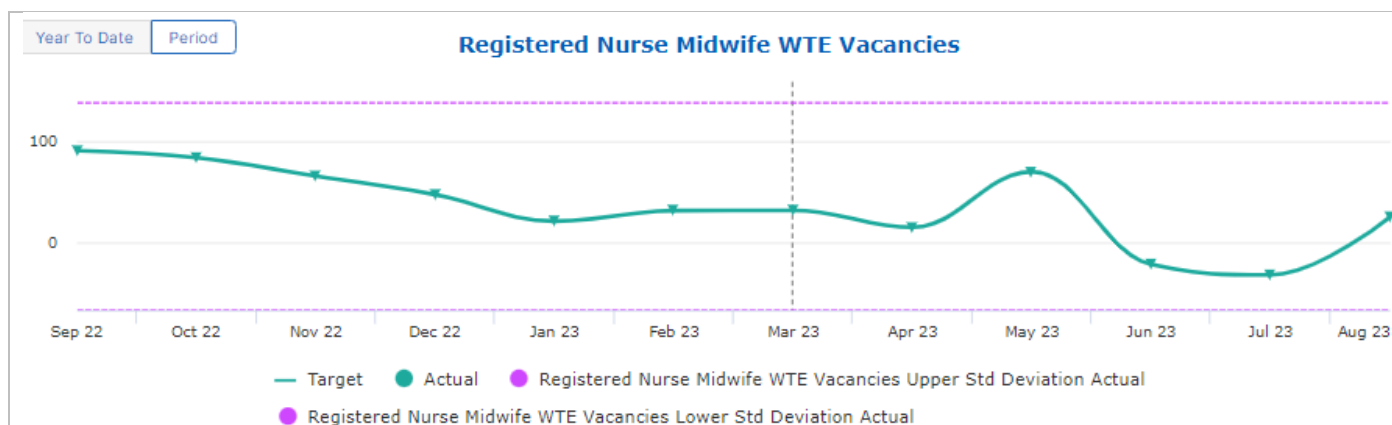
Based on data analysis in the latest Executive Nursing Dashboard, either issue specific actions are being taken or overarching action plans are in place for those areas noted as outliers. Key outlier indicators include annual leave, sickness, complaints, falls, pressure ulcers, Moisture Associated Skin Damage, observations completed on time, c-diff and medication errors.



Workforce

Vacancies and Recruitment – September 2023 position	Registered Nursing and Midwifery staff	Unregistered Nursing and Midwifery staff
The latest number of vacancies	25.17 WTE and awaiting allocation of newly qualified Nurses.	-55.0 WTE an over-establishment is seen due to Clinical Fellowship Nurses who are awaiting Nursing and Midwifery Council (NMC) pin numbers being included in this figure.
Latest vacancy %	0.90%	-5.23%
Recruitment pipeline	97.11 WTE and from this number, 17.0 WTE have start dates.	28.09 WTE and from this number, 14.48 WTE have start dates.
Maternity leave	3.71% - this equates to 101 WTE. (a small increase from 3.56 % last month which equated to 97 WTE).	Included within the overall workforce data set reported separately.
Sickness absence	6.34% (a small increase from 6.08% reported last month).	Included within the overall workforce data set reported separately.

Overall, Nursing and Midwifery vacancies and associated Care Hours Per Patient Day (CHPPD) remain in an improved position. Please see the graph below for a vacancy trend over time and IQPR for more information on CHPPD.



Other key headlines include:

- To support recruitment and strengthen our Domestic pipeline, we have introduced on-site monthly recruitment events this year. In addition, we have incrementally and significantly increased our annual student commissions each year with our local University and also partnered with four other providers to ensure multiple sources of Newly Qualified Nurses and Midwives. This action was taken prior to the publication of the national Long Term Workforce Plan (June 2023), which outlines the need for a significant increase in student commissions. We may also be attracting some post Covid-19 levelling of the student workforce where more have stayed on their programme and passed exams at first attempt. Furthermore, we were swift adopters of NHS England’s 5 high impact actions for retention.
- There is an unavoidable hiatus associated with the Clinical Fellowship Nurse and Newly Qualified Nurse recruitment due to constraints outside of our control and measures are in place to minimise the impact of this, with further actions under discussion.
- Rostering efficiency metrics improvements continue to be driven through confirm and challenge meetings with each clinical area across the year with oversight via the Nursing and Midwifery Recruitment and Retention Group, chaired by the Chief Nursing Officer.
- The biannual Nursing skill mix review has been completed this month from June 2023 data, the details of which are provided in a separate Workforce Report being reported to TMC and QC.



Education

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

- The overall compliance for Standards for Student Supervision and Assessment (SSSA) remains stable at 86%. This month we have launched internally developed e-learning mode of this training on the My Academy learner management platform to ensure we are able to monitor compliance more accurately.
- The Student Nurse Forum has been re-launched together with a Shared Decision-Making Council. A new cohort of 80 student nurses from Wolverhampton University have attended induction and been welcomed to our organisation this week.
- A band 5 fundamental quality care workshop is in development to complete the suite of ongoing development for all levels of staff. Furthermore, an enhanced preparation for practice programme is being launched for our International Clinical Fellows.
- The Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust (WHT) have received an award for Employer contribution of the year from Walsall college for supporting their T-Level students. Both Trusts will continue supporting T-level students, with a further cohort arriving September 2023.



Excellence in care

Falls

Please see information contained within this month's IQPR demonstrating a reduction in month. Oversight of the falls data and improvement activities is maintained via the joint Falls Steering Group.

Pressure ulcers (PUs) and moisture associated skin damage (MASD)

Please see information contained within this month's IQPR, which demonstrates an increase in month. Oversight of Pressure Ulcer data is maintained via the joint Tissue Viability Steering Group including targeted quality improvement work focusing on preventing further increases in category 2 and above pressure ulcers.

Patient Observations

Please see information contained within this month's IQPR. The overall compliance has remained above 85% and oversight of key data and improvement activities is monitored via the Deteriorating Patient Group.

Wider quality activities

The Malnutrition Universal Scoring Tool (MUST) assessments live data is now available demonstrating compliance over 60% for July and August 2023. A rapid improvement event is being planned for October 2023 for nutrition and hydration, focusing on MUST assessments, meal service and catering.

The Clinical Accreditation programme continues with 36 inpatient clinical areas having been assessed across RWT and WHT to date. The Clinical Accreditation Board maintains overall oversight of clinical accreditation activities and the table below outlines the number of clinical areas accredited and at what level. The remaining clinical areas which have been visited will be discussed, and levels of accreditation agreed, at upcoming Clinical Accreditation Board meetings.

Level of accreditation	Working towards accreditation	Ruby	Emerald	Sapphire
	6	7	8	0

Accreditation templates for specialist areas are in development for areas such as Paediatrics, Community, Emergency Department and Maternity. Evaluation of the Clinical Accreditation will take place in Q4 of 2023/24.

Ongoing focus remains on maintaining compliance with correct medicines management and safety, which is overseen by the Trust's Medicines Management Group and regularly discussed at various forums, including key Nursing and Midwifery groups. Areas for improvement include, locking of treatment room doors, correct measurement and documentation of ambient temperatures and missed doses. A Medicines Management Summit is planned for 26th September 2023 to facilitate sharing of key requirements associated with medicines management and safety and agreement of collective actions to support ongoing improvement. Pharmacy and nursing leaders have been invited to attend the Summit.

Nighttime clinical area visits

A rolling programme of nighttime visits are undertaken across all clinical areas between the hours of midnight and 06.00am by the Chief Nurse, Deputy Chief Nurses and Heads of Nursing and Midwifery. These visits have been undertaken twice this year in Spring 2023 and Summer 2023. The visits are generally well received and a good opportunity to liaise with staff that regularly undertake nights. Positive themes and improvements required are collated and any immediate concerns are addressed. For example, during the visits we have observed good adherence to enhanced caring, especially in 'tag' bays dedicated to those at high risk of falls. We also noticed variable compliance with Uniform policy in relation

to Infection Prevention and Control practices which was addressed immediately. Wider sharing of themes continues via all relevant Nursing & Midwifery forums.

Patient Experience

Latest updates for patient experience are contained in the Patient Experience report and report and IQPR presented to TMC, QC and Trust Board separately.

There was an increase in complaint numbers when compared with the previous reporting period, with general surgery and Emergency Department (ED) receiving the greatest volumes and maternity and general surgery receiving the greatest increases in volume. 6 complaints were upheld in this reporting period, which represents 9% of all cases closed (67 cases) in this period. Two cases were accepted for full investigation and one case closed following investigation by the Parliamentary Health Service, the outcome of which was fully upheld with a financial remedy of £600. The Friends and Family Test results remained similar to the previous months. The national ED and inpatient surveys have been published and the Patient Experience report outlines key headlines and next steps.

Maternity

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

Adult and Children Safeguarding

All mandatory training is in line with the Integrated Care Board (ICB) compliance requirements. During Q1, Mental Capacity Assessment, Deprivation of Liberty Safeguards, Prevent, Oliver McGowan Learning Disability and Autism, Safeguarding Children and Safeguarding Adults level 1 and level 2 training has demonstrated compliance of 96% or above. A review of training requirements continues.

The number of Deprivation of Liberty Safeguards (DoLS) applications submitted by RWT has continued to increase (130 applications Q4 2022-2023, 163 application Q1 2023-2024). This significant increase is likely due to a strengthened presence of the Safeguarding Team within clinical areas.

Initial Health Assessment (IHA) compliance significantly increased in Q1 2023/24 to an average of 61% (overall) and 90.3% (within provider control) in comparison to 23% (overall) and 31% (within provider control) in Q4 2022/23. This achievement has been shared with the Combined Clinical Quality Review and Contracting Group and no further additional actions have been recommended. There have been 15 IHA requests for Unaccompanied Asylum-Seeking Children for Q1 2023/24, demonstrating a 33% increase from Q4 2022/23.

The results of a Trust wide audit to review the compliance with completion of Mental Capacity Act assessments has remained consistent at approximately 50%, when compared to previous data. In July 2023, 82 were submitted and in August 2023, 69 were submitted and additional support is being provided to clinical areas by the Adult Safeguarding team to continue to further improve.

Wolverhampton Local Authority is in wave 1 of the Families First for Children (FFC) network pilot. The inaugural meeting took place on 4th September 2023. The work will be shaped around 4 areas (within this it will build on partnerships):

- Overarching system level support
- Family help
- Child protection specialist service
- Family networks

The monthly Black Country Safeguarding Assurance Framework has been completed and shared across the Trust, demonstrating evidence that safeguarding responsibilities are being met by the organisation. Oversight of safeguarding data and activities continues to be maintained through the Trust Safeguarding Group, chaired by the Chief Nursing Officer.

Infection Prevention and Control (IPC)

Latest updates for IPC are contained in the IPC report and IQPR presented to TMC, QC and Trust Board separately. The Trust continues to implement improvement actions pertaining to a variety of IPC indicators. The IPC delivery plan, approved by the Board in August, will be officially launched in early October 2023 and oversight of progress will be maintained via the Infection Prevention and Control Group.

The Quality Framework



The Quality Framework (QF) provides a shared vision for continuous improvement, providing safe, effective and high-quality care for all our service users across key dimensions, called pillars.

- Excellence in care
- Culture and organisational structure
- Communication
- Workforce
- Education
- Research and Innovation

Quarter 1 feedback on progress with agreed objectives has demonstrated a high level of engagement across all invested stakeholders within Maternity, Adult Acute, Paediatrics, Community and AHPs. It has provided us with baseline data in preparation for quarter 2 reporting and comparison and demonstrating completion of some of the early milestones. A review of the feedback mechanism is underway to ensure ease of data analysis going forward.



Research and innovation

A research celebration event took place on Friday 15th September to provide an opportunity to celebrate research across both RWT and WHT and raise its profile.

Digital

Phase 2 of the Careflow Connect project trial is underway. Training has commenced this week, involving multidisciplinary teams from the Gastroenterology, Haematology, and Medicine at Night departments. This innovative initiative aims to replace non-emergency bleeps during the overnight hours, optimising communication and response time among clinical staff. The Medicine at Night team is playing a pivotal role in this phase, allowing us to rigorously assess the system's capabilities and its impact on patient care and staff efficiency in a critical care setting. Following the successful completion of this trial phase, we will evaluate the findings and consider further rollout across other departments within the Trust. This project not only represents a significant step towards streamlining clinical workflows but also aligns with our ongoing efforts to build a more agile and responsive healthcare environment.

RECOMMENDATIONS

- The Board is recommended to note the wide breath of activities in place to drive positive patient experience and quality of care and recruitment and retention of the Nursing and Midwifery staff.

Any Cross-References to Reading Room Information/Enclosures:

Please refer to the following detailed reports for more information:

1. Bi-monthly Patient Experience Report.

2. Bi-annual nursing and midwifery skill mix review report.
3. Maternity report.
4. Infection Prevention and Control Report.
5. Integrated Quality and Performance 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 14th September 2023)

August-2023

		Nursing Workforce										Patient Voice		Pressure Ulcer		Falls	Deteriorating Patient	Infection Prevention	Medication
		Annual Leave 11-17%	Budget WTE	CHPPD (Care Hours Per Patient Day)	Combined sickness %	Mandatory Training % - trend from last month	Maternity leave %	Registered Nurse Midwife WTE Vacancies	Registered Nurse Midwife WTE Vacancies %	Unregistered WTE Vacancies	Unregistered WTE Vacancies %	Number of Formal Complaints	Would Recommend	Number of Moisture Associated Skin Damage (approved by line manager)	Number of Pressure Ulcers (Datix reported)	Number of patient falls	% of observations achieved	Number of C-Diff	Number of Medication Errors (reported) Exc. OPD.
Royal Wolverhampton NHS Trust	This Period	19.11	2,737.10	8.3	6.34	94.0	3.71	25.17	0.90	-55.39	-5.23	33	87	84	43	88	86.0%	8	58
	Previous Period	13.25	2,725.88	8.3	6.08	93.8	3.56	-32.32	-4.18	-35.95	-5.24	42	85	85	28	117	87.6%	10	53
		Nursing Workforce										Patient Voice		Pressure Ulcer		Falls	Deteriorating Patient	Infection Prevention	Medication
		Annual Leave 11-17%	Budget WTE	CHPPD (Care Hours Per Patient Day)	Combined sickness %	Mandatory Training % - trend from last month	Maternity leave %	Registered Nurse Midwife WTE Vacancies	Registered Nurse Midwife WTE Vacancies %	Unregistered WTE Vacancies	Unregistered WTE Vacancies %	Number of Formal Complaints	Would Recommend	Number of Moisture Associated Skin Damage (approved by line manager)	Number of Pressure Ulcers (Datix reported)	Number of patient falls	% of observations achieved	Number of C-Diff	Number of Medication Errors (reported) Exc. OPD.
Division 1 (Surgical)	This Period	18.15	1,240.30	10.9	8.89	93.1	3.72	-27.44	1.31	-6.34	-1.53	11	93	17	11	18	86.0%	0	27
B14 Cardiology ward	This Period	16.33	69.62	7.5	7.89	95.9	2.82	-2.29	-4.37	4.88	28.27	1	98	0	0	3	91.6%	0	1
B15 Cath Labs and Day Ward	This Period	20.84	30.24	~	8.28	86.6	8.84	2.33	9.54	1.18	20.14	0	98	0	0	0	~	0	0
B8 Cardiothoracic ward	This Period	17.01	43.21	8.0	5.04	91.6	5.35	-2.04	-5.74	-0.27	-3.46	0	98	3	0	2	88.4%	0	0
ICCU	This Period	17.63	204.01	30.7	6.10	96.0	2.31	-0.12	-0.06	0.00	0.00	~	~	3	1	~	~	0	4
A12 General Surgery	This Period	18.75	35.23	6.5	5.65	91.9	8.78	-0.17	-0.78	2.46	19.03	0	67	2	0	1	80.1%	0	6
A14 General Surgery	This Period	18.34	35.23	6.7	2.02	94.9	2.50	-2.73	-12.25	2.50	19.34	0	90	0	1	0	82.7%	0	0
D7 ward	This Period	16.07	40.62	7.0	14.45	92.1	5.77	-0.26	-1.00	-0.84	-5.66	0	~	0	0	1	85.5%	0	1
SEU	This Period	18.85	80.50	9.0	5.58	95.5	5.28	1.49	2.94	3.02	10.10	0	78	1	0	6	86.0%	0	1
B7 Head and Neck	This Period	19.73	43.27	10.3	8.97	89.8	0.00	-0.02	-0.06	0.75	5.80	0	74	0	0	2	80.5%	0	0
Neonatal Unit	This Period	16.29	123.77	28.3	16.75	88.2	0.00	-8.41	4.80	0.09	-138.50	0	100	1	1	0	~	0	6
Transitional Care	This Period	16.95	20.49	~	3.52	89.9	7.48	7.90	54.10	-0.24	-4.08	0	100	0	0	0	~	0	0
D10 Maternity Ward	This Period	19.76	44.15	10.2	3.63	88.7	5.10	6.31	14.29	-17.27	~	1	92	0	0	0	~	0	1
Delivery Suite	This Period	18.30	89.59	~	4.75	94.7	6.63	-5.90	-8.25	-0.08	-0.42	0	87	0	0	0	~	0	0
Hilton main CCH	This Period	18.07	46.70	8.4	3.60	91.1	3.85	3.36	10.69	2.28	14.98	0	100	1	0	0	90.1%	0	3
A5 T & O ward	This Period	19.27	40.77	7.4	6.07	94.4	2.52	-1.87	-8.21	2.27	12.59	1	2	1	2	0	89.8%	0	1
A6 T & O ward	This Period	13.68	40.73	7.1	8.16	92.0	4.06	1.06	4.68	0.13	0.74	4	77	2	2	2	81.7%	0	1
Theatres	This Period	22.93	252.17	~	9.03	94.0	2.51	-26.08	-19.80	-7.21	-5.98	0	~	0	0	0	~	0	1

		Nursing Workforce										Patient Voice		Pressure Ulcer		Falls	Deterioratin Patient	Infection Prevention	Medication
		Annual Leave 11-17%	Budget WTE	CHPPD (Care Hours Per Patient Day)	Combined sickness %	Mandatory Training % - trend from last month	Maternity leave %	Registered Nurse Midwife WTE Vacancies	Registered Nurse Midwife WTE Vacancies %	Unregistered WTE Vacancies	Unregistered WTE Vacancies %	Number of Formal Complaints	Would Recommend	Number of Moisture Associated Skin Damage (approved by line manager)	Number of Pressure Ulcers (Datix reported)	Number of patient falls	% of observations achieved	Number of C-Diff	Number of Medication Errors (reported) Exc. OPD.
Division 2 (EMS)	This Period	17.50	721.83	6.5	6.45	93.3	4.08	9.47	2.87	3.24	-1.85	19	78	32	17	57	85.5%	4	24
AMU	This Period	17.10	89.29	8.0	4.42		4.46	3.77	6.75	3.68	10.90	0	88	0	2	4	84.3%	0	1
C15 Diabetes	This Period	15.19	32.10	6.0	7.39	94.4	8.12	-4.24	-22.08	3.01	23.31	0	75	2	2	3	87.4%	0	2
C16 Diabetes	This Period	14.64	37.20	5.8	2.90	88.5	0.00	-0.57	-2.63	2.53	16.45	1	85	1	1	3	72.4%	0	0
C17	This Period	21.44	23.20	7.4	4.08	98.3	1.39	-5.95		3.66		0	90	4	0	0	86.4%	0	1
ED	This Period	16.74	154.71	~	8.51	91.6	3.88	1.91	1.64	1.02	2.64	8	70	0	0	1	~	0	3
A7 Gastroenterology	This Period	16.51	40.28	6.0	8.83	95.1	0.00	4.21	16.98	3.60	23.32	1	100	1	0	2	78.2%	0	0
A8 Gastroenterology	This Period	15.88	40.28	5.8	7.27	98.5	5.36	3.32	13.37	2.44	15.80	0	75	0	0	2	77.1%	1	1
Clinical Haematology Unit	This Period	15.85	43.30	6.8	5.03	92.0	11.27	-0.17	-0.60	1.71	11.98	0	100	0	1	3	80.3%	0	1
C39 ward	This Period	21.11	0.00	6.2	2.72	78.3	0.00	-3.15		-1.00		0	88	0	0	1	0.0%	1	0
C18 Elderly Care	This Period	18.48	37.24	6.5	17.45		2.63	0.95	4.34	1.88	12.18	1	100	0	0	0	94.2%	1	1
C19 Elderly Care	This Period	16.06	37.20	6.9	8.12	95.5	3.76	-2.88	-13.21	-3.21	-20.82	1	97	4	3	4	92.8%	0	1
C35 Deansley Ward	This Period	23.54	29.00	6.4	1.27	92.0	5.31	2.21	11.53	-2.51	-25.58	1	89	1	0	5	74.1%	1	1
Dumall	This Period	18.45	21.81	~	5.19	98.7	3.84	-0.06	-0.32	-1.43	-35.67	0	92	0	0	0	96.9%	0	0
Fairoak	This Period	15.19	32.00	5.1	5.68	89.7	0.00	-0.93	-5.58	2.20	14.29	1	100	1	0	2	90.6%	0	0
NRU West Park	This Period	16.76	21.80	10.0	6.41	97.5	0.00	0.74	6.43	-2.23	-21.68	0	100	2	0	0	94.9%	0	0
Ward 1 West Park	This Period	17.53	29.60	6.2	1.73	96.5	6.59	1.53	9.24	-0.41	-3.15	0	75	0	0	1	97.5%	0	0
Ward 2 West Park	This Period	18.97	31.20	5.9	5.21	96.9	2.45	2.00	14.18	-0.78	-4.56	0	80	1	1	2	91.2%	0	0
C22 Renal	This Period	15.66	27.10	6.2	10.72	92.1	6.70	-2.16	-13.50	-1.50	-13.51	0	86	2	0	2	90.2%	0	3
C24 Renal Ward	This Period	15.34	34.54	5.4	3.47	88.5	2.27	1.35	5.91	0.66	5.62	1	90	1	0	2	90.1%	0	1
C25 Renal Ward	This Period	18.81	34.54	5.2	1.32	90.3	11.58	1.39	6.11	0.58	4.94	1	81	2	1	4	85.3%	0	1
C14 Respiratory	This Period	14.54	34.70	6.4	3.65	91.0	1.68	3.01	13.07	-3.07	-26.27	0	75	1	1	3	84.3%	0	1
C26 Respiratory	This Period	17.04	45.45	8.1	3.27	93.5	1.53	0.60	1.79	-7.15	-61.14	1	92	8	2	3	82.8%	0	1
C21 Acute Stroke Unit	This Period	21.56	61.69	8.0	10.70	93.3	0.00	2.59	6.75	-0.45	-1.92	1	95	1	3	7	83.2%	0	2

		Nursing Workforce										Patient Voice		Pressure Ulcer		Falls	Deteriorating Patient	Infection Prevention	Medication
		Annual Leave 11-17%	Budget WTE	CHPPD (Care Hours Per Patient Day)	Combined sickness %	Mandatory Training % - trend from last month	Maternity leave %	Registered Nurse Midwife WTE Vacancies	Registered Nurse Midwife WTE Vacancies %	Unregistered WTE Vacancies	Unregistered WTE Vacancies %	Number of Formal Complaints	Would Recommend	Number of Moisture Associated Skin Damage (approved by line manager)	Number of Pressure Ulcers (Datix reported)	Number of patient falls	% of observations achieved	Number of C-Diff	Number of Medication Errors (reported) Exc. OPD.
Division 3 (CCSS)	This Period	23.24	550.07	7.2	4.98	97.3	2.04	29.11	-3.63	-39.51	-29.78	2	91	18	18	3	84.3%	0	3
Community Children's Nursing Team - Generic Team	This Period		29.28	~	4.64	97.5	2.69	5.03	23.89	-5.54	-68.78			0	0	0	~	0	0
A21	This Period	15.61	59.28	8.0	5.24	95.3	11.75	4.89	9.65	-4.03	-46.59	1	92	0	0	0	83.7%	0	3
Clinical Nurse Specialist	This Period		4.98	~	0.00	97.4	0.00	-6.09	-122.22	0.00				0	0	0	~		0
PAU	This Period	19.78	17.81	6.4	6.36	96.4	11.96	-0.68	-5.43	-1.23	-23.50	0	70	0	0	0	79.8%	0	0
Planned Care	This Period	19.64	99.41	~	2.69	95.4	3.20	12.27	16.13	0.00	0.00	0		18	18	1	~	0	3
Urgent Care	This Period	22.00	89.22	~	5.82	97.9	3.52	8.87	15.91	-0.89	-2.65			0	0	0	~	0	0
Intermediate Care	This Period	18.98	0.00	~	1.68	96.4	0.00	0.00		-9.93				0	0	0	~		0
Dermatology	This Period	30.21	12.77	~	10.58	97.4	0.00	-1.18	-14.36	-0.05	-1.10	0	100	0	0	0	~	0	0
Physio & OT	This Period	~		~	~	~	~	~	~	~	~	0	~	0	0	0	~	~	0
Primary Care Services	This Period		29.72	~	8.11	95.6	1.89	-3.69	-15.21	-1.80	-33.09	1		0	0	0	~	~	0
Radiology	This Period	21.65	8.38	~	10.54	96.0	0.00	-0.60	-9.37	-1.93	-97.31	0		0	0	1	~	0	1
Rheumatology	This Period	27.60	14.38	~	0.96	98.8	0.00	1.68	21.23	-0.63	-9.77	0	98	0	0	0	~	0	0
Sexual Health	This Period	29.69	4.78	~	8.71	98.0	3.41	-9.05	0.00	-6.97	0.00	0		0	0	0	~	0	0
Ambulatory Care	This Period	20.91	23.79	~	5.47	97.9	2.26	0.63	3.12	0.00	0.00			0	0	0	~	~	0

**Paper for submission for Trust Board
Meeting 10th October 2023**

Title of Report:	Patient Experience Bi-Monthly Report – June/July 2023	Enc No: 13.6.1
Author:	Alison Dowling	
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 type="checkbox"/>

Recommendations:

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

Implications of the Paper:

Risk Register Risk	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Risk Description:		
Changes to BAF Risk(s) & TRR Risk(s) agreed	NONE		
Resource Implications:	NONE		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Contribution to the Trust's compliance with the CQC fundamental standards.
	NHSE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Contribution to the Trust's with NHS Oversight Framework requirements
	Health & Safety	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Legal	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Contribution to the Trust's compliance with legal framework such as complaints regulation: The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (legislation.gov.uk)
	NHS Constitution	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Contribution to the NHS Consultation Principles
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details: N/A
CQC Domains	<p>Safe: patients, staff and the public are protected from abuse and avoidable harm</p> <p>Effective: care, treatment and support achieve good outcomes, helping people maintain quality of life and is based on the best available evidence.</p> <p>Caring: staff involve and treat everyone with compassion, kindness, dignity and respect</p> <p>Responsive: services are organised so that they meet people's needs</p> <p>Well-led: the leadership, management and governance of the organisation make sure it's providing high quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.</p>		

Equality and Diversity Impact	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: Trust Management Committee – 22/9/2023
	Board Committee	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	QSAG 21/9/2023
	Board of Directors	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: Trust Board 3/10/2023
	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date: N/A

Summary of Key Issues using Assure, Advise and Alert

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

- The Trust's approach with statutory complaint handling is in line with the framework issued by the Parliamentary Health Service Ombudsman.
- Compliance with the monthly submissions which are made to NHS Digital in relation to all national touch points for the Friends and Family Test (FFT).

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

- 74 complaints received compared to 60 for the preceding two months.
- The greatest volumes received are General Surgery (10 cases) and ED (9 cases).
- Maternity Services and General Surgery have received the greatest increases in volume.
- In terms of outcomes from closed complaints there were 6 complaints upheld in this reporting period. This represents 9% of all cases closed (67 cases) in this period.
- There were two cases accepted for full investigation and one case closed following investigation by the Parliamentary Health Service Ombudsman (PHSO). The outcome was fully upheld with a financial remedy of £600.
- The overall Friends and Family Test (FFT) Trust wide response rate for June 2023 was 14% with 83% recommending the Trust and 11% not recommending the Trust. For July the response rate was 14% with 85% recommending the Trust and 10% not recommending the Trust.
- Results have been published by the CQC for two surveys undertaken in 2022 as part of the survey programme.
- Compliance with statutory regulations for complaint handling i.e. The NHS and Social Care complaint Regulations 2009 has remained. In addition, complaint handling approach has continued to be based on the principles of good complaints handling.

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

- None

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 • 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

	<p>their health and wellbeing</p> <ul style="list-style-type: none"> • 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

BACKGROUND INFORMATION

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

Current Position

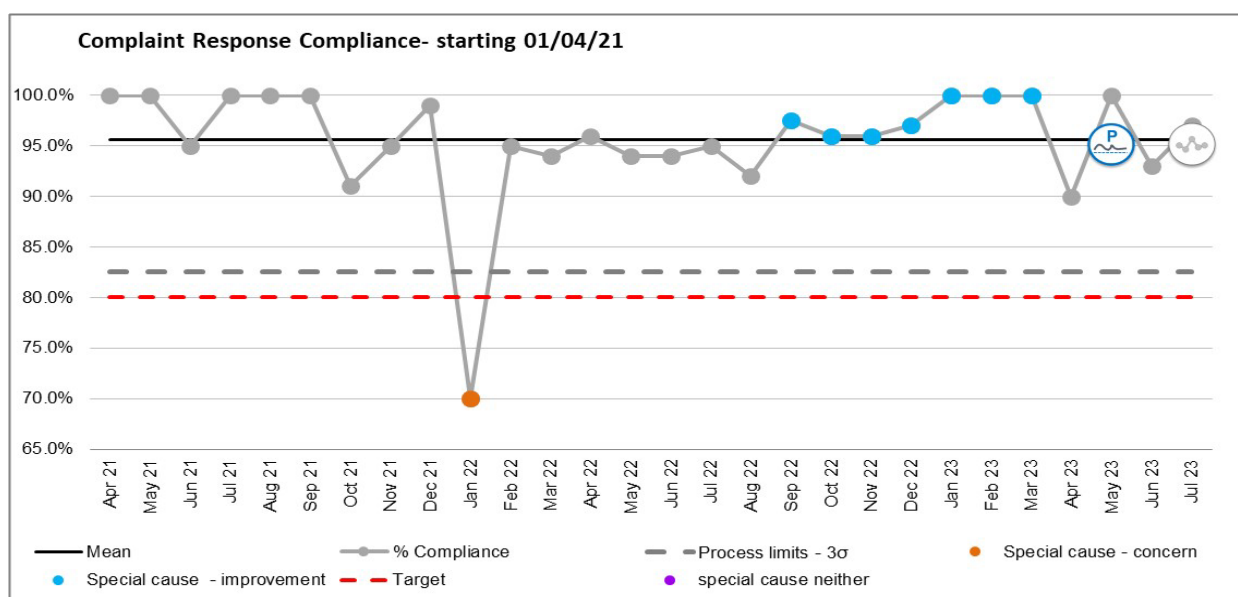
The Trust received a total of **55,928** feedback contacts between June 2023 and July 2023. This includes all Patient Relations related contacts, along with Friends and Family Test and Feedback Friend responses.

Complaints (including MP letters)	74
PALS Concerns	102
Local Resolution	78
Compliments	428
Friends and Family Test	55239
Feedback Friend (QR code)	7

Formal Complaints, PALS Concerns and Compliments

- Volume - For formal complaints in respect of the period June and July 2023, there were a total of 74 complaints received for this period compared to 60 for preceding two months.
- The areas of focus where there have been notable increases in volume are for General Surgery (increased from 2 to 10 cases) and Maternity (1 case to 7) for June and July.
- For general surgery 6 of the cases related to outpatient provision. It is noted that the theme of delay receiving the most complaints (4). All of which related to delay in receiving treatment. Other themes related to communication and general care as the main other themes.
- For Maternity Services, cases have shown themes relating to general care of patient with general lack of care (2 cases) and pain and discomfort (1 case). These specifically related to post-delivery care.
- ED whilst having a high volume, did experience a positive reduction of 31%.
- PALS Concerns - Assessed and allocated to operational teams to respond totalled 72 in June and 30 in July. The Patient Experience team have continued to adopt a proactive early intervention approach working with complainants to achieve local resolution on concerns. These cases are resolved negating the need to escalate to operational teams, whether this be for PALS concerns or formal complaints. For this reporting period 78 cases were assessed and resolved. The theme of these cases relate to general care of patient and attitude.
- Themes - The top 3 themes for formal complaints closed are Communication (11), General Care of Patient (10) and Clinical Treatment (10) and for PALS Concerns, General Care of Patient (62) and Attitude (17). Themes are generally consistent with previous reports other than concerns relating to Delay which experienced a reduction from 18 cases to 7.
- Responding to complaints and complaint outcomes – 4 cases were not upheld in June and 11 in July. Two complaints were upheld in June (Radiology x1; Security x1) and 4 in July (Older Adult Medicine x1; Estates Management x1; Renal x1; Radiology x1). A further 7 cases were partially upheld in June and 8 for July.

- Parliamentary and Health Service Ombudsman (PHSO) - Two complaints accepted for formal investigation during June and July. One case was concluded following investigation and was aligned to General Surgery and Health Records. The complaint was fully upheld. Recommendations being a letter of apology, a financial remedy of £600 and an action plan to address identified failings. Failings were identified as poor communication in regard to how the patient was informed about their terminal diagnosis, delay in referral to palliative care, lack of physical access to the patient by relatives and poor and incorrect record keeping. Compliance against the actions will be monitored by the PE team.
- The overall Trust response rate for cases closed in June is 93% (2 cases breached - Gynaecology and Critical Care), and July is 97% (1 case breached - Oncology and Haematology) which compares with 100% in May 2023.



Friends and Family Test (FFT)

- The overall Trust wide response rate for June is 14% with 83% recommending the Trust and 11% not recommending the Trust.
- There is an increase of 5% not recommending the Trust when compared to May. Whilst there are several areas which have experienced an increase which has contributed to this overall (SEU, Deansley, A14 West Park Ward 2 and ED), there are many more where a positive improvement in score has been seen.
- For July the response rate remained the same but there was a 2% increase of those recommending the Trust and a 1% reduction of those not recommending the Trust.
- All data in relation to FFT national reporting can be accessed [NHS England » Friends and Family Test data](#)

Spiritual, Pastoral and Religious Care (SPaRC)

- There were 1,178 separate pastoral encounters undertaken in June and July 2023.
- At least 20% of chaplaincy encounters are to provide staff support.
- Support continues to be widespread across Pastoral, Spiritual and Pastoral, with the faith aspect being a significant element of support with at least 50-60% of encounters being attributed to it.

- The newly implemented initiative 'Everywhere, Every week' enables the team to adopt a proactive and less reactive approach to access and provision of support and underlines the importance of being a visible presence on wards and departments. The Chaplaincy Team have also been working collaboratively with Nurse Education to deliver training sessions as part of the orientation for newly recruited international nurses.

Engagement, Involvement and Experience

- **Equalities Objectives** - The Patient Experience team have refreshed its Equality Objectives for 2023-2027 which are to review and improve service accessibility for those whose first language is not English.
- **Feedback Friend** - The PET team has rolled out this initiative to all areas in the Trust and promoted widely. During this reporting period we received 7 pieces of feedback which were all conveyed back to the relevant service.
- **Co-production** - The Ward Welcome Boards Revision Project which has involved children and patients in the re-design of ward information boards has come towards conclusion as the final amendments are made to the new designs.
- **Work with QI team, on patient improvement projects** - During this reporting period our Patient Involvement Partners supported Head and Neck services with designing a new patient pathway, and Antenatal Clinic with obtaining patient feedback, as part of our work with the QI team on patient improvement projects.
- **Patient Experience Enabling Strategy** – Updates being reported through the Trusts newly formed Patient Experience Group (PEG).

Voluntary Services

- Volunteers achieved 2121 hours across the two months of June and July with 1508 hours at New Cross, 426 hours at Cannock Chase Hospital, and 170 at West Park Rehabilitation Hospital.
- The other 27 hours were support with Patient Involvement Partner activities and the Bereavement Hub service. The main areas supported at new Cross Hospital were the Staff Wellbeing Hub (160), Discharge Lounge (158), Emergency Department (124), and Acute Medical Unit (126).
- There are now volunteers in new roles such as Renal Home Therapies on Ward C8, Wayfinder within Radiology and evolving support within A30 Dermatology.
- The Volunteer Services Team have been liaising with the Service Efficiency team to plan and deliver a new volunteer-led Appointments Support role at New Cross that aims to support both the Gynaecology and Ophthalmology services to reduce DNA rates and overcome barriers for patients attending appointments.

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

During this reporting period, our second steering group meeting was held, in which we involved the Digital Team at the Black Country ICB, who are offering us the opportunity to upskill Wolverhampton residents in using IT technology and have access to devices. 6 new volunteers were cleared as ready to start during this period and have been placed with Social Prescribing Link Workers at Wolverhampton Voluntary Community Action. The volunteers have received training and have already commenced visits to service users referred in due to loneliness and social isolation.

CQC National Surveys

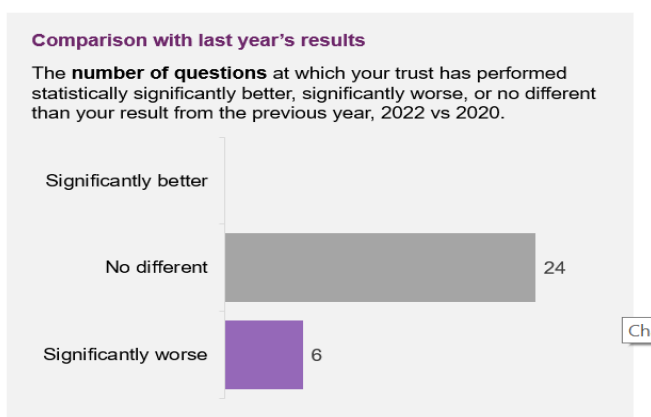
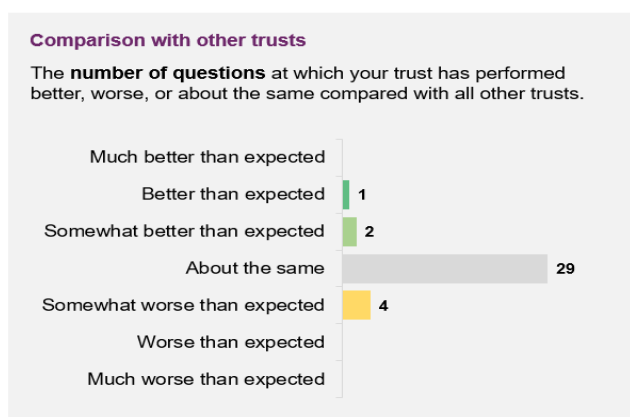
The CQC National Survey programme has published the results of two surveys as detailed below.

National ED survey 2022 (published 25th July 2023)

This survey looked at the experiences of people who attended a service in September 2022. The surveys involved trusts with a Type 1 accident and emergency (A&E) department and also trusts who had direct responsibility for running a Type 3 department (Urgent Treatment Centre). Two different questionnaires were used and trust results are provided separately on the links below.

Type 1 - [The Royal Wolverhampton NHS Trust - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)

Overall, some positive scores when comparing to other Trusts within the region: in terms of categories, the Trust featured in top 5 regionally for Tests and Environment and Facilities, however less so for Doctors and Nurses.



Where patient experience is best

- ✓ **Food & drink:** Availability of suitable food or drink
- ✓ **Communication:** Staff explaining results of tests to patients in a way they can understand
- ✓ **Safety:** Patient perception of feeling threatened by other patients or visitors
- ✓ **Cleanliness:** Cleanliness of the A&E department
- ✓ **Further care:** Expected care and support being available to patients after they leave A&E

Where patient experience could improve

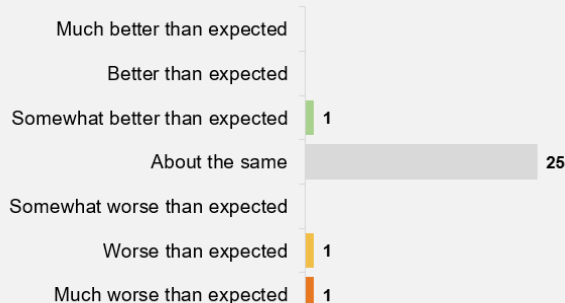
- **Transport when leaving A&E:** Staff discussing patients' transport arrangements before they leave A&E
- **Communication needs:** Staff helping patients with any communication needs they have
- **Emotional support:** Doctors or nurses discussing patients' anxieties or fears with them
- **Family involvement:** Family members, friends or carers having enough opportunity to talk to health professionals
- **Medication:** Staff telling patients about medication side effects to watch out for

Type 3 - [The Royal Wolverhampton NHS Trust - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)

Overall, some positive scores when comparing to other Trusts within the region: in terms of categories, the Trust featured in top 5 regionally for Arrival at UTC, Waiting and Care and Treatment, however less so for Tests, Environment and Facilities and Respect and Dignity

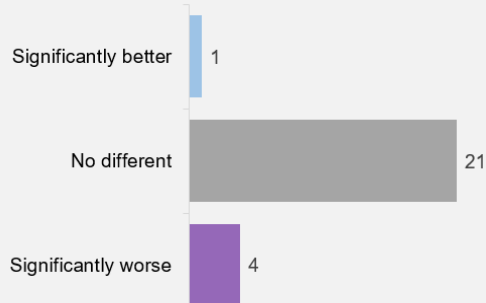
Comparison with other trusts

The **number of questions** at which your trust has performed better, worse, or about the same compared with all other trusts.



Comparison with last year's results

The **number of questions** at which your trust has performed statistically significantly better, significantly worse, or no different than your result from the previous year, 2022 vs 2020.



Where patient experience is best

- ✓ **Waiting:** Patients being informed on how long wait to be examined will be
- ✓ **Pain management:** Staff doing everything they can to help control patients' pain
- ✓ **Further care:** Expected care and support being available to patients after they leave the UTC
- ✓ **Advice:** Staff telling patients who to contact if they are worried about their condition after they leave the UTC
- ✓ **Communication:** Staff explaining results of tests to patients in a way they can understand

Where patient experience could improve

- **Food & drink:** Availability of suitable food or drink
- **Communication:** Staff explaining why patients need tests in a way they can understand
- **Symptoms:** Staff telling patients what symptoms of their illness to watch out for when they are home
- **Cleanliness:** Cleanliness of the UTC
- **Emotional support:** Health professionals discussing patients' anxieties or fears with them

National Inpatient Survey 2022 (published 12th September 2023)

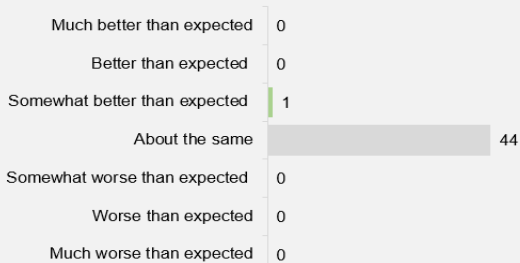
The 2022 National Inpatient Survey is the third “mixed mode” national survey undertaken as part of the CQC patient experience survey programme. The survey used online completion, SMS reminders and paper questionnaires. Feedback was gathered from people who attended services in November 2022. The Trust’s results can be accessed directly on the link below.

[The Royal Wolverhampton NHS Trust - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/nis2022)

Overall, some positive scores when comparing to other Trusts within the region: in terms of categories, the Trust featured in top 5 regionally for Hospital and Ward and Operations and Procedures. The Trust did not feature in the bottom 5 regionally in any category.

Comparison with other trusts

The **number of questions** at which your trust has performed better, worse, or about the same compared with all other trusts.



Comparison with last year's results

The **number of questions** in this report where your trust showed a statistically significant increase, decrease, or no change in scores compared to 2021 results.



Where patient experience is best

- ✓ Quality of food: patients describing the hospital food as good
- ✓ Help with eating: patients being given enough help from staff to eat meals, if needed
- ✓ Noise from other patients: patients not being bothered by noise at night from other patients
- ✓ Involvement in decisions: patients being involved in decisions about leaving hospital, if they wanted to be
- ✓ Understanding information on discharge: patients understanding the information given about what they should or should not do after leaving hospital

Where patient experience could improve

- Feedback on care: patients being asked to give their views on the quality of their care
- Including patients: patients feeling included in nurses' conversations about their care
- Answers to questions: doctors answering patients questions in a way they could understand
- Answers to questions: nurses answering patients questions in a way they could understand
- Changing wards during the night: staff explaining the reason for patients needing to change wards during the night

Actions

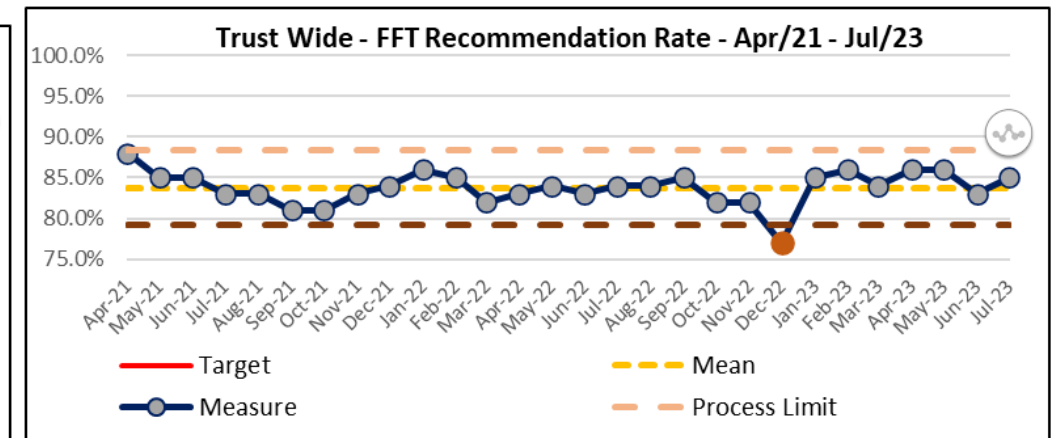
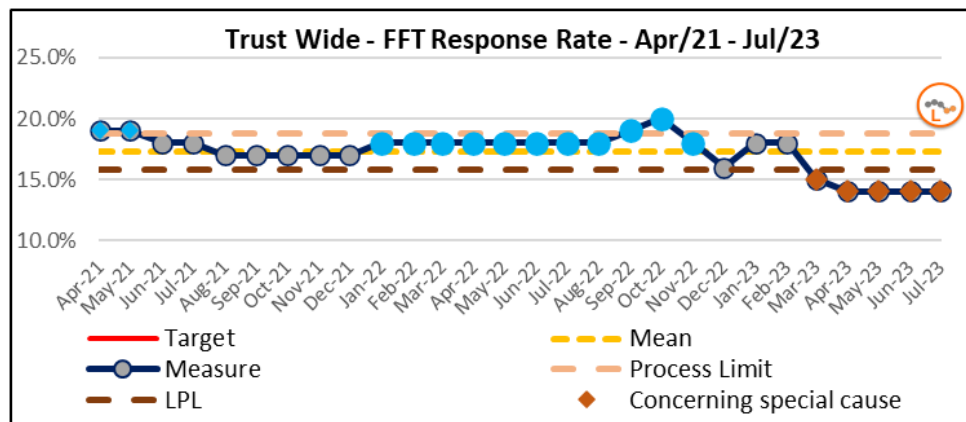
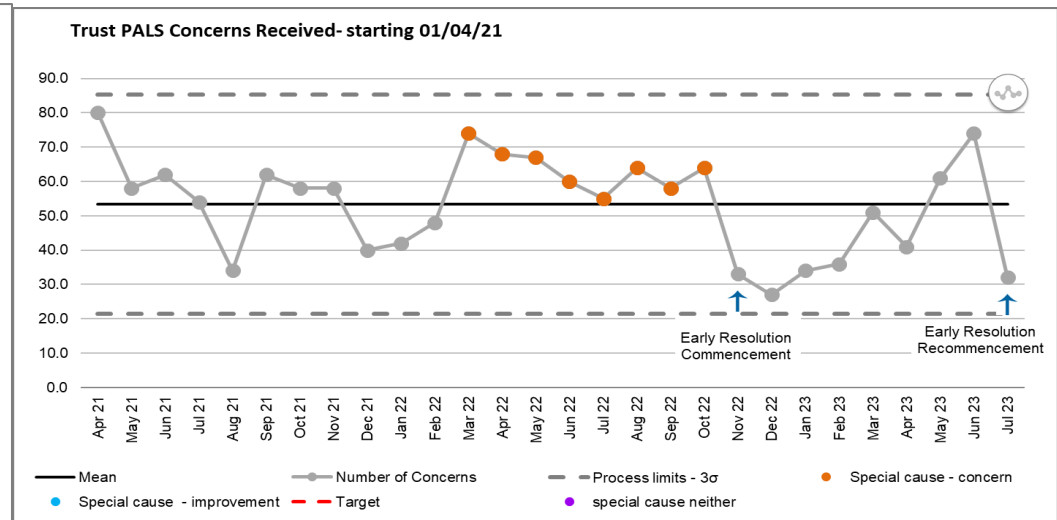
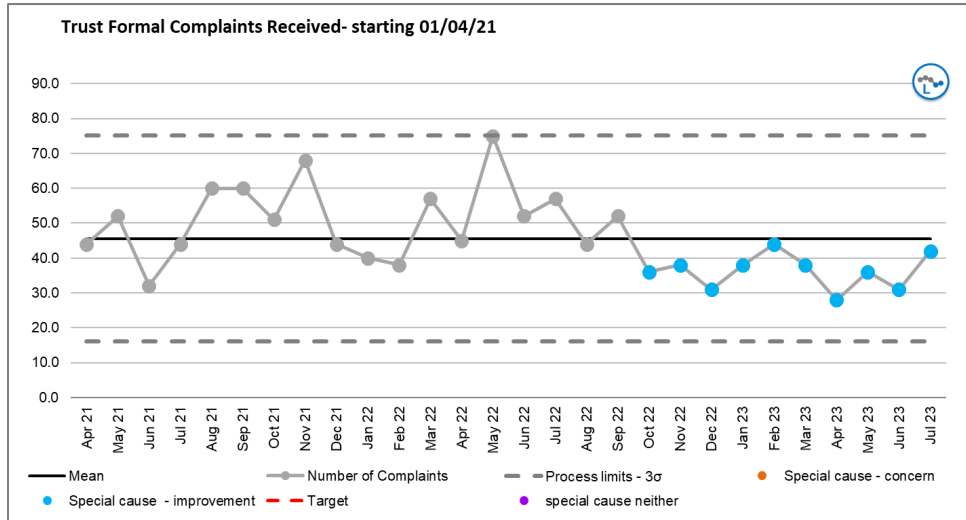
Actions in place or underway to address areas of concern or where improvements can be made are:

- Friends and Family Test - A series of outreach activities to support inpatient areas to improve the Trust's overall response and recommendation rate, in particular where notable month on month decline in performance for inpatient areas. This will help progress Trust's ambition to achieve and maintain a recommendation rate of 92%.
- Statutory Complaint Outcomes - High volume of cases not upheld – A review of determination made by investigating officers will be undertaken to provide assurance of accuracy of self-determination.
- Increased volume of complaints - The triangulation of other feedback metrics indicative of trend to be undertaken at directorate level
- Complaint breaches – Positive improvement in July however ambition to return to 100% compliancy. Additional measures to be implemented to support directorate compliance.
- Volunteering – a further cohort to be recruited to assist in clinical areas during winter pressures.
- DNA Support project – To gain and evaluate measurable data of the direct impact of volunteer support.
- To triangulate results across other CQC surveys for identification of best practice and learning

- Creation of a working group to support the compilation and review action plans for all CQC national surveys. This will then also feed into Patient Experience Group (PEG) for final oversight by Head of Nursing and Patient Experience.

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

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



Paper for submission to the Trust Board Meeting – to be held in Public On 10 th October 2023		
Title of Report:	Infection Prevention and Control Report	Enc No: 13.6.2
Author:	Joanna Macve – Consultant Microbiologist	
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 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 the contents of the report and receive it for assurance.			

Implications of the Paper:		
Risk Register Risk	Infection Prevention Risks on the risk register: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Risk Description: CPE Screening according to update guidance On Risk Register: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable): 6 Risk Description: Limited number of side-rooms including those with en-suite facilities On Risk Register: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable): 9	
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: Contribution to the Trust's compliance with CQC standards
	NHSE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Details: Contribution to the Trust's compliance with NHSE framework
	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: Compliance with the Health and Social Care act 2008: code of practice on the prevention and control

			of infection and related guidance
	NHS Constitution	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Commitment to quality of care, right to be cared for in a clean environment
	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
CQC Domains	Safe: Protecting staff and patients from avoidable harm Effective: Care, treatment and support achieves good outcomes Well-led: The leadership, management and governance of the organisation make sure it's providing high-quality care.		
Equality and Diversity Impact	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate. Please provide an example/demonstration: No adverse impact is anticipated as a result of the points articulated in this report.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: Trust Management Committee – 21/7/23
	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	Below or at external targets for <i>Escherichia coli</i> and <i>Pseudomonas aeruginosa</i> bacteraemia. Below internal target for MRSA acquisition. Carbapenemase producing Enterobacteriaceae (CPE) screening continues to pick up patients and reduce the risk of spread – total of 17 new patients identified across July and August 2023.
Advise	Above internal target for <i>Clostridioides difficile</i> . Above external target for Klebsiella bacteraemia. Above internal target for MSSA bacteraemia. Above internal target for device-related hospital-associate bacteraemias (DRHABs). Compliance with infection prevention-related mandatory training below 95% at end August 2023 (93% for IP mandatory training, 91% for Hand Hygiene).
Alert	Above external <i>C difficile</i> target with 28 to date (target for end August 2023 is 20).

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 Safe and responsive urgent and emergency care
<i>Support our Colleagues</i>	<ul style="list-style-type: none"> Improve overall staff engagement

<i>Improve the Healthcare of our Communities</i>	<ul style="list-style-type: none">• 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• Progress joint working across Wolverhampton and Walsall• Facilitate research that improves the quality of care

Infection Prevention and Control Report

Report to Trust Board Meeting to be held in Public on 10th October 2023

EXECUTIVE SUMMARY

This report provides an overview of the Trust's Infection Prevention performance from April to end August 2023. This includes performance against both external objectives and internal indicators.

BACKGROUND INFORMATION

See body of report

RECOMMENDATIONS

To note the report.

Any Cross-References to Reading Room Information/Enclosures:

N/A

Clostridium difficile Infection

The annual objective for *Clostridium difficile* toxin positive cases has been set at 53 cases for the year, based on case numbers in the 12 months to November 2022. In the period July to August 2023 there were 12 cases, breaching the external trajectory for that period (8 cases), and taking the total to date to 28 cases against a trajectory of 20. PCR (non-toxin) cases are also monitored as patient outcomes can be just as harmful to patient safety. To the end of August 2023 there have been 51 PCR positive cases against our internal trajectory of 45 (see Appendix 1). The Royal Wolverhampton NHS Trust is not unique within the West Midlands in seeing case numbers above the external trajectory, with the majority having cases numbers to end July 2023 above the cumulative objective for that period. It is important to remember that the target is based on the number of cases in previous years and not the rate (eg per 100,000 bed days), and so is not adjusted to take into account any increase in activity.

Actions for control of *C.difficile* include:

- RWT are contributing to the NHSEI *C. difficile* regional collaborative groups, including work to trial an updated RCA document.
- A collaborative Quality Improvement project with ED is currently being undertaken by the Infection Prevention Team (IPT), this will support timely sampling of symptomatic patients on admission.
- Task and finish group now concluded
- *C. difficile* action plan will continue to be reviewed monthly
- Environmental audits completed monthly
- Weekly *C. difficile* ward rounds with Microbiologist
- Weekly antimicrobial ward rounds with Microbiologist and Antimicrobial Pharmacist
- Targeted education continues across all in patient areas
- Trust *C. difficile* week planned for 16th – 20th October 2023
- Housekeeping are supporting wards with cleaning of communal areas and equipment where possible
- Deep clean programme has been delayed but is due to commence 25th September 2023, prioritising higher risk wards
- Patient Equipment Cleaning centre is planned for re-opening November 2023.

MRSA Bacteraemia

The national objective for MRSA bacteraemia is zero for all NHS organisations. To end August 2023 there has been no externally RWT-attributable MRSA bacteraemia, however a patient who was transferred to another Trust was found on admission there to have an MRSA bacteraemia. This case was therefore reviewed locally.

Monthly totals and number externally attributable to RWT

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

MSSA bacteraemia

MSSA is externally monitored by PHE but targets are set internally. MSSA bacteraemia is a good proxy for MRSA bacteraemia and may be avoidable therefore a local target is applied and cases investigated. In July and August 2023 there were 7 internally attributable cases, against a trajectory of 4 (see Appendix 1). This takes the total since April 2023 to date to 16, against an internal trajectory of 10.

Action: IPT are working with wards to improve documentation of devices, which are a common source of MSSA bacteraemia.

Monthly totals and number internally attributable to RWT

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

MRSA Acquisitions

There were 4 MRSA acquisitions across July and August 2023, against an internal trajectory of 6 (see Appendix 1). This takes the total for 2023-24 to date to 14, below the internal trajectory of 15.

Device-related hospital-associated bacteraemias (DRHABs)

Bacteraemia (any organism) related to a medical device is surveyed and acted upon, within an internal target of 48 per year. In July and August there were 12 DRHABs against a trajectory of 8 (see Appendix 1), taking the total for 2023-24 to date to 21, against an internal trajectory of 20.

Actions include:

- Dedicated Intravenous Resource team
- All DRHABs are reviewed at IP Incident review meeting (formally Scrutiny meeting)
- Urinary catheter dashboard is now live. PVC dashboard developed and undergoing testing

Gram negative bacteraemias

Gram negative bacteraemias include but are not limited to bacteraemias caused by *Escherichia coli*, *Klebsiella* species and *Pseudomonas aeruginosa*. Externally attributable bacteraemias include those that occur on day 2 or more of admission, or within 28 days of discharge. Annual trajectories for 2023-24 are 94 for *E. coli*, 29 for *Klebsiella* spp. and 15 for *P. aeruginosa*. To end August 2023 there have been 37 *E. coli* bacteraemias against a trajectory of 38, 15 *Klebsiella* bacteraemias against a trajectory of 10, and 5 *P. aeruginosa* bacteraemias against a trajectory of 5.

Actions include:

- Involved in Gram Negative collaborative work with NHSE, such as improving hydration and 'Eat, drink, dress and move to improve'.
- Catheter Working Group meet monthly
- Catheter pack roll out with a program of education commenced in the Acute Trust in August 2023
- Work is ongoing to produce a catheter passport and identify a date to implement in 2023

Carbapenemase producing Enterobacteriaceae

These multi-antibiotic resistant organisms have caused large outbreaks in UK Trusts, putting patients at risk and causing organisational disruption. To end of August 2023, 39 new patients were found to be carrying a CPE (see Appendix 1). There was a reduction in numbers related to a reduction in travel and screening for elective procedures due to the COVID-19 pandemic, however we are now seeing rising numbers again, such that, compared with all previous years, we have the highest number of new patients at this point in the year. Of these 39 patients, 36 have been identified on rectal screening, with 3 being positive in urine specimens sent for culture.

While the community prevalence of CPE in the UK is unknown, in some health and social care organisations, CPE are now endemic. There is no doubt that we will continue to see rising numbers of patients with these multi-resistant organisms that are often resistant to all available antibiotics. In addition to increasing screening in line with current national guidelines, which has not been possible to progress due to the need for ICB agreement, reducing spread from positive patients requires en-suite side-rooms, meaning that more of these will be needed going forward, and so every plan for a new or refurbished ward must include a plan to increase the number of side-rooms.

Blood culture contaminants

The blood culture contamination rate April to end August 2023 had an average of 1.52%, which is below the nationally recommended maximum of 3%.

Outbreaks and Incidents – July and August 2023

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

There were three *C. difficile* incidents in this period. There was a PII on A8 for one toxin positive case and 3 PCR positive cases in 28 days; typing demonstrated that while there had been no transmission for two patients, there was evidence of transmission between the other two patients, and so this will be raised to SI. There was a PII for two PCR positive cases on C18; typing demonstrated that these were not linked. There was also a PII for Outpatient Chemotherapy for two PCR positive cases in 28 days. On review it was thought unlikely these were linked. Due to restrictions on typing for PCR positive cases these were not typed.

COVID-19

There were 5 COVID-19 outbreaks in the period July-August 2023. In the same period there were 22 probable or definite cases of hospital acquired COVID-19. Following a change in screening guidance in April we have seen reductions in the numbers of hospital-acquired cases. Almost all asymptomatic screening, apart from clinically vulnerable patients being admitted to inpatient units and for patients being discharged to care homes, has ceased in line with national guidance.

COVID-19 update

Universal mask wearing in the Trust has been stepped down, as has testing for the majority of staff, and asymptomatic testing of patients, other than for certain at-risk groups. In May 2023, the World Health Organisation advised that the pandemic itself not over, but the global emergency it has caused is over for now. The UK continues in the 'living with COVID-19 plan' as set out by the government in 2022. A new COVID-19 Omicron variant BA.2.86 has been identified, with more than 30 mutations relative to Omicron. There is currently limited information on transmissibility, severity and vaccine evasion. However as a precautionary measure, NHS England has been asked to bring forward and accelerate the planned autumn COVID-19 booster vaccination programme.

Objectives for 2023/24

CDI – 53 cases

MRSA bacteraemia - 0

Flu vaccination – CQUIN with 75% requirement for minimum payment and 80% requirement for maximum payment.

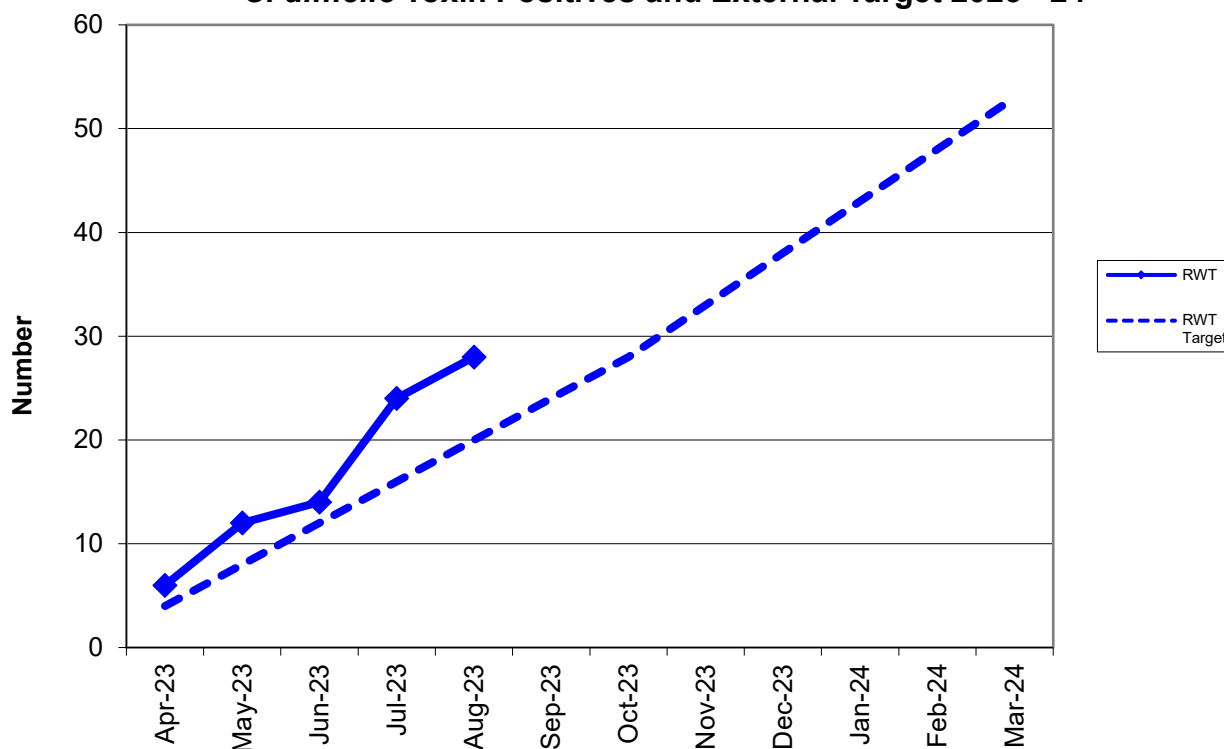
E. coli bacteraemia – 94

Klebsiella bacteraemia – 29

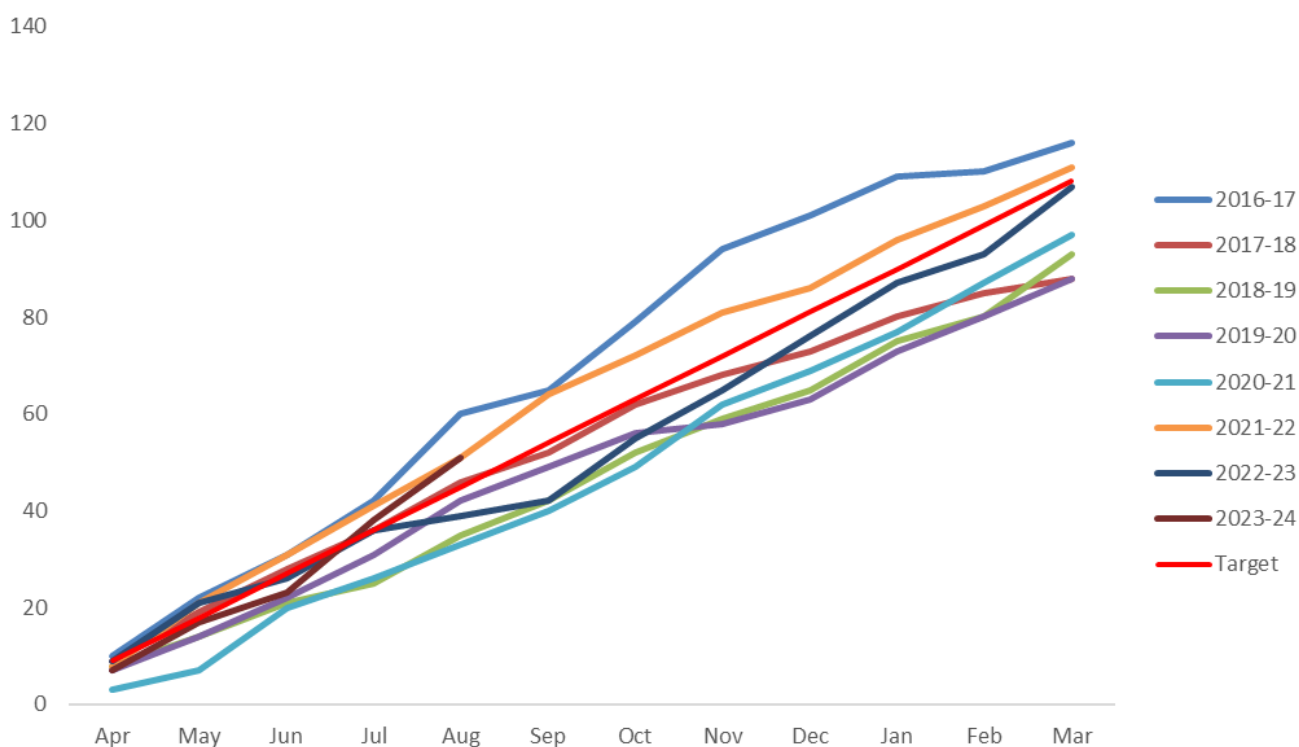
Pseudomonas aeruginosa bacteraemia – 15

Appendix 1 – Illustrative Charts of Infection Data

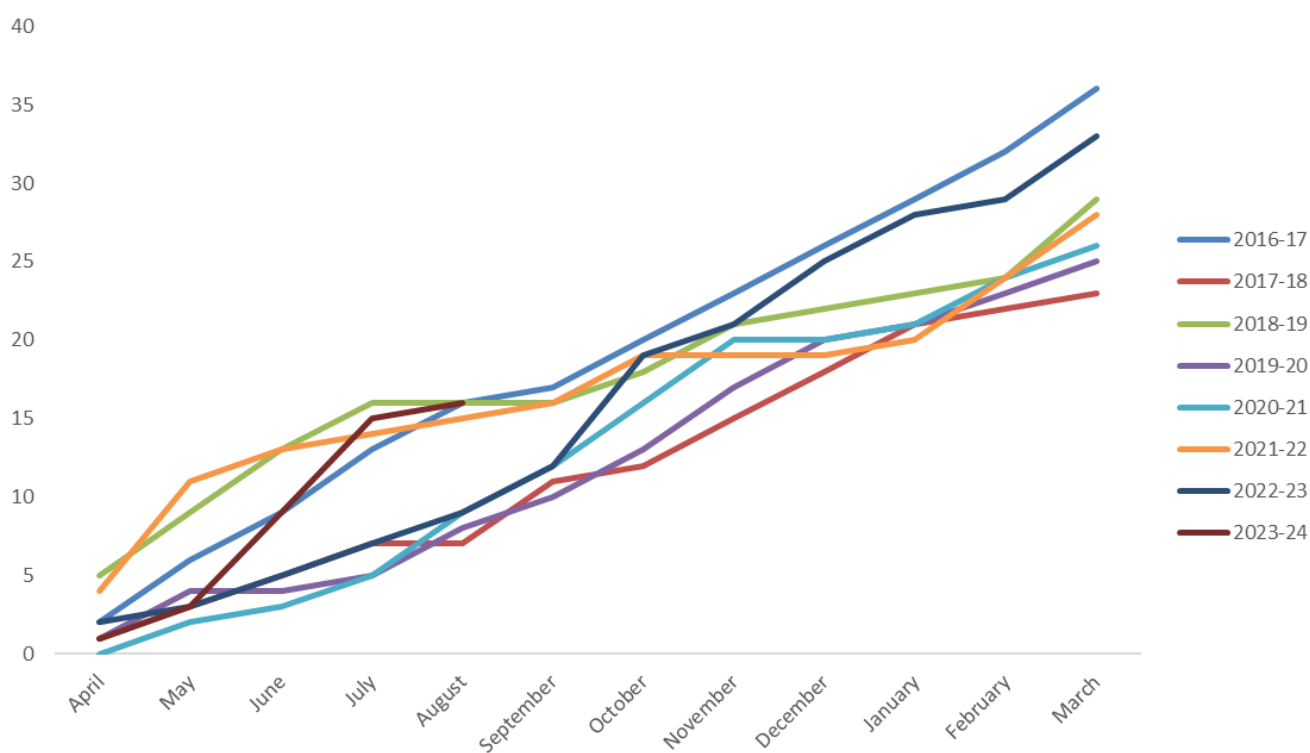
C. difficile Toxin Positives and External Target 2023 - 24



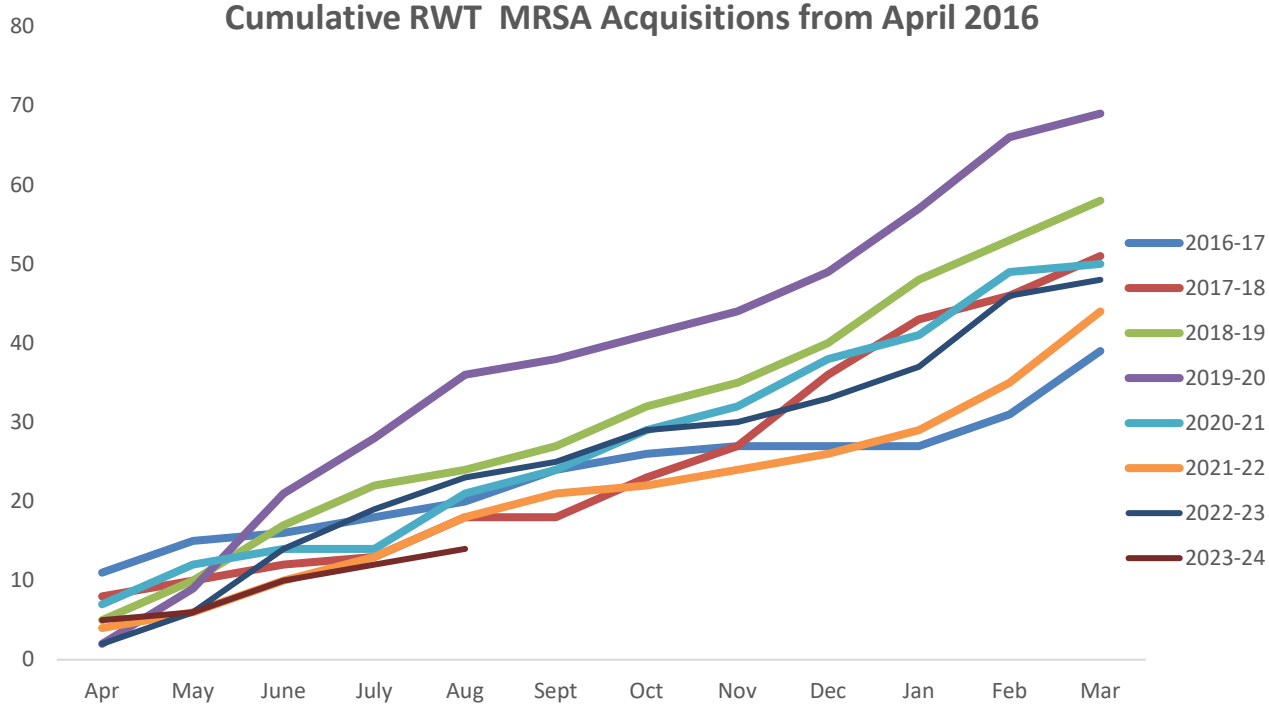
Cumulative C. difficile Positives All Methods RWT Internal Definition of Attribution from April 2016



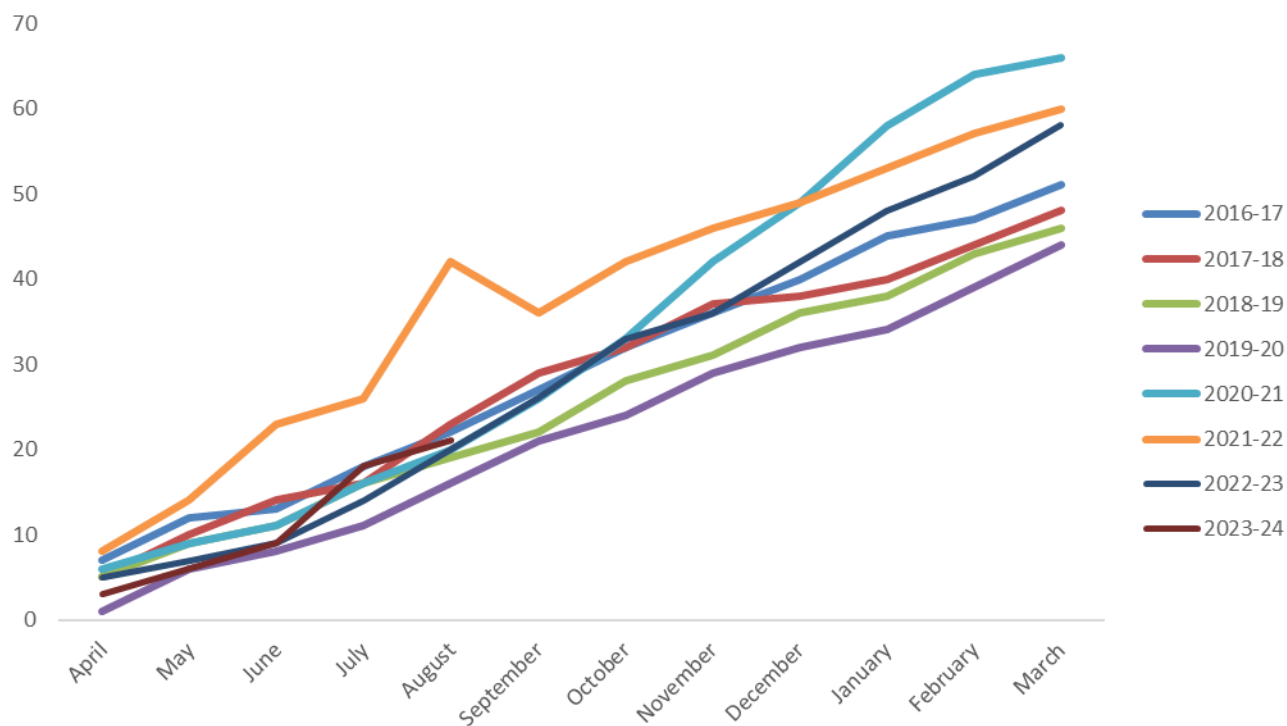
Cumulative RWT attributable MSSA bacteraemias from 2016



Cumulative RWT MRSA Acquisitions from April 2016



Cumulative Device Related Hospital Acquired Bacteraemias (DRHABs) from April 2016



	NDM	OXA-48	KPC	Others	Total
2015-16	4	1	7	0	12
2016-17	6	2	9	1	18
2017-18	19	6	9	2	34
2018-19	15	3	2	0	20
2019-20	26	34	5	2	56
2020-21	6	11	4	0	18
2021-22	10	14	4	0	27
2022-23	22	32	7	0	53
2023-24	16	16	5	1	39

Healthcare associated COVID summary tables – July to August 2023

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

Month	Number of HCAI COVID
July	5
August	17

Table 2. Summary of COVID outbreaks (externally reported) in April to June 2023

Date of Outbreak	Ward/Department
13/07/2023	C16
15/07/2023	A8
02/08/23	C39
16/08/23	B14
22/08/23	WP1

**Paper for the submission to the Trust Board Meeting – to be held in Public
On 10th October 2023**

Title of Report:	Nursing Workforce Skill Mix Report	Enc No: 13.6.3
Author:	Chrissla Davis – Head of Nursing Workforce	
Presenter/Exec Lead:	Debra Hickman, Chief Nursing Officer	

Action Required of the Board

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

Recommendations:

The Board is asked to note the contents of the report and in particular the items referred to the Board for decision or approval.

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	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: Well-led
	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 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:

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

- Trust has undertaken phase 1 (2023 - 2024) of the biannual skill mix review of:
 - adult inpatient wards
 - adult acute assessment units and
 - paediatric inpatient ward

Utilising Safer Nursing Care Tool, an evidence-based acuity/dependency tool. The review also used the triangulation approach as recommended by NHSI Developing Workforce Safeguards document.

Advise

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

- This is Phase 1 of the biannual skill mix review and as such will be reviewed – to provide an annual overview of the last financial year.
- This phase reflects recommendations for movements of funding within the Divisions to support establishment changes and will be processed through appropriate governance mechanisms.
- Compares national benchmark data for care hours per patient day, Falls and Pressure Ulcers.

Alert

Positive assurances & highlights of note for the Board/Committee

- N/A.

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

Nursing Workforce Biannual Skill-mix Review report (Phase 1)
Report to Trust Board Meeting to be held in Public on 10th October 2023

EXECUTIVE SUMMARY

Biannual Skill Mix Review – Phase 1 (June 2023).

The first stage of this bi-annual review establishment and skill mix review was concluded by the Chief Nursing Officer, Head of Nursing Workforce, Divisional Heads of Nursing for each Division, Deputy Director of Finance and Head of Resourcing.

Division 1 – No change to Divisional budget – please note, that there is the requirement to move funding from some wards to support other wards within the Division. There is also requirement for the development of business cases outside of establishment/skill mix review based on increased acuity and demand, which is supported by income revenue.

Division 2 – No change to Divisional budget – please note, that there are the requirements to move funding from some wards to support other wards within the Division.

Division 3 (Paediatric Services) – Business case has been submitted for required budget increase and is supported by this skill mix/establishment review. This is an incremental case based over 3 years to ensure recruitment is achievable and development of staff is supported safely and effectively.

The confirm and challenge meetings reviewed the following wards which were outside of the 10% threshold between budgeted establishment and professional judgement during the review and will be supported in establishment change within the Divisions.

BACKGROUND INFORMATION

Eight of the areas reviewed in Phase 1 (2023) were noted to be outside of 10% tolerance between Establishment and Professional Judgement. However, any changes to establishment required as a result of this census are either cost neutral, subject to either business case approval brought forward by Divisions to support the uplift or movement of funding within the Divisions. This process can only support the development of such business cases.

**Paper for submission to the Trust Board Meeting – to be held in Public.
10th October 2023**

Title of Report:	Maternity Services Report	Enc No: 13.7
Author:	Tracy Palmer	
Presenter/Exec Lead:	Tracy Palmer Director of Midwifery and Neonatal Services	

Action Required of the Board/Committee/Group

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

Recommendations:

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

Implications of the Paper:

Risk Register Risk	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Risk Description: Midwifery Workforce On Risk Register: Yes <input checked="" 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 / Birth Rate Plus compliance business Case in progress.
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 September 2023, TMC
	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	
Matters of concerns, gaps in assurance or key risks to escalate to the Board/Committee	
<ul style="list-style-type: none"> One to one care rates in established labour continue to be maintained at 100% for Q.1/2 The Trust continues to meet 100% of the standards in Safety Action1 <i>Are you using the Perinatal Mortality Review Tool to review all deaths?</i> NHR: Maternity Incentive Scheme year 5. There were no adverse outcomes for patients during June and July attributed to Midwifery red flag events. 	
Advise	
Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought.	
<ul style="list-style-type: none"> Midwifery Workforce position: Following a successful recruitment event in May 2023 it is predicted that all Midwifery vacancies will be recruited into by September / October 2023. The report outlines the vacancy, absence and maternity leave rates for Midwifery and Midwifery Support workers. Red flag events for delays in care attributed to Midwifery staffing are being monitored and triangulated with any related incidents. The report provides an update on current SUI and HSIB open cases. There are 7 open cases within the directorate. MBRRACE-UK perinatal mortality report: 2021 births. Report outlines mortality rates for RWT. RWT stabilised & adjusted extended perinatal mortality rate is 5.89 per 1,000 total births. It demonstrates a slight improvement in extended perinatal deaths from 2020 report. 	
Alert	
<ul style="list-style-type: none"> Delivery suite Midwifery staffing levels are not meeting national standards of 85% per shift. 45 % of shifts were staffed appropriately based on the acuity of patient in June and 55% of shifts were staffed appropriately based on the acuity of patient in July. 	

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

	<ul style="list-style-type: none"> • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
<p><i>Support our Colleagues</i></p>	<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
<p><i>Improve the Healthcare of our Communities</i></p>	<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
<p><i>Effective Collaboration</i></p>	<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 10th October 2023.

EXECUTIVE SUMMARY

The Royal Wolverhampton Midwifery Workforce Update

The report outlines the present position for Midwifery and Maternity Support Worker (MSW) deficit related to vacancy and Maternity leave.

The workforce trajectory for filling vacancy and appointing into maternity leave has been forecasted and indicates a positive picture, with newly appointed Midwives joining the service in September and October 2023. Therefore, the predicted workforce position indicates that all Midwifery vacancies will be filled by October 2023.

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 report provides reporting data for Midwifery red flag events in June and July and triangulation with any related incidents.

Local Maternity Dashboard / Minimum data measures for Trust Board

The local dashboard was presented at Quality Committee on the 27th September 2023. Booking and birth rates are being monitored closely. Booking rates for women choosing to book at The Royal Wolverhampton NHS Trust (RWT) are within the plan for 5000 births. Birth rates at RWT which would include exports by choice, transfers during regional escalation and intra-Uterine transfers are predicted to be marginally above the 5000-birth rate for The Royal Wolverhampton.

Perinatal Mortality Report – Reporting monitoring and learning from Deaths.

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

MBRRACE-UK perinatal mortality report: 2021 births

The report (**Appendix 1**) includes stillbirths and neonatal deaths among the 4,972 babies born within RWT for 2021, this excludes births before 24 weeks gestational age and all terminations of pregnancy.

RWT stabilised & adjusted extended perinatal mortality rate is **5.89 per 1,000 total births**. This is around the average for similar Trusts & Health Boards.

HSIB / Serious Untoward Incidents (SUI) Report

The report was presented at Quality Committee provided an update on the HSIB and SUI's within the Perinatal Directorate. All open incidents are progressing through the HSIB and local processes.

5 HSIB cases – 2 reports had safety recommendations and 2 reports had 0 safety recommendations.

BACKGROUND INFORMATION

The Royal Wolverhampton Midwifery Workforce Update

Table 1 indicates Vacancy rates for Midwifery and Maternity Support Worker (MSW) roles. The present position indicates that there is a deficit of 11.11 WTE Midwifery posts and 0 WTE MSW posts within the Directorate. In August Maternity leave for Midwifery was 11.96 WTE and 1.23 MSW. Long term sickness within both workforces is minimal unit an improving picture.

Table 1: Midwifery and Maternity Support Worker Workforce deficit.

Area	RM Vacancy	MSW Vacancy	RM Mat leave	MSW Mat Leave	RM LTS	MSW LTS
ANC/FAU	0	0	0	0.8	0	0
Delivery suite	0	0	7.08	0	0.64	0.64
Midwife Led Unit	4.23	0	0	0	0.	0.96
Community	4.25	0	3.8	0.43	0	0
Maternity Wards D10 D9	1.56	0	3.08	0.43	0	0
Sonography	1.56	0	0	0	0	0
Total	11.11	0	11.96	1.23	0.64	1.6

The Birth rate plus assessment based on birth rates and acuity demonstrated that the deficit for Midwifery workforce was 6.98 WTE. This has been considered when recruitment into Midwifery posts have taken place.

One to One Care rates in Established Labour

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

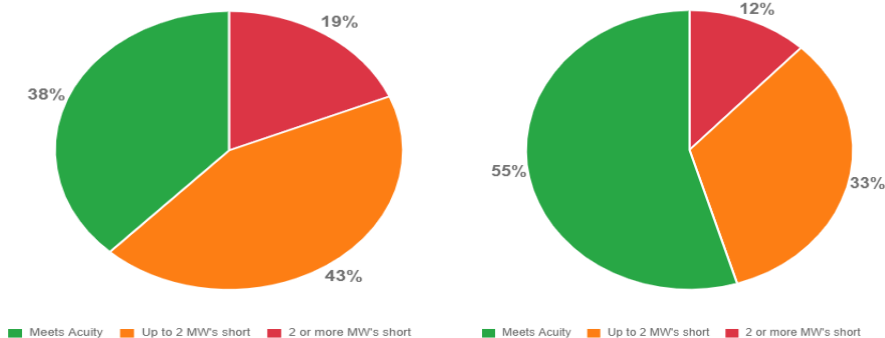
Table 2

Activity	Previous Average	Year	June 2023	July 2023
1:1 Care rate in labour	99.5%		100%	100%

One to One Care rates in established labour continue to be maintained at 100% for in Q 2 and into Q3 despite staffing challenges within the intrapartum areas.

Data for % overall Midwifery Deficit per shift June and July 23 based on acuity of patient.

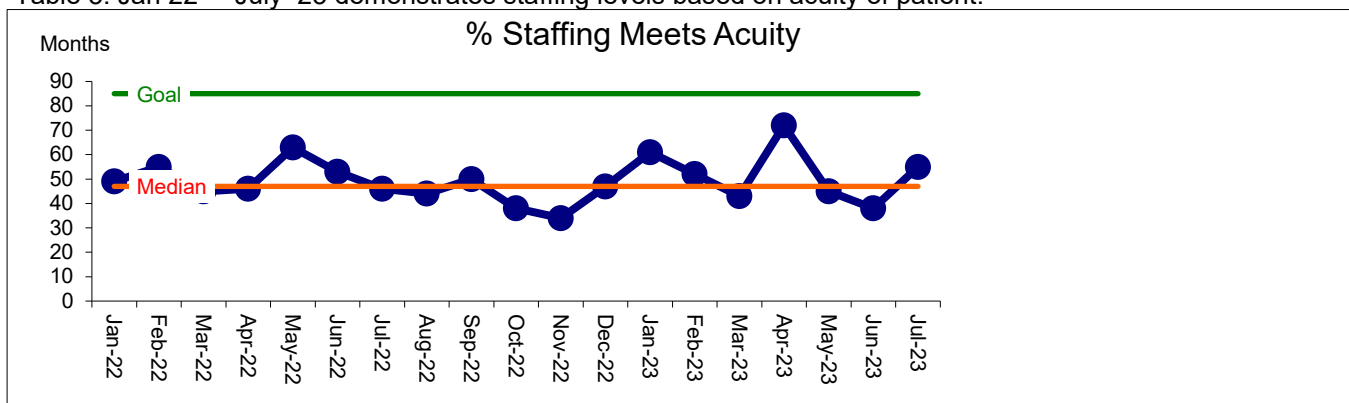
Acuity by RAG status (Percentage) for June 2023 Acuity by RAG status (Percentage) for July 2023



Acuity by RAG Status (Percentage) May 2023

Month	Meets Acuity	Up to 2 Midwives short per shift	2 or more Midwives short per shift
June 2023	45%	43%	12%
July 2023	55%	33%	12%

Table 3: Jan 22 – July 23 demonstrates staffing levels based on acuity of patient.



Guidance from the RCM recommends that services should aim to achieve positive acuity 85% of the time.

Staffing deficit on Delivery suite is due to maternity leave and long-term sickness absence.

Data is being collected each time a staff member is moved, Matrons will triangulate the information together with staffing datix and any midwifery red flag events.

Red Flags - % of Occasions Recorded

From 01/06/2023 to 30/06/2023

Showing the % of occasions when a Red Flag was recorded in the period selected - the contributing Red Flags recorded may be more than one, refer to chart to identify prevalence



Red Flags - % of Occasions Recorded

From 01/07/2023 to 31/07/2023

Showing the % of occasions when a Red Flag was recorded in the period selected - the contributing Red Flags recorded may be more than one, refer to chart to identify prevalence



Month	No. Red Flags reported
June 2023	64 (41%)
July 2023	40 (25%)

During June there were 64 red flag events equating to 41% of shifts recording a red flag attributed to midwifery staffing deficit.

Number & % of Red Flags Recorded

From 01/06/2023 to 30/06/2023

RF Code	Description	Count	Percentage
RF1	Delayed or cancelled time critical activity	44	69%
RF2	Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)	2	3%
RF3	Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)	0	0%
RF4	Delay in providing pain relief	0	0%
RF5	Delay between presentation and triage	8	13%
RF6	Full clinical examination not carried out when presenting in labour	0	0%
RF7	Delay between admission for induction and beginning of process	9	14%
RF8	Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)	0	0%
RF9	Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour	0	0%
RF10	Delivery Suite Co-ordinator not supernumerary	1	2%
	Total	64	

In July there were 40 red flag events equating to 25% of shifts recording a red flag attributed to midwifery staffing deficit. Action is to continue to monitor red flag events and triangulate with any incident / complaint data.

Number & % of Red Flags Recorded

From 01/07/2023 to 31/07/2023

RF1	Delayed or cancelled time critical activity	33	83%
RF2	Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)	2	5%
RF3	Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)	0	0%
RF4	Delay in providing pain relief	0	0%
RF5	Delay between presentation and triage	2	5%
RF6	Full clinical examination not carried out when presenting in labour	0	0%
RF7	Delay between admission for induction and beginning of process	0	0%
RF8	Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)	0	0%
RF9	Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour	0	0%
RF10	Delivery Suite Co-ordinator not supernumerary	3	8%
Total		40	

[Download](#)

Following review and triangulation of incidences that related to Midwifery staffing there were no adverse patient outcomes resulting in harm directly attributed to Red Flag events in either June or July. Action is to continue to monitor red flag events and triangulate with any incident / complaint data.

Maternity Triage Staffing Audit

Following the Care Quality Commission (CQC) inspection into Maternity Services at RWT in October 2022 an immediate recommendation was made to improve staffing levels on The Maternity Triage Unit (MTU). Audits are being completed to monitor staffing levels. The Audit data indicates a gradual improvement over a 3-month period with a decline in compliance during July. This was due to high birth rates in month and peak annual leave and rise in sickness absence in midwifery workforce.

Table 4: Audit data staffing levels on MTU

Standard: 2 Midwives per shift	March 2023	April 2023	May 2023	June 2023	July 2023
2 Midwives working on MTU	90.2%	97.5%	99%	96%	88%

Local Maternity Dashboard / Minimum data measures for Trust Board

Maternity services booking data indicates forecasts indicate that overall, the birth rate trajectory is on plan for 5000 births for women booking for The Royal Wolverhampton NHS Trust.

Birth rates within Q1 and Q2 continue to remain in the higher tolerance levels. Close monitoring of Export data is being continued.

Perinatal Mortality Report – Reporting monitoring and learning from Deaths.

All deaths continue to be reported, reviewed, and monitored in line with the National Perinatal Mortality Review Tool (PMRT) and CNST safety action 1. The data was validated by NHR for year 4 of the Maternity Incentive Scheme to give an assurance that reporting and monitoring processes for RWT were compliant.

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 (RWT) continues to meet the recommendations and standards for Maternity CNST safety action 1: Standards a – d in the reporting period 6th May – 30th June 2023.

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

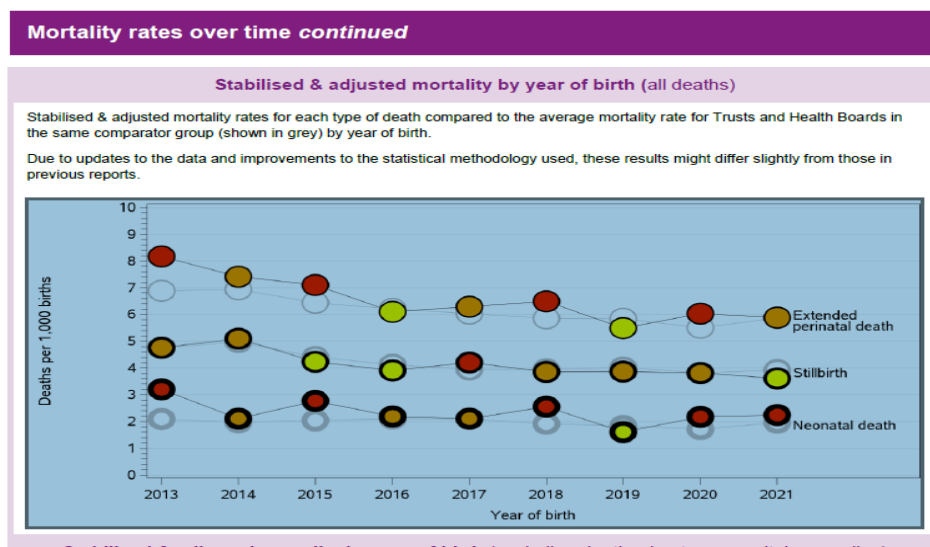
There were 2 Neonatal deaths in the reporting period.

There were 4 Still births in the reporting period.

MBRRACE-UK perinatal mortality report: 2021 births

The report (**Appendix 1**) includes stillbirths and neonatal deaths among the 4,972 babies born within The Royal Wolverhampton NHS Trust (RWT) for 2021, this excludes births before 24 weeks gestational age and all terminations of pregnancy.

It includes details of the stillbirths and neonatal deaths for births that occurred at RWT in 2021, as well as background information on all births. Neonatal deaths are reported by place of birth, irrespective of where the death occurred, as denominator data on the place of care is not available for all births.



Key Messages

1. RWT stabilised & adjusted stillbirth rate is 3.61 per 1,000 total births. This is lower than the average for similar Trusts & Health Boards.
2. RWT stabilised & adjusted neonatal mortality rate is 2.24 per 1,000 live births. This is more than 5% higher than the average for similar Trusts & Health Boards.

3. RWT stabilised & adjusted extended perinatal mortality rate is 5.89 per 1,000 total births. This is around the average for similar Trusts & Health Boards.

The graph demonstrates a gradual improvement in extended perinatal mortality rates for The Royal Wolverhampton NHS Trust.

Work continues to further improve mortality rates nationally and is led by NHSE's Maternity and neonatal Transformation Programme. Workstreams to deliver on the national ambition are being taken forward by the Black County Local Maternity and Neonatal System (BC LMNS).

HSIB / SUI Report.

There are 2 active cases being investigated by HSIB.
3 HSIB investigations have been completed.
2 Incidents reported as STEIS – progressing through Trust process.

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

Quarterly Quality Review Meetings continue with HSIB and the Directorate leadership team, Governance teams, Director of Midwifery and Chief Nursing Officer.

External Inspections and Peer Reviews at Maternity services at RWT

As reported at August 2023 Trust Board, the Maternity service received their second Insights assessment conducted by the Local Maternity and Neonatal System (LMNS) and NHS England in June 2023. The inspection team confirmed full compliance with Ockenden 7 IEA's.

The Trust is still awaiting the final report from NHSE/ LMNS inspection team.

Maternity Peer Review led by ICB / LMNS. The peer review was conducted on July 19th, 2023.

The Trust is now in receipt of the final report and is undergoing factual accuracy checks.

RECOMMENDATIONS

That the Board accept and approve the Midwifery Services Report.

Any Cross-References to Reading Room Information/Enclosures:

Please refer to the following appendices.

Appendix 1: MBRRACE-UK perinatal mortality report: 2021 births

The Royal Wolverhampton NHS Trust

MBRRACE-UK perinatal mortality report: 2021 births

This report concerns stillbirths and neonatal deaths among the 4,972 babies born within your Trust in 2021, EXCLUDING births before 24 weeks gestational age and all terminations of pregnancy.

It includes details of the stillbirths and neonatal deaths for births that occurred in your Trust in 2021, as well as background information on all births. Neonatal deaths are reported by place of birth, irrespective of where the death occurred, as denominator data on the place of care is not available for all births.

Key messages

All deaths

1. Your stabilised & adjusted stillbirth rate is **3.61 per 1,000 total births**. This is lower than the average for similar Trusts & Health Boards.
2. Your stabilised & adjusted neonatal mortality rate is **2.24 per 1,000 live births**. This is more than 5% higher than the average for similar Trusts & Health Boards.
3. Your stabilised & adjusted extended perinatal mortality rate is **5.89 per 1,000 total births**. This is around the average for similar Trusts & Health Boards.

Excluding deaths due to congenital anomalies

1. Your stabilised & adjusted stillbirth rate excluding deaths due to congenital anomalies is **3.22 per 1,000 total births**. This is lower than the average for similar Trusts & Health Boards.
2. Your stabilised & adjusted neonatal mortality rate excluding deaths due to congenital anomalies is **1.76 per 1,000 live births**. This is more than 5% higher than the average for similar Trusts & Health Boards.
3. Your stabilised & adjusted extended perinatal mortality rate excluding deaths due to congenital anomalies is **5.02 per 1,000 total births**. This is around the average for similar Trusts & Health Boards.

Full details of your perinatal mortality rates can be found on page 2.

Recommended actions

As the neonatal mortality rate has been highlighted above, it is important to: a) review the data that was entered locally about your Trust to ensure it is accurate and complete; and b) ensure that a review using the Perinatal Mortality Review Tool (PMRT) has been carried out for all the deaths in this report to assess care, identify and implement service improvements to prevent future similar deaths.

Definitions

<i>Late fetal loss:</i>	A baby delivered between 22 ⁺⁰ and 23 ⁺⁶ weeks gestational age showing no signs of life, irrespective of when the death occurred.
<i>Stillbirth:</i>	A baby delivered at or after 24 ⁺⁰ weeks gestational age showing no signs of life, irrespective of when the death occurred.
<i>Neonatal death:</i>	A live born baby who died up to 28 completed days after birth.
<i>Extended perinatal death:</i>	A stillbirth or neonatal death.

1. Your perinatal mortality rates

The mortality rates are reported for babies born within your Trust at 24 weeks gestational age or later, excluding terminations of pregnancy. The **crude mortality rate** is the number of deaths for every 1,000 births (or 1,000 live births for neonatal mortality) and is a snapshot of mortality for your organisation for births in 2021. However, this can be misleading as a measure of the underlying (or long-term) mortality rate due to chance variation and differences between Trusts and Health Boards in the proportion of high risk pregnancies. The **stabilised & adjusted mortality rate** provides a more reliable estimate of the underlying mortality rate, accounting for mother's age, socio-economic deprivation, baby's sex and ethnicity, multiplicity, and (for neonatal deaths only) gestational age at birth. While it is not possible to adjust for all potential risk factors, these measures do provide an important insight into the perinatal mortality for births within your Trust in 2021.

To account for the wide variation in case-mix, all Trusts and Health Boards have been classified hierarchically into five comparator groups: (i) Level 3 Neonatal Intensive Care Unit (NICU) and surgical provision; (ii) Level 3 NICU; (iii) 4,000 or more births per annum at 22 weeks or later; (iv) 2,000-3,999 births per annum at 22 weeks or later; (v) under 2,000 births per annum at 22 weeks or later.

Your Trust has been included in the comparator group with a Level 3 NICU.

Perinatal mortality (all deaths)

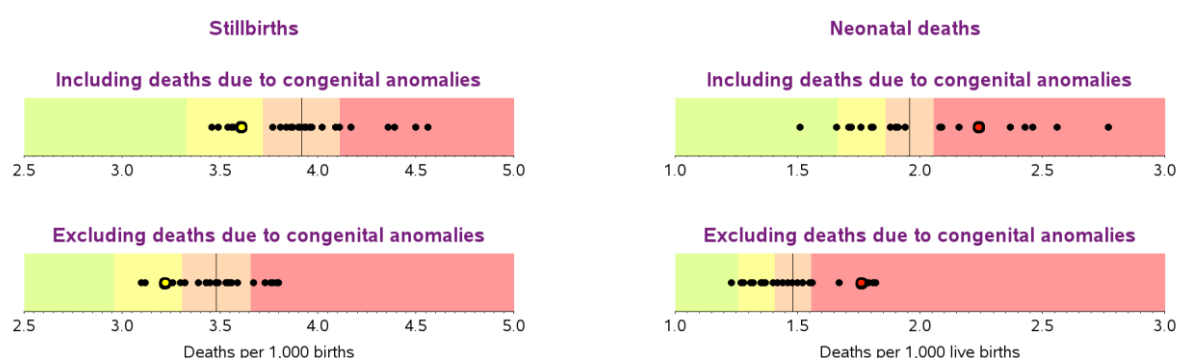
Type of death	Number	Crude rate	Stabilised & adjusted rate (95% C.I.)	Comparison to the average for similar Trusts & Health Boards
Stillbirth	16	3.22	3.61 (2.71 to 4.64)	● More than 5% and up to 15% lower
Neonatal	16	3.23	2.24 (1.55 to 3.19)	● More than 5% higher
Extended perinatal	32	6.44	5.89 (4.92 to 7.53)	● Up to 5% higher or up to 5% lower

Perinatal mortality (excluding deaths due to congenital anomalies)

Type of death	Number	Crude rate	Stabilised & adjusted rate (95% C.I.)	Comparison to the average for similar Trusts & Health Boards
Stillbirth	12	2.42	3.22 (2.49 to 4.10)	● More than 5% and up to 15% lower
Neonatal	15	3.03	1.76 (1.14 to 2.68)	● More than 5% higher
Extended perinatal	27	5.44	5.02 (4.22 to 6.51)	● Up to 5% higher or up to 5% lower

Comparisons with similar Trusts, Health Boards and the UK average

Your estimated stabilised & adjusted mortality rate for each type of death has been compared with the average mortality rate for Trusts and Health Boards in the same comparator group and is shown below as a circle:



- more than 15% lower than the average for the group
- more than 5% and up to 15% lower than the average for the group
- up to 5% higher or up to 5% lower than the average for the group
- more than 5% higher than the average for the group

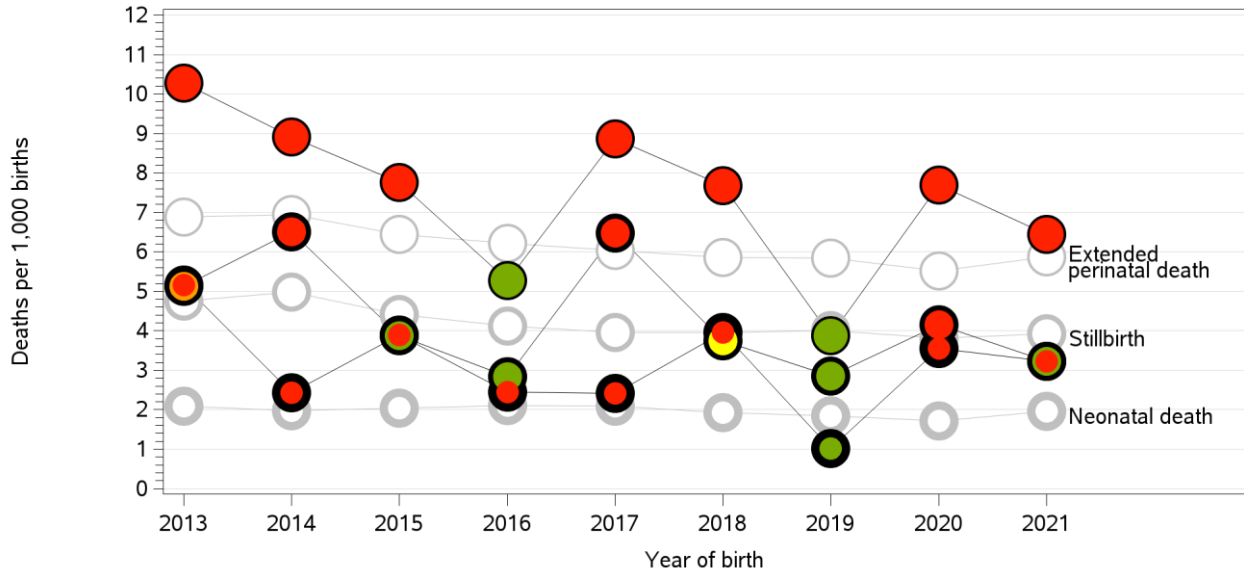
Trusts and Health Boards whose mortality rates are marked ● or ● should carry out an initial investigation of their data quality and possible contributing local factors that might explain the high rate. Irrespective of where they fall in the spectrum of national performance all Trusts and Health Boards should use the national PMRT to review all their stillbirths and neonatal deaths.

2. Mortality rates over time

Crude mortality by year of birth (all deaths)

Crude mortality rates for each type of death compared to the average mortality rate for Trusts and Health Boards in the same comparator group (shown in grey) by year of birth.

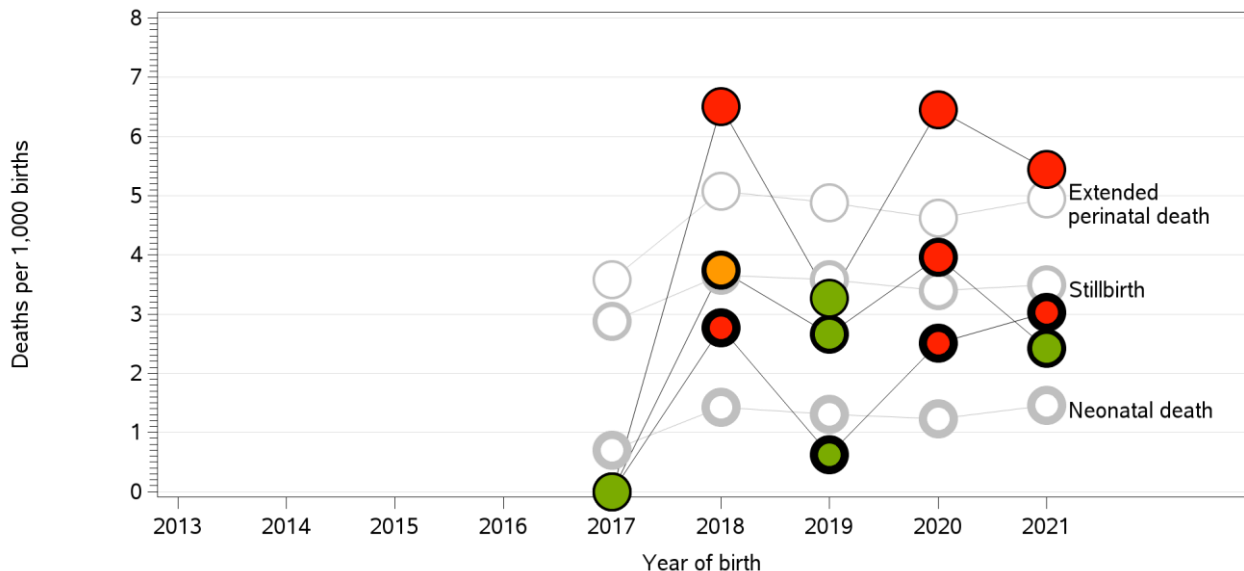
Due to updates to the data, these results might differ slightly from those in previous reports.



Crude mortality by year of birth (excluding deaths due to congenital anomalies)

Crude mortality rates for each type of death, excluding deaths due to congenital anomalies, compared to the average mortality rate for Trusts and Health Boards in the same comparator group (shown in grey) by year of birth. Rates are reported from 2017 onwards.

Due to updates to the data, these results might differ slightly from those in previous reports.

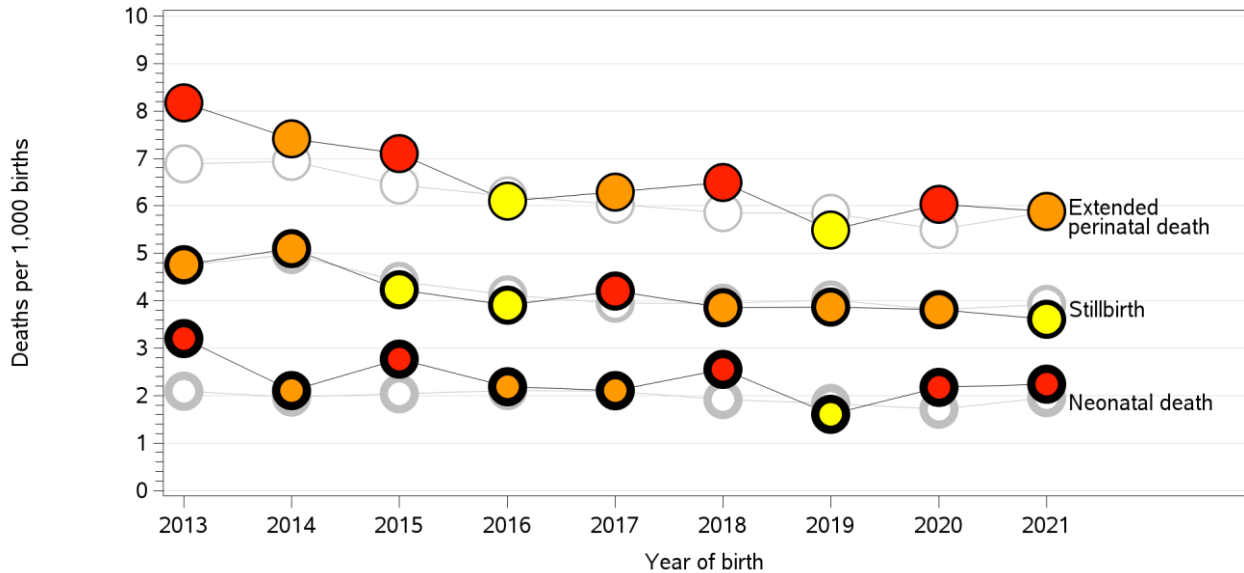


Mortality rates over time *continued*

Stabilised & adjusted mortality by year of birth (all deaths)

Stabilised & adjusted mortality rates for each type of death compared to the average mortality rate for Trusts and Health Boards in the same comparator group (shown in grey) by year of birth.

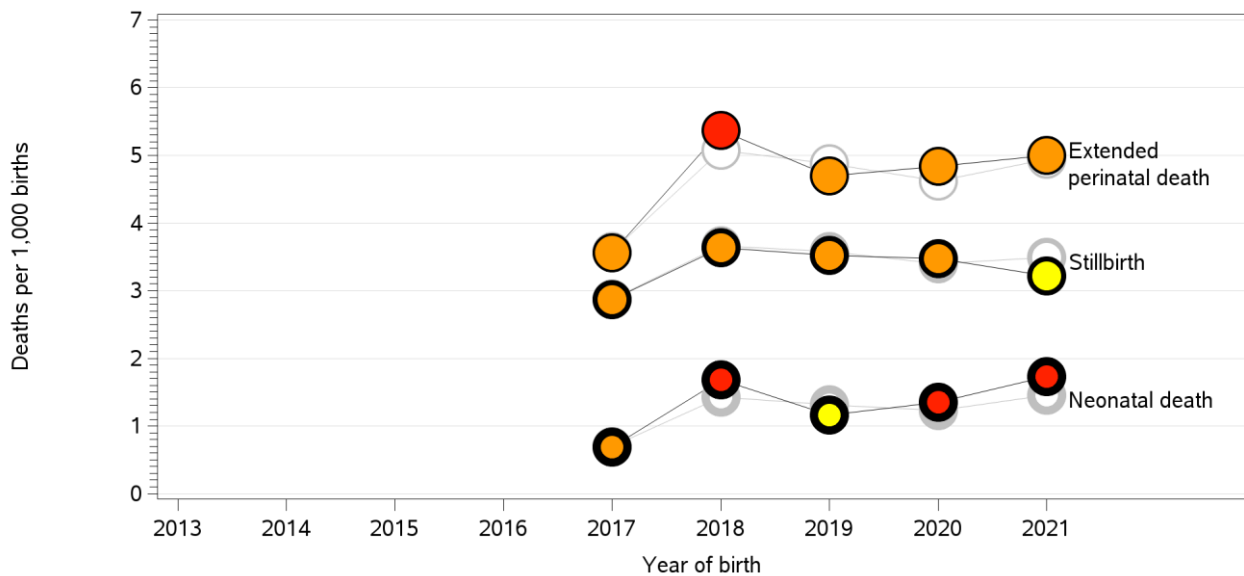
Due to updates to the data and improvements to the statistical methodology used, these results might differ slightly from those in previous reports.



Stabilised & adjusted mortality by year of birth (excluding deaths due to congenital anomalies)

Stabilised & adjusted mortality rates for each type of death, excluding deaths due to congenital anomalies, compared to the average mortality rate for Trusts and Health Boards in the same comparator group (shown in grey) by year of birth. Rates are reported from 2017 onwards.

Due to updates to the data and improvements to the statistical methodology used, these results might differ slightly from those in previous reports.



3. Your perinatal deaths

Deaths of babies born within your Trust

The crude mortality rates reported here are for babies born within your Trust, excluding births before 24 weeks gestational age and all terminations of pregnancy, together with the equivalent UK-wide rates.

These rates are subject to random variation, especially when the number of deaths is small. Stabilised & adjusted mortality rates are presented on page 2 which provide more reliable estimates of the underlying (long-term) mortality rates for your Trust.

Rates per 1,000 births		Stillbirths			Neonatal Deaths			Extended perinatal deaths
		Antepartum	Intrapartum	Unknown	Early	Late		
Your Trust	Rate (N)	2.6 (13)	0.6 (3)	0.0 (0)	1.6 (8)	1.6 (8)	6.4 (32)	
UK-wide	Rate	3.1	0.2	0.2	1.1	0.5	5.2	

The rates of extended perinatal death for your Trust, by gestational age at delivery, are shown below. Equivalent UK-wide rates are also shown for comparison.

Rates per 1,000 births		Extended perinatal deaths by gestational age				
		24 ⁺⁰ – 27 ⁺⁶	28 ⁺⁰ – 31 ⁺⁶	32 ⁺⁰ – 36 ⁺⁶	37 ⁺⁰ – 41 ⁺⁶	≥ 42 ⁺⁰
Your Trust	Rate (N)	304.3 (14)	90.9 (5)	23.2 (8)	1.2 (5)	0.0 (0)
UK-wide	Rate	338.9	113.2	21.7	1.9	1.9

Cause of death

The tables below describe the cause of death reported to MBRRACE-UK for stillbirths which occurred in your Trust and for neonatal deaths of babies who were born in your Trust. They are listed by the primary categories of the 'Cause Of Death & Associated Conditions' (CODAC) system of death classification.

Congenital anomaly is reported as the cause of death for all deaths where a congenital anomaly is coded as either the primary cause of death or an associated condition.

In order to ensure accurate, consistent reporting using the CODAC system of death classification, Trust and Health Board Perinatal Review groups should focus on the quality of cause of death coding.

		Infection	Neonatal	Intrapartum	Congenital anomaly	Fetal
Stillbirths	Your Trust % (N)	6.3% (1)	0.0% (0)	6.3% (1)	25.0% (4)	6.3% (1)
	UK-wide %	4.5%	1.7%	1.3%	9.3%	4.0%
Neonatal Deaths	Your Trust % (N)	0.0% (0)	68.8% (11)	6.3% (1)	6.3% (1)	6.3% (1)
	UK-wide %	7.7%	44.3%	2.2%	32.6%	3.8%

		Cord	Placental	Maternal	Unknown	Missing
Stillbirths	Your Trust % (N)	6.3% (1)	37.5% (6)	0.0% (0)	12.5% (2)	0.0% (0)
	UK-wide %	4.7%	33.2%	3.9%	33.3%	4.2%
Neonatal Deaths	Your Trust % (N)	0.0% (0)	6.3% (1)	0.0% (0)	6.3% (1)	0.0% (0)
	UK-wide %	0.1%	3.0%	0.3%	4.5%	1.5%

Your perinatal deaths *continued*

Place of neonatal death by gestational age

In the table below, information is shown that differentiates between the neonatal deaths of live born babies who were born and subsequently died within your Trust and those who were born within your Trust but died elsewhere. The percentage and number of babies in each group is shown by gestational age at birth.

Place of Death		Gestational group				
		24 ⁺⁰ – 27 ⁺⁶	28 ⁺⁰ – 31 ⁺⁶	32 ⁺⁰ – 36 ⁺⁶	37 ⁺⁰ – 41 ⁺⁶	≥ 42 ⁺⁰
Within your Trust	% (N)	80% (8)	100% (2)	100% (2)	100% (2)	(0)
Outside your Trust	% (N)	20% (2)	0% (0)	0% (0)	0% (0)	(0)

Post-mortem

The percentage of stillbirths and neonatal deaths for which parents were offered a post-mortem examination is given below, differentiating between those who were born and subsequently died within your Trust and those who were born within your Trust but died elsewhere.

For births within your Trust, a post-mortem was offered for 100% of stillbirths and 100% of neonatal deaths, compared with 98% and 92% UK-wide.

Place of Death		Post-mortem offered (as % of deaths)			
		Stillbirths		Neonatal Deaths	
Within your Trust	% (n/N)	100%	(16/16)	100%	(14/14)
Outside your Trust	% (n/N)			100%	(2/2)
UK-wide	%	98%		92%	

The percentage of post-mortems offered or for which consent was obtained and where the cause of death was reported to MBRRACE-UK as Unknown is shown below. You should ensure that the cause of death on the MBRRACE-UK data reporting system is updated once the post-mortem results are known.

		Post-mortem			
		Offered		Consent obtained	
Unknown cause of death	% (N)	100%	(4/4)	100%	(4/4)

Babies born at 22 to 23 weeks gestation

It is vital for MBRRACE-UK to be able to present perinatal mortality rates from 22 weeks gestational age onwards, as recommended by the World Health Organization, in order that UK rates can be compared internationally. As there is no statutory registration of late fetal losses at 22 and 23 weeks gestational age, it is vital that your Trust ensures that there is a rigorous system for reporting these deaths to MBRRACE-UK.

The number of late fetal losses at 22 and 23 weeks gestational age reported by your Trust for babies born in 2021 was 3. Please continue to review this information in order to ensure that all late fetal losses are reported to MBRRACE-UK.

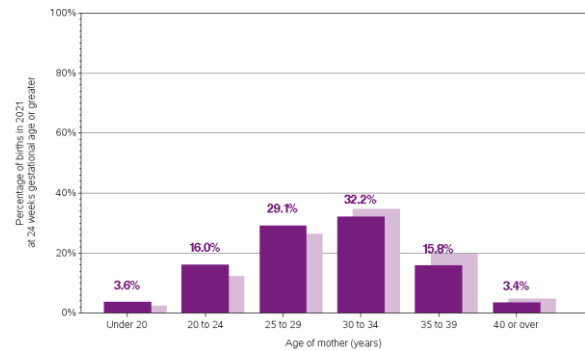
		Deaths at 22 ⁺⁰ to 23 ⁺⁶ weeks gestational age	
		Late fetal losses	Neonatal deaths
Your Trust	N	3	3

4. Your births

Age of mother

The proportion of mothers under 25 years of age was considerably higher than that of the UK as a whole: 19.6% versus 14.5%.

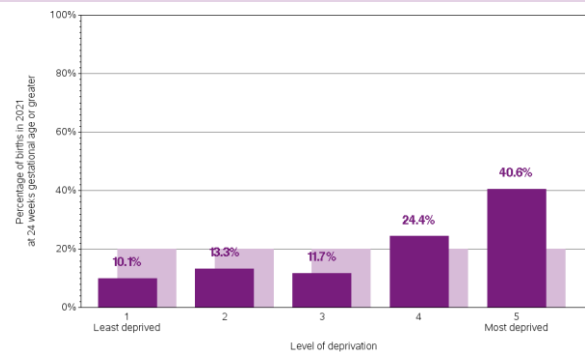
In the national MBRRACE-UK Perinatal Mortality Surveillance Report it was shown that mortality rates were higher for babies born to mothers under 25 and over 34 years of age compared to mothers aged from 25 to 34 years old.



Socio-economic deprivation

This graph shows the distribution of births by level of deprivation, based on the postcode of the mother's residence and using the [Children in Low-Income Families Local Measure](#).

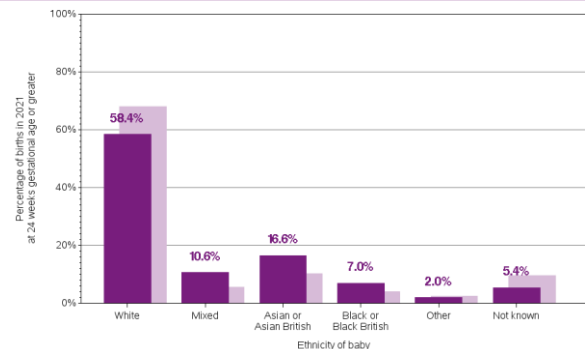
The mothers giving birth in your Trust were considerably more likely to live in areas of high deprivation than those giving birth across the UK as a whole.



Ethnicity of baby

The proportion of babies of non-White ethnicity was considerably higher than that of the UK as a whole: 36.2% versus 22.3%.

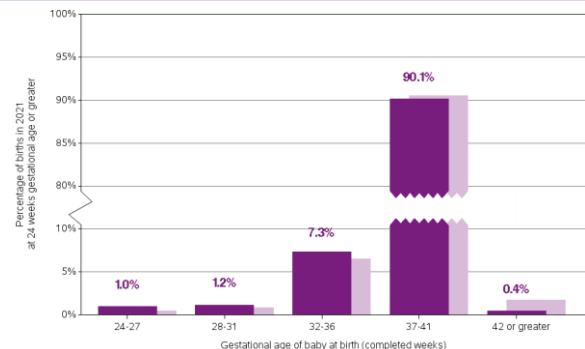
However, for 5.4% of your births the baby's ethnicity was reported as not known. This information is dependent on the accurate coding of babies' ethnicity within the routine reporting of all births.



Gestational age

In your Trust, 46 babies (1.0%) were born at 24 to 27 weeks gestational age, higher than the 0.4% seen in the UK as a whole. However, the percentage of babies born at 28 to 31 weeks was similar to the national average: 1.2% versus 0.8%.

In addition, 20 babies (0.4%) were born post-term (42 weeks or greater), a lower percentage than the UK average of 1.8%.

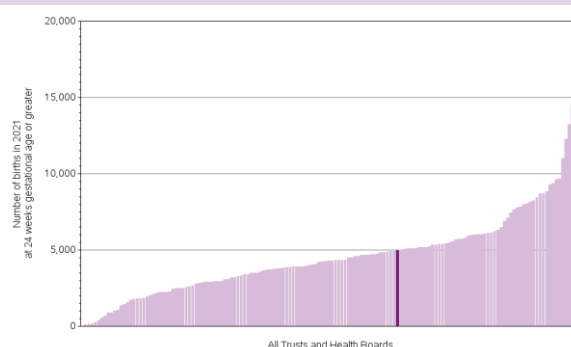


Your births *continued*

Number of births

There were 4,972 births in your Trust at 24 weeks gestational age or later, excluding terminations of pregnancy.

The purple line in the graph opposite shows that the number of births in your Trust puts you in the middle third of all Trusts and Health Boards in the UK.



Percentage of births taking place in your Trust by commissioning organisation

The table below provides the percentage and number of births in your Trust at 24 weeks gestational age or later from each of the commissioning organisations for which over 1% of their births at 24 weeks gestational age or later occurred within your Trust. These organisations are Sub-Integrated Care Boards (Sub-ICBs) in England, Health Boards in Scotland and Wales and Local Commissioning Groups (LCGs) in Northern Ireland.

In total, the births from these organisations accounted for 99.5% of your births at 24 weeks gestational age or later in 2021.

Commissioning organisation	% Births (N)	Commissioning organisation	% Births (N)
1. NHS Staffordshire and Stoke-on-Trent ICB - 04Y	55.7% (755)	2. NHS Black Country ICB - D2P2L	25.2% (3626)
3. NHS Staffordshire and Stoke-on-Trent ICB - 05Q	16.3% (350)	4. NHS Staffordshire and Stoke-on-Trent ICB - 05V	11.5% (162)
5. NHS Shropshire, Telford and Wrekin ICB - M2LOM	1.2% (53)		

5. Data reporting

Completeness of key data items for DEATHS AT YOUR TRUST

It is vital that complete, accurate data is reported to MBRRACE-UK. For births in 2021, we received over 99% of information on key data items for the deaths which occurred within your Trust.

The tables below provide details of completeness for key items in the data collection form. While the rest of this report concerns babies born within your Trust, these tables show the overall completeness of data for **deaths at your Trust no matter where they were born**. The percentage of data reported is given for each item, together with a coloured diamond denoting the level of completeness:

- ◆ less than 70.0% complete
- ◆ 70.0% to 84.9% complete
- ◆ 85.0% to 96.9% complete
- ◆ 97.0% to 99.9% complete
- ◆ 100% complete

These data items have been assessed as they are all readily available and essential to the accurate reporting of extended perinatal mortality for your Trust. The reporting from your Trust was almost complete. Achieving 100% data collection may well require collaboration with receiving and referring units.

Mother's details		Completeness	
Name		100.0%	◆
	UK-wide	100.0%	
Postcode of residence		100.0%	◆
	UK-wide	99.9%	
Ethnicity		100.0%	◆
	UK-wide	96.3%	
Age		100.0%	◆
	UK-wide	100.0%	

Birth		Completeness	
Type of onset of labour		97.1%	◆
	UK-wide	99.0%	
Actual place of birth		100.0%	◆
	UK-wide	99.4%	
Date and time of birth		100.0%	◆
	UK-wide	98.6%	
Final mode of birth		100.0%	◆
	UK-wide	99.5%	

Booking and antenatal care [†]		Completeness	
Smoking		100.0%	◆
	UK-wide	97.5%	
Body mass index		100.0%	◆
	UK-wide	100.0%	
Intended type of care at booking		97.1%	◆
	UK-wide	96.2%	
Estimated date of delivery		100.0%	◆
	UK-wide	97.0%	

Baby's outcome		Completeness	
Date death confirmed [‡]		100.0%	◆
	UK-wide	100.0%	
Whether alive at onset of care [‡]		100.0%	◆
	UK-wide	95.1%	
Whether admitted to NNU [§]		100.0%	◆
	UK-wide	99.9%	
Main cause of death		100.0%	◆
	UK-wide	96.7%	

Baby's characteristics		Completeness	
Birth weight		100.0%	◆
	UK-wide	98.6%	
Gestational age at birth		100.0%	◆
	UK-wide	98.9%	

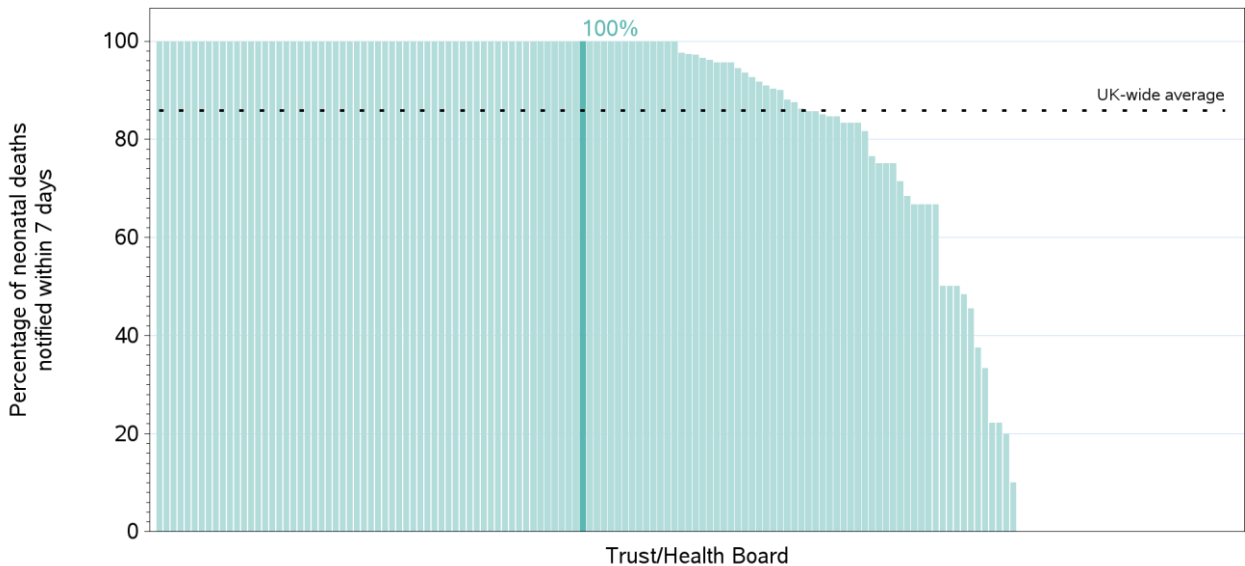
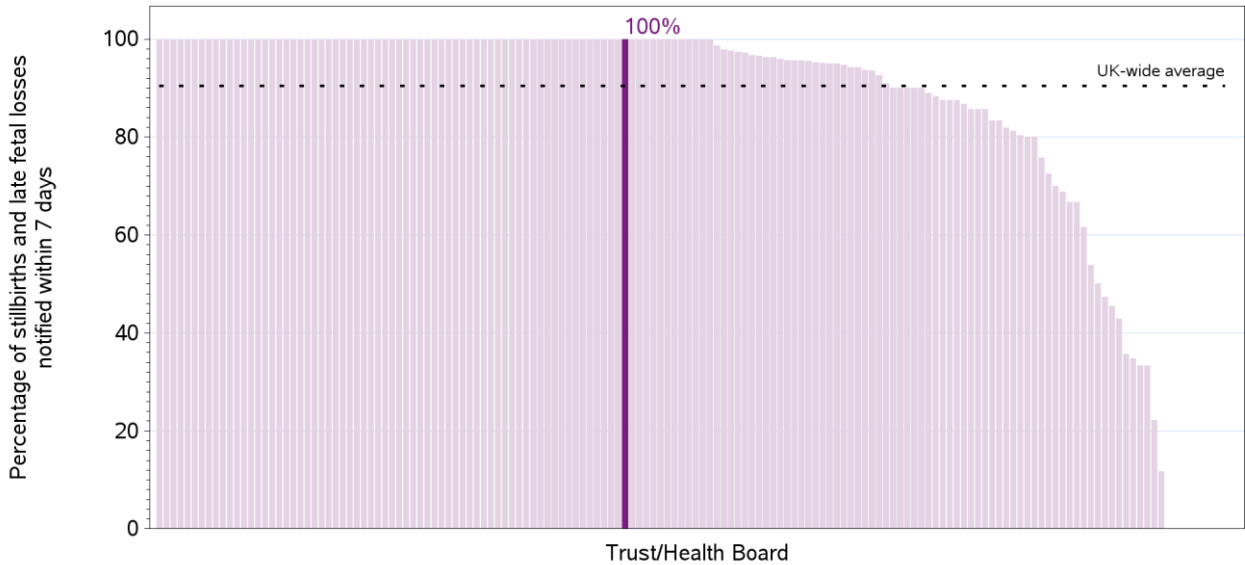
[†] excluding mothers reported as never booked; [‡] this data item is collected for stillbirths only; [§] this data item is collected for neonatal deaths only.

Percentage of deaths notified by your Trust within 7 days

The MBRRACE-UK timeliness benchmarks for the notification of deaths and completion of surveillance data are:

- 1) All deaths should be **notified** to MBRRACE-UK within 7 days of the death occurring. The full data does not have to be complete at this point.
- 2) Trusts and Health Boards should aim to **complete** data entry for each death within 90 days of the death occurring.

The graphs below show the percentage of stillbirths & late fetal losses and neonatal deaths notified by your Trust within the 7-day benchmark period.



About this report

MBRRACE-UK

This report presents one element of the work of MBRRACE-UK, a collaboration led from the National Perinatal Epidemiology Unit at the University of Oxford with members from the University of Leicester (who lead the perinatal aspects of the work), University of Birmingham, Bradford Institute for Health Research, The Newcastle upon Tyne Hospitals NHS Foundation Trust and Sands (Stillbirth and neonatal death charity).

MBRRACE-UK is commissioned by the Healthcare Quality Improvement Partnership on behalf of NHS England, NHS Wales, the Scottish Government Health and Social Care Directorate, the Northern Ireland Department of Health, Social Services and Public Safety, the States of Guernsey, the States of Jersey, and the Isle of Man Government.

Data sources

Deaths were reported to MBRRACE-UK by the Trust or Health Board where the death occurred. The information about births was obtained from routine sources – the Office for National Statistics, Personal Demographics Service, National Records of Scotland, Public Health Scotland, Northern Ireland Maternal and Child Health, States of Guernsey Health and Social Services Department, and States of Jersey Health Intelligence Unit. Home births are reported where the birth was registered via a Trust or Health Board. Births and deaths are attributed according to the configuration of Trusts and Health Boards on 1 September 2022.

Deaths from all causes except termination of pregnancy are reported, including those resulting from congenital anomalies. The information in this report may not match other local or national reported rates as births before 24 weeks gestational age have been excluded from most tables due to differences in reporting by Trusts and Health Boards. Further details on the methods we have used are included in the Technical Document available at <https://www.npeu.ox.ac.uk/mbrrace-uk/reports>.

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Web: <http://www.npeu.ox.ac.uk/mbrrace-uk>



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**Paper for submission to the Trust Board – to be held in Public
on 10 October 2023**

Title of Report:	Integrated Quality and Performance Report – August 2023	Enc No: 15
Author:	Performance Manager ext 86746 Email: Lesley.burrows2@nhs.net Deputy Chief Nurse ext 85892 Email: c.wilson12@nhs.net Deputy Chief Nurse ext 85859 Email: m.morris16@nhs.net Director of Nursing ext 85889 Email: debra.hickman@nhs.net Deputy Chief Strategy Officer - Planning, Performance & Contracting ext 85914 Email: timothy.shayes@nhs.net	
Presenter/Exec Lead:		

Action Required of the Board/Committee/Group

Decision	Approval	Discussion	Other
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes NoX	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 note the contents of the report and in particular the items referred to the Board for decision or approval.</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 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 checked="" type="checkbox"/> Risk Score (if applicable): None		
Resource Implications:	(if none, state 'none') Revenue: None Capital: None Workforce: None Funding Source: None		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes <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 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:

Summary of Key Issues using Assure, Advise and Alert
Assure All data reported with thorough validation checks and relevant departments are aware of any underperformance.
Advise None in this report.
Alert None in this report.

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









Integrated Quality and Performance Report August 2023

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



Contents	Page		
Key to Icons	3	Integrated Care Dashboard	24-25
Executive Summary	4-5	Community Nursing (Rapid Intervention Team)	26
Corporate Scorecard Summary	6	Night Visiting Service	26
Indicator Summary	7	Rapid Response	27
		Crisis Response	27
Quality Dashboard	8-9	Virtual Ward	28
Complaints	10	Rapid Access Social Care	28
Friends and Family Test	10	Care Coordination	29-30
Observations on time	11		
Mortality	11	Human Resource Dashboard	31
Patient Falls	12	Trust Vacancy Rate	32
Pressure Ulcers	12	Turnover	32
HCAI's	13	Retention	32
Care Hours per Patient Day	14	Appraisals	32
Sepsis Screening	15	Mandatory Training	33
Maternity	15	Sickness	33
Performance Dashboard	16-17		
Cancelled Operations	18		
Stranded Patients	18		
RTT - Incomplete	19		
Diagnostics within 6 weeks	19		
ED 4 hour wait & >12 hour attendances	19		
Ambulance Handovers	20		
Emergency Admissions	20		
Stroke	21		
E-discharge	21		
Cancer	22-23		

Key to KPI Variation and Assurance Icons

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

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

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

Executive Summary

Obs on time: slight decrease in performance seen during August 23. Our quality improvement work continues with wards, with a repeat audit completed at the end of August 23.

C.diff: 4 cases in month against a target of 4. Ward decant for the deep clean program will recommence week commencing 25th September 2023.

MRSA: no cases during August 23.

CHPPD (total nursing): This remains stable and above target. A further 28 Newly Qualified nurses to place and 10 international nurses arrived at the end of August 2023.

Smoking at delivery: performance saw a slight improvement in month. The pathway for Nicotine replacement therapy (NRT) is currently under review. This required intervention should be offered to all smokers and provision ensured as soon as possible.

RTT incomplete pathway: the overall target has seen some slight deterioration in month but in line with the trajectory expected for a continued rise throughout 2023/24 as demand from the pandemic restores and we continue to focus on treating long waiting patients.

RTT 78+ week wait: we saw a month end position of 39. This number has reduced from the previous month and is now mostly Urology patients. This is unlikely to be at zero until around the end of November 23. We continue to monitor these patients in a thrice weekly patient level meeting and are utilising mutual aid where available and appropriate.

Diagnostics: performance has deteriorated slightly, largely due to the holiday/bank holiday periods where we saw a reduction in activity. The largest waits continue to be in endoscopy and ultrasound. Remedial action plans are in place with an expectation that performance improves throughout 2023/24 and these are monitored against individual trajectory targets.

ED 4 hour: performance remained static in month and continues to be above the new national standard of 76%. A new performance dashboard has been developed and is to be displayed within the Emergency Department to raise awareness. We continue to benchmark well both locally and nationally.

Cancer 2ww: we continue to a rise in volume of 2ww referrals and is driving our underperformance. Mutual aid is being sought where available. 2ww waiting times continue to be monitored and discussed across the Black Country Trust's.

Cancer 62 day: the referral numbers above, combined with delays within histopathology and some specialty specific constraints continue to impact on our 62 day performance. Additional capacity has been procured outside of the system to support with the transfer of some urology patients.

RIT referrals/patients accepted and seen: Referral numbers saw an increase during August 23. These remain around the average expected numbers.

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

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.

Executive Summary (continued)

Trust vacancy rate: showing overall improving trend, this indicator continues to meet the target.

Turnover (normalised): this target continues to show overall improvement, and is now achieving the target.

Retention (12 months): remained static during August 23, however, this continues to achieve the target.

Appraisals: static in month but overall is showing an improving trajectory, although this remains below target. This performance has been discussed at Operational Workforce Group in some detail with commitment from Divisions offered to deliver improvements in appraisal compliance.

Sickness (monthly): showing an overall improving trend. Considerable work has been undertaken to develop the wellbeing support offer, including psychological and practical wellbeing support for staff.

Corporate Scorecard Summary

Quality				
Key Performance Indicators	Plan	Actual	Variation	Assurance
Observations on time	>90%	85.97%		
Clostridioides difficile	4	4		
MRSA Bacteraemia	0	0		
CHPPD (total)	>/= 7.6	8.3		
Smoking at delivery	<7%	11.1%		

Performance				
Key Performance Indicators	Plan	Actual	Variation	Assurance
RTT - Incomplete Pathway	92%	54.99%		
RTT - 78+ Weeks	0	39		
Diagnostic 6 week wait	>99%	53.60%		
ED - 4 hour wait	76%	77.93%		
Cancer 2 week wait	93%	74.59%		
Cancer 62 day traditional	85%	39.30%		


















Integrated Care				
Key Performance Indicators	Plan	Actual	Variation	Assurance
RIT referrals received		1,178		
Patients accepted and seen		1,154		
Virtual Ward		184		
Care Coordination referrals accepted		3,152		

Human Resources				
Key Performance Indicators	Plan	Actual	Variation	Assurance
Trust Vacancy Rate	6%	2.77%		
Turnover (normalised)	10%	9.97%		
Retention (12 months)	88%	89.93%		
Appraisals	90%	85.40%		
Sickness (monthly)	5%	5.00%		

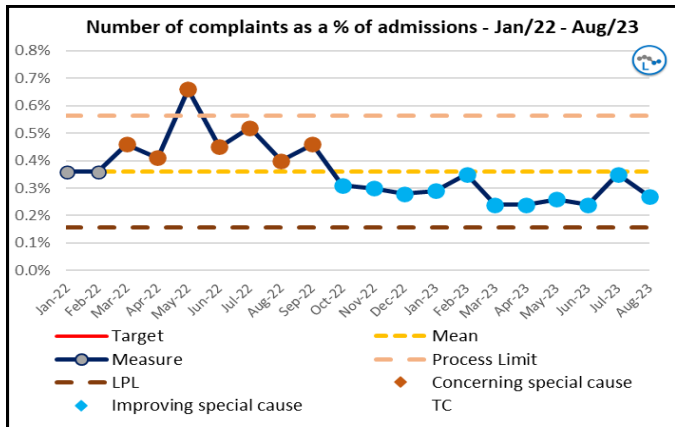
Indicator Summary

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

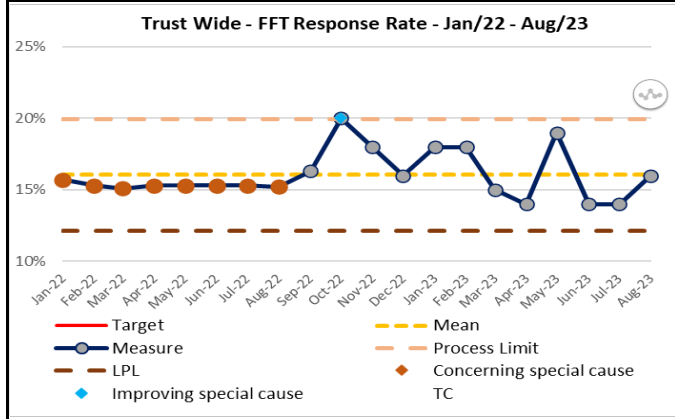
Quality

Metric - Patient Experience	Target	Variation	Assurance	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	
Number of complaints as a % of admissions	Surveillance			0.24%	0.24%	0.26%	0.24%	0.35%	0.27%	
Complaints response rate against policy	90%			100.0%	90.0%	100.0%	93.0%	97.0%	100.0%	
FFT response rates - Trust wide	Surveillance			15.0%	14.0%	19.0%	14.0%	14.0%	16.0%	
FFT recommendation rates - Trust wide				84.0%	86.0%	86.0%	83.0%	85.0%	87.0%	
Observations on time (Trust wide)	>90%			81.30%	85.30%	84.80%	85.75%	87.59%	85.97%	
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	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	
Pressure ulcers - STEIS reportable cases	Surveillance			1	0	0	0	1	0	
Pressure ulcers per 1,000 occupied bed days				1.41	1.34	0.95	1.14	1.03	1.61	
Falls rate with harm per 1,000 occupied bed days				0.04	0.00	0.04	0.04	0.00	0.00	
Patient falls - rate per 1,000 occupied bed days				3.69	2.61	2.36	2.80	3.29	2.68	
Crude mortality rate				1.84%	1.97%	1.29%	1.65%	1.49%	1.76%	
RWT SHMI				0.89	0.92					

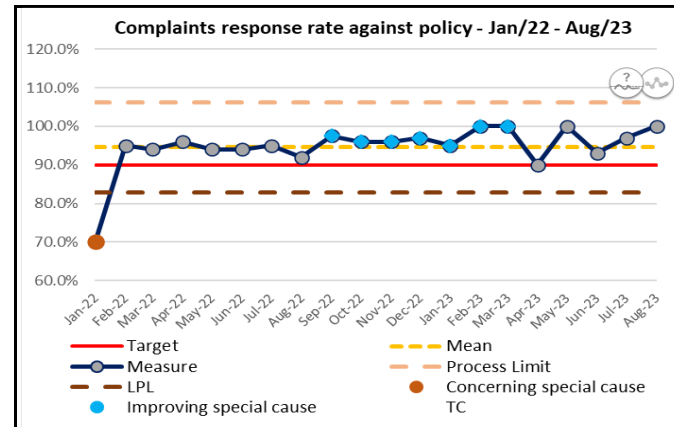
Metric - Patient Safety	Target	Variation	Assurance	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Clostridioides difficile	4			11	6	6	2	10	4
MRSA Bacteraemia	0			0	0	0	0	0	0
E.Coli	Surveillance			18	14	14	15	19	27
Medication error - incidents causing serious harm	0			0	0	0	0	0	1
Serious incident reporting - report incidences within 48 hours	0			0	0	0	0	0	0
Never events	0			0	0	0	0	1	0
Metric - Patient Safety (continued)	Target	Variation	Assurance	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Care hours per patient - total nursing & midwifery staff actual	>/= 7.6			8.1	8.6	8.4	8.4	8.3	8.3
Care hours per patient - registered nursing & midwifery staff actual	>/= 4.5			4.8	5.1	5.1	5.2	5.1	5.1
Midwife to birth ratio	</=30			28.0	29.0	29.0	29.0	29.0	29.0
Sepsis screening - ED	>/= 90%			88.0%	100.0%	100.0%	96.0%	100.0%	N/A
Sepsis screening - Inpatients (reported quarterly)	>/= 90%			93.33%	92.00%				
Thrombus - Hospital acquired (VTE numbers) per 1,000 occupied bed days (reported quarterly 1 month in arrears)	Surveillance			0.64	0.6				
Metric - Maternity	Target	Variation	Assurance	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Smoking at delivery	<7%			11.7%	10.8%	10.3%	10.0%	11.6%	11.1%
Babies being cooled (born here)	Surveillance			1	1	1	0	0	0



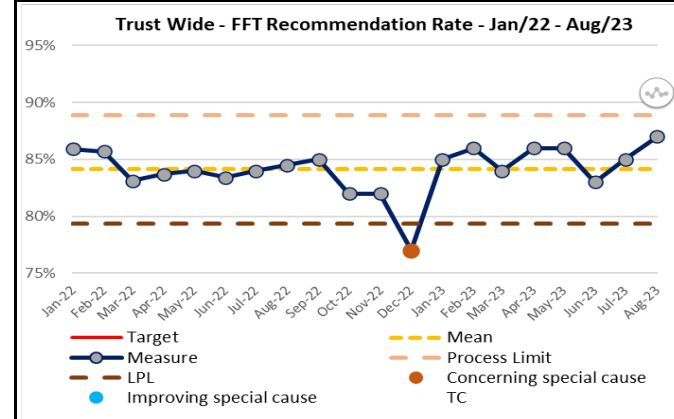
Aug-23
0.27%
Variance Type
Metric is showing lower cause variation (improving)



Aug-23
16.0%
Variance Type
Metric is showing common cause variation

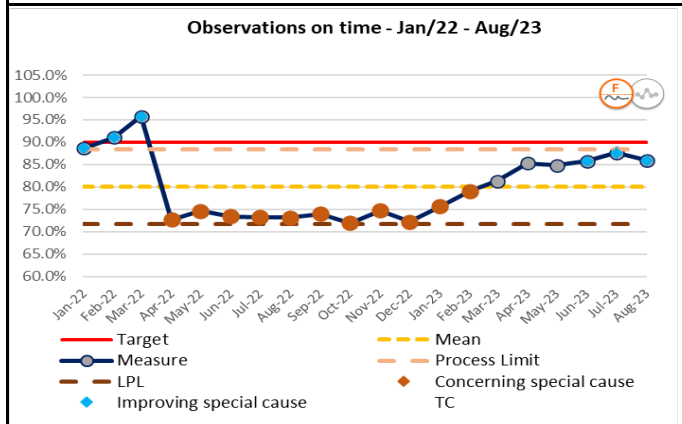


Aug-23
100.0%
Variance Type
Metric is showing common cause variation
Target
90.0%
Achievement
Metric is currently passing the target

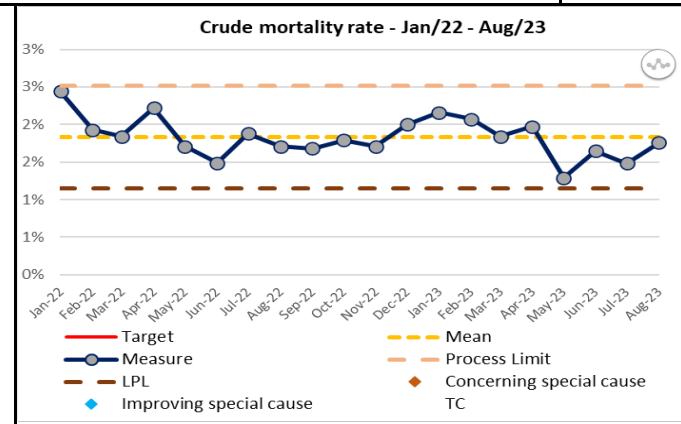


Aug-23
87.0%
Variance Type
Metric is showing common cause variation

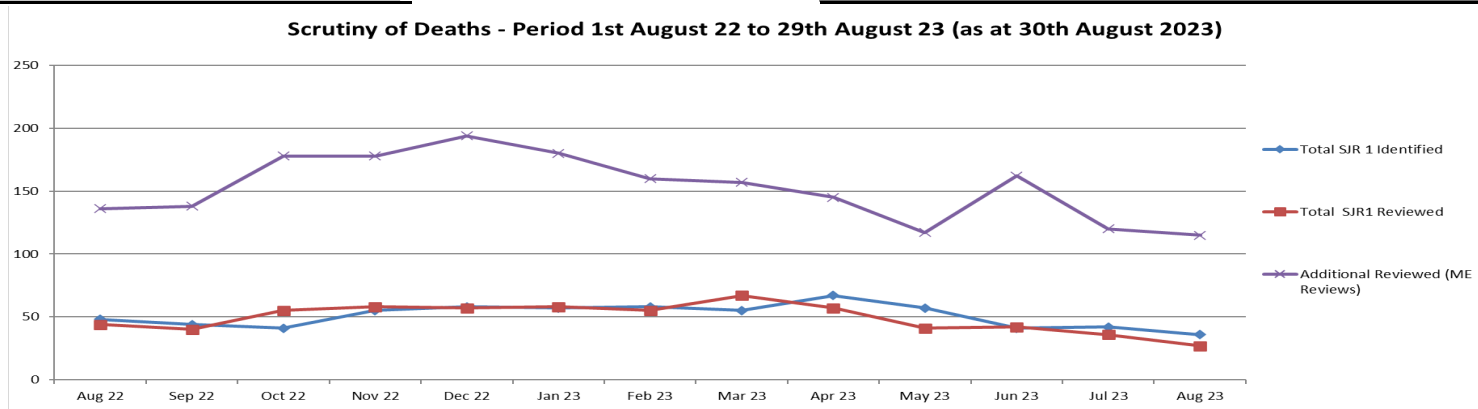
Summary	Actions	Assurance
<p>Complaints: There were 33 formal complaints received in August 2023. This represents a 23% reduction when compared with the previous month.</p> <p>Complaints Response: 32 complaints were closed, of which 16 were closed within 30 working days. Of the 16 complaints that took longer than 30 days, all of them gained consent to breach from the complainant.</p>	<p>To ensure accuracy of the outcome decision of formal complaints the complaint toolkit has been reviewed and a two-step quality assurance has been implemented. The outcome of each element of the complaint will detail clearly whether it has been partially, fully or not upheld. This will also be confirmed by Head of Nursing /Deputy COO as part of the Divisional Quality Assurance process.</p>	<p>The Patient Experience Team will continue to monitor complaints performance and provide proactive support to the Directorates and Divisions.</p>
<p>FFT: The overall Trust wide response rate for August 2023 was 16% with 87% recommending the Trust and 8% not recommending the Trust. Both the response and the recommendation rates have seen a 2% improvement when compared with the previous month, with the non-recommendation rate also noting a 2% decrease.</p>	<p>The FFT supportive outreach carried out on Wards A5, C17 and C19 saw positive increases in both the response and recommendation rates. Further outreach will be undertaken on Wards A14, C22 and C41 in order to address the decline in performance noted in the August 2023 FFT data.</p>	<p>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.</p>



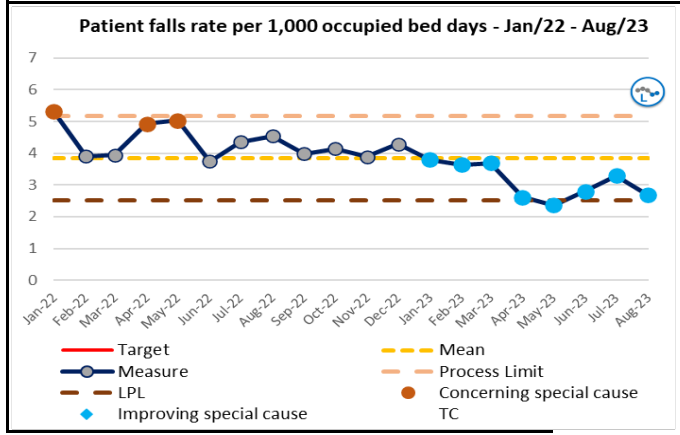
Aug-23
85.97%
Variance Type
Metric is showing common cause variation
Target
90%
Achievement
Metric is currently failing the target



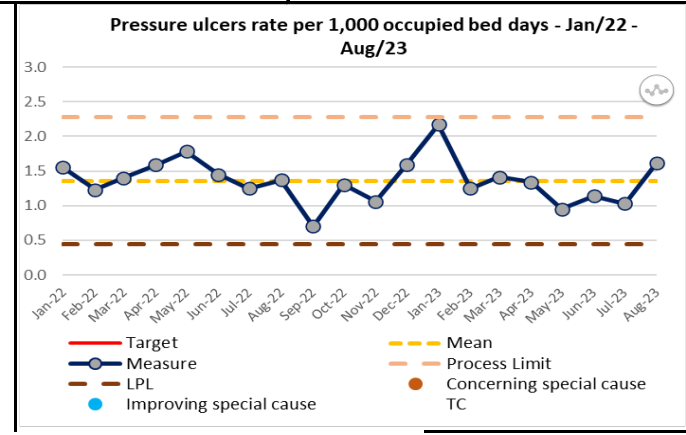
Aug-23
1.76%
Variance Type
Metric is showing common cause variation



Summary	Actions	Assurance
<p>Observations on time: Performance was 85.97% in August 2023 and this represents a decrease of 1.62% when compared with the previous month.</p>	<p>Our quality improvement work continues with the underperforming wards, to ensure required improvements are embedded. Ongoing focus remains on the use of NEWS2 Scale 2 with a repeat audit completed in late August 2023 as part of our improvement plan and development of a e-learning resource. A dashboard for incorporating and triangulating various quality metrics continues to be finalised with a prototype presented to the Deteriorating Patient Group.</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.</p>
<p>Mortality: The SHMI was 0.92 and remained within the expected range. At last reported position to MRG Chair as at 30th August 23, there were 27 outstanding SJRs awaiting review.</p>	<p>Of the SJRs completed during quarter 2 reported to MRG Chair on 7th September 2023, 5 cases were assessed where an element of poor care has been identified at the overall phase of care.</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>



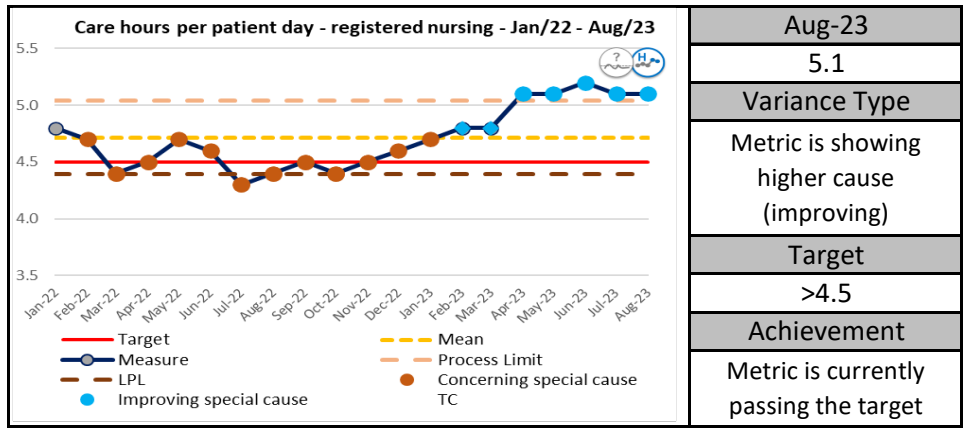
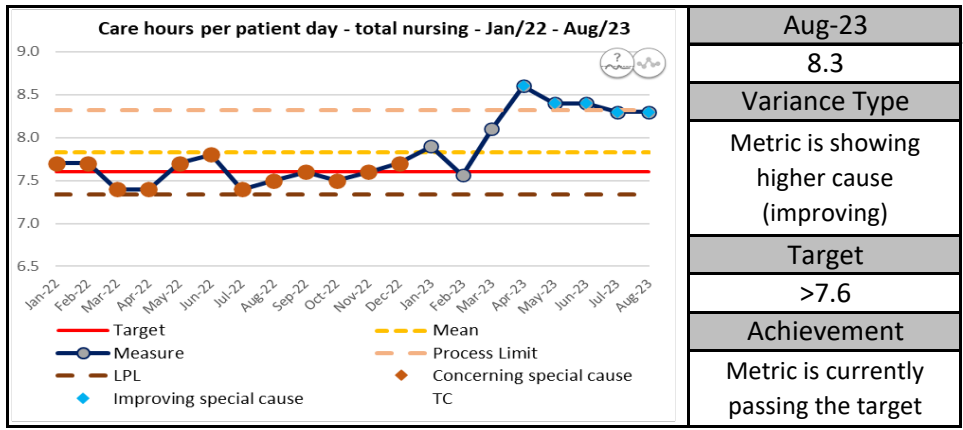
Aug-23
2.68
Variance Type
Metric is showing lower cause variation (improving)



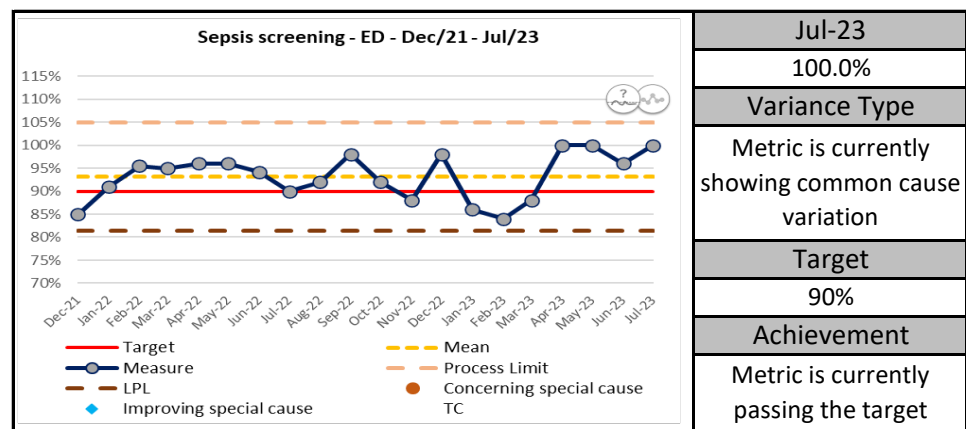
Aug-23
1.61
Variance Type
Metric is showing common cause variation

Summary	Actions	Assurance
<p>Falls: In total, there were 72 falls reported in August 2023, compared to 91 in July 2023, which represents a decrease of 20.8%.</p>	<p>The bed policy for RWT was under review, however following the NPSA alert, a further review is being undertaken.</p> <p>The falls assessment and enhanced risk assessment tool that has been piloted, reviewed and will be included in the risk assessment booklet, as part of the work with Frailty and Mental Health over the coming months in relation to cognitive conditions.</p> <p>Collaboration across RWT and WHT is becoming well established, with its shared overarching aims.</p> <p>Requirements of the NPSA alert issued at the end of August 2023, pertaining to medical beds, trolleys, bed rails, bed grab handles and lateral turning devices including all Acute and Community healthcare organisations, care homes, equipment providers, Occupational Therapists and early intervention teams are being progressed.</p>	<p>Progress with improvement actions remains in line with the agreed improvement plans, with additional actions and learning as required.</p>
<p>Pressure Ulcers: In total, 43 pressure ulcer incidents were reported in August 2023, in comparison to 28 reported in July 2023.</p> <p>From a moisture associated skin damage (MASD) perspective, 64 MASDs were reported in August 2023, in comparison to 82 reported in July 23.</p>	<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>Assessment training on using Purpose T via Microsoft Teams is available weekly and sessions on how to complete nursing documentation have recommenced</p>	

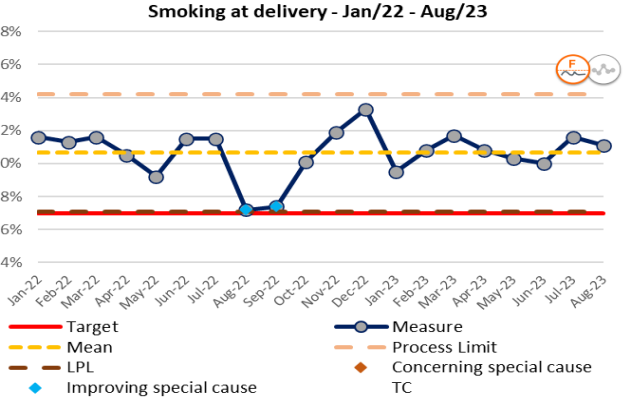
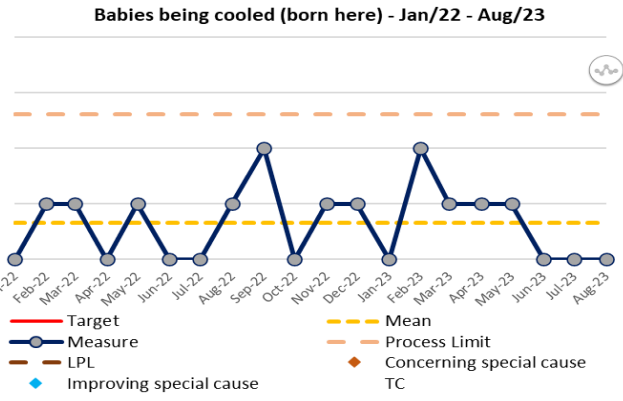
	<p style="text-align: center;">Aug-23</p> <p style="text-align: center;">27</p> <p style="text-align: center;">Variance Type</p> <p style="text-align: center;">Metric is showing common cause variation</p>		<p style="text-align: center;">Aug-23</p> <p style="text-align: center;">4</p> <p style="text-align: center;">Variance Type</p> <p style="text-align: center;">Metric is showing common cause variation</p> <p style="text-align: center;">Target</p> <p style="text-align: center;">4</p> <p style="text-align: center;">Achievement</p> <p style="text-align: center;">Metric is currently failing the target</p>
Summary	Actions		Assurance
<p>HCAI: C.difficile saw 4 cases against the target of 4 during August 2023. In addition, there were 27 E.coli cases reported.</p> <p>There were no cases of MRSA Bacteraemia cases during August 2023.</p>	<p>The IP team continue to support all areas to encourage appropriate sampling to identify new symptomatic cases.</p> <p>The C. difficile task and finish group has now been concluded. The Trust C. difficile action plan will continue to be reviewed and updated with any further actions required.</p> <p>The team are currently working with the Emergency Department on a Quality improvement project to focus on timely sampling of patients with symptoms.</p> <p>Following the ICB quality visit to the Emergency department on 12th May 2023, written feedback has now been received and an action plan completed.</p> <p>A permanent location for the Patient Equipment Cleaning Centre has been identified and is currently awaiting refurbishment work/due to open November 2023.</p> <p>The ward decant for deep clean program is planned to recommence week commencing 25th September 2023 however in the interim, opportunities for bay cleans have been seized.</p>		<p>An action plan is in place for Clostridioides difficile which includes, increased education for staff, increased audits including commodes, antimicrobial ward round is informed by the regional c.difficile collaboration work.</p> <p>An overarching IP delivery plan has been developed, approved by the Infection Prevention and Control Group and endorsed by Trust Board in August 2023. This plan will be officially launched in early October 2023.</p>



Summary	Actions	Assurance
<p>Care Hours per Patient Day (CHPPD):</p> <p>The Trust's average for August 2023 was 8.33, which represents an increase of 0.02 in month. The model hospital dashboard shows a national median to be 8.5 (April 2023).</p> <p>Adult inpatient range was between 5.0 - 10.8 (Mean 7.7)</p> <p>Critical care/Neonatal range was between 28.0 - 30.7 (Mean 29.3)</p> <p>Emergency portal range was between 7.9 - 8.9 (Mean 8.4)</p>	<p>Monthly scrutiny of rostering efficiency, all roster unavailability, including net hours and supernumerary status is in place, with scheduled confirm and challenge meetings with all clinical areas including further oversight by finance colleagues via the departmental budget meetings.</p> <p>Further task and finish groups have been convened to review processes related to additional hours and enhanced clinical needs across clinical areas.</p>	<p>The Trust's Nursing, Midwifery & AHP Workforce Oversight Group maintains scrutiny of rostering efficiency . We continue with both planned international and local recruitment alongside retention activities.</p> <p>.A further 28 Newly Qualified nurses to place and 10 International nurses arrived at the end of August 2023.</p>



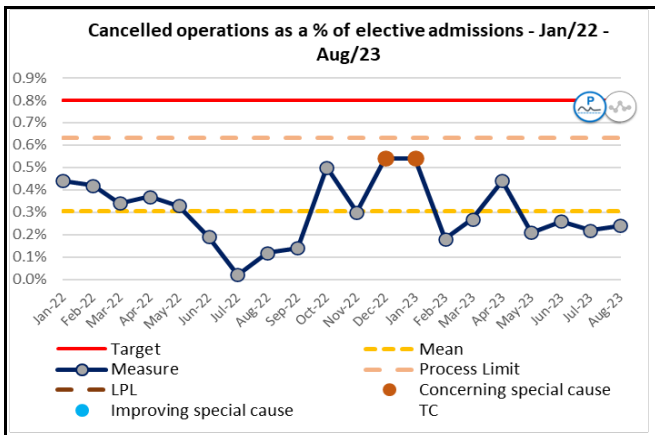
Jul-23
100.0%
Variance Type
Metric is currently showing common cause variation
Target
90%
Achievement
Metric is currently passing the target

	<table border="1"> <tr><td>Aug-23</td></tr> <tr><td>11.1%</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>	Aug-23	11.1%	Variance Type	Metric is currently showing common cause variation	Target	<7%	Achievement	Metric is currently failing the target		<table border="1"> <tr><td>Aug-23</td></tr> <tr><td>0</td></tr> <tr><td>Variance Type</td></tr> <tr><td>Metric is currently showing common cause variation</td></tr> </table>	Aug-23	0	Variance Type	Metric is currently showing common cause variation
Aug-23															
11.1%															
Variance Type															
Metric is currently showing common cause variation															
Target															
<7%															
Achievement															
Metric is currently failing the target															
Aug-23															
0															
Variance Type															
Metric is currently showing common cause variation															
Summary	Actions		Assurance												
<p>Sepsis screening in ED: Not available at the time of reporting</p>															
<p>Maternity: Smoking times at delivery (SATOD) - Smoking at time of Delivery Rates saw a decrease this month to 11.1% - this is higher than the national ambition (<7%). The rate is consistently higher than national targets for smoking at time at delivery.</p>	<p>The pathway for Nicotine replacement therapy (NRT) is currently under review. This required intervention should be offered to all smokers and provision ensured as soon as possible. The agreed funding to increase support for stopping smoking and healthy living in pregnancy services, has unfortunately been halved. This will affect the ability to provide 'face to face' appointments as specified in the Saving Babies Lives Care Bundle' V3. This requires further discussion with the LMNS and ICB.</p>		<p>Smoking in pregnancy is monitored monthly via the Maternity dashboard and element 1 of the 'Saving Babies Lives Care Bundle' V3.</p>												
<p>Babies being cooled - there were no babies cooled during August 2023.</p>															

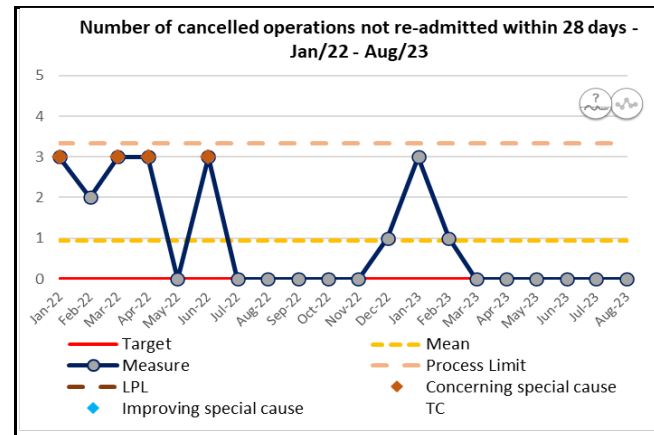
Performance

Metric - Patient Experience	Target	Variation	Assurance	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Number of cancelled operations on the day of surgery for non-medical reasons				14	19	12	15	11	12
Cancelled operations as a % of elective admissions	<0.8%			0.27%	0.44%	0.21%	0.26%	0.22%	0.24%
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
Number of patients who are medically fit for discharge				76	54	60	51	76	60
Metric - Waiting Times	Target	Variation	Assurance	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
RTT - % of patients on an incomplete pathway	92%			56.98%	56.92%	58.43%	57.16%	55.88%	54.99%
RTT - number of patients waiting 78+ weeks				85	83	85	39	53	39
Total Incomplete Number				75,958	76,722	77,180	81,398	83,699	85,933
Diagnostic Test - % of patients waiting 6 weeks or more	>99%			47.94%	51.71%	52.73%	56.14%	57.86%	53.60%
Metric - Urgent Care	Target	Variation	Assurance	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Total time spent in ED (4 hours) - New Cross Hospital	76% (from Apr 23)			63.68%	69.86%	69.05%	66.89%	68.84%	68.05%
Total time spent in ED (4 hours) - Combined				75.18%	79.23%	79.08%	76.12%	78.34%	77.93%
% of ED attendances >12 hours	0			9.83%	4.35%	7.02%	6.20%	6.75%	6.41%
Ambulance handover within 15 minutes	65%			49.61%	68.04%	66.37%	57.33%	58.34%	55.19%
Ambulance handover within 30 minutes	95%			82.37%	95.72%	95.48%	88.71%	87.85%	88.60%
Ambulance handover >60 minutes	0%			4.95%	0.14%	0.89%	3.45%	4.29%	3.46%

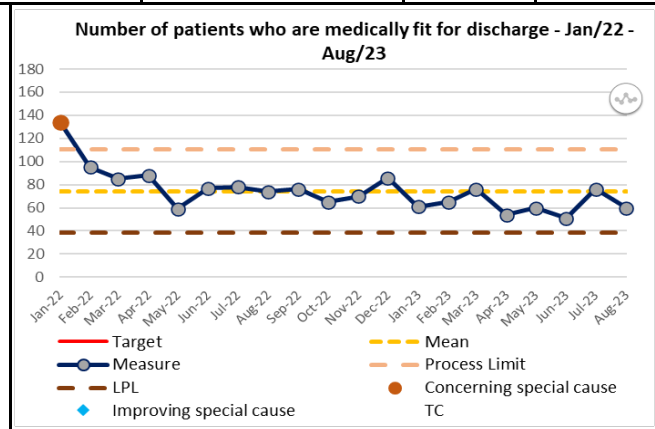
% of emergency admissions via Emergency Department				41.11%	42.63%	41.80%	40.46%	41.62%	41.85%
Metric - Stroke	Target	Variation	Assurance	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Patients admitted with primary diagnosis of stroke should spend greater than 90% of their hospital stay on a dedicated stroke unit	80%			100.00%	100.00%	100.00%	100.00%	100.00%	90.14%
Stroke patients will be assessed and treated within 24 hours	60%			72.58%	61.73%	83.00%	80.12%	66.01%	76.00%
Metric - Organisational Efficiency	Target	Variation	Assurance	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Electronic discharge summary within 24 hours of patient discharge	>= 90%			94.97%	94.13%	96.01%	95.34%	95.23%	94.25%
Metric - Cancer Waiting Times	Target	Variation	Assurance	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
2 Week Wait - Cancer Referrals	93%			86.70%	79.33%	87.69%	79.05%	73.53%	74.59%
2 Week Wait - Breast Symptomatic Referrals	93%			90.16%	98.86%	97.06%	96.19%	85.25%	58.67%
31 Day to First Treatment	96%			78.60%	79.11%	72.03%	77.17%	78.00%	81.50%
31 Day Sub Treatment - Anti Cancer Drug	98%			88.46%	90.22%	89.53%	93.42%	97.39%	88.78%
31 Day Sub Treatment - Surgery	94%			43.90%	48.72%	50.00%	54.17%	44.19%	62.22%
31 Day Sub Treatment - Radiotherapy	94%			83.33%	93.28%	88.97%	94.27%	97.40%	96.35%
62 Day Wait for First Treatment	85%			39.32%	36.51%	38.10%	32.47%	33.89%	39.30%
62 Day Wait - Screening	90%			47.46%	36.84%	30.61%	44.44%	42.86%	24.14%
62 Day Wait - Consultant Upgrade (local target)	88%			51.80%	36.19%	48.47%	47.97%	44.44%	54.85%
28 Day Faster Diagnosis Standard	75%			72.43%	67.26%	68.60%	76.14%	74.43%	73.99%



Aug-23
0.24%
Variance Type
Metric is showing common cause variation
Target
<0.8%
Achievement
Metric is currently passing the target

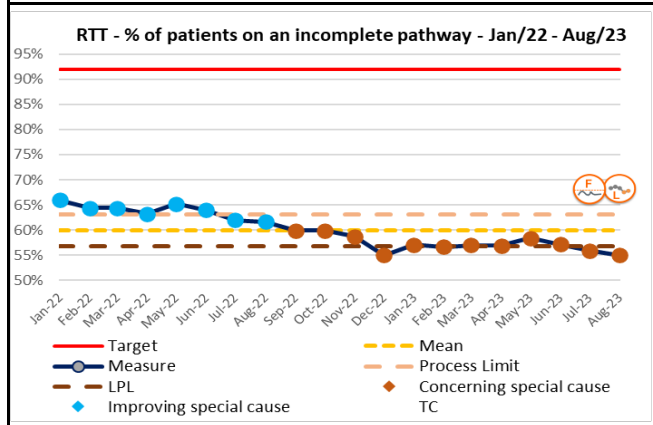


Aug-23
0
Variance Type
Metric is showing common cause variation
Target
0
Achievement
Metric is currently passing the target

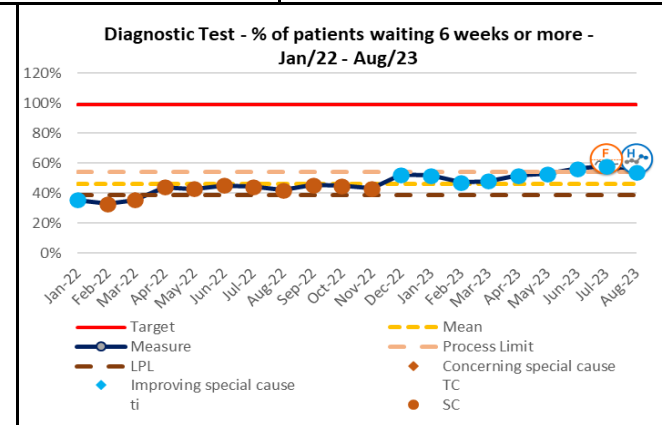


Aug-23
60
Variance Type
Metric is showing common cause variation

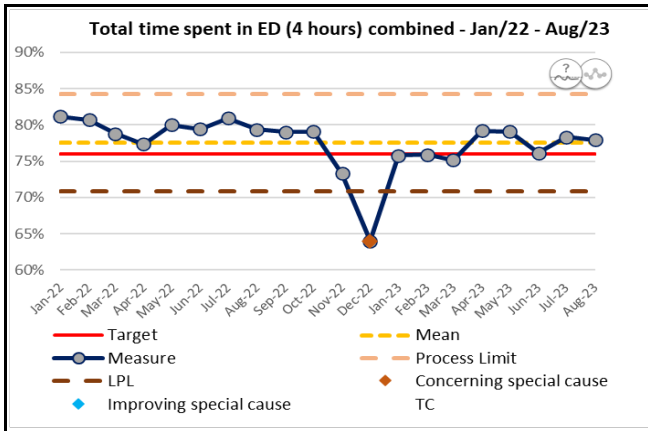
Summary	Actions	Assurance
Cancelled Operations: We remain below target. There were no patients who had been cancelled on the day that were not rebooked within 28 days.	All cancelled operations on the day of surgery are reported daily and root cause analysis (RCA) is completed	RCA's are circulated to Deputy COO's on a weekly basis as part of the weekly performance meeting.
Patients who are Medically Fit for Discharge (MFFD): at the end of August 23 we had 60 patients in a hospital bed that were medically fit for discharge. This is an improvement of 16 patients when compared with the previous month.	Daily medically fit for discharge meetings where every patient is reviewed. Daily escalation telephone calls to local authority and community teams.	The huddle tool is used internally to communicate between all departments.



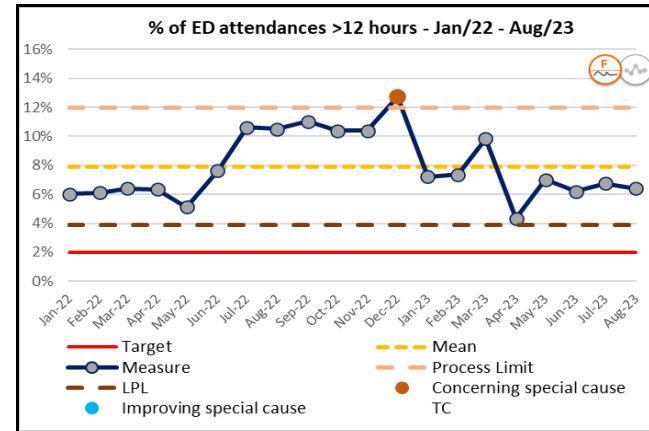
Aug-23
54.99%
Variance Type
Metric is showing lower special cause (concern)
Target
92%
Achievement
Metric is currently failing the target



Aug-23
53.60%
Variance Type
Metric is showing higher special cause (improving)
Target
>99%
Achievement
Metric is currently failing the target

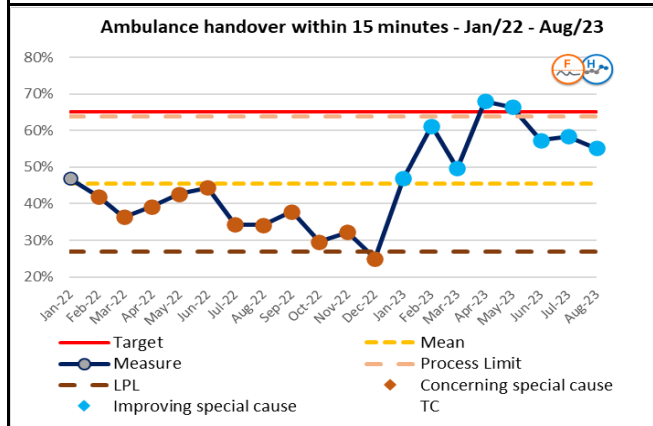


Aug-23
77.93%
Variance Type
Metric is showing common cause variation
Target
76%
Achievement
Metric is currently passing the target

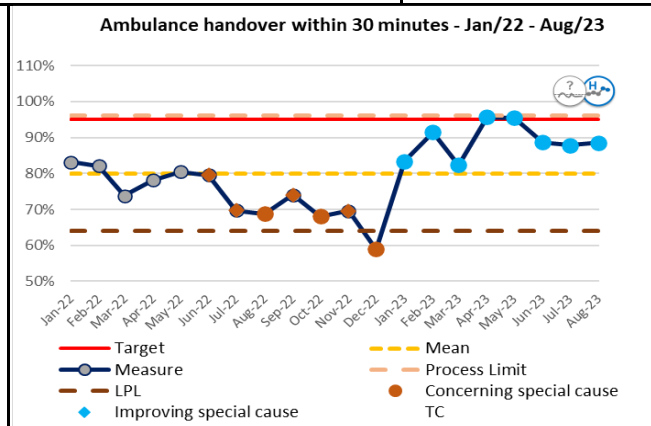


Aug-23
6.41%
Variance Type
Metric is showing common cause variation
Target
<2%
Achievement
Metric is currently failing the target

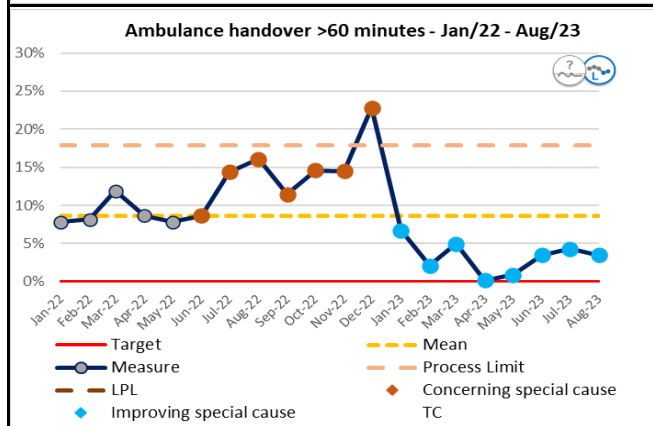
Summary	Actions	Assurance
RTT: 39 patients were reported as waiting 78+ weeks at month end. This number is reducing and is mostly now Urology patients. However, this is unlikely to be at zero until around the end of November 23.	Daily reporting and monitoring of long waiting patients. PTL meetings are being held 3 times per week with specialty managers. We continue to use mutual aid where appropriate and available.	These patients are monitored at the PTL meetings and each patient is reviewed on an individual basis.
Diagnostics: August 23 performance has deteriorated slightly. This is due to the holiday/bank holiday period and reduction in activity.	U/S scans remain the biggest issue due to large backlog (overall performance excluding U/S is 67.79%). Overall endoscopy overdue planned numbers are reducing.	All modalities have individual trajectories and action plans to work towards. This is monitored at the weekly performance meeting.
ED: Nationally RWT ranked 15th out of 121 Trusts for the month, and locally RWT ranked 2nd out of 14 Trusts.	Implementation of RAT process in ARC with consultant workforce. Implementation of Immediate Care Clinician (ICC) to provide rapid treatment for patients.	The 4 hour target changed from 1st April 23 and is now 76%. Trust has maintained a strong position regionally and nationally.



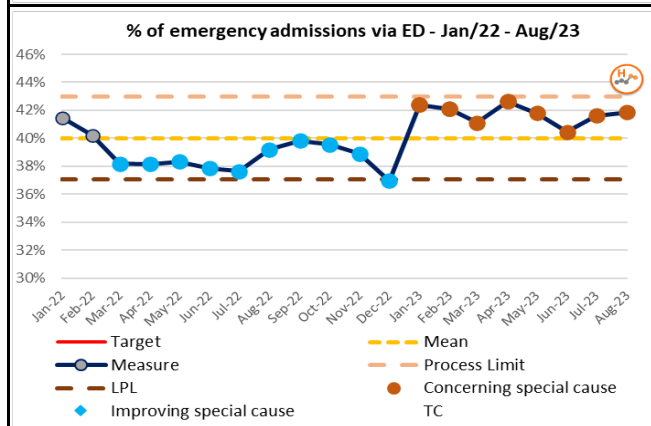
Aug-23
55.19%
Variance Type
Metric is showing higher special cause (improving)
Target
65%
Achievement
Metric is currently failing the target



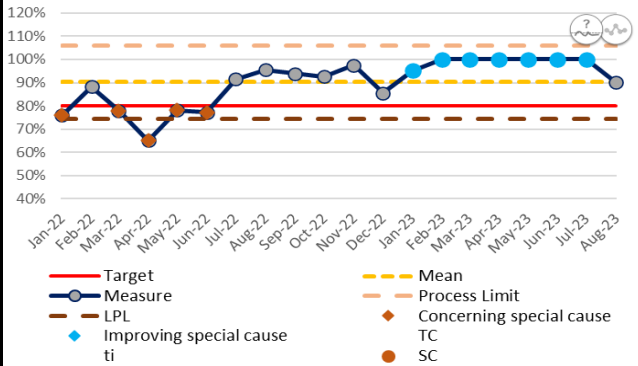
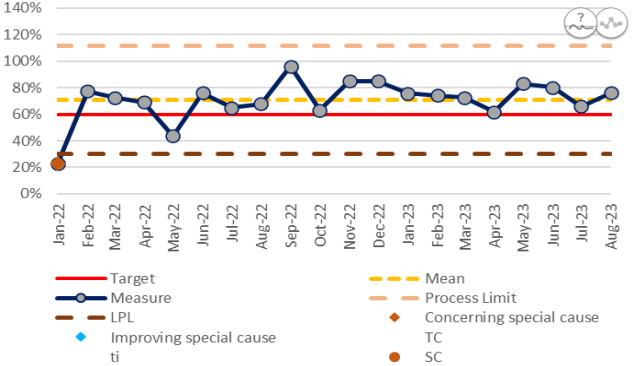
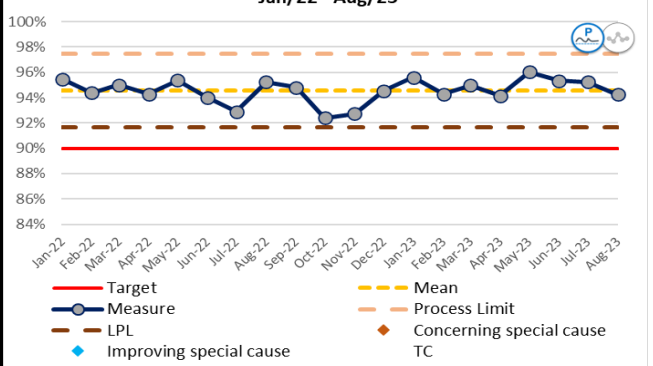
Aug-23
88.60%
Variance Type
Metric is showing higher special cause (improving)
Target
95%
Achievement
Metric is currently failing the target



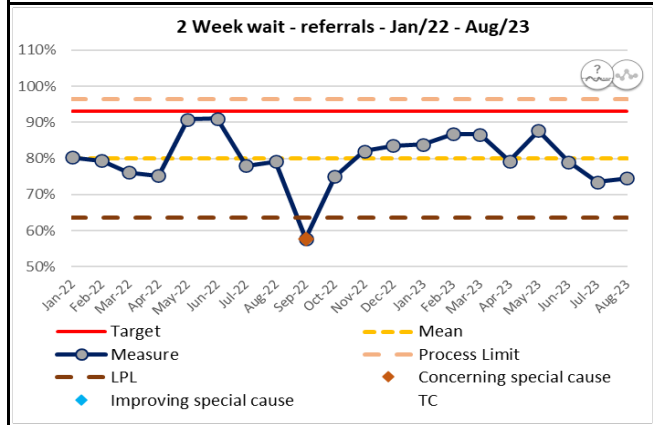
Aug-23
3.46%
Variance Type
Metric is showing lower special cause (improving)
Target
0%
Achievement
Metric is currently failing the target



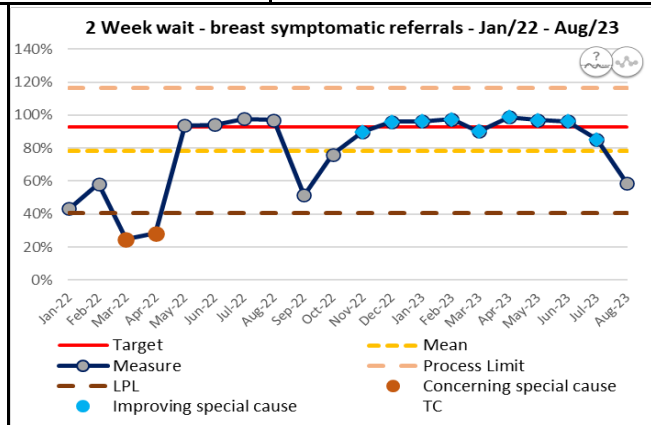
Aug-23
41.85%
Variance Type
Metric is showing higher special cause (concern)
Achievement
Metric is currently failing the target

Summary	Actions		Assurance
<p>Ambulance Handover: Remains static when compared with the previous month, however, overall ambulance handover continues to show an improving trend. The longest waiting ambulance in month was 4 hours and 31 minutes.</p>	<p>Criteria Led Handover continues in Divisions 1 & 2 to expedite timely transfers.</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 slight increase in the emergency admission rate during August 23. The increase has been seen in SDEC to discharge and SDEC to base wards.</p>	<p>Push Pilot continues, where patients are pushed to every medical ward at 9:30 and 11:30 irrelevant of confirmed discharge.</p>		<p>Discussed in detail at the weekly performance meeting.</p>
<p>Stroke - 90% of stay on stroke unit - Jan/22 - Aug/23</p>  <p>Target: 80%</p> <p>Achievement: 90.14%</p> <p>Variance Type: Metric is showing higher special cause (improving)</p> <p>Metric is currently passing the target</p>	<p>Aug-23</p> <p>90.14%</p> <p>Variance Type</p> <p>Metric is showing higher special cause (improving)</p> <p>Target</p> <p>80%</p> <p>Achievement</p> <p>Metric is currently passing the target</p>	<p>Stroke - assess and treated within 24 hours - Jan/22 - Aug/23</p>  <p>Target: 60%</p> <p>Achievement: 76.00%</p> <p>Variance Type</p> <p>Metric is currently showing common cause variation</p> <p>Target</p> <p>60%</p> <p>Achievement</p> <p>Metric is currently passing the target</p>	<p>Aug-23</p> <p>76.00%</p> <p>Variance Type</p> <p>Metric is currently showing common cause variation</p> <p>Target</p> <p>60%</p> <p>Achievement</p> <p>Metric is currently passing the target</p>
<p>Electronic discharge summary within 24 hours of discharge - Jan/22 - Aug/23</p>  <p>Target: 90%</p> <p>Achievement: 94.25%</p> <p>Variance Type</p> <p>Metric is currently showing common cause variation</p> <p>Target</p> <p>90%</p> <p>Achievement</p> <p>Metric is currently passing the target</p>	<p>Aug-23</p> <p>94.25%</p> <p>Variance Type</p> <p>Metric is currently showing common cause variation</p> <p>Target</p> <p>90%</p> <p>Achievement</p> <p>Metric is currently passing the target</p>		

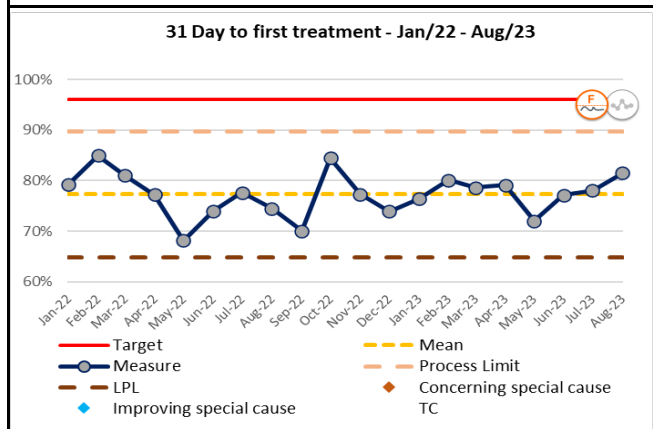
Summary	Actions	Assurance
Stroke: Patients spending 90% of time on a stroke ward dipped slightly during August 23, however, it remains above target.		
Stroke: Performance has improved during August 23, and remains above target for patients being assessed and treated within 24 hours.	Weekly performance review of breach reasons by senior management team continues.	The service are undergoing demand and capacity modelling as a part of a wider action plan.
Electronic Discharge Summary: this remains above target.	Weekly ward level performance is circulated to all ward areas along with records that were not actioned on time for analysis and learning.	Continued weekly monitoring and reporting.



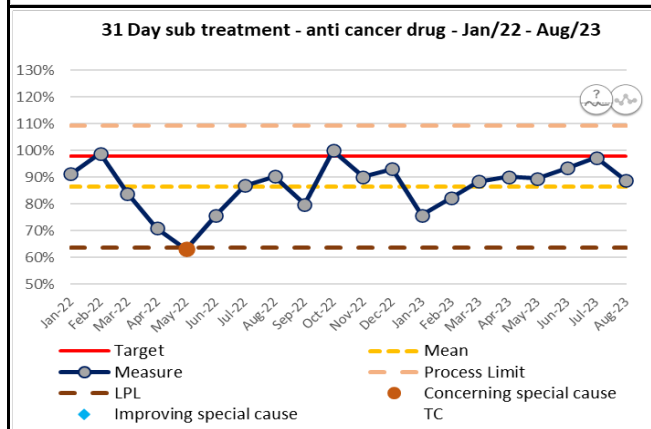
Aug-23
74.59%
Variance Type
Metric is showing common cause variation
Target
93%
Achievement
Metric is currently failing the target



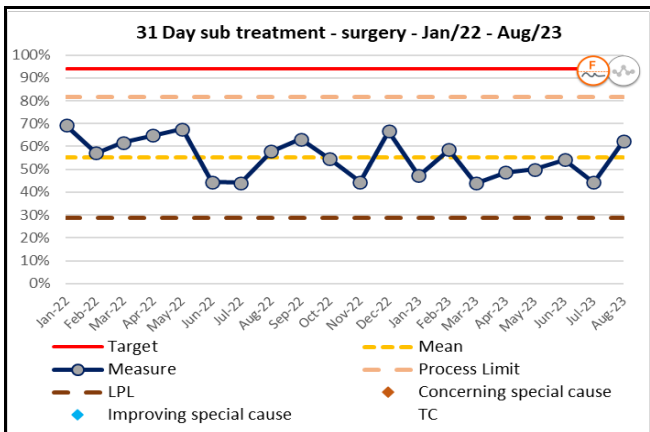
Aug-23
58.67%
Variance Type
Metric is showing common cause variation
Target
93.00%
Achievement
Metric is currently failing the target



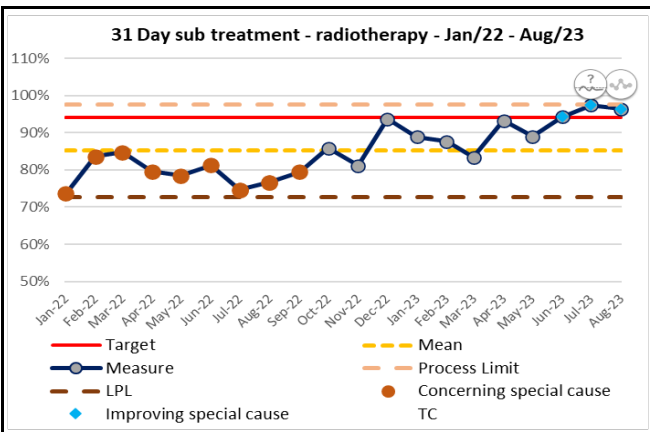
Aug-23
81.50%
Variance Type
Metric is showing common cause variation
Target
96%
Achievement
Metric is currently failing the target



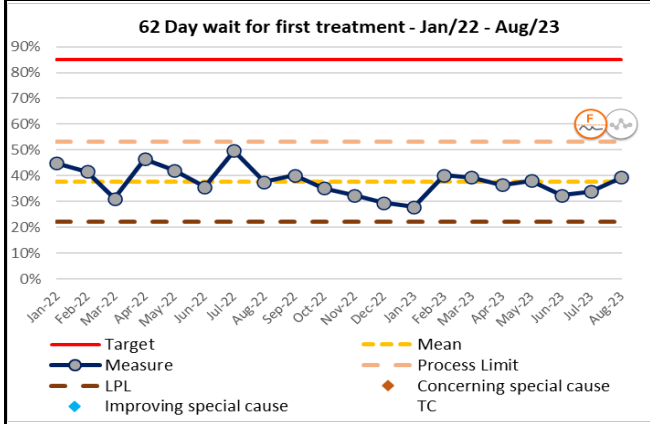
Aug-23
88.78%
Variance Type
Metric is showing common cause variation
Target
98%
Achievement
Metric is currently failing the target



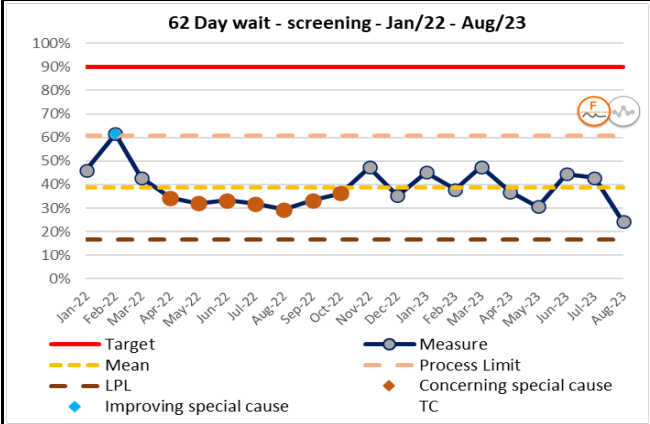
Aug-23
62.22%
Variance Type
Metric is showing common cause variation
Target
94%
Achievement
Metric is currently failing the target



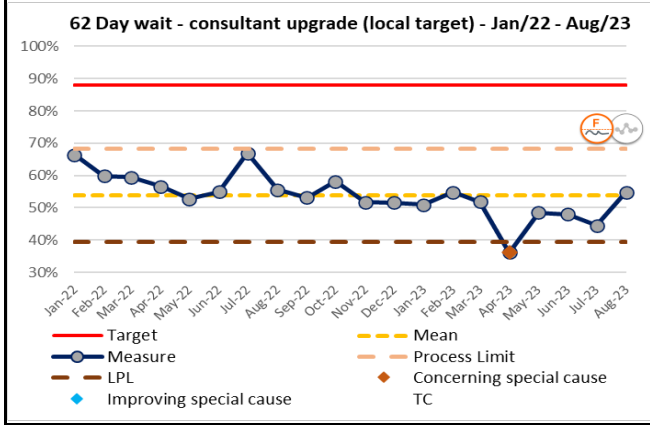
Aug-23
96.35%
Variance Type
Metric is showing common cause variation
Target
94%
Achievement
Metric is currently passing the target



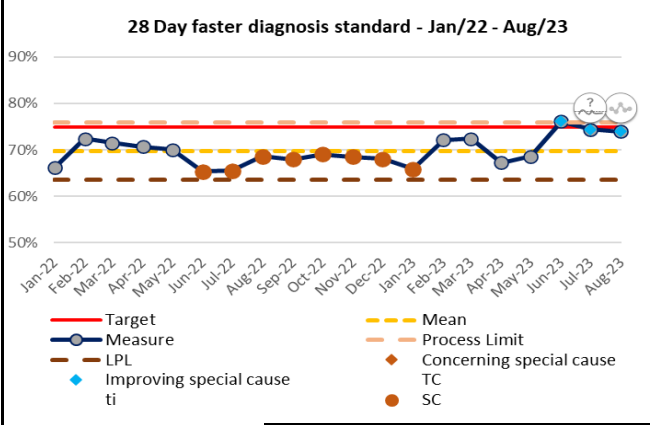
Aug-23
39.30%
Variance Type
Metric is showing common cause variation
Target
85%
Achievement
Metric is currently failing the target



Aug-23
24.14%
Variance Type
Metric is showing common cause variation
Target
90%
Achievement
Metric is currently failing the target


















Aug-23
54.85%
Variance Type
Metric is showing common cause variation
Target
88%
Achievement
Metric is currently failing the target










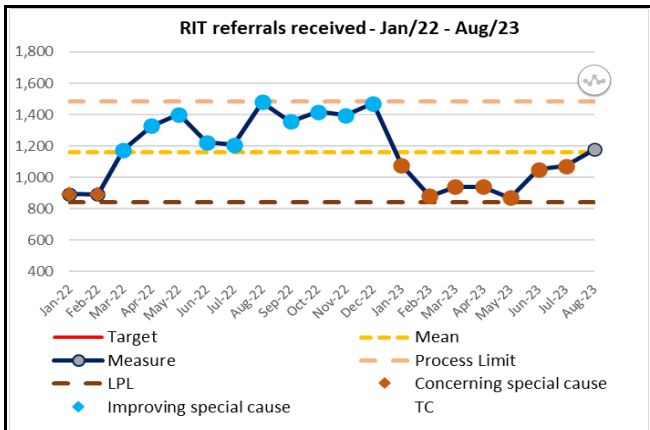
Aug-23
73.99%
Variance Type
Metric is showing common cause variation
Target
75%
Achievement
Metric is currently failing the target

Summary	Actions	Assurance
<p>Cancer: We continue to see a rise in 2ww referrals particularly in Gynaecology and Haematology. Referrals for August 23 were 3% higher than we saw in the same period last year.</p> <p>Achievement of these standards continues to be highly challenging, with high numbers of referrals alongside the number of patients in the 62 day backlog.</p>	<p>2ww waiting times continue to be monitored and discussed across the Black Country Trust's.</p> <p>The increase in sub-radiotherapy performance is now evident and escalation meetings continue. Improvements have been seen in the numbers awaiting mark up.</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>

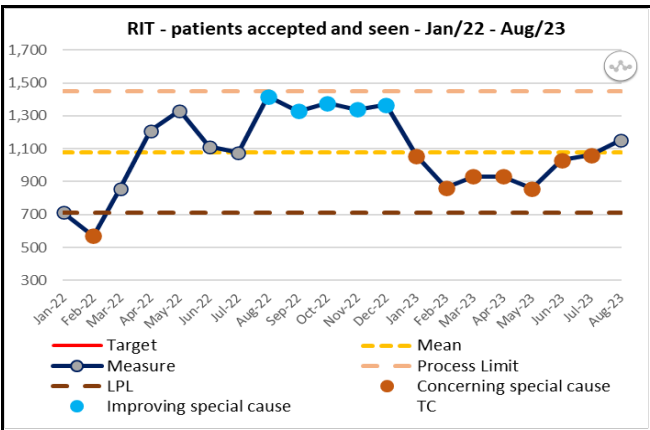
Integrated Care

Metric - Sexual Health (a month in arrears)	Target	Variation	Assurance	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Total number of appointments against block contract	>/=4,500			3,455	3,672				
% appropriate patients offered HIV test	>/=95%			99.1%	100.0%				
Metric - Community Nursing (Rapid Intervention Team)	Target	Variation	Assurance	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Referrals received				941	941	871	1,051	1,072	1,178
Patients accepted and seen (actuals)				932	932	858	1,030	1,062	1,154
Number of patients sent to ED/admitted to hospital by RIT's				68	73	70	82	75	53
% of referred patients who are sent to ED/admitted				7.29%	7.83%	8.15%	7.96%	7.06%	4.67%
Number of referrals from West Midlands Ambulance Service				57	65	49	64	63	68
Night visiting service (initial)				201	206	229	245	251	265
Rapid response (initial)				768	748	741	886	1,014	1,099
Crisis response (within 2 hours)	>/=35%			79.7%	80.6%	76.5%	79.4%	83.9%	81.7%
Metric - Virtual Ward	Target	Variation	Assurance	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Virtual ward (initial)				120	119	118	143	196	184
Metric - Rapid Access Care	Target	Variation	Assurance	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Rapid access social care (initial)				54	55	63	76	87	92

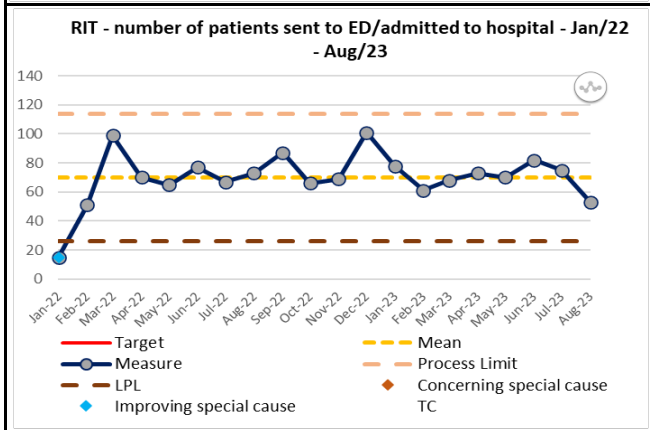
Metric - Care Co-ordination	Target	Variation	Assurance	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Total number of referrals accepted				2,690	2,547	2,786	2,368	2,609	3,152
Number of referrals closed				564	867	892	955	441	458
Number signposted to ED				88	49	53	43	52	46
Number referred onto SDEC				64	47	38	21	63	47
Number referred on to community				1,952	1,557	1,788	1,336	2,043	2,587
Number of referrals sustained (admission avoidance)				11	13	12	4	6	12
Number of referrals admitted to hospital				11	14	3	9	4	2



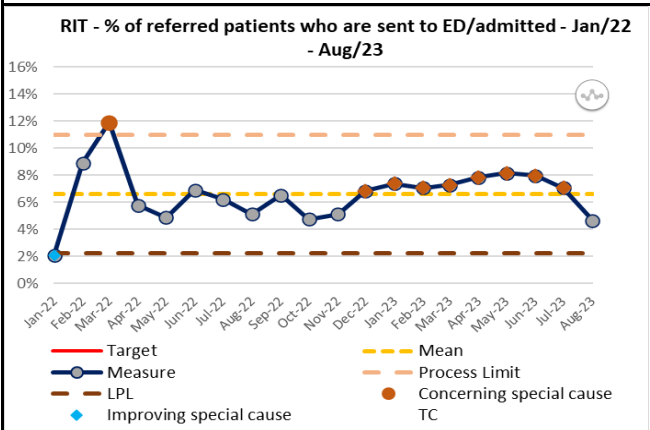
Aug-23
1,178
Variance Type
Metric is showing common cause variation



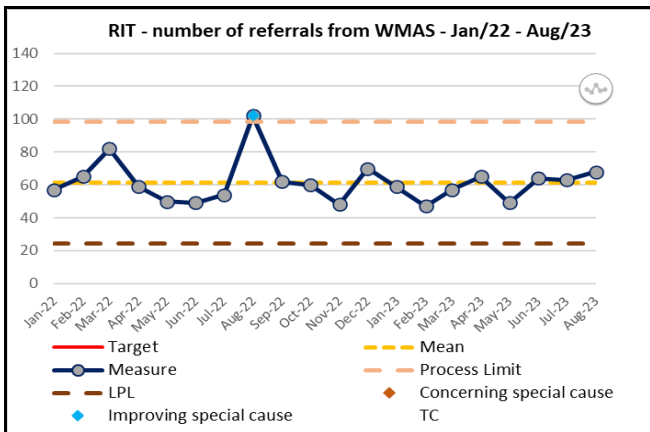
Aug-23
1,154
Variance Type
Metric is showing common cause variation



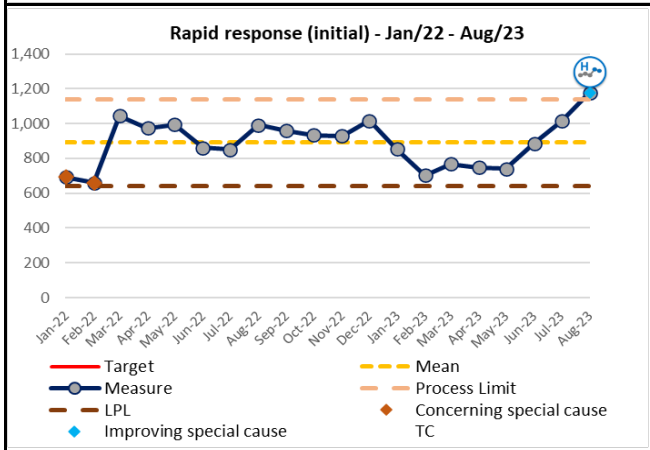
Aug-23
53
Variance Type
Metric is showing common cause variation



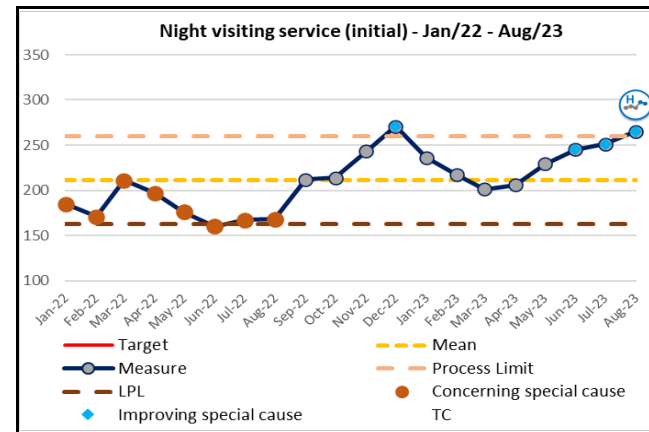
Aug-23
4.67%
Variance Type
Metric is showing common cause variation



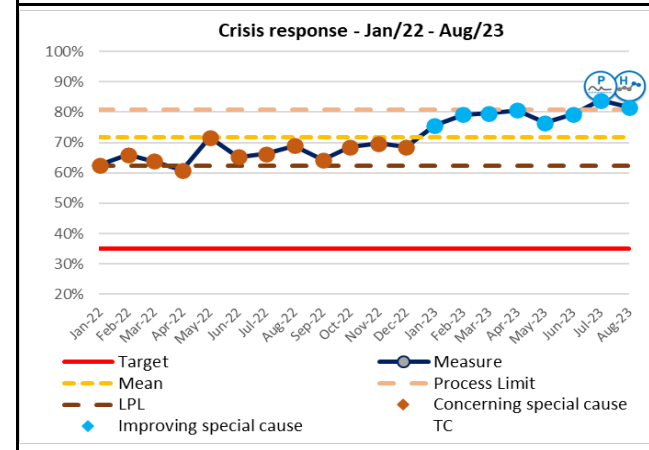
Aug-23
68
Variance Type
Metric is showing common cause variation



Aug-23
1,078
Variance Type
Metric is showing higher special cause (improving)

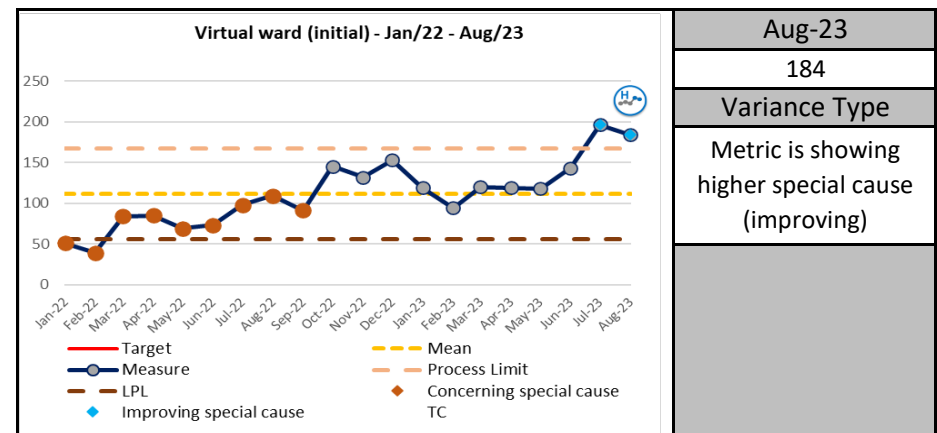
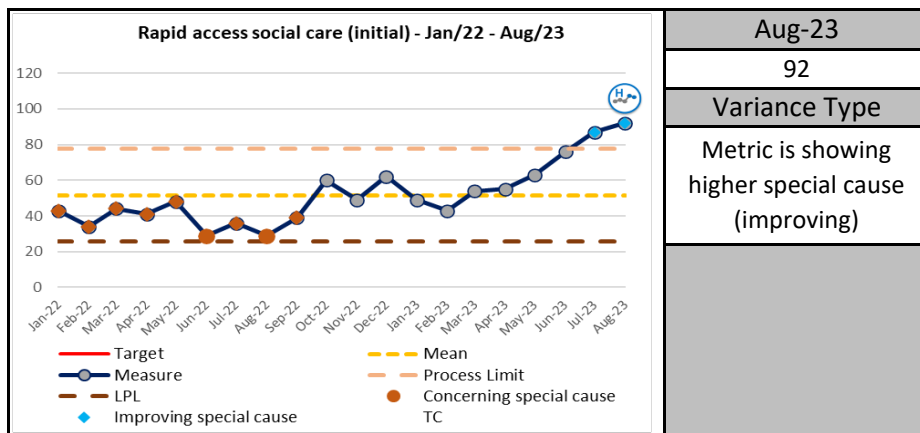


Aug-23
265
Variance Type
Metric is showing higher special cause (improving)

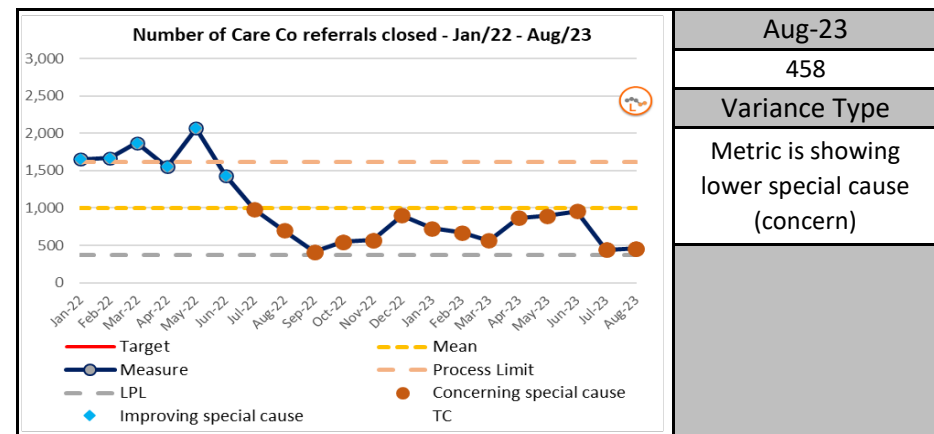
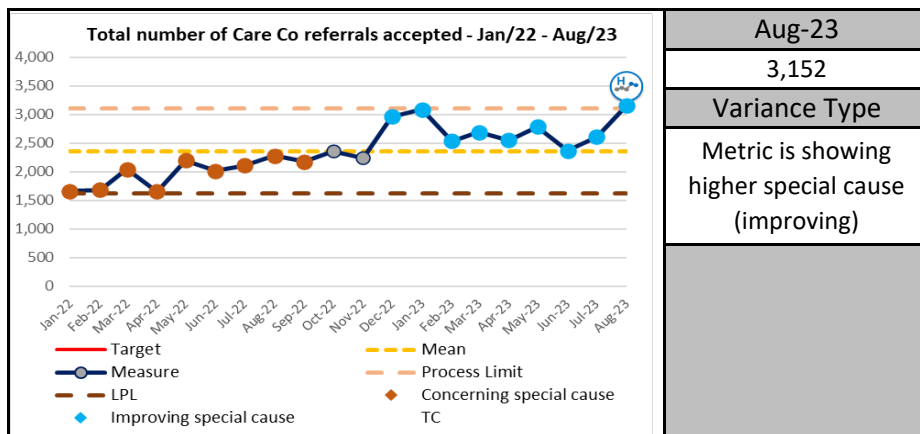


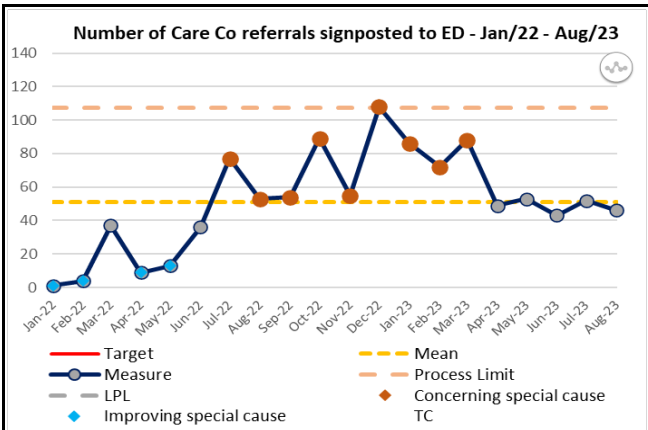
Aug-23
81.7%
Variance Type
Metric is showing higher special cause (improving)
Target
35.0%
Achievement
Metric is currently passing the target

Summary	Actions	Assurance
<p>Community Nursing (Rapid Intervention Team): Referral numbers are continuing on an upward trend, remaining around the average expected numbers.</p> <p>We continue work with WMAS and care homes.</p>	<p>Ongoing promotional work with WMAS to maintain use of community pathways .</p> <p>Care homes encouraged to use the service when possible and appropriate.</p> <p>Falls response team commenced in July 23.</p>	<p>WMAS DOS lead aware and continues to promote service and alternate pathways to crews.</p>
<p>Night Visiting Service: During August 2023 the numbers continue to rise in terms of referrals into the night visiting services, and admission numbers are remaining low.</p>	<p>Working towards a more collaborative working with the Rapid Intervention Team.</p>	
<p>Crisis Response within 2 hours: This service provides support for patients in their own home. We are continuing to facilitate discharges from hospital and accommodate End of Life patients.</p>		<p>Performance has remained consistently high and remains above target.</p>

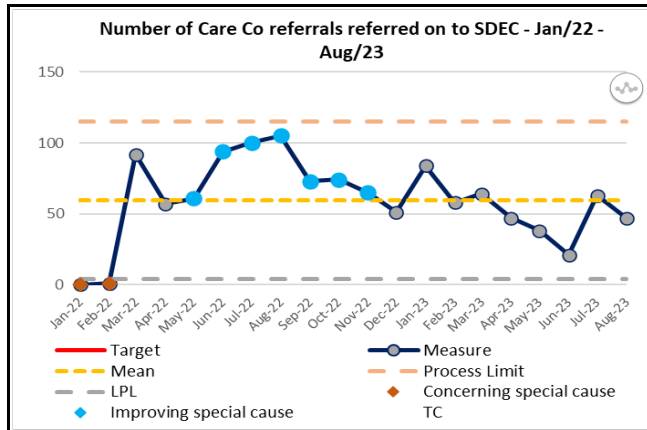


Summary	Actions	Assurance
<p>Virtual Ward: is currently performing and managing its referrals within the current pathways. Overall the performance is demonstrating an improving trend.</p>	<p>Continual service developments and virtual bed expansion. Expansion of pathways in line with nationally submitted plan.</p>	<p>A dashboard is used to monitor use against national submission, and evaluation of the impact.</p>
<p>Rapid access to social care: Increased End Of Life patients on the caseload. Handoff to Social Care continues to be an on-going cause for concern. Numbers have seen a significant increase in July 23 and are now above the upper control limit.</p>	<p>An escalation processes is in place for handover delays.</p>	<p>Capacity issues are reported in the bed meetings and D2A daily Performance monitored by Directorate and Division.</p>

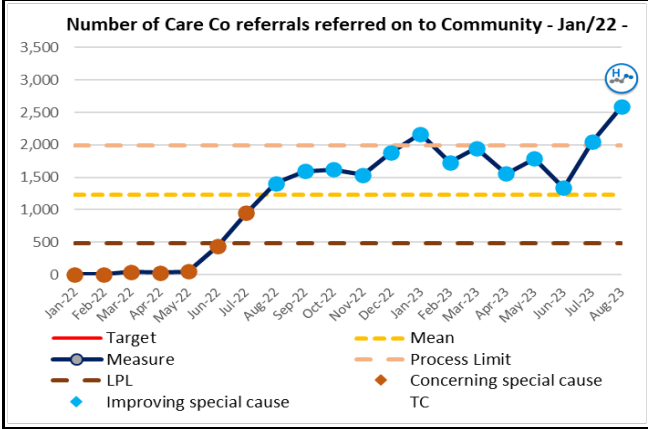




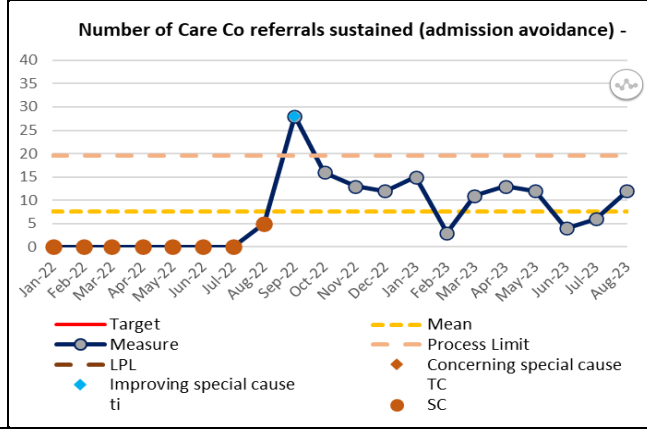
Aug-23
46
Variance Type
Metric is showing common cause variation



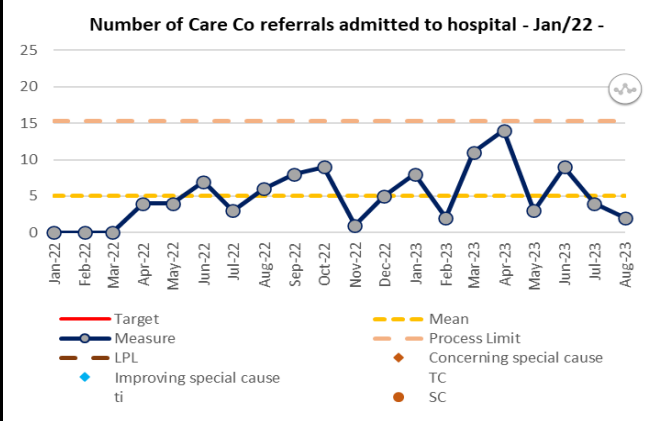
Aug-23
47
Variance Type
Metric is showing common cause variation



Aug-23
2,587
Variance Type
Metric is showing higher special cause (improving)

















Aug-23
12
Variance Type
Metric is showing common cause variation

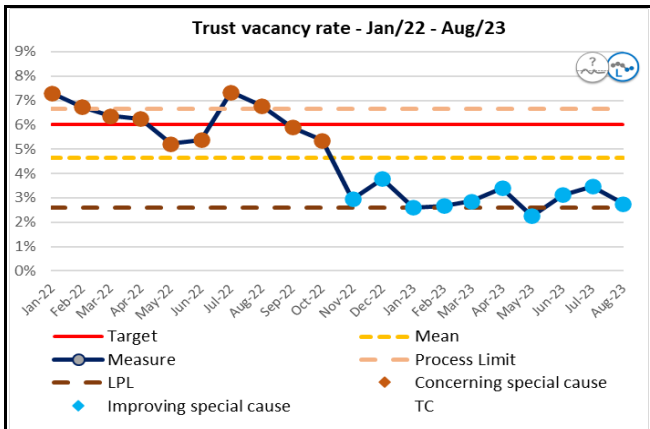


Aug-23
2
Variance Type
Metric is showing common cause variation

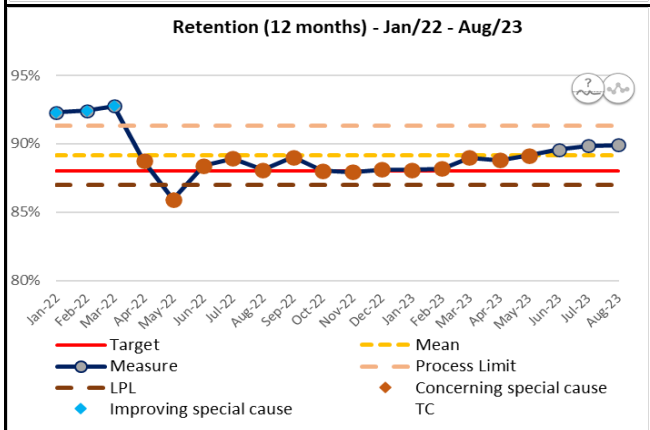
Summary	Actions	Assurance
<p>The Care Coordination Centre streamline all referrals into Adult Community Nursing Services. They are there to help patients, relatives and other professionals ensure they access the right services they need. They triage all contacts made to the service, ensuring onward referrals 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

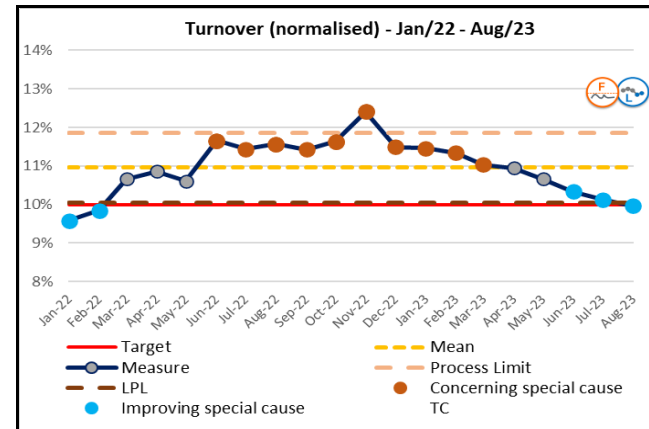
Metric	Target	Variation	Assurance	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Trust Vacancy Rate	6%			2.87%	3.40%	2.26%	3.12%	3.48%	2.77%
Turnover (normalised)	10%			11.03%	10.95%	10.66%	10.34%	10.13%	9.97%
Retention (12 months)	88%			88.98%	88.81%	89.15%	89.57%	89.86%	89.93%
Appraisals	90%			84.40%	83.70%	83.60%	84.80%	85.50%	85.40%
Mandatory Training (generic)	85%			95.10%	95.10%	95.40%	95.60%	95.30%	95.00%
Sickness (in month)	5%			5.11%	4.67%	4.65%	4.71%	5.00%	
Sickness (rolling 12 months)	5%			5.35%	5.24%	5.24%	5.21%	5.09%	



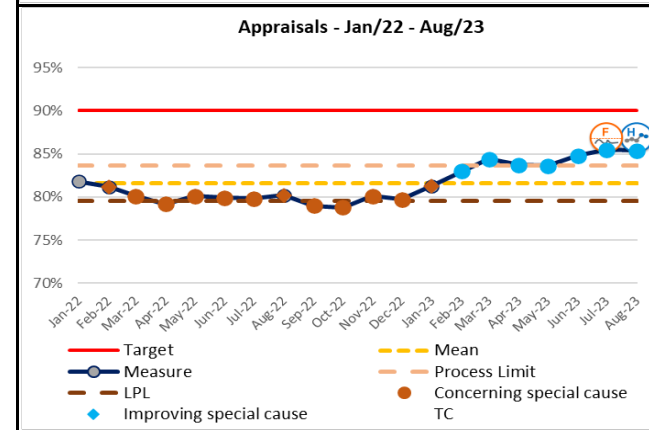
Aug-23
2.77%
Variance Type
Metric is showing lower special cause (improving)
Target
<6%
Achievement
Metric is currently passing the target



Aug-23
89.93%
Variance Type
Metric is showing common cause variation
Target
>88%
Achievement
Metric is currently passing the target

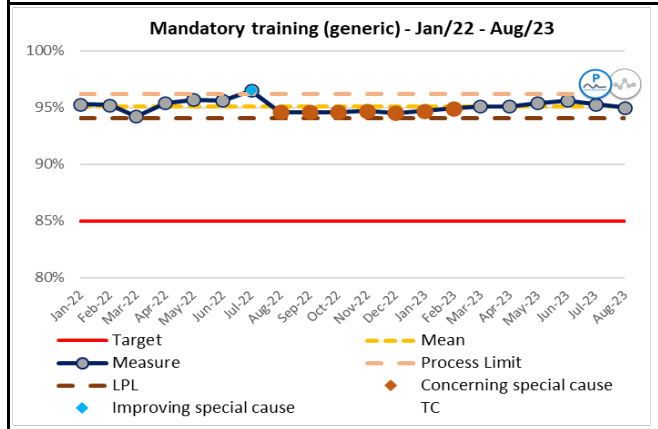


Aug-23
9.97%
Variance Type
Metric is showing lower special cause (improving)
Target
<10%
Achievement
Metric is currently passing the target

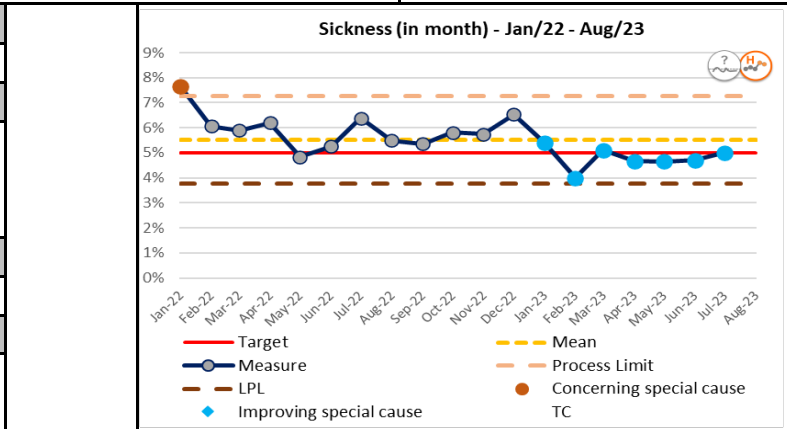


Aug-23
85.40%
Variance Type
Metric is showing higher special cause (improving)
Target
>90%
Achievement
Metric is currently failing the target

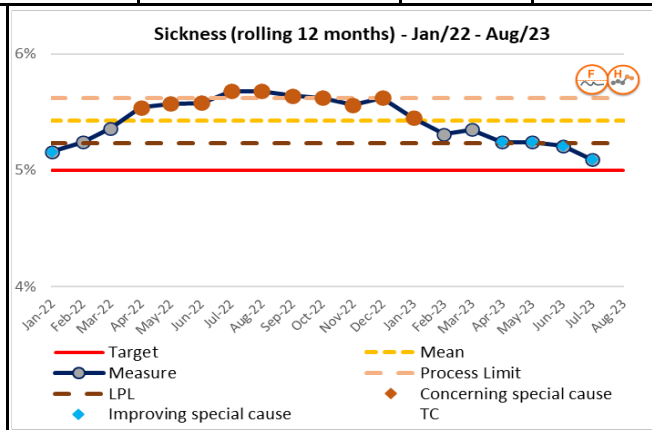
Summary	Actions	Assurance
Trust Vacancy Rate: showing an overall improving trend for past 10 months, and remains within target.	Whilst the vacancy levels are performing well overall, there continues to be hotspots and there is a lead time, particularly in relation to international and newly qualified nurses where the recruitment will have reduced the vacancy level, but a period of consolidation is required before they can take on the full range of required duties.	The vacancy and turnover rates are meeting the target and continue to improve for nursing staff.
Retention/Turnover: Both turnover and retention continue to show overall improvement. Both of these indicators are currently achieving their respective targets.		
Appraisals: appraisal performance is seeing an overall improving trajectory, although compliance remains below target. Service pressures have had and continue to have a profound effect on the ability to undertake timely appraisals.		
	Particular focus is needed in Corporate, Divisions 1 and 2 where performance is most challenged	This matter has been discussed at Operational Workforce Group in some detail with commitment from Divisions offered to deliver improvements in appraisal compliance.



Aug-23
95.00%
Variance Type
Metric is showing common cause variation
Target
>85%
Achievement
Metric is currently passing the target



Jul-23
5.00%
Variance Type
Metric is showing higher special cause (concern)
Target
<5%
Achievement
Metric is currently passing the target



Jul-23
5.09%
Variance Type
Metric is showing higher special cause (concern)
Target
<5%
Achievement
Metric is currently failing the target

Summary	Actions	Assurance
<p>Mandatory Training (generic): compliance rates have dipped slightly when compared with the previous month, however, this remains above target.</p>		
<p>Sickness: Both indicators have shown some improvement in month and monthly sickness rate remains on target. The rolling 12 month sickness rate remains very slightly above target but is showing an overall improving trend.</p>	<p>A detailed review has been undertaken by the Head of HR Advisory for both long and short term sickness. This found the majority of cases were being appropriately managed in accordance with the policy.</p> <p>HR teams continue to sensitively support the management of long and short term sickness absence cases.</p>	<p>Considerable work has been undertaken to develop the wellbeing support offer, including psychological and practical wellbeing support for staff.</p>

Minutes of the People and Organisational Development Committee

Date **Friday, 28th July 2023**

Venue **Via MS Teams**

Time **10:30am**

Present:	Name	Role
	Umar Daraz	Associate Non-Executive Director
	Kerry Flint	Lead Freedom to Speak Up Guardian and Interim Head of Equality, Diversity & Inclusion
	Angela Harding	Associate Non-Executive Director
	Allison Heseltine (Chair)	Non-Executive Director
	Lyndsey Ibbs-George	Divisional Manager, Estates & Facilities
	Catherine Lisseman	Group Head of Corporate Learning Services
	Alvina Nisbet	Associate Director of Digital Innovation
	Mark Ondrak	Staffside Lead
	Adam Race	Interim Director of HR & OD
	Kate Shaw	Deputy COO, Division 2 – Emergency & Medicine
	Kevin Stringer	Group Chief Financial Officer
	Cath Wilson	Deputy Director of Nursing

In Attendance:	Name	Role
	Maria Dent	Executive PA to Group Chief People Officer
	Andrew Roberts	Business Development Manager, E&T Dept
	Amy Palmer	
	Iresha Pathirage	International Leadership Medical Fellowship, Observing

Apologies:	Name	Role
	Kevin Bostock	Group Chief Assurance Officer
	Chrissla Davis	Deputy Director of Nursing
	Alan Duffell	Group Chief People officer
	Lewis Grant	Deputy COO, Division 1
	Ros Leslie	Chief Allied Health Professional (AHP)
	Julie Shillingford	Head of HR Advisory
	Amy Sykes	Head of Workforce Transformation and Organisational Development
	Ananth Viswanath	Deputy Medical Director
	Claire Young	Group Deputy Director of Education & Training

Agenda Item No		Action
1.	STANDING ITEMS	
1.1	Apologies for Absence and Welcome to the Meeting Apologies were noted and recorded as above.	
1.2	Declarations of Interest No additional declarations of interest were recorded.	
1.3	Confirmation of the Minutes from the Last Meeting, 23rd June 2023 The minutes from the 23 rd June 2023 were agreed as a true record of the meeting.	
1.4	Review of Action Log and Matters Arising: Action: 2023/024 – Staff Surveys and Engagement Update A Race advised that the principles around the Divisions driving forward staff engagement and the staff survey action plans had been discussed at the People and OD Group which all Deputy COOs were members of. He stated that all were committed on the longer term staff survey action plans and the Staff Survey Oversight Group continued to oversee. Action closed. Action 2023/026 – Measuring of Workforce Productivity A Race confirmed that he and Tim Shayes, Deputy Chief Strategy Officer, had had an initial discussion around measuring workforce productivity at RWT, however, as part of the ongoing work of the ICS, to which RWT contributed to, under the recruitment aspect, new roles and workforce productivity was one of the areas of focus, therefore he proposed that the focus on this was developed and evolved through the System with updates brought to the Committee. The Chair and Committee members agreed with this approach, noting that it would be helpful to be kept informed on this moving forward. Action closed.	
1.5	Update and Feedback from Trust Board A Heseltine advised that there had not been a Trust Board meeting held since the last PODC therefore, nothing to report.	
2.	Key Updates and Workforce Performance s	
2.1	Key Updates	
2.1.1	Industrial Relations A Race advised that no further action was anticipated from the Agenda for Change trade unions, although there was some dissatisfaction between a number of trade unions and the government due to the fact that the NHS settlement had been less than other public sector areas. The Society of Radiographers had reached the mandate for industrial action at 43 organisations and had taken action earlier in the week, but no impact had been experienced locally.	

Agenda Item No		Action
	<p>In relation to medical industrial action, the Junior Doctors would be taking further action over four days from the 14th August, and this would be followed by the further action by the Consultants at the end of August. Continuity planning was ongoing. K Shaw commented that there were huge pressures on the consultant body to support the services 24/7 whilst the junior doctors were on strike and as it was also peak holiday period, there were a number of challenges for certain areas but the plans, processes and communications were streamlined and well tried and tested, although this would be a difficult time for operational colleagues.</p> <p>In response to a question raised by A Harding regarding the implications of the consultants' industrial action; A Race advised that the BMA were very clear that other grades of staff could not provide any care and service without a supporting consultant and the expectation was that any elective work was cancelled. This was the basis for the ongoing risk assessments, to make sure that for any services, beyond emergency care, could be sustained.</p> <p>A Harding queried whether the Consultants could be asked to provide additional support to the NHS during industrial action; A Race informed that the Consultants contract was relatively restricted and the Consultants job plan was clearly defined, however, most colleagues were willing to engage and support in some way. He advised that the BMA's advice was that Consultants did not have to do anything that was extra contractual.</p>	
2.2	<p>Executive Workforce Report</p> <p>A Race provided key highlights from the Executive Workforce report, to note:</p> <ul style="list-style-type: none"> • Vacancy rate was just under 3%. • Retention, seeing further improvement at nearly 90%. • Mandatory training compliancy continued to be stable. • Turnover had reduced slightly at 10.5%. • Appraisal rates had been challenging over the past few months, but the rate had started to improve. • E-rostering – work was ongoing particularly with nursing colleagues especially to meet the sign off 6 weeks sign off standard. <p>In response to a query from A Heseltine regarding the NHS toolkit, A Race advised that this related to sickness absence and further update on this was included within the deep dive report to be presented later.</p> <p>A Heseltine and U Daraz requested that any areas of concern were highlighted under the 'alert' section on the front cover; A Race stated that he was happy to reflect any alert areas in future reports.</p>	<p>Action:2023/038 A Race</p>
2.3	<p>NHS England's Long Term Workforce Plan</p> <p>A Race stated that the report submitted included the 'on the day' briefing, published on 30th June from NHS Providers which provided a summary over the overall plan covering a 15 year period. It has been recognised that there would be significant staff shortage challenges nationally if no action taken and three areas had been identified to address:</p> <p>(i) Increase the training available – medical placements to increase by 10,000; nursing placements to increase by 80%</p>	

Agenda Item No		Action
	<p>(ii) Look at retaining current staff, particularly recognising the vast experience and culture of staff and developing employment options</p> <p>(iii) Reform the delivery of services and development of new roles</p> <p>C Wilson advised that in regards to increasing nursing, placements had been increased by 100% over the past three years with over 600 nursing students at any one time, so in essence this ask had already done. She also noted that further discussion was needed around the proposal for increasing simulation hours and reducing placement hours, as these would impact on the finances and the agreed LDA. A Heseltine commented that further clarification and triangulation was needed.</p> <p>U Daraz queried whether there were any timelines for the proposals within the workforce plan, A Race advised that the Black Country ICS had already made some assumptions on the plan and RWT had contributed to the discussions on how to turn this into reality, but he believed further information would be issued by NHS England at the end of the summer.</p> <p>U Daraz questioned whether, once timeframes and plans were known, were there any preferential suppliers regarding the training aspect; A Race commented that the work in reference to the NHS workforce plan had not yet been done, but this would be different for the different staffing groups. He stated that the expansion at medical schools would fall under the government and the Trust had good links with the University of Birmingham and Aston University. From a nursing perspective, again the Trust had very good relationships with all local education providers. A Race proposed that he, C Wilson and the Medical Director would need to give some further thought on how this could be progressed.</p> <p>K Shaw commented that there would be a lot of work required around setting up the infrastructure to support these developments which would be driven through the Operational Group, noting that the Trust needed to ensure a great learning experience to meet the competencies and educational requirements, whilst having the correct skill mix and team provisions in order to provide care to our patients.</p> <p>In response to a query from U Daraz around aligning the additional resources with the new elective care hub, A Race reported that the workforce plan had identified and taken into account the increased demand for elective care, healthcare and the ageing population, the impact of retirement of the workforce and, for the Black Country, should have included investment into the pathways to enable delivery of the necessary and required healthcare services. K Stringer stated that one of the challenges going forward would be the demand for staff across the Black Country, but the Provider Collaborative had started work around the integration of some services which could possibly see the introduction of multi-site working for some staffing groups. A Race confirmed that there was a whole project group infrastructure led by Jonathan Odum, around the design and services of the North Hub which included clinical pathways, finance and HR elements.</p>	
2.4	Key Updates from the Operational Workforce Group (OWG) and the People & Organisational Development Group (PODG)	

Agenda Item No		Action
2.4.1	<p>Terms of Reference (TORs) – OWG & PODG</p> <p>A Race confirmed that the TORs for the OWG and PODG had been supported and approved by the Non-Executive Directors colleagues who were unable to attend the previous meeting.</p>	
2.4.2	<p>Discussion Items from OWG & PODG:</p> <p>A Race advised that the agenda items for OWG and PODG mirrored those presented to PODC although reported on more frequently which allowed for more detailed discussion. Key points to note:</p> <ul style="list-style-type: none"> • The group had had a wider conversation around the Civility and Respect training programme and were keen to consider this as mandatory training requirement to recognise the importance of this for all our staff. • The group reviewed the Education and Training report that was also included on the PODC agenda and have asked for further granular detailed information to understand the take-up of training by staff from protective characteristics and to understand the type of training and leadership development being undertaken. • The group reviewed the temporary staffing dashboard and triangulated that information with the hard to fill report and would continue to review to ensure action was prioritised. • The group discussed the national initiative NHS Emeritus Consultants, which was around bringing recently retired consultants back into the workplace in some form to support the delivery of outpatient work and colleagues were keen to look at this option speciality by speciality. 	
3.	<p>Formal Review / Sign Off</p> <p>No further items as presented.</p>	
4.	<p>Strategic Focus Areas</p>	
4.1	<p>Deep Dive on Sickness Absence</p> <p>A Race presented key highlights from the report; to note :</p> <ul style="list-style-type: none"> • Sickness absence was currently high, not just within the NHS, but in society generally, due to several factors which included infection prevention challenges, following the covid pandemic, and increased waiting times for treatment. Mental health illness sickness had always been high, but there had been an increase seen. • From Model Hospital benchmarking data, for the three staffing groups, nurses, doctors and AHPs, the Trust faired relatively well. • The financial impact of sickness absence had been discussed in detail at the Performance and Finance Committee. • Actions ongoing: <ul style="list-style-type: none"> ○ Promotion and focussed drive on the importance of attendance manager training, ○ Further promotion of RESPOND, the wellbeing conversations training available 	

Agenda Item No		Action
	<ul style="list-style-type: none"> ○ Robust oversight at Trust and Divisional level on policy practice to ensure managers consistently followed the correct process for all staff and, given the sensitivity and difficulty of some cases, to ensure managers were confident to have these conversations and were fully supported. ○ Adoption of the NHSE toolkit which contained a number of tools to support sickness absence. <p>A Heseltine queried the timescales around the NHSE toolkit; A Race advised that the toolkit had been produced following a review of good practice and provided a list of options to take forward to support absence management.</p> <p>K Stringer queried as to whether there was an understanding on the drivers behind the raised absence position and whether the Trust had the support and infrastructure to help staff to return to work. A Race advised that Occupational Health department was set up to deal with the varied referrals received and although there had been an increase in referrals, the team had managed to see staff and refer, if necessary, within the expected timeframes. He noted that there was always more that could be done to provide additional support. He advised that there was a psychologist post which had not yet been recruited to, and this post would add a further layer of support to the organisation in supporting staff. He acknowledged that there were a number of interventions and work on the part of the managers, who also needed support to be able to hold colleagues to account and to hold, at times, very difficult and sensitive conversations. A Race advised that the HR Team were focusing on challenging absence cases to ensure that the right interventions were taking place and at the Sickness Absence Workshops, the HR Advisors met with managers to review each case and to provide advice and support.</p> <p>L Ibbs-George stated that the mechanisms were in place but within Estates and Facilities, there was a large workforce with a small management team to work through the process and although sickness absence workshops were in place this was, at times, very challenging. K Shaw stated that in managing frequent absences there were generally other complexities outside of work that impacted on staff, although the organisation was fully committed to understanding and supporting its staff to return or stay in work.</p> <p>M Ondrak proposed that as part of early support, a guide of the interventions available to staff should be produced so that staff were made fully aware of the systems and information offered to them to access directly.</p> <p>U Daraz questioned whether there was sufficient capacity to support managers as the Trust heads into winter as there was significant pressures. A Race stated that he was confident that, given the structures in place, the inflow into Occupational Health would be accommodated. From an HR perspective, the sickness absence workshops and training were generally suspended over the winter months due to allow managers and operational staff to focus on the operational pressures.</p>	
4.2	<p>Education, Training, Apprenticeships and Leadership Development Update</p> <p>C Lisseman provided highlights from the report presented; to note:</p>	

Agenda Item No		Action
	<ul style="list-style-type: none"> • The first inter-professional conference had been held on the 18th April and had been positively received. A second event was planned for 17th October and she invited colleagues to attend if available. • Future Medical Leaders Programme – had been paused during covid, but now restarted. The team had recently received assessors from the Princess Royal Training Awards and were awaiting the outcome to see whether moved into the third and final round. • The NHS Futures Team continued to look at ways on how to engage with the local community and had recently collaborated with the Black Country Careers in a research project which focussed on students with special education needs or disabilities. The team had worked closely with the portering team and the delegates who had attended had reported this as an overwhelmingly positive experience. • Apprenticeship intake posts at the Trust had now surpassed the numbers pre-covid. The first RWT apprentice of year award had been held. • The Digital Learning team continued to roll out high quality digital learning via ‘My Academy’ and were currently working in conjunction with HEE to pilot using VR headsets in the classroom. • Future reporting to include auditing of delegates, and a study leave audit was currently underway and once analysed, an update would be brought back. <p>U Daraz offered the support and facilities of the University for any overlap of future training and development; C Lisseman agreed to follow up directly.</p>	
4.3	<p>Civility and Respect Programme – Update on Roll Out</p> <p>A Race provided an updated of the reported presented on behalf of A Sykes, Head of Workforce Transformation and OD which set out the work to date on the Civility and Respect programme which had been launched in summer 2022. Key points to note:</p> <ul style="list-style-type: none"> • A number of two hour interactive workshops sessions had been held, mostly delivered virtually via MS Teams, and the feedback had been very positive, therefore, going forward there would be a blended model of face to face and MS Teams. • Discussions underway with colleagues here at RWT and at Walsall to consider this as mandatory training for all staff. • Train the trainer options and proposals to grow and identify champions ongoing. • Four models available to cover the different aspects of civility and respect. • Ongoing work to look at indicators to measure the impact of the ongoing programme. <p>C Wilson advised that the healthcare support work development programme also had civility and respect embedded within the curriculum in conjunction with material provided by A Sykes.</p> <p>C Lisseman stated that in regards to the mandatory training status, the civility and respect programme would fall into tier 3 as this was a locally led requirement, and this had been agreed by the Corporate Education Steering</p>	

Agenda Item No		Action
	<p>Group. Committee members were all in agreement that civility and respect should become a mandatory training requirement.</p> <p>In response to a query raised by A Harding on the categorisation of statutory and mandatory training requirements, C Lisseman advised that this was reviewed on a quarterly basis by the Corporate Education Steering Group where new requests were also discussed. She stated that the Training Needs Analysis document was under constant review.</p> <p>A Harding queried how a new member of staff was made aware of the statutory and mandatory training requirements for their particular role, C Lisseman advised that each role was assigned a position number which was pre-populated with the full list of these requirements and easily available through 'My Academy'.</p> <p>In response to a question raised by A Harding on the monitoring of compliancy for mandatory training, C Lisseman advised that compliance reports were produced and issued on a monthly basis with escalation of outstanding training also reported on. K Shaw informed that compliancy was reviewed by the Divisional teams at regular governance monthly meetings with individual follow up. A Race informed that from a compliancy perspective, tier 1 mandatory training was at 95.6% compliancy against an internal target rate of 85% and at 93.4% for tier 2 against an internal target rate of 85%.</p>	
4.4	<p>Digital Workforce Impacts Update – Update on the WODEN Survey Results (Action 2023/17)</p> <p>A Nisbet advised that the report presented was on the Walsall and Wolverhampton Digital Enablement (WODEN) programme, which followed a survey to understand the workforce perspective in terms of digital maturity, exclusion etc because the use of digital technology was being implemented in all areas across the organisation. The data had been collated and analysis was underway and a full report and recommendations on how to proceed would be produced.</p> <p>A Palmer advised that the survey tool had been developed for paper and digital returns and consisted of 45 questions which had provided some useful information. The response rate had not been as high as hoped, but was statistically sufficient for analysis of the data.</p> <p>A Heseltine noted that the report had been useful and had also highlighted the importance of educating and building the confidence of staff around digital use and technology and looked forward to further update in the future.</p>	
4.5	<p>Workforce Plan</p> <p>A Race provided an update on the report presented which he advised was an internal HR report to provide an understanding of the alignment or progress against the workforce plan for 2023-24 which had been formulated in the previous calendar year. He advised that this report would be regularly reviewed and revised.</p>	
4.6	<p>NHS Equality, Diversity and Inclusion Improvement Plan</p> <p>A Race advised that the report presented followed on from the previous report to the Committee on the NHS Equality, diversity and inclusion improvement</p>	

Agenda Item No		Action
	<p>plan which included the six high impact actions and these areas were currently being reviewed against the Trust's EDI delivery plan, which would be updated to ensure compliance with the improvement plan. Key points to note:</p> <ul style="list-style-type: none"> • The six high impact actions included: <ol style="list-style-type: none"> 1. Board accountability for EDI objectives 2. Fair and inclusive recruitment processes and talent management strategies 3. Improvement in the net pay gaps 4. Improvement plan to address health inequalities within the workforce 5. Comprehensive induction for international staff 6. To create an environment to eliminate bullying, discrimination, harassment and physical violence at work • The Trust had taken considerable action in this area and had made progress against a number of the elements contained within the plan. <p>A Heseltine informed that John Dunn, Deputy Chair, had tasked her, as Chair of the PODC, to identify a measurable EDI objective for the Non-Executives.</p>	
4.7	<p>Revalidation Report A Roberts presented the report on Revalidation, key points to notes:</p> <ul style="list-style-type: none"> • Positively revalidated 67 doctors in the Trust; two delayed, and one deferred but a date has now been identified. • 99.75% compliance rate for medical appraisals, and this included an additional 62 new members of medical staff. • Currently there were 139 appraisers, but need to consider this could be increased in order to support this work going forward. 	
5.	<p>KEY RISKS</p>	
5.1	<p>New Risks A Race stated that there had been no new identified areas of strategic risk during the meeting although potentially, going forward, the Committee may need to consider further discussion around the possible unavailability of staff due to sickness absence ahead of the winter season. A Heseltine and Committee members agreed, noting that sickness absence was also being monitored within other risks rather than a stand alone.</p>	
5.2	<p>Board Assurance Framework (BAF) - SR17 Equality, Diversity, Inclusion A Race advised that SR17 risk had been updated against the annual EDI report received at the previous meeting and a further review was underway to ensure that any actions and controls were captured. A Heseltine commented that the Committee had discussed this in detail at the previous meeting and it had been agreed that the scoring would not be changed to allow more time to embed the work being done.</p>	

Agenda Item No		Action
6.	<p>Committee’s Objectives – Areas of Focus</p> <ul style="list-style-type: none"> • To examine the issues, data and impact in relation to staff turnover and retention • To monitor the ongoing sickness absence position and the wellbeing of the workforce, and actions being taken to address • To monitor Equality, Diversity & Inclusion areas of concern <p>It was noted that the Committee had discussed the three areas of focus during the meeting.</p>	
7.	<p>Any Other Business No additional items raised.</p>	
8.	<p>Evaluation of Today’s meeting U Daraz and A Harding stated they were looking forward to supporting colleagues.</p> <p>A Heseltine thanked members for their participation, discussions and involvement with the meeting.</p>	
9.	<p>Items for Escalating in the Chair’s Report to Trust Board Items noted for escalation to the Trust Board as part of the Chair’s report :</p> <ul style="list-style-type: none"> • Sickness Absence Deep Dive • Workforce data – improvements and travel in the right direction • Revalidation update • EDI Improvement plan • BAF and Risk Review • Long term workforce plan • Civility and respect roll out plan 	
10.	<p>Date and time of Next Meeting 9.30am-11.30am, 22nd September 2023 via MS Teams</p>	

Minutes of the Quality Governance Assurance Committee:

**Quorum: 4 members must be present consisting of 2 Executive Directors and 2 NED members.
No tabled papers except with Chair's approval.**

Date **Wednesday 26 July 2023**
Venue **Virtual (via MS Teams due to COVID 19)**
Time **1.00pm to 3.00pm**

	Name	Role
Present:	Louise Toner (LT) Chair	Non-Executive Director
	Maria Arthur (MA)	Group Deputy Director of Assurance
	Allison Heseltine (AH)	Associate Non-Executive Director
	Debra Hickman (DH)	Director of Nursing
	Alison Lathe (AL)	Meeting Administrator
	Dr B McKaig (BM)	Chief Medical Officer
	Michelle Metcalfe (MMe)	Group Deputy Director of Assurance
	Martina Morris (MMo)	Deputy Director of Nursing
	Gwen Nuttall (GN)	Chief Operating Officer
	Tracy Palmer (TP)	Director of Midwifery & Neonatal Services
	Dr G Pickavance (GP)	Non-Executive Director
	Keith Wilshere (KW)	Group Company Secretary
	Catherine Wilson (CW)	Deputy Director of Nursing

Apologies:	Julie Jones (JJ)	Non-Executive Director
	Dr J Odum (JO)	Chief Medical Officer

Attendees:	Alison Dowling (AD)	Head of Patient Experience and Public Involvement
	Iresha Pathirage (IP)	International Leadership Fellow
	John Frazer (JF)	Health & Safety Manager

Item No		Action
1	<p>Apologies for absence</p> <p>Apologies were noted.</p>	
1.1	<p>Declarations of Interest</p> <p>There were no declarations of interest.</p>	
2	<p>Minutes of the Previous Quality Governance Assurance Committee dated 21 June 2023</p>	
2.1	<p>QGAC Minutes – June 2023</p> <p>Accepted as a true record.</p>	
2.2	<p>Committee Issue Log</p> <p>The End-of-Life Steering Group Ethnic Minority report was delayed. BM said it has not yet been through the End-of-Life Steering Group and a more detailed report has been sent. This was a joint project between the Trust and Compton with funding for a year to support an Ethnic Minority Support Worker at a Band 4 level. Over the year they saw 40 patients of a BAME background from an End-of-Life perspective. The report was to assess what learning comes from this and if the Trust will continue to support the role. While it was felt there was some learning in terms of how we engage with those communities, the learning has been incorporated within the current supportive structure with End-of-Life care and it was not felt there was an additional need for it. The learning from the project has been adopted, and this will come back formally through End-of-Life Steering Group in due course.</p> <p>5488; Medicines Safety; there were queries around who is responsible and accountable. MMe has checked the latest Risk Register and although it has been reviewed there do not appear to be any updates. DH suggested she meet with BM to annotate the risk. BM stated that within the QSAG report there is an update on Medicines Management Storage, and he will go into detail in the QSAG Chair's report.</p> <p>5316; <u>I</u>this needs to be linked to BM as an ibabs action. SAS doctors have been offered training at Birmingham Children's Hospital around Paediatric eye surgery, one of whom is currently being trained. A long-term locum wants a substantive position with the Trust and the team feels Paediatric Surgery Ophthalmology has a robust infrastructure to support this alongside the SAS doctor.</p> <p>5479; In the Cath Labs business plan, will there be an increase to capacity going forward. GN said this has not yet gone through the division and requires further work on the capital and revenue side.</p> <p>5182; Cardiovascular teams in Walsall, BM said this is a red risk on the Trust Risk Register and the division has been asked to review as it has been on since 2016. It has been recategorized as there is a potential risk when certain cardiovascular procedures, including aortic valve replacement, are undertaken that there might not be robust vascular cover. There</p>	

Item No		Action
	<p>is one risk that has been cancelled over that period of time and with the advent of the Acute Aortic Dissection rota which will start in October 2023 there will be Vascular cover for those sites for TAVI lists. BM does not believe this is a particular significant risk for the organisation.</p> <p>DH covered the Safeguarding action stating there was information broken down into individual cases. Going back there were some SI's relating to section 42's around discharge and there has been work done on this area -in the safe identification of the appropriate discharge place. More recently they fall into the Quality of Care category. All have been responded to by the individual directorate through the division and signed off. All have actions associated with them which have had confirmation back from the safeguarding team as they oversee the process. Most actions have been closed. In terms of process and confidence, Section 42 is monitored through the Trust Safeguarding Group so they receive scrutiny through there. AH confirmed she was in receipt of the correspondence.</p> <p>DH spoke of the action plan around MCA & DoLS that is being worked on at the moment and will come through to the Trust Safeguarding Group; once it has gone through there DH will share with QGAC. DH believes MCA and DoLS need to be separated out as they are two different components with different supporting actions, and asked if colleagues were in agreement – there were no objections.</p>	
3	<p>Matters arising from the Minutes</p> <p>Action log updated accordingly.</p>	
4	<p>Regular Reports</p>	
4.1	<p>Cancer Improvement Plan (for information only) – G Nuttall</p> <p>GN said in terms of the tier 2 for the organisation the formal notification has not yet been received. NHSE have informed that it will be issued within the week. However, they will be reviewing in September whether the organisation remains in the-tier <u>2</u>ing.</p> <p>In regards to the progress made on cancer metrics, GN believes this will be on the basis of the 62-day performance, but GN will report this through P&F, QGAC and Trust Board. There are two elements to the 62-day metric that are being monitored.</p> <p>The one that has put the Trust into tier 2 has been the size of the backlog. The national target is 141 patients. The ICB have reviewed the allocations of the number of patients waiting for each of the four Acute Trusts in the Black Country and redistributed that metric. As the largest provider of cancer services in the ICB the RWT metric has changed with the transfer of Urology from Walsall. The new backlog metric that we need to achieve, i.e., the number of patients waiting over 62 days at the end of March 2024 must be no more than 217. The Trust currently stands at 251 which is below the metric of trajectory for reduction. As far as NHSE are concerned this is currently green and a steady backlog trajectory until the end of March.</p> <p>The key challenges are capacity for Urology and Skin, which is fundamentally related the challenges the teams have in receiving histology results in time. There is a complication in regards to Skin and treating people over 62 days; the two week performance for Skin has deteriorated as the Trust is providing mutual aid for Walsall which is having an impact.</p>	

Item No		Action
	<p>Gynaecology are also having 62 day challenges; some of that is linked with histopathology turnaround times, but also demand, capacity and reducing the backlog.</p> <p>The other performance metric is the percentage of patients that have to be treated within the 62 days. RWT's performance against that metric is in the bottom decile of the country nationally. There is no real degree of assurance around this; people are being treated in terms of priority and the length of time they have been waiting, so GN expects this metric will continue to be red until the backlog is cleared. The performance against the backlog reduction is green, showing the Trust is treating more patients and reducing the numbers.</p> <p>The report will be refined and the hope is this data will be clearer in terms of the SPC charts so trends can start to be monitored to show where the improvements are being made as it can be difficult to see in its current iteration.</p> <p>Other metrics that are analysed include 31 days; this is not particularly looked at nationally, though it is part of the reporting suite. The team is making and showing improvements. Fundamentally the 31-day metric is in Oncology and Radiotherapy, and whilst the performance is red the trajectory is improving. Some green areas include Cancer Performance and 28 Days Recovery and the Faster Diagnostic Standard, which were achieved in Quarter 1, as did all four Trusts in the Black Country. The Trust is currently on target to achieve the 28 FDS standard in Quarter 2. The expected quarterly performance is 67% and the Trust achieved just over this for the Faster Diagnosis. Urology and Gynaecology are challenged on achieving the Faster Diagnosis Standard, which is detailed in the report. If the Faster Diagnosis elements are not correct, this causes challenges moving forward to the 62 days. The challenges within the Faster Diagnosis element are detailed in the performance metrics in June for Histology turnaround times. Urology did not achieve any turnaround times within seven days. Histopathology is key to achieving the Faster Diagnostics.</p> <p>There is an ICB plan in place for Histology which is monitored by the Black Country ICB Cancer Board, and the Trust's lead clinician for Black Country Pathology attended the recent meeting on Monday.</p> <p>GN believes the Histology team are still challenged, and work continues to be outsourced with further outsourcing support for Pathology.</p> <p>The recovery trajectory for BCPS has plateaued and in some areas has deteriorated even though a recovery plan is in place. There have been impacts from the consultant's strikes that have happened and are planned in August, but mostly are part of an ongoing issue with Histology turnaround times. The plan for BCPS is clear and relies on recruitment, so the work will have to be outsourced in the first instance.</p> <p>GP asked why there was a variation in Pathology, as there is 92% for breast and 2% for Gynae, and asked if there is a niche way of looking at the cells. GN confirmed that there are not generic cell path consultants. The areas where there is low turnaround time is where there is some of the highest volume and where there is niche reporting. A long-term piece of work is to try and recruit people through specialist interests but also people who can work generically. BM confirmed that usually people will have two or three areas of expertise and nationally there are areas that are difficult to fill. BM also noted that for breast samples they</p>	

Item No		Action
	<p>are very fresh and need to be managed in a time efficient way as they are not fixed in formalin, so there is a difference in how the samples are received and processed.</p> <p>LT asked about a discussion in the last meeting around how things are requested through the electronic system and how there is a limit to how much can be requested, and if there was any change to this. BM said that an upgrade has been completed on ICE, however the ability to request a 62 day rather than urgent and histopathologies are still not there, and BM has raised this with the ICE team. GN said that from the BCPS perspective the ability to differentiate in the requesting will significantly help plan the workload of the department as to what is two-week and what is urgent. LT asked if another upgrade can be done, BM stated he is awaiting a response. Once an answer is received, the intention will be to move to entirely electronic requests and to stop taking paper requests.</p> <p>GN said that there are recovery plans in place for Urology, and the numbers of patients that are waiting are reducing. Four patients have been sent to Frimley Park, the team continue to develop and send patients to Russell's Hall. There is additional work in terms of extra lists that have been undertaken at RWT, which were paused for a few weeks due to the absence of consultants.</p> <p>There is a clear recovery plan for Urology and Nephrectomy. However, there is an increasing risk in terms of waiting lists for prostate surgery, which is linked in with referrals. The team have looked to outsource as patients are willing to travel to Nottingham, though some of the patients were rejected due to their complexity and frailty. Potentially there will be some capacity available in three months' time in Northampton, however Northampton are currently providing support to Worcester with prostates, as they have a significant problem. Northampton is probably the nearest until that has additional prostate robotic capacity.</p> <p>GP said that the numbers for prostate are almost double, which may be partially due to the team completing prostate screening. Another issue is that Wolverhampton will be doing low intensity CT scanning for lung screening which will also potentially have an impact on numbers, as different stage cancers will come through when screening smokers. GN said the targeted lung health checks is being taken as a Black Country approach with Sandwell & West Birmingham and Dudley being the first to roll out the targeted lung health checks. Money has been made available for them to take that forward. Currently they are in a Procurement phase to outsource some of that screening, as they do not have enough internal screening. Walsall and Wolverhampton are likely to start planning in January next year. This will hopefully give time to learn from the impact of Sandwell & West Birmingham and Dudley roll out. There has been at least a seven-figure sum that has been put aside to cover the contract for Sandwell & West Birmingham and Dudley, and the expectation is the same will be made available for Walsall and Wolverhampton.</p> <p>GN said the performance metrics were discussed at P&F the previous week and are included in the board report, and she does not have anything to escalate that was not escalated for that committee.</p> <p>LT confirmed the group was in receipt of the draft of the revised Cancer Improvement Plan in terms of what it may look like moving forward, and LT said the group could come back to GN with any comments.</p>	

Item No		Action
4.2	<p>Trust Risk Register – M Metcalfe</p> <p>LT advised that she and Alison Heseltine attended the Trust Risk Register meeting and said how useful it was in understanding the processes.</p> <p>MMe took the paper as read. There are 26 risks on the Trust Level Risk Register. One risk is a combination of two previously held risks around cancer services consultant cover. Risk 6006, the transfer of neonatal equipment has now been resolved. There are seven outstanding red risks that have had some good discussion around these topics already over the course of the meeting. Overdue risks for review, there is a note of an error which should read risk number 5448 for safe medications. One risk which has increased since the last meeting is risk 1984 which is the Ophthalmology backlogs which has gone up from 15 to 20. There are various plans in place around trying to outsource more of this work, and a paper has gone to Division Board as well.</p> <p>AH asked about the 1984 backlog in Ophthalmology, as she is aware this has been around for a long time. There have been about 26 litigations with this and huge numbers of overdue follow-ups and over four and a half thousand people waiting for a follow up that should have received them within 30 days, AH asked where the team are with this. The group were waiting for the ICS and people going to community for follow ups and reviews where there also seem to be delays. MMe said there is a paper with an action plan relating to the planning for these backlogs, in particular the glaucoma due to the sight threatening nature. There is a recovery plan with trajectories in place which has gone to the Divisional meeting. There is a plan in place for how these numbers are going to be reduced, but it is reliant on externally commissioned services to be supplied. AH said from the ICS perspective there were lots of communications about people being reviewed in Community, but that does not seem to have materialised. MMe said one of the issues is that this is a national pull in terms of the skill set required and the amount of backlog currently in place. Both the hospital and the private sector are accessing the same pool of resources. DH said these conversations are still ongoing.</p> <p>LT asked about Risk 5980, which is the Gynae backlog and the menopause clinics; if there is an issue with Gynae does there need to be specific clinics targeting priority patients, or more activity being done within Primary Care GN had spoken of what had been proposed, with the ability to do more within Primary Care, which would be supportive doing something with Gynae, which would have an impact. GP said there are several General Practitioner's with an interest in menopause, that are happy to do hysteroscopy clinics. There has been an effort and there is interest to get General Practitioners and consultants into the Community but there has been no action yet. DH offered to continue the conversation outside of the meeting to see how this can be progressed. Some of the challenges about the workforce opportunity from a medical perspective impact the internal backlog. There is also a review around CNSs as well, so it is important to look at all aspects and utilise what is already available in terms of resources. GP said there is a case that has been supported and may even be on the board for Gynae commissions in the Community with Health Harmony.</p> <p>LT said there was work done in Ophthalmology about five years ago to upskill staff in the Community and to give them the equipment to be able to support community based care. This did not go ahead, and people have lost these skills and LT queried if this could be a solution. If people are being looked at in the Community and they then need to go back into</p>	

Item No		Action
	<p>the hospital would they go back to the bottom of the waiting list or could be fast tracked. GP said in speaking to the opticians they wanted to make sure the IT was there to allow them to streamline patients back to where they needed to be rather than having a re-referral and going to the bottom of the waiting list.</p> <p>LT raised 5800, with the BCG and the non-compliance with vaccinations. Midwifery Services are doing well with the two vaccinators, the presumption being that they are vaccinating before patients leave hospital. There are a lot of DNAs; with the additional posts this is likely to make a difference, clarity was sought re what their role be in stopping the DNAs or providing a different type of service. TP said the BCG vaccination that used to be given as an inpatient vaccination has now become an outpatient vaccination, which is due to extra tests that need to be done before the BCG can be delivered. Although the pathway completely changed there was no funding attached to it and there was significant resource required to change the pathway. A pathway has now been embedded at RWT for these vaccinations that has been commended by Public Health England as most of the time the KPIs are being met for these babies. What is needed and has happened is a vaccination service which is a system approach. The vaccinators that have been recruited will primarily be focusing on the flu vaccine for women, with a view to expand into a total vaccination service with neonates as well. In terms of the default there has been a significant rise with these patients which was a known risk with NHSE. There is a process for picking these patients back up again which falls in line with the usual default pathway. The risk is felt to be in the communities around TB, which is an ongoing discussion with the Health Visitors, Midwifery teams, and Public Health England. This is being picked up through the Antenatal Newborn Screening Board meetings so there is an ongoing conversation happening and some progress has been made. DH said that the risk is being reduced, so it is a matter of timeliness of it coming to QGAC, but it will be reduced in terms of scoring as there is a lot that has gone into this to reduce the risk significantly.</p> <p>LT commented on 5388 where there was talk of gaps in assurance and an action plan including a Band 3 Healthcare Support Worker to support in clinical areas, and queried how this was making a difference, with the presumption being they cannot do Mental Capacity Assessments. DH said they have been educated and are aware of the process. Some of this is around raising awareness with nursing and AHP colleagues, navigating the documentation from an MCA in part one. In part two this sits with medical clinicians and raising awareness, being able to support and being visible, talking staff through it as they are well versed in it. LT said with the Band 7 and Band 5 posts they will provide support wherever is necessary, and there are the Safeguarding Champions so these will be additional to them.</p>	
4.3	<p>Trust Risk Register – Heat Maps</p> <p>Discussed as part of 4.2 Trust Risk Register.</p>	
4.4	<p>Board Assurance Framework – K Wilshere</p> <p>KW took the paper as read, and asked if there were any questions, as the impact of finances, activity performance et al. have been discussed already. He asked that the group review if there are any other emerging risks that they wish to be included on the watch list.</p>	

Item No		Action
	<p>DH asked about section 9 where there are potential new BAF risks under consideration. Some of the items that are being cited as 'may have an impact' are Maternity Insight and ED, however, there has recently been another Maternity Insight so the current ones need to be referenced. KW said it would be whether it is still on the watchlist or if there now is enough evidence and robust good assurance that this could be removed. DH asked about the precision used in defining a risk for removal. KW asked how the potential nature of the risk could be defined more precisely. DH said that there needs to be work with the Division/Directorates to inform that, as Maternity would have a view from the recent visits that have been supported by both region and LMNS. KW said this is normally included in the narrative and will be there before the next checkpoint unless there is suspected to be a risk now in which case it will need to come back in the recommendation.</p> <p>TP said that the biggest risk, which has been raised to Board a number of times, is the LMNS Peer Review and the insights from the NHSE visit picked up on the environment. They felt that the building was poor, and the facilities were not adequate. TP said that she could feed this back to KW. KW said that is a potential future high level risk if there is no plan or mitigation in place; if there are plans and mitigation in place then a judgement call will need to be made. TP said there are some mitigation and plans, but the bigger strategic issues are around the building and some of it not being fit for purpose. LT said this had been raised at the Safety Champions meeting about neonates and the estate of neonates. KW noted this and said it would be amended for next time.</p>	
<p>4.5</p>	<p>Integrated Quality & Performance Report June 2023 – G Nuttall & D Hickman</p> <p>GN stated there was nothing to escalate from her that had not been escalated to F&P. LT asked about an action for Trust Board which would be picked up in this meeting but understood there would now be a separate paper. GN confirmed that three pages on recovery and the actions that are being taken had been asked for, with more focus on elective but to include cancer.</p> <p>DH presented the report and said some of the narratives spread across the IQPR. As brevity has been asked for from the Board DH wanted to go into more detail with the support of the group.</p> <p>DH said there was a continued focus around observations on time, which is progressing. There are still some discrepancies in data, and paediatrics specifically needs focus in how they navigate the system to support their patient flow in respect of areas such as paediatric assessment unit.</p> <p>C diff numbers are down in the month, but from a trajectory perspective the numbers are too far over. The assurance piece around transmission between patients is evident in the three SIs, and two of the three have been reported. There is an environmental component with this.</p> <p>There is a QI programme with survey questions being completed in ED around early identification and early sampling. Some of the high-profile wards will be targeted in terms of outbreak opportunity. There are still UV lights to go into the ED department and the decamp plan coming back online in August, which will be pushed before winter arrives.</p>	

Item No		Action
	<p>Care Hours Per Patient Day (CHPPD) remains stable, but it should also be recognised that the vacancy rate is significantly low, however, there are still a number of staff in the process of going through recruitment. The Clinical Fellowship numbers have been reviewed with the case that was started at the beginning of the year, with financial discussions and having an impact on the support of some of these cases. These will go through as a collective group of cases to P&F in September and Trust Board in October. There are some challenges in aiming for a zero vacancy, and there is discussion around how these are being counted in the region and whether all areas are doing this in the same way and equally around tolerance.</p> <p>AH inquired about SIs, as on the report there is zero for SI, which AH takes to mean the number that have been dealt with in 24-48 hours and have been dealt with appropriately. AH asked if there is a separate paper that is released just about the SIs. DH said there is an SI report that is presented by Governance but DH was unsure of the frequency. MA said that the schedule is being reviewed, and currently a detailed SI report goes to QSAG and to the Trust Board. At QGAC there is an action report which is presented every six months.</p> <p>AH spoke about the Care Coordination Centre, as the number of referrals made have gone up but the number of referrals closed has dropped considerably. Signposting has increased and referrals to SDEC have gone down all in similar time frames. AH wondered if this is a positive occurrence or if one area has negatively impacted another. DH said they are awaiting a review paper to come through to the Non-Elective Slow Improvement Group (NESIG) on the winter schemes and provisions of how some of the additional services will be impacted. There is also a review paper to come through QSAG particularly around elements of PUSH, which will cover that analytic.</p> <p>LT raised the issue of VTE in specific areas, and that pressure ulcers and falls were up, with pressure ulcers up particularly in Community and there were some Grade 3 and 4s reported, so the question is whether these are a one off or if there is an issue. LT is aware there is a plan across Wolverhampton and Walsall with a lead looking into this issue. DH said that the numbers are going up and this was seen as a seasonal aspect last year during the hot period; the moisture lesions increased and there was a knock-on effect of deterioration of existing pressure injuries. Currently the team are in a watch and wait phase, with the plan still being in place with communication and support of education. In terms of hotspots around falls there has not been anything that is flagging in particular. This has been picked up with the Divisions through their SPC charts and the thematic reviews at QSAG.</p> <p>LT asked about ED and the immediate care clinician will provide rapid treatment for patients; will this be someone who is in ED or someone who works with the Rapid Intervention Team. DH said that the rapid intervention is at the front door and is for a limited time frame.</p>	
4.6	<p>Chief Nursing Officer Report – D Hickman</p> <p>A low vacancies rate is being reported, but there are 125 members of staff going through the recruitment process, so these are not yet on the clinical floor. There has been a good outturn of students this Autumn against the national decline in terms of uptake that has been</p>	

Item No		Action
	<p>reported, which is a positive for the Trust. The biggest proportion remains around the Clinical Fellows, and the risks are discussed month on month and how we manage the risks.</p> <p>The Trust are seeing an increase around DoLS and are making some headway with this through the oversight and support from a dedicated lead. There is still work to do with MCA & DoLS and there is a new lead now in post. MCA activity is overtaking some of the Safeguarding activity so there is a risk within the team as to where they proportion their resources and efforts, which is why it is key that the MCA element owned operationally. An MCA policy is being devised, as currently it is in within many policies but not one of its own. There will be oversight from the Safeguarding Group.</p> <p>In reference to the Safeguarding Annual Report, easy read letters have been supported and landed and has taken some time to deliver. Statutory requirements and external reporting has been met. There is a challenge around Children’s Safeguarding training, and there is currently a review underway as there is a lot to navigate especially around the higher levels in how this is quantified. The Oliver McGowan Learning Disability and Autism training has had an impact as the training and what it relates to is significant.</p>	
5	Subgroup Reports	
5.1	<p>Quality & Safety Advisory Group Meeting – July 2023 – Chair’s Report – Dr B McKaig</p> <p>BM said it is a long QSAG report as there had been a strike which impacted the previous meeting in June.</p> <p>BM spoke of Medicines Management; in general it was a positive report with no medication incidents that had caused harm. There were around 3% or 4% of critical medicines that had been omitted, which, while this has not translated into harm, it is of concern. Impact from a number of initiatives that have been put in place have yet to demonstrate impact. Some discussions have taken place on how to incorporate this into the Safer Ward Project, and how the team investigate with QI to reduce the number of missed medicines. BM said while it is not a real concern at the moment it is something we want to improve. It’s important to mindful of the events from CQC at Walsall.</p> <p>There are audits of parts of Prescribing which are not undertaken on EPMA in RWT, predominantly insulin and warfarin, and have been very satisfactory in terms of compliance.</p> <p>There are some issues to pick up around legibility in capitalising on prescribing, but generally there were no real concerns.</p> <p>From a workforce perspective Pharmacy are fully established. To be completely compliant with meds reconciliation, support around missed doses, and medicines storage, A Davis (ADa) is doing some work for what the establishment need to look like. ADa has produced a business case around how Pharmacy support could be enhanced to put the Trust in a better position. This is supported by the Trust board, however, although there is a strong business case it is not currently in a position to progress until the timing and financial position is clear.</p> <p>There are a number of components in the risks related to medicines storage, the most critical of which being temperature gauges. From the Estates review of where medicines are stored,</p>	

Item No		Action
	<p>virtually every ward has their own unique difficulty, issue or problem. ADa has done a lot of work with the group looking at what the solutions might be, and they are likely to be bespoke and expensive in every area.</p> <p>The mitigations around expiry dates of medicines is not seen as a risk to patient harm and more of a regulatory risk with CQC. For staff members to keep track of expiry dates and perform stock rotation, it would likely be a labour-intensive process that would not be 100% foolproof, and would therefore have an element of risk. When wards are being refurbished steps are being put in place to ensure the drug storage environment as good as it can be. Moving forward with C block, there will be agreed temperature monitoring digitally, which will have the ability to be recorded, validated, and potentially acted upon. A second aspect of this is around behaviour and ensuring medicines are safely stored, locked, administered and locked away again. This has remained on the Risk Register for a long time as it is multi-factorial and a regulatory risk rather than a patient harm risk, but there are also action plans on how we can potentially mitigate that.</p> <p>LT asked if the plan is to have a Pharmacist on every ward or between a couple of wards. BM said there are Ward Pharmacists who already have a busy job, and this is more about having support in the form of Pharmacy Technicians who support the ward team. If temperatures are rising above the recommended storage temperature it can be time-consuming to check through all the different medications and expiry dates as there is not an automated process in place. BM said ADa is looking to have one Pharmacy Technician between two wards.</p> <p>Another issue to highlight is the impact of increasing numbers of patients with mental health disorders coming in, and there is increased acuity which is linked to the revised mental health risks which are now on the risk register. Some of these risks are external in terms of access to Tier 4 beds for CAMS patients, and timely access in terms of reviews and support for patients as they enter. There has been a significant increase in terms of the number and complexity of mental health patients. J Kirby has worked with the Governance team to revamp the mental health risks to three, two of which have an external facing component to them and have been escalated to the ICB and Mental Health Trust. The internal one is around a memorandum of understanding between the Trust and Black Country Health Care. BM noted this is causing a strain on ED and in some of the inpatient wards in terms of managing them. Given the change around the provision of Electro-Convulsive Therapy (ECT) and one site's closure of ECT, there has been an incidence of provision of ECT on-site at RWT with appropriate governance and oversight, but this is anticipated to be an increasing ask. We are working with the Mental Health Trust to ensure this is done in the safest and most appropriate manner. There is always a risk around patients requiring section 2 or 3 and having the most appropriate consultants to assess them, as it needs to be someone who is a psychiatrist, which comes under the memorandum of understanding.</p> <p>KW asked if the recent announcement by the chief constables around police attendance to people with a mental health problem will impact these. BM said with the lack of police support in the community it is likely we will see more of these patients in ED. This has not been specifically alluded to, but there had already been an increase in attendance prior to the change in police practice.</p>	

Item No		Action
	<p>DH said that not every police force has adopted that measure and the Trust has a place in talks with the Mental Health OPS Group where it has been discussed. West Midlands have not adopted this yet, so this is a conversation of working with Stakeholders and recognising the impact this will have. There will be a proportion of time spent working out processes and procedures to ensure organisations are not left in the lurch, but it is important to note that not every force has picked this up.</p> <p>GP mentioned she had seen in the media there will be an increase in certain mental health ambulance crews, so it may be that the work will still be done but by a different group of people.</p> <p>An incident has been identified with a significant number of around 4000 results that have been sent from Sandwell West-Birmingham Trust and Birmingham & Solihull Mental Health Trust around microbiology. Communicable disease referrals had been sent to RWT labs and the results had not been sent back to the referrers from September 2021 to March 2023. Within the group 14 patients were identified with positive results. Of those 14, eight have preexisting conditions, and six had a positive result within that time period where the result had not been conveyed. The relevant stakeholders, NHSE, ICB, CQC, are aware and meeting are taking place with NHSE and ICB around contacting, retesting and ensuring those six patients have appropriate treatment along with Duty of Candour, contact tracing, and psychological support. There may also be a medical legal angle, and a media angle which is ongoing. This has potential for adverse publicity for the organisation which the QGAC committee ought to be aware of, but it is being managed. LT asked how this came to light. BM said he believed it was April this year when the BCPS were contacted by a patient saying they had not had a result from a test, and BCPS did a further investigation. There was a NRCA done around why this had occurred and the impact it had looking at the results. There was significant work done looking at the results that are not clinically significant. These still need to be sent out to the referrers but the aim is to deal with the clinically significant results first which is why it has taken a period of time to get to this point. LT asked how this was to be reported, BM said he has a report going to private board in the following week, KW said to allude to the matter in general terms as BM will go into detail with private board.</p> <p>AH asked about the Radiation Safety Group second reapplication of HSE consent, to gain an understanding of the implications. BM said this is a requirement for any organisation that uses radiation to have consent by HSE and there are no anticipated issues in gaining the consent. This is a process that is renewed after a set period of time and was raised for the awareness of the group. If consent is not gained the Trust would not be able to use any radiation which would have huge implications, but this is a routine process and there are no concerns consent will not be granted.</p> <p>LT asked about the MRI safety incidents from the Radiation Safety Group's report, BM noted it was a near miss in relation to the process procedure being followed as opposed to the machinery.</p> <p>TP offered to give context on the Neonatal Intensive Care activity on the QSAG Chair's Report. TP said there are a number of reasons why the team are not reaching the activity levels in intensive care cots. There is a big piece of work that is ongoing in the Maternity Neonatal system to address some of the pathways. What is needed is the improvement to the 27-week pathway which has been previously discussed at QGAC and there are</p>	

Item No		Action
	<p>discussions taking place on how to improve the pathway. There are also issues around the Qualified Specialty Nurses and having the right level of nurse to look after the baby if we receive it and sometimes the team cannot accept. There are issues around delivery suite capacity and staffing which is detailed in TP's report around the acuity data and whether women and babies can be accepted in utero transfers. Regionally there are issues regarding the repatriation of babies that the Trust has that cannot be sent on to the transferring unit because they have no capacity and there is work on how these pathways can be improved. With the babies in the Trust, as the team are getting better at looking after the intensive care babies they are having less intensive care cots days and are moving down to High Dependency Unit (HDU) more quickly, which is reflected in the report. Another issue is recognising premature birth and treating this so there are less premature birth babies. Currently the Trust is just below the level at the moment but if the 27-week pathway is finalised with a designated triage system then the expectation is that this will level off and improve.</p> <p>LT asked for clarification from the Chair's report as to what NCEPOD stands for, to which MMe clarified is National Confidential Enquiry into Perioperative Deaths. LT queried why this was not handled by General Practitioners, but GP explained that it is a national enquiry and the patients have to be seen by consultants which is not or rarely happening. LT asked if this needed further involvement from the group. BM stated that the Epilepsy team are comfortable with the female aspect of under 55's, and there is a concern that if it is rolled out to men under 55 there would be a workforce concern as to having consultations with them as well, however, this is not currently required.</p> <p>LT queried about Division 3 identifying a Grade 4 pressure ulcer as a serious incident but LT did not see this in the IQPR. BM said that this was a very recent event so perhaps it has not reached the IQPR yet.</p>	
6	Assurance Reporting / Themed Reviews / Business	
6.1	<p>CQC Compliance Report – Deferred</p> <p>To be presented at QSAG in November 2023, QGAC January 2024.</p>	
6.2	<p>External Reviews Registry Report – M Metcalfe</p> <p>MMe presented on behalf of C Long, which is for information. There are 36 external reports and review visit reports that are either open or have ongoing action plans, three of which are red. The top themes are around SOPs, policies and staffing gaps.</p> <p>LT asked about the visits registered in the report, and if that means there is a visit expected, though it may not be known where or when. MMe said they require all areas to inform the Assurance Team if they are notified of a visit, which is then entered on to the system for tracking.</p>	
6.3	Health & Safety Assurance Annual Report – M Arthur	

Item No		Action
	<p>The Trust is seeing good compliance with Health & Safety Mandatory Training at above 90%, along with the Fire Safety and Conflict Resolution training. The Health & Safety Manager's training is also over 90% and there is a push to get it to the target of 95%.</p> <p>There has been a slight increase in Health & Safety reported incidents and reported near misses, which is a good sign of the health of the reporting organisation. The top four themes of reported incidents were sharps being the highest, followed by slips, trips & falls, manual handling and hazardous substances. In terms of sharps incidents reported, the predominance of that was caused by splashes, followed by the use of cannulas, safety subcutaneous needles which is a concern as these are safety needles. Further investigation is happening to understand if this is user error, which would indicate a training need, or a device failure, which is something that will be picked up with NHRA and the manufacturer.</p> <p>There were 26 RIDDOR incidents reported within 2022 – 2023, which is one more than the previous year. The majority of these relate to slips, trips & falls, and manual handling incidents.</p> <p>There have been no breaches or safety alert response time frames in the year, and there are reported improvements in the availability, currency, and quality of risk assessments across the Trust. This has been aided by a project that tracked and quality assessed the 17 core assessments for the organisation. These core assessments are linked to the regulations and the project has transferred to business as usual through the new Health & Safety Audit Podium Programme.</p> <p>The Podium Audit Programme is a new development this year which includes a QA check of Risk Assessments, looks at staff training compliance, area inspection, and questions to staff around their knowledge and application of Health & Safety as a means of assessing the safety culture.</p> <p>Since the start of the Podium Audit, in Quarter 4 six areas were visited, four of which were scored as silver and two as bronze. 26 more areas are planned to have visits between May and December this year. There are 304 department locations recorded, with an extensive but risk prioritised programme of site visits carried out by the Health & Safety team working with Estates, IP, Waste, etc., to ensure the areas are as compliant as they can be with Health & Safety. There is also a proforma to allow areas to do a self-assessment for inspections as there are areas that would not receive an inspection within a year.</p> <p>Some emerging areas for monitoring; the Trust is seeing an increase in violence and aggression incidents that have been reported, with the majority of these being around aggressive, intimidating, and threatening behaviour, verbal abuse against staff, and there has been a corresponding increase in calls to security for incidents during the year. There have been no red or yellow cards issued in the last year.</p> <p>Hybrid working continues to be a potential risk for the organisation around DSC injuries and musculoskeletal disorders. The Trust has received a letter from the HSE notifying providers of their intention to potentially visit and carry out focus inspections around management arrangements for violence and aggression and musculoskeletal injuries. Some Assurance checks have started to be carried out in preparation for this, but there is the awareness that manual handling training compliance has remained low in 2022 – 2023 at around 85%. The</p>	

Item No		Action
	<p>risk has been identified around current capacity to meet the demand of training, which has been affected by operational staffing challenges that the team have experienced alongside DNA rates caused by those pressures within the wards and departments. This is a risk that is being reviewed and could hit the threshold and be escalated in the coming weeks.</p> <p>There is a notable increase in staff stress referrals to Occupational Health in 2022 – 2023, from 319 to 508 in the two-year period. Although it is being reported as not related to work and there have been no sickness absences related to this, it is still being closely monitored by Occupational Health, as well as oversight in terms of arrangements for our Health & Safety wellbeing initiatives.</p> <p>MA expressed thanks to JF and the Health & Safety team in putting together the report and the work that has gone into it.</p> <p>LT asked about whether HSE will be looking at the arrangements of hybrid working; will they look at the equipment or the chairs, and what other risk assessments are carried out. MA confirmed that they will; if they do come into the organisation they will focus on areas such as training, risk assessments, roles & responsibilities being clear, known and acted upon, and what Health & Safety’s monitoring and oversight arrangements are within the hospital and in the Community.</p> <p>LT asked if Health & Safety go into staff members homes to ensure that the working arrangements are appropriate or if it is based on a self-reported risk assessment. MA said that they had stepped up vigilance around DSE assessments and that was requested that staff do at home. This is then fed back to the Trust so Health & Safety can take any actions that can be reasonably supported. Staff who have specialist needs have been referred to Occupational Health and the team have acted upon their recommendations from there. JF added that there is a potential law change because of the amount of hybrid working after the pandemic, though currently there is not the requirement to visit staff members at home. AH asked if someone wanted to work from home would a workstation assessment need to be completed beforehand and then discussed, checked and signed off with the manager. JF said that the referral would have to go via the manager, so they have an understanding on the staff’s needs. Occupational Health would then go if there is an issue, and what they have at work would be replicated at home. All equipment would be bought at a departmental level via the manager.</p>	
6.4	<p>Information Governance Annual Report</p> <p>For information, LT said this report shows the Trust is compliant with the requirements needed for the data toolkit both in the hospital and community.</p>	
6.5	<p>Litigation & Inquests Report</p> <p>For information, KW asked that if there are any detailed questions from the Litigation report for people to contact him outside of the meeting. The themes and trends are as detailed in the report; the only other topic to point out is the continued increase in violence and aggression that are resulting in harms and claims.</p>	

Item No		Action
6.6	<p>Perinatal Mortality Quarterly Report – T Palmer</p> <p>TP said that the Perinatal Mortality report is an appendix on the Governance report. The vacancies within maternity for midwifery registrants is around 23 whole time equivalents, and those posts have been recruited into in a recent event and are expected to start in September, October and November as they get their PIN, being newly qualified. While this is positive, the downside is that these members of staff are needed now. From the acuity tool it can be seen that there is a deficit, however, the team have managed to maintain 1:1 care in labour at 100%. TP said this is because there is a redeployment model in place that is working well. As an example, in the delivery suite for last month there were 268 hour of midwifery time redeployed, which is around seven whole time equivalents which fits the deficit for the maternity leave on the delivery suite. This data is gathered from the Birthright Plus Acuity Tool, which is inputted every four hours, and gives a snapshot of what the acuity looks like. Currently the team are working to make sure the data is accurate to see if the acuity is correct or has changed in the last two years, and then will see if another Birthright Plus assessment needs to be completed.</p> <p>A red flag has been raised in relation to any delays in providing care to the patients, specifically attributed to midwifery staffing. There were 40 red flags in May, none of which resulted in any patient harm or adverse outcomes. The information is triangulated with DATIX, incidents, and the senior midwifery managers update report.</p> <p>Maternity triage staffing had been picked up by CQC as a must do action, and in Quarter 1 those levels gradually improved and is being monitored closely.</p> <p>The team have had year 5 CNST, and another version of the technical guidance has been sent in July as the team have pushed back on a few of the standards due to some inaccuracies which have been taken on board in the second version.</p> <p>The main item from the dashboard is that the activity has peaked, but from the trajectory and forecast birth rates will be around 5000 at the end of the year, and there is no cause for concern. TP said if there are any questions in regard to the dashboard she will be happy to take them.</p> <p>From the Perinatal report the team is achieving allof the standards in line with NHS and Maternity Incentive Scheme (MIS) at 100%.</p> <p>In Quarter 1 there were three neonatal deaths, which are being reviewed, and two stillbirths. One of those stillbirths was graded C, 'different management may have made a difference,' which has been attributed to inappropriate review and is being taken through local STEIS process.</p> <p>There have been two inspections, 1 insight which was the NHSE inspection, and the Peer review from the Local Maternity and Neonatal System (LMNS) and ICB, both of which were positive. The final reports have not come back from either of these and TP will take these back to Board.</p> <p>LT asked around the staffing levels, as it will probably be over before taking into account the maternity leave and should improve the redeployment situation. TP said the redeployment</p>	

Item No		Action
	<p>hours should go down, and that the acuity would be a separate piece of work; the staffing can be good on the delivery wing and the team report their green OPEL status, but the acuity is reporting otherwise. TP said she will pick this up with DH in her 1:1.</p> <p>LT asked about the income that is received when the Trust achieve the incentive scheme, as a proportion of funds that are unallocated by other Trusts that have not managed to achieve come to Wolverhampton. LT asked whether this goes directly to Maternity or if it goes somewhere else. TP said that it goes into the central Trust pot and is then used to support the business cases. Last years was used for consultant hours, PAs and staffing. DH confirms it goes into the Trust bottom line but does contribute to the decisions about the success of business cases.</p> <p>AH asked about a postnatal VTE assessment that was stated would be resolved in the next BadgerNet update; how long would this likely to be, and what mitigations are in place to prevent it happening in the meantime. TP said that she understands the BadgerNet issue is resolved, and there is now a digital midwife who is on the case straight away and has close links with Clevermed.</p> <p>AH asked about antepartum haemorrhage and delay in blood products; in the report it states there is teaching to be carried out but is it not an emergency procedure that is run regularly rather than a teaching moment. TP said the learning from cases is that it was a process issue and would be picked up through the relevant pathway process. Anything that can be learned from these cases is taken through the prompt training, which is a multi-disciplinary accredited skills drill day that is run by maternity in the department. Anything that is felt can be learned from these incidents would be put through here as a scenario or a vignette. This is also taken through the LMNS to share and are discussed at the quality and safety group meetings.</p>	
6.7	<p>Infection Prevention Delivery Plan</p> <p>For approval, approved.</p>	
6.8	<p>Annual Equality Report – A Dowling</p> <p>To be taken as read, LT checked if this had come to the group for information before going to the Board. AH said that this paper had gone through to the last PODC a month ago so should have been included earlier.</p> <p>AD expressed apologies for the paper coming through late, and that it is on Trust Board Agenda to be presented next week. Usually, the patient experience elements would go through the internal committees but did not go through to QSAG last week. This report has been through the EDNI Steering group as well as the HR committees. DH said that the doctor’s strikes from the previous month has had a negative knock-on effect to QSAG and the following meetings. A big proportion had gone through PODC but the preference was for this to go to another meeting before going to Board.</p> <p>AD highlighted that the report is a statutory requirement to ensure the Trust complies with various equality legislation, in particular the Equalities Act and the Public Sector Equality Duty. The paper is part patient experience and part workforce and contains updates in</p>	

Item No		Action
	<p>progress in looking at some of the equalities gaps that the data shows. There of various initiatives in both areas with some work in terms of national drivers that are under review.</p> <p>The Equality Delivery System, previously the Equality Delivery System 2, has been made into a more streamlined framework with three key domains that the team are working towards. These domains are the commissioned or provided services, workforce health and wellbeing, and inclusive leadership. Work has been ongoing in Domain 1 for patient experience and workforce health and wellbeing. There is an ICB approach towards this framework where the team have been asked to trial other specialities in terms of a self-assessment before the ICB look at a region-wide self-assessment.</p> <p>Discussions are ongoing for other domains to look at and maternity services have been decided upon, and chronic respiratory diseases which has been supported by BM.</p> <p>The Accessible Information Standards are having a refresh nationally, with hundreds of measures to meet. The framework focuses on communication needs with five expectations of ask, record, alert, share and act on people's communication preferences.</p> <p>There have been some successes over the year, including the patient appointment letter which has been a complex piece of work, and the work in maternity with the BadgerNet app and how accessible and user friendly it is, as well as the appointment of the BAME midwife.</p> <p>AD said she would take questions or go into more detail after the meeting if anyone from the group wishes.</p> <p>AH said that having read it for PODC it was found to be a very in-depth and good quality report. A significant amount of work has been done through the year and there have been improvements, although there were some deteriorations in some of the data in a couple of points, which is why the Board Assurance Framework (BAF) has been kept at the same level. The team have asked that the action plan comes back during the year for the team to review rather than waiting another year for the whole report.</p>	
7	Themed Review Items	
	None to report	
8	<p>Issues of Significance for Audit Committee</p> <p>None noted.</p> <p>Issues of Significance for the Trust Board</p> <p>The Cancer Improvement Plan.</p>	
9	Any Other Business	

Item No		Action
	<p>MA has been comparing what is reported at Quality Patient Experience and Safety (QPES) and QGAC and will liaise with LT about some of the outstanding items that exist on one or the other and whether these are being reported adequately elsewhere. LT felt that it would be useful to bring QPES and QGAC in line with one another. DH said that although the IQPR comes through Private Board the papers also come through the subcommittees for due diligence and conversations. DH felt that there does need to be some selectiveness around what comes through QGAC so that the group are able to join the collaborative conversation at Private Board and so that is not the first time they are seeing a report.</p>	
<p>10</p>	<p>Evaluation of Meeting</p> <p>LT commented that quite a few reports were submitted the day before the meeting during the day, with some of them being quite detailed which means that the group cannot read beforehand and do justice to them.</p>	
<p>11</p>	<p>Date and time of Next Meeting:</p> <p>Wednesday 27 September 2023 at 1.00pm to 3.00pm, Via MS Teams</p>	

Minutes of the Performance & Finance Committee

Date	Wednesday 19 th July 2023
Venue	via MSTeams
Time	8.30am

Present:	
John Dunn	Non-Executive Director (Chair)
Lisa Cowley	Non-Executive Director
Gwen Nuttall	Chief Operating Officer
Kevin Stringer	Group Chief Finance Officer & Deputy Chief Executive
Martin Levermore	Non-Executive Director
Simon Evans	Group Chief Strategy Officer (Part Attendance)
Lord Patrick Carter	Specialist Advisor to the Board (Part Attendance)

In Attendance:	
Tim Shayes	Deputy Group Chief Strategy Officer
Mark Greene	Deputy Chief Finance Officer (Part Attendance)
Adam Race	Director of Human Resources & Organisational Development (Part Attendance)
Keith Wilshere	Trust Secretary
Dean Gritton	Group Manager, Oncology, Haematology, Radiotherapy & Palliative Care
James Green	Interim Director of Finance
Alvina Nisbet	Associate Director of Digital Innovation
Claire Richards	Executive PA to Group Chief Strategy Officer (Minutes)
Iresha Pathirage	Senior Visiting Doctor (Observer)

068/2023	Apologies for Absence Apologies were received from Alan Duffell	
069/2023	Declarations of Interest There were no declarations of interest.	
070/2023	Minutes of Meeting Held on 21st June 2023 The minutes of the meeting from 21 st June 2023 were agreed.	
071/2024	Action Points from the Previous Meetings J Dunn asked Committee members to ensure that action points were updated as soon as possible for future meetings.	
071.01	Increased Sickness Costs (Action 1227) – A Race provided a report giving assurance that the Trust’s absence rates, although elevated are in line with expected levels of absence. The report also provides assurance that the sickness absence management process is subject to a deep dive and action plan via the People & Organisational Development Committee Meeting. The report advised that there is a 3% provision for sickness absence in budgets where staff are rostered. The report alerted the Committee that sickness absence levels are above the budget allocation and no provision has been made outside of the rostered areas. The estimated cost of sickness absence above budget is in excess of £5.2m. J Dunn stated that the sickness absence budget shortfall will be discussed in-depth during the Finance update. Action closed.	

	L Cowley sought clarification regarding the target. A Race clarified that the target is 5% and aligns to ICS, the Trust budget is 3%. A Race stated that the graph will be amended to 5%. The Committee noted the report and the action being undertaken by PODC.	
071.02	<u>Financial Planning Private Trust Board Report (Action 1228)</u> – J Green submitted an update as part of the agenda. Action closed.	
071.03	<u>FRG Resources (Action 1230)</u> – G Nuttall confirmed that discussions are underway regarding the FRG team and that the current team is fully established. Action closed.	
071.04	<u>Formal Directive re REAF Governance Process (Action 1232)</u> – K Stringer was asked to send a directive regarding the formal process which should be adhered to, stressing that there is zero tolerance for not adhering to the process. If urgent approval is required business cases can be approved by the relevant authority within a 24 hour period. K Stringer confirmed that a briefing had been drawn up and was being submitted to Audit Committee for review prior to circulation on 12 th September. Action deadline has been extended.	KS
071.05	<u>Meeting to discuss Cannock Chase Hospital: Theatres Proposal (North Hub) (Action 1233)</u> – The meeting took place as requested. Action closed.	
071.06	<u>FRG CIP Proposals (Action 1309)</u> – J Green confirmed that a meeting has been arranged between RWT/DGFT/WHT to take place on 21 st July to review the DGFT CIP programme and share good practice across the three Trusts. Action deadline has been extended to 24th July for an update.	KS/JG
071.07	<u>AOP Oversight Group - CIP Deep Dive (Action 1310)</u> – J Dunn requested a separate deep dive CIP discussion at the next AOP Oversight Group Meeting w/c 26th June. G Nuttall suggested a meeting to take place week commencing 3rd July instead. J Green confirmed that the FRG paper was taken to last week's Oversight Board and discussed in detail (for both RWT & WHT). Action closed.	
071.08	<u>FRG Grip & Control Metric (Action 1311)</u> – This item has been added to the AOP Oversight agenda. Action closed.	
017.09	<u>FRG Place Savings (Action 1312)</u> – J Dunn previously queried if savings could be made from Place via the ED pathway if there were less visits. S Evans stated that a benchmark data would need to be set to enable attendance. S Evans updated the action stating that a meeting is scheduled to take place on 25 th July to look into this further. S Evans will report back on findings during the August Committee Meeting. Action deadline has been extended to 16th August.	SE
017.10	<u>ERF Plan (Action 1313)</u> – G Nuttall stated the ERF Plan had been added to the Accountability Meeting on 13 th July. Action closed.	
017.11	<u>ERF Outpatient Transformation (Action 1314)</u> – G Nuttall updated the action stating that the session with L Cowley had taken place on 9 th July and that a further update would be submitted to the Committee at the August Meeting. Action deadline has been extended to 16th August.	DG
017.12	<u>ERF Modelling (Action 1315)</u> – J Dunn previously requested some modelling to look at capacity options to optimise the tail post 52 weeks and the throughput. T Shayes confirmed that this information had been included within this month's report. Action closed.	

- The Trust delivered 112.7% of activity in June (compared to 2019/20) compared to a plan of 104%. On a value weighted activity basis however, this equates to 101% (compared with a plan of 103%) as the overperformance was higher in outpatients.

A discussion took place regarding the Industrial Action impact on the performance. G Nuttall informed the Committee that Sir David Nicholson has requested a report from Sandwell & West Birmingham and Dudley regarding the performance and financial impact of the Junior Doctor strike and forecast of the Consultant Strike. Therefore, RWT and Walsall Healthcare NHS Trust (WHT) will be compiling a similar report.

Alert:

- The Trust has been alerted to the likelihood of it being escalated to the tiering system for its 62 day cancer performance – formal confirmation has still not been received. There is also ambiguity over whether performance will be managed at system or provider level and the criteria for exiting the tiering system.
- 623 patients (570 outpatients and 53 admitted patients) either had their appointment cancelled or rearranged as a result of the Junior Doctor in June. This activity is being re-arranged but to the detriment of other patients who would have otherwise utilised this capacity.
- The Trust had 39 x 78 week breaches at the end of June and the likelihood is that these will increase to around 56 in July. These breaches are isolated to three specialties with most significant challenges in Urology and Gynaecology. Additional plans have been developed to minimise the number of breaches for August.

A discussion took place regarding the 78 week target, G Nuttall informed the Committee that the Trust would not achieve the zero target at the end of July. The Trust is currently forecasting 50 – 60 at that time, the 3 specialities experiencing pressures are Urology, Gynaecology and General Surgery.

G Nuttall informed the Committee that ERF targets have been reduced by 2% for April. J Green clarified that the national team have announced that due to the impact of the April strike they have agreed a 2% reduction in target to every ICS. The Trust is assuming that the Trust level will reduce to 106.5% pending formal confirmation, the amount will be added to block values of income contracts between providers and commissioners. K Stringer queried if following the change there was any financial improvement. J Green clarified that Trusts have been told not to accrue a variance in plan for ERF but that the Trust did allow costs of above 103% to support delivery, there will be a benefit as the target has lowered. The Finance team are working through the figures.

Assure:

- Since the last meeting, the centre have reduced all system ERF targets by 2% for April 23, i.e. down to 106.5% for RWT. Simultaneously, the Trust has been working to identify additional initiatives to increase our ERF plan further. Our value weighted activity plan has increased from 103% to 107.3% i.e. above target, with the inclusion of the schemes detailed within the report. These schemes total around £5.8m in revenue. G Nuttall reiterated this point and stated that if the additional activity is achieved the Trust will be above the value weighted plan. G Nuttall stressed that the Trust continues to explore ways to increase activity further.
- The Trust is performing in line with the majority of its trajectories.
- The Trust has revised the cancer trajectory to account for the transfer of activity from Walsall – performance is in line with the new trajectory.

G Nuttall stated that she would provide an activity report at the next Committee Meeting.

GN

A Race left the meeting.

M Levermore stated that elective surgery will be affected by on-plan surgery and queried if Industrial Action (IA) had been incorporated within the target of 106. G Nuttall confirmed that unplanned activity had been incorporated but that the IA impact was not known when

	<p>then modelling was produced in April and that IA impact would need to be factored in. G Nuttall expressed concerns regarding a Trust based solution for additional activity on weekends as all General Anaesthetists (with the exception of those providing an emergency service) will be on strike.</p> <p>M Greene and Lord Carter joined the meeting.</p> <p>L Cowley queried if the high increase in additions to the waiting list were due to a phasing lag. G Nuttall clarified that this was due to the addition of the transferred WHT Urology list.</p> <p>L Cowley queried if 78 week performance was related to specialisms or if there was an impact in relation to demographic of patients. G Nuttall clarified that it is challenged by speciality but that there is a national predisposition of people waiting longer in terms of health inequalities, deprivation and ethnicity. G Nuttall stated that the information was available as part of the Health Inequalities Group that Dr Odum Chairs and that the Trust is undertaking a project based around Ophthalmology. G Nuttall agreed to provide L Cowley with some information outside of the meeting.</p> <p>Chairs Summary:</p> <ul style="list-style-type: none"> • Urology transferred from WHT which increased the Trusts overall RTT position. • The Trust is not going to hit the zero target for 78 week patients at the end of July. The Trust is forecasting that performance will be between 50 – 60 patients that will require plans across 3 specialties. The Committee have asked G Nuttall to provide a plan for those patients impacted. • Performance is falling short in 78 weeks and ERF. There is a remedial plan in place to adjust the target • RTT is growing and patients will be waiting longer. Patients waiting over 52 weeks is 5,500 and before covid it was zero. • J Dunn queried if more mutual aid was available for diagnostics and cancer performance. J Dunn requested a deep dive into cancer performance at next month's Committee meeting. J Dunn requested a Q2 forecast for performance. <p>The Committee noted the report.</p>	<p>GN</p> <p>GN</p> <p>GN</p>
073.02	<p><u>National & Contractual Standards (IQPR Extract)</u> – G Nuttall outlined the following highlights to the Board:</p> <ul style="list-style-type: none"> • The emergency admission rate during June 23 is just over 76% which is a slight deterioration from May. G Nuttall informed that Committee that there are less than 20 Trusts achieving over 76% of patients waiting in ED. • The Trust is in the top quartile within the metric from British Association of Day Surgery. <p>G Nuttall provided the following alert (linked to BAF risk 16) to the Board:</p> <ul style="list-style-type: none"> • The Trust performance 62 day wait for first treatment was recorded as 30% in June, Trust performance is in the bottom 2 within the country. The metric counts the number of patients treated waiting over 62 days, not the number of treatments. This indicates that the patients being treated are those which are waiting the longest period of time. Any degrees of harm are reported via QGAC. The 3 specialties which have the highest volume are Urology, Gynaecology and Colorectal and Skin. The Trust has sought mutual aid within Urology. Colorectal has a recovery plan and numbers are reducing. Gynaecology mutual aid is linked with Sandwell & West Birmingham and there is not much mutual aid available nationally. There has been a change in pathway for Skin 62 day waits and other waiting times are linked to Black Country Histopathology. A recovery plan is underway, the trajectory is not at the desired level and the Trust continues to out-source but are looking to explore further support for BCPS skin tumour sites. 	

	<p>Chairs Report: Highlight to Board: Good Emergency Department performance. Alert to Board: 63 day cancer waits, a deep dive will take place at next month's meeting.</p> <p>L Cowley queried if there was a need to review the Black Country Pathology Recovery Plan. G Nuttall assured the Committee that the performance for BCPS is monitored and scrutinised via a Clinical Group Chaired by Dr Odum by BCPS and also the ICS Cancer Group. The Management Team from BCPS report on performance monthly and the action plan is reviewed quarterly. G Nuttall stated that unfortunately there are national challenges with cellular pathology consultants and demand is increasing significantly. A recovery plan was presented by the Medical Director of BCPS has been reduced from 18 months to 12 months and they are on trajectory but that the recovery trajectory is low. G Nuttall agreed to share the recovery plan outside the meeting and assured the Committee that the recovery plan was robust.</p> <p>The Committee noted the report.</p>																															
074/2023	Financial Performance																															
074.01	<p><u>Monthly Financial Report</u> – K Stringer provided an overview of the financial performance. The Trust is reporting an in month adjusted deficit of £4.25m, this is £0.77m adverse to plan, this leads to a year to date deficit of £15.8m which is £2.7m behind plan. K Stringer highlighted that the estimated cost of sickness absence is above budget by c £3.7m for medical/nursing staff cover.</p>																															
074.02	<p><u>System Update</u> – The ICB has a YTD deficit of £46.1m, £14.9m adverse to plan (2.2%) with 5 out of 8 organisations off plan. Against plan there are £5m of demand pressures; including £3m within Mental Health, £6.6m of CIP underperformance (largely within 3 organisations), £2.5m relating to a plan phasing issue, an estimated £4.5m of direct costs from industrial action, and £2.5m of agency. These are partially supported by other underspends elsewhere. An escalation meeting is due to take place on 20th July regarding the month 3 position.</p>																															
074.03	<p><u>Cash</u> – The cash balance as at 30th June 2023 was £68.8m actual against £56.9m planned.</p>																															
074.04	<p>Trust Income & Expenditure Position (within the report) –</p> <table border="1" data-bbox="244 1346 1078 1693"> <thead> <tr> <th></th> <th>In Month Actual</th> <th>YTD</th> </tr> <tr> <th></th> <th>£'m</th> <th>£'m</th> </tr> </thead> <tbody> <tr> <td>Income</td> <td></td> <td></td> </tr> <tr> <td>Patient Income</td> <td>59.09</td> <td>172.05</td> </tr> <tr> <td>Other Income</td> <td>12.99</td> <td>44.63</td> </tr> <tr> <td>Total</td> <td>72.08</td> <td>216.68</td> </tr> <tr> <td>Expenditure</td> <td>76.32</td> <td>232.48</td> </tr> <tr> <td>Surplus/(Deficit)</td> <td>(4.25)</td> <td>(15.80)</td> </tr> <tr> <td>Planned Surplus/(Deficit)</td> <td>(3.48)</td> <td>(13.09)</td> </tr> <tr> <td>Variance to Plan</td> <td>(0.77)</td> <td>(2.71)</td> </tr> </tbody> </table>		In Month Actual	YTD		£'m	£'m	Income			Patient Income	59.09	172.05	Other Income	12.99	44.63	Total	72.08	216.68	Expenditure	76.32	232.48	Surplus/(Deficit)	(4.25)	(15.80)	Planned Surplus/(Deficit)	(3.48)	(13.09)	Variance to Plan	(0.77)	(2.71)	
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074.05	<p><u>Covid 19 Expenditure</u> – In month 3 there was an expenditure of £111.8k on testing and £38.3k on Covid Medicines Delivery Unit (year to date £335k and £108k respectively). Income is received for both of these services to offset the costs.</p>																															
074.06	<p><u>CIP</u> – K Stringer referred to the letter from Dale Bywater which indicates an expectation to have reoccurring plans by the end of Q3 for a full year effect of all CIP. K Stringer stated that a number of actions are taking place. Grip and Control has been benchmarked and is being updated and taken to the Annual Operating Plan Group Meeting next week. K Stringer to ensure that the paper is submitted.</p>	KS																														

<p>074.07</p> <p>074.08</p>	<p><u>ERF</u> – K Stringer stated that there was a need to balance ERF against Industrial Action.</p> <p><u>Run Rate</u> – Meetings are taking place with the Divisions to discuss budgets. J Dunn stated that the run rate will be affected by sickness and queried what monitoring and control is being put in place to bring the Trust back on track. K Stringer clarified that the Operational Finance Meeting will identify and understand the drivers and then undertake actions with the Divisions, taking QIA and patient care into consideration. J Dunn queried if the Allocate system would be examined to ensure appropriate cover was in place for absence and bank cover and expressed a need to address the funding shortfall for sickness. G Nuttall assured the Committee that D Hickman and B McKaig are involved with reviewing the Allocate process and the impact going forward.</p> <p>J Green highlighted that the strike impact amounted to £430k and that there was an issue in non-pay due to a combined heat and power plant failure which was causing a £300k challenge, the financial impact will continue until repaired. J Green informed the Committee that CIP becomes more challenging throughout each quarter. J Green highlighted the work completed by the Emergency Division who have reduced the pay run rate by £170k this month by examining staffing. J Dunn noted the deteriorating performance and requested a Q2 end of year forecast.</p> <p>L Carter queried if information was available to identify Department performance. G Nuttall confirmed that this was in place and was discussed during the Ops Finance Meeting. G Nuttall agreed to share a copy of the Ops Finance Report for information. L Carter queried if the resource put into reviewing allocate had produced a positive outcome. G Nuttall confirmed that this was the case and that this will be checked for other areas.</p> <p>Lord Carter stated that the national situation is poor and that RWT have provided good budget setting to meet the forecast set and that there are other Trusts who have not achieving the forecast figures. K Stringer confirmed that this was the case and that he had requested comparator information from the ICB but that this information is not being shared openly from the region. K Stringer confirmed that other ICBs are further off plan than the Black Country by %.</p> <p>M Levermore queried why the income target was not met. M Green confirmed that the primary driver is related to PSDS grant work phasing and not an under performance as there are offsetting expenditure variances. M Green stated that this is part of the removal against the Trust's adjusted financial performance. M Levermore queried when this would improve. M Green confirmed that cash forecasting will be imperative for the Trust and that this will be published within the forecast. In the current YTD position the Trust has £4.9m of balance sheet support and has £5m planned for the rest of the year.</p> <p>Chair's Summary Alert to Board:</p> <ul style="list-style-type: none"> • Alert to board: performance is deteriorating. J Dunn has requested a Q2 end of year forecast for next month's meeting. • Reasonable performance in June, with an adverse variance of £2.7m for the quarter and a small deficit generated through sickness and IA. A thorough review will take place of the run rate at Division level. Work is progressing to address the shortfall for sickness absence. A grip and control paper will be presented to the Annual Operating Plan Oversight Group next week. ERF will be reviewed to 107.5 and adjusted as required. • CIP is £27m off £45m target. <p>A discussion took place regarding cash flow/movement across the system. K Stringer informed the Committee that the Trust may be asked to assist neighbouring Trusts with cash flow issues throughout the year. There will be a need to agree a working capital cash profile at organisation level which will allow a form of cash movement.</p>	<p>JG</p> <p>GN</p>
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	<p>K Stringer informed the Committee that a consultancy firm will be asked to identify opportunities with providers throughout the year. The Trust will engage with the process in the hopes that it provides a benefit to the organisation.</p> <p>M Levermore commended the team on the management of the cash flow.</p> <p>A discussion took place regarding the merits of the use of a consultancy firm. The Committee felt that there was a need to ensure the consultancy firm are allocated a clear and robust Terms of Reference.</p> <p>The Committee received and noted the report.</p>	
075.01	<p><u>Financial Planning/Escalation Update</u> – J Green advised the Committee that a letter has been received from NHS England Midlands Team advising of the conditions applied to organisations within the Black Country ICS as a result of the deficit financial plans in 2023/24. The Trust is currently assessing the level of compliance against each of the controls. Where strengthening is required, actions will be identified and assigned to appropriate officers. The Committee will receive a further update in August.</p> <p>The report was noted for information.</p>	
076.01	<p><u>Financial Recovery Group Report</u> – D Gritton provided an update as follows:</p>	
076.01.01	<p><u>2023/24 CIP Summary</u> – The Trust has achieved £1.7m in-month (£385k is recurrent). The full year effect achievement is £8.1m.</p>	
076.01.02	<p><u>Pipeline Summary</u> – A total of 165 schemes have been identified across all areas of the organisation. Current values identified against 23 schemes total £7.2m plus a further 21 schemes with estimated values of £3m, which are subject to further scoping by the service and finance teams. Meetings are taking place with all Directorates and £792k PIDs were approved last month at FRG. Monthly meetings are also taking place with WHT and Dudley CIP leads and a meeting has also taken place with Stoke.</p>	
076.01.03	<p><u>Medicines Management</u> – The Biosimilar Scheme in Gastroenterology will be introduced in September (£126k).</p>	
076.01.04	<p><u>Outpatient Transformation</u> – A meeting has been arranged to take place on 9th August 2023. Meetings to discuss outpatients are also scheduled with primary care leads.</p> <p>D Gritton also informed the Committee that a pack has been produced regarding the 26 week programme that Orthopaedics need to complete which could be tailored for use across all the Directorates.</p> <p>J Dunn summarised that there is currently a target of £45m and that the Trust has identified £7.7m cash releasing, which is a £37m shortfall. J Dunn stated that the Trust is sharing good practice with other Trusts and asked for a comparison with neighbouring Trusts. A discussion took place regarding ways to address the shortfall. G Nuttall stated that there is a need to get the balance correct between cash releasing and income earning and confirmed that a lot of work is taking place behind the scenes. G Nuttall informed the Committee that the department will be producing more detailed reports going forwards. The Black Country are also part of a national scheme entitled Further Faster.</p> <p>G Nuttall stated that the QI schemes are crucial to assist with ongoing CIP delivery and that there is a need to develop a 2 – 3 year delivery plan.</p> <p>L Cowley requested an update on Medicines Management Ophthalmology Biosimilars. L Cowley queried how embedded the CIP requirement culture was within the organisation.</p>	DG

	<p>S Evans stated that a QI event ceremony took place last week, over 200 people wanted to attend and the attendance was capped at 150. There were over 130 entries of improvement projects people had developed and submitted. S Evans stated that there were some real tangible benefits arising from continuous improvement and that the department are working with the Finance team to turn this into a cashable CIP. S Evans stated that there was a need to focus the cultural message on continuous improvement with a view to linking this to efficiency and eliminating waste. G Nuttall agreed with the summary. J Dunn stressed the need to develop a plan to mobilise staff to meet the challenge and that the right resource is invested to assist with delivery. M Levermore stressed the need to ensure that CI work is addressed at a structured system level. J Dunn stated that the Trust was looking at a 3 – 4 year plan to achieve financial sustainability. L Carter stressed the need to address this department by department and make them the best operational departments in England.</p> <p>Chair’s Summary Alert to Board:</p> <ul style="list-style-type: none"> Alert to Board: £37m shortfall on CIP, £7.7m cost reduction, have some income earning opportunities if ERF can be enhanced but a long way off track. <p>J Dunn stated that there is a need to identify cash releasing and cash generating savings and to outline a plan of action to Trust Board and that support is in place to deliver this going forwards. J Dunn asked that this information be provided at the AOP Oversight Group Meeting next week.</p> <p>G Nuttall stated that Orthopaedics will be used as a trailblazing department and that there is also a need to complete a deep dive of Urology.</p> <p>K Stringer asked that 3 – 5 Year Financial Plan be added to the agenda for discussion at next month’s Committee Meeting.</p> <p>The Committee noted the report.</p>	<p>GN</p> <p>KS</p>
<p>076/2023</p>	<p>Board/Pre-Board Approval Reports</p>	
<p>076.02</p>	<p><u>Fresh, Frozen & Chilled Food Contract Award (REAF 1122)</u> – A business case was submitted advising the Committee that a procurement exercise has been conducted using the NHS Supply Chain Multi Temperature Food Solutions framework. The report recommends the award of the contract to Brakes against the NHS Supply Chain (NHSSC) Framework Multi Temperature Food Solutions for a 2 year period at an estimated value of £1,000,000. The proposed contract will start 7th August subject to approval.</p> <p>The Committee endorsed the business case to be submitted to Trust Board for approval.</p> <p>S Evans left the meeting.</p>	
<p>076.03</p>	<p><u>Linen & Laundry (REAF 1121)</u> – A business case submitted recommending the extension of a contract for laundry and linen services to Elis UK Ltd covering the New Cross Hospital, Cannock Chase Hospital and West Park for a 2 year period at an estimated value of £2.2m per annum.</p> <p>A discussion took place regarding a possible in-house option. K Stringer assured the Committee that if an in-house option is approved in the future necessary discussions will take place with commercial partners regarding the termination or non-renewal of contracts at that time.</p> <p>The Committee endorsed the business case to be submitted to Trust Board for approval.</p>	

076.05	<p><u>Verbal Update on North Hub Business Case</u> – J Dunn informed the Committee that an agenda item has been added to Private Board. K Stringer confirmed that he has responded to the latest queries and assurances from NHSE and informed the Committee that further work is required on the design and capital costs. There were some concerns expressed regarding the 2 GP practices in Staffordshire, the Trust has served notice and NHSE want a plan, which is in place to achieve this.</p> <p>There is a challenging governance process ahead as a paper needs to be submitted through 3 Trust Boards, RWT, WHT and Dudley and they are requesting 2 letters of support from ICBs which have been requested from Black Country and Staffordshire ICB. K Stringer stated that the business case will then need to go to the NHSE JISC Meeting by mid-September to ensure the scheme can be delivered by February/March 2025 when TIF funding ends.</p>	
077/2023	Governance	
077.01 077.01.01 077.01.02 077.01.03 077.01.04	<p><u>BAF</u> – The revised BAF update was discussed and noted any issues for the following risks:</p> <p><u>SR15</u> – The level of risk was agreed.</p> <p><u>SR16</u> – The level of risk was agreed.</p> <p><u>SR18</u> – K Wilshere stated that N Bruce had reviewed the risk and suggested a reduction to the target level and score. J Dunn stated that the changes were noted but that as this was a new risk to the Committee N Bruce would be asked to attend the next meeting to provide an update before the changes were agreed.</p> <p><u>9a Emerging Risk Wolverhampton ICP/Place Collaboration</u> – J Dunn stated that this risk remains a watching brief.</p> <p>The Committee noted the updates to the BAF, there were no further areas of significance for assurance, advise or alert to Trust Board.</p>	
078/2023	Reports to Note	
078.01	<u>NHSI Monthly Return</u> – The report was noted.	
078.02	<u>Annual Work Plan</u> – The work plan was noted.	
078.03	<u>Capital Report</u> – The report was noted.	
078.04	<u>Temporary Staffing Dashboard</u> – The report was noted.	
078.05	<u>Supplementary Finance Report</u> – The report was noted.	
078.06	<p><u>High Value Contract Report</u> – The following report highlighted that the following business cases which are due to be submitted to the Committee next month:</p> <p>Microsoft Office 365 (N365) REAF 1211 – Contract Renewal Date: 3/9/23 Car Parking & Security Services (REAF 1191) – Contract Renewal Date: 31/12/23</p>	
078.07	<u>Quarterly Procurement Report</u> – The report was noted.	
079/2023	Meeting Reflection	

079.01	<u>Meeting Reflection</u> – J Dunn queried if the Committee were happy that the meeting had addressed the 2 major risks on the BAF. M Levermore confirmed that the risks had been raised and ways forward had been explored and commended the management of cash balances for the Trust.	
079.02	<u>CEO Highlights</u> – Nothing further to raise.	
080/2023	Date and Time of Next Meeting	
	The next meeting is scheduled to take place on Wednesday 23 rd August at 8.30am via MSTeams. Please ensure that all reports are emailed to claire.richards12@nhs.net in pdf format by 12noon on Friday 17 th August.	

Minutes of the Finance & Productivity Committee

Date	Wednesday 23 rd August 2023
Venue	via MSTeams
Time	8.30am

Present:	
John Dunn	Non-Executive Director (Chair)
Lisa Cowley	Non-Executive Director
Gwen Nuttall	Chief Operating Officer
Kevin Stringer	Group Chief Finance Officer & Deputy Chief Executive
Simon Evans	Group Chief Strategy Officer
Lord Patrick Carter	Specialist Advisor to the Board
Professor Martin Levermore	Associate Non-Executive Director (Part Attendance)
Alan Duffell	Group Chief People Officer

In Attendance:	
Tim Shayes	Deputy Group Chief Strategy Officer
Mark Greene	Deputy Chief Finance Officer
Adam Race	Director of Human Resources & Organisational Development
Keith Wilshere	Trust Secretary
Dean Gritton	Group Manager, Oncology, Haematology, Radiotherapy & Palliative Care
James Green	Operational Director of Finance
Claire Richards	Executive PA to Group Chief Strategy Officer (Minutes)

081/2023	Apologies for Absence No apologies were received.	
082/2023	Declarations of Interest There were no declarations of interest.	
083/2023	Minutes of Meeting Held on 19th July 2023 The minutes of the meeting from 19 th July 2023 were agreed. The Committee title has now changed to Performance & Productivity Committee Meeting to align across the 4 Trusts within area.	
084/2024	Action Points from the Previous Meetings	
084.01	<u>Formal Directive re REAF Governance Process (Action 1232)</u> – K Stringer was asked to send a directive regarding the formal process which should be adhered to, stressing that there is zero tolerance for not adhering to the process. If urgent approval is required business cases can be approved by the relevant authority within a 24 hour period. K Stringer confirmed that a briefing had been drawn up and was being submitted to Audit Committee for review prior to circulation on 12 th September. Action deadline has been extended.	KS
084.02	<u>FRG CIP Proposals (Action 1309)</u> – K Stringer provided a copy of the CIP comparison as requested. Action closed	
084.03	<u>FRG Place Savings (Action 1312)</u> – J Dunn previously queried if savings could be made from Place via the ED pathway if there were less visits. S Evans updated the action stating	

	that a meeting took place to look into this further, the findings were that the work from OneWolverhampton will reduce or net off growth in ED attendances and admissions. However, at this stage, it will not lead to any savings. Action closed.	
084.04	<u>ERF Outpatient Transformation (Action 1314)</u> – This item has been added to the agenda. Action closed.	
084.05	<u>Winter Plan BCF Funding (Action 1317)</u> – G Nuttall confirmed that the Place Board has signed off winter funding. Action closed.	
084.06	<u>Arcturis Shares (Action 1349)</u> – K Wilshere confirmed that this will be dealt with by a post-meeting noted and matters arising at Private Trust Board on 10 th October 2023. Action closed.	
084.07	<u>Activity Report (Action 1350)</u> – G Nuttall confirmed that the activity report is included within the Elective Care Recovery report. Action closed.	
084.08	<u>Additional Information Request (Action 1351)</u> – L Cowley queried if 78 week performance was related to specialisms if there was an impact in relation to demographic of patients. G Nuttall provided L Cowley with the information outside of the meeting. Action closed.	
084.09	<u>78 Week Action Plan Update (Action 1352)</u> – G Nuttall reported The Trust did not achieve the target at the end of July, 57 patients breached the standard across General Surgery, Urology and Gynaecology. The Trust has a plan to have no patients waiting over 78 weeks in August for General Surgery and Gynaecology. There is a forecast of 50 breaches for Urology. The Trust has request mutual aid support from local and regional trusts. Further update will be included in the recovery pack on the agenda. The Trust is also working hard to ensure trajectories are in place for all specialties to achieve 65 weeks by the end of March 24. There are risks to delivery as a result of on-going industrial action. Action closed.	
084.10	<u>Cancer Deep Dive (Action 1353)</u> – This item has been added to the agenda for further discussion. Action closed.	
084.11	<u>Grip & Control OPG Meeting (Action 1354)</u> – K Stringer confirmed that the Grip and Control paper was submitted as requested. Action closed.	
084.12	<u>Run Rate Update (Action 1355)</u> – J Green provided a Q2 forecast and end of year forecast as an agenda item. Action closed.	
084.13	<u>Ops Finance Report – Lord Carter (Action 1356)</u> – G Nuttall confirmed that the operational finance report had been shared with Lord Carter for information. Action closed.	
084.14	<u>Urology Deep Dive (Action Item 1357)</u> – G Nuttall confirmed that she would provide a verbal update on Urology and Cancer at the meeting as part of the Performance agenda item. Action closed.	
084.15	<u>Medium Term Financial Plan</u> – This item has been added to the agenda for further discussion. Action closed.	
085/2023	Performance	
085.01	<u>Elective Care Recovery Programme</u> – T Shayes provided the following highlights from the report:	

Advise:

- Having plateaued towards the end of 2022/23, the Trust's waiting list has risen steadily since the turn of the year, primarily as a result of the continued instances of industrial action and the transfer of Urology patients from Walsall. Only the latter was known when the Trust devised the trajectory and incorporated it. T Shayes assured the Committee that this will reduce once Gynae Urology initiatives commence.
- The Trust delivered 97.3% of activity in July (compared to 2019/20) compared to a plan of 94.7%. On a value weighted activity basis, this equates to 102% (compared with a plan of 106%).
- Year to date, Trust activity performance stands at 102% and value weighted activity performance is 104%.

Alert:

- The Trust has now received formal notification of its escalation into Tier 2 for Cancer. It remains unclear what the criteria is for exiting the tiering system is, but the focus is on 62-day backlog reduction and achievement of the faster diagnosis standard. The Trust is currently achieving its trajectory for both.
- 1,301 patients (1088 outpatients and 213 admitted patients) either had their appointment cancelled or rearranged as a result of the Junior Doctor in July. This activity is being rearranged but to the detriment of other patients who would have otherwise utilised this capacity.
- The Trust had 53 x 78-week breaches at the end of July across gynaecology, urology and general surgery. The forecast is for this number to reduce to 50 in August but solely within Urology.

Assure:

- The centre have reduced all system ERF targets by 2%, i.e. down to 106.5% for RWT. Simultaneously, the Trust has been working to identify additional initiatives to increase our ERF plan further. The Trust's value weighted activity plan has increased from 103% to 107.3%, i.e., above target, with the inclusion of the schemes detailed within the report which generate £5.8m in revenue.

T Shayes confirmed that the diagnostics deep dive is included within the information page (slides 13 – 16). The Trust is ahead of trajectory at Trust level of diagnostic performance, the only modality under trajectory is ultrasound, which is expected to improve once one of the rooms has been developed at Cannock Chase Hospital.

T Shayes informed the Committee that the insourcing proposal for Gynaecology starts on 1st September and it is targeted at reducing the 78 week and 52 week patients. Insourcing proposals have also been received for Urology and an additional Locum has started in Urology.

J Dunn noted that the Trust was ahead of trajectory for 62 day cancer performance and queried what the distribution was of the 60% of patients remaining. G Nuttall clarified that the majority of the patients are in Urology but that there are also challenges in Skin and Gynaecology. A deep dive pack is being developed which will be shared with Finance & Productivity Committee and will also be shared with NHSE for their national discussions. G Nuttall stated that she would share a copy of the pack once it was available but clarified that 50% of the patients are in Urology. G Nuttall stated that the Trust is not on trajectory and will be challenged to achieve the 62 day performance metric. The percentage for the 62 day metric will remain low until the end of March 2024 and stated that there is a need to report on this information going forwards.

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L Cowley queried if diagnostics had to achieve 85% in all targets or as an average. T Shayes confirmed that 85% target is at Trust level within the planning guidance but that the Trust is being asked by the Regional Team to achieve 85% at modality level. The Trust plans to achieve this target at modality level are in place.

	<p>L Cowley queried if there was an impact on timing of contracts when the CDC moves from private provider to the Trust. T Shayes stated that he was not aware of any contractual concerns at present and reported on an improved recruitment position. L Cowley queried if TUPE would be required. T Shayes confirmed that it would not.</p> <p>L Cowley queried why there was an incorrect coding issue against Echo and if an investigation/review had taken place. T Shayes confirmed that on investigation the patient had been added to the wrong list due to human error and that further training has been provided.</p> <p>J Dunn queried whether the Trust was a cancer performance outlier following escalation to tier 2. G Nuttall clarified that RWT was an outlier for 62 percentage metric only. National reporting on cancer metrics has reduced to 3 metrics. The Trust will continue to report on the cancer metrics but from the beginning of October there will be no more reporting formally on the 2 week wait time. The Trust and the Black Country are in the top quartile for the 28 day metrics. G Nuttall highlighted that the Trust and Black Country are a good performer and ahead of the national trajectories for faster diagnosis.</p> <p>J Dunn queried if there was a possibility for more mutual aid to assist with Gynaecology, Skin or Urology. G Nuttall stated that mutual aid for kidney tumours is provided by Russells Hall and Frimley Park and that treatment is subject to patient choice. Long term surgical renal tumour treatments will be conducted by Russells Hall with the use of the new robot. G Nuttall clarified that RWT will remain the Black Country Centre for prostate treatment and that Northampton are developing a Prostate Centre within the West Midlands over the autumn period.</p> <p>L Cowley queried if the Trust would continue to monitor the 31 day and 62 day treatment in addition to the targets which need to be reported back to the centre. J Dunn stated that the Quality Committee will now be taking the primary lead on cancer and provide assurance to Trust Board due to the impact on patients. The Finance & Productivity Centre will continue to at the performance metrics. G Nuttall assured the Committee that the Trust will continue to monitor all targets within the IQPR.</p> <p>The Committee noted the report.</p>	
085.02	<p><u>National & Contractual Standards (IQPR Extract)</u> – G Nuttall provided highlights from the report. G Nuttall informed the Committee that terminology has now changed from Medically Fit For Discharge to Discharge Ready Patients. There has been an increase in conveyances out of area. The Trust continues to monitor conveyances to Shropshire and Dudley going forwards toward winter.</p> <p>Work will focus on the Winter Plan over the coming months.</p> <p>The 4 hour ED target has changed to 76% from 1st April 2023. The Trust has maintained a strong position regionally and nationally. Ambulance handover continues to show an improving trend. The longest waiting ambulance in month was 4 hours and 12 minutes.</p> <p>G Nuttall reported an increase in the number of strokes nationally, which looks to be linked to post covid. The Trust’s lead Stroke Consultation is part of the Regional and National team and discussions are taking place at that level.</p> <p>G Nuttall stated that there had been an improvement to the Integrated Care metrics crisis response in July. G Nuttall highlighted that the number of referrals from WMAS into Community teams are low and stated that a key piece of work will be looking into this further.</p> <p>Chairs Report: J Dunn highlighted continued high performance within ED, improved ambulance handover and waiting times and that Trust performance is within the top decile. The Committee</p>	

	<p>expressed thanks to the ED team for their continuing high level of performance. J Dunn highlighted the work that had been put in to managing Discharge Ready patients.</p> <p>L Cowley queried if out of area Discharge Ready patients could be tracked to help identify any issues. J Green confirmed that discussions are taking place with Commissioners regarding the activity.</p> <p>L Cowley highlighted a Stroke Awareness package that was delivered across schools and offered to share this with G Nuttall outside of the meeting.</p> <p>The Committee noted the report.</p>	LC
085.03	<u>Cancer Deep Dive Verbal Update</u> – G Nuttall confirmed that she would provide a copy of the deep dive slides once available.	
086/2023	Financial Performance	
086.01	K Stringer opened the Finance section informing the Committee of the increased level of correspondence and scrutiny surrounding financial control. The Trust has responded to the requests and controls have been put into place. K Stringer is currently compiling a consolidated draft letter from Sir David for all 4 Trusts. K Stringer highlighted that a National Escalation Meeting is due to take place in September with the National Director of Finance. A discussion took place regarding this and it was decided that an Extra-ordinary Meeting Finance & Productivity Meeting would be required on 5 th September.	
086.01.01	<u>System Update</u> – The ICB is reporting a YTD deficit of £59m, £19m adverse to plan (2.1%) with 5 out of 8 organisations running deficit positions. Against plan there are £5m of demand pressures.	
086.01.02	<p><u>Monthly Financial Report</u> – M Greene provided an overview of the financial performance. The Trust is reporting an in month adjusted deficit of £5.05m, this is £1.13m adverse to plan, this leads to a year to date deficit of £20.85m which is £3.8m behind plan.</p> <p>Income was £0.3m favourable in month, (primarily due to patient income) and £1.5m adverse YTD against plan. The YTD variance being due to capital grant funding not running in line with plan YTD £3.3m, this will catch up as the capital project spend is incurred later in the year. This is offset by year to date overperformance on patient income (£1.5m) the main drivers being £0.6m release of prior year provisions, £0.5m investment from commissioners for current service developments and growth.</p> <p>In month pay expenditure has overspent by £1.4m. This is due to a number of reasons including: £345k for cover for the junior doctors strike, £625k relating to temporary medical staffing covering gaps in the rota and other absences, £495k in nursing areas where there has been cover required for increased sickness, maternity and annual leave as well as some patient acuity requirements. In addition there are some unfunded cost pressures awaiting a decision to possibly fund from reserves that are being released into the position.</p> <p>Non pay is also overspent in month by £642k, this includes an underspend of £328k relating to hosted services which attracts a reduced income. There are also activity pressures of £441k relating to activity increases in Division 1 and £230k in Division 3. Utilities are also overspent by £215k largely as a result of the CHP being broken at the start of the month, an increased water bill has also incurred an overspend of £128k, the reasons behind this are still being investigated. There are underspends in corporate areas offsetting these overspends.</p>	
086.01.03	<u>CIP</u> – The monthly target was £1.4m and the Trust delivered £0.8m. The CIP target will increase Q3 and Q4.	

086.01.04	<p><u>Cash</u> – The cash balance as at 31st July 2023 is £62.9m actual against £47.7m planned. M Greene reported that there had been a £5.8m decrease on the previous month and an increase of £15.2m on financial plan. The increase on plan was due to £18.7m cash settlement of 22/23 pay award income netted out by £19.6m additional pay cost.</p>																														
086.01.05	<p><u>Trust Income & Expenditure Position (within the report)</u> –</p> <table border="1" data-bbox="244 342 1078 689"> <thead> <tr> <th></th> <th>In Month Actual</th> <th>YTD</th> </tr> <tr> <th></th> <th>£'m</th> <th>£'m</th> </tr> </thead> <tbody> <tr> <td>Income</td> <td></td> <td></td> </tr> <tr> <td>Patient Income</td> <td>58.41</td> <td>230.46</td> </tr> <tr> <td>Other Income</td> <td>12.44</td> <td>57.07</td> </tr> <tr> <td>Total</td> <td>70.85</td> <td>287.53</td> </tr> <tr> <td>Expenditure</td> <td>75.90</td> <td>308.38</td> </tr> <tr> <td>Surplus/(Deficit)</td> <td>(5.05)</td> <td>(20.85)</td> </tr> <tr> <td>Planned Surplus/(Deficit)</td> <td>(3.92)</td> <td>(17.00)</td> </tr> <tr> <td>Variance to Plan</td> <td>(1.13)</td> <td>(3.84)</td> </tr> </tbody> </table>		In Month Actual	YTD		£'m	£'m	Income			Patient Income	58.41	230.46	Other Income	12.44	57.07	Total	70.85	287.53	Expenditure	75.90	308.38	Surplus/(Deficit)	(5.05)	(20.85)	Planned Surplus/(Deficit)	(3.92)	(17.00)	Variance to Plan	(1.13)	(3.84)
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086.01.06	<p><u>BPPC</u> – The Trust achieved the national target of 95% YTD.</p>																														
086.01.07	<p><u>Covid 19 Expenditure</u> – In month 4 there was expenditure of £81k on testing and £40k on Covid Medicines Delivery Unit. (Year to date £415k and £149k respectively). Income is received for both of these services to offset the costs.</p> <p>The Committee received and noted the report.</p>																														
086.02	<p><u>Operational and Financial Impact of Junior Doctor and Consultant Industrial Action</u> – A paper was providing which summarised the operational and financial impact of the above industrial action covering the period March to July (inclusive) 2023. A total of 5,510 patients have had their outpatient appointment (4,854) or admitted treatment cancelled (656). Throughout the period priority was given to maintaining cancer and long waiting patients but despite this the Trust has been forced to cancel 31 cancer patients and 48 long waiting patients. The Industrial Action has increased costs by £2.252m and £2.808m of lost income. In addition there is an estimated cost of £869k lost income in August. Any consequences of quality or safety will be reported through Quality, Governance and Assurance Committee.</p> <p>The Committee noted the report.</p>																														
086.03	<p><u>Forecast Outturn 2023-24</u> – J Green provided the Committee with a briefing on the forecast outturn calculations for the 2023/24 financial year. Given the challenging position for the Black Country ICS all partners agreed to produce a scenario analysis best case, most likely and worst case scenario forecast incorporating the estimated benefits and pressures for each of the scenarios. Across the system assumptions have been aligned between the 4 acute providers to ensure consistency where appropriate. The following areas were highlighted:</p> <ul style="list-style-type: none"> • The planned deficit for the year of £26.75m is utilised as the start point • Run rate at month 4 amounted to a pressure of £3.84m, of which £1.7m related to the direct costs of Industrial Action. To determine the underlying run rate forecast the costs of IA have been extracted and dealt with separately. • Industrial Action (IA) costs directly identified of £1.7m at month 4 have been forecast to continue at a similar level to the end of the year. • Unidentified CIP is currently reported to NHSE as £27m (of the £45m in year challenge). The Most Likely case assumes some benefit from ERF, and in the Best Case that a further 50% of the £27m challenge will be delivered through new schemes yet to be identified. 																														

- Winter Pressures – whilst the Trust is not currently planning to open additional unfunded capacity this winter, the Worst Case scenarios assume this will be required and allows £1.8m to support the opening of an additional ward(s).
- The change to ERF policy announced in July (2% reduction to target) as a result of IA in April 2023 along with a review of the Trust activity forecast has resulted in potential additional income opportunities. This has been assessed in the Most Likely and Best Case scenarios.
- Funding for IA is now expected to be provided by NHSE (although yet to be confirmed) and the value incorporated of £6.1m is directly linked to the cost identified earlier (£5.1m). A further £1.0m has been estimated for the cost of other staff who have been providing cover through the Staff Bank (i.e. Pharmacy staff, etc.). Work is underway to validate this estimate.
- Excess inflation funding was provided to the majority of Systems however due to the deficit plan in the Black Country NHSE did not release the funding (c£7m). A proportion of this funding has been included in the Most Likely case, and a much larger assessment of wider excess inflation pressures included in Best Case.
- In recent weeks NHSE has confirmed that projected additional CDC activity will be funded. This is estimated to net up to £2m net additional income to the Trust.

J Green highlighted that the revenue outturn projection for 2023/24 is forecasting that the original planned deficit of £26.75m is not deliverable under any of the scenarios. Whilst this is limited to a £2.1m adverse variance under the Best Case scenario, it deteriorates to £20m variance in Most Likely, and £39m in the Worst Case scenario.

J Dunn summarised the most likely plan is £47m and asked what the confidence level was of achieving £47m. J Green stated that this would be dependent on a number of elements of income. J Green informed the Committee that there has not been official confirmation yet but it is believed strike costs will be funded along with CDC activity. ERF is dependent on performance but a plan is in place to deliver against that so confidence is high. There is limited confidence in excess inflation. J Dunn summarised that the Trust will not achieve best case, most likely is to be +£4m and least likely £-8m. Discussions took place regarding the likelihood of achieving the forecast outturn.

L Cowley queried if there was a need for variation against run rate and strike spend pressure in each scenario. J Green stated that it was believed this would be directly linked to income, with the only variation linked to the worst case scenario where income would not be reimbursed.

L Cowley queried the how the strike pressure had been calculated. J Green clarified that the March costs had been removed as they were for the previous financial year, the Trust has incurred £1.7m YTD for 4 months, resulting in £5.1m by the end of the financial year.

Lord Carter queried if there was any buffer. J Green confirmed that the only opportunity not factored into the position was an improvement in the run rate or any further CIP schemes that were not in place at the time of writing. J Green stated that another potential would be anything discovered by PWC, who have been trying to identify some benefit across the system for the last 4 – 6 weeks.

Lord Carter queried if an analysis of rotas pre and post covid and been completed and if anything would arise from that. G Nuttall confirmed that something would arise from the analysis but that this would need to be quantified.

Lord Carter queried where the Trust sits nationally. K Stringer stated that within the Midlands area all 11 ICB's were off plan and deteriorating and that the Black Country ICB was third worst by percentage of turnover. K Stringer stated that there is no firm data at this time but it is believed that other ICSs performance is deteriorating as the financial year progresses which indicates that other ICB performance is likely to align to the Black Country planned ICB performance. Lord Carter stated that there is a need to ensure that when submitting a re-forecast it is deliverable. J Dunn reiterated this.

J Dunn queried if process were in place to meet the grip and control monitoring and run rates. G Nuttall stated that the feedback from the NHSE re Industrial Action is that there are no meaningful negotiations taking place with Consultants or Junior Doctors at this time and further Industrial Action is planned to take place. G Nuttall confirmed that grip and control metrics had been shared at Financial recovery Group. G Nuttall outlined measures put into place including Enhanced Vacancy Control. J Dunn requested a review of grip and control next month. This item has been added to the work plan and will be requested as part of the agenda. **Action closed.**

J Dunn queried if the Trust had introduced additional monitoring on divisional budgets against divisions. G Nuttall confirmed that additional monitoring was in place but that additional work was required. A Race outlined the additional layers of control put into place for the Enhanced Vacancy Control and the continued focus on agency and bank costs. A Race informed the Committee that a pay circular was issued for Doctors on 7th August from the Doctors & Dentist Pay & Review Body and they are implementing it, which will impact on the pay bill.

A Duffell confirmed Industrial Action was likely to take place this financial year and that it would be realistic to include this within the forecast but that costs needed to be quantified as there were direct costs, recovery costs and pressure to meet the need for additional payments.

The following areas were highlighted to advise and raised as an alert to the Trust Board:

Advise:

- Members are briefed that the revenue forecast outturn position is expected to deteriorate from the planned deficit of £26.75m.

Alert:

- The forecast deterioration ranges from £2m under the Best Case scenario, £20m Most Likely, and £39m Worst case.
- Furthermore, under the Worst Case scenario the Trust would require cash loans from either System Partners or NHSE beginning January 2024.

J Dunn summarised that the Trust has put in additional monitoring and control processes that will focus on controllable costs i.e. vacancy, agency and bank payments. The Trust continues to focus on CIP, however, the forecast of £47m does contain a degree of risk and the risk factor is between 5 – 8 and the risk factor to the best case scenario is 3. There is a need to ensure that any revised forecasts are deliverable. J Dunn will liaise with the Chair regarding the possibility of an Extraordinary Board Meeting on 5th September. J Dunn highlighted that the best case scenario was not achievable.

JD

L Cowley requested an update on cash management. J Green referred to the Cash Scenario forecast (slide 9 of the report). The original plan balance at year end is £25.5m, most likely scenario reduces balance to £5.5m by end of March 2024 and worst case is that the Trust will require a loan by January 2024. J Green highlighted an agreement made by WHT and RWT to transfer £20m cash to Dudley Healthcare NHS Trust to assist them with cash levels. J Green informed the Committee that the agreement had been built into the plan. Further discussions will need to take place at system level regarding cash challenges at provider level.

The Committee received and noted the report. The Committee acknowledged the likely deterioration in financial performance for the 2023/24 financial year and the deteriorating cash balance position and the potential for cash loans under the worst case scenario. The Committee supported the calculations and approved the support to Trust Board for the submission to the ICS.

M Levermore left the meeting.

<p>086.04</p>	<p><u>Medium Term Financial (MTF) Plan</u> – J Green briefed the Committee on the contents of the MTF Plan and the financial planning work which is being undertaken alongside all partners within the ICS. The NHS financial regime requires organisations to develop financial plans that recover deficits over a period of three years and therefore Partners across the System have embarked on a financial planning process, with standardised methodology with collectively agreed assumptions that drive a standard model to calculate the estimated plans over future years.</p> <p>The model provided historical outturn data 2019/20 – 22/23 for reference, identified the 2023/24 plan and included adjustments made to identify the Underlying Financial Position (UFP) and annual adjustments 24/25 and 25/26 which are made on a set of standardised assumptions. The model also included the calculations for the exit plan position for each year.</p> <p>The underlying exit position for RWT in 23/24 is a significant deterioration from the current plan at £96.7m. J Green assured the Committee that this has potential to improve and therefore subsequent years will improve if further recurrent CIPs are identified for delivery in year. However, the model clearly highlights the difficulty facing the Trust in reducing costs to a point supported by the expected level of income over the future financial years.</p> <p>J Green informed the Committee that work is now underway to expand this model to cover a further two financial years through to 2027/28 along with refining the inputs through validation with colleagues. This will be a key component of the work being undertaken by PA Consulting (the appointed System Delivery Partner) as the lead the work to develop a System-wide long term financial model that is expected to be presented to NHS England at the end of September 2023. Further iterations will be presented to future meetings of the Finance and Productivity Committee.</p> <p>The following areas were highlighted to advise and raise as an alert to the Trust Board:</p> <p>Advise:</p> <ul style="list-style-type: none"> • Members are briefed that the recovery of financial deficits will be challenging in future years. The scale of the challenge is likely to restrict the Trust’s ability to invest until financial recovery is achieved. <p>Alert:</p> <ul style="list-style-type: none"> • Over the current planning timeline, the Trust does not recover to a break even position. Further work will commence to expand the timeline for a further 2 years. <p>J Dunn thanked J Green for the work and asked that this item be added to the work plan as a regular agenda item. Action update: this item has been added to the work plan.</p> <p>K Stringer queried if the approach was consistent with all the providers and how it fit in with PA Consultancy. J Green confirmed that it was consistent across all providers and fits with the PA Consulting process.</p> <p>K Stringer queried if the level of CIP under achievement was at the correct planned level of achievement given current performance, or could it be lower. K Stringer also queried if the pressures were reoccurring and if the CIP is factored into the plan over each of the years. J Green confirmed that CIP could be lower if further schemes are identified. The non-recurrent pressure is linked to the current run rate and the CIP is factored into that plan over each of the years at 4.2%.</p> <p>S Evans felt that there was a need to consider the savings as a system based approach and stressed the importance of the PA Consulting findings. Discussions took place regarding income and productivity challenges.</p>	
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	The Committee received and noted the report for assurance.	
086.05	<u>Financial Recovery Group Report</u> – D Gritton provided an update as follows:	
086.05.01	<u>2023/24 CIP Summary</u> – The current forecast for delivery of CIP is at £24m, £21m remains unidentified and work is in progress to identify further supporting schemes and opportunities. The Trust continues to work to close the gap.	
086.05.02	<p><u>Pipeline Summary</u> – A total of 169 schemes have been identified across all areas of the organisation. The current values identified against 24 schemes totals £12.5m with a further 22 schemes with an estimated value of £3m which are subject to further scoping by the service and finance teams. An ICB pipeline is being developed from sharing ideas with colleagues at neighbouring Trusts.</p> <p>J Dunn queried if the £17m was deliverable and asked if there was potential to increase this. D Gritton felt that there was potential in the pipeline but that numbers are to be confirmed. J Dunn informed the Committee that the Trust was aiming to achieve £20m with a £17m shortfall.</p> <p>L Cowley queried if schemes had been identified via medicines management. L Cowley also asked if dates could be added to the pipeline to identify when a scheme was generated, what progress has been made during that time and how the scheme has been prioritised. D Gritton confirmed that work was progressing with Gastro and Rheumatology biosimilar. Ophthalmology biosimilar needs further action to progress. K Stringer suggested escalating to Executive Directors for further support if required.</p> <p>J Dunn noted for Board. The Committee noted the report.</p>	
086.06	<p><u>Outpatient Transformation</u> – The Trust acknowledges the need to undertake an Outpatient Transformation Programme and recognises that it will require a cultural shift by all the professions concerned and a commitment to change. Clinical Leads have been identified to support the Outpatient Transformation and 26 week Rapid Transformation Initiative. A meeting took place on 9th August 2023 to confirm aims, priorities and to share learning in conjunction with the Trust QI Clinical Lead.</p> <p>Next steps will involve engaging with the Primary Care Networks to support primary and secondary pathway development, including improved A&G utilisation and to agree a forum for the Outpatient Transformation Programme to be presented and to ensure the necessary engagement. There will be continued use of the text messaging service to support ongoing validation of the Trust waiting list and consideration will be given to introducing a regular process to text patients at a certain point on the waiting list.</p>	
087/2023	Board/Pre-Board Approval Reports	
087.01	<p><u>Microsoft Office 365 N365 (REAF 1211)</u> – This report recommended the award of a contract for the supply of Microsoft Office 365 (N365) to Specialist Computer Centres Ltd at a total 5-year value of £1,634,201 which is part of a national deal. The value is based on current requirements and costs will vary throughout the contract due to variations in the numbers of users. The proposed contract will begin 3rd September 2023 subject to approval. K Stringer highlighted a £100k cost pressure against licences. K Stringer informed the Committee that costs are likely to reduce over years 3 – 5 if the Trust moves to a web based model.</p> <p>The Committee endorsed the business case to be submitted to Trust Board Chair for approval.</p>	
088/2023	Governance	

088.01	<p><u>Objective Setting</u> – T Shayes stated that the Annual Plan has now been agreed and that objectives will be allocated to the NEDs who Chair the Committee Meetings.</p> <p>S Evans informed the Committee to ensure consistency across the 4 Trusts share and learn sessions have been arranged with the Chairs for the Finance & Productivity Committee Meetings. In addition all 4 Trust Boards are being asked to develop similar performance reporting. Discussions have taken place with Executive Directors. A proposal has been put forward to split the performance report across the 4 strategic aims; care, colleagues, collaboration and communities. S Evans stated that he will submit a proposal to the Committee once it is ready to progress.</p>	
088.02	<p><u>Review Terms of Reference (ToR) for Financial Recovery Group</u> – The Committee asked for the Performance & Productivity Committee title to be updated within the ToR but agreed the revised ToR pending the changes.</p>	
089/2023	Reports to Note	
089.01	<p><u>NHSI Monthly Return</u> – The report was noted.</p>	
089.02	<p><u>Annual Work Plan</u> – The work plan was noted.</p>	
089.03	<p><u>Capital Report</u> – The report was noted.</p>	
089.04	<p><u>Supplementary Finance Report</u> – The report was noted.</p>	
089.05	<p><u>Temporary Staffing Dashboard</u> – The report was noted.</p>	
089.06	<p><u>High Value Contract Report</u> – The report did not contain any additional business cases for submission over the next 3 month period. The following business cases were deferred from this meeting and will be discussed at next month’s meeting:</p> <p>REAF 1191 Car Parking & Security Services REAF 1320 Renewal of 5 year Resmed contract to supply sleep therapeutics and Consumables</p>	
090/2023	Any Other Business	
090.01	<p><u>Meeting Reflection</u> – Nothing further raised.</p>	
090.02	<p><u>CEO Highlights</u> – Nothing further raised.</p>	
091/2023	Date and Time of Next Meeting	
	<p>The next meeting is scheduled to take place on 20th September at 8.30am via MSTeams. Please ensure that all reports are emailed in pdf format to claire.richards12@nhs.net by 12noon on Friday 15th September.</p>	

Minutes of the Trust Management Committee

Date 21/07/2023
Time 13:30 - 14:30
Location MS Teams Virtual Meeting
Chair Gwen Nuttall
Attendees: Suneta Banga, Dr Odum, Adam Race, Matthew Reid, Kate Shaw, Andrew Morgan, Damian Murphy, Sara Eacopo, Nicki Ballard, Prof. Loughton, Radhika McCathie, Sally Evans, Debra Hickman, Angela Davis, Magdalena Zajac, Tracy Palmer, Doreen Black, Pauline Boyle, Lewis Grant, Dr McKaig, Natalie Whitton, Gwen Nuttall, Baldev Singh, Jodie Kirby-Owens, Gus Miah, Nick Bruce, Alison Bowling, Cody Long, John Murphy, Shyam Menon, Timothy James, Keith Wilshire, Beverley Morgan, Timothy Shayes, James Green, Martina Morris, Leslie Rosalind

Prof. Loughton said Ms Nuttall was to Chair forthcoming RWT TMC meetings on behalf of Prof.Loughton

- 1 **Apologies for absence: Kevin Stringer, Mark Greene, Lindsay Ibbs-George, Louise Nickell, Stew Watson, Simon Evans, Sian Thomas, Ananth Viswanath, Katherine Cheshire, Cathy Higgins.**
- 2 **Declarations of interest**
Ms Nuttall confirmed there were no new or changed Declarations of Interests to those published.
- 3 **Minutes of the meeting of the Trust Management Committee held on 30 June 2023**
Resolved: that the minutes were approved.
- 4 **Matters arising from the minutes**
Ms Nuttall confirmed there were no matters arising from the minutes.
- 5 **Action Points list**
 1. **Representation for the BCPS report.**
Action item: *Mr Grant to ensure there was representation for the BCPS report at the next TMC meeting.*

It was confirmed Katy New was to present the BCPS report for forthcoming meetings.
Resolved: the action be closed.
 2. **Overspend on staff sickness.**
Action item: *Mr. Greene to provide information on the overspend for staff sickness to Ms. Hickman.*

Mr Greene confirmed the information had been forwarded to Ms Hickman.
Resolved: the action be closed.

6 Key Current Issues/Topic Areas

6.1 Digital Services - Deloittes Presentation

Mr Gus provided an update on the potential use of digital technologies in health services to solve issues faced by all Trusts. Mr Bruce asked how triage information might be captured and how patient information was recorded. Mr Gus said the technology centre 'content guru' used a single record that joined up records from General Practice, 111 services etc. Mr Bruce said he was interested in more information, such as connecting to the IT infrastructure and access point.

Ms Boyle asked about the research and the standard assessment criteria related to outcome, safety and satisfaction. Mr Gus said all technologies had been applied to NHS which will join in with AI. Ms Nuttall said there was interest in future meetings with Mr Gus and she suggest formed part of the RWT Innovation Group future agenda.

Resolved: the Report was received and noted

7 Elective Care Recovery

Mr Shayes highlighted the continued rise in waiting lists due to the transfer of Urology patients in Walsall and following the recent industrial actions. He said the financial value was therefore lower. He referred to the value weighted activity plan that had increased from 103% to 107.3% and contributed to the financial recovery position. He said performance had been pushed back to July due to industrial actions. He said there had been 39 breaches in June and an expected 50 in July. Mr Shayes highlighted challenges in Urology, Gynaecology and General Surgery.

Resolved: the Report was received and noted

8 By Exception Papers - none this month

9 Monthly Reports

9.1 Integrated Quality and Performance Report

Ms Hickman highlighted the ongoing work around *C-diff*. She noted that of all reported incidents in a month, 2 had evidence of transmission the rest were isolated cases. Ms Hickman said the vacancy positions remain low and nurse sensitive indicators stable. However, it should be noted that although vacancy rates were low a number of these staff are still in the recruitment pipeline. She said there were no medication incidents resulting in serious harm.

Ms Nuttall said the two greatest difficulties were in non-obstetrical ultra-sound and cystoscopies. She said Emergency Department (ED) ambulance handover performance remained within the national standard of the 4-hour target. She mentioned the cancer and cancer metrics remain in 'tier 2' nationally, where the waiting time for treatment was 62 days. She highlighted challenges around urology, renal tumours, and prostate cancer and said the Trust had achieved the national metrics for faster diagnosis standards at the end of June.

Resolved: the Report was received and noted

9.2 Division 1 Quality, Governance and Nursing Report

Ms Black said there had been an improvement with the overall vacancy rate within the Division and in June the number of staffing related incidents had reduced to the lowest in 12 months.

Resolved: the Report was received and noted

9.3 Division 2 Quality, Governance and Nursing Report

Ms Morgan highlighted challenges and a review of the push model. She said the division had built procedures and indicators, shared with staff and reviewed by the governance team.

Ms Hickman said incidents had to be monitored as part of the governance framework and managed in an effective manner.

Resolved: the Report was received and noted

9.4 Division 3 Quality, Governance and Nursing Report

Ms Ballard highlighted the divisional risk regarding staffing. She mentioned 1 *C-diff* case on A21 Paediatrics and the first Grade 4 pressure ulcer this year, reported as a serious incident.

Resolved: the Report was received and noted

9.5 Executive Workforce Summary Report

Mr Race highlighted good performance in vacancy management and that retention rates had started to improve after Covid-19. He said there had been challenges with sicknesses and appraisal rates, where the organisation was 5% below meeting the target. He drew attention to the industrial actions position taken by junior doctors and consultants. He said the junior doctor's ballot was at the end of August and if extended, would take the strike mandate to the end of February 2024.

Resolved: the Report was received and noted

9.6 Chief Nursing Officer Report

Ms Hickman said recruitment continued with clinical fellows being the largest pipeline currently, however, the number was being reviewed for a medium to long term strategy and the development of other pipelines. She highlighted the challenges around MCA and the DoLS process being complex and a solution was not straightforward being a quick fix. She said that there had been other key challenges with mental health and safeguarding support needs with the appropriate support and guidance provided.

Resolved: the Report was received and noted

9.7 Finance Position Report

Mr Greene highlighted the Trust was at an overspend of £4.2m which was £768000 worse than expected. He said the year to date deficit was £15.8m. He said each month the Cost Improvement Plan (CIP) would become more challenging and work

was underway with the efficiency team to try and identify further programs. He said work was also planned with the Executives and Divisions around investment bridges to identify any future cost reduction programmes. He said due to the impact of the strike in terms of pay costs, which had been backfilled in month 3, was approximately £430,000 and the year to date was just under £1.4m.

Ms Nuttall mentioned 2 further days of strikes were anticipated to take place by Consultants in August.

Resolved: the Report was received and noted

9.8 Capital Programme Update

Mr Greene said there was a programme scheme under £40m in total which included Cannock Elective Hub bid and ongoing work was being undertaken. He also mentioned within the report was an update on the Solar Farm and Wrekin House.

Ms Boyle said RWT, as the host of the Clinical Research Network had submitted a capital funding bid for research equipment and had been awarded of £4m which would not be included in the Capital Resource Limit.

Ms Nuttall provided an update on the Targeted Investment Fund (TIF). She said the Business Case had been produced and shared with the Integrated Care Board (ICB) and NHSE. She said a lot of questions and queries had been raised from NHSE. She said as a result of a national cut in TIF capital funds the business case was due to cost £36m and had lost £6m which had caused a considerable capital challenge which needed to be resolved across the system. She highlighted a £9.5m capital gap on that bid. She said there was a need to ensure all partner organisations were involved in the clinical model and revenue impacts. She said there were queries about the consultation period where work was being undertaken by the Comms team.

Ms Nuttall said 2 GP offices in Cannock had been served notices and had become raised by Staffordshire ICB. She said approval was also required by the various Boards, Walsall Healthcare NHS Trust (WHT), Dudley Group NHS Foundation Trust together with the ICB. She said the scheme needed to go through the national committees in September

Resolved: the Report was received and noted

9.9 Operational Finance Group Minutes

Resolved: the Report was noted.

9.10 Financial Recovery Group Update

Ms Nuttall said the report included an unidentified Cost Improvement Plan (CIP) of £27m and the number was being improved and reduced. She said there was a challenge on the Elective Recovery Fund (ERF). She highlighted challenges around reducing sickness levels and medicine management.

Resolved: the Report was received and noted

10 Statutory or Mandated Reports (1/4, 6 monthly and Annual)

10.1 Midwifery Service Report

Ms Palmer said included within the report were the workforce challenges and the standard levels for staffing level were not being met. She said this was based on the acurity levels. She said a review was being undertaken on the birth rate plus assessment. She said this was due to the small vacancy level and maternity leave which showed a deficit of just under 25 whole time equivalents. She mentioned recruitment had taken place and people were in the pipeline to commence in the Trust in September, October this year.

Ms Palmer finally mentioned a peer review visit took place from the Integrated Care Board (ICB) and positive feedback had been received.

Resolved: the Report was received and noted

10.2 Quarterly Pharmacy and Medicines Optimisation Pharmacy

Ms Davis highlighted two key areas of concern, one being admitted doses of critical medicines. She said in May there were 4800 admitted doses of critical medicines. She said targeted work had been undertaken in 2021/2022 and achieved a reduction in admitted doses and the reduction had sustained but there was not a further reduction. She said the Acute Medical Unit (AMU) had the highest number of admitted doses and focussed work was to be undertaken. She mentioned the second area of concern was medicine storage which was below the standards required by the CQC and the main risk was around regulatory compliance. She said it was on the Trust Risk Register and work was being undertaken with colleagues from the Estates department. She said work was being done with the Trust's Energy Manager in regards of introducing electronic temperature monitoring and cooling into some treatment rooms. She said Medicines Management Summit was planned to take place in September.

She said the Trust received an audit of inpatient paper prescription chart prescribing standards at the Medicines Management Group and the Group was assured of prescribing standards.

Ms Davis said the vacancy rate for pharmacy had been low compared to other organizations within the Black Country and nationally. She said the Trust had 2.3 pharmacy vacancies. She said the Trust had been trying to improve the Electronic Prescribing and Medicines Administration (EPMA) system. She said there were 3 critical issues with the upgrade which remained unresolved by the supplier. She said initially the upgrade was due in July but had been pushed back to September

Resolved: the Report was received and noted

10.3 Patient Experience Report

Ms Dowling highlighted there had been a reduction in complaints received and improved performance in terms of responses for friends and family test.

Resolved: the Report was received and noted

10.4 Mental Health

Ms Kirby-Owens mentioned there was increased acuity for patients attending the RWT with mental health concerns together with more incidents relating to mental health. She said there had been challenges in the Emergency Department (ED) and the Acute Medical Unit (AMU) around young people that had been detained. She said there were also challenges with delivery of external services and delays with access to appropriate care and treatment. She mentioned the team had fully recruited all mental health vacancies and staff received positive feedback.

Resolved: the Report was received and noted

10.5 Revalidation Steering Group

Dr McKaig said the organisation were compliant with all aspects and appraisal rates had been above 99%.

Resolved: the Report was received and noted

10.6 Infection Prevention Report

Mr Reid highlighted the challenges around *C-Diff*. He said high numbers of Carbapenemase Producing Enterobacteriaceae (CPE) cases were seen but the team had assured to find appropriate routes with the processes.

He said there was a suspected case of Middle East respiratory syndrome coronavirus (MERS-CoV) from a patient returning from Dubai and a debrief meeting took place with actions in place.

Resolved: the Report was received and noted

10.7 Safeguarding Children, Adults and Young People in Care Annual Summary Report 2022-2023

Ms Hickman highlighted the launch of the Easy Read letter and thanked all involved. She said there had been an increase in Section 42 Mental Health Act cases, one of the themes relating to discharge and ongoing work was being undertaken. She said the Trust was below the threshold for Level 3 children's safeguarding training, and a review was being undertaken.

Resolved: the Report was received and noted

11 Business Cases

11.1 Division 1

11.1.1 APC Cardiovascular Tilt Monitor Plus Table

Resolved: APC Cardiovascular Tilt Monitor Plus Table was Approved

11.1.2 Gynaecology Community Activity – Health Harmonie Partnership Business Case

**Resolved: Gynaecology Community Activity – Health Harmonie Partnership
Business Case was Approved**

- 11.2 Division 2**
- 11.2.1 NICE TA 629 Obinutuzumab with bendamustine
Resolved: NICE TA 629 Obinutuzumab with bendamustinewas Approved**
- 11.2.2 NICE TA 781 - Sotorasib
Resolved: NICE TA 781 – Sotorasib was Approved**
- 11.2.3 NICE TA 779 Dostarlimab
Resolved: NICE TA 779 Dostarlimab was Approved**
- 11.2.4 NICE TA 772 Pembrolizumab for treating relapsed or refractory classical
Hodgkin lymphoma
Resolved: NICE TA 772 Pembrolizumab for treating relapsed or refractory
classical Hodgkin lymphoma was Approved**
- 11.2.5 NICE TA 766 Pembrolizumab for adjuvant treatment of completely resected
stage 3 melanoma
Resolved: NICE TA 766 Pembrolizumab for adjuvant treatment of completely
resected stage 3 melanoma was Approved**
- 11.2.6 NICE TA765 Venetoclax with azacitidine
Resolved: NICE TA765 Venetoclax with azacitidine was Approved**
- 11.2.7 NICE TA763 Daratumumab
Resolved: NICE TA763 Daratumumab was Approved**
- 11.2.8 NICE TA 687 -Ribociclib with fulvestrant
Resolved: NICE TA 687 -Ribociclib with fulvestrant was Approved**
- 11.2.9 NICE TA683 Pembrolizumab with pemetrexed and platinum chemotherapy
Resolved: NICE TA683 Pembrolizumab with pemetrexed and platinum
chemotherapy was Approved**
- 11.2.10 NICE TA 651 Naldemedine
Resolved: NICE TA 651 Naldemedine was Approved**
- 11.2.11 NICE TA 641 Brentuximab vedotin
Resolved: NICE TA 641 Brentuximab vedotin was Approved**
- 11.2.12 NICE TA 761 Osimertinib
Resolved: NICE TA 761 Osimertinib was Approved**

- 11.2.13 NICE TA 780 Nivolumab with ipilimumab**
Resolved: NICE TA 780 Nivolumab with ipilimumab was Approved
- 11.2.14 NICE TA 691 Avelumab for untreated metastatic Merkel cell carcinoma**
Resolved: NICE TA 691 Avelumab for untreated metastatic Merkel cell carcinoma was Approved
- 11.2.15 NICE TA 740 Apalutamide with androgen deprivation therapy**
Resolved: NICE TA 740 Apalutamide with androgen deprivation therapy was Approved
- 11.2.16 NICE TA 642 Gilteritinib for treating relapsed or refractory acute myeloid leukaemia**
Resolved: NICE TA 642 Gilteritinib for treating relapsed or refractory acute myeloid leukaemia was Approved
- 11.3 Division 3**
- 11.3.1 NICE TA 02997 Drug and NICE TA 791 Romosozumab for treating severe osteoporosis Technology appraisal guidance**
Mr Shayes said the the prescription element was approved and there was a query relating to cost of staffing which had gone back to the Division
Resolved: the business case was noted
- 11.4 Corporate**
- 11.4.1 Outline Business Case Imaging and Information Sharing**
Resolved: Outline Business Case Imaging and Information Sharing was Approved.
- 12 Outline/proposals for change – none this month**
- 13 Policies/Strategies**
- 13.1 Policies, Procedures, Guidelines and Strategies Update**
- 13.1.1 GDL08, Parkinson's Disease Guideline**
Resolved: GDL08, Parkinson's Disease Guideline was Approved
- 13.1.2 IP10, Isolation Policy for Infectious Diseases**
Resolved: IP10, Isolation Policy for Infectious Diseases was Approved
- 13.1.3 CP54, Supervision Policy**
Resolved: CP54, Supervision Policy was Approved
- 13.1.4 SOP06, Corporate Records Management Procedure**
Resolved: SOP06, Corporate Records Management Procedure was Approved

14 Any new Risks or changed risks as a result of the meeting

None were identified.

15 AOB

1. Mr Singh mentioned the Deloitte Presentation and encouraged staff to talk to the Innovation and Digital team at the Trust as there was a team at RWT and WHT who could give expert advice and clear guidance on matters.

16 Date and time of the next meeting 22 September 2023

Minutes of the Audit Committee

DATE Friday 26 May 2023
VENUE MS Teams Virtual Meeting
TIME 10.30 am

PRESENT

Ms Julie Jones Non-Executive Director (Chair)
 Professor Louise Toner Non-Executive Director

IN ATTENDANCE

Mr Kevin Stringer Group Chief Financial Officer and Deputy Chief Executive
 Mr James Green Interim Finance Director
 Mr Mark Greene Deputy Chief Financial Officer
 Mrs Michelle Collins Head of Financial Governance and Transactions
 Mr Paul Smith (part) Head of Security and Car Parking/LSMS
 Mr Mike Gennard Partner RSM
 Mr Asam Hussain RSM – Internal Audit
 Mr Bradley Vaughan (part) RSM – LCFS
 Mrs Sarah Brown KPMG – External Audit
 Mrs Katie Henry KPMG – External Audit
 Mr Kevin Bostock (part) Group Director of Assurance
 Ms C Long (part) Group Deputy Director of Assurance
 Mr Nathan Joy-Johnson (part) Group Director of Procurement
 Ms Tina Faulkner (part) Head of Communications/ICC Information Officer
 Mrs Anne-Louise Stirling Personal Assistant to Group Chief Financial Officer and Deputy Chief Executive (Administrator for the Committee)

Item No		Action
25/2023	Apologies for Absence Mr John Dunn, Mr Simon Evans, Mr Keith Wilshere, Ms Erin Sims, Ms Samantha Bostock	
26/2023	Minutes of the Previous Meeting The minutes of the Audit Committee meeting held on the 9 February 2023, were reviewed, and approved by the committee.	
27/2023	Matters Arising There were no matters arising.	

Item No		Action
28/2023	<p><u>Audit Committee Action Points Log</u></p> <p>The committee reviewed the list of Action Points and agreed upon, which items had been actioned and could be closed.</p>	
29/2023	<p><u>Declarations of Interest</u></p> <p>No interests were declared.</p>	
30/2023	<p><u>Quality Governance Assurance Committee (QGAC)</u></p> <p>L Toner updated members of the committee on areas of interest following the last QGAC meeting.</p> <p>L Toner advised that there were no areas raised at QGAC that required escalation to Audit Committee. She advised that the committee remained concerned in relation to the Cancer Improvement Plan, the 62 day waits which had been problematic prior to Covid. Of note was that the Trust had gone into Level 2 scrutiny in relation to two elements of the 62 day wait - 'waiting list and chemotherapy'. It was noted that the committee had concerns regarding the financial situation and the potential impact on quality of services and would therefore be keeping a watching brief.</p> <p>RESOLVED: The Chair thanked L Toner for the update on issues of note arising from the business of QGAC.</p>	
31/2023	<p><u>Finance and Performance Committee (P&FC)</u></p> <p>In the absence of J Dunn, K Stringer updated members of the committee on areas of interest following the last P&FC meeting.</p> <p>K Stringer advised members that the P&FC had discussed in detail the financial plan; the month 1 report and contracts in particular the contract for Cannock Theatres. He reported that there were concerns over the month 1 position not being where it should be and concern around the cost improvement programme, but confirmed that this will be raised by J Dunn in his Chair's report to the Board.</p> <p>K Stringer informed members that there was a detailed discussion regarding the Renal Contract being in place without Board approval. It was noted that an investigation had been undertaken by J Green and that the findings would be presented to a future meeting of the committee for consideration as to whether further investigation and action should be taken by Internal Audit.</p> <p>K Stringer advised that the other area of discussion was the Business Case that had been put in place for Cannock Theatres and the challenge around the level of capital investment. He advised that J Dunn's view was that this was not ready for Board discussion in early June as planned. Therefore, he had requested a separate topic specific discussion on Cannock Theatres with members of the P&FC, but advised that the invite may be extended to other Non-Executive Director colleagues to facilitate a full understanding of the issues and challenges prior to presentation at Board.</p>	<p>K Stringer/ J Green</p>

Item No		Action
	<p>The Chair advised that she had spoken with J Dunn around the awarding of the Renal Contract and had sight of J Green’s report and understood that the report would be transposed into a detailed action plan with responsibilities and time scales, which would be presented to a future committee meeting.</p> <p>Referring to the Internal Audit review of ‘<i>private sector contracts</i>’, the Chair noted that many of the recommendations were aligned in many areas with the issues relating to the Renal Contract. She advised that there may be merit in Internal Audit following up their ‘<i>private sector contract</i>’ review to cover off the items in the action plan and thus giving assurance to the committee.</p> <p>J Green addressed the committee regarding the Renal Contract and the review of the circumstances surrounding the service commencement prior to final governance approval in February 2023. In particular a full DPIA was not completed ahead of the service commencing due to timescale and therefore, this had resulted in some risk having to be managed by the Trust. Members noted that the DPIA had since been taken to a meeting on the 27 April 2023 where a few items were noted as needing attention and would be presented again to the next meeting to get full assurance following which a full DPIA would be in place.</p> <p>The Chair thanked K Stringer and J Green for the update to the committee.</p> <p>RESOLVED: The Chair advised that the issues regarding the Renal Contract would be addressed at the next committee meeting in September.</p>	<p>Agenda Item September meeting</p>
32/2023	<p><u>Trust Management Committee (TMC)</u></p> <p>K Stringer updated members of the committee on areas of interest following the last meeting of TMC.</p> <p>He advised that the main area of discussion focused on elective care recovery in particular the 78-week target, which unfortunately had not been achieved at the end of March mainly due to strike action. This was now being addressed and navigated to get back on track and would be reported to Board in due course.</p> <p>K Stringer advised that with the above exception it was a standard agenda and reports with nothing further to escalate to the committee.</p> <p>RESOLVED: The Chair thanked K Stringer for the update on issues of note arising from the business of the TMC meeting.</p>	
33/2023	<p><u>Board Assurance Framework (BAF) plus Collaborative Work with Walsall and BAF Risks</u></p> <p>K Bostock addressed members of the committee advising them of the ongoing work associated with the BAF.</p> <p>Members noted that the BAF was presented for information purposes.</p> <p>K Bostock advised that the BAF was currently transitioning from the previous model to a new refreshed model and that the Risk Register process was also being reviewed and aligned with a new process that had been implemented at Walsall.</p>	

Item No		Action
	<p>The Chair advised the committee that a discussion regarding the 'cost improvement programme' had taken place at QGAC on Wednesday 24th and concerns raised as to how the programme would manifest itself and feed into risks identified on the Risk Register.</p> <p>RESOLVED: The committee noted the detail of the BAF.</p>	
34/2023	<p><u>Security Report</u></p> <p>P Smith presented the quarterly progress report on security issues within the Trust to members of the committee.</p> <p>Members were updated on the security upgrade and the continuing work with the onsite service provider for CCTV maintenance. It was noted that some artificial intelligence cameras had been installed at the hospital main entrances which enabled security staff to search for an individual via clothing type.</p> <p>P Smith referred to the car parking income data and in particular the tender exercise that had been completed and awarded for a new public parking system across the hospital site and confirmed that work on the upgrade would commence on the 12 June. He advised members that the new equipment would facilitate the public being able to pay on exit and also facilitate those members of the public who receive free parking to scan documentation at the exit also.</p> <p>It was noted that additional funding for VI practices had been secured within the quarter to improve security, facilitating links to a central control room on the New Cross Hospital site. This also included additional CCTV and intruder alarms at identified practices.</p> <p>L Toner referred to page 3 of the report in relation to money from the CCG to implement and improve security in some of the Community sites and enquired how many sites would not be covered due to insufficient funding. P Smith advised that the community buildings owned by the Trust were already covered and explained that the additional funding of £45,000 for security was solely for VI practices. It was noted that a number of VI practices were covered, but there would be additional ones that weren't, but an exact number currently was hard to calculate. In addition, P Smith reported that a business case had been submitted for a Community Security Response Team due to the increasing number of incidents occurring at Community premises. This service would initially have to be funded from the Trust with the intention of selling the service on to neighbouring organisations to create additional revenue.</p> <p>K Stringer raised the car parking challenges faced by staff and asked when the new system would go live, thus creating additional capacity on site. P Smith responded that the new system would solely be for public consumption and not staff. However, work had commenced with Estates to create additional areas where staff could park due to ongoing building work on the site and additional areas off site for staff parking was also being explored.</p> <p>RESOLVED: The committee thanked P Smith for the progress report on security issues within the Trust.</p>	

Item No		Action
35/2023	<u>RSM - Internal Audit and Counter Fraud</u>	
35.1	<p><u>Internal Audit Progress Report (including update on Recommendation Tracking)</u> A Hussain presented the progress report to members of the committee for their information.</p> <p>It was noted that since the last meeting of the committee four Internal Audit reports had been issued three of which were finalised, as follows: -</p> <ul style="list-style-type: none"> • Private Sector Contracts (5.22/23): Reasonable Assurance (Final); • Research and Development: Local Clinical Research Network (LCRN) (9.22/23): Advisory (Final); • Data Security Protection (DSP) Toolkit (10.22/23): Overall risk assurance across all 10 NDG standards: Moderate / Confidence level of the independent assessor in the veracity of the self-assessment: Medium (Final); and • Board Assurance Framework (BAF) and Trust Risk Register (TRR) (11.22/23): Substantial Assurance (Draft) <p>Referring to the draft BAF report A Hussain confirmed to members that this was a <i>‘positive opinion with substantial assurance’</i> and was currently with K Wilshere for review purposes and would be finalised once the factual accuracy had been completed.</p> <p>A Hussain advised members that since the progress report had been issued the evidence had been received for the <i>‘financial sustainability follow up review’</i> which facilitated three of the actions to be closed off and two of the actions issued with a revised date. It was noted that this work would be concluded over the next couple of weeks and would complete the delivery of the plan.</p> <p>Referring to the recommendation tracking section of the report A Hussain reported that of the 24 outstanding actions only eight now remained outstanding. It was noted that of the eight some of the actions linked to the Ophthalmology audit, which along with the Chief Operating Officer a revisit of the action implementation dates would address a number of those actions.</p> <p>The Chair thanked A Hussain and A L Stirling for the work that was undertaken in ensuring the outstanding actions were addressed and actioned. She implored that Executive Director colleagues encourage their staff to address actions assigned to them and reduce the time A L Stirling spent chasing managers to update their assigned actions.</p> <p>RESOLVED: The committee noted the detail of the Internal Audit Progress Report.</p>	
35.2	<p><u>Internal Audit Report 5.22/23 - Private Sector Contracts</u> The committee noted the findings of the audit review of Private Sector Contracts.</p>	
35.3	<p><u>Internal Audit Report 9.22/23 - Research and Development - Local Clinical Research Network</u> The committee noted the findings of the Internal Audit advisory review of Research and Development.</p>	
35.4	<p><u>Internal Audit Report 10.22/23 - Data Security and Protection (DSP) Toolkit</u> The committee noted the findings of the audit review of the Data Security and Protection (DSP) Toolkit.</p>	

Item No		Action
35.5	<p><u>Draft Internal Audit Plan 2023/34 and Strategy 2023/24 – 2026/27</u></p> <p>A Hussain presented the draft Internal Audit Plan to members of the committee for their approval.</p> <p>A Hussain advised that the draft Audit Plan had been developed in conjunction with the Executive Team and the final list presented for the committee’s approval had been pared back to provide a varied mix of areas along with the “must do areas” of the Trust that linked into the Head of Internal Opinion.</p> <p>The Chair asked K Stringer in view of the plan being adapted to fit within the set financial envelope of agreed days was there any areas of concern that would have been looked at if the days had been available. K Stringer advised that he was not aware of any areas of risk and confirmed that there was always the caveat to put additional days into the plan as the year developed if a particular risk or area came to light. He assured the committee that the plan presented was a balanced plan of risk versus finance.</p> <p>RESOLVED: The committee approved the draft Internal Audit Plan.</p>	
35.6	<p><u>Draft Annual Internal Audit Report for 2022/23 including Head of Internal Audit Opinion (HoIA)</u></p> <p>M Gennard presented the draft Annual Internal Audit Report including the HoIA to members of the committee.</p> <p>M Gennard advised that the opinion was a positive opinion for the year illustrating that the Trust had an adequate and effective framework for risk management, governance, and internal control. In relation to the Annual Governance Statement there was nothing of significance to be included, but advised that the Trust may consider recording some areas that had a slightly less than positive assurance around the Ophthalmology Business Case and Bank and Agency, but reiterated this would be discretionary.</p> <p>The Chair thanked M Gennard for a position opinion with only a couple of minor negative assurances. Referring to the performance indicators section of the report she advised that an average of 26.8 days for management responses to be received was too long particularly in relation to some high-risk items and queried the reasons behind the delay. M Gennard advised that the management actions and the agreed approach were agreed before reports were released and it would be unusual for changes to be asked to be made once the report had been released. He confirmed that some of the reports had been complex, multidisciplinary areas and therefore the response time had taken a little longer, but overall concluded that response times could be sharper. As an assurance measure going forward M Gennard advised that in the progress report presented to the committee an explanation would be added to explain the delay to give a more balanced view.</p> <p>K Stringer concurred with the Chair and M Gennard, but advised that post covid workload was extreme and the plan had contained some contentious areas. However, going forward suggested that if a particular response was proving lengthy to advise and he would be more than happy to offer to help to find a way forward through the issue. M Gennard thanked K Stringer and advised that this would be a positive approach.</p> <p>The Chair thanked M Gennard and A Hussain for a very comprehensive summary report, which reinforced the committee’s view of the last year.</p>	<p>RSM</p>

Item No		Action
35.7	<p>RESOLVED: Members of the committee noted the Annual Internal Audit Report.</p> <p><u>Local Counter Fraud Specialist (LCFS) Progress Report</u> B Vaughan presented the LCFS Progress Report to members of the committee.</p> <p>B Vaughan referred to page 2 of the report advising that the submission of the Counter Fraud Functional Standard Return ahead of the deadline of 31 May 2023 had resulted in an overall green rating and three amber ratings. He advised that following discussion with K Stringer work with the Trust will continue to ensure that the three amber ratings are improved to a green rating.</p> <p>Continuing on page 2 of the report B Vaughan referred to the Counter Fraud Culture survey which had been shared across the Trust to assess levels of staff awareness in relation to fraud and bribery. He advised that the survey was still open via the QR code in the report and encouraged completion to increase the current response rate of 153.</p> <p>Members noted that there were six investigation cases open and ongoing with two new referrals having been received since the last Audit Committee meeting in February and three referrals had been closed with no further action since the February meeting of the committee.</p> <p>RESOLVED: Members of the committee noted the LCFS Progress Report.</p>	
35.8	<p><u>Counter Fraud Annual Report: Year ended 31 March 2023</u> B Vaughan presented the Counter Fraud Annual Report to the committee.</p> <p>It was noted that the report summarised the detail presented in the progress reports during the year to the committee with the detail demonstrating the breadth of the work undertaken.</p> <p>Referring to page 3 of the report, B Vaughan referred to the headings '<i>Audit Committee Considerations</i>' and '<i>Key Messages</i>'. He advised that there were two key questions for the committee to consider, firstly is "the Audit Committee content that there is a strong anti-fraud culture within the Trust and the tone is set from the top?" and secondly, is "the Audit Committee satisfied that there is an effective fraud risk management programme in place to identify and manage the risk of fraud?"</p> <p>B Vaughan referred to page 7 of the report '<i>Compliance against Government Functional Standard 013</i>', and the declaration section which required K Stringer to sign off as the Accountable Board member. It was noted that it was a requirement for as and when the Counter Fraud Authority did undertake an assessment of the Trust that an actual signature was on the document despite sign off on the portal. K Stringer acknowledged the process and agreed to arrange for his signature to be added to the appropriate page.</p> <p>K Stringer referred to the '<i>Functional Standard Return</i>' and enquired with regard to the green and amber ratings the Trust had received if it was typical when compared to other similar sized organizations. B Vaughan confirmed that with regard to the return the Trust was typical in terms of not just the West Midlands, but the wider patch.</p>	<p>K Stringer</p>

Item No		Action
	<p>K Stringer referred to the number of fraud issues being raised by staff compared to the number of actual cases of fraud being secured following investigation. He advised that in reviewing the detail of individual cases and reading the closure reports it was evident that some cases were passed to HR for further investigation or in some instances staff members when challenged would leave the Trust. B Vaughan confirmed that it was a good facet that the Trust was receiving a number of referrals as it proved that the level of engagement of staff was high. In terms of the level of investigations he advised that some cases did not merit further investigation and it was more beneficial for the Trust to deal with them.</p> <p>The Chair thanked the RSM team for ensuring that the <i>Counter Fraud Functional Standard Return</i> was submitted ahead of the deadline of 31 May 2023. She noted that some of the Standards were borderline green and agreed that with the additional work this year it was promising that next year's standards would all be green.</p> <p>Referring to the two questions posed by RSM the Chair referred to the first question "<i>Audit Committee content that there is a strong anti-fraud culture within the Trust and the tone is set from the top?</i>" She advised that the resource of evidence for the committee was based on the informed view from Internal Audit, LCFS and External Audit and the committee's view would be based on the information received. She further added that from the information received it would suggest that there was a strong culture. L Toner concurred with the Chair.</p> <p>Turning to the second question posed to the committee, "<i>is the Audit Committee satisfied that there is an effective fraud risk management programme in place to identify and manage the risk of fraud?</i>" The Chair concurred that some negative assurance could be implied from the fact that no one on the committee was dissatisfied. L Toner concurred with the Chair.</p> <p>B Vaughan thanked the committee for their consideration and attention to the Annual Report and in particular the two questions put forward for consideration.</p> <p>RESOLVED: The committee noted the detail of the Counter Fraud Annual Report.</p>	
36/2023	<p><u>Annual Report 2022/23 (Annual Governance Statement 2022/23 included in Annual Report)</u></p> <p>T Faulkner presented the draft Annual Report 2022/23 to members of the committee for approval.</p> <p>She advised members that this year's production of the Annual Report had been over seen by the Communications Department. Members noted that the report presented was a very much work in progress document and that further changes and updates were yet to be made.</p> <p>The Chair thanked T Faulkner for the work undertaken to date to produce the Annual Report and acknowledged that work was still ongoing. She pointed out that some areas of the report needed refining and changing which T Faulkner noted and advised that these amendments would be made.</p> <p>T Faulkner advised that a final version would be presented to both Walsall and Wolverhampton Board meetings in early June. Following this the design for the public facing version would be developed, but the content would not change following Board approval.</p>	

Item No		Action
	RESOLVED: Members of the committee approved the Annual Report 2022/23.	
37/2023	<p><u>Annual Accounts 2022/23</u></p> <p>K Stringer presented the Annual Accounts 2022/23 to members of the committee. He advised that the ISA 260 presented by KPMG confirmed that the accounts were true and fair and that the External Auditors intended to issue an ‘<i>unqualified opinion</i>’.</p> <p>It was noted by the committee that the Trust had achieved all of its key statutory standards and targets for external financing limit; CRL and the breakeven duty. K Stringer advised members that the surplus in the Annual Accounts showed significant millions, however the actual breakeven when donated monies for sustainability and carbonisation were removed illustrated that the breakeven surplus for the Trust was around £90,000 and advised that this was a good performance in a very challenging year.</p> <p>M Collins referred to the supporting papers to the accounts agenda items 15 – 21. She advised that the only major change that the committee needed to be advised of since the production of last year’s accounts was the implementation of IFRS 16 across the NHS from the 1 April 2022.</p> <p>K Stringer thanked M Collins and the finance team for their hard work in producing the Annual Accounts and associated reports.</p> <p>RESOLVED: Members of the committee approved the Annual Accounts 2022/23, and it was noted that they would be presented to the June meeting of the Board for final approval.</p>	
38/2023	<p><u>Financial Summary of year ended 31 March 2023 based upon Annual Accounts Submission</u></p> <p>K Stringer presented the Financial Summary to members of the committee explaining this provided the detail of any comparisons and explanations of the key variances in the Annual Accounts.</p> <p>RESOLVED: The committee noted the detail in the Financial Summary.</p> <p>The Chair asked that it be noted the committee’s thanks to M Collins and the Finance team for all the hard work in producing an excellent set of supporting papers to the Annual Accounts.</p>	
39/2023	<p><u>Accounting Policies Report</u></p> <p>K Stringer presented the Accounting Policies report to members of the committee for their approval.</p> <p>It was noted by the committee that the report provided detail of the Accounting Policies for adoption for the 2022/23 Trust Accounts.</p> <p>RESOLVED: The committee approved the Accounting Policies report.</p>	

Item No		Action
40/2023	<p><u>Going Concern</u></p> <p>K Stringer presented the Going Concern position statement for 2022/23 to members of the committee for their information. After consideration of the detail in the report members agreed with the conclusion of the report that the Trust was a Going Concern.</p> <p>RESOLVED: The committee endorsed the Trust as a Going Concern.</p>	
41/2023	<p><u>Events After the Reporting Period</u></p> <p>M Collins presented to members of the committee the Events after the Reporting Period report.</p> <p>It was noted by the committee that under International Financial Standards the Trust was required to consider and determine whether the financial statements required an adjustment as a result of events occurring after the reporting date.</p> <p>The Committee noted the contents of the report and approved the conclusion that the Trust had no events after the reporting period which required the financial statements to be adjusted.</p> <p>RESOLVED: The committee noted and approved the detail in the report.</p>	
42/2023	<p><u>Accounting Treatments Report</u></p> <p>M Collins presented the Accounting Treatments report to members of the committee.</p> <p>Members of the committee noted the key 2022/23 accounting treatment changes due to the change in NHS national financial regime during the Covid-19 pandemic and changes in legal case law.</p> <p>RESOLVED: The committee noted the detail in the report.</p>	
43/2023	<p><u>Sensyne Accounting Treatment Report</u></p> <p>M Collins presented to members of the committee the Sensyne Accounting Treatment Report.</p> <p>Members were updated on how the Sensyne Shares, which were awarded on 4th May 2021 to the Trust were to be treated for accounting purposes for the year end 31 March 2023.</p> <p>RESOLVED: The committee noted the detail in the report.</p>	
44/2023	<p><u>IFRS 16 Implementation</u></p> <p>M Collins presented to members of the committee the IFRS 26 Implementation Report.</p> <p>Members noted that the report advised on how the Trust had implemented the new accounting standard, IFRS 16, Leases from 1st April 2022 and reiterated some of the detail presented to the committee previously in February 2022.</p>	

Item No		Action
	<p>RESOLVED: The committee noted the detail in the report.</p>	
45/2023	<p><u>Revaluation of Assets 2022/23</u> M Collins presented to members of the committee the Revaluation of Assets Report.</p> <p>It was noted that a desktop revaluation of the assets had been completed, which explored and challenged the assumptions made by the valuer (Avison Young) in their valuation report of the Trust’s assets. Thus, ensuring the accounts reflected a valuation for its PPE which was materially correct.</p> <p>RESOLVED: The committee noted the detail in the report.</p>	
46/2023	<p><u>External Audit – KPMG</u></p> <p>46.1 <u>Year End Report 2022/23 - ISA 260</u> S Brown and K Henry presented the ISA 260 to members of the committee detailing the findings of the External Audit review.</p> <p>Referring the committee to page 5 of the report K Henry advised that this section of the report detailed the summary of findings and progress of the audit to date. She further advised that the areas of audit that were reported as being outstanding on page 4 had moved on significantly since issuing the report.</p> <p>S Brown referred to page 9 ‘<i>key accounting estimates – overview</i>’ and explained to members of the committee that this had not been a full valuation year (last valuation was 2020/21) it was an indexation year where indexation applied, and other key factors were considered specifically the application of the build cost index of which there had been a slight change in approach this year. K Stringer advised that this was not straightforward and that opinions differed on the professional advice, but reassured the committee that other Trusts were in the same position and therefore it was reassuring that Wolverhampton was not an outlier in this respect.</p> <p>K Henry referred to page 11 – ‘<i>value for money</i>’, and highlighted to members of the committee the table which referred to a possible significant risk within ‘<i>financial sustainability</i>’ as the Trust was in a challenging position as were other neighbouring organisations. However, whilst the risk was included there were no significant weaknesses identified.</p> <p>K Stringer referred to page 12 and advised that whilst it probably was a timing issue the 2023/24 figures needed to be updated. S Brown advised that the figures had been updated in the Annual Report, but acknowledged the figures needed to be updated in the ISA 260.</p> <p>The Chair thanked KPMG for all the hard work along with the Finance Team.</p> <p>RESOLVED: The committee noted the detail and findings in the ISA 260.</p>	

Item No		Action
46.2	<p><u>Draft Representation Letter</u> S Brown presented the draft Representation Letter to members of the committee. It was noted that this was in connection with the audit of the financial statements as at 31 March 2023 and was presented for approval as in previous years.</p> <p>RESOLVED: The committee approved the draft Representation Letter and noted that a signed copy of the letter would be presented to the Trust Board.</p>	
46.3	<p><u>Auditors Annual Report 2022/23 (Draft)</u> K Henry presented the draft Auditors Annual Report to members of the committee.</p> <p>She advised the committee that this particular paper was a public document and would be published on the website alongside the accounts. Members noted that the report replicated findings in the ISA 260 particularly around 'Value for Money'.</p> <p>RESOLVED: Members of the committee noted the detail in the draft Auditors Annual Report.</p>	
47/2023	<p><u>Draft Quality Account 2022/23</u> C Long presented the draft Quality Account 2022/23 to members of the committee for their approval on behalf of K Bostock.</p> <p>She advised the committee that the draft Quality Account had been presented to QGAC prior to today's meeting and would be presented to TMC later today. L Toner confirmed that QGAC had considered the report at its meeting earlier in the week and it had been approved in principle by the committee subject to changes put forward.</p> <p>C Long advised that the document was not yet formatted or presented in its final public presentation form and reported that there was still an opportunity for any comments to be put forward prior to submission to the Board at the beginning of June.</p> <p>The Chair on behalf of the committee thanked the team for the work on the draft Quality Account and approved the report based on the recommendations that had been presented at the meeting.</p> <p>RESOLVED: Members of the committee approved the draft Quality Account 2022/23.</p>	
48/2023	<p><u>Governance Arrangements for ICS and ICB</u> In the absence of S Evans, K Stringer updated members of the committee on areas of interest in relation to the governance arrangement for the ICS and ICB.</p> <p>K Stringer advised that the only area of note to bring to the committee's attention was the Acute collaboration and the formation of a committee in common. It was noted that this would be negotiated through the four boards as to what remit the committee would have. K Stringer confirmed that the terms of reference for the committee were currently being drafted along with the powers and legalities.</p> <p>RESOLVED: The committee noted the update from K Stringer.</p>	

Item No		Action
49/2023	<p><u>Single Tender Waivers – SFI Breaches Report</u></p> <p>N Joy-Johnson presented the Single Tender Actions and Suspension Breaches report to members of the committee.</p> <p>N Joy-Johnson advised members that the report summarised all the single tender waivers and SFI breaches in the last quarter. The total number of Single Tender Waivers actioned for the period was seven and the overall number of Purchase Orders (PO's) that were identified as breaching SFI's in relation to being late or retrospective for the quarter was 0.21%, the average monthly value since recording commenced in August 2022 was 0.20%. It was noted that this was an overall strong performance for the Trust.</p> <p>Members noted the detailed breakdown by Division of the SFI breaches relating to late or retrospective POs. N Joy-Johnson advised that improvements could be made, and work continued with the Finance Team and Divisional colleagues in terms of training awareness and addressing retrospective spends.</p> <p>K Stringer thanked N Joy-Johnson for a comprehensive report and asked given the further discussion with Divisions in relation to contracts for example, the Renal contract if there was anything that needed to be addressed in terms of educating staff and reinforcing processes to be followed. N Joy-Johnson responded that training continued to be rolled out, but in view of the organisation's size it would be inevitable there would be the odd breach. However, going forward any area where there was a breach, he confirmed that contact would be made to the specific individual offender and training identified to avoid future repercussions.</p> <p>The Chair raised the issue of the wording 'retrospective approval' and asked if a different set of words could be used to better reflect the situation, it would also cease the belief that retrospective approvals were an alternative option for staff. N Joy-Johnson, agreed to look into the constitution to ascertain if there was a requirement for retrospective approvals, but would explore the possibility of new wording being applied to cease any confusion that this was a feasible option.</p> <p>The Chair thanked N Joy-Johnson for a very helpful, detailed report which gave assurance to the committee.</p> <p>RESOLVED: The committee noted the Single Tender Actions and Suspension Breaches report.</p>	N Joy-Johnson
50/2023	<p><u>Losses and Special Payments Report</u></p> <p>K Stringer presented the Losses and Special Payments report to members of the committee for their approval.</p> <p>Members were asked to note the detail of write off, authorised within Officers' delegated limits, between the periods 1 January 2023 to 31 March 2023. Additionally, losses individually above £5,000 are referred for authority for write off or payment, in line with SFIs for the period 1 February 2023 to 16 May 2023.</p> <p>K Stringer advised the committee that he would be speaking to the Finance Team to reshape the format of the report for the next meeting of the committee in September.</p>	K Stringer

Item No		Action
	<p>RESOLVED: Members of the Committee approved the detail in the Losses and Special Payments report and approved write-off of debt and other loss, outside Officers' delegated limits. It was noted that this detail would now be presented to the June 2023 meeting of the Trust Board for final approval.</p>	
51/2023	<p><u>Results of the self- assessment of the Committee's Effectiveness Questionnaire</u></p> <p>The Chair referred to the results of the 'self-assessment of the committee's effectiveness questionnaire'. She advised that disappointingly only four responses had been received since the circulation of the questionnaire after the February meeting of the committee.</p> <p>The Chair advised that in relation to Question 6 – '<i>The Committee has made a conscious decision about how it wants to operate in terms of the level of information it would like to receive for each of the items on its cycle of business</i>'. She advised that it would be beneficial to have an informal discussion with K Stringer and members of the committee on how to achieve the right balance in ensuring that as members value could be added to the meeting by receiving the right information and ascertaining if reports could be done more efficiently.</p> <p>Both L Toner and K Stringer concurred with the Chair that recirculating the questionnaire was the best option as it was not possible to make an informed view from the four responses that had been received.</p> <p>Following discussion, it was agreed that due to the poor response that the questionnaire would be circulated again for completion. In particular responses from external bodies to the Trust would be invaluable in comparing how the committee operated compared to other organisations committees.</p> <p>RESOLVED: The 'self-assessment questionnaire' to be recirculated.</p>	<p style="text-align: center;">Chair</p> <p style="text-align: center;">A L Stirling</p>
52/2023	<p><u>Audit Committee Annual Cycle of Business 2023</u></p> <p>Members of the committee reviewed and noted the Annual Cycle of Business workplan for 2023.</p> <p>The Chair reminded attendees that the September meeting would be facilitating the annual private meeting with Internal Audit/External Audit/LCFS the date and time of which had already been circulated.</p> <p>The Chair advised that going forward it would be beneficial to review the workplan and the agenda items being received and establish if they were for noting or approval in order to get a steer as to how much information should be received for each agenda item.</p> <p>K Stringer agreed with this approach and suggested benchmarking the papers against Walsall and Dudley Trusts to establish the governance approach adapted at each organisation. The Chair agreed that this would be a good way forward particularly Dudley's papers as they were not under the same governance as was Walsall and Wolverhampton.</p>	

Item No		Action
	RESOLVED: K Stringer to obtain an example of both Walsall and Dudley Audit Committee agenda and papers.	K Stringer
53/2023	<p><u>Matters for Escalation</u></p> <p>Following discussion by the committee it was agreed that there were no items for escalation arising from the meeting. The Chair concurred that the Renal Contract had been escalated via the P&FC, and would be revisited at the September meeting of the committee to establish progress.</p>	
54/2023	<p><u>Any Other Business</u></p> <p>No additional business was raised by members of the committee.</p>	
55/2023	<p><u>Review of the Meeting</u></p> <p>The Chair reminded members that this was an opportunity to reflect on the business of the committee and consider what as a committee had been done well; what could have been done better and finally if the business of the meeting had made a difference to patients.</p> <p>K Stringer concurred that despite a very lengthy agenda the meeting had been chaired extremely well in view of the volume of papers due to the sign off of the Annual Accounts. He congratulated KPMG and the Finance Team on their hard work which had made discussions easier.</p> <p>Members of the committee agreed that the quality of the papers had ensured the meeting had flowed with no contentious issues in a timely manner and also agreed that it was imperative that the Executive Summaries were well structured and succinct.</p> <p>S Brown advised that the pre audit meeting held with the Chair had proved to be invaluable in order to talk through any issues and suggested this was useful for any future meetings as well where the audit plan and final report were to be presented. The Chair agreed with S Brown that the pre meeting had been very beneficial to the smooth running of the committee meeting.</p>	
56/2023	<p><u>Date and Time of Next Meeting</u></p> <p>12 September 2023</p> <p>2.30 pm private meeting with committee members and Internal Audit/External Audit/LCFS</p> <p>3.00 pm full committee meeting.</p>	
57/2023	<p><u>Future Meeting Dates</u></p> <p>5 December 2023 – 10.00 am (revised date from the 12 December)</p>	