

Bundle Trust Board Meeting to be held in Public 5 April 2023

- 1 09:30 - Chair's Welcome, Apologies and Confirmation of Quorum
Lead: Mary Martin, Deputy Chair
Apologies Received:
Sir David Nicholson, Group Chair
Junior Hemans, Non-Executive Director
Sally Evans, Group Director for Communications and Stakeholder Engagement
In attendance: Stacey Thacker, Associate Head of Midwifery, shadowing Carla Jones-Charles, Director of Midwifery
Lisa O'Brien, Express & Star
- 2 09:32 - Declarations of Interest
Lead: Mary Martin, Deputy Chair
Action: Board members to advise of any conflicts of interest pertaining to any item on the agenda which are not declared on the attached register.
Declarations of Interest - April 2023 - v1.0.pdf
- 3 09:37 - Minutes of the Previous Meeting
Lead: Mary Martin, Deputy Chair
Action: To Approve
Final Draft February Public Board Minutes ES JT 010323 v2.docx
- 4 09:42 - Action Log and Matters Arising
Lead: Mary Martin, Deputy Chair
Action: To receive updates on actions and any Matters Arising
Action items.docx
- 5 09:47 - Trust Values and Nolan Principles
Lead: Mary Martin, Deputy Chair
Action: To Inform
Nolan Principles of Public Life - March 23.docx
- 6 09:52 - Chair's Report - Verbal
Lead: Mary Martin, Deputy Chair
Action: To Inform
- 7 09:57 - Chief Executive's Report
Presenter: Prof. David Loughton, Chief Executive
Lead: Prof. David Loughton, Chief Executive
Action: To Inform
Chief Executive report, 05.04.23.docx
- 7.1 10:02 - Trust Management Committee - Chair's Report
Presenter: Prof. David Loughton, Chief Executive
Lead: Prof. David Loughton, Chief Executive
Action: To Inform
TMC 05.04.23, Report for Trust Board, 23.02.23.docx
TMC 05.04.23, Report for Trust Board, 23.03.23.docx
- 8 10:07 - Joint Steering Group - Chair's Report
Presenter/Lead: Prof. Louise Toner, Non-Executive Director
Action: To Inform
Joint Steering Group Chairs Report - March 23 WHT.pdf
- 9 Provide Safe, High Quality Care (Section Heading)
- 9.1 10:12 - Director of Nursing Report
Presenter/Lead: Lisa Carroll, Director of Nursing
Action: To Inform and Assure
8.2 Front Sheet - Director of Nursing Report.docx
8.2a Don Report Appendix.docx
- 9.2 10:17 - Midwifery Service Report
Presenter: Carla Jones-Charles, Director of Midwifery, Gynaecology and Sexual Health / Joselle Wright
Head of Midwifery, Gynaecology and Sexual Health
Lead: Lisa Carroll, Director of Nursing
Action: To Inform and Assure

Trust Board Report April 2023 v1.docx

BSOTS Audit Results - Quarterley Audit October - Feb 2023 (002).docx

00845 Maternity Outreach Coming Soon Leaflets v4.pdf

- 9.3 10:22 - Patient Experience & Complaints
Presenter: Garry Perry, Associate Director of Patient Relations and Experience
Lead: Lisa Carroll, Director of Nursing
Action: To Inform and Assure
National Survey Update.docx
- 9.4 10:27 - Infection Prevention and Control - Monthly Update
Presenter/Lead: Lisa Carroll, Director of Nursing
Action: To Inform and Assure
8.6 - IPC Report.docx
- 9.5 10:32 - Quality & Patient Safety Strategy
Presenter: Martina Morris, Deputy Director of Nursing
Lead: Lisa Carroll, Director of Nursing & Dr Manjeet Shehmar, Chief Medical Officer
Action: To Approve
Part 1 RWT and WHT TB Q&S Enabling Strategy Summary Paper March 2023.docx
Part 2 RWT and WHT TB Q&S Enabling Strategy MI_11212114_13.03.23_V_0.5.pdf
- 9.6 10:37 - Annual Workforce Safeguards Report
Presenter/Lead: Lisa Carroll, Director of Nursing
Action: To Receive and Approve
8.9 Workforce Safeguards Front Sheet.pdf
Workforce safeguards report for March 2023.pdf
Workforce Safeguards assurance framework action plan March 2023.pdf
- 9.7 10:42 - A Quality Framework (QF) for Nurses, Midwives, Health Visitors, Allied Health Professionals & Pharmacists
Presenter/Lead: Prof. Ann-Marie Cannaby, Group Chief Nurse/Deputy CEO
Action: To Inform
QF WHT TB Front sheet 05.04.23.docx
QF FINAL version TB.pdf
- 10 10:47 - COMFORT BREAK
- 11 Integrated Quality & Performance (IQPR) (Section Heading)
- 11.1 10:57 - Finance and Performance Committee - Chair's Report
Presenter/Lead: Paul Assinder, Chair, Performance & Finance Committee
Action: To Inform and Assure
PFC Chair's Report February 23.docx
PFC Chair's Report March 23.docx
- 11.1.1 Information Pack
TB_202302_PFC.pdf
- 11.2 11:02 - Quality, Patient Experience and Safety Committee - Chair's Report
Presenter/Lead: Dr Julian Parkes, Chair, Quality, Patient Experience and Safety Committee
Action: To Inform and Assure
QPES Chairs Report - Board report 24_3_23.docx
- 11.2.1 Information Pack
TB_202302_QPES.pdf
- 11.3 11:07 - People & Organisational Development Committee - Chair's Report
Presenter: Catherine Griffiths, Chief People Officer
Lead: Junior Hemans, Chair, People & Organisational Development Committee
Action: To Inform and Assure
PODC Highlight Report - February 2023.docx
PODC Highlight Report - March 2023.docx
- 11.3.1 Information Pack
TB_202302_PODC.pdf
- 11.4 11:12 - IQPR - Executive Summary
Presenter: Dan Mortiboys, Interim Director of Finance
Lead: Dan Mortiboys, Interim Director of Finance
Action: To Inform and Assure

- 12 Governance Reports (Section Heading)
- 12.1 11:17 - Audit Committee - Chair's Report
Presenter: Mary Martin, Chair, Audit Committee
Lead: Mary Martin, Chair, Audit Committee
Action: To Inform and Assure
WHT Audit Committee Chairs Reports 06.02.23.docx
- 12.2 11:22 - Covid-19 National Inquiry - Update Report
Presenter: Kevin Bostock, Group Director of Assurance
Lead: Kevin Bostock, Group Director of Assurance
Action: To Inform
WHT Trust Board Covid-19 National Inquiry Update April 2023.docx
Appendix 1 - Precis of Module 3 Preliminary Hearing.docx
Appendix 2 - Module-3-Provisional-Outline-of-Scope-in-English.pdf
Appendix 3 - 2022-11-28 - M3 letter_questionnaire for Trusts_ICBs.pdf
Appendix 4 - WHT Response - Task46464 - Module 3 Public inquiry request for initial information from Trusts.docx
- 13 Care at Home, Work Closely with Partners (Section Heading)
- 13.1 11:27 - Walsall Together - Chair's Report
Presenter: Prof. Patrick Vernon, Chair, Walsall Together
Lead: Prof. Patrick Vernon, Chair, Walsall Together
Action: To Inform and Assure
New template. WTPB highlight report March 2023.docx
- 13.2 11:32 - Care at Home - Executive Report
Presenter: Matthew Dodd, Interim Director of Integration
Lead: Matthew Dodd, Interim Director of Integration
Action: To Inform and Assure
New template. Care at home report March 2023.docx
Appendix 1 Partnership Operational Performance Pack March 2023.pdf
- 13.3 11:37 - Proposed Black Country Integrated Care Board Operating Model for Commencement on 1 April 2023
Presenter: Simon Evans, Group Chief Strategy Officer
Lead: Simon Evans, Group Chief Strategy Officer
Action: To Inform
ICS Update Report April 2023 WHT.docx
- 14 Use Resources Well (Section Heading)
- 14.1 11:42 - Finance Report - Month 11
Presenter: Dan Mortiboys, Interim Director of Finance
Lead: Kevin Stringer, Group Chief Financial Officer
Action: To Inform
Board Finance Report 2023.docx
- 14.2 11:47 - Acute Care Collaboration
Presenter: Simon Evans, Group Chief Strategy Officer
Lead: Simon Evans, Group Chief Strategy Officer
Action: To Inform
WHT Provider Collaborative TB Report March 23.pdf
- 14.3 11:52 - Research and Education
Presenter: Pauline Boyle, Head of Research
Lead: Dr Manjeet Shehmar, Chief Medical Officer
Action: To Inform
Research & Development March 23.docx
- 14.4 11:57 - Urgent and Emergency Care Centre Update - Verbal
Presenter/Lead: Ned Hobbs, Chief Operating Officer
Action: To Inform and Assure
- 15 Value Our Colleagues (Section Heading)
- 15.1 12:02 - Staff Story - Anchor Employer
Presenters:
Marsha Belle, Associate Director of Workforce and Organisational Development
Deborah Thomas, Sylwia Staniszek & Noimot Akib, Clinical Support Workers on Wards 3, 29 and 1
Lead: Catherine Griffiths, Chief People Officer
Action: To Receive

- 13.1 Anchor Employer FS.docx
13.1a Presentation.pdf
- 15.2 12:17 - NHS National Staff Survey Results
Presenter: Catherine Griffiths, Chief People Officer
Lead: Alan Duffell, Chief Officer for People and Culture
Action: To Inform and Assure
2022 NSS Trust Board Update - April 2023.docx
Appendix 1 - Staff Survey Comms.docx
- 15.3 12:22 - Executive Workforce Report
Presenter: Catherine Griffiths, Chief People Officer
Lead: Alan Duffell, Chief Officer for People and Culture
Action: To Inform
Executive Workforce Summary - Trust Board.docx
- 15.4 12:27 - Freedom to Speak Up - quarterly update
Presenter: Catherine Griffiths, Chief People Officer
Lead: Catherine Griffiths, Chief People Officer
Action: Inform and Assure
13.4 FTSU Report.docx
- 15.5 12:32 - Education & Training
Presenter: Louise Nickell, Group Director of Education and Training
Lead: Dr Manjeet Shehmar, Chief Medical Officer
Action: To Inform and Assure
FINAL - WHT Trust Board Report - Education and Training March 23.docx
Education and Training Delivery Plan.docx
- 16 Minutes of Committee Meetings (Section Heading) - For Information Only
- 16.1 12:37 - Finance and Performance Committee Meeting
3. Minutes of the PFC 22.02.23 - Approved 29-3-23.pdf
- 16.2 12:42 - Quality and Patient Experience Committee Meeting
QPES 24.2.23 Minutes.docx
- 16.3 12:47 - People and Organisational Development Committee Meeting
3. Minutes - People and Organisational Development Committee, Feb 2023 APPROVED 2703023.pdf
- 17 Reports for Reference Only (Section Heading)
- 17.1 Appendices 2-4 for NHS Staff Survey Results
Appendix 2 - Benchmark Report.pdf
Appendix 3 - Divisional Breakdown Report.pdf
Appendix 4.pdf
- 18 12:52 - Any Other Business
- 19 Date and Time of Next Meeting - Wednesday 7 June 2023 - Venue to be advised
Lead: Chair
- 20 12:57 - Resolution
Lead: Mary Martin, Deputy Chair
Action: The Board to resolve to invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960.
Resolved: that the resolution be approved.

Employee	Current Role	Interest Type	Interest Description (Abbreviated)	Provider
Sir David Nicholson	Chair	Loyalty Interests	Chairman	Sandwell & West Birmingham Hospitals NHS Trust
Sir David Nicholson	Chair	Outside Employment	Non-Executive Director	Lifecycle
Sir David Nicholson	Chair	Outside Employment	Visiting Professor	Global Health Innovation, Imperial College
Sir David Nicholson	Chair	Outside Employment	Sole Director	David Nichoslon Healthcare Solutions
Sir David Nicholson	Chair	Outside Employment	Member	IPPR Health Advisory Committee
Sir David Nicholson	Chair	Outside Employment	Advisor	KMPG Global
Sir David Nicholson	Chair	Outside Employment	Senior Operating Partner	Healfund (Investor in healthcare Africa)
Sir David Nicholson	Chair	Loyalty Interests	Spouse	National Director of Urgent and Emergency Care and Deputy Chief Operating Officer of the NHS
Sir David Nicholson	Chair	Loyalty Interests	Chairman	The Royal Wolverhampton NHS Trust
Sir David Nicholson	Chair	Loyalty Interests	Chairman	The Dudley Group NHS Foundation Trust
Professor Ann-Marie Cannaby	Deputy Chief Executive/Group Chief Nurse	Outside Employment	Professor of Nursing Sciences	Birmingham City University
Professor Ann-Marie Cannaby	Deputy Chief Executive/Group Chief Nurse	Loyalty Interests	Visiting Professor (Unpaid assignment)	Staffordshire University
Professor Ann-Marie Cannaby	Deputy Chief Executive/Group Chief Nurse	Loyalty Interests	Teaching (Fellow)	Higher Education Academy
Professor Ann-Marie Cannaby	Deputy Chief Executive/Group Chief Nurse	Loyalty Interests	Member	Royal College of Nursing
Professor Ann-Marie Cannaby	Deputy Chief Executive/Group Chief Nurse	Shareholdings and other ownership interests	Director	Ann-Marie Cannaby Ltd
Professor Ann-Marie Cannaby	Deputy Chief Executive/Group Chief Nurse	Outside Employment	Principal Clinical Advisor	British Telecom
Professor Ann-Marie Cannaby	Deputy Chief Executive/Group Chief Nurse	Outside Employment (ended)	Honorary Fellow (unpaid assignment)	La Trobe University, Victoria, Australia
Professor Ann-Marie Cannaby	Deputy Chief Executive/Group Chief Nurse	Outside Employment	Member of the Advisory Panel - Volunteer role	Cavell (Charity) Advisory Panel
Professor Ann-Marie Cannaby	Deputy Chief Executive/Group Chief Nurse	Loyalty Interests	Group Chief Nurse Officer	The Royal Wolverhampton NHS Trust
Professor Ann-Marie Cannaby	Deputy Chief Executive/Group Chief Nurse	Outside Employment	Advisory Board Member	Charkos Global Ltd
Ms Catherine Griffiths	Director of People and Culture	Shareholdings and other ownership interests	Director	Catherine Griffiths Consultancy Ltd
Ms Catherine Griffiths	Director of People and Culture	Loyalty Interests	Member	Chartered Institute of Personnel (CIPD)
Professor David Loughton	Chief Executive	Outside Employment	Chair	West Midlands Cancer Alliance
Professor David Loughton	Chief Executive	Loyalty Interests	Member of Advisory Board	National Institute for Health Research
Professor David Loughton	Chief Executive	Loyalty Interests	Chief Executive	Royal Wolverhampton NHS Trust
Professor David Loughton	Chief Executive	Loyalty Interests	Member	Companion of Institute of Health and Social Care Management (CIHSCM)
Ms Dawn Brathwaite	Non-Executive Director	Outside Employment	Consultant/Former Partner	Mills & Reeve LLP
Mr Edward Hobbs	Chief Operating Officer	Loyalty Interests	Father – Governor Oxford Health FT	Father
Mr Edward Hobbs	Chief Operating Officer	Loyalty Interests	Sister in Law – Head of Specialist Services St Giles Hospice	Sister in Law
Dr Julian Parkes	Non-Executive Director	Loyalty Interests	Daughter – Nurse in ED at Royal Wolverhampton NHS Trust	The Royal Wolverhampton NHS Trust
Dr Julian Parkes	Non-Executive Director	Loyalty Interests	Trustee	Windmill Community Church in Wolverhampton
Mr Junior Hemans	Non-Executive Director	Outside Employment	Visiting Lecturer	Wolverhampton University
Mr Junior Hemans	Non-Executive Director	Outside Employment	Company Secretary	Kairos Experience Limited
Mr Junior Hemans	Non-Executive Director	Outside Employment	Chair of the Board	Wolverhampton Cultural Resource Centre
Mr Junior Hemans	Non-Executive Director	Outside Employment	Chair of the Board	Tuntum Housing Association (Nottingham)
Mr Junior Hemans	Non-Executive Director	Outside Employment	Director	Libran Enterprises (2011) Ltd
Mr Junior Hemans	Non-Executive Director	Loyalty Interests	Member	Labour Party
Mr Junior Hemans	Non-Executive Director	Loyalty Interests	Business Mentor	Prince's Trust
Mr Junior Hemans	Non-Executive Director	Loyalty Interests	Non-Executive Director	The Royal Wolverhampton NHS Trust
Mr Junior Hemans	Non-Executive Director	Loyalty Interests	Wife works as a Therapist at The Royal Wolverhampton NHS Trust	The Royal Wolverhampton NHS Trust
Mr Junior Hemans	Non-Executive Director	Loyalty Interests	Second Cousin works as a Pharmacist at The Royal Wolverhampton NHS Trust	The Royal Wolverhampton NHS Trust

Mr Keith Wilshere	Group Company Secretary	Shareholdings and other ownership interests	Sole owner, sole trader	Keith Wilshere Associates
Mr Keith Wilshere	Group Company Secretary	Loyalty Interests	Secretary of the Club which is a registered Co-operative with the Financial Conduct Authority.	The Royal British Legion (Beeston) Social Club Ltd
Mr Keith Wilshere	Group Company Secretary	Loyalty Interests	Trustee, Director and Managing Committee member of this registered Charity and Limited Company since May 1988.	Foundation for Professional in Services for Adolescents (FPSA)
Mr Keith Wilshere	Group Company Secretary	Shareholdings and other ownership interests	Sole owner, sole trader	Keith Wilshere Associates
Mr Keith Wilshere	Group Company Secretary	Loyalty Interests	Company Secretary	Royal Wolverhampton NHS Trust
Mr Keith Wilshere	Group Company Secretary	Loyalty Interests	Committee member of registered Charity and Limited Company – Foundation for Professional in Services for Adolescents (FPSA)	Foundation for Professional in Services for Adolescents (FPSA)
Mr Keith Wilshere	Group Company Secretary	Loyalty Interests	Interim Company Secretary	Dudley Integrated Healthcare NHS Trust
Mr Kevin Bostock	Group Director of Assurance	Shareholdings and other ownership interests	Sole director	Sole director of 2 limited companies Libra Healthcare Management Limited trading as Governance, Risk, Compliance Solutions and Libra Property Development Limited
Mr Kevin Bostock	Group Director of Assurance	Loyalty Interests	Group Director of Assurance	The Royal Wolverhampton NHS Trust
Mr Kevin Bostock	Group Director of Assurance	Outside Employment	Trustee of a Health and Social Care Charity	Close Care Charity No 512473
Mr Kevin Stringer	Group Chief Finance Officer & Director of IT and SIRO	Outside Employment	Treasurer West Midlands Branch	Healthcare Financial Management Association
Mr Kevin Stringer	Group Chief Finance Officer & Director of IT and SIRO	Loyalty Interests	Brother-in-law is the Managing Director	Midlands and Lancashire Commissioning Support Unit
Mr Kevin Stringer	Group Chief Finance Officer & Director of IT and SIRO	Loyalty Interests	Member	CIMA (Chartered Institute of Management Accounts)
Mr Kevin Stringer	Group Chief Finance Officer & Director of IT and SIRO	Gifts	Spade used for 'sod cutting'.	Veolia
Mr Kevin Stringer	Group Chief Finance Officer & Director of IT and SIRO	Loyalty Interests	Chief Financial Officer and Deputy Chief Executive	Royal Wolverhampton NHS Trust
Mr Kevin Stringer	Group Chief Finance Officer & Director of IT and SIRO	Outside Employment	Interim Director of Finance	The Dudley Group NHS Foundation Trust
Ms Lisa Carroll	Director of Nursing	Loyalty Interests	Spouse - Royal College of Paediatrics and Child Health (RCPCH) Officer for Research	RCPCH
Ms Lisa Carroll	Director of Nursing	Loyalty Interests	Spouse - RCPCH Assistant Officer for exams	RCPCH
Ms Lisa Carroll	Director of Nursing	Loyalty Interests	Spouse - Chair of NHS England/Improvement Children and Young People's Asthma Effective Preventative Medicines Group	NHSE/I
Ms Lisa Carroll	Director of Nursing	Loyalty Interests	Spouse - Consultant Paediatrician and Clinical Lead for Respiratory Paediatrics at University Hospitals of North Midlands NHS Trust (UHNM)	University Hospitals of North Midlands NHS Trust
Ms Lisa Carroll	Director of Nursing	Loyalty Interests	Spouse - Guardian of Safe Working and Deputy Clinical Tutor UHNM (ends 1st October 22)	University Hospitals of North Midlands NHS Trust
Ms Lisa Carroll	Director of Nursing	Loyalty Interests	Spouse - West Midlands National Institute for Health Research (NIHR) Clinical Research Scholar	West Midlands Institute for Health and Clinical Research
Ms Lisa Carroll	Director of Nursing	Loyalty Interests	Spouse - Director of Medical Education at UHNM (commenced 1st Sept 22)	University Hospitals of North Midlands NHS Trust
Prof Louise Toner	Non-Executive Director	Outside Employment	Non-Executive Director	The Royal Wolverhampton NHS Trust
Prof Louise Toner	Non-Executive Director	Outside Employment	Professional Advisor	Birmingham City University
Prof Louise Toner	Non-Executive Director	Outside Employment	Trustee	Wound Care Alliance UK
Prof Louise Toner	Non-Executive Director	Outside Employment	Trustee	Birmingham Commonwealth Society
Prof Louise Toner	Non-Executive Director	Outside Employment	Teaching Fellow	Advance HE (Higher Education)
Prof Louise Toner	Non-Executive Director	Loyalty Interests	Chair of Education Focus Group and Member of Board of Directors	Birmingham Commonwealth Association
Prof Louise Toner	Non-Executive Director	Loyalty Interests	Member	Greater Birmingham Commonwealth Chamber of Commerce
Prof Louise Toner	Non-Executive Director	Loyalty Interests	Member	Bsol Education Partnerships Group
Prof Louise Toner	Non-Executive Director	Loyalty Interests	Member/Advisor	Health Data Research UK
Prof Louise Toner	Non-Executive Director	Loyalty Interests	Royal College of Nursing	Member
Prof Louise Toner	Non-Executive Director	Outside Employment (Ended 30/4/22)	Associate Dean	Faculty of Health, Education and Life Sciences at Birmingham University
Prof Louise Toner	Non-Executive Director	Loyalty Interests	Required Registration to practice	Nursing and Midwifery Council

Dr Manjeet Shehmar	Chief Medical Officer	Shareholdings and other ownership interests	Company Director Association of Early Pregnancy Units UK Non paying, no profit UK speciality Society for Early Pregnancy. Executive Board Member Secretary Board Member	Association of Early Pregnancy Units UK
Dr Manjeet Shehmar	Chief Medical Officer	Loyalty Interests	Executive Member Association	Early Pregnancy Units UK
Dr Manjeet Shehmar	Chief Medical Officer	Loyalty Interests	Company Director	Company Director Association of Early Pregnancies Units UK
Dr Manjeet Shehmar	Chief Medical Officer	Outside Employment	Private Practice	Little Aston Hospital Spire
Ms Mary Martin	Non-Executive Director	Outside Employment	Trustee/Director, Non Executive Member of the Board for the Charity	Midlands Art Centre
Ms Mary Martin	Non-Executive Director	Outside Employment (Ended 08/12/22)	Trustee/Director, Non Executive	B:Music Limited
Ms Mary Martin	Non-Executive Director	Outside Employment	Director/Owner of Business	Martin Consulting (West Midlands) Ltd
Ms Mary Martin	Non-Executive Director	Outside Employment	Residential property management company	Friday Bridge Management Company Limited (residential property management company)
Mr Matthew Dodd	Interim Director of Integration	Loyalty Interests	Wife working as a Physiotherapy Assistant at Birmingham Community Health Care	Wife
Ms Ofrah Muflahi	Associate Non-Executive Director	Outside Employment	UK Professional Lead	Royal College of Nursing
Ms Ofrah Muflahi	Associate Non-Executive Director	Loyalty Interests	Member	Royal College of Nursing
Ms Ofrah Muflahi	Associate Non-Executive Director	Loyalty Interests	Mentor	The Catalyst Collective
Ms Ofrah Muflahi	Associate Non-Executive Director	Loyalty Interests	Husband an employee of the Royal College of Nursing UK	Husband
Ms Ofrah Muflahi	Associate Non-Executive Director	Loyalty Interests	Member	Q Community at Health Foundation
Ms Ofrah Muflahi	Associate Non-Executive Director	Loyalty Interests	Husband Director of OBD Consultants, Limited Company	Husband
Ms Ofrah Muflahi	Associate Non-Executive Director	Loyalty Interests	Member	UK Oncology Nursing Society
Ms Ofrah Muflahi	Associate Non-Executive Director	Loyalty Interests	Member	The Seacole Group
Ms Ofrah Muflahi	Associate Non-Executive Director	Loyalty Interests	Member of Health Inequalities Task Group	Coalition for Personalised Care
Mr Paul Assinder	Non-Executive Director	Outside Employment	Honorary Lecturer	University of Wolverhampton
Mr Paul Assinder	Non-Executive Director	Loyalty Interests	Governor	Solihull College & University Centre
Mr Paul Assinder	Non-Executive Director	Loyalty Interests	Director	Rodborough Consultancy Ltd.
Mr Paul Assinder	Non-Executive Director	Loyalty Interests	Voluntary Role as Treasurer (unpaid)	Parkinson's UK Midlands Branch
Mr Russell Caldicott	Chief Finance Officer	Loyalty Interests	Member of the Executive	West Midlands Healthcare Financial Management Association (HFMA)
Mr Russell Caldicott	Chief Finance Officer	Loyalty Interests	Director	Plan 4 E-Health
Ms Sally Evans	Group Director of Communications and Stakeholder Engagements	Outside Employment	Group Director of Communications and Stakeholder Engagement	Royal Wolverhampton NHS Trust
Ms Sally Rowe	Associate Non-Executive Director	Loyalty Interests	Executive Director Children's Services	Walsall MBC
Ms Sally Rowe	Associate Non-Executive Director	Loyalty Interests	Trustee	Association of Directors of Children's Services
Mr Simon Evans	Group Chief Strategy Officer	Loyalty Interests	Group Chief Strategy Officer	Royal Wolverhampton NHS Trust
Mr Alan Duffell	Group Chief People Officer	Loyalty Interests	Member (unpaid)	UK and Ireland Healthcare Advisory Board for Allocate Software (Trust Supplier)
Mr Alan Duffell	Group Chief People Officer	Loyalty Interests	Member	Chartered Management Institute
Mr Alan Duffell	Group Chief People Officer	Loyalty Interests	Member	CIPD (Chartered Institute for Personnel and Development)
Mr Alan Duffell	Group Chief People Officer	Outside Employment (Ended)	System Workforce Lead	BC&WB System Workforce SRO
Mr Alan Duffell	Group Chief People Officer	Outside Employment	Interim Chief People Officer	The Dudley Group NHS Foundation Trust
Mr Alan Duffell	Group Chief People Officer	Outside Employment	Group Chief People Officer	The Royal Wolverhampton NHS Trust
Mr Alan Duffell	Group Chief People Officer	Outside Employment	Provider Collaborative HR & OD Lead	Black Country Provider Collaborative
Mr Alan Duffell	Group Chief People Officer	Outside Employment	Member	NHS Employers Policy Board
Dr Jonathan Odum	Group Chief Medical Officer	Loyalty Interests	Group Chief Medical Officer	The Royal Wolverhampton NHS Trust
Dr Jonathan Odum	Group Chief Medical Officer	Outside Employment	Private out-patient consulting and general medical/hypertension and nephrological conditions	Wolverhampton Nuffield
Dr Jonathan Odum	Group Chief Medical Officer	Outside Employment	Chair	Black Country and West Birmingham ICS Clinical Leaders Group
Dr Jonathan Odum	Group Chief Medical Officer	Outside Employment	Fellow of the Royal College of Physicians	Royal College of Physicians
Mr Daniel Mortiboys	Interim Director of Finance	No interests to declare		
Ms Claire Bond	Deputy Director of People and Culture	No interests to declare		
Ms Carla Jones-Charles	Director of Midwifery	No interests to declare		
Ms Fiona Allinson	Associate Non-Executive Director	Outside Employment	Exam Invigilator	St Benedicts High School, Alcester
Ms Rachel Barber	Associate Non-Executive Director	Outside Employment	Non Financial Professional - Lay Member	Walsall ICB (Walsall Place)
Ms Rachel Barber	Associate Non-Executive Director	Outside Employment	Non Financial Professional	Onward

Ms Rachel Barber	Associate Non-Executive Director	Outside Employment	Non Financial Professional	Housing Plus Groups, Homes Board
Ms Rachel Barber	Associate Non-Executive Director	Outside Employment	Non Financial Professional	Customer Service Committee, A2Dominion
Ms Rachel Barber	Associate Non-Executive Director	Outside Employment	Non Financial Professional	OPCC NWP Join Audit Committee
Ms Rachel Barber	Associate Non-Executive Director	Outside Employment	Non Financial Professional - Magistrate	Ministry of Justice
Ms Rachel Barber	Associate Non-Executive Director	Indirect	Health Assistant	Sister in Law - Wolverhampton Royal Hospital Health NHS Trust
Dr Salman Mirza	Deputy Chief Medical Officer	Loyalty Interests	Sister - Consultant Surgeon - Colorectal	The Royal Wolverhampton NHS Trust
Dr Salman Mirza	Deputy Chief Medical Officer	Loyalty Interests	Sister - Chiropodist	Solihull Hospital
Dr Salman Mirza	Deputy Chief Medical Officer	Loyalty Interests	Member	The Royal College of Surgeons
Dr Salman Mirza	Deputy Chief Medical Officer	Loyalty Interests	Sister-in-Law - GP	GP at Practice in Manchester
Dr Salman Mirza	Deputy Chief Medical Officer	Loyalty Interests	Member	Medical Protection Society
Mr Rajpal Virdee (tenure of contract ended 31/12/22)	Associate Non-Executive Director	Loyalty Interests	Lay Member	Employment Tribunal Birmingham
Mr Rajpal Virdee (tenure of contract ended 31/12/22)	Associate Non-Executive Director	Loyalty Interests	Vice President of Pelsall Branch Conservative Party Association (from 19th June 2021)	Conservative Party Association
Mr Rajpal Virdee (tenure of contract ended 31/12/22)	Associate Non-Executive Director	Loyalty Interests	Deputy Chair	Aldridge-Brownhills Conservative Association
Professor Stephen Field (end of tenure - 31/03/23)	Chairman	Loyalty Interests	Trustee	Nishkam Healthcare Trust Birmingham
Professor Stephen Field (end of tenure - 31/03/23)	Chairman	Outside Employment	Appointed as an unpaid Trustee for the Charity	Pathway Healthcare for Homeless People (ended April 2022)
Professor Stephen Field (end of tenure - 31/03/23)	Chairman	Loyalty Interests	Director	EJC Associates
Professor Stephen Field (end of tenure - 31/03/23)	Chairman	Loyalty Interests	Chair	The Royal Wolverhampton NHS Trust
Professor Stephen Field (end of tenure - 31/03/23)	Chairman	Loyalty Interests	Honorary Professor	University of Warwick
Professor Stephen Field (end of tenure - 31/03/23)	Chairman	Loyalty Interests	Honorary Professor	University of Birmingham
Professor Stephen Field (end of tenure - 31/03/23)	Chairman	Outside Employment	Advisor to Health Holding Company and Board Member of Makkah Health Cluster and Al Bahah Health Cluster, Kingdom of Saudi Arabia	Health Holding Company, Kingdom of Saudi Arabia
Professor Stephen Field (end of tenure - 31/03/23)	Chairman	Outside Employment	UK Special Representative for Healthcare to Saudi Arabia	British Embassy Riyadh

**MEETING OF THE PUBLIC TRUST BOARD
HELD ON WEDNESDAY 8TH FEBRUARY 2023 AT 09.30AM
HELD VIRTUALLY VIA MICROSOFT TEAMS**

PRESENT

Members

Prof. S Field CBE	Group Chair of the Board of Directors
Prof. D Loughton CBE	Group Chief Executive
Prof. A-M Cannaby	Deputy Chief Executive/ Group Chief Nurse and Lead Executive for Safeguarding
Mr S Evans	Group Chief Strategy Officer
Ms S Evans	Group Director of Communications and Stakeholder Engagement
Mr A Duffell	Group Chief People Officer
Dr J Odum	Group Chief Medical Officer
Mr K Stringer	Group Chief Financial Officer
Mr K Bostock	Group Director of Assurance
Dr M Shehmar	Chief Medical Officer
Mr N Hobbs	Chief Operating Officer
Ms C Griffiths	Chief People Officer
Ms L Carroll	Director of Nursing
Mr D Mortiboys	Interim Director of Finance
Mr M Dodd	Interim Director of Integration
Ms M Martin	Non-Executive Director
Dr J Parkes	Non-Executive Director
Mr P Assinder	Non-Executive Director
Ms D Brathwaite	Non-Executive Director
Mr J Hemans	Non-Executive Director
Ms O Muflahi	Associate Non-Executive Director
Ms S Rowe	Associate Non-Executive Director
Ms F Allinson	Associate Non-Executive Director
Ms R Barber	Associate Non-Executive Director
Ms C Jones-Charles	Director of Midwifery, Gynaecology and Sexual Health WCCSS

In Attendance

Mr K Wilshere	Group Company Secretary
Prof. P Vernon	Chair, Walsall Together
Ms J Toor	Senior Operational Coordinator
Ms E Stokes	Senior Administrator
Ms G Nightingale	Executive Assistant
Mr T Parkes	External Press
Ms M Arthur	Group Deputy Director of Assurance
Ms A Boden	Head of Infection Prevention
Mr T Nash	Communications Team
Ms P Boyle	Head of Research and Development RWT/WHT
Ms F Pickford	Head of Safeguarding
Mr G Perry	Associate Director Patient Relations and Experience

Apologies

Prof. L Toner	Non-Executive Director
Mr R Caldicott	Director of Finance and Performance

448/22	Welcome and Apologies
	Prof. Field welcomed all to the meeting and noted the apologies received.

	<p>Prof. Field introduced Ms Allinson and Ms Barber who had joined Walsall Healthcare NHS Trust as Associate Non-Executive Directors on 1 February 2023.</p> <p>Prof Field confirmed that the meeting was quorate.</p>
449/22	Declarations of Interest
	<p>Prof. Field confirmed that he had registered a new declaration of interest but that it would not affect any business to be discussed in the meeting.</p> <p>Resolved: that Prof Field’s new declaration of interest be noted.</p>
450/22	Minutes of Last Meeting
	<p>Prof. Field confirmed the minutes of the meeting held on 7 December 2022 as approved as an accurate record.</p> <p>Resolved: that the minutes of the last meeting be received and APPROVED.</p>
451/22	Matters Arising
	<p>Prof. Field advised that as the ‘Pledge on Flexible Working’ had been omitted from the agenda of the Trust Board meeting held in public in December 22, a post-meeting minute had been agreed which was subject to approval from the Board today.</p> <p>Mr Hemans presented the Trust’s ‘Pledge on Flexible Working’ and asked for approval from the Board.</p> <p>Resolved: that the ‘Pledge on Flexible Working’ be received and APPROVED.</p>
452/22	Covid-19 National Inquiry
	<p>Mr Bostock reported on the Trust’s participation in Baroness Hallett’s Covid-19 National Inquiry. He said that the Trust had begun work on module 3 and would begin to gather information from providers of acute care with the information being compiled into all modules of the Inquiry over the next 12 months.</p> <p>Mr Bostock confirmed that a steering group had been set up to meet monthly with the inaugural meeting having taken place in January 23. He said that the Trust was on schedule to deliver on the requirements for the Inquiry.</p> <p>Resolved: that the Covid-19 National Enquiry report be received and noted.</p>
453/22	Action Log
	<p>Prof Field noted the action log and updates were received as follows:</p> <p>Action 540 – Medical Records Relocation - Mr Stringer asked for this action to be extended to April 23. It was agreed that this action be extended to April 23.</p> <p>Action 587- Hospital Mortality Report – Dr Shehmar confirmed that the ethnic and age-related data analysis of Covid-19 deaths would be included in the Hospital Mortality Report. It was agreed that this action be closed.</p>
454/22	Trust Values and Nolan Principles
	<p>Prof Field reminded the Board of the Trust Values and that the Board operated in line with the Nolan Principles.</p> <p>Resolved: that the Trust Values and Nolan Principles be received and noted.</p>
455/22	Chair’s Report – Verbal
	<p>Prof Field advised that he had nothing further to add that would not be discussed in the Public Trust Board agenda.</p> <p>Resolved: that the Chair’s verbal Report be received and noted.</p>

456/22	Chief Executive's Report
	<p>Prof Loughton reported on the recruitment of 2 consultant anaesthetists to Walsall Healthcare NHS Trust (WHT).</p> <p>Prof Loughton highlighted the positive partnership working between the Trust and Walsall Council which was evident with the work that had been achieved through the Walsall Together Partnership.</p> <p>Prof Loughton advised of the difficult winter pressures the Trust had faced with the Trust receiving up to 47 patients in Accident and Emergency (A&E) on 4th January 2023, who had required admittance with no beds available. He said that discharge criteria had been changed and wards had been given the target of 5 discharges a day. Prof Loughton advised that the Trust had supported staff through this difficult time.</p> <p>Prof Loughton reported that the Trust was now back to 1 hour ambulance offload times and had been receiving patients from Good Hope, Shrewsbury, and Telford to WHT. He said this created difficulties for the Trust when discharging these patients and advised that he had met with South Staffordshire Hospital to put in place an agreement for the number of discharges that they needed to achieve daily.</p> <p>Prof Loughton reported that Professor Tim Briggs and his team had visited Cannock Chase Hospital (CCH) on 3 February 23 as the Trust had put in a bid for £36M of capital to expand CCH for the residents of Wolverhampton, Walsall, and South Staffordshire. He highlighted that the Trust was 1 of 8 schemes in the Country that Professor Griggs had accredited to go forward with elective recovery.</p> <p>Prof Loughton highlighted that as CCH has no emergency medicine department, it had been able to carry on with elective surgery in December 22 when other hospitals had not. He said that CCH was rated one of the top hospitals in the country for patient satisfaction.</p> <p>Prof Loughton advised that the Trust had received the first orthopaedic robot in a District General Hospital in the Country and surgery using the robot had started in January 23.</p> <p>Prof Loughton reported on the reduction of agency staff across 19 wards within the Trust and thanked Prof. Cannaby and Ms Carroll for their support with this. He said that morale had improved amongst nurses as there were now more permanent members of staff. Prof Loughton highlighted that the Trust was on target for having no agency staff.</p> <p>Resolved: that the Chief Executive's Report be received and noted.</p>
457/22	Trust Management Committee – Chair's Report
	Resolved: That the Chair's Report for the Trust Management Committee be received and noted.
458/22	Walsall Together – Chair's Report
	<p>Prof Vernon reported on the recruitment of Ms Cartwright as the Managing Director for Walsall Together and Wolverhampton in Place and who would play a key role to strengthen the working partnership relationships with the Local Authority and other stakeholders in Walsall.</p> <p>Prof Vernon reported on the Walsall Together Partnership Board Away Day which had been held in December 22 to review and confirm strategic objectives and aims for 2023. He also reported on the additional resources from the Integrated Care Board (ICB) to support work around Health and Inequalities.</p>

	<p>Prof Vernon said that the Walsall Together Board had received a patient story from the lead Equality, Diversity, and Inclusion (EDI) midwife which had focussed on parents suffering from depression, who feared discussing their mental health due to concerns that social services would remove their children. He said this showed that there was still work to do around patient trust and information sharing.</p> <p>Ms Martin asked if assurance could be given to the Board regarding the challenges around funding of key discharge services and whether this would be in place before the start of the new financial year 2023/24. Mr Dodd reported that work would continue throughout the year with colleagues within the ICB to produce a strategy to prevent admissions and provide support to stop deconditioning deterioration.</p> <p>Ms Rowe reported on the family safeguarding model which was a multidisciplinary approach to safeguarding within Walsall. She said that Walsall was amongst 1 of 20 authorities in the Country to have this in place and said that mental health staff, domestic abuse practitioners, drug and alcohol practitioners were working alongside social workers to support children to remain in their families and offer reassurance and support to the families.</p> <p>Prof Vernon advised that a meeting with General Practitioners (GP's) and primary care staff had taken place in November 22 to understand Walsall Together and discuss the benefits of partnership working.</p> <p>Resolved: that the Walsall Together – Chair’s Report be received and noted.</p>
<p>INTEGRATED</p>	<p>QUALITY AND PERFORMANCE (IQPR)</p>
<p>459/22</p>	<p>Performance and Finance Committee - Chair’s Report</p>
	<p>Mr Assinder reported that the Trust was forecast to break even for 2022/23. He explained that should another Trust within the ICB not meet their required targets then there was the potential for that deficit to be shared amongst the other Trusts.</p> <p>Mr Assinder advised that the Trust was currently putting together the budget for the next financial year 2023/24 and reported that the Trust would start the year off with a £16-17M underlying deficit.</p> <p>Mr Assinder reported that the Trust was looking at how to manage cash flow and internal auditors would be reviewing the process. He said the Trust would have to review pressures regarding capital and operating expenditure during 2023 to make sure the Trust maximised management of cash.</p> <p>Mr Assinder highlighted that an extraordinary Performance and Finance Committee meeting had been convened to look at the Ockenden 2 business case for investing in the Trust’s midwifery base and that a report would be presented at a future Board.</p> <p>Mr Mortiboys said that 2023/24 would be a challenging financial year for the Trust and reported on the quality of investments the Trust had seen implemented over the last 12 month which included the arrival of a new Endoscopy Stack and the Mako Robot. Ms Martin asked for assurance around the 2023/24 capital programme due to problems with delays in the previous year. Mr Mortiboys advised that the Trust had formed a task and finish group and meetings were taking place weekly to ensure that all equipment ordered would arrive within the required timescales.</p> <p>Dr Shehmar thanked the Performance and Finance Committee (PFC) for investing in clinical infrastructure in relation to workforce and the uplift of substantive staff being recruited to, which had decreased the use of temporary staff during the winter pressures.</p>

	<p>Prof Loughton highlighted the successful recruitment across Walsall and Wolverhampton for Midwives following the Ockenden 2 report.</p> <p>Resolved that the Performance and Finance Committee Chair's Report be received and noted.</p>
460/22	<p>Quality, Patient Experience and Safety – Chair's Report</p> <p>Dr Parkes advised that with the recruitment of the new breast care practitioners, cancer waiting times had started to reduce with bookings from 11 January 23 being taken on day 14.</p> <p>Dr Parkes reported that Venous Thromboembolism (VTE) compliance remained a problem within the Trust. He said as compliance was recorded manually and not always electronically this had caused difficulty.</p> <p>Dr Parkes reported that Duty of Candour remained variable across the Trust particularly within surgery where it was at 34%. Ms Martin asked if there was a plan to address the variable Duty of Candour statistics. Dr Shehmar confirmed that she had met with the Division of Surgery, and this had since been resolved.</p> <p>Dr Parkes advised that work was being done to standardise and collect data accurately surrounding antibiotic sepsis times.</p> <p>Resolved: that the Quality, Patient Experience and Safety Committee Chair's Report be received and noted.</p>
461/22	<p>People and Organisation Development Chair's Report</p> <p>Mr Hemans advised that 6-10 February 23 was Race Equality week and several sessions were being held virtually and Board members were encouraged to attend.</p> <p>Mr Hemans reported that the Trust had introduced 'Legacy Mentors' to encourage staff who were to leave or retire to reconsider and share expertise of their career within the NHS to new colleagues.</p> <p>Mr Hemans reported on the continued work in relation to staff retention, and said that after hearing staff concerns, figures were being closely monitored and initiatives were being put into place. He said work would continue with Walsall Together to encourage people to see the National Health Service (NHS) as a career opportunity.</p> <p>Mr Hemans said that due to a lack of available accommodation, following the recruitment of international Clinical Fellow Nurses, the Trust was in discussion with the Local Authority and housing associations to help with these pressures.</p> <p>Ms Griffiths highlighted that work was being focused on the retention elements of the Trust's Strategy and said that 'Legacy Mentors' was a pilot scheme which Ms Wilson would be leading on across the nursing workforce.</p> <p>Ms Griffiths advised that the Trust continued to work with The Royal Wolverhampton NHS Trust (RWT) to ensure the health and wellbeing of staff and to ensure a good experience at work. Mr Duffell a more detailed analysis and overview of where the Trust was at from a workforce perspective would be provided to the Board.</p> <p>Ms Muflahi asked if the 'Legacy Mentors' would be registered nurses who maintain their Nursing and Midwifery Council (NMC) registrations. Prof Cannaby confirmed this was correct.</p>

	<p>Ms Martin asked if the vaccination programme was continuing within the Trust as take up levels of Covid-19 and Flu vaccinations had been incredibly low. Ms Carroll reported that the National Covid-19 booster campaign would finish on 12 February 23 and the Flu vaccination program would also end February 23. She said that vaccination rates remained low which was a national issue and that work was continuing nationally to look at the reasons behind vaccine hesitancy and this feedback would be reviewed for upcoming vaccination programs.</p> <p>Dr Shehmar asked if the Trust planned to have ring-fenced staff physiotherapists for preventative and raising awareness work of musculoskeletal sickness within the Trust. Ms Griffiths advised that a case had been put forward for ergonomic trainers to support with posture and manual handling and on ward training was already being supplied.</p> <p>Resolved: that the People and Organisational Development Chair's Report be received and noted.</p>
462/22	IQPR Executive Summary
	Resolved: that the IQPR Executive Summary Report was received and noted.
PROVIDE SAFE, HIGH-QUALITY CARE	
463/22	Director of Nursing Report
	<p>Ms Carroll reported that there had been a delay with the implementation of hybrid mattresses due to finding appropriate storage and decontamination facility for the beds. She said that training had been offered across the Trust to ensure staff knew how to operate the beds.</p> <p>Ms Carroll advised that following a period of increased incidences particularly in the medical division, the Trust was now above trajectory with the number of <i>C-Difficile</i> cases being reported. She said that a national project was underway to look at the increased use of antibiotics during the Covid-19 pandemic and whether this had impacted <i>C-Difficile</i> rates. She said that the Trust was continuing to monitor cases.</p> <p>Ms Carroll reported that wards were being decanted and deep cleaned on a rotational program.</p> <p>Ms Carroll advised that the Trust had a reported vacancy rate of less than 4% which was a significant improvement. She said that the 50% vacancy rate within health visiting had decreased and a clear prioritisation plan was in place until June 23 which would continue to be closely monitored through the task and finish group.</p> <p>Ms Carroll reported that 20 wards within the Trust had no agency staff, and the Trust was on track to cease agency use by the end of the financial year 2022/23.</p> <p>Ms Martin highlighted that safeguarding level 3 training was still below the Trust's target and asked if the data was being collected accurately or if staff were not completing the training. Ms Carroll advised that the training module required staff to commit to a full day of training and there had been problems with releasing medical staff. Ms Carroll said that Ms Pickford and the safeguarding team were reviewing the training to make it more accessible for staff to complete.</p> <p>ACTION: Ms Carroll and Ms Pickford to provide a detailed report on safeguarding level 3 staff attendance and reasons for staff not attending the training courses.</p> <p>Ms Muflahi asked if pastoral support would be offered to the recruited international nurses and midwives. She also queried the Objective Structured Clinical Examination</p>

(OSCE), which test the competence of nurses and midwives entering the UK from a Nursing and Midwifery Council (NMC) perspective, and whether the pass rate had improved. Ms Carroll advised that the Trust continued to provide pastoral support to international nurses and midwives and the Trust would be looking at providing more engagement events to help with social support.

Ms Carroll advised that from an OSCE perspective the Trust was looking at how to support people not able to pass first time and making sure to adjust training to meet the needs required.

Ms Brathwaite asked if the Trust had looked at what other Trusts were doing regarding level 3 safeguarding compliance. Ms Pickford advised that work was ongoing with the divisions to support staff to be released to attend the training.

Dr Shehmar reported that mandatory training was built into medical clinical fellow rotas, so staff would know in advance of training sessions and where staff did not attend training, line managers would be informed. She asked if this technique could be considered to improve level 3 safeguarding compliance.

Dr Shehmar advised that as the Trust did not have enough educational supervisors for medical clinical fellows, it had joined a pilot scheme set up by Health Education England (HEE) that allowed 1 educational supervisor to supervise a group of people. She said that the Trust had since delivered one session which had received a good evaluation.

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

The Board Convened for a 10 Minute Break at 11.00AM

464/22

Hospital Mortality report

Dr Shehmar presented the hospital mortality report for November to December 22. She explained that the mortality statistics were separated into Acute Trust, Palliative Care Centre and Hollybank House and that the Acute Trust SHMI data showed that deaths were at 0.95% which meant that the Trust was within the expected range.

Dr Shehmar advised that the Hospital Standardised Mortality Ratio (HSMR) data illustrated a downward trajectory for the Trust and that following a further update to the statistics nationally, the trajectory had decreased further.

Dr Shehmar highlighted the Trust's learning from deaths process which included initial review by medical examiners and confirmed that 100% of the total eligible inpatient deaths for the months of November 22 and December 22 had been reviewed. She said this process was being rolled out into the community and GP Practices and would be mandated from April 23. Dr Shehmar advised that, any concerns raised following a review of deaths by the Medical Examiner, a structured judgement review would be conducted to highlight any learning required.

Dr Shehmar reported on the alert for cardiology and heart failure service and said the Trust had observed more than expected deaths in 2022. She advised that changes in the heart failure pathway had since concluded that the department was no longer one of the top five diagnosis of deaths within the Trust and improvement continued.

Dr Shehmar said that detailed ethnicity data for Covid-19 deaths was now included in the report which illustrated that 70% of deaths were in the white ethnic category.

	<p>Dr Shehmar advised that an improvement programme for breast cancer and lung cancer had commenced, and the Trust had since recruited more breast cancer nurses to reduce delays. She said the improvement programme also included the streamlining of lung cancer pathways.</p> <p>Ms Rowe asked if the deaths for not known ethnic backgrounds were being reported into due to the high number of recorded deaths. Dr Shehmar advised that work was ongoing surrounding these statistics and the Trust was looking at other ways to find patients ethnicity that may have not been recorded at time of death.</p> <p>Prof Field asked if Walsall Healthcare NHS Trust (WHT) and The Royal Wolverhampton NHS Trust (RWT) could have the same reporting period so that the data could be directly compared. Dr Shehmar confirmed that WHT would be returning to a quarterly reporting schedule which would help the Trust pull data from national dashboards. Dr Shehmar advised that SHMI data was not to compare Trusts but to understand where WHT areas of learning were and to learn from avoidable deaths.</p> <p>Dr Odum asked if WHT was undertaking a review of when Same Day Emergency Care (SDEC) patients are removed from SHMI analysis to see what impact that would have on the SHMI data in April 23.</p> <p>ACTION: Dr Shehmar to review impact of SDEC patients being removed from SHMI analysis data.</p> <p>Ms Allinson asked if the recorded number of Learning Disability Mortality Review (LeDer) deaths in the report was actual or if there had been delays in reporting due to the high number of LeDer deaths in December 22. Dr Shehmar advised that LeDer deaths reported to the Mortality Review Group Quarterly and would be shared at the next Trust Board meeting.</p> <p>Resolved: that the report from the Hospital Mortality Report be received and noted.</p>
465/22	<p>Patient Voice Report – Q3</p>
	<p>Mr Perry advised that the Trust's three improvement pillars for the next three years were Involvement, Engagement, and Experience. He said the Patient Voice report summarised and supported those areas with the Trust learning and responding to feedback.</p> <p>Mr Perry reported that the Trust had prepared and implemented the new Parliamentary Health Service Ombudsman standards as an early adopter and had embraced changes and developed good practice.</p> <p>Mr Perry reported on the Trust's stability with the Friends and Family Test recommendation scores and said that these had been sustained during the winter pressures faced by the Emergency Department as well as receiving good scoring from the Mystery Patient Feedback.</p> <p>Mr Perry reported the Trust had completed an internal analysis against the Maternity Care Quality Commission Survey (CQC) to understand the priorities and actions required. He said focussed work on questions that scored lower than national average would continue.</p> <p>Mr Perry advised that spiritual, pastoral, and religious care team involvement was now highlighted in the Patient Voice reports and demonstrated high levels of</p>

	<p>involvement across Walsall Healthcare NHS Trust and the Royal Wolverhampton Trust.</p> <p>Mr Perry reported that the Trust had celebrated and recognised the work of volunteers in quarter 3 with a volunteer celebration. He said that the new chaplaincy volunteers added benefit in building layer relationships at ward level.</p> <p>Mr Perry said that the Trust had launched “It’s Ok to Ask” in November 22 which was an initiative in direct response to the Care Quality Commission (CQC) adult inpatients survey focussing on the patient voice being heard.</p> <p>Mr Perry advised of the new family and carer support officer, Ms Christofferson, who had joined the Trust in December 22 and who would continue the work of recognising the role of the unpaid carer and how they are supported by the Trust.</p> <p>Ms Carroll thanked Mr Perry and the Patient Experience Team for helping support the Emergency Department during the difficult winter pressures the Trust had faced.</p> <p>Resolved: that the Patient Voice Report – Q3 be received and noted.</p>
466/22	<p>Quality Improvement (QI) Team Update</p>
	<p>Mr Evans advised that the Trust was progressing with the rollout of the training programme and up to 425 people were now trained. He said the Trust was recognised as an Acute Teaching Academy and had trained over 30 other organisations regionally and nationally, with over 200 people having attended from those organisations which included local NHSE representatives, other local Boards, Urgent and Emergency care leads from the West Midlands and Integrated Care Board (ICB) quality leads.</p> <p>Mr Evans said that following the WHT Board’s QI training programme, held last summer, the next stage of the course would be the development and completion of the Trust’s improvement plan which would be overseen through the newly established Improvement, Innovation and Research Committee, chaired by Prof. Toner.</p> <p>Mr Evans reported that the QI team would be supporting projects, such as the detailed project work being undertaken for medicines management and undertaking further work for Healthcare Systems Engineering for which the team was in the process of writing a journal article for.</p> <p>Mr Assinder asked how the Trust tracked the benefits of improvements and if these had made a difference. He also asked how prescriptive the Trust was going to be in ensuring that good examples of improvement should be universally adopted across the Organisation. Mr Evans said that every project was measured alongside baselines and data evidence. He said the purpose of QI was to ensure that any proposed improvement would have a positive consequence.</p> <p>ACTION: Mr Evans to provide project specifics to the Board and highlight the improvements made from that data.</p> <p>Mr Evans advised that the Trust was developing a community of practice to be launched across both organisations so people could share good practice and evidence. He said leadership walkarounds were to include Board members engaging with staff to highlight quality improvements.</p> <p>Ms Muflahi asked if there was an incentive for staff to embed quality improvement across the Trust and if the Trust had quality improvement champions as part of staff</p>

	<p>awards. Mr Evans reported that the Trust would be launching 'Quality Recognition Awards' with the Trust hosting an event in summer 23. Resolved: that the Quality Improvement (QI) Team Update was received and noted.</p>
467/22	<p>Midwifery Service Report</p>
	<p>Ms Jones-Charles reported that the Trust was in the best position it had been in the last four years in relation to vacancies in midwifery. She said that between August 22 and November 22, the Trust had recruited 18 international midwives, who had been successful with the Objective Structured Clinical Examination (OSCE) tests and work was continuing to integrate them into the workforce.</p> <p>Ms Jones-Charles said that December 22 had been a busy month for maternity services with challenges around staff absences due to respiratory illnesses. She said the team had continued to keep patients safe during December 22.</p> <p>Ms Jones- Charles advised that the Trust continued to focus on the Care Quality Commission (CQC) survey report and what patients had said about the Trust regarding care after birth. She said post-natal care had been hit worst nationally during Covid-19 and the Trust was looking at how to restructure services and support patients and this would remain an area of focus for the Trust.</p> <p>Ms Jones-Charles reported on the positive response the Trust had received from their participation in the Mystery Patient surveys. She said when feedback was received a focused piece of work would be produced for the 2023 CQC survey.</p> <p>Ms Jones-Charles said that infant feeding was another target for the Trust and reported on the challenges around supporting infant feeding. She said that the Ockenden business case would enable specialist staffing to support patients.</p> <p>Ms Jones-Charles highlighted that the Midwifery-Led Unit (MLU) had been suspended for births in 2021 due to staffing and pressures at the height of the Covid-19 pandemic. She said following approval from Board, the Alongside Midwifery Unit (AMU) situated within the Maternity department was near completion.</p> <p>Ms Evans highlighted that the Trust was working closely with the Maternity Voices Partnership to communicate and engage with service users and potential services users. She said the team were working alongside the Integrated Care Board (ICB) and their involvement team to make sure that all groups were communicated with.</p> <p>Mr Hemans asked for assurance on the communication for future service users that the Trust was improving, and that feedback was being actioned and aligned to the Trust's values. Ms Jones-Charles highlighted the Trust was fully engaged in the mystery patient and feedback survey. She said the Trust had 23% of patients participate and was looking at ways to improve these scores by working with the Community Midwifery Team to talk to the patients that were being seen on a day-to-day basis to encourage them to complete the surveys.</p> <p>Ms Jones-Charles reported that the Trust had appointed an equality, diversity, and inclusion (EDI) lead midwife and a lot of work had been undertaken with minority groups and particularly around mental health with how users engage with services. She said work had been undertaken in relation to translating national leaflets to communicate fully with groups that may not have English as their first language.</p> <p>Ms Muflahi said that hearing of the improvements was very positive and extended her thanks to Ms Jones-Charles and the team.</p>

	<p>Ms Evans advised that the Trust was issuing press releases to share patient positive experiences and using social media to share case studies and communicate with patients.</p> <p>Resolved: that the Midwifery Service report be received and noted.</p>
468/22	<p>Director of Infection Prevention and Control Report – Q3</p>
	<p>Ms Boden reported that <i>C-Difficile</i> death cases by the end of quarter three had reached 30 cases against an annual trajectory of 27 which was in line with what was being reported nationally. She said the Trust had been doing further investigations into the Trust's cases locally to try and identify key areas of learning and interventions.</p> <p>Ms Boden advised that from thematic analysis the Trust had learned the identification and management of patients that could potentially have <i>C-Difficile</i> infection. She said the Trust had found that approximately 1/3 of cases could have been deemed as community acquired. She said the Trust had liaised with staff to get feedback which had been useful for ongoing education and which had been encompassed into communication updates.</p> <p>Ms Boden advised the Trust had identified antibiotic stewardship themes to where there could be improvements and this had led to work with the Trust's Combined Infection Service of Antimicrobial Pharmacist, Consultant Microbiologist and the Infection Prevention Control (IPC) team undertaking antibiotic timeout sessions with focused areas to support reviews and prompt change of antibiotics.</p> <p>Ms Boden said the Trust had been assured visually on audits of visible cleanliness of equipment. She said deeper investigations had used UV marking and adenosine triphosphate (ATP) testing to provide further assurance on the decontamination of equipment and to highlight education principles of cleaning and back-to-basics infection prevention education for staff.</p> <p>Ms Boden reported that the Trust was exploring other options for environmental decontamination and particularly bed cleaning and the Trust had been sourcing for a bed decontamination facility to reduce risk of nosocomial transmission.</p> <p>Ms Boden advised the Trust had seen blood culture contamination rates increase with data demonstrating an 8% contamination during the month of December 22. She said that the Trust obtained blood cultures for patients that present with sepsis. She said that if a contaminant was masking the true cause of that infection this would increase broad spectrum use of antibiotics and ultimately increase <i>C-Difficile</i> risk factors.</p> <p>Ms Boden highlighted that a task and finish group within Emergency Department had been set up to further explore a blood culture service with a dedicated phlebotomy team as previous contaminant rates were at 0.8%.</p> <p>Mr Hobbs thanked Ms Boden and the IPC team for the support during the challenging pressures the Trust faced in December 22.</p> <p>Dr Parkes asked if there was engagement with GPs for antibiotic prescribing. Ms Boden advised that this was something that had been regularly fed back to the Integrated Care Board (ICB) and that the Trust had received comprehensive feedback from GPs as part of investigations into <i>C-Difficile</i>.</p>

	Resolved: that the Director of Infection Prevention and Control be received and noted.
469/22	Care Quality Commission (CQC) Report
	<p>Mr Bostock highlighted the most recent Care Quality Commission (CQC) inspection report and advised that the Trust had been inspected for three core services plus Well-Led inspection between September 22 and November 22 with the report being published to the public on the 25 January 23.</p> <p>Mr Bostock advised that the 3 core services that were inspected were Medical Care, Surgery, and Children and Young People. He said the Trust was pleased to report that Medical Care had moved up at an aggregate level to the next rating band, from 'Inadequate' to 'Requires Improvement', Surgery had moved from 'Requires Improvement' to 'Good' and Children and Young People had remained the same at 'Good'.</p> <p>Mr Bostock said the CQC had reported that areas that had remained the same in their ratings had moved up towards the top end of the ratings. He said the previous action plan from the reports from 2019 to 2021 would be merged with a new action plan and would be presented at future Board meetings.</p> <p>Prof Cannaby highlighted the progress the clinical and operational teams had made over the last two years and thanked everyone for the amount of work undertaken.</p> <p>Resolved: that the Care Quality Commission (CQC) Report be received and noted.</p>
470/22	Mental Health Report
	<p>Dr Shehmar reported on the bi - annual mental health report and said that the Trust now had a robust mental health team in place with the Trust seeing the impact of that in the care and training awareness amongst staff.</p> <p>Dr Shehmar highlighted the close working with the Mental Health Trust, particularly at executive level where regular meetings were taking place to address any issues.</p> <p>Dr Shehmar reported on the Trust's Corporate Risk (2475) which was the Trust's highest risk and related to the Trust adhering to the Mental Health Act. She said that actions had been taken and the risk had been reduced to (5). She highlighted that the Trust had two risks remaining on the risk register, one which related to the support the Trust receives when awaiting a Tier 4 bed, particularly with children and young people. She said this was a risk that the Trust was working through with the local Mental Health Trust.</p> <p>Ms Rowe advised that this was a partnership issue and asked if the Mental Health Trust should be working more closely with Walsall Together as part of the Trust's integrated care work. Prof Field advised that the Mental Health Trust was in partnership with Walsall Together and joint working would benefit the Trust.</p> <p>Resolved: that the Mental Health Report be received and noted.</p>
471/22	Pharmacy and Medicines Optimisation Report
	<p>Dr Shehmar reported on the Trust's response to the Care Quality Commission's (CQC) Section 29A Notice from October 23. She said that the Trust was in a better position as data was now organised better way and that the Trust was better cited on where the issues were.</p>


	<p>Dr Shehmar reported that weekly ward audits enabled the Trust to focus on interventions and where the Trust required them and where improvement had already been seen.</p> <p>Resolved: that the Pharmacy and Medicines Optimisation Report be received and noted.</p>
472/22	Safeguarding Adults and Children
	<p>Ms Pickford reported that she had investigated the numbers of outstanding staff to complete safeguarding level 3 training and work was continuing to target staff who had not yet completed the training.</p> <p>Ms Pickford highlighted the completion of the Learning Disability and Autism business case, which had been received by Ms Carroll and Ms Hickman to allow for a joint Learning Disability and Autistic Service across Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust.</p> <p>Resolved: that the Safeguarding Adults and Children report be received and noted.</p>
CARE AT HOME, WORK CLOSELY WITH PARTNERS	
473/22	Care at Home Executive Report
	<p>Mr Dodd reported that during the winter response there had had 65 adult and 10 paediatric virtual beds which had taken people from community alternatives to acute hospital admissions. He said during December 22 and January 23 there had been 285 people through the adult beds with paediatrics expanding up to 10 beds. Mr Dodd advised that there was potential to expand further and offered the Trust opportunity to focus on community pathways.</p> <p>Mr Dodd advised that discussions relating to mental health beds and the management of patients in their own environment to prevent them coming into hospital had taken place with the Mental Health Trust.</p> <p>Ms Muflahi asked when confirmation of additional funding for the virtual wards would be announced. Mr Dodd advised that the Trust was in the process of tracking the funding for expansion back through the Integrated Care Board (ICB).</p> <p>Resolved: that the Care at Home Executive Report be received and noted.</p>
474/22	Charitable Funds – Chair’s Report
	<p>Mr Assinder advised that Mazars, the Trust’s external auditors to the Charity, had issued a clean audit report for the accounts 2022/2023 and the Charitable Funds Committee had approved the Annual Report for 2022/2023.</p> <p>Resolved: that the Charitable Funds – Chair’s Report be received and noted.</p>
475/22	Update from the Black Country Provider Collaboration Programme
	<p>Mr Evans advised that clinical improvement work was continuing and the 13 projects that were currently underway would be examined in the next series of executive meetings.</p> <p>Mr Evans reported that the Trust was looking at including procurement and payroll into the corporate improvement programme.</p> <p>Mr Evans highlighted that the Trust had made a bid for the Provider Collaborative Innovator scheme. He said the Trust would be notified if successful by the end of February 23.</p>

	<p>Mr Evans advised on the Trust's wider working with the Integrated Care System (ICS) and the role of Dudley Integrated Healthcare Trust (DIHC). He reported that an options appraisal paper had been published on the future role and configuration of services currently provided and the role of DIHC moving forwards.</p> <p>Resolved: that the Update from the Black Country Provider Collaboration Programme be received and noted.</p>
476/22	<p>Sustainability Report</p>
	<p>Mr Evans advised that the Trust was aligned with the greener plan and submissions had been made to meet the National submissions. He said the Trust would include in future submissions its' focus on investment plans required to deliver on outstanding actions.</p> <p>Mr Evans reported that the Trust was looking at external opportunities to obtain funding and learn from the Royal Wolverhampton NHS Trust as they had been successful in obtaining additional funding to support their green journey.</p> <p>Mr Evans advised that the Trust had been recognised regionally for the Inhaler Recycling Scheme and had been asked to roll the scheme out across the Black Country region. He said the Trust had been asked to judge on two of the Health Service Journal (HSJ) Awards and the National Digital Innovation Award.</p> <p>Resolved: that the Sustainability Report be received and noted.</p>
<p>USE RESOURCES WELL</p>	
477/22	<p>Audit Committee - Chair's Report</p>
	<p>Ms Martin reported that the Trust had been alerted by the Head of Internal Audit that the draft annual internal audit opinion had not improved since 2022. She said the Trust had weaknesses in its' framework of governance, risk management and controls which was concerning. Ms Martin advised that the Trust had asked to work with internal auditors to look at what work was required with dates not yet set for implementation of the recommendations.</p> <p>Ms Martin reported that the Trust had received minimal assurance in response to the Trust's Covid-19 recovery. She said that the audits looked specifically at the management of harm occurring to patients when their treatment was delayed.</p> <p>Ms Martin advised that Ophthalmology had carried out a detailed review of patients and for other departments within the Trust which had not carried out reviews, there would be prioritisation as to which areas could cause the most potential harm by delaying audits.</p> <p>Ms Martin highlighted the Trust would be reviewing how bank and agency staff was booked and Mr Mortiboys and his team would be monitoring the Trust's spend on agency staff. She said the Trust had a growing substantive workforce and this would lower the need for agency staff.</p> <p>Ms Martin reported on data quality regarding Sepsis and the concerns over the quality of data being provided from the Trust's manual systems. She advised that progress was being made but work was still required.</p> <p>Ms Martin highlighted that reports that related to Patient Quality and Experience would be shared with the Quality, Patient Experience and Safety Committee (QPES) which Dr Parkes would lead on.</p>

	<p>Ms Martin suggested that the Audit Committee Chair's Report be prioritised earlier in the agenda due to the importance of the information contained within the report.</p> <p>ACTION: Mrs Toor to include the Audit Committee Chair's Report earlier in future Board agendas.</p> <p>Resolved: that the Audit Committee Chair's Report be received and noted.</p>
REPORTS FOR INFORMATION – MINUTES OF COMMITTEE MEETINGS	
478/22	Quality, Patient Experience and Safety Committee (Nov 22)
	<p>The Board Members received, for information, the confirmed minutes of Quality, Patient Experience and Safety Committee (QPES) held in November 2022.</p> <p>Resolved: that the minutes of the Quality, Patient Experience and Safety Committee held in November 2022 be received for information.</p>
479/22	Performance and Finance Committee
	<p>The Board Members received, for information, the confirmed minutes of the Performance and Finance Committee (PFC) held in November 2022.</p> <p>Resolved: that the minutes of the People and Organisational Development Committee held in November 2022 be received for information.</p>
480/22	People, Organisational Development and Culture Committee
	<p>The Board Members received, for information, the confirmed minutes of the Audit Committee held in December 2022.</p> <p>Resolved: that the minutes of the People and Organisational Development Committee held in December 2022 be received for information.</p>
VALUE OUR COLLEAGUES	
481/22	Staff Story
	<p>Prof Field advised that there were no specific items for the Value Our Colleagues section heading. He highlighted that it was important to hear staff stories at Public Trust Board Meetings.</p> <p>Mr Duffell advised that the Trust was in process of applying the same methodology as at The Royal Wolverhampton NHS Trust and staff would have the opportunity to have conversations with the Board at the next meeting.</p>
CLOSING ITEMS	
482/22	Any Other Business
	Prof Field confirmed that no Other Business had been raised.
483/22	Date and time of the next meeting
	Prof. Field confirmed that the next meeting was to take place on Wednesday 5 April 23.
484/22	Questions from the Public/Commissioners
	Prof. Field confirmed that no questions had been raised by the Public.
485/22	Resolution
	The meeting concluded at 12.45PM

List of action items

Agenda item	Assigned to	Deadline	Status	
Public Trust Board 03/08/2022 10.10 Safeguarding Adults and Children - Quarterly Report				
467.	Safeguarding Adults and Children Quarterly Report - Ms Pickford agreed to share with the Board in December 22, the training package being developed for the Learning Disability Agenda	● Carroll, Lisa	22/06/2023	■ Pending
<p><i>Explanation action item</i> Ms Carroll confirmed that the Oliver McGowan Disability training would be implemented in quarter 4 - and the action would be reviewed in June 2023.</p>				
Public Trust Board 08/02/2023 12.1 Director of Nursing Report				
640.	Minute Ref 463/22 Director of Nursing Report	● Carroll, Lisa ● Pickford, Fiona	05/04/2023	■ Pending
<p><i>Explanation action item</i> Ms Carroll and Ms Pickford to provide a detailed report on Safeguarding Level 3 Staff Attendance And Reasons For Staff Not Attending Training Courses.</p>				
Public Trust Board 08/02/2023 12.2 Hospital Mortality Report				
641.	Minute Ref 464/22 Hospital Mortality Report	● Shehmar, Manjeet	05/04/2023	■ Pending
<p><i>Explanation action item</i> Dr Odum asked if WHT was undertaking a review of when Same Day Emergency Care (SDEC) patients are removed from SHMI analysis to see what impact that would have on the SHMI data in April 23.</p> <p>ACTION: Dr Shehmar to review impact of SDEC patients being removed from SHMI analysis data.</p>				
Public Trust Board 08/02/2023 12.4 Quality Improvement (QI) Team Update				
642.	Minute Ref 466/22 Quality Improvement Team Update	● Evans, Simon	05/04/2023	■ Completed

	<p><i>Explanation action item</i> Mr Assinder asked how the Trust tracked the benefits of improvements and if these had made a difference. Mr Evans advised that the Trust was making a difference with quality improvements and data was reviewed and improvements made from that feedback.</p> <p>ACTION: Mr Evans to provide project specifics to the Board and highlight the improvements made from that data.</p> <p>Update: 22/3/23 - Mr Evans confirmed that the project specifics would be provided in the next QI Team Report to Board.</p>			
Public Trust Board 05/10/2022 8 Chief Executive's Report				
540.	Minute Ref: 368/22 - Chief Executive's Report : Mr Stringer to liaise with Ms Rowe to discuss a solution for joint working with other public sectors for the storage of medical record archives	<ul style="list-style-type: none"> ● Rowe, Sally ● Stringer , Kevin 	05/04/2023	 Pending
<p><i>Explanation action item</i> Following December Board Meeting - Mr Stringer asked that this action be extended to March 2023 as discussions were still ongoing. - Mr Stringer asked that this action be extended to April Board 2023</p>				

Nolan Principles of Public Life & Trust Values	
Committee on Standards in Public Life - Guidance The Seven Principles of Public Life Published 31 May 1995	
<p>The Seven Principles of Public Life (also known as the Nolan Principles) <i>apply to anyone who works as a public office-holder. This includes all those who are elected or appointed to public office, nationally and locally, and all people appointed to work in the Civil Service, local government, the police, courts and probation services, non-departmental public bodies (NDPBs), and in the health, education, social and care services. All public office-holders are both servants of the public and stewards of public resources. The principles also apply to all those in other sectors delivering public services.</i></p>	
<i>Principle</i>	<i>I will show this by</i>
1. Selflessness Holders of public office should act solely in terms of the public interest.	
2. Integrity Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.	
3. Objectivity Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.	
4. Accountability Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.	
5. Openness Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.	
6. Honesty Holders of public office should be truthful.	
7. Leadership Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.	

Excel in the delivery of Care

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

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

Support our Colleagues

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

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



Improve the health of our Communities

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

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

Effective Collaboration

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

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

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust





Walsall Healthcare
NHS Trust

Trust Board Report

Meeting Date:	5 April 2023
Title of Report:	Chief Executive's Report
Action Requested:	To receive and note.
For the attention of the Board	
Assure	<ul style="list-style-type: none"> Assurance relating to the appropriate activity of the Chief Executive Officer.
Advise	<ul style="list-style-type: none"> None in this report.
Alert	<ul style="list-style-type: none"> None in this report.
Author and Responsible Director Contact Details:	Tel: 01902 695950 Email: gayle.nightingale@nhs.net
Links to Trust Strategic Aims & Objectives	
<i>Excel in the delivery of Care</i>	<ul style="list-style-type: none"> a) Embed a culture of learning and continuous improvement b) Prioritise the treatment of cancer patients c) Safe and responsive urgent and emergency care d) Deliver the priorities within the National Elective Care Strategy e) We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
<i>Support our Colleagues</i>	<ul style="list-style-type: none"> a) Be in the top quartile for vacancy levels b) Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing c) Improve overall staff engagement d) Deliver improvement against the Workforce Equality Standards
<i>Improve the Healthcare of our Communities</i>	<ul style="list-style-type: none"> a) Develop a health inequalities strategy b) Reduction in the carbon footprint of clinical services by 1 April 2025 c) Deliver improvements at PLACE in the health of our communities
<i>Effective Collaboration</i>	<ul style="list-style-type: none"> a) Improve population health outcomes through provider collaborative b) Improve clinical service sustainability c) Implement technological solutions that improve patient experience d) Progress joint working across Wolverhampton and Walsall e) Facilitate research that improves the quality of care
Resource Implications:	None.
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.
CQC Domains	Responsive: Well-led:
Equality and Diversity Impact	None in this report.
Risks: BAF/ TRR	None in this report.
Risk: Appetite	None in this report.
Public or Private:	Public
Other formal bodies involved:	As detailed in the report.
References	As detailed in the report.

NHS Constitution:	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny
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Brief/Executive Report Details	
Chief Executive Report to Board	
1.0	Review
	This report indicates my involvement in local, regional and national meetings of significance and interest to the Board.
2.0	Consultants
	<p>There has been seven Consultant Appointments since I last reported:</p> <p><u>Respiratory</u> Dr Indrajit Sau</p> <p><u>General Surgery</u> Dr Muhammad Tayyab</p> <p><u>Obstetrics</u> Dr Sudipta Banerjee</p>
3.0	Policies and Strategies
	<p>Policies for February 2023</p> <ul style="list-style-type: none"> • Policies, Procedures and Guidelines - Quarter 4 Report • CP970 – V6 – Pre-op Fasting for Adult and Child Emergency and Elective Patients Policy • HR972 – V3 – Medical Job Planning Policy <p>Policies for March 2023</p> <ul style="list-style-type: none"> • Policies, Procedures and Guidelines - Quarter 5 Report • HR973 V2 - Maternity and Family Leave Policy • IP978 V1 - Sharps-Safety Including Splash Injury & Post-Exposure Prophylaxis (PEP) Management Policy • OP974 V2 - VIP, Celebrity and Media Visitors Access Policy • OP976 V2 - Media Handling Policy • Standing Operating Procedure - Multi-Disciplinary Team Standardisation and Complex Cancer Care Pathway • Standing Operating Procedure V2 - Child Protection Medical Examinations Requested by Social Services • Trust Guidelines V4 - for the Management of Croup

4.0	Visits and Events
	<ul style="list-style-type: none"> • Since the last Board meeting, I have undertaken a range of duties, meetings and contacts locally and nationally including: • Since Friday 27 March 2020 I have participated in weekly virtual calls with Chief Executives, led by Dale Bywater, Regional Director – Midlands – NHS Improvement/ England • 26 January 2023 - chaired the virtual Trust Management Committee (TMC), undertook a site visit to the New Emergency Department for members of Walsall Overview and Health Scrutiny Committee and participated in a Walsall Council Health and Well Being Workshop • 31 January 2023 – undertook a site visit at Manor Hospital with Amy Boden, Head of Infection Prevention and the COVID-19 Team • 1 February 2023 – attended the virtual NHS England (NHS) Delivery Plan for Recovering Urgent and Emergency Care Services webinar • 2 February 2023 - met with Pat Usher and Jane Wilson, Joint Staff -side Leads, met with Dr Asif Naveed, Clinical Director - Acute and Emergency Medicine, as part of induction programme and met with Clifton Lemord, Union Representative • 8 February 2023 – presented the Cavell Star award - Mental Health to Jodie Kirby-Owens, Lead Nurse for Mental Health – WHT/RWT and members of the Mental Health Team • 14 February 2023 – met with Trust Board members of Dudley Integrated Health and Care NHS Trust (DIHC) • 15 February 2023 – participated in the virtual Regional Cancer Board meeting and attended the Black Country Provider Collaborative Executive Half Away Day • 16 February 2023 - participated in the virtual Joint Negotiating Committee (JNC) • 17 February 2023 – virtually meet with Wendy Morton MP and Eddie Hughes MP, participated in a virtual Integrated Care System (ICS) Financial 2023/24 planning meeting for Walsall Healthcare NHS Trust (WHT) and The Royal Wolverhampton NHS Trust (RWT) • 21 February 2023 – undertook a virtual Non-Executive Directors (NEDs) briefing and participated in a virtual NHS Providers - Deep Dive - Delivering Digital Transformation webinar and attended a Walsall Council Overview and Health Scrutiny Committee • 23 February 2023 – virtually met with Jo Wright, Deputy Head of Midwifery as part of the Nye Bevan Course and chaired the virtual Trust Management Committee (TMC) • 2 March 2023 – participated in a Health Chat virtual webinar as part of the institute of Health and Social Care Management (IHSCM) • 6 March 2023 – virtually met with Deborah Hindson - Interim Chief Executive, Walsall Council • 8 March 2023 – attended the New Consultants Induction event • 9 March 2023 – attended the virtual NHS England (NHS) Junior Doctors webinar and participated in a virtual Local Negotiating Committee (LNC) • 10 March 2023 – virtually met with Mark Axcell, Chief Executive – Integrated Care System (ICS) and participated in the Joint RWT and WHT Oversight and Assurance meeting with NHS England’s Regional Team and the ICS • 15 March 2023 - participated in a virtual Walsall Proud Partnership (WPP) meeting • 16 March 2023 - participated in a virtual Joint Negotiating Committee (JNC) and participated in the virtual Black Country Collaborative Executive Group meeting

	<ul style="list-style-type: none">17 March 2023 - virtually meet with Wendy Morton MP, virtually met with Kerrie Allward, Executive Director Adult Social Care, Public Health and Hub – Walsall Council, attended the Steve Barclay, Secretary of State – Health and NHS England - Amanda Pritchard, Chief Executive Junior Doctors – virtual webinar and presented Reverend Joe Fielder the ‘Above and Beyond’ Mariposa Trust award
5.0	Board Matters
	Prof. Steve Field CBE, Chairman retired from the Trust on 31 March 2023.

Trust Board Report

Meeting Date:	5 April 2023
Title of Report:	Chair's report of the Trust Management Committee (TMC) held on 23 February 2023 – to note this was a virtual meeting
Action Requested:	To receive and note.
For the attention of the Board	
Assure	<ul style="list-style-type: none"> None in this report.
Advise	<ul style="list-style-type: none"> Matters discussed and reviewed at the most recent TMC.
Alert	<ul style="list-style-type: none"> None in this report.
Author and Responsible Director Contact Details:	Tel: 01902 695950 Email: gayle.nightingale@nhs.net
Links to Trust Strategic Aims & Objectives	
<i>Excel in the delivery of Care</i>	<ul style="list-style-type: none"> a) Embed a culture of learning and continuous improvement b) Prioritise the treatment of cancer patients c) Safe and responsive urgent and emergency care d) Deliver the priorities within the National Elective Care Strategy e) We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
<i>Support our Colleagues</i>	<ul style="list-style-type: none"> a) Be in the top quartile for vacancy levels b) Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing c) Improve overall staff engagement d) Deliver improvement against the Workforce Equality Standards
<i>Improve the Healthcare of our Communities</i>	<ul style="list-style-type: none"> a) Develop a health inequalities strategy b) Reduction in the carbon footprint of clinical services by 1 April 2025 c) Deliver improvements at PLACE in the health of our communities
<i>Effective Collaboration</i>	<ul style="list-style-type: none"> a) Improve population health outcomes through provider collaborative b) Improve clinical service sustainability c) Implement technological solutions that improve patient experience d) Progress joint working across Wolverhampton and Walsall e) Facilitate research that improves the quality of care
Resource Implications:	As per the agenda item.
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.
CQC Domains	Safe: Effective: Caring: Responsive: Well-led:
Equality and Diversity Impact	None identified.
Risks: BAF/ TRR	None identified.
Risk: Appetite	None identified.
Public or Private:	Public.
Other formal bodies involved:	Executive Team Meetings, Staff Briefing
References	As per the agenda item.

NHS Constitution:	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny
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Brief/Executive Report Details	
Executive Summary Title:	Chair's report of the Trust Management Committee (TMC) held on 23 February 2023 – to note this was a virtual meeting
1.0	Key Current Issues/Topic Areas/ Innovation Items:
	<ul style="list-style-type: none"> • There were none this month.
2.0	Exception Reports
	<ul style="list-style-type: none"> • There were none this month.
3.0	Items to Note – all of the following reports were reviewed and noted in the meeting
	<ul style="list-style-type: none"> • Director of Nursing Report • Midwifery Service Report • Divisional Quality and Governance Report – Medicines and Long-Term Conditions Report • Divisional Quality and Governance Report – Surgery Report • Divisional Quality and Governance Report – Women's, Children's and Clinical Support Services Report • Divisional Quality and Governance Report – Community Services Report • Integrated Quality Performance Report (IQPR) • Trust Financial Position (Revenue and Capital) - Month 10 Report • Budget Income/Expenditure Plan 2023/24 - Presentation • Walsall Together Report • Workforce Summary Report • Workforce Metrics Report • NHS National Staff Survey Results
4.0	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
	<ul style="list-style-type: none"> • Director of Infection Prevention Report • Contracting and Business Development Verbal Update • Research and Development Report • Cancer Services Report • Tobacco Dependency Report • Corporate Risk Register and Business Assurance Framework Report • Urgent and Emergency Care Centre's Capital Build Update Report • Information Management and Technology (IM and T) Strategy and Update Report • NHS.net Hygiene Changes and Mandating all Staff Maintain Active E-mail Account Report

5.0	Business Cases – approved
	<ul style="list-style-type: none">• There were no business case for approval.
6.0	Policies approved
	<ul style="list-style-type: none">• Policies, Procedures and Guidelines - Quarter 4 Reports• CP970 – V6 – Pre-op Fasting for Adult and Child Emergency and Elective Patients Policy• HR972 – V3 – Medical Job Planning Policy
7.0	Other items discussed
	There were none this month.

Trust Board Report

Meeting Date:	5 April 2023
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Action Requested:	To receive and note.
For the attention of the Board	
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Advise	<ul style="list-style-type: none"> Matters discussed and reviewed at the most recent TMC.
Alert	<ul style="list-style-type: none"> None in this report.
Author and Responsible Director Contact Details:	Tel: 01902 695950 Email: gayle.nightingale@nhs.net
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Resource Implications:	As per the agenda item.
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.
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Equality and Diversity Impact	None identified.
Risks: BAF/ TRR	None identified.
Risk: Appetite	None identified.
Public or Private:	Public.
Other formal bodies involved:	Executive Team Meetings, Staff Briefing
References	As per the agenda item.

NHS Constitution:	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny
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Brief/Executive Report Details	
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	<ul style="list-style-type: none"> • There were none this month.
2.0	Exception Reports
	<ul style="list-style-type: none"> • There were none this month.
3.0	Items to Note – all of the following reports were reviewed and noted in the meeting
	<ul style="list-style-type: none"> • Director of Nursing Report • Quality and Safety Enabling Strategy • Quality Framework Report • Midwifery Services Report • Divisional Quality and Governance Report – Medicines and Long-Term Conditions Report • Divisional Quality and Governance Report – Surgery Report • Divisional Quality and Governance Report – Women's, Children's and Clinical Support Services Report • Divisional Quality and Governance Report – Community Services Report • Integrated Quality Performance Report (IQPR) • Trust Financial Position (Revenue and Capital) - Month 11 Report • Workforce Safeguards Report • Acute Care Collaboration Report • Property Management Update Report •
4.0	<u>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</u>
	<ul style="list-style-type: none"> • Infection Prevention Report • Patient Experience Report • Contracting and Business Development Verbal Update • Corporate Risk Register and Business Assurance Framework Report • Care Quality Commission (CQC) Action Plan Report • Walsall Together Report • Education and Training Report • Research and Development Report
5.0	Business Cases – approved

	<ul style="list-style-type: none"> • Business Case – New Template Submission Report • Business Case for the funding of the Emergency Preparedness and Resilience and Response (EPRR)
6.0	Policies approved
	<ul style="list-style-type: none"> • Policies, Procedures and Guidelines - Quarter 5 Report • HR973 V2 - Maternity and Family Leave Policy • IP978 V1 - Sharps-Safety Including Splash Injury & Post-Exposure Prophylaxis (PEP) Management Policy • OP974 V2 - VIP, Celebrity and Media Visitors Access Policy • OP976 V2 - Media Handling Policy • Standing Operating Procedure - Multi-Disciplinary Team Standardisation and Complex Cancer Care Pathway • Standing Operating Procedure V2 - Child Protection Medical Examinations Requested by Social Services • Trust Guidelines V4 - for the Management of Croup
7.0	Other items discussed
	There were none this month.

Trust Committee Chairs Assurance Report

Name of Committee/Group:	Joint Steering Group
Date(s) of Committee/Group Meetings since last Board meeting:	6 th March 2023
Chair of Committee/Group:	Professor Steve Field
Date of Report:	13 th March 2023

<p>ALERT Matters of concerns, gaps in assurance or key risks to escalate to the Board/Committee</p>	<p>Steering Group Future Chair Arrangements</p> <p>Prof Field advised that Prof Toner as vice chair of the Joint Committee Steering Group would lead as chair until a replacement was in post.</p> <p>Digital Group</p> <p>Following a discussion about how digital could be used to address innovation, improvement, productivity, and people. It was suggested that a future meeting would be convened with an invite to additional colleagues to explore the potential opportunities.</p>
<p>ADVISE Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought</p>	<p>Improvement, Innovation and Research (IIR)</p> <p>It was reported that The University of Wolverhampton had recently approved the appointment of a Professor of Nursing and that Birmingham City University had approved the appointment of a Professor of Midwifery.</p> <p>It was also confirmed that WHT and RWT had further collaborations planned with higher education institutions.</p> <p>People Group</p> <p>The first meeting of the People Group as a joint meeting for WHT and RWT was scheduled for Friday 10 March 2023 and an update would be provided at the next Joint Committee SG.</p> <p>Digital Group</p> <p>The Digital Group had met and agreed their terms of reference as well as an outline work plan for 2023.</p> <p>It was reported that Phase One was to define the requirements and undertake a physical audit of infrastructure, hardware, and software. Further phases included the design of the network to meet requirement</p>

	<p>definition and the new network configurations and the development of implementation plans.</p> <p>Integration Plan</p> <p>It was reported that there was now one Quality Improvement and one Planning Team across WHT and RWT. The teams were working with both Trusts to establish a structured process to identify the most suitable and relevant services where there was the biggest clinical sustainability issues. The Group was informed that work would begin implementing the improvement plan across medicines management and pharmacy. A process has also been agreed to determine what services were next, the reasons why and the evidence of how they had been scored.</p> <p>It was noted that work on this process had begun in 2022 during which time every director had been interviewed and the Trusts had used data, the Board Assurance Framework (BAF) and Risk Register perspective to establish a view.</p>
<p>ASSURE Positive assurances & highlights of note for the Board/Committee</p>	<p>Strategy Implementation</p> <p>Work has commenced to coordinate and align the strategy reporting through the subcommittee structure and the reporting of reports through the subcommittee arrangements.</p> <p>Work is also underway to underpin each individual objective with specific links to the 4 C's and 17 strategic objectives.</p> <p>Integration Plan</p> <p>The group was notified that the integration plan work would align with the governance document issued by NHS England in 2022 and any service change suggested or recommended would go through the service change process.</p>
<p>Links to Strategic Objectives</p>	<p>Excel in the delivery of Care</p> <ul style="list-style-type: none"> a) Embed a culture of learning and continuous improvement b) We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
	<p>Support our Colleagues</p> <ul style="list-style-type: none"> a) Be in the top quartile for vacancy levels b) Improve overall staff engagement
	<p>Improve the Healthcare of our Communities</p> <ul style="list-style-type: none"> a) Reduction in the carbon footprint of clinical services by 1 April 2025
	<p>Effective Collaboration</p> <ul style="list-style-type: none"> a) Improve population health outcomes through provider collaborative b) Improve clinical service sustainability c) Implement technological solutions that improve patient experience d) Progress joint working across Wolverhampton and Walsall

	e) Facilitate research that improves the quality of care
Recommendation(s) to the Board/Committee	<ul style="list-style-type: none"> To note the report
Changes to BAF Risk(s) & TRR Risk(s) agreed	<ul style="list-style-type: none"> None as a result of this report
ACTIONS Significant follow up action commissioned (including discussions with other Board Committees, Groups, changes to Work Plan)	<ul style="list-style-type: none"> The development of the integration plan will be monitored through the Executive led Integration and Collaboration Group and reviewed by the Joint Steering Group.
ACTIVITY SUMMARY Presentations/Reports of note received including those Approved	<ul style="list-style-type: none"> Revised Terms of Reference Progress Update on the QI Development Plan
ACTIVITY SUMMARY Major agenda items discussed including those Approved	<ul style="list-style-type: none"> None
Matters presented for information or noting	<ul style="list-style-type: none"> People Group Update
Self-evaluation/ Terms of Reference/ Future Work Plan	<ul style="list-style-type: none"> This is the first report of the Joint Steering Group Further evaluation of the role of the group is planned for September 2023
Items for Reference Pack	<ul style="list-style-type: none"> None

Meeting of the Public Trust Board	
Meeting Date:	5 th April 2023
Title of Report:	Director of Nursing Report
Action Requested:	To approve
For the attention of the Board	
Assure	<ul style="list-style-type: none"> Safeguarding adult and children's training is achieving the Trust target for levels 1 and 2 training. The vacancy rate for Registered Nurses and Midwives is just over 3%, and recruitment continues. Falls per 1000 bed days was 3.72 in February 2023 (3.30 in January 2023). Weekly falls accountability meetings are continuing, identifying lessons learnt and shared learning.
Advise	<ul style="list-style-type: none"> The total number of Trust acquired pressure ulcers reported in February 2023 was 29, a slight increase from January's performance but within normal variation. Within the ED department, 78.76% of patients received antibiotics within the first hour in February 2023; this figure is an increase from January 2023 (76.14%). For inpatients, 68.97% of patients received antibiotics within the first hour in February 2023; this figure is a decrease from the January 2023 performance of 72.22%. The prevalence of timely observations for February 2023 was 87.96%, including ED and 89.77%, excluding ED. January 2023 results were 84.17%, including ED and 87.32%, excluding ED. 18 clinical areas achieved the 90% target, an increase from 13 areas in January 2023. Monthly medication audits continue in all relevant areas, results demonstrate improvement, but particular focus is still required for prescribing medications, documenting the nature of an allergy and documentation of patient weights. Issues with Scale 2 usage within NEWS2 remain a corporate risk. However, an e-Learning package has been uploaded to ESR, and 57% of clinical staff have completed the training as of February 2023.
Alert	<ul style="list-style-type: none"> There were 3 cases of <i>C.difficile</i> in February 2023, 1 of these cases was deemed avoidable. Safeguarding adults and children level 3 training remains static and below Trust target.
Author and Responsible Director Contact Details:	Caroline Whyte – Deputy Director of Nursing – caroline.whyte3@nhs.net Lisa Carroll – Director of Nursing - lisa.carroll5@nhs.net
Links to Trust Strategic Aims & Objectives	
<i>Excel in the delivery of Care</i>	<ol style="list-style-type: none"> Embed a culture of learning and continuous improvement Prioritise the treatment of cancer patients Safe and responsive urgent and emergency care Deliver the priorities within the National Elective Care Strategy We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
<i>Support our Colleagues</i>	<ol style="list-style-type: none"> Be in the top quartile for vacancy levels Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing Improve overall staff engagement

	d) Deliver improvement against the Workforce Equality Standards
<i>Improve the Healthcare of our Communities</i>	a) Develop a health inequalities strategy b) Reduction in the carbon footprint of clinical services by 1 April 2025 c) Deliver improvements at PLACE in the health of our communities
<i>Effective Collaboration</i>	a) Improve population health outcomes through provider collaborative b) Improve clinical service sustainability c) Implement technological solutions that improve patient experience d) Progress joint working across Wolverhampton and Walsall e) Facilitate research that improves the quality of care
Resource Implications:	None
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.
CQC Domains	Safe: Effective: Caring: Responsive: Well-led:
Equality and Diversity Impact	
Risks: BAF/ TRR	<p>208 - Failure to achieve 4 hour waits as per National Performance Target of 95%, resulting in patient safety, experience and performance risks (Risk Score 16).</p> <p>2066 – Risk of avoidable harm to patients due to wards & departments being below the agreed substantive staffing levels (Risk Score 10)</p> <p>2245 - Risk of suboptimal care and potential harm to patients from available midwives being below the agreed establishment level (Risk Score 20).</p> <p>2325 – Incomplete patient health records documentation and lack of access to patient notes to review care. This is due to a known organisational backlog of loose filing and increased reported incidents of missing patient notes (Risk Score 16).</p> <p>2430 – Risk of harm to children due to fragmented record storage (Risk Score 8).</p> <p>2439 - External inadequate paediatric mental health and social care provision leading to an increase in CYP being admitted to our acute Paediatric ward whilst awaiting a Tier 4 bed or needing a 'place of safety' (Risk Score 20).</p> <p>2540 - Risk of avoidable harm going undetected to patients, public and staff due to ineffective safeguarding systems (Risk Score 12).</p> <p>2581 – Internal risk for patients awaiting Tier 4 hospital admission (Risk Score 16).</p> <p>2587 - Risk of staff harm due to insufficient numbers of staff fit mask tested on two different masks (Risk Score 9).</p> <p>2601 - Inadequate Electronic Module for Sepsis/deteriorating patient identification, assessment and treatment of the sepsis 6 (Risk Score 12).</p> <p>2917 - Inappropriate use of SCALE2 within NEWS2 (Risk Score 12).</p>
Risk: Appetite	Low
Public or Private:	Private
Other formal bodies involved:	None
NHS Constitution:	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

NURSING QUALITY DATA

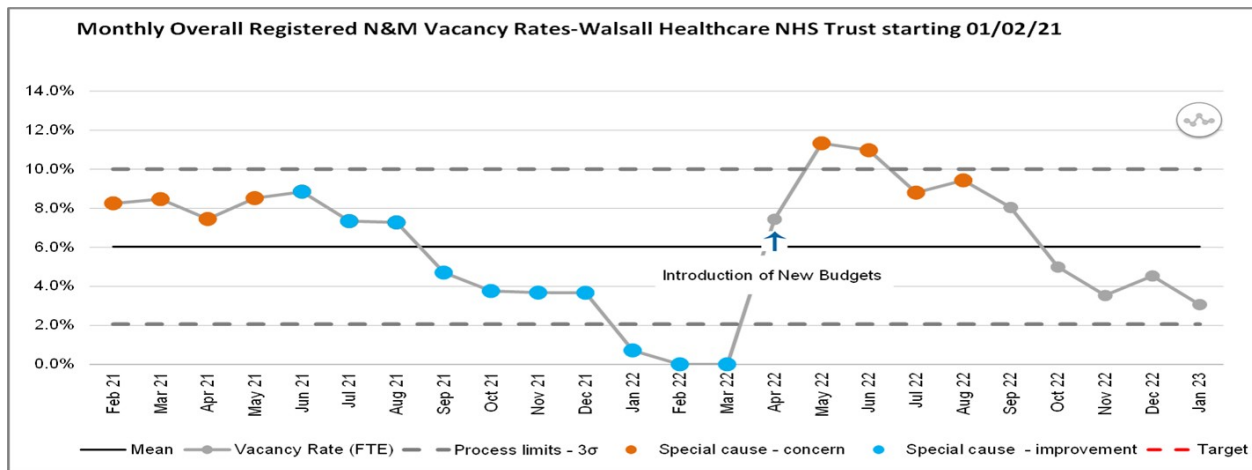
- The Nursing Quality Dashboard (Appendix 1) provides an ‘at a glance’ view of ward/department/service performance with regards to structure, process and outcomes and it is provided for information.
- Other nursing quality data can be viewed on the Integrated Quality and Performance Report.
- Trust level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



Vacancies and recruitment

Registered Nursing and Midwifery staff

- In January 2023 the vacancy percentage has decreases to just over 3% from the 4% reported in December 2022.
- A total of 302 Clinical Fellowship Nurses have commenced within the Trust since the programme began.
- 10 CFNs arrived in the trust in January 2023 and as expected no CFNs arrived in the Trust in February 2023
- The Trust 5 WTE midwifery vacancies following a successful recruitment campaign.
- Bank CSW recruitment continues with a further 20 candidates offered posts following interview in February and early March 2023.
- Bank RN (adult, neonatal and paediatric) and midwifery recruitment continues with a monthly rolling advert in place.



Red flags

There were 13 open Red Flags reported, a decrease of 61 open red flags recorded in January

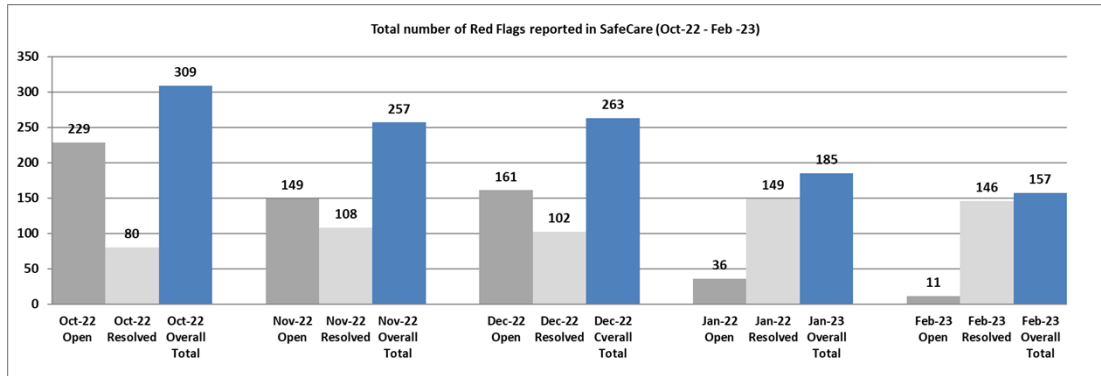
- 92% of Red Flags are reported during the day, 8% at night.
- The majority of Red Flags continue to be recorded on weekdays (75%) and not weekends (25%).
- 46% (6) of Red Flags were recorded for the reason of 1 to 1 not covered.

144 red flags were resolved and closed during February. An increase of 33 compared to January (111), these are reported separately to the total figures.

The 3 Red Flags with the highest number of reports were

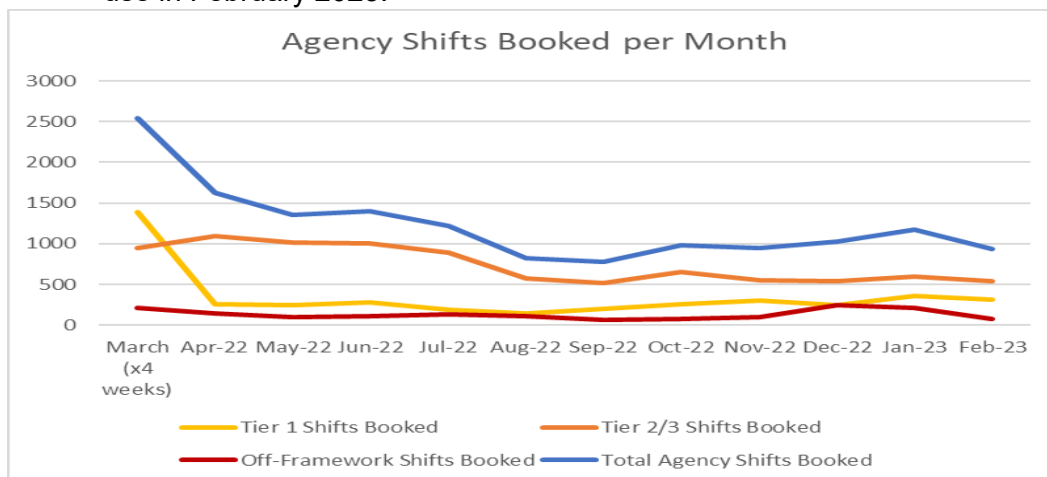
- Patients require 1-1 needs not met = 6

- Shortfall of RN time = 3
- Increase in patient Acuity impacting ability to care = 2



Temporary staffing

- Off framework use has decreased during February 2023 (76 shifts compared to 214 shifts in January 2023). A total of 746.5 hours of off-framework was used during February 2023 (2153.58 hours in January 2023).
- During February 2023 Tier 1 and Tier 2 saw an overall decrease in usage, an increased was seen at the later end of the month, this is attributed to the additional staffing required to support the opening and transition of the new Emergency Department. There was a decrease in off framework use in February 2023.



- Agency use, except in exceptional circumstances will cease at the end of March 2023. A standard operating procedure and checklist for requesting agency has been approved by NMAAF and by executives. This has been developed in conjunction with the Divisional Directors of Nursing and shared with ward managers and Matrons at a meeting on the 14th March 2023.
- From the 1st April 2023 should an area deem that they require agency staff, a checklist must be completed detailing all actions taken to maintain safe staffing. If the area still deems that they require agency, authorisation can only be granted by the Director of Nursing or their Deputy in hours or the Director on call out of hours and at weekends

Retention – Registered and non-registered staff

There are ongoing staff retention initiatives in place to ensure we retain our staff and provide them with a positive experience of working in the organisation.

The Stay Together all Year (STaY) event is a targeted retention intervention for staff who have worked at the Trust for 12 months or less, providing opportunities for a two-way conversation with senior colleagues and this has been extended from Nursing to now include Midwifery and Allied Health Professional colleagues. The next event is planned for April 2023.

The Legacy Mentor 3-month pilot, aimed at supporting our newly qualified staff, is currently in the recruitment stage. We are aiming to recruit 9 Legacy Mentors across both organisations to test the

concept and this will be evaluated after 3 months.

The Trust has launched an internal transfer scheme to support staff to move swiftly to a preferable place of work. The aim is to support the retention of skills and knowledge and to reduce the cost of recruitment and the time filling vacancies.



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

- Dementia training continues to be delivered, including interactive training and education sessions for Healthcare Support Worker (HCSW) bank staff and provision of training via Worcester University, specifically aimed at substantive wards/team leaders and dementia champions.
- Band 6 Quality Away Days have commenced and initial feedback is very positive.
- Band 7 leader workshops have been developed, to engage participants utilising action learning and a variety of tabletop exercises regarding the key roles and responsibilities for these leaders.
- Band 6 management and leadership days are being developed to support colleagues in these roles, who wish to take on the next step of becoming a Band 7 leader of the future.
- A HCSW celebration event is being planned for the 15th May 2023.
- The Nursing and Midwifery Council (NMC) has confirmed changes to pre-registration Education Standards (approved on 25/1/23). The changes are as follows:
 - United Kingdom (UK) is no longer bound to follow the European Union (EU) regulations.
 - The number of hours nursing students can have for simulated practice learning has doubled.
 - Simulation hours have increased from 300 to 600 hours of 2300 practice hours.
 - Greater flexibility has been offered around the entry requirements for the nursing and midwifery programmes.
- The National Education and Training Survey (NETS survey) results have now been published. The Trust is a low outlier for Pre-registration adult training in 7 of the 9 domains. An action plan is being developed to address these and will progress will report to NMAFF

NHS Region		Organisation		Subject and Specialism					
All		Walsall Healthcare NHS Trust		All					
Org name corrected	Current Mean	Current Learners	Nov 2021 mean	Nov 2021 Learners	Jul 2021 mean	Jul 2021 Learners	Nov 2020 mean	Nov 2020 Learners	
Quality of Care	85.42%	4							
Supervision	96.25%	4							
Teaching & Learning	87.50%	4							
Teamworking	75.00%	4							
Workload	100.00%	4							
Pre-registration nursing - Adult									
Bullying & Undermining	75.94%	58			87.21%	33			
Facilities	44.40%	58			53.03%	33			
Induction	63.79%	58			71.21%	33			
Overall Experience	56.95%	58			70.08%	33			
Quality of Care	65.32%	58			76.01%	33			
Supervision	54.21%	58			66.67%	33			
Teaching & Learning	55.85%	58			66.41%	33			
Teamworking	74.14%	58			73.86%	33			
Workload	39.66%	58			60.61%	33			
Pre-registration nursing - Child									
Bullying & Undermining	81.33%	6			77.67%	6			
Facilities	70.83%	6			41.67%	6			
Induction	87.50%	6			79.17%	6			
Overall Experience	75.83%	6			62.50%	6			
Quality of Care	76.39%	6			66.67%	6			
Supervision	80.83%	6			69.17%	6			
Teaching & Learning	68.75%	6			62.50%	6			
Teamworking	75.00%	6			54.17%	6			
Workload	75.00%	6			58.33%	6			
Radiography - Diagnostics									
Bullying & Undermining	90.67%	6							

Note on Nursing & Midwifery

Between Nov 2020 and Jul 2021, Nursing and Midwifery were split into two benchmark groups. For this reason, 2020 trend data for these subjects is not available.

Colour Code

- Below Mask Threshold or Not Benchmarked
- Low-Scoring Outlier
- Lower Quartile But Not Outlier
- Within Interquartile Range
- Upper Quartile But Not Outlier
- High-Scoring Outlier

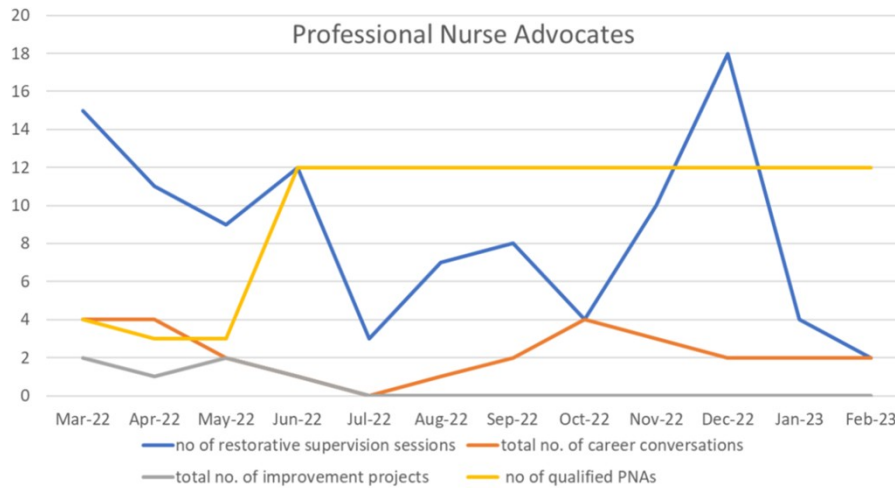
Question Mapping

Answer Mapping

- The Trust has a total of 13 Professional Nursing Advocates (PNA) in patient facing roles. The table below provides more details on the activity associated with these roles.

PNA numbers and activity

Number on Waiting List	Total Number In PNA training	Total number of registered nursing staff (patient facing) with a PNA qualification (headcount)	Total number of restorative supervision sessions conducted by a PNA (total for Feb)	Total number of career conversations delivered by a PNA (total for Feb)	Total number of improvement projects/programmes supported by PNAs (rolling total)
5	4	13	2	2	5

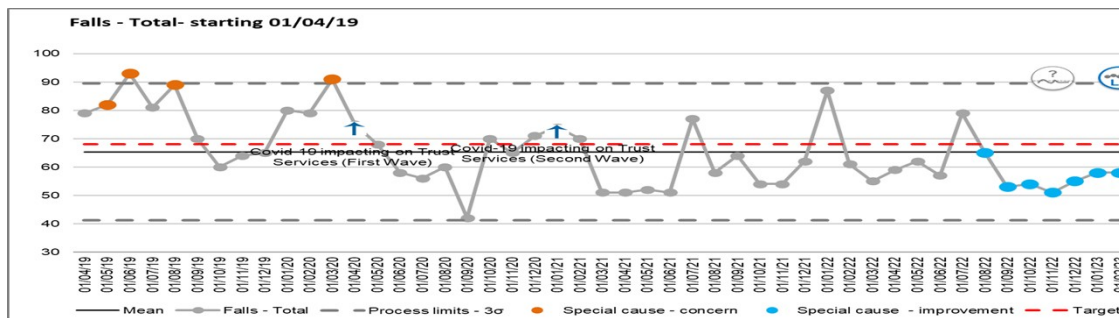


Quality

Patient falls

- The number of Trust falls recorded for February 2023 is 58 (58 in January 2023)
- The Royal College of Physicians' average performance of 6.63 falls per 1000 occupied bed days has been achieved continuously for the past 31 months
 - Falls per 1000 bed days was 3.72, a slight increase from 3.30 during January 2023.
- Eight patients had repeat falls which is a slight increase from 7 in January 2023.

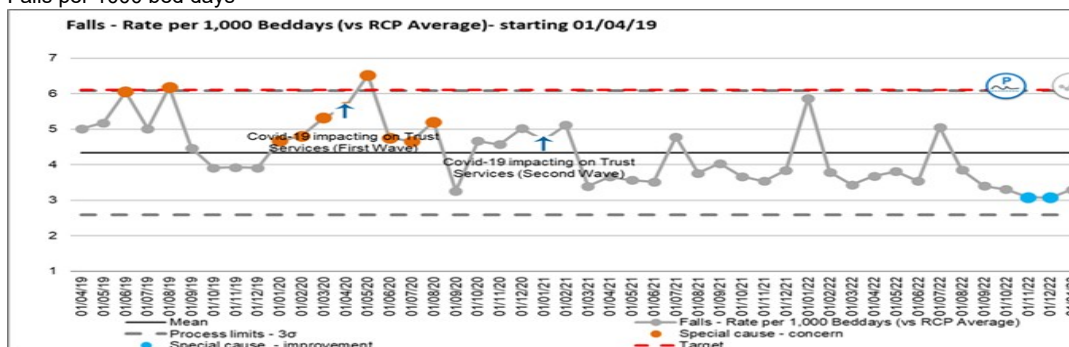
Total Falls



Hospital vs community falls

	Apr 22	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan 23	Feb
Hospital	57	55	51	75	61	49	49	49	51	54	53
Community	2	7	6	4	4	4	5	2	4	4	5

Falls per 1000 bed days



Themes and issues identified:

- Poor completion of patient risk assessments and recording of lying and standing BP, vision assessments.
- Care planning and evaluation.
- Patients incurring multiple falls.
- Communication on transfer and identification of enhanced supervision required for patients continue to be areas of concern.
- Failure to assess, implement and maintain a level of enhanced supervision.
- Identification and management of patients with behavioural and cognitive disorders early in the patient journey.
- Compliance with national guidelines for post falls care relating to moving and handling and undertaking neurological observations.

Actions being taken:

The trends and themes have been tabled for discussion and consideration for QI projects at the Falls and Deconditioning Prevention Shared Decision-Making Group.

The Eat, Drink, Dress, Move to Improve programme is being piloted on two wards in the Trust.

Tissue Viability

In February 2023 there was an increase in incidents in both hospital and community.

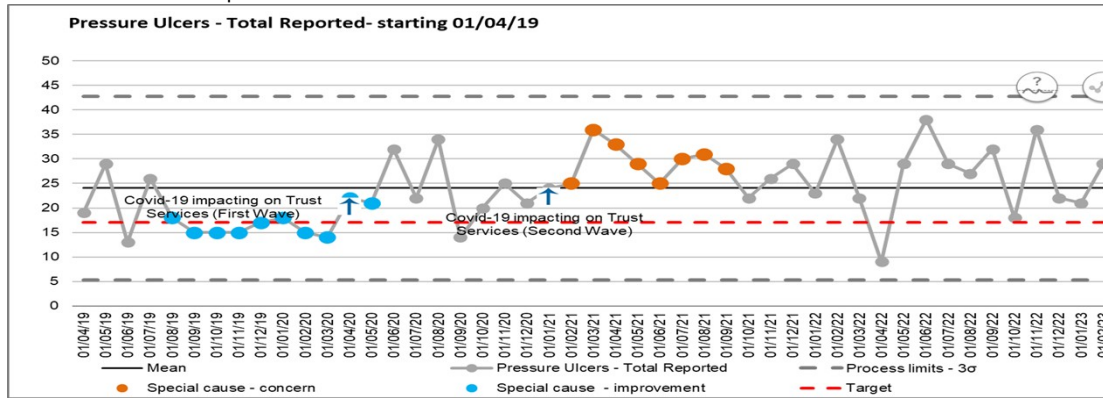
The April to December 2022 data has been cleansed and all incidents of skin damage reported as unstageable have been reviewed and the pressure ulcers graded appropriately. This has resulted in an increase in the final numbers reported during this period.

The hybrid mattress contract has been signed and roll out across the Trust is planned for week commencing the 17th April 2023. A review of the mattress options for the Emergency Department trolley mattresses has been undertaken and a plan to pilot a hybrid mattress is being developed.

The ICB have proposed the Trust adopt a national CQUIN regarding the assessment and documentation of pressure ulcer risk within the acute trust for the financial year 2023/24. This is a CQUIN for community inpatient services this financial year. An engagement plan is currently being developed.

The hospital site has achieved a positive reduction with Moisture Associated Skin Damage. The Trust wide reported increase in pressure ulcers in January 2023 is linked to a rise in the reported cases of *Clostridium difficile*

Pressure ulcers total reported – Trust



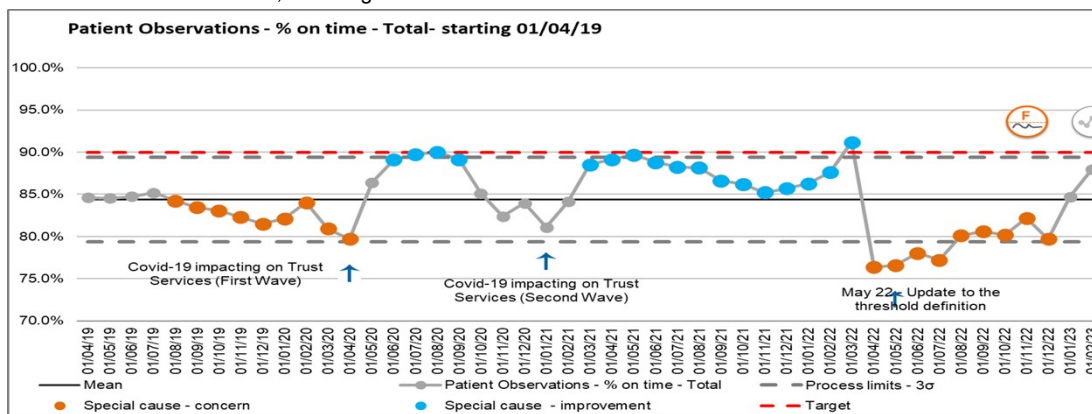
Patient observations on time

As reported previously, changes have been made to the threshold for late observations and how late observations are classified. The previous threshold of 33% has been reduced to 10% for all observations at a frequency greater than 1 hour. The 33% threshold remains in place for observations that are recorded hourly. The Trust target has also increased from 85% to 90%.

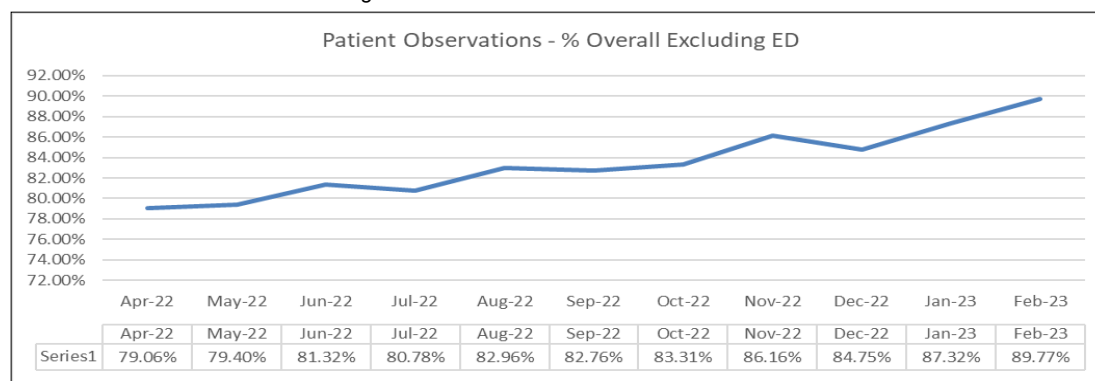
The timeliness of observations for February 2023 was 87.96%, including ED and 89.77%, excluding ED. January 2023 results were 84.17%, including ED and 87.32%, excluding ED.

18 clinical areas have achieved the 90% target in February 2023, an increase from 13 in January 2023.

Patient observations on time, including ED

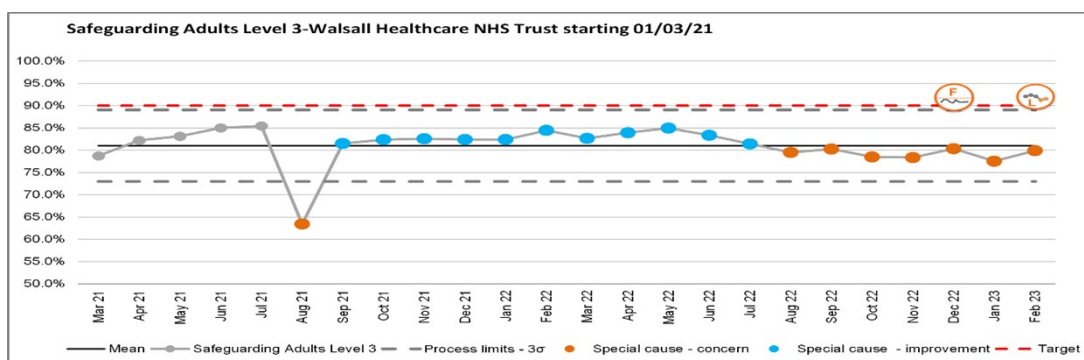
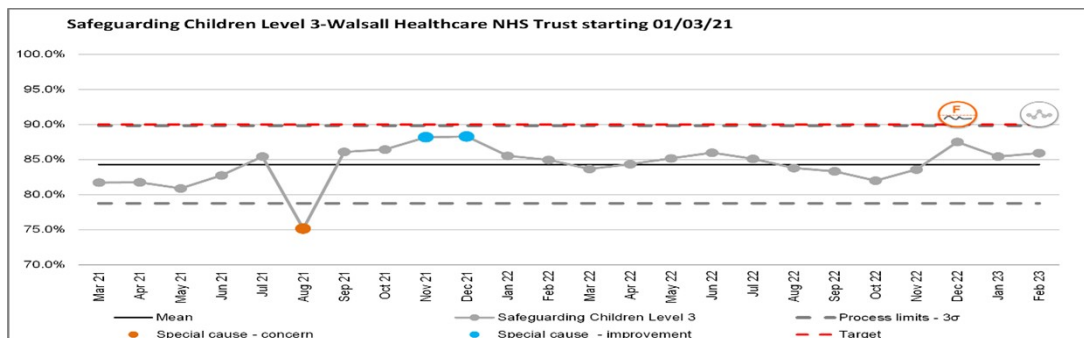


Patient observations on time excluding ED



Safeguarding

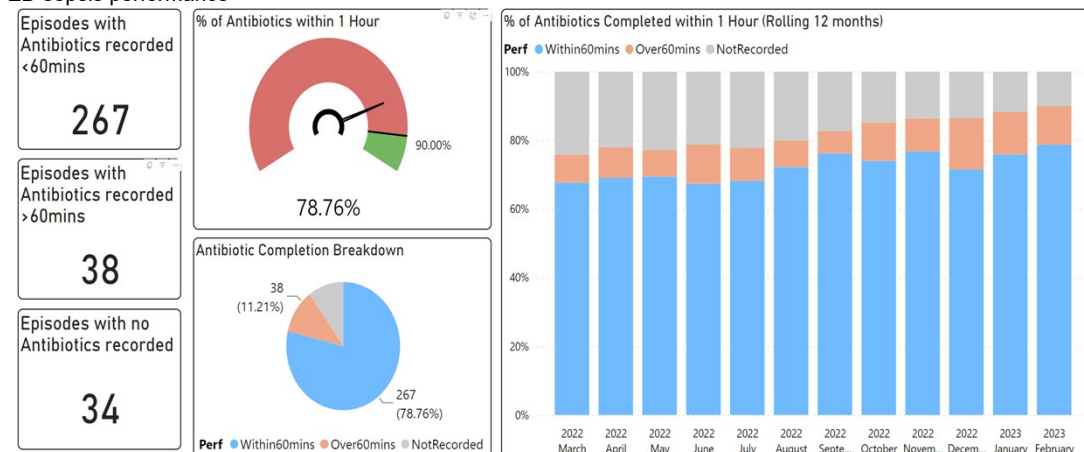
Safeguarding adults and children's levels 1 and 2 training remain above the Trust target. Level 3 training remains under Trust target for both adults and children. Additional training opportunities are being provided to complete this training, and an e-learning safeguarding level 3 training module is being explored as an alternative to the current team's training. The safeguarding team are reviewing the roles associated with Level 3 training and ensuring that the training can be delivered within the busy clinical schedules of staff.



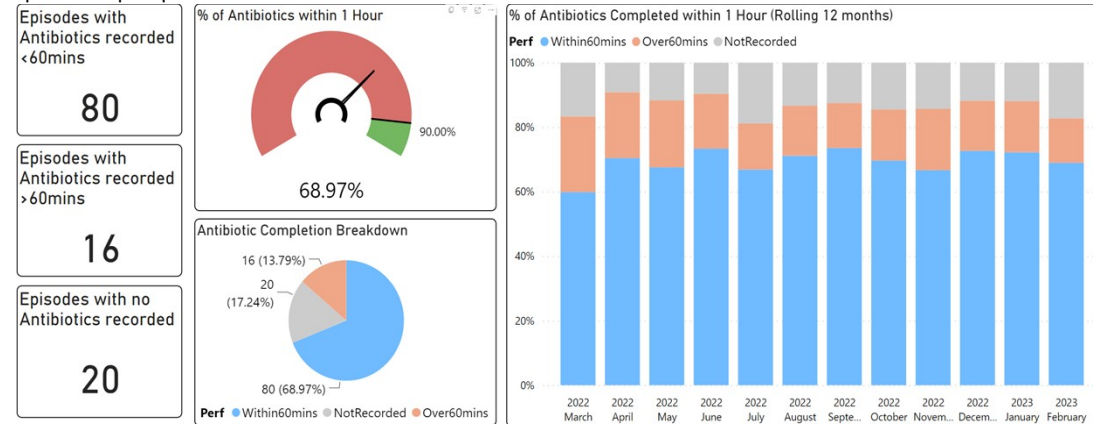
Sepsis

Within the Emergency Department (ED), 78.76% of patients received antibiotics within the first hour in February 2023, from 76.14% in January 2023 (Chart 8). For inpatients, 68.97% of patients received antibiotics within the first hour in February 2023, a reduction from 72.22% in January 2023 (Chart 9). Sepsis performance and actions to improve are discussed and agreed upon via the deteriorating patient group.

ED sepsis performance



Inpatient sepsis performance



Medicines management

Weekly medication management audits cover medication storage, prescribing and administration practice, and CD management. There is an improvement plan to address the gaps in this audit. A new drug chart has been developed, which will support best practice such as space for name stamps and has been piloted with a plan to roll out this month. Particular focus is required in prescribing practice (scribing medications in block capitals and printed of name / using a stamp), documentation of the nature of the allergy and weighing of patients.

Weekly medicines management results – Trust-wide

	Overall score	Medicine room	Does patient have a wrist band in situ with appropriate allergy status	Patient prescription charts have details of patient name, date of birth and hospital number or NHS number?	Is allergy status documented on the prescription chart?	Is the nature of the allergy documented on the prescription chart?	If there has been an omission of a medication, has a code been used?	Is there evidence that action has been taken to address the omission, unless there is a valid clinical reason for the omission?	Is the patient's weight documented on the prescription chart?	Are all the medication names on the prescription chart written in block capitals?	Are all the medications prescribed on the prescription chart signed?	Are all the medications prescribed on the prescription chart signed with name printed in block capitals / or stamp used?	Are all the medications within their expiry date? (5 random medications checked)	Controlled drugs
02/01/2023	90.11	93.56	95.84	98.01	99.19	71.30	91.62	84.33	63.75	76.60	98.85	70.26	100.00	93.91
09/01/2023	87.71	89.45	95.93	98.89	97.40	68.11	91.98	88.62	73.02	62.03	99.26	72.27	98.77	86.34
16/01/2023	91.76	92.99	97.16	99.00	98.20	67.20	97.26	95.34	81.09	78.36	98.00	75.00	100.00	96.88
23/01/2023	92.58	92.82	96.67	99.23	98.46	84.36	94.58	94.58	81.90	83.34	98.68	82.70	99.26	91.00
30/01/2023	93.19	96.52	98.21	100.00	99.64	80.24	87.89	80.94	81.72	78.87	97.03	77.08	98.57	97.76
06/02/2023	93.54	95.21	95.85	99.45	99.43	77.24	94.27	88.62	85.16	80.34	99.36	84.55	100.00	95.00
13/02/2023	92.36	92.30	98.89	99.26	99.22	76.55	94.65	87.14	82.42	83.29	98.33	80.62	100.00	97.67
20/02/2023	90.17	93.46	91.50	99.62	99.62	77.26	89.90	80.47	77.76	73.16	98.85	72.42	98.46	90.97
27/02/2023	92.29	93.24	96.19	99.19	99.57	84.05	98.34	95.07	82.63	80.94	99.60	78.24	100.00	96.67
06/03/2023	94.49	95.31	98.04	99.13	98.21	73.99	95.19	91.56	82.19	85.09	99.13	87.70	100.00	100.00

Clostridiodes difficile (C. diff)

A total of 3 *C.Diff* toxin cases were reported during February 2023, of these 2 cases were deemed avoidable; 1 case is in the process of having the data collection completed. Cases are significantly over trajectory; this is in line with the national picture.

The cumulative trajectory for the year:													
2022/23	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	
Max Cases per Month	2	2	2	2	2	2	2	2	3	3	2	3	
Actual acute cases	0	1	4	1	2	6	7	4	5	7	3		
Cumulative YTD projected	2	4	6	8	10	12	14	16	19	22	24	27	
Acute Cumulative actual	0	1	5	6	8	14	21	25	30	37	40		

Actions taken:

- A nursing associate has been recruited into the IPC team, this member of staff will have a particular focus on the management and prevention of *C.Diff*.
- A *C.Diff* education event took place at the end of February 2023 with good representation from the clinical divisions. Another event is planned.
- Environmental audits completed monthly.
- Antimicrobial ward rounds with rounds with Microbiologist and Antimicrobial Pharmacist

- Involved in collaborative work with NHS England (NHSE).
- Targeted education continues across the Trust.
- Deep clean programme planned

Nurse Sensitive Indicator Audits

New nursing documentation was launched in all inpatient areas in 2022. A review of all the audit questions has been completed and is going through the approval processes.

Audit review meetings were re-established in November 2022 with a new quality dashboard collecting all quality audit information. Divisions attend confirm, challenge and support meetings where results are discussed, and action plans produced to improve results and celebrate successes. These documents will assist in ensuring there is evidence of actions for both internal and external assurance. Trust-wide results for the past 12 months are displayed in Table 4, evidencing a need to continue to focus on falls, tissue viability, deteriorating patient, catheter care and continence. However, improvements have been made in month on these quality metrics.

Trust wide audit results

	CARE OF THE DYING	CATHETER AUDIT	CONTINENCE	DETERIORATING PATIENT & SEPSIS	DOCUMENTATION	ENVIRONMENT	FALLS & DECONDITIONING	IPC	MEDICINES MANAGEMENT	NUTRICIAN & HYDRATION	ORAL CARE	PAIN MANAGEMENT	PATIENT EXPERIENCE	PHARMACY AUDIT (WARD & AREAS - pharmacy responsibility)	TISSUE VIABILITY
2022 Average	93.1%	87.3%	80.6%	74.6%	92.4%	89.8%	85.0%	95.7%	90.7%	85.8%	87.3%	92.3%	90.8%	91.5%	78.6%
JANUARY	95.7%	87.5%	83.2%	77.8%	91.7%	93.7%	78.8%	95.0%	91.7%	91.2%	89.4%	95.7%	88.0%	83.5%	79.5%
FEBRUARY	95.9%	82.3%	93.4%	97.5%	92.3%	92.5%	87.6%	95.3%	92.0%	89.2%	96.1%	98.1%	95.8%	82.4%	96.0%

Wider quality activities

- Clinical Accreditation Scheme implementation remains on track to be formally launched in April 2023. Pilots of the approach are currently taking place across both organisations. A Clinical Accreditation Board has been established and will meet in March 2023. Invitations for the individual accreditation visits to be conducted during 2023/24 have been sent to colleagues across both organisations.
- Shared Professional Decision-Making councils continue to be developed to explore quality improvement opportunities through shared learning. There are now 7 such councils in place, which include focus on the following aspects: medication safety, documentation/digitalisation, falls, observations, nutrition and hydration, community audit council and clinical accreditation.
- An options appraisal reviewing the audit questions and methodologies for both organisations has been developed and an initial meeting to discuss conducted. A follow up meeting will be organised to provide an opportunity for further discussions and considerations, and this will include a survey monkey questionnaire to all nursing and midwifery staff across both organisations for collective decisions on the proposed process.

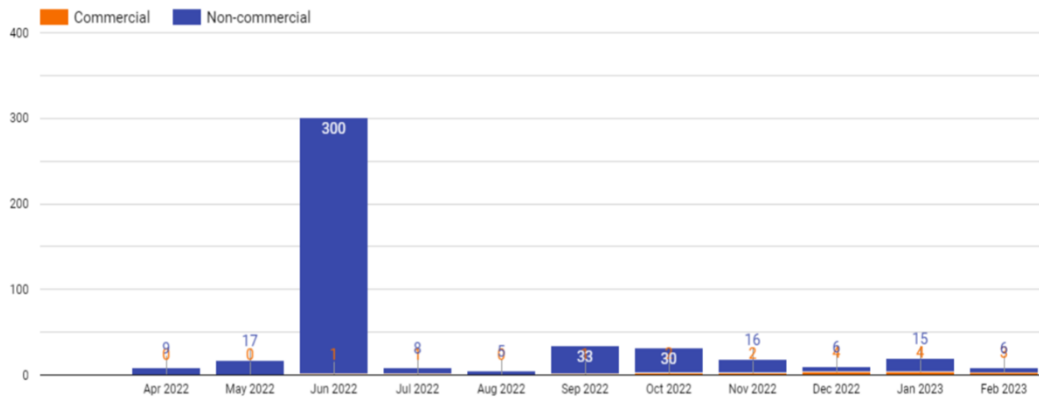
The Quality Framework

The Quality Framework providing the objectives for Nursing, Midwifery, Health Visiting and AHPs across both Trusts will be launched in April 2023. It includes an overall milestone plan and 5 individual plans reflecting the goals of each service area. The framework has been developed with input from staff at all levels of both Trusts through a series of listening events, surveys and development days.

Research and Innovation

The FORCE team oversee and support research and the Nursing, Midwifery and AHP research agenda within the Trust.

Study recruitment from April 2022 – February 2023

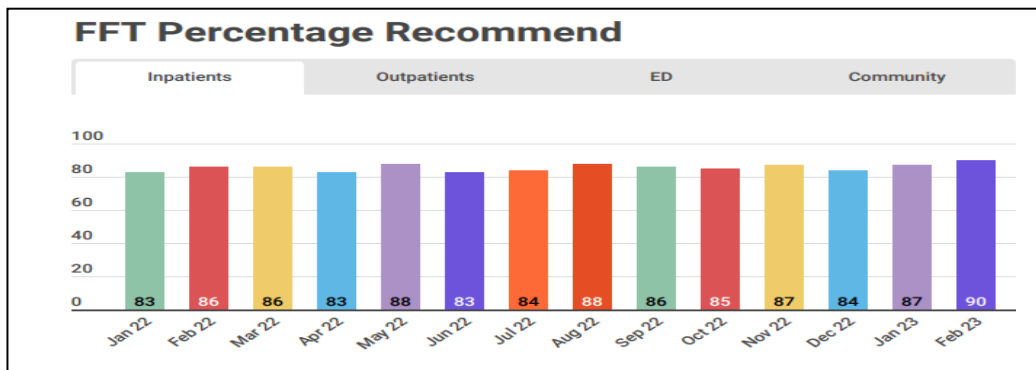


The team continues to scope new studies which reflect the needs of the population of Walsall and are working closely with the RWT team to strengthen our research capability.

Patient experience

Family and friend (FFT) recommendation scores – FFT scores have increased to a 90% recommendation in February 2023, as well as an increase in response rates. The 90% recommendation score has not been achieved since pre-covid pandemic.

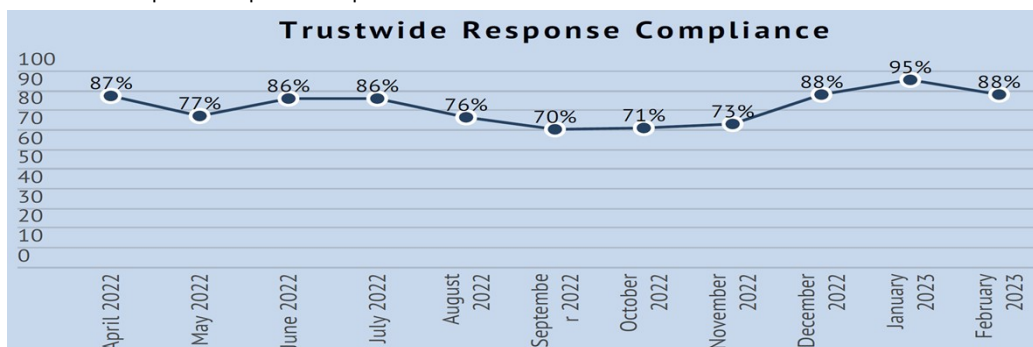
Trust wide FFT recommendation



Plans are in place to launch new divisional and Trust level dashboards; these dashboards will assist the areas to understand and act on their feedback and data.

Complaints - The patient relations team are preparing for the implementation of the Parliamentary & Health Service Ombudsman (PHSO) Standards. From April 2023 healthcare providers will be monitored in line with these standards. Trust wide complaint response compliance for January 2023 was 95% with a reduction in compliance in February 2023 to 88%. The reduction in compliance has been driven by a reduction in the division of surgery (75%). The patient relations team have been assisting the division in ensuring open complaints are responded to and closed.

The team are in the process of trialling 'Reflective Shoes' action plans. The purpose of these plans is to encourage complaint handlers to meet with the staff / teams involved early in the complaint process and hold reflective discussions around the concerns raised.



Volunteers – preparations are underway for the volunteer awards 2023. The event celebrates the hard work of our volunteers and award categories include:

- Long service award
- Commitment awards
- Young volunteer of the year

Digital

Collaborative Group Work = (C)

Digital innovation, infrastructure & IT platforms (DIP) group (C)

This new NED chaired group met for the first time in February. Nursing representation is present in the group amongst other digital clinicians. The first action from the group was to authorise and request a report providing detail around baseline systems at both Trusts and identify areas for improvement, collaboration, and quick wins, with an ongoing phase of works along a roadmap of identified and designed projects for both Trusts. Once this crucial work is complete, the group will reconvene to review.

Handovers/Safety Briefings (C)

Staff are working within Shared Governance Councils to develop further the current/initial shared Handover template for both Trusts (this is present in the Quality Framework). The need for better quality handovers and the implementation of safety briefings was identified whilst implementing Careflow Connect at RWT/WHT. As this project has rolled out, we have seen the digitalised documents evolve and iteratively change as different specialities engage with the project and reflect on contents.

Maternity EPR - Badgernet (C)

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

A patch from BadgerNet will be installed for SPR on 22nd March 2023. The testing environment is now in place to finish user testing. The Data Protection Impact Assessment (DPIA) has now been completed; this is vital to ensuring that the data shared outside of both organisations has appropriate data protection governance applied to it.

To note, Clevermed/Badgernet has been purchased by System C (WHT EPR supplier). They will continue to operate as a separate development team but deliver Badgernet as a Maternity/Neonatal Module in the System C stable of platforms.

WGLL Digital Maturity Assessment

The Assessment spans our maturity across 50 core capabilities in two parts. These core capabilities are aligned to the dimensions of What Good Looks Like, and the questions are scored from 1 (least mature) to 5 (most mature).

The completion date is 19th March –for review/scrutiny with the ICS before review by Regional Digital Team and National NHSE/D. This is Part 1 of the process and will be followed up with a more detailed Part 2 devised by McKinsey Consulting on behalf of the NHSE.

Part 2 assessment is now with IT and Digital Colleagues (including clinicians), a very complex request covering many facets of IT and Digital, from base hardware and capabilities to the ecological impact of our IT.

Careflow Patient Flow

Patient Flow is a Patient Status At a Glance (PSAG) System. The last medical ward implemented this in December 2022; the rollout was due to be started in the surgical division but the project lead is temporarily unavailable. The Associate Director of Nursing is working with the project lead to set a new timetable. Paediatric services are planning for rollout on Ward 21 and PAU.

Digitalisation

Initialisation Projects are underway for Electronic Prescribing and Medicine Administration (EPMA), Clinical Workspace, Clinical Narrative, BI & Reporting.

Careflow Connect

The project group is working through a task hierarchy agreement for potential replacement bleep provision (how users will request tasks in the future using the communication software as a non-emergency bleep system).

The Careflow Connect roll out on AMU was stopped due to training issues amongst expected users. The team are working with project Leads to agree to use Connect for Nurses and AHP outside of Paediatrics, to deliver the benefits of Handovers and Safety Briefings at Walsall Manor Hospital for nursing and AHP teams using a process more aligned to RWT's successful implementation process.

Community Electronic Patient Record

Work to replace Total Mobile has now paused whilst there is consideration of a joint project with RWT/WHT. This keys into the DIP Group and the targeting of early requests for action collaboratively for the benefit of both organisations.

Back to the floor

On Friday the 4 November 2022, WHT senior nursing, midwifery & AHPs, along with colleagues at RWT, commenced Back to the Floor. Back to the Floor aims to improve patient experience through strengthened, visible, senior clinical nurse, midwife and Allied Health Professional (AHP) leadership. Every Friday, all nursing, midwifery and AHP colleagues, who do not work in patient-facing roles, will participate in the Back to the Floor for the whole day. As a result, no meetings will be scheduled on Fridays to enable colleagues to focus on being 'back to the floor'.

Back to the floor continues with findings and themes from the back to the floor days shared at Senior Nursing, Midwifery and AHP Leaders meetings across the Trust and actions agreed to resolve more complex matters that cannot be resolved locally.

Quality away days

Quality away days continue with Band 7 staff and more recently expanded to include band 6 staff. These are in collaboration with RWT.

Public Trust Board Meeting	
Meeting Date:	5 th April 2023
Title of Report:	Director of Midwifery Report
Action Requested:	Inform/ assure
For the attention of the Board	
Assure	<ul style="list-style-type: none"> 100% of women received 1:1 care in labour. Acuity at 84% 90% of women seen within 15mins in triage Number 1 in the west midlands for educational governance and leadership in the NETS Consistent reduction in perinatal mortality rate
Advise	<ul style="list-style-type: none"> Maternity leave levels remain consistently high contributing to staffing pressures. No maternity SIs in February Fantastic initiative supporting families at the Nash Dom Community centre Positive patient feedback
Alert	<ul style="list-style-type: none">
Author and	Carla Jones-Charles Director of Midwifery Tel 01922 604633 Email carla.jones-charles@nhs.net
Responsible Director Contact Details:	Lisa Carrol Director of Nursing.
Links to Trust Strategic Aims & Objectives	
<i>Excel in the delivery of Care</i>	a) Embed a culture of learning and continuous improvement b) Safe and responsive urgent and emergency care c) We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
<i>Support our Colleagues</i>	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>	a) Develop a health inequalities strategy b) Deliver improvements at PLACE in the health of our communities
<i>Effective Collaboration</i>	a) Improve population health outcomes through provider collaborative b) Improve clinical service sustainability
Resource Implications:	None
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.
CQC Domains	Safe: Effective: Caring: Responsive: Well-led:
Equality and Diversity Impact	There are no Legal, Equality and Diversity implications associated with this report
Risks: BAF/ TRR	<ul style="list-style-type: none"> BAF 1: Safe, high-quality care Risk number 2245: Lack of registered nurses and midwives

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

Director of Midwifery Report

1. PURPOSE OF REPORT

The purpose of the report is to provide an update to assure the Trust Board of the following items.

- Resource
- Triage
- Perinatal mortality
- National Training Results
- Patient Experience
- Maternity SIs

2. BACKGROUND

This report will provide a concise update regarding the on-going position on the elements cited within section 1 by exception.

2.1. Resource

Midwifery Staffing

There continues to be challenges with staffing due to staff absences, table 1 below is a breakdown of absence for February 2023. Recruitment remains ongoing with an active advert on Trac jobs and plans in place for a recruitment open day and LMNS recruitment day arranged for the 3rd May 2023. Maternity leave is currently at 9.8% on delivery suite and sickness absence has reduced to 8.6%. All sickness absence has been managed as per Trust policy.

Table 1

Women's Services		Leave	Sickness	Working Day	Study day	Parenting	Other	Total
	Registered Midwives	18.8	8.6	1.2	4.4	9.8	0.6	43.4%
	Unregistered staff	21.2	12.4	0.0	0.8	0.0%	5.1	39.5%

2.2. Activity within the Maternity Unit

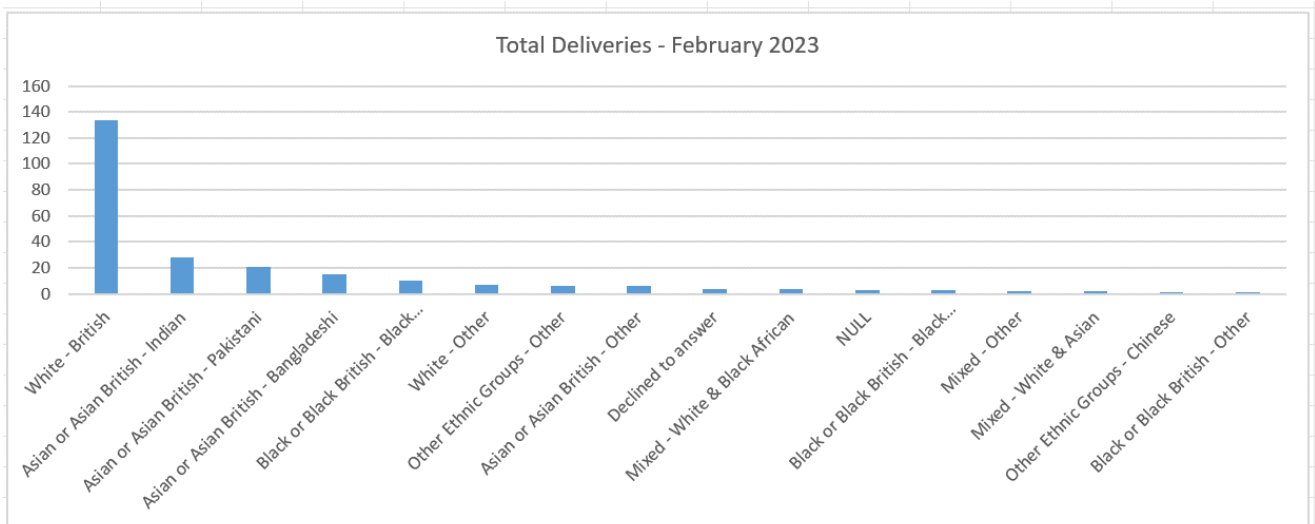
Table 2 highlights the delivery activity within Maternity Unit on a month-by-month basis. The number of births in February 2023 were 247, Table 3 illustrates the ethnicity of women who used our services. This as part of wider work being done within the service led by our Equality, Diversity, and Inclusion (EDI) midwife. Importantly, the service was able to maintain 100% 1:1 care in labour this was achieved in part by using the maternity

service escalation policy, which includes redeploying specialist midwives and managerial support during periods of high acuity.

Table 2. Birth Activity

Month	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23
No: Births	331	284	300	285	288	312	325	297	324	358	300	247

Table 3

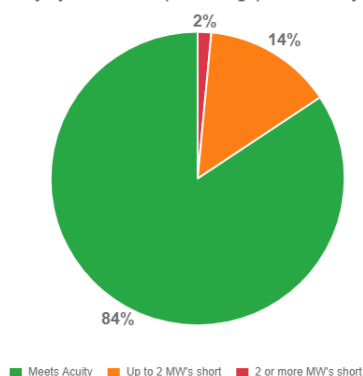


2.4 Acuity

Birth-rate Plus acuity tool is used to monitor the unit’s acuity 6 times a day on the delivery suite and assess staffing needs based on activity and complexity of women cared for. Following a review of the data uploaded by delivery suite team leaders. The national recommendation is to maintain an average acuity of 85%. The acuity for February was 84%. (See Graph 1). Graph 2 outlines that 83% of the time there was no action required and outlines that action was taken 17% of the period.

Graph 1

Acuity by RAG status (Percentage) for February 2023



Graph 2

Clinical Actions - % of Occasions Recorded

From 01/02/2023 to 28/02/2023

Showing the % of occasions when a Clinical Action was recorded in the period selected - the contributing actions recorded may be more than one, refer to chart to identify prevalence



Graph 3

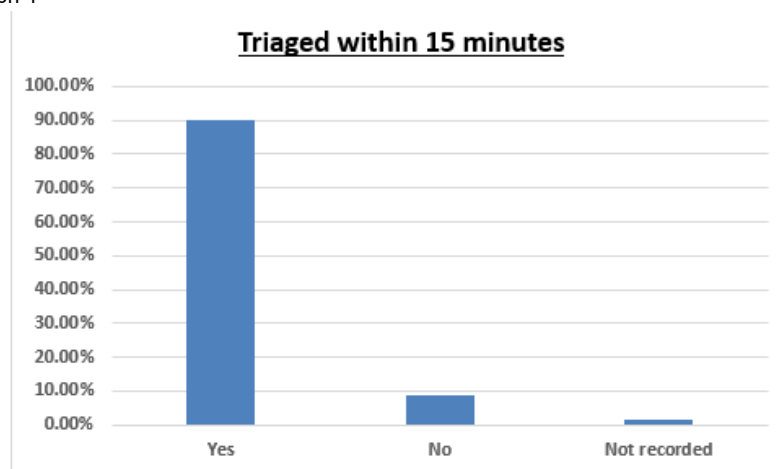
Management actions taken 01 - 28.02.2023.		
Action	Number of occasions	%
Redeploy staff internally	13	45%
Staff stayed beyond rostered hours	1	3%
Manager/Matron working clinically	0	0%
Utilise on call MW	0	0%
Escalate to Manager on call	15	52%
	29	100%

3.0 Triage

Maternity triage is an essential part of the maternity service. A total of 80 records were audited over a 5 month period between October 2022 to February 2023. BSOTS is a triage system which is undertaken by a Midwife and involves identification of the presenting problem; undertaking a standardised physiological assessment including vital signs and results in a clinical priority being assigned based on predictors of urgency of treatment and on-going care. NICE Guideline for Safe Midwifery Staffing has defined delay of 30 minutes or more between presentation and triage a 'red flag'. BSOTS aims to support the Midwife to undertake a standard clinical triage assessment within 15 minutes of the woman's attendance.

90% percent of women were seen within 15 minutes which is a fantastic achievement for staff against the recommendation of at least 80% of women should be seen in that time frame. The NICE guidance recommends that women should be seen within 30 minutes. See graph 4. Graph 5 outlines the ethnicity of women seen in triage over the period. Please see in the full report in appendix 1.

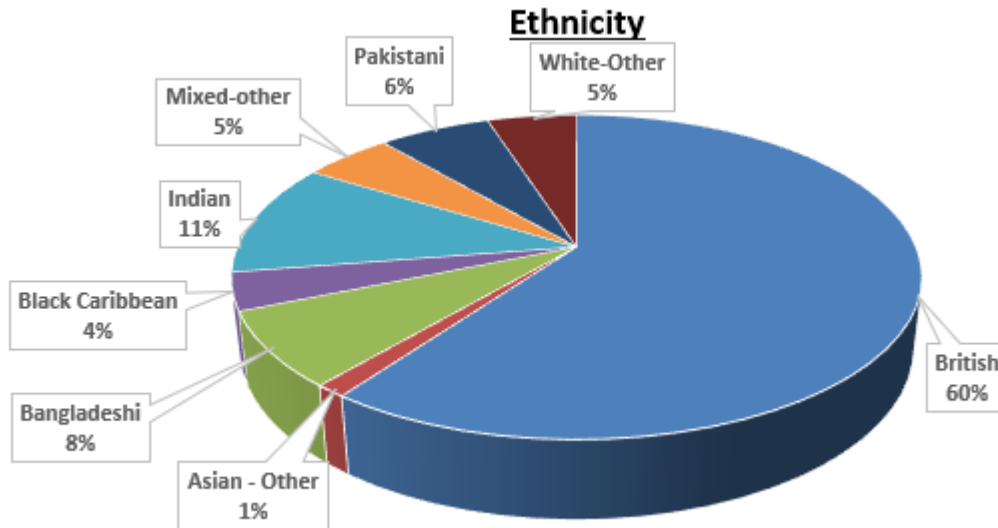
Graph 4



Although BSOTs recommends women should be triaged within 15 minutes, NICE recommends that women are triaged within 30 minutes. Therefore overall, 96.25% of women were triaged within the NICE recommended timeframe.

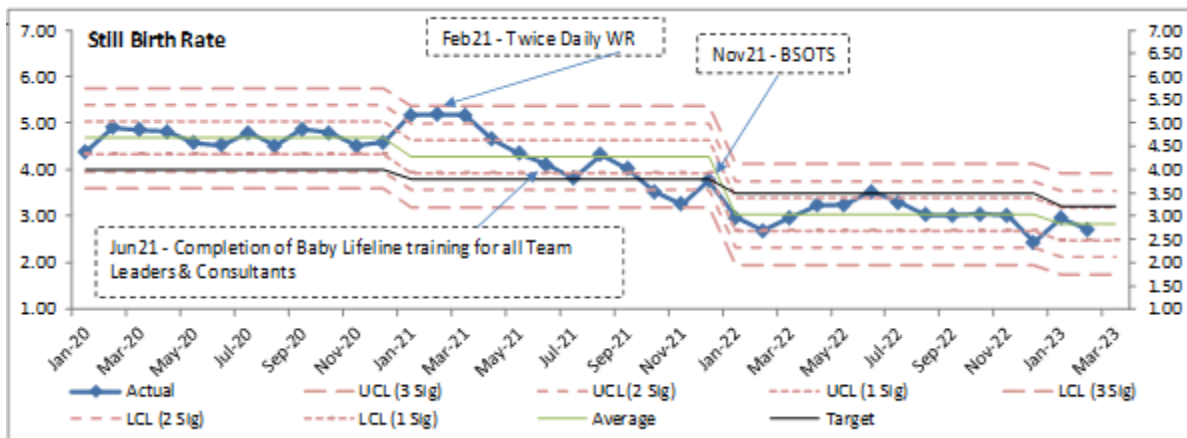
Of the 3 women that were not triaged within 30 minutes:

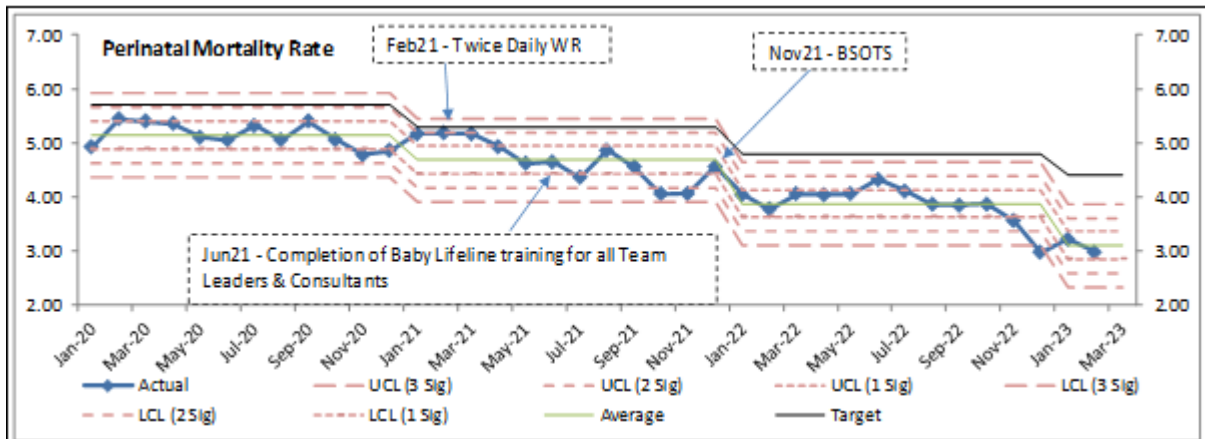
Graph 5



4.0 Perinatal mortality

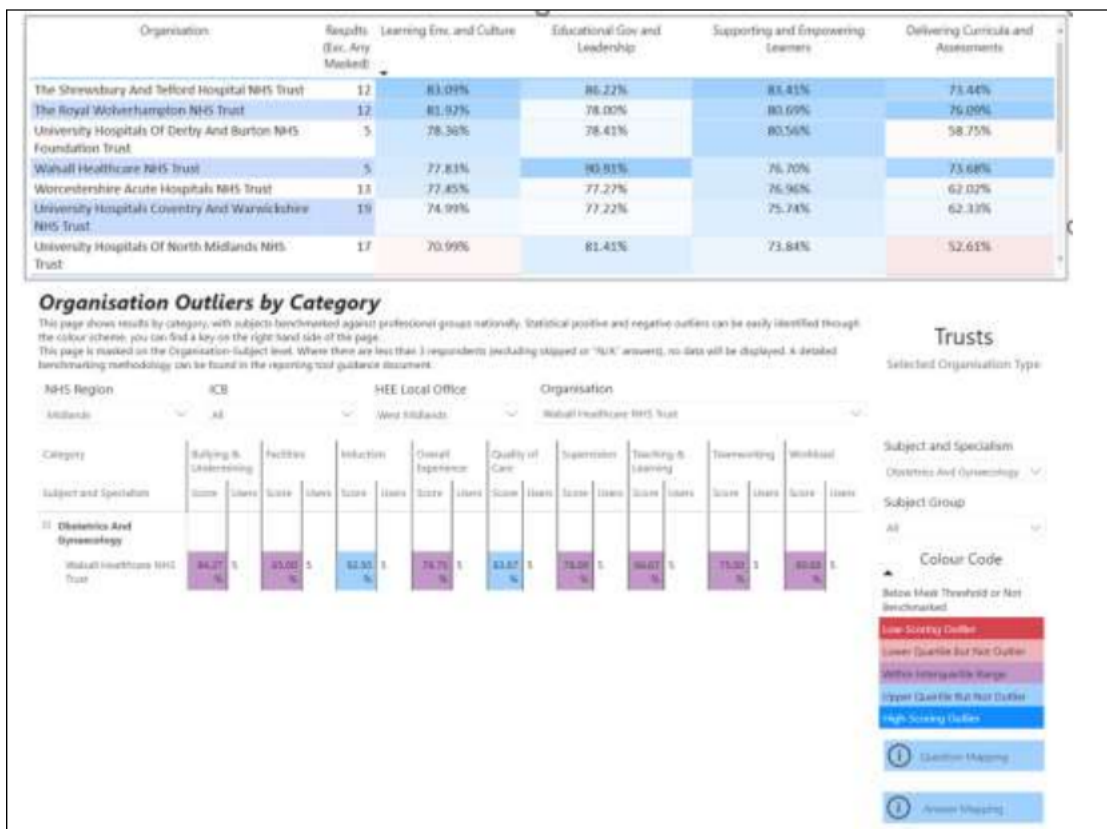
The service continues to work towards the national ambition to lower the perinatal mortality rate by 50% by 2025. The service is on target to meet this trajectory. This is demonstrated on the SPC charts below.





5.0 National Education Training Survey results

The training survey of junior doctors working in Obstetrics and Gynaecology rated WHT Number 1 in West Midlands for Educational governance and Leadership.



6.0 Patient Experience

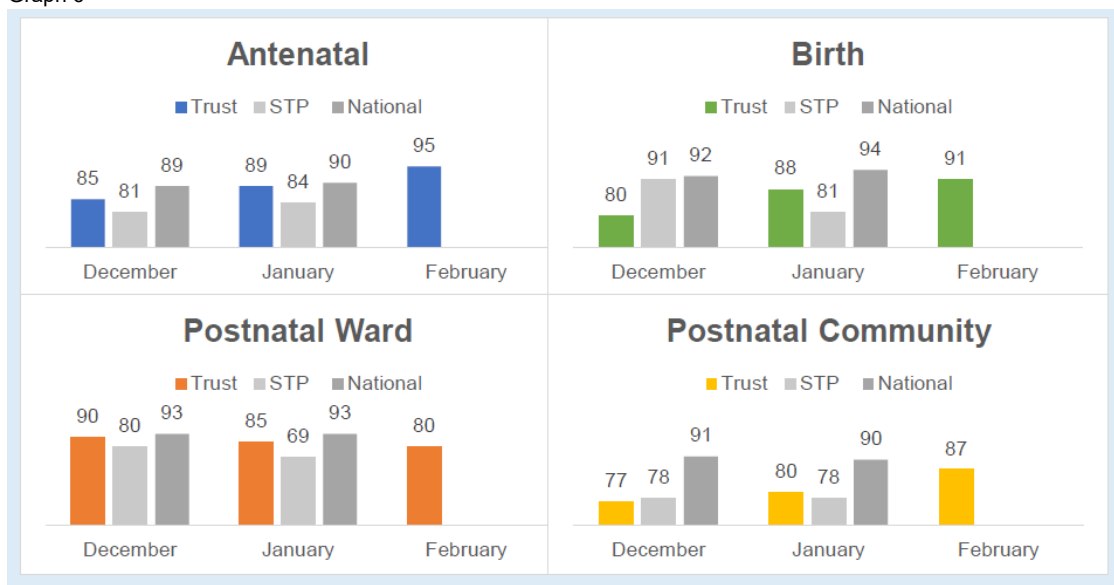
6.1 EDI

The service has successfully bid for and was successful in securing space in the Nash Dom community hub. This will enable us to provide a number of services to some of our most deprived and at risk communities. There is a planned program to support families including the provision of midwifery services see appendix 2

6.2 FFT

Monitoring and improving patient experience is an important part of the service. There is continued focus to increase FFT returns and to learn from feedback, graph 6 and 7. There continues to be positive feedback from mystery patient program. Graph 8

Graph 6



Graph 7

FFT - Positive Themes	FFT - Negative Themes
Staff Attitude	Patient Mood/Feeling
Environment	Staff Attitude
Implementation of Care	Waiting Time
Staff Attitude	0
Environment	0
Communication	0
Staff Attitude	Staff Attitude
Implementation of Care	Communication
Environment	Environment
Staff Attitude	Environment
Communication	Patient Mood/Feeling
Implementation of Care	0

Graph 8

Feedback ID	20222310398	Received Date	10/03/2023
Ward / Department	Delivery Suite	Area	Maternity
Please outline what has gone well.			
C-section and baby and after surgery care			
Please outline what we didn't do so well.			
Everything went perfect			
Overall, how would you rate the courtesy of the staff you meet during your visit?		Overall, how would you rate the environment and hospital facilities?	
Excellent		Excellent	
Overall, did you feel you were treated with respect and dignity?		Overall, to what extent did staff looking after you involve you in decisions about your care and treatment?	
Yes, always		A great deal	

Feedback ID	20222310394	Received Date	09/03/2023
Ward / Department	Maternity	Area	Maternity
Please outline what has gone well.			
Everything went so well. There is nothing to worry about. Great team. will look after you.			
Please outline what we didn't do so well.			
Everything went well			
Overall, how would you rate the courtesy of the staff you meet during your visit?		Overall, how would you rate the environment and hospital facilities?	
Excellent		Excellent	
Overall, did you feel you were treated with respect and dignity?		Overall, to what extent did staff looking after you involve you in decisions about your care and treatment?	
Yes, always		A great deal	

7.0 Serious incidents

There were no serious incidents in February. There was 1 quality concern via HSIB, the service responded to this concern, and this was accepted by HSIB.

8.0 RECOMMENDATIONS

Members of the Board are asked to review and note the contents of this report.

Birmingham Symptom Specific Obstetric Triage System (BSOTS) – Audit Results for Oct 22 – Feb 23

Background

BSOTS is a triage system which is undertaken by a Midwife and involves identification of the presenting problem; undertaking a standardised physiological assessment including vital signs and results in a clinical priority being assigned based on predictors of urgency of treatment and on-going care. NICE Guideline for Safe Midwifery Staffing has defined delay of 30 minutes or more between presentation and triage a 'red flag'. BSOTS aims to support the Midwife to undertake a standard clinical triage assessment within 15 minutes of the woman's attendance

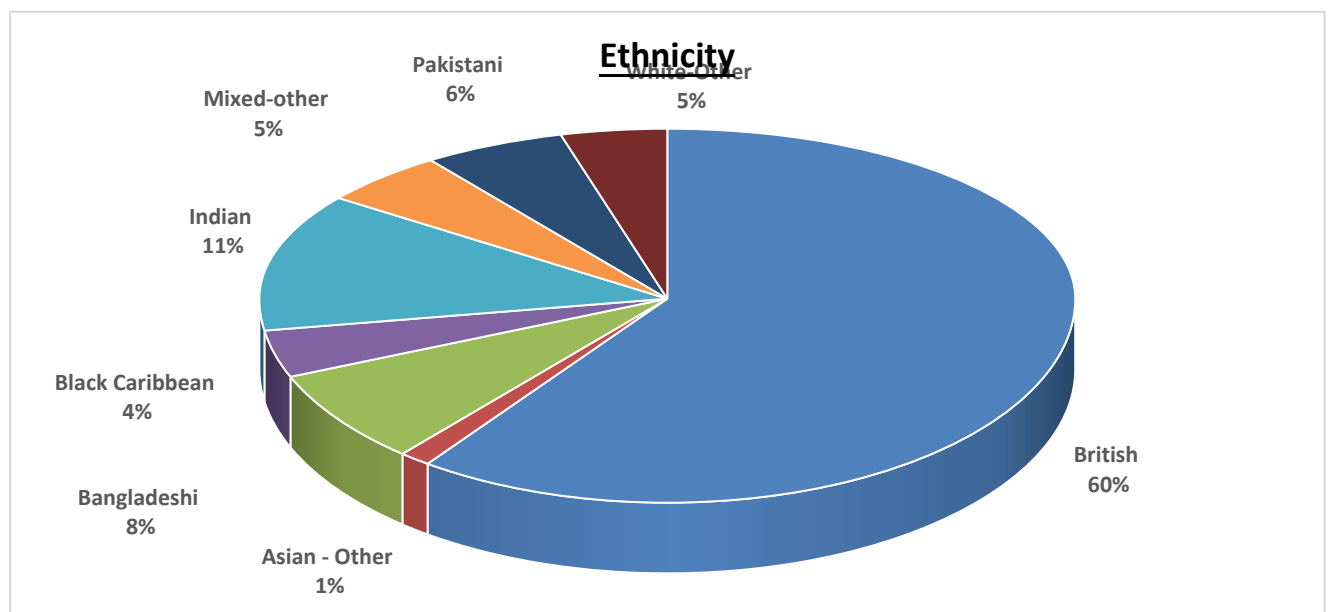
Audits have been undertaken since launching BSOTs. Following these audits, a number of actions were set (see appendix 1) including an action to re-audit the data.

Methodology

A total of 80 records were audited over a 5 month period between October 2022 to February 2023.

Findings

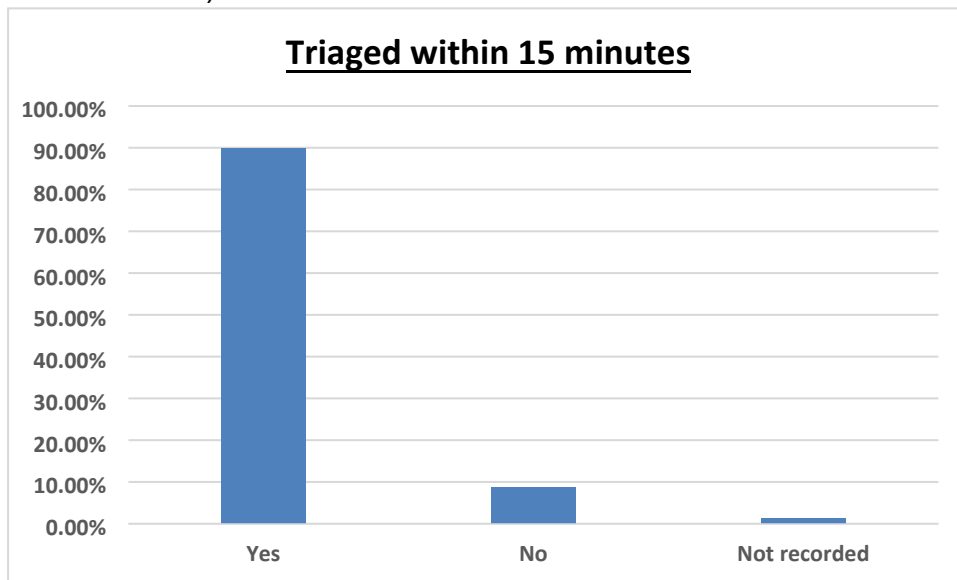
- Ethnicity: The highest % of women who attended continue to be British. As with the last audit we continue to see the documentation of ethnicity with 100% being recorded.



- **Initial triage assessment within 15 minutes of arrival**

BSOTS aims to support the Midwife to undertake a standard clinical triage assessment within 15 minutes of the woman’s attendance.

Overall during the audit period, the service triaged 90% of women within 15 minutes of arrival. This is an improvement from the last audit. 7 women were not triaged within this time frame and 1 patients times was not documented correctly (time of arrival is in the triage section and time of triage is in the arrival section).



Although BSOTs recommends women should be triaged within 15 minutes, NICE recommends that women are triaged within 30 minutes. Therefore overall, 96.25% of women were triaged within the NICE recommended timeframe.

Of the 3 women that were not triaged within 30 minutes:

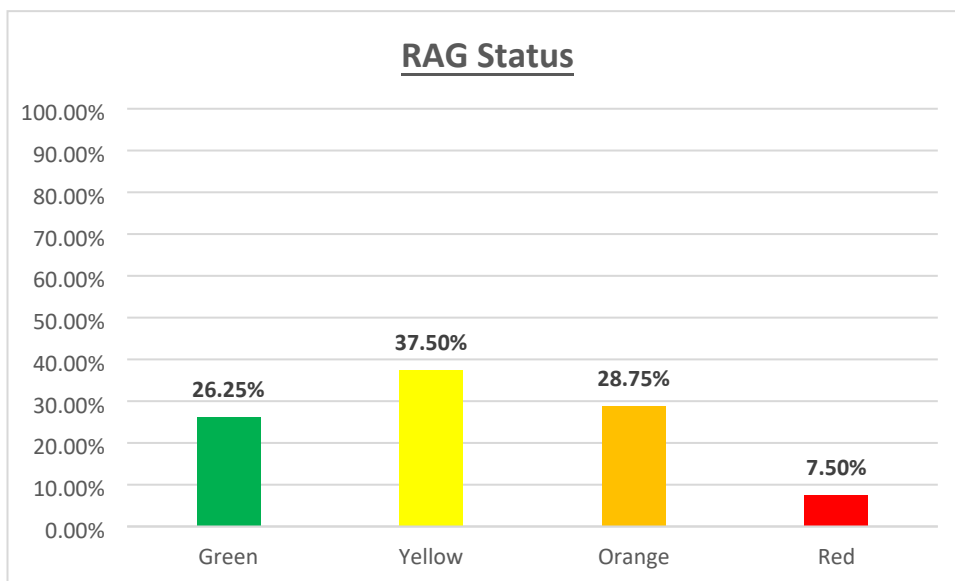
Triage Urgency	Time Triaged within	Outcome
	Not Recorded	All patients were seen and plans for home.
	40 Minutes	
	32 Minutes	

- **Assessment and Urgency:**

Assessment:

The last audit identified that 10% of women did not have a RAG status recorded. In comparison this audit has all 100% of women had a RAG status recorded which is an improvement since the last audit.

The results below show that majority of women were triaged as either Yellow (to be seen within 1 hour) or Orange (to be seen within 15 minutes). This continues to be the same theme as the last 3 audits undertaken.



Overall 26% of records after reviewing had the incorrect RAG Status recorded. However, only 1 record was identified that they should have been seen sooner than the triage category of Yellow as they should have been recorded Orange. The audit identified that this patient was seen within 15 minutes of triage and therefore was seen in the appropriate time.

Urgency:

BSOTS recommended timelines for subsequent care depend on the category of urgency assigned and the following performance indicators should be achieved. The audit identified the following:

Red will need to be seen immediately



Seen in appropriate time frame	Yes	No
Red	83%	16%
<p>Relates to 1 patient. Review of documentation identifies that this woman was seen for specialist review at 16.15 and ongoing care was given until transfer to the ward at 17:00.</p> <p>The specialist review was documented before the time the documented arrival time of the patient, therefore it appears that the documentation for this patient by the midwife was undertaken after transfer and timings were reflected. No harm has been caused.</p> <p>1:1 to be arranged with midwife (currently absent from work) regarding the importance of documentation and timings for BSOTs</p>		

Performance indicators from BSOTS state that 100% of women RAG rated as red are seen immediately.

Orange will need to be seen within 15 minutes



Seen in appropriate time frame	Yes	No/unknown
Orange	78%	21%

Yellow will need to be seen within 1 hour



Seen in appropriate time frame	Yes	Unknown
Yellow	80%	20%

Green will need to be seen within 4 hours

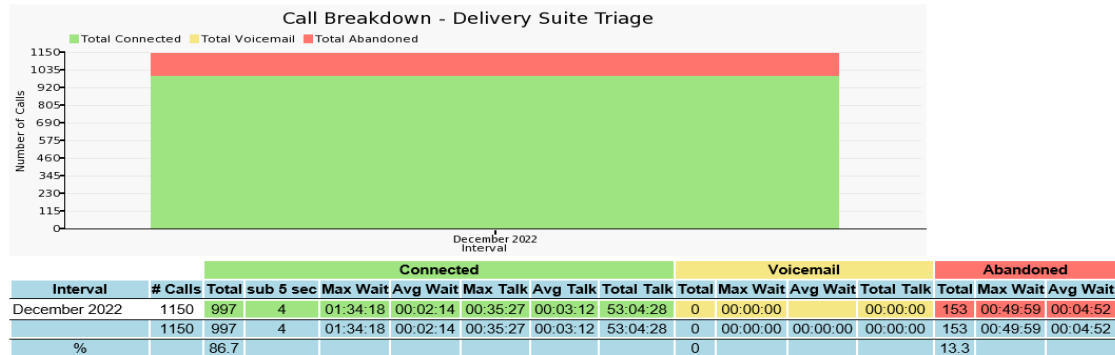


Seen in appropriate time frame	Yes	No
Green	100%	0%

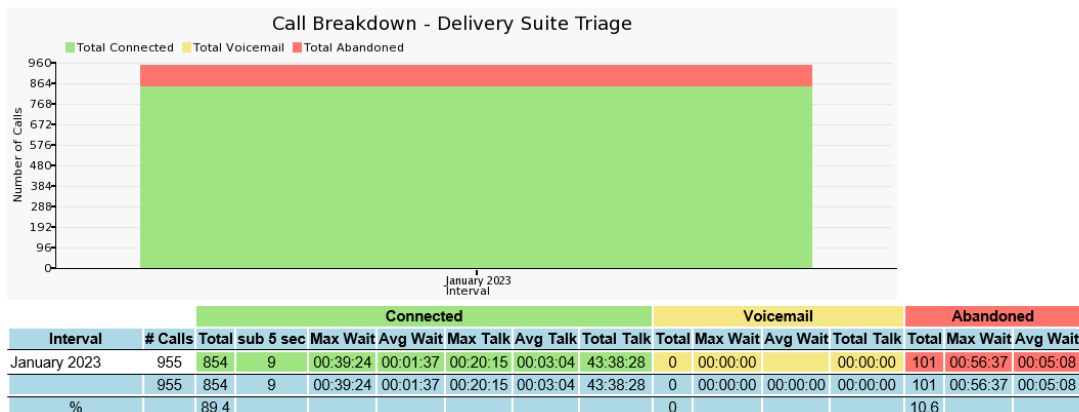
Performance indicators from BSOTS state that 100% of women RAG rated as red are seen immediately. For those women who are categorised as Orange, Yellow and Green the performance indicator is 75%. Therefore, all women were seen within the appropriate timeframe during the audit period.

Telephone Triage Call Times: An electronic systems was implemented at the end of November 2022 to provide daily/monthly data regarding telephone calls. This is an automated service which has supported the patient to be directed to the correct service. A month by month breakdown is provided below. 90% of calls were answered for the last quarter.

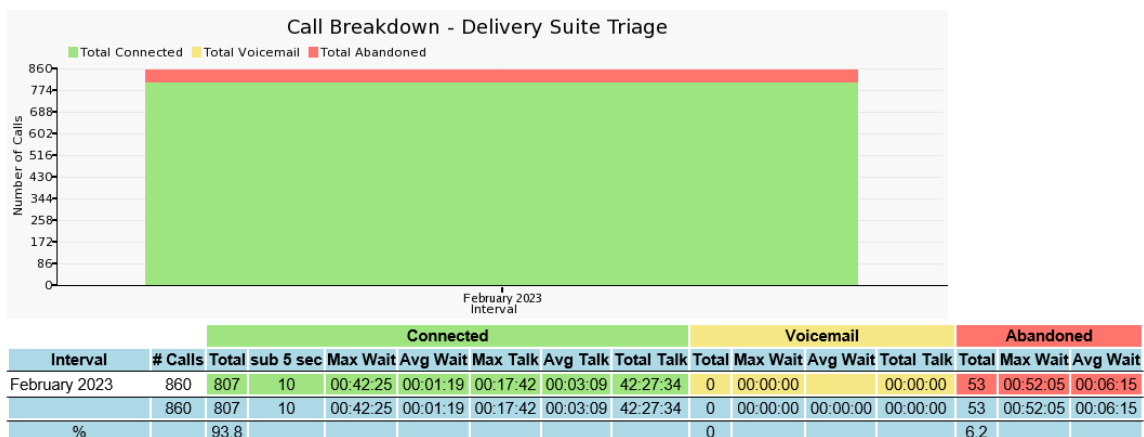
December 2022:



January 2023:



February 2023:



Staff feedback following implementation of telephone system:

Positives:

- ✓ Reduced number of calls in working hours
- ✓ Reduces midwives stress levels as not having to deal with calls that should be redirected in the first instance
- ✓ Allows us to spend more time with the patients in triage
- ✓ Allows us more time on the phone with patient who needs triage
- ✓ Minimises disruption
- ✓ Helpful in progressing towards a lean service
- ✓ Raises inter-departmental awareness of each others pressures

Recommendations

- Still having some calls not for the department, particularly out of office hours. Could we look at revising the hours that women can call the CMW office. Currently it is only the afternoon Monday – Friday and not Bank Holidays.
- Explore sending a notification to women about when and what time to call the different departments via Badgernet
- Provide more information for women to access services including signposting for early pregnancy via Badgernet

Service user feedback

Women were offered the opportunity to complete a paper survey of their Maternity Triage experience. A total of 3 women participated in the survey.

From the survey, 100% of women felt safe, cared for, treated with compassion in Maternity Triage and that all questions were answered.

Women that phoned triage advised they had their call answered immediately.

Women who attended maternity triage also commented on the service:

Loved my experience there at walsall manor. Everyone was attentive and polite"

"Lorna was great, credit to the team"

Analysis:

Audit of records:

- Good practice:

- ✓ High percentage of women being seen within the correct timeframe following initial assessment based on RAG status.
 - ✓ 100% of women had RAG status recorded.
 - ✓ 96.25% of women were seen as per NICE guidance timings.
-
- Areas for improvement:
 - ✓ Improve recording of correct RAG status at initial time of triage.
 - ✓ Improve ability to identify timings on front sheet of BadgerNet to extract auditable data as currently requires a manual trawl.

Appendix 1:

Date	Action	Lead person	Date for action to be completed	Outcome of completed action
31/03/2022	Develop training plan to ensure all Midwives working in Triage are fully trained. This is in addition to the Core trained Midwife on every shift.	Leanne O'Flaherty – Matron for Inpatients Natalie Wilkes – Inpatient Ward Manager	30/9/2022	Complete and ongoing when new staff commence
31/03/2022	Scope the footprint of delivery suite to increase bed capacity	Leanne O'Flaherty – Matron for Inpatients Natalie Wilkes – Inpatient Ward Manager	30/7/2022	Short term plan in place – reviewing long term plan. Will require small works for short term plan. Ordered couch and requested curtains for Room 2. Complete
31.03.2022	Some women waited a long time for calls to be answered and one woman did not have her call answered Request switchboard to get an audit of calls to triage and how long it took for them to be answered.	Leanne O'Flaherty – Matron for Inpatients	30.04.2022	Electronic telephone operating system being put in place to monitor calls and advise women where they are in the queue. This will support transfer of staff at busier times to support with triage calls if required. Complete
3/10/2022	Split Equipment list for Triage	Leanne O'Flaherty – Matron for	01/11/2022	Complete

Walsall Healthcare

	and Delivery Suite so that Triage is monitored and actioned separately on a monthly basis	Inpatients Natalie Wilkes – Inpatient Ward Manager	NHS Trust	
3/10/2022	Develop rolling training plan for core team to ensure all staff have had training – yearly.	Delia Perkins – CPD Midwife	30/12/2022	Training provided in house Complete
3/10/2022	Review Core Team Members and retrain all core members of staff to improve documentation.	Leanne O’Flaherty – Matron for Inpatients Natalie Wilkes – Inpatient Ward Manager	30/11/2022	Ongoing
3/10/2022	Maternity lead cover for Triage and set objectives	Leanne O’Flaherty – Matron for Inpatients Natalie Wilkes – Inpatient Ward Manager	30/12/2022	Not able to achieve this quarter. Working with LMNS to review central Triage System
31/8/2022	Reaudit for November data	Leanne O’Flaherty – Matron for Inpatients Natalie Wilkes – Inpatient Ward Manager	30/12/2022	Complete
31/8/2022	Review office space to ensure all posters, information is up to date etc	Leanne O’Flaherty – Matron for Inpatients Natalie Wilkes – Inpatient Ward Manager	31/10/2022	Ongoing
14/3/2023	Meeting to be set up with Triage staff to review audit data gain an understanding of data inputting to inform BadgerNet review.	Vicky Picken – Inpatient Ward Manager	30/4/2023	
14/3/2023	Review BadgerNet back end report with IT Lead to support easy access to audit data rather than manual trawl.	Leanne O’Flaherty – Matron for Inpatients	31/5/2023	
14/3/2023	Nominated a feedback champion	Vicky Picken – Inpatient Ward	30/4/2023	

	to support increased feedback from patients	Manager	NHS Trust	
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Coming Soon!



Walsall Healthcare
NHS Trust

Maternity Outreach

Supporting our Walsall community



Our **Maternity Outreach** sessions will take place every **Thursday and Friday** from **9am to 5pm** at **Nash Dom Community Hub** in Walsall.

These sessions are a safe space for our Walsall community to get the maternity advice and support it needs on a wide range of different topics.

Our services will include the following:

Infant feeding

Drop-in session

Baby Massage

Run by Midwives

Pregnancy Cafe

Mental health support

Birth and Beyond

Focus group

'Plasma of Hope'

Sickle cell & Thalassaemia support

'Forget me not'

Focus group

Social and other support

Health education

Child health advice

Transition to Fatherhood

Tulip Clinic - Continuity of Carer

Run by Midwives

Parent education



Supported by



Quality, Patient Experience and Safety Meeting	
Meeting Date:	24 March 2023
Title of Report:	Patient Voice – National Survey Update
Action Requested:	Note the contents of the report
For the attention of the Board	
Assure	<ul style="list-style-type: none"> Tracking and monitoring of National Survey feedback is robust
Advise	<ul style="list-style-type: none"> All published surveys have been shared with appropriate teams and input into action plans completed.
Alert	<ul style="list-style-type: none"> Note the forward timetable of national surveys
Author and Responsible Director Contact Details:	Tel 01922 656463 garry.perry1@nhs.net Lisa Carroll, Director of Nursing
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
<i>Support our Colleagues</i>	a) Improve overall staff engagement
<i>Improve the Healthcare of our Communities</i>	a) Develop a health inequalities strategy
<i>Effective Collaboration</i>	a) Implement technological solutions that improve patient experience
Resource Implications:	'none'
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.
CQC Domains	<p>Safe: you are protected from abuse and avoidable harm</p> <p>Effective: your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence</p> <p>Caring: staff involve and treat you with compassion, kindness, dignity, and respect</p> <p>Responsive: services are organised so that they meet your needs</p>
Equality and Diversity Impact	There are no legal or equality & diversity implications associated with this paper.
Risks: BAF/ TRR	
Risk: Appetite	
Public or Private:	Public
Other formal bodies involved:	Care Quality Commission
References	If required/appropriate e.g. if addressing a national policy priority.

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

The purpose of the report is to inform (via update) and assure committee members regarding National CQC (Care Quality Commission) surveys and associated actions.

2. Background

All eligible NHS trusts in England participate in the NHS CQC Patient Survey Programme, asking patients their views on their recent health care experiences. The findings from these surveys provide organisations with detailed patient feedback on standards of service and care and can be used to help set priorities for delivering a better service for patients. The survey results are also used by the Care Quality Commission to measure and monitor performance at both local and national levels. The results of the surveys help the CQC assess NHS performance, and are used for regulatory activities such as registration, monitoring ongoing compliance and reviews. An oversight group (Patient Feedback Oversight Group) has been established with specific remit for responding to and action planning against the survey outcomes once they have been disseminated at an operational level. Progress to date is summarised in the report.

3. Details

3.1 Adult Inpatient Survey 2021

Published on 30.9.2022 findings for the Adult 2021 survey have been shared with senior leaders and discussed with the Patient Feedback Oversight Group, Patient Experience Group, Matrons Forum, and the Junior Doctor Grand Round. Our Patient Involvement Partners were also briefed on the findings and have been updated on the associated actions.

Compared to the 2020 results the Trust slightly improved its average score by 0.3%. Change from 2020-2021 – we scored better by 5% or more for 4 questions. Indicative National Comparisons place the Trust in the middle tier (same as band) for 38 questions and bottom 20% for 7 questions. (Improvement on 14 questions and by one for the somewhat worse band).

The following questions saw a 5% improvement score – support at mealtimes, staff explaining how well an op/procedure had gone, hospital staff considering the family/home situation when planning to leave hospital, and information about what to do when a patient has left hospital. The remaining questions saw a change below 5% or no change at all compared to 2020.

Where patient experience could improve

- Changing wards during the night: explaining the reason for patients needing to change wards during the night
- Equipment and adaptations in the home: hospital staff discussing if equipment or home adaptations were needed when leaving hospital
- Contact: patients being given information about who to contact if they were worried about their condition or treatment after leaving hospital
- Further health or social care services: patients being given information about further health or social care services they may need after leaving hospital
- Information about medicines to take at home: patients being given information about medicines they were to take at home

As a result, we have:

- ❖ Distributed sleep packs to all in-patient areas to accompany a re-launch of the noise at night protocol. (Re-audit of use currently underway given some recent FFT feedback)
- ❖ The Division of MLTC held a Ward Round Standards Workshop including a SWOT analysis of existing practice and an audit tool to assess and fine tune practice so ward rounds are more effective to patient discharge, involvement, and improved communication.
- ❖ Healthwatch Walsall have provided some early insight from their discharge survey. However, much is in place focussing on the Walsall Together collaboration response to the National Discharge Taskforce. The discharge lounge produced and shared guidance on planning for an effective discharge 'Get AKTING, Think HOME'.
- ❖ Implementation of 'Thank you for your patience' card for delayed patients, focus on emergency admissions. Card designed and printed, to be used through ED and AMU.
- ❖ Trust wide action of new Urgent and Emergency Care Centre - Improved bed capacity and flow for emergency admissions. Action to monitor impact of new build in next applicable survey for 2022/23 patients.
- ❖ Ward welcome boards installed – QR code links to Health and Social Care access
- ❖ 'Sorry to disturb' you, cards printed - visual prompt to staff and an apology to patient to help reinforce communication when patients are transferred at night – being used on AMU/ED
- ❖ 'It's Ok to Ask' was launched in **November** 2022 across the Trust. Patient bookmarks and post cards were distributed, and a staff guidance leaflet produced, visible banners in key areas and screen saver reminder. Monitored against the survey score for 2021 (**6.5**) our score for mystery patients for the involvement question puts us currently at 9 averaging **8.0** since publication of the in-patient survey.

Scored Questions	Sept	Oct	Nov	Dec	Jan	Feb
Involvement in decisions about your care and treatment	8.9	7.5	6.4	6.8	9	9

There is an ongoing action regarding discharge medicines, this has been discussed by the medicines management group and a presentation to the Patient Involvement Partners group has taken place on the intended action to improve upon this question from the survey.

The Pharmacy Operations team spoke with the Senior Pharmacists that run the ward services for feedback.

1. The communication to patients around medicines falls under the medicines management umbrella for medicines in the Trust as a multi-disciplinary approach i.e., in the team, the Doctor/Prescriber from point of prescribing, the Pharmacist from dispensing and supply and counselling where we have contact with the patient and Nurse when administering medicines and handing over of the medicines to the patients as they leave the ward on discharge.
2. For written information, we already supply a patient information leaflet with all dispensed medicines as part of our dispensing and checking process; this is mandatory as part of our professional standards. Our dispensing labels do have the standard British National Formulary (BNF) additional instructions which are also mandatory, e.g., specifying medicines causing drowsiness and to not operate machinery, taking medicines with food, discoloration of urine, avoiding certain foods, etc....
3. Moving forwards, some years ago we had an initiative we used before with the “*Your rights to know about medicines*” programme where patients could put a request in to the Nurse when they wanted to speak to a pharmacist. The Nurse would forward the cards to the Pharmacy Team when they next arrived on the wards and would speak to those patients. We will be re-visiting this process and updating the cards and their design. It may sit better with It’s OK to ask” scheme that is already used in the Trust. We are aware from the work we do on wards that not every patient wants to speak to the Pharmacist or Pharmacy Technician. To support the patients having a choice/informed decision, we would then have this service to offer.
4. With the Patient Involvement Partners, we will be designing a new referral card and a supporting poster for display with new logo, times of service and date and time of request added by patient name, etc.
5. It is worth noting that for the wards we do visit, we speak to the patients after their admission to reconcile the medicines they take to that what is prescribed on the drug chart. This is a limited resource as we do not cover all wards and are not present on the wards every day all day. The cards will be carried by our ward-based teams as well as on the ward with the Nurses. We can gather the data as well on how many patients requested to speak to the Pharmacist.
6. The referral card service would be for in patients; however, the generic poster could also be displayed in outpatient waiting areas in the main pharmacy and the outpatient pharmacy.

3.2 Maternity Survey 2022

The 2022 Maternity survey report was published on 11 January 2023 and shared with the senior team on 16 January 2023.

- 98 Walsall Healthcare NHS Trust patients responded to the survey with the response rate for Walsall Healthcare NHS Trust at 33.11% against a national response rate of 46.5%.
- 49% of respondents had given birth to their first baby.
- 66% of respondents were white
- 23% Asian or Asian British,
- 7% Black or Black British.

The maternity survey is split into three sections that ask questions about antenatal care, labour and birth, postnatal care.

Following an internal analysis, the results demonstrate encouraging signs of improvement overall however they still fall below the 10% or greater threshold to move us statistically higher in terms of national comparators but are a useful benchmark and should be noted.

It is worth acknowledging that within the final data set and with the national weighting applied – our response rate was 15% lower than the average and this will have also affected any meaningful comparison even with weighting.

Where patient experience could improve

- Were you offered a choice about where to have your baby?
- Did you get enough information from either a midwife or doctor to help you decide where to have your baby?
- During your pregnancy did midwives provide relevant information about feeding your baby?
- Did you have confidence and trust in the staff caring for you during your antenatal care?
- If you needed attention while you were in hospital after the birth, were you able to get a member of staff to help you when you needed it?
- Thinking about the care you received in hospital after the birth of your baby, were you given the information or explanations you needed?

The Maternity team have disseminated the survey findings to all maternity staff groups and have carried out an experience of care survey to track the results against the retrospect survey findings. There is a Divisional Patient Experience template in place which supports the Trust wide enabling strategy – this has been completed with commitments against the three improvement pillars of Involvement, Engagement and Experience. The Maternity Voices Partnership will be briefed on the above at its next meeting with involvement of the patient voice in the monitoring of the actions and improvements to occur.

3.3 Urgent and Emergency Care

The 2022 survey process has begun with sampling and fieldwork closing on 10 March 2023. Headline reports will be shared in April 2023 with full publication expected in September 2023.

3.4 Children and Young Peoples Survey 2020

The 2-year action plan has been completed and outcomes presented to the Patient Feedback Oversight Group. The next survey (sample month is Nov/Dec 22) is due for headline reporting in June with full publication expected later in the year.

3.5 National Cancer Survey 2021

Tumour group action plans are currently being pulled together by lead Cancer Nurse Specialists. The trust has 3 questions below the expected range as a focus for improvement, and 6 questions reported above the expected range. Deadlines for actions are being set for April 2023 in preparation for the 2022 results and will be mapped to together as a continued action plan.

4.0 Future Survey Dates

Survey	Publication Date
2022 Urgent and emergency care	fieldwork November 2022 - February 2023, publication June 2023
2022 Adult inpatients	fieldwork January – April 2023, publication August 2023
2023 Maternity	fieldwork April – June 2023, publication November 2023
2023 Children and young people	fieldwork August- November 2023, publication April 2024
2023 Adult inpatients	fieldwork January – April 2024, publication August 2024

Public Trust Board	
Meeting Date:	5 th April 2023
Title of Report:	Infection Prevention Update- February 2023
Action Requested:	
For the attention of the Board	
Assure	<ul style="list-style-type: none"> The Trust are achieving targets with all Gram-negative bacteraemias Multi-modal actions are taking place to prevent the incidence of C.difficile A blood culture business case has been prepared to prevent the incidence of contaminates with the proposal to introduce a 24/7 phlebotomy team
Advise	<ul style="list-style-type: none"> The IPC Team have been supporting a variety of Quality Improvement Projects and educational campaigns in response to Infection Prevention/ Antimicrobial Stewardship incidents The IPCT have been involved in movement into the new Urgent and Emergency Care Centre. The IPCT have been working closely with E+F colleagues in development of a deep clean programme. Antibiotic “time out” sessions are taking place with the combined infection service for targeted interventions to improve antibiotic prescribing.
Alert	<ul style="list-style-type: none"> There has been a continued increase in C.difficile toxin acute acquired cases. The Trust are over trajectory for the financial year. Blood culture contaminates are over target but have demonstrated a 4% reduction following local interventions in the emergency department Elements of the IPC BAF have been updated to reflect heightened risk scores from previous quarter. A proactive deep clean programme has been delayed at the Trust due to no access to a decant facility.
Author and Responsible Director Contact Details:	Amy Boden, Deputy Director Infection Prevention and Control Tel 01922 721172 ext 5822 Email amy.boden@nhs.net Lisa Carroll, Director of Nursing
Links to Trust Strategic Aims & Objectives	
<i>Excel in the delivery of Care</i>	<ul style="list-style-type: none"> a) Embed a culture of learning and continuous improvement b) Safe and responsive urgent and emergency care
<i>Support our Colleagues</i>	<ul style="list-style-type: none"> a) Be in the top quartile for vacancy levels b) Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing c) Improve overall staff engagement d) Deliver improvement against the Workforce Equality Standards
<i>Improve the Healthcare of our Communities</i>	<ul style="list-style-type: none"> a) Develop a health inequalities strategy b) Reduction in the carbon footprint of clinical services by 1 April 2025 c) Deliver improvements at PLACE in the health of our communities
<i>Effective Collaboration</i>	<ul style="list-style-type: none"> a) Improve population health outcomes through provider collaborative b) Improve clinical service sustainability c) Progress joint working across Wolverhampton and Walsall

Resource Implications:	None
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.
CQC Domains	Safe: Effective: Caring: Responsive: Well-led:
Equality and Diversity Impact	N/A
Risks: BAF/ TRR	Findings and gaps in assurance are included on the IPC BAF assurance tool.
Risk: Appetite	
Public or Private:	
Other formal bodies involved:	
References	None
NHS Constitution:	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

Brief/Executive Report Details							
Brief/Executive Summary Title:				Infection Prevention Update- February 2023			
Item	Board Assurance Framework Summary:						
1.0	Action	Required action	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Change in level of risk
	1	Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other services users.	6	6	9	6	↓
	2	Provide and maintain a clean and appropriate environment in managed premises that facilitate the prevention and control of infections	6	8	8	12	↑
	3	Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance	4	4	12	12	→
	4	Provide suitable accurate information on infections to services users, their visitors and any person concerned with providing further support or nursing/medical care, in a timely fashion	3	3	6	3	↓

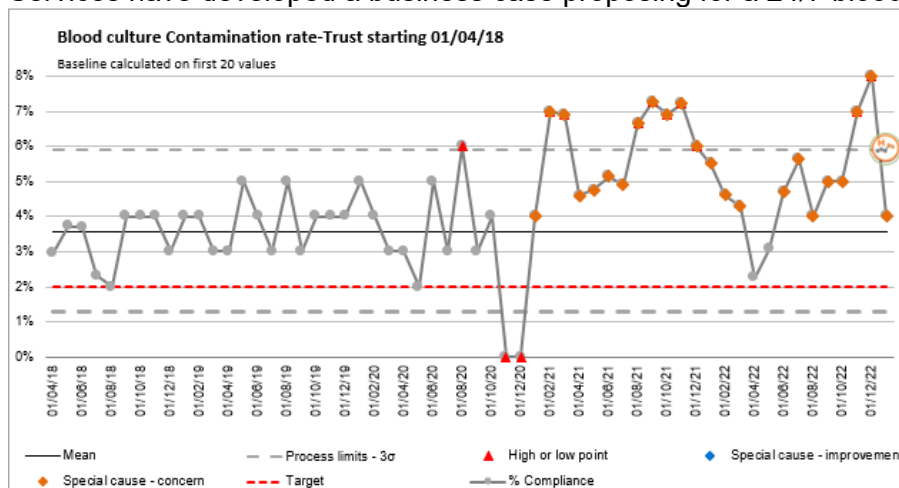
5	Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people	6	6	8	8	→
6	Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection	6	9	9	6	↓
7	Provide or secure adequate isolation facilities	12	9	12	9	↓
8	Secure adequate access to laboratory support as appropriate	6	6	6	6	→
9	Have and adhere to policies designed for the individuals and provide organisations that will help prevent and control infections	6	6	6	9	↑
10	Have a system in place to manage the occupational health needs and obligations of staff in relation to infection	8	8	12	8	↓

Details of updates captured in IPC BAF

1.1

Blood Culture Contaminants

There has been an increasing trend in blood culture contaminants at the Trust; this impacts on correct antibiotic treatment for patients presenting with sepsis, potential delays in treatment and impacts antimicrobial stewardship. The IPC Team have worked in combination with the Trust FORCE Team to improve competencies in individuals obtaining blood cultures. In one month this has demonstrated a 4% reduction in contaminants. This is similar with previous focused interventions. For a consistent approach to reducing blood culture contaminate rates, Head of IPC and Director for Clinical Support Services have developed a business case proposing for a 24/7 blood culture phlebotomy service.



1.2 Antimicrobial Stewardship

Recent investigations into health care associated *C.difficile* have identified improvements needed in antibiotic prescribing. This includes not meeting Trust MicroGuide standards when prescribing for hospital acquired pneumonia or urinary tract infections. A number of actions are being undertaken to improve this:

- The IPC Team in combination with the antimicrobial pharmacist and consultant microbiologist are supporting Qi projects to improve prescribing for these system infections, including CURB scoring for pneumonia and appropriate sampling for patients with suspected UTI. Progress is reported via the AMS report at Infection Prevention and Control Committee.
- A business case to prevent pneumonia is currently under review to implement a Mouth Care Team across Walsall Healthcare and Royal Wolverhampton. Pneumonia is the most common health care associated infection at the Trust; therefore, reduction in this prevents antibiotic use.
- Antibiotic “time out” sessions on focused wards with Consultant Microbiologist/Antimicrobial Pharmacist.

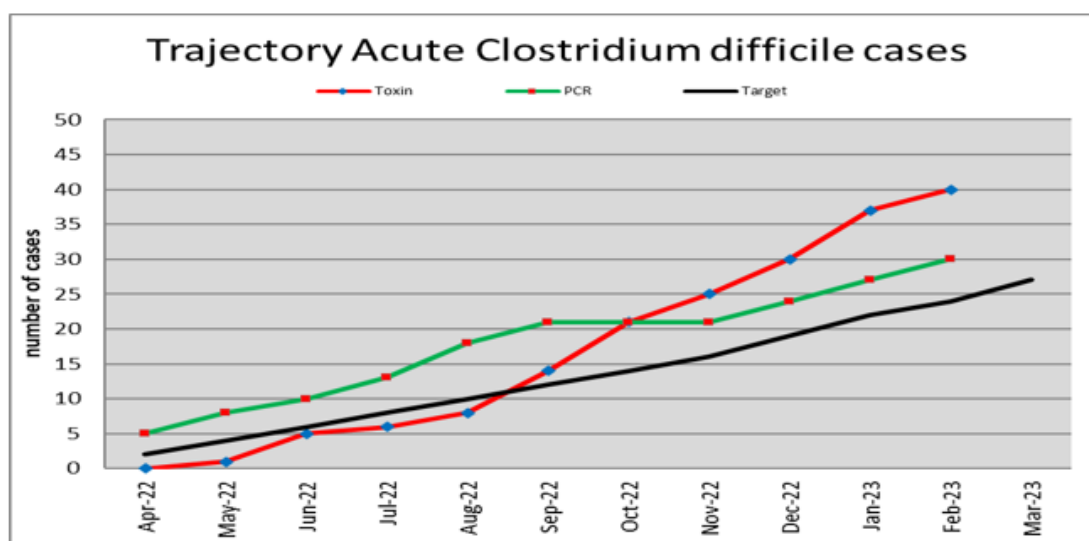
Antimicrobial Stewardship focus on every Infection Prevention Weekly Update, which is cascaded to senior Trust colleagues and medical teams

2.0 Performance

2.1 *Clostridioides difficile*

The National Trust target for 2022/23 is 27 – a total of 3 HCAI CDIs have been reported for February. The cumulative trajectory for the year:

2022/23	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Max Cases per Month	2	2	2	2	2	2	2	2	3	3	2	3
Actual acute cases	0	1	4	1	2	6	7	4	5	7	3	
Cumulative YTD projected	2	4	6	8	10	12	14	16	19	22	24	27
Acute Cumulative actual	0	1	5	6	8	14	21	25	30	37	40	



Actions being undertaken:

- Thematic analysis from January 2023 identified delayed sampling for patients presenting with symptoms. Campaign to promote sampling started in February 2023.
- *C.difficile* educational event on 1st March 2023 with 60 attendees from different clinical areas, highlighting sampling, chain of infection, cleaning principles, the “take your gloves off”

campaign, antimicrobial stewardship, preventing pneumonia and preventing urinary tract infections. This received excellent feedback and will be repeated in May 2023.

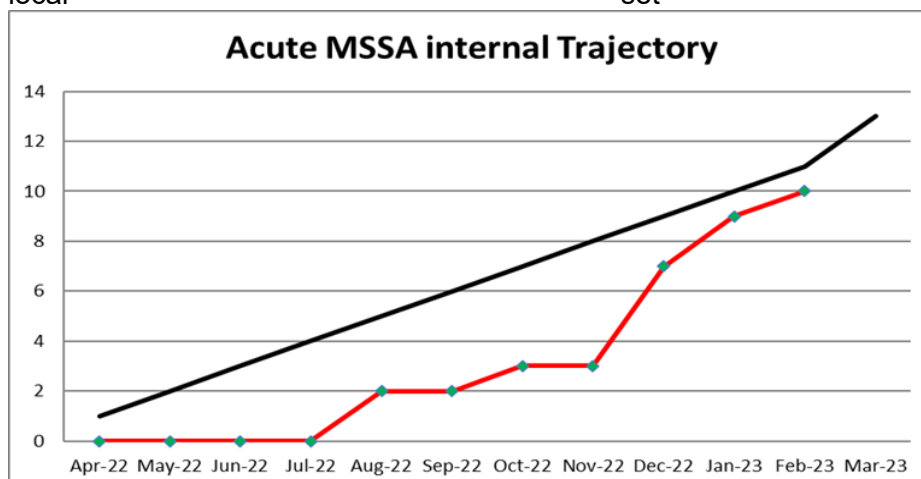
- Weekly infection prevention updates incorporating key messages to prevent C.difficile
- Nurse associate role commenced in IPCT in March 2023. From 20.03.23, the role will focus on sampling in the emergency department, AMU, SACU and focused wards.
- Review of isolation signs and support from IPCT to ensure isolation principles are undertaken.
- IPCT support to the Nutrition and Hydration week in March, including preparedness for meal times, using hand wipes to prevent ingestion of bacteria/viruses that cause infection.
- “Take your gloves off” project continues with presentation delivered by IPC practitioners to Matrons, Ward Managers and Consultant in March. Newsletter with 1:1 education delivered to 46 staff members across different wards by IPC practitioner.
- Plans underway to prepare a proactive deep clean programme, with prioritisation to the modular block wards. Delays in this due to no access to a decant ward facility with capacity pressures. Opportunities to undertake this now that the old AMU has moved into the new building.
- Antimicrobial stewardship actions as detailed earlier in the report.
- IPC nurse is specialising in C.diff as a nurse prescriber. This includes identifying newly admitted patients with history of C.diff to review for risk of relapse and commence immediate treatment.

MRSA Bacteraemia

2.2 There has been 1 MRSA bacteraemia this financial year, confirmed in December 2022. This was attributed to maternity services. The patient had been in hospital for 2 days prior to obtaining blood cultures. The post infection review highlighted blood culture contaminate as source of result. This is incorporated into the business case for the implementation of a 24/7 blood culture phlebotomy service.

MSSA Bacteraemia

2.3 There is no National target set for MSSA bacteraemias; in the absence of a target, the Trust have a locally set target of 11 cases, based on reducing from previous financial year surveillance data. There has been an increase observed in MSSA bacteraemias deemed acute acquired but still currently within local set trajectory.



Gram-negative Baceraemias

2.4 National target for E.coli bacteraemias at the Trust are 50 for the year. 30 acute acquired cases have been reported for the financial year to date.
National target for Klebsiella bacteraemias at the Trust is 27 for the year. 6 acute acquired cases have been reported for the financial year to date.

	<p>National target for Pseudomonas bacteraemias at the Trust is 10 for the year. 1 acute acquired case has been reported for the financial year to date, with no new cases since July 2022. This case was a patient with a community acquired pseudomonas wound infection, which developed into sepsis. The Infection Prevention Team are participating in a Gram-negative steering group across the Midlands and work on Quality Improvement projects locally to prevent different system infections, including pneumonia and urinary tract infections.</p> <p>Outbreaks</p> <p>3.0 There have been a total of 6 COVID19 outbreaks declared to NHS England via the National Outbreak reporting system. Due to increasing pressure on the organisation and high increase of prevalence, these outbreaks are managed as bays restriction with appropriate control measures in place. These areas will require monitoring for up to two incubation period, agreed at 20 days. Summary of areas who have met outbreak definition in February 2023:</p> <ul style="list-style-type: none"> • Ward 15 • Ward 2 • Ward 17 • Ward 16 • Ward 4 • Ward 14 <p>3.1 Ward 3 MRSA Outbreak: Ongoing in February 2023; new cases identified, however following in-depth review isolate matched previous alert organism. Last case related to outbreak identified on 23/01/2023. Total of 15 cases identified In February 2023 typing results returned for 11 isolates from UKHSA Colindale confirming that whole genome sequencing that the isolates belonged to a closely related genetic cluster: CC22-729.3285.3662.X; suggesting in the letter a transmission event. Following this a serious incident was reported. Weekly screening of patients continues and enhanced environmental cleaning until 27.03.23.</p> <p>End of report</p>
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Trust Boards – The Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust (WHT)

Meeting Date:	RWT Trust Board – 04/04/2023 and WHT Trust Board – 05/04/2023
Title of Report:	Joint Quality and Safety Enabling Strategy Summary.
Action Requested:	Receive for approval.

For the attention of the Board

Assure	<ul style="list-style-type: none"> The priorities outlined in this Quality and Safety Enabling Strategy are based on key publications and national and local priorities. The strategy is informed by, and aligned to, the key local joint enabling strategies such as the Joint Trust Strategy (2022), the Patient Experience Enabling Strategy (2022), Quality Framework (QF) for Nursing, Midwifery, Health Visitors and Allied Health Professionals (2023-2025), Quality Accounts (2021/22), National Patient Safety Strategy (2019) and the NHS Long Term Plan Priorities (2019). Suggestions on priorities from the staff, public and wider stakeholders have been considered through the detailed feedback received when the above listed local strategies and frameworks were being developed. The strategy has been socialised with various forums across both Trusts, including the Quality Governance Assurance Committee at RWT, Quality, Patient Experience and Safety Committee (WHT) and both Trust Management Committees for approval. 	
Advise	<ul style="list-style-type: none"> This is the first joint Quality and Safety Enabling Strategy and will replace the current RWT Patient Quality and Safety Strategy (2019). The designed strategy is attached as part 2 of this paper. 	
Alert	N/A	
Author and Responsible Director Contact Details:	Martina Morris – Deputy Director of Nursing (interim) Email – m.morris16@nhs.net	
Links to Trust Strategic Objectives	Strategic Aim (SA)	Associated Strategic Objectives (SO)
	Please delete the SA/SO which is not appropriate to your report	
	Excel in the delivery of Care	<ul style="list-style-type: none"> a) Embed a culture of learning and continuous improvement b) Prioritise the treatment of cancer patients c) Safe and responsive urgent and emergency care d) Deliver the priorities within the National Elective Care Strategy e) We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
	Support our Colleagues	<ul style="list-style-type: none"> a) Be in the top quartile for vacancy levels b) Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing c) Improve overall staff engagement d) Deliver improvement against the Workforce Equality Standards
	Improve the Healthcare of our Communities	<ul style="list-style-type: none"> a) Develop a health inequalities strategy b) Reduction in the carbon footprint of clinical services by 1 April 2025 c) Deliver improvements at PLACE in the health of our communities
	Effective Collaboration	<ul style="list-style-type: none"> a) Improve population health outcomes through provider collaborative b) Improve clinical service sustainability c) Implement technological solutions that improve patient experience d) Progress joint working across Wolverhampton and Walsall e) Facilitate research that improves the quality of care

Resource Implications:	None above the resources already committed to deliver these priorities.
Report Data Caveats	N/A
CQC Domains	<p>Safe: patients, staff and the public are protected from abuse and avoidable harm.</p> <p>Effective: care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence.</p> <p>Caring: staff involve and treat everyone with compassion, kindness, dignity and respect.</p> <p>Responsive: services are organised so that they meet people's needs.</p> <p>Well-led: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.</p>
Equality and Diversity Impact	No negative impact.
Risks: BAF/ TRR	A variety of risks from both organisations apply and this strategy should positively contribute to their reduction or elimination.
Risk: Appetite	
Public or Private:	Public
Other formal bodies involved:	<p>Quality and Safety Assurance Group (RWT), Patient Safety Group (WHT), Quality Governance Assurance Group (RWT), Quality, Patient Experience and Safety Group (WHT)</p> <p>Trust Management Committees – RWT and WHT</p> <p>Nursing, Midwifery and Allied Health Professions Forums – RWT and WHT</p> <p>Key Medical Forums – RWT and WHT</p>
NHS Constitution:	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

Brief/Executive Report Details	
Brief/Executive Summary Title:	Joint Quality and Safety Enabling Strategy Summary.
1.0 Overview	<p>This three-year Quality and Safety Enabling Strategy is the first joint strategy for The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust. The strategy defines how we will strive to excel in the delivery of care, which is one of the four strategic aims of the joint Trust Strategy.</p> <p>As part of the closer working relationship between the two Trusts, we aim to deliver exceptional care together to ensure that the communities we serve are provided with the safest, high quality and evidenced based care. This strategy describes the aspects we will focus on, including the success measures, to drive continuous improvement in quality and safety.</p> <p>The strategy is informed by, and aligned to, the key joint enabling strategies such as the Trust Strategy, the Patient Experience Enabling Strategy (2022), Quality Framework (QF) for Nursing, Midwifery, Health Visitors and Allied Health Professionals (2023-2025), Quality Accounts (2021/22), National Patient Safety Strategy (2019) and the NHS Long Term Plan Priorities (2019).</p> <p>To shape this strategy, we have utilised recent feedback received from staff, patients and the public as part of Trust Strategy, QF, Patient Experience Enabling Strategy and Quality Accounts developments, to ensure that what matters to our staff and patients, is reflected in the strategy and used to formulate our long-term commitment and improvement plans.</p>

	<p>This joint strategy is our commitment to quality and safety and ensuring that we work with staff and patients as our joint partners to improve patient outcomes and their experience.</p> <p>Key priorities of the strategy include:</p> <ul style="list-style-type: none"> • Our People • Embed a culture of learning and continuous improvement at all levels of the organisation • Prioritise the treatment of cancer patients, focussed on improving the outcomes of those diagnosed with the disease • Deliver safe and responsive urgent and emergency care in the community and in hospital • Deliver the priorities of the National Elective Care Strategy • Fundamentals – based on internal and external priorities <ul style="list-style-type: none"> ○ Prevention and management of patient deterioration ○ Timely sepsis recognition and treatment ○ Medicines management ○ Adult and Children Safeguarding ○ Infection Prevention and Control ○ Eat, Drink, Dress, Move to Improve ○ Patient Discharge ○ Maternity and neonates ○ Mental Health ○ Digitalisation • Deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our communities and populations <p>The Quality Governance Assurance Committee at RWT and Quality, Patient Experience and Safety Committee at WHT, will have the overall oversight of progress with key priorities outlined in this strategy and receive an annual update on progress.</p> <p>Taking into consideration the wide breath of programmes of work informing the key priorities of this strategy, individual actions and success measures will form part of the existing programmes and their delivery plans, rather than there being a separate delivery plan for this strategy.</p>
<p>2.0</p> <p>Actions required</p>	<p>The Trust Boards are requested the following:</p> <ul style="list-style-type: none"> • Approve the strategy.

Quality and Safety Enabling Strategy

2023-2026

Excelling in the Delivery of Care

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust



Care Colleagues
Collaboration Communities

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Foreword

This three-year Quality and Safety Enabling Strategy is the first joint strategy for The Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust (WHT). The strategy defines how we will strive to excel in the delivery of care, which is one of the four strategic aims of the joint Trust Strategy.

As part of the closer working relationship between the two Trusts, we aim to deliver exceptional care together to ensure that the communities we serve are provided with the safest, high quality and evidenced based care. This strategy describes the aspects we will focus on, including the success measures, to drive continuous improvement in quality and safety.

The strategy is informed by, and aligned to, the key joint enabling strategies such as the Patient Experience Enabling Strategy (2022), Quality Framework (QF) for Nursing, Midwifery, Health Visitors and Allied Health Professionals (2023-2025), National Patient Safety Strategy (2019) and the NHS Long Term Plan Priorities (2019).

To shape this strategy, we have utilised recent feedback received from staff, patients and the public as part of Trust Strategy, QF, Patient Experience Enabling Strategy and Quality Accounts developments, to ensure that what matters to our staff and patients, is reflected in the strategy and used to formulate our long-term commitment and improvement plans.

This joint strategy is our commitment to quality and safety and ensuring that we work with staff and patients as our joint partners to improve patient outcomes and their experience.



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Kevin Bostock
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Where are we now?

During 2021/22, The Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust (WHT) set out the next steps to further develop the strategic collaboration between the two Trusts and across the wider Black Country (BC) acute provider collaboration arrangements.

The aim of this strategic collaboration is to ensure that our patients and the diverse communities we serve, experience the safest possible and evidence-based care, and are supported to achieve improved health outcomes.

The way this will be achieved is by standardising the best clinical practice, providing a safe, skilled, and sustainable workforce and supporting each Trust to develop its place-based partnership, with quality and safety being at the heart of everything we do.

As both organisations and the wider system continue to recover from the COVID-19 pandemic, this is an opportune time to re-set and align our collective focus on quality and safety. Our focus takes into consideration the wider feedback on priorities received from our staff, patients and communities we serve, as part of Trust Strategy and Patient Experience Enabling Strategy developments, and the current and emerging national and regional National Health Service (NHS) priorities and reports, for example, the Ockenden Review (2021/22), East Kent Maternity Review (2022). Recognising that there are clear themes from all of the national reviews, including, leadership, workforce, staff training and education, governance, safety culture, communication, behavioural aspects and involvement of patients and families, this strategy has been designed to support us with realising the learning from such reviews and aligning these to our local priorities.

To maintain the focus on driving improvements with regards to patient outcomes associated with preventing and managing patient deterioration, timely sepsis recognition and treatment, falls, pressure ulcers, medicines management, cancer, safeguarding, infection prevention and control, urgent and emergency care and elective care, the strategy outlines our key actions that will help us to make further improvements pertaining to these aspects and clinical indicators.

In terms of the Care Quality Commission (CQC) outcomes, both organisations have been subject to a CQC inspection during 2022/23, with WHT undergoing a well-led and core service focussed inspections and RWT undergoing a maternity service focussed inspection. As part of this strategy, we have taken the opportunity to triangulate findings from these inspections and ensure they form part of our overarching improvement plans.

Finally, there is a plethora of evidence best practice across both organisations and as we continue to further develop and embed our closer collaborative working and we will strive to learn from each other to achieve our common goal of Excelling in the Delivery of Care.

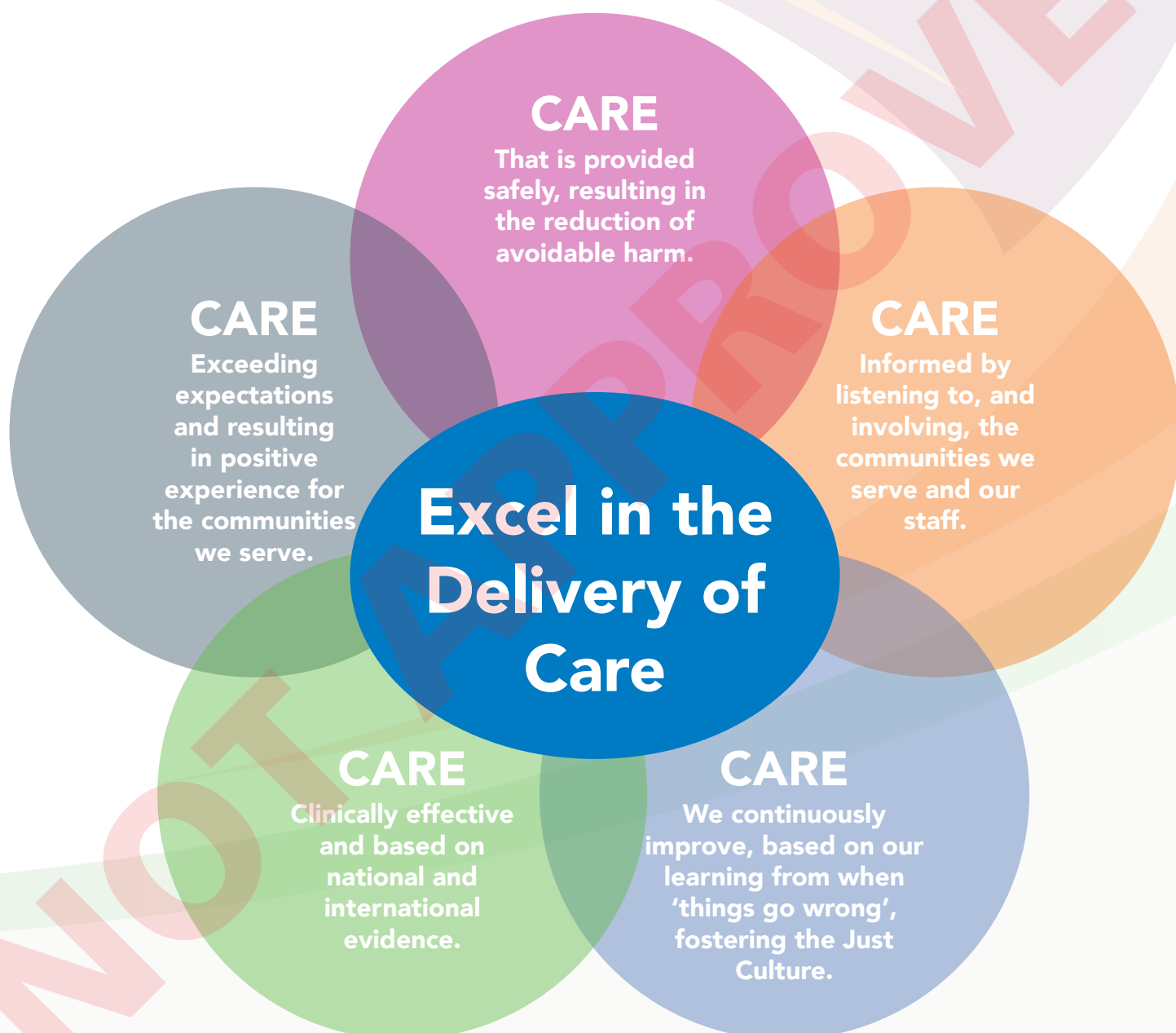


Where do we want to get to?

Our collective vision, as defined in our joint Trust Strategy, is 'To deliver exceptional care together to improve the health and well-being of our communities.'

As we focus on continuously striving for excellence, we will deliver this by putting patients at the heart of everything we do, embedding a culture of learning and continuous improvement.

The diagram below illustrates our key aims and how their interrelations are intrinsic in enabling us to deliver the key priorities of this strategy.



How we will get there and what will we do?

Our key priority areas have been agreed based on the triangulation of information from various local, regional and national sources, including recent engagement with our staff, patients and the communities we serve, when we asked them what our priorities should be for the joint Trust Strategy, Patient Experience Enabling Strategy, Quality Framework (QF) for Nursing, Midwifery, Health Visitors and Allied Health Professionals (2023-2025).



Our People

Priority area

The right workforce with the right skills in the right place at the right time



How we will achieve our aims

Our key focus will be to invest in our workforce with more people and new ways of working, and by strengthening the compassionate and inclusive culture necessary to deliver outstanding care.

This will be in support of the NHS Operational planning guidance 22/23 & 23/24.

Key actions we will take

- Recruit and Retain staff using targeted interventions for different career stages.
- Improve retention using bundles of recommended high impact actions.
- Develop and deliver the workforce required to deliver multidisciplinary care closer to home, including supporting the rollout of virtual wards and discharge to assess models.

How we will know we have succeeded and by when

- Improved staff turnover by the end of Q3 2023/24.
- Improved Retention rates by the end of Q3 2024/25.
- Be in the top quartile of Trusts across the country with the lowest vacancy levels by 2027.

Embed a culture of learning and continuous improvement at all levels of the organisation

Priority area

Quality Improvement



How we will achieve our aims

A Quality Improvement Action Plan has been developed and approved, which outlines our focus for the next 3 years. It focuses on how we will embed quality improvement (QI) at all levels of both organisations and includes targeted actions to increase the level of QI training and capability, introduction of a quality management system and actions to encourage a QI culture starting with Board level leadership.

Key actions we will take

- Produce a gap analysis on how both Trusts rank against the 4 components of a Quality Management System (QMS) i.e., quality planning, quality control, quality improvement and quality assurance, and review how we triangulate data to understand priorities.
- All Divisional and Care Group/Directorate triumvirates to attend one day QSIR fundamentals (sessions are being scheduled from January 2023).
- Year-on-year roll-out plan for QI huddle boards across both trusts to targeted areas e.g., low evidence of improvement work, non-clinical areas.

How we will know we have succeeded and by when

Overall success measures for QI include:

- Rated as good or outstanding on CQC Well-led domain specifically for W8 - Are there robust systems and processes for learning, continuous improvement and innovation.
- 10% increase of staff responding positively in the annual staff survey where staff are asked if they are able to suggest and make improvements in their area.
- The gap analysis completed by end of Q4 2023/24.
- Overall success is for both Trusts to be considered as having an embedded QMS, in line with NHSE's requirement.
- Numbers of triumvirates attending QSIR Fundamentals.
- Quantitative and qualitative feedback from attending the sessions.
- Increase in the number of staff trained following triumvirate training.
- Quarterly audits to evidence regular huddle board meetings take place, number of improvements identified and number of successful projects.
- Evidence of discussions during huddle boards (huddle board log).
- Introduction of 10 QI huddle boards per site/annum.

Priority area

Patient Safety



How we will achieve our aims

The key focus will be to develop a Patient Safety Incident Response Policy and Plan in line with the Patient Safety Incident Response Framework (PSIRF), a fundamental shift in how the Trust responds to patient safety incidents for learning and improvement, the transition to the new national Learning from Patient Safety Events (LfpSE) database and increasing the uptake of the national patient safety syllabus training for all staff to create a common language and framework for patient safety.

Key actions we will take

- Transition to the Patient Safety Incident Response Framework (PSIRF).
- Transition to Learn from Patient Safety Events (LfpSE).
- Increase uptake of Level 2 syllabus training.

How we will know we have succeeded and by when

- Transition to PSIRF achieved by 30th September 2023.
- 100% of incidents uploaded to LfpSE by 31st October 2023.
- Increase uptake of Level 2 syllabus training to 30% by 31st December 2026.

Priority area

Patient involvement



How we will achieve our aims

The key focus will be to deliver key priorities and success measures pertaining to patient involvement, engagement and experience as outlined in the joint Patient Experience Enabling Strategy. This strategy, in conjunction with the Quality and Safety Enabling Strategy, will aim to guide us in achieving excellence in the delivery of care.

Key actions we will take

- The key priorities are outlined within the joint Patient Experience Enabling Strategy (2022-2025).

How we will know we have succeeded and by when

- Achievement of the success measures outlined within the joint Patient Experience Enabling Strategy (2022-2025).

Prioritise the treatment of cancer patients, focussed on improving the outcomes of those diagnosed with the disease

Priority area

Cancer treatment



How we will achieve our aims

Working alongside our partners, our ultimate ambition is to improve cancer survival rates with one of the most positive influences on this being to diagnose patients at an earlier stage.

To contribute to the above, our focus in secondary care is also on continuing to reduce the number of patients waiting over 62 days for treatment and meeting the cancer faster diagnosis standard.

Key actions we will take

- Maintain focus on operational performance, prioritising capacity for cancer patients to support the reduction in patients waiting over 62 days.
- Increase and prioritise diagnostic and treatment capacity for suspected cancer, including prioritising new Community Diagnostic Centre capacity.
- Implementation of priority pathway changes for lower Gastrointestinal (GI), skin, and prostate cancer.

How we will know we have succeeded and by when

- An increase in the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028.
- Reduction in the number of patients waiting over 62 days for treatment and meeting the cancer faster diagnosis standard March 2024.
- 75% of patients who have been urgently referred by their General Practitioner (GP) for suspected cancer are diagnosed, or have cancer ruled out, within 28 days.



Deliver safe and responsive urgent and emergency care in the community and in hospital

Priority area

Urgent and Emergency Care and patient flow



How we will achieve our aims

We are focused on improving ambulance handover times and improving, year on year, the percentage of patients seen within 4 hours within Accident and Emergency (A&E).

The achievement of these targets relies on good patient flow throughout the hospital and to achieve this, requires system wide working to reduce bed occupancy. This reduction in bed occupancy comes in part from an increase in beds (be it physical or virtual) as well as a reduction in the number of medically fit for discharge (MFFD) patients.

Urgent and emergency care (UEC) is not just delivered within A&E departments. As an integrated community provider, we also remain focused on delivering the urgent 2-hour community standard and streamlining patients either from primary care or secondary care to avoid unnecessary hospital stays.

Key actions we will take

- Working with partners from across the system, we will support the flow of patients through UEC, by:
 1. Expanding and maintaining the use of Same Day Emergency Care (SDEC) services to avoid unnecessary hospital stays.
 2. Expanding virtual wards, allowing people to be safely monitored from the comfort of their own homes.
 3. Working with partners to speed up discharge from hospital and reduce the number of patients without criteria to reside.
- Open the new UEC Centre at WHT.

How we will know we have succeeded and by when

- Year on year improvement in the percentage of patients seen within 4 hours within A&E.
- Reduce adult general and acute bed occupancy to 92%.
- Consistently meet the 70% 2-hour urgent community response time.
- Benefits of the new UEC Centre realised and improvements noted pertaining to staffing (all staff groups) – recruitment and retention; staff satisfaction; patient experience; environmental audits and reduction of incidents.

Deliver the priorities of the National Elective Care Strategy

Priority area

National Elective Care Strategy



How we will achieve our aims

As we make strides to recover the backlog in elective care resulting from the pandemic, we will continue to prioritise patients based on their clinical need. Alongside this however, we will focus on reducing the number of patients waiting for the longest time, in line with the priorities of the National Elective Care Strategy. For 2024/25 this means working to eliminate waits over 65 weeks and continuing to increase elective activity through increased elective and diagnostic operating at our elective hub in Cannock.

Key actions we will take

- Deliver an increase in capacity through the Community Diagnostic Centre and theatre expansion programme.
- Transform the delivery of outpatient services with the aim of avoiding unnecessary travel and stress for patients.
- Increase productivity using the GIRFT (Getting it Right First Time) programme and improving theatre productivity.

How we will know we have succeeded and by when

- Eliminate waits of over 65 weeks by the end of 2023/24 and 52 weeks by 2024/25.
- Delivery of 130% of 2019/20 activity by the end of 2024/25.
- Meet the 85% theatre utilisation expectation.



Fundamentals – based on internal and external priorities

Priority area

Prevention and management of patient deterioration



How we will achieve our aims

The key focus will be to develop a collaborative strategic approach focusing on the prevention of patient deterioration, including early recognition and treatment. The purpose will be to strengthen the safety culture and prevention of harm to patients in our care that is evidence based and current.

Key actions we will take

- Ensure that patient safety remains the priority with regards to the prevention, early recognition and treatment of the deteriorating patient, fostering a multidisciplinary (MDT) approach across both Trusts. This will include ongoing focus on maximising learning from incidents, complaints and other patient feedback.
- Agree key outcome measures in the form of a DPG dashboard that will provide oversight and assurance on observations on time and other key deteriorating patient indicators.
- Develop a plan to ensure full achievement of the “Recording of and response to NEWS2 score for unplanned critical care admissions” CQUIN and monitor this plan via the respective DPGs.
- Strengthen completion of the existing educational programmes focusing on the prevention, recognition and treatment of the deteriorating patient, leading to improved patient outcomes.
- Progress innovation, introduction of standardised technology and engagement of the multi-professional workforce in relation to observations being completed on time and early recognition of deteriorating patient.





How we will know we have succeeded and by when

- Evidence of an MDT approach associated with the deteriorating patient agenda as per the Deteriorating Patient Group (DPG) meetings at both Trusts.
- Standardised oversight of the deteriorating patient agenda across both Trusts and alignment of key policies and guidelines as far as possible achieved by Q2 2024/25.
- Dashboard developed and implemented by the end of Q1 2024/25 and utilised by both DPGs for oversight purposes and to drive continuous improvements to patient outcomes.
- By the end of Q3 2023/24, the possibility of a joint forum to share the learning pertaining to the deteriorating patient agenda explored.
- Achievement of 60% of unplanned critical care unit admissions from non-critical care wards having a timely response to deterioration, with the National Early Warning Score (NEWS2) score, escalation and response times recorded in clinical notes at both Trusts by the end of Q4 2023/24, with quarterly progress reporting in line with Commissioning for Quality and Innovation (CQUIN) guidance.
- By the end of Q4 2025/26, evidence of the 90% of eligible staff having completed relevant training across both Trusts at induction and thereafter in line with education and training requirements.
- Sustainable improvements to observations completed on time as per the improvement trajectory outlined within the Quality Framework (QF) for Nursing, Midwifery, Health Visitors and Allied Health Professionals (2023-2025).
- Evidence of improved patient outcomes in line with key indicators measured by the DPG dashboards.
- Evidence of digital developments to support continuous improvements in patient outcomes as outlined within both Trust Digital Strategies.

Priority area

Timely sepsis recognition and treatment



How we will achieve our aims

The key focus will be to develop a collaborative strategic approach to sepsis, focusing on prevention, early recognition through timely screening and immediate treatment initiation upon sepsis recognition. The purpose will be to strengthen the safety culture and prevention of harm to patients in our care that is evidence based and current.

Key actions we will take

- Through continuous learning from sepsis related incidents, complaints and mortality themes, and continuous improvement approaches, improve patient experience and outcomes associated with the early recognition and treatment of sepsis, ensuring a multidisciplinary approach.
- Implement the anticipated updated National Institute for Health and Care Excellence (NICE) guidance on sepsis recognition, diagnosis and early management, ensuring a robust monitoring process for the sepsis SHMI (Summary Hospital-level Mortality Indicator).
- Strengthen, align and embed oversight measures for sepsis recognition and treatment to provide oversight and assurance at both Trusts.
- Strengthen completion of the existing educational programmes focusing on the prevention, recognition and treatment of sepsis, leading to improved patient outcomes.
- Progress innovation, introduction of standardised technology and engagement of the multi-professional workforce in relation to early sepsis recognition and treatment.

How we will know we have succeeded and by when

- Evidence of an MDT approach associated with the sepsis agenda (evidence from relevant meetings at both Trusts).
- Bi-annual evidence of incremental improvements in sepsis recognition and treatment up until Q4 2025/26 based on Q1 2023/24 baseline.
- Full implementation of NICE guidance and monitoring achieved by the end of Q4 2023/24.
- Standardised oversight of sepsis across both Trusts and alignment of key policies and guidelines as far as possible achieved by Q2 2024/25.
- By the end of Q4 2025/26, evidence of the 90% of eligible staff having completed relevant sepsis related training across both Trusts at induction and thereafter in line with education and training requirements.
- Evidence of improved patient outcomes in line with key indicators measured by the sepsis team and DPG.
- Evidence of digital developments to support continuous improvements in patient outcomes as outlined within both Trust Digital Strategies.
- Reports from the Sepsis Screening Tool finalised with support from the Information Technology team and shared systematically to drive continuous improvements.

Priority area

Medicines management



How we will achieve our aims

To develop a joint Medicines Optimisation Strategic Plan that will deliver a robust system for ensuring the safe and effective management of medicines across all areas of our trusts. The purpose of this plan will be to foster a strong medicines safety culture, reduce medication-related harm and medicines safety errors, meet regulatory requirements and to ensure our patients have the best possible outcomes from their medicines. As part of this, we will align our medicines safety programmes with the national medicines safety improvement programme (MedSIP) focusing on high-risk medicines, high-risk situations, and vulnerable patients.

Key actions we will take

- Develop clinical pharmacy services to deliver excellence in medicines safety and medicines optimisation, ensuring the pharmacy team is an integral part of the multidisciplinary healthcare team.
- Strengthen and embed robust medicines governance frameworks, to provide organisational oversight and assurance on medicines safety and medicines optimisation.
- Develop a medicines safety improvement programme, focusing on the MedSIP priorities and local priorities such as safe and secure medicines storage in clinical areas.
- Adoption of innovation and technology, and engagement of the multi-professional workforce in medicines management are essential enablers for creation of a strong medicines safety culture and delivery of these priorities.

How we will know we have succeeded and by when

- Positive regulator feedback.
- Monitoring of medicines policies provides assurance of safe and secure medicines use e.g., controlled drugs audits.
- Improvements each year in clinical pharmacy key performance metrics e.g., medicines reconciliation within 24 hours of admission.
- Reduction each year in medication errors and medication incidents reported as causing harm.
- Positive patient feedback.
- Evidence of adoption of technology across the organisations e.g. EPMA, ward automation.
- Full achievement of improvements already identified within the associated improvement plans and medicines management risks.

Priority area

Adult and Children Safeguarding



How we will achieve our aims

The key focus will be to develop a joint Safeguarding Adults and Children delivery plan to ensure a collaborative approach to delivering and improving the safeguarding agenda for the benefit of the communities we serve.

Key actions we will take

- The key priorities will be outlined within the Safeguarding delivery plan.

How we will know we have succeeded and by when

- Achievement of the success measures outlined within the Safeguarding delivery plan.



Priority area

Infection Prevention and Control



How we will achieve our aims

Recognising the challenges posed by the COVID-19 pandemic and the learning realised, our aim will be to fully deliver on all key priorities as outlined within the joint Infection Prevention and Control (IPC) Delivery Plan (2023).

Key actions we will take

- The key priorities are outlined within the IPC delivery plan.

How we will know we have succeeded and by when

- Achievement of the success measures outlined within the IPC delivery plan.

Priority area

Eat, Drink, Dress, Move to Improve



How we will achieve our aims

Both Trusts recognise the importance of preventing patient de-conditioning and our goal will be to fully deliver on the priorities associated with our Eat, Drink, Dress, Move and Improve campaign, as outlined in the Quality Framework (QF) for Nursing, Midwifery, Health Visitors and Allied Health Professionals (2023-2025).

Key actions we will take

- They key areas of focus are outlined within the Nursing, Midwifery and AHP QF.

How we will know we have succeeded and by when

- Achievement of the success measures outlined within the Nursing, Midwifery and AHP Quality Framework.

Priority area

Patient Discharge



How we will achieve our aims

Ensuring that all patients experience a safe and timely discharge, we will aim to fully deliver on the discharge related priorities as outlined in the joint Patient Experience Enabling Strategy (2022-2025).

Key actions we will take

- The key priorities are outlined within the Patient Experience Enabling Strategy (2022-2025).
- Continue to ensure robust oversight of patient feedback, safeguarding referrals, quality concerns raised via external routes, incidents and excellence to drive continuous improvements.
- Through the governance route, strengthen Divisional/Directorate/Care Group oversight and reporting of patient discharge related concerns, including actions and wider learning. Summary of key themes, learning and actions to be captured in Divisional reports provided to QSAG and QPES.

How we will know we have succeeded and by when

- Achievement of the success measures outlined within the Patient Experience Enabling Strategy (2022-2025).
- Positive patient feedback via the established feedback processes and surveys.
- Evidence of improved oversight and reporting via QSAG and QPES.



Priority area

Maternity and Neonates



How we will achieve our aims

The key focus will be to deliver the highest quality maternity services across both Trusts, by delivering the safest care options, offering personalised care and choice, and the optimal patient experience for mothers, babies and their families. This will be achieved through collaboration between both Trust maternity and neonatal services, along with the Local Maternity and Neonatal System (LMNS) and Integrated Care System (ICS) focused workstreams.

Key actions we will take

- Contribute to the national ambition, set out in 'Better Births (NHS England » Better Births: Improving outcomes of maternity services in England – A Five Year Forward View for maternity care), to reduce the rates of maternal and neonatal deaths, stillbirths and brain injuries that occur during or soon after birth.
- Contribute to the national ambition, set out in 'Safer Maternity Care' (Safer maternity care - GOV. UK (www.gov.uk)), to reduce the national rate of preterm births.
- Improve the safety and outcomes of maternal and neonatal care by reducing unwarranted variation and provide a high-quality healthcare experience for all women, babies, and families across maternity and neonatal care settings in England.
- Contribute to achieving optimal Maternity and Neonatal safe staffing levels by supporting transformation of the maternity and neonatal workforce in line with Birthrate plus, British Association of Perinatal Medicine (BAPM) and actions set out in the Ockenden Report (2022) - Immediate essential actions (IEA).

How we will know we have succeeded and by when

- Reduction in the rates of maternal and neonatal deaths, stillbirths and brain injuries that occur during or soon after birth by 50% by 2025.
- Contribute to the reduction of the national rate of pre-term births from 8% to 6%.
- 10% reduction in serious incidents and improve outcomes of 'Avoiding term admissions to neonatal intensive care (ATAIN).
- 25% increase in our 'Friends and Family (FFT)' feedback over the next 3 years from women and their families at the 4 touchpoints.
- Standardisation of practice in line with evidence and learning from incidents and women and their families' experiences.
- **Midwifery workforce:** Compliance with Birthrate plus recommendations 1:21 RWT and 1:25 WHT achieved within the next three years.
- **BAPM workforce:** The Qualified in Speciality (QIS) target increased to 70% pertaining to nursing staff over the next three years.
- **Medical workforce:** All Consultant Obstetric and Neonatal posts filled and minimal junior doctor gaps on the medical rota to achieve safe staffing levels.

Priority area

Mental Health



How we will achieve our aims

The key focus will be to ensure that both Trusts have clear processes and policies to support mental health patients for all ages and that they receive excellent quality of care and treatment.

Key actions we will take

- Develop a policy that supports Medical Emergencies for Eating Disorders (MEED) in line with the Royal College of Psychiatrist guidance and ensure that any patients who may be suffering from an eating disorder are supported as per their individual needs.
- Develop a training package that supports staff to deliver high quality care for mental health patients.
- To develop a policy that supports all age mental health patient journey, to support all clinical areas in accessing mental health support when required.
- Ensure that both Trusts have a mental health risk assessment to support the requirements for patient safety and enhanced observations when required.
- Continue to meet and adhere to the CQC standards for providers of mental health care and treatment within the acute trust.

How we will know we have succeeded and by when

- Policy developed and implemented across both Trusts by the end of Q4 2023/24.
- The training package developed by Q4 2023/24 and launched by Q4 2024/25.
- 75% eligible staff having completed the training by the end of Q4 2025/26.
- Policy developed and implemented across both Trusts by the end of Q4 2023/24.
- A standardised risk assessment developed and launched by the end of Q3 2024/25 at both Trusts.
- Evidence of compliance with CQC standards, with mitigating actions in place to address the areas of non-compliance.
- A year-on-year reduction in mental health incidents and serious incidents achieving a 20% reduction by the end of Q4 2025/26, based on the Q1 2022/23 baseline.

Priority area

Digitalisation



How we will achieve our aims

Both organisations seek to develop their Electronic Patient Record (EPR) implementation and procurement programmes doing so through a clinically led process with involvement of digital clinicians to both inform and support process. We seek to deliver integrated systems into clinical workflows that efficiently and safely collect and provide data, providing timely clinical communication across multi-disciplinary teams and health networks both within trust and externally via Shared Care Records.

The backbone to this is easy access to appropriate devices that allow clinical staff to interface with systems conveniently and securely with the appropriate bandwidth and latency.

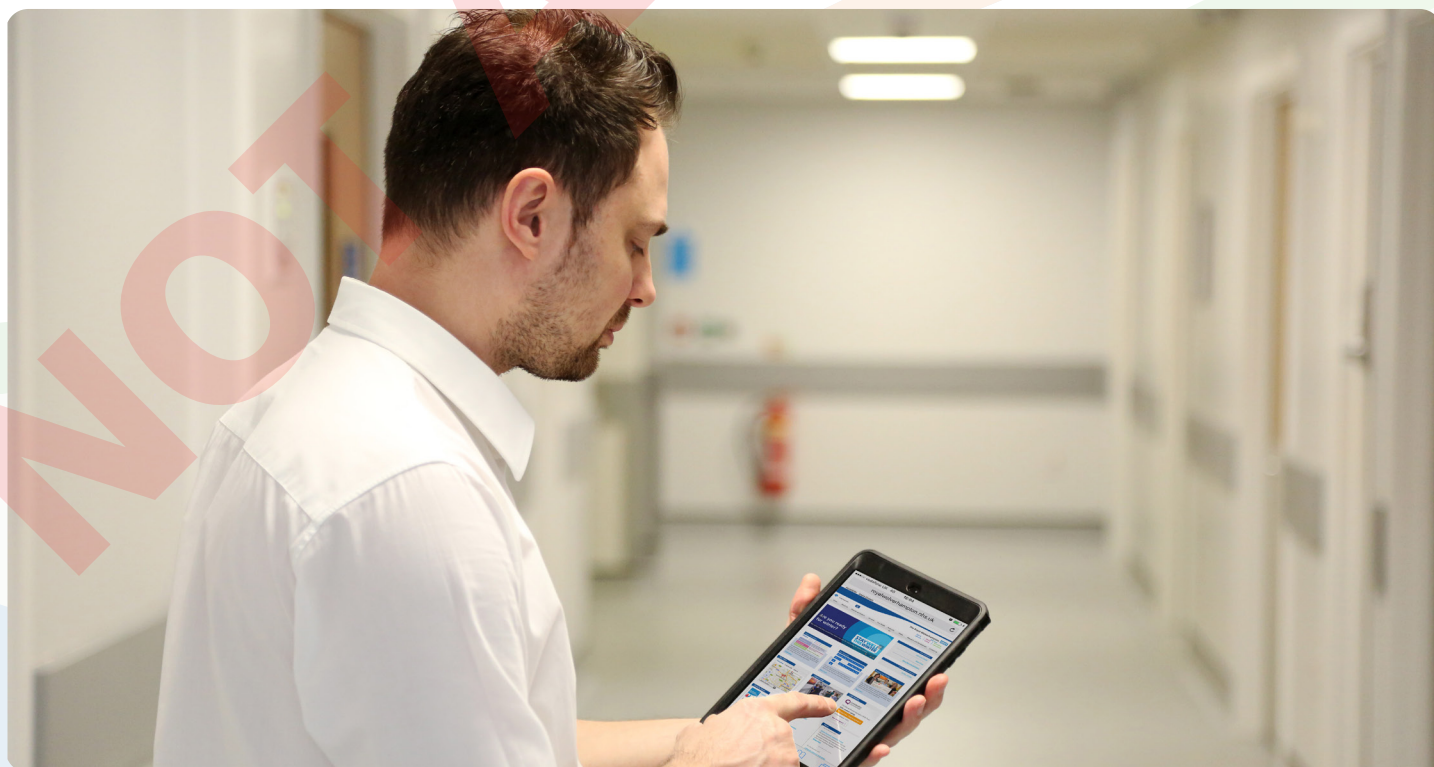
For both Trusts, the work of digitalisation will support the following 6 broad improvements: clinical decision support, safeguarding of clinical trials, workflow improvements, inpatient alerting, population health management and patient profiling.

Key actions we will take

- The key priorities are outlined within the RWT and WHT Information Technology/Digital Strategies.

How we will know we have succeeded and by when

- Achievement of the success measures outlined within the RWT and WHT Information Technology/Digital Strategies and the Quality Framework (QF) for Nursing, Midwifery, Health Visitors and Allied Health Professionals (2023-2025).



Deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our communities and populations

Priority area

Financial sustainability



How we will achieve our aims

Ensuring that we best utilise the finite resources available, including but not limited to people, physical capacity and finances.

Collaborating to ensure effectiveness, economy and resilience of services across both Trusts, not being limited by single Trusts status.

Continuous and rigorous improvement in quality and safety at all levels, within existing resources or less; through the removal of waste, unwarranted variation and unacceptable risk, whether that be through existing pathways and processes or new ones.

Financial investment can be an enabler to delivering high quality care although it is not always a pre-requisite. Improvements in quality can and will be made through improved ways of working and innovation (as outlined within this enabling strategy).

In the initial period this strategy covers, funding within the NHS is likely to be severely constrained. Accordingly, our investments must be prioritised and focused on the delivery of our strategic objectives. Investments will be overseen by the relevant Standing Financial Instructions (SFIs) and processes prevailing at the time. Currently this includes our Contracting and Investment Group (reporting into the Trust Management Committees - TMCs) who will prioritise cases that are most likely to deliver the most significant benefits to our populations within resources available.

Key actions we will take

- Through use of integrated reports and performance framework, assure efficient and effective deployment of current resources, redress areas of concern, and adjust plans accordingly.
- Continue to explore current and emerging areas of collaboration between RWT and WHT and the wider Integrated Care Board e.g. Acute Provider Collaborative and other partners.
- Working with the Service Efficiency and QI teams to share learning, identify opportunities, plan and implement improvements. This includes using available tools such as local benchmarking, national Model Health System and GIRFT.
- Review of developments through the Contracting and Investment Group to ensure developments are approved in line with strategy, are viable and prioritised effectively.
- Review the relevant key milestones during implementation, review of post implementation Key Performance Indicators (KPIs) at TMC, to ensure benefits are realised.
- Plan and prioritise effectively through integrated annual, medium and long-term planning.

How we will know we have succeeded and by when

- Improved financial performance and delivery of statutory financial duties.
- Improved net benefits across both organisations, as a result of focussing on collaboration and bringing together where there is synergy or economies of scale as opposed to potentially creating barriers for appropriately diverse services, pathways and processes.
- Improved net gains across both organisations.
- Improved productivity and efficiency as measured by costed weighted growth, Model Health metrics etc.
- Delivery of recurrent Cost Improvement Plans (CIPs).
- Value for money assessment in planning, approval and post implementation review.



How will we know we have succeeded?

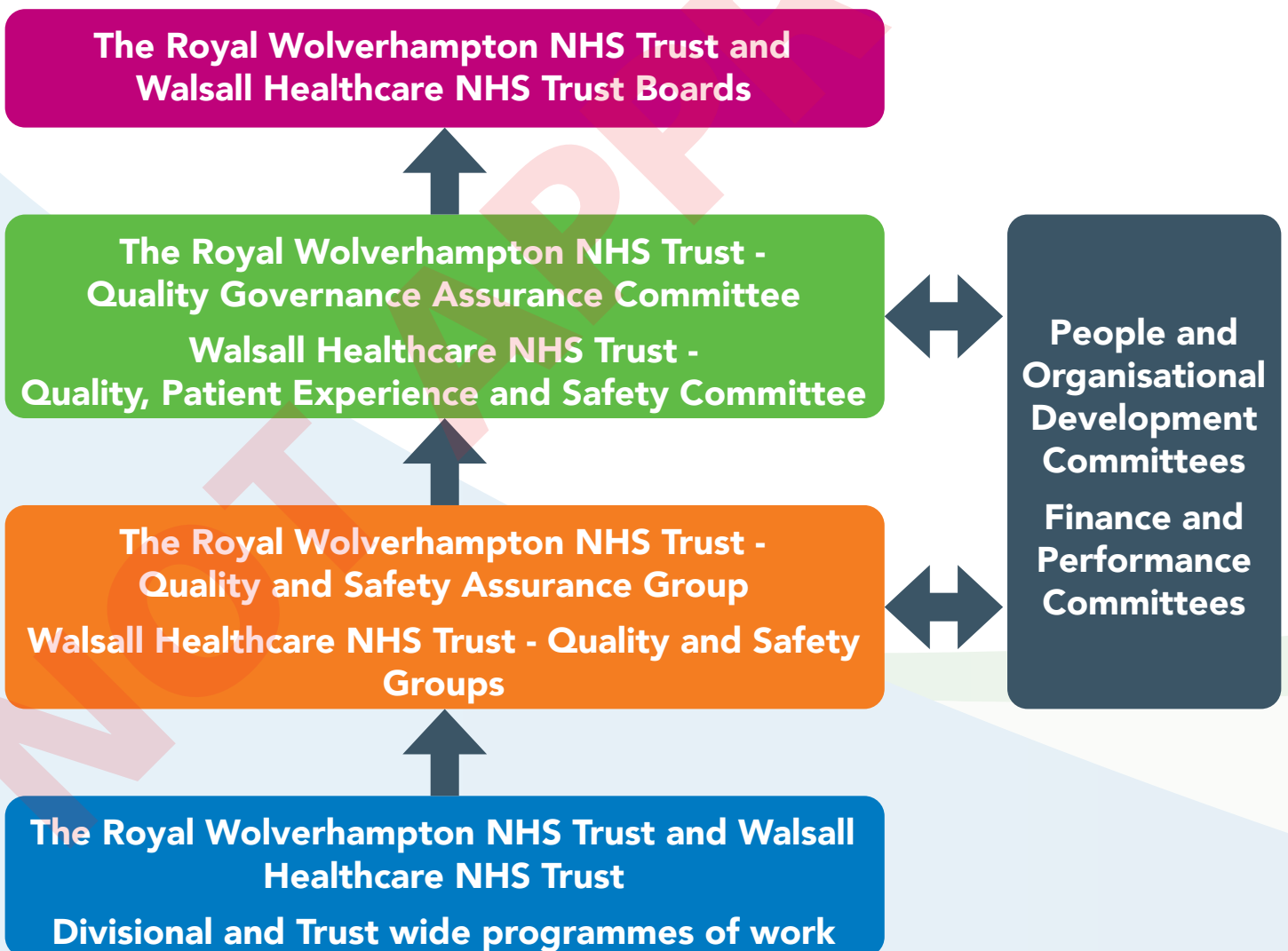
Our governance process sets out how we will monitor the delivery of our Quality and Safety Enabling Strategy.

The governance across both Trusts flows from the external mechanisms, such as CQC reviews or NHS England's System Oversight Framework, to our internal assurance mechanisms such as our Trust boards, sub-board committees and through to our key programmes of work.

The Quality Governance Assurance Committee at RWT and Quality, Patient Experience and Safety Committee at WHT, will have the overall oversight of progress with key priorities outlined in this strategy and receive an annual update on progress.

Taking into consideration the wide breath of programmes of work informing the key priorities of the strategy, individual actions and success measures will form part of the existing programmes and their delivery plans, rather than there being a separate delivery plan for this strategy.

The reporting structure is as follows:



Risk and Mitigations

Risk	Mitigations
Ongoing operational pressures impacting on progress with defined priorities.	Oversight of progress via the delivery groups and timely escalation to Quality Governance Assurance Group (RWT - QGAC) and Quality, Patient Experience and Safety Committee (WHT - QPES).
Workforce challenges impacting on progress with defined priorities.	Ongoing staff recruitment and retention activities. Oversight of progress, risks and mitigations via the People and Organisational Development Committees and associated delivery groups, and timely escalation to QGAC and QPES.
Financial constraints impacting on progress with defined priorities.	Prioritisation of key investments that are likely to have the most positive and sustainable impact on improving quality and safety. Oversight of progress, risks and mitigations via the Finance and Performance Committees and associated delivery groups, and timely escalation to QGAC and QPES.

Equality Impact Assessment

This Quality and Safety Enabling Strategy has been equality impact assessed and no adverse and conflicting impact on the workforce, any service we provide, and the communities we serve has been identified.

Review of the Strategy

This is a 3-year strategy, which will be overseen by QGAC and QPES at both Trusts. Progress updates will be provided on an annual basis.

Conclusion

It is envisaged that this joint strategy will guide both organisations as part of our improvement efforts and celebrating excellence, which in turn should result in improved patient outcomes.



Public Trust Board	
Meeting Date:	5 th April 2023
Title of Report:	Workforce Safeguards Report
Action Requested:	Committee approve the report.
For the attention of the Board	
Assure	<ul style="list-style-type: none"> Of the 14 recommendations within the NHSI workforce safeguard document, the Trust is fully compliant with 7 recommendations and partially compliant with 5. Recommendations 11 and 12 - governance processes are in place around the completion of Quality Impact Assessments (QIA) and Risk Assessments (RA) when changes are made to ward/department locations, skill mix or case mix of patients, and large scale redeployment of staff <p>All nursing workforce within the acute Trust are on an electronic rostering system</p>
Advise	<ul style="list-style-type: none"> There is no single guidance or standard validated methodology to inform staffing levels required for services provided by AHPs, each of the professional groups provide their own guidance. Varied tools are utilised for relevant areas. <p>Work will be undertaken in 2023 to ensure the workforce safeguards incorporate the AHP workforce</p>
Alert	Nothing to alert
Author and Responsible Director Contact Details:	Chrissla Davis Head of Nursing – Workforce chrissla.davis@nhs.net
Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
<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)
<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
<i>Improve the Healthcare of our Communities</i>	a) Develop a health inequalities strategy b) Reduction in the carbon footprint of clinical services by 1 April 2025 c) Deliver improvements at PLACE in the health of our communities
<i>Effective Collaboration</i>	a) Improve population health outcomes through provider collaborative b) Improve clinical service sustainability c) Implement technological solutions that improve patient experience d) Progress joint working across Wolverhampton and Walsall e) Facilitate research that improves the quality of care

Resource Implications:	None
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.
CQC Domains	Safe: Effective: Caring: Responsive: Well-led:
Equality and Diversity Impact	
Risks: BAF/ TRR	Safe High Quality Care BAF 2066 – Risk of avoidable harm to patients due to wards & departments being below the agreed substantive staffing levels (Risk Score 15) 2245 - Risk of suboptimal care and potential harm to patients from available midwives being below agreed establishment level (Risk Score 20)
Risk: Appetite	None
Public or Private:	Public
Other formal bodies involved:	None
References	If required/appropriate e.g. if addressing a national policy priority.
NHS Constitution:	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

Brief/Executive Report Details	
Brief/Executive Summary Title:	Workforce Safeguards - NHSI
Item/paragraph 1.0	<p>Recommendations</p> <p>Recommendation 1 - Trusts must formally ensure NQB's 2016 guidance is embedded in their safe staffing governance</p> <p>–Partial compliance, The current Staffing Report that is shared with PODC does not include Model Hospital Data and CHPPD benchmarking. This is to be included in future reports to demonstrate our position within our PEER group</p> <p>Recommendation 2 - Trusts must ensure the 3 components are used in their safe staffing process</p> <p>Compliant and ongoing as required.</p>

Figure 1: Principles of safe staffing



Figure 1 – Data source NHSI, 2018

Establishment reviews follow a robust methodology which includes a triangulated approach using the recommended NHSi tool (Safer Nursing Care Tool with Hurst Model recommended staffing ratio's). The current Establishment Reviews are taking place with a methodology that includes the appraisal of any national benchmarking / guidance for specific areas such as ITU/Paediatrics/Midwifery.

Table 1

Area	Methodology
<i>Wards – adults, paediatrics, AMU and SEU</i>	<i>Safer Nursing Care Tool (SNCT)</i>
<i>Emergency Department</i>	<i>ED specific Safer Nursing Care Tool (EDSNCT)</i>
<i>Outpatient and Day Care Departments</i>	<i>Professional Judgement as no current validated tool available</i>
<i>Neonatal Unit</i>	<i>BAPM guidelines</i>
<i>Intensive, Coronary & High Dependency Care Units (including outreach teams)</i>	<i>BACCN/RCN critical care forum/ICS guidelines</i>
<i>Theatres</i>	<i>Association for Perioperative Practitioners (AfPP)</i>

	<i>Maternity services</i>	<i>Birthrate+</i>
	<i>Community Services</i>	<i>Community Nursing Safer Staffing Tool (CNSST)</i>
	<i>Endoscopy</i>	<i>JAG guidance/Professional Judgement methodology</i>
	<i>General Practice</i>	<i>Professional Judgement as no current validated tool available</i>
	Physiotherapists	<p>Chartered Society of Physiotherapy Workforce Data Modelling Tool (2015)</p> <p>Calculating Staffing Levels in Physiotherapy Services (2000)</p> <p>Physiotherapy Staffing Recommendations for Neonatal Units in England (2018)</p> <p>National Clinical Guideline for Stroke (RCP, 2016)</p> <p>Standards for the Clinical Care of Children and Adults with Cystic Fibrosis in the UK (2011)</p> <p>Standards for Physical Activity and Exercise in the Cardiovascular Population ACPICR (2015)</p> <p>Service Specification: Pulmonary Rehabilitation Service DH (2012)</p>
	Occupational Therapists	<p>College of Occupational Therapists Workforce planning in Occupational Therapy (2010)</p> <p>National Clinical Guideline for Stroke (RCP, 2016)</p>
	Speech and Language Therapists	<p>Royal College of Speech and Language Therapists Calculating hours available to a FTE speech and language therapist (2012)</p> <p>A Sense of the whole Public Service Review, Health and Social care 33 (2011)</p> <p>Speech and Language Therapy Staffing Recommendations for Neonatal Units, Neonatal Speech and Language Therapy Stakeholders group (2018)</p>

	National Clinical Guideline for Stroke (RCP, 2016)
Dieticians	<p>BDA Safe Caseload Management (2012)</p> <p>BDA Safe Staffing, Safe Workload (2016)</p> <p>Information from www.diabetes.org.uk (2010)</p> <p>Guidelines for the Provision of Intensive Care Services (the Faculty of Intensive Care Medicine (FICM) and the Intensive Care Society (ICS), 2018)</p> <p>Dietitian Staffing on Neonatal Units, Neonatal Sub-Group Recommendations for Commissioning (2018)</p> <p>National Clinical Guideline for Stroke (RCP, 2016)</p> <p>IBD standards (2013)</p> <p>CREST (2006)</p> <p>British Renal Society (2002)</p> <p>Standards for the Clinical Care of Children and Adults with cystic fibrosis in the UK (2011)</p>
Orthotists	Professional Judgement as no current validated tool available
Podiatrists	College of Podiatry Developing a Sustainable Podiatry Workforce for the UK Towards 2030 (2013)
Radiographers	Professional Judgement as no current validated tool available/in use
Orthoptists	Professional Judgement as no current validated tool available/in use
Operating Department Practitioners	<p>Association for Perioperative Practice guidelines 'Staffing for Patients in the Perioperative Setting' 2014.</p> <p>Association for Anaesthetists Great Britain and Ireland.</p>

Royal College of Anaesthesia

The Trust board will be receiving from June 2022 biannual nursing skill mix reports for all nursing workforce on a rostered workplan.

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

E-roster

- All nursing and midwifery inpatient wards, emergency department, endoscopy, ICU, majority of outpatients departments and day care areas, on e-roster. A piece of work for student nurses being added to the health roster system is its proposal stage with a plan to pilot on 2 wards April 2023 (licences allowing). The piece of work for Clinical Nurse Fellows/ International Nurses (CNF's) to be added onto the health roster system has been completed and in bedded.*

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

Recommendation 1 – *Formally ensuring NQB's 2016 guidance is embedded in safe staffing governance.*

-Partial compliance

Model hospital data to be included in monthly PODC report, to allow benchmarking for nursing and midwifery. AHP compliance is not currently reported to board, but action plan in place.

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

-Partial Compliance

Currently compliant from Nursing and Midwifery, non-complaint for AHP's as not currently on Health Roster with action plan – business case to include in Allocate (Health Roster) renewal costings.

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

and

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

– On Track

Annual governance statement to be reviewed and evaluation completed re Nurse Staffing Processes. AHP's action plan to review and evaluate.

Recommendation 5 – NHSE/I will seek assurance through the SOF monitoring performance

– Partial Compliance

Monthly staffing report to PODC in place and staffing statement to QPES. DoN also completes oversight report, and a monthly Red Flag and Eroster Report is submitted to NMAAF

Recommendation 6 - As part of the safe staffing review, this will form part of the establishment review outcome paper.

– Compliant

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

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

– On track

Updates to be requested form the workforce team

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

– On Track

Monthly Quality Report is shared, and a Ward Quality Dashboard is in use. Trust has started to use Tendable to record Audit data at ward level.

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

- Compliant

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

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

- Compliant

Confirmed no local manipulation and Imperial Tools with licences are in use.

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

- On Track

process for sharing QIA and New Roles risk assessments re staffing to be developed for transparent and reference

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

- Compliant

There are mechanisms in place for dynamic planning and review of staffing. Twice daily approval meetings happen across the hospital which include a review of staffing in our community based setting. Escalation processes are in place and in times of extremis we have a mechanism for deploying the 'staffing hub' which is a central control room for staffing management. The site is risk assessed during the twice daily meetings and decisions taken to redeploy, work differently, escalate staffing demand where is impacting quality. There is consideration to Red

Flags/Acuity/Enhanced levels of care During these meetings and not a singular focus on staffing numbers. Practice embedded

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

– Compliant

Business continuity plans are enacted where required. Example-Covid19 response. Updates to the actions taken and escalations of concern are included in the Nurse Oversight Report. Information is shared across sub committees in both the Quality, People and Financial work streams

References

- *Developing Workforce Safeguards – Supporting providers to deliver high quality care through safe and effective staffing. 2018 NHSI*
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Action Plan



Workforce
Safeguards assurance

Workforce Safeguards - NHSI

Recommendations

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Compliant and ongoing as required

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- *Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time. Safe sustainable and productive staffing. National Quality Board July 201*

Developing Workforce Safeguards Action Plan

Developed and updated: 191020

Recommendation	Trust Position (Aug 2020)
1. Trust must formally ensure NQB (2016) is embedded in their safe staffing governance	Trust has safe staffing governance and reporting in place to comply with safer staffing guidance
	Trust has been working using some data from the Model hospital to allow comparison with peers- this is still in infancy
	Report in patient planned and actual staffing levels on a monthly basis
	Monthly report on in patient staffing levels integrated with Monthly Staffing Report
	Establishment reviews follow a robust methodology which includes a triangulated approach using the recommended NHSi tool (Safer Nursing Care Tool with Hurst Model recommended staffing ratio's)

<p>2. Trust must ensure that the 3 components (see below) are used in their safe staffing processes: A) evidence based tools B) professional judgement C) outcomes</p>	<p>Establishment reviews follow a robust methodology which includes a triangulated approach using the recommended NHSi tool (Safer Nursing Care Tool with Hurst Model recommended staffing ratio's)</p>
	<p>Best practice benchmarks are used and considered for Establishment reviews that have a 'specialism'- i.e. Paediatrics, Midwifery, Intensive Care.</p>
	<p>Professional Judgement is used as part of the review considering the Quality indicators for an area and any factors that fall out of 'norm' for an area.</p>
	<p>Establishment reviews are undertaken in the presence of the Divisional Finance staff and also the Deputy Director of Nursing.</p>

	Outcomes will be evaluated and a joint working group will meet and discuss the evidence gathered and recommendations to add another opportunity for professional judgement and sign off before being presented to Board
3. NHSE/I will base assessment on the Annual Governance statement, in which Trusts will be required to confirm their staffing governance processes are safe and sustainable	Annual governance Statement
4. NHSE/I will review the annual governance statement through our usual regulatory arrangements and performance management processes, which complete quality outcomes, operational and finance <u>performance measures</u>	Annual governance Statement
5. NHSE/I will seek assurance through the SOF monitoring performance	Monthly Reports for Nursing Activity and Staffing are part of the normal reporting business. (Monthly Staffing Report/ Quality Report-Oversight)
	Monthly Reports for Nurse Rostering and Red Flag activity to the sub committee Nursing and Midwifery Advisory Forum. (Eroster Report/ Red Flag Report)
6. As part of the safer staffing review, the Director of Nursing and Medical Director, must confirm in a statement to the Board that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable.	>Nursing- this statement will form part of the establishment Review outcomes paper
7. Trust must have an effective workforce plan that is updated annually and signed off by the Chief Executive and Executive leaders. The Board should discuss the workforce plan in a public meeting	

<p>8. Board must ensure that their organisation has an agreed quality dashboard that cross checks comparative data on staffing and skill mix with other efficiency and quality metrics such as the Model Hospital Dashboard. Trust should report on this to their Board every month.</p>	<p>Monthly Quality Report is shared and a Ward Quality Dashboard is in use. Trust has started to use the Perfect Ward app for recording quality</p> <p>NHSi Staffing fill rates is reported monthly as part of the Oversight report but does not currently include Model hospital comparisons (previous report iterations have)</p>
<p>9. An assessment or resetting of the nursing establishment and skill mix (based on acuity and dependency data and using an evidence based toolkit where available) must be reported to the board by ward or service area twice a year, in accordance with NQB guidance and NHS improvement resources. This must also be linked to professional judgment and outcomes</p>	<p>Establishment reviews were held formally in October 2019 and the process is currently being undertaken. The Establishment review template for discussion encompasses the recommendations for process from Developing Workforce Safeguards Document.</p>
<p>10. There must be no local manipulation of the identified nursing resource from the evidence based figures embedded in the evidence based tool used, except in the context of a rigorous independent research study, as this may adversely affect the recommended establishment figures derived from the use of the tool.</p>	<p>The tool used is the NHSi recommended Safer Nursing Care Tool (Imperial Tool) which includes the Hurst Model for establishment recommendations. Data is not manipulated. The tool gives the flexibility to apply recommended ratio's of staffing for specialised areas.</p>
<p>11. As stated in CQC's Well led Framework guidance (2018) 6 and NQB guidance, any service changes, including skill mix changes must have a full quality impact assessment (QIA) <u>review</u></p>	<p>QIA process is available and in use for large scale change but Corporate Nursing do not currently have sight of Divisional QIA and local risk assessments</p>
<p>12. Any redesign or introduction of new roles (including but not limited to Physician Associate, Nurse Associate and Advanced Clinical practitioners) would be a service change and must have a full QIA</p>	<p>QIA process is available and in use for large scale change but Corporate Nursing do not currently have sight of new role QIA's automatically</p>

<p>13. Given day to day operational challenges, we expect Trusts to carry out business as usual dynamic staff risk assessments including formal escalation processes. Any risk to safety, quality, finance, performance and staff experience must be clearly described i these risk assessments</p>	<p>There are mechanisms in place for dynamic planning and review of staffing. Twice daily approval meetings happen across the hospital which include a review of staffing in our Community based setting. Escalation processes are in place and in times of extremis we have a mechanism for deploying the 'staffing hub' which is a central control room for staffing management. The site is risk assessed during the twice daily meetings and decisions taken to redeploy, work differently, escalate staffing demand where is impacting quality. There is consideration to Red Flags/Acuity/Enhanced levels of care suring these meetings and not a singular focus on staffing</p>
<p>14. should risks associated with staffing continue or increase and mitigations prove insufficient, Trusts must escalate the issue,(and where appropriate, implement business continuity plans) to the Board to maintain safety and care quality. Actions may include part or full closure of a service or reduced provision: for example wards , beds and teams, realignment, or a return to the original skill mix</p>	<p>Business continuity plans are enacted where required. Example- Covid19 response. Updates to the actions taken and escalations of concern are included in the Nurse Oversight Report. Information is shared across sub committees in both the Quality, People and Financial work streams.</p>

Identified Action	Owner	Progress Update
>twice yearly data capture from Safer Nursing Care Tool is to be reported to Board	Gaynor Farmer	>19.10.20- the data capture from earlier in the year had completed just prior to Covid pandemic and so wasn't shared with Board. The data was captured and retained. August 20 SNCT data capture will be included with establishment review outcomes and the twice daily normal business (normally complied with) will continue.
>Improve the reporting and comparison of the Monthly Model Hospital data and detail in Staffing papers	Gaynor Farmer	>19.10.20- review of CHPPD data will occur within the Establishment review outputs and a reporting method into the PODC staffing paper will begin from Nov 20
none-embedded practice		
none- embedded practice		
>ensure that all of the Workforce Safeguards inclusions are placed into the methodology for the Establishment reviews	Gaynor Farmer	>19.10.20- The current Establishment Reviews are taking place with a methodology using the SNCT with Hurst Model recommendations included. The reviews are taking place with Managers/Matrons/Divisional Finance Team and Corporate Nursing. The data capture has included the recommendations from the Developing Workforce Safeguards document.

<p>>ensure that all of the Workforce Safeguards inclusions are placed into the methodology for the Establishment reviews</p>	<p>Gaynor Farmer</p>	<p>>19.10.20- The current Establishment Reviews are taking place with a methodology using the SNCT with Hurst Model recommendations included. The reviews are taking place with Managers/Matrons/Divisional Finance Team and Corporate Nursing. The data capture has included the recommendations from the Developing Workforce Safeguards document.</p>
	<p>Gaynor Farmer</p>	<p>>19.10.20- The current Establishment Reviews are taking place with a methodology that includes the appraisal of any national benchmarking / guidance for specific areas such as ITU/Paediatrics/Midwifery.</p>
	<p>Gaynor Farmer</p>	<p>>19.10.20- During the current Establishment Reviews there is a discussion exploring the Quality Indicators for that area and asking the representatives to flag any indicators out of norm. Following the data collection a review will take place within Corporate Nursing to establish any additional professional judgement factors that should be considered.</p>
	<p>Gaynor Farmer</p>	<p>>19.10.20- The current Establishment Reviews are taking place with Managers/Matrons/Divisional Finance Team and Corporate Nursing.</p>

	Gaynor Farmer	>19.10.20- The current Establishment Reviews are taking place with Managers/Matrons/Divisional Finance Team and Corporate Nursing.
> annual governance statement to be reviewed and a evaluation completed re Nurse Staffing Processes.	Gaynor Farmer	>19.10.20- The Annual Governance Statement to be reviewed and any additional actions to be placed into this document. Sought from Trust Secretary
> annual governance statement to be reviewed and a evaluation completed re Nurse Staffing Processes.	Gaynor Farmer	>19.10.20- The Annual Governance Statement to be reviewed and any additional actions to be placed into this document. Sought from Trust Secretary
none- embedded practice		
none- embedded practice		
>ensure statement is made for Nursing in Establishment review paper	Gaynor Farmer	>19.10.20- Establishment Reviews currently being undertaken. Outcomes report due Nov20
> ensure that the annual workforce plan is updated/ signed off and discussed at a Public Board	Gaynor Farmer	>19.10.20- requested an update from the Workforce and HR team

<p>>developments to include the comparison of Trust data with Model Hospital data are to be progressed once Perfect Ward is embedded</p>	<p>Gaynor Farmer</p>	<p>>19.10.20- currently data cleansing the Perfect Ward data and the aim is to complete this by end of October</p>
<p>>include model hospital benchmark</p>	<p>Gaynor Farmer</p>	<p>>19.10.20- CHPPD comparison to be included from Nov. 20 report</p>
<p>To embed the twice yearly reporting into Business As Usual. Only 1 report has gone in the last 12 months re establishments due to Covid19 pandemic. Ordinarily this is completed</p>	<p>Gaynor Farmer</p>	<p>>19.10.20- Establishment reviews currently underway. Next report of mid year update will be planned for April 2021</p>
<p>no local manipulation. Only amendments are to recommended ratio which is permitted depending on national guidance for a specialism.</p>		
<p>> process for sharing QIA and Divisional risk assessments re staffing to be developed for transparency and reference</p>	<p>Gaynor Farmer</p>	<p>>19.10.20- process to be designed</p>
<p>> process for sharing QIA and New Roles risk assessments re staffing to be developed for transparency and reference</p>	<p>Gaynor Farmer</p>	<p>>19.10.20- process to be designed</p>

<p>> development of a repository to reference the dynamic risk assessments for transparency and reference</p>	<p>Gaynor Farmer</p>	<p>>19.10.20- process to be designed</p>
<p>>develop pa specific inclusion in the Nurse Staffing paper which records any identified in month risks and mitigation.</p>	<p>Gaynor Farmer</p>	<p>>19.10.20- process to be designed</p>

Target Completion Date	RAG status
April 2021 to see 2 captures of SNCT completed and reported to Board. Normal data captures are February and August.	On track
Dec-20	On track
	Complete
	Complete
Nov-20	Complete

Nov-20	On track
Nov-20	On track
Nov-20	On track
Nov-20	On track

Nov-20	On track
Dec-20	On track
Dec-20	On track
	Complete
	Complete
Dec-20	On track
Dec-20	On track

Jan-21	On track
Nov-20	On track
May-21	On track
	Complete
Jan-21	On track
Jan-21	On track

Jan-21

On track

Dec-20

On track

Developing Workforce Safeguards Action Plan

Developed and updated: 12012022

Recommendation	Trust Position (Aug 2020)	Identified Action
<p>1. Trust must formally ensure NQB (2016) is embedded in their safe staffing governance</p>	<p>Trust has safe staffing governance and reporting in place to comply with safer staffing guidance</p>	<p>>twice yearly data capture from Safer Nursing Care Tool is to be reported to Board</p>
	<p>Trust has been working using some data from the Model hospital to allow comparison with peers- this is still in infancy</p>	<p>>Improve the reporting and comparison of the Monthly Model Hospital data and detail in Staffing papers</p>
	<p>Report in-patient planned and actual staffing levels on a monthly basis</p>	<p>>this is embedded practice and is reported monthly to PODC as part of the Staffing Paper</p>
	<p>Monthly report on in patient staffing levels integrated with Monthly Staffing Report</p>	<p>>this is embedded practice and is reported monthly to PODC as part of the Staffing Paper</p>

<p>2. Trust must ensure that the 3 components (see below) are used in their safe staffing processes: A) evidence based tools B) professional judgement C) outcomes</p>	<p>Establishment reviews follow a robust methodology which includes a triangulated approach using the recommended NHSi tool (Safer Nursing Care Tool with Hurst Model recommended staffing ratio's)</p>	<p>>ensure that all of the Workforce Safeguards inclusions are placed into the methodology for the Establishment reviews</p>
	<p>Best practice benchmarks are used and considered for Establishment reviews that have a 'specialism'- i.e. Paediatrics, Midwifery, Intensive Care.</p>	
	<p>Professional Judgement is used as part of the review considering the Quality indicators for an area and any factors that fall out of 'norm' for an area.</p>	
	<p>Establishment reviews are undertaken in the presence of the Divisional Finance staff and also the Deputy Director of Nursing.</p>	

	Outcomes will be evaluated and a joint working group will meet and discuss the evidence gathered and recommendations to add another opportunity for professional judgement and sign off before being presented to Board	
3. NHSE/I will base assessment on the Annual Governance statement, in which Trusts will be required to confirm their staffing governance processes are safe and sustainable	Annual governance Statement	> annual governance statement to be reviewed and a evaluation completed re Nurse Staffing Processes.
4. NHSE/I will review the annual governance statement through our usual regulatory arrangements and performance management processes, which complete quality outcomes, operational and finance performance measures	Annual governance Statement	> annual governance statement to be reviewed and a evaluation completed re Nurse Staffing Processes.
5. NHSE/I will seek assurance through the SOF monitoring performance	Monthly Reports for Nursing Activity and Staffing are part of the normal reporting business. (Monthly Staffing Report/ Quality Report-Oversight)	>monthly staffing report to PODC in place and staffing statement to QPES. DoN also completes oversight report.
	Monthly Reports for Nurse Rostering and Red Flag activity to the sub committee Nursing and Midwifery Advisory Forum. (Eroster Report/ Red Flag Report)	>monthly Red Flag and Eroster Report is submitted to NMAAF
6. As part of the safer staffing review, the Director of Nursing and Medical Director, must confirm in a statement to the Board that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable.	>Nursing- this statement will form part of the establishment Review outcomes paper	>ensure statement is made for Nursing in Establishment review paper

<p>7. Trust must have an effective workforce plan that is updated annually and signed off by the Chief Executive and Executive leaders. The Board should discuss the workforce plan in a public meeting</p>	<p>>ensure an annual workforce plan is completed</p>	<p>> ensure that the annual workforce plan is updated/ signed off and discussed at a Public Board</p>
<p>8. Board must ensure that their organisation has an agreed quality dashboard that cross checks comparative data on staffing and skill mix with other efficiency and quality metrics such as the Model Hospital Dashboard. Trust should report on this to their Board every month.</p>	<p>Monthly Quality Report is shared and a Ward Quality Dashboard is in use. Trust has started to use the Perfect Ward app for recording quality</p>	<p>>Perfect Ward is currently being reviewed for launch with some amendments being made</p>
	<p>NHSi Staffing fill rates is reported monthly as part of the Oversight report but does not currently include Model hospital comparisons (previous report iterations have)</p>	<p>>include model hospital benchmarking in PODC report for Staffing</p>
<p>9. An assessment or resetting of the nursing establishment and skill mix (based on acuity and dependency data and using an evidence based toolkit where available) must be reported to the board by ward or service area twice a year, in accordance with NQB guidance and NHS improvement resources. This must also be linked to professional judgment and outcomes</p>	<p>Establishment reviews were held formally in 2021. there is a twice yearly review of SNCT data which will be reported</p>	<p>To embed the twice yearly reporting into Business As Usual. Only 1 report has gone in the last 12 months re establishments due to Covid19 pandemic. Ordinarily this is completed</p>

<p>10. There must be no local manipulation of the identified nursing resource from the evidence based figures embedded in the evidence based tool used, except in the context of a rigorous independent research study, as this may adversely affect the recommended establishment figures derived from the use of the tool.</p>	<p>The tool used is the NHSi recommended Safer Nursing Care Tool (Imperial Tool) which includes the Hurst Model for establishment recommendations. Data is not manipulated. The tool gives the flexibility to apply recommended ratio's of staffing for specialised areas.</p>	<p>no local manipulation. Only amendments are to recommended ratio which is permitted depending on national guidance for a specialism.</p>
<p>11. As stated in CQC's Well led Framework guidance (2018) 6 and NQB guidance, any service changes, including skill mix changes must have a full quality impact assessment (QIA) review</p>	<p>QIA process is available and in use for large scale change but Corporate Nursing do not currently have sight of Divisional QIA and local risk assessments</p>	<p>> process for sharing QIA and Divisional risk assessments re staffing to be developed for transparency and reference</p>
<p>12. Any redesign or introduction of new roles (including but not limited to Physician Associate, Nurse Associate and Advanced Clinical practitioners) would be a service change and must have a full OIA</p>	<p>QIA process is available and in use for large scale change but Corporate Nursing do not currently have sight of new role QIA's automatically</p>	<p>> process for sharing QIA and New Roles risk assessments re staffing to be developed for transparency and reference</p>
<p>13. Given day to day operational challenges, we expect Trusts to carry out business as usual dynamic staff risk assessments including formal escalation processes. Any risk to safety, quality, finance, performance and staff experience must be clearly described i these risk assessments</p>	<p>There are mechanisms in place for dynamic planning and review of staffing. Twice daily approval meetings happen across the hospital which include a review of staffing in our Community based setting. Escalation processes are in place and in times of extremis we have a mechanism for deploying the 'staffing hub' which is a central control room for staffing management. The site is risk assessed during the twice daily meetings and decisions taken to redeploy, work differently, escalate staffing demand where is impacting quality. There is consideration to Red Flags/Acuity/Enhanced levels of care suring these meetings and not a singular focus on staffing numbers.</p>	<p>>no action -practice embedded</p>

<p>14. should risks associated with staffing continue or increase and mitigations prove insufficient, Trusts must escalate the issue,(and where appropriate, implement business continuity plans) to the Board to maintain safety and care quality. Actions may include part or full closure of a service or reduced provision: for example wards , beds and teams, realignment, or a return to the original skill mix</p>	<p>Business continuity plans are enacted where required. Example- Covid19 response. Updates to the actions taken and escalations of concern are included in the Nurse Oversight Report. Information is shared across sub committees in both the Quality, People and Financial work streams.</p>	
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Owner	Progress Update	Target Completion Date	RAG status
Corporate Senior Nurse-Workforce	12.01.2022- SNCT data capture is scheduled and happening twice per year. The Trust is currently collecting the SNCT data (Jan 2022)	completed and ongoing	Complete and ongoing
Corporate Senior Nurse-Workforce	12.01.2022- The current Staffing Report that is shared with PODC does not include Model Hospital Data and CHPPD benchmarking. This is to be included in future reports to demonstrate our position within our PEER group	01.04.2022	On track
Corporate Senior Nurse-Workforce	12.01.2022- The process is embedded	completed and ongoing	Complete and ongoing
Corporate Senior Nurse-Workforce	12.01.2022- The process is embedded	completed and ongoing	Complete and ongoing

Corporate Senior Nurse-Workforce	>12.01.2022- The current Establishment Reviews are taking place with a methodology using the SNCT with Hurst Model recommendations included. The reviews are taking place with Managers/Matrons/Divisional Finance Team and Corporate Nursing. The data capture has included the recommendations from the Developing Workforce Safeguards document.	completed and ongoing	Complete and ongoing
Corporate Senior Nurse-Workforce	>12.01.2022- The current Establishment Reviews are taking place with a methodology that includes the appraisal of any national benchmarking / guidance for specific areas such as ITU/Paediatrics/Midwifery.	completed and ongoing	Complete and ongoing
Corporate Senior Nurse-Workforce	>12.01.2022- During the current Establishment Reviews there is a review of the Quality Indicators for that area and asking the Divisional Team to flag any indicators out of norm. Additional professional judgement factors are then considered as part of the review.	completed and ongoing	Complete and ongoing
Corporate Senior Nurse-Workforce	>19.10.20- The current Establishment Reviews are taking place with Managers/Matrons/Divisional Finance Team and Corporate Nursing.	completed and ongoing	Complete and ongoing

Corporate Senior Nurse-Workforce	>12.01.2022- The current Establishment Reviews are taking place with Managers/Matrons/Divisional Finance Team and Corporate Nursing.	completed and ongoing	Complete and ongoing
Corporate Senior Nurse-Workforce	>12.01.2022- The Annual Governance Statement to be reviewed and any additional actions to be placed into this document. Sought from Trust Secretary	Mar-22	On track
NHSE/I	>12.01.2022	Ongoing	Ongoing activity by NHSE/I
Corporate Senior Nurse-Workforce/ Director of Nursing	12.01.2022- The process is embedded	Ongoing	Complete and ongoing
Corporate Senior Nurse-Workforce/ Director of Nursing	12.01.2022- The process is embedded	Ongoing	Complete and ongoing
Director of Nursing	>statement of support was included in latest establishment review	Ongoing	Complete and ongoing

Corporate Senior Nurse for Workforce	>12.01.2022- requested an update from the Workforce and HR team	Mar-22	On track
Corporate Quality Team	>12.01.2022- Perfect Ward is being relaunched- awaiting update with progress	Mar-22	On track
Corporate Senior Nurse-Workforce	12.01.2022- The current Staffing Report that is shared with PODC does not include Model Hospital Data and CHPPD benchmarking. This is to be included in future reports to demonstrate our position within our PEER group	Mar-22	On track
Corporate Senior Nurse-Workforce	>12.01.2022-SNCT data collection currently taking place with view to completing an outcome report by end of FY22	01/04/2022- ongoing action	Complete and ongoing

Corporate Senior Nurse-Workforce	>12.01.2022- confirmed no local manipulation and Imperial Tools with licences are in use		Complete and ongoing
Corporate Senior Nurse-Workforce	>12.01.22- process to be designed	Apr-22	On track
Corporate Senior Nurse-Workforce	>12.01.2022- process to be designed and consider recommending new roles group	Apr-22	On track
Corporate Senior Nurse-Workforce	>12.01.2022 process embedded		Completed and Ongoing

Corporate Senior
Nurse-Workforce

>12.01.2022 process embedded

Completed
and Ongoing

Reviewed 16.01.2023

Recommendation	Trust Position (Aug 2020)	Identified Action
<p>1. Trust must formally ensure NQB (2016) is embedded in their safe staffing governance</p>	<p>Trust has safe staffing governance and reporting in place to comply with safer staffing guidance</p>	<p>>twice yearly data capture from Safer Nursing Care Tool is to be reported to Board</p>
	<p>Trust has been working using some data from the Model hospital to allow comparison with peers- this is still in infancy</p>	<p>>Improve the reporting and comparison of the Monthly Model Hospital data and detail in Staffing papers</p>
	<p>Report in-patient planned and actual staffing levels on a monthly basis</p>	<p>>this is embedded practice and is reported monthly to PODC as part of the Staffing Paper</p>
	<p>Monthly report on in patient staffing levels integrated with Monthly Staffing Report</p>	<p>>this is embedded practice and is reported monthly to PODC as part of the Staffing Paper</p>
<p>2. Trust must ensure that the 3 components (see below) are used in their safe staffing processes: A) evidence based tools B) professional judgement C) outcomes</p>	<p>Establishment reviews follow a robust methodology which includes a triangulated approach using the recommended NHSi tool (Safer Nursing Care Tool with Hurst Model recommended staffing ratio's)</p>	<p>>ensure that all of the Workforce Safeguards inclusions are placed into the methodology for the Establishment reviews</p>
	<p>Best practice benchmarks are used and considered for Establishment reviews that have a 'specialism'- i.e. Paediatrics, Midwifery, Intensive Care.</p>	

	<p>Professional Judgement is used as part of the review considering the Quality indicators for an area and any factors that fall out of 'norm' for an area.</p>	
	<p>Establishment reviews are undertaken in the presence of the Divisional Finance staff and also the Deputy Director of Nursing.</p>	
	<p>Outcomes will be evaluated and a joint working group will meet and discuss the evidence gathered and recommendations to add another opportunity for professional judgement and sign off before being presented to Board</p>	
<p>3. NHSE/I will base assessment on the Annual Governance statement, in which Trusts will be required to confirm their staffing governance processes are safe and sustainable</p>	<p>Annual governance Statement</p>	<p>> annual governance statement to be reviewed and a evaluation completed re Nurse Staffing Processes.</p>
<p>4. NHSE/I will review the annual governance statement through our usual regulatory arrangements and performance management processes, which complete quality outcomes, operational and finance performance measures</p>	<p>Annual governance Statement</p>	<p>> annual governance statement to be reviewed and an evaluation completed re Nurse, midwifery and AHP Staffing Processes.</p>
<p>5. NHSE/I will seek assurance through the SOF monitoring performance</p>	<p>Monthly Reports for Nursing Activity and Staffing are part of the normal reporting business. (Monthly Staffing Report/ Quality Report-Oversight)</p>	<p>>monthly staffing report to PODC in place and staffing statement to QPES. DoN also completes oversight report. Current report covers AHP workforce within the community division and needs to expand in 2023 to include the wider AHP workforce</p>

	Monthly Reports for Nurse Rostering and Red Flag activity to the sub committee Nursing and Midwifery Advisory Forum. (Eroster Report/ Red Flag Report)	>monthly Red Flag and Eroster Report is submitted to NMAAF. Roster reprot needs to include AHP workforce that is outside of the community division
6. As part of the safer staffing review, the Director of Nursing and Medical Director, must confirm in a statement to the Board that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable	>Nursing- this statement will form part of the establishment Review outcomes paper	>ensure statement is made for Nursing in Establishment review paper
7. Trust must have an effective workforce plan that is updated annually and signed off by the Chief Executive and Executive leaders. The Board should discuss the workforce plan in a public meeting	>ensure an annual workforce plan is completed	> ensure that the annual workforce plan is updated/ signed off and discussed at a Public Board
8. Board must ensure that their organisation has an agreed quality dashboard that cross checks comparative data on staffing and skill mix with other efficiency and quality metrics such as the Model Hospital Dashboard. Trust should report on this to their Board every month.	Monthly Quality Report is shared and a Ward Quality Dashboard is in use. Trust has started to use the Perfect Ward app for recording quality	>Perfect Ward is currently being reviewed for launch with some amendments being made
	NHSi Staffing fill rates is reported monthly as part of the Oversight report but does not currently include Model hospital comparisons (previous report iterations have)	>include model hospital benchmarking in PODC report for Staffing
9. An assessment or resetting of the nursing establishment and skill mix (based on acuity and dependency data and using an evidence based toolkit where available) must be reported to the board by ward or service area twice a year, in accordance with NQB guidance and NHS improvement resources. This must also be linked to professional judgment and outcomes	Establishment reviews were held formally in 2021. there is a twice yearly review of SNCT data which will be reported	To embed the twice yearly reporting into Business As Usual. Only 1 report has gone in the last 12 months re establishments due to Covid19 pandemic. Ordinarily this is completed

<p>10. There must be no local manipulation of the identified nursing resource from the evidence based figures embedded in the evidence based tool used, except in the context of a rigorous independent research study, as this may adversely affect the recommended establishment figures derived from the use of the tool.</p>	<p>The tool used is the NHSi recommended Safer Nursing Care Tool (Imperial Tool) which includes the Hurst Model for establishment recommendations. Data is not manipulated. The tool gives the flexibility to apply recommended ratio's of staffing for specialised areas.</p>	<p>no local manipulation. Only amendments are to recommended ratio which is permitted depending on national guidance for a specialism.</p>
<p>11. As stated in CQC's Well led Framework guidance (2018) 6 and NQB guidance, any service changes, including skill mix changes must have a full quality impact assessment (QIA) review</p>	<p>QIA process is available and in use for large scale change but Corporate Nursing do not currently have sight of Divisional QIA and local risk assessments</p>	<p>> process for sharing QIA and Divisional risk assessments re staffing to be developed for transparency and reference</p>
<p>12. Any redesign or introduction of new roles (including but not limited to Physician Associate, Nursing Associate and Advanced Clinical practitioners) would be a service change and must have a full OIA</p>	<p>QIA process is available and in use for large scale change but Corporate Nursing do not currently have sight of new role QIA's automatically</p>	<p>> process for sharing QIA and New Roles risk assessments re staffing to be developed for transparency and reference</p>
<p>13. Given day to day operational challenges, we expect Trusts to carry out business as usual dynamic staff risk assessments including formal escalation processes. Any risk to safety, quality, finance, performance and staff experience must be clearly described i these risk assessments</p>	<p>There are mechanisms in place for dynamic planning and review of staffing. Twice daily approval meetings happen across the hospital which include a review of staffing in our Community based setting. Escalation processes are in place and in times of extremis we have a mechanism for deploying the 'staffing hub' which is a central control room for staffing management. The site is risk assessed during the twice daily meetings and decisions taken to redeploy, work differently, escalate staffing demand where is impacting quality. There is consideration to Red Flags/Acuity/Enhanced levels of care during these meetings and not a singular focus on staffing numbers.</p>	<p>>no action -practice embedded</p>

<p>14. should risks associated with staffing continue or increase and mitigations prove insufficient, Trusts must escalate the issue,(and where appropriate, implement business continuity plans) to the Board to maintain safety and care quality. Actions may include part or full closure of a service or reduced provision: for example wards , beds and teams, realignment, or a return to the original skill mix</p>	<p>Business continuity plans are enacted where required. Example- Covid19 response. Updates to the actions taken and escalations of concern are included in the Nurse Oversight Report. Information is shared across sub committees in both the Quality, People and Financial work streams.</p>	
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Owner	Progress Update	Target Completion Date	RAG status
Corporate Senior Nurse-Workforce	12.01.2022- SNCT data capture is scheduled and happening twice per year. The Trust is currently collecting the SNCT data (Jan 2022)	completed and ongoing	Complete and ongoing
Corporate Senior Nurse-Workforce	16.01.2023- The current Staffing Report that is shared with PODC does not include Model Hospital Data and CHPPD benchmarking. This is to be included in future reports to demonstrate our position within our PFER group	Feb-23	On track
Corporate Senior Nurse-Workforce	12.01.2022- The process is embedded	completed and ongoing	Complete and ongoing
Corporate Senior Nurse-Workforce	12.01.2022- The process is embedded	completed and ongoing	Complete and ongoing
Corporate Senior Nurse-Workforce	>12.01.2022- The current Establishment Reviews are taking place with a methodology using the SNCT with Hurst Model recommendations included. The reviews are taking place with Managers/Matrons/Divisional Finance Team and Corporate Nursing. The data capture has included the recommendations from the Developing Workforce Safeguards document	completed and ongoing	Complete and ongoing
Corporate Senior Nurse-Workforce	>12.01.2022- The current Establishment Reviews are taking place with a methodology that includes the appraisal of any national benchmarking / guidance for specific areas such as ITU/Paediatrics/Midwifery	completed and ongoing	Complete and ongoing

Corporate Senior Nurse-Workforce	>12.01.2022- During the current Establishment Reviews there is a review of the Quality Indicators for that area and asking the Divisional Team to flag any indicators out of norm. Additional professional judgement factors are then considered as part of the review.	completed and ongoing	Complete and ongoing
Corporate Senior Nurse-Workforce	>19.10.20- The current Establishment Reviews are taking place with Managers/Matrons/Divisional Finance Team and Corporate Nursing.	completed and ongoing	Complete and ongoing
Corporate Senior Nurse-Workforce	>12.01.2022- The current Establishment Reviews are taking place with Managers/Matrons/Divisional Finance Team and Corporate Nursing.	completed and ongoing	Complete and ongoing
Corporate Senior Nurse-Workforce	>12.01.2022- The Annual Governance Statement to be reviewed and any additional actions to be placed into this document. Sought from Trust Secretary	Jan-23	On track and on
NHSE/I	Annual statement to include the AHP workforce outside of the community division	Ongoing	Ongoing activity by NHSE/I
Corporate Senior Nurse-Workforce/ Director of Nursing	12.01.2022- The process is embedded for nursing and midwifery reporting and the AHP workforce that is within the community division. Report to include wider AHP workforce going forward	Ongoing	Complete and ongoing

Corporate Senior Nurse-Workforce/ Director of Nursing	12.01.2022- The process is embedded for nursing and midwifery reporting and the AHP workforce that is within the community division. Report to include wider AHP workforce going forward	Ongoing	Complete and ongoing
Director of Nursing	>statement of support was included in latest establishment review	Ongoing	Complete and ongoing
Corporate Senior Nurse for Workforce	2023s update to be requested from the workforce team	Mar-23	On track
Corporate Quality Team	>12.01.2022- Perfect Ward is being relaunched- awaiting update with progress	Mar-23	On track
Corporate Senior Nurse-Workforce	12.01.2022- The current Staffing Report that is shared with PODC does not include Model Hospital Data and CHPPD benchmarking. This is to be included in future reports to demonstrate our position within our PFER group	Mar-23	On track
Corporate Senior Nurse-Workforce	>12.01.2022-SNCT data collection currently taking place with view to completing an outcome report by end of FY22	01/03/2023- ongoing action	Complete and ongoing

Corporate Senior Nurse-Workforce	>16.01.2023- confirmed no local manipulation and Imperial Tools with licences are in use		Complete and ongoing
Corporate Senior Nurse-Workforce	>1.04.23.22- process to be designed	Apr-23	On track
Corporate Senior Nurse-Workforce	>12.04.2023- process to be designed and consider recommending new roles group	Apr-23	On track
Corporate Senior Nurse-Workforce	>12.01.2022 process embedded		Completed and Ongoing

Corporate Senior Nurse-Workforce	>12.01.2022 process embedded		Completed and Ongoing
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ngoing

Trust Board Report

Meeting Date:	5 April 2023
Title of Report:	A Quality Framework (QF) – For Nurses Midwives Health Visitors Allied Health Professionals Pharmacists
Action Requested:	To inform.
For the attention of the Board	
Assure	For the Trust Board to be informed and note the new Nursing, Midwifery and AHP Quality Framework plan for the next 2 years to be launched April 2023.
Advise	To understand the achievements of the previous Clinical Systems Framework plan and the re-naming of the new framework. To recognise the level of engagement undertaken over the last 6 months to create the plan.
Alert	None.
Author and Contact Details:	Professor Ann-Marie Cannaby, Vanda Carter, Liz Thiebe. Tel 01922 721172 ext. 3355 Email annmarie.cannaby@nhs.net
Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
<i>Excel in the delivery of Care</i>	<ul style="list-style-type: none"> a) Embed a culture of learning and continuous improvement b) Prioritise the treatment of cancer patients c) Safe and responsive urgent and emergency care d) Deliver the priorities within the National Elective Care Strategy e) We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
<i>Support our Colleagues</i>	<ul style="list-style-type: none"> a) Be in the top quartile for vacancy levels b) Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing c) Improve overall staff engagement d) Deliver improvement against the Workforce Equality Standards
<i>Improve the Healthcare of our Communities</i>	<ul style="list-style-type: none"> a) Develop a health inequalities strategy b) Reduction in the carbon footprint of clinical services by 1 April 2025 c) Deliver improvements at PLACE in the health of our communities
<i>Effective Collaboration</i>	<ul style="list-style-type: none"> a) Improve population health outcomes through provider collaborative b) Improve clinical service sustainability c) Implement technological solutions that improve patient experience d) Progress joint working across Wolverhampton and Walsall e) Facilitate research that improves the quality of care
Resource Implications:	None.
Report Data Caveats	
CQC Domains	Safe: Effective: Caring: Responsive: Well-led:
Equality and Diversity Impact	Trust wide - Nurses Midwives Health Visitors Allied Health Professionals Pharmacists
Risks: BAF/ TRR	N/A
Risk: Appetite	N/A
Public or Private:	Public
Other formal bodies involved:	N/A
References	Cannaby, A, Carter, V, Warren, K., et al. (2022) Evaluation of the effect of a Nursing System Framework on Nurse Sensitive Indicators, mortality, and readmission in an

	NHS Trust. Nursing Open. DOI: 10.1002/nop2.1362.
NHS Constitution:	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> • Equality of treatment and access to services. • High standards of excellence and professionalism. • Service user preferences. • Cross community working. • Best Value. • Accountability through local influence and scrutiny.

Brief/Executive Report Details	
Brief/Executive Summary Title:	A Quality Framework – For Nurses Midwives Health Visitors Allied Health Professionals.
Item/paragraph 1.0	Progress update for the Board, relating to the framework and its latest iteration, roll out and research plans.

A Quality Framework – For Nurses | Midwives | Health Visitors | Allied Health Professionals

Background 2018-2022

The NSF was developed from a vision of implementing a nursing systems framework initially conceptualized outside of the United Kingdom (UK) (Cannaby et al. 2017). It was adapted by the nursing, midwifery, and health visitor teams at the Royal Wolverhampton NHS Trust in 2018 as a local initiative to improve the outcomes of patient care. Through a methodical process, a framework was created which focussed on 6 pillars; organisational culture, excellence in care, education, research/innovation, and communication. This framework helped staff at every level in the organisation to understand how they connect to the improvement of care. Furthermore, it helped our staff to understand how they could develop their skills in the context of what is important for patients (Cannaby et al. 2022).



Figure 1.0 The QF contains 6 foundation blocks

A subsequent iteration of the framework was further developed with the addition of Allied health professional colleagues in a new two-year strategy. It was launched in March 2020. This version was called the “Clinical System Framework”. An evaluation of this CSF is planned for early 2023 and will be disseminated locally and hopefully published in a reputable peer reviewed journal.

Highlights of the Realised Benefits for RWT 2020-2022

Workforce

- Compliance with 30, 60 and 90-day conversation for new hires monitored via Divisional Reporting of the 85 International Nurses recruited during 2020, 85% remain within Trust.
- The Advanced Extended Practice Roles (AEPR) governance group is well established and meets monthly. The WHT process is currently being aligned to RWT process so that both organisations comply to a shared, governance framework and work collaboratively.
- More streamlined, efficient internal transfer process in place at RWT and is being implemented in WHT.

Excellence in Care

- All pertinent data for patient observations completed on time has been included in the reported data set, which has resulted in more accurate reporting and oversight and focus on driving continuous improvements across all clinical areas recording patient observations on Vitals Clinical. Ongoing improvement work continues and the latest performance for patient observations completed on time is 80.4%.
- A Shared Decision-Making Council has been established to review Nursing Documentation in readiness for its digitalisation. This piece of work has been delayed due to the pressures of the Covid-19 pandemic but has now been re-instated and is being progressed.
- A joint Steering Groups between RWT and WHT have been established in Q3 and Q4 of 2022/23, to focus on pressure ulcer and falls prevention and enable shared learning. A joint Wound Prevention and Healing Ambition plan has been developed, which will enable focus on improvement with regards to wound prevention, and a joint Falls improvement plan is being developed.

There were some areas in the 2020-2022 plan that due to the pandemic pressure were not progressed and completed as per plan, including the digital nursing plan and review of nursing communication strategy.

Our New Quality Framework Milestone Plan across both Trusts 2023-2025 (Appendix 1)

The 2023 iteration of the framework sets out an ambitious, new 2-year strategy. Now developed as A Quality Framework (QF) For Nurses | Midwives | Health Visitors | Allied Health Professionals. The QF has been developed with input from front line staff, managers, and senior leaders in the AHP, Midwifery and Nursing services.

We implemented a comprehensive engagement strategy with our staff. From August – October 2022, we generated interest and ideas for our next QF plan.

The engagement activities included;

- A survey monkey tool to reach all staff
- Open, facilitated idea generating meetings at the ward/department level including community services, paediatric services, and maternity services.
- Band 7 Quality Away days
- Matron and Sr Matron development days
- HON Development days
- AHP Lead Sessions; 2 on each site

As a result, we directly received feedback from over 700 staff members across both Trusts. Plus, there were additional forums where this was discussed and debated. The ideas generated have influenced the priorities in the new QF plan.

The engagement highlighted the need to have a greater alignment to the target audience. In the past we have had one overall plan with an emphasis on adult acute services in the main.

We have now developed individual service milestone plans based on the same framework pillars for 5 services. Maternity, Paediatrics, Community, AHP and Adult Services have their own specific milestone plans. These 5 plans combine strategies for each service for WHT and RWT together. Whilst much of content is the same in all 5 plans, there are some key differences in the Excellence in Care pillar.

This approach has already improved the 'ownership' of the plans by the individual services. It has also provided an additional opportunity for like departments/services across both organisations to come together and set their aspirations for the next 2 years. And, we have an amalgamated plan, combining all 5

services. The milestone plans have clear deliverable objectives for each quarter over the next 2 fiscal years.

The launch date is 3 April. Supported by the communication department on both sites, we will raise staff awareness through many activities. We will distribute the 2023-25 QF plan (hard and soft copies) along with the 5 specific milestone charts for display in each area.

In April, we are also launching a funded research study with Staffordshire University evaluating the impact of the framework across 4 additional trusts.

Appendix 1 QF Brochure

References:

Cannaby, A, Carter, V, Warren, K., et al. (2022) Evaluation of the effect of a Nursing System Framework on Nurse Sensitive Indicators, mortality, and readmission in an NHS Trust. *Nursing Open*. DOI: 10.1002/nop2.1362

Cannaby, AM., Gkantaras, I., Finn, A., Foreman, B., Butler, G., Topping, A., and Gray, R. (2017). Implementing a nursing systems framework in a developing country. *International Nursing Review*. Vol. 64, pp. 345-352

Griffiths, P., Dall'Ora, C. (2022) Nurse staffing and patient safety in acute hospitals: Casandra calls again? *BMJ Qual. Saf.*2022:0 1-3. doi:10.1136/bmjqs-2022-015578

Kelly, D.M., Kutley-Lee, A., McHugh, M.D., Sloane, D.M., and Aiken, L.H. (2014). Impact on critical care nursing on 30-day mortality of mechanically ventilated older adults. *Critical Care Medicine*. Vol 42, No 5, pp.1089-1095

McHugh, M.D., Kelly, L.A., Smith, H.L., Wu, E.S., Vanak, J.M., and Aiken, L.H. (2013). Lower mortality in magnet hospitals. *Medical Care*. Vol. 51, No.1 pp.52-59.

Recio-Saucedo, A., Dall'Ora, C., Antonello Maruotti, A., Ball, J., Jim Briggs, J., Meredith, P., Redfern, O.C., Kovacs, C., Prytherch, D., Smith, G.B., Griffiths, P. (2018) What impact does nursing care left undone have on patient outcomes? Review of the literature *J Clin Nurs*. 2018;27:2248–2259.

QF

Our shared vision for continuous improvement, providing safe, effective and high-quality care for all our service users.



Excellence in care



Workforce



Culture and organisation structure



Education



Communication



Research and innovation







A message from Professor David Loughton CBE Group Chief Executive

Nursing, Midwifery, Allied Health Professional (AHP) and Health Visitor participation and leadership is fundamental to the success of our new and collaborative Integrated Care Services (ICS). This new two-year plan, combined for The Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust, demonstrates what good planning looks like...

Clear measurable goals with the focus on quality and the patient experience.

I look forward to seeing the outputs each quarter.



Professor Ann-Marie Cannaby

Group Chief Nurse

Each iteration of the framework gets better. With this version, we have changed the name to Quality Framework (QF). It includes an overall milestone plan and five individual plans reflecting the goals of each service area. We have built this plan with input from all levels of the organisation through a series of listening events, surveys and development days. Nurses, Midwives, Health Visitors, and AHPs contributed. I am impressed with the quality of the ideas and aspirations that this plan represents. I am looking forward to seeing the impact on patient care.



Lisa Carroll

Director of Nursing (Walsall Healthcare)

The process of developing this plan included bringing ideas from both organisations together. We can see the common aspirations and some divergence reflecting local priorities for improvement. This is an important step forward as we are finding ways to identify and share best practice across our patch.



Debra Hickman

Director of Nursing (RWT)

Like many large hospital systems, we have regular external reviews, and opportunities for peer review. It is good to see the learning from these reviews reflected in the milestone plan. The plan reflects a commitment to professionalism and a commitment to quality from our Nurses, Midwives, Health Visitors and AHPs.



Tracy Palmer

Director of Midwifery (RWT)

For the midwifery teams, this new format with a midwifery specific milestone plan is just what we require to ensure our focus remains on the priorities for our service. It pulls together important work streams over the next two years, as together we strive to achieve these milestones and measure our progress.



Dr. Rosalind Leslie

Chief Allied Health Professional (RWT)

We have developed an AHPs milestone plan with this version of the Quality Framework, to reflect local and national drivers. And we have focused on stronger integration with our Nursing and Midwifery colleagues as we look for ways to improve our collective research capabilities across the organisations. We are seeing growth in research priorities with each new milestone plan.



Jo Wright

Head of Midwifery, Gynaecology and Sexual Health (Walsall Healthcare)

The Quality Framework sets out clear goals specifically aligned to national maternity strategy that sits within the local context for the community we serve.



Excellence in care

Our vision is to deliver exceptional care together to improve the health and wellbeing of our communities. Excelling in the delivery of care is central to everything we do within our organisations. The quality of care we provide continues to be underpinned by best practice that is evidence based and innovative with measurable outcomes.

The QF will continue to:

- Demonstrate the patient/child and family is at the heart of all we do. Our services are developed and improved through their involvement and co-production of services.
- Learn from the population we serve and our staff, through listening to their experiences of using and providing services across our organisations.
- Prioritise areas of practice we want to improve that are aligned with evidence from research and quality improvement methodologies.
- Utilise results of external reviews of our services or national reports to drive continuous learning and improvement.
- Encourage a culture of 'knowing how we are doing' in relation to key performance indicators with data being easily accessible.

We will also:

- Introduce a clinical accreditation programme using a framework for comprehensive assessment for inpatient adult and paediatric wards and at the same time, driving excellence by going back to basics.
- Promote innovation through digitalisation where possible. Reduce duplication of documentation.
- Promote standardisation of practice between community and acute services, to improve care and reduce waste.
- Promote self-care in the community and acute setting.
- Promote excellence in maternity/neonatal care by implementing the Ockenden, Saving Babies Lives and other external best practice recommendations.

Excellence in care pillar

Nursing documentation	<ul style="list-style-type: none"> • Launch a Shared Decision-Making Council
Ward accreditation 'Back to Basics'	<ul style="list-style-type: none"> • Develop a clinical accreditation model • Launch a Shared Decision-Making Council • Establish a Clinical Accreditation Board
Medication safety	<ul style="list-style-type: none"> • Launch a Shared Decision-Making Council
(A,P,M) Deteriorating patients (DP)	<ul style="list-style-type: none"> • Improve data validation for patient observations and sepsis • Joint Trust Quality Safety Enabling Strategy (JTQSES) launched
(A,C, AHP) Eat, Drink, Dress, Move to Improve	<ul style="list-style-type: none"> • Launch a Shared Decision-Making Council with patient members across acute and community services • Agree metrics for patient de-conditioning avoidance
Standardisation of protocols and devices	<ul style="list-style-type: none"> • Launch a Shared Decision-Making Council across acute and community with patient membership
Tissue viability	<ul style="list-style-type: none"> • Launch a Tissue Viability Shared Decision-Making Council • Launch the Wound Prevention and Healing Ambition Plan • Wound Care Policy and treatment guidance approved
(A) Emergency Department (ED) and wider urgent and emergency care (UEC) and patient flow	<ul style="list-style-type: none"> • New ED opened (Walsall Healthcare) • UEC and Patient Flow component of Joint Trust Quality Safety Enabling Strategy (JTQSES) actions and success measures launched
Electronic Medical Record (EMR) (RWT)	<ul style="list-style-type: none"> • Project scope defined with Nursing/AHPs local requirements • Recruit Testing Experts within Nursing and AHP staff
EMR (Walsall Healthcare)	<ul style="list-style-type: none"> • Clinical narrative planning commenced Documentation Shared Decision Making Council prioritise 'Digital ready' documents and pathways
(M) Baby Friendly Initiative	<ul style="list-style-type: none"> • Review baseline data for three areas; skin to skin contact, breast feeding, bottle feeding
(M) Fetal monitoring	<ul style="list-style-type: none"> • Improve compliance with hourly Fresh Eyes assessments for antenatal and intrapartum CTGs
(M) Saving Babies Lives Care Bundles	<ul style="list-style-type: none"> • Audit and create improvement plan for six elements of care (RWT)
(M) Implementation of Badgernet - England wide Single Pregnancy Record (SPR)	<ul style="list-style-type: none"> • Badgernet Single Pregnancy Record implemented
(P) Patient flow	<ul style="list-style-type: none"> • Publish a patient flow map to help families understand patient journey
(C) Self management for patients	<ul style="list-style-type: none"> • Launch a Shared Decision Making Council with patient membership established
(C) Escalation protocols	<ul style="list-style-type: none"> • Review and update pathway following assessment of developmentally delayed children

Q1

Q2

Nursing documentation	<ul style="list-style-type: none"> • Integrated Care Pathways (ICP) and same day care documentation revision
Ward accreditation 'Back to Basics'	<ul style="list-style-type: none"> • Accreditation model approved and communicated
Medication safety	<ul style="list-style-type: none"> • Nursing and midwifery medication audits and competencies reviewed and relaunched
(A,P,M) Deteriorating patients (DP)	<ul style="list-style-type: none"> • Share the (DP) dashboard across both Trusts with the view of adopting at Walsall Healthcare
(A,C, AHP) Eat, Drink, Dress, Move to improve	<ul style="list-style-type: none"> • Pilot community team (RWT) Pilot one ward and community team (Walsall Healthcare)
Tissue viability	<ul style="list-style-type: none"> • Launch formulary for wound care products and Wound Buddy App
Electronic Medical Record (EMR) (RWT)	<ul style="list-style-type: none"> • Recruit digital nurses and AHPs
EMR (Walsall Healthcare)	<ul style="list-style-type: none"> • Review patient status at a glance boards • Develop clinical communication plan for new software rollout
(M) Baby Friendly Initiative	<ul style="list-style-type: none"> • Action plan developed and implemented • 20% improvement rate until 80% national target is reached
(M) Fetal monitoring	<ul style="list-style-type: none"> • 95% compliance reached
(P) Patient flow	<ul style="list-style-type: none"> • Implement "what's important to me" boards at each bedside
(P) Mental health	<ul style="list-style-type: none"> • Engagement with stakeholders for the development of Joint Children and Young People (CYP) and mental health strategy
(C) Self management for patients	<ul style="list-style-type: none"> • Develop Standard Operating Procedure (SOP) for anticoagulation therapy. Develop staff and patient education plan for rollout
(C) Use digital platform to drive improvements	<ul style="list-style-type: none"> • Revise digital referral form
(C) Escalation protocols	<ul style="list-style-type: none"> • Monitor compliance to pathway and make improvements as needed

Nursing documentation	<ul style="list-style-type: none"> • Emergency care pathway documentation revision
Ward accreditation 'Back to Basics'	<ul style="list-style-type: none"> • Commence clinical accreditation visits – two wards per week (one at each Trust) • Commence planning for implementing clinical accreditation in emergency portal areas"
Medication safety	<ul style="list-style-type: none"> • 50% improvement in medication standards compliance within Nursing and Midwifery
(A,C, AHP) Eat, Drink, Dress, Move to Improve	<ul style="list-style-type: none"> • Roll out to 50% of inpatient wards at both Trusts
Standardisation of protocols and devices	<ul style="list-style-type: none"> • Define integrated protocols, devices and procedures across community and acute services, with inclusion of IPC standards
Tissue Viability	<ul style="list-style-type: none"> • Pilot and implement electronic wound care product prescription ordering system for the acute setting
EMR (Walsall Healthcare)	<ul style="list-style-type: none"> • Set up working groups to support the rollout
(P) Patient flow	<ul style="list-style-type: none"> • Evaluate need for flow coordinators
(C) Use digital platform to drive improvements	<ul style="list-style-type: none"> • Develop patient digital literacy assessment as part of initial assessment

Q3

Q4

Nursing Documentation	<ul style="list-style-type: none"> • Elective care pathway documentation revision
Ward accreditation Back to Basics	<ul style="list-style-type: none"> • Roll out to all inpatient wards and Emergency Portals at both Trusts (approx. 51 in total) • Commence planning for implementing clinical accreditation in specialist areas
(A,P,M) Deteriorating patients (DP)	<ul style="list-style-type: none"> • Achieve patient observations on time target of 80% • DP milestones within the joint Trust Quality and Safety Enabling Strategy achieved
Standardisation of protocols and devices	<ul style="list-style-type: none"> • Standardise urinary catheters
Tissue viability	<ul style="list-style-type: none"> • Shared Decision Making Council (SDMC) reviewed and education resources updated • Milestones within the Wound Prevention and Healing Ambition plan achieved
(A) Emergency Department (ED) and wider urgent and emergency care (UEC) and patient flow	<ul style="list-style-type: none"> • Achieve upper quartile against PLACE audit standards • UEC and Patient Flow milestones from Joint Trust Quality Safety Enabling Strategy (JTQSES) achieved • 4% increase in nursing staff satisfaction • 30% reduction of negative comments from national patient experience survey for emergency care
EMR (Walsall Healthcare)	<ul style="list-style-type: none"> • Go Live with clinical narrative software
(M) Fetal monitoring	<ul style="list-style-type: none"> • Maintain 95% compliance
(M) Saving Babies Lives Care Bundles	<ul style="list-style-type: none"> • 95% compliance with CO2 monitoring at 36 weeks
(P) Mental health	<ul style="list-style-type: none"> • Joint CYP and mental health strategy launched
(C) Self management for patients	<ul style="list-style-type: none"> • Develop SOP for self management of diabetes • Develop staff and patient education plan for rollout
(C) Escalation protocols	<ul style="list-style-type: none"> • Identify second escalation pathway to review and update

Excellence in care pillar

Ward accreditation 'Back to Basics'	<ul style="list-style-type: none"> • Accreditation completed for 15 inpatients wards/emergency portals
(A,P,M) Deteriorating patients (DP)	<ul style="list-style-type: none"> • Evidence of DP dashboard utilised by both Trusts
(A,C, AHP) Eat, Drink, Dress, Move to Improve	<ul style="list-style-type: none"> • Roll out to the remaining 50% of inpatient wards at both Trusts
Tissue viability	<ul style="list-style-type: none"> • Collaborative review of foot health process completed – AHP to lead
Electronic Medical Record (EMR) (RWT)	<ul style="list-style-type: none"> • Nurses and AHP super users complete training
EMR (Walsall Healthcare)	<ul style="list-style-type: none"> • Review and evaluate priorities of Shared Decision Making Council from quarter one • Address any gaps with revised plan

Ward accreditation 'Back to Basics'	<ul style="list-style-type: none"> • 10 more inpatient wards/emergency portals accredited • Five specialist areas accredited
Electronic Medical Record (EMR) (RWT)	<ul style="list-style-type: none"> • Documentation Shared Decision-Making Council to prioritise documents and pathways for digitalisation • Implement clinical narrative module (digitalisation of documents)



Ward accreditation 'Back to Basics'	<ul style="list-style-type: none"> • 15 more inpatient wards/ Emergency Portals accredited • Launch clinical accreditation in specialist areas
Medication safety	<ul style="list-style-type: none"> • 50% improvement in medication standards compliance within nursing and midwifery
Standardisation of protocols and devices	<ul style="list-style-type: none"> • Standardise additional devices
Electronic Medical Record (EMR) (RWT)	<ul style="list-style-type: none"> • Go Live for Careflow PAS in Acute and community services supported by super users, floor walkers and trainers
(C) Self management for patients	<ul style="list-style-type: none"> • Evaluate impact of self management protocols
(C) Escalation protocols	<ul style="list-style-type: none"> • Identify third escalation pathway to review and update

Ward accreditation 'Back to Basics'	<ul style="list-style-type: none"> • 11 more inpatient wards/emergency portals accredited • Five specialist areas accredited
(A,P,M) Deteriorating patients (DP)	<ul style="list-style-type: none"> • Achieve patient observations on time target of 95% • DP milestones within the joint Trust Quality and Safety Enabling Strategy achieved
Tissue viability	<ul style="list-style-type: none"> • Milestones within the Wound Prevention and Healing Ambition plan achieved
(A) Emergency Department (ED) and wider urgent and emergency care (UEC) and patient flow	<ul style="list-style-type: none"> • ED metrics: • Evidence of Q4 2023/24 position having been sustained or further improvements made • Milestones from Joint Trust Quality Safety Enabling Strategy (JTQSES) focusing on UEC and patient flow achieved
Electronic Medical Record (EMR) (RWT)	<ul style="list-style-type: none"> • Evaluate completed EMR programme
EMR (Walsall Healthcare)	<ul style="list-style-type: none"> • Evaluate completed EMR
(M) Fetal monitoring	<ul style="list-style-type: none"> • Maintain 95% compliance
(M) Saving Babies Lives Care Bundles	<ul style="list-style-type: none"> • Reduce smoking rates by 6% • 95% compliance with CO2 monitoring at 36 weeks



Culture and organisation structure

Nurses, Midwives, Health Visitors and Allied Health Professionals are an integral part of multidisciplinary teams and leadership structures within the organisations. Teamwork, shared visions and goals are essential to deliver good quality and excellent care.

The QF will continue to:

- Set our organisational goals and aspirations high and align them with national and international benchmarks and standards.
- Expand the use of shared decision making structures (councils) at local levels.
- Build strategies, improvement initiatives and pathways with input from our patients and staff at all levels of the organisations.
- Ensure that the voice of the Nurse/ Midwife/AHP/Health Visitor is well represented on organisation-wide committees and groups.

We will also:

- Promote opportunities to share our learning and successes across both Trusts.
- Foster opportunities to promote multidisciplinary teamwork.
- Strengthen the leadership and management capabilities for each level of leaders.



Culture and organisation structure pillar

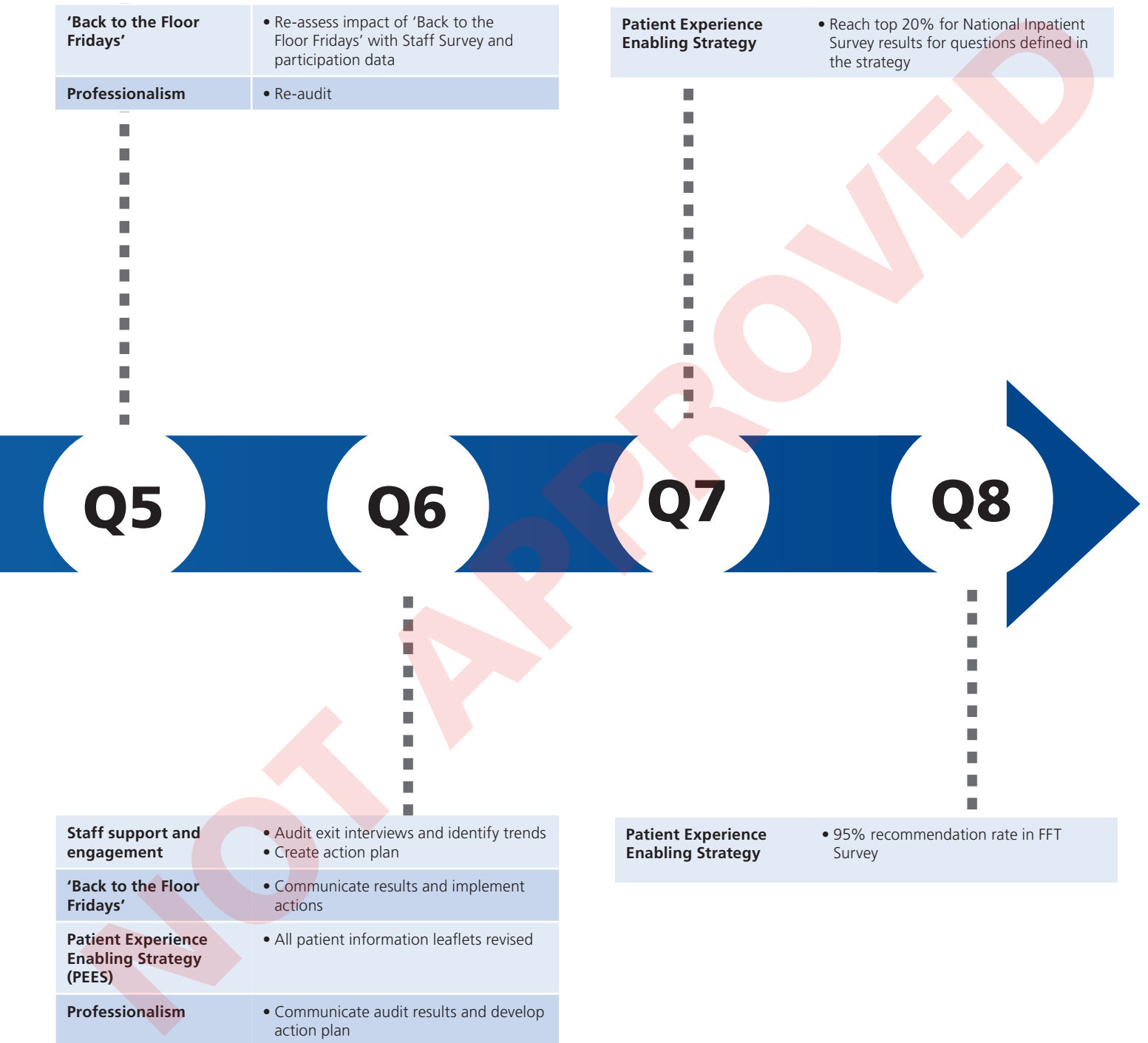
Staff support and engagement	<ul style="list-style-type: none"> Audit line manager/newly recruited staff one-one meetings with initial objective setting taking place (IPR) Review feedback from Supervision Together All Year Event (STAY)
Voice in Digital Technology Committees for Nurses /Health Visitors/AHPs/ Midwives	<ul style="list-style-type: none"> Identify key stakeholders and groups that need additional representation (Baseline)
Back to the Floor Fridays	<ul style="list-style-type: none"> Assess impact of 'Back to the Floor Fridays' with Staff Survey and participation data
Patient Experience Enabling Strategy (PEES)	<ul style="list-style-type: none"> Develop Divisional based plans to implement the strategy
Professionalism	<ul style="list-style-type: none"> Audit of culture and respect using NHS England civility and respect framework

Staff support and engagement	<ul style="list-style-type: none"> Audit exit interviews and identify trends
Patient Experience Enabling Strategy	<ul style="list-style-type: none"> Open Interactive patient/carer hub (Walsall Healthcare)
Professionalism	<ul style="list-style-type: none"> Launch staff civility and respect charter



Staff support and engagement	<ul style="list-style-type: none"> Audit of newly qualified staff 30,60,90 day meetings with line manager
Voice in Digital Technology Committees for Nurses /Health Visitors/AHPs/ Midwives	<ul style="list-style-type: none"> Identify and mitigate barriers to broader representation Identify enabling methodologies to encourage participation
'Back to the Floor Fridays'	<ul style="list-style-type: none"> Communicate results and implement actions
Patient Experience Enabling Strategy	<ul style="list-style-type: none"> Implement local system to track actions taken from results of national patient survey
Professionalism	<ul style="list-style-type: none"> Communicate audit results and develop action plan

Staff support and engagement	<ul style="list-style-type: none"> 100% of NQ staff have 30,60,90 day meeting with line manager
Voice in Digital Technology Committees for Nurses /Health Visitors/AHPs/ Midwives	<ul style="list-style-type: none"> Review committee representation and adjust as needed
Patient Experience Enabling Strategy	<ul style="list-style-type: none"> 92% recommendation rate in FFT Survey





Communication

The QF will continue to be a tool to plan and measure our performance as a team through agreed objectives and milestones. Communication is key to ensure the ongoing success of the QF and to share its progress. Engagement, ownership and knowing where we are going is critical to our success.

The QF will continue to:

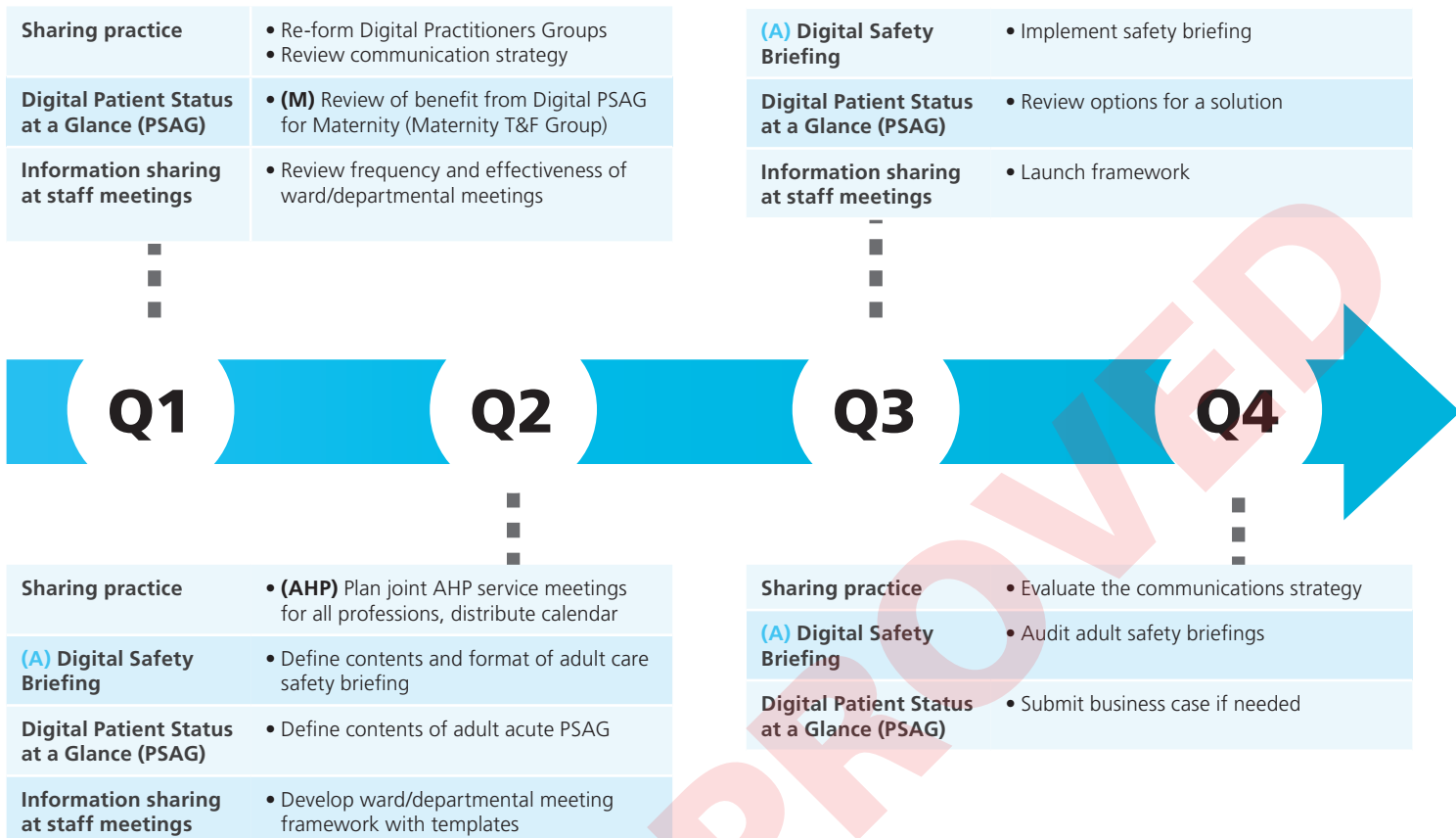
- Further develop the collaborative ways of communicating for both of our Trusts.
- Use social media, intranet web pages, global communication emails, newsletters and blogs.
- Utilise blended methods of delivery: forums, digital bite-size recordings, podcasts, debates and talks.

We will also:

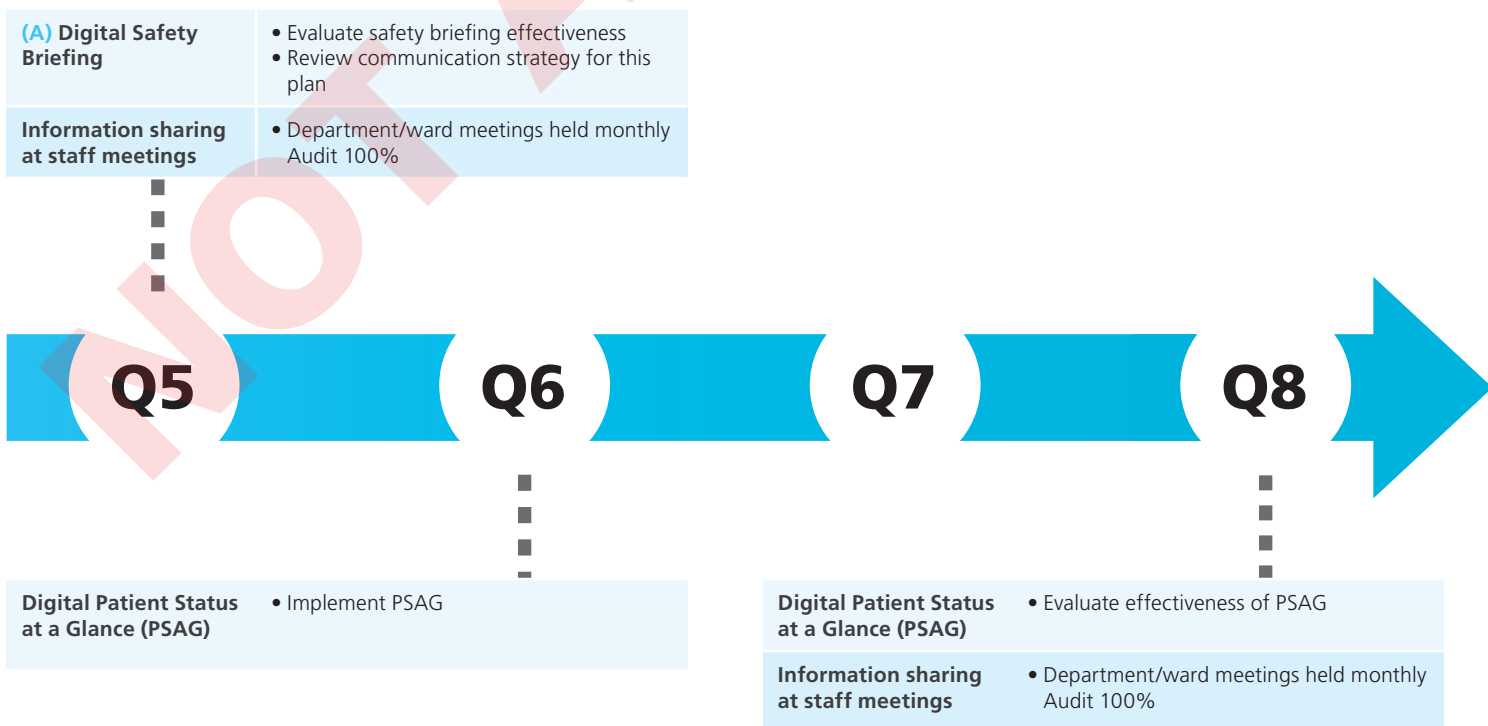
- Create and revitalise forums to share practice and solve problems (ex Digital Practitioners Groups).
- Improve internal department communication with the development of a service specific standardised digital patient safety briefing and a digital patient status at a glance.



Communication pillar



Year 2





Workforce

One of the core components of a good quality service is ensuring that the right staff are in the right place at the right time. This requires constant oversight, planning and resource for development.

The QF will continue to:

- Implement and deliver an evidenced based workforce plan which focuses on the recruitment and retention of Nursing, Midwifery, Health Visitors and AHP staff groups.
- Explore advancement opportunities for staff to benefit our evolving patient care needs.
- Encourage the culture of learning, evolving and learning from each other.

We will also:

- Deliver a plan to improve recruitment, retention and promotion of those in under-represented groups.
- Focus on succession planning of our workforce.
- Make it easier for staff to work, and transfer between organisations and between departments by joining bank functions across the two Trusts.



Workforce pillar

Recruitment and retention	<ul style="list-style-type: none"> Align Walsall Healthcare and RWT Career Framework Develop new manager induction re: the Walsall Healthcare/RWT ways of working Need to add establish baseline data for interview to start date time.
Workforce plan	<ul style="list-style-type: none"> (C) Develop Community Health Visitor and Advance Practice Plan (M) Workforce plan revised to meet Ockenden and BAPM requirements Submit and Implement business case related recruitment
(AHP) Data Driven AHP Workforce Standards	<ul style="list-style-type: none"> Develop Speech and Language Therapy (SLT) job planning. Partner with national groups to test methodology. Use job planning to inform business cases.
Promote flexible working	<ul style="list-style-type: none"> Scope best practice metrics; develop metrics with HR team
New Roles/ Advancing Clinical Practice (ACP)	<ul style="list-style-type: none"> Launch the ACP and Advanced/extended Practice Roles governance framework across both sites

Recruitment and retention	<ul style="list-style-type: none"> Monitor retention rate monthly (AHP) Assess work place locations for adequate work space for staff. Create action plan to correct
Workforce plan	<ul style="list-style-type: none"> Submit business case for new posts if needed (M) Recruit three maternity Support workers Secure four return to practice midwives per annum
(AHP) Data Driven AHP Workforce Standards	<ul style="list-style-type: none"> Develop Speech and Language Therapy (SLT) job planning. Partner with national groups to test methodology. Use job planning to inform business cases.



Recruitment and retention	<ul style="list-style-type: none"> Develop lead AHP support worker role Streamline new hire process for all including bank staff to reduce the time from interview to start date by 50% Six AHP apprentices start level 6 education
Workforce plan	<ul style="list-style-type: none"> Apply National Staffing Standards to all areas Identify gaps
Promote flexible working	<ul style="list-style-type: none"> Collect baseline data and develop action plan with improvement targets

Recruitment and retention	<ul style="list-style-type: none"> (AHP) Submit capital request if needed to address work place needs. (P) Secure 2 Return to practice nurses per annum
Workforce plan	<ul style="list-style-type: none"> (M) Recruit 10 (Walsall Healthcare) and seven (RWT) international Midwives Increase student midwives and nurses (Walsall Healthcare) by 10% and (RWT) to 40
Promote flexible working	<ul style="list-style-type: none"> Improvement over baseline
New Roles/ Advancing Clinical Practice (ACP)	<ul style="list-style-type: none"> ACP Steering group to Evaluate ACP framework

Year 2

(AHP) Data Driven AHP Workforce Standards	<ul style="list-style-type: none"> 5% increase in international recruitment Develop work standard for third specialist Partner with national groups to test these standards Use standards to inform business cases
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Workforce plan	<ul style="list-style-type: none"> (M) Recruit three Maternity Support Workers Secure four return to practice midwives per annum
(AHP) Data Driven AHP Workforce Standards	<ul style="list-style-type: none"> Develop work standard for fourth speciality. Partner with national groups to test these standards Use standards to inform business cases



Recruitment and retention	<ul style="list-style-type: none"> Two AHPs recruited through return to practice process
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Recruitment and retention	<ul style="list-style-type: none"> (P) Secure two Return to practice Nurses per annum
Promote flexible working	<ul style="list-style-type: none"> Improvement over baseline



Education

Another core component of care is the need for education. The QF supports the continual drive to improve skill sets, develop our teams and prepare our workforce based on patient needs and requirements.

The QF will continue to:

- Work with our partners to increase our student numbers to invest in our future workforce and their professional development.
- Provide and tailor the staff induction package to reflect our diverse services.
- Seek, offer, develop and innovate educator roles at all levels. We will continue to embrace appropriate technologies and innovations to support our activities.
- Develop blended learning approaches to enable wider access.
- Standardise the Practice Education Facilitator (PEF) role across both Trusts.

We will also:

- Further develop the Professional Nurse Advocate and Preceptorship roles and competencies.
- Support the need for protected education time for all levels of staff.
- Digitalise resources for students and staff.
- Develop shared paediatric competencies across both Trusts.
- Develop apprenticeship pathway with educational support for the Health Care Support Worker roles.



Education pillar

Health Care Support Worker (CSW) development	<ul style="list-style-type: none"> Publish annual education offering calendar Rollout generic AHP Support worker job descriptions Scope need for AHP dementia care modules
Pre-Registration support	<ul style="list-style-type: none"> Establish baseline of numbers of qualified Supervisor and Assessors for Students (S&A) Launch TouchPoint Process for students
Post reg education support	<ul style="list-style-type: none"> Publish annual educational offers for registered staff Evaluate Preceptorship pathway against national framework Contribute to Black Country AHP preceptorship programme
Professional Nurse Advocate (PNA) role	<ul style="list-style-type: none"> Scope current position in relation to national standards and expected ratio and plan recruitment to comply Baseline restorative clinical supervision
Digitalisation of resources	<ul style="list-style-type: none"> Scope current education digital provision for e-pad, e-portfolio, interactive CPD offer and student data collection tool
(P, M) Prep for Practice Competencies	<ul style="list-style-type: none"> Develop competencies for experienced adult nurses to work in paediatric wards and maternity transitional care
(P, C) Induction	<ul style="list-style-type: none"> Tailor hospital induction programme for community and paediatric staff
(M) Maternity triage competencies	<ul style="list-style-type: none"> Embed competencies based on Birmingham Symptom-specific Obstetric Triage system (BSOTS)

Health Care Support Worker (CSW) development	<ul style="list-style-type: none"> Launch dementia care modules
Pre-Registration support	<ul style="list-style-type: none"> Launch Student Shared decision making council 95% of AHP students attend Trust induction
Post reg education support	<ul style="list-style-type: none"> 100% of newly qualified practitioners access preceptorship and clinical skills training within first year (in line with professional requirements).
Professional Nurse Advocate (PNA) role	<ul style="list-style-type: none"> Achieved 75% of national ratio of PNA registrants
Digitalisation of resources	<ul style="list-style-type: none"> Develop e-portfolio Pilot the preceptorship e-pad
(P, M) Prep for Practice Competencies	<ul style="list-style-type: none"> Evaluation of Prep for practice competency programme (P) (M Transitional care) Develop competencies for Enhanced Maternity care (M)
(P, C) Induction	<ul style="list-style-type: none"> Launch new induction programmes



Health Care Support Worker (CSW) development	<ul style="list-style-type: none"> Report baseline attainment for numeracy and literacy NVQ and those accessing apprenticeship development pathway Padlet launch for AHP support workers.
Pre-Registration support	<ul style="list-style-type: none"> Audit Collaborative Learning in Practice (CLiP) data
Post reg education support	<ul style="list-style-type: none"> Standardise PEF role (AHP) Address gaps in AHP PEF support with business case PEF priorities agreed and output shared
Professional Nurse Advocate (PNA) role	<ul style="list-style-type: none"> Launch Communications strategy to increase awareness of role Recruit new PNAs Host local PNA conference
Digitalisation of resources	<ul style="list-style-type: none"> Develop preceptorship e-pad
(P, M) Prep for Practice Competencies	<ul style="list-style-type: none"> Launch competencies
(M) Maternity triage competencies	<ul style="list-style-type: none"> 50% of Delivery suite and triage staff complete competencies

Health Care Support Worker (CSW) development	<ul style="list-style-type: none"> Apprenticeship development pathway completed
Pre-Registration support	<ul style="list-style-type: none"> Develop (CLiP) into 10% of student placement areas S&A assessors/supervisors increased by 75%.
Professional Nurse Advocate (PNA) role	<ul style="list-style-type: none"> 10% increase in Restorative Clinical Supervision uptake in available sessions (from baseline)
Digitalisation of resources	<ul style="list-style-type: none"> Develop interactive infographic for CPD offer
(P, M) Prep for Practice Competencies	<ul style="list-style-type: none"> Launch enhanced maternity care competencies (M)
(M) Maternity triage competencies	<ul style="list-style-type: none"> 95% Delivery suite and triage staff complete competencies

Education pillar

Health Care Support Worker (CSW) development	<ul style="list-style-type: none"> Publish Annual Education offering calendar 10% of support staff access apprenticeship development pathway
Pre-Registration support	<ul style="list-style-type: none"> Begin research project to evaluate the benefits of CLiP model for students in preparation for registration
Post reg education support	<ul style="list-style-type: none"> Publish annual educational offers for registered staff Apply for preceptorship interim quality mark scheme
Digitalisation of resources	<ul style="list-style-type: none"> Evaluate the preceptorship e-pad
(P, M) Prep for Practice Competencies	<ul style="list-style-type: none"> Evaluation of Prep for practice competency programme (M enhance maternity care)
(P, C) Induction	<ul style="list-style-type: none"> Evaluate new induction programmes

Health Care Support Worker (CSW) development	<ul style="list-style-type: none"> Dementia module completed by 100 staff
Pre-Registration support	<ul style="list-style-type: none"> CLiP into 20% of student areas Collect data from newly qualified Nurses who have interacted with CLiP model
Post reg education support	<ul style="list-style-type: none"> Develop online placement directories and add to website
Professional Nurse Advocate (PNA) role	<ul style="list-style-type: none"> Achieved over 95% of national PNA: Registrant ratio
Digitalisation of resources	<ul style="list-style-type: none"> Launch e-portfolio
(P, C) Induction	<ul style="list-style-type: none"> Share findings



Pre-Registration support	<ul style="list-style-type: none"> Collect data for ongoing research from students in CLiP areas Evaluate touch point events in relation to attrition and recruitment S&A to 85%
Post reg education support	<ul style="list-style-type: none"> 100% of Newly qualified Practitioners access preceptorship and clinical skills training within first year (in line with professional standards).
Digitalisation of resources	<ul style="list-style-type: none"> Develop student data collection tool

Health Care Support Worker (CSW) development	<ul style="list-style-type: none"> Staff progression to higher apprenticeship level increased by five %
Pre-Registration support	<ul style="list-style-type: none"> Publish/share research findings 95% compliance with S&A 100% AHP students attend Trust induction
Professional Nurse Advocate (PNA) role	<ul style="list-style-type: none"> 15% increase in restorative clinical supervision sessions (from baseline)
Digitalisation of resources	<ul style="list-style-type: none"> Evaluation of e-pad, e-portfolio, interactive CPD offer and student data collection tool
(P, M) Prep for Practice Competencies	<ul style="list-style-type: none"> Evaluate programmes and publish



Research and Innovation

Continual improvement requires that our care is underpinned by evidence, trustworthy research and validated best practices.

The QF will continue to:

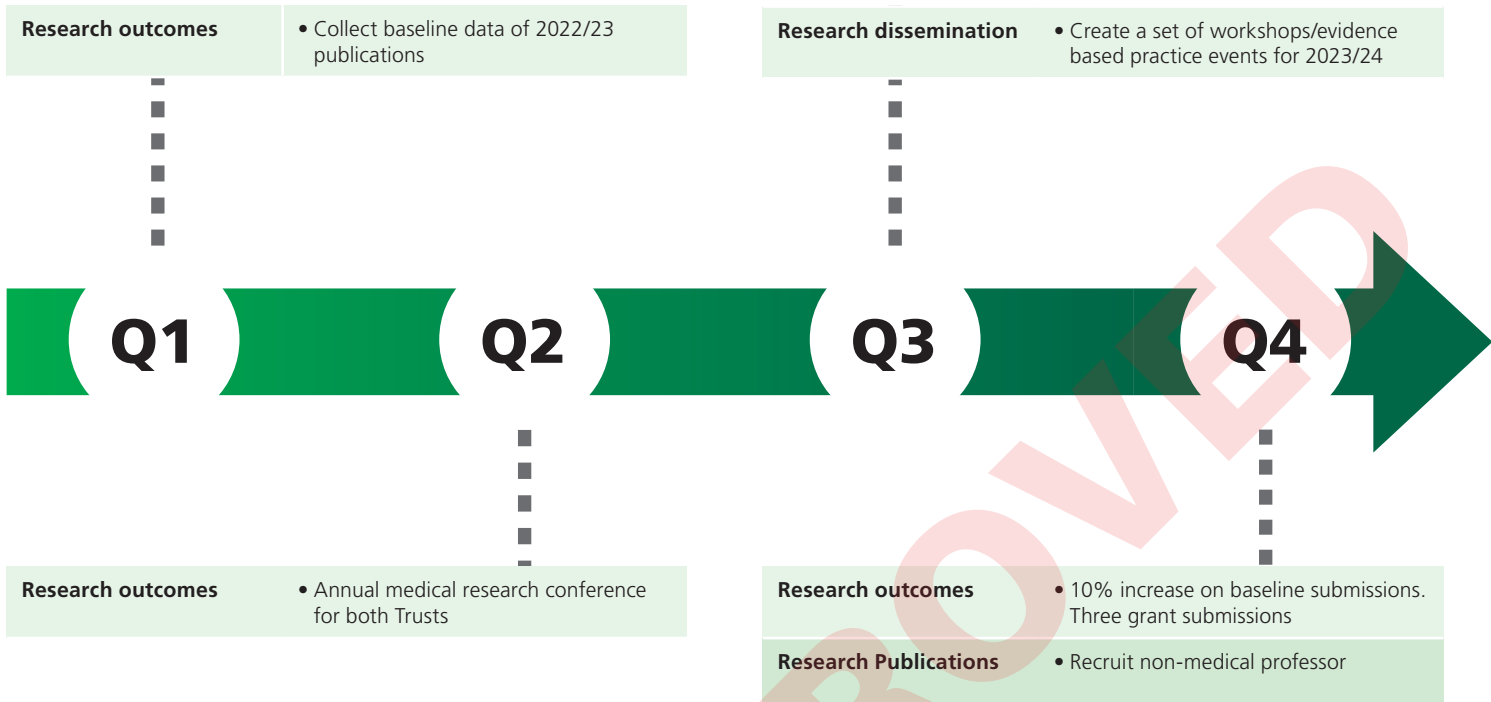
- Enable further development of a research culture across both Trusts which is embedded within clinical practice and teams.
- Encourage, enable and communicate about research outputs and achievements.
- Invest in the latest technologies to collate, store and report activities in the form of publications, abstracts, posters presentations and seminars.
- Explore, adopt, invest, plan and communicate about digital innovation and technologies. Use evidence to support business planning and changes in practice.
- Communicate, disseminate, evaluate and change based on evidence and a clear rationale.

We will also:

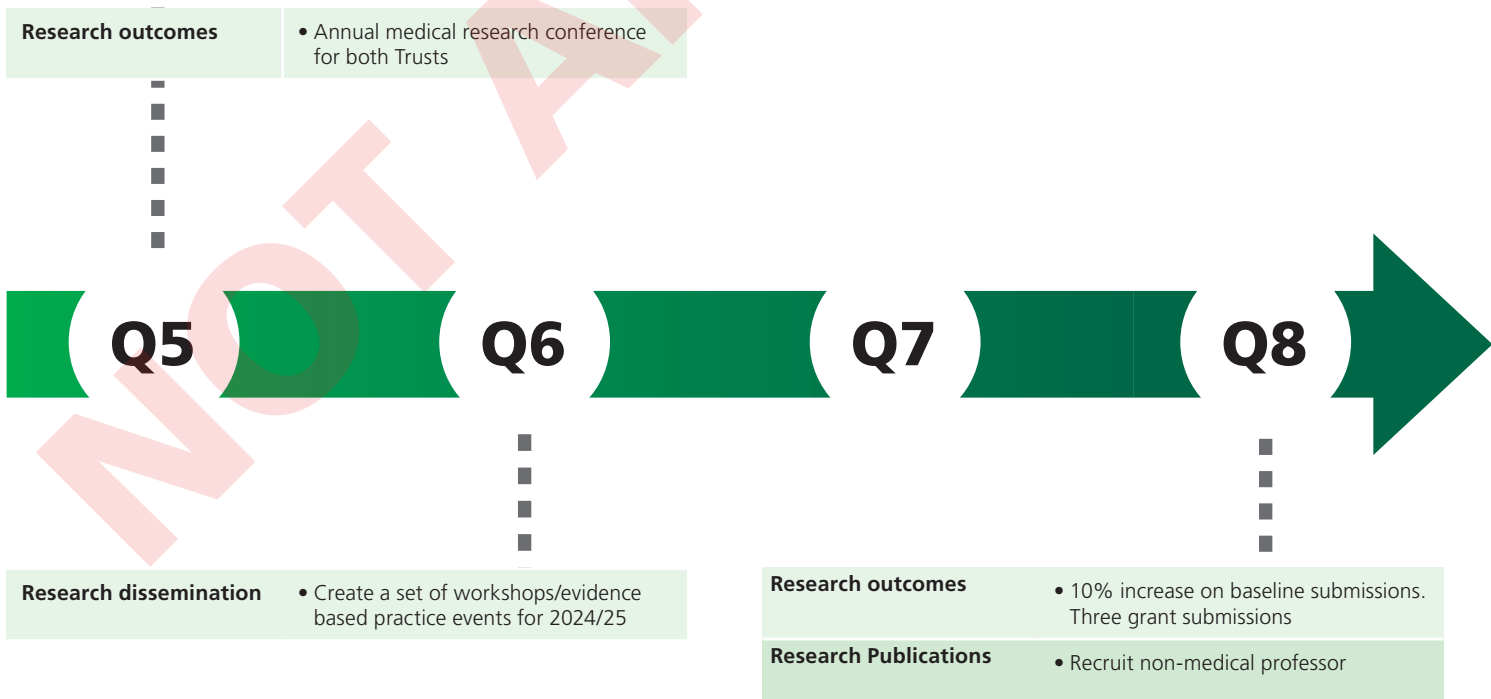
- Actively participate in the development, planning and implementation of the new Electronic Medical Record across both Trusts.



Research and Innovation pillar



Year 2



NOT APPROVED



NOT APPROVED

Trust Board Meeting

Committee Chair's Assurance Report

Name of Committee:	Performance and Finance Committee
Date(s) of Committee Meetings since last	Wednesday 22nd February 2023
Chair of Committee:	Paul Assinder, Non-Executive Director
Date of Report:	Wednesday 22nd February 2023

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

Financial Position 2022/23

Revenue

- The Trust continues to forecast a breakeven revenue position for the 2022/23 financial year. A revised forecast has been produced for the Trust to measure against. Against this revised forecast the Trust is favourable by £0.067m YTD (£6.113m actual deficit versus £6.181m forecasted).
- Month 10 Year to date the Trust is £7.352m adverse to the original annual revenue plan. The Trust is reporting a £6.113m deficit.
- The revenue position at Month 10 YTD across the ICB shows a c£21.6m deficit which is c£19.8m adverse to plan. This position contains risk for the Trust as a risk share arrangement has been agreed between the organisations of the ICB.
- The Trust Board are looking to meet in March 23 ahead of the final financial plan submission due by 31st March 23.
- Efficiency and Cost Improvement Programme continue to remain behind on delivery of the level of savings of the annual revenue plan.
- Temporary staffing costs remain high and require planned reductions to take place to achieve the agreed financial forecast.
- Due to decreased take up of Bank shifts, rates of pay have been increased for December and January for Band 5 nurses (£5 per hour) and ED nursing (£5 per hour). These changes are in line with RWT. This situation continues to develop to meet staffing challenges.

Capital

- The re-analysis of the capital programme combined with receipt of additional funding for theatres refurbishment has allowed the Trust to confirm a fully funded programme in 22/23. The wider economic situation leaves risk to delivery (e.g. supply chain) and the programme will be closely managed to year end.
- The Capital plan for 22/23 has been revised and included within this report. The delay in the completion of the Emergency Department Scheme (while still in budget and within the financial year) has impacted other schemes across the Trust. The revised programme takes account of these delays.

Financial Position 2023/24

Revenue

- The Trust is forecasting a £53.9m deficit in 2023/24 and the Back Country ICB is forecasting a c£340m deficit in 2023/24. This is a very high deficit compared to other ICBs and it is anticipated will see

	<p>the ICB in regional and national escalation</p> <ul style="list-style-type: none"> • The Trust is targeting a 4% CIP, this will be challenging • The Trust must meet a 3.7% agency cap <p><u>Capital</u></p> <ul style="list-style-type: none"> • The Trust is currently ‘over committed’ on capital for 2023/24, based on draft capital allocations. The Trust has c£18m of capital plans in place but has so far only been notified of £9m of funding. <p><u>Performance</u></p> <ul style="list-style-type: none"> • The Trust continues to deliver the best Ambulance Handover times (<30 minutes) in the West Midlands, and has now been the top performing organisation for last 16 consecutive months and indeed for 23 of the last 24 months. • The Trust declared critical incidents on the 21st December 2022, 4th January and 20th February 2023, due to emergency pressures. <p><u>Locum Spend</u></p> <ul style="list-style-type: none"> • A reduction in temporary medical spend In the Division of MLTC is projected to be circa £150k per month from end of November amounting to £600,000 in avoided costs in 2022/23. • Division of surgery forecast a saving in temporary medical spend of £57,456 per month, totalling £287,280 in avoided costs in 2022/23.
<p>ADVISE Areas that continue to be reported on and / or where some assurance has been noted / further assurance sought</p>	<p><u>Performance</u></p> <ul style="list-style-type: none"> • In January 2023, 74.6% of patients were managed within 4 hours of arrival demonstrating a stabilisation of performance after the extreme pressures of December 2022 and the first week of January 2023. WHT’s national ranking for the four-hour emergency access standard (EAS) was 28th best trust out of 109 reporting Acute Trusts. February-to-date is showing further improvements in 4-hour performance. • In December 2022, for 62-day Cancer performance the Trust was materially better than the West Midlands November average (47.0%) and the national November average (61.0%) with 64.3% of our patients treated within 62 days of GP referral. Timely Cancer treatment is vital to treat the disease early which is associated with improved survival rates. • The Trust is expecting to achieve a position of zero 78 week waiters by 31st March 2023. However, reduced operating capacity has placed a risk on the Trust delivering 0 patients waiting over 78-weeks by the end of March, with a revised forecast indicating 26 patients are still at risk of remaining over 78-weeks at the financial year end. <p><u>Procurement</u></p> <ul style="list-style-type: none"> • The current 2022 / 23 total forecast Procurement related savings position is £1,382,558. • To deliver the level of savings highlighted, 189 individual projects have been identified with 103 implemented and 8 still to be delivered to achieve the 2022/23 end of year position. Removed initiative’s is 78.
<p>ASSURE Positive assurance</p>	<p>Capital & Cash</p>

& highlights of note for the Board / Committee	<ul style="list-style-type: none"> • The Emergency Department handover has started with phased transitions of services. • The Trust has a strong cash position for the 2022/23 financial year. However, the Committee is conscious of likely pressure on cash next year. <p>Performance</p> <ul style="list-style-type: none"> • Performance on the 62-day standard was better than the West Midlands and National average.
Recommendation(s) for the Board	<p>Board to note:</p> <ul style="list-style-type: none"> • A revised Financial Plan will be taken to an Extraordinary Trust Board in March 23 ahead of the final submission date of 31st March 23.
Changes to BAF Risk(s) and TRR Risk(s) agreed	<p>Members requested the scoring of Strategic Objective 05 was increased in light of the financial pressure</p>
ACTIONS Significant Follow Up	<p>A clear focus will be placed on the temporary workforce use by Medical and Nursing colleagues.</p>
ACTIVITY SUMMARY	<p>As stated above</p>
Matters presented for information	
Future Work Plans	
Items for Reference	<p>Not applicable</p>

Trust Board Meeting

Committee Chair's Assurance Report

Name of Committee:	Performance and Finance Committee (Virtual)
Date(s) of Committee Meetings since last	Wednesday 29th March 2023
Chair of Committee:	Mary Martin, Non-Executive Director
Date of Report:	Saturday 1st April 2023

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

Financial Position 2022/23

Revenue

- The Trust continues to forecast a breakeven revenue position for the 2022/23 financial year. This may be at risk if other parts of the ICB cannot also meet their breakeven targets.
- Month 11 Year to date the Trust is £8.774m adverse to the original annual revenue plan. The Trust is reporting a £7.532m deficit.
- The revenue position at Month 11 YTD across the ICB shows a c£17.7m deficit which is c£16.2m adverse to plan.
- At month 11 £4.68m of CIP has been transacted against an annual target of £6.3m, of which 70% is non-recurring.
- Temporary staffing costs remain high at £4.3m in month 11. Agency nursing costs have fallen to £400k in month 11 from £1.1m in month 1.
- Temporary medical staff costs were over £1.5m in month 11. Part of this is caused by some medics having restrictions to practice. Executive sign off is now required on all medical agency spend.
- Non pay expenditure is £5.6m over budget. The
- Annual leave provisions will be released in March in line with BC ICB guidelines.

Capital

- The Capital plan for 22/23 has been revised several times within the year and the CRL is now confirmed at £41.7m. The capital spend at the end of month 11 is £31.8m. Delayed completion of the Emergency Department and associated schemes is being managed and has allowed other schemes to be pulled forward from 23/24.



























Financial plan 2023/24







Revenue

- The final financial plan submission was made on 31st March 23 with a planned deficit of £31.1m. It was accompanied by a detailed letter underlining the key risks in the assumptions backing this plan.
- The Trust is in discussion with the BC ICB on a range of services which have traditionally been funded outside the block. If there is no funding for these in 23/24, termination of these services will need to be managed.
- The Back Country ICB is forecasting a c£150m deficit in 2023/24. This is a very high deficit compared to other ICBs and it is anticipated will see the ICB in regional and national escalation.

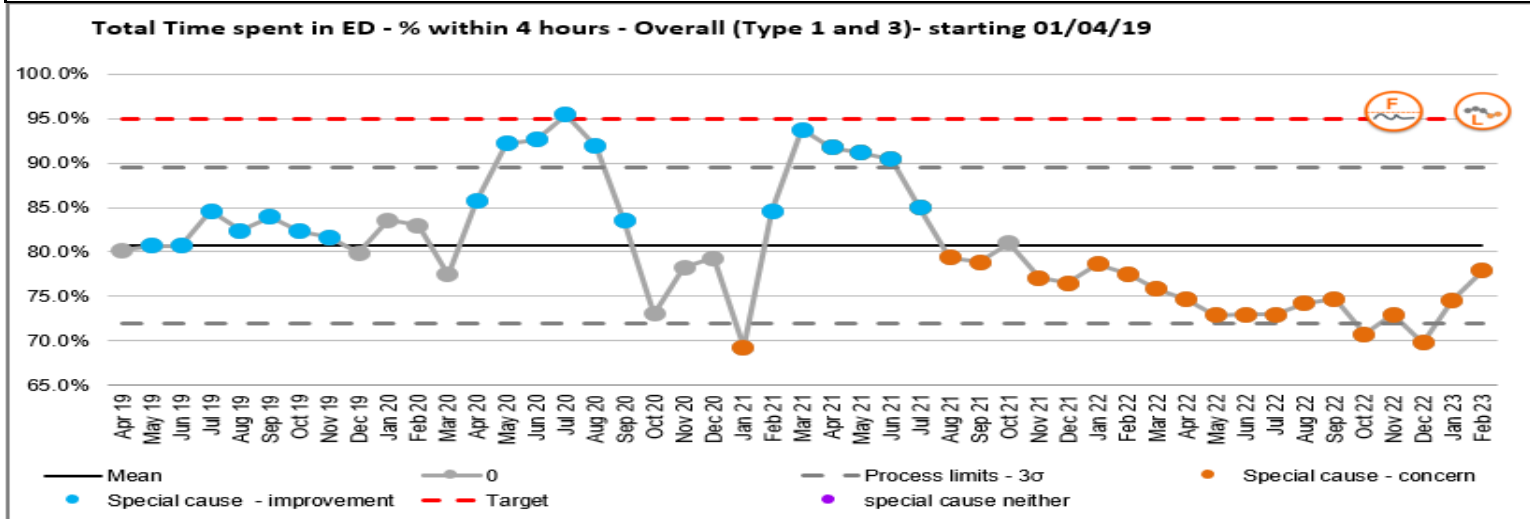
	<p><u>Capital</u></p> <ul style="list-style-type: none"> The Trust is currently 'over committed' on capital for 2023/24, based on draft capital allocations. The CRL has not been confirmed. <p><u>Cash</u></p> <ul style="list-style-type: none"> The cash position fell £16.9m to £38.7m at the end of January. Thirteen week rolling cash forecasts are produced and tight management of working capital is required as the Trust enters 23/24. <p><u>Performance</u></p> <ul style="list-style-type: none"> The Trust is now challenged to achieve a position of zero 78 week waiters by 31st March 2023. Up to 9 spinal patients are at risk of remaining on the waiting list. The Trust had to postpone 600 outpatient appointments and 56 elective surgery procedures during the Junior Doctor strike in March. This risk continues into April when the next 4 day strike is planned.
<p>ADVISE Areas that continue to be reported on and / or where some assurance has been noted / further assurance sought</p>	<p><u>Performance</u></p> <ul style="list-style-type: none"> The Trust continues to deliver the best Ambulance Handover times (<30 minutes) in the West Midlands and has now been the top performing organisation for last 17 consecutive months and indeed for 24 of the last 25 months. In February 2023, 77.9% (January 74.6%) of patients were managed within 4 hours of arrival. WHT's national ranking for the four-hour emergency access standard (EAS) was 10th best trust out of 109 reporting Acute Trusts. This is still well short of the target of 95%. In January 2023 for 62-day Cancer performance the Trust was 66.2% (December 64.3%) of our patients treated within 62 days of GP referral.
<p>ASSURE Positive assurance & highlights of note for the Board / Committee</p>	<p><u>New Emergency Department</u></p> <ul style="list-style-type: none"> The handover to the new Emergency Department took place at 02.00 2nd March and AMU on 9th March. It has been well received and has had minimal detrimental effect on performance.
<p>Recommendation(s) for the Board</p>	
<p>Changes to BAF Risk(s) and TRR Risk(s) agreed</p>	<p>The new BAF will be in use from 1st April 2023.</p>
<p>ACTIONS Significant Follow Up</p>	<ul style="list-style-type: none"> Set up a graphical monitor of incidents requiring tactical command arrangements to be set up (13 in last half year)
<p>ACTIVITY SUMMARY</p>	<p><u>Performance Emergency Preparedness, Resilience and Response mid year report</u></p> <ul style="list-style-type: none"> The committee noted the progress towards full compliance by the year end.
<p>Matters presented for information</p>	
<p>Future Work Plans</p>	
<p>Items for Reference</p>	<p>Not applicable</p>

P&FC

		Reporting Period	Actual	Trajectory	2022/23 Target	SPC Assurance	SPC Variation
PERFORMANCE & FINANCE COMMITTEE							
%	18 weeks Referral to Treatment - % within 18 weeks - Incomplete	Feb-23	56.98%	55.97%	92.00%		
No.	18 weeks Referral to Treatment - No. of patients waiting over 52 weeks - Incomplete	Feb-23	1375	909	0		
%	Ambulance Handover - Percentage of clinical handovers completed within 30 minutes or recorded time of arrival at ED	Feb-23	94.00%		95.00%		
%	Cancer - 2 week GP referral to 1st outpatient appointment	Jan-23	64.04%		93.00%		
%	Cancer - 2 week GP referral to 1st outpatient appointment - breast symptoms	Jan-23	3.70%		93.00%		
%	Cancer - 62 day referral to treatment from screening	Jan-23	89.19%		90.00%		
%	Cancer - 62 day referral to treatment of all cancers	Jan-23	66.20%		85.00%		
%	% of Service Users waiting 6 weeks or more from Referral for a Diagnostic Test	Feb-23	14.52%		1.00%		
%	Total Time spent in ED - % within 4 hours - Overall (Type 1 and 3)	Feb-23	77.93%	74.00%	95.00%		
%	Percentage of patients spending more than 12 hours in ED	Feb-23	6.47%	2.00%	2.00%		
%	Locality Teams - % of Hours Demand Unmet	Feb-23	6.21%		20.00%		
Ave	MSFD - Average number of Medically Fit for Discharge Patients in WMH	Feb-23	42		50		
%	Rapid Response - 2 Hour Response Rate	Feb-23	98.39%		95.00%		

		Reporting Period	Actual	Trajectory	2022/23 Target	SPC Assurance	SPC Variation
%	Rapid Response - % Admission Avoidance	Feb-23	88.57%		87.00%		
£	Total Income (£000's)	Feb-23	31811	See Financial Performance for further detail			
£	Total Expenditure (£000's)	Feb-23	33230	See Financial Performance for further detail			
£	Total Temporary Staffing Spend (£000's)	Feb-23	3977	See Financial Performance for further detail			
£	Capital Expenditure Spend (£000's)	Feb-23	3080	See Financial Performance for further detail			

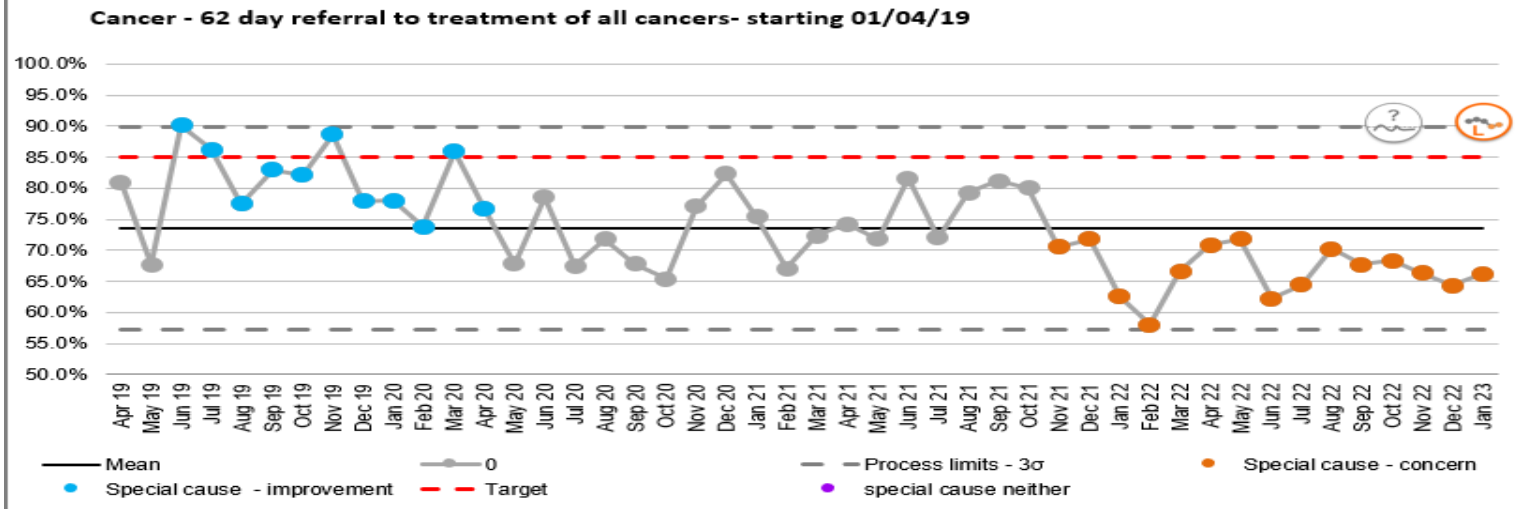
Metric Name: Total Time spent in ED - % within 4 hours - Overall (Type 1 and 3)



Month
Feb-23
Variance Type
Special Cause of Concerning Nature or Higher Pressure
Target
95.00%
Target Achievement
Variation Indicates Consistently Falling Short of the Target

Background	What the chart tells us	Issues	Actions	Mitigations
Percentage of A+E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A+E department. Trust's latest National ranking is 10th out of 110 Trusts, regional ranking was first out of 19 reporting trusts for the 1st time in the Trust's history.	Statistical special cause concern from August 2021, performance continues to be lower than average. February's reported 77.9% demonstrating a further stabilisation and improvement of performance after the extreme pressures of December 2022 and the first week of January 2023.	Ability to improve Non Admitting pathway. Ability to effectively manage the increase in Mental Health presenting patients to ED.	Extension of the Rapid Assessment & Triage Service until 02:00 continued in February. Ambulatory Emergency Care opening hours extended from 22:00 to 00:00 Dedicated space for Mental Health Pathway has been identified for low / medium risk Mental Health patients to be managed away from ED.	The Trust's UEC resilience Winter Plan approved by Trust Board in October commenced in November with the opening of additional beds.

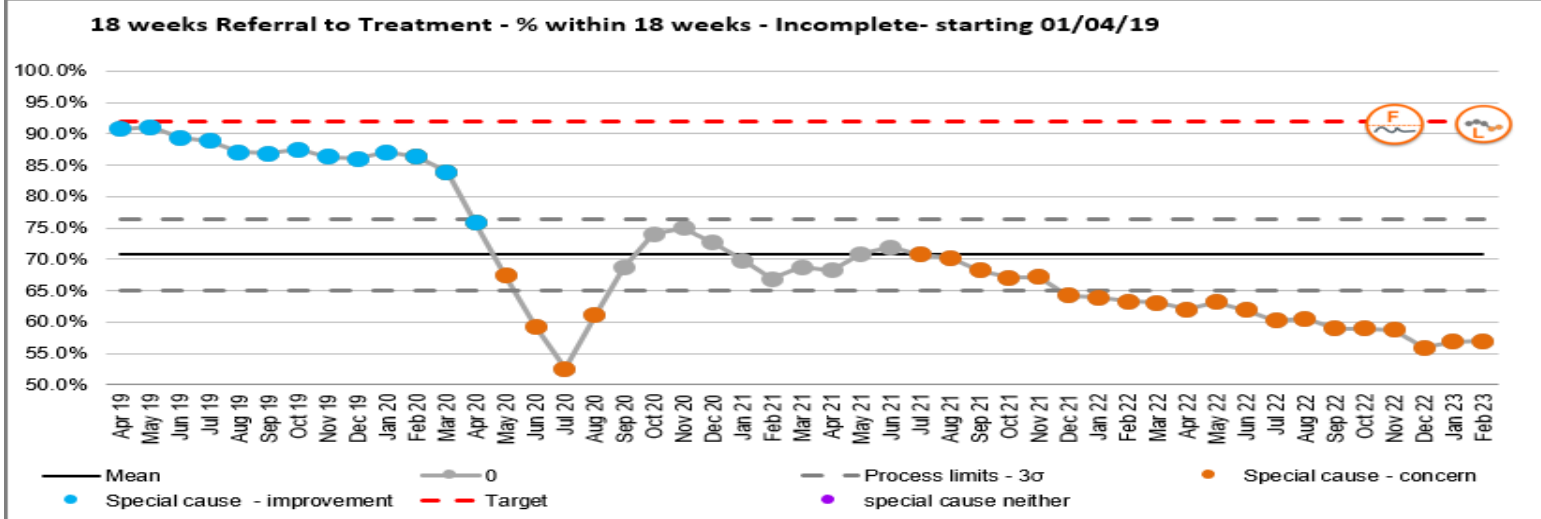
Metric Name: Cancer - 62 day referral to treatment of all cancers



Month
Jan-23
Variance Type
Special Cause of Concerning Nature or Higher Pressure
Target
85.00%
Target Achievement
Variation Indicates Inconsistently Passing and Falling Short of the Target

Background	What the chart tells us	Issues	Actions	Mitigations
Percentage of Service Users waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer	There remains statistical special cause concern with 15 data points below average. January shows a performance level of 66.2%. Latest bench marking reports the Trust materially better than the West Midlands average (44.2%) and the national average (54.4%)	The core risks to delivery are currently timely endoscopy access (specifically for colonoscopy) and urgent histopathology results, as delivered by the Black Country Pathology Service. Reduced capacity in the 2WW pathway for patients in December impacted 1st appoinmernt waiting times.	2WW booking days have stabilised, with the exception of Dermatology. Tele-dermatology go live in March is expected to impact positively on Dermatology performance. Endoscopy continue to provide additional sessions supported by an Insourced provider. Mutual aid provided by SWBH for Breast patients.	For Urology agreement to switch WHT 2 week wait referral access over to RWT cancer team from 8th May. RWT will lead on the communication to primary care. This will support smooth migration of the cancer PTL. Funding from the Cancer Alliance allocated to support additional Endoscopy activity.

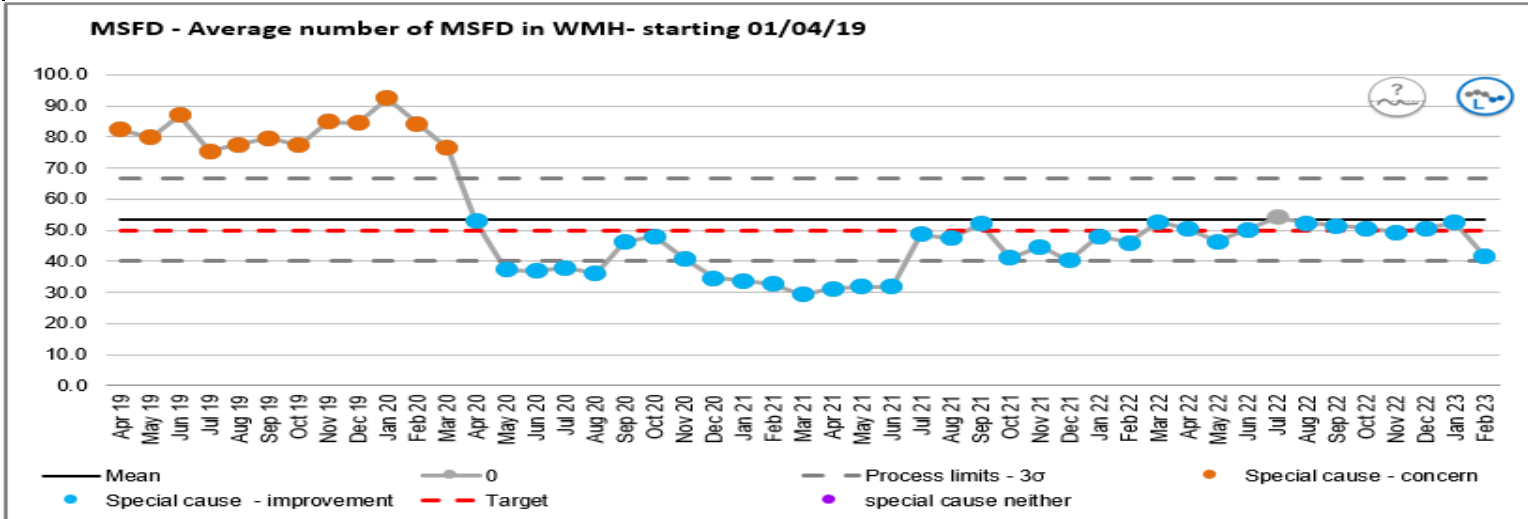
Metric Name: 18 weeks Referral to Treatment - % within 18 weeks - Incomplete



Month
Feb-23
Variance Type
Special Cause of Concerning Nature or Higher Pressure
Target
92.00%
Target Achievement
Variation Indicates Consistently Falling Short of the Target

Background	What the chart tells us	Issues	Actions	Mitigations
Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral	Performance remains statistical special cause concern in February but above trajectory at 56.98%. The national ranking position is now 78th (out of 122 reporting Trusts) for January 2023 performance. The Trust's 52-week waiting time performance is now 8th best in the Midlands out of 20 Trusts.	Continued impact on theatre in-session utilisation due to short notice cancellations not backfilled resulting in lists underfilled on the day of surgery. Achievement of no 78 week waiters at the end of March remains a risk for up to 9 spinal cases required to be performed by the RWT Surgeons.	Validation and partial bookings have commenced to reduce DNAs. The Trust provided mutual aid support for Bariatrics, ENT and Gynae 78 week risks for the end of March, supporting Leicester and Black Country Hospitals.	Outpatient Improvement Programme supported by Four Eyes Insight with the explicit aim of reducing DNA rates, increasing clinic utilisation and reducing non-admitted waiting times.

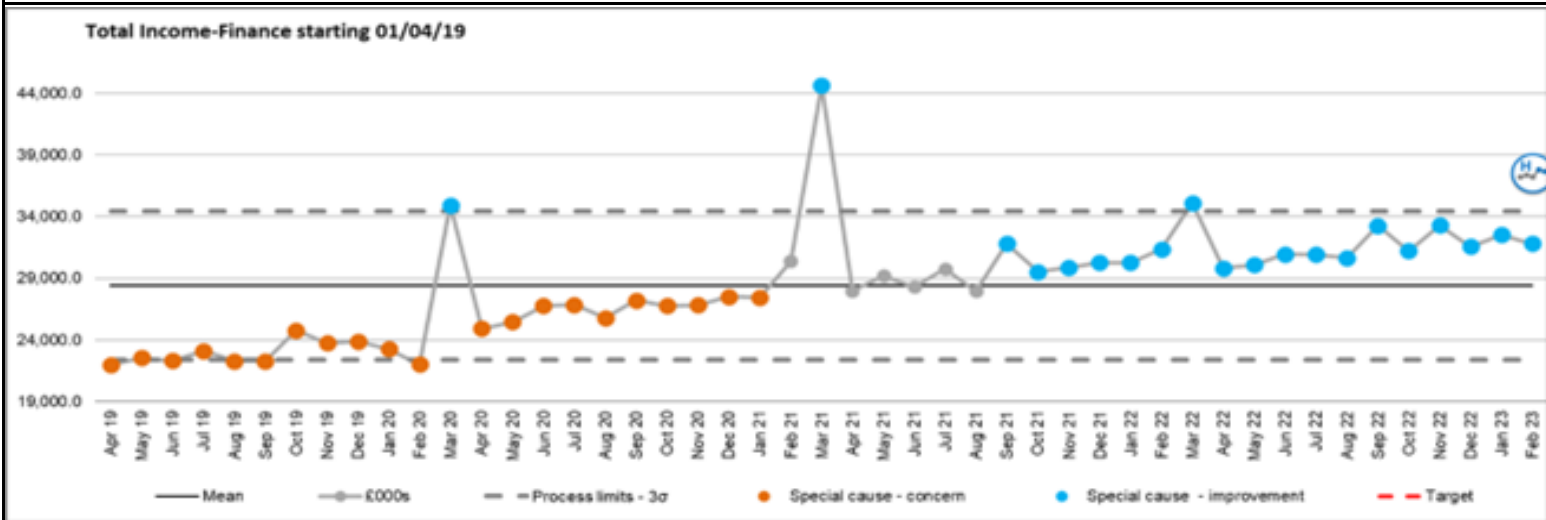
Metric Name: MSFD - Average number of MSFD in WMH



Month
Feb-23
Variance Type
Special Cause of Improving Nature or Lower Pressure
Target
50
Target Achievement
Variation Indicates Inconsistently Passing and Falling Short of the Target

Background	What the chart tells us	Issues	Actions	Mitigations
The number of medically stable for discharge patients (average). These are patients who do not need hospital bed for their acute management (ICS pathways 1-4)	The Service delivered a strong performance in February with the number of MSFD patients being reduced to an average of 42 compared to the previous month.	Demand in terms of the Intermediate Care Service remains high. The Length of Stay was reduced in February at an average of 2.5 days demonstrating good flow through the pathways.	Work continues to make efficiencies in the discharge and ICS pathways to ensure minimal delays for patients. Further work is being completed on enabling service to ensure resilience.	Actions have been taken by the Community Division in reference to the increase in demand. This will provide an increase in capacity in the Hospital Team and resilience within the service.

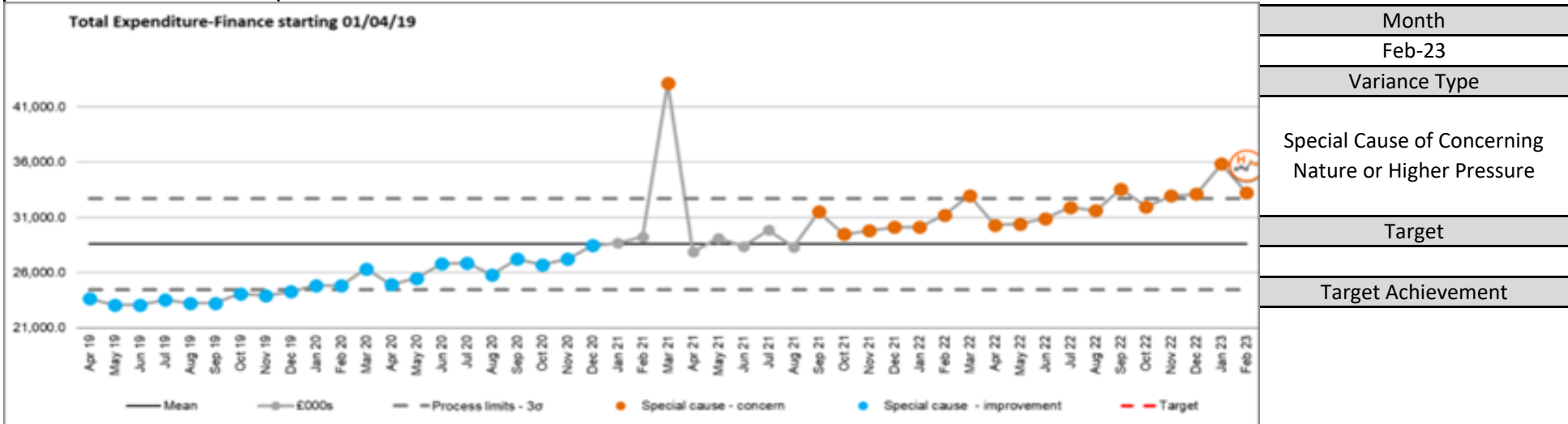
Metric Name: Total Income



Month
Feb-23
Variance Type
Special Cause of Improving Nature or Lower Pressure
Target
Target Achievement

Background	What the chart tells us	Issues	Actions	Mitigations
Total income for the Trust	Statistically increase over time, maintaining above upper limit.	It is likely income will decline as the pandemic impact reduces. Covid 19 linked funding decreasing by 57% in 2022/23	The Trust needs to seek appropriate sources of income and cost efficiency to live within the funding envelope	Variable funding sources including risk share and elective recovery funding to be managed to secure as much income as possible to support the Trust planned delivery of breakeven for the financial year.

Metric Name: Total Expenditure



Month
Feb-23
Variance Type
Special Cause of Concerning Nature or Higher Pressure
Target
Target Achievement

Background	What the chart tells us	Issues	Actions	Mitigations
Total expenditure for the Trust	Statistically increase over time	Expenditure will need to decrease from historically high levels post pandemic	Cost efficiency must be targeted, £6.3m in 22/23	<p>Delivery of the 2022/23 efficiency target of £6.3m.</p> <p>The Trust to move back into more 'normal' business, with a requirement for efficiency attainment, removal of agency usage and cessation (where safe to do so) of COVID designated expenditure</p>

Financial Performance to February 2023 (Month 11)

	YTD Plan £000s	YTD Actual £000s	YTD Variance £000s
Subtotal Income	341,876	346,229	4,353
Subtotal Pay Expenditure	(225,377)	(229,508)	(4,130)
Subtotal Non Pay Expenditure	(104,969)	(114,292)	(9,323)
Subtotal Finance Costs	(10,464)	(10,229)	235
Total Surplus / (Deficit)	1,066	(7,799)	(8,866)
Donated Asset Adjustment	175	267	92
Adjusted Surplus / (Deficit)	1,242	(7,532)	(8,774)

Financial Performance

- The Trust enters 2022/23 with clear risks to revenue and capital, with income reduced by 57% of Covid-19 resource and an efficiency ask.
- The 2022/23 financial plan requires the trust to move back into more 'normal' business, with a requirement for efficiency attainment, removal of agency usage and cessation (where safe to do so) of COVID designated expenditure.
- In accordance with national planning guidance, the Trust submitted a Board endorsed financial outturn of a £7.6m deficit in April 2022, system deficit for the Integrated Care System (ICS) being c£48m.
- The regulator required a further national round of planning following release of additional funds. The Trust re-submitting the financial plan for the 2022/23 financial year from the £7.6m deficit to break-even, as endorsed through the Extraordinary Performance and Finance Committee on the 17th of June 2022
- In month 11 the Trust reported a £1.419m deficit, which is £0.077m adverse to plan. This was driven by higher than planned temporary staffing costs and non achievement of CIP plan, both elements remaining a risk to delivery.
- Walsall is reporting 90.2% YTD ERF performance against a target of 104%. This is in line with other local providers. Feb in month was 88.8%.

Capital

- The approved programme for the year includes the Emergency Department, ward refurbishment and theatres 1-4 upgrades
- Capital expenditure totals £31.8m YTD. This is against an annual programme of c£42m though the Trust, including £4m of capital resources required to finance the theatres business case for the 2022/23 financial year (the scheme continuing into 2023/24).

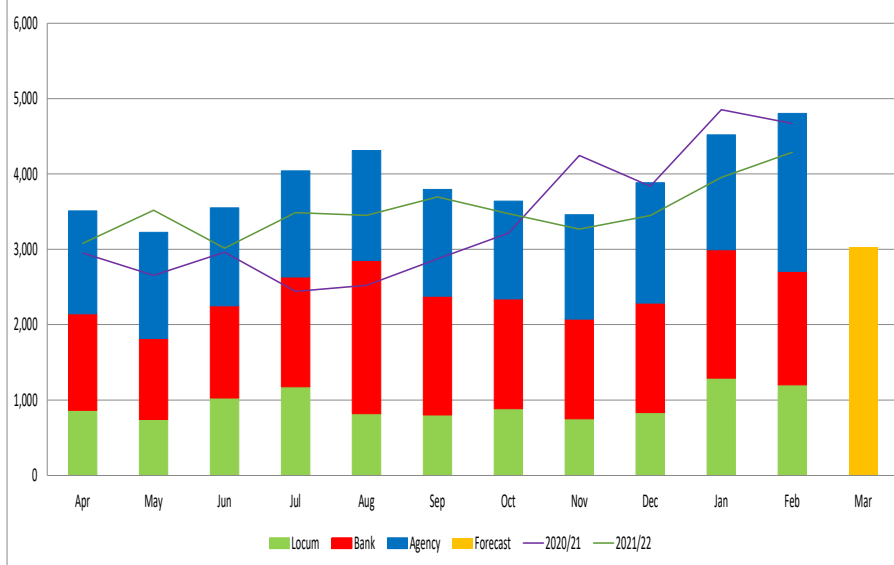
Cash

- The Trust continues to have a strong cash position which is sufficient to support a planned revenue deficit plan and the programmed capital expenditure

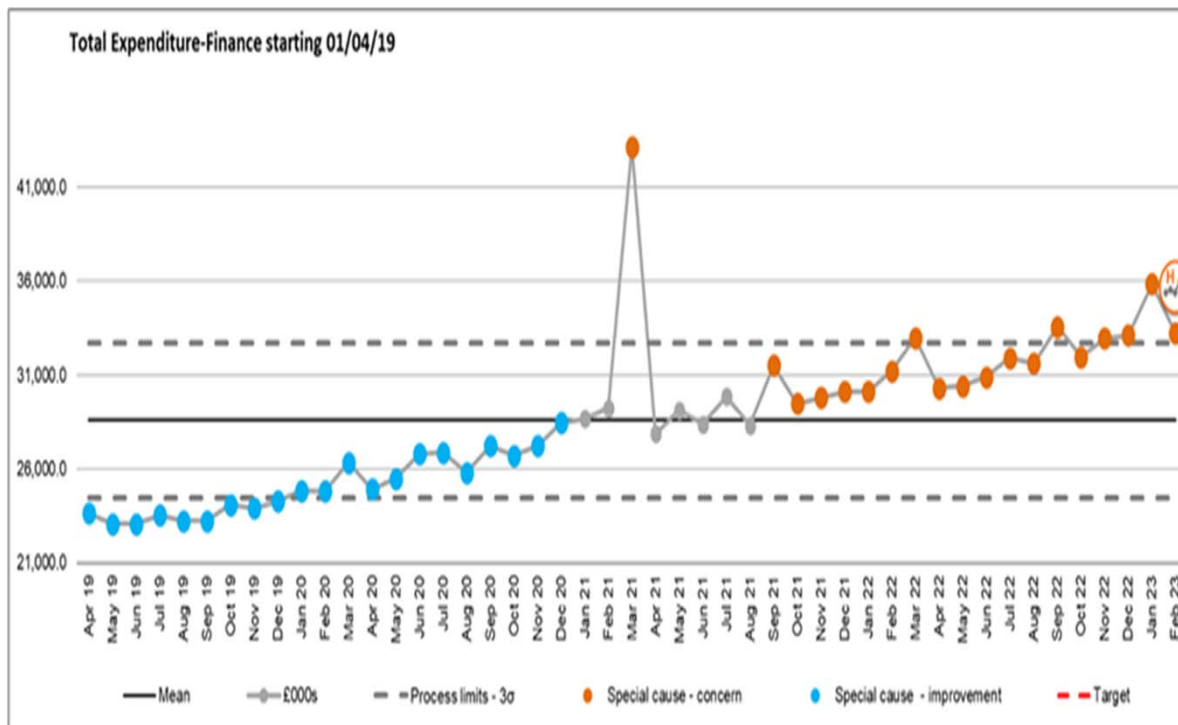
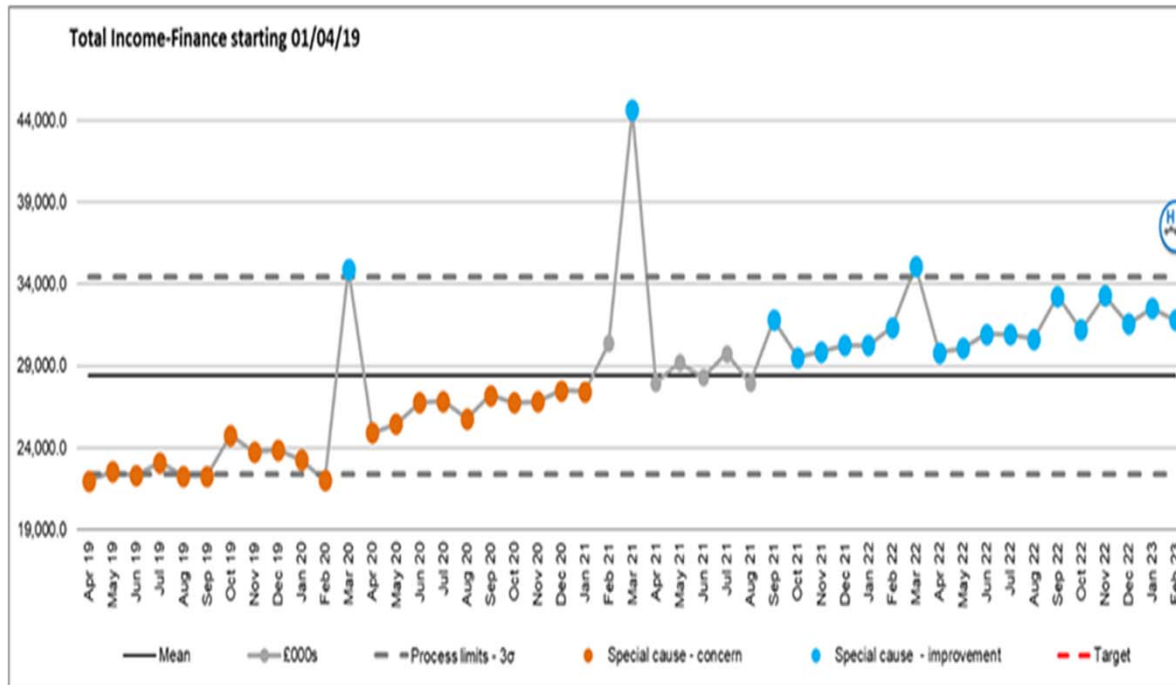
Efficiency attainment

- The Trust has an annual efficiency target of £6.3m, against which a plan of £6.16m (of which some schemes are rated as red) has been identified, leaving a planning gap of £0.14m.
- YTD performance has been £4.68m against a plan of £5.19m which reflects the plan phasing, if delivered equally through the year the target to date would have been £5.78m.

Temporary Staffing Expenditure (£,000)



Income and expenditure run rate charts



Income additional information

- Income has continued to increase year on year, this reflects a level of tariff inflation and growth serviced through the Trust over this period.
- January and February 2020 income reduced as the Trust moved away from plan, losing central income from the Financial Recovery Fund (FRF) and Provider Sustainability Fund (PSF) during these months
- March 2020 saw the Trust move back on plan and receive the quarters FRF and PSF in month accordingly.
- April's income reflects the emergency budget income allocation (increasing monthly to reflect the increase in the top up of funding received).
- From October 20 there will no longer be retrospective top up funding received, block income has been agreed based on operation run rates.
- February 2021 saw the receipt of additional NHSEI Income allocation to offset the 'Lost Income' assumed in the Deficit Plan.
- In March 2021 the Trust received non recurrent income - £3.2m for annual leave accrual, £4.5m to offset the value of Push stock, £3.7m Digital Aspirant funding, £0.6m in respect of donated equipment.
- The increased income in September 2021 relates to accrued income to offset the impact of the pay award arrears.

Expenditure additional information

- March 2020 costs increased to reflect the Maternity theatre impairment £1m & Covid-19 expenditure
- Costs increased in support of COVID-19, with June and July seeing these costs increase further for elective restart and provision for EPR, Clinical Excellence Awards impacts on cost base, noting a reduction in expenditure in August due to the non recurrent nature of these. Spend increased again in September due to back dated Medical Pay Award, increased elective activity and non recurrent consultancy spend and increased further in Q4 20/21 driven by the additional pressures of a second wave of COVID activity.
- March 21 spend includes non recurrent items such as Annual leave accrual, adjustments for Push stock, and non recurrent spend on the Digital Aspirant Programme offset by income.
- In September 2021 the back dated pay award was paid to staff, increasing in month spend by £2.5m























Trust Board/Committee/Group Chairs Assurance Report

Name of Committee/Group:	Quality, Patient Experience and Safety (QPES)
Date(s) of Committee/Group Meetings	24 th March 2023
Chair of Committee/Group:	Dr Julian Parkes
Date of Report:	24 th March 2023

ALERT Matters of concerns, gaps in assurance or key risks to escalate to the Board/Committee	<ul style="list-style-type: none"> The 18-week RTT performance is decreasing in relation to other trusts nationally. Now at 79 out of 122 reporting Trusts. There are 9 spinal patients awaiting surgery who are at risk on waiting more than 78 weeks on 31st March 2023. The national shortage of Health Visitors continues to be reflected locally. Recruitment to these roles and supporting roles continues. Demand for support for Medically Stable for Discharge patients with complex needs has increased resulting in greater pressure for funding of out of hospital domiciliary and care home facilities. VTE Compliance remains below target at 91.16%. A QI project is in place. Level 3 children's and adult's safeguarding remains below target. An action plan is in place and a full report is due at QPES next month. 3 cases of Clostridium Difficile in Feb 2023. There have been 40 cases this year (target 27). MCA (Mental Capacity Act) compliance was 48.33%, a deterioration from 59.09%. Review of Rheumatology NICE guidance in MSK is overdue.
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"> A further update has been sent to the CQC following the section 29A Warning Notice. CQC requirements noted in inspections have been allocated to Exec Directors and progress against actions is being recorded. Challenges to Cardiac Physiology (CP) investigations and Endoscopy waiting times due to increased referrals and also sickness and vacancies in the case of CP. CP recovery plan progressing well. Numbers waiting over 6 weeks down from 412 at the end of December to 110 at the end of February The Trust had to postpone 600 outpatient appointments and 56 elective procedures during the junior Doctor Industrial action in March 2023. One hour antibiotic times for sepsis were achieved in 78.76% in ED and 68.97% inpatients in January. An in depth report on sepsis has been received showing that snap shot audits confirm compliance. There is a plan to move to all electronic recording of data. There are currently 216 overdue incident actions. Maternity staffing is challenged by high levels of parental leave. Blood culture contaminants have fallen from 8% to 4% following staff training.

ASSURE Positive assurances & highlights of note for the Board/Committee	<ul style="list-style-type: none"> Ambulance hand over times continue to be the best in the West Midlands. In February 2023, 77.9% of patients were managed within 4 hrs in ED, making it 10th out of 109 reporting Trusts in the West Midlands. However, the urgent and emergency care pathway nationally remains under significant strain. 66.2% of patients were treated within the 62 day performance target for cancer referrals, which is better than both West Midlands and national performance. Bookings are now at day 10 for suspected breast cancer. Despite increased levels of activity, performance remains strong in the Community Based Hospital Avoidance and Step Up bed service. System development funding is being used to expand Virtual Ward to include Acute Respiratory Infection, Frailty, Hospital at Home and Heart Failure. Falls per 1000 bed days was 3.72 in February. There have been 16 patients on the cancer pathways who have waited longer than 104 days. Independent reviews by the Lead Cancer Nurse and the Primary Care Nurse in the CCG confirm no clinical harm has been identified.
Recommendation(s) to the Board/Committee	That the Board note the report and matters of concern
Changes to BAF Risk(s) & TRR Risk(s) agreed	None
ACTIONS Significant follow up action commissioned (including discussions with other Board Committees, Groups, changes to Work Plan)	<ul style="list-style-type: none">
ACTIVITY SUMMARY Presentations/Reports of note received including those Approved	Presentations received included: <ul style="list-style-type: none"> Constitutional Standards and Acute Services Restoration and Recovery Community Services Report Safe High Quality Care Oversight report Maternity Services update Serious Incident Update 104 day harm update CQC Action Plan update Clinical Audit and Effectiveness Infection Control Sepsis compliance Patient experience
Matters presented for information or noting	
Self-evaluation/ Terms of Reference/ Future Work Plan	<ul style="list-style-type: none"> Terms of Reference received
Items for Reference Pack	<ul style="list-style-type: none">

QPES

		Reporting Period	Actual	Trajectory	2022/23 Target	SPC Assurance	SPC Variation
QUALITY, PATIENT EXPERIENCE & SAFETY COMMITTEE							
No.	Clostridium Difficile - No. of cases	Feb-23	3	2	27		
No.	MRSA - No. of Cases	Feb-23	0	0	0		
%	VTE Risk Assessment	Feb-23	91.16%		95.00%		
%	Sepsis - ED - % of patients screened who received antibiotics within 1 hour - E-Sepsis Module - Adults	Feb-23	80.94%		90.00%		
%	Sepsis - ED - % of patients screened who received antibiotics within 1 hour - E-Sepsis Module - Paeds	Feb-23	42.11%		90.00%		
No.	Falls - No. of falls resulting in severe injury or death	Feb-23	0	0	0		
Rate	Falls - Rate per 1000 Beddays	Feb-23	3.72	6.10	6.10		
No.	National Never Events	Feb-23	0	0	0		
No.	Serious Incidents (inc cat 3 & 4 pressure ulcers, HCAI's & Falls) - Hospital Acquired	Feb-23	4				
No.	Serious Incidents (inc cat 3 & 4 pressure ulcers, HCAI's & Falls) - Community Acquired	Feb-23	2				
Rate	Midwife to Birth Ratio	Feb-23	21.7	28	28		
No.	Pressure Ulcers (category 2, 3, 4 & Unstageables) - Hospital	Feb-23	15				
No.	Pressure Ulcers (category 2, 3, 4 & Unstageables) - Community	Feb-23	14				

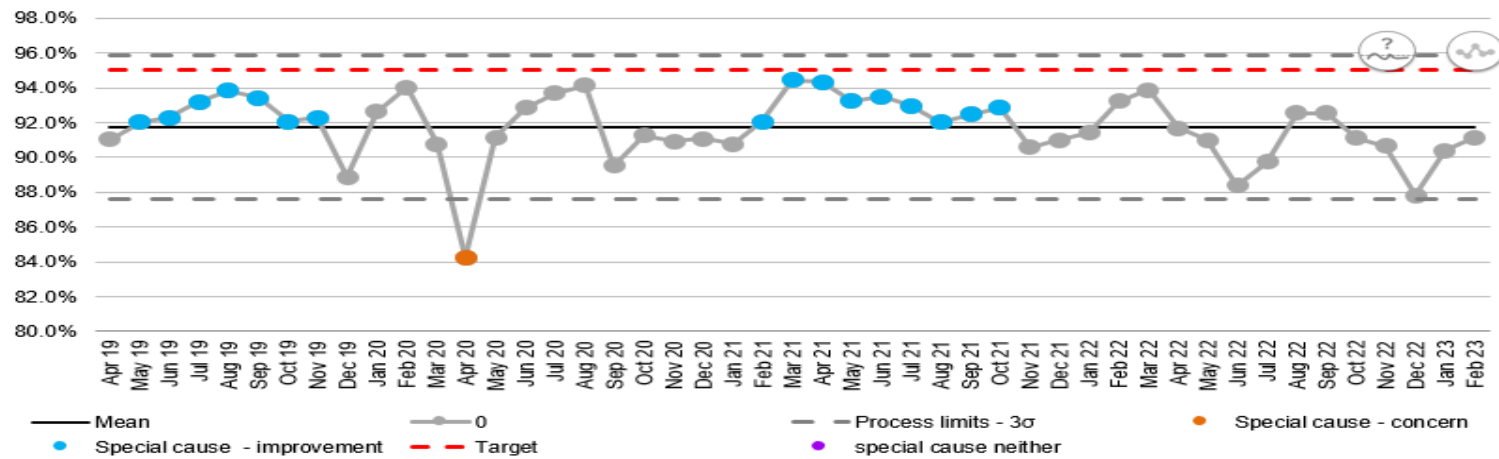
Metric Name: Clostridium Difficile - No. of Cases

		Actual		Traj.				Actual		Traj.		Month	
		Actual	Traj.	Actual	Traj.			Actual	Traj.	Month	Feb-23		
MONTH	Apr	0	2	CUMULATIVE	Apr	0	2	Variance Type		Special Cause of Concerning Nature or Higher Pressure		Target	27
	May	1	2		May	1	4	Target Achievement		Variation Indicates Inconsistently Passing and Falling Short of the Target			
	Jun	4	2		Jun	5	6						
	Jul	1	2		Jul	6	8						
	Aug	2	2		Aug	8	10						
	Sep	6	2		Sep	14	12						
	Oct	7	2		Oct	21	14						
	Nov	4	2		Nov	25	16						
	Dec	5	3		Dec	30	19						
	Jan	7	3		Jan	37	22						
	Feb	3	2		Feb	40	24						
	Mar		3		Mar		27						

Background	What the chart tells us	Issues	Actions	Mitigations
<p>Minimise rates of Clostridium difficile</p> <p>The Trust target for 2022/23 has been set by commissioners as 27.</p>	<p>There were 3 cases reported in February taking the year to date to 40, this is over the trajectory of 24.</p>	<p>A total of 3 C.Diff toxin cases were reported during February 2023, of these 2 cases were deemed avoidable, 1 case is in the process of having the data collection completed.</p>	<p>New nurse associate has joined the IPC team with a focus on C.Difficile, sample collection and antibiotic management. A trust wide training event has taken place and another event is planned in May 2023.</p>	<p>N/A</p>

Metric Name: VTE Risk Assessment

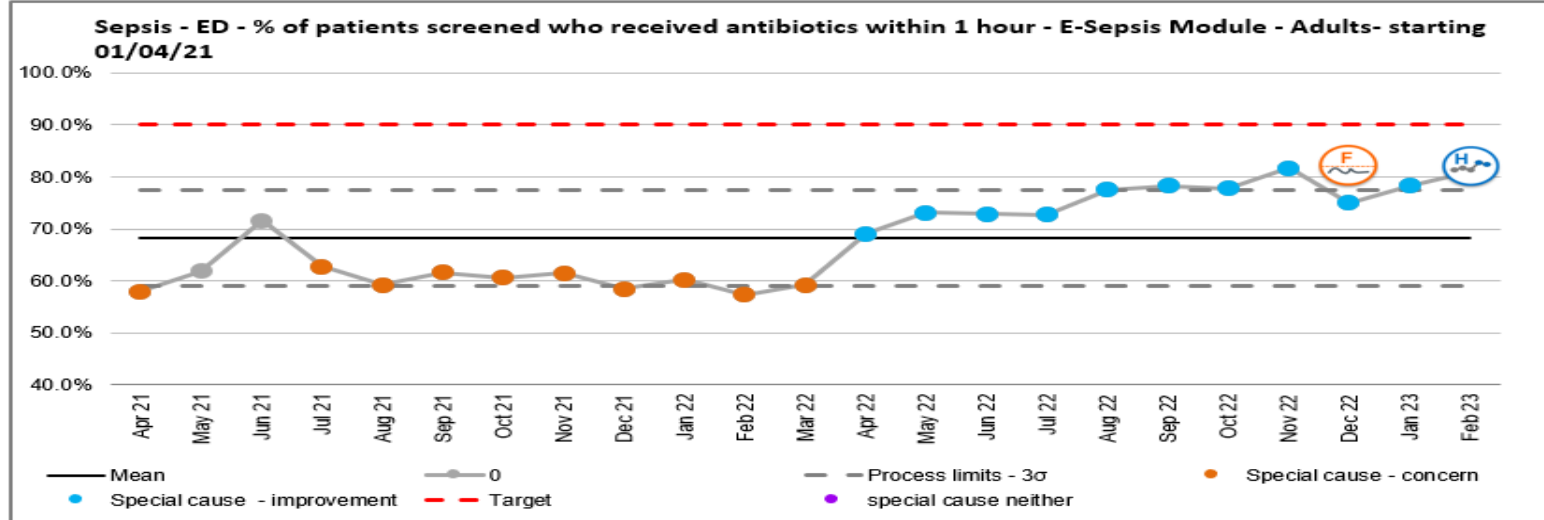
VTE Risk Assessment- starting 01/04/19



Month
Feb-23
Variance Type
Common Cause - No Significant Change
Target
95.00%
Target Achievement
Variation Indicates Inconsistently Passing and Falling Short of the Target

Background	What the chart tells us	Issues	Actions	Mitigations
VTE risk assessment: all admitted patients aged 16 or over undergoing risk assessment for VTE (agreed cohorts applied)	Performance remains below the target of 95%, within normal variation. February reported 91.16% and remains below the average 92%.	The timeliness of completing the initial assessments continues to be the main issue. Monthly reports continue to be sent to Divisions, in addition to the daily reporting to consultants.	Audits have shown a number of process and IT issues which are now being worked through in QI projects.	Hospital acquired thrombosis (HATS) are reported on Safeguard and discussed at Divisional Quality Boards. HATS are also reported to the Thrombosis Group and each Division continues to report on the outcome of investigations.

Metric Name: Sepsis - % of patients screened who received antibiotics within 1 Hour - ED (E-Sepsis Module) - Adults



Month
Feb-23
Variance Type
Special Cause of Improving Nature or Lower Pressure
Target
90.00%
Target Achievement
Variation Indicates Consistently Falling Short of the Target

Background	What the chart tells us	Issues	Actions	Mitigations
Proportion of Service Users presenting as emergencies who undergo sepsis screening and who, where screening is positive, receive IV antibiotic treatment within one hour of diagnosis (Adults)	The percentage of adult patients screened who received antibiotics within 1 hour within the Emergency Department in February 2023 was 80.94% . The data shows improving statistical variation and has been above the mean for the last 11 months.	Focus on staff training continues and the sepsis team continue to review all open assessments on vital pac.	The PBI report has been refreshed to focus on the Antibiotics within the hour. Training on vitals to be refreshed. Sepsis performance is now reviewed via the newly formed deteriorating patient group and reported via patient safety group.	The sepsis team reviews all open sepsis assessments on vital pac ensuring they are closed down when appropriate. They are also responding to sepsis alerted patients. Results are comparable with high performing trusts.

Trust Board/Committee/Group Chairs Assurance Report

Name of Committee/Group:	The People and Organisation Development Committee
Date(s) of Committee/Group Meetings since last Board meeting:	27 th February 2023
Chair of Committee/Group:	Junior Hemans Non-Executive Director and Chair
Date of Report:	27 th February 2022

ALERT Matters of concerns, gaps in assurance or key risks to escalate to the Board/Committee	<ul style="list-style-type: none"> The Guardian of Safe Working presented the quarterly exception reports: two with ISC (Immediate Safety Concerns) were beyond the 48-hour period for closure. The GSW alerted committee that work is taking place with Supervising consultants to complete the meetings with their trainees in a timely manner and close the ERs accordingly. The Committee noted the Workforce Metrics and voiced concern over the vaccination take up rate (Flu and Covid), seeking assurance to future meetings on the preparations and plans underway now to improve uptake for the 2023/23 season. The Committee noted the Workforce Metrics and voiced concern over the performance against target on compliance with statutory and mandatory training. There were specific alerts on Safeguarding Level 3, Basic Life Support, FTSU modules across the Trust. In addition, there is alert on Bank compliance with statutory and mandatory training which is currently at 50%. The committee is concerned about non-clinical and corporate compliance with statutory and mandatory training which is significantly lower than that for clinical workforce. The National Staff Survey Results for 2022, whilst improved considerably for the vast majority of indicators, nevertheless show a deterioration on staff experience relating to bullying and harassment for black, Asian and minority ethnic colleagues. The committee are seeking assurance within future reports on the actions to be taken to address this fact, noting that organisation culture is also below the national scores and advocacy for the Trust as a place to be treated is 0.4 points below the national benchmark.
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<p>ADVISE Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought</p>	<ul style="list-style-type: none"> • The committee received the Safer Staffing report for nursing and midwifery noting the vacancy rate remains just under 5% and the plans to eliminate agency use are advanced and will reach plan by end March 2023. The committee requested a similar assurance report for the medical workforce, and this will be received by the committee at its meeting in March. • The Committee received the quarterly Freedom to Speak up report and noted the improvements in reporting culture evident within the national staff survey results for 2022. The committee noted the increase in reporting and asked for further assurance on the data relating to the distribution of speaking up concerns particularly where there have been multiple concerns raised. The committee commended the work of the team and noted the recent appointments to ensure the capacity of this team remains sufficient. • The Committee received the update on the corporate risk register and BAF noting the risk scores have not altered, however the BAF is being updated and will be received at a further committee.
<p>ASSURE Positive assurances & highlights of note for the Board/Committee</p>	<ul style="list-style-type: none"> • The committee received an update on the Anchor Employer work taking place within the Trust and across Walsall Together which is addressing the need to focus on health, social and domestic care. The committee commended the partnership approach, discussed broadening the links with education providers for growing the future workforce and improving inclusion. The committee asked for case studies to be brought to Trust Board in April to share staff stories. • The committee took positive assurance on the 2022 National Staff Survey results, response rate was 47% which is above the national median which is 44%. The committee noted that 97 of 117 indicators (83%) had improved for Walsall. The committee were pleased to note that 'Compassionate leadership' has improved to above the national average (0.2 points higher) with significantly improved staff experience relating to appraisals, career progression opportunities, flexible working and health and wellbeing. In addition, there has been an improvement on all People Promise areas with Walsall being at or above average for all but two themes, which are marginally (0.1) point below the national average.
<p>Links to Trust Strategic Aims & Objectives (Please delete that which is not appropriate)</p>	
<p><i>Excel in the delivery of Care</i></p>	<ul style="list-style-type: none"> a) Embed a culture of learning and continuous improvement b) Prioritise the treatment of cancer patients c) Safe and responsive urgent and emergency care d) Deliver the priorities within the National Elective Care Strategy <p>We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations</p>

<p><i>Support our Colleagues</i></p>	<ul style="list-style-type: none"> a) Be in the top quartile for vacancy levels b) Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing c) Improve overall staff engagement d) Deliver improvement against the Workforce Equality Standards
<p><i>Improve the Healthcare of our Communities</i></p>	<ul style="list-style-type: none"> a) Develop a health inequalities strategy b) Reduction in the carbon footprint of clinical services by 1 April 2025 c) Deliver improvements at PLACE in the health of our communities
<p><i>Effective Collaboration</i></p>	<ul style="list-style-type: none"> a) Improve population health outcomes through provider collaborative b) Improve clinical service sustainability c) Implement technological solutions that improve patient experience d) Progress joint working across Wolverhampton and Walsall e) Facilitate research that improves the quality of care
<p>Recommendation(s) to the Board/Committee</p>	<ul style="list-style-type: none"> • To receive staff story on the impact of the anchor employer approach through case studies at next Trust Board. • To note the assurances sought on statutory and mandatory training and to receive an escalation report as required following review. • To receive the update on the National Staff Survey Results noting the positive improvement, and equally acknowledging the detrimental staff experience still evident for BAME colleagues. • To receive the quarterly report from the Guardian of Safe Working and note the improvement work on engagement and the need to ensure clinical supervisors close alerts in a timely fashion. • To receive the quarterly report from the Freedom to Speak Up Guardian, noting the improvements in speaking up culture evident within the National Staff Survey and the increase in reporting evident within the quarterly report.
<p>Changes to BAF Risk(s) & TRR Risk(s) agreed</p>	<ul style="list-style-type: none"> • No changes to risk score or BAF risk this month, note the BAF is being updated.
<p>ACTIONS Significant follow up action commissioned (including discussions with other Board Committees, Groups, changes to Work Plan)</p>	<ul style="list-style-type: none"> • Update on the Medical Workforce Safer Staffing position by March meeting. • Detailed assurance report on the statutory and mandatory training performance across the trust and reasons for variance to target. • Detailed assurance on the plan and actions to address the detrimental staff experience for BAME colleagues related to bullying and harassment.
<p>ACTIVITY SUMMARY Presentations/Reports of note received including those Approved</p>	<ul style="list-style-type: none"> • Updates noted on the activity of JNCC, LNC. • Noted the Health and Wellbeing activity this month to follow and agreed to identify a NED champion for the group.

ACTIVITY SUMMARY Major agenda items discussed including those Approved	<ul style="list-style-type: none"> •
Matters presented for information or noting	<ul style="list-style-type: none"> • National Staff Survey Benchmark Reports for 2022 survey. • National Staff Survey Divisional Reports for 2022 survey. • National Staff Survey Resource Pack for 2022 agreed to receive once complete.
Self-evaluation/ Terms of Reference/ Future Work Plan	<ul style="list-style-type: none"> • Joint terms of reference and future workplan for 2023-24 to follow by virtual circulation and for approval at the March meeting of the People and Organisations development Committee.
Items for Reference Pack	<ul style="list-style-type: none"> • Not applicable.

Trust Board/Committee/Group Chairs Assurance Report

Name of Committee/Group:	The People and Organisation Development Committee
Date(s) of Committee/Group Meetings since last Board meeting:	27 th March 2023
Chair of Committee/Group:	Dawn Braithwaite Non-Executive Director and Chair (27.03.2023 only)
Date of Report:	27 th March 2022

<p>ALERT Matters of concerns, gaps in assurance or key risks to escalate to the Board/Committee</p>	<ul style="list-style-type: none"> The challenging trends of declining Retention (24 months) & increasing Turnover (12 months) continue to be reflected throughout all staff groups. Retention concerns remain acute amongst the Registered Nursing and Midwifery(N&M) staff group. 52% of the N&M leavers in the past 12 months have gone to other NHS organisations, with another 27% leaving NHS employment entirely. Amongst the Medical and Dental (M&D) staff group, 37% of colleagues leaving due to voluntary resignation during the past 12 months stated external promotion as their key reason. The committee received an in-depth analysis of the past 24 months of leaver data (March 2021 to February 2023) through Exit reporting which confirmed the key trend that 39.46% leave to join other NHS Organisations, with the 2 highest reasons cited for leaving were Promotion and Work-life balance. The managing Healthy Attendance Project will focus further on managing healthy attendance at work. The target for absence due to sickness has been aligned with that of RWT at 5%. In addition, the workforce metrics have also been aligned and approved by committee. The committee were pleased to receive a detailed update on the work being undertaken to improve LGBTQ + Inclusivity at Walsall Healthcare. It noted the trust has participated in the Rainbow Badge Phase 11 assessment facilitated by the LGBT Foundation which has provided the Trust with a baseline assessment in relation to areas for improvement, and a further update to Trust Board will follow. The committee received a detailed assurance report on the 2022 NHS Staff Survey results and approved the priorities identified for action in 2023/24.
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ADVISE

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

- The committee received the annual report from the ICB People Program and noted that the planned activity is on target. The annual report provided the committee with an overview of the key activity and outcomes achieved within the 2022-2023 year, including the 'Growing for the Future' Project Report. The committee noted the Integrated Care Board are considering the funding streams for the 2023-2024 year.
- Sickness absence is stable, despite sustained health and well-being challenges. The sickness rate has returned to the 24-month average, at 5.3% in month (February) with absence levels reflecting a fall in winter-related illnesses by one-third. Stress/anxiety & musculoskeletal illnesses remain a long-term concern, with strategic interventions being focused on by the health and well-being team, whilst there is also an emphasis on mental health support programs like the mental health first aiders.
- The committee noted and received the update on the Corporate Risk Register ("CRR") relevant to the remit of the committee noting the updated format.

The committee received the annual assurance report against planned actions to uphold the Trust Board pledge, noting the workforce race equality standard data is closer to national average, however bullying and harassment by staff to staff has not improved, and further significant intervention is planned.

- The committee received the annual assurance report on Education and Training and was pleased to note the progress reported within it. In addition, work to deliver a shared service for Education & Training and Leadership Development through collaborative working across the Trusts is progressing successfully, the resources required to deliver the program are being reviewed.
- The committee noted and approved a joint term of reference for the People and OD Committee for WHT and RWT and approved the schedule of reporting for the 2023-2024 year.

ASSURE

Positive assurances & highlights of note for the Board/Committee

- The committee received and noted the annual NHSI Workforce Safeguard document, which covers standards for workforce safety and noted that of the 14 recommendations within the NHSI workforce safeguard framework, the Trust is fully compliant with 7 recommendations and partially compliant with 5. The committee noted progress on the partially compliant recommendations, with no escalation or alert required.
- The committee noted Registered Nurse (RN) /Midwife vacancy rate for January 2023 is now just above 3%. A total of 302 Clinical Fellowship Nurses commenced within the Trust since the program began. The plan to cease agency completes in March 2023, efforts to expand bank use continue. The Bank staff Mandatory Training compliance remains at 50% and an improvement action plan is in place to bring this to target.
- The committee received the annual Health and Wellbeing framework report which follows the NHS Employers Framework Diagnostic Tool as a benchmark for good practice. The National Staff Survey results 2022 show significant improvement for health and wellbeing indicators, the committee received a detailed report, noting the increased investment in OCHWB from £47 to £116 per employee, with corresponding improvements in attendance.
- The committee noted significant progress made against the original Education and Training HEE action plan. Significant progress made around the previous corporate level risk (3031) which has now been downgraded to the local risk register. The National Education and Training Survey (NETS) has improved significantly and engagement levels are highest achieved to date.
- The committee took positive assurance on the 2022 National Staff Survey results, response rate was 47% which is above the national median which is 44%. The committee noted that 97 of 117 indicators (83%) had improved for Walsall. The committee were pleased to note that 'Compassionate leadership' has improved to above the national average (0.2 points higher) with significantly improved staff experience relating to appraisals, career progression opportunities, flexible working and health and wellbeing. In addition, there has been an improvement on all People Promise areas with Walsall being at or above average for all but two themes, which are marginally (0.1) point below the national average.

Links to Trust Strategic Aims & Objectives (Please delete that which is not appropriate)

Excel in the delivery of Care

- a) Embed a culture of learning and continuous improvement

<p><i>Support our Colleagues</i></p>	<ul style="list-style-type: none"> a) Be in the top quartile for vacancy levels b) Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing c) Improve overall staff engagement d) Deliver improvement against the Workforce Equality Standards
<p><i>Improve the Healthcare of our Communities</i></p>	<ul style="list-style-type: none"> a) Develop a health inequalities strategy b) Deliver improvements at PLACE in the health of our communities
<p><i>Effective Collaboration</i></p>	<ul style="list-style-type: none"> a) Improve population health outcomes through provider collaborative b) Progress joint working across Wolverhampton and Walsall
<p>Recommendation(s) to the Board/Committee</p>	<ul style="list-style-type: none"> • To receive staff story on the impact of the anchor employer approach through case studies at next Trust Board in April. • To note the assurances sought on statutory and mandatory training and to receive an escalation report as required following review. • To receive the update on the National Staff Survey Results noting the positive improvement, and equally acknowledging the detrimental staff experience still evident for BAME colleagues. • To note the annual assurance reports received by the committee during March: Health and Wellbeing, Workforce Safeguard report, Education and Training report, Trust Board Pledge.
<p>Changes to BAF Risk(s) & TRR Risk(s) agreed</p>	<ul style="list-style-type: none"> • No changes to risk score or BAF risk this month, note the BAF is being updated.
<p>ACTIONS Significant follow up action commissioned (including discussions with other Board Committees, Groups, changes to Work Plan)</p>	<ul style="list-style-type: none"> • Detailed assurance report on the statutory and mandatory training performance across the trust and reasons for variance to target. • Detailed assurance on the plan and actions to address the detrimental staff experience for BAME colleagues related to bullying and harassment.
<p>ACTIVITY SUMMARY Presentations/Reports of note received including those Approved</p>	<ul style="list-style-type: none"> • Updates noted on the activity of JNCC, LNC. • Noted the Health and Wellbeing activity this month to follow and agreed to identify a NED champion for the group.

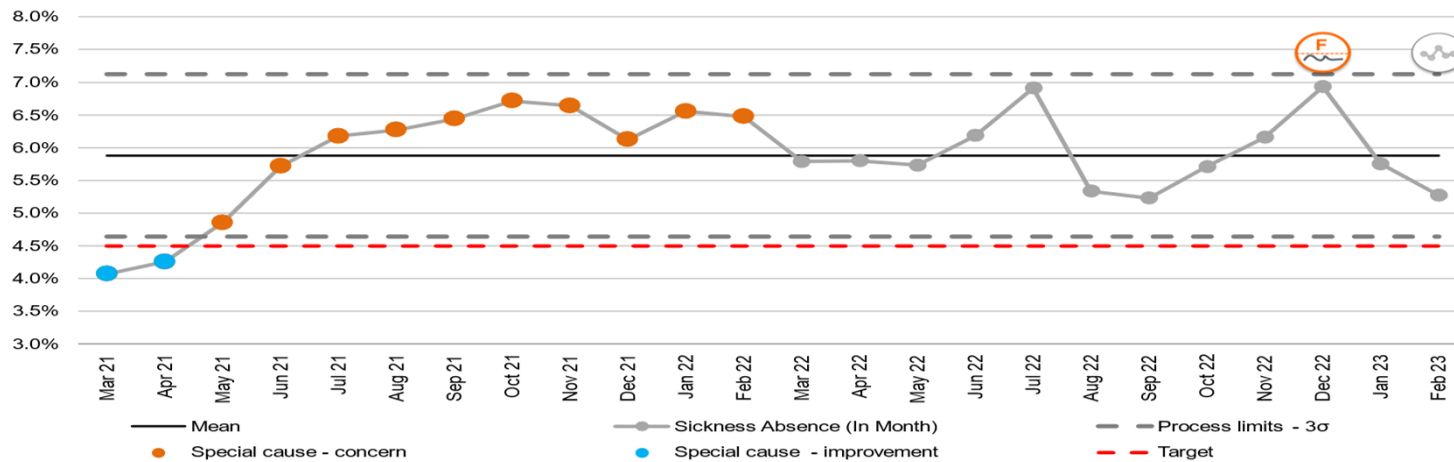
ACTIVITY SUMMARY Major agenda items discussed including those Approved	<ul style="list-style-type: none"> •
Matters presented for information or noting	<ul style="list-style-type: none"> • National Staff Survey Benchmark Reports for 2022 survey. • National Staff Survey Divisional Reports for 2022 survey. • National Staff Survey Resource Pack for 2022 agreed to receive once complete.
Self-evaluation/ Terms of Reference/ Future Work Plan	<ul style="list-style-type: none"> • Joint terms of reference and future workplan for 2023-24 to follow by virtual circulation and for approval at the March meeting of the People and Organisations development Committee.
Items for Reference Pack	<ul style="list-style-type: none"> • Not applicable.

POD

		Reporting Period	Actual	Trajectory	2022/23 Target	SPC Assurance	SPC Variation
PEOPLE & ORGANISATIONAL DEVELOPMENT COMMITTEE							
%	Sickness Absence	Feb-23	5.99%		4.50%		
%	PDRs	Feb-23	84.33%		90.00%		
%	Mandatory Training Compliance	Feb-23	87.41%		90.00%		
%	% of RN staffing Vacancies	Feb-23	1.50%				
%	Turnover (Normalised)	Feb-23	11.46%		10.00%		
%	Retention Rates (24 Months)	Feb-23	79.43%		85.00%		
%	Bank & Locum expenditure as % of Paybill	Jan-23	14.11%				
%	Agency expenditure as % of Paybill	Jan-23	5.57%				

Metric Name: Sickness Absence

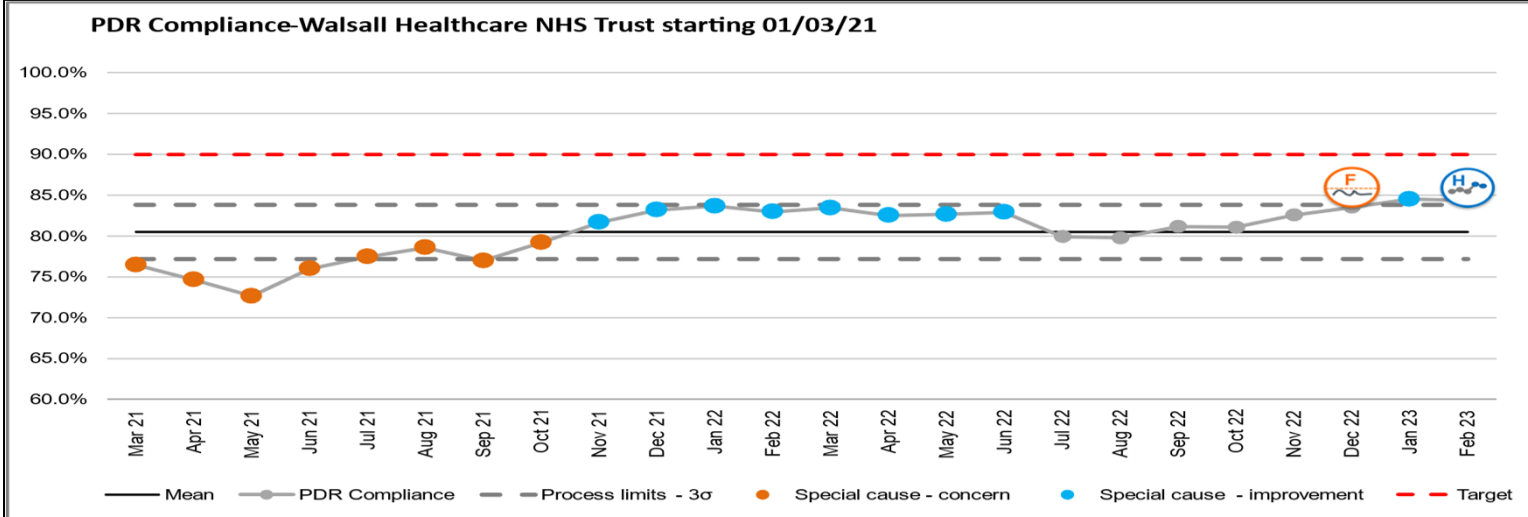
Sickness Absence (In Month)-Walsall Healthcare NHS Trust starting 01/03/21



Month
Feb-23
Variance Type
Common Cause - No Significant Change
Target
4.50%
Target Achievement
Variation Indicates Consistently Falling Short of the Target

Background	What the chart tells us	Issues	Actions	Mitigations
Sickness Absence outturns have been normalised through the exclusion of COVID-19 illnesses. Separate updates of COVID-19 absence rates are shared daily with operational leads.	Sickness absence spiked to the upper limits of the trend range, reflecting an escalation in days lost to traditional winter illness (Cold/Influenza). This has shown to start declining but is not yet showing a positive trend.	Reductions in long-term musculoskeletal illness, due to recovery plan interventions, are being offset by rising stress/anxiety-related absence.	Realising the procedural improvements and colleague lifestyle benefits identified within the recently drafted Health & Well-Being strategy will represent a significant catalyst towards restoration of pre-pandemic absence levels.	Monitoring of sickness absence includes Executive oversight at the monthly Divisional review meetings. Fast track referrals by the Occupational Health Team to Physiotherapy Services will ensure that injured colleagues receive early recovery interventions.

Metric Name: PDRs

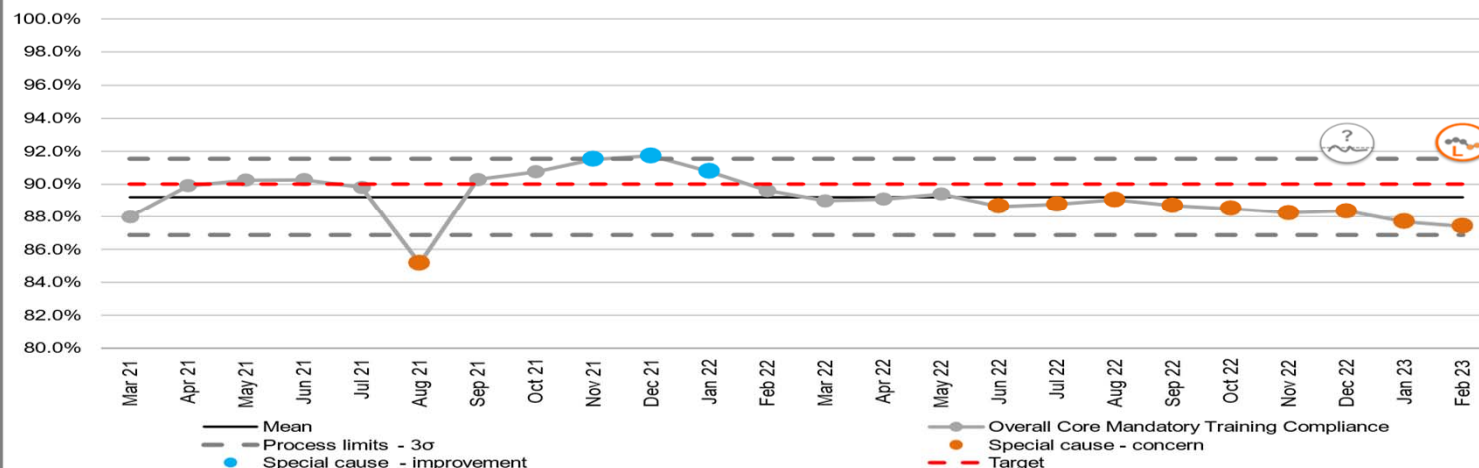


Month
Feb-23
Variance Type
Special Cause of Improving Nature or Lower Pressure
Target
90.00%
Target Achievement
Variation Indicates Consistently Falling Short of the Target

Background	What the chart tells us	Issues	Actions	Mitigations
Appraisal compliance is calculated using exclusion lists.	Annual appraisal compliance continues to improve and is currently 84.1%.	Compliance remains highest amongst Prof Scientific and Technic colleagues (91.8%), although evidence of increased appraisal sessions across all staff groups is present.	Line managers have been emailed directly, in addition to Heads of Service, requesting the reasons for non-compliance. These confirm and challenge style emails contain relevant information on how to access the appraisal forms, and signposting to training if required.	Monitoring of PDR compliance is reviewed at the monthly executive led Divisional review meetings.

Metric Name: Mandatory Training Compliance

Overall Core Mandatory Training Compliance-Walsall Healthcare NHS Trust starting 01/03/21



Month
Feb-23
Variance Type
Special Cause of Concerning Nature or Higher Pressure
Target
90.00%
Target Achievement
Variation Indicates Inconsistently Passing and Falling Short of the Target

Background	What the chart tells us	Issues	Actions	Mitigations
Training compliance is calculated using exclusion lists.	Training compliance remains high at 87%, with most individual competencies now at or above the 90% target.	Safeguarding Adults Level 3 (80%) and Adult Basic Life Support (65%) remain outliers.	Collobration with RWT colleagues continues to align requirements and delivery models for mandatory training.	The project team continues to consult with stakeholders and services to ensure implementation of the Totara LMS is carried out at a pace which does not compromise regulatory or governance commitments.







Integrated Quality & Performance Report

February 2023

Caring for Walsall together



How to Interpret SPC (Statistical Process Control) charts

Variation			Assurance		
					
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Variation icons: **orange** indicates concerning **special cause variation** requiring action; **blue** indicates where improvement appears to lie, and **grey** indicates no significant change (**common cause variation**).

Assurance icons: **Blue** indicates that you would consistently expect to achieve a target. **Orange** indicates that you would consistently expect to miss the target. A **grey** icon tells you that sometimes the target will be met and sometimes missed due to random variation – in a RAG report this indicator would flip between red and green.

Where icons indicate an area needs attention, you could give more detail by attaching the full SPC chart and narrative describing the context, issues and actions in an appendix.

EXECUTIVE SUMMARY

QUALITY	PERFORMANCE
<ul style="list-style-type: none"> •Trust wide CQC action plan with responsible executive directors and identified leads has been established. •Risk of avoidable harm to patients due to wards & departments being below the agreed substantive staffing levels has bow been de-escalated from the corporate risk register. Current vacancy rate is 3%. •VTE compliance for February 2023 was 91.54% which shows a improvement from January 2023 (90.54%) and continues to be below the 95% target. Divisional teams continue to report on their performance and improvement plans into Patient Safety Group (PSG). •The prevalence of timely observations for February 2023 was 87.96% compared to 84.17% in January 2023. Excluding the ED performance was 89.77%. Significant improvements have been made in MLTC and trust wide 18 clinical areas achieved the 90% target, an increase from 13 in January 2023. •Falls per 1000 bed days was 3.72 in February 2023 and in line with the previous consistent performance. •The Trust target for Clostridium difficile 2022/23 has been set at 27 cases with 3 cases of reported in February 2023. Overall performance year to date is above trajectory. •The percentage of patients screened who received antibiotics within 1 hour within the Emergency Department was 78.76% by E-sepsis in February 2023 (Adults and children). •Safeguarding adults and children’s training is achieving trust target for all level 1 and level 2 training. Level 3 adult and children’s training remains below trust target. Improvement plans report into safeguarding committee and additional training is being provided by the safeguarding team. 	<ul style="list-style-type: none"> •In February 77.9% of patients were managed within 4 hours of arrival at ED demonstrating a stabilisation of performance after extreme pressures in December and early January. National ranking is 10th out of 110 Trusts, regional ranking was first out of 19 reporting trusts for the 1st time in the Trust’s history. •In January, for 62-day GP RTT Cancer the Trust treated 66.2% within 62 days, materially better than the West Midlands average (44.2%) and national average (54.4%). •The Trust’s 6 Week Wait (DM01) Diagnostics performance is 46th (January reporting), out of 121 Trusts. The Trust has experienced challenges with Cardiac Physiology, Non Obstetric Ultrasound and Endoscopy waiting times. Recovery is beginning to reflect in performance, February reporting 14.52%. •The Trust’s 18-week RTT performance was 56.98% of patients waiting under 18 weeks at the end of February, national ranking 78th (out of 122 Trusts January 2023). The Trust’s 52-week waiting time performance is 8th best in the Midlands (out of 20 Trusts). There were no incomplete 104 week breaches reported. •Patients referred by their GP on 2 week wait suspected cancer and Breast symptomatic pathways are experiencing longer waiting times. 1st appointment bookings improved to circa 14 days during February following the commencement of our Breast Care Practitioner’s own clinic capacity. <p>Board should note the following risks:</p> <ul style="list-style-type: none"> •The Trust has had to postpone 600 outpatient appointments and 56 elective surgical procedures during the Junior Doctor Industrial Action in March 2023, to release doctors to maintain safe inpatient and emergency care. •There continues to be a risk, exacerbated by junior doctor industrial action, of the Trust delivering 0 patients waiting over 78-weeks by the end of March, revised forecast indicating up to 9 Spinal patients are at risk.
WORKFORCE	FINANCE
<ul style="list-style-type: none"> •Sickness absence spiked to the upper limits of the trend range, reflecting an escalation in days lost to traditional winter illness (Cold/Influenza). Reductions in long-term musculoskeletal illness, due to recovery plan interventions, are being offset by rising stress/anxiety-related absence. •Annual appraisal compliance continues to improve and is currently 84.1%. Compliance remains highest amongst Prof Scientific and Technic colleagues (91.8%), although evidence of increased appraisal sessions across all staff groups is present. •Training compliance remains high at 87%, with most individual competencies now at or above the 90% target. Safeguarding Adults Level 3 (80%) and Adult Basic Life Support (65%) remain outliers. 	<ul style="list-style-type: none"> •The Trust enters 2022/23 with clear risks to revenue and capital, income reduced by 57% of Covid-19 resource and an efficiency ask. The 2022/23 financial plan requires the Trust to move back into more ‘normal’ business, with a requirement for efficiency attainment, removal of agency usage and cessation (where safe to do so) of COVID designated expenditure •The ICB reported position is a £17.7m deficit at month 11, £16.2m adverse to plan. •The Month 11 Year to Date deficit is £7.532m, which is adverse to the financial plan by £8.774m. This being driven by temporary staffing spend above planned levels, which includes under-delivery against the Cost Improvement Efficiency target, non-delivery of additional Elective Recovery Funding and increased non-pay expenditure. Trust Board approved a level of capital expenditure of £41.450m. However, following subsequent review (the material change being the removal of the Skin Hospital) the total capital programme for 2022/23 has been redefined as £41.661m.

Audit Committee Chair Assurance Report

Name of Committee/Group:	Audit Committee
Date(s) of Committee/Group Meetings	6 February 2023 – Virtual meeting
Chair of Committee/Group:	Mary Martin
Date of Report:	6 February 2023

ALERT Matters of concerns, gaps in assurance or key risks to escalate to the Board/Committee	<ul style="list-style-type: none"> • The Head of Internal Audit shared a “draft” annual opinion which is the same as last year. “There are weaknesses in the framework of governance, risk management and controls such that it could become inadequate and ineffective.” There are still three internal audits to be completed and one piece of advisory work on theater efficiency but the opinion is not expected to change. The committee has asked to work with Internal Audit to look at what remedial work is required and set sensible dates for implementation of recommendations. <p>The Trust had prioritised some areas where it was known improvements were required:</p> <ul style="list-style-type: none"> • The Internal Audit report on Covid Recovery was scored “Minimal assurance”. It specifically focused on the management of harm occurring to patients where their treatment is delayed. Only ophthalmology has carried out a detailed review of patients exceeding their guaranteed access date. There are 2 high and 3 medium recommendations. The report is being circulated to QPES. • The Internal Audit report on Rostering including bank and agency bookings was scored “Minimal assurance”. There are 3 high, 13 medium and 2 low recommendations. The chief nurse is working with HR and Finance to implement these. • The Internal Audit report on data quality Sepsis was scored “Partial assurance”. There are 1 high and 6 medium recommendations. The report is being circulated to QPES.
	<ul style="list-style-type: none"> • The Internal Auditors have set up the Recommendations Tracker and only 4 were showing as overdue. If they have not been closed by the next Audit Committee meeting the executive lead will be invited to attend and present progress on the implementation of the recommendation.

ASSURE Positive assurances & highlights of note for the Board/Committee	<ul style="list-style-type: none"> • The work around ensuring all staff have access to an active nhs.net email account has made good progress. Further work with HR is underway. • The External Audit timetable is being finalized.
Recommendation(s) to the Board/Committee	<ul style="list-style-type: none"> • The Revised Terms of Reference were agreed with one small addition and will be recommended for Board approval.
Changes to BAF Risk(s) & TRR Risk(s) agreed	<ul style="list-style-type: none"> • The new Board Assurance Framework will be live from 1st April 2023 and be in line with the revised Strategic Objectives.
ACTIONS Significant follow up action commissioned (including discussions with other Board Committees, Groups, changes to Work Plan)	<ul style="list-style-type: none"> • A periodic review of overpayments to leavers to be set up and brought to the committee. • The contract with AFJ Limited who provide patient transport services is to be regularized by procurement. • The internal Audit work plan to be circulated to the committee after review/amendment at TMC to ensure it is approved by 1 April 2023.
ACTIVITY SUMMARY Presentations/Reports of note received including those Approved	<ul style="list-style-type: none"> • The Cyber Security Report highlighted the joint IT cyber service with Wolverhampton was now up and running. It also outlined the timetable for the role out of Multifactor Authentication. • The Internal Audit work plan longlist was presented and discussed. The need for more days to cover essential work will be referred to TMC. • The draft 23/24 Local Counter Fraud work plan was presented and agreed.
ACTIVITY SUMMARY Major agenda items discussed including those Approved	<ul style="list-style-type: none"> • Single Tender action report was discussed. • The review of Losses and Payments was discussed. • Counter Fraud progress report was discussed. • External Reviews and Inspections report covered CQC visits From September to November 2022 and HSE visit 11&12/01/23
Matters presented for information or noting	
Self-evaluation/ Terms of Reference/ Future Work Plan	<ul style="list-style-type: none"> • The annual self-evaluation questionnaire has been issued to all committee members for completion.
Issues identified potentially relating to Equality, Diversity, and Inclusion	

WHT Trust Board Public Meeting	
Meeting Date:	05 April 2023
Title of Report:	Covid – 19 National Inquiry
Action Requested:	Update
For the attention of the Board	
Assure	<ul style="list-style-type: none"> Members of the Trust Board are asked to note the progress to date in participation in the National Inquiry into Covid-19 specifically Module 3 – ‘<i>The impact of the Covid-19 pandemic on healthcare systems in England, Wales, Scotland and Northern Ireland</i>’.
Advise	<ul style="list-style-type: none"> The National Inquiry was established on 28 June 2022 to examine the UK’s response to, and the impact of, the Covid-19 pandemic, and to learn lessons for the future. Module 3 relates to the specific impact on healthcare systems and commenced on 8 November 2022.
Alert	<ul style="list-style-type: none"> That the Trust has complied with the Inquiry’s requirement to notify all staff of their legal duty in relation to record-keeping to support the Trust’s preparation for the Inquiry. This is called a ‘STOP Notice’ and the requirement is for colleagues to ensure that all records are saved, whether they are/were working directly on Covid-19 recovery, or as part of business-as-usual activities. That the Preliminary Hearing was held on 28th February 2023
Author and Responsible Director Contact Details:	Stephanie Poulter – Governance Team Support Kevin Bostock – Director of Assurance Tel 07989275283 Email stephanie.poulter@nhs.net
Links to Trust Strategic Aims & Objectives	
<i>Excel in the delivery of Care</i>	a) Embed a culture of learning and continuous improvement. b) We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
<i>Support our Colleagues</i>	a) Improve overall staff engagement.
<i>Improve the Healthcare of our Communities</i>	a) Deliver improvements at PLACE in the health of our communities
<i>Effective Collaboration</i>	a) Improve population health outcomes through provider collaborative. b) Implement technological solutions that improve patient experience. c) Progress joint working across Wolverhampton and Walsall d) Facilitate research that improves the quality of care
Resource Implications:	Resources will be met from current staff and technology within teams.
Report Data Caveats	
CQC Domains	Safe: Effective: Caring: Responsive: Well-led:
Equality and Diversity Impact	There are no equality & diversity implications associated with this paper.
Risks: BAF/ TRR	No
Risk: Appetite	Low

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

Brief/Executive Report Details	
Brief/Executive Summary Title:	Covid – 19 National Inquiry
Item/paragraph 1.0	The purpose of this report is to inform the Trust Board and its associated committees that all appropriate and necessary steps have been taken in preparation for Walsall Healthcare NHS Trusts (WHT) involvement in the Covid-19 National Inquiry which opened in June 2022.

COVID-19 NATIONAL INQUIRY UPDATE

1. PURPOSE OF REPORT

The purpose of this report is to inform the Trust Board and its associated committees that all appropriate and necessary steps have been taken in preparation for Walsall Healthcare NHS Trusts (WHT) involvement in the Covid-19 National Inquiry which opened in June 2022.

2. BACKGROUND

On 28th June 2022 the Rt. Hon Baroness Heather Hallet DBE PC, was appointed Chair of the Covid-19 National Inquiry, which was established to examine the UK's response to, and the impact of, the Covid-19 pandemic, and to learn lessons for the future.

In support of this a Terms of Reference for the Inquiry was published which set out the high level scope, aims, the overall response expected of the health and care sector, the economic response and impact and the overall lessons learned.

The approach Baroness Hallet has taken is modular and in October 2022 a preliminary hearing was held on 'Module 1- Government Planning and Preparedness'. The group is scheduled to meet again on 14 February 2023 with 'Module 2 – Political and Administrative Decision Making' meeting on 1 March 2023 and 'Module 3 - looking at the impact of the pandemic on healthcare' on Tuesday 28 February 2023.

3. NEW UPDATES

The Inquiry held its first preliminary hearing for its third investigation – Module 3 '*looking at the impact of the pandemic on healthcare*', on Tuesday 28 February 2023 and a precis of the meeting can be found at Appendix 1.

In preparation for each of the preliminary hearings information gathering exercises take place. For Module 3 this resulted in a letter from the appointed Lead Solicitor for Module 3 to Trusts, ICBs and other organisations across the health system to voluntarily answer a range of questions against the provisional outline of scope attached at appendix 2 with the questionnaire attached at appendix 3.

WHTs response is attached at appendix 4 and it is unclear at this stage whether WHT will be asked to submit anything further or be involved in detail with the Inquiry as it progresses. However, WHT needs to be prepared to respond to the Inquiry in any way considered appropriate.

WHT have set up a comprehensive Group-Wide Covid-19 National Enquiry Project Team for which Kevin Bostock - Group Director of Assurance is the Chair/Lead Executive and named Single Point of Contact for the Inquiry.

The Group continue to meet and ensure proportionate preparedness to respond to any information required by the Inquiry.

4. RECOMMENDATIONS

Trust Board members are requested to note the content of the report and its appendix: -

- Appendix 1 – Precis of the Preliminary Hearing
- Appendix 2 – Module 3 Provisional Outline of Scope
- Appendix 3 – Module 3 Letter Questionnaire
- Appendix 4 – WHT response to Questionnaire

Appendix 1 – Precip from the Module 3 – Preliminary Hearing Held on 28th February 2023

The agenda for the hearing was as follows:

- Introductory remarks from the Chair
- Update from Counsel to the Inquiry, including:
 - Designation of Core Participants
 - Provisional Outline of Scope for Module 3
 - Evidence gathering
 - Disclosure to Core Participants
 - The listening exercise/Every Story Matters
 - Future hearing dates
- Submissions from Core Participants

Lady Hallett Opening Remarks Key Highlights

- Acknowledged written submission from the 36 Core Participants these include bodies who represent the bereaved, those with long Covid, patient and relative representatives, representatives of the clinically vulnerable, disability charities, those representing pregnancy and parenting, those representing ethnic minorities and migrants, those representing mental health, social care, ambulance services, public health representatives, the Royal College of Nursing, Anaesthetists and intensive care, the BMA, NPA and TUC. (Full list is available).
- Acknowledged that Module 3 is at the heart of the enquiry into the Covid-19 pandemic. Her aim in conducting the Inquiry is to provide reports, interim reports, throughout the Inquiry and to make timely recommendations where possible in the hope of reducing the suffering that was witnessed during the pandemic.
- Acknowledged there will be overlap between the Modules. For instance there is to be a Module dedicated to the Care Sector, and one obvious overlap there with Module 3 will be discharges from hospital of patients into care homes.

Opening Statement by Ms Carey, KC (Counsel to the Inquiry)

- Confirmed that Module 3 is primarily concerned with the impact of the Covid-19 pandemic on healthcare systems in England, Wales, Scotland and Ireland.
- Confirmed the 36 Core Participants 27 of which were in attendance in the room for the preliminary enquiry.
- Confirmed that not being a designated Core Participant did not preclude anyone person or entity or group from applying to be so in a later Module or from providing evidence and information and, where appropriate and relevant, giving evidence at a hearing.
- Confirmed that the relevant period being examined during Module 3 is 1st March 2020 to 28th June 2022 as set out in the Terms of Reference.
- Confirmed key elements that are in scope for this Module:-
 - The impact of Covid-19 on people's experiences of healthcare
 - Core decision-making and leadership within healthcare systems

- Staffing levels and critical care capacity
- The establishment and use of Nightingale Hospitals and the use of private hospitals
- 111 and 999 and ambulance services
- GP surgeries and hospitals
- Cross-sectional co-operation between services
- Healthcare provision and treatment for patient with Covid-19 and the same for non-Covid patients
- The healthcare system's response to clinical trials and research
- Allocation of staff and resources
- Delays in treatment and waiting lists and the reasons for people not seeking or receiving treatment
- Palliative care and the discharge of patients from hospital
- Decision-making about the nature of healthcare provided for patients with Covid-19, its escalation, and the provision of cardiopulmonary resuscitation, including the use of DNACPRs.
- The impact of the pandemic on doctors, nurses and other healthcare staff, including those in training and specific groups of healthcare workers
- The availability of healthcare staff, the NHS surcharge for non-UK healthcare staff and the decision to remove the surcharge
- Preventing the spread of Covid-19 within healthcare settings, including IPC, adequacy of PPE and rules about those in hospital will be examined.
- Communication with patients and their loved ones
- Deaths caused by Covid-19 pandemic, in terms of the numbers, classification and recording, including the impact on specific groups of healthcare workers, e.g. reference to ethnic background or geographical location.

Pausing there the Ms Carey said that official statistics indicate that there were over 850 Covid-related deaths of healthcare workers throughout the UK over the time with which this Inquiry is concerned. Therefore Module 3 will also examine the following:-

- Shielding and the impact on the clinically vulnerable and the condition diagnosis and treatment of 'Long Covid'.
- The Inquiry considers it appropriate to include GPs and Community Pharmacy.
- The impact of Government decision-making on healthcare systems across the UK.
- How treatments available to those suffering from Covid-19 developed and changed over the course of the pandemic
- Protocols and policies related to patient discharge
- The affect of National Guidance on IPC
- Redeployment of healthcare staff
- Use of technology
- Cancellations of surgery and the creation of surgical hubs

Ms Carey then talked about the initial request for information questionnaire which was sent to over 550 recipients across the UK. Submissions from RWT and WHT have been shared previously. She went onto say that the purpose of those questionnaire's was to assist the Inquiry to gather information and to identify areas for investigation in advance of sending Rule 9 requests (requests

made pursuant to the Inquiry Rules 2006 and are formal requests for written statements) and identify who should receive them. To date the Inquiry has received 269 responses and an initial analysis of those has identified a number of common themes and topics including:-

- The authority and capacity of healthcare leaders to make decisions and deal with crisis management
- The consequences of cancelling or pausing routine and non-urgent care on patients
- The acceleration of Integrated Care Systems
- Co-ordination with the private sector and staffing, mental health and well-being of staff and patients
- The adoption of new ways of working
- The impact of access to and suitability of PPE and IPC measures

Ms Carey went on to provide information on evidence requests under Rule 9 of the Inquiry as they relate to Module 3. The Inquiry has already issued or is about to issue formal requests for evidence to the following Government organisations which appear to the Inquiry to have played a central or significant role in Module 3. These requests include questions relating to the structure of the healthcare system in each country, including roles and responsibilities and funding arrangements at the start of the relevant period and throughout the pandemic. These requests have gone to:-

- Department of Health and Social Care
- Welsh Government Health and Social Services Group
- Department of Health in Northern Ireland
- Health and Social Care in Scotland.
- 13 Ambulance Trusts in the UK
- Commissioner for Older People in NI
- Older People's Commissioner for Wales
- Age UK

Over the coming weeks and months the Inquiry intends to issue further Rule 9 requests to organisations including but not limited to the Chief Medical Officers, NHS bodies across the four nations. The Academy of Medical Royal Colleges and some specific Royal Colleges, the professional bodies representing those working within healthcare system, and to those Core Participant groups representing specific area of interest to Module 3.

Ms Carey identified the Listening Exercise – Every Story Matters, which is the process by which the public can contribute, via the website, to the Inquiry and is open to all whose lives have been affected in a way that enables the enquiry to capture the full breadth of human experiences across the UK.

In concluding Ms Carey notified the meeting that the Inquiry aims to announce the next phase of the Inquiry in early summer 2023. There will be a further preliminary hearing for Module 3 held later in 2023 in London on a date and venue to be confirmed.

Submissions from Core Participants

There followed 19 representations from Core Participant organisations outlining their suggestion for issues which they felt were not currently sufficiently in the scope of Module 3 and put forward their views on why they ought to be considered further.

Ms Carey Closing Remarks

In her closing statement Ms Carey said that Lady Hallett has heard helpful submissions covering a very wide range of topics and both the Inquiry Legal Team and herself know that she will want to consider those with great care.

Lady Hallett Closing Remarks

Lady Hallett confirmed that, as she has said previously, her mind is never closed and everything will be kept under review.



Module 3

November 2022

Module 3 Provisional Scope

This module will consider the impact of the Covid-19 pandemic on healthcare systems in England, Wales, Scotland and Northern Ireland. This will include consideration of the healthcare consequences of how the governments and the public responded to the pandemic. It will examine the capacity of healthcare systems to respond to a pandemic and how this evolved during the Covid-19 pandemic. It will consider the primary, secondary and tertiary healthcare sectors and services and people's experience of healthcare during the pandemic, including through illustrative accounts. It will also examine healthcare-related inequalities (such as in relation to death rates, PPE and oximeters), with further detailed consideration in a separate designated module.

In particular, this module will examine:

1. The impact of Covid-19 on people's experience of healthcare.
2. Core decision-making and leadership within healthcare systems during the pandemic.
3. Staffing levels and critical care capacity, the establishment and use of Nightingale hospitals and the use of private hospitals.
4. 111, 999 and ambulance services, GP surgeries and hospitals and cross-sectional co-operation between services.
5. Healthcare provision and treatment for patients with Covid-19, healthcare systems' response to clinical trials and research during the pandemic. The allocation of staff and resources. The impact on those requiring care for reasons other than Covid-19. Quality of treatment for Covid-19 and non-Covid-19 patients, delays in treatment, waiting lists and people not seeking

or receiving treatment. Palliative care. The discharge of patients from hospital.

6. Decision-making about the nature of healthcare to be provided for patients with Covid-19, its escalation and the provision of cardiopulmonary resuscitation, including the use of do not attempt cardiopulmonary resuscitation instructions (DNACPRs).
7. The impact of the pandemic on doctors, nurses and other healthcare staff, including on those in training and specific groups of healthcare workers (for example by reference to ethnic background). Availability of healthcare staff. The NHS surcharge for non-UK healthcare staff and the decision to remove the surcharge.
8. Preventing the spread of Covid-19 within healthcare settings, including infection control, the adequacy of PPE and rules about visiting those in hospital.
9. Communication with patients with Covid-19 and their loved ones about patients' condition and treatment, including discussions about DNACPRs.
10. Deaths caused by the Covid-19 pandemic, in terms of the numbers, classification and recording of deaths, including the impact on specific groups of healthcare workers, for example by reference to ethnic background and geographical location.
11. Shielding and the impact on the clinically vulnerable (including those referred to as "clinically extremely vulnerable").
12. Characterisation and identification of Post-Covid Condition (including the condition referred to as long Covid) and its diagnosis and treatment.



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FAO: Chief Executive

28 November 2022

Dear Madam or Sir

**Module 3 of the UK Covid-19 Public Inquiry (“the Inquiry”)
Request for initial information from your organisation**

I am writing on behalf of The Rt. Hon Baroness Heather Hallett DBE PC, the Chair of the Inquiry, in my capacity as the Module Lead Solicitor for Module 3.

As you may know, the [Inquiry](#) was established on 28 June 2022 to examine the UK’s response to, and the impact of, the Covid-19 pandemic, and to learn lessons for the future.

Module 3

Module 3 of the Inquiry will examine the impact of the Covid-19 pandemic on healthcare systems in England, Wales, Scotland and Northern Ireland. Further information about what the Inquiry will consider in Module 3 is set out in the provisional outline of scope, which can be found [here](#). Please do read this carefully and in full, but by way of summary, Module 3 will cover the following topics:

- The healthcare consequences of how the UK governments and the public responded to the pandemic.
- The capacity of healthcare systems to respond to a pandemic and how this evolved during the Covid-19 pandemic.
- Primary, secondary and tertiary healthcare sectors and services and people’s experience of healthcare during the Covid-19 pandemic, including through illustrative accounts.
- Healthcare-related inequalities (such as in relation to death rates, PPE and oximeters), with further detailed consideration in a separate designated module.

The Inquiry opened Module 3 on 8 November 2022. In relation to Module 3, [the Chair of the Inquiry has said](#):

“The pandemic had an unprecedented impact on health systems across the UK. The Inquiry will investigate and analyse the healthcare decisions made during the pandemic, the reasons for them and their impact, so that lessons can be learned and recommendations made for the future...”

How your organisation can help the Inquiry - information gathering

The Inquiry has identified around 450 organisations across the UK that are likely to have important healthcare-related information to share with it in relation to Module 3 specifically, including organisations such as yours. We are keen to hear from these organisations at an early stage of our work on this Module, so that we may consider issues they raise at this early stage while progressing the investigation. It is for this reason I am now writing to you.

I set out at **Annex A** some brief, high-level questions that will assist us with this task. To assist you in providing your answer to these questions, I enclose a Word form for you to complete.

This is not a formal request for information and we are not asking you or your organisation to provide evidence or a witness statement - it is simply an information-gathering exercise. I hope your organisation will feel able to respond, but if it does not wish to do so, please let me know so that we can update our records. If you or your organisation only feel able to answer some of the questions only, that is also fine. It may be that I contact your organisation again in due course to ask for further information in a more formal way.

Any response you do provide to this letter is intended to be for the Inquiry's information only. We are therefore unlikely to be able to address any substantive questions you raise about the scope of Module 3 or any other areas of the Inquiry's work. We are, however, very happy to help with any practical queries you may have about responding to the questions.

It is not the Inquiry's intention to share any response you provide to this letter outside of the Inquiry. If it does become necessary to share your response, we will contact you first.

Next Steps

Once your response to the questions in Annex A is ready, please return it to me by email to solicitors@coronavirus19.public-inquiry.uk. Please include the reference number in the heading of this letter in the email subject of any correspondence relating to this request. This is to ensure it is forwarded to me without delay.

If you would prefer to provide your response by secure email please let me know and I will provide details of how you can do this. Please identify any matters that you consider to be particularly sensitive when providing your response.

The Chair intends to conduct the Inquiry as quickly and efficiently as possible and welcomes the assistance of all individuals and organisations with her task. Therefore, if you wish to provide a response to the questionnaire, please ensure this is returned to the Inquiry **by 10am on Monday 19 December 2022**.

In summary

- 1. Please respond to the Annex A questionnaire by completing the form enclosed with this letter.**
- 2. Please make sure you include the name of your organisation in your response.**
- 3. Please send it to solicitors@coronavirus19.public-inquiry-uk and include 'M3' in the subject line.**
- 4. Please acknowledge receipt of this correspondence and confirm the best email address for us to contact you at going forward.**

If you have any questions concerning the above, please do not hesitate to contact me.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Abigail Scholefield', written in a cursive style.

Abigail Scholefield

Module 3 Lead Solicitor

solicitors@coronavirus19.public-inquiry-uk

Annex A

Questionnaire

UK COVID-19 Inquiry: Module 3 - Request for information

The Inquiry would encourage those responding to these questions to read the [provisional outline of scope](#) in full so that they may identify any relevant areas in which they can provide information.

*At this initial stage, please limit your response to all of the questions below to no more than **2000 words in total** - we are looking for an overview only at this stage to help us decide whether we need to make a supplementary request for more detailed information .*

Please note that the Inquiry is unable to consider individual cases of harm or death in detail. However, you may wish to provide anonymous examples in order to illustrate any wider systemic issues that you consider to be relevant.

In relation to the [provisional outline of scope for Module 3](#), please provide the following:

1. A brief overview of your organisation's function and role in relation to healthcare services and systems in the area in which you are based, and specifically in relation to the Covid-19 pandemic (for example if that function or role developed or changed).
2. Specifically in relation to your organisation's role or function delivering and/or arranging for healthcare services (point 1 above) in your area, what your organisation considers to be the key issues relevant to the matters set out in the [provisional outline of scope for Module 3](#). This could include, but is not limited to:
 - A. Responses to the pandemic - what went well and what did not go so well, and what you are most proud of;
 - B. Examples of how the particular healthcare systems your organisation operated in worked effectively and efficiently;
 - C. Examples of how the particular healthcare services your organisation delivered and/or arranged for were adversely affected; and
 - D. How particular groups of your organisation's local population, patients or staff were adversely affected.
3. Following on from the previous question, a brief summary of any key lessons learned that your organisation identified in relation to its responses to the Covid-19 pandemic, including the impact on healthcare services you operate and healthcare systems your organisation operated within, and how any lessons might apply in the future. Please tailor your response to the matters set out in the [provisional outline of scope for Module 3](#). *If the overall word limit of 2000 words is constraining for this question and being brief would not support our understanding, please use up to by no more than a*

further 2000 words on this particular question. Alternatively, you may wish to provide existing lessons learned reports/papers that your organisation has compiled.

4. A **list** of key documents or categories of documents that your organisation has produced which you consider to be most relevant to points 1-3 above and the [provisional outline of scope for Module 3](#). Please provide a brief description of the document/categories of documents and the reasons why you consider them to be particularly relevant. *For example, these could be Incident Team meeting action logs, Executive/Board minutes and reports, Serious Incident Reports, papers relating to key internal policy and/or procedure changes etc. We are not asking for day to day types of documentation relating to treatment of patients such as patient records, theatre lists or staff rotas as we know these will exist. We also do not need published guidance from public bodies such as PHE (now UKSHA) or NHS England.*
5. A **list** of any key articles or reports your organisation has published or contributed to, and/or evidence it has given in public regarding the matters set out in the [provisional outline of scope for Module 3](#).

*Please note that we are **not** requesting copies of the documents at points 4-5 at this stage. However, it would assist the Inquiry if you could provide hyperlinks for those documents that are publicly available.*

6. Any other points that you wish to raise in relation to the issues identified in the [provisional outline of scope for Module 3](#) that your organisation considers would assist the Inquiry to understand those issues more effectively.



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UK Covid-19 Public Inquiry

Form to be completed in response to Annex A questionnaire

UK COVID-19 Inquiry: Module 3 - Request for information

*Please provide your organisation's answers to the questions set out in Annex A, below.
Please limit the response to all questions to no more than 2000 words in total if possible.*

Name of organisation completing this questionnaire: Walsall Healthcare NHS Trust

Question 1

Walsall Healthcare NHS Trust is an integrated Trust and the only provider of NHS acute care in Walsall, providing inpatient and outpatient services at the Manor Hospital as well as a wide range of services in the community. Walsall Manor Hospital houses the full range of district general hospital services under one roof. The Trust has a state-of-the-art Critical Care Unit, Neonatal Unit, Obstetric Theatre and Integrated Assessment Unit facilities. The Trust provides high quality, friendly and effective community health services from some 60 sites including Health Centres and GP surgeries. Covering Walsall and beyond, multidisciplinary services include rapid response in the community and home-based care, so that those with long-term conditions and the frail and elderly, can remain in their own homes to be cared for wherever appropriate.

Question 2A

Responses to the Pandemic – what went well and what did not go so well, and what are you most proud of.

The build up and sudden surge in Spring 2020 presented the Trust with a significant challenge, which tested people, resources, processes and emergency arrangements to extents not previously experienced. People were at the heart of everything; showing their leadership, determination, ingenuity, flexibility and endurance. The pandemic also took an extraordinary toll and impact on people, and the many events and scenarios played out across the work place and life of all staff, patients, visitors and community partners. Whilst in the early days of the emergency, the Trust rapidly adjusted and implemented many changes, and changes again, a broader based and wider set of reflections, debriefings and reports were commissioned in the summer/early autumn 2020 period. Individual as well as collective learning, with the identified and distilled improvements for the short and medium term agreed, also placed the Trust in a very strong position to effectively handle the subsequent surges and challenges thereafter - commencing with the rapid increase of cases again in the autumn 2020 and the period right up to now. The learning and debriefing culture was central to the Trust's way of working, coupled with the proactive contingency planning and regular strategic and tactical oversight of the current situation to thus respond early and effectively, have offered the Trust confidence and the right tools to face most challenges ahead.

What Went Well

- Introduction and implementation of the Trust Critical Care Surge Plan
- Introduction of the Enhanced Recovery Unit
- Command structures were established
- Setup of a Tactical Command (Silver) arrangement to provide Trust wide shared understanding of the current situation and likely future landscape, collective understanding of the risks and ability to make tactical “balance of risk” and responsive decisions in light of fast moving and extraordinary changes to IPC rules, logistical planning, and decisions regarding changes to / additional resources available.
- Strategic Command (Gold) structure to offer strategic direction, intent and appropriate decisions not delegated to Tactical Command
- Rapid introduction of the Walsall Together Mass Vaccination Centre for healthcare staff, regional health partners, and the community providing up to 1,000 vaccinations per day from mid December 2020.
- Internal IPC and Microbiology support
- Medical response e.g. cancellation of elective and outpatient activity and the redeployment of medical staff to support the inpatient wards and emergency care services.
- The social care response and IDT team; the additional funding to secure residential and nursing home placements supported low numbers of medically fit patients residing in hospital, freed up capacity and improved flow through the hospital.
- The purchase of laptops and rapid roll-out to staff working from home improved ability for support staff to work flexibility.
- Redeployment of staff in later waves to support Critical Care and the wards.
- Support and timely response from procurement and regional/national teams in getting much-needed equipment (various) e.g. pulse oximeters.
- Ability to access additional funding signed off within hours or days.
- Remote monitoring and home care programmes e.g. respiratory pathway.
- Health & wellbeing offer to staff with psychological support.
- Rapid point of care testing in ED, supporting flow and patient care.
- Ability to segregate COVID-19 positive patients onto the Modular block and establish a separate admissions pathway.
- The Trust’s response to streaming patients in ED and separating the area (although challenging) this worked well although the ageing facility and small waiting area impacted on social distancing.
- The early segregation of the hospital to a ‘hot’ and ‘cold’ site and the ability to deliver outpatient and elective services in subsequent waves.
- The way the Trust quickly changed the way it worked and could be innovative without having to go through many hoops in introducing changes e.g. virtual outpatient appointments, establishing the COVID-19 vaccination centre.
- The Trust implemented a risk assessment for BAME members of staff. This was expanded to include all staff, with a focus on prioritising risk assessments for staff with emerging at risk features (existing long term illnesses, pregnancy, age etc).

- Key stakeholders including IPC, OH, H&S, HR, EDI Advocates and Trade Unions developed the staff COVID-19 risk assessment and staff briefing process.
- Implemented a Staff COVID-19 Outbreak Management Team to advise staff and help managers deal with the implications of COVID-19 outbreaks.
- Implemented a structured risk assessment process to ensure staff not involved in the delivery of essential patient services were able to work from home and to ensure workspaces were able to meet social distancing requirements.
- Interim processes were implemented to support the workforce, particularly with regard to working from home.
- Community Services established a RAG scoring system to identify priorities within community services.
- Community Services established a daily Tactical Command with all partners to agree an integrated response to COVID-19, integrated and coordinated with the Trust Tactical Command.
- Operational initiatives around speeding up the discharge processes.
- Significant effort and energy devoted to work in Care Homes – which the Trust audited to show it was best practice – and was proactive in that the Trust then went in to support with staffing, PPE, care needs – up to 50 hospital staff at one point were helping – this was used to demonstrate the requirement for the Enhanced Care Home Support Team.
- Developed out of hospital initiatives such as acute COVID-19 pathways, expanded the Care Navigation Centre, pushed Rapid Response.
- Staff questionnaire / evaluation of lessons learned during end of first COVID-19 wave and examined what was needed to retain as part of future service planning.
- Coordinated MDT clinical training and rota response to support ICU care from all specialities.
- Easy to access guidelines updated quickly with support from library staff gathering publications via responsive literature searches to clinical teams.
- Recruitment and engagement with research programmes such as RECOVERY Trial.
- Review of COVID-19 HCAI deaths across the ICS with sharing of lessons.
- Virtual peer support groups, virtual clinics, virtual ward rounds and MDTs between organisations.

Areas identified for Improvement

- In the early days of the pandemic, ensuring staff understood the need for PPE and social distancing was challenging, this became easier when central messaging became clearer and more concise.
- The Staff COVID-19 Outbreak Management Team were developed following challenges mapping outbreaks of COVID-19 within teams of staff. Prior to forming, this function was led by the Occupational Health (OH) Team however this diverted valuable OH resource away from supporting the specific needs of staff.
- Fit Mask testing; limited resource/capability to meet demand.
- Important capacity required in Housekeeping (cleaning demand).

- People. As in most organisations, there were no real preparations for the significant impact on staff (clinical, management, frontline in wards and managing national emergency) across the Trust. Issues vary across each of these cohorts. Key challenges were:
 - Staff rotation in clinical areas and the impact in management / leading
 - Staff wellbeing
 - Staff exhaustion
 - Staff managing illness, impacts in their own lives
 - Volume of sickness / absence
 - Homeworking
 - Sustaining high tempo activity over long period
- Tactical Command Review suggested further analysis in the following fields:
 - Personal resilience
 - Organisational resilience
 - Staff skill set, recognising pinch-points
 - Leadership
- Support staff (HR, Governance, Finance etc) working from home and inability to contact them easily especially in the first wave of the pandemic
- Access to PPE and clear messaging, managing staff's anxieties when restricting PPE, FP3 masks etc
- Policies around visiting, slow decision making or guidance, policies then not followed. Staff had to deal with so many constantly changing policies around patient COVID-19 testing, mask wearing, PPE for certain procedures, isolating patients (7,10, 14 days etc) and then visitor guidance, end of life. In some waves opened visiting too soon and then not soon enough. It was very difficult to get messages out consistently and for these to be received and understood by staff groups.
- Ability to be in contact with patient's relatives and carers and provide regular updates to them, and vice versa - this was very time-consuming for staff and extremely worrying for relatives / carers and took too long to put arrangements in place e.g. mobile phones on the wards, tablets for patients, timed appointments to call. Further hampered with ward reception staff not being available, answering phones etc. Nursing and medical staff were so busy caring for patients, that communicating outside of this was extremely hard for them. The redeployment of non-clinical staff should have happened sooner.
- Restrictions on nursing and residential homes and inability to discharge positive patients, particularly in waves 1 and 2. Although it was known what happened during the first wave e.g. outbreaks in nursing and residential homes were devastating, the severe restrictions on testing prior to discharge and having to keep patients in hospital, severely impacted on bed capacity and flow. This improved when certain homes were identified as COVID-19+ homes for discharge.
- Planning. It is extreme to genuinely plan for an event of such scale / speed and severity and be fully prepared. The risk may have not been fully understood; both nationally and locally. There was limited planning that genuinely looked at the implications of a pandemic and the mitigating actions required. Despite the Trust

being compliant with having a plan, more should be considered going forward to include examination of likely risks, planning assumptions, responsibilities of key individuals, partners etc and using good practice in all plan development. There was very limited Divisional level planning to supplement existing Trust plan. Having ownership of a plan and testing it on a regular basis supports learning, offers confidence if activated and produces a more valuable product from which to manage any subsequent response.

- Business Continuity. Understanding, planning and response to continuity incidents at Divisional and Trust level is very mixed. Whilst understood and recognised this was a priority to address in the short/medium term. IT support and continuity of service in challenging and rapidly changing circumstances was generally seen as good.
- Volume of information. Levels were unprecedented, overwhelming and at times conflicting. However, any emergency generates information and a thirst for more information. An organisation must have robust information management structures, managing, understanding/interpreting, disseminating, and acting upon. Use of emails was considerable and distribution management at times poor. Sending an email does not mean the responsibility to see the action complete is over. Development of SOPs, managing and distributing became a significant task. The priority should always be delivery at the frontline.

What we are most Proud of

- Targeted support to Clinically Extremely Vulnerable (CEV) staff.
- Prioritising health and wellbeing needs of staff
- Supporting staff with accommodation needs in cases where they were worried about contact with CEV family members.
- Robust, effective and enduring command and control structures linked with community Division, Walsall Together and other external health and non-health partners.

Question 2B

Examples of how the particular healthcare systems your organisation operated in worked effectively and efficiently

- Introduction of the Adult Critical Care Transfer Service with coordinating consultants to decompress those units with the greatest over-occupancy
- Multi-disciplinary and unified approach rapidly adopted across Trust with shared aim and objectives
- Mutual aid arrangements across the local healthcare system e.g. PPE, equipment
- Operational planning and response generated by the Walsall Together partnership, led by the Trust.

- Adjusted to a multi-agency Tactical Command forum, that allowed health and related partners a focused and joined up approach to the initial response and later, better co-ordinated planning, sharing information and real energy and trust between individuals and different teams
- The leadership in setting up and delivering national best practice mass vaccination capability servicing regional health, blue light and Walsall people from December 2020 until local model adopted in April 2022.
- Being established was quickly able to adjust to demands; it rapidly was able to get additional PPE to Care Homes, Advance Care Planning was good and the ability to data share.
- Data sharing enabled dashboard information to support good decision making; Walsall Together was early to identify ethnicity as a factor and could better target vaccination outreach programmes accordingly.
- Sharing data on mental health strengthened the recognition of COVID-19 and increased demand for services
- Walsall Council (Deputy Director Public Health) led Health Protection Forum (COVID-19) that met weekly to share surveillance data, planning, response activity and lessons. Nursing, IPC, microbiology and EPRR representation ensured excellent cross pollination of data, trends, risk, ideas and joint planning and response that allowed for efficient resource allocation.
- Eventually NHSE Regional Operation Centre offered co-ordinated information sharing and management capability
- Worked closely, although generally informally with neighbouring Trusts, particular with pre-established professional contacts on mutual aid, clarifying local interpretation of national guidance and rapid advice,

Question 2C

Examples of how the particular healthcare services your organisation delivered and/or arranged for were adversely affected

- Ventilator Supply. Shangrila 510 Ventilators. They were not adequate to provide sustained ongoing ventilation in the care of critically ill patients, with or without COVID-19, as they have inadequate flow sensitivity, inadequate capability to wean oxygen, cannot deliver adequate humidification via the provided dry circuit and thus don't have the necessary functionality to manage a deteriorating patient where precise ventilatory management is essential. Report escalated to NHSE Midlands.
- Many patients by default fell within vulnerable categories putting them at greater risk of serious illness in the case of COVID-19 infection. We needed to keep all our patients fit and well at this time above and beyond what would already normally happen.

- Critical Care capacity risk management – the relative over-occupancy of Critical Care Units had huge variation even within the Midlands region; some Trusts were running well above their 100% baseline funded capacity and managing significant clinical risk as a result, whilst others weren't. Report escalated to NHSE Midlands.
- Absence of process to allocate funding for additional Critical Care beds, accounting for those Units able to staff and open to their funded Critical Care capacity
- Equipment allocation and opportunities to source additional equipment (e.g., ventilators) did not adequately account for stock on existing sites
- Inability to continue with invasive aerosol generating procedures especially in the early waves
- Reviews of the COVID-19 impact to date have not considered:
 - Electronic Critical Care Systems allowing patients to be monitored remotely, with Consultants providing input for patients across multiple Units
 - Where access to non-invasive ventilation is limited and where it could be funded
- Returns. Their volume, nature, complexity, format, turnaround expectation. Need to improve management, quality assurance and make process significantly more effective.
- Walsall Together partnership, whilst highlighting many positives, needed to reduce usual contact/activity in the community and is still not clear on the impact of late presenting, outstanding self presenting and the impact still to come in prevention and impact on secondary and tertiary care.
- In order to meet IPC standards inpatient services patients were tested on admission and treated as positive until the result was received to protect fellow patients and staff. This meant that until results were received, they were isolated in a single room with ensuite or placed in a designated area of the ward. This meant that patients already feeling very unwell were not allowed to mix in a normal way which was found to be challenging for some service users.
- Testing Reagents. Report escalated due lack of associated reagent with testing capability, which limited local/system capacity when national remit significantly increased

Question 2D

How particular groups of your organisation's local population, patients or staff were adversely affected

- National guidance regarding the management of staff COVID-19 sickness did not reference latest literature and felt overly restrictive for some members of staff. NB: this is to be applicable after the roll out of the Vaccination Programme
- The impact of lockdown on people's mental health especially young people is a concern.
- For those facing the greatest health inequalities, who may face barriers around digital access, language, cost, there was reduced levels of access to support

- For those people with existing mental ill health, limited access to mental health support is posing a significant challenge.
- Ongoing restrictions for vulnerable staff led to frustrations and our inability to redeploy to other duties and to non-clinical areas appeared to be extremely restrictive, particularly once vaccination programme had begun and in subsequent waves
- For patients – the lack of contact with relatives and carers
- Respondents were worried about family, about caring responsibilities, the need to ask for help, home-schooling and working from home.
- Anxious carers of children with ASD returning to school
- Anxiety of staff working in health and social care sector, particularly BAME staff
- Anxiety of staff within the CEV group of caring for vulnerable family members categorised as CEV.
- Concerns arising from being redeployed into less familiar areas of work to deal with increased patient volume.
- Concerns from both substantive and temporary workers that absence related to COVID-19 would adversely affect pay

Question 3

Brief Summary of any key lessons learned

- Importance of preparedness; anticipation, contingent planning, people, testing and exercising and business continuity planning
- Robust information management; command and control arrangements, setting strategic aim, objectives and intent, pithy action setting, good decision making and record keeping

Question 4 (Please note you are not limited to the number of rows set out below)

Categories of document or key document produced by your organisation including document title and date (with link if publicly available)	Brief description	Why it is particularly relevant
Trust Strategic Command Meeting Decision& Action	Logs of all key decisions and actions made with	Provides a clear understanding of strategic



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Logs	appropriate rationale behind decisions	intent, leadership and direction to provide effective healthcare arrangements during the pandemic
Trust Tactical Command Current Situation, Decisions and Action Logs	Documentation of key events, current situation, key decisions and actions made with appropriate rationale behind decisions	Provides a clear account of tactical aim, objectives, leadership and direction to deliver effective healthcare arrangements during the pandemic
Trust Operations Centre Daily Site / Patient Flow Report	Twice daily reports covering Site position (Patient Flow and Bed State) including fire/security or untoward occurrences, issues affecting flow, IPC status and wider site safety matters	Regular data on site/patient flow with supporting remarks
Trust Board Minutes and Reports	Documentation of key events, current situation, key decisions and actions made with appropriate rationale behind decisions	
PFIC Minutes and Reports	Documentation of key events, current situation, key decisions and actions made with appropriate rationale behind decisions	
TMC Minutes and Reports	Documentation of key events, current situation, key decisions and actions made with appropriate rationale behind decisions	
Strategic COVID-19 Mass Vaccination Current Situation, Key Decisions and Actions	Documentation of key events, current situation, key decisions and actions made with appropriate rationale behind decisions	Provides a clear account of strategic/tactical intent, aim, objectives and direction to deliver mass vaccination programme from Dec 20
Trust Weekly Mortuary Data Report	Mortuary capacity and occupation	Regular pattern of mortuary occupation including surge capacity



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Trust Daily COVID-19 SITREP	Summary of COVID-19 patients across the Trust	Profile and location of COVID-19 patients
Trust Daily SITREP	Summary of Trust position (COVID-19 cases), bed capacity, mortuary capacity, discharges, staffing	Profile and regular data fields over COVID-19 pandemic
Executive Team Briefing Presentations	Regular Executive overviews presented to staff	Communication across Trust
Weekend and Bank Holiday Plans	Weekly plans, capacity and direction to on call teams	Sets direction and planning out of hours
Trust CPNS Data	Data of all COVID-19 deaths	Profile and data of COVID-19 deaths
IIMARCH Forms - IPC	Record of all Outbreak management meetings	Profile and management of all outbreaks
Trust Daily Workforce Absence SITREP	Record of staff absence	Profile and Impact to staffing
Trust Daily COVID-19 Figures	Regular number of COVID-19 patients	Profile and location of COVID-19 patients
Trust Daily MFFD List	Regular number of discharges	Profile and location of discharges
Workforce COVID-19 risk assessment process, data and guidance.	Explanation of process - number of staff that have received a COVID-19 risk assessment.	Set standard and assurance process
H&S Social Distancing risk assessment and audit process		Set standard and assurance process
PPE SITREP	Stock levels	Our demand and management

Question 5 (Please note you are not limited to the number of rows set out below)

Document title and date (with link if publicly available)	Brief description	Why it is particularly relevant
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Trust COVID-19 Contingency Plan (8 Versions)	Trust COVID-19 Contingency Plan	Set Trust plan for anticipation, surveillance, response and recovery
COVID-19 Incident Escalation -Ventilator Supply Letter 11 Apr 20	Report on significant deficiencies of Shangrila 510 ventilators	
COVID-19 Incident Escalation – Restricted supply of reagents for testing Letter 14 May 20	Escalation of lack of required reagent to meet testing criteria/requirement	
Outbreak Management Debrief Reports (6 in total – IPC & Microbiology, Occupational Health, Capacity & Flow, Estates, Medicine Division, Surgery Division)	Lessons identified in outbreak management	Consolidated learning, lessons identified for Trist outbreak management arrangements
Tactical Command Reflections Report, Sep 20	Collation of reflections from Tactical Command Individuals from March to July 2020	Wide ranging, personal and collective reflections and learning
UEC and COVID-19 Resilience: Winter Plan 2020/21, Nov 20	Winter Plan to include COVID-19 impact	Learning and planning
COVID-19 Pandemic Second Interim Operational Review, C19 National Foresight Group, Jul 20		Related to local findings. Learning and Improvement planning
Provider Collaboration Review, Walsall Together, CQC, Jul 20	External Place COVID-19 Review	External review that reinforced the many positive actions and improvements witnessed across partnership led by Trust
Exercise MUIRFIELD, Aug 20	Aim. Through the means of an Exercise review our tactical preparedness for the potential local/regional escalation of COVID-19 so that the Trust is ready to	Objectives <ul style="list-style-type: none"> • Ensure appropriate plans and procedures are in place, up to date and shared;

	respond in the 12 months ahead.	<ul style="list-style-type: none"> • Review surveillance, escalation and activation protocols; • Agree and understand appropriate internal and external command and control arrangements; • Prepare appropriate communicate strategy related to workforce and external stakeholders; • Highlight any capability gaps.
Support with Trust COVID-19 ICC Report; Oct 20	Review of EPRR arrangements supporting COVID-19 national pandemic response, March to August 2020 and future requirement	Learning, lessons identified and improvement planning
Exercise PATTON Report	Table Top Exercise to test Trust winter preparedness and resilience, Oct 21	Testing assumptions and plans
COVID-19 Incident Escalation – Critical Care Risk Management Letter, 9 Nov 20	Two major concerns raised; other Trusts often declining attempts by Network to facilitate transfers and imbalance of capital allocation for Critical Care	
Exercise PATTON 2 Key Actions Report	Through the means of a workshop scope further the Trust's preparedness and resilience in light of the Omicron variant spread in UK in order that the Trust can adapt existing plans and be ready to respond effectively to the shifting health landscape, Dec 21.	Testing assumptions and plans
Exercise PATTON 3 Outcomes and Key Actions Report	Through the means of a workshop take stock of the current situation in order that	Testing assumptions and plans



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UK Covid-19 Public Inquiry

	the Trust can refine response and adjust focus on preparedness for the next phase until the end of winter and just beyond, Jan 22.	
UEC and COVID-19 Resilience: Winter Plan 2020/21 Debrief Report, May 21	Collation of reflections from all Divisions and key Departments	Lessons Identified and Improvement planning
UEC and COVID-19 Resilience: Winter Plan 2021/22, Oct 21	Winter Plan to include COVID-19 impact	
UEC and COVID-19 Resilience: Winter Plan 2021/22 Debrief Report, Apr 22	Collation of reflections from all Divisions and key Departments	Lessons Identified and Improvement refinement
UEC Resilience: Winter Plan 2022/23, Sep 22	Winter Plan to include COVID-19 and flu impact	
QI COVID-19 Lessons Report	Commissioned Lessons Report	Lessons Identified, Learning and Improvements
Community: Learning from COVID-19 for people living with Frailty, Nov 20	Changes in Service Provision, patterns of demand, approach to Care Homes. Risk of clinical harm and considerations for further waves	Lessons Identified, Learning and Improvements
Community: Reflections from ICS, Jun 20	Immediate learning and actions	Lessons Identified, Learning and Improvements
Community: Review of staff questionnaire on COVID-19 response, Jul 20	Evaluation of Divisional staff survey	Lessons Identified, Learning and Improvements
Care Home Audit, May 20 Care Home Interventions, May 20	Advanced Care Planning, DNACPR, Escalation Planning	Lessons Identified, Learning and Improvements
Walsall Together; Response	Priorities, risks	Many examples of success



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UK Covid-19 Public Inquiry

to Operational Pressures, Jan 21		
EPRR Steering Group Key Decisions and Actions		

Question 6

Any other points that you wish to raise in relation to the issues identified in the [provisional outline of scope for Module 3](#) that your organisation considers would assist the Inquiry to understand those issues more effectively.

None

Thank you for providing your response! The Inquiry is grateful for the information you have provided. Please ensure you include your organisation's name at the top of the response and send it to solicitors@COVID-19.public-inquiry.uk

Walsall Healthcare Trust Board Meeting	
Meeting Date:	05 th April 2023
Title of Report:	Walsall Together Partnership Board Highlight Report
Action Requested:	Note contents
For the attention of the Board	
Assure	<ul style="list-style-type: none"> Operational pressures eased through February with work ongoing to -realise how to maximise initiatives and use resources more effectively Approval of the 2023/24 transformation programme
Advise	<ul style="list-style-type: none"> This report covers items discussed at March's meeting Patient story focused on adolescents with complex needs that reach crisis point, resulting in acute hospital admissions and placements with unregulated providers. A partnership response is in progress.
Alert	<ul style="list-style-type: none"> Working with commissioners to transition to an outcomes-based contract for WHT community services by 2024/25 ICB operating model recommendations are being made to the ICB in March following input from place-based partnerships and provider collaboratives. Further discussions, particularly in regard to resourcing, will continue into quarter 1, 2023/24
Author and Responsible Director Contact Details:	<p>Rachael Gallagher Personal Assistant Walsall Together</p> <p>Professor Patrick Vernon – Chair, Walsall Together patrick.vernon1@nhs.net</p>
Links to Trust Strategic Aims & Objectives	
<i>Excel in the delivery of Care</i>	<ol style="list-style-type: none"> Embed a culture of learning and continuous improvement Prioritise the treatment of cancer patients Safe and responsive urgent and emergency care Deliver the priorities within the National Elective Care Strategy We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
<i>Support our Colleagues</i>	<ol style="list-style-type: none"> Be in the top quartile for vacancy levels Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing Improve overall staff engagement Deliver improvement against the Workforce Equality Standards
<i>Improve the Healthcare of our Communities</i>	<ol style="list-style-type: none"> Develop a health inequalities strategy Reduction in the carbon footprint of clinical services by 1 April 2025 Deliver improvements at PLACE in the health of our communities
<i>Effective Collaboration</i>	<ol style="list-style-type: none"> Improve population health outcomes through provider collaborative Improve clinical service sustainability Implement technological solutions that improve patient experience Progress joint working across Wolverhampton and Walsall Facilitate research that improves the quality of care
Resource Implications:	There are no resource implications associated with this report.

Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.
CQC Domains	Safe: Effective: Caring: Responsive: Well-led:
Equality and Diversity Impact	There are no legal or equality & diversity implications associated with this paper.
Risks: BAF/ TRR	Failure to deliver care closer to home and reduce inequalities
Risk: Appetite	
Public or Private:	Public
Other formal bodies involved:	WMBC BCH BC ICB
References	
NHS Constitution:	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

Brief/Executive Report Details

Brief/Executive Summary Title:	Walsall Together Partnership Board Meeting
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**Walsall Together Partnership Board
Highlight Report
March 2023**

1. PURPOSE OF REPORT

The purpose of the report is to provide an overview of key discussions at the Walsall Together Partnership Board meeting in March 2023.

The chair of the meeting was Professor Patrick Vernon.

2. BACKGROUND

Under the 'Communities' strategic objective, WHT is the Host Provider for the integration of Walsall Together partners, addressing health inequalities and delivering care closer to home. The Walsall Together Partnership Board is a sub-committee of the Walsall Healthcare Trust Board.

3. DETAILS

3.1. Patient story – this month's story focussed on adolescents with complex needs that often reach crisis point, resulting in unnecessary, costly acute hospital admissions and subsequent placements with unregulated providers that do not deliver the level of support and care required. Board members received an overview of the key challenges facing this cohort as well as a detailed insight into the experiences of 1 patient and their family. To improve the outcomes and experiences of these patients and families, an integrated approach across multiple partners is required that focusses on earlier support and intervention. A full audit report and recommendations will be presented to the partnership board when available. A project has been included in the 2023/24 transformation programme and resource allocated to support the work.

3.2. Operational Report – Board was briefed on the highlights in February's operational data. There has been an easing of pressures and a reduction in demand for out of hospital pathways. Referrals for complex discharge support had increased, but despite this, the numbers of people at the Manor who were medically stable for discharge reduced by around 20% from January 2023. The Board was alerted to discussions within the Partnership around funding for out of hospital acute and discharge pathways in 2023/24.

3.3. Outcomes Framework – Board was assured that CPLG has full oversight of the development of an outcomes framework for the partnership and were informed that there has been significant progress made with the diabetes and end of life priority areas. The Partnership with Commissioners are making the first steps of transition to an outcomes-based contract for WHT community services. A Service Development Improvement Plan (SDIP) is being drafted as part of the 2023/24 Community Contract where this transition will take place with a commitment to embed in the contract agreement for 2024/25.

3.4. Transformation Programme – the final report of the 2022/23 programme was presented along with confirmation of those projects that would either transfer to the 2023/24 programme or be closed down during quarter 1 of 2023/24. The Board approved a recommendation from the CPLG for the 2023/24 programme and took assurance that adequate resource was available within the central programme office to support delivery.

3.5. Communications Brief – Board approved the paper for circulation across the partnership.

3.6. Place Development – a series of workshops have been held by the ICB to confirm the operating model, governance arrangements and finance & contracting frameworks for the 2023/24 financial year and the recommendations from those workshops will be taken to the Integrated Care Board at the end of March. The position is intended to be interim for 2023/24 and partnerships across the Black Country system will be part of further developmental work in early 2023/24 to continue to shape this work. A joint letter has been drafted and sent to the ICB on behalf of the 4 places with the Black Country. The letter indicates that without additional ongoing investment the good progress can no longer continue. Discussions are expected to continue with the ICB into quarter 1 2023/24.

3.7. Board Development EDI – Board members received an overview of work happening within the Council's Walsall for All programme, demonstrating the links between EDI, health inequalities and community cohesion. There will be a series of further discussions in coming months, supported by EDI leads at WHT, to agree a partnership commitment to EDI. This will: build on the commitments already in place across statutory partner organisations to the race code charter; support smaller organisations to identify elements of the race code that can be adopted within their capacity; maximise opportunities to build capacity and cohesion across our wider communities.

4. RECOMMENDATIONS

Members of the Trust Board are asked to note the contents of this report.

Walsall Healthcare Trust Board Meeting	
Meeting Date:	05 th April 2023
Title of Report:	Care at Home Report
Action Requested:	Note Contents
For the attention of the Board	
Assure	<ul style="list-style-type: none"> • Avoiding Hospital Admissions: In line with a stabilisation in demand during February, Community services saw a slight reduction in referrals for services such as Care Navigation Centre; Rapid Response team; Integrated Front Door service • Virtual Wards: For adults, there are 65 virtual beds covering respiratory, heart failure, palliative care and frailty pathways. Up to 17th March 2023, the virtual wards have accepted 537 referrals for patients who have received acute care outside of hospital • Medically Stable for Discharge: Despite sustained demand around complex discharges, the level of patients on Pathways 1-3 reduced from an average of 52 in January, to 42 in February 2023
Advise	<ul style="list-style-type: none"> • Discharge Funds: The national allocation to support discharge has been used to mitigate the financial pressures in care home and domiciliary care utilisation • Health Visiting: The Trust recovery plan trajectory was received by the Walsall Safeguarding Board on 22nd March 2023 • Walsall Together: The Walsall Together Partnership Board and Walsall Joint Commissioning Committee will operate the agreed model for place-based governance in shadow form from 1st April 23 • HSJ Awards: Walsall Together is submitting an entry into this year's awards for the category of Place Based Partnership of the Year
Alert	<ul style="list-style-type: none"> • Intermediate Care Service: The sustained growth in demand for complex discharges is projected to continue, which will exceed the long term operational and financial model commissioned. Discussions are taking place with commissioners regarding the resource required for 2023/24
Author and Responsible Director Contact Details:	Michelle McManus, Director of Transformation & Place Development Matthew Dodd, Director of Integration
Links to Trust Strategic Aims & Objectives	
<i>Excel in the delivery of Care</i>	<ul style="list-style-type: none"> a) Embed a culture of learning and continuous improvement b) Prioritise the treatment of cancer patients c) Safe and responsive urgent and emergency care d) Deliver the priorities within the National Elective Care Strategy e) We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
<i>Support our Colleagues</i>	<ul style="list-style-type: none"> a) Be in the top quartile for vacancy levels b) Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing c) Improve overall staff engagement d) Deliver improvement against the Workforce Equality Standards
<i>Improve the Healthcare</i>	<ul style="list-style-type: none"> a) Develop a health inequalities strategy

<i>of our Communities</i>	<p>b) Reduction in the carbon footprint of clinical services by 1 April 2025</p> <p>c) Deliver improvements at PLACE in the health of our communities</p>
<i>Effective Collaboration</i>	<p>a) Improve population health outcomes through provider collaborative</p> <p>b) Improve clinical service sustainability</p> <p>c) Implement technological solutions that improve patient experience</p> <p>d) Progress joint working across Wolverhampton and Walsall</p> <p>e) Facilitate research that improves the quality of care</p>
Resource Implications:	Bids have been submitted to NHSE around the development of virtual wards and hospital at home schemes related to the use of technology
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.
CQC Domains	Safe: Effective: Caring: Responsive: Well-led:
Equality and Diversity Impact	The issue of health inequalities continues to receive growing prominence locally and nationally. It is reflected in the strategic objectives of the partnership and the associated BAF risk for Walsall Healthcare.
Risks: BAF/ TRR	BAF Risk - Failure to deliver care closer to home and reduce health inequalities
Risk: Appetite	
Public or Private:	Public
Other formal bodies involved:	WMBC ICB
References	
NHS Constitution:	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

Brief/Executive Report Details

Brief/Executive Summary Title:	Care at Home Report
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Care at Home Executive Summary February 2023

1. PURPOSE OF REPORT

This report provides an overview performance, risk, assurance, and transformation in the Care at Home Strategic domain during February 2023.

Detailed discussions in these areas have been covered in the relevant Board Committees in previous months in addition to review by the Walsall Together Partnership Board.

2. BACKGROUND

Under the Communities strategic objective, WHT is the Host Provider for the integration of Walsall Together partners (formally established in April 2019), addressing health inequalities and delivering care closer to home.

The Health and Care Act (2022) formalised Integrated Care Systems (ICS) as legal entities with statutory powers and responsibilities. A key plank of ICS policy is that much of the activity to integrate care, improve population health and tackle inequalities will be driven by organisations collaborating over smaller geographies within ICSs referred to as 'places'.

WHT provides vehicle for governance by establishing a place-based Board (Walsall Together Partnership Board - WTPB) and management structure within the framework of its existing corporate structure. The WTPB has oversight of operational performance for community services.

3. PERFORMANCE, ASSURANCE AND RISK – COMMUNITY SERVICES

The key risks to community services and assurances around the level of service provision are included in **Appendix 1** and the Walsall Together Partnership Board members have been briefed on these risks in January.

The WT Partnership Management Team and WT Tactical Command continue to focus on the impact of operational performance and pressures on the citizens of Walsall and how it affects their health & well-being.

3.1 Demand: Demand for planned care within Community Locality Services remained stable. There was also a slight reduction in demand for non-elective acute through the Care Navigation Centre, Rapid Response team and Integrated Front Door service.

3.2 Capacity:
Locality Teams: The Locality Community Teams met 94% of the demand in month

Virtual Wards: The following pathways have been implemented this year: Children, Acute Respiratory, Heart Failure, Hospital at Home, with the final ward (Frailty) commencing operational delivery on 26th January 2023. Up to the 17th March 2023, the (adult) virtual wards have accepted 537 referrals for patients who have received acute care outside of hospital. Whilst encouraging, this represented 30-40% utilisation of potential capacity. Further work is being undertaken with acute clinicians to increase referrals, while the service is working on step up pathways, which will avoid the need for hospital conveyance.

Discharge Pathways: The volume of referrals for support with discharge pathways increased by 15% from November 2022 to February 2023. Despite the sustained demand, the level of patients on Pathways 1-3 at Walsall Manor Hospital reduced from an average of 49 in November 2022 and 52 in January, to 42 in February 2023. The average length of time that each person with complex needs was medically stable prior to discharge was 2.5 days (compared with 3.5 days in November 2022 and 2.7 days in January 2023).

The demand has put pressure on the number of beds and packages of care being used to support hospital discharge and in equipment for patients with complex needs. These have led to overspend in both the Walsall Intermediate Care Service and the Integrated Community Equipment Service, which have been mitigated in 2022/23 by using the national discharge funds.

Sustained growth in demand for complex discharges will exceed the long term operational and financial model commissioned. Discussions are taking place with commissioners regarding the resource required for 2023/24, while the service is also developing a business case for WHT regarding investment to further reduce the length of stay for patients who are medically stable for discharge.

Health Visiting: The Trust recovery plan trajectory was received by the Walsall Safeguarding Board on 22nd March 2023. The programme involves skill mix and development of new roles, reconfiguration of work processes and service delivery and the strengthening of support functions to clinical staff. All actions are expected to be complete by September 2023.

4. RISK REGISTER

The overall risk score on the Care at Home Board Assurance Framework (BAF) remains at level 8. Discussions have commenced within WHT and with partners to review the contents on the existing BAF in line with the updated Trust Strategy.

The following risk remains on the Corporate Risk Register at level 16:

- Risk 2370 – Delays in presentations for other, non-COVID, conditions may further exacerbate health inequalities and increase the risk of premature mortality.

This corporate risk will be reviewed subsequent to the strategic review of the BAF.

5. PLACE-BASED PARTNERSHIP DEVELOPMENT

A series of workshops have been held by the ICB to confirm the operating model, governance arrangements and finance & contracting frameworks for the 2023/24 financial year and the recommendations from those workshops will be taken to the Integrated Care Board at the end of March. The position is intended to be interim for 2023/24 and partnerships across the Black Country system will be part of further developmental work in early 2023/24 to continue to shape this work. A joint letter has been drafted and sent to the ICB on behalf of the 4 places with the Black Country. The letter indicates that without additional ongoing investment places would not be in a position to deliver against the scope of responsibilities currently proposed for delegation. Discussions are expected to continue with the ICB into quarter 1 2023/24.

Further progress has been made in regard to a transition from existing contractual frameworks to an outcomes-based approach. For WHT community services, a Service Development Improvement Plan (SDIP) is being drafted as part of the 2023/24 community contract where this transition will take place with a commitment to embed in the contract agreement for 2024/25.

Following significant progress with development of our data and insights, including the first stage of an outcomes framework, Walsall Together is in a very strong position to submit an evidence-based application to the HSJ Place-based Partnership and Integrated Care Award 2023. The application deadline is early June; support from WHT Board would be gratefully received.

6. RECOMMENDATIONS

Members of the Trust Board are asked to note the contents of this report.

APPENDICES

Appendix 1: Operational Performance Report for December 2022: Walsall Together



Walsall Together Partnership Operational Update: March 2023

Matthew Dodd
Director of Integration



Collaborating for happier communities

[Emergent] Score Card for WT Tiers – Tiers 1



Tier	Activity in-month	Thresholds			Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Tier 1: Integrated Primary, Long Term Conditions Management, Social & Community Services															
Community Services	Hours delivered by Locality teams	<5525	5525-6500	>6500	5495.25	6452.75	5871.5	5638	5688.25	5536	5784.25	6005	5957.75	6321	5589
	Hours cancelled by Locality teams	>1350	1147-1350	<1147	906.00	438.25	787.00	950.00	733.25	883.25	1043.25	622.75	643.25	377.25	370.25
	% of hours demand unmet	>23%	20%-23%	<20%	14.2%	6.4%	11.8%	14.4%	11.4%	13.8%	15.28%	9.40%	9.74%	5.63%	6.21%
Multidisciplinary Team(MDT)	No. MDTs held	<20	20-24	>24	25	26	28	27	27	26	30	31	22	30	24
	No. referrals received	<100	100-200	>200	19	30	39	25	29	24	17	26	11	26	15
	No. cases reviewed	<100	100-200	>200	83	102	142	129	107	110	86	90	68	82	68
Adult Social Care	1C: Proportion of people using social care who receive self directed support, and direct payments (NI 130).	<100%		100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	Awaiting
	1E: Proportion of adults (aged 18-64) with learning disabilities in paid employment (NI 146).				3.8%	4.0%	3.9%	4.0%	4.0%	3.9%	3.9%	3.7%	3.7%	3.8%	Awaiting
	1G: Proportion of adults (aged 18-64) with Learning Disabilities who live in their own home or with their family. (NI 145).				85.6%	85.7%	85.7%	85.5%	85.8%	85.5%	85.5%	85.3%	83.1%	83.6%	Awaiting
	2A: Part 1 Permanent admissions of adults (aged 18-64) into residential/nursing care homes, per 100,000	<9.1		>= 9.1	0.6	0.6	1.8	3.6	5.4	6.0	6.6	9.0	11.3	11.9	Awaiting
	2A: Part 2 Permanent admissions of older people (aged 65+) into residential/nursing care homes, per 100,000 population.	<671.8		>= 671.8	47.5	108.9	140.6	172.3	221.8	265.4	326.7	380.2	427.7	489.1	Awaiting
	2B: Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement services. (NI 125)	<85%		>=85%	84.6%	86.9%	79.3%	82.2%	77.7%	78.6%	77.2%	84.9%	79.4%	82.4%	Awaiting
	Care & support assessments & 3 conversations incoming / in progress (snapshot in-month)				905	939	989	1063	1012	984	969	955	639	967	861
	Care and Support Assessments and 3 Conversations Completed - Total				280	327	358	285	355	297	352	357	283	316	352
Monthly Adult contacts completed by Team				1,162	1,247	1,207	1,148	1,172	1,120	1,142	1,185	1,024	1,349	1,170	

[Emergent] Score Card for WT Tiers – Tier 2 & 3

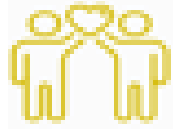


Tier	Activity in-month	Thresholds			Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Tier 2: Specialist Community Services															
ASC Safeguarding Concerns	Concerns received				284	381	354	322	388	338	321	342	308	375	355
	Concerns progressing to s42 enquiry				76	61	65	56	45	53	32	63	82	75	77
	% of concerns progressing to s42 enquiry				27%	16%	18%	17%	12%	16%	10%	18%	27%	20%	22%
	Safeguarding cases in progress				80	84	129	97	120	82	97	99	36	44	70
Tier 3: Interimmediate Care, Unplanned Care & Crisis Services															
Care Navigation Centre	Calls received	<435	435-512	>512	1278	1270	1307	1323	1207	1171	1142	1310	1475	1463	1109
Rapid Response Team	Referrals received	<160	160-247	>247	281	294	242	277	245	250	285	307	339	313	245
	% admission avoidance	<73%	73%-87%	>87%	91.9%	89.2%	98.0%	90.0%	90.2%	90.1%	90.2%	93.8%	90.3%	89.8%	88.6%
Medically Stable For Discharge	Average number of MSFD in WMH	>57.5	50-57.5	<50	50.28	46.40	50.10	54.10	52.10	51.30	50.59	49.17	50.53	52.40	47.50
	Average number of days MSFD	>5.75	5.0 - 5.75	<5.0	4.3	4.0	4.0	4.0	4.6	4.6	4.0	3.4	3.5	2.7	2.8
Domiciliary & Bed Based Pathways	Domiciliary Pathways - Discharged ALOS	>25	21-25	21<	28	27	25	27	26	27	25	34	27	31	31
	Domiciliary Pathways - Average service users				198.25	213.6	222.2	203.5	204.4	177	223.8	244.25	275.5	267.7	267.7
	Bed-based Pathways - Discharged ALOS	>36	24-36	24<	54	48	48	47	48	36	52	39	46	17	17
	Bed-based Pathways - Average beds in use				75	82	81	78	81	93.25	78	82	64	77.8	77.8
Integrated Assessment Hub	Hospital Avoidance	20<	20-28	>28	210	193	224	219	157	165	210	174	230	160	163
	Prevent Readmission	35<	35-50	>50	20	19	10	5	9	23	11	7	21	3	7
	Early Supported Discharge	40<	40-54	>54	29	31	48	85	49	52	61	40	55	54	57
	Assisted Discharge	35<	35-50	>50	56	68	76	44	74	86	82	109	99	63	59

Tier 0 Resilient whg The H Factor Social Prescribing Programme .



332 Clever
Conversations



51 sign up to the
Social Prescribing
programme



17 improving
Warwick &
Edinburgh Score



34 increased their
confidence / self
esteem



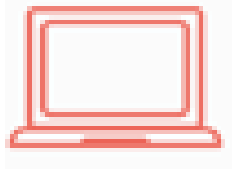
20 Referrals made to
external support service
Referrals



3 Completing training
or education



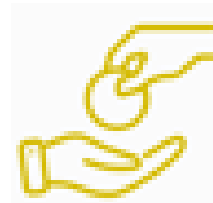
24 Referral to whg
Money Advice
Service



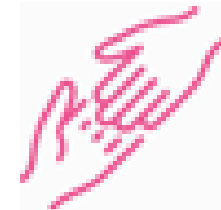
7 Referrals to
Clickstart
Digital Support



15 Referrals for a
fuel or Food voucher



£377 requested from
the Household
Support Fund



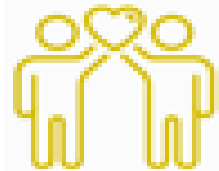
9 Referral to whg
Hardship Fund

December 2022

Tier 0 Resilient Communities Diabetes Matters



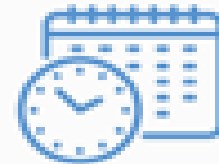
138 Clever Conversations



12 new customers were identified as needing support



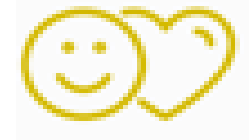
10 of these customers have completed sign up documentation with 2 still being supported and encouraged to engage



2 Hospital/GP appointments attended by the team



1 Medication review has been arranged by the team



1 customer has reversed the blood sugar levels and is no longer considered diabetic



3 Referrals to whg Money Advice Service



3 Referrals to Aids and Adaptations



3 External Health Referrals made



2 Diabetes Pathway referrals made with customers needing specialised support who are not engaging with the diabetes pathway team.



18 Community Events attended



4 Community Organisations worked alongside

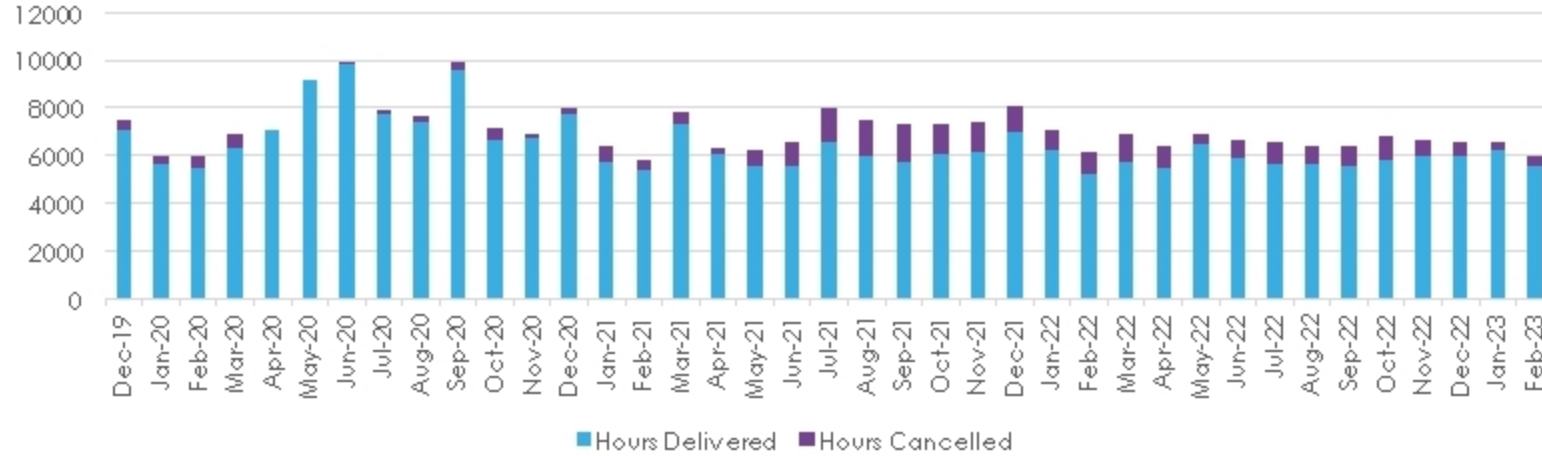
December 2022

Tier 1:

Community Nursing Capacity and Demand:



Delivered vs Cancelled



Unmet Demand



The Locality Teams delivered over 5,500 hours

Sickness absence increased during July impacting on the hours that the team were able to deliver.

Complexity of patients remains an issue and impacts on service delivery. During June, the Locality teams continued to see significant levels of complexity which included Palliative patients requiring syringe pumps and also complex social issues due to the late palliative diagnosis.

Additionally, complex wound care that required negative pressure and an influx in patients referred from the front door service and patients stepped down from the complex case managers.

These factors impacted on the number of hours that could be delivered and the number that were cancelled.

Last updated on : March 2023

Tier 1: Primary Care Standard Operating Procedure (SOP)

- Primary care offering patients F2F appointments via patient choice, the appointment books are a blend of F2F, telephone calls and online offering

Current Pressures:

1. Access to appointments
 - LTC management backlog
 - Out patients backlog
 - Acute Covid appointments
2. Management of QoF and local commissioned services
3. Access to Out-patient services
4. Patient Demand
5. Zero Tolerance and abuse

Tier 1: Making Connections Walsall

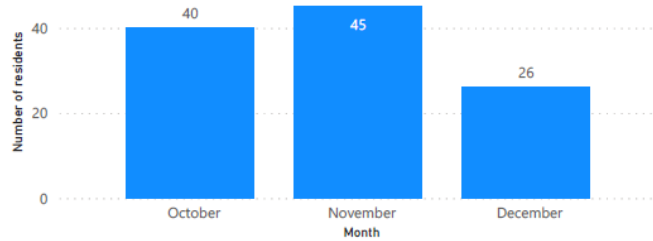
Making Connections Walsall - Client summary

Source: DCRS (Data Collection & Reporting Service)

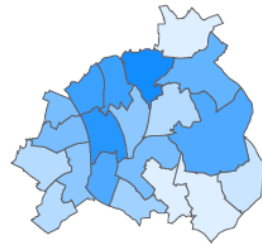
Referral date

01/10/2022 29/12/2022

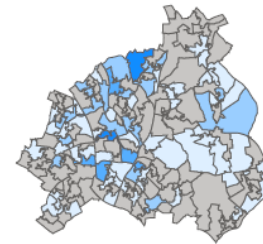
Total residents



Electoral ward

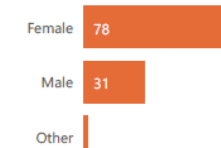


LSOA (Lower Super Output Area)

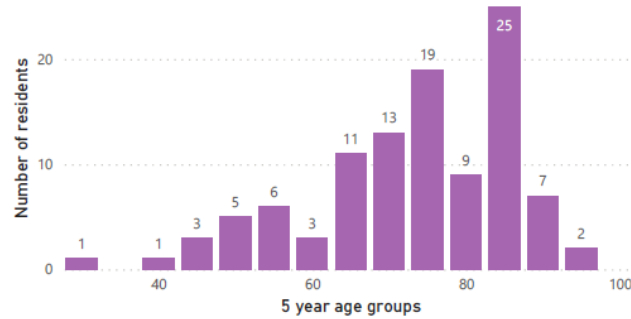


client_type	n	%
Making Connections	111	100.0%
Total	111	100.0%

Locality	n	%
East	34	30.6%
North	33	29.7%
West	23	20.7%
South	21	18.9%
Total	111	100.0%



Residents age



ethnicity	n	%
A: White_British	79	71.2%
99: Not Known	14	12.6%
H: Asian or Asian British_Indian	8	7.2%
Z: Not Stated	5	4.5%
B: White_Irish	1	0.9%
G: Mixed_Any Other Mixed Background	1	0.9%
I: Asian or Asian British_Pakistani	1	0.9%
J: Asian / Asian British_Pakistani	1	0.9%
N: Black / Black British_African	1	0.9%
Total	111	100.0%

consider_themselves_disabled	n	%
Not disabled	54	48.6%
Disabled	33	29.7%
Not Known	24	21.6%
Total	111	100.0%

long_term_physical_health_condition	n	%
Yes	82	73.9%
Not stated	24	21.6%
Unknown	4	3.6%
No	1	0.9%
Total	111	100.0%

Total residents
111
Total contacts
342

Last updated - January 2023

Tier 1: Making Connections Walsall

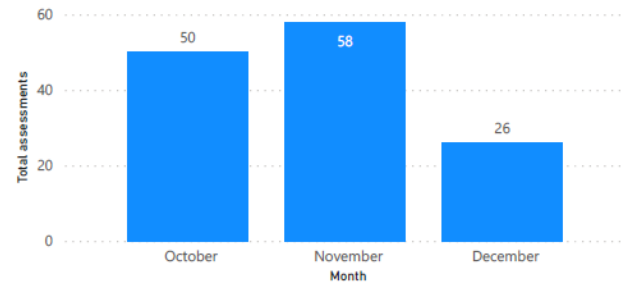
Making Connections Walsall - Assessment & Goals Summary

Source: DCRS (Data Collection & Reporting Service)

01/10/2022 21/12/2022

client_type
 COVID_19
 Making Connections

Assessments



Assessments 134

Locality_Name	n	%	local_issue	n	%
East	30	22.4%	Not recorded	73	54.5%
North	36	26.9%	Loneliness & isolation	51	38.1%
South	29	21.6%	Emotional wellbeing	9	6.7%
West	39	29.1%	Financial concerns	1	0.7%
Total	134	100.0%	Total	134	100.0%

Goals 131

goal	n	%
Reduce anxiety/low mood	52	39.8%
Actions to enable goal achievement	30	23.1%
Connect more: Join a group	22	16.7%
Information required	13	10.1%
Be active: Find an enjoyable activity	8	6.0%
Build confidence/independence	3	2.3%
Learn something new: Take a course/Start new hobby	2	1.4%
Take more notice of the environment: Take time to enjoy the moment	1	0.6%
Total	131	100.0%

referral_source	n	%
GP or other primary care services	65	48.5%
Local authority Services	44	32.8%
Community / voluntary services	10	7.5%
Self	7	5.2%
Intermediate care team	5	3.7%
Emotional wellbeing services	2	1.5%
Community & District Nursing	1	0.7%
Total	134	100.0%

employment_status	n	%
Retired	99	73.9%
Permanently Sick / Disabled	19	14.2%
Unemployed	9	6.7%
Response declined	4	3.0%
Employed: routine / manual	1	0.7%
Full time carer	1	0.7%
Temporary sick	1	0.7%
Total	134	100.0%

sign_off_reason	n	%
Not signed off	70	52.2%
Only wanted some information	21	15.7%
Not ready to make changes	11	8.2%
Could not contact client	9	6.7%
Other	8	6.0%
Signpost only	5	3.7%
Plan completed	4	3.0%
Chose an alternative service	3	2.2%
Client DNAs (Did not attend)	1	0.7%
Not eligible	1	0.7%
Plan part completed	1	0.7%
Total	134	100.0%

referral_to	n	%
Community / voluntary services	89	67.9%
Lifestyle change/support services	10	7.6%
Other (put details in 'Referral_other')	8	6.1%
Local authority services	7	5.4%
GP or other primary care services	5	3.8%
Emotional Wellbeing Services	4	3.1%
Advice and Guidance	2	1.5%
Citizens advice	2	1.5%
Lunch Club	2	1.5%
Bereavement Support	1	0.8%
Leisure activity	1	0.8%
Total	131	100.0%

Last updated - January 2023

Tier 1: Walsall Primary Care Mental Health Service (PCMHS) and Additional Role Reimbursement Scheme (ARRS) - Primary Care Mental Health Practitioners (PCMHP) May update

We had recruited 3 WTE of our 7 ARRS workers for year 1

ARRS Workers in Post

- West 2 – 0.4 WTE
- West 1 – 1 WTE
- East 1 – 0.6 WTE

ARRS workers due to start:

- South 2 -1 WTE

- Continuing with a rolling 3 month recruitment programme & we are working with workforce & development to explore initiatives to support recruitment due to lack of suitable candidates applying for the role
- Banding/NMP under review
- We have appointed a B5 to B6 Clinical Development Role with a view to preparing for B6 ARRS Worker/PCMH Nurse roles

PCMH Nurse PCN Alignment

- Due to the issues around recruiting to the ARRS roles we are moving forward to align PCMH nurses back with GP surgeries/PCNs
- We are returning back to F2F working offering telephone/video conferencing where this is patient preference and where indicated/appropriate
- The nurses have approached surgeries to determine room availability
- Where an ARRS workers is appointed the PCMH Nurse will receive referrals direct form the ARRS workers
- Number of referrals picking up again and coming through to the service

Tier 2: Adult Social Care

ASC have received 355 concerns which is 5.6% decrease in cases on the previous month.

The number of cases progressing to a s42 enquiry is slightly higher to the previous period.

There are currently 77 opens S42 enquiries. This has been raised with managers to ensure the timely completion of enquiries which includes caused enquiries. Emphasis has also been placed on the need to inform people including referrers of outcomes following enquiries. This approach has caused a reduction.

Neglect & Psychological abuse remain the two highest categories of alleged abuse in this period.

Reporting period: 01/02/2023 28/02/2023

355
Concerns received

21.69
% leading to S42 enquiry

77
S42 enquiries

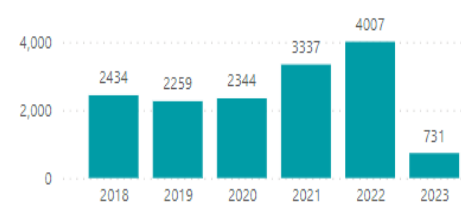
0
Non-S42 enquiries

208
NFA

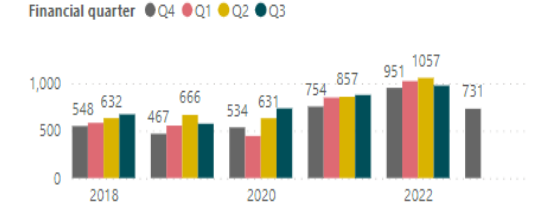
70
In progress

Walsall Adult Social Care Safeguarding concerns

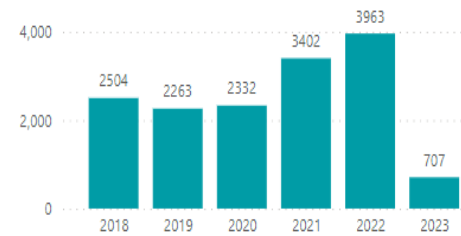
Concerns received by receipt date



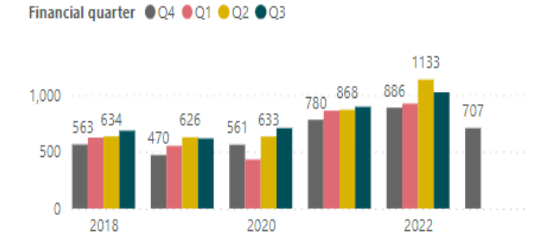
Concerns received: trends



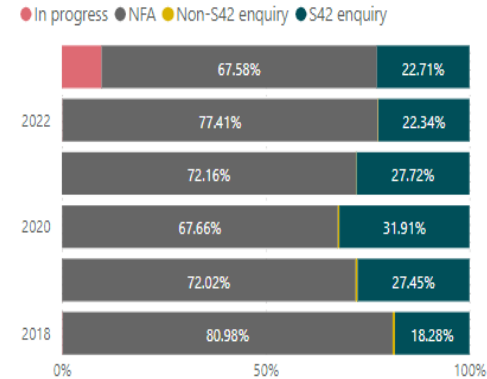
Concerns concluded by conclusion date



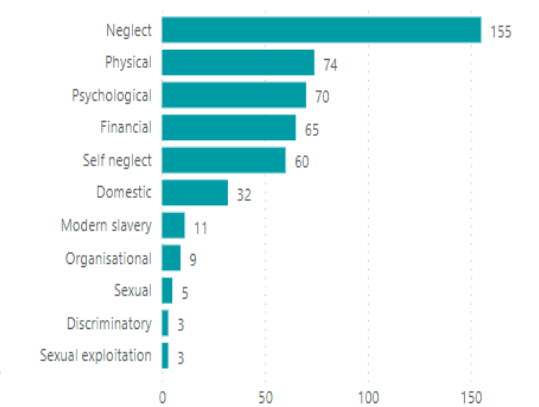
Concerns concluded: trends



Concerns received within parameter dates: outcomes



Concerns received within parameter dates: alleged abuse types



Last updated : March 2023

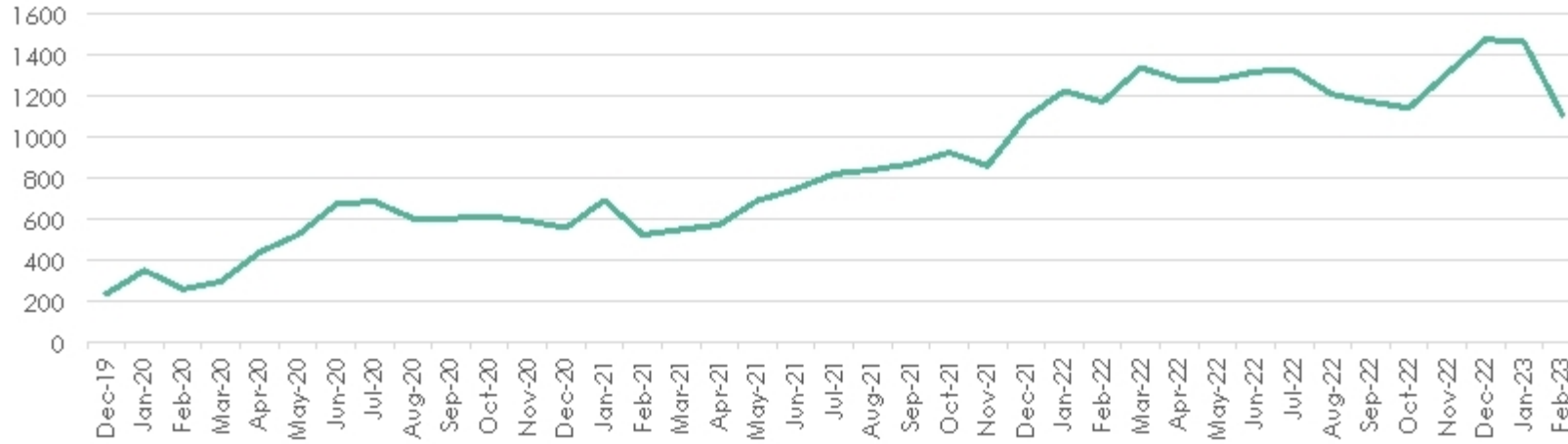
Adult Social Care Outcomes Framework Measures - Monthly Data and Targets for 2022/23

Indicator	Data Source Data Provider Lead Officer	15/16 Result	16/17 Result	17/18 Result	18/19 Result	19/20 Result	20/21 Result	21/22 Result	April 22/23 Data	May 22/23 Data	June Q1 Data	July 22/23 Data	Aug 22/23 Data	Sept Q2 Data	Oct 22/23 Data	Nov 22/23 Data	Dec Q3 Data	Jan 22/23 Data	Feb 22/23 Data	Mar 22/23 Data	22/23 Target	
1C: Proportion of people using social care who receive self directed support, and direct payments (NI 130).	Mosaic, H21 & Provider spreadsheets	1731	1899	1985	2038	2100	2188	2183	2187	2181	2198	2197	2230	2234	2236	2270	2282	2270				
	AACM	1895	1951	1954	2045	2100	2188	2183	2187	2181	2198	2197	2230	2234	2236	2270	2282	2270				
	Jennie Pugh	91.3%	97.3%	98.4%	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				100.0%
1E: Proportion of adults (aged 18-64) with learning disabilities in paid employment (NI 146).	Mosaic, H21 & Provider spreadsheets	6	10	1	7	14	19	21	20	21	21	22	22	22	22	21	21	22				12
	AACM	551	585	587	596	574	573	576	527	531	538	545	549	558	565	566	568	572				
	Jeanette Knapper	1.1%	1.7%	0.2%	1.2%	2.4%	3.3%	3.6%	3.8%	4.0%	3.9%	4.0%	4.0%	3.9%	3.9%	3.7%	3.7%	3.8%				
1G: Proportion of adults (aged 18-64) with Learning Disabilities who live in their own home or with their family. (NI 145).	Mosaic, H21 & provider spreadsheets	473	497	505	502	494	489	490	451	455	461	466	471	477	483	483	472	478				
	AACM	551	585	587	596	574	573	576	527	531	538	545	549	558	565	566	568	572				
	Jeanette Knapper	85.8%	85.0%	86.0%	84.2%	86.1%	85.3%	85.1%	85.6%	85.7%	85.7%	85.5%	85.8%	85.5%	85.5%	85.3%	83.1%	83.6%				80.0%
2A: Part 1 Permanent admissions of adults (aged 18-64) into residential/nursing care homes, per 100,000 population.	Mosaic, RAP approvals & WSS10 contracts spreadsheet.	7	11	22	10	24	18	20	1	1	3	6	9	10	11	15	19	20				15
	AACM	160,336	161,838	164,309	165,555	165,355	167,500	167,500	167,500	167,500	167,500	167,500	167,500	167,500	167,500	167,500	167,500	167,500				
	Jennie Pugh	4.4	6.8	13.4	6.0	14.5	10.8	11.9	0.6	0.6	1.8	3.6	5.4	6.0	6.6	9.0	11.3	11.9				9.1
2A: Part 2 Permanent admissions of older people (aged 65+) into residential/nursing care homes, per 100,000 population.	Mosaic, RAP approvals & WSS10 contracts spreadsheet.	271	309	311	329	301	311	284	24	55	71	87	112	134	165	192	216	247				300
	AACM	47,940	49,154	49,773	50,159	49,866	50,500	50,500	50,500	50,500	50,500	50,500	50,500	50,500	50,500	50,500	50,500	50,500				
	Jennie Pugh	565.3	628.6	624.8	655.9	603.6	615.8	562.4	47.5	108.9	140.6	172.3	221.8	265.4	326.7	380.2	427.7	489.1				
2B: Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement services. (NI 125)	Mosaic, Provider spreadsheets	254	113	220	55	76	94	79	93	106	96	111	115	125	88	96	85	89				
	Provider Services	317	130	266	73	91	125	103	110	122	121	135	148	159	114	113	107	108				
	TBC	80.1%	86.9%	82.7%	75.3%	83.5%	75.2%	78.1%	84.6%	86.9%	79.3%	82.2%	77.7%	78.6%	77.2%	84.9%	79.4%	82.4%				82.0%

Tier 3: Care Navigation Centre (CNC):



CNC Referrals



Number of referrals not accepted due to capacity



The CNC continued to receive a high level of referrals in July 2022.

The expansion of capacity that has been embedded has enabled the CNC to receive greater call volumes and disposition more patients into Community pathways avoiding pressure on GP's, ED and hospital admissions.

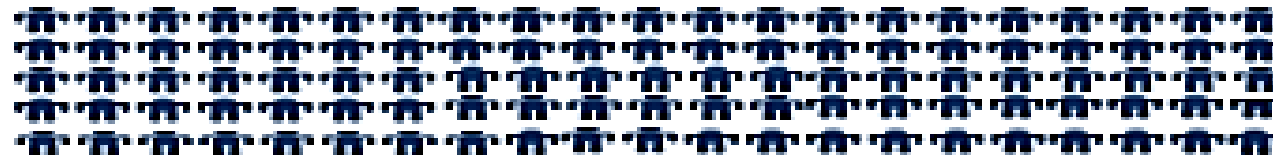
The high volume of calls are a result of the enhanced service that has been implemented. This includes a further expansion of CNC capacity, streaming patients directly from WMAS to Community pathways and services including a further strengthening of disposition pathways into Rapid Response and Integrated Front Door teams.

Additionally, a 999/111 SPA has been implemented through CNC for ED divert into FES, AEC, SACU and Gynae Early Pregnancy services. A direct push model from the WMAS CAD has been implemented so that more patients can be diverted into Community Services

Last updated : March 2023

whg/Walsall NHS Trust's Recruitment Programme

whg Work 4 Health programme – Total into employment (July - October 2022)



40%

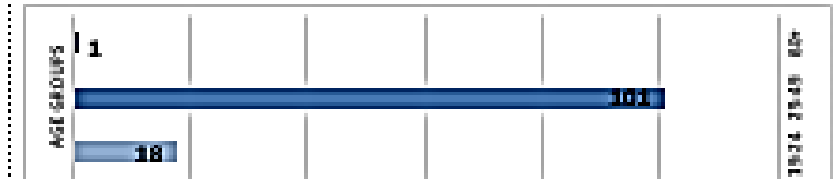


21% Male



77% Female

2% prefer not to say



48% BAME



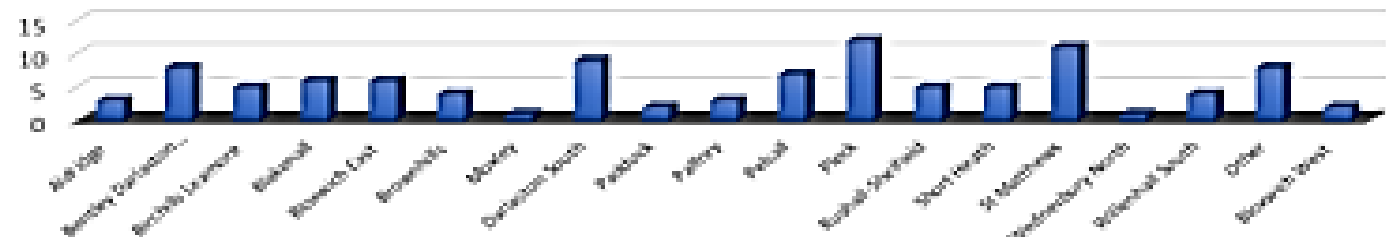
Social Value generated
£1,731,960



82% Unemployed prior to commencing NHS job role

TIER 2
Workforce
Development
Work 4 Health

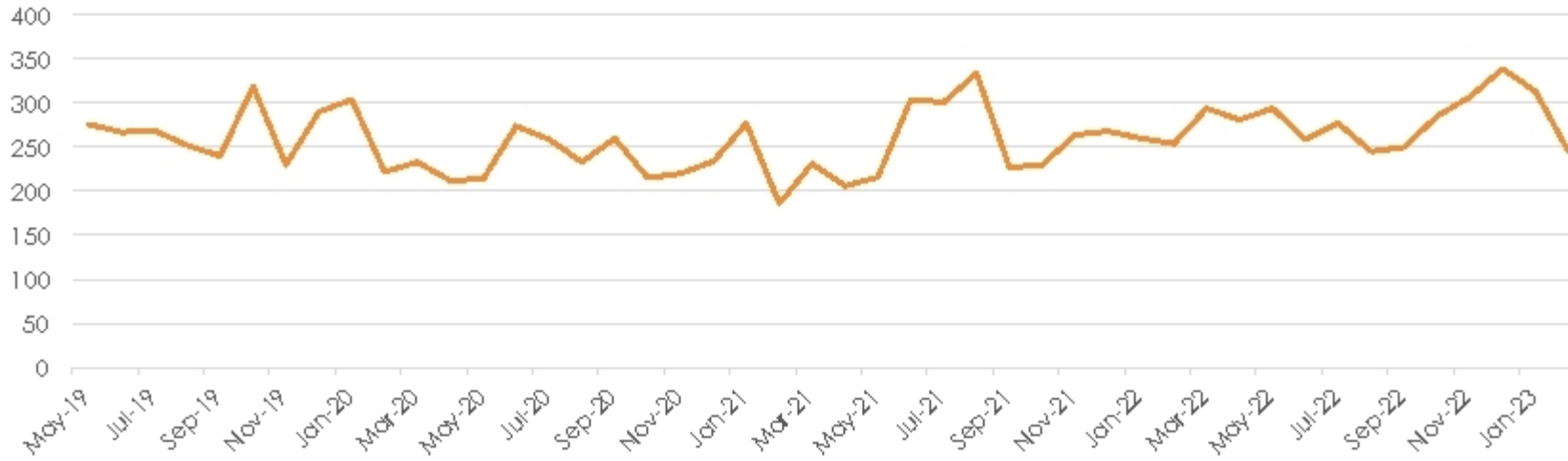
Ward Profile



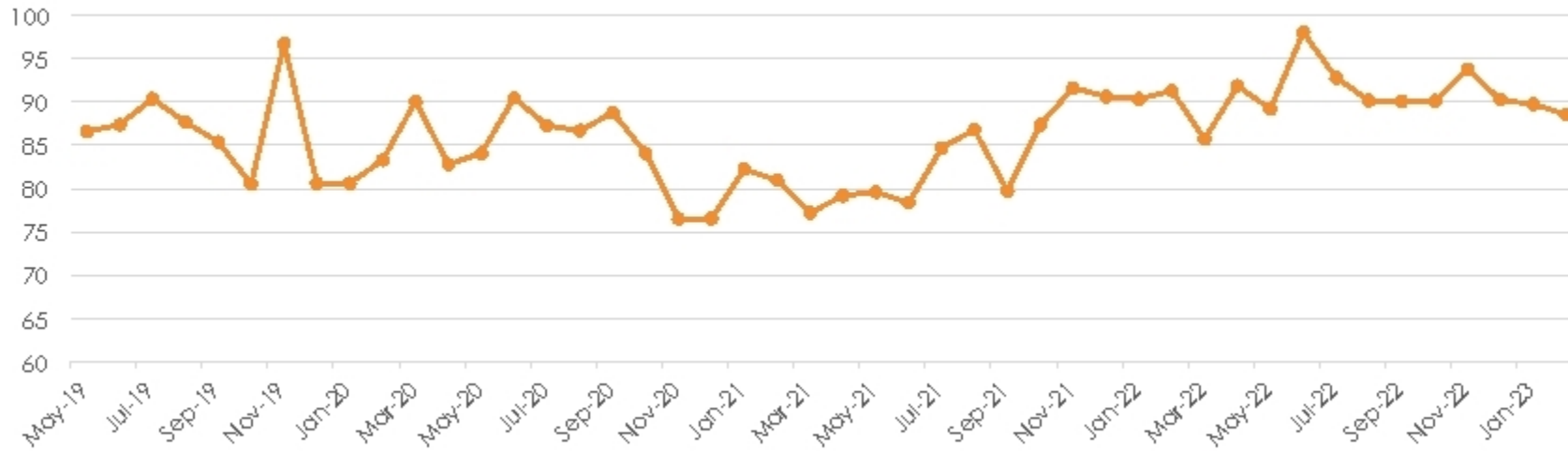
Tier 3: Rapid Response



Referrals to Rapid Response



% Admission Avoidance

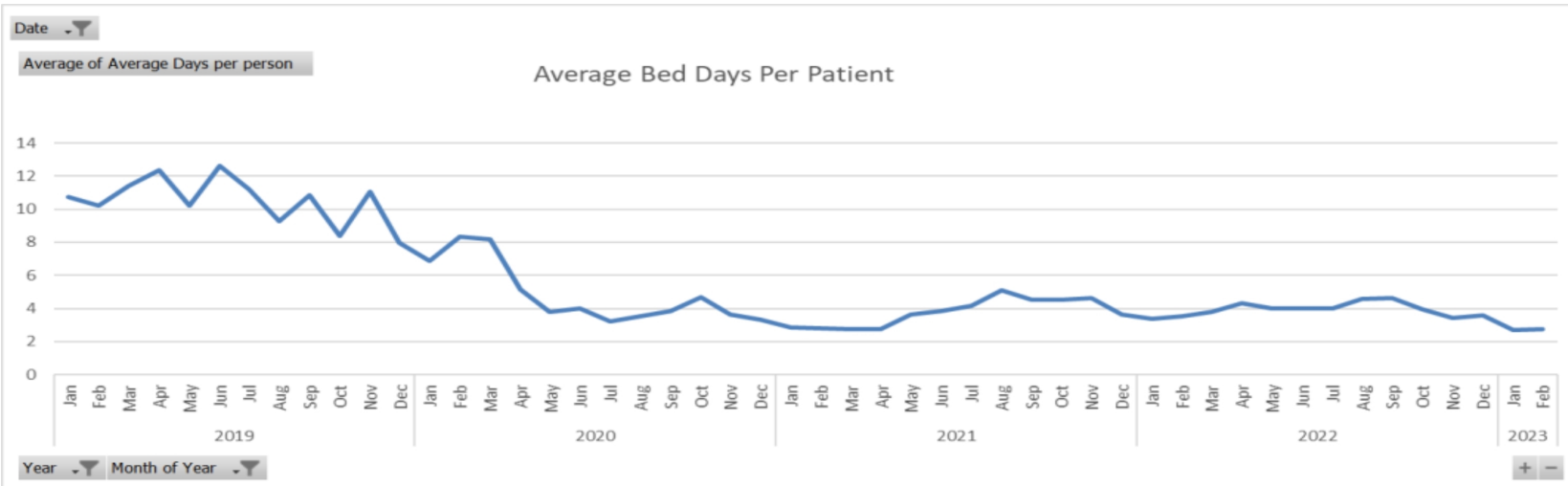
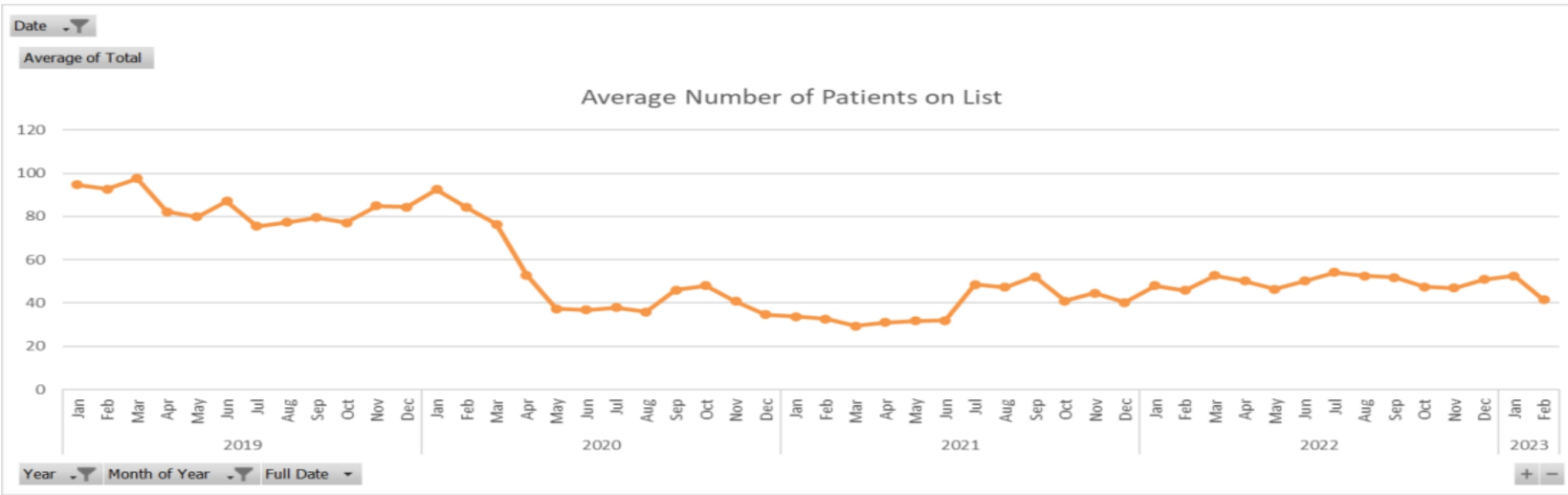


Rapid Response is visible to NHS111 and WMAS as a direct referral / call disposal route for clinical and non-clinical referrals (non-clinical calls as a 3 month pilot with 6 identified conditions). This has not led to a significant level of referrals to date and is being managed within the present capacity of the service.

Plans to add more capacity and resilience for Rapid Response through Winter have been implemented in order to manage the increase in dispositions from WMAS and NHS 111.

Last updated : March 2023

Tier 3: Medically Stable for Discharge (MSFD): the numbers of patients averaged 41.5 patients during February 2023



The number of patients on the MSFD list averaged 55 patients during July 2022. This was due to high demand for the service. Despite the high numbers of patients, the average length of stay was maintained at 3.5 days.

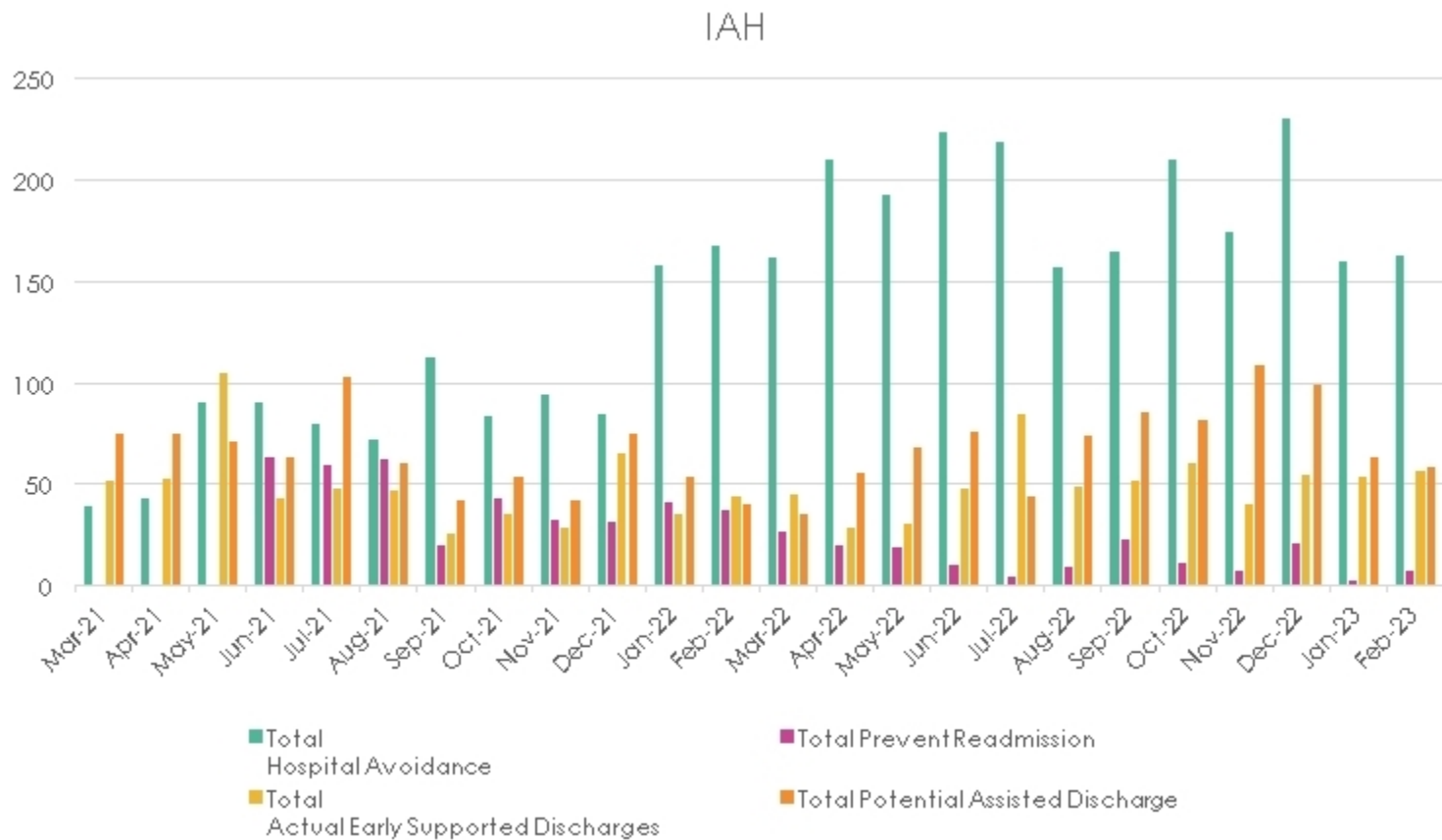
Work continues to make efficiencies in the discharge and ICS pathways to ensure that there are minimal delays for patients.

Patients continue to be placed on an interim basis into care home beds while continuing to seek a package of care to enable them to be cared for in their own home. Further work is being completed to reduce the number of patients in beds through expediting their discharge to home.

Work is continuing on bolstering up the admission avoidance activity and interventions of the hospital to try and reduce dependency and reduce the demand for packages of care.

Last updated : March 2023

Tier 3/4: Integrated Assessment Hub:

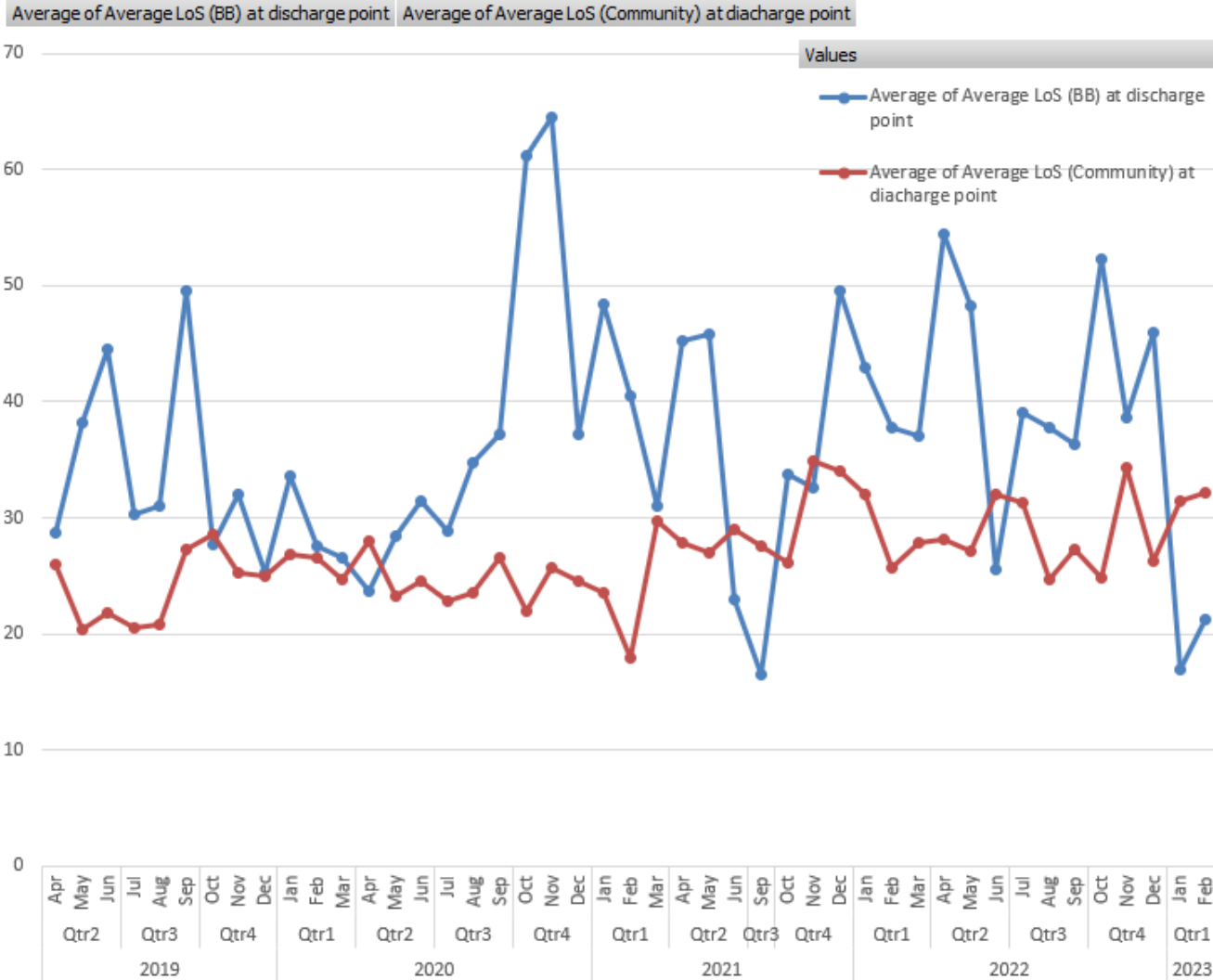


Integrated Assessment Hub

- Hospital Avoidance:** This IAH pathway enables people directly contacting the Frail Elderly Service or Ambulatory Care at the Manor with post-discharge complications to be seen by Rapid Response, Enhanced Care Home Support Team or CIT team instead and receive a community-based assessment & clinical review, thereby avoiding conveyance to hospital.
- An enhanced service has been implemented through the Winter period where the pathway will be extended to patients attending ED. This will enable patients to be streamed, clinically assessed and dispositioned into Community pathways that are appropriate to manage their conditions and provide the support that they need. The success of this can be seen in the hospital avoidance activity data.

Last Updated : March 2023

Tier 3: Domiciliary and Bed-Based Pathways



- Therapy demands and the change in national model is having a significant impact on community ICS therapists, unplanned crisis demands and hospital discharges remain key priorities in patient safety.
- Due to Covid, individuals have been more unwell and therefore have needed rehab/Reablement for a longer period of time- Long Covid MDT exceptional success.
- There is a recruitment plan underway for gaps in the social care workforce which is impacting on LOS

Last updated : March 2023

Trust Board Meeting	
Meeting Date:	Tuesday 5 th April 2023
Title of Report:	Proposed Black Country ICB operating model for commencement on 1 April 2023.
Action Requested:	<ul style="list-style-type: none"> Note the report
For the attention of the Board	
Assure	<ul style="list-style-type: none"> The report provides an overview of the development work to be undertaken during 2023/24 to build capacity and capability within Provider Collaboratives and Place Based Partnerships to provide an infrastructure for the future delegation of duties.
Advise	<ul style="list-style-type: none"> 2023/24 represents the first full year of operation of the ICB. This report confirms arrangements for the ICB, provider collaboratives and place - based partnerships as at the 1 April 2023.
Alert	<ul style="list-style-type: none"> Future delegation of responsibility will need agreement through the Trust Board This paper has been drafted by the ICB and will be presented to the ICB Board for consideration. Due to the timings of the meetings, comments on the outcome of the paper will be provided verbally.
Author and Responsible Director Contact Details:	Simon Evans Group Chief Strategy Officer Email simon.evans8@nhs.net
Links to Trust Strategic Aims & Objectives	
<i>Excel in the delivery of Care</i>	<ol style="list-style-type: none"> Embed a culture of learning and continuous improvement Prioritise the treatment of cancer patients Safe and responsive urgent and emergency care Deliver the priorities within the National Elective Care Strategy We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
<i>Support our Colleagues</i>	<ol style="list-style-type: none"> Be in the top quartile for vacancy levels Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing Improve overall staff engagement Deliver improvement against the Workforce Equality Standards
<i>Improve the Healthcare of our Communities</i>	<ol style="list-style-type: none"> Develop a health inequalities strategy Reduction in the carbon footprint of clinical services by 1 April 2025 Deliver improvements at PLACE in the health of our communities
<i>Effective Collaboration</i>	<ol style="list-style-type: none"> Improve population health outcomes through provider collaborative Improve clinical service sustainability Implement technological solutions that improve patient experience Progress joint working across Wolverhampton and Walsall Facilitate research that improves the quality of care
Resource Implications:	None as a result of this report
CQC Domains	Safe: patients, staff and the public are protected from abuse and avoidable harm. Effective: care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence.

	<p>Caring: staff involve and treat everyone with compassion, kindness, dignity and respect.</p> <p>Responsive: services are organised so that they meet people’s needs.</p> <p>Well-led: the leadership, management and governance of the organisation make sure it’s providing high-quality care that’s based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.</p>
Public or Private:	Public
NHS Constitution:	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

Brief/Executive Report Details	
Brief/Executive Summary Title:	Proposed Black Country ICB operating model for commencement on 1 April 2023.

1.0 Introduction

2023/24 represents the first full year of operation of the ICB/ICS.

This report confirms arrangements for the ICB, provider collaboratives and place -based partnerships as at the 1 April 2023.

The report also provides an overview of the development work to be undertaken during 23/24 to build capacity and capability within Provider Collaboratives and Place Based Partnerships to provide an infrastructure for the future delegation of duties.

2.0 Summary of Development Process

The recommendations within this report have been developed by the System Development Group which is a task group of the System Development Committee. The System Development Group is an inclusive group with representatives from:

- The Provider Collaborative
- The Primary Care Collaborative
- Black Country Healthcare as the approved MHLDA Lead Provider
- The 4 Place Based Partnerships
- The ICBs Place Managing Directors
- The ICBs CMO function
- The ICBs corporate finance, contracting, primary care and strategic commissioning functions, planning and governance teams.

The recommendations within this report have been considered by System Development Committee and have been approved for onward consideration and approval to the ICB Board. The recommendations within this report have also been forwarded for endorsement by the Boards of our Provider Collaboratives and Place Based Partnerships

3.0 Black Country Future Operating Model

3.1 Arrangements for Strategy and Planning (including Strategic Commissioning)

a) Policy and Guidance Review

Within policy and guidance, the ICB hold the statutory responsibility for ICS level healthcare strategy, planning and commissioning. Specifically, the ICB are required to:

- ✓ Assume the commissioning responsibilities of CCGs.
- ✓ Develop a plan to meet the health needs of the population, restore services, and deliver LTP commitments.
- ✓ Allocate resources to deliver the plan.
- ✓ Establish joint working relationships with partners to embed collaboration and drive delivery.
- ✓ Establish governance arrangements that support collective accountability.
- ✓ Arrange for the provision of healthcare through contracts and agreements.
- ✓ Convene and support providers to lead major transformation programmes and achieve agreed outcomes through enabling action.
- ✓ Retain the statutory duties of CCGs.
- ✓ Develop and implement an engagement plan to ensure that the citizen voice is heard.

In delivering these responsibilities ICBs must:

- ✓ Ensure the perspectives and expertise of all relevant partners to include all parts of the local health and care system across physical and mental health, primary care, community and acute services, patient and carer reps, social care and public health are taken into account.
- ✓ Must harness the expertise, energy, and ambition of the organisations directly responsible for delivering integrated care ensuring they play a central role in establishing the priorities for change and improvement to drive better outcomes.
- ✓ Demonstrate system leadership on issues that impact all within the ICS eg People and Digital technology
- ✓ Have open and transparent decision making based on consensus and collaboration.
- ✓ Develop and implement a model of engagement to secure the voices of patients, carers and citizens in planning and commissioning arrangements.

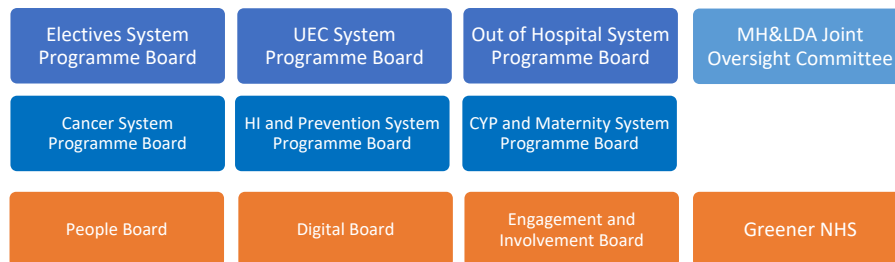
The model described for 2023/24 adheres to and supports such requirements.

b) Developing the Strategy and Planning Infrastructure

At the start of 2023/24 it is proposed that the existing model of System Programme Boards be retained to support the strategy and planning process, with a Programme Board supporting each of the portfolio areas as shown in Figure 1. Given the delegation of responsibility for strategy and planning to Black Country Healthcare as the MHLDA Lead provider a link be made to the MHLDA Joint Oversight Committee.

ICB

Strategic Commissioning Committee



Redefined roles of this aspect of the model are:

System Programme Boards

- Advisory and consultative by nature
- Led by an SRO drawn from the ICS Executive Tier
- Multi-agency and disciplinary, engaging commissioners, clinicians and operational management leads in dialogue.
- Membership to include full range of interested stakeholders to include NHS providers, LA, IS and VCS as appropriate.
- Recommend the high-level strategy, outcomes and priorities for the portfolio area
- Consider and recommend responses to national policy directives.
- Support planning processes and the development of annual plans and mandated returns
- Maintain an oversight of delivery within portfolio area.

MHLDA Joint Oversight Committee

- Black Country Healthcare undertakes strategy and planning on behalf of the ICB under contractual delegation. The MHLDA JOC is the Committee within the Lead Provider governance model which formally recommends to the ICB the strategy and plan for mental health and LDA. The diagram above is not intended to establish a formal line of accountability between the MHLDA JOC and the ICBs Strategic Commissioning Committee on other elements of business.

Strategic Commissioning Committee

- Receives and reviews outcomes from System Programme Boards and JOC to ensure system coherence, manage interdependencies, and ensure compliance with national policy directives priorities. Forms recommendations to the ICB for approval.
- It is proposed to amend the name of the Strategic Commissioning Committee to the Strategic Planning Committee. This will be undertaken during the pending governance review of the ICB.

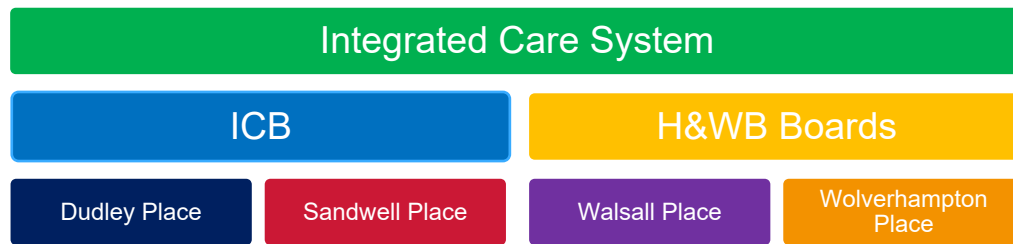
A priority of the System Development Group will be to ensure that all services either commissioned or provided by the ICB/ICS is aligned to a System Programme Board. There are currently gaps that need to be resolved.

Through the work of the Strategy Development Group a clear ambition has been articulated to move away from a fully centralised model of strategy and planning to more devolved model.

This would result in the redesignation of System Programme Boards with the Provider Collaborative, Primary Care Collaborative and Place Based Partnerships increasingly supporting the strategy and planning process alongside the Mental Health Lead provider.

An opportunity has also been identified to create an improved alignment between the infrastructure for strategy and planning and the clinical leadership structures which are currently under review across the system. It is proposed that this piece of work be progressed in Q1 to create a coherence of approach between service-based strategy and planning and condition focused clinical pathway work.

To complement the system level infrastructure set out above, arrangements for 2023/24 also need to be confirmed at the level of Place to enable local strategies and plans to be developed to meet population need. At the level of place the priorities and outcomes sought through the ICB plan and strategy will need to be combined with those in the local HWBB strategy and plan to inform the creation an integrated document which spans both health and care.



For 2023/24 joint governance requirements will be required to support strategy and planning at place. This will result in the establishment of Joint/Integrated Committees between the ICB and Local Authorities, however all relevant parties will be invited to attend and contribute to plan development at Place. More information is provided about these in Governance section of this report.

4.2 Provider Collaborative and Place Based Partnership Arrangements

a) Policy and Guidance Review

Provider Collaboratives and Place Based Partnerships are identified as having key roles in relation to the architecture of Integrated Care Systems, sitting alongside Integrated Care Board structures to create an operating model which supports integration.

A summary of guidance in relation to these additional elements of system architecture is provided below:

Provider Collaboratives:

- ✓ Operate at the level of system.
- ✓ All NHS Acute and MH Trusts are expected to be part of one or more provider collaboratives, with Acute Collaborative and MH Collaborative structures featuring in national policy guidance as key elements of system architecture.
- ✓ Community Trusts and Ambulance Services should participate in provider collaboratives where it is beneficial for them to do so.
- ✓ Should engage the full range of providers to include the Independent Sector to ensure co-ordination of care.
- ✓ Important vehicles for NHS providers to collaboratively lead the transformation of services, restoration and shared ownership of objectives and plans across all parties.
- ✓ Will help facilitate the work of alliances and clinical networks enabling speciality levels plans and decisions to be made and implemented in a more co-ordinated and systematic way.

Place Based Partnerships

- ✓ Created to bring health and care services together to meet the needs of a designated population.
- ✓ Must have footprints that enable integration between the NHS and Local Authorities
- ✓ Must make sense to local people.
- ✓ Lead the detailed design and delivery of integrated primary and community services for a defined population.
- ✓ Should include the VCS and have strong links to local communities.
- ✓ Allow decisions to be taken as close to local communities as possible.

Primary Care

- ✓ Fuller Review points to need for at scale primary structures to support sector resilience in addition to primary care being partners in integrated delivery at place.

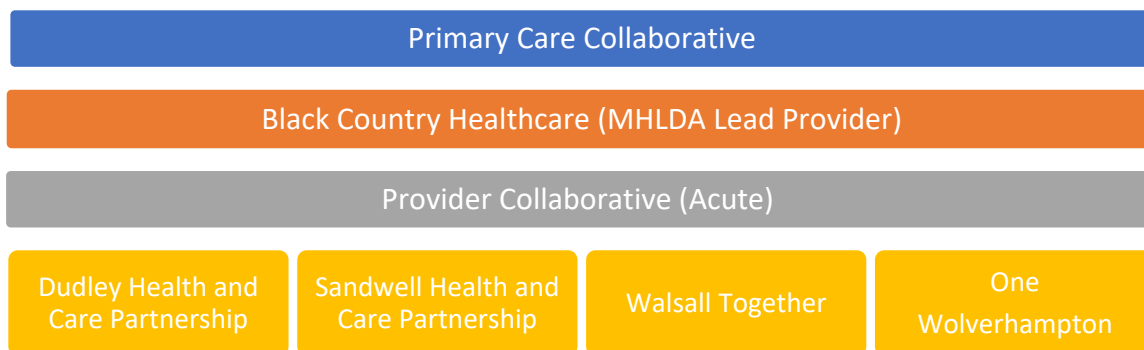
NHS Trusts and Providers

- ✓ Retain formal accountability for their statutory duties and responsibilities.
- ✓ Providers of NHS services will continue to be accountable:
 - for quality, safety, use of resources and compliance with standards
 - for delivery of any services or functions commissioned from or delegated to them,
- ✓ Executives of provider organisations will remain accountable to their boards for the performance of functions for which their organisation is responsible.

The proposed model meets such policy expectations.

b) Confirming the Black Country Architecture

Seven provider structures have been created as additional elements within the Back Country architecture as set out below.



Each of our provider collaboratives and place-based partnerships are at a different stage of development and have varying levels of capability and capacity at this point.

The Primary Care Collaborative is the most recent addition to our infrastructure and is at an initial stage of development. At this stage it is anticipated that the Primary Care Collaborative will undertake a clinical leadership role with further work required to confirm the delivery arrangements for primary care at scale. An outcome of this work is anticipated in the first quarter of 23/24.

Our most developed Collaborative, under Black Country Healthcare, operates on a Lead Provider Model and is characterised by a single contract. Under the terms of the contract Black Country Healthcare is responsible for the delivery of whole pathway services for mental health and LDA and holds delegated responsibilities in relation to strategy, planning and commissioning. Resources have been transferred from the ICB to support the delivery of delegated responsibilities.

The Provider Collaborative (Acute) and Place Based Partnerships have developed a level of infrastructure and capacity but have all confirmed that they are not ready to receive formal delegations from the ICB from the start of 23/24.

c) Developing Our Operating Model through 23/24

Through the work of the System Development Group a clear ambition has been confirmed to develop the role of all Provider Collaboratives and Place Based Partnerships to receive delegations from the ICB and to increasingly act on behalf of constituent members.

Drawing on the learning from the formation of the Mental Health Lead Provider it is recognised this development journey needs to be well planned and supported.

For each collaborative and partnership, a clear road map to delegation will need be established to set out how infrastructure, governance, capacity, and capability will be developed throughout 23/24 to enable delegations to be safely received. These road maps will need to be jointly formed with the ICB and, where relevant for Place Based Partnerships, with Local Authorities to enable the transfer of resources to be

considered alongside the transfer of responsibilities. It will also be important in this process to be clear on statutory duty responsibilities and supporting governance mechanisms.

To reinforce the role of Collaboratives and Partnerships from the 1 April 2023 and the ICBs commitment to their development it is proposed that MOU agreements be put in place which have as a minimum the following components:

The ICB ask of PCs and PBPs:

- ✓ To provide a mechanism to connect with the full range of providers and stakeholders as appropriate to scope.
- ✓ To supporting demand and capacity modelling and inputting information about patient need and preferences.
- ✓ To support the development of credible delivery plans and models to inform commissioning decisions at either system or place.
- ✓ To promote accountability for the delivery of agreed outcomes and performance targets
- ✓ To share and promote innovation and good practice.
- ✓ To enable the effective co-ordination and integration of services.
- ✓ To promoting the effective use of resource and support the delivery of balanced financial plans (budgets, estates, workforce).
- ✓ To develop plans to tackle inequity of access, experience, or outcomes.
- ✓ To comply with service change and business case processes.
- ✓ To support organisational resilience through the facilitation of mutual aid agreements.

A mandate for PCs/PBPs to act:

- ✓ To form and agree strategies and plans to meet patient group or population need which support delivery of the approved ICB Strategy and are in line with policy priorities:
 - For System level collaboratives this relates to:
 - standardisation
 - Improves sustainability rationalisation
 - Integration with more specialist services
 - Has the potential to realise efficiencies in both clinical and back office services
 - For Place this relates to
 - Local integration of multi-disciplinary services
 - Greater continuity of care for those with long term conditions
 - Co-ordinated care for those with the most complex needs
 - Prevention or demand management potential – reducing utilisation of less appropriate higher cost services
- ✓ Develop and implement governance arrangements that reflect their current stage of development, function and form as defined in policy and via discussion with constituent members.
- ✓ Collectively restructure or rationalise central/back office functions to achieve efficiency targets or release funds for patient facing care.
- ✓ Proposed and enact changes to service provision where the change proposed is supported by constituent members, does not require additional investment and will lead to improvements in outcomes, access or experience.
- ✓ Request changes to contracts for constituent organisations where these organisations agree to the proposed changes, there are perceived benefits and the contractual envelope remains unchanged.
- ✓ Agree to pool resources to deliver a identified improvement/transformation project.

The PC and PBP ask of the ICB

- ✓ Engagement in strategy, planning and commissioning decisions.
- ✓ Transparency of decision making.
- ✓ Transparency in relation to financial and resource allocations.
- ✓ A commitment to support the development of PCs/PBPs via the allocation, alignment or transfer of resources.
- ✓ The maintenance of appropriate governance structures which support the principle of subsidiarity.

It is proposed that these MOU agreements are tailored to individual Collaboratives and Partnerships to recognise the different levels of development and readiness to operate, with a quarterly review to ensure they reflect the changing roles and maturity on the road to delegation. For Place Based Partnerships this work will need to be undertaken in consultation with Local Authorities to support local integration. It is also important to note that the MOUs will work alongside, and not replace, formal contracts with individual providers.

5.0 Finance, Contracting and Performance Arrangements

2023/24 is the first full year of operation of the ICB and is a key development year for Collaboratives and Place Based Partnerships. At the start of the year only the MHLDA Lead Provider has the infrastructure and capacity in place to take on finance and contracting arrangements. Given this, financial and contractual arrangements will continue to sit at the level of organisations across the rest of the system for 23/24.

Approval has already been given by the ICB for 12 month contract extensions and work continues to agree financial envelopes that comply with national guidance and enable the delivery of a balanced system plan.

A financial framework is in development to support delivery of financial planning and management for 23/24 and beyond which is aligned to the operating model.

As an outcome of the development work with Provider Collaboratives and Place Based Partnerships it is proposed that the outcomes that each will seek to achieve are clearly articulated. All have commenced work on this and have agreed outcomes with reference to population need and the ambitions of constituent members.

As Provider Collaboratives and Place Based Partnerships develop during 23/24 further work be undertaken to confirm their role in the delivery of mandated outcomes. For Provider Collaboratives the focus of this work will be in relation to the NHSE Outcomes Framework and for Place Based Partnerships the scope of this work could be extended to include both the Public Health Outcomes Framework and Adult Social Care Outcomes Framework.

An initial mapping of the NHSE Outcomes Framework has been completed by the ICB and will be progressed through the System Development Group.

6.0 Governance Arrangements

A review of governance arrangements for strategic planning and commissioning has been undertaken within the System Development Group and are summarised below:

From 1 April 2023:

System Programme Boards

- No formal delegations are required to System Programme Boards which are defined as acting in a consultative and advisory capacity.
- Following a review of the financial limits in Standing Financial Instructions, clearer delegations will be made to the ICB Lead Officers on each Board to enable swifter decision making with the Programme Boards' support
- A review of System Programme Board Terms of Reference be completed alongside SROs in Q1 to create portfolio alignment and ensure inclusive membership.

MHLDA JOC

- A formal connection will be established between the MHLDA JOC and Strategic Commissioning Committee to enable the outcomes of strategy and planning work undertaken by the Lead Provider to be integrated into the system healthcare plan.

Place

- It is proposed that Place level Joint Committees be established between the ICB and the Local Authority with reporting lines to the ICB and HWBBs to enable integrated place strategies and plans to be developed and approved locally.
- The Joint Committees will have formal responsibility for managing pooled funds established under Section 75 arrangements (including for Better Care Fund arrangements).
- To support subsidiarity and it is proposed that ICB Place Managing Directors to be the authorised decision makers in regard to ICB budgets devolved to Place, using the Joint Committee structures as a consultative forum.

ICB SORD

- Minor amendments are proposed to the SORD to reflect the proposed arrangements for Place and to enable Mandates to be set for Collaboratives and Partnerships. A copy of the amended SORD with changes highlighted is appended.
- Information about the operating model will be incorporated into the forthcoming review of financial limits to set coherent limits that enable effective and efficient decision making for individual ICB officers, Committees and the Board.
- No further amendments to the responsibilities of other ICB committees are proposed at this stage and a calendar of meetings is appended for Board ratification. A broader Governance review will take place in Q1 of 2023/24 which may propose changes to support plans for further delegation of ICB responsibilities.

Provider Collaboratives and PBPs

- The terms of reference and governance arrangements put in place by Provider Collaboratives and Place Based Partnerships be formally endorsed by the ICB.
- MOU arrangements between the ICB and provider structures be confirmed during Q1 and reviewed quarterly throughout the year.

The System Development Group noted the need to keep the governance arrangements under review to support the delegation of responsibilities to Collaboratives and Place Based Partnerships.

Specifically, it was noted that as Collaboratives and Place Based Partnerships receive delegations in relation to strategy and planning the ongoing requirement for System Programme Board structures and Joint Committees at Place would need to be reviewed.

It was additionally noted that additional reporting lines would need to be created to the ICBs Quality and Safety Committee and Finance and Performance Committee as Provider Collaboratives and Place Based Partnerships assumed increasing responsibilities for the delivery of integrated service portfolios.

The System Development Committee will continue to oversee the development of these arrangements, including reviewing developing partnership arrangements and terms of reference for the Place Joint Committees.

7.0 RECOMMENDATION

This report seeks approval for the Black Country Operating Model for implementation from the 1 April 2023 with respect to:

- The arrangements for Strategic Planning (incorporating Strategic Commissioning)
- Provider Collaborative and Place Based Partnership Structures
- 2023/24 Finance and Contractual Arrangements
- System Governance

TRUST BOARD (APRIL 2023)

Meeting Date:	Wednesday 5th April 2023
Title of Report:	Financial Performance Update Month 11
Action Requested:	Members of the Committee are asked to: Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input type="checkbox"/> Assure <input type="checkbox"/>
For the attention of the Board	
Assure	<p>Members can take assurance over the Trust financial oversight from the following:</p> <ul style="list-style-type: none"> • The Trust has completed the NHSE Financial Sustainability review (reported to Audit Committee) and Internal Audit validated high or maximum scores in over 93% of areas. Benchmarking received from the RSM (Internal Audit), shows that WHT performed well above average across their client base. • The Trust has been offered additional capital funding since the start of the financial year with NHSE awarding c£4m for the Theatres programme (subject to conditions). This will bring the original programme into balance. • The Trust achieved the highest possible Internal Audit rating in the Creditors internal audit. • The Trust has achieved financial balance in the last 3 years and has also had 'clean' external audits. • The Trust continues to develop closer working relationships with Royal Wolverhampton Trust including the appointment of a Group CFO across both trusts. This will enable increased scrutiny and adoption of best practice.
Advise	<p>The Trust has the following key elements for 2022/23 and 2023/24 reported for members attention:</p> <ul style="list-style-type: none"> • The 2022/23 financial plan requires the Trust to move back into more 'normal' business, with a requirement for efficiency attainment, removal of agency usage and cessation (where safe to do so) of COVID designated expenditure. • The Capital plan for 22/23 has been revised and included within this report. The delay in the completion of the Emergency Department Scheme (while still in budget and within the financial year) has impacted other schemes across the Trust. The revised programme takes account of these delays. • Capital expenditure remains on plan to be committed during the financial year and within CRL. The Trust has been able to obtain a further £1.6m of capital for the 22/23 programme and this has been used to support the purchase of an endoscopy stack which has been identified as a high clinical need. • Planning Guidance for annual planning was published just before Christmas. The Trust made the draft submission on 23 February 2023, with a final submission was made on 30 March 2023

	<p>following approval from the Trust Board on 29 March. Work is ongoing to further develop the financial plan in line with national and ICB guidance.</p>
<p>Alert</p>	<p>The report draws the attention of committee to:</p> <ul style="list-style-type: none"> • The Trust continues to forecast a breakeven revenue position for the 2022/23 financial year. A revised forecast has been produced for the Trust to measure against. Against this revised forecast the Trust is adverse by £0.206m YTD (£7.532m actual deficit versus £7.326m forecasted). • Month 11 Year to date the Trust is £8.774m adverse to the original annual revenue plan. The Trust is reporting a £7.532m deficit. • The revenue position at Month 11 YTD across the ICB shows a c£17.7m deficit which is c£16.2m adverse to plan. This position contains risk for the Trust as a risk share arrangement has been agreed between the organisations of the ICB. • Efficiency and Cost Improvement Programme continue to remain behind on delivery of the level of savings of the annual revenue plan • Temporary staffing costs remain high and require planned reductions to take place to achieve the agreed financial forecast. • The Trust is below 2019/20 Elective Recovery Funding (ERF) trajectories, so will not secure further funds by exceeding the 104% threshold in year (payment of 75% received for going beyond 2019/20 elective activity levels). It has been confirmed that there will be no clawback of ERF funds in the first half of the financial year and current guidance states no claw back for Q3 or Q4. • The re-analysis of the capital programme combined with receipt of additional funding for theatres refurbishment has allowed the Trust to confirm a fully funded programme in 22/23. The wider economic situation leaves risk to delivery (e.g., supply chain) and the programme will be closely managed to year end. • The financial settlement offered to the Trust for 2023/24 has a considerable decrease in revenue. The ICB has agreed to allocate further resources held back in the original offer but in the original offer the Trust is seeing a considerable reduction in income from the ICB compared to 2022/23. Analysis is still taking place, but the Trust has been offered a higher % reduction in income than other acute providers • Walsall has been given an ERF target of 104.9% (subject to negotiation) of 19/20 activity (pre-pandemic) priced at 23/24 prices. Any performance below this level will see the Trust income settlement reduced but performance above this level will see additional income earned paid@ 100% PbR.

	<ul style="list-style-type: none"> • The Trust is in discussion with BC ICB on a range of services that have traditionally being funded outside block but have not been in 22/23. The Trust may wish to terminate these services on that basis. • The Trust draft capital plan for 23/24 (provisionally approved at PF Committee in April 2022) indicates that current draft plans would be unaffordable in 2023/24. However, we await confirmation of funding envelopes and further opportunities. <p>The report recommends that members note:</p> <ul style="list-style-type: none"> • A breakeven revenue position is forecast for 22/23 but this can only be achieved if planned reductions in agency staffing are achieved. • That members continue to seek assurances over delivery of the efficiency programme and agency cessation trajectories across 22/23 and 23/24 • That the Trust has underperformed against the revised financial plan in February 2023. A very challenging level of winter demand has increased the risk of non-delivery of financial targets, but the Trust is still forecasting to deliver a break-even position at the year end. • That the Trust enters 23/24 with a significant underlying revenue deficit which will worsen with a significant reduction in income. • The Trust is currently over programmed on capital for 2023/24 based on a draft capital allocation. • The 22/23 capital programme is fully funded but operational challenges during winter, supply chain challenges and skilled staff shortages ensures that risks to delivery remain.
Author Responsible Director Contact Details:	Dan Mortiboys – Interim Director of Finance d.mortiboys@nhs.net Kevin Stringer – Group CFO Email kevin.stringer@nhs.net
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
<i>Support our Colleagues</i>	
<i>Improve the Healthcare of our Communities</i>	
<i>Effective Collaboration</i>	
Resource Implications:	The report summarises revenue and capital positions of the Trust for the current and next financial years
Report Data Caveats	This is a standard report using the previous month’s data. It may be subject to cleansing and revision.
CQC Domains	Safe: Effective: Caring: Responsive: Well-led:
Equality and Diversity Impact	Nothing specifically associated with this report
Risks: BAF/ TRR	Corporate Risks 2081 and 2082

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

Brief/Executive Report Details	
Brief/Executive Summary Title:	Financial Performance Update Month 11

1. PURPOSE OF REPORT

The purpose of the report is to inform members of the Performance and Finance Committee of the financial performance of the Trust for the 2022/23 and attainment of the financial plan (revenue, capital, and cash).

BACKGROUND

In accordance with national planning guidance, the Trust submitted a Board endorsed financial outturn of a £7.6m deficit in April 2022, system deficit for the Integrated Care System (ICS) being c£48m.

National colleagues reviewed the submissions and allocated further system resources (at a national level c£1.4b) though these funds are only receivable for systems submitting balanced plan outturns.

The regulator required a further national round of planning following release of additional funds. The Trust re-submitting the financial plan for the 2022/23 financial year from the £7.6m deficit to break-even, as endorsed through the Extraordinary Performance and Finance Committee on the 17th of June 2022.

2. FINANCIAL PERFORMANCE MONTH 10

2.1 Black Country Integrated Care System

The ICB month 11 reported position is a £17.7m deficit at month 11, £16.2m adverse to plan. This is an improvement from M10, where the ICS reported a £20.7m deficit, £19.8m adverse to plan. The position has improved because the ICB has agreed to release income to providers (without worsening its own position) and asking providers to re-analyse their balance sheet. However, this has been approached differently by providers showing an uneven improvement in month. WHT planning to release annual leave balance sheet provision in M12 and other providers releasing balance sheet across the remainder of the year.

The financial positions for ICS member organisations is:

Item	M11 Revenue Position			Prior Month Comparative		Prior Month Comparative	
	Plan YTD £'000	Actual YTD £'000	Variance YTD £'000	M10 Actual £'000	Difference £'000	M10 Variance £'000	Difference £'000
BCH	0	(1,946)	(1,946)	(1,449)	(497)	(1,449)	(497)
DIHC	0	13	13	23	(10)	23	(10)
SWBH	(476)	(4,049)	(3,573)	(5,996)	1,947	(5,406)	1,833
DGFT	(781)	(1,340)	(559)	(1,049)	(291)	406	(965)
RWT	(714)	(2,172)	(1,458)	(4,609)	2,437	(2,693)	1,236
WHT	(497)	(7,533)	(7,036)	(6,117)	(1,416)	(7,355)	319
WMAS	981	(668)	(1,649)	(1,528)	860	(3,298)	1,649
ICS	(1,487)	(17,695)	(16,208)	(20,725)	3,030	(19,772)	3,564

As outlined at PF Committee in November 2022, the ICB has now outlined a pathway where the ICB and all organisations within the ICB will breakeven in 22/23. This plan contains significant risk. There are indications WMAS may struggle to meet the terms of the agreement and therefore this may create further financial risk for the Trust either by being asked to support WMAS or by loss of future capital funding in 23/24 (which is available to those ICBs that breakeven in 22/23). However, it must be noted the 22/23 financial plan will be achieved through the considerable use of one-off funding and this challenges the sustainability of the model of care across the ICS with an indication of a significant normalised system deficit.

2.2 Walsall Healthcare Trust Financial Performance 2022/23 Month 11

2.2.1 Revenue

Revised Forecast

Following the forecast exercise undertaken throughout autumn, the Trust has revised trajectories for the year but still assuming a breakeven revenue position. This includes receipt of £4.8m of funding from the ICB. Against this revised forecast the Trust is adverse by £0.206m YTD (£7.532m actual deficit versus £7.326m forecasted).

Income was higher in the month due to recognition of additional capacity, R&D and HEE funding, all offset by increased pay and non-pay costs.

Staffing costs were above forecast in month (£0.751m). This was driven increased temporary medical costs driven by pressures throughout February 2023. Temporary medical costs are continuing at a high level. This was offset by community delivering virtual wards with existing staffing.

Non-pay is over forecast by c£0.538m. This is caused by high cost drugs and devices (£0.2m) (so off set by income), Walsall together dashboard development (£0.1m) and a number of smaller overspend on R&D (funded), overseas nursing recruitment, electrical and biomedical engineering (EBME).

The revised forecast assumes one off benefits to be released in March 2023.

Annual Plan 2022/23

The Trust submitted a revised financial plan endorsed by Board members that attains break-even for the 2022/23 financial year (previous plan submission indicating a deficit of £7.631m)

The Month 11 Year to Date deficit is £7.532m (see **Appendix 1**). This is adverse to the annual financial plan by £8.774m. (with income flat the plan needing to generate surpluses in the early months to offset costs later in the year for items such as winter)

The YTD adverse variance is being driven by:

- Temporary staffing spend above planned levels (£4.130m total pay variance) which includes under-delivery against the Cost Improvement Efficiency target (**Appendix 2, 4 and 6**)
- Non-delivery of additional Elective Recovery Funding targeted as part of the plan improvement (£0.753m YTD / £1.3m FY)
- Increased non-pay expenditure. Non-Pay spend is £9.323m over plan YTD due to increased spend on Drugs, MRI Scans and Surgical Disposables & Equipment
- Continued use of Waiting List Initiatives to offset reduced productivity within Theatres. As part of the recovery programme RSM have been commissioned to review why throughput in base provision of theatre lists remains significantly below historic levels
- CIP attainment presents a risk to delivery of outturn owing to the target being back phased in year

2.2.2 Efficiencies

The Cost Improvement Program (efficiency) evidences an overall shortfall of £0.14m in schemes needed to deliver the required levels of saving (targeting £6.3m and having plans for £6.16m) with 5.7% of the £6.16m of schemes rated as high risk. Urgent mitigations need to be identified to close the CIP gap.

At Month 11 there has been delivery of £4.68m against a plan of £5.19m. However, if the plan was phased in equal twelfths the Trust would need to secure £5.78m YTD and have therefore an adverse variance of £1.09m (so the risk to CIP is back phased into the financial year).

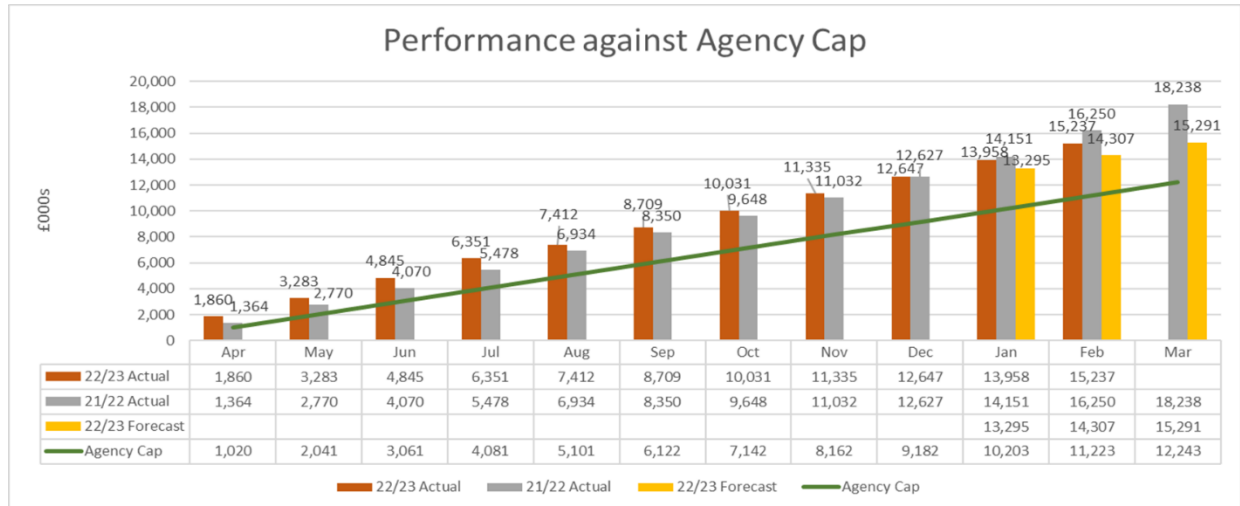
Further detail on the efficiency programme is included within a separate report on the PF agenda by the Chief Operating Officer who oversees CIP efficiency delivery.

2.2.3 Temporary Workforce - Performance versus Calculated Agency Cap

The agency cap is calculated at an ICB level. The ICB has been asked to reduce the agency expenditure by 30% compared to 2021/22. The below target assumes that Walsall takes a 'proportional' share of the 30% reduction of last year's spend and that

the cap is spread evenly across the financial year (when in practice agency spend has traditionally been heavier in winter).

The Trust is currently above the level of agency expenditure to ensure a 30% decrease year on year and also above the level of agency spend incurred during the national pandemic. It is highly likely that should Walsall enact the NHSE deficit protocol at any point in the future then agency expenditure will be heavily scrutinised:



3. INCREMENTAL COSTS ASSOCIATED WITH RESPONSE TO COVID 19

NHSI/E have asked for these costs to be reported (having previously been reported monthly in 2020/21). The return showed Covid 19 expenditure of c£0.917m.

Allowable cost type 22/23	Feb 23 YTD
Existing workforce additional shifts to meet increased demand	158,359
Expand NHS Workforce - Medical / Nursing / AHPs / Healthcare Scientists / Other	48,951
Increase ITU capacity (incl. Increase hospital assisted respiratory support capacity, particularly mechanical ventilation)	128,859
PPE associated costs	97,583
Segregation of patient pathways	482,873
Grand Total	916,625

4. ERF Performance

This section seeks to articulate Trust ERF performance as a way of highlighting the Trust elective position against national targets (104% of 19/20) and how WHT benchmarks against other providers in the system and region.

Walsall Healthcare Trust

The Trust is performing at 90.2% YTD (89.8% in month) of the 2019/20 baseline for Elective Inpatients, Day-cases, First Outpatients and Outpatient Procedures. These being the points of delivery assessed in the Elective Recovery Funding framework. The target is 104% of 2019/20 and the Trust is performing below this target by 13.8% (see below):

Elective Recovery Fund	Qtr 1	Qtr 2	Qtr 3	Jan 2023	Feb 2023	YTD
Daycase	(£ 390,205)	(£ 257,869)	(£ 364,493)	(£ 167,000)	(£ 22,407)	(£ 1,201,974)
Inpatient Elective	(£ 1,166,410)	(£ 601,158)	(£ 1,033,086)	(£ 41,619)	(£ 183,922)	(£ 3,026,195)
Outpatient Procedure	(£ 290,860)	(£ 181,556)	(£ 326,939)	(£ 103,204)	(£ 102,798)	(£ 1,005,357)
Outpatient First Attendance	£ 221,331	£ 98,926	£ 27,316	£ 15,367	(£ 23,042)	£ 339,897
Outpatient Follow up Attendance	(£ 610,587)	(£ 644,716)	(£ 629,976)	(£ 216,121)	(£ 198,890)	(£ 2,300,289)
Total	(£ 2,236,731)	(£ 1,586,372)	(£ 2,327,178)	(£ 512,577)	(£ 531,060)	(£ 7,193,918)

Table 1: - Trust ERF income loss when current activity is compared to income received to support delivery of 104% of historic activity.

NHSEI have indicated that there will be no clawback for ERF underperformance in H1 and are currently instructing systems to account for zero ERF claw back in Q4. There is significant under performance against ERF targets for all other acute providers in the region and nationally, which intimates a continued low risk to clawback in 2022/23 (as was reported to members for H1 at commencement of the financial year).

Black Country and West Birmingham ICS (from 27th January 2023)

Trust	30-Nov	04-Dec	11-Dec	18-Dec	25-Dec	01-Jan	08-Jan
WHT	96.4%	100.1%	97.4%	94.9%	97.0%	94.4%	92.1%
RWT	100.7%	95.7%	94.0%	93.6%	96.6%	95.1%	97.8%
DGoH	93.8%	94.3%	94.9%	94.2%	93.0%	90.3%	88.7%
SWBH	93.4%	95.3%	92.9%	91.9%	91.4%	88.8%	90.0%
STP	97.8%	96.1%	95.0%	94.0%	95.3%	93.2%	93.1%

Table 2: - NHSE/I System ERF performance as a percentage of historic 2019/20 baseline

WHT indicated performance for month 9 is 95.3% compared to 94.1% for the system. This performance indicator uses weekly data feeds of uncoded data with applied average tariffs to arrive at this weekly estimated performance. Due to the application of average tariffs at a national level, there is significant scope for variation to actual performance resulting in table 2 being overstated.

A summary of regional performance is detailed in **Appendix 10**.

In summary, the regional and national ERF performance would trigger large penalties being applied to all systems, resulting in large system deficits if the current rules were enforced. However, briefings have indicated these fines will not be implemented and a change in the rules be initiated to avoid creation of substantial deficits.

However, whilst a penalty is unlikely from not attaining the 104% elective threshold, it is also clear that the Trust would not exceed this value and thus is unable to secure further income at 75% of tariff for all activity exceeding the 104% of historic baseline in year.

5. Balance Sheet

5.1 Working Capital

As the Trust financial position deteriorates it is important to understand and assess the movement in working balances, to ensure cash is available to service:

- Payments to our staff
- Payments to our suppliers of goods and services
- Payment for capital works and repayment of loan liabilities (PFI)

Trade and Other Receivables Analysis	February 2023 Actual	March 2022 Actual	Variance
	£'000	£'000	£'000
Debtors NHS (Accounts Receivable and Accrued)	11,194	2,968	8,226
Debtors non NHS	9,443	7,188	2,255
Debtors - Prepayments	7,970	2,251	5,719
Bad Debt Provision	(1,676)	(1,693)	17
Total Trade and Other Receivables	26,931	10,714	16,217

In line with previous discussions at PF, the table below highlights the position with Black Country ICB who make up the majority of the NHS debt.

Black Country ICB Debt Further Analysis

Breakdown of ICB Debtors @28th February 2023	Value	Commentary
Trade Debt	£'m	
Legacy Debt from Walsall CCG	0.337	This debt is old and has been provided for
Disputed Items	4.671	Income for these items has been received via the BC ICB year end agreement, so no further I&E impact. Discussions for these services with the ICB for next year continue
Items raised in February (under 30 days)	0.265	
Items outstanding at month end but paid as @ 22 March 2023	0.650	Payment received in March
Payment agreed and cash awaited @ 22 March 2023	1.409	Payment agreed but date yet to be confirmed
Items over 30 days awaiting approval @30 March	0.808	This primarily relates to the provision of ICT services to the ICB. Further work is taking place.
NHS Debt	8.141	

Creditors

Trade and Other Payables Analysis	February 2023 Actual	March 2022 Actual	Variance
	£'000	£'000	£'000
Trade Creditors	3,956	3,482	474
Capital Creditors	2,275	3,858	(1,583)
NHS Creditors	14,849	1,827	13,022
Creditor Accruals	21,370	22,698	(1,328)
Deferred Income	5,761	2,801	2,960
Other Creditors	11,804	13,135	(1,331)
Tax, NI	5,168	4,562	606
Total Trade and Other Payables	65,183	52,363	12,820

Trade Creditors have reduced from Month 10 and are lower than year end. Capital Creditors are reduced being variable based on the exact point at which projects are at the month end close. NHS Creditors are increased due to Q4 charges now being invoiced; the Trust looks to minimise NHS creditors at year end to simplify Agreement of Balances. However, 86.6% of NHS creditors have been paid within 30 days in 2022/23 and in February month that performance was 89.9%.

Key variances to year end on Deferred Income since 21/22 WHT include income from HEE £2.1m (being released over the period it relates to). Various other deferred income including c£0.5m related to cancer funding.

Description	Balance 31st March 2022 £m's	Balance 28th February 2023 £m's	Movement (adverse) /positive £m's
Cash held and in Bank	55.6	38.7	(16.9)

The Trust has maintained a healthy positive cash balance, the reduction centring upon the movement in working balances and cash outflow to service capital projects. The cash position remains healthy, though at forecast levels of deficit (noting also balance sheet flexibility release will not provide cash to service increased costs above I&E outturn) the Trust needs to carefully manage and project cashflows to maintain payment terms for suppliers (in addition to staff).

5.2 Capital

2022/23

Trust Board approved a level of capital expenditure of £41.450m for the 2022/23 financial year. However, following subsequent review (the material change being the removal of the Skin Hospital) the total capital programme for 2022/23 was redefined as £38.188m. At the start of the financial year the programme was not fully funded but the Board wished to progress the theatres project.

During the financial year the Trust has taken the opportunity to purchase a Mako Robot and has also been awarded additional funding for IMT and diagnostic activity. In late December the Trust has been awarded c£4.0m to progress with the theatre refurbishment and confirmations are in the process of been provided. Since the start of the financial year, the planned opening date for the new Emergency Department has slipped from autumn to March 2023 (with handover 10 February 23). This delay has in turn prevented the commencement of other schemes as intended. An example of this would be the fit out of the Emergency Department shell space (which is outside the main Emergency Department project). The trust has also been awarded monies for falls and a further £1.6m of operational capital during January 2023, which was drawn down in February 2023.

Allowing for the in-year changes, the Trust has re-forecasted the capital programme (**Appendix 7**). The programme detailed is now fully funded. Risk remains within the

programme. While purchase orders have been raised and delivery dates confirmed, there remains risk in the current economic situation on delivery within the financial year, supply chain issues, impact of inflation in the marketplace, the need to prioritise operational delivery in winter and the opening of the ED.

During 2022/23 the Trust has identified an urgent need for an Endoscopy stack. The additional funding from the ICS has allowed this to be purchased.

Initially the Trust has secured from the ICS of £13.305m, ED of £19.147m and the PFI of £1.408m so total funding of £33.860m. In addition to this the Trust has secured theatre funding of £4.023m, £2.118m of IT and diagnostic funding, additional capital from the ICS of £1.600m and capital to support falls of £0.060m for a total funding of £41.661m.

YTD expenditure is £31.815m, there are several schemes that are not due to start until quarter 4. Details of the Year-to-date position are included in **Appendix 7**.

6. Summary, Key Risks & Mitigations

Black Country and West Birmingham Integrated Care System:

- Deficit totals £17.7m. The system continues to forecast a breakeven position

Trust:

Revenue

- Adopted a breakeven plan for 2022/23 in June 2022 (draft plan a c£7m deficit)
- The Trust has re-aligned trajectories but remains forecasting a breakeven position.
- The Trust has reported an adverse variance of £206m against the revised forecast YTD
- Deficit at Month 11 totals £7.5m (£8.8m variation to annual plan)
- Drivers of YTD deficit continue to be:
 - High levels of temporary staffing (agency above historic levels)
 - Non-achievement of ERF overperformance of £1.3m (system risk in plans)
 - Elective activity earlier in the year supported by costly Waiting List Initiatives
 - Phasing of delivery of efficiencies (Cost Improvement Program)
 - High emergency demands (aligned to that financed within the ED business case)

Capital and Balance Sheet

- The capital plan is fully funded but risk remains around external economic factors (challenging marketplace, supply chain and impact of winter)
- Debtors are being progressed and further escalation will be needed if progress is not made.
- The Trust cash position remains able to support the need of the Trust within the financial year.

Risks

- If the trust were to move away from a breakeven revenue position the following consequences would apply:
 - Risks to movement from level 3 to level 4 mandatory intervention for the Trust
 - Impact on 'Use of Resources' and thus CQC rating (to include 'well led')

Governance and next actions:

- The risks to achievement of revenue and capital outturn highlighted to Executive, TMC, P&F and Trust Board
- Significant re-forecasting work has taken place to develop mitigations in 22/23
- Director of Nursing & Medical Director developing plans to reduce Temporary Workforce costs
- Recurrent CIP plans need to be focused on.
- Current forecast position highlights a significant risk to breakeven duty in 2023/24.
- Current capital plans exceed funding in 2023/24.
- Pressures and investments for 23/24 are still to be prioritised by Executive. This does not confirm an ability to invest under assumed financial envelope.

APPENDICES

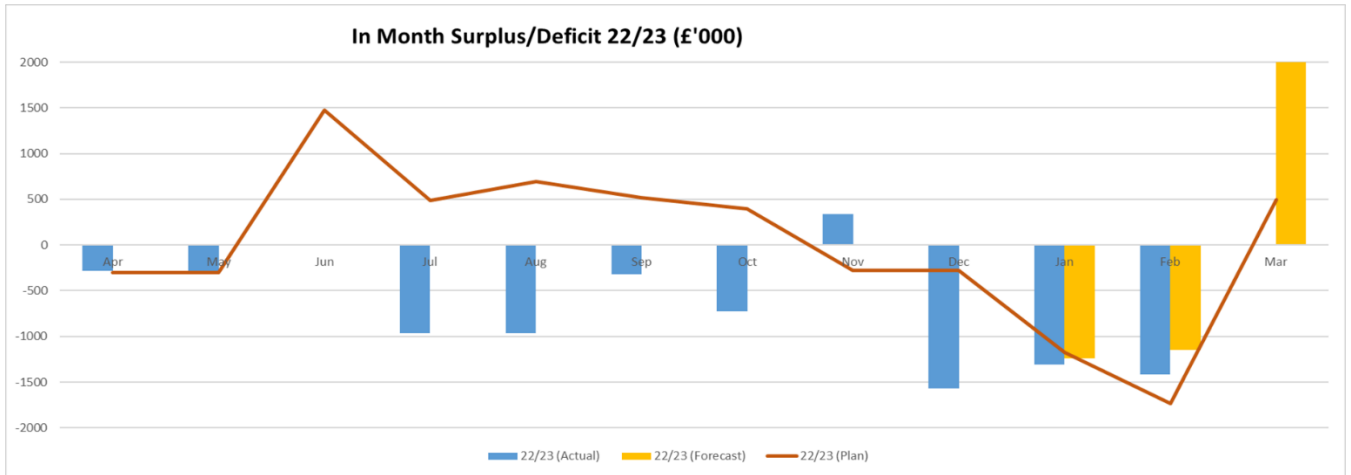
1. Financial Performance 2022/23
2. Medical & Nursing cost vs budget by area
3. Divisional Run Rates 2022/23
4. Temporary Staffing 2022/23 (inc. Agency Cap)
5. Trust charting of income and expenditure run rates (SPC charts)
6. Performance against the Efficiencies Programme
7. Capital Programme
8. Better Payment Practice Code Performance
9. Balance Sheet and Cash Flow
10. Regional ERF Performance

Appendix 1 -Trust wide Financial Performance 2022/23 as at Month 11 Year to Date Plan v Actual

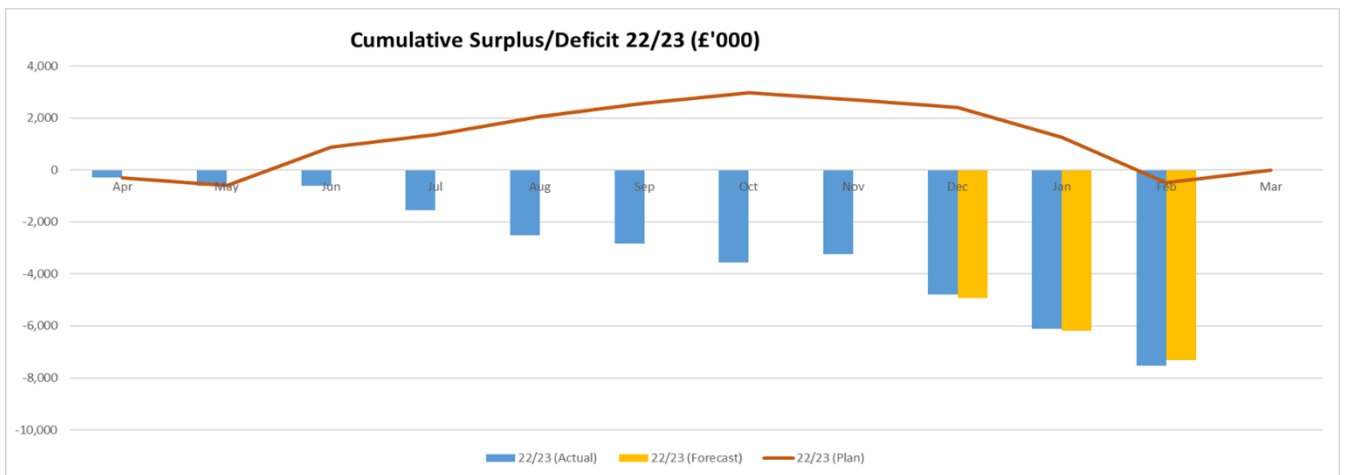
	YTD Plan £000s	YTD Actual £000s	YTD Variance £000s
Income			
Healthcare Income (Inc. Vaccs)	327,634	329,963	2,330
Other Income (Education&Training)	7,179	8,310	1,130
Other Income (Other)	7,063	7,957	893
Subtotal Income	341,876	346,229	4,353
Pay Expenditure			
Substantive Salaries	(218,669)	(187,462)	31,207
Temporary Nursing	(2,677)	(19,955)	(17,278)
Temporary Medical	(1,922)	(14,649)	(12,727)
Temporary Other	(1,219)	(6,551)	(5,332)
Vaccination Programme	(891)	(891)	0
Subtotal Pay Expenditure	(225,377)	(229,508)	(4,130)
Non Pay Expenditure			
Drugs	(19,596)	(20,861)	(1,266)
Clinical Supplies and Services	(15,760)	(18,778)	(3,018)
Non-Clinical Supplies and Services	(23,804)	(26,458)	(2,654)
Other Non Pay	(31,696)	(34,994)	(3,298)
Vaccination Programme	(340)	(340)	0
Depreciation	(13,773)	(12,861)	912
Subtotal Non Pay Expenditure	(104,969)	(114,292)	(9,323)
Interest Payable	(10,464)	(10,229)	235
Subtotal Finance Costs	(10,464)	(10,229)	235
Total Surplus / (Deficit)	1,066	(7,799)	(8,866)
Donated Asset Adjustment	175	267	92
Adjusted Surplus / (Deficit)	1,242	(7,532)	(8,774)

In Month Forecast v Actual

	Feb'22 Forecast £000s	Feb'22 Actual £000s	Variance £000s
<u>Income</u>			
Healthcare Income (Inc. Vaccs)	29,747	30,211	464
Other Income (Education&Training)	689	988	299
Other Income (Other)	570	612	43
Subtotal Income	31,005	31,811	806
<u>Pay Expenditure</u>			
Substantive Salaries	(17,511)	(17,445)	66
Temporary Nursing	(1,749)	(1,686)	63
Temporary Medical	(887)	(1,544)	(657)
Temporary Other	(545)	(748)	(203)
Vaccination Programme	0	(20)	(20)
Subtotal Pay Expenditure	(20,692)	(21,443)	(751)
<u>Non Pay Expenditure</u>			
Drugs	(1,777)	(1,858)	(82)
Clinical Supplies and Services	(1,675)	(1,732)	(57)
Non-Clinical Supplies and Services	(2,597)	(2,606)	(9)
Other Non Pay	(3,460)	(3,848)	(388)
Vaccination Programme	0	11	11
Depreciation	(1,021)	(1,033)	(12)
Subtotal Non Pay Expenditure	(10,530)	(11,068)	(538)
Interest Payable	(951)	(743)	0
Subtotal Finance Costs	(951)	(743)	0
Total Surplus / (Deficit)	(1,169)	(1,443)	(274)
Donated Asset Adjustment	24	24	0
Adjusted Surplus / (Deficit)	(1,145)	(1,419)	(274)



WHT are forecasting a significant surplus in M12 due to central mitigations and the breakeven stretch target.



Appendix 2

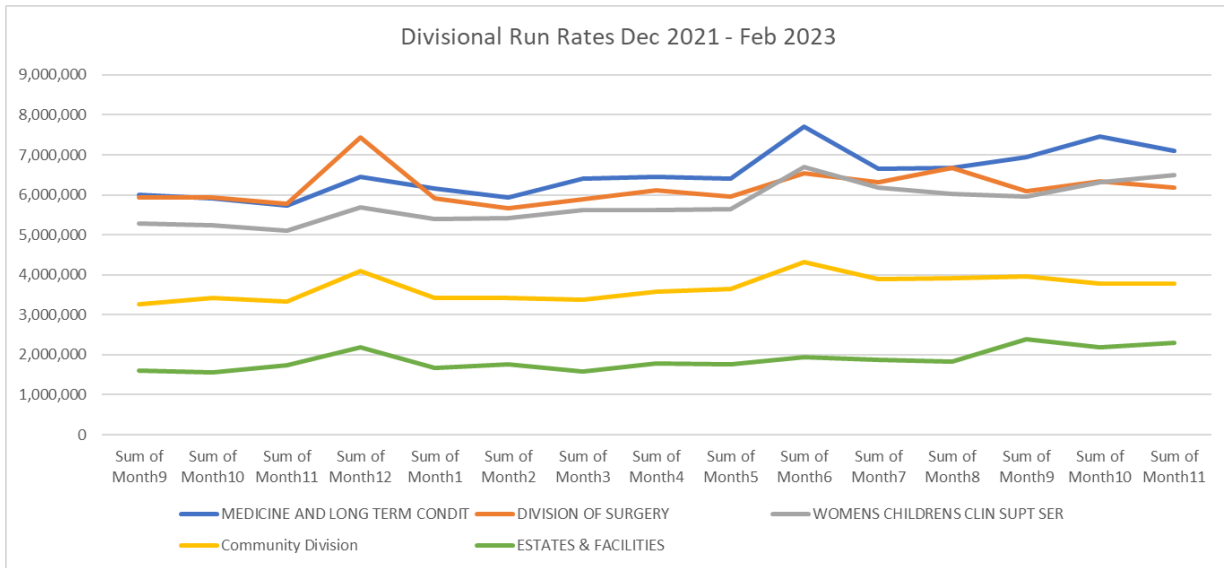
Medical Staffing Spend analysis by area.

	M11 Budget (£)	M11 Actual (£)	M11 Variance (£)	M11 Var %	YTD Budget (£)	YTD Actual (£)	YTD Variance (£)	M11 Var %
	Budget (£)	Actual (£)	Actual (£)	%	Actual (£)	Actual (£)	Actual (£)	%
DOS								
Cancer Services	3,034	0	3,034		33,388	0	33,388	
General Surgery	485,538	513,033	(27,495)	(6%)	4,771,607	5,274,654	(503,047)	(11%)
Head & Neck	160,626	163,483	(2,857)	(2%)	1,465,937	1,409,709	56,288	4%
MSK	332,303	357,743	(25,440)	(8%)	3,270,879	3,599,597	(328,718)	(10%)
Theatres and Critical Care	682,702	840,706	(158,004)	(23%)	6,655,816	7,263,148	(607,332)	(9%)
WLIs	(24,132)	22,017	(46,149)	191%	44,210	837,465	(793,255)	(1794%)
DOS Total	1,640,071	1,896,981	(256,910)	(16%)	16,241,897	18,384,572	(2,142,675)	(13%)
MLTC								
Acute Care	355,174	337,203	17,971	5%	3,650,977	3,405,412	245,565	7%
Capacity	244,092	225,165	18,927	8%	726,997	1,957,312	(1,230,315)	(169%)
Cardiology	165,850	240,349	(74,499)	(45%)	1,581,233	2,332,101	(750,868)	(47%)
Dermatology	90,300	132,573	(42,273)	(47%)	827,802	1,084,353	(256,551)	(31%)
Diabetes & Endocrinology	106,923	142,450	(35,527)	(33%)	989,821	1,082,971	(93,150)	(9%)
Elderly Care	351,730	353,838	(2,108)	(1%)	3,544,668	3,962,278	(417,610)	(12%)
Emergency Care	470,992	609,328	(138,336)	(29%)	4,821,038	5,624,281	(803,243)	(17%)
Frail & Elderly Pathway	28,561	43,644	(15,083)	(53%)	261,391	293,118	(31,727)	(12%)
Gastroenterology	158,535	197,384	(38,849)	(25%)	1,485,620	1,897,208	(411,588)	(28%)
MLTC Management	0	0	0		0	63,210	(63,210)	
Nephrology	43,906	48,236	(4,330)	(10%)	326,529	478,973	(152,444)	(47%)
Neurophysiology & Stroke	7,295	8,275	(980)	(13%)	125,547	49,246	76,301	61%
Respiratory	144,574	163,208	(18,634)	(13%)	1,440,182	1,710,274	(270,092)	(19%)
MLTC Total	2,167,932	2,501,655	(333,723)	(15%)	19,781,805	23,940,739	(4,158,934)	(21%)
WCCSS								
Imaging	167,073	156,603	10,470	6%	1,614,893	1,940,087	(325,194)	(20%)
Obstetrics & Gynae	481,626	468,219	13,407	3%	3,894,616	4,186,695	(292,079)	(7%)
Paediatrics	593,203	630,849	(37,646)	(6%)	5,272,819	5,440,570	(167,751)	(3%)
Pathology	62,014	52,749	9,265	15%	576,964	568,683	8,281	1%
Sexual Health	46,766	42,686	4,080	9%	430,170	408,248	21,922	5%
WCCSS Total	1,350,682	1,351,107	(425)	(0%)	11,789,462	12,544,283	(754,821)	(6%)
Other								
Community	91,908	76,079	15,829	17%	914,848	811,637	103,211	11%
Corporate	215,414	154,600	60,814	28%	2,161,992	1,857,411	304,581	14%
COVID Programme	0	0	0		0	0	0	
Other Total	307,322	230,679	76,643	25%	3,076,840	2,669,047	407,793	13%
Total	5,466,007	5,980,421	(514,414)	(9%)	50,890,004	57,538,642	(6,648,638)	(13%)

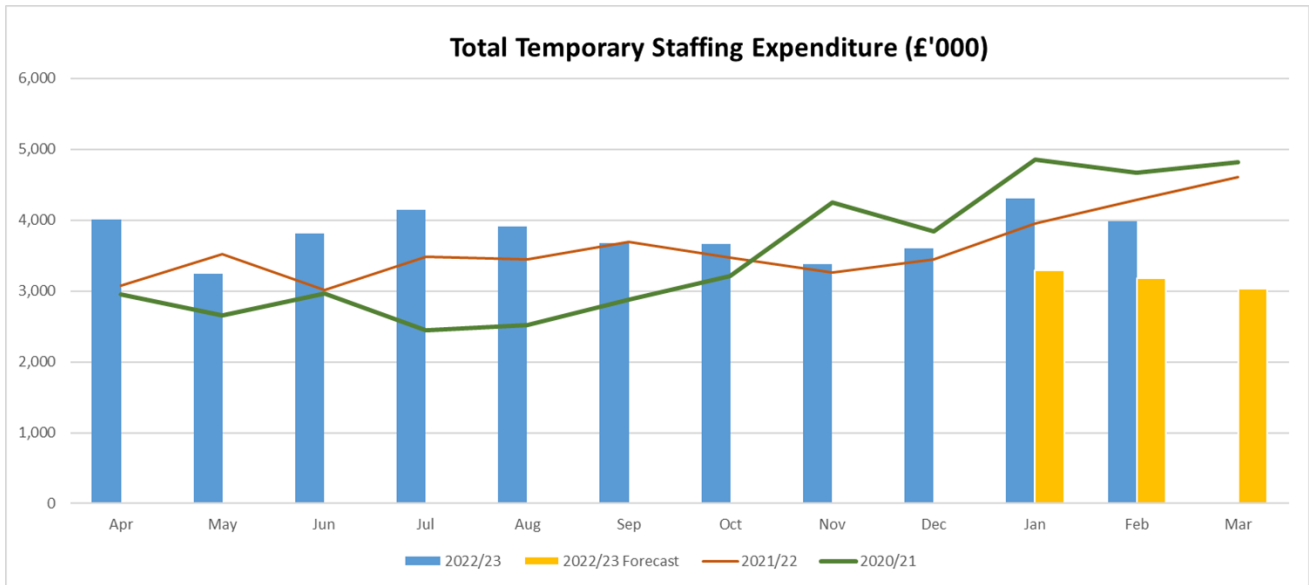
Nursing Spend analysis by area.

Division / Area	M11 Budget (£)	M11 Actual (£)	M11 Variance (£)	M11 Var %	YTD Budget (£)	YTD Actual (£)	YTD Variance (£)	YTD Var %
DOS								
Ward 3	40,849	77,109	(36,260)	(89%)	168,864	882,059	(713,195)	(422%)
Ward 10 - Capacity	120,528	132,766	(12,238)	(10%)	1,324,151	1,795,680	(471,529)	(36%)
Ward 11&12	209,795	318,556	(108,761)	(52%)	2,303,478	3,478,472	(1,174,994)	(51%)
SACU	35,358	110,550	(75,192)	(213%)	581,375	1,218,322	(637,547)	(110%)
Ward 20a b & c	163,894	146,011	17,883	11%	1,800,324	1,515,478	284,846	16%
ITU	381,008	347,357	33,651	9%	4,172,617	4,432,541	(259,924)	(6%)
Theatres	417,529	541,840	(124,311)	(30%)	4,610,874	5,849,036	(1,238,162)	(27%)
Chemo	51,252	56,456	(5,204)	(10%)	561,968	740,325	(178,357)	(32%)
Surgical Daycase	42,626	46,102	(3,476)	(8%)	468,001	542,801	(74,800)	(16%)
Other	332,516	327,133	5,383	2%	3,689,283	3,754,084	(64,801)	(2%)
DOS Total	1,795,355	2,103,881	(308,526)	(17%)	19,680,935	24,209,398	(4,528,463)	(23%)
MLTC								
Ward 1	169,113	183,994	(14,881)	(9%)	1,857,565	2,058,535	(200,970)	(11%)
Ward 2	169,716	190,862	(21,146)	(12%)	1,864,303	2,083,651	(219,348)	(12%)
Ward 3	172,625	191,983	(19,358)	(11%)	1,896,179	2,198,530	(302,351)	(16%)
Ward 4	113,980	182,475	(68,495)	(60%)	1,251,427	2,096,524	(845,097)	(68%)
Ward 5/6 (AMU)	263,514	360,953	(97,439)	(37%)	3,280,731	4,080,526	(799,795)	(24%)
Ward 7	129,406	127,788	1,618	1%	1,420,576	1,462,310	(41,734)	(3%)
Ward 10	0	6,913	(6,913)		0	21,467	(21,467)	
Ward 14	121,489	134,816	(13,327)	(11%)	507,611	762,008	(254,397)	(50%)
Ward 15	145,913	161,839	(15,926)	(11%)	1,602,777	1,737,756	(134,979)	(8%)
Ward 16	137,322	161,197	(23,875)	(17%)	1,514,956	1,685,845	(170,889)	(11%)
Ward 17	130,737	156,133	(25,396)	(19%)	1,435,152	1,789,560	(354,408)	(25%)
Ward 29	178,126	182,125	(3,999)	(2%)	1,956,331	2,151,690	(195,359)	(10%)
A&E	682,609	793,977	(111,368)	(16%)	7,484,098	8,735,417	(1,251,319)	(17%)
Ambulatory Care	46,017	64,305	(18,288)	(40%)	503,688	542,943	(39,255)	(8%)
Other	348,763	404,772	(56,009)	(16%)	3,811,785	4,273,266	(461,481)	(12%)
MLTC Total	2,809,930	3,304,132	(494,202)	(18%)	30,387,179	35,680,028	(5,292,849)	(17%)
WCCSS								
Ward 23 & 26	76,729	73,538	3,191	4%	842,060	810,369	31,691	4%
Paediatrics	246,579	254,390	(7,811)	(3%)	2,586,722	2,766,445	(179,723)	(7%)
Neonatal	220,083	222,070	(1,987)	(1%)	2,382,879	2,392,979	(10,100)	(0%)
Maternity	916,126	955,236	(39,110)	(4%)	9,725,114	9,301,560	423,554	4%
Other	207,316	228,164	(20,848)	(10%)	2,144,746	2,327,974	(183,228)	(9%)
WCCSS Total	1,666,833	1,733,399	(66,566)	(4%)	17,681,521	17,599,327	82,194	0%
Other								
Community	1,540,772	1,438,532	42,240	3%	16,856,002	16,538,878	317,124	2%
Corporate	496,409	587,024	(90,615)	(18%)	5,341,622	5,309,194	32,428	1%
Vaccination Programme	0	0	0		181,251	181,249	2	0%
Other Total	2,037,181	2,085,556	(48,375)	(2%)	22,378,875	22,029,321	349,554	2%
Grand Total	8,309,299	9,227,086	(917,787)	(11%)	90,128,510	99,518,073	(9,389,563)	(10%)

Appendix 3 – Divisional Run Rates

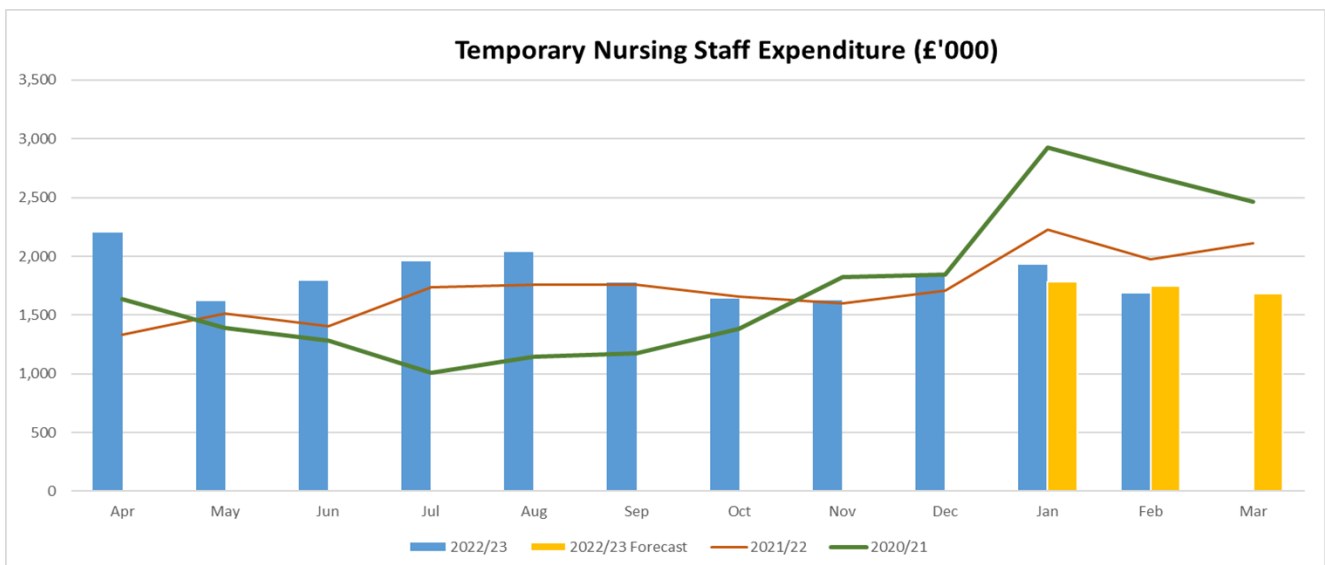


Appendix 4 – Temporary Staffing Report

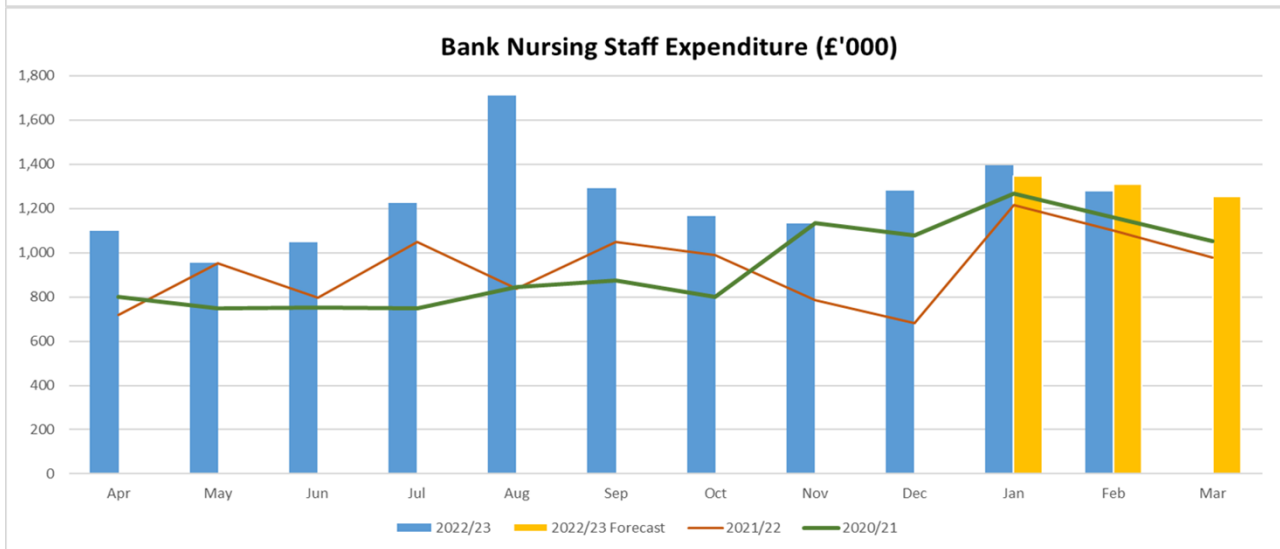
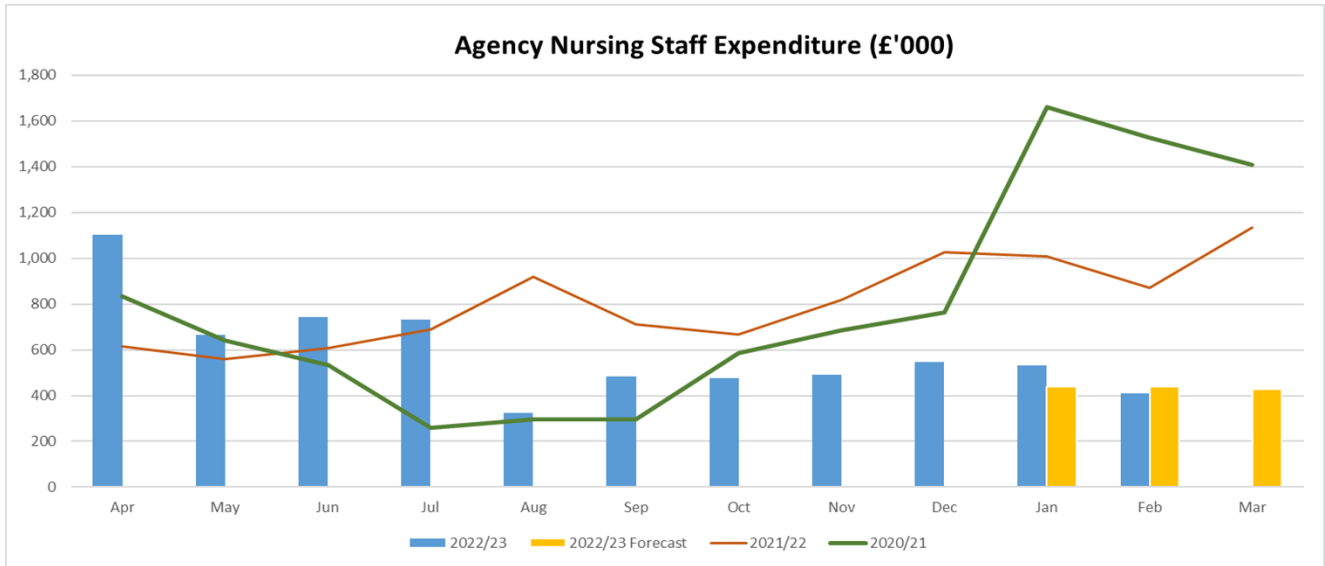


Total Temporary Staffing decreased from £4.305m in month 10 to £3.984m in month 11 and is forecast to gradually reduce to £3.035 by the year end.

Temporary Nurse Staffing

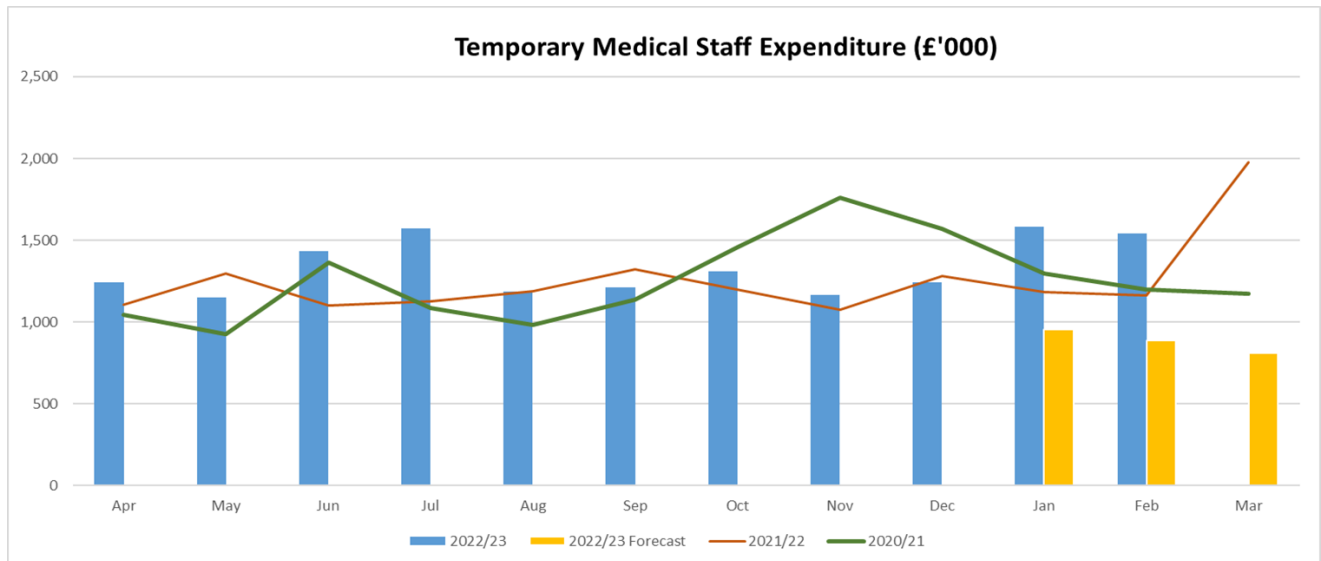


There has been a decrease in bank and agency spend from Jan'23 to Feb '23, due to a reduction in shifts. In addition to this, winter bank rates have now finished which is another reason why the spend is lower compared to previous months. February costs tends to be lower than January year-on-year due to there being fewer working days in February. Bank usage/spend has decreased across Wards. The main reasons why nursing bank is being used across the trust is to cover vacancies, sickness, and capacity issues.



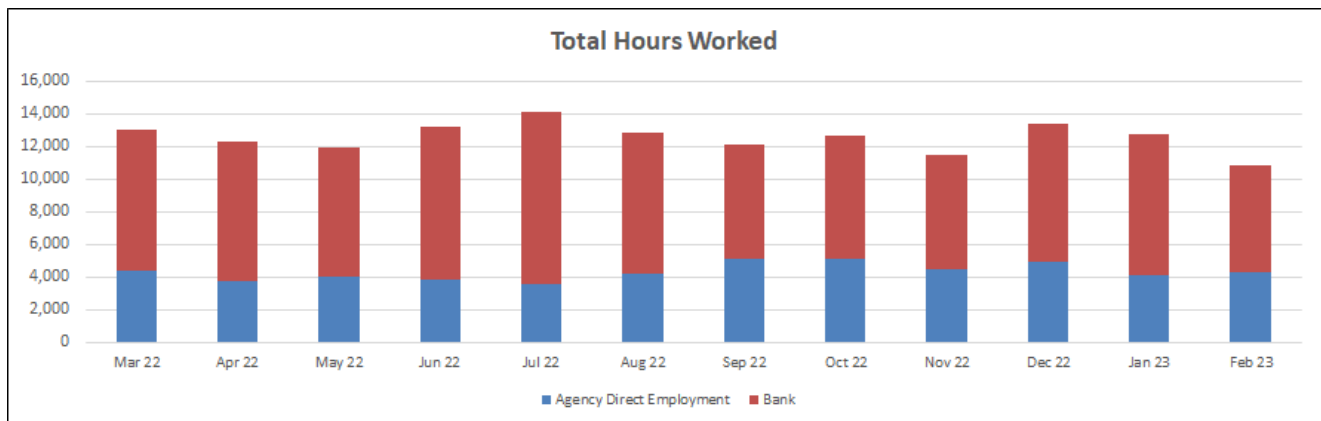
Agency usage/spend has decreased from last month. We have seen a decrease from last month's usage mostly within the Paediatrics Children Unit and Theatres/Critical Care. The main reasons for agency usage are vacancies within Wards and Maternity cover within A&E. There is a plan from the Trust to reduce agency spend across wards and higher tiered agencies over the coming months in line with higher recruitment plans.

Temporary Medical Staffing



The graph above shows that total temporary medical spend has decreased from the previous month.

The below data breaks down the key drivers based on the data held in the TempRE booking system (N.B. this system does not include all temporary medical staff, staff on fixed term locum contracts are not booked through TempRE)

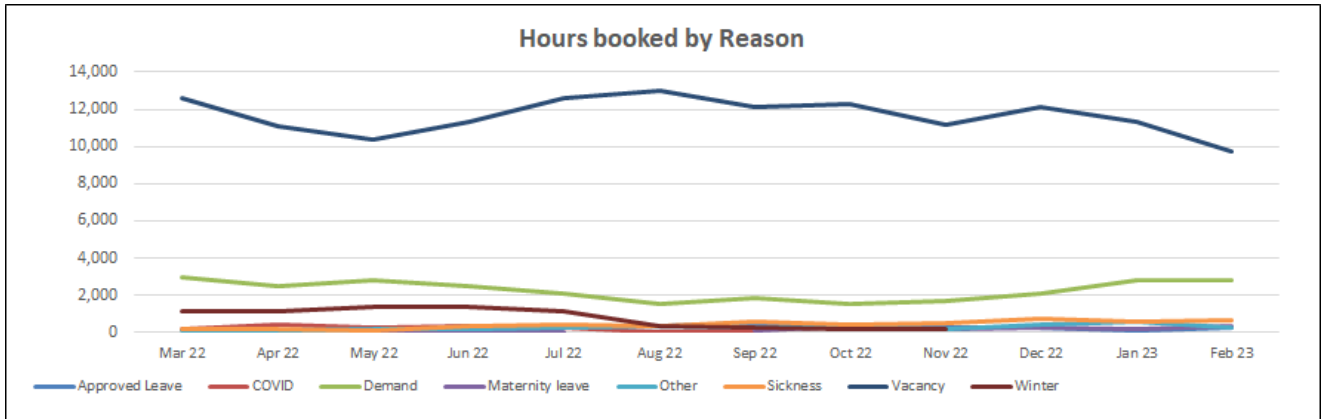


Compared to the average of the previous quarter, Locum hours decreased by 667 and Agency decreased by 197

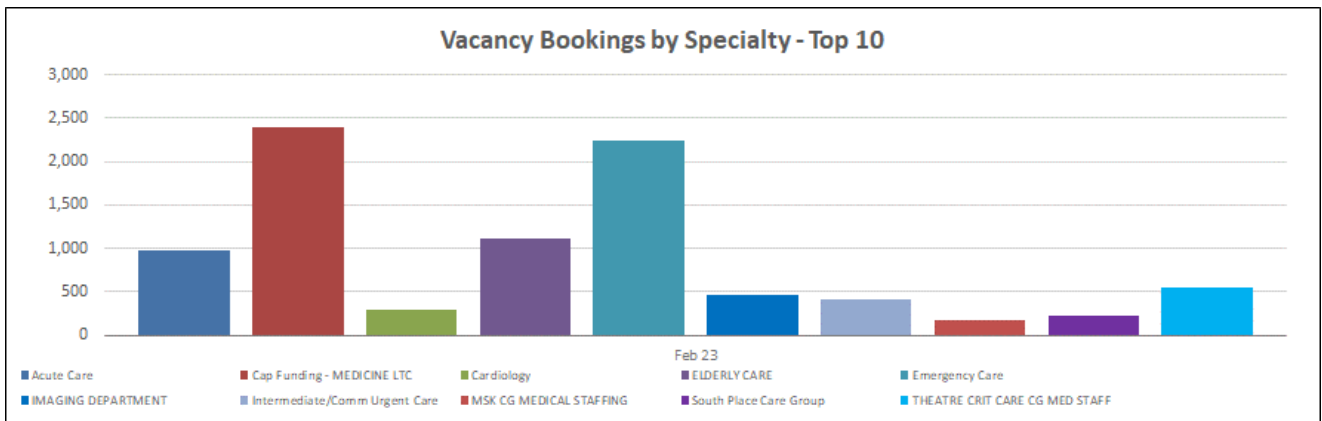
The main movement in hours by specialty compared to January' 22 are as follows:

Engagement Type	Jan 23	Feb 23	Movement
Agency Direct Employment	7,020.66	7,560.49	539.83
Bank	8,687.61	6,550.59	- 2,137.02
Grand Total	15,708.27	14,111.08	- 1,597.19

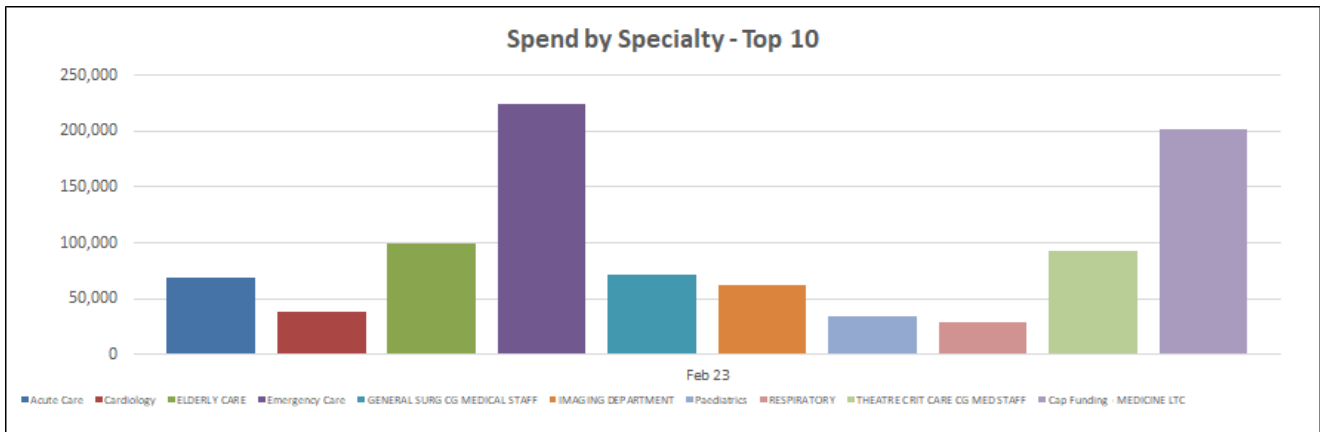
The main reason for bookings continues to be vacancies with 9,763 booked in Feb' 22 which is a reduction of 1,554 from Jan' 22.



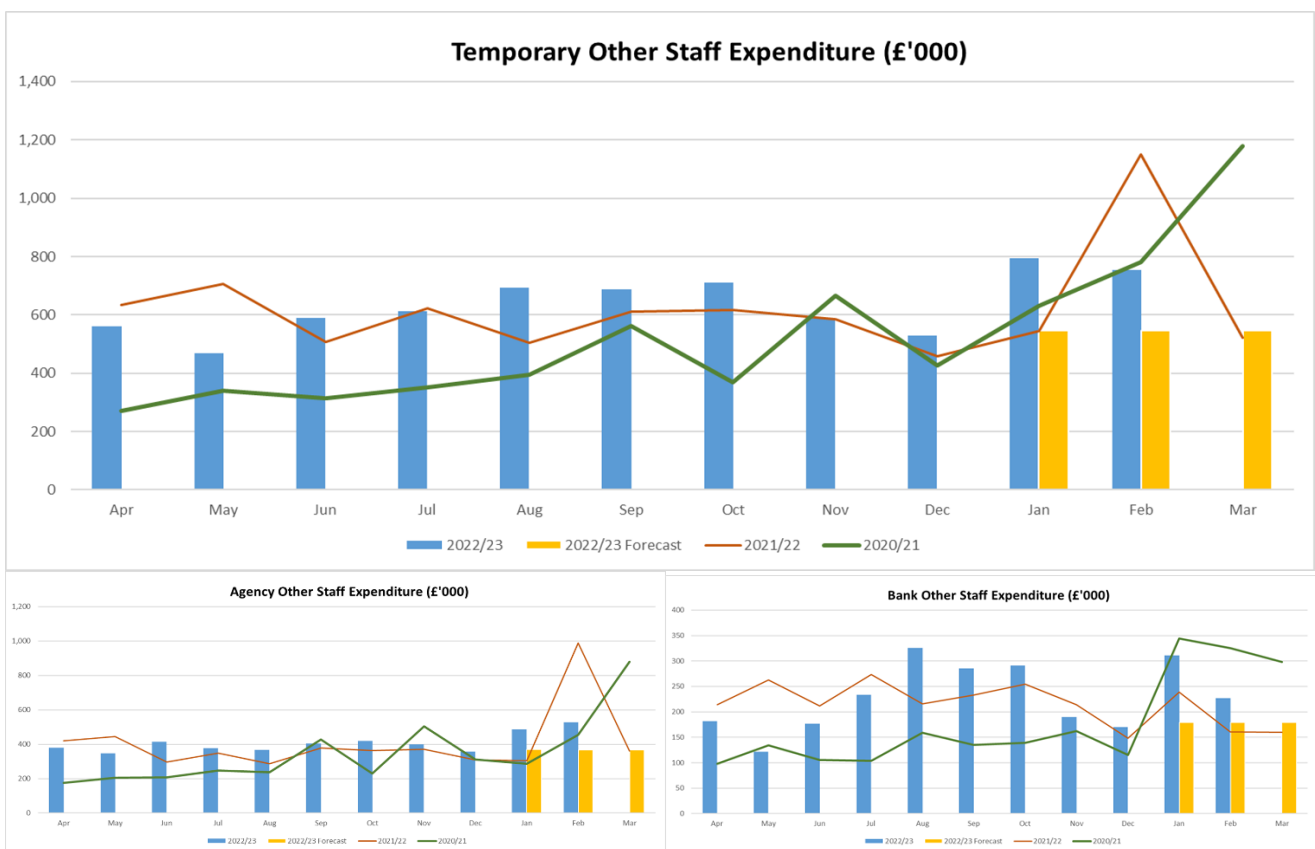
The specialties booking the most vacancy bookings are Medicine LTC, Emergency Care, Elderly Care, Acute Care and Theatres & Critical Care



In February'23 the specialties with the highest spend were, Emergency Care, Medicine LTC, Acute Care, Elderly Care and Theatres & Critical Care.



Temporary - Other Staffing

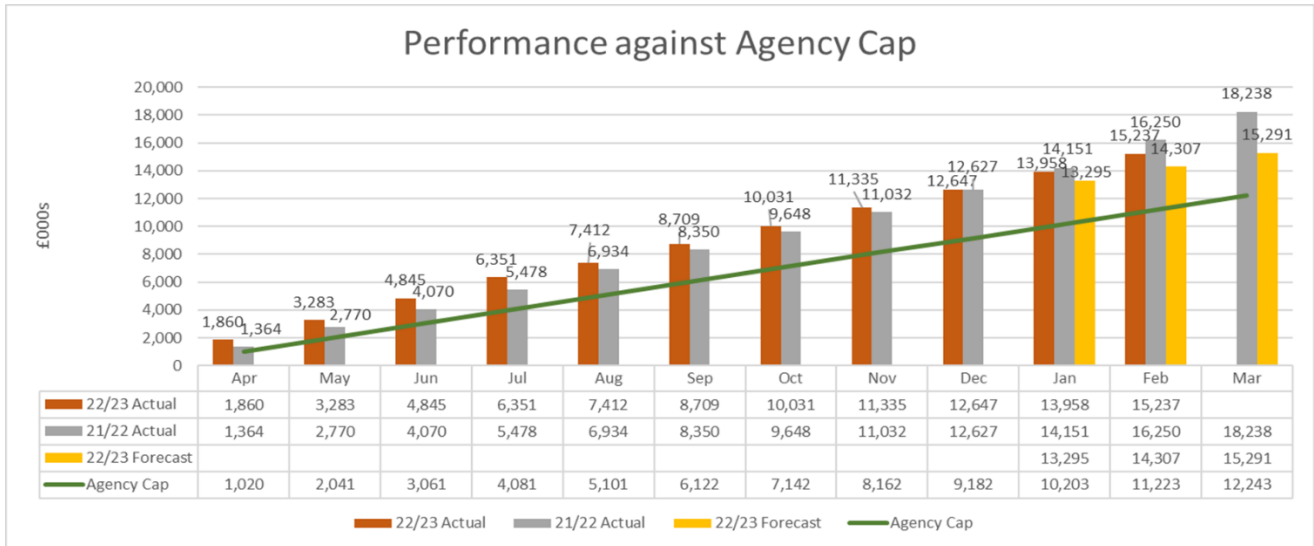


Temporary staffing spend in non-nursing and medical staff groups has historically been low but increased significantly due to the admin and clerical staff supporting the vaccination programme towards the end of 2020/21. The significant spike in spend in February is related to backdated admin agency related to the Vaccination programme and has been reclaimed as reimbursement.

Cumulative Performance versus Calculated Agency Cap

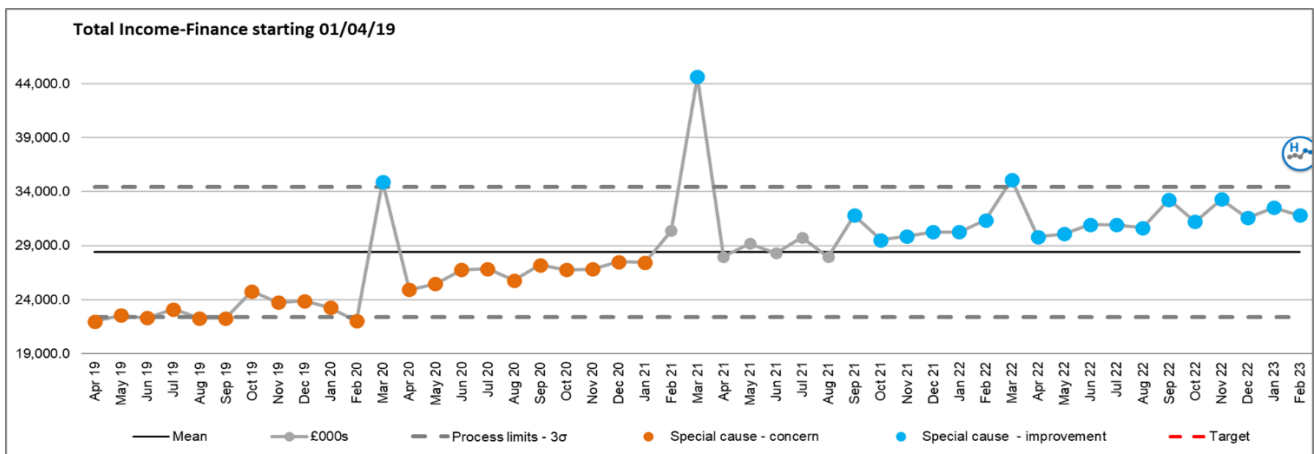
The agency cap is calculated at an ICB level. The ICB has been asked to reduce the agency expenditure by 30% compared to 2021/22. The below target assumes that Walsall takes a 'proportional' share of the 30% reduction of last year's spend and that the cap is

spread evenly across the financial year (when in practice agency spend has traditionally been heavier in winter). The Trust is currently above the level of agency expenditure to ensure a 30% decrease year on year.

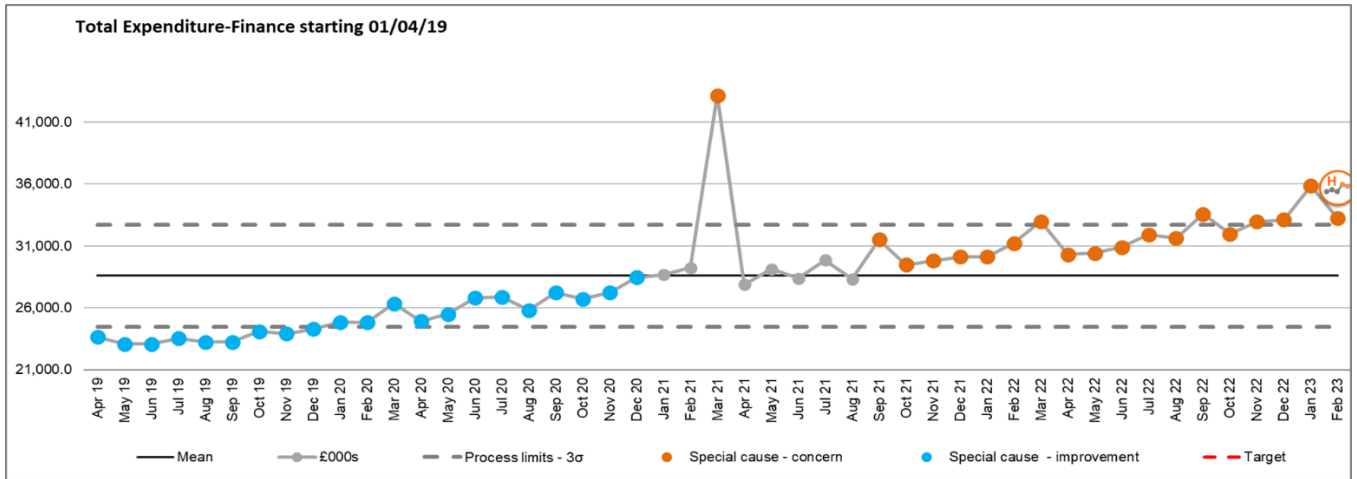


Appendix 5 – Trust Income & Expenditure Charting of Run Rates

The graphs represent the income and expenditure trending information for the past 3 financial years:



In January 2020 - March 2020 the Trust received CCG funding support to enable achievement of control total and was able to claim the whole of Q4 FRF and PSF at £6.3m in March 2020 as well as central Covid-19 support. In February 2021 the Trust received an additional £2.3m NHSEI Income to offset 'lost income' assumed with the financial plan. In March 2021 the Trust received non recurrent income - £3.2m for annual leave accrual, £4.5m to offset the value of Push stock, £3.7m Digital Aspirant funding, £0.6m in respect of donated equipment. The increased income in September 2021 relates to accrued income to offset the impact of the pay award arrears. The income increase in March 2022 relates to additional one-off income of £2.3m received through the ICS Risk Share.



In March 2020 increased costs were incurred in relation to the Maternity theatre impairment £1m & Covid expenditure £2.6m. Throughout 20/21 costs increased in support of COVID-19, with further increases for elective restart and provision for EPR, CEAs, annual leave and pay award impacts on cost base. March 21 spend includes non recurrent items such as Annual leave accrual, adjustments for Push stock, and non recurrent spend on the Digital Aspirant Programme offset by income. In September 2021 the back dated pay award was paid to staff, increasing in month spend by £2.5m. March 2022 saw a small increase in spend related to non recurrent items such as the Annual Leave accrual.

APPENDIX 6 – Performance against Efficiency Targets

Division	Target	YTD Target	YTD Plan	YTD Actual	Variance Actual v Target
Community	929,600	852,137	875,653	875,653	23,516
DoS	1,292,600	1,184,887	1,091,703	1,000,891	(183,996)
Estates	506,600	464,387	245,089	224,832	(239,555)
MLTC	1,378,500	1,263,625	884,909	423,096	(840,529)
WCCSS	1,398,600	1,282,050	1,290,522	1,380,013	97,963
Corp (IMT)	228,600	727,925	804,211	776,566	48,641
Corp (HR)	141,400				
Corp (Fin)	235,600				
Corp (Nurs)	188,500				
Grand Total	6,300,000	5,775,011	5,192,086	4,681,051	(1,093,960)

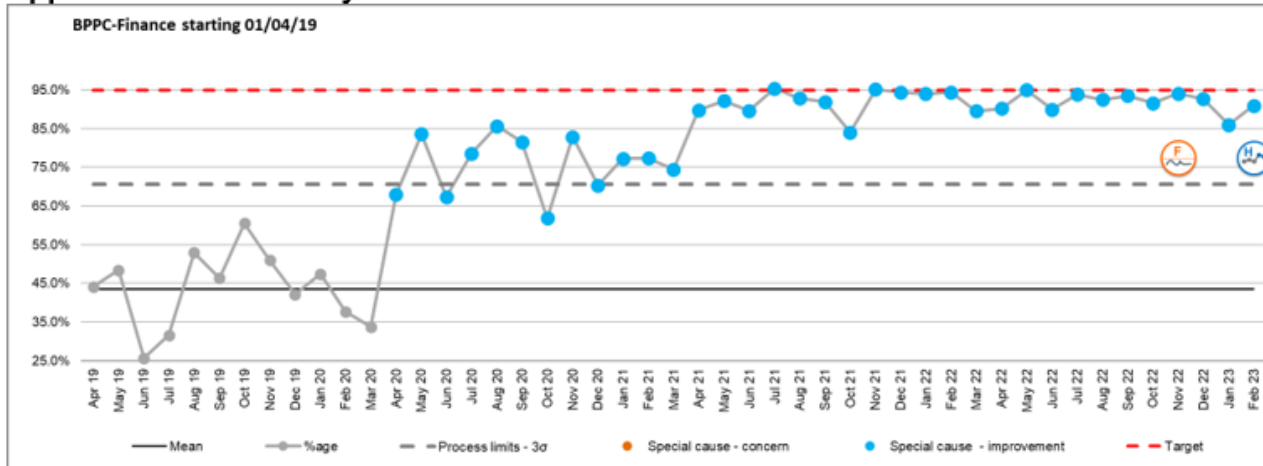
The performance indicates an under-delivery against the year-to-date targeted savings of £1.09m. However, the report also highlights the savings targeted are back phased (not expected to deliver on a linear basis throughout the financial period).

The performance if compared to a consistent monthly delivery would be a £5.77m ask against a £4.68m delivery (an adverse position) and it is of note savings identified are largely non-recurrent in nature, so will adversely impact the 2023/24 financial standing.

APPENDIX 7 – Capital Expenditure Year to Date 2022/23 as @ Feb'23

Walsall Healthcare NHS Trust - Capital Programme 2022/23		
Scheme	Annual Budget £000's	YTD Spend £000's
Estates:		
PFI Lifecycle	1,408	1,291
Emergency Department	20,387	20,373
Estates Lifecycle	1,000	559
Theatre Refurb	3,250	139
Wards Refurbishment	3,307	3,032
Chapel	10	8
Other Estates	709	539
Maternity	1,363	52
Estates Total	31,434	25,993
Medical Equipment:		
Medical Equipment Replacement	3,026	1,434
Mako Robot	1,443	1,444
Endoscopy Stack	2,000	1,903
Medical Equipment Total**	6,469	4,781
Information Management & Technology:		
IM&T Replacement	1,560	1,042
Information Management & Technology Total	1,560	1,042
Additional Funding In Year:		
Additional IMT Funding	1,658	
Additional Medical Equipment Funding	480	
Additional Falls capital monies	60	
Additional Funding Total	2,198	-
Grand Total	41,661	31,815

Appendix 8 – Better Payment Practice Code



The Trust is targeted with paying 95% of invoices under the Better Payment Practice Code within 30 days of receipt. The Trust in February 23 processed 91.9% YTD of its invoices within 30 days (92% in January), this remains an improvement previous year's 91.7% in 2021/22, 73% in 2020/21 and 45% in 2019/20. In February, the Trust has paid 90.9% of all invoices within 30 days (below the Trusts target of 95%). Performance for Non-NHS invoices is 94.1% (up from a month average of 93%). Performance remains below the national target (in month and YTD), this primarily relates to Agency invoices where only less than 80% of invoices are passed within 30 days due to staffing shortfalls within the approving department.

Appendix 9 – Balance Sheet and Cash Flow

CASHFLOW STATEMENT	
Statement of Cash Flows for the month ending Feb'23	Year to date Movement
	£'000
Cash Flows from Operating Activities	
Adjusted Operating Surplus/(Deficit)	1,812
Depreciation and Amortisation	12,861
Donated Assets Received credited to revenue but non-cash	0
Fixed Asset Impairments	0
(Increase)/Decrease in Trade and Other Receivables	(39,530)
Increase/(Decrease) in Trade and Other Payables	35,909
Increase/(Decrease) in Other Liabilities	0
Increase/(Decrease) in Stock	(168)
Increase/(Decrease) in Provisions	0
Other movements in operating cash flows	0
Interest Paid	(8,448)
Dividend Paid	(805)
Net Cash Inflow/(Outflow) from Operating Activities	1,631
Cash Flows from Investing Activities	
Interest received	823
(Payments) for Property, Plant and Equipment	(34,793)
Initial Indirect costs in respect of new right of use assets	0
Receipt from sale of Property	0
Net Cash Inflow/(Outflow) from Investing Activities	(33,970)
Net Cash Inflow/(Outflow) before Financing	(32,340)
Cash Flows from Financing Activities	15,418
Net Increase/(Decrease) in Cash	(16,922)
Cash at the Beginning of the Year 2022/23	55,644
Cash at the End of the January	38,722

STATEMENT OF FINANCIAL POSITION			
Statement of Financial Position for the month ending February 2023	Balance as at 31/03/22	Balance as at 28/2/23	Year to date Movement
	£000	£000	£000
Non-Current Assets			
Property, plant & Equipment	185,825	229,745	43,920
Intangible Fixed Assets	5,598	3,978	(1,620)
Receivables greater than one year	341	311	(30)
Total Non-Current Assets	191,764	234,034	42,270
Current Assets			
Receivables & pre-payments less than one Year	10,715	26,931	16,216
Cash (Citi and Other)	55,644	38,722	(16,922)
Inventories	3,094	3,262	168
Total Current Assets	69,453	68,915	(538)
Current Liabilities			
NHS & Trade Payables less than one year	(49,564)	(59,422)	(9,858)
Other Liabilities	(2,801)	(5,761)	(2,960)
Borrowings less than one year	(4,068)	(4,244)	(176)
Provisions less than one year	(176)	(176)	-
Total Current Liabilities	(56,609)	(69,603)	(12,994)
Net Current Assets less Liabilities	12,844	(688)	(13,532)
Non-current liabilities			
Borrowings greater than one year	(107,888)	(125,280)	(17,392)
Total Assets less Total Liabilities	96,720	108,066	11,346
FINANCED BY TAXPAYERS' EQUITY composition :			
PDC	227,334	246,480	19,146
Revaluation	31,954	31,954	-
Income and Expenditure	(162,568)	(162,568)	-
In Year Income & Expenditure	-	(7,800)	(7,800)
Total TAXPAYERS' EQUITY	96,720	108,066	11,346

Appendix 10 – Regional ERF Performance

SUS (est)	30-Nov-22	04-Dec-22	11-Dec-22	18-Dec-22	25-Dec-22	01-Jan-23	08-Jan-23
MIDLANDS	98.68%	97.09%	96.05%	94.85%	97.41%	95.81%	94.86%
HEREFORDSHIRE AND WORCESTERSHIRE ICB	97.42%	99.00%	99.44%	99.04%	101.25%	98.15%	96.55%
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST	104.33%	100.06%	100.99%	99.53%	100.10%	95.00%	91.77%
WYE VALLEY NHS TRUST	95.51%	98.26%	97.66%	98.95%	104.64%	105.62%	107.56%
BIRMINGHAM AND SOLIHULL ICB	97.25%	91.00%	89.49%	88.60%	89.35%	84.77%	81.02%
BIRMINGHAM WOMEN'S AND CHILDREN'S NHS FOUNDATION TRUST	95.31%	94.76%	92.25%	92.20%	94.80%	74.53%	48.10%
THE ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	100.51%	109.08%	105.89%	102.69%	102.33%	100.59%	95.67%
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	98.45%	89.23%	88.36%	87.32%	88.15%	85.41%	83.71%
DERBY AND DERBYSHIRE ICB	95.81%	96.56%	97.05%	96.11%	100.78%	99.63%	98.67%
CHESTERFIELD ROYAL HOSPITAL NHS FOUNDATION TRUST	99.23%	107.00%	107.89%	103.64%	106.54%	102.69%	99.76%
UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FOUNDATION TRUST	92.85%	93.81%	94.09%	93.80%	98.86%	98.21%	97.72%
LINCOLNSHIRE ICB	100.67%	95.84%	93.10%	90.70%	95.63%	95.69%	94.64%
UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	97.24%	95.77%	93.23%	91.02%	95.91%	96.08%	94.98%
LEICESTER, LEICESTERSHIRE AND RUTLAND ICB	98.35%	96.81%	96.43%	96.17%	99.54%	97.82%	95.12%
UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	94.80%	95.82%	95.46%	95.19%	98.71%	96.95%	94.25%
STAFFORDSHIRE AND STOKE-ON-TRENT ICB	96.05%	102.00%	100.75%	98.80%	100.33%	98.69%	101.16%
UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	99.66%	102.26%	101.01%	99.01%	100.49%	98.86%	101.33%
SHROPSHIRE, TELFORD AND WREKIN ICB	96.33%	93.79%	91.75%	88.26%	92.53%	90.62%	92.05%
SHREWSBURY AND TELFORD HOSPITAL NHS TRUST	97.60%	97.87%	96.26%	93.53%	95.79%	93.73%	95.18%
THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	93.80%	87.49%	84.99%	81.00%	90.55%	89.01%	88.41%
NORTHAMPTONSHIRE ICB	103.49%	107.97%	106.26%	105.64%	106.59%	103.98%	101.55%
KETTERING GENERAL HOSPITAL NHS FOUNDATION TRUST	100.87%	101.78%	101.02%	100.55%	102.14%	102.04%	99.31%
NORTHAMPTON GENERAL HOSPITAL NHS TRUST	117.54%	115.01%	112.59%	111.74%	113.15%	108.69%	107.37%
NOTTINGHAM AND NOTTINGHAMSHIRE ICB	102.10%	98.69%	97.31%	94.85%	98.26%	94.71%	89.73%
NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	102.37%	98.32%	97.00%	93.10%	96.12%	95.04%	92.71%
SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	103.91%	101.42%	99.82%	100.19%	105.03%	93.70%	80.61%
BLACK COUNTRY ICB	97.78%	96.06%	94.96%	93.99%	95.29%	93.16%	93.06%
SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST	93.37%	95.27%	92.90%	91.87%	91.38%	88.77%	90.00%
THE DUDLEY GROUP NHS FOUNDATION TRUST	93.77%	94.33%	94.92%	94.18%	92.97%	90.29%	88.72%
THE ROYAL WOLVERHAMPTON NHS TRUST	100.65%	95.67%	93.97%	93.58%	96.56%	95.14%	97.82%
WALSALL HEALTHCARE NHS TRUST	96.38%	100.10%	97.40%	94.94%	96.99%	94.38%	92.05%
COVENTRY AND WARWICKSHIRE ICB	102.18%	99.80%	98.99%	98.09%	101.55%	102.35%	103.41%
GEORGE ELIOT HOSPITAL NHS TRUST	107.34%	100.29%	98.11%	96.59%	99.71%	99.40%	104.32%
SOUTH WARWICKSHIRE NHS FOUNDATION TRUST	97.17%	99.34%	98.10%	97.65%	105.11%	110.09%	111.13%
UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST	104.55%	99.26%	99.01%	98.23%	100.40%	99.92%	100.32%

Trust Board Meeting	
Meeting Date:	Wednesday 5 th April 2023
Title of Report:	Black Country Provider Collaborative – Monthly Update Report
Action Requested:	Note the report
For the attention of the Board	
Assure	<ul style="list-style-type: none"> A number of the executives (including the CEO) participated in the discussions around the next steps for the Provider Collaborative.
Advise	<ul style="list-style-type: none"> The governance work to develop the Joint Committee and Scheme of Delegation will be presented to the Trust Board for approval prior to agreement
Alert	<ul style="list-style-type: none"> Detailed work is underway to develop proposals for the corporate work programme
Author and Responsible Director Contact Details:	Simon Evans simon.evans8@nhs.net Group Chief Strategy Officer
Links to Trust Strategic Aims & Objectives	
<i>Excel in the delivery of Care</i>	a) Prioritise the treatment of cancer patients b) Safe and responsive urgent and emergency care c) Deliver the priorities within the National Elective Care Strategy
<i>Support our Colleagues</i>	a) Improve overall staff engagement
<i>Improve the Healthcare of our Communities</i>	a) Develop a health inequalities strategy
<i>Effective Collaboration</i>	a) Improve population health outcomes through provider collaborative b) Improve clinical service sustainability c) Implement technological solutions that improve patient experience
Resource Implications:	None as a result of this report
CQC Domains	Safe: patients, staff and the public are protected from abuse and avoidable harm. Effective: care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence. Caring: staff involve and treat everyone with compassion, kindness, dignity and respect. Responsive: services are organised so that they meet people’s needs. Well-led: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.
Equality and Diversity Impact	Health Equalities are considered are considered within the draft proposals.
Risks: BAF/ TRR	N/A
Risk: Appetite	N/A
Public or Private:	Public
Other formal bodies	

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

Brief/Executive Report Details	
Brief/Executive Summary Title:	Black Country Provider Collaborative – Monthly Update Report

Key Messages on the Provider Collaborative – February 2023

An ‘away afternoon’ was held for the Collaborative Executive (*with an extended invite to all CMO’s in light of the clinical focus of the discussions*) on 15th February 2023, at Himley Hall. The ‘face to face’ session was an opportunity to reflect on progress made, survey the emerging healthcare landscape, and plan for the development of priorities for pursuit and progress in 2023-24.

A healthy and sometimes passionate discussion was had by the delegates, with the following agreements reached by the Collaborative Executive:

1. Clinical Improvement Programme

- The continuation of existing priorities which will see the:
 - Rapid completion of remaining tasks and milestones, and
 - a specific focused support on the transformation projects
- Any new priorities must follow the agreed PMO / governance process, with any rationale for pursuit to be underpinned by firm evidence base and where possible ‘data driven’.
- The concept of ‘Black Country Service model’ approach (*e.g. Black Country Renal Service*) is supported but needs to go through the governance process.

2. Corporate Improvement Programme

- A recognition that progress has been slow and limited, with a desire to move quickly in a small number of areas.
- Preference is to focus on a few corporate areas initially, which are:
 - Procurement
 - Payroll
 - Human Resources to be progressed in a phased and differential manner.
- Options for appraisal are to be provided to Collaborative Board for decision.
- Other areas may progress under their own steam in parallel.

3. Other Discussion points

A number of additional discussion points were also touched upon throughout the afternoon, which included:

- a) **BCPC Scope** – It is becoming apparent that there may be a need to obtain clarity on whether the scope of the BCPC is expanding beyond the initial remit (which is focused on quality & productivity).

If so, capacity and capability considerations alongside budget commitments for 23-24 will be required.

- b) **Governance** – There is a need to evolve and grow as a Provider Collaborative which is likely to require an alternative governance arrangement to enable effective and timely delivery across the system to occur. This also needs to be cognisant of the move towards the '*Single Chair, Group Model*' and any implications that this may present.
- c) **PCIS** – Given the unsuccessful application for the national Provider Collaborative Innovators Scheme, a review of priorities and commitment to the outlined ambitions will require the development of an alternative plan identifying 'needs' for their successful implementation.

It was agreed that further work would be undertaken by the BCPC leadership to add a level of granularity to these agreements and discussed at future Collaborative Executive and Board meetings.

TRUST BOARD (APRIL 2023)	
Meeting Date:	Wednesday 5 th April 2023
Title of Report:	Research & Development Report
Action Requested:	Members of the Trust Board are to be informed and assured this report reflects Research activity and development within the Trust at this current point in time (March 2023)
For the attention of the Board	
Assure	<p><u>Research development across the Trust</u> Several workstreams have been identified to support the positive culture of research across the organisation</p> <p><u>Research Activity across the Trust</u> Speciality areas Walsall Healthcare NHS Trust are currently Research active (Ref Table1) At present, 21 studies opened, 11 in set up and 3 in the pipeline (Ref Graph1) Trust own account research -currently 1. Shows recruitment from April 2022 -March 10th for Walsall Healthcare NHS Trust (Graph 2). A comparison of recruitment from April 2022-March 2023 across NHS Trusts in the West midlands (Ref Graph 3)</p>
	<ul style="list-style-type: none"> • Research update -Development and delivery • Growth and development of Commercial Portfolio • Collaboration with Community Services
Alert	<ul style="list-style-type: none"> • Pharmacy issue. Short term plan in place however not sustainable. Await outcome plan, would like a resolution in the next couple of weeks as research is currently being held up • Imaging issue. Delay in approving Imaging signoff from RWT impacting on opening 2 studies- RACER Knee & PASHiOn study (Orthopaedics). Meeting planned for the 27/03/2023, outcome required
Author and Responsible Director Contact Details:	Tel 01922 721172 ext. 5797: Catherine.dexter3@nhs.net Dr Manjeet Shehmar- Chief Medical Officer: manjeet.shehmar@nhs.net Pauline Boyle: Managing Director of Research and Development e: pboyle@nhs.net t: 07494919851
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.
<i>Support our Colleagues</i>	a) Improve overall staff engagement.
<i>Improve the Healthcare of our Communities</i>	a) Develop a health inequality strategy.
<i>Effective Collaboration</i>	a) Improve population health outcomes through provider collaborative. b) Implement technological solutions that improve patient experience. c) Progress joint working across Wolverhampton and Walsall d) Facilitate research that improves the quality of care
Resource Implications:	<u>None</u>

Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.
CQC Domains	Safe: Effective: Caring: Responsive: Well-led:
Equality and Diversity Impact	None
Risks: BAF/ TRR	As highlighted in Alert section
Risk: Appetite	None
Public or Private:	
Other formal bodies involved:	None
References	Not Applicable
NHS Constitution:	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

Research development update:

- Strategy away day planned for May to develop a joint Research strategy for both organisations
- Strategy to be launched at celebration event in September
- Business development opportunities identified with key commercial partners
- Discussions started around developing local academic units playing to the areas of strength across both organisations
- Funding agreed to appoint five Professors of nursing, midwifery and AHPs over the next three years. Joint funding approved from Birmingham City University and University of Wolverhampton. Two posts will be appointed in the coming months
- Plans for a research framework for research in Walsall together
- Potential collaborations with several Higher Education Institutions are being pursued
- Several new Principle Investigators identified during the newly appointed Consultants induction

Research delivery update:

Table1: Outlines Speciality areas Walsall Healthcare NHS Trust are currently Research active

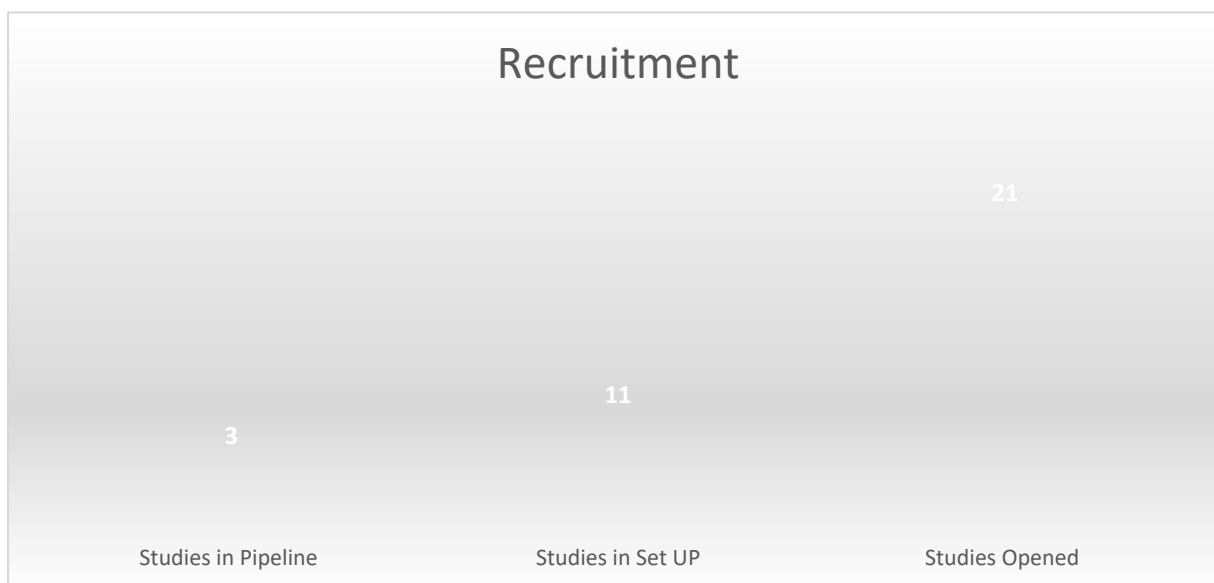
Specialities Opened	Specialities In Set up	Specialities in the pipeline/potential
Cancer	Paediatrics/Children	Cardiovascular
Critical Care	Cardiovascular	Audiology/ENT
Respiratory plus TB	Musculoskeletal	Pre-Natal
Gastroenterology	Surgery-	
Dermatology	Dermatology	

Cardiovascular	Emergency Medicine	
Maternity/Women's	Cancer	
Children		
NuRS Study		
Paediatrics		
Tissue/Viability/Diabetes		
Maternity/Smoking cessation		
Education Related (RESTORE-2)		
Surgery		

Advise

We currently have a good variation in specialities undertaking research. R&D would like to increase research opportunities within community services, conversations taking place with potential studies in the pipeline.

Graph 1: Reflects the number of studies opened, in set up and in the pipeline

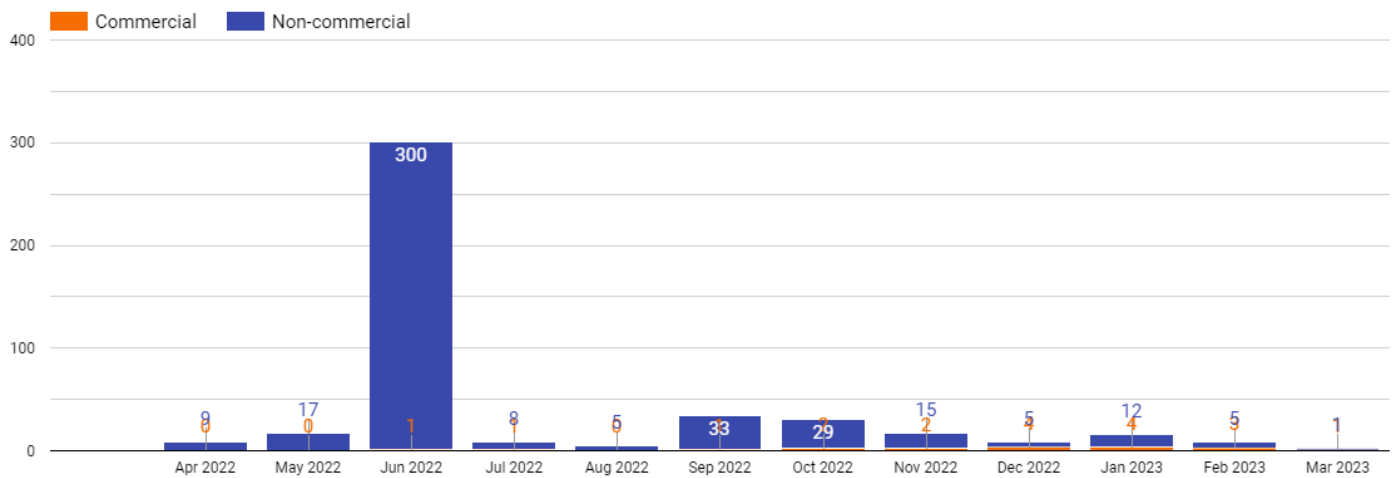


Since Last month the team have opened 3 new studies specialities include Tissue Viability/Diabetes, Oncology and Maternity/Smoking. Most studies sit within Medicine, followed by Surgery and Women's and Children's.

Own account research across the Trust

Currently poor. Main aim for 2023 is to link in with QI team who will be promoting new opportunities to register for Clinical Audits, Quality Improvement (QI) projects or Research. We are hoping to capture more research focused projects when this process is implemented.

Graph2: Shows recruitment from April -31st March 2023 for Walsall Healthcare NHS Trust.



Main recruitment for Febuary early March correlates to the following studies AZ Track, Restore 2, Victor and Snap 3. The team have hit target with Delta Teen (Dermatology) and Ostrich (Childrens) but will continue to recruit into the study at the request of sponsors, this is not impacting on the capacity of the team currently. Walsall as a Trust have recruited into each Quarter for commercial and non commercial research as per the CRN (Clinical Research Network) High Level Objectives. The team continue to scope for studies which reflect the needs of Walsall’s population. Our fesability process in scoping for new studies is proving sucessful with 3 new potential commercials currently under review. Commercial interest has increased with intrest from Bayer, LEO & MSD in a number of potential studies.

Graph3: Recruitementr across West Midlands -Acute Trusts -As at the 10th March 2023 increase for Walsall since last month’s report.

BWC 1 - Women’s Hospital	7
BWC 2 - Children’s Hospital	798
George Eliot Hospital NHS Trust	172
Sandwell and West Birmingham Hospitals NHS Trust	1244
Shrewsbury and Telford Hospital NHS Trust	380
South Warwickshire University NHS Foundation Trust	1287
The Dudley Group NHS Foundation Trust	456
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	406
The Royal Orthopaedic Hospital NHS Foundation Trust	371
The Royal Wolverhampton NHS Trust	1714
UHB 1 - Queen Elizabeth	2867
UHB 2 - Heartlands	924
UHB 3 - Other sites inc. Trust-level	410
University Hospitals Coventry and Warwickshire NHS Trust	4191
University Hospitals of North Midlands NHS Trust	1207
Walsall Healthcare NHS Trust	441
Worcestershire Acute Hospitals NHS Trust	1242
Wye Valley NHS Trust	549

R&D delivery update-general

- Stable team currently, collaboration with Compton Care now embedded,
- Joint working with RWT R&D department well established.
- Working in collaboration with RWT in regarding to a Research Celebration event 2023
- Working with RWT & WHT to establish a research accreditation within education.
- Promoting research to the new cohort of Consultants Induction Day 8/03/2023
- SAS Training event Early 2023-Professor Helen Steed & Dr Awais Shaikh leading on this training event. Research module non completed, and dates set for 2023.
- Unsuccessful with CRN (Comprehensive Research Network) I&I bid, requested follow up meeting to discuss feedback, meeting set for March.
- Focus on supporting Community services develop research within the community.
- Business plan submitted (Oncology Nurse & Governance post) await outcome.
- Band 4 Lab post appointed.
- Introduction of 'Research Badge' for the research team.
- Possibility of 1st Rheumatology study at Walsall, follow on meeting planned with potential PI and research team. The team will link in with Cannock's Rheumatology Clinical Trials unit for support and advice.

Meeting of Trust Board

Meeting Date:	5 th April 2023
Title of Report:	National Staff Survey 2022
Action Requested:	For information and note.

For the attention of the Board

Assure	<ul style="list-style-type: none"> The NHS Survey results were published on 9th March 2023. Results are measured against the seven NHS People Promise elements. The specific words that make up the NHS People Promise originated from people in different healthcare roles – establishing what matters most to them and what would make the greatest difference in improving their experience in the workplace and therefore positively impacting patient care and patient experience. Walsall Healthcare Trust has improved across all nine indicators of the People Promise and themes. There are 117 indicators within the National Staff Survey. At Walsall 83% of these (97) improved. The data pack is found at appendix 1. Walsall's results either exceed or are equal to other similar Trusts in all indicators except for <i>we are compassionate and inclusive</i> and <i>staff engagement</i> where scores are just 0.1 below the sector benchmark average. Nevertheless, Walsall is the 3rd most improved Trust nationally for staff experience.ⁱ There is a lack of assurance relating to bullying and harassment, although there have been improvements across the board at Walsall with performance closer to the national position, the national performance itself has significant need for improvement. Two key priorities are to increase the pace on the Civility and Respect program and to launch the joint behavioural framework for WHT and RWT, an update on this will be presented at Public Board in June. Despite significant improvements in WRES and WDES indicators, there remains evidence of differential staff experience and discrimination. The compassionate and inclusive indicator (advocacy recommending Walsall as a place to be treated), remains significantly below the national average, engagement work will target embedding the patient-first culture, as an enabler for delivery of the joint Trust strategy.
Advise	<ul style="list-style-type: none"> There is an established multi-disciplinary task group, the Staff Survey Oversight group is a well-established multi-disciplinary team, including divisional leaders, nurses, medics, occupational health and wellbeing, staff side, staff networks, FTSU guardians, patient experience and charity and wellbeing, chaplaincy and HR and OD practitioners. The group meet to continue to develop practice that enhances staff and patient experience. The priorities for action set following the 2021 National Staff Survey were all achieved – attached at appendix two. The divisions are completing their individual action plans and the priorities for action set following the 2022 National Staff Survey are recommended to Trust Board through the People and Organisation Development Committee.
Alert	<ul style="list-style-type: none"> Feedback indicates more focus is required to improve the overall culture of the Trust so that there is a consist positive workplace experience for all colleagues where discrimination is not tolerated, and the trust board pledge is a lived experience for all.

Author and Responsible Director Contact Details:	Tel 01922 721172 extn: 6933 Email catherine.griffiths27@nhs.net
Links to Trust Strategic Aims & Objectives	
<i>Excel in the delivery of Care</i>	a) Embed a culture of learning and continuous improvement
<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>	a) Develop a health inequalities strategy b) Deliver improvements at PLACE in the health of our communities
<i>Effective Collaboration</i>	a) Improve population health outcomes through provider collaborative b) Progress joint working across Wolverhampton and Walsall c)
Resource Implications:	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.
CQC Domains	Safe: Effective: Caring: Responsive: Well-led:
Equality and Diversity Impact	The national
Risks: BAF/ TRR	
Risk: Appetite	
Public or Private:	
Other formal bodies involved:	
References	If required/appropriate e.g. if addressing a national policy priority.
NHS Constitution:	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

Brief/Executive Report Details	
Brief/Executive Summary Title:	As per front sheet title
Item/paragraph 1.0	Detail

ⁱ Health Service Journal – National Staff Survey 2022 Analysis of Trust's most improved for staff experience – March 2023

Social Care Anchor Employer Growing for the Future

Marsha Belle & Michelle McManus

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust



Care Colleagues
Collaboration Communities

Overview

- Background & Aim
- Pilot
- What We Learnt
- How We Did It
- Results, Achievements & Benefits
- Next Steps
- Questions



Care Colleagues
Collaboration Communities

Anchor Institutions

‘Are large, public sector organisations that are unlikely to relocate and have a significant stake in a geographical area. Anchors have sizeable assets that can be used to support local community wealth building and development, through procurement and spending power, workforce and training, and assets such as buildings and land. Anchors have a mission to advance the welfare of the populations they serve.’

The Health Foundation



Care Colleagues
Collaboration Communities

The 5 Elements

What makes the NHS an anchor institution?

NHS organisations are rooted in their communities. Through its size and scale, the NHS can positively contribute to local areas in many ways beyond providing health care. The NHS can make a difference to local people by:



Purchasing more locally and for social benefit

In England alone, the NHS spends £27bn every year on goods and services.



Using buildings and spaces to support communities

The NHS occupies 8,253 sites across England on 6,500 hectares of land.



Working more closely with local partners

The NHS can learn from others, spread good ideas and model civic responsibility.



Reducing its environmental impact

The NHS is responsible for 40% of the public sector's carbon footprint.



Widening access to quality work

The NHS is the UK's biggest employer, with 1.6 million staff.

As an anchor institution, the NHS influences the health and wellbeing of communities simply by being there. But by choosing to invest in and work with others locally and responsibly, the NHS can have an even greater impact on the wider factors that make us healthy.

Potential Walsall Anchor Network Benefits

- Large Walsall based employers and institutions contribute more to Walsall economy
- Walsall households have a secure, stable and sufficient income
- Support 'Anchor Institutions' employ a greater proportion of their workforce from the Walsall area and spend more through Walsall businesses.
- 10% extra staff living & working in Walsall adds £37.0m to the local economy.
- Additional 10% Network spend in Walsall, adds £119.2m to the local economy
- Equivalent to (£119.2m/£27,976) 4,260 new jobs (based on 2021 data)



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Our Aim

- To build on the Anchor Institute Principles
- To continue to work with CLES as part of a Walsall Anchor Network
- To work collaboratively with local partners – whg & Walsall College
- To offer opportunities to those adversely affected by the Pandemic
- An opportunity to tackle inequalities & contribute to the local community
- To offer career pathways
- To increase the number of Support Service Staff
- To move to Bulk Recruitment and Zero vacancies within HCSW & E&F roles
- To offer sustainability through



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Collaboration Communities

Pilot

- Employment & Training Team (whg) designed and developed (SWAP)
- HCSW introduced in March 2021 – Cohort of 15



Pro's

- Opportunity to apply for entry level posts
- Substantive & Bank Opportunities
- Getting to know the job
- Confidence building



Con's

- On-line application process
- Costs to the individual
- Long process
- Delayed start dates



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What We Learnt

- The importance of the Pre-employment sessions
- The application process hindered applications – NHS jobs
- Delays in starting caused ‘fall out’
- Assign to the right ward/ area a must
- Orientation/ Induction supported retention
- Issues with internal processes
- Majority not ‘New to Care’



Care Colleagues
Collaboration Communities

How We Did It

- Clearly defined processes and responsibilities – whg/ Walsall College & WHT
- Pre- Employment Sessions – Bring the job to life
- Reviewed our application and interview processes
- On-boarding - clear understanding of what is expected of them
- Induction/ Orientation training is delivered by FORCE & P&C team
- Supplemented with local induction and an identified 'Buddy'
- Care Certificate before starting on a ward
- Functional Skills at a Level 2 within 6 months of being appointed
- Apprenticeship opportunities available to support career journey

whg/Walsall NHS Trust's Recruitment



121 secured employment
40%

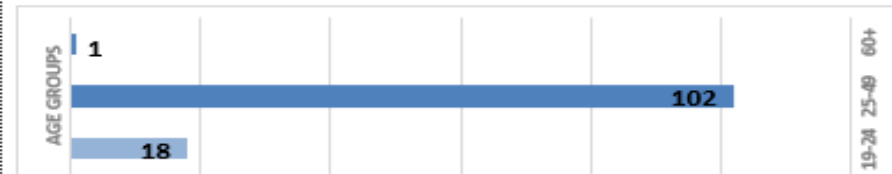


22%
Male



76%
Female

2% prefer not to say



48% BAME

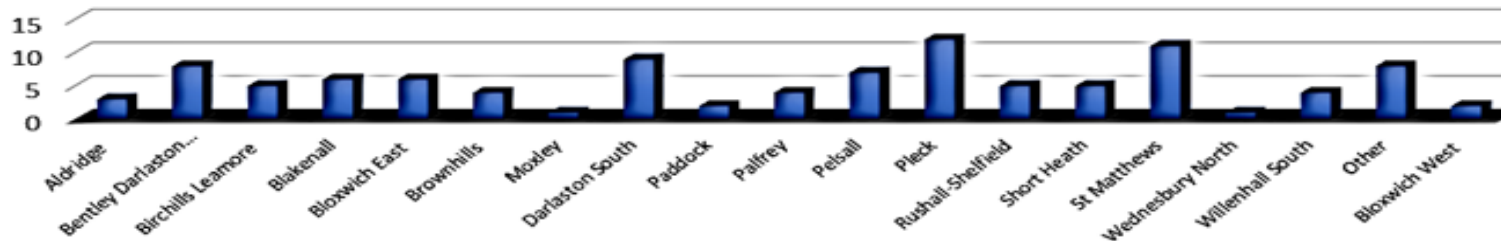


Social Value
generated
£1,746,393



82% Unemployed prior to
commencing NHS job role

Ward Profile



Retention

- 58 CSW started employment through the programme since March 2021
 - 8 have left employment
 - 47 are still employed
 - 3 to be confirmed
- **81.03%** confirmed retention rate as still working at Walsall for NHS retention overall stands at **82.75%**
- 8 CSW who have left employment stated:
 - Left in Feb last year - she said her contract was terminated as they didn't have enough shifts, she said she wouldn't return due to childcare commitment
 - No longer in work due to health reasons
 - Did not enjoy the work at the hospital so decided to leave and continue with her career in retail
 - Needs to support family, child requires extra support - was on Bank



Care Colleagues
Collaboration Communities

Results & Achievements

- Feedback following an Induction event

4 respondents (12%) answered **knowledge** for this question.

A word cloud visualization of feedback responses. The most prominent words are 'knowledge', 'patients', 'understanding', 'NHS', 'job role', 'expectations', 'work', and 'able'. Other visible words include 'hospital environment', 'confident', 'new job', 'practical sessions', 'high level', 'role of CSW', 'level of care', 'outline of role', 'induction is very informative', 'overview of the role', 'practice', and 'role and expectations'. The words are arranged in a scattered, overlapping manner, with 'knowledge' and 'patients' being the largest.

Feedback

"It's never too late to follow your dreams and achieve your goals.

*Thankful of this opportunity and glad to be a part of the NHS" - **Emma Tolley, CSW***

*"Joining the training was a bit challenging at first but as the daily sessions began with the tutors of the programme, the topics taught and the daily activities after each session gave me a guide and a better understanding of the job role with in-depth knowledge and expert advice gained throughout the period of the training. I was taught the interview skills and techniques and this helped me a lot during the interview process as well as when I met the employers. I feel very happy to have secured the job and I thank the team that was in charge of the recruitment and training." **JU***

*"To be honest, when I enrolled for the 2week program for Clinical Support Worker Pre-Employment Course given by Walsall College, I wasn't expecting much. My only thought that time was to refresh or gain additional information about the role. When the WHG and Walsall College Teams started to assist us, they exceeded my expectations! Right from the beginning up to securing employment, they were really great! Attending the course has really helped me manage the direction of my career. And for that, I am forever and extremely GRATEFUL." **PCM***

Recognition

- Care Quality Commission (CQC) visit, inspectors found some outstanding practice included
 - Effective partnership work to increase employment opportunities for ethnic minority communities and long term unemployed people
- Resident employment and training award – 15,000+ homes
 - **The judges said:**
“This was a unique and innovative programme. Its outcomes are impressive, especially in terms of the diversity of residents recruited to NHS jobs from the most deprived communities”
- Case Study
 - Sheffield Hallam University
 - NHSe

Benefits

- A consistent approach to recruitment and induction
- A benchmark of the expected competencies of HCSW
- An inclusive approach to recruitment and so a channel to recruit to a diverse workforce
- Reduces the cost of recruitment and duplication
- Ensures a constant pipeline
- Improved retention
- Enhances collaborative and partnership working with community organisations
- Increases awareness of the Trust and gives positive publicity
- Enhances employer branding and image of the local community
- Pride amongst staff and employee referrals.

Next Steps

- To continue to attract from the local community
- To gain more understanding and support from within the Trust for the programme
- To extend the type of roles available
- Extend current partners to include Voluntary Sector, etc.
- To continue to work with CLES to identify economic benefits
- Walsall Together as the Anchor Network for Walsall
- Create a Levy transfer gift



Care Colleagues
Collaboration Communities

Workforce Pilot – Expansion Growing for the Future of W4H

- WT to support current partnership (WHT & whg) and expand to support care sector
- Not destabilise the market
- Work with Adult Social Care Colleagues to identify care roles within each local area and maintain strategic alignment
- Being mindful of how the private care sector operate. We need to nurture and support these organisations as not all form part of the large multinational brands.
- Increase retention rates across the sector, to allow stability and a healthy workforce.
- Ultimately, to stop the whole ‘robbing Peter to pay Paul’
- Identify Pilot Homes for initial recruitment
- To target smaller community based job fairs - apprenticeships

Questions

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



Trust Board	
Meeting Date:	5 April 2023
Title of Report	2022 NHS Staff Survey Results & Staff Engagement
Action Requested:	<ul style="list-style-type: none"> To note the results from the Staff Survey 2022 and the priorities identified for action for 2023/24. To note the divisional development of local action plans in response to results at department / directorate level To note the above will be overseen by the Staff Experience and Engagement Group and reported to the People and Organisational Development Committee.
For the attention of the Board	
Assure	<ul style="list-style-type: none"> The Board can be assured that a detailed and full understanding of the results of the 2022 National NHS Staff Survey has been developed through a comprehensive analysis of results. The published benchmark reports can be found in appendix 2 & 3). The Trust was named by the Health Service Journal as being in the top five of the most improved staff survey results in the country. The Trust has achieved an improvement across all nine indicators of the staff survey with improvements across 97 of 117 questions, an 83% improvement.
Advise	<ul style="list-style-type: none"> The National Staff Survey took place during 3rd October to 25th November 2022, The Trusts response rate was 47% which is above the national median of 44% although lower than the 53% achieved in the 2021 NSS, is proportionate given the increase in the workforce establishment. The Staff Engagement and Experience Oversight Group will oversee the development of local divisional actions plans to address feedback from the survey at team / service level.
Alert	<ul style="list-style-type: none"> The Trust scores just below (0.1) the national average on one people promise (we are compassionate and inclusive) and one theme (staff engagement). This is specifically driven by compassionate culture (rather than compassionate leadership which is improved), further significant intervention on organisation culture is planned. Staff Advocacy whilst improved has remained below the national average by 0.4 points. This is specifically driven by a significantly lower score on staff recommending Walsall as a place to be treated. The workforce race equality standard data is closer to national average, which itself needs significant improvement. The prevalence of bullying and harassment by staff to staff has not improved, further significant intervention is planned. The workforce disability equality standard is closer to national average, which itself needs significant improvement and further significant intervention is planned.
Author and Responsible Director Contact Details:	Catherine Griffiths Chief People Officer Catherine.Griffiths27@nhs.net

Links to Trust Strategic Objectives	Strategic Aim (SA)	Associated Strategic Objectives (SO)
Excel in the delivery of Care	a) Embed a culture of learning and continuous improvement	
Support our Colleagues	a) Be in the top quartile for vacancy levels b) Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing c) Improve overall staff engagement d) Deliver improvement against the Workforce Equality Standards	
Resource Implications:	None	
Report Data Caveats	None	
CQC Domains	Safe: Effective: Caring: Responsive: Well-led:	
Equality and Diversity Impact	Data relating to equality, diversity and inclusion is provided within the staff survey results. Responses provided to questions indicate the experience of staff in terms of inclusion and equality of opportunity. Full benchmark information includes Workforce Race and Workforce Disability Equality Standards data.	
Risks: BAF/ TRR	None	
Risk: Appetite		
Public or Private:	Public	
Other formal bodies involved:		
References	Appendix A – Overview of Divisional 2022 NSS results Documents for information Appendix 1 - Communication to staff accompanying publication of 2022 NHS Staff Survey Results Appendix 2 – 2022 NHS Staff Survey benchmark report Appendix 3 – 2022 NHS Staff Survey directorate report Appendix 4 – 2022 NHS Staff Survey Trust Analysis and Leaders Resource Pack	
NHS Constitution:	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny 	

2022 NHS Staff Survey Results for Walsall Healthcare NHS Trust

1. Introduction

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

A total of 117 questions were asked in the 2022 survey aligning to the NHS People Promise of which 112 can be directly compared to 2021.

The People Promise sets out, in the words of NHS staff, the things that would most improve their working experience, and is made up of seven elements:



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

2. Background

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

The Trust response rate was 47% (2,229 out of 4,780), which although lower than the 53% achieved in the 2021 NSS, is proportionate to the 2,288 staff responding in 2021 given the increase in the workforce establishment. The median response rate across the 2022 national benchmarking group (Acute and Acute & Community Trusts) was 44%. The survey was run full census, with all eligible staff employed as of 31 August 2022 invited to participate in the survey via a mixed mode of paper and online (798 responses via paper and 1,431 online).

3. Results

The Trust has achieved an improvement against all elements of the NHS People Promise and the themes of staff engagement and morale. Results are above or at the sector benchmark average for 7/9 indicators. The Trust is marginally below the average (0.1) for one People Promise *We are Compassionate and Inclusive* and one theme *Staff Engagement*.

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

People Promise Elements and Themes: Overview

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



The Trust has been highlighted by the Health Service Journal as one of the top 5 Trusts across the country for improvement following achieving an improvement across all nine indicators of the 2022 NSS following 97 of the 117 questions receiving a more positive response compared to 2021 (an 83% improvement). Of the 21 sub scores which sit behind the nine core indicators the Trust has improved in 16 of the 21, with 6 exceeding the benchmark average and 10 equalling the benchmark average

Which trusts receive the highest recommendations from staff as a place to work? HSI has analysed the full results of today's 2022 NHS Staff Survey for general acute and acute/community trusts.

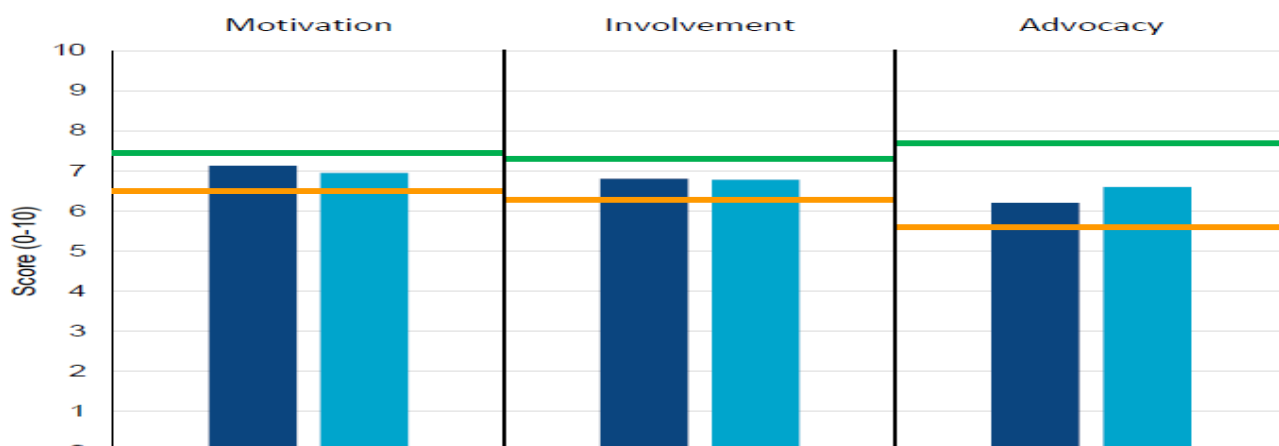
Most improved five in England - 2021 to 2022

SHOW FULLSCREEN

Trust	2019	2020	2021	2022	Change 2021 to 2022	Change 2019 to 2022
Tameside and Glossop Integrated Care NHS Foundation Trust	61%	58%	50%	56%	6%	-5%
United Lincolnshire Hospitals NHS Trust	45%	46%	38%	44%	6%	-1%
Walsall Healthcare NHS Trust	48%	52%	48%	52%	3%	4%
Buckinghamshire Healthcare NHS Trust	59%	65%	57%	59%	3%	0%
East Cheshire NHS Trust	67%	66%	58%	60%	3%	-7%

3.1 Staff Engagement

The Trusts Engagement Score has increased from 6.6 in 2021 to 6.7 against an average of 6.8 within the benchmark peer group. The results are measured by three sub scores, motivation, involvement and advocacy (shown in the following graph) and the Trust has improved in each area.



	Motivation	Involvement	Advocacy
Your org	7.1	6.8	6.2
Best	7.4	7.3	7.7
Average	7.0	6.8	6.6
Worst	6.5	6.3	5.6
Responses	2191	2223	2199

Whilst staff advocacy has improved against a national decline this remains below the national average by 0.4 points and is specifically driven by a significantly lower score on staff recommending Walsall as a place to be treated. Analysis has shown clinical staff are more likely to recommend the Trust as a place to be treated than colleagues working in non-patient facing roles.

3.2 Staff Morale

Staff morale score of 5.7 is an increase from 5.6 in 2021 and matches the national benchmark average. The Morale score is determined by twelve indicators of which 11 have improved. All three sub scores; thinking about leaving, work pressure and stressors have improved from 2021.

Theme	Question	2021	2022	2022 Av %
Thinking about leaving	Q24a I often think about leaving this organisation.	35	32	32
	Q24b I will probably look for a job at a new organisation in the next 12 months.	26	24	23
	Q2c As soon as I can find another job, I will leave this organisation.	21	18	17
	SCORE	5.7	5.8	5.9
Work pressure	Q3g I am able to meet all the conflicting demands on my time at work.	43	44	43
	Q3h I have adequate materials, supplies and equipment to do my work.	52	51	54
	Q3i There are enough staff at this organisation for me to do my job properly.	23	27	25
	SCORE	4.8	5	5
Stressors	Q3a I always know what my work responsibilities are.	83	85	86
	Q3e I am involved in deciding on changes introduced that affect my work area / team / department.	51	52	50
	Q5a I have unrealistic time pressures.	21	23	22
	Q5b I have a choice in deciding how to do my work.	52	53	52
	Q5c Relationship at work are strained.	42	46	44
	Q7c I receive the respect I deserve from my colleagues at work.	67	68	70
	Q9a My immediate manager encourages me at work.	70	72	70
	SCORE	6.2	6.3	6.3

3.3 Staff Survey Indicators 2021 v 2022

The Trust has achieved an improvement against all elements of the NHS People Promise and the themes of staff engagement and morale.

	2021		2022	
	Trust	Av	Trust	Av
We are compassionate and inclusive	7	7.2	7.1	7.2
We are recognised and rewarded	5.7	5.8	5.8	5.8
We each have a voice that counts	6.5	6.7	6.6	5.9
We are safe and healthy	5.8	5.9	5.9	5.9
We are always learning	5.2	5.2	5.5	5.4
We work flexibly	6	5.9	6.1	6
We are a team	6.6	5.9	6.8	6.6
Staff engagement	6.6	6.8	6.8	6.8
Morale	5.6	5.7	5.8	5.7

4. Areas of Focus

From the 2022 NHS Staff Survey results the Trust has identified three key areas of focus:

4.1 Improve the experience of colleagues from black, Asian and minority backgrounds and eliminate discriminative practices and behaviours by challenging inappropriate behaviours and taking robust action.

The Trust will continue to build on the Trust Board Pledge “***We will be an anti-racist and anti-discrimination organisation that treats people equally, fairly, and inclusively, with zero tolerance of bullying. We uphold and role model the Trust values chosen by you***” working towards being an anti-racist organisation.

The 2022 Staff Survey results show there is much more work to do. Whilst the number of staff reporting that they have experienced discrimination at work from their manager / team leader or other colleague **reduced** to 9.5% for 2022 compared 11.4% in 2021 it remains higher than the national average of 8.7% nationally. (Q16b).

Less staff from BME backgrounds experiencing harassment, bullying or abuse from patients, relatives, members of the public and staff in 2022 compared to 2021. However, staff on staff incidences 31.6% in 2022 remain **higher** than the benchmark average of 28.8%. **There is little improvement on a national level in these areas.**

Overall there have been improvements in staff experiencing less discrimination in the last 12 months on the grounds of religion, disability and age however more work is required to ensure discrimination on the grounds of ethnicity and sexual orientation are eliminated.

4.2 Deliver a civility and respect programme across the Trust to all colleagues providing resources to staff and teams to uphold positive behaviours and to eliminate discrimination, bullying and harassment.

The 2022 staff survey indicates: -

- There has been a slight reduction in the number of staff who have experienced bullying, harassment or abuse from managers, falling from 14.7% in 2021 to 12.6% in 2022 which is above the benchmark average of 11.6%. There has been no significant improvement nationally in this area. (Q14b)
- There has been a reduction in the number of staff who have experienced bullying, harassment or abuse from other colleagues, falling from 23.3% in 2021 to 20.6% in 2022 which is equal to the benchmark average. There has been no significant improvement in this area nationally for the last 5 years. (Q14c)

From an inclusion and team working perspective the staff survey reflected that: -

- 68% of respondents feel the people they work with are understanding and kind to one another higher than 63% in 2021 but **lower** than the benchmark average 70% (Q8b)
- 69% fed back that the people they work with are polite and treat each other with respect, more than the 65% in 2021 yet **lower** than the benchmark average of 71% (Q8c)
- More colleagues in 2022, 68% believed they received respect from colleagues compared to 66% in 2021 however **lower** than the benchmark average of 69.7% (Q7c)
- More staff (79.6%) enjoy working with their colleagues, an increase from 78% in 2021 and slightly below the benchmark average of 81% (Q7e)

4.3 Communicate good news stories relating to patient care and services including celebrating improvements taken in response to incidents and concerns raised.

Staff Advocacy, one of the three elements that indicate staff engagement has **improved** against a national decline however for Walsall this remains below the national average by 0.4 points. This is specifically driven by a significantly lower score on staff recommending Walsall as a place to be treated.

Staff recommending WHCT as a place to work has **increased** from 48% to 52% (national average 56.5%) and staff recommending WHCT as a place to be treated has **increased** slightly from 47% to 48% (national average 61.9%). **Significantly** 70% of staff believe that care of patients and service users is the organisation's top priority compared to 66% in 2021, however this remains below the national average score for 2022 of 73.5%.

Advocacy		2016 %	2017 %	2018 %	2019 %	2020 %	2021 %	2022 %	2022 Av %
23c	I would recommend my organisation as a place to work	48	47	52	48	52	48	52	57
23d	If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation	48	48	49	49	53	47	48	62
23a	Care of patients/service users is organisation's top priority	-	65	66	68	72	66	70	74

5. Divisional / Directorate Results

Results at divisional; / directorate level for the 2022 NHS are provided in appendix 1 and RAG rate 2022 NSS performance compared to 2021 against the Trusts overall 2022 performance and the divisional scores in 2021 are provided in Appendices A at the end of this report.

6. Monitoring mitigating measures

The Trusts Staff Experience and Engagement Group which consists of senior leaders from each of the 14 divisions / directorates will continue to meet on a monthly basis and will oversee the development of divisional action plans which will be provided to PODC in May 2023 for oversight. The group will also focus on enabling actions to address the areas of focus arising from the survey results.

The clinical divisions will report on progress against local actions through the divisional performance review structure

7. Conclusion and next steps

The staff survey results have been shared with all staff both organisationally and locally, communicated across the organisation via; Team Brief, Daily Dose, posters circulated, headlines shared at staff network groups, JNCC, LNC and managers briefings.

Staff Engagement and Experience Oversight group to meet monthly between February and November 2023. Senior leadership participation from each division / directorate is a mandatory requirement and regular updates are provided to the People and Organisational Development Committee

Each division / directorate to communicate local results across teams. Engaging staff in the importance of the results will demonstrate how important the results are, and that they are taken seriously and with relevant actions to support a better staff experience and quality of care.

Each division / directorate to agree action plan (using template provided) by end of April 2023 with a full and detailed update provided to PODC in May 2023.

Appendix A: Divisional Overview (slide 9 of the resource pack)

Rates each clinical divisions 2022 NHS NSS performance compared to 2021 NHS NSS divisional results (column labelled Div) and RAG rates divisional 2022 NSS results against the organisations 2022 NSS results (column labelled Org)

Clinical Divisions

	2022 Trust	Div Community	Org Community	Div MLTC	Org MLTC	Div Surgery	Org Surgery	Div WCCSS	Org WCCSS
Response Rate (%)	46%	54%		40%		32%		53%	
	2229	511		407		315		459	
We are compassionate & inclusive	7.2	7.4	7.4	7	7	7.1	7.1	7.3	7.3
We are recognised & rewarded	5.8	6.1	6.1	5.5	5.5	5.7	5.7	6	6
We each have a voice that counts	6.6	6.7	6.7	6.6	6.6	6.5	6.5	6.8	6.8
We are safe and healthy	5.9	6	6	5.4	5.4	6	6	6	6
We are always learning	5.5	5.6	5.6	5.5	5.5	5.5	5.5	5.7	5.7
We work flexibly	6.1	6.3	6.3	5.8	5.8	6	6	6.1	6.1
We are a team	6.8	7	7	6.6	6.6	6.7	6.7	6.9	6.9
Staff Engagement	6.8	6.8	6.8	6.7	6.7	6.8	6.8	6.9	6.9
Morale	5.8	5.7	5.7	5.5	5.5	5.8	5.8	6	6

Improvement by 0.3upwards	Improvement between 0.1-0.2	Static (2021)	Decline by 0.1	Decline between 0.2 - 0.3	Decline by 0.4 plus
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Corporate Divisions

	2022 Trust	Div E&F	Org E&F	Div Finance	Org Finance	Div Assurance	Org Assurance	Div Digital	Org Digital	Div Medical	Org Medical	Div Nursing	Org Nursing	Div Operations	Org Operations	Div P&C	Org P&C
Response Rate (%)	46%	43%		76%		64%		44%		59%		67%		87%		81%	
	2229	170		45		20		59		63		56		28		69	
We are compassionate & inclusive	7.2	6.4	6.4	7.3	7.3	6.4	6.4	6.4	6.4	7.6	7.6	7.8	7.8	7.6	7.6	6.9	6.9
We are recognised & rewarded	5.8	5	5	6.4	6.4	5.2	5.2	5.1	5.1	7	7	6.7	6.7	6.6	6.6	5.8	5.8
We each have a voice that counts	6.6	5.9	5.9	6.7	6.7	6.5	6.5	5.5	5.5	7.1	7.1	7.4	7.4	7.2	7.2	6.3	6.3
We are safe and healthy	5.9	6.3	6.3	6.2	6.2	5.6	5.6	5.7	5.7	6.9	6.9	6.6	6.6	5.9	5.9	6.1	6.1
We are always learning	5.5	4.4	4.4	5.7	5.7	4.1	4.1	4.5	4.5	6.4	6.4	5.9	5.9	4.6	4.6	5.2	5.2
We work flexibly	6.1	5.4	5.4	6.6	6.6	6.4	6.4	6.4	6.4	7.1	7.1	6.9	6.9	6.7	6.7	6.7	6.7
We are a team	6.8	5.5	5.5	7.1	7.1	6	6	6.1	6.1	7.7	7.7	7.9	7.9	7.8	7.8	6.6	6.6
Staff Engagement	6.8	6.1	6.1	6.6	6.6	6.4	6.4	5.5	5.5	7.3	7.3	7.4	7.4	7.3	7.3	6.4	6.4
Morale	5.8	5.8	5.8	5.6	5.6	4.7	4.7	4.8	4.8	6.8	6.8	6.6	6.6	6.4	6.4	5.3	5.3

Observations

- Clinical divisions of community and WCCSS have sustained positive scores which exceed the Trusts overall scores
- Results for MLTC are significantly improved compared to 2021 division results, however are much more varied compared to the Trusts overall results.
- Division of surgery need to enable greater participation in the survey, results are broadly in line with 2021 and slightly under the Trusts overall results.
- Corporate departments clearly have much more varied experience. The results for departments that are more enabling (Assurance, digital and P&C) are significantly worse compared to the Trusts overall results
- The results for departments that have a clinical focus are more consistent with the Trusts overall results (CMO, DN and COO (ops) teams).
- A particular focus is required for teams working within the Estates and Facilities division.

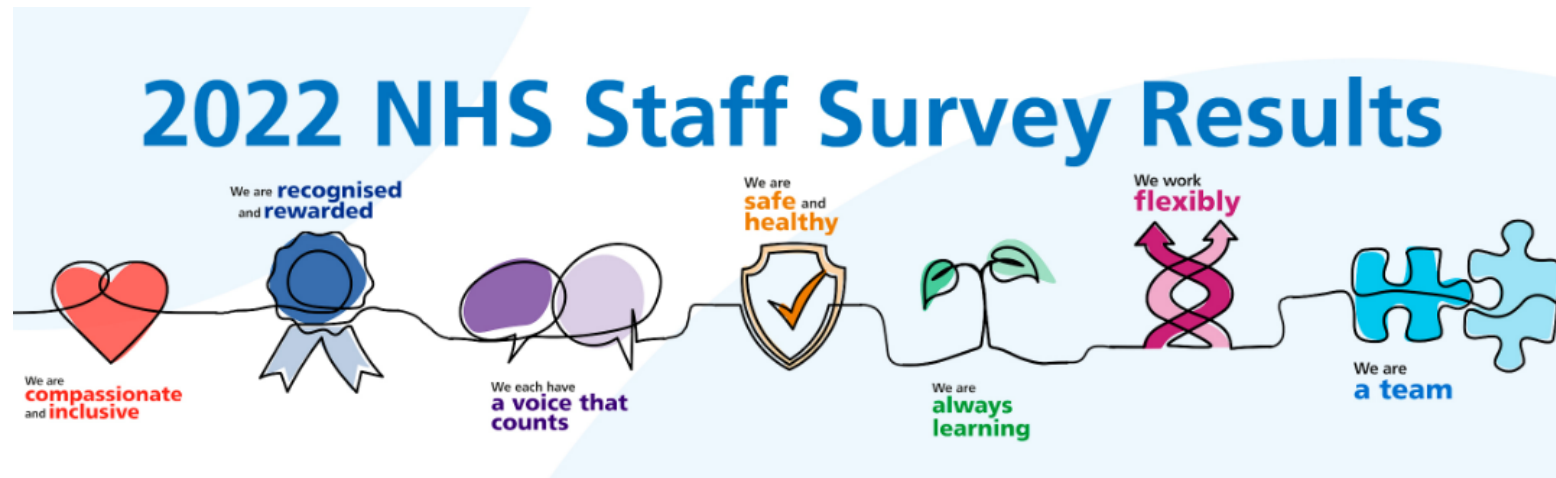


Walsall Healthcare
NHS Trust

From: WHT.COMMUNICATIONS (WALSALL HEALTHCARE NHS TRUST) <wht.communications@nhs.net>

Sent: 09 March 2023 09:16

Subject: 2022 NHS Staff Survey Results



We are delighted to be able to share our results from the 2022 NHS National Staff Survey – scores for 83% of questions and all People Promises have improved.

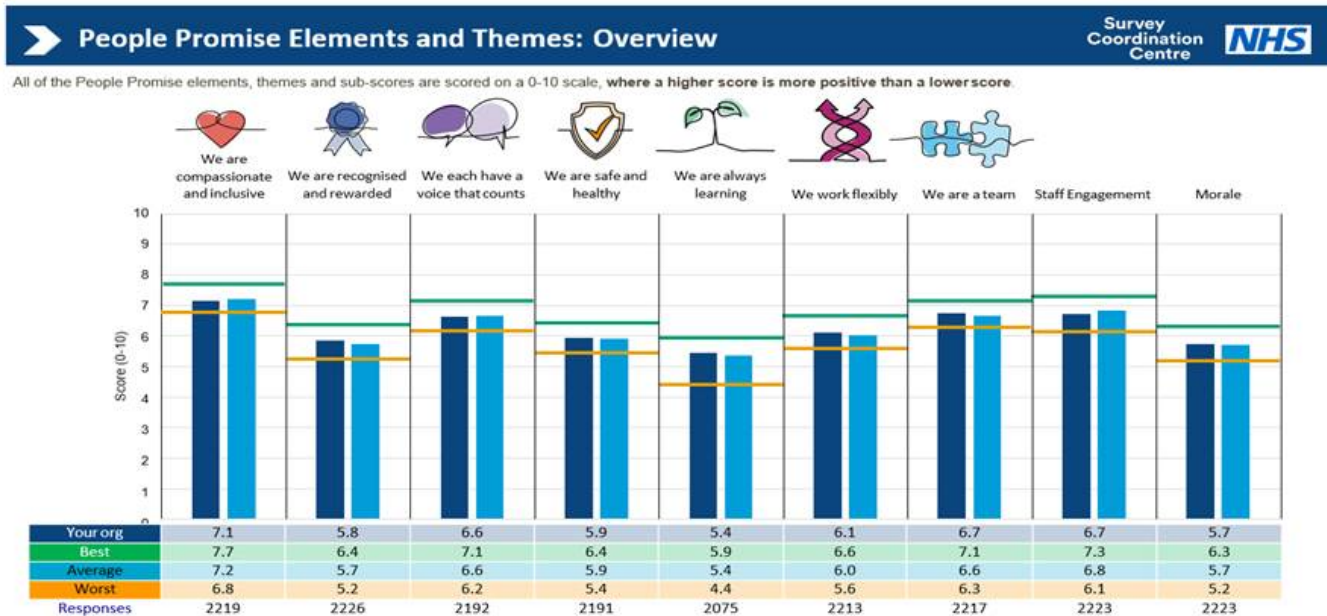
The results have once again been measured against the seven [NHS People Promise](#) elements. The specific words that make up the NHS People Promise originated from people in different healthcare roles – establishing what matters most to them and what would make the greatest difference in improving their experience in the workplace.

The key headlines are as follows:

There has been an improvement across all nine indicators.

Our results either exceed or are equal to other similar Trusts in all indicators except for *we are compassionate and inclusive* and *staff engagement* where scores are just 0.1 below the sector benchmark average.

Feedback indicates more focus is required to improve the overall culture of the Trust so that there is a consistent positive workplace experience for all colleagues.



Progress since 2021/22:

Last year we made the promise to **ACT** on your feedback, focussing on six priority areas. Here's what we did:

Priority 1 – To work together to improve staff and patient experience, so we have a patient-first culture.

- We launched a [joint strategy](#) across Walsall Healthcare and RWT reflecting the closer working relationship between the two Trusts and uniting in our shared vision, introduced a range of health and wellbeing initiatives and resources, invested £440k in the Practice Education Team and agreed a Flexible Working Pledge.

Priority 2 - To recruit until we are fully established [in nursing and midwifery] and reduce reliance on agency.

- Since September 2021 we have welcomed over 300 internally recruited nurses through the Clinical Fellowship Programme have employed 457 more staff in comparison to August 2021 and continue to recruit to grow our internal bank of staff and reduce reliance on nurse agency.

Priority 3 - To work with line managers to help foster compassionate and inclusive team cultures.

- In partnership with our Trade Union colleagues we are due to finalise our new Dispute Resolution [Policy](#) and [Procedure](#). In October 2022 the Trust introduced the [Pregnancy and Baby Loss Awareness Procedure](#) and the [Menopause for Colleagues Work Policy](#) and we have continued to increase the representation of Black, Asian and Minority Ethnic (BAME) staff in leadership roles.

You can access a briefing session about the new Dispute Resolution Policy and Procedure [here](#).

Priority 4 - To continue to develop our health and wellbeing offer to be responsive to the needs of all our staff.

- We have increased investment in staff health and wellbeing from £47 to £116 per employee. New financial support offers have been commissioned and will launch soon including a pension support service and financial support services. Our Occupational Health and Wellbeing Service is now nationally accredited by the Safe, Effective, Quality Occupational Health Service (SEQOHS) standards and in house physiotherapy and counselling services have been increased.

Our health and wellbeing offer can be accessed via [this link](#).

Priority 5 - To work together to eliminate instances of staff experiencing discrimination of any kind.

Although positive actions have been taken in this area, the Trust recognises that there is more to be done to improve the experience of staff from BAME backgrounds in addition to the following steps that have been taken:

- The Trust Board pledge has been updated to confirm the Trust as an anti-racist organisation after successfully achieving the Race Code accreditation in October 2021. The Trusts Equality, Diversity and Inclusion Delivery Plan continues to be monitored at Board level and investment has been made to support the leadership of our staff networks. You can learn more about this by visiting the [EDI Intranet page](#). Guidance has been provided to managers on how to implement a zero tolerance towards incivility and discrimination in the

workplace and the Trust is now part of the LGBTQ+ Foundations Rainbow Badge scheme which seeks to reduce barriers to healthcare for LGBT people.

Priority 6 - To continue to invest in upgrading the working environment for our staff including the completion of our new Urgent and Emergency Care Centre and further West Wing ward refurbishments.

- In 2021/22 refurbishment works to Wards 9, 10, 11 and 12 were completed and work has taken place on Wards 16 and 17 in addition to upgrades to some of our theatres.

The Trust's new Urgent and Emergency Care Centre is now open to patients.

You can take a virtual tour of the new facility via the following [link](#).

What next?

Our top priorities for 2023/24:

- Improve the experience of colleagues from BAME backgrounds and eliminate discriminative practices and behaviours by challenging inappropriate behaviours and taking robust action.
- Co-design a joint people plan and behaviour framework in partnership with staff across both Walsall Healthcare and RWT to support the joint Trust strategy.
- Deliver a civility and respect programme.
- Communicate good news stories relating to patient care and services.
- Continue to be an employer of choice in Walsall and work with local community partners to support local residents into employment.

Directorates will now be devising their own unique action plans to aid with targeting local challenges outlining planned actions that will be taken in the short, medium and long term.

We look forward to sharing details on further changes in the coming weeks, made directly as a result of your feedback.

If you would like to view the results in full, they are available to read at: www.nhsstaffsurveys.com/results/

Public Trust Board	
Meeting Date:	27 th March 2023
Title of Report:	Executive Workforce Metrics February 2023
Action Requested:	Committee are to note the contents of the report.
For the attention of the Board	
Assure	<p>The report provides assurance regarding key workforce metrics;</p> <ul style="list-style-type: none"> • Retention measures • Sickness absence rates • Covid-19 Vaccinations • Training compliance • Annual appraisal compliance
Advise	<ul style="list-style-type: none"> • The challenging trends of declining Retention (24 months) & increasing Turnover (12 months) continue to be reflected throughout all staff groups. Retention concerns remain acute amongst the Registered Nursing and Midwifery(N&M) staff group. 52% of the N&M leavers in the past 12 months have gone to other NHS organisations, with another 27% leaving NHS employment entirely. Amongst the Medical and Dental (M&D) staff group, 37% of colleagues leaving due to voluntary resignation during the past 12 months stated external promotion as their key reason. • Sickness absence is stable, despite sustained health and well-being challenges. The sickness rate has returned to the 24-month average, with absence levels reflecting a fall in winter-related illnesses by one-third. Stress/anxiety & musculoskeletal illnesses remain a long-term concern, with strategic interventions being focused on by the health and well-being team, whilst there is also an emphasis on mental health support programmes like the mental health first aiders. • As of 1 February 2023, the uptake rate amongst substantive colleagues for 22/23 influenza immunisation was 31%. Uptake of the 22/23 Covid-19 booster stood at 24%. • Annual appraisal compliance has maintained an improvement trajectory. There is room for further improvement regarding appraisal completion rates amongst estates and admin colleagues. • Analysis of Mandatory training compliance has confirmed special concern, relating to the current trend; although this is within the context of historically high completions rates overall, with performance still above 85%. Assurance regarding target achievement remains intact, with senior safeguarding competencies an outlier.
Alert	<ul style="list-style-type: none"> • The contents of this report have been extended and now include dedicated sections for; <ul style="list-style-type: none"> ○ Attract, Recruit & Retain ○ Education and Organisational Development ○ Health & Wellbeing

	<ul style="list-style-type: none"> A spotlight page is included for review of the proposed 2023/24 workforce performance targets and thresholds. 		
Author and Responsible Director Contact Details:	<table border="0"> <tr> <td>Sebastian Smith – Cox (Workforce Intelligence, Planning & Analytics Lead) s.smith-cox@nhs.net</td> <td>Catherine Griffiths (Director of People and Culture) catherine.griffiths27@nhs.net</td> </tr> </table>	Sebastian Smith – Cox (Workforce Intelligence, Planning & Analytics Lead) s.smith-cox@nhs.net	Catherine Griffiths (Director of People and Culture) catherine.griffiths27@nhs.net
Sebastian Smith – Cox (Workforce Intelligence, Planning & Analytics Lead) s.smith-cox@nhs.net	Catherine Griffiths (Director of People and Culture) catherine.griffiths27@nhs.net		
Links to Trust Strategic Aims & Objectives			
<i>Excel in the delivery of Care</i>	<ul style="list-style-type: none"> a) Embed a culture of learning and continuous improvement b) Prioritise the treatment of cancer patients c) Safe and responsive urgent and emergency care d) Deliver the priorities within the National Elective Care Strategy e) We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations 		
<i>Support our Colleagues</i>	<ul style="list-style-type: none"> a) Be in the top quartile for vacancy levels b) Improve the percentage of staff who feel positive action has been taken on their health and wellbeing c) Improve overall staff engagement d) Deliver improvement against the Workforce Equality Standards 		
<i>Improve the Healthcare of our Communities</i>	<ul style="list-style-type: none"> a) Develop a health inequalities strategy b) Reduction in the carbon footprint of clinical services by 1 April 2025 c) Deliver improvements at PLACE in the health of our communities 		
<i>Effective Collaboration</i>	<ul style="list-style-type: none"> a) Improve population health outcomes through provider collaborative b) Improve clinical service sustainability c) Implement technological solutions that improve patient experience d) Progress joint working across Wolverhampton and Walsall e) Facilitate research that improves the quality of care 		
Resource Implications:	Resource implications concerning staff health and wellbeing and attendance at work. Impact on financial resources concerning bank and agency cover.		
Report Data Caveats	Please see Appendix A		
CQC Domains			
Equality and Diversity Impact	<p>All workforce policies and procedures are required to be compliant with all relevant employment legislation and the Equality Act 2010.</p> <p>NHS Employers guidance and terms and conditions.</p>		
Risks: BAF/ TRR	<p>The risk to the organisation is concerning:</p> <ul style="list-style-type: none"> • Use of Resources. • Employment legislation. • Equality, Diversity & Inclusion. • Organisational Reputation. 		
Risk: Appetite			
Public or Private:			
Other formal bodies involved:			
References			

NHS Constitution:	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <ul data-bbox="502 324 1260 553" style="list-style-type: none">• Equality of treatment and access to services• High standards of excellence and professionalism• Service user preferences• Cross community working• Best Value• Accountability through local influence and scrutiny
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February 2023 Workforce Metrics

Executive Lead Name: Catherine Griffiths

Executive Lead Title: Director of People and Culture

Document Author Name: Sebastian Smith – Cox

Document Author Title: Workforce Intelligence & Planning Lead

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Page 16 – Summary Dashboard - Retention (24 Months)

Page 17 – Summary Dashboard – Sickness Absence

Page 18 – Summary Dashboard – Mandatory Training Compliance

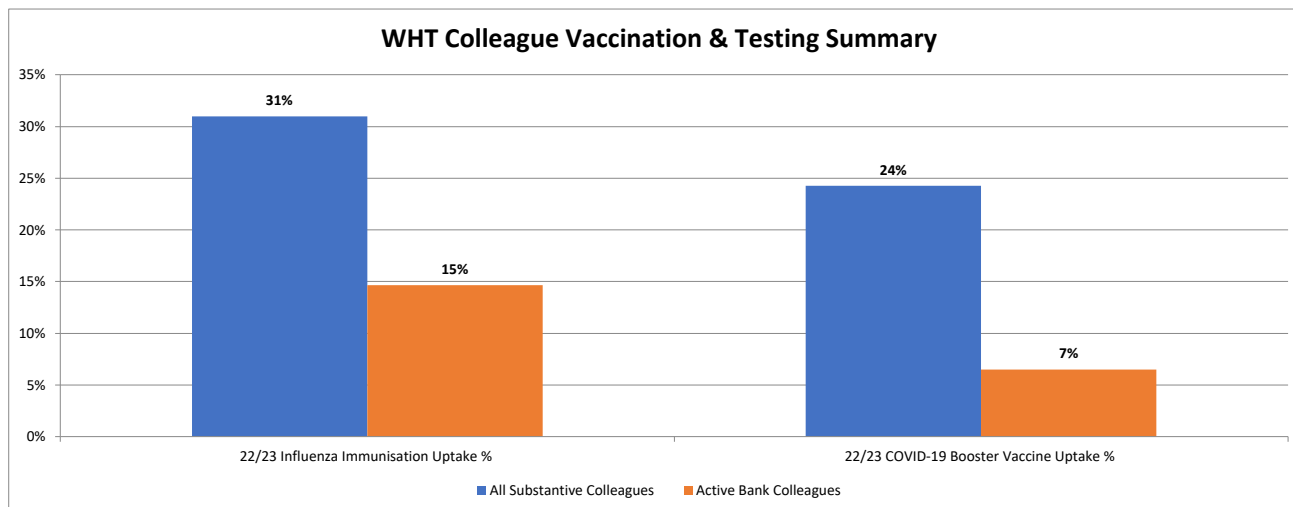
Page 19 – Summary Dashboard – Annual Appraisal Compliance

Page 20 - 2023/24 Workforce Performance Targets & Thresholds

Page 21 – Appendix

Colleague Vaccination Update

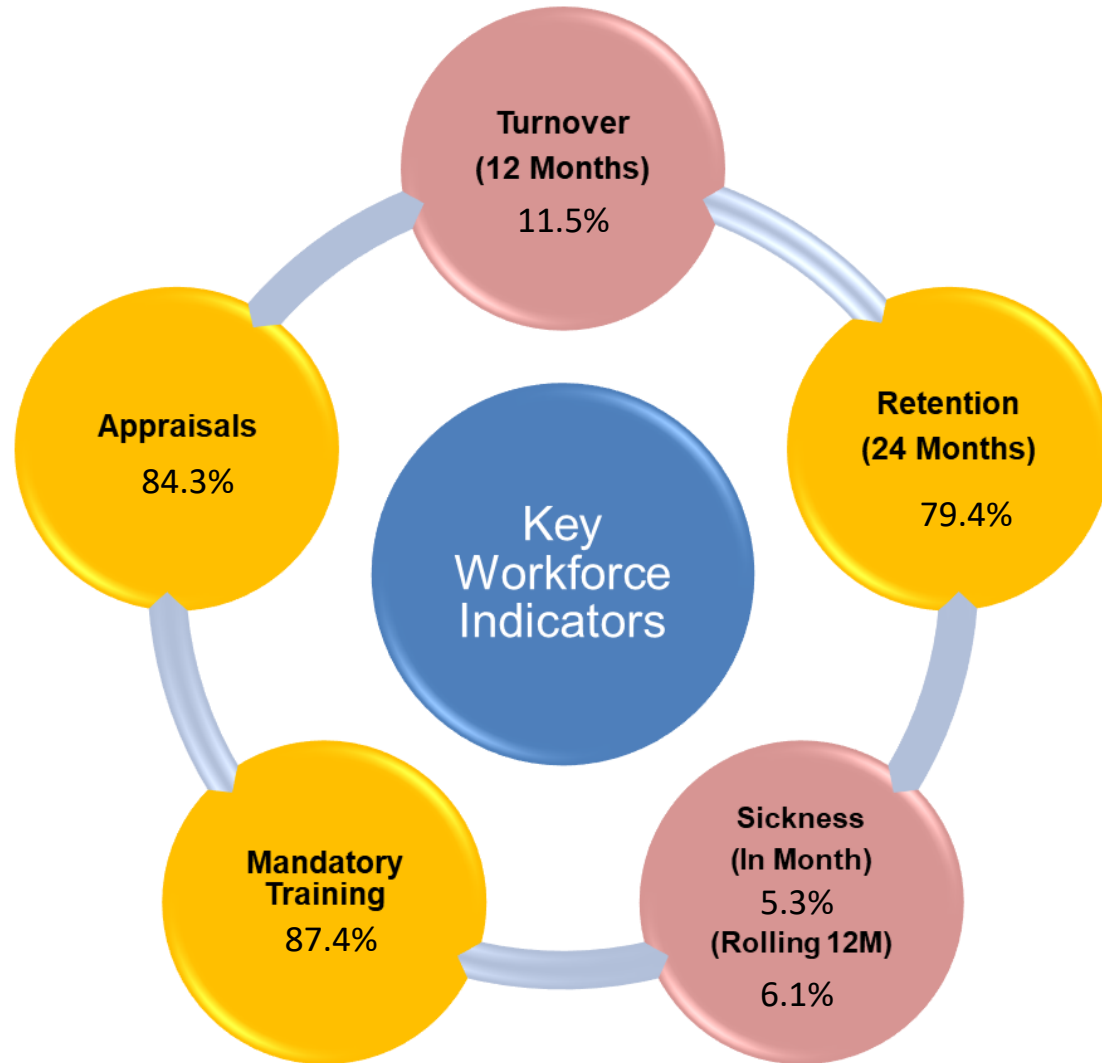
Immunisation uptake rates, as of 1st February 2023, are provided below;



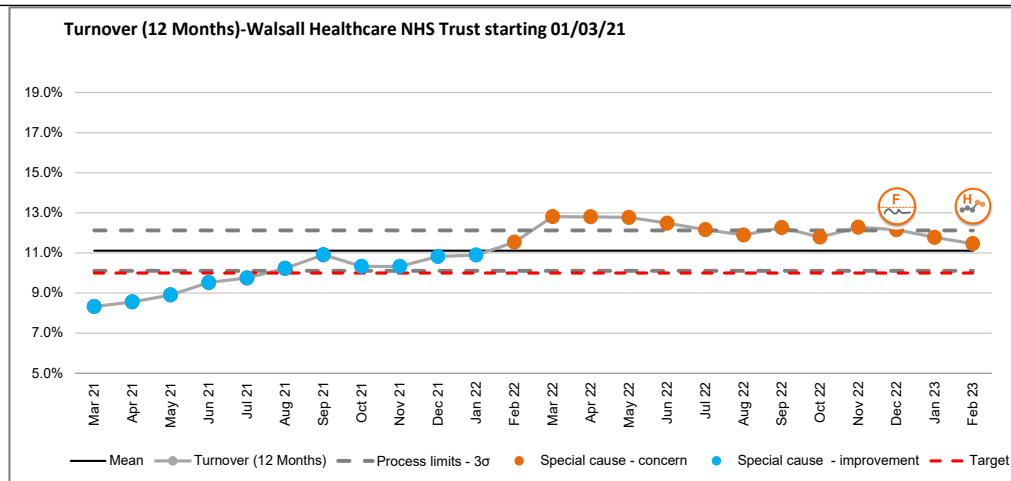
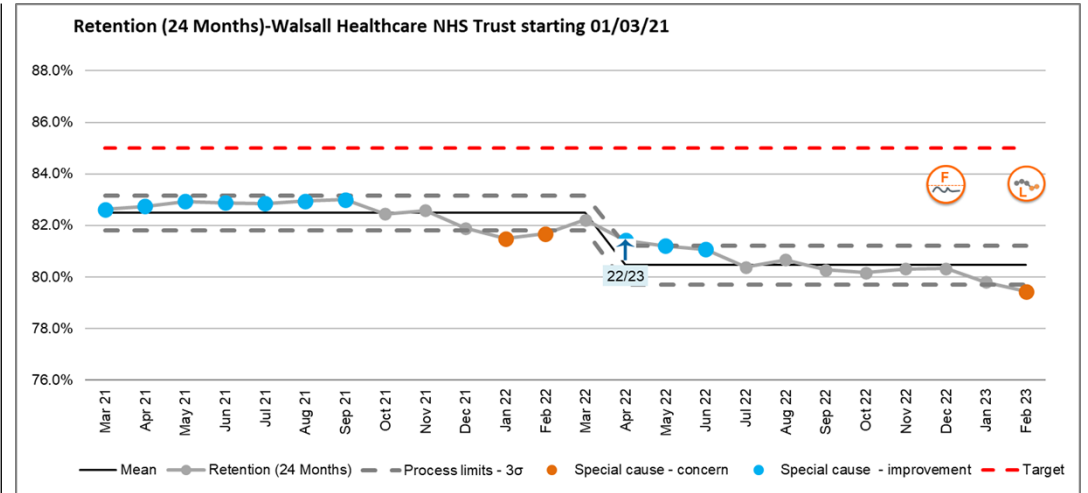
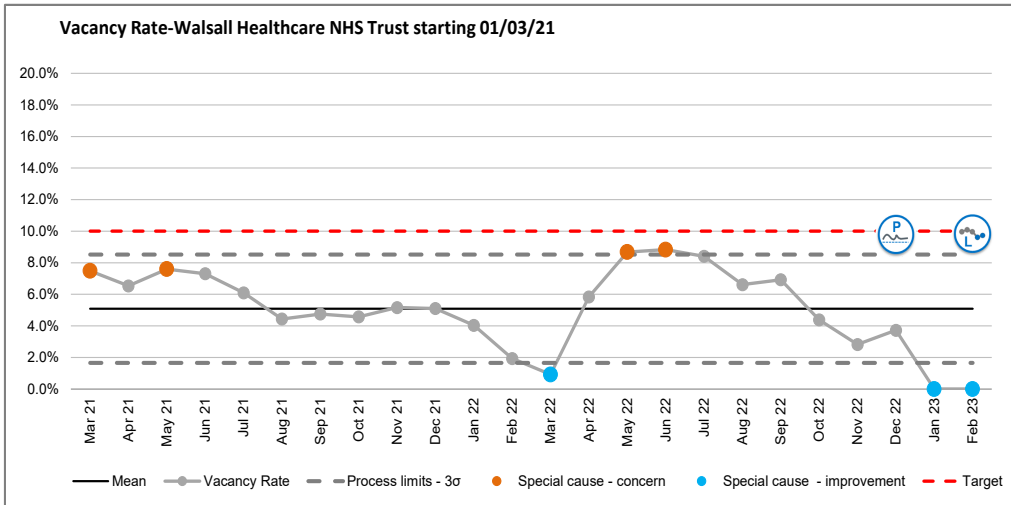
Division	No. Substantive Colleagues	22/23 Influenza Immunisation Uptake %	22/23 COVID-19 Booster Vaccine Uptake %
Chief Executive Directorate	13	61.5%	46.2%
Community	990	22.1%	18.6%
COVID Vaccs Prog - Saddlers Centre	1		
Digital Services	134	16.4%	20.1%
Directorate of Transformation & Strategy	16	25.0%	43.8%
Estates and Facilities	391	20.2%	23.3%
Finance Directorate	58	39.7%	36.2%
Governance Directorate	35	25.7%	28.6%
Medical Directorate	111	41.4%	30.6%
Medicine & Long-Term Conditions	1136	35.0%	23.8%
Nurse Directorate	94	35.1%	30.9%
Operations Directorate	29	48.3%	24.1%
People & Culture Directorate	87	21.8%	12.6%
Surgery	983	38.0%	27.4%
Walsall Together	12	16.7%	8.3%
Women's, Children's & Clinical Support Services	950	32.8%	26.9%
Walsall Healthcare NHS Trust	5040	31.0%	24.3%

The Trust continues to support colleagues in making an informed decision, regarding their immunisation status, with colleagues both new and existing encouraged to do all they can to protect patients, their families, and themselves.

Key Workforce Indicators Summary

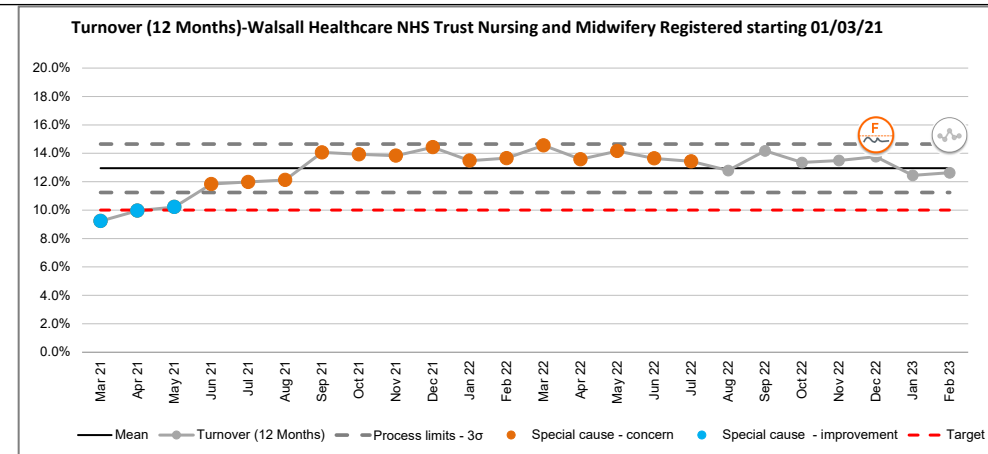
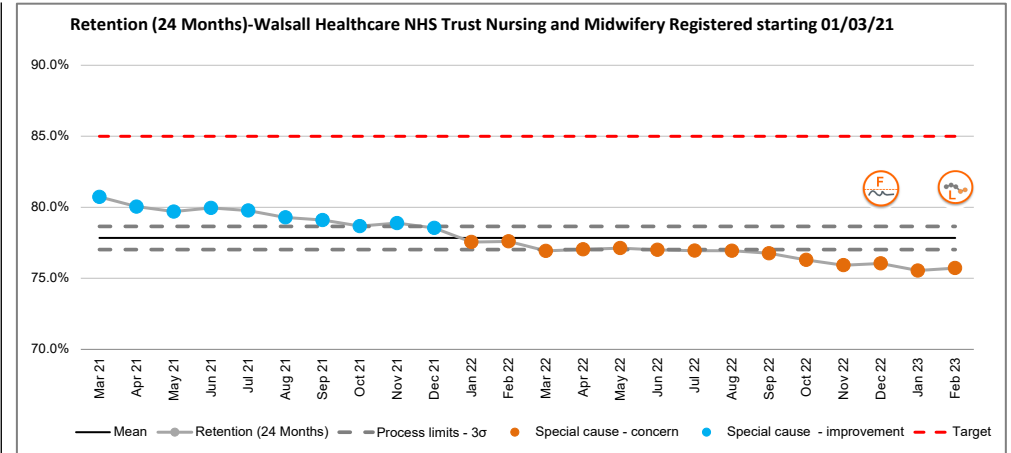
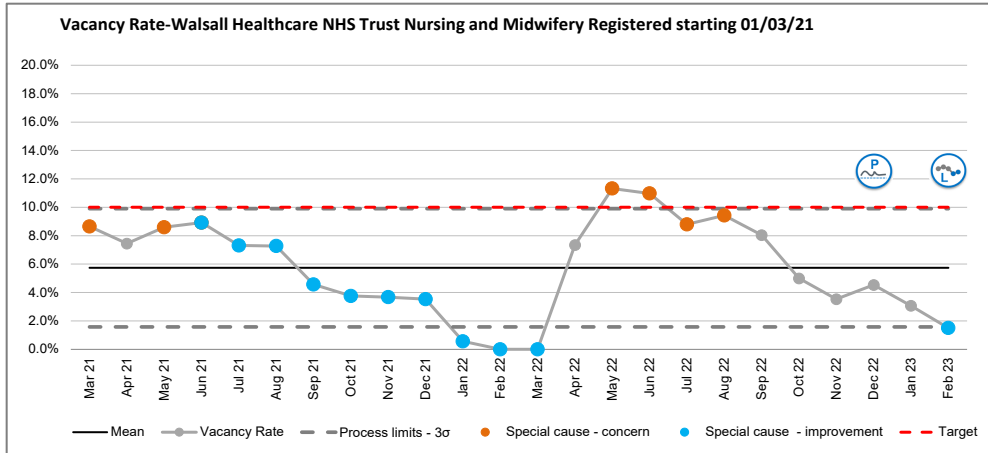


	<u>Target</u>	<u>Will We Meet The Target?</u>	<u>Is Performance Stable?</u>
Sickness Absence	4.5%	No	Yes
Mandatory Training Compliance	90%	Sometimes	Getting Worse
Appraisal Compliance	90%	No	Getting Better
Turnover (12 Months)	10%	No	Getting Worse
Retention (24 Months)	85%	No	Getting Worse



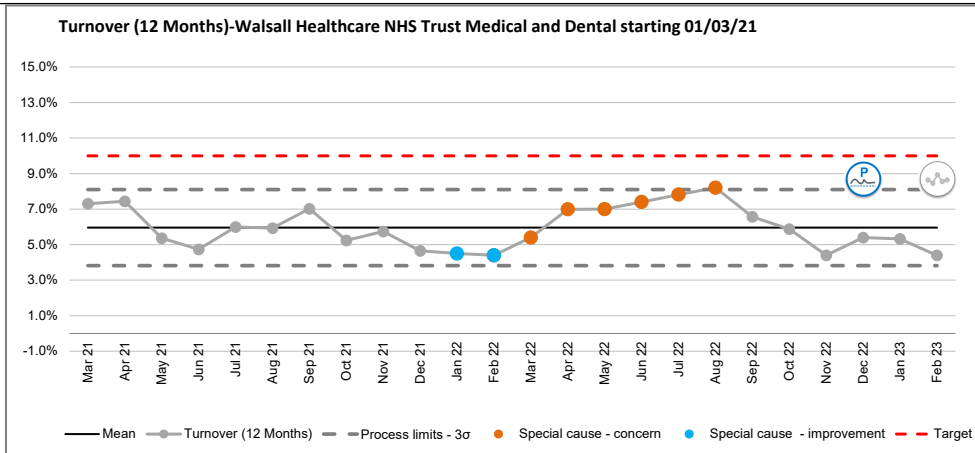
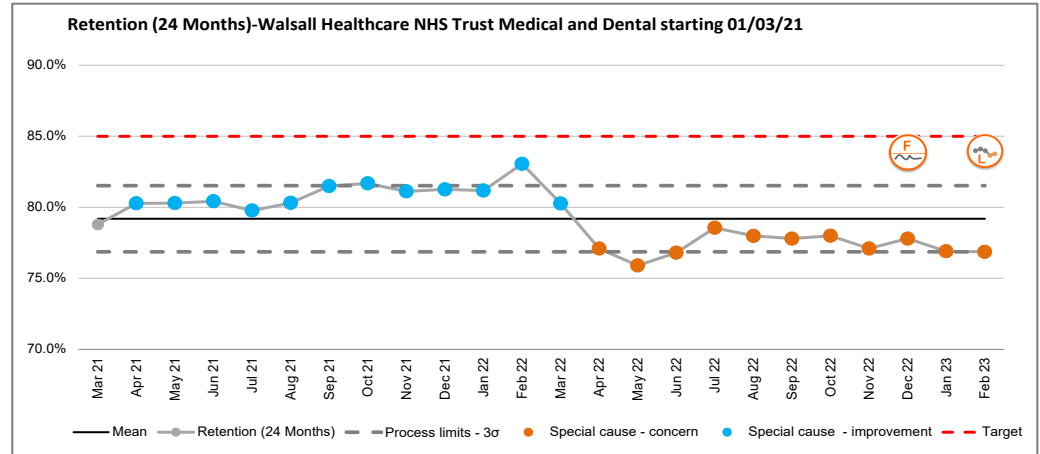
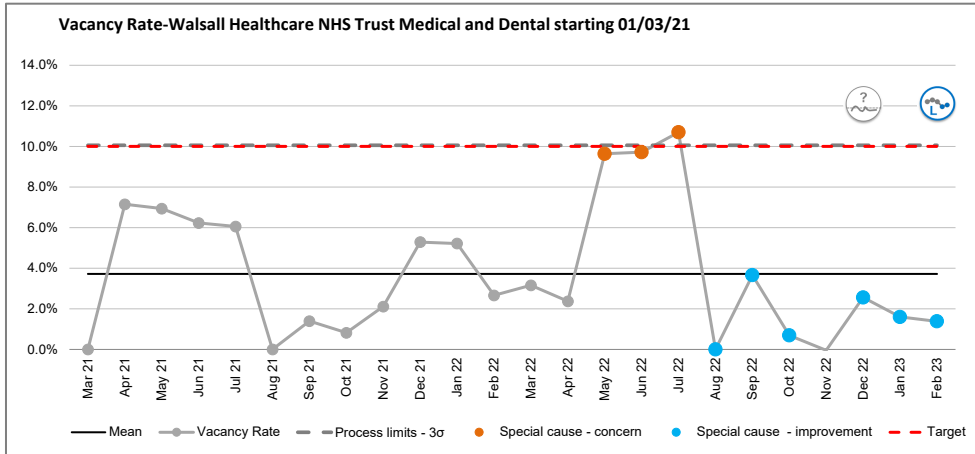
Key Issues & Challenges

- The challenging trend in colleague retention is being reflected throughout all staff groups with Scientific colleagues seeing the lowest retention rates for over 12 months.
- 18% of colleagues leaving due to voluntary resignation over the past 12 months declared external promotion as their primary reason.
- Over the past 12 months, 65% of new starters who have shared their recruitment source have come from other NHS organisations.
- There is continued special cause concern for Turnover (12 months). A review of voluntary resignation trends confirmed that more nuance intelligence is required, as part of robust retention and stay conversations to address the decline.



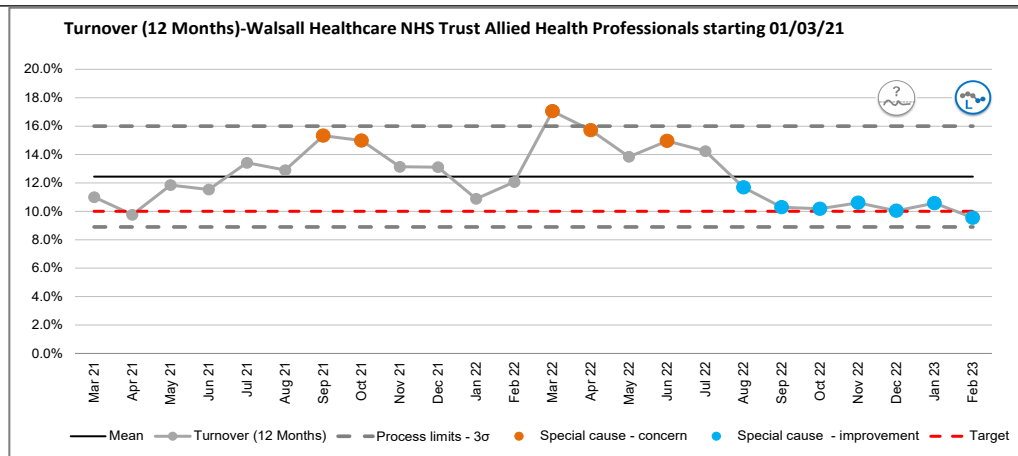
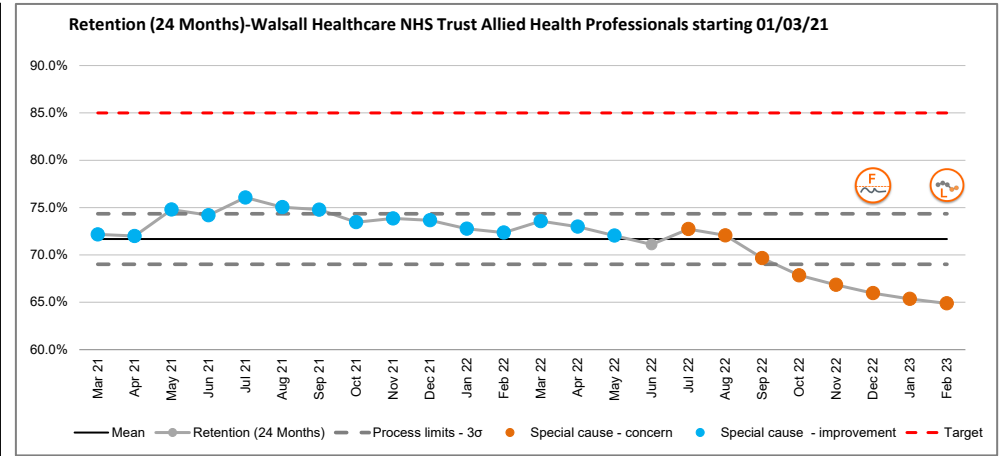
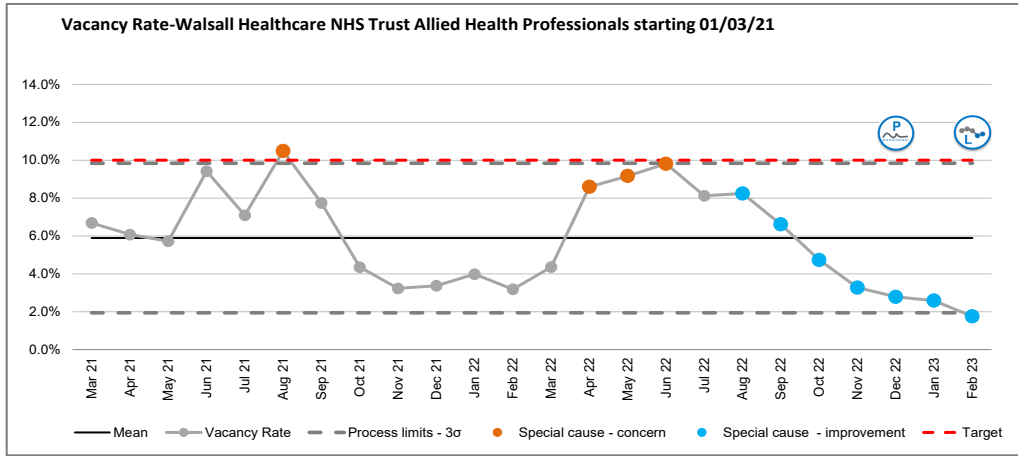
Key Issues & Challenges

- Retention remains an acute challenge facing the Registered Nursing and Midwifery (N&M) staff group.
- 52% of the N&M leavers in the past 12 months have gone to other NHS organisations, with another 27% leaving NHS employment entirely.
- Whilst the overall substantive workforce has grown by 16% over the past 2 years; the qualified nursing and midwifery workforce has grown by 26%. The same growth rate is true for medical and dental colleagues.



Key Issues & Challenges

- Although retention stable amongst Medical and Dental (M&D) colleagues, the current trend does not provide assurance that the 85% target will be met.
- 36% of the M&D leavers in the past 12 months have gone to other NHS organisations.
- Further analysis of the medical workforce evidences continued workforce investment, and recruitment successes, over the past two years. This should be reviewed within the context of increasing clinical demand, whereby workforce levels have risen to meet activity, within an environment of absenteeism and retention challenges.



Key Issues & Challenges

- Retention remains a challenge amongst Allied Health professionals (AHP) services, with a negative trajectory for the past 8 months.
- 30% of staff leaving due to Voluntary Resignation over the past 12 months leave due to their work-life balance.
- Recruitment to the AHP vacancies has continued. In collaboration with local ICB partners, the Trust will develop workforce and operational plans which leverage innovative solutions to the necessity for an affordable, and productive workforce.

Medicine & Long-Term Conditions - Mandatory Training Compliance			
	Jan-23	Feb-23	Movement +/-
*Division Overall	83%	82%	-0.94%
Acute Care Group	81%	80%	-0.64%
Cardiology	85%	85%	0.37%
Elderly Care Group	81%	79%	-1.82%
Emergency Care Group	87%	86%	-0.58%
Gastroenterology	81%	80%	-1.76%
Long-Term Conditions	83%	82%	-0.91%
Medicine & Long-Term Conditions Management	83%	82%	-1.20%
Surgery - Mandatory Training Compliance			
	Jan-23	Feb-23	Movement +/-
*Division Overall	86%	86%	-0.19%
Cancer Services	90%	90%	-0.67%
General Surgery	83%	84%	0.30%
Head & Neck Care Group	86%	86%	0.21%
Outpatient & Support Services	89%	86%	-3.06%
Surgery Management	86%	88%	2.58%
Theatres, Critical Care & Anaesthetics	87%	87%	0.12%
Trauma Orthopaedics and MSK Services	83%	82%	-1.27%
Women's, Children's & Clinical Support Services - Mandatory Training Compliance			
	Jan-23	Feb-23	Movement +/-
*Division Overall	90%	90%	0.07%
Children's, Families and Neonates Care Group	87%	89%	2.52%
Clinical Support Services	92%	90%	-1.39%
Women's & Children's Management & Support	87%	88%	0.17%
Women's Services	92%	92%	-0.32%
Estates and Facilities - Mandatory Training Compliance			
	Jan-23	Feb-23	Movement +/-
*Division Overall	88%	88%	0.58%
Facilities	87%	88%	0.77%
Estates Management	94%	93%	-1.78%
Facilities	87%	88%	0.77%
Community - Mandatory Training Compliance			
	Jan-23	Feb-23	Movement +/-
*Division Overall	95.23%	94.79%	-0.44%
East Locality	82%	78%	-3.19%
North Locality	89%	89%	-0.17%
South Locality	88%	86%	-1.14%
West Locality	84%	85%	0.40%
Adult Services Management	92%	90%	-1.80%
Intermediate & Urgent Care	92%	90%	-1.49%
Palliative Care & End Of Life Care	95%	95%	-0.44%

Division	Appraisal Compliance Numerator	Appraisal Compliance Outturn
*All	2873	84.33%
Add Prof Scientific and Technic	89	91.75%
Additional Clinical Services	527	83.65%
Administrative and Clerical	629	79.82%
Allied Health Professionals	210	89.36%
Estates and Ancillary	258	80.37%
Healthcare Scientists	34	85.00%
Medical and Dental	165	91.16%
Nursing and Midwifery Registered	961	86.19%
AfC	5594	84.11%

Key Issues & Challenges

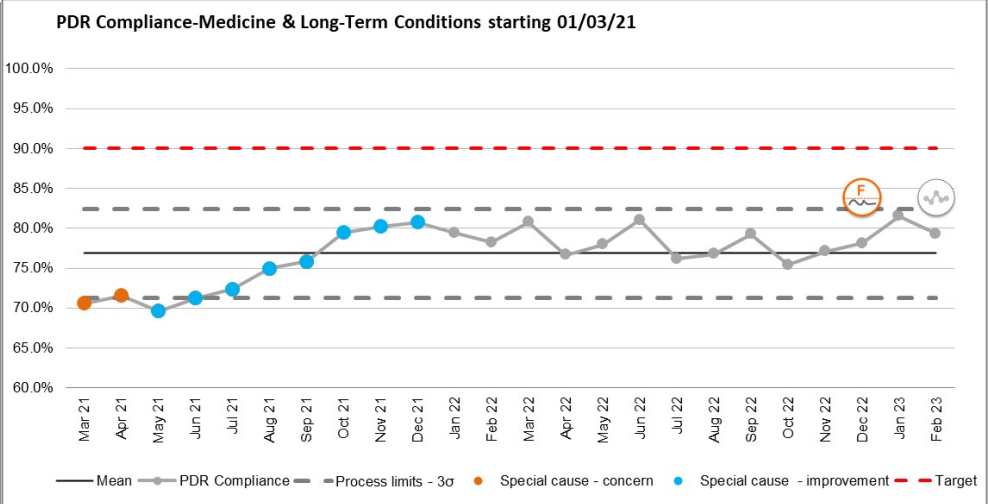
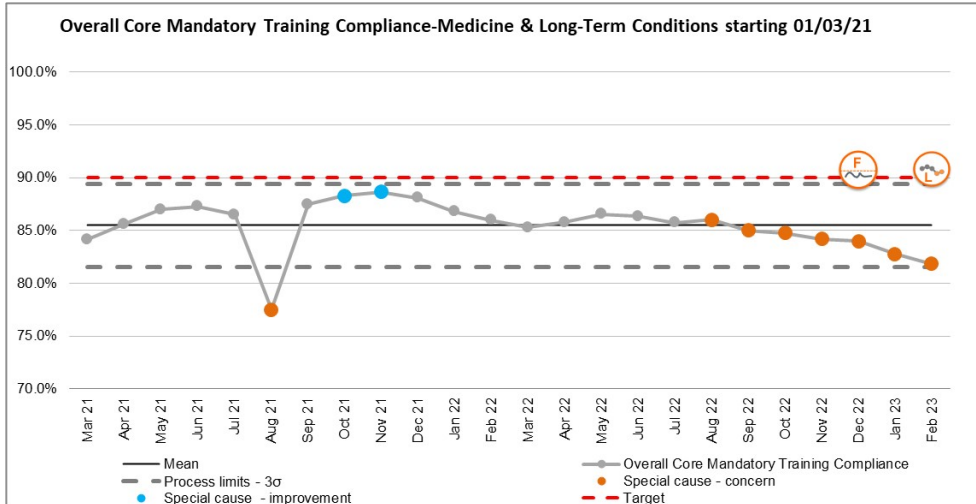
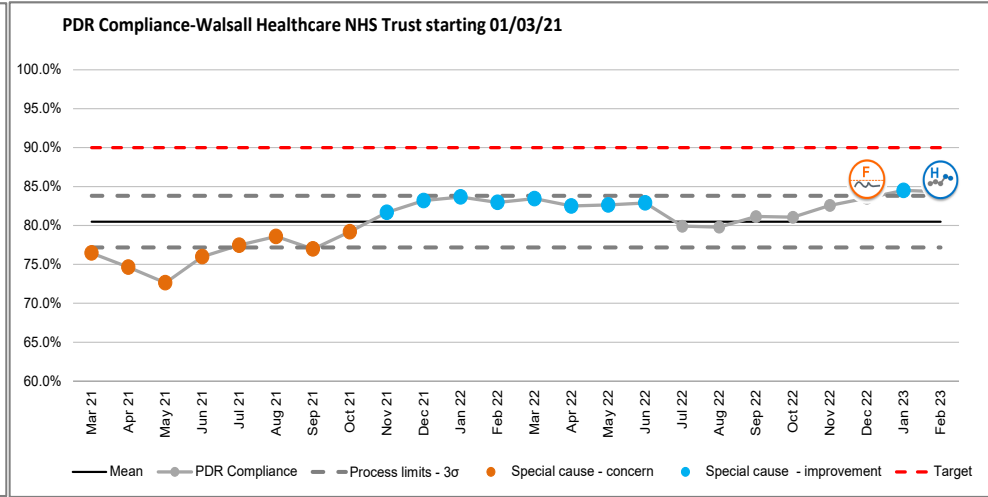
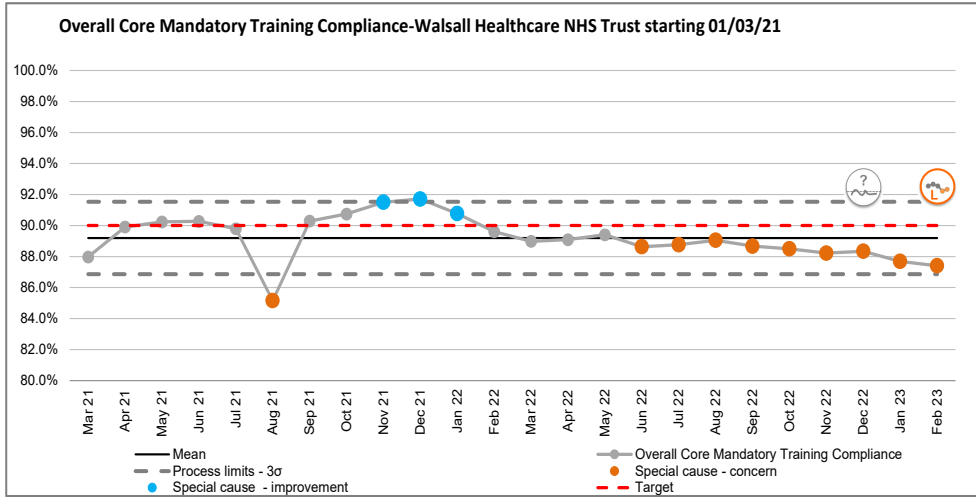
Mandatory Training

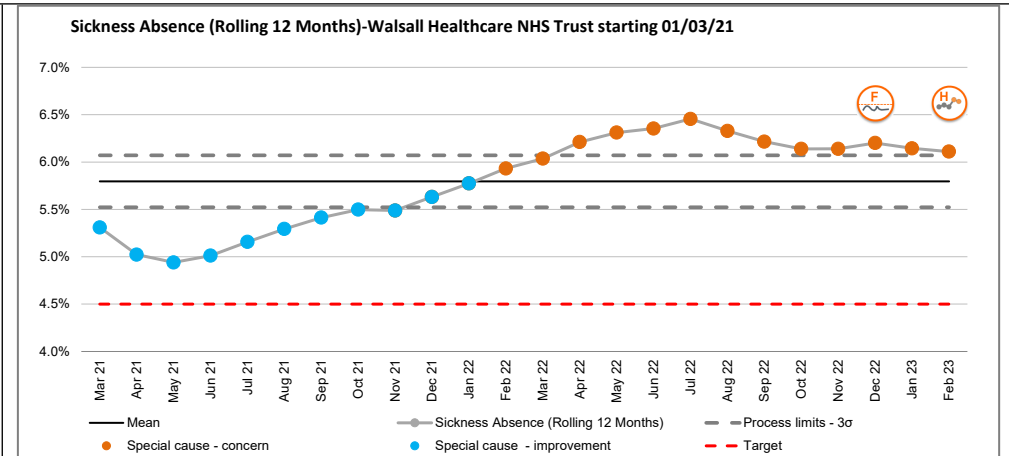
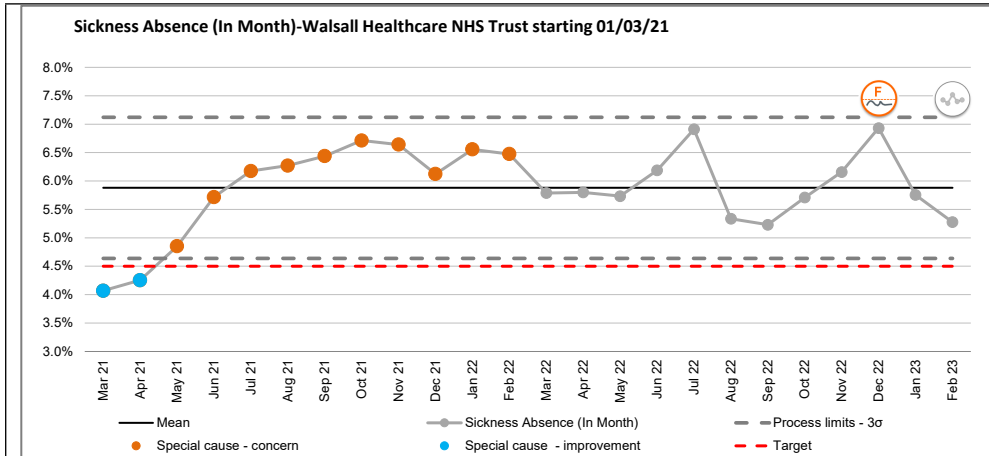
- Confirmed special concern, but within the context of historically high compliance levels. Assurance regarding target achievement remains intact, with senior safeguarding competencies an outlier.

Appraisal Compliance

- Continued improvement trajectory, with compliance now at the 24-month upper range limits. There is room for further improvement regarding appraisal completion rates amongst estates and admin colleagues.

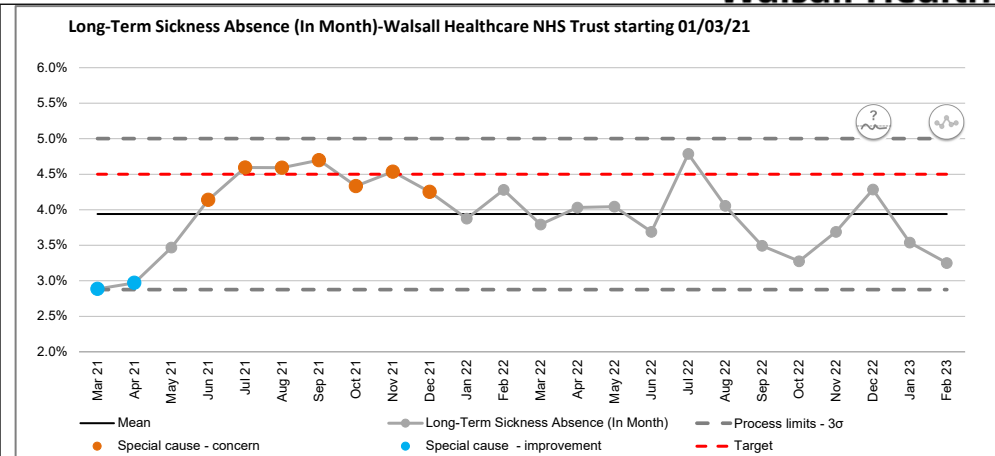
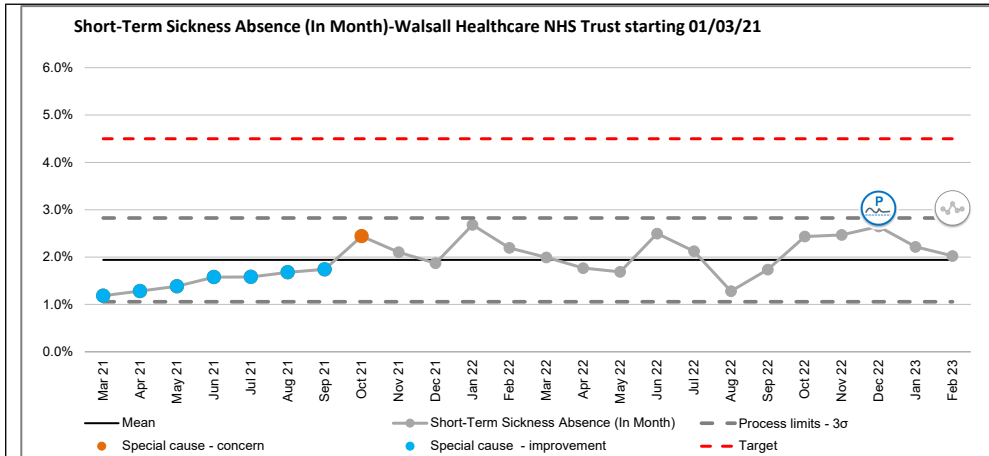
Education and Organisational Development





Key Issues & Challenges

- Current trends evidence that meeting the 4.5% target for sickness absence remains a challenge, with high-levels of sickness being driven by stress-related absences throughout all staff groups.
- Absence is stable, and the sickness rate has returned to the 24-month average. Winter-related illnesses have fallen by one-third but stress/anxiety & musculoskeletal illness remain a long-term concern.
- Sickness is highest within the Estates & Facilities division with musculoskeletal problems the second highest reason for sickness after Stress-related illness.



Key Issues & Challenges

- Sickness absence throughout the trust is driven by long-term sickness with long-term sickness equating to over 63% of sickness over the past 6 months.
- Stress-related absences are responsible for over 29% of all FTE days lost throughout the trust due to sickness with seasonally related absences being the second highest reason for sickness.
- On Feb 23 there have been 209 occurrences of long-term sickness 49 of these are within the Surgery division and 41 are within the Medicine & Long-Term Conditions Division.
- On Feb 23 we lost 3997 days FTE to long-term sickness over the trust.

Workforce Profile	As at 31/03/2022	2022/23											YTD Change - Since 31/03/22	
		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23		Mar-23
Substantive Staff FTE	4006.84	4028.37	4044.36	4064.25	4046.79	4109.72	4157.79	4234.24	4263.70	4307.93	4365.48	4394.38	-	37.52
Substantive Staff FTE (Ex. Rotational Drs)	3921.03	3941.67	3958.66	3975.55	3963.09	4014.12	4062.99	4140.44	4170.70	4214.93	4272.48	4301.38	-	37.63
Substantive Staff Headcount	4688	4684	4702	4728	4712	4774	4822	4902	4943	4982	5049	5076	-	14
Bank Staff Only Headcount	1439	1469	1490	951	954	1020	1045	1066	1101	1123	1140	1158	-	51
% Staff from a BME Background	33.79%	34.01%	34.10%	34.20%	34.06%	34.22%	34.58%	34.95%	35.34%	36.11%	36.56%	36.73%	-	0.30%

Workforce Profile BY Staff Group (FTE)	As at 31/03/2022	2022/23											YTD Change - Since 31/03/22	
		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23		Mar-23
Add Prof Scientific and Technic	91.17	90.17	91.57	90.57	90.85	93.85	92.77	95.57	97.36	98.29	101.19	99.61	-	0.40
Additional Clinical Services	710.91	721.28	729.98	741.17	749.93	763.19	769.25	770.94	775.99	775.03	846.37	850.82	-	19.07
Administrative and Clerical	853.33	855.45	867.33	871.75	863.11	866.76	872.25	886.75	885.77	894.61	895.03	909.23	-	13.99
Allied Health Professionals	261.96	260.24	259.59	263.96	264.75	265.67	274.23	278.11	282.14	282.02	285.18	287.57	-	-2.37
Estates and Ancillary	257.57	253.72	251.35	255.45	253.89	253.53	252.60	253.48	258.62	257.21	257.89	256.69	-	-6.23
Healthcare Scientists	45.83	45.33	45.33	44.33	44.93	44.93	45.98	43.86	44.86	44.86	44.86	44.02	-	-0.51
Medical and Dental	410.16	416.56	419.60	424.12	410.99	444.41	463.96	476.00	481.46	486.91	490.49	498.24	-	9.44
Nursing and Midwifery Registered	1314.89	1323.62	1333.62	1338.89	1344.32	1350.37	1357.14	1379.72	1393.49	1404.99	1425.48	1430.20	-	18.73
Students	61.00	62.00	46.00	34.00	24.00	27.00	29.60	49.80	44.00	64.00	19.00	18.00	-	-15.00

Starters by Staff Group (FTE)	2021/22	2022/23											YTD Total	
		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23		Mar-23
Total Starters	774.72	0.00	41.39	42.76	30.12	0.00	93.31	82.38	48.37	34.67	70.77	39.95	-	483.72
Add Prof Scientific and Technic	16.99	0.00	0.00	1.00	0.00	0.00	0.51	3.45	1.00	1.00	2.00	1.00	-	9.96
Additional Clinical Services	139.88	13.61	9.14	12.43	9.95	0.00	23.67	21.27	14.64	5.41	19.45	5.00	-	134.57
Administrative and Clerical	99.00	7.84	12.24	6.27	4.40	0.00	14.85	13.45	6.32	12.84	12.89	7.55	-	98.65
Allied Health Professionals	45.53	3.60	1.20	6.60	2.60	0.00	7.60	5.00	3.20	2.00	7.00	2.40	-	41.20
Estates and Ancillary	34.80	1.49	3.32	7.07	1.63	0.00	1.31	0.00	7.13	0.61	3.40	0.35	-	26.30
Healthcare Scientists	1.00	0.00	0.00	0.00	1.20	0.00	1.00	0.60	1.00	0.00	0.00	1.40	-	5.20
Medical and Dental	167.30	10.00	10.09	4.00	3.10	0.00	24.01	15.84	6.82	7.00	5.70	13.89	-	100.44
Nursing and Midwifery Registered	165.22	15.78	5.40	5.40	7.25	0.00	17.37	16.76	8.26	5.80	19.32	8.37	-	109.72
Students	105.00	3.00	0.00	0.00	0.00	0.00	3.00	6.00	0.00	0.00	1.00	0.00	-	13.00

Apprenticeships	2022/23											YTD Total		
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23		Mar-23	
Apprentices Started in month	0	3	0	1	0	0	0	0	0	3				7.00
Number of Staff Converted to Apprentices in month	3	2	0	1	0	22	21	0	0	5				54.00

Workforce Metrics

Leavers by Staff Group (FTE)	2021/22	2022/23												YTD Total
		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	
Total Leavers	676.57	38.63	43.11	48.61	45.89	109.57	70.35	41.14	41.31	43.19	54.80	31.75	-	568.34
Add Prof Scientific and Technic	28.17	1.00	0.00	2.00	0.00	1.32	1.00	3.20	0.00	0.00	2.00	0.00	-	10.52
Additional Clinical Services	100.14	6.33	8.21	3.71	4.45	6.71	23.79	5.85	13.04	9.11	9.17	8.07	-	98.44
Administrative and Clerical	133.53	8.79	5.45	13.85	11.25	7.84	10.80	8.64	11.40	9.09	15.83	4.80	-	107.74
Allied Health Professionals	42.93	3.00	4.00	1.59	4.48	2.00	2.60	3.42	1.00	5.00	5.00	2.22	-	34.30
Estates and Ancillary	25.83	3.91	2.13	1.97	1.27	1.47	0.00	1.49	2.00	0.93	4.07	0.00	-	19.24
Healthcare Scientists	3.00	0.51	1.00	1.60	0.00	0.00	0.00	1.72	0.00	0.00	1.00	0.75	-	6.57
Medical and Dental	150.67	2.60	6.60	11.00	8.00	79.54	12.95	8.30	3.80	5.61	3.00	3.00	-	144.39
Nursing and Midwifery Registered	176.31	12.51	15.71	12.89	16.44	10.71	19.21	8.51	10.07	13.44	13.73	12.92	-	146.14
Students	16.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	-	1.00

Retention	2021/22	2022/23												2022/23 Average
		Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	
Retention Rate (12 Months)	89.50%	88.59%	88.61%	88.66%	88.39%	88.90%	88.40%	88.39%	88.84%	89.27%	89.17%	89.63%	-	88.81%
Retention Rate (24 Months)	82.21%	81.41%	81.20%	81.07%	80.38%	80.66%	80.28%	80.16%	80.31%	80.32%	79.79%	79.43%	-	80.46%
Retention Rate (5 Years)	63.26%	62.34%	62.22%	61.87%	61.06%	61.15%	60.70%	59.96%	60.23%	59.92%	59.64%	59.18%	-	60.75%

Retention Rate (24 Months)	2021/22	2022/23												2022/23 Average
		Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	
Add Prof Scientific and Technic	71.57%	49.96%	54.68%	53.89%	53.13%	53.93%	53.34%	51.02%	52.12%	51.18%	51.63%	51.00%	-	52.35%
Additional Clinical Services	83.04%	83.00%	82.80%	82.65%	82.27%	81.86%	81.49%	80.38%	80.91%	80.51%	79.19%	77.74%	-	81.17%
Administrative and Clerical	86.93%	86.82%	85.98%	86.21%	84.55%	84.45%	84.16%	85.03%	84.50%	84.01%	82.49%	82.57%	-	84.62%
Allied Health Professionals	87.62%	85.28%	84.29%	83.64%	85.20%	85.09%	84.24%	82.39%	82.80%	82.96%	83.61%	84.55%	-	84.00%
Estates and Ancillary	81.81%	81.85%	81.12%	80.89%	80.11%	80.08%	79.45%	79.85%	78.81%	79.02%	77.65%	77.65%	-	79.68%
Healthcare Scientists	86.13%	86.64%	88.66%	90.78%	89.52%	90.37%	90.71%	88.79%	88.94%	88.94%	88.94%	83.70%	-	88.73%
Medical and Dental	83.79%	81.17%	82.76%	83.16%	84.01%	84.51%	86.02%	87.06%	86.21%	87.79%	88.45%	88.55%	-	85.43%
Nursing and Midwifery Registered	78.44%	79.28%	78.78%	78.34%	77.50%	78.48%	77.92%	78.08%	78.69%	79.11%	79.26%	79.03%	-	78.59%

Open Employee Relation Cases – Number of Cases		2022/23												YTD Change - Since 31/03/22
		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	
Open Formal Grievance Cases		3	2	1	1	6	3	11	1	3	1	2		2.00
Open Bullying & Harassment Cases		1	1	3	2	7	4	4	1	6	7	3		1.00
Open Capability Cases						1	1			1		3		0.00
Open Disciplinary Cases		3	5	3	2	7	4	4	1	6	7	15		5.00
Cases Closed		7	2	5	11	11	5	10	6	10	10	4		2.00

Workforce Metrics

Turnover % (Normalised) - Rolling 12 Months	2021/22	2022/23											2022/23 Average	
	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23		Mar-23
Overall Turnover	12.81%	12.80%	12.77%	12.48%	12.16%	11.89%	12.26%	11.79%	12.28%	12.16%	11.77%	11.46%	-	12.24%
<=20 Years	19.87%	28.19%	30.00%	25.31%	26.51%	27.08%	28.35%	22.41%	16.05%	12.17%	11.74%	18.28%	-	22.78%
21-25	15.03%	15.21%	16.38%	15.72%	14.88%	13.13%	15.64%	14.13%	16.79%	20.07%	22.54%	21.02%	-	16.45%
26-30	23.09%	21.98%	21.96%	20.37%	19.30%	18.63%	19.90%	17.77%	17.47%	18.55%	15.38%	13.91%	-	19.13%
31-35	13.04%	12.60%	13.70%	12.98%	13.01%	11.67%	12.45%	12.53%	12.69%	12.60%	13.01%	12.98%	-	12.72%
36-40	12.08%	12.69%	13.50%	13.34%	12.95%	12.21%	10.31%	9.98%	10.61%	9.33%	10.58%	9.15%	-	11.55%
41-45	10.59%	10.70%	9.70%	10.43%	9.59%	10.21%	9.47%	8.61%	8.70%	7.95%	7.33%	6.72%	-	9.27%
46-50	6.37%	6.27%	5.79%	5.92%	5.99%	5.74%	6.17%	5.97%	5.85%	6.19%	6.90%	7.81%	-	6.08%
51-55	9.36%	8.23%	8.01%	8.62%	6.38%	7.71%	8.27%	8.96%	9.83%	8.77%	7.19%	6.80%	-	8.20%
56-60	8.60%	9.21%	8.80%	9.54%	10.92%	11.17%	12.18%	12.37%	12.29%	12.98%	11.81%	11.98%	-	11.13%
61-65	20.15%	20.87%	18.32%	17.16%	15.86%	16.78%	17.87%	18.27%	19.81%	18.26%	18.56%	16.31%	-	18.18%
66-70	35.16%	37.17%	43.40%	41.45%	55.08%	38.49%	32.36%	32.83%	45.54%	44.92%	39.20%	50.02%	-	41.04%

Sickness Absence	2021/22	2022/23											2022/23 Average	
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23		
% Sickness Absence In Month	5.79%	5.80%	5.73%	6.19%	6.91%	5.34%	5.23%	5.71%	6.16%	6.93%	5.76%	5.28%	-	5.91%
% Sickness Absence (Rolling 12 Months)	6.04%	6.21%	6.31%	6.35%	6.46%	6.33%	6.22%	6.14%	6.14%	6.20%	6.14%	6.11%	-	6.24%
FTE Days Lost	7181	6993	7174	7531	8656	6768	6492	7450	7865	9237	7755	6489	-	7492
% Short Term Sickness	30.49%	30.48%	29.46%	40.36%	30.74%	24.00%	33.23%	42.64%	40.08%	38.19%	38.53%	38.39%	-	35.10%
% Long Term Sickness	69.51%	69.52%	70.54%	59.64%	69.26%	76.00%	66.77%	57.36%	59.92%	61.81%	61.47%	61.61%	-	64.90%
Estimated Cost of Sickness £	£7,666,891	£615,749	£625,258	£678,380	£769,412	£586,260	£569,333	£702,198	£703,339	£843,568	£683,472	£583,848	-	£669,165

Top 3 Sickness Reasons (FTE Days Lost)	2021/22	2022/23											% Change - (YTD Avg)	
	Monthly Avg.	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23		Mar-23
Anxiety/stress/depression/other psychiatric illnesses	2194.1	1469.4	1770.6	1942.4	2205.5	1957.2	1907.5	1807.5	1953.9	2308.3	2258.8	1819.5	-	-11.33%
Cold, Cough, Flu - Influenza	418.6	497.0	363.2	429.6	445.1	268.3	409.9	833.4	930.9	1759.7	1240.1	809.0	-	73.42%
Gastrointestinal problems	560.3	639.4	612.0	712.2	824.7	637.1	680.9	781.1	787.3	643.5	471.0	616.4	-	20.16%

Education / OD	2021/22	2022/23											2022/23 Average	
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23		
Core Mandatory Training	88.98%	89.09%	89.40%	88.63%	88.76%	89.05%	88.67%	88.50%	88.22%	88.34%	87.69%	87.41%	-	88.53%
Appraisal	83.44%	82.50%	82.64%	82.90%	79.91%	79.79%	81.15%	81.06%	82.58%	83.51%	84.50%	84.33%	-	82.26%

Inductions	2022/23											YTD Total	
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23		Mar-23
Trust Inductions Completed	38	84	87	98	64	54	123	54	54	36	9		96.00

Workforce Metrics

Freedom To Speak Up Enquiries	2022/23											YTD Total	
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23		Mar-23
Trust Overall	6	12	5	18	10	10	22	16	17	6	5		127.00

Establishment Gap By Staff Group (FTE)	2021/22	2022/23												YTD Change - Since 31/03/22
	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	
Total Establishment Gap	21.89	235.78	383.93	392.87	371.83	295.38	310.47	193.54	124.15	166.35	119.49	64.69	-	42.80
Additional Clinical Services	-63.57	-29.74	-1.87	9.30	9.95	2.31	2.61	-30.40	-53.14	-31.18	-40.03	-60.89	-	2.68
Administrative and Clerical	39.44	68.51	75.18	73.49	81.00	81.86	80.21	65.30	43.73	32.86	33.95	20.14	-	-19.30
Allied Health Professionals	10.84	22.04	23.42	25.49	20.98	21.30	17.30	12.29	8.46	7.27	7.17	4.52	-	-6.32
Estates and Ancillary	38.74	43.59	51.74	54.21	56.73	55.01	53.95	53.89	47.56	50.93	52.29	52.00	-	13.26
Healthcare Scientists	5.88	5.83	5.78	6.98	8.38	10.38	5.58	3.98	4.27	3.27	1.27	-0.64	-	-6.52
Medical and Dental	13.19	9.99	44.45	44.94	49.11	-29.62	17.81	3.34	-0.23	12.53	7.79	6.75	-	-6.44
Nursing and Midwifery Registered	-26.75	107.89	173.85	167.57	132.90	142.95	121.63	73.75	62.33	78.42	45.93	32.11	-	58.86
Professional and Scientific	4.12	7.67	11.38	10.89	12.78	11.19	11.38	11.39	11.17	12.25	11.12	10.70	-	6.58

Agency Spend (£000's)	2021/22	2022/23												YTD Total
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23		
Total Agency Spend	£17,490	£1,776	£1,357	£1,472	£1,429	£970	£1,199	£1,237	£1,231	£1,239	£1,218	£1,192	-	£14,318
Nursing and Midwifery Registered	£9,454	£1,048	£659	£732	£717	£340	£467	£476	£465	£528	£518	£373	-	£6,323
Qualified Scientific, Therapeutic and Technical	£1,054	£124	£126	£112	£123	£111	£105	£76	£70	£82	£114	£128	-	£1,171
Support to Clinical Staff	£125	£56	£7	£13	£16	£5	£57	£54	£74	£100	£119	£198	-	£699
<i>of which support to nursing staff</i>	£85	£180	£180	£180	£180	£180	£180	£180	£180	£202	£185	£252	-	£2,079
NHS Infrastructure Support	£3,120	£167	£155	£212	£176	£145	£158	£206	£206	£119	£172	£151	-	£1,867
Medical and Dental	£3,737	£381	£410	£403	£396	£369	£411	£426	£415	£410	£295	£342	-	£4,259
<i>of which Consultants</i>	£1,605	£207	£142	£191	£168	£100	£120	£122	£131	£114	£101	£67	-	£1,462
<i>of which Career/Staff Grade</i>	£1,423	£70	£133	£87	£104	£79	£76	£107	£134	£126	£103	£159	-	£1,179
<i>of which Trainee Grades/Trust Grade</i>	£709	£104	£135	£124	£125	£190	£216	£198	£150	£169	£91	£116	-	£1,617

Bank Spend (£000's)	2021/22	2022/23												YTD Total
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23		
Total Bank Spend	£25,703	£2,229	£1,883	£2,341	£2,710	£2,932	£2,463	£2,364	£2,141	£2,355	£3,031	£2,781	-	£27,231
Nursing and Midwifery Registered	£7,092	£696	£618	£648	£737	£1,000	£728	£708	£709	£719	£961	£868	-	£8,392
Qualified Scientific, Therapeutic and Technical	£7	£1	£1	£2	£2	£3	£3	£3	£2	£2	£2	£3	-	£24
Support to Clinical Staff	£4,807	£486	£402	£486	£563	£800	£658	£540	£496	£633	£524	£492	-	£6,080
<i>of which support to nursing staff</i>	£4,067	£5,186	£5,186	£5,186	£5,186	£5,186	£5,186	£5,186	£5,186	£5,186	£5,186	£5,186	-	£57,041
NHS Infrastructure Support	£2,585	£182	£121	£177	£233	£313	£272	£228	£183	£165	£254	£216	-	£2,345
Medical and Dental	£11,211	£864	£742	£1,028	£1,175	£817	£803	£884	£751	£835	£1,289	£1,202	-	£10,390
<i>of which Consultants</i>	£6,663	£433	£394	£544	£564	£417	£254	£479	£373	£511	£721	£787	-	£5,477
<i>of which Career/Staff Grade</i>	£2,953	£188	£191	£238	£316	£209	£254	£158	£141	£187	£312	£226	-	£2,421
<i>of which Trainee Grades/Trust Grade</i>	£1,594	£243	£156	£246	£294	£190	£295	£247	£237	£138	£255	£190	-	£2,491

Exclusions Apply – See Appendix A	February 2023 Outturn	Numerator: FTE Now (24 Months+ Service)	Denominator: FTE 24 Months Previous*	Will We Meet The Target? (85%)	Is Performance Stable?	Analysis Page
WH Trust	79.4%	2637.70	3320.67	No	Getting Worse	12
<i>Community</i>	78.9%	552.61	700.07	No	Getting Worse	-
<i>Estates & Facilities</i>	79.9%	194.57	243.64	Sometimes	Getting Worse	-
<i>MLTC</i>	79.0%	489.24	619.52	No	Getting Worse	-
<i>Surgery</i>	82.0%	519.79	634.20	Sometimes	Getting Worse	-
<i>WCCSS</i>	76.3%	509.77	668.14	No	Yes	-
<i>Chief Executive Directorate</i>	64.3%	9.00	14.00	No	Yes	-
<i>Digital Services</i>	79.0%	94.59	119.69	Sometimes	Getting Worse	-
<i>Finance Directorate</i>	58.5%	44.11	75.46	No	Getting Worse	-
<i>Governance Directorate</i>	83.8%	22.39	26.72	Sometimes	Getting Better	-
<i>Medical Directorate</i>	128.8%	51.43	39.93	Yes	Yes	-
<i>Nurse Directorate</i>	85.4%	56.88	66.61	No	Getting Better	-
<i>Operations Directorate</i>	120.6%	22.81	18.91	Yes	Yes	-
<i>People & Culture Directorate</i>	69.5%	51.50	74.05	Sometimes	Getting Worse	-
<i>Transformation & Strategy</i>	51.7%	10.20	19.73	Sometimes	Getting Worse	-

	<u>February 2023 Outturn</u>	<u>Numerator: FTE Days Lost During February 2023</u>	<u>Denominator: FTE Days Available During February 2023</u>	<u>Will We Meet The Target? (4.5%)</u>	<u>Walsall Healthcare Is Performance Stable?</u>	<u>Analysis Page</u>
WH Trust	5.3%	6488.51	122964.52	No	Yes	12
<i>Community</i>	5.3%	1245.05	23527.28	Sometimes	Yes	-
<i>Estates & Facilities</i>	9.3%	652.35	7045.12	No	Yes	-
<i>MLTC</i>	4.4%	1296.31	29782.99	Sometimes	Yes	-
<i>Surgery</i>	6.0%	1462.82	24241.42	Sometimes	Yes	-
<i>WCCSS</i>	5.6%	1303.36	23144.01	Sometimes	Yes	-
<i>Chief Executive Directorate</i>	7.1%	28.00	392.00	Sometimes	Getting Worse	-
<i>Digital Services</i>	4.7%	153.45	3289.06	No	Getting Better	-
<i>Finance Directorate</i>	1.8%	28.00	1559.17	Sometimes	Yes	-
<i>Governance Directorate</i>	0.5%	5.00	964.03	Sometimes	Getting Better	-
<i>Medical Directorate</i>	2.3%	66.36	2840.09	Sometimes	Yes	-
<i>Nurse Directorate</i>	5.0%	120.20	2387.96	Sometimes	Yes	-
<i>Operations Directorate</i>	2.3%	18.88	812.37	Sometimes	Yes	-
<i>People & Culture Directorate</i>	3.5%	51.50	2254.76	Sometimes	Yes	-
<i>Transformation & Strategy</i>	6.6%	28.00	425.60	Sometimes	Yes	-

	<u>February 2023 Outturn</u>	<u>Numerator: Competencies Completed</u>	<u>Denominator: Competencies Required</u>	<u>Will We Meet The Target? (90%)</u>	<u>Walsall Healthcare Is Performance Stable?</u>	<u>Analysis Page</u>
WH Trust	87.4%	46723	53455	Sometimes	Getting Worse	12
<i>Community</i>	94.8%	10159	10717	Yes	Getting Worse	-
<i>Estates & Facilities</i>	88.3%	3289	3725	Sometimes	Yes	-
<i>MLTC</i>	81.9%	10189	12448	No	Yes	-
<i>Surgery</i>	85.8%	8955	10436	Sometimes	Yes	-
<i>WCCSS</i>	90.3%	9113	10089	Sometimes	Yes	-
<i>Chief Executive Directorate</i>	91.7%	122	133	Sometimes	Getting Better	-
<i>Digital Services</i>	95.2%	1237	1300	Yes	Yes	-
<i>Finance Directorate</i>	91.0%	528	580	Yes	Yes	-
<i>Governance Directorate</i>	91.0%	333	366	Sometimes	Getting Worse	-
<i>Medical Directorate</i>	87.9%	1058	1204	Sometimes	Yes	-
<i>Nurse Directorate</i>	88.2%	872	989	Sometimes	Getting Worse	-
<i>Operations Directorate</i>	91.2%	323	354	Sometimes	Yes	-
<i>People & Culture Directorate</i>	93.1%	782	840	Sometimes	Yes	-
<i>Transformation & Strategy</i>	84.4%	130	154	Sometimes	Getting Worse	-

Exclusions Apply – See Appendix A	February 2023 Outturn	Numerator: Appraisals Completed	Denominator: No. Colleagues Eligible For Appraisal*	Will We Meet The Target? (90%)	Is Performance Stable?	Walsall Healthcare Analysis Page
WH Trust	84.3%	2873	3407	No	Getting Better	12
Community	91.3%	674	738	Sometimes	Yes	-
Estates & Facilities	81.4%	262	322	No	Yes	-
MLTC	79.3%	487	614	No	Yes	-
Surgery	83.3%	524	629	No	Yes	-
WCCSS	88.6%	585	660	Sometimes	Yes	-
Chief Executive Directorate	20.0%	2	10	No	Yes	-
Digital Services	89.3%	100	112	No	Getting Better	-
Finance Directorate	85.1%	40	47	No	Getting Better	-
Governance Directorate	59.3%	16	27	No	Getting Better	-
Medical Directorate	87.5%	56	64	No	Getting Better	-
Nurse Directorate	68.4%	52	76	No	Getting Worse	-
Operations Directorate	40.0%	10	25	No	Getting Worse	-
People & Culture Directorate	82.3%	51	62	No	Getting Better	-
Transformation & Strategy	63.6%	7	11	No	Getting Better	-

Spotlight – 2023/24 Workforce Performance Targets & Thresholds

Performance Measure	2021/22 Outturn	2022/23 Target	Feb 2023 Outturn	Comment (as necessary)	Proposed 2023/24 Target	Proposed Thresholds		
						Green	Amber	Red
Sickness (Rolling 12 Months)	6.04%	<=4.50%	6.11%	Proposal to align 2023/24 target with The Royal Wolverhampton NHS Trust (RWT). The target for 2022/23 was based on pre-COVID performance, however, absence attributable to COVID has continued across the year. Statistical modelling has been used to forecast a 6% 2023/24 sickness absence rate, based on current and historical trends. The Integrated Care Board (ICB) has previously proposed a provider target of 4.5%, with performance across local Trusts for the year to December 2022 averaging 6%. Reductions in absence will need to outperform peers and predictive models to achieve the 5% target.	<=5.00%	<=5.00%	<=5.40%	>5.40%
Sickness (In-Month)	5.79%	<=4.50%	5.28%					
Annual Appraisals	83.4%	>=90%	84.3%	Below target performance, and improving trajectory. No change is proposed.	>=90%	>=90%	>=81%	<81%
Mandatory Training*	89.0%	>=90%	87.4%	No change. 95% to be introduced as an aspirational Trust target internally	>=90%	>=90%	>=81%	<81%
Turnover	12.8%	<=10%	11.5%	Target challenged over last 12 months with an increase in leavers. The regional (post-COVID Recovery) target remains at 10%. Statistical modelling has been used to produce a trajectory for recovery to this 10% target, so the only changes proposed are related to the alignment of thresholds to RWT reporting metrics.	<=10%	<=10%	<=11.5%	>11.5%
Retention (24 Months)**	82.2%	>=85%	79.4%	Performance has worsened post-COVID-19. The indicator benchmarked across Provider Collaborative peers is the 12 Month Retention KPI. Proposed deferral of the 24-month measure as a leading indicator, in favour of the 12-month KPI	>=82%	>=82%	>=80%	<80%
Retention (12 Months)**	89.5%	>=85%	89.63%	Provider Collaborative average performance 86.19%, Propose move to using the 12-month measure as a leading retention indicator, with targets aligned to RWT metrics.	>=88%	>=88%	>=86%	<86%

* Compliance targets and thresholds are holistic, covering all mandatory competencies e.g. Safeguarding, PREVENT training etc.

** Proposed move to a 12-month leading Retention indicator will not exclude the sharing of 24-month performance from future reports.

Work is being undertaken to agree on target thresholds and develop performance metrics for the following indicators;









- Vacancy Rates
- Recruitment Activity
- Rostering Activity
- Bank Fill Rates
- Colleague Annual Leave

Future reports will assure current performance and proposed benchmarking for these indicators. The current consensus will align these metrics with RWT performance thresholds, pending board review and approval.

Appendix A - Supplementary Comments

- Sickness Absence outturns have been normalised through the exclusion of COVID-19 illnesses. Separate updates of COVID-19 absence rates are shared daily with operational leads.
- Workforce Profile figures are reflective of Permanent and Fixed Term colleagues.
- Turnover figures are 'normalised' through the exclusion of Rotational Doctors, Students, TUPE Transfers and End of Fixed Term Temp contract.
- Absences totalling 28 calendar days or more are classified as being Long-Term.
- The 'Estimated Cost of Absence' is taken from the Electronic Staff Records (ESR) System and based upon the salary value of colleagues absent but not inclusive of potential on-costs.
- Retention Calculation: No. Employee with XX or more months of service Now / No Employees one year ago (Rotational Doctors, Students, TUPE Transfers & Fixed Term colleagues are excluded from both the numerator and denominator)
- Establishment Gap information is reflective of budgeted and actual workforce figures taken from the finance ledger, effective month-end. Due to this, establishment gaps are indicative of gaps within the financial establishment, and importantly, not necessarily wholly related to ongoing or historical recruitment campaigns.
- Training & Appraisal compliance is calculated using exclusion lists detailed within the Appendix of this document.
- As of January 2020, 'Core Mandatory' compliance is reflective of the national Core Skills Training Framework.;
 - Conflict Resolution
 - Fire Safety
 - Equality, Diversity and Human Rights
 - Information Governance and Data Security
 - Health, Safety and Welfare
 - Load Handling
 - Patient Handling
 - Infection Prevention and Control Level 1
 - Infection Prevention and Control Level 2
 - Adult Basic Life Support
 - Safeguarding Children Level 1
 - Safeguarding Children Level 2
 - Safeguarding Children Level 3
 - Safeguarding Adults Level 1
 - Safeguarding Adults Level 2
 - Safeguarding Adults Level 3
 - Prevent Level 1 & 2
 - Prevent Level 3

Appendix B - Using the SPC Charts

Variation			Assurance		
	 	 			
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Variation icons: **orange** indicates concerning **special cause variation** requiring action; **blue** indicates where improvement appears to lie, and **grey** indicates no significant change (**common cause variation**).

Assurance icons: **Blue** indicates that you would consistently expect to achieve a target. **Orange** indicates that you would consistently expect to miss the target. A **grey** icon tells you that sometimes the target will be met and sometimes missed due to random variation – in a RAG report this indicator would flip between red and green.

Where icons indicate an area needs attention, you could give more detail by attaching the full SPC chart and narrative describing the context, issues and actions in an appendix.

Making data count | NHS Improvement. 2019. Making data count — strengthening your decisions. [ONLINE] Available

at: https://improvement.nhs.uk/documents/5478/MAKING_DATA_COUNT_PART_2_-_FINAL.pdf.
 [Accessed July 2019].

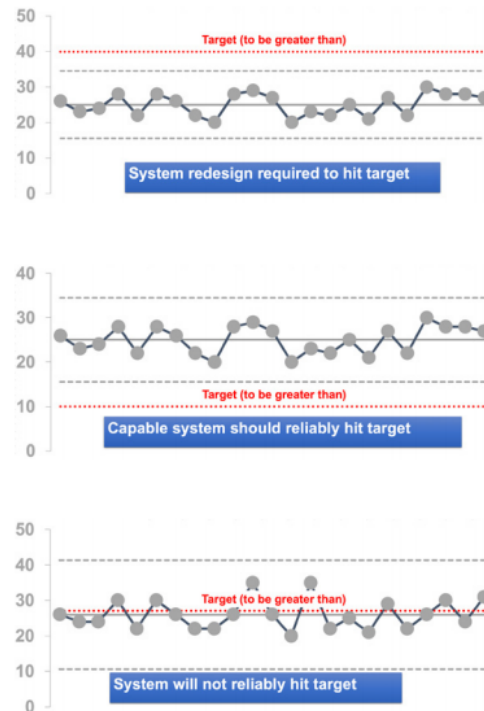
Appendix B - Using the SPC Charts

The position of a target line in relation to the process limits will inform you if your indicator can hit a target or threshold consistently, by random chance, or not at all.

If your target line is in between the process limits be cautious about reacting to success (green) and failure (red) when natural variation may be causing the target to be passed or failed. Remember that approximately 99% of data points should fall within the process limits. These graphs will help guide your action:



Improvement Analysts **Alex and Thomas**, discuss the presence of target lines in statistical process control (SPC) charts for assurance.



Making data count | NHS Improvement. 2019. Making data count — strengthening your decisions. [ONLINE] Available

at: https://improvement.nhs.uk/documents/5478/MAKING_DATA_COUNT_PART_2_-_FINAL.pdf. [Accessed July 2019].

Appendix C - HR KPI RAG Rating Scales

Mandatory Training Attendance	<81%	81% - 90%	>=90%
Appraisal rate	<81%	81% - 90%	>=90%
Sickness Absence %	>5%	4.5% - 5%	<=4.5%
Turnover	>11%	10% - 11%	<=10%

Appendix D - Training & Appraisal Exclusion Lists

Training	Annual Appraisal
<ul style="list-style-type: none"> • Bank Staff • Students • Anyone on Career Break • Anyone on External Secondment • Anyone on Suspension • Anyone on Maternity Leave • Anyone Long-Term Sick 	<ul style="list-style-type: none"> • Bank Staff • Students • Anyone on Career Break • Anyone on External Secondment • Anyone on Suspension • Anyone Managed Externally • Anyone on a fixed-term contract. • Anyone who has been employed by the Trust for less than 1 calendar year. • Anyone on Maternity Leave • Anyone Long-Term Sick

Public Trust Board	
Meeting Date:	5 th April 2023
Title of Report:	Freedom to Speak Up Report
Action Requested:	<ul style="list-style-type: none"> Note the report and discuss the contents within Commit to making Speaking Up routine day-to-day practice. Ensure concerns are heard and responded to, supporting guardians to seek the assurance that is require.
For the attention of the Board	
Assure	<ul style="list-style-type: none"> The FTSU service supports colleagues to escalate patient and staff safety concerns which when appropriately addressed contribute to establishing a culture of openness and safety
Advise	<ul style="list-style-type: none"> Analysis of the number of concerns generated through Freedom to Speak Up from October 1st 2022 – December 31st 2022 Summary of October ‘Speak Up’ Month
Alert	<ul style="list-style-type: none"> The highest proportion of cases raised are behavioural. An increase in the number of concerns reported
Author and Responsible Director Contact Details:	<p>Shabina Raza- Chief Trust Guardian/Clinician Kim Sterling, Val Ferguson- Freedom to Speak Up Guardians Ayshia Aziz</p> <p>Catherine Griffiths – Chief People Officer – Walsall Healthcare Tel 01922 603351 catherine.griffiths27@nhs.net</p>
Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
<i>Excel in the delivery of Care</i>	a) Embed a culture of learning and continuous improvement
<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.
<i>Improve the Healthcare of our Communities</i>	a) Develop a health inequalities strategy b) Improve overall staff engagement.
<i>Effective Collaboration</i>	a) Progress joint working across Wolverhampton and Walsall
Resource Implications:	There are some costs implications associated with following this programme of work; all resource will be aligned through existing budgets.
Report Data Caveats	Data provided by quarterly report submitted to People and Organisational Development Committee – February 2023.

CQC Domains	Caring & Well-Led
Equality and Diversity Impact	Black, Asian or minority ethnic employees often face more barriers than non BAME employees when raising concerns. The Freedom to Speak Up Guardians are all from a diverse background, it is hoped that colleagues will feel the Guardians may understand the barriers they may face to speaking up and this will encourage them to raise concerns. Currently, there are four active FTSU Team Members from three divisions, a recruitment drive is planned during 'Speak Up' month. The data available is not yet sufficient to reliably determine and evidence equality and diversity impacts. This is being addressed through collecting concerns electronically through the incident reporting system, Safeguard and work being undertaken by the Equality, Diversity, and Inclusion Committee.
Risks: BAF/ TRR	
Risk: Appetite	
Public or Private:	
Other formal bodies involved:	
References	If required/appropriate e.g. if addressing a national policy priority.
NHS Constitution:	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

Brief/Executive Report Details	
Brief/Executive Summary Title:	As per front sheet title
Item/paragraph	Detail
1.0	

1. PURPOSE OF REPORT

This is a report of the concerns raised to through Freedom to Speak Up (FTSU) for the period 1st October 2022 to 31st December 2022.

The comparison of the number and themes of concerns are detailed with the previous quarter and previous years.

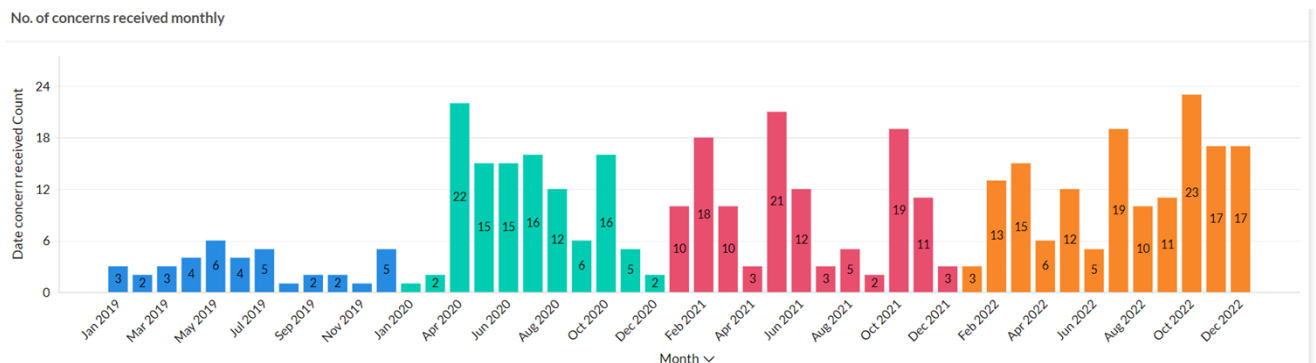
2. BACKGROUND

FTSU presents one of the routes that colleagues can use to report patient safety concerns as well as concerns relating to the culture of where they are based. It is worth noting that most individuals who contact the FTSU guardians have already raised their concerns elsewhere first, before reaching out to the guardians for support.

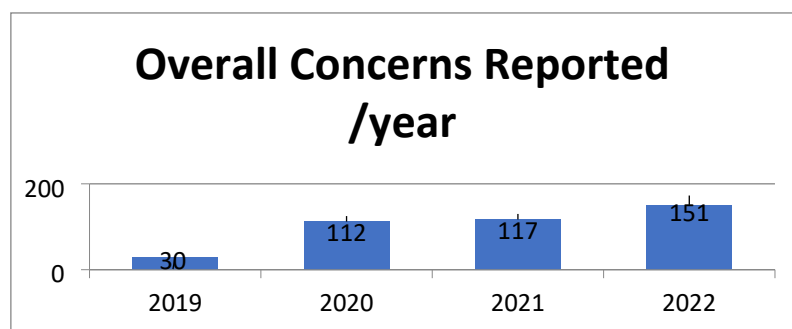
3. DETAILS

For the third quarter of the financial year 2022 / 23, there were 57 concerns raised by individuals via the FTSU route. This is an increase of 37.5% of the number of concerns reported in the previous quarter (Q2), when compared to the same quarter last year this was an increase of 42%.

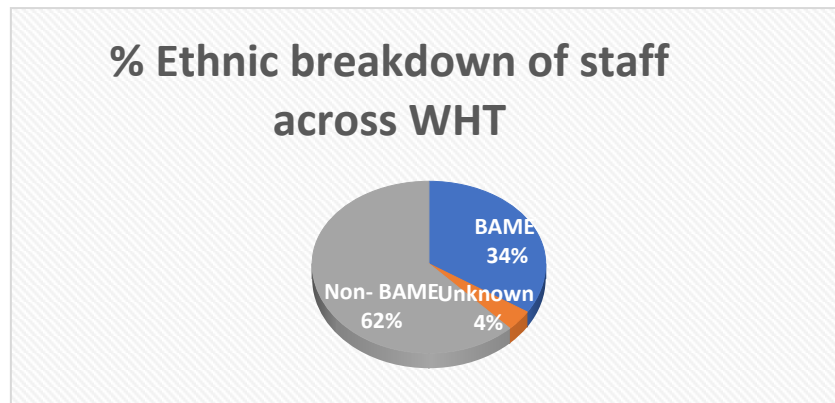
The chart below demonstrates the increase of concerns that coincide with the start of the COVID-19 pandemic, through each wave, the number of staff raising concerns increased. Despite having passed the height of the pandemic, the levels of concerns received have not return to pre-COVID-19 figures.



The chart below demonstrates the increase of number of concerns raised year on year.

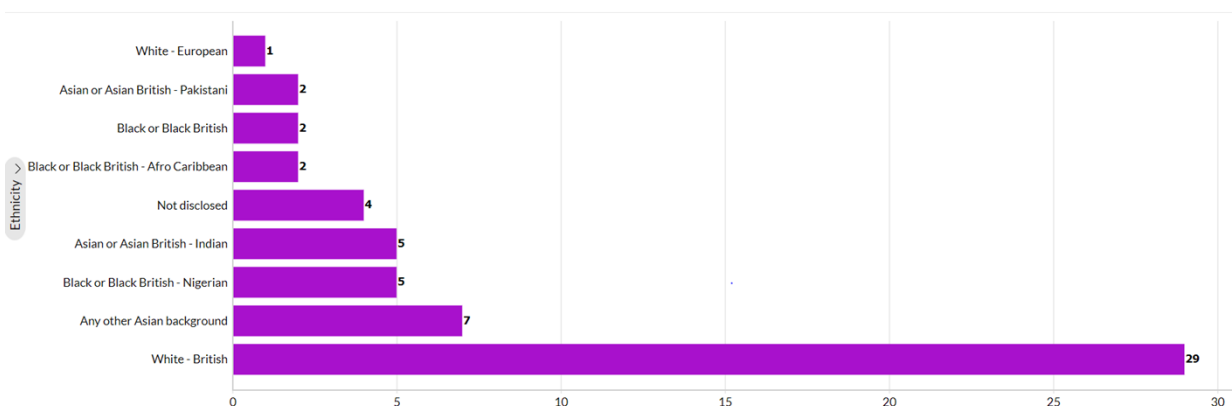


The chart below illustrates the breakdown of staff by ethnicity across the Trust.



This quarter 40.3% of the concerns were raised by staff from a BAME background. This is disproportionately higher than the percentage of colleagues from a BAME background employed by the Trust.

Ethnicity Breakdown

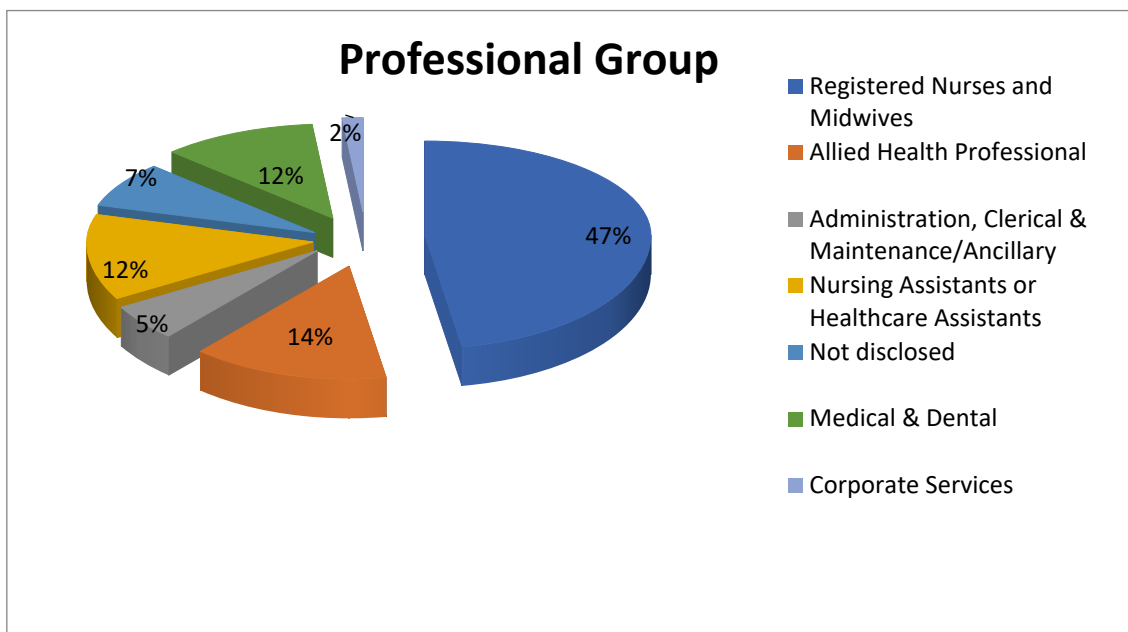


The new National Guardian’s Office (NGO) guidelines state that each concern must now be broken down and recorded to show any element of bullying, harassment, worker safety/wellbeing etc. although there were 57 concerns raised during quarter three, when broken down into the new elements that number will always be higher than the number of concerns raised.

The data when drilled down further shows the nature of these concerns by elements (see below). A total of 57 concerns were reported last quarter, resulting in 148 elements.

Element	Number
Patient safety/quality	19
Worker safety or wellbeing	48
Bullying or harassment	26
Other inappropriate attitudes or behaviours	34
All other cases	21

Concerns raised from registered Nurses and Midwives remains high, however, last quarter a higher proportion (60%) of concerns were raised by this group. It's important to note that there has been an increase of concerns reported from all staffing groups, in particular, Medical and Dental which has risen from 2% to 12%. The increase could be due to the continuous promotion of the service across the Trust, at junior doctor forums, Fellowship (International) Nurses and Midwives inductions, DQB's, and a promotional drive of the service during October 'Speak Up' month.



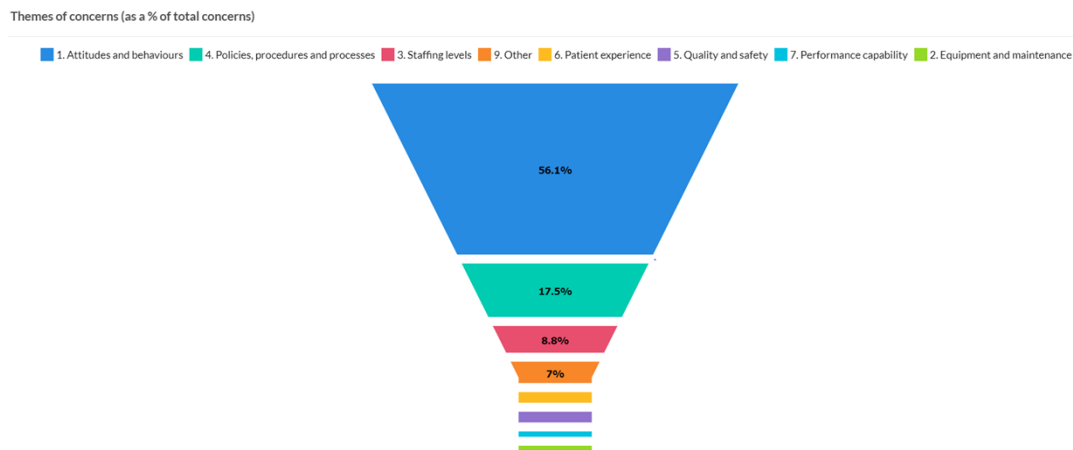
In our 2021 staff survey, question 17a highlighted that 70.1% of staff responded with a positive agree or strongly agree to the statement, "I would feel secure raising concerns about unsafe clinical practice."



The chart above shows that the number of Quality & Safety concerns rose during the pandemic. The fall in the number of concerns of this nature may be due to staff using other routes.



The number of staffing concerns has significantly reduced, this may be attributed to the recruitment drive of Fellowship Nurses and Midwives.



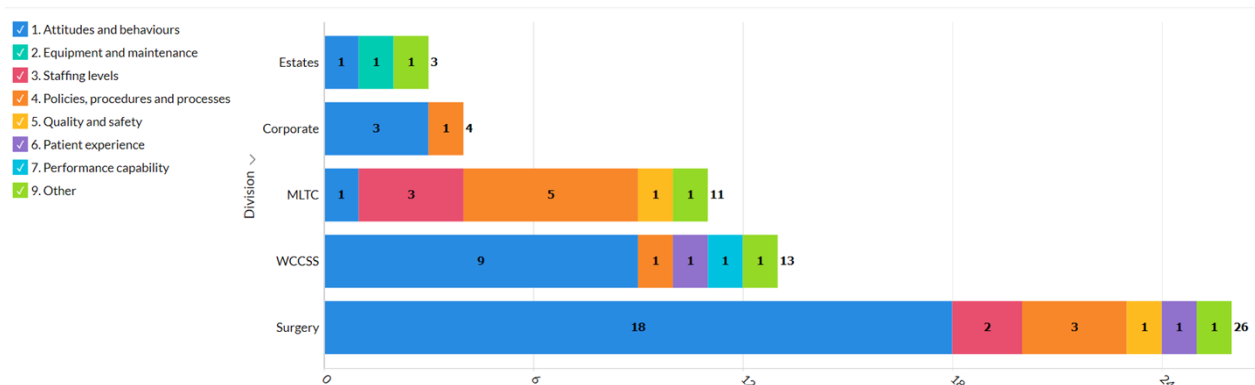
Attitudes and behaviours remain the highest reported theme with 56.4% of all concerns raised through the FTSU route.

The chart below illustrates that during the height of the COVID-19 pandemic figures of staff experiencing inappropriate behaviours from their colleagues rose significantly. Alarming, data from 1st April 2022 to 31st December 2022 (only 3 quarters) figures are at an all-time high. There seems to be an increase of uncivil behaviour, the reason for this unacceptable behaviour lies outside the realms of this report.



The chart below demonstrates the themes for each division.

Concerns by Division



October Speak Up Month

This year’s theme focused on “Freedom to Speak Up for Everyone,” it was an opportunity to shine a spotlight and raise awareness on FTSU at Walsall Healthcare NHS Trust (WHT). October is always a challenging month for staff engagement, due to other awareness days / months such as Black History taking place and as we were entering into winter pressures, there was additional staff workload contributing to increased sickness levels, anxiety and stress. However, the FTSU team wanted to reach out to as many staff as possible.

This included:

A Freedom to Speak Up information stand near Costa Coffee one day per week during October. the stand was supported by a guardian, the FTSU NED (new to the Trust and FTSU team), the FTSU Operational Co-ordinator and a FTSU Team Member (formerly known as confidential contact links). 156 members of staff visited the stand over the four days, this was almost the same number of staff over fewer days from last year. Last year 158 members of staff visited the stand over eight days during October (two days per week).

1. Board Members endorsing FTSU and their individual commitment to Speaking Up.
2. Our Health & Wellbeing colleagues donated a wide variety of biscuits for staff members to take on visiting the stand which were greatly appreciated.
3. WHT & RWT joint exec panel session
4. The FTSU Team were able to undertake 6 face to face visits across Community settings and onsite, as well as several drop-in sessions. All of the Hospital visits were undertaken on evenings and weekends to ensure all staffing areas were covered.

ACTIVITY	DATE	CONTACT
Community North Localities	04/10/2022	Face to face
WHT ward walks	05/10/2022	Face to face
Midwifery induction	05/10/2022	Face to face

WHT evening walk around	10/10/2022	Face to face
Community South Localities	18/10/2022	Face to face
WHT Sunday ward walks	23/10/2022	Face to face
WHT evening walk around	24/10/2022	Face to face
Drop-in surgeries	Throughout October/November 2022	Face to Face and Virtual

5. The Trust Communication Team supported 'Speak Up' month by promoting the various FTSU activities which were being held across the month.

4. RECOMMENDATIONS

- Note the report and discuss the contents within
- Commit to making Speaking Up routine day-to-day practice
- Ensure concerns are heard and responded to, supporting the guardians to seek the assurance that is required

EQUALITY IMPACT ASSESSMENT

Gender	Race	Disability
No adverse impact	Proactive work undertaken by FTSUGs. Roadshows to promote and raise the profile of the service. Breaking down barriers, to encourage colleagues to raise concerns which will be escalated on their behalf, issues to be addressed with positive outcomes, improved morale, and confidence in the service. Working in partnership with divisional leaders to identify issues that could concern staff. Working collaboratively with Networks, Staffs ide and the Equality, Diversity & Inclusion Lead to identify areas of concern, share soft intelligence and to support staff.	No adverse impact
Religion/beliefs	Sexual Orientation	Age
No adverse impact	No adverse impact	No adverse impact
Pregnancy	Partnership Status	Carers
No adverse impact.	No adverse impact	No adverse impact



Walsall Healthcare
NHS Trust

TRUST BOARD (APRIL 2023)	
Meeting Date:	Wednesday 5 th April 2023
Title of Report:	Education and Training update
Action Requested:	Assure
For the attention of the Board	
Assure	<ul style="list-style-type: none"> • Good progress against the Education and Training Steering Group workplan • Good progress has been made around the previous corporate level risk (3031) which has now been downgraded to the local risk register • As advised previously better National Education and Training Survey (NETS) engagement was required and this has been achieved with more than double the number of respondents to the latest NETS survey for WHT • Aston medical students have been successfully integrated into the organisation following the approval of the business case
Advise	<ul style="list-style-type: none"> • Following the latest Health Education England (HEE) visit in November 2022 a second action plan has been submitted
Alert	<ul style="list-style-type: none"> • Full resolution of the HEE risk is likely to take months/years to resolve however the latest HEE visit in November 2022 highlighted no patient safety concerns
Author and Responsible Director Contact Details:	Louise Nickell Director of Education and Training Tel 01902 307999 ext. 86180 Email louise.nickell@nhs.net
Links to Trust Strategic Aims & Objectives	
<i>Excel in the delivery of Care</i>	a) Embed a culture of learning and continuous improvement
<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>Effective Collaboration</i>	a) Progress joint working across Wolverhampton and Walsall b) Facilitate research that improves the quality of care
Resource Implications:	None
Report Data Caveats	None
CQC Domains	Safe: Effective: Caring: Responsive: Well-led:
Equality and Diversity Impact	No equality and diversity implications
Risks: BAF/ TRR	<ul style="list-style-type: none"> • (2599) Lack of Resuscitation provision - Risk grading Amber 9 – A business case has been finalised pending finance costing and will be submitted for approval in March 23 • (3031) Medical Education - Health Education England visit non patient safety issues - Risk grading Amber 9 (was 20) – Reviewed quarterly and has been downgraded from a corporate level risk to a local risk
Risk: Appetite Public or Private:	Private

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

Brief/Executive Report Details

Brief/Executive Summary Title: Education and Training update

Item/paragraph	
1.0	Purpose of report
2.0	Background
3.0	Details
3.1	Faculty of Research and Clinical Education (FORCE)
3.2	Undergraduate Medical
3.3	Postgraduate Medical
3.4	AHP and HCS
3.5	Physicians Associates
3.6	Manor Learning and Conference Centre (MLCC) and Library
3.7	Leadership Development Training
3.8	Education Contract funds
3.9	Risks and Risk register
4.0	Recommendations
5.0	Appendix 1 – Joint ET Delivery Plan 2023-2025

1.0 PURPOSE OF REPORT

The purpose of this report is to provide the Trust Board with an update of Education and Training activities through the work of the Education and Training Steering Group across the Trust.

2.0 BACKGROUND

The Education and Training Steering Group (E&TSG) was set up in 2019 to bring together education and training teams across Walsall Healthcare Trust (WHT), through a platform of educators, organised into faculties to share ideas, provide innovation within education and training and to escalate risks and resolution of issues through joint problem solving. The group meets quarterly and reports through to PODC six monthly (previously annually) on its progress. Faculties are:

- Postgraduate Medical Education
- Undergraduate Medical Education
- Nursing Education (FORCE)
- Allied Healthcare Professionals (AHPs) and Healthcare Scientists (HCS)
- Physicians Associates

Additionally, information is provided below for Education Quality, QI training, Manor Learning and Conference Centre (MLCC) & library services, Finance, Health Education England (HEE) Education Contract (formally known as the Learning and Development Agreement - LDA) and the risk register.

3.0 DETAILS

The following section is the summary information bullet points captured by the various faculty and other reports.

3.1 FACULTY OF RESEARCH AND CLINICAL EDUCATION (FORCE)

3.1.1 Student activity

- Increase in student nurse adult branch numbers following introduction of Collaborative Learning in Practice (CLiPP) model in 9 clinical areas. Maternity and Paediatrics have also implemented the CLiPP model. New Partnerships have been established with Staffordshire University and Birmingham City University for adult and mental health students and University of Birmingham (UoB) for Child branch.
- Local Higher Education Institutions (HEIs) have not been able to meet all of the offers made for Adult/Child branch, this has been escalated to Chief Nurse and Senior Leadership team.
- AHP placement expansion continues and multidisciplinary CLiPP including AHP students has been piloted this has enabled increased AHP offers for September 2022.
- NETs Survey Action Plan - HEE have accepted the Trust Action plan following the last NETS survey. Adherence to the Action will be reported via NMAAF.
- IR nurse recruitment – 212 IR nurses have joined the Organisation to date, 156 of which have received their PINs.

3.1.2 The NMC have confirmed changes to pre-registration Education standards

The intention is to widen participation in and removing barriers to access Nursing and Midwifery enabling inclusivity to both programmes. Changes are a result of leaving EU, where the UK are no longer bound to follow the EU regulations.

- For nursing only -double the number of hours nursing students can have for simulated practice learning. Simulation hours increased from 300 to 600 hours of 2300 practice hours.
- Greater flexibility around entry requirements to get into nursing and midwifery programmes.
- Removal of EU requirements about the settings in which nursing and midwifery placements must take place allowing for placement expansion and flexibility in allocations.
- Aligning the programme standards with the standards of proficiency
- New midwifery standard to ensure that students gain experience with a range of maternity providers and teams which will also support with expansion.

3.1.3 WHT Midwifery update - Provided in conjunction with Div DoM

- CLiPP launched with good feedback from students and staff.
- Placement expansion to include students from Staffordshire University
- Hybrid-research midwifery post and Retention Midwife have been appointed to
- Cultural Awareness training delivered to midwifery teams
- 18 Internationally trained Midwives have been recruited and 17 are now registered with the Nursing and Midwifery Council (NMC)

3.2 UNDERGRADUATE MEDICAL

3.2.1 NETS Feedback

- The results of the 2022 NETS have now been published, 62 completed responses for Undergraduate Medical Education (UMET) (highest response rate to date). Learning environment and culture, educational governance, supporting and empowering learners and delivering curricula and assessments all scoring 82% and above. This is significantly higher than the national average and benchmark for Acute Trusts (circa 70-75%).

3.2.2 Aston Medical School

- WHT are now successfully facilitating Aston Medical School students. Initial feedback found that students feel well supported on placement and commented on how well structured their placements are. One student remarked that:

“The pastoral support at Walsall was more than they had ever experienced before”

The 3rd cohort are going from strength to strength, the team are learning from previous groups and feedback and the student’s responses are reflecting this.

3.2.3 University of Birmingham

- UoB feedback for the years 3-5 placements was exemplary and highlighted the team effort and the support for UMET throughout the Trust. One student remarked:

“This has been the best placement I have had at medical school and other hospitals could learn a lot from Walsall Manor. It was also the only hospital where I have ever met the medical director, which shows that teaching medical students was a priority throughout the whole organisation.”

3.3 POSTGRADUATE MEDICAL

3.3.1 Appointments and Vacancies

- Proposal to consider additional Foundation Programme Director (FPD) to meet expanding foundation numbers.

3.3.2 HEE Visit – Medicine

- HEE return visit took place on 25th November 2022. The final report was received on the 4th January 2023 with a deadline to return by 17th February 2023. The report was submitted detailing an action plan to improve medical staffing and rotas, handover, consultant job plans, clinics, serviced based teaching and electronic notes and prescribing.
- The report highlighted that significant progress had been made following the HEE visit in November 2021 and highlighted no patient safety issues.

3.3.3 NETS responses November 2022

- The latest November 2022 NETS data has been released showing postgraduate medical training performance at WHT and the comparison with neighbouring trusts, the national average and the benchmark for trust groups.
- WHT had 295 total respondents compared to the 151 last year.
- WHT scored higher than the national average in all categories and higher than the benchmark for trust groups in 2 of the 4 categories (overview below).

	Year comparison		Respondents (EXC. Any masked)	Learning Environment and Culture	Educational Governance and Leadership	Supporting Empowering Learners	Delivering Curricula and Assessments
	Nov 2021	Nov 2022					
Walsall Healthcare NHS Trust	Nov 2021	Nov 2022	↑ 295 (151)	↓ 74.09% (75.77%)	↑ 76.53% (71.13%)	↓ 73.02% (74.30%)	↓ 65.41% (66.75%)
The Dudley Group NHS Foundation Trust	Nov 2021	Nov 2022	190	72.26%	76.24%	68.26%	59.33%
The Royal Wolverhampton NHS Trust	Nov 2021	Nov 2022	406	74.06%	77.03%	70.16%	62.17%
Sandwell and West Birmingham Hospitals NHS Trust	Nov 2021	Nov 2022	250	72.53%	76.14%	70.19%	61.11%
National Average	Nov 2021	Nov 2022	n/a	73.75%	76.43%	71.47%	60.01%
Benchmark for Trust Group	Nov 2021	Nov 2021	n/a	74.35%	76.76%	71.98%	60.86%

- The below chart shows the high and low performing outliers for WHT with all other scores within the accepted quartile range. An internal quality visit to foundation surgery has been scheduled for 17/03/23.

Specialty	Category	Low-score outliers	National Benchmark	Offset from average Benchmark
Paediatrics	Induction	90.63%	82.17%	+ 8.45%
Clinical Radiology	Teamwork	62.50%	75.92%	-17.02%
Foundation Training Medicine	Facilities	47.92%	66.60%	-18.68%
Foundation Training Surgery	Facilities	47.92%	66.60%	-18.68%
Foundation Training Surgery	Overall Experience	64.27%	75.64%	- 11.37%
Foundation Training Surgery	Quality of care	65.42%	75.13%	- 9.71%

3.3.4 Internal Quality Education visits

- 14th January 2023 (Radiology) feedback was exemplary, with trainees extremely positive, a report has been sent to the department.
- Next scheduled visits - 17th March 2023 Surgery - Foundation trainees.

3.3.5 Prescribing (Medicine Management)

- British Pharmaceutical Students' Association licences are being granted to support FY1 trainees that have not sat or failed the PSA exam, the HEE exam in March 2023 has now been cancelled due to the Junior Doctor strike.
- Script modules to be implemented for International Medical Graduate (IMG) trainees to commence August 2023

3.3.4 Doctors in Training (DiT) Fora Summary

- Fora are being held regularly in foundation training; departmental JDF's are not yet consistent.
- Guardian of Safe Working (GoSW) Fora took place on 12th December.
- No escalations of concern to departments have been needed following forum meetings.
- FY1 forum confirms the work that is needed in surgery (brought up in the NETS) mainly around the rota, access to self-development time, and day to day support that the FY1s receive. The FY1 programme director is working with the department to resolve this and is getting good engagement.
- Other issues which appear across the Trust relate to computer access, lack of electronic systems to support handover and prescribing and lack of Electronic Patient Record (EPR).

3.4 AHP AND HCS

- Plans to expand upon AHP apprenticeships, the team commenced an offer of physiotherapy and occupational therapy apprenticeships last year which were immensely popular, we aim to have a similar offer again this year but with the addition of SLT apprenticeship opportunity.
- Implementation of National AHP Strategy & HEE AHP Support Worker Framework. Launched in June 2022, this is a 5-year plan that forms the basis of priorities for services, with specific elements pertaining to education/training and a commitment to research, innovation and evaluation.
- Launch of system wide AHP preceptorship programme.
- System bid for HEE funds to upskill AHP/Nursing workforce.
- SEND inspection outcome. The CQC/SEND inspection is now in the public domain and reported that WHT have now sufficiently met 7 of the 9 key areas for improvement.

3.5 PHYSICIANS ASSOCIATES (PAs)

- All three posts from the approved PA expansion business case have been recruited to and have commenced at WHT.
- Care group scoping exercise completed; 25-30 PAs scoped as aspirational workforce target (12-24 month timeline).
- PA prescribing work is ongoing.

3.6 MLCC AND LIBRARY

- Plans underway to convert the old Elior kitchen into an immersive simulation suite, a capital business case is currently in progress.
- Funding approved for 2 person pods to be installed within the MLCC to be utilised for meetings/study, due for installation in March 23.
- Previous storage room to be converted into a new Clinical Teaching Fellow office.

3.7 LEADERSHIP DEVELOPMENT PROGRAMMES

- LEO: Leading Empowered Organisations - For 2023 there are 6 programmes scheduled throughout the year, which include 2 cohorts specifically for Paediatrics. To support the growing demand for the programme there is an additional, train-the-trainer cohort which will provide an additional 5 trainers, for a total of 10 trainers, who will deliver the LEO programme across both sites.
- From April 2023, the Trust will have the option of securing a limited number of places to undertake the Rosalind Franklin Award and achieve a level 7 qualification. This will be targeted at colleagues that have already undertaken an MSc and /or MBA and for existing senior leaders that wish to gain an additional qualification.
- Developing Aspirant Leadership Programme for Ethnic Minority Nurses and Midwives. This leadership development opportunity will be hosted by the Black Country ICS in the spring of 2023. The programme aims to provide holistic, bespoke professional leadership support for aspiring ethnic minority nursing and midwifery leaders within the health and adult social care sectors and it is open to Ethnic Minority Nurses and Midwives at AFC pay scales 6-8a.
- Collaboration with the Corporate Learning team at RWT to identify other leadership development opportunities which can be made available to the WHT workforce.

3.8 EDUCATION CONTRACT FUNDS

- Following the notification from HEE of plans to reduce undergraduate tariff and increase non-medical tariff the Trust have experienced a part year impact for 2022/23 (Sept 2022 onwards, the full year impact will be in 2023/24. The undergraduate team have increased student numbers to counteract the reduction in tariff and early forecasts show that this should minimise the impact in 2023/24.

3.9 RISK AND RISK REGISTER

- (2599) Lack of Resuscitation provision - Risk grading Amber 9 – A business case has been finalised pending finance costing and will be submitted for approval in March 23.
- (3031) Medical Education - Health Education England visit, non-patient safety issues - Risk grading Amber 9 (was 20) – Reviewed quarterly and has been downgraded from a corporate level risk to a local risk.

4.0 RECOMMENDATIONS

The committee is asked to note the content of the report and accept the progress to date.

5.0 APPENDIX 1 – JOINT ET DELIVERY PLAN 2023-2025



Joint ET Delivery
Plan 2023-2025 -FIN.

Education and Training Delivery Plan

Context

The Education and Training Delivery Plan forms part of the overarching People Engagement and OD Strategy for the organisations. The aim of the delivery plan is to set out the actions against the key objectives in the Education and Training Strategic Framework.

Current Position

The Education & Training service has a jointly appointed Group Director of Education and Training working for both RWT and Walsall Healthcare NHS Trust (WHT). The future focus is to continue the smooth transition amalgamating the medical education services across both organisations and developing an increasingly collaborative approach for other educational services.

The Education and Training service at RWT was well established, with a strong governance framework and leadership structure. This has been shared and adopted at WHT during 2021 and the senior team have been working with the senior educationalists at WHT to share best practice and to identify educational risks and build appropriate action plans to mitigate these risks.

This Education and Training delivery plan is set against the following objectives from the Education and Training strategic framework.

Education and Training Strategic Framework Objectives

1. Embed an organisational learning culture
2. Provide a robust education quality framework
3. Support personal and professional development
4. Embrace technology supported learning & Innovation and resources
5. Support inclusive talent management
6. Develop compassionate leaders at every level of the organisation

Delivery Plan 2023-2025 - (2023 plan)

** refers to Education and Training Strategic framework objectives*

*Ref	Objective	Action	Owner	Deadline	Update at March 2023
1	Embed an organisational learning culture	Develop a full coaching and mentoring service, to include Executive coaching	RWT Head of Corporate Learning Services	End Jan 2024	PROGRESSING - RWT and WHT -Experienced coaches undertaking level 7 programme to provide executive level coaching expertise
		Utilise local and external data to shape learning culture initiatives	Group Deputy Director of Education & Training	Annual - end March 2023	COMPLETE - RWT and WHT - Responded to internal and external data for Quality visits to support culture and learning organisation initiatives as required NETS Survey and Staff survey responses received and collaborative working is ongoing to improve areas where the Trusts are outliers Embedded as Business and Usual

2	Provide a robust education quality framework	Complete HEE quality self-assessment for organisation	Group Deputy Director of Education & Training	End Sept 2022	COMPLETED - RWT and WHT
		Complete HEE Library standards framework	Group Deputy Director of Education & Training	End June 2022	COMPLETED - RWT and WHT -Both sites have plans in place for actions to obtain enhanced ratings WHT has received additional funds from HEE to introduce study pods within MLCC to enhance the learning environment
		Review and revise quality dashboard	Group Head of Medical Education	End March 2023	COMPLETED RWT and WHT Medical Education performance dashboard created and distributed quarterly containing all external feedback
3	Support personal and professional development	Initiate recording of appraisals within the LMS to provide strategic talent data for workforce planning	RWT Head of Corporate Learning Services	End Dec 2023	PROGRESSING RWT - Modules purchased, to be piloted from May 2023 PROGRESSING WHT - Implementation of LMS April 2023

		Run a cross-faculty LNA to ensure fully skilled educationalists	RWT Head of Corporate Learning Services	End Dec 2023	Discussions underway
		Maximise apprenticeship opportunities through engagement with Divisions to identify areas of workforce need/demand	RWT Head of Corporate Learning Services	Ongoing – reviewed annually	<p>COMPLETED at RWT and WHT team</p> <ul style="list-style-type: none"> • Apprenticeship first approach • Gifting of Levy to other organisations in the sector • ICB workstreams co-chaired by RWT Head of Corporate Learning Service
		<p>Develop the following across both organisations</p> <ul style="list-style-type: none"> • People and Culture Strategic Framework (2022-25) - to link vision, purpose & values to priorities and results • People and Culture Operational Model – to operationalise the above 	RWT Head of Corporate Learning Services	Oct 2022	This work has been superceded by the larger collaborative piece being led by Group CPO and Chair of the PODC's.
4	Embrace technology supported	Roll out in-situ Simulation	Group Deputy Director of Education &	End March 2023	COMPLETE AT RWT

learning and innovation, and resources		Training/ Group Head of Medical Education		<ul style="list-style-type: none"> - Significant investment received from HEE to support the rollout. - Surgical areas have been targeted as high priority Business as usual for the Faculty of Simulation Based Education and PGME <p>WHT – Simulation team have been moved from FORCE to Medical Education Team and now have a fully recruited team.</p> <ul style="list-style-type: none"> - Well established programme of high fidelity and growth of insitu planned
	Review Simulation infrastructure	Group Deputy Director of Education & Training/ Group Head of Medical Education	End March 2024	<p>PROGRESSING RWT and WHT</p> <p>WHT Simulation team now come under the Education and Training department structure from 01/02/23</p> <p>RWT- Opportunities being explored for further collaboration</p>
	Review Technology enhanced learning infrastructure in learning environments	Group Deputy Director of Education &	End March 2023	PROGRESSING RWT

			Training/ Group Head of Medical Education		<p>-Technology review underway, improvement plan to commence Jan 2023</p> <p>- TEL readiness survey completed July 2022</p> <p>PROGRESSING WHT</p> <p>- Successful recruitment to Sim posts and further development of learning centre</p> <p>- TEL readiness survey completed July 2022</p> <p>- Proposal for an immersive simulation suite within the MLCC is in progress</p>
5	Support inclusive talent management	Develop clear and supported educational pathways	RWT Head of Corporate Learning Services	End Dec 2022	COMPLETE AT RWT & WHT
		Pilot appraisals module for My Academy to provide strategic talent data for workforce planning	RWT Head of Corporate Learning Services	End Sept 2023	<p>PROGRESSING RWT</p> <p>– Module purchased. Pilot areas to be determined, due summer 2023</p> <p>PROGRESSING WHT</p> <p>– Implementation of LMS April 2023. Appraisals module opportunity to be explored</p>

6	Develop compassionate leaders at every level of the organisation	Promote and recruit to the RWT aligned Level 3, 5 and 7 Leadership and Management Apprenticeships	RWT Head of Corporate Learning Services	End Dec 2023	COMPLETE RWT ONGOING AT WHT
		Redesign Leadership 'Bootcamp' events and platform to share experiences and learning to support multi-professional learning	RWT Head of Corporate Learning Services	End Dec 2022	COMPLETE RWT and WHT – Consultant/CD and Nurse programmes in place. - Redesign complete to support multi-professional approach
		Assess need and design and deliver BAME leadership offers at all levels	RWT Head of Corporate Learning Services	End Sept 2023 - assessment	PROGRESSING RWT and WHT – collaborative approach underway to design and deliver engaging with EVG

**MEETING OF THE PERFORMANCE AND FINANCE COMMITTEE
HELD ON WEDNESDAY 22nd FEBRUARY 2023 AT 15:00
HELD VIRTUALLY VIA MICROSOFT TEAMS**

PRESENT

Members

Mr P Assinder	Non-Executive Director (Chair)
Mrs M Martin	Non-Executive Director
Ms D Brathwaite	Non-Executive Director
Mr N Hobbs	Chief Operating Officer
Mr M Dodd	Interim Director of Transformation
Mr D Mortiboys	Interim Director of Finance
Mr K Stringer	Group Chief Financial Officer
Professor D Loughton	Group Chief Executive

In Attendance

Mr N Joy-Johnson	Group Director of Procurement
Mrs L Carroll	Director of Nursing
Dr M Shehmar	Chief Medical Officer
Mr R Andrews	Operational Director of Finance
Miss B Edwards	Executive Assistant (Minutes)

Apologies

Mr R Caldicott	Chief Financial Officer
Mr S Evans	Group Chief Strategy Officer

150/22	Chair's welcome; apologies and confirmation of quorum
	Mr Assinder welcomed everyone to the meeting. The meeting was declared quorate and apologies are noted above.
151/22	Declarations of interest
	There were no declarations of interest.
152/22	Minutes of last meeting: Wednesday 25th January 2023
	The minutes of the previous meeting were approved.
153/22	Matters Arising and Action log
	The action log was updated accordingly.
	<u>Emergency Care Transition Plan</u> Mr Hobbs provided a verbal update to members. It was noted following agreement at the last meeting, Mr Hobbs was due to take a report to the Quality, Patient Experience and Safety Committee in relation to the safe transition of clinical services into the new Emergency Department (ED) build. The report confirmed receipt of sign off for the build and control and allowed a phased transition of the clinical services, starting on 1 st March 23 and would operate across 3 phases. Mr Hobbs highlighted ED and Urgent Treatment Centre are covered in Phase 1, with the Acute Medical Unit on 9 th March 23 and finally the Paediatric Assessment Unit in April

	<p>23 after assurance was gained on workforce. It was noted a review of the plans had been performed by Mid Cheshire Hospitals NHS Foundation Trust, whom had also moved their services successfully into a new build and provided the Trust with some recommendations.</p> <p>Mr Assinder questioned what was in place to ensure performance was not impacted with the move into the new build. Mr Hobbs advised members staff had been familiarising themselves with the new build and extensive simulation training exercises had been held along with stress testing the building. Mr Hobbs raised to members there would be a process of adjustment for staff along with initial issues but added no issues were highlighted in the simulation training.</p> <p>Mr Stringer expressed following the opening of the Royal Wolverhampton NHS Trust (RWT) new ED, performance was impacted whilst teams were working out communication across departments. Mr Hobbs advised members the Vocera, electronic communication system was currently being utilised in the current department in preparation to move across into the new build to support staff with communication across the build.</p>
<p>154/22</p>	<p>Procurement Update</p>
	<p>Mr Joy-Johnson presented to members. It was highlighted to members the Integrated Supplies and Procurement Department (ISPD) reported strong performance on savings with £384k above target where the current forecast was circa £160k being cost reduction. Members noted the Black Country Healthcare NHS Foundation Trust was completing its options appraisal on their preferred procurement provider and feedback was awaited. Mr Johnson advised there was still a vacancy rate of 10% with difficulty found in filling senior posts but work continued with Human Resources colleagues. Mr Joy-Johnson added from the 1st March 23 the ISPD would be changed to the North Midlands and Black Country Group.</p> <p>Mr Hobbs questioned if there was a way of knowing whether the 2.68% of influenceable spend saving compared to other procurement collaborations. Mr Joy-Johnson confirmed a comparison could be performed internally across the ISPD but not across other procurement providers.</p> <p>Mr Assinder questioned how much cashable CIP there was. It was added there was a 4% target to consider a long with the list of potential product standardisation opportunities. Mr Johnson expressed the level of CIP savings was £429k with a hope to implement £77k.</p> <p>Mr Mortiboys questioned if the staffing trends would improve over the next 12 months or if there would be risk to delivery. Mr Joy-Johnson expressed the issue was finding the quality to fill the roles and added the procurement landscape was becoming more commercialised. Mr Joy-Johnson highlighted to members he had held conversations with senior leadership around the potential of having a business case brought to the Procurement Board for extra resources to keep the service and saving optimised moving forward but expressed this would be a last resort.</p>

	<p>Mr Stringer raised stock control and stated he did not believe the Omicell cabinets were stationed in the appropriate places at RWT and questioned what the position was like at Walsall. Mr Joy-Johnson advised the cabinets had not been rolled out to Walsall NHS Trust (WHT) yet until the process was correct at RWT. Mr Hobbs added the surgical division were keen to have an inventory management system but was not set on having Omicell.</p> <p>Mr Joy-Johnson left the meeting at 15:30.</p>
<p>155/22</p>	<p>Financial Reports</p>
	<p><u>Month 10</u></p> <p>Mr Mortiboys presented to members and highlighted the Trust was forecast to be on plan at the end of month 10 and continued to forecast a breakeven position at the end of the financial year but reminded members there were risks that could impact the position. Members noted the capital programme was fully funded and a small working group was reviewing the deliveries and registering the equipment upon arriving to the Trust. It was added the debtors and creditors remained high but extra resource in the team was now available to drive forward to get a tight position.</p> <p>Mrs Martin requested assurance that the Theatre Recovery report, completed by RSM was getting the attention required. Mrs Martin requested further explanation on the debt with the ICB and assurance of how the funds would be collected. Mr Hobbs advised the draft report from RSM in relation to Theatre Recovery had been received and a large amount of factual accuracy comments had been feedback to RSM. Mr Mortiboys informed members that invoices had been raised but income had been deferred from the challenge from the ICB but confirmed the dispute should be resolved soon. Mr Mortiboys added additional SDF funds had been received putting the Trust at a £900k positive variance in month 10 against forecast. Mrs Martin stated invoices shouldn't be disputed or raised without being supported by a letter or contract. Mr Mortiboys agreed to review and update Non-Executive members outside of the meeting. Mrs Martin expressed the importance of getting it resolved and stated the Auditors would be focused on income recognition.</p> <p><u>Financial Plan 23/24</u></p> <p>Mr Stringer presented a slide deck to members following the Chief Executive and Chief Financial Officer escalation meeting to provide the latest position. It was highlighted there was a £340m deficit including West Midlands Ambulance Service and the first draft submission was Thursday 23rd February 23 but the Trust would find itself in national escalation. It was noted that there was a drop in system income trends and the system was being pushed for fair distribution of the money following the removal of COVID-19 funds and operating income. It was highlighted the Trust was growing in expenditure terms on both pay and non-pay cost. Mr Stringer added the percentage are different due to a different denominator being used by each Trust and needed to be rebased on the common denominator.</p>

Mrs Brathwaite questioned if the escalation was inevitable and if the Trust was planning on that assumption. Mr Stringer confirmed and expressed the importance of understanding the numbers and the narrative driving.

Mrs Martin questioned if the removal of COVID funds was across the country and why it was a big factor to the Black Country. Mr Stringer advised the government assumption was COVID pandemic was over and increased costs and ways of working during the pandemic were to be stood down. Mr Stringer advised other expenditure under COVID cost centres and WHT was no different but it would be a difficult decision to rephrase back down. Mrs Martin further questioned what other ICBs had done to achieve break even. Mr Stringer stated currently there was no evidence but after the draft submission the Trust would be benchmarked against others.

Mr Assinder expressed the importance of knowing the key drivers of the change from breakeven to deficit following the end of the financial year. Mr Stringer stated the purpose of the presentation was to show members where the work had got to and the size of the challenge and was not draft budget.

Ms Brathwaite expressed she did not understand the withdrawal of COVID-19 money and questioned if discussions were taking place with the ICB. Mr Stringer confirmed conversations were ongoing and raised a comparison from specialist commission compared to the ICB that highlighted a 7% difference.

Professor Loughton joined the meeting at 16:02.

Professor Loughton informed members that he had met with Mr Julian Hartley, Chief Executive of NHS Providers. Professor Loughton expressed he wanted to clear of the pay disputes soon due to being unable to predict politically how it would be handled.

Professor Loughton left the meeting at 16:05.

Mr Assinder clarified the draft submission was due on 23rd February 23 and the final submission would be on 30th March 23. Mr Assinder questioned if there would be further detail available at the next meeting. Mr Stringer confirmed and added there would be intermittent meetings and escalations. Mr Stringer stated members needed to understand the investment and the narrative for pre and post COVID-19. Mr Assinder agreed and stated more work was required around productivity and advised members hadn't been updated on GRIFT and Model Hospital.

Mr Assinder offered an extraordinary meeting of the Committee should finance colleagues require it.

Action:

- **Mr Mortiboys to review the outstanding debt and provide an update to Non-Executive colleagues.**

156/22	<p>Performance Constitutional Standards Report</p>
	<p><u>Community</u> Mr Dodd presented to members and highlighted there had been a growth in demand over the winter period that had driven cost increases and a lot of service for out of hospital. Members were informed virtual wards was taking a lot of pressure off the system. Mr Dodd informed members medically fit for discharge was a concern with pressures in the system and expressed the growth in demand had increased 30% on the complex discharges and would cause further pressures next year.</p> <p><u>Acute</u> Mr Hobbs presented to members and highlighted performance continued to be strong in emergency care with January 23 presenting a more stable month. It was noted there was some risk to delivering 0, 78 week waiters by the end of March 23. Mr Hobbs advised he had shared the operational extracts of model hospital with Mr Stringer and Mr Mortiboys and stated that Outpatients was the main area for improvement.</p> <p>Mr Assinder noted the excellent comparative performance of the emergency and urgent care streams and highlighted the Trust had declared another critical incident on Monday 20th February 23 due to demand. Mr Assinder questioned the non-delivery of the target of 0, 78 week waiters and stated he through the issue around pay rates had been resolved. Mr Hobbs advised work had been underway predominately in Urology, general and bariatric surgery with only 3 patients remaining outstanding in those specialties but the remaining patients were waiting for spinal treatment. It was added mutual aid was in place due to the practitioner not operating but it was not confirmed the outstanding cases would be completed before 31st March 23.</p> <p>Mrs Martin questioned if there was collaboration work ongoing within outpatients to look at ways of learning. Mr Hobbs advised there was more opportunity to collaborate on the clinical functions rather than specialities. It was added the Trust was in the bottom quartile for DNA rates and was a driver for 18 week and 52 week waiters. Mr Hobbs expressed he was happy to have a conversation with Ms Gwen Nuttall, Chief Operating Officer at RWT. Mrs Martin questioned if improvement in the DNA rates would result in financial savings and improve efficiency patients through outpatients. Mr Hobbs confirmed and added the work had been initiated the work at the end of quarter 3 of this financial year to try to get a stronger position in the new financial year from an outpatient perspective.</p> <p>Dr Shehmar joined the meeting at 16:22.</p>
157/22	<p>Efficiency Programme Update and Draft Programme for 23/34</p>
	<p>Mr Hobbs presented to members. It was noted there was a challenge for the organisation to achieve the £6.3m target but had increased to 97.2% since December 22. It was added year to date the Trust had delivered £4.4m against the phased plan of £4.6m. Mr Hobbs expressed there was a big risk in 23/24 to deliver a £13.1m CIP programme given the challenges experienced in the current programme.</p>

	<p>Mr Assinder expressed it was a significant achievement but stated the non-recurrent gap needed to be covered. Mr Assinder added attention needed to be had on the significant efficiency ask and the productivity demand and questioned if there was sufficient resource to identify opportunities. Mr Hobbs advised external support had been brought in specifically for outpatients as there wasn't the right internal capability. Mr Hobbs advised he was in conversations with the Divisional leadership teams in relation to other planned care productivity and the gap in Getting it Right First Time (GIRFT) to support the planned care services clinically as well as financially. Mr Hobbs added he was considering additional resource to support but confirmed it was too early. Mr Assinder encouraged Mr Hobbs to hold discussions with Executive colleagues as he expected the efficiency ask to continue to increase.</p> <p>Action: Mr Hobbs to discuss CIP challenge with executive colleagues noting the potential increase in challenge</p>
<p>158/22</p>	<p>Locum Spend Report</p>
	<p>Dr Shehmar presented to members. Members noted over the winter period due to unprecedented operational pressures, there was an increase of temporary medical staffing spend during December 22 and January 23. It was added the Medicine and Long-Term Condition division had the most focus and there had been a significant increase in the number of recruitments into substantive posts. Dr Shehmar informed members she had recommended the divisions are monitored through performance supported by a senior member of finance staff.</p> <p>Mrs Martin questioned why there could not be substantive recruitment instead of locums to cover sickness and how it could be taken forward. Dr Shehmar expressed it would be something she would be interested in exploring and would look to finance colleagues to look to build this into establishment and bring back a report to the Committee.</p> <p>Mr Hobbs advised it would be hugely advantageous to have substantive colleagues but expressed the correct route would needed to be followed. Mr Hobbs added Mr Alan Duffell, Group Chief People Officer had commissioned an exercise across all 4 Black Country Trusts to confirm what it would take in relation to substantive establishments not to rely on consultant or locum level cover. Mr Stringer stated it should be explored but questioned if consultants could be moved around specialities the same as nurses do and added it made more sense to recruit across the 4 providers. Mr Stringer questioned if the cost of the recruitment and the cessation of the temporary spend result in being a cheaper model. Dr Shehmar agreed and expressed with recruitment being increase in November 22 the hourly locum rates were extended through December 22 into the new financial year but had now ceased.</p> <p>Mr Assinder questioned if detailed plans could be shared on substantive recruitment being cheaper with the Division of Medicine and Long-Term conditions first. Dr Shehmar agreed and added a line could be added on the trajectory of spend without the cession to display the savings made.</p>

	<p>Action:</p> <ul style="list-style-type: none"> - Dr Shehmar to bring a further report to the Committee outlining the cost of substantive recruitment to cover sickness over locum cover. - Dr Shehmar to present a recruitment trajectory as part of the further report demonstrating when agency spend will be ceased.
159/22	Board Assurance Framework and Risk Register
	<p>Mr Assinder informed members the new Board Assurance Framework (BAF) and Risk Register (RR).</p> <p>Mr Assinder questioned if the given financial position if the score of risk 05 was increased. Members agreed.</p>
160/22	Annual Cycle of Business
	The Annual Cycle of Business was noted.
161/22	Any Other Business
	<p><u>Effectiveness Review Survey</u> Mr Assinder reminded members the survey had been shared.</p> <p><u>Committee Support</u> The Committee thanked Miss Edwards for her support.</p>
162/22	Matters for escalation to the Trust Board
	<p>It was agreed the following items would be included in the Committee Highlight report to Trust Board.</p> <ul style="list-style-type: none"> - 189 active procurement initiatives in place. - The Trust was on trajectory to achieve breakeven by the end of the financial year 22/23. - The Trust had a £41m capital programme and there was some risk to not spending it by the end of the financial year. - The Cash position was reported at £40m. - An Extraordinary Trust Board session was arranged for March 23 to discuss the plan ahead of submission on 30th March 23. - Community and Acute performance remained strong despite increased pressures and demands. - The Trust declared a critical incident on Monday 20th February 23 due to pressures. - There is a risk the Trust would breach the 0, 78 week waiter target by the end of March 23. - The Trust had achieved £6.1m out of the £6.3m target for the 22/23 financial year. - Plans are in place to reduce medical locums and further details have been asked to be brought back to the Committee.
163/22	Date and Time of the Next meeting: Wednesday 29th March 2023 at 15:00

Name: Mary Martin

Signed: *Mary Martin*

Designation: Non-Executive Director

Date: 29-3-23

MEETING OF PATIENT EXPERIENCE & SAFETY COMMITTEE

**HELD ON FRIDAY 24 DAY OF FEBRUARY 2023
HELD VIRTUALLY VIA MICROSOFT TEAMS**

Members Present

Dr Julian Parkes
Mrs Lisa Carroll
Mr Mathew Dodd
Mr Ned Hobbs
Professor Louise Toner
Mr Kevin Bostock
Professor Anne-Marie Cannaby

Non-Executive Director (Chair)
Director of Nursing
Interim Director of Integration
Chief Operating Officer
Non-Executive Director
Group Director of Assurance
Group Chief Nurse & Deputy Chief Executive

In Attendance

Mr Salman Mirza
Mrs Carol King-Stephens
Mrs Jaswinder Toor
Mrs Michelle Metcalf
Mrs Amy Boden
Mrs Joselle Wright
Mrs Fiona Allinson
Mrs Martina Morris
Mrs Alison Mitchell

Deputy Chief Medical Officer
Equality and Inequality Lead Midwife
Senior Operational Coordinator
Deputy Director of Assurance for WHT & RWH
Head of Infection Prevention and Control
Head of Midwifery, Gynaecology & Sexual
Non-Executive Director
Director of Integration
Executive Assistant (Minutes)

Apologies

Mrs Ofrah Muflahi
Dr Manjeet Shehmar
Mrs Carla Jones-Charles

Associate Non-Executive Director
Chief Medical Officer
Director of Midwifery

382/23	Chair's welcome, apologies, and confirmation of quorum
	<p>Dr Parkes welcomed all members and attendees to the meeting and declared the meeting to be Quorate.</p> <p>Formal apologies received and noted as above.</p> <p>The meeting was recorded.</p>
383/23	Declarations of Interest
	<p>There were no declarations of interest raised.</p>

384/23	Minutes of Previous Meeting – Friday 20th January 2023
	<p>There were no comments or amendments from members therefore committee approve the minutes of the meeting that took place on Friday 20th January 2023 as a true and accurate record of decisions and discussions that took place.</p>
385/23	Items for Redaction
	<p>There were no items for redaction and minutes were approved for publication.</p>
386/23	Matters Arising and Action Log
	<p>There were no matters arising and no outstanding actions on the action log.</p>
387/23	CQC Action Plan Update & Section 29A Notice Repsonse
	<p>Mr Kevin Bostock highlighted key points.</p> <p>No papers available at time of meeting. Previous inspection action plan archived. Revised action plan has been produced following the most recent round of inspections and will be put forward to the CQC on 28th February 2023.</p> <p>The relevant stakeholders have been involved in the production of the action plan and a soft copy document will be provided at the next QPES meeting.</p> <p>A response to the section 29a warning notice will be updated and provided at the next meeting.</p>
388/23	Constitutional Standards & Acute Service Restoration & Recovery Report
	<p>Report taken as read and Mr Ned Hobbs highlighted key points.</p> <p>The Trust continues to perform well on emergency care performance both from an ambulance handover and duration of stay within ED. Cancer referral to treatment times judged against the 62 day standards continued to be materially better than both regional and national averages.</p> <p>Concerns over routine elective access performance remains. Waiting times are a national issue, however, the Trust performance compared to others is currently 79th out of 122 trusts for 18 week performance and has declined over the last year.</p> <p>Trust currently has 26 patients over the national standard waiting time of 78 weeks for the end of March target. The Trust is not currently providing a spinal surgery service, RWT are currently assisting. Therefore, the overall figure will be impacted.</p> <p>Significant improvements have been made with breast care practitioners' capacity. Breast patients are typically booked at 14 days rather than three or four weeks.</p>

	<p>Dr Parkes asked for further information on the 18 week RTT performance. Mr Hobbs advised the main reason from an 18 week perspective is actually non admitted pathways and this is due to the productivity and efficiency opportunity we have in outpatient services. We currently have a DNA rate that is in the highest quartile in the country for outpatient clinics with clinic booking utilisation being the main issue. The Trust implemented the outpatient improvement programme with external support of four eyes insight which specifically addresses both DNA rate and booking utilisation. This should dramatically reduce waiting times. A 2% point reduction in DNA rate would allow us to see in the region of 7000 more outpatients per year. There is no movement in the 18 week performance at present due to the volume, however, we should see our rankings stabilised and then begin to improve with the new programme. We currently have no patients on the 104 week wait and the Trust is in a good position from a 78 week perspective.</p>
<p>389/23</p>	<p>Performance Constitutional Standards Report Community</p>
	<p>Report taken as read and Mr Matthew Dodd highlighted key points.</p> <p>The Trust has seen high demand through the winter months. This will carry on through the current year however, pressures and financial position should ease with the new virtual wards.</p> <p>The main objective will be to implement a plan to avoid people coming into hospital on readmission. This will involve looking at medication review and the need for complex support on discharge. Working together with the Council and to have pathways in place going forward.</p> <p>Mrs Toner asked for clarification on discharge as funding for the winter plan will end in March. Will this have an impact going forward or is there a plan in place with Walsall Council? Mr Dodd advised there will be tough decisions to make. Discussions are taking place with the Council and joint commissioning regarding the pressures next year. There is an expectation that the use of community resources will draw back, therefore productivity plans will need to be discussed.</p>
<p>390/23</p>	<p>Safe High Quality Care Oversight Report (to include the Board Assurance Framework, Corporate Risk Register and Performance Dashboard</p>
	<p>Report taken as read and Mrs Carroll highlighted key points.</p> <p>A more detailed paper regarding sepsis will be submitted at the next meeting for discussion. Mrs Carroll advised specific work has been undertaken within paediatrics and inpatient wards regarding compliance. The Trust currently sits at 70% compliance with administering antibiotics within an hour. The national averages between 60 and 80%.</p> <p>Audit review meetings have commenced and have been welcomed by both the divisions and wards. Confirm and challenge around audits and actioned are discussed.</p>

In regard to Section 29A warning notice for medicines management, an established weekly medicines management audit is completed. Steady progress has been made. Areas of concern at present are allergy status and around documentation of weight. New scales have been supplied across the organisation.

Mental Health continues to be a concern. There is a national risk around Tier 4 beds. An increased number of children and young people are presenting to the emergency department under Section 136. The Trust is working closely with the police and the Mental Health Trust to reduce admittance. Older adults have also increased due to the lack of mental health support.

There were 7 cases of C.Diff reported in January. The Trust is currently above the trajectory of 27 with a total of 37. This is a national issue.

Stool sampling has been raised and actioned. A planned approach with Estates Department to implement a deep cleaning programme has commenced.

Safeguarding Committee is well attended by all divisions. Action has commenced for all employees to be compliant with Safeguarding Level 3 training.

Dr Mirza advised there had been a VTE (Venous Thromboembolism) decline in the overall Trust performance. All divisions have been given an exercise to provide an action plan going forward.

Dr Parkes asked for the Section 136 to be clarified. Lisa advised that the Section 136 allows the Police power to detain and take to a place of safety.

Mrs Toner asked if the clinical guidelines are across both Trusts? Dr Mirza advised that once the Trust has improved then learning will be shared across to Wolverhampton.

Mrs Toner asked what the current situation within the Trust was involving pressure ulcers, given the delays in treatment and nursing pressures and costs. Mrs Carroll advised that Lorraine Jones, Tissue Viability Lead Nurse, who works within the community is currently producing a report and will be providing findings shortly. The introduction of new products within the Trust have shown a reduction in the number of pressure ulcers. The delay with the hybrid mattresses being introduced has been actioned and a decamp deep clean plan is being introduced.

Mr Bostock queried the approach to managing VTE compliance as the report clearly demonstrates areas of non-compliance and if separate action plans are in place.

Dr Mirza advised it is clear some divisions are performing better than others. It has been agreed divisions will share information so learning

	<p>objectives can be implemented to improve performance. Mrs Carroll confirmed a QI project in MLTC division around VTE is being undertaken and the findings will be shared for learning purposes.</p> <p>Dr Parkes asked if there is a link between that and the performance of doing observations as there is the same pattern of underachievement within the same divisions. Dr Mirza confirmed there has been no increase in HAT (hospital acquired thrombosis) incidents across any of the divisions. However, improvement is still to be made with updating digital records.</p> <p>Mr Bostock asked to what extent are we confident that the principles are making every contact count and work is embedded. Mrs Carroll agreed there is still work to be done however, we are heading in the right direction.</p> <p>Mrs Allinson asked if there was a retraining program in place to highlight responsibilities. Dr Mirza advised that all doctors undergo induction when they commence in post, which includes VTE assessment. Each division undertakes regular performance reviews which also includes VTE assessment.</p> <p>Mrs Toner asked about the Section 29 warning notice report. A lot has been achieved already, however, there are still outstanding issues. Mrs Allinson advised that the Trust is given a deadline to be compliant. The CQC will then review again within six months of the deadline.</p>
<p>391/23</p>	<p>Maternity Services Update</p>
	<p>Report taken as read and Mrs Joselle Wright highlighted key points.</p> <p>Staffing levels have improved 80% acuity in January. Perinatal mortality continues to decline with the Trust being at the forefront in the region. December was our highest month for birth with a steady ongoing decline. An away day was organised for staff for learning and developing relationships between the two specialities.</p> <p>One SI reported, 40 weeks diagnosed with an intrauterine death. Scanning pathways have been highlighted to SI committee for investigation.</p> <p>Dr Parkes asked for clarification on acuity of 80% for January. Mrs Wright advised the Trust was 2 below the staffing level required however, in-patients were lower and redeployment of staffing and specialist midwives within the service was implemented. Dr Parkes agreed this was noticeably clear.</p> <p>Mrs Toner thanked Mrs Wright and congratulated staff in the reduction of the perinatal mortality. Mrs Toner asked if there had been any observable change in the service after the away day and what has changed, particularly from the culture point of view? Mrs Wright advised there has</p>

	<p>been a significant change in staff understanding of different job roles. In time more benefits will be available.</p> <p>Mrs Toner queried the SI report and asked what actions have been implemented to avoid any further incidents. Mrs Wright advised the case has been shared to staff for learning purposes and as a reminder to check scanning pathways at each appointment. During the governance review it was decided to look at the responsibility of Trust grade doctors and consultants. This is currently ongoing.</p> <p>Mr Hobbs noted improvement in still birth rates and perinatal mortality rates are proper hard clinical outcomes. Fantastic to see women's services have put in place interventions that have helped contribute to the reductions.</p>
392/23	Maternity Ethnicity Update
	<p>Report taken as read and Mrs Carol King-Stephens highlighted key points.</p> <p>Animations have been implemented into the information service as well as leaflets in different languages and these are accessible on Badgernet.</p> <p>There has been an increase of staffing right across all levels raising from 19.6% to 40% with 28% from an ethnic background.</p> <p>A 12 month audit on 3rd degree tears has been completed. 2.46% of women from Indian background were more likely to have a 3rd/4th degree tear compared to 0.77%. More work is ongoing in parent education to provide information on how to reduce the risk.</p> <p>A grant of 66K has been secured for the maternity outreach project. This will be based in the WS1 area of Walsall, one of the main high risk areas. The project will involve infant feeding support, mental health support, support for fathers, focus groups for moms, safe place to talk and a bereavement focus group.</p> <p>The Badgernet site has been updated and is now available in 12 different languages. Information is now accessible on Badgernet and the Trust website making it more readily available for all.</p> <p>Mrs Toner agreed the report was interesting and thanked the team.</p> <p>Mrs King-Stephens advised the grant was funded by Walsall together.</p> <p>Mrs Wright advised due to the benefits, Mrs King-Stephens role had been extended for a further 12 months.</p>
393/23	Serious Incident Update (including QAAT heap map)
	<p>Report taken as read and Mrs Morris highlighted key points.</p> <p>There has been a slight decrease in incidents. There were 5 SI's reported to the Commissioners in the month of January with three closed down.</p>

	<p>The data error of incidents reported in graph two of the report last month has been corrected.</p> <p>Datix cloud IQ will be live on 3rd April. The main work themes are currently ongoing and include SI actions and delays in closing incidents on Safeguard. The Assurance Team have undergone staffing changes, therefore learning aspects in these areas are taking place. Support to divisions will then be provided. Divisions have been advised to close down incidents as there will be no migration from the current Ulysses Safeguard system into Datix.</p> <p>Mr Bostock advised with the Cloud Datix launch at the beginning of April, there will be a series of KPI's put in place to ensure that the divisions will be held to account and how they respond to and manage incidents. Reports will be provided on a monthly basis.</p> <p>Mrs Toner thanked Michelle for a detailed report. Mrs Toner asked if the changes that are happening in April will be part of the change that will move to the new process from September? Mrs Metcalfe stated that it is a very exciting time with the implementation of PSIRF (Patient Safety Incident Response Framework) within the organisation. There have been some delays nationally.</p> <p>Mrs Toner referred to Medicine and Long Term Conditions, non-externally reportable/reportable not completed as the GP did not respond to investigation query and that a quality concern was sent to the GP. Mrs Toner asked if there are any sanctions in place for non-responders.</p> <p>Mrs Metcalfe advised the escalation route is through the ICB, who will then go to the GP to seek the information.</p>
<p>394/23</p>	<p>Joint Quality & Safety Strategy</p>
	<p>Report taken as read and Mrs Morris highlighted key points.</p> <p>Five key objectives from the Trust strategy which include embedding culture of learning and continuous improvement, prioritising treatment of cancer patients, delivering safe, responsive, urgent emergency care and delivering priorities from the national care elective strategy and delivery.</p> <p>Financial sustainability but focusing on investment on the areas that will have the biggest impact. Key objectives will include prevention, management of the deteriorating patient, timely sepsis recognition and treatment medicines management, adult children, safeguarding, infection prevention control, eat, drink, dress, move to improve, patient discharge, maternity and mental health.</p> <p>This strategy has been distributed on different forums across both organisations for feedback.</p>

	<p>Strategy brought to Committee to discuss if the correct context has been included. This will be presented to TMC in March with a view to implementation in April.</p> <p>Dr Parkes thanked Mrs Morris for a thorough report.</p> <p>Mrs Toner stated the report was professionally written and easy to read.</p>
395/23	Health Education England Response
	<p>Report taken as read and Dr S Mirza highlighted key points.</p> <p>Actions have been put into place following the recommendations from the HE report. The plan itself has been approved by the AMU Assurance Board on the 9th of this month and Medical Education Group on the 15th of this month.</p> <p>Dr Parkes thanked Dr Mirza for a good report.</p>
396/23	Urgent & Emergency Care Centre Transition Plan
	<p>Report taken as read and Dr N Hobbs highlighted key points.</p> <p>The Trust received formal building control, sign off and handover of ownership of the building last week which are both particularly important steps for the building to be safe to occupy. A draft transition plan has been drawn up. The Emergency Department will move into the new building on the night of the 1st March with the Urgent Treatment Centre to follow on 9th March. The Acute Medical Unit will then move in on the 1st floor with the Paediatric Assessment Unit target move in April 2023.</p> <p>A phased move has been implemented to cater for staffing and patient safety. Information was gained from Cheshire Trust who recently moved their own emergency department. Two emergency department teams will be running on the night of the 1st March and from 0200 onwards, new arriving patients will be cared for in the new building.</p> <p>Support from other West Midlands Trusts will be in place. Ambulances will be diverted away from the hospital between 0000 and 0800 other than pre alerts being critically unwell patients that need to come to the nearest ED in the fastest route possible.</p> <p>Simulation training has been provided for staff in preparation for the new building. An adjustment period will inevitably be required with settling in the new department. This may have an impact of waiting times and adjustments can be made during that period to stabilise as quickly as possible.</p> <p>Dr Parkes noted the simulation worked well and was very impressive.</p> <p>Mr Hobbs advised the team are looking to publish the work with it being an extensive pre emergency department transfer simulation program that that has been undertaken.</p>

	ITEMS FOR INFORMATION
397/23	Infection Control and Control Update
	<p>Report taken as read and Mrs Boden highlighted key points.</p> <p>There has been a 4% reduction from contaminants across the Trust last month. There is still room for improvement but it shows a good response to initial actions being undertaken.</p> <p>Contaminants can ultimately lead to excessive use of broad spectrum antibiotics because it's covering the actual causative bacteria that's causing that sepsis and broad spectrum antibiotics are a significant risk factor for C.Diff. There are concerns regarding contaminated blood cultures which take up a lot of resources, in particular microbiology time as the consultant microbiologist has to determine and assess for the most appropriate antibiotic for the patient.</p> <p>A business case is being written to increase the productivity of the service whilst trying to mitigate risk within the Emergency Department where our most predominant theme of blood culture contaminants arises.</p> <p>There has been intensive work on C.Diff cases given that we are now at 37, which is 10 cases over annual target. Themes have been identified around antibiotic use and broad spectrum use of antibiotics where it could have been more refined as per the microguide antibiotic guidelines.</p> <p>There is good co-operation between the Infection Control Team and Consultant Microbiology/Antimicrobial Stewardship pharmacist and antibiotic time out training sessions have taken place in clinical areas where key themes have been identified. Changes in practice have already been implemented. An AMS message is incorporated into every infection prevention weekly update and cascaded to all staff.</p> <p>The Nurse Associate role has been implemented to focus on the improvement of risk assessment of patients presenting with potential infections. Recent investigations into stool sampling identified delays therefore samples are now taken on a type 5 to 7 on 1st episode. This produces better outcomes for patients to get treated with the right IPC precautions in place.</p> <p>There has been a C.Diff agenda across the region and the Trust has been working very closely with NHSE. There is a deep clean proactive programme on environmental facilities.</p> <p>The Trust is currently on target and trajectory for negative bacteraemia's and particularly fantastic achievement was pseudomonas.</p>

	<p>Dr Parkes stated it was disappointing that out of the seven C.Diffs, five of them have were deemed avoidable from the antibiotic point of view. He asked what actions are needed to ensure correct antibiotic prescribing and whether this is a training issue.</p> <p>Mrs Boden advised this has been identified a little more frequently and interestingly specific finding on curb score for pneumonia has always been really helpful that when we have fed that back to our prescribers. There were gaps in knowledge there and being able to refer to micro guide and interventions during ward rounds has been really helpful. There has been target focused interventions within those settings during the last few weeks that we should see a difference within our antimicrobial stewardship reports.</p> <p>Dr Parkes asked if there was a specific Walsall antibiotic prescribing guideline. Mrs Boden confirmed there was a guideline which is accessible on the Trust intranet, but also available via the App Store. This information is for all members of staff and nursing teams are encouraged to use this facility. The Trust is also encouraging staff to challenge before giving antibiotics until they can confirm the valid reason. This information has been provided on the infection prevention weekly update emails.</p> <p>Dr Parkes asked if it highlights the high-risk antibiotics. Mrs Boden advised a specific assessment needs to be completed by the medical team before the release of antibiotics.</p>
398/23	104 Day Harm Update
	No comments or questions raised.
399/23	Exception Reports from any subgroup reporting to the committee
	No exception reports were received for discussion.
400/23	Matters for escalation to the Trust Board
	No comments or questions raised.
401/23	Any Other Business
	<p>Report taken as read and Mr N Hobbs highted key points.</p> <p>Date for the BMA Strike for junior doctors will be week commencing the 13th of March. An action plan is currently being written to prioritise the safety of patients.</p> <p>A summary will be provided and circulated to committee members with the plan of action.</p>
402/23	Reflections on Meeting
	The meeting finished at 1.25pm.
403/23	Date and Time of the Next Meeting

**MEETING OF THE PEOPLE AND ORGANISATIONAL DEVELOPMENT
COMMITTEE**

**HELD ON MONDAY 27TH DAY OF FEBRUARY 2023 2022 AT 13:30
HELD VIRTUALLY VIA MICROSOFT TEAMS**

Members Present

Mr Junior Hemans (Chair)	Non- Executive Director
Mr Paul Assinder	Non-Executive Director
Mrs Dawn Brathwaite	Non-Executive Director
Ms Catherine Griffiths	Chief People Officer – Walsall Healthcare NHS Trust
Ms Caroline Whyte	Deputy Director of Nursing
Ms Clair Bond	Deputy Director of People and Culture

In Attendance

Mrs Patricia Usher	Joint Staff Side Lead
Dr Rayasandra Gireesh	Guardian of Safe Working
Mrs Michelle McMannus	Director of Transformation – Walsall Together
Mrs Jane Wilson	Joint Staff Side Lead
Mrs Marsha Belle	Associate Director of People – Organisational Development and Culture
Mrs Fiona Allinson	Non-Executive Director
Mr Brad Allen (Minutes)	Executive Personal Assistant

Apologies

Mr Alan Duffell	Group Chief People Officer
Mrs Lisa Carroll	Director of Nursing – Walsall Healthcare
Mrs Sabrina Richards	Equality, Diversity and Inclusion Lead
Mrs Catherine Wilson	Deputy Director of Nursing

166/23	Chair’s welcome, apologies, and confirmation of quorum
	Mr Hemans welcomed all members to the meeting and passed on his thanks for their attendance and declared the meeting to be quorate in line with committee terms of reference Formal apologies were received and noted as above.
167/23	Declarations of Interest
	There were no declarations of interest raised by members.
168/23	Minutes of Previous Meeting – January 2023
	There were no comments or amendments from members relating to the minutes of the meeting that took place on Monday 30 th January 2023,

	therefore committee resolved to approve the minutes as a true and accurate record of discussions and decisions that took place.
169/23	Matters arising and Action Log
	The Action Log was reviewed and updated by action owners as necessary by using the iBabs service.
170/23	Guardian of Safe Working
	<p>Dr Gireesh introduced the report and advised that the main priorities for the forthcoming year would be related to colleague health and well-being as well as patient safety. Dr Gireesh then summarised a total of twenty-three exception reports compiled by foundation year two Doctors with three quarter of these coming from the division of surgery. Dr Gireesh advised that plans were in place to look at recruiting more Clinical Fellows and identify supportive packages that can be implemented to support areas with this. Following the Guardian of Safe Working Junior Doctor Forum in December 2022, Dr Gireesh assured the committee that information relating to safe working hours would be added to the Trust Intranet for colleague information and reference. Dr Gireesh went on to refer committee to exception reporting data of which highlighted numerous issues ranging from educational opportunities to working environments, all of which will be added to the work plan for the forthcoming year for necessary actions to be implemented. It was evidenced in the report that a number of supportive packages had been implemented for Junior Doctor colleagues on a ‘you said, we did basis’ and gave examples such as subsidised meals and out of hours provisions. Dr Gireesh concluded by informing committee that is the guardian of safe working finance balance stood at £8994.00.</p> <p>Mr Hemans thanked Dr Gireesh for his report and queried whether a time frame had been implemented around issues with consultants not responding to escalations within a timely manner. Dr Gireesh advised that this was being picked up by his administrator and that further escalations would be made to the Chief Medical Officer to tackle any concerns directly. In addition to this, Dr Gireesh stated that the communications team would also be utilised to share ideas and evidence where improvements have been made via the trust daily dose.</p> <p>Ms Bond informed committee that the recruitment of a safe working hours advisor had recently taking place to address concerns raised above.</p> <p>Mrs Brathwaite referred to the exception reporting data and queried why concerns were only being raised via junior doctor colleagues. Dr Gireesh clarified that other groups were also contributing towards these figures.</p> <p>Mrs Allinson queried how exception reporting could be differentiated from overtime. Dr Gireesh advised that on average, reports were between 30 minutes and an hour. Mrs Allison suggested that a similar project be</p>

	<p>launched for Nursing staff to provide oversight as to how many hours overtime colleagues undertake. Mr Hemans queried whether a visible difference could be evidenced between both Walsall and Wolverhampton Trusts and if this could be brought to committee within the next report.</p> <p>Ms Griffiths expressed her support for the report in particular elements encouraging colleagues to take a break out of their day.</p> <p>Ms Whyte explained that such tasks to collate data were not done routinely, but could be done and that it would be beneficial to benchmark figures now establishment figures had increased.</p> <p>Mrs Brathwaite expressed her support for the incentive to move away from a long-hours culture to improve overall staff experience.</p> <p>There were no further comments from members, therefore committee resolved to note the contents of the report.</p> <p><i>Dr Gireesh left the meeting at 13:58.</i></p>
<p>171/23</p>	<p>Integrated Care Board Update</p>
	<p>Ms Griffiths introduced the item and advised committee that the programme of action remained on track and that a summary presentation would be provided at the next meeting in March 2023.</p>
<p>172/23</p>	<p>Staff Story – Anchor Employer</p>
	<p>Ms Belle introduced the report and gave a brief overview of the initiative background by promoting collaborative working between the Trust, Local Authority and Walsall Housing Group to provide job opportunities and career pathways for local people affected by the pandemic. As such, this has significantly increased establishment figures for Clinical Support Workers, with the overall retention rate being 82% due to supportive packages implemented for new colleagues.</p> <p>Ms McMannus added that conversations were being held to ensure Walsall Together would be utilised as part of workforce discussions and aspirations to support retention. Continual recruitment within the sector inclusive of wrap around support would be offered to enhance overall staff experience in partnership with external colleagues.</p> <p>Mr Hemans sighted the committee on large institutions such as the Healthcare Trust historically being unable to utilise development levies, but expressed his support for recent recruitment achievements within the local area. Mr Hemans also expressed the need to recognise where small businesses could contribute towards skill development and administration opportunities. Ms Belle advised that the Trust is working collaboratively with schools to offer these opportunities. Mr Hemans suggested the collation of some successful case studies to share with the Integrated Care Board (ICB).</p>

	<p>Mr Assinder evidenced the amount of local respect and admiration shown by the local community for the Trust and suggested this be built on by continuing with local recruitment pathways by working collaboratively with other local organisations such as Walsall Housing Group.</p> <p>Ms Whyte sighted the committee with a case study being undertaken within the School Nursing Team whom are reaching out to schools to showcase their work with younger pupils. Ms Whyte placed on record her thanks and admiration to the FORCE team for their efforts with this.</p> <p>There were no further comments from members therefore committee resolved to note the contents of the report.</p>
173/23	Trust Workforce Metrics
	<p>Ms Griffiths gave an overview of the Trust Workforce report and summarised concerns with retention figures, advising that further data would be provided at March's committee that would evidence elements of stabilisation. Ms Griffiths then referred members to sickness absence figures, stating they were slightly higher than anticipated taking into account the time of year.</p> <p>Mr Assinder raised concern with staff vaccination figures taking into consideration clinical professional standards. Mr Assinder then referred committee to overall admin and clerical mandatory training figures, stating clerical staff would have more time to complete in comparison to clinical colleagues. Ms Griffiths assured Mr Assinder that these issues were being referred to and discussed within individual area performance reviews, of which would be fed-back to committee at a later date following discussion.</p> <p>Mrs Allinson agreed with points raised by Mr Assinder relating to staff vaccination levels and queried whether any incentive had been introduced to encourage colleagues to take up their vaccines. Ms Whyte responded to Mrs Allison to advise various initiatives had been undertaken to increase colleague take-up, such as roaming clinics. Despite this, it was reported that most colleagues had been experiencing vaccine fatigue and that more would be done over the coming summer months to prepare more colleagues for winter.</p> <p>Mrs Brathwaite supported the winter planning initiatives and requested a briefing of learning points be devised for wider oversight.</p> <p>ACTION: Ms Griffiths to collate report on Flu vaccination figures on a bi-monthly basis to ensure committee oversight.</p> <p>Mrs Wilson advised that figures within the Estates and Facilities would be lower due to staff not having sufficient access to computers due to the nature of their roles. In addition to this, Mrs Wilson advised that some staff had not got access to corporate email addresses.</p>

	<p>ACTION: Ms Griffiths to pick up mandatory training and email access issues in Estates and Facilities Performance Reviews.</p> <p>There were no further comments from members therefore committee resolved to note the contents of the report.</p>
174/23	Safe Staffing Report
	<p>Ms Whyte introduced the report as read and highlighted the below points to members:</p> <ul style="list-style-type: none"> • The overall vacancy position within the Trust had slightly increased due to regular reasons, with the Division of Medicine, Community and Women’s, Children’s and Clinical Support Services being just under 5%. • A further 352 Clinical Fellows had been recruited, with 220 being registered with the Nursing and Midwifery Council (NMC). • Fill-rates across the organisation were reported to be positive. • The Trust was reported to be just under 95% in terms of registered day rates. • Efforts were on-going to reduce and eliminate the Trust’s use of agency staffing, with areas such as Ward 20 being non-dependant on agency usage. <p>Mrs Allinson queried mandatory training figures for Nursing and Midwifery staff being under 50% and queried whether staff had been offered time off or overtime to complete.</p> <p>ACTION: Mrs Carroll to provide an update on Mandatory Training figures for Nursing and Midwifery staff at the next meeting in March 2023.</p> <p>Mr Assinder placed his thanks on record to Ms Whyte and the Corporate Nursing team for achieving a lower rate of agency usage across the Trust and queried if similar methods could be implemented to reduce clinician agency usage. Ms Griffiths advised that plans were in place to support the reduction of agency usage amongst clinicians via recruitment and retention plans.</p> <p>There were no further comments from members, therefore committee resolved to note the contents of the report.</p>
175/23	Board Assurance Framework and Corporate Risk Register

	<p>Ms Bond introduced the report advising that all corporate risks responsible to the committee had remained at the same level since the previous meeting, with one being closed relating to Health Education England (HEE) reporting concerns to Junior Doctor staff following significant improvements. Members were assured that all other risks were being monitored through the relevant committees and channels for completion.</p> <p>Mr Hemans referred colleagues to recent announcements to Junior Doctor industrial action and queried how this would impact the organisation locally. Ms Bond advised that Tactical Command meetings had been established to recommend mitigatory measures to minimise service disruption.</p> <p>There were no further comments from members therefore committee resolved to note the contents of the report.</p>
176/23	Freedom to Speak Up – Quarterly Report
	<p>Mrs Raza introduced the report and advised committee that a total of fifty-seven concerns had been raised within quarter three, resulting in a 40% increase from the previous quarter 2. Most of these were reported to have been raised from within internal channels, with behaviour and attitudes being the main reason for concern. Committee were advised that the main staff group reporting concerns came from that of Registered General Nurses (RGNs) and that awareness plans had been established in collaboration with the Royal Wolverhampton NHS Trust to identify any barriers that may prevent colleagues from speaking up.</p> <p>Mr Hemans referred members to the increased data and queried whether any were repeat reporters and requested that if this were the case for this data to be included in the next report for clarity. Mrs Brathwaite concurred with points raised and expressed the need for the committee to have oversight of concerns raised with the Freedom to Speak up Team.</p> <p>Ms Bond placed on record her thanks to Ms Raza for her hard work whilst recognising this was her last meeting prior to her maternity leave. The committee welcomed this and passed on their appreciation for Ms Raza's efforts.</p> <p>There were no further comments from members, therefore committee resolved to note the contents report.</p>
177/23	National Staff Survey
	<p>Ms Griffiths introduced the report as read and highlighted the below points for committee oversight:</p>

	<ul style="list-style-type: none"> • Significant improvements had been seen in all areas of the people promise, with just the ‘would you recommend your place of work to friends or family for treatment’ category being rather below target. • Overall recognition for compassionate leadership figures had increased, with compassionate culture figures also increasing. • Staff-on-staff bullying elements had also had not improved. <p>Ms Bond added that a heat map had been devised to identify areas most in need of support and informed committee that improvements had been made in comparison to last year’s data, with areas to receive a localised action plan to mitigate issues. Ms Brathwaite queried if the committee could have oversight of these action plans for reference.</p> <p>Mrs Brathwaite raised concern with cultural issues whilst taking into account the Trust continues to receive overseas Nursing colleagues into various areas with racial concerns. Ms Griffiths advised that the Trust is working in partnership with Wolverhampton to develop an effective Values and Behaviour Framework to underpin these issues. The Civility and Respect programme was also reported to be re-starting to improve the organisational culture and to set standards on behavioural expectations.</p> <p>There were no further comments from members, therefore committee resolved to note the contents report.</p>
178/23	Walsall Healthcare PULSE Survey
	<p>Committee noted that the data for this subject had not yet been reported, but further updates would be provided at a future committee.</p>
179/23	Items for Information
	<p>Committee resolved to note the contents of the following report:</p> <ul style="list-style-type: none"> • Joint Negotiating and Consultative Committee Minutes - January 2023. <p>Committee noted that due to the previous set of Local Negotiating Committee minutes from January 2023 not being approved by the LNC, documents would not be available. Committee also noted that the Health and Wellbeing Action log and minutes would be circulated once obtained.</p>
180/23	Escalations to the Trust Board
	<p>Committee resolved to escalate the following points to the Trust Board</p> <ul style="list-style-type: none"> • Guardian of safe Working Report. • Trust Workforce Metrics, inclusive of Vaccination and Nursing Mandatory Training figures. • Freedom to Speak Up rates and recognition of increased rates.

181/23	Date and Time of the Next Meeting
	Committee noted that the next meeting would take place on Monday 27 th March 2023 at 13:30 via Microsoft Teams.

Signed: *Dawn Brathwaite*

Committee Chair - Mrs Dawn Brathwaite

Date: 27th March 2023

DRAFT

Walsall Healthcare NHS Trust

NHS Staff Survey Benchmark report 2022



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Introduction

About this report

This benchmark report for Walsall Healthcare NHS Trust contains results for the 2022 NHS Staff Survey, and historical results back to 2018 where possible. These results are presented in the context of best, average and worst results for similar organisations where appropriate*. Data in this report are weighted** to allow for fair comparisons between organisations.

Please note: Results for Q1, Q10a, Q24d, Q25a-c, Q26a-c, Q27, Q28, Q29, Q30a, Q31a-b, Q32a-b and Q33 are not weighted or benchmarked because these questions ask for demographic or factual information.

Full details of how the data are calculated and weighted are included in the Technical Document, available to download from our results website.

How results are reported

For the 2021 survey onwards the questions in the NHS Staff Survey are aligned to the People Promise. This sets out, in the words of NHS staff, the things that would most improve their working experience, and is made up of seven elements:



In support of this, the results of the NHS Staff Survey are measured against the seven People Promise elements and against two of the themes reported in previous years (Staff Engagement and Morale). The reporting also includes sub-scores, which feed into the People Promise elements and themes. The next slide shows how the People Promise elements, themes and subscores are related and mapped to individual survey questions.

*The data included in this report are weighted to the national benchmarking groups. The figures in this report may be different to the figures produced by your contractor.

**Please see Appendix C for a note on the revision to 2019 historical benchmarking for Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts, and Community Trust benchmarking groups.

People Promise elements, themes and sub-scores

People Promise elements	Sub-scores	Questions
We are compassionate and inclusive	Compassionate culture	Q6a, Q23a, Q23b, Q23c, Q23d
	Compassionate leadership	Q9f, Q9g, Q9h, Q9i
	Diversity and equality	Q15, Q16a, Q16b, Q20
	Inclusion	Q7h, Q7i, Q8b, Q8c
We are recognised and rewarded	No sub-score	Q4a, Q4b, Q4c, Q8d, Q9e
We each have a voice that counts	Autonomy and control	Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b
	Raising concerns	Q19a, Q19b, Q23e, Q23f
We are safe and healthy	Health and safety climate	Q3g, Q3h, Q3i, Q5a Q11a, Q13d, Q14d
	Burnout	Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g
	Negative experiences	Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c
We are always learning	Development	Q22a, Q22b, Q22c, Q22d, Q22e
	Appraisals	Q21a*, Q21b, Q21c, Q21d *Q21a is a filter question and therefore influences the sub-score without being a directly scored question.
We work flexibly	Support for work-life balance	Q6b, Q6c, Q6d
	Flexible working	Q4d
We are a team	Team working	Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a
	Line management	Q9a, Q9b, Q9c, Q9d
Themes	Sub-scores	Questions
Staff Engagement	Motivation	Q2a, Q2b, Q2c
	Involvement	Q3c, Q3d, Q3f
	Advocacy	Q23a, Q23c, Q23d
Morale	Thinking about leaving	Q24a, Q24b, Q24c
	Work pressure	Q3g, Q3h, Q3i
	Stressors	Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a

Questions not linked to the People Promise elements or themes

Q1, Q10a, Q10b, Q10c, Q11e, Q15, Q16c, Q17, Q18a, Q18b, Q18c, Q18d, Q24d, Q30b

Introduction

This section provides a brief introduction to the report, including how questions map to the People Promise elements, themes and sub-scores, as well as features of the graphs used throughout.

Organisation details

This slide contains **key information** about the NHS organisations participating in this survey and details for your own organisation, such as response rate.

People Promise Elements, Themes and Sub-scores: Overview

This section provides a high-level **overview** of the results for the seven elements of the People Promise and the two themes, followed by the results for each of the **sub-scores** that feed into these measures.

People Promise Elements, Themes and Sub-scores: Trends

This section provides trend results for the seven elements of the People Promise and the two themes, followed by the trend results for each of the sub-scores that feed into these measures.

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score. For example, the Burnout sub-score, a higher score (closer to 10) means a lower proportion of staff are experiencing burnout from their work. These scores are created by scoring questions linked to these areas of experience and grouping these results together. Your organisation results are benchmarked against the benchmarking group average, the best scoring organisation and the worst scoring organisation. These graphs are reported as percentages. The meaning of the value is outlined along the y axis. The questions that feed into each sub-score are detailed on slide 5.

The Covid-19 pandemic

This section contains results for the People Promise elements and themes split by staff experience related to the Covid-19 pandemic.

Questions not linked to People Promise

Results for the questions that do not contribute to the result for any People Promise element or theme are included in this section.

Workforce Equality Standards

This section shows that data required for the indicators used in the **Workforce Race Equality Standard (WRES)** and the **Workforce Disability Equality Standard (WDES)**.

About your respondents

This section provides details of the staff responding to the survey, including their **demographic and other classification questions**.

Appendices

Here you will find:

- Response rate.
- Significance testing of the People Promise element and Theme results for 2021 vs 2022.
- Data in the benchmark reports.
- Additional reporting outputs.
- Tips on action planning and interpreting the results.
- Contact information.



Please note, where there are less than 11 responses for a question this data is not shown to protect the confidentiality of staff and reliability of results.

Please note this is example data

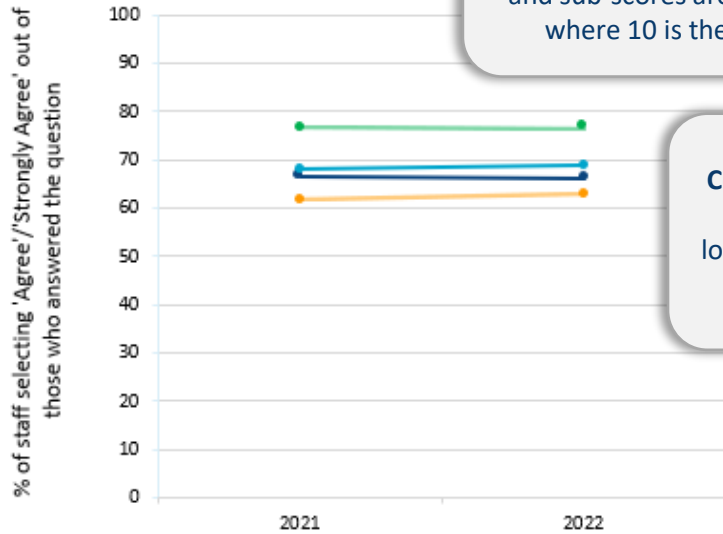
Key features

Question-level results are always reported as percentages; the **meaning of the value** is outlined along the axis. Summary measures and sub-scores are always on a 0-10pt scale where 10 is the best score attainable.

Question number and text (for summary measure) specified at the top of each slide.

The home icon on each slide is **hyperlinked** and takes you back to the contents page (which is also hyperlinked to each section).

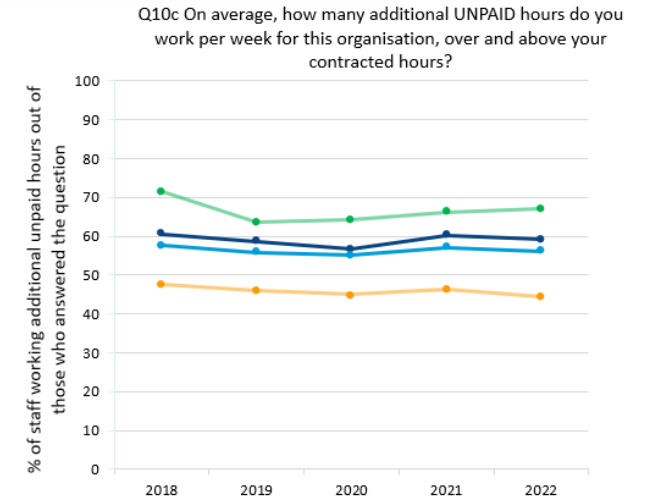
Colour coding highlights best / worst results, making it easy to spot questions where a lower percentage is better – in such instances 'Best' is the bottom line in the table.



Number of responses for the organisation for the given question.

	2021	2022
Your org	66.5%	66.3%
Best	76.8%	76.8%
Average	68.0%	68.7%
Worst	61.9%	62.8%

Tips on how to read, interpret and use the data are included in the Appendices

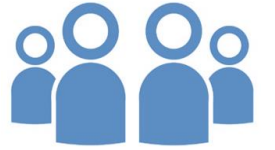


'Best', 'Average', and 'Worst' refer to the **benchmarking group's** best, average and worst results.

Organisation details

Walsall Healthcare NHS Trust

2022 NHS Staff Survey



Organisation details

Completed questionnaires **2229**

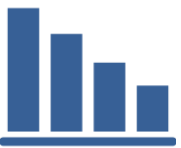
2022 response rate **47%**

Survey details

Survey mode **Mixed**

◀ This organisation is benchmarked against:

Acute and Acute & Community Trusts



2022 benchmarking group details

Organisations in group: 124

Median response rate: 44%

No. of completed questionnaires: 431292

For more information on benchmarking group definitions please see the [Technical document](#).



People Promise Elements, Themes and sub-score results

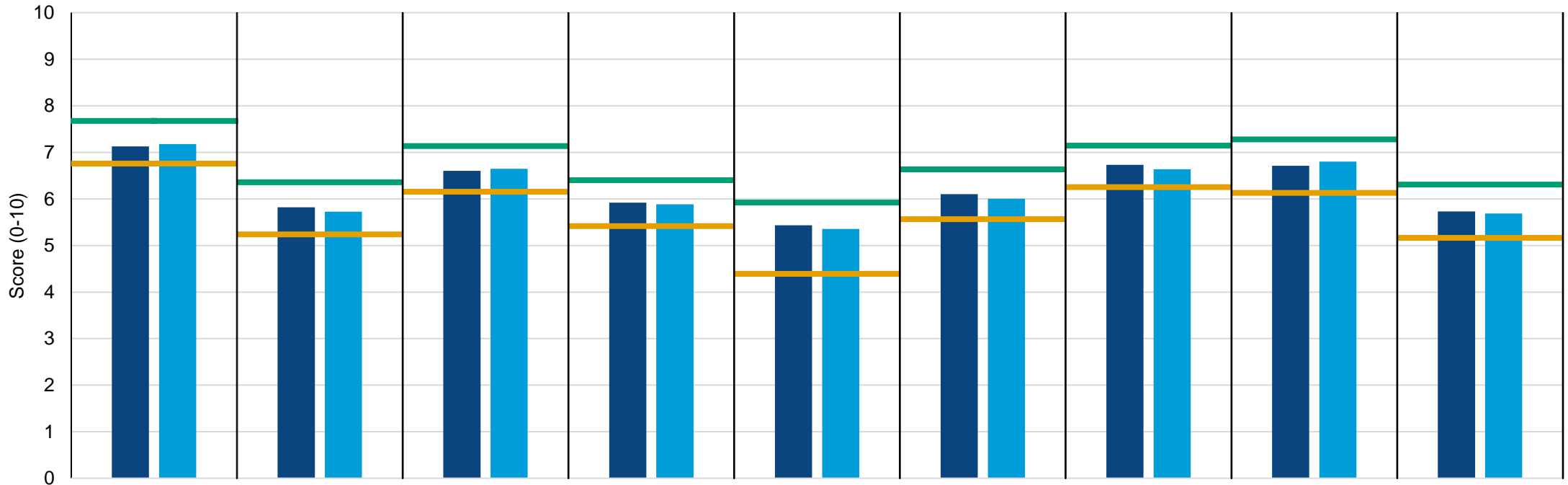
People Promise Elements, Themes and Sub-scores: Overview

People Promise Elements and Themes: Overview

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



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



Your org	7.1	5.8	6.6	5.9	5.4	6.1	6.7	6.7	5.7
Best	7.7	6.4	7.1	6.4	5.9	6.6	7.1	7.3	6.3
Average	7.2	5.7	6.6	5.9	5.4	6.0	6.6	6.8	5.7
Worst	6.8	5.2	6.2	5.4	4.4	5.6	6.3	6.1	5.2
Responses	2219	2226	2192	2191	2075	2213	2217	2223	2223

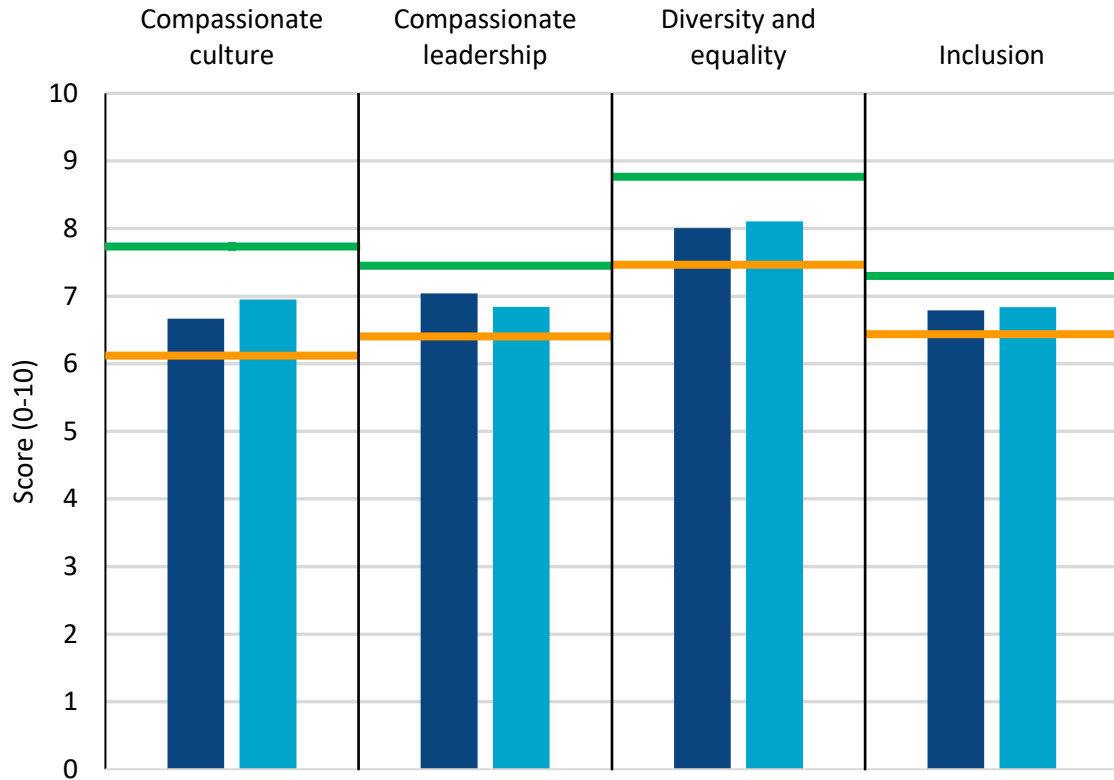


People Promise Elements, Themes and Sub-scores: Sub-score Overview

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



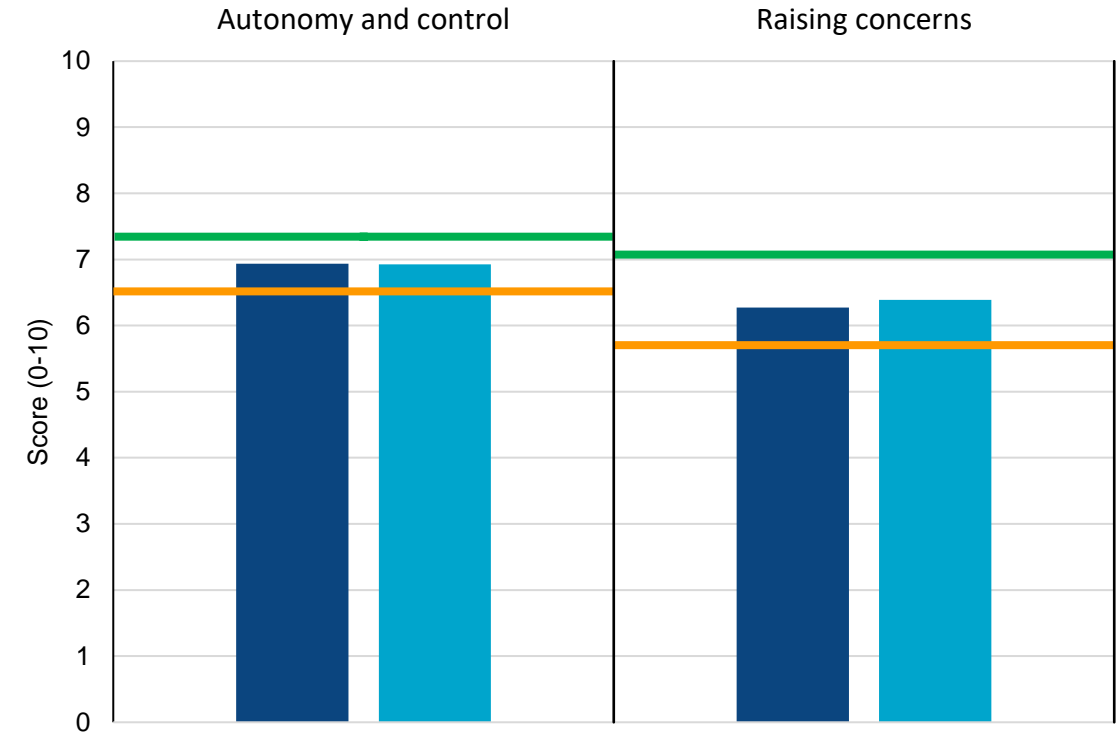
Promise element 1: We are compassionate and inclusive



Your org	6.7	7.0	8.0	6.8
Best	7.7	7.4	8.8	7.3
Average	7.0	6.8	8.1	6.8
Worst	6.1	6.4	7.5	6.4
Responses	2199	2215	2215	2218



Promise element 3: We each have a voice that counts

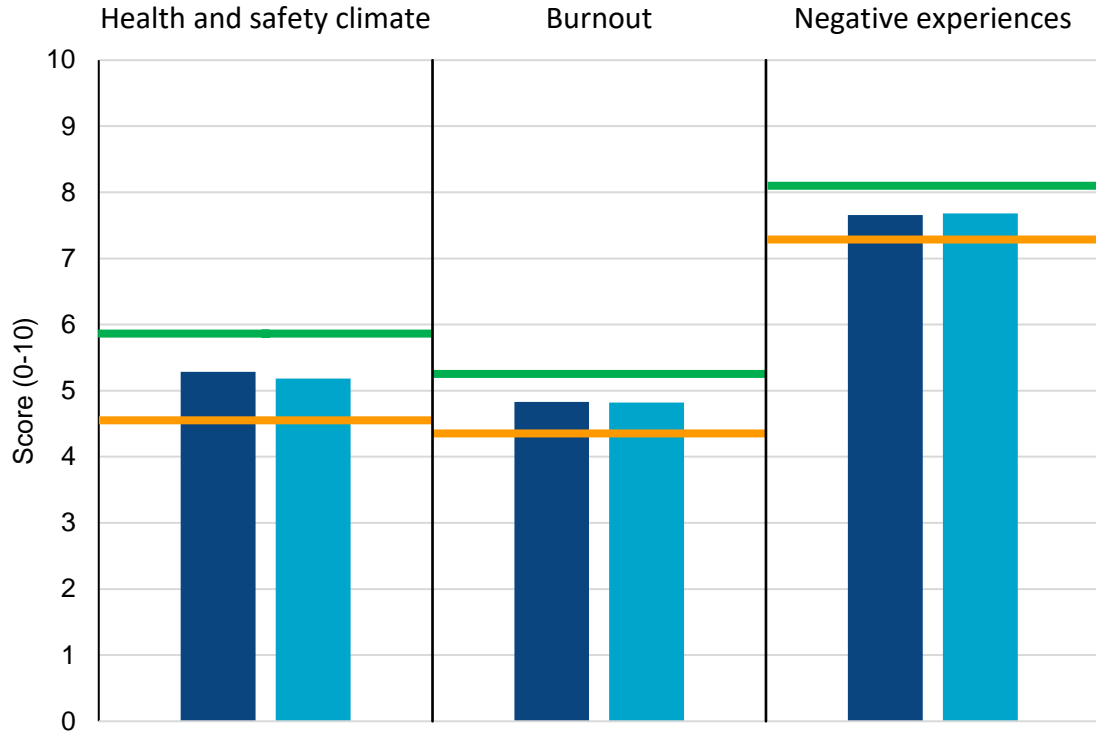


Your org	6.9	6.3
Best	7.3	7.1
Average	6.9	6.4
Worst	6.5	5.7
Responses	2223	2195

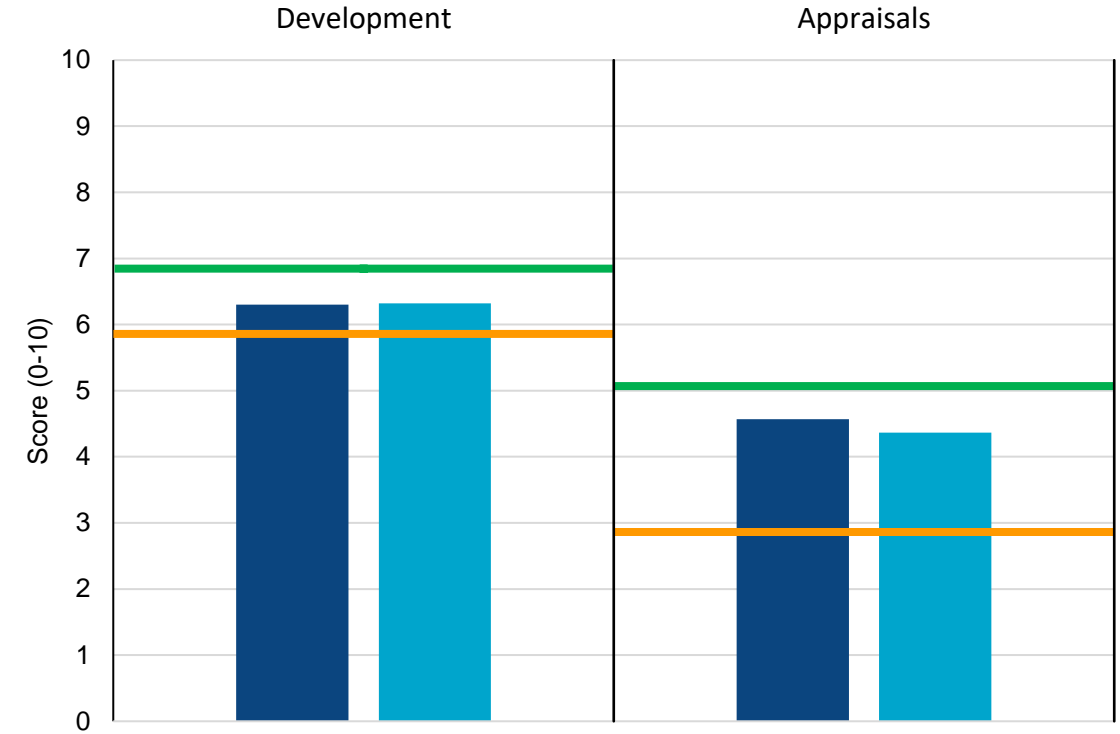
All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 4: We are safe and healthy



Promise element 5: We are always learning



Your org	5.3	4.8	7.7
Best	5.9	5.3	8.1
Average	5.2	4.8	7.7
Worst	4.6	4.4	7.3
Responses	2221	2214	2200

Your org	6.3	4.6
Best	6.8	5.1
Average	6.3	4.4
Worst	5.9	2.9
Responses	2204	2092

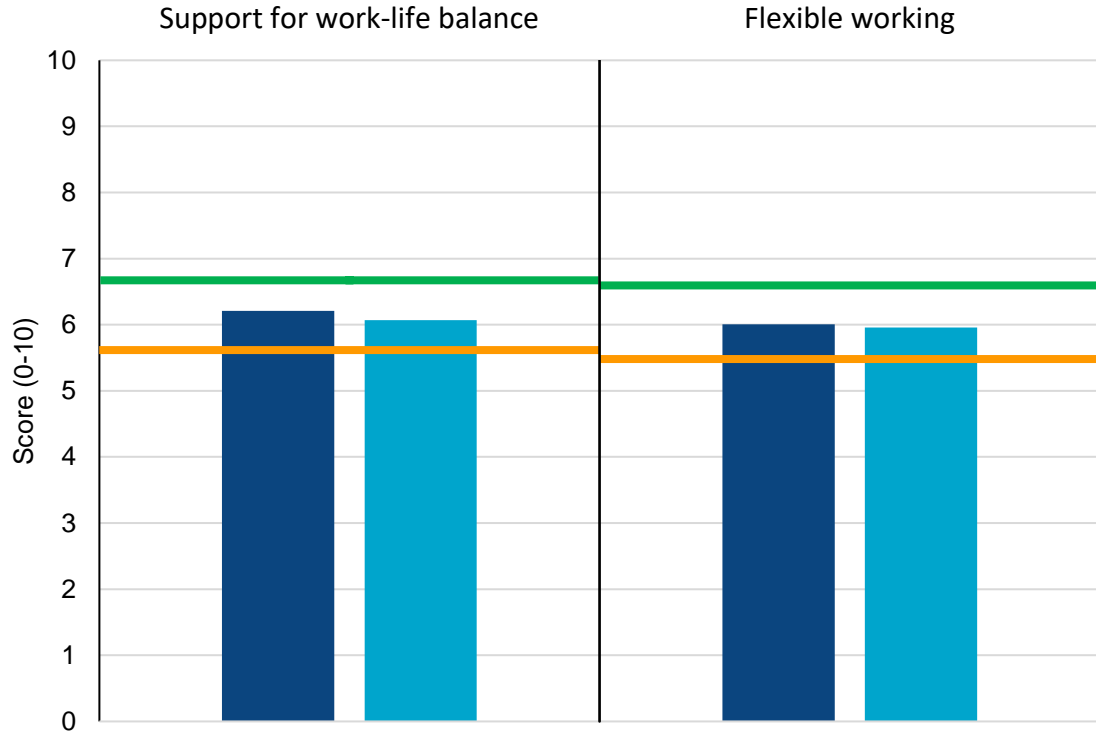
All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



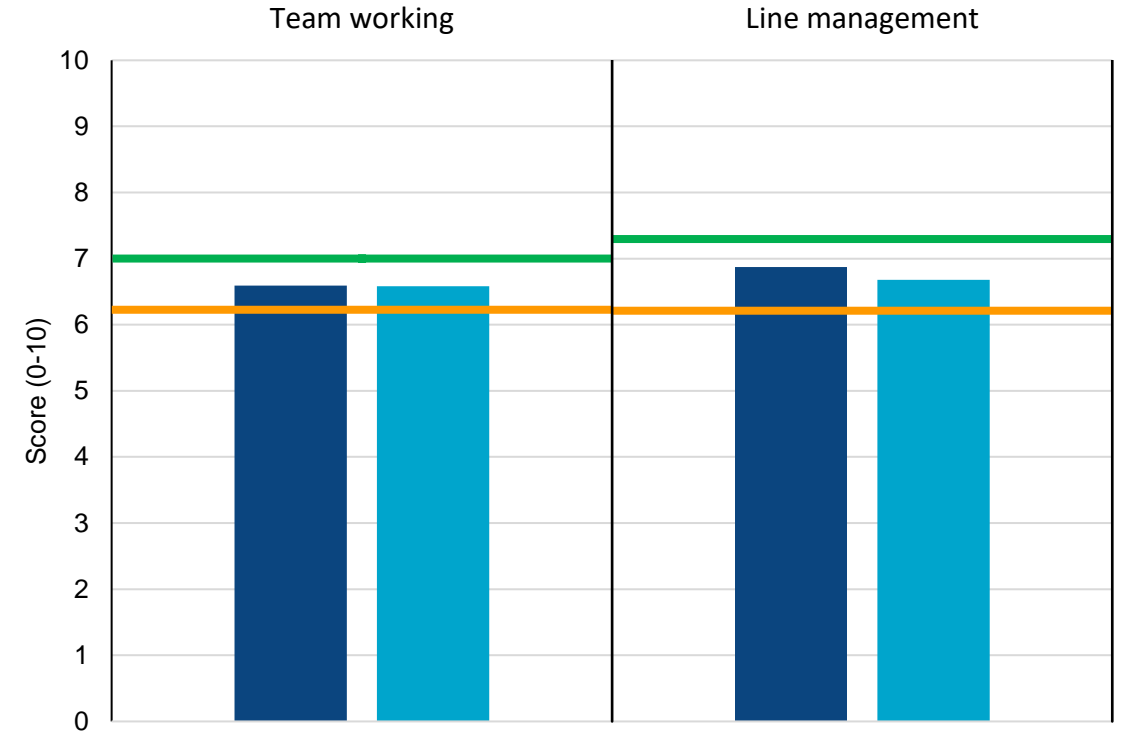
Promise element 6: We work flexibly



Promise element 7: We are a team



	Support for work-life balance	Flexible working
Your org	6.2	6.0
Best	6.7	6.6
Average	6.1	6.0
Worst	5.6	5.5
Responses	2214	2222



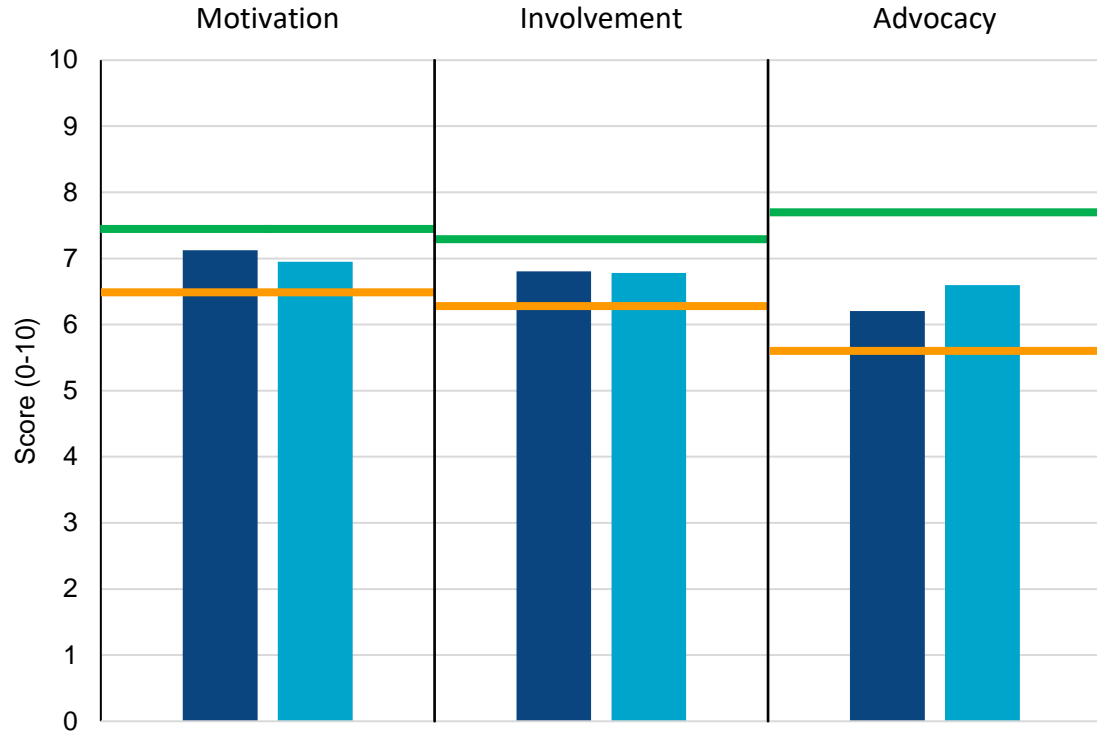
	Team working	Line management
Your org	6.6	6.9
Best	7.0	7.3
Average	6.6	6.7
Worst	6.2	6.2
Responses	2223	2219



People Promise Elements, Themes and Sub-scores: Sub-score Overview

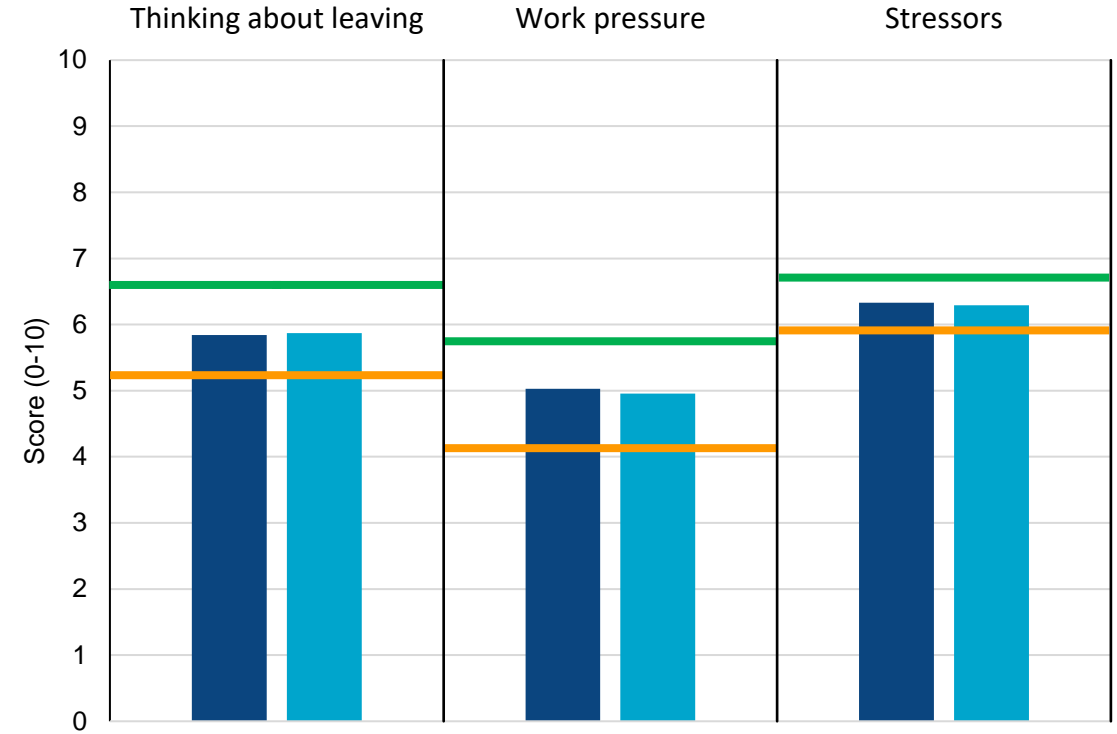
All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

Theme: Staff engagement



	Motivation	Involvement	Advocacy
Your org	7.1	6.8	6.2
Best	7.4	7.3	7.7
Average	7.0	6.8	6.6
Worst	6.5	6.3	5.6
Responses	2191	2223	2199


Theme: Morale



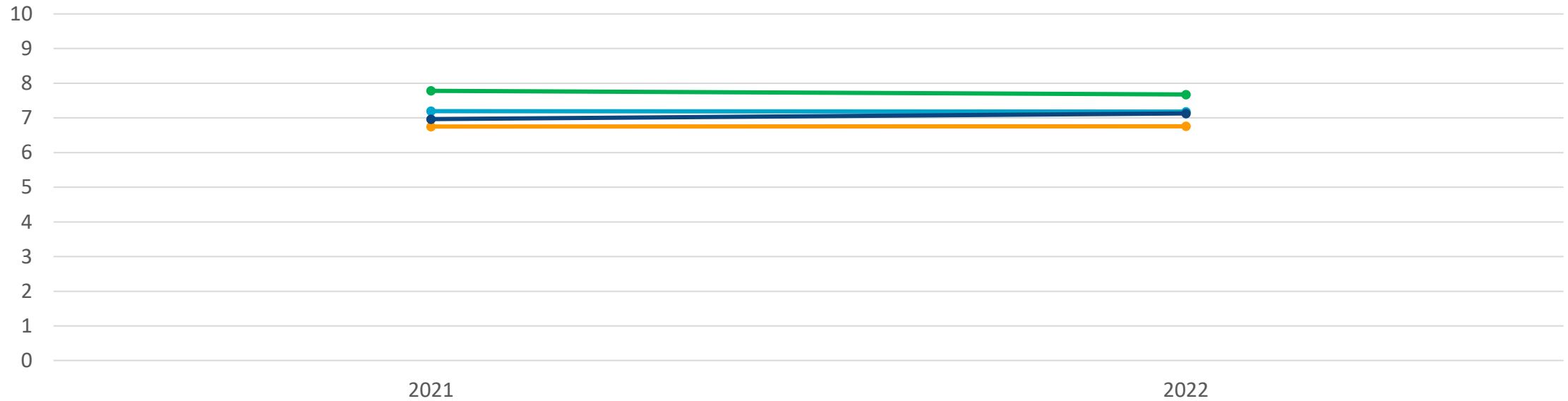
	Thinking about leaving	Work pressure	Stressors
Your org	5.8	5.0	6.3
Best	6.6	5.7	6.7
Average	5.9	5.0	6.3
Worst	5.2	4.1	5.9
Responses	2198	2220	2211

People Promise Elements, Themes and Sub-scores: Trends

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


 **Promise element 1: We are compassionate and inclusive**

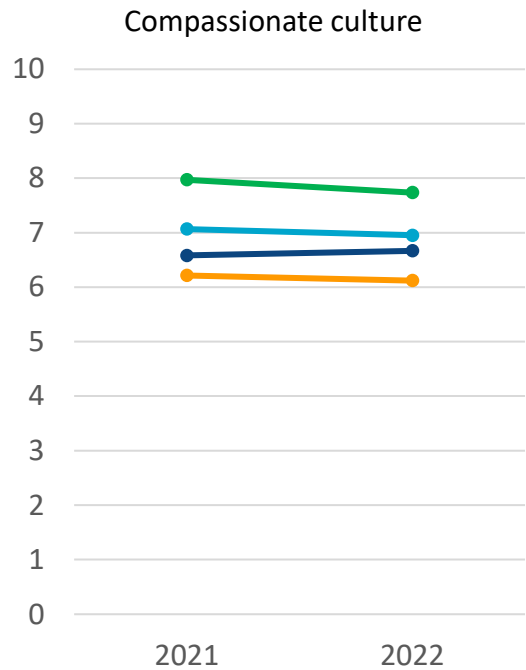
We are compassionate and inclusive



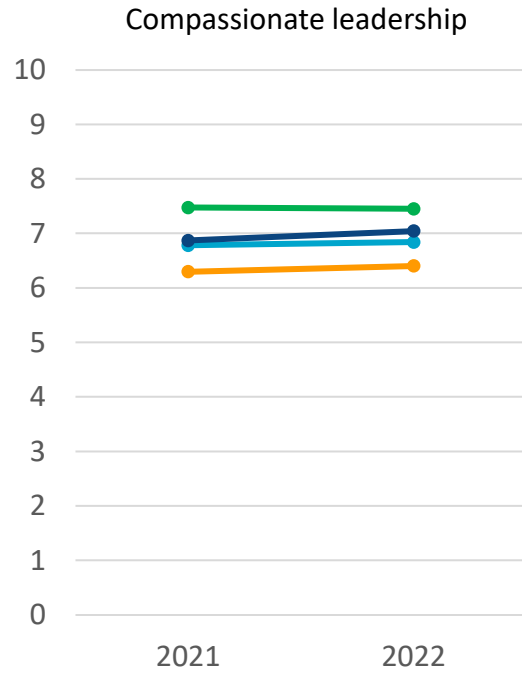
	2021	2022
Your org	7.0	7.1
Best	7.8	7.7
Average	7.2	7.2
Worst	6.7	6.8
Responses	2280	2219

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

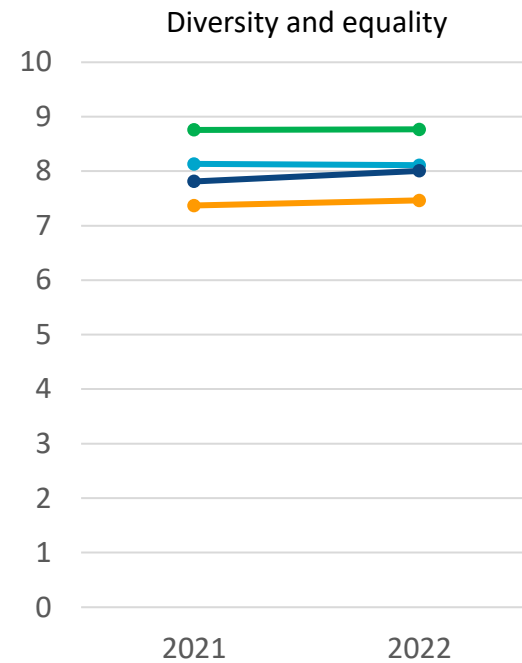
 **Promise element 1: We are compassionate and inclusive**



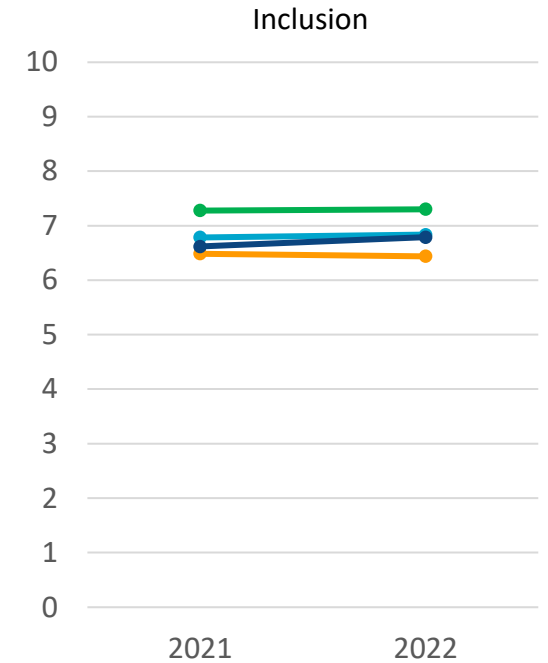
	2021	2022
Your org	6.6	6.7
Best	8.0	7.7
Average	7.1	7.0
Worst	6.2	6.1
Responses	2263	2199



	2021	2022
Your org	6.9	7.0
Best	7.5	7.4
Average	6.8	6.8
Worst	6.3	6.4
Responses	2274	2215



	2021	2022
Your org	7.8	8.0
Best	8.8	8.8
Average	8.1	8.1
Worst	7.4	7.5
Responses	2271	2215



	2021	2022
Your org	6.6	6.8
Best	7.3	7.3
Average	6.8	6.8
Worst	6.5	6.4
Responses	2264	2218

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



Promise element 2: We are recognised and rewarded

We are recognised and rewarded



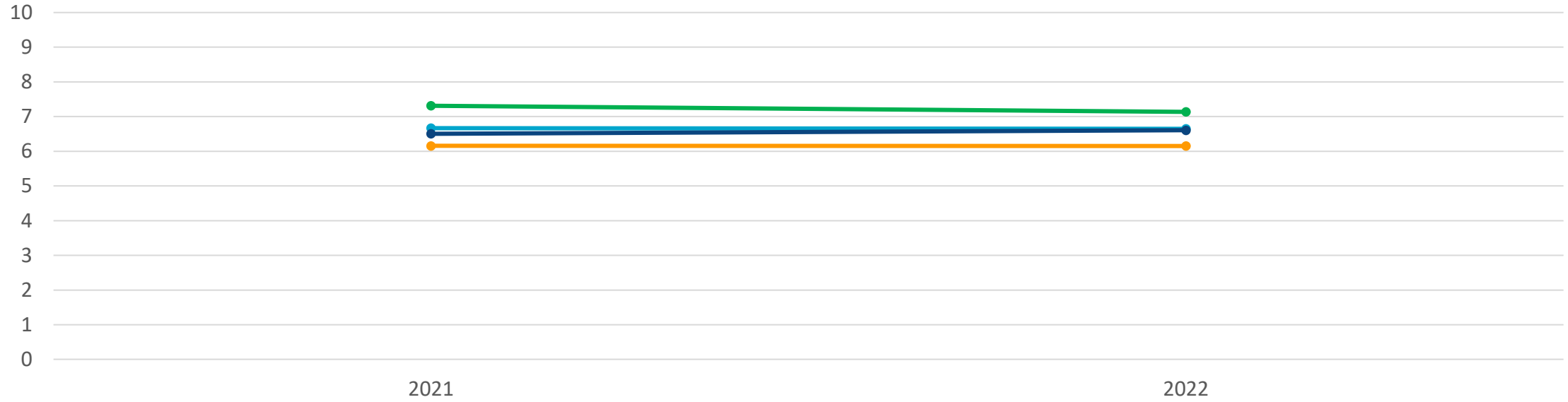
	2021	2022
Your org	5.7	5.8
Best	6.5	6.4
Average	5.8	5.7
Worst	5.3	5.2
Responses	2268	2226

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



Promise element 3: We each have a voice that counts

We each have a voice that counts



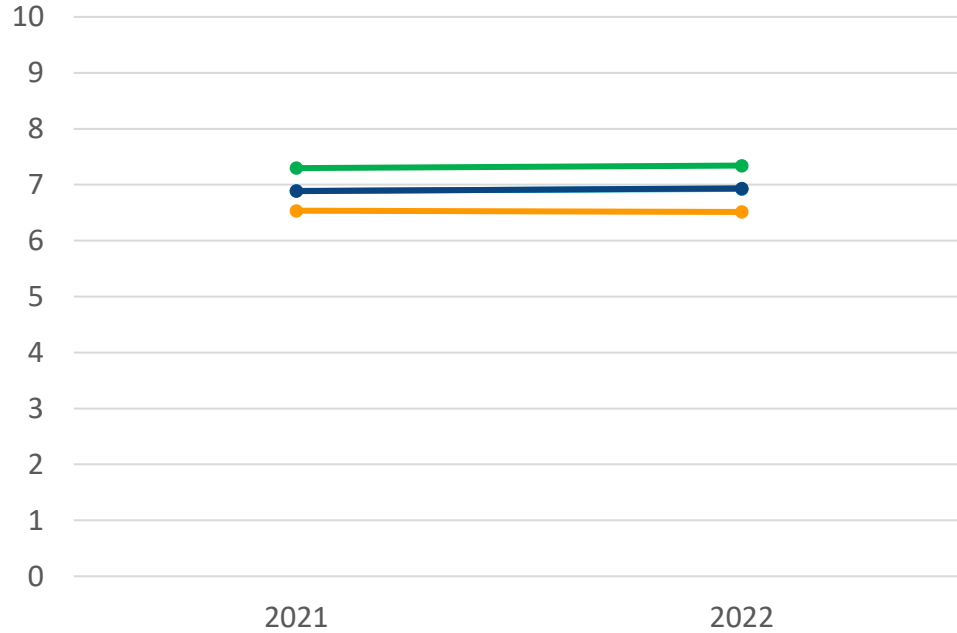
	2021	2022
Your org	6.5	6.6
Best	7.3	7.1
Average	6.7	6.6
Worst	6.2	6.2
Responses	2239	2192

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

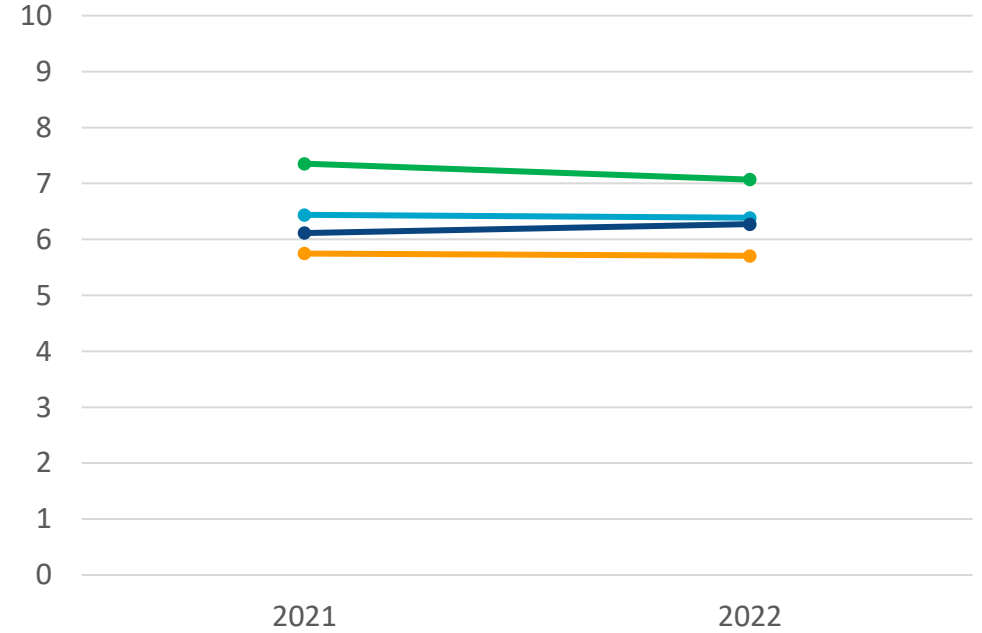


Promise element 3: We each have a voice that counts

Autonomy and control



Raising concerns



	2021	2022
Your org	6.9	6.9
Best	7.3	7.3
Average	6.9	6.9
Worst	6.5	6.5
Responses	2278	2223

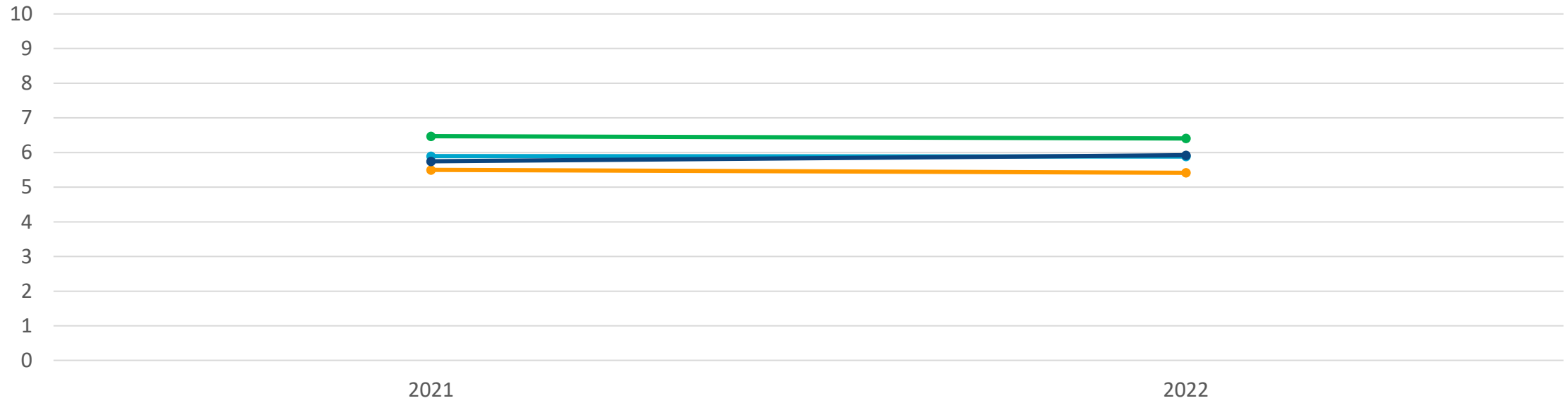
	2021	2022
Your org	6.1	6.3
Best	7.4	7.1
Average	6.4	6.4
Worst	5.7	5.7
Responses	2248	2195

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



Promise element 4: We are safe and healthy

We are safe and healthy



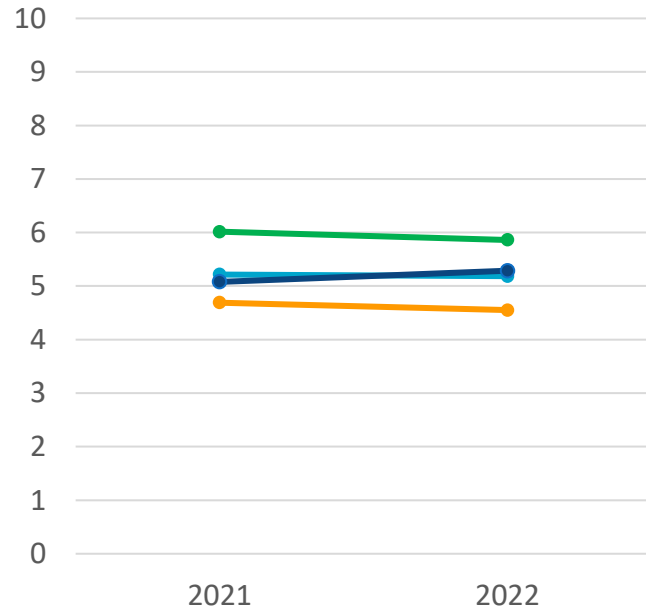
	2021	2022
Your org	5.7	5.9
Best	6.5	6.4
Average	5.9	5.9
Worst	5.5	5.4
Responses	2231	2191

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



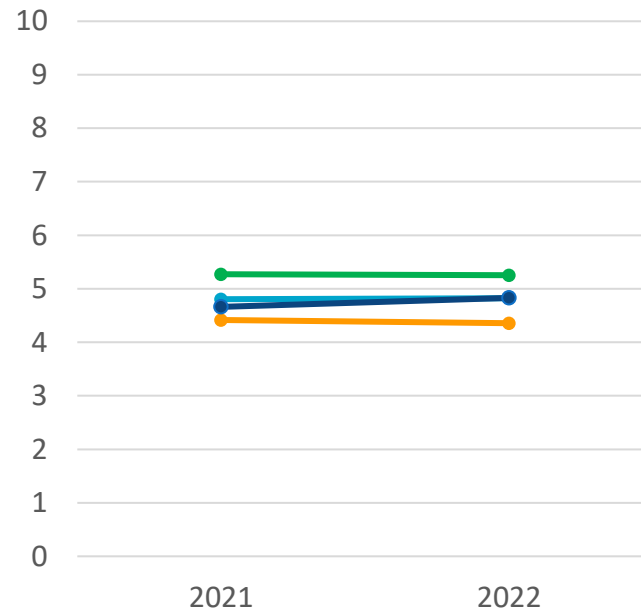
Promise element 4: We are safe and healthy

Health and safety climate



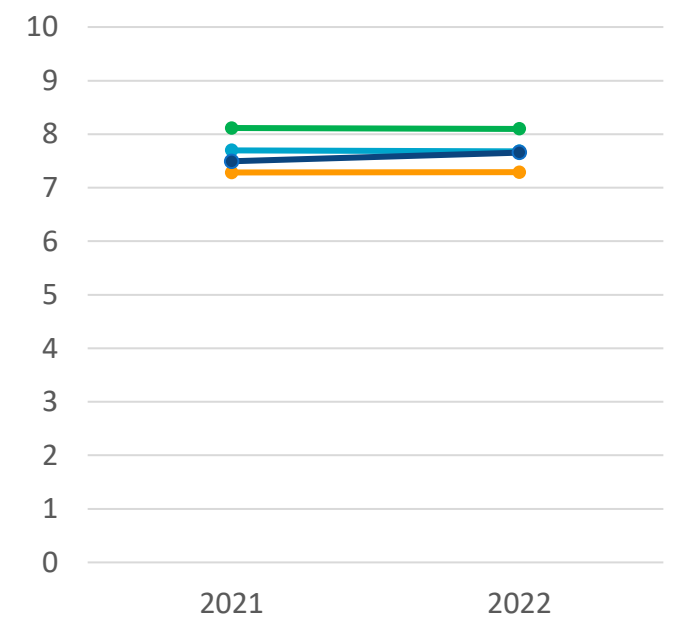
	2021	2022
Your org	5.1	5.3
Best	6.0	5.9
Average	5.2	5.2
Worst	4.7	4.6
Responses	2279	2221

Burnout



	2021	2022
Your org	4.7	4.8
Best	5.3	5.3
Average	4.8	4.8
Worst	4.4	4.4
Responses	2267	2214

Negative experiences



	2021	2022
Your org	7.5	7.7
Best	8.1	8.1
Average	7.7	7.7
Worst	7.3	7.3
Responses	2254	2200

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



Promise element 5: We are always learning

We are always learning



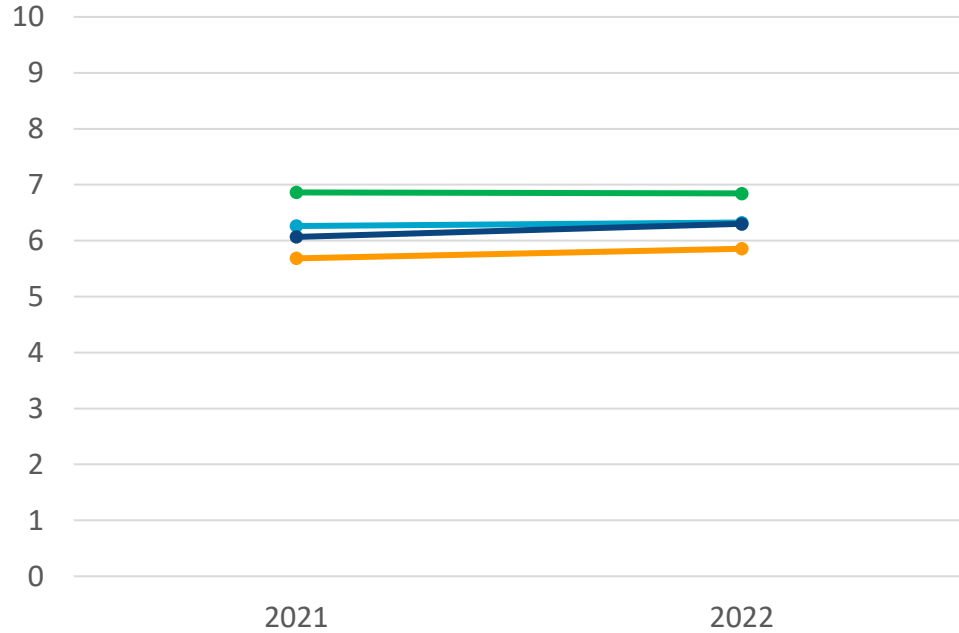
	2021	2022
Your org	5.2	5.4
Best	6.0	5.9
Average	5.2	5.4
Worst	4.3	4.4
Responses	2098	2075

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



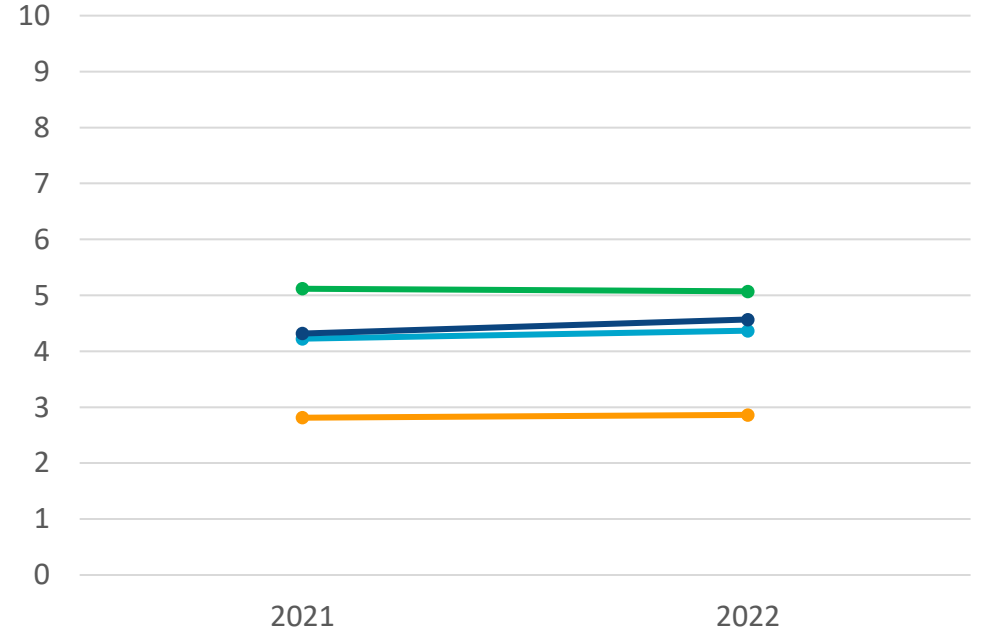
Promise element 5: We are always learning

Development



	2021	2022
Your org	6.1	6.3
Best	6.9	6.8
Average	6.3	6.3
Worst	5.7	5.9
Responses	2263	2204

Appraisals



	2021	2022
Your org	4.3	4.6
Best	5.1	5.1
Average	4.2	4.4
Worst	2.8	2.9
Responses	2109	2092

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



Promise element 6: We work flexibly

We work flexibly



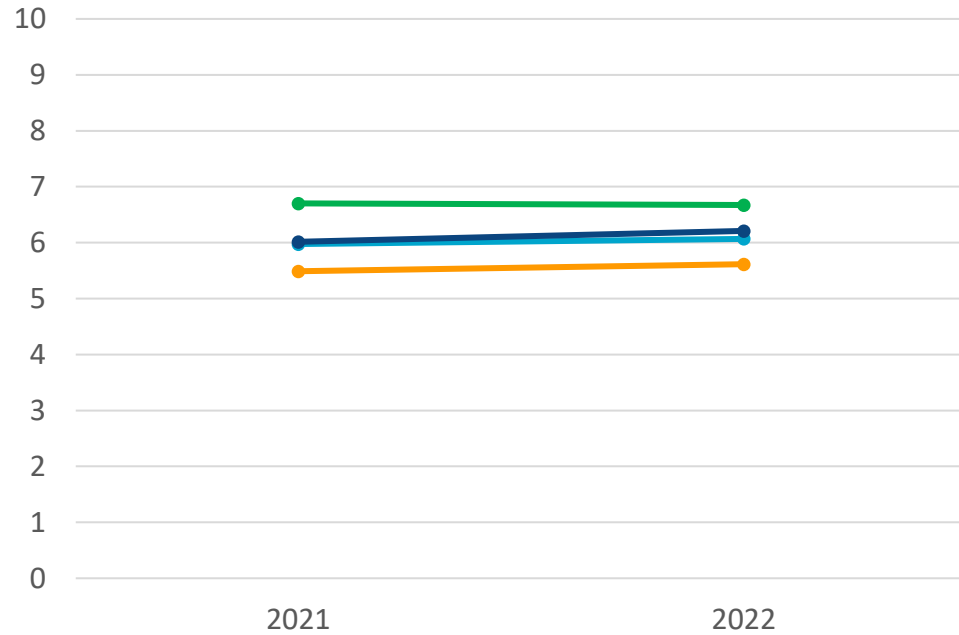
	2021	2022
Your org	6.0	6.1
Best	6.7	6.6
Average	6.0	6.0
Worst	5.4	5.6
Responses	2249	2213

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

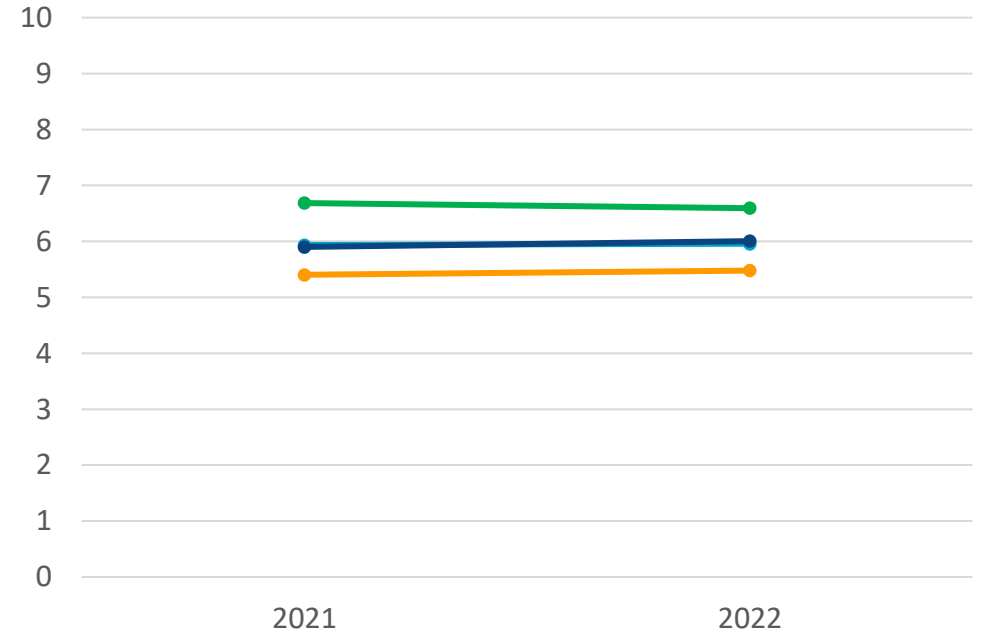


Promise element 6: We work flexibly

Support for work-life balance



Flexible working



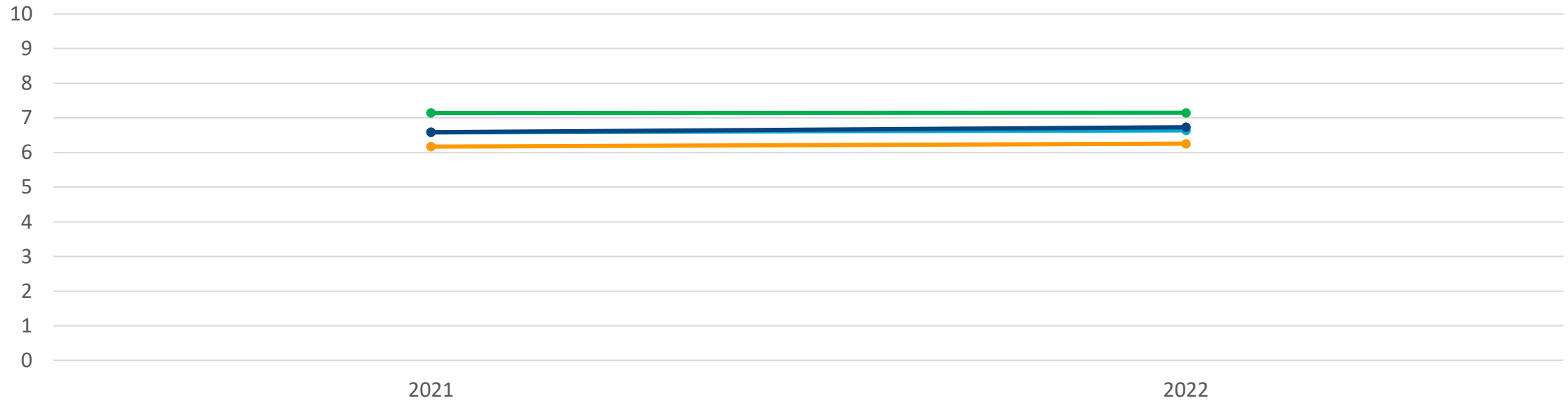
	2021	2022
Your org	6.0	6.2
Best	6.7	6.7
Average	6.0	6.1
Worst	5.5	5.6
Responses	2271	2214

	2021	2022
Your org	5.9	6.0
Best	6.7	6.6
Average	5.9	6.0
Worst	5.4	5.5
Responses	2263	2222

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

 **Promise element 7: We are a team**

We are a team

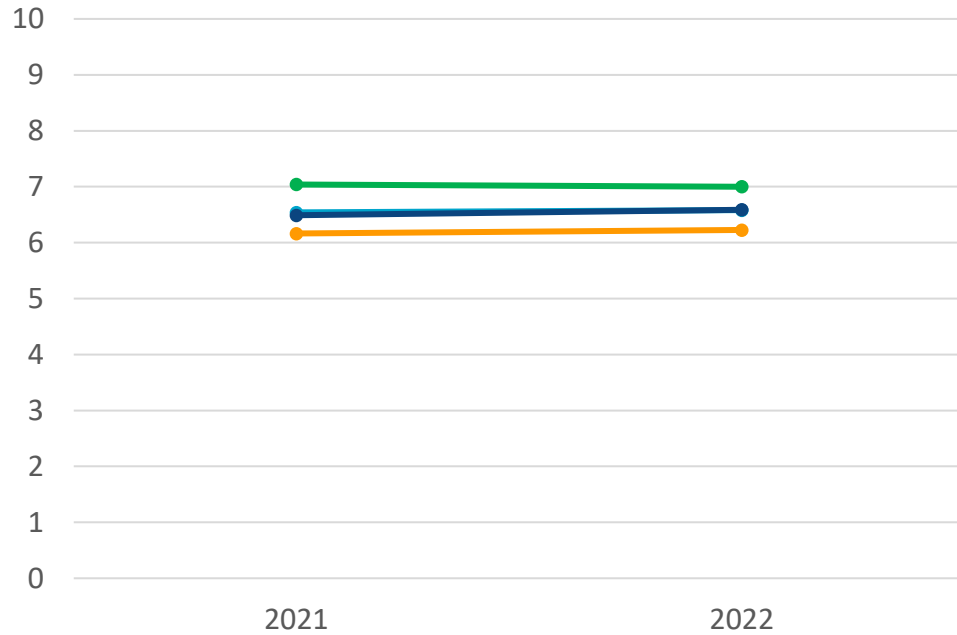


	2021	2022
Your org	6.6	6.7
Best	7.1	7.1
Average	6.6	6.6
Worst	6.2	6.3
Responses	2271	2217

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

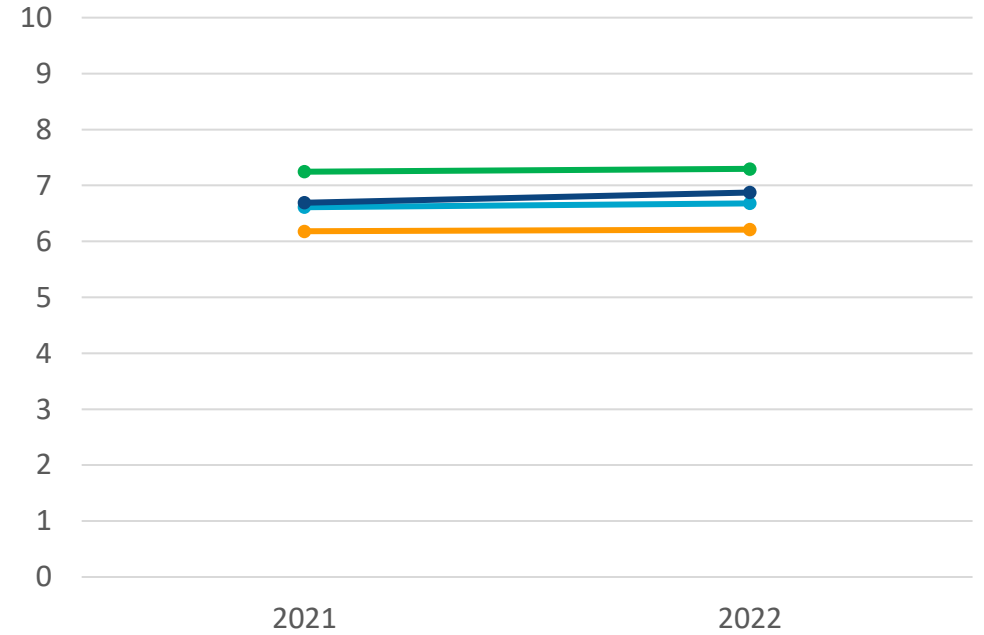
 **Promise element 7: We are a team**

Team working



	2021	2022
Your org	6.5	6.6
Best	7.0	7.0
Average	6.5	6.6
Worst	6.2	6.2
Responses	2278	2223

Line management

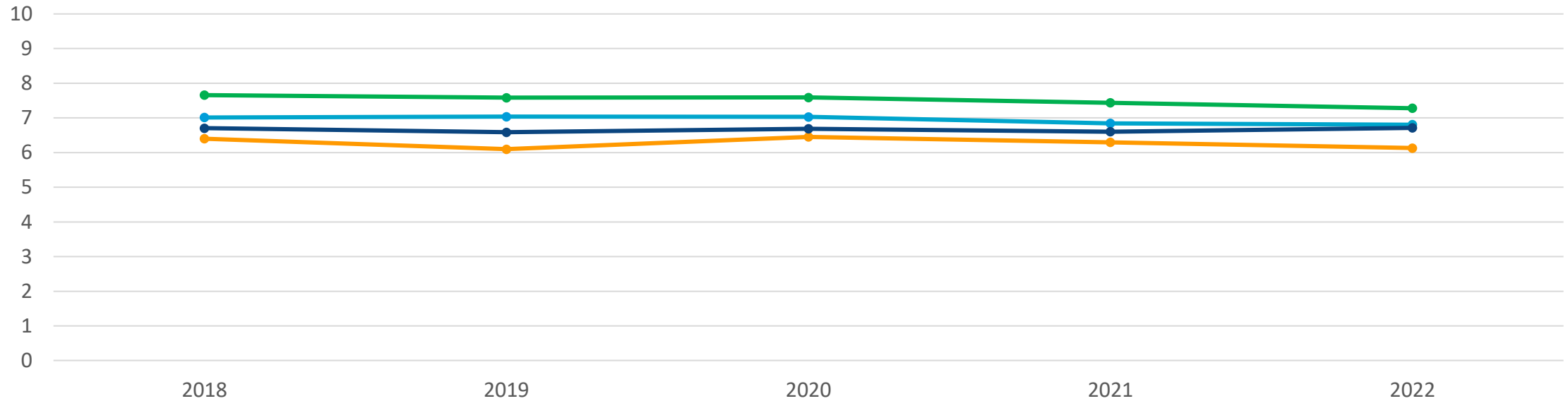


	2021	2022
Your org	6.7	6.9
Best	7.2	7.3
Average	6.6	6.7
Worst	6.2	6.2
Responses	2276	2219

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

Theme: Staff Engagement

Staff Engagement



	2018	2019	2020	2021	2022
Your org	6.7	6.6	6.7	6.6	6.7
Best	7.7	7.6	7.6	7.4	7.3
Average	7.0	7.0	7.0	6.8	6.8
Worst	6.4	6.1	6.5	6.3	6.1
Responses	1685	1272	1394	2281	2223

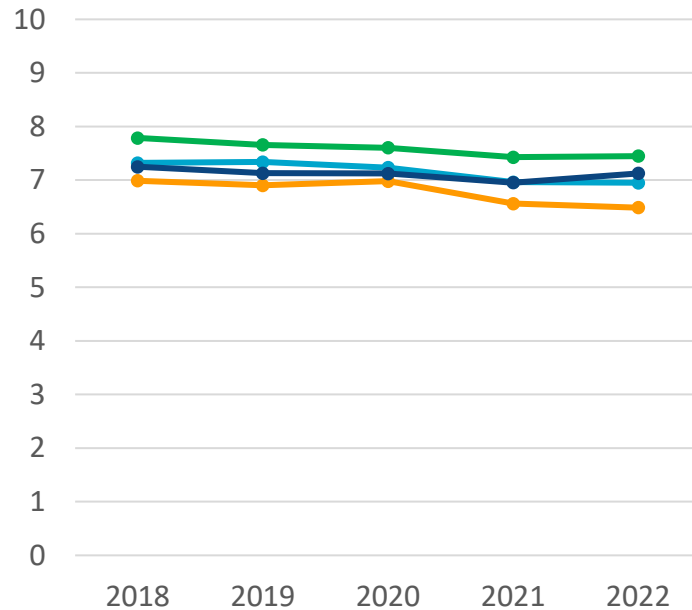


People Promise Elements, Themes and Sub-scores: Sub-score trends

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

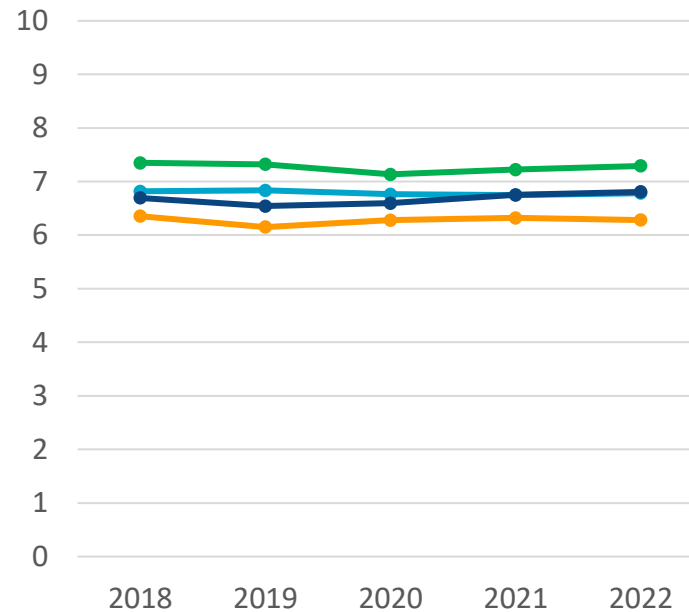
Theme: Staff Engagement

Motivation



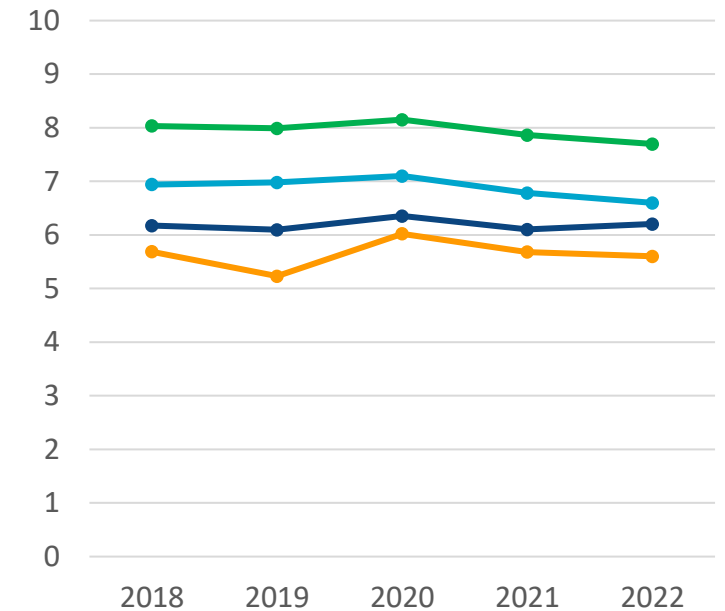
	2018	2019	2020	2021	2022
Your org	7.2	7.1	7.1	7.0	7.1
Best	7.8	7.7	7.6	7.4	7.4
Average	7.3	7.3	7.2	7.0	7.0
Worst	7.0	6.9	7.0	6.6	6.5
Responses	1654	1259	1370	2241	2191

Involvement



	2018	2019	2020	2021	2022
Your org	6.7	6.5	6.6	6.8	6.8
Best	7.3	7.3	7.1	7.2	7.3
Average	6.8	6.8	6.8	6.7	6.8
Worst	6.4	6.2	6.3	6.3	6.3
Responses	1685	1271	1392	2277	2223

Advocacy

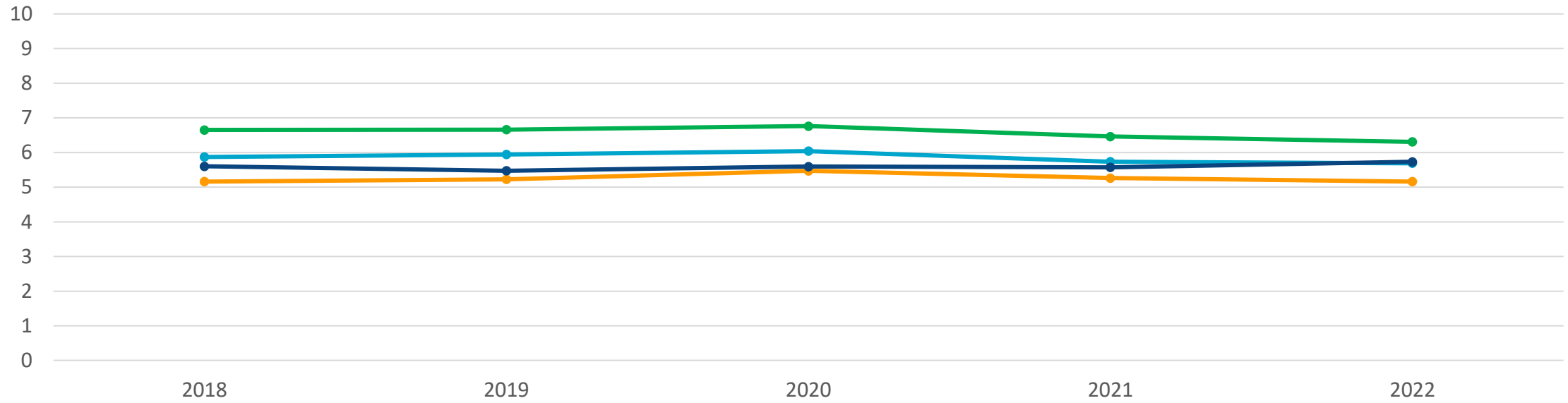


	2018	2019	2020	2021	2022
Your org	6.2	6.1	6.4	6.1	6.2
Best	8.0	8.0	8.2	7.9	7.7
Average	6.9	7.0	7.1	6.8	6.6
Worst	5.7	5.2	6.0	5.7	5.6
Responses	1643	1236	1386	2262	2199

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

Theme: Morale

Morale

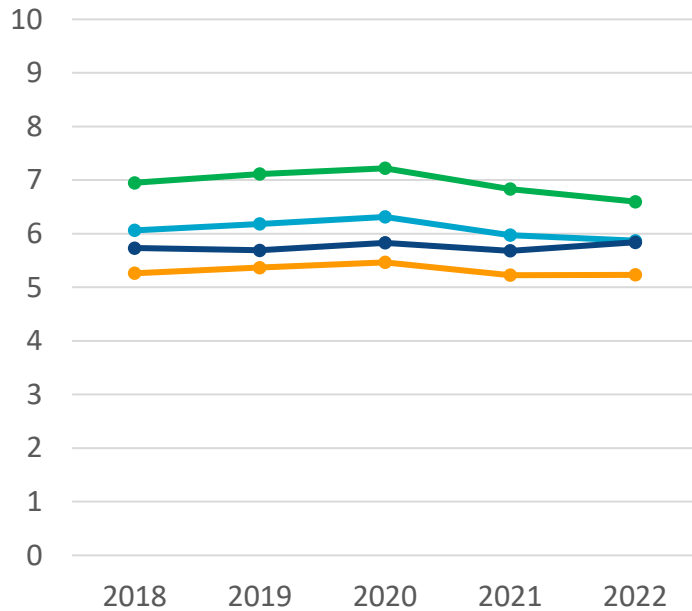


	2018	2019	2020	2021	2022
Your org	5.6	5.5	5.6	5.6	5.7
Best	6.6	6.7	6.8	6.5	6.3
Average	5.9	5.9	6.0	5.7	5.7
Worst	5.2	5.2	5.5	5.3	5.2
Responses	1683	1269	1391	2281	2223

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

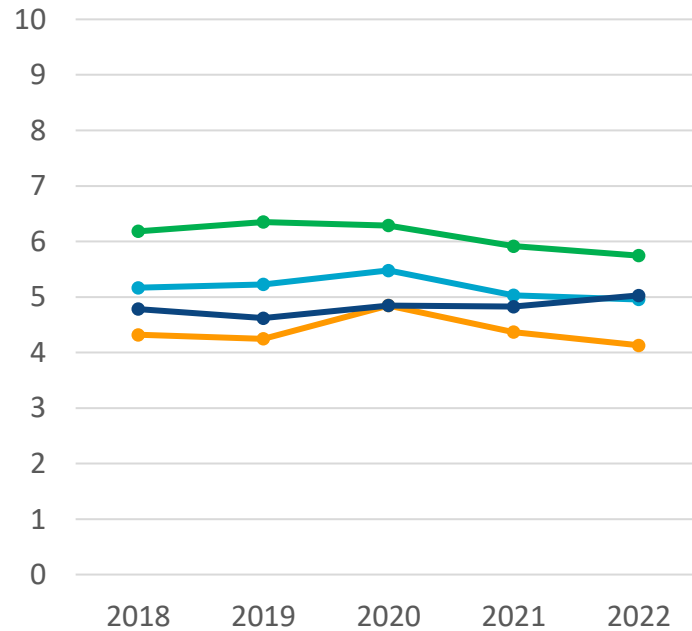
Theme: Morale

Thinking about leaving



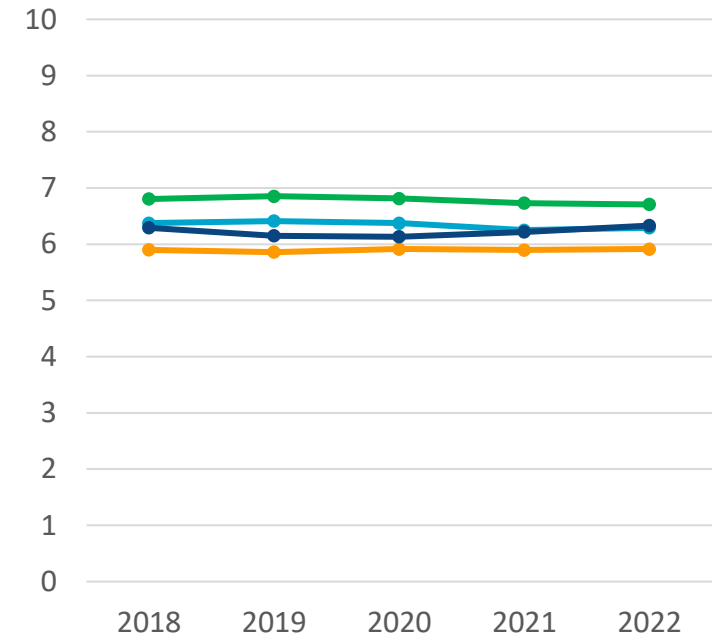
	2018	2019	2020	2021	2022
Your org	5.7	5.7	5.8	5.7	5.8
Best	6.9	7.1	7.2	6.8	6.6
Average	6.1	6.2	6.3	6.0	5.9
Worst	5.3	5.4	5.5	5.2	5.2
Responses	1645	1235	1384	2267	2198

Work pressure



	2018	2019	2020	2021	2022
Your org	4.8	4.6	4.8	4.8	5.0
Best	6.2	6.4	6.3	5.9	5.7
Average	5.2	5.2	5.5	5.0	5.0
Worst	4.3	4.2	4.8	4.4	4.1
Responses	1683	1269	1392	2278	2220

Stressors



	2018	2019	2020	2021	2022
Your org	6.3	6.1	6.1	6.2	6.3
Best	6.8	6.9	6.8	6.7	6.7
Average	6.4	6.4	6.4	6.3	6.3
Worst	5.9	5.9	5.9	5.9	5.9
Responses	1660	1248	1372	2270	2211

Covid-19 Classification breakdowns

Covid-19 questions

In the 2022 survey, staff were asked three classification questions relating to their experience during the Covid-19 pandemic:

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| a. In the past 12 months, have you worked on a Covid-19 specific ward or area at any time? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| b. In the past 12 months, have you been redeployed due to the Covid-19 pandemic at any time? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| c. In the past 12 months, have you been required to work remotely/from home due to the Covid-19 pandemic? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

The charts on the following pages show the breakdown of People Promise elements scores for staff answering 'yes' to each of these questions, compared with the results for all staff at your organisation. Results are presented in the context of highest, average and lowest scores for similar organisations.

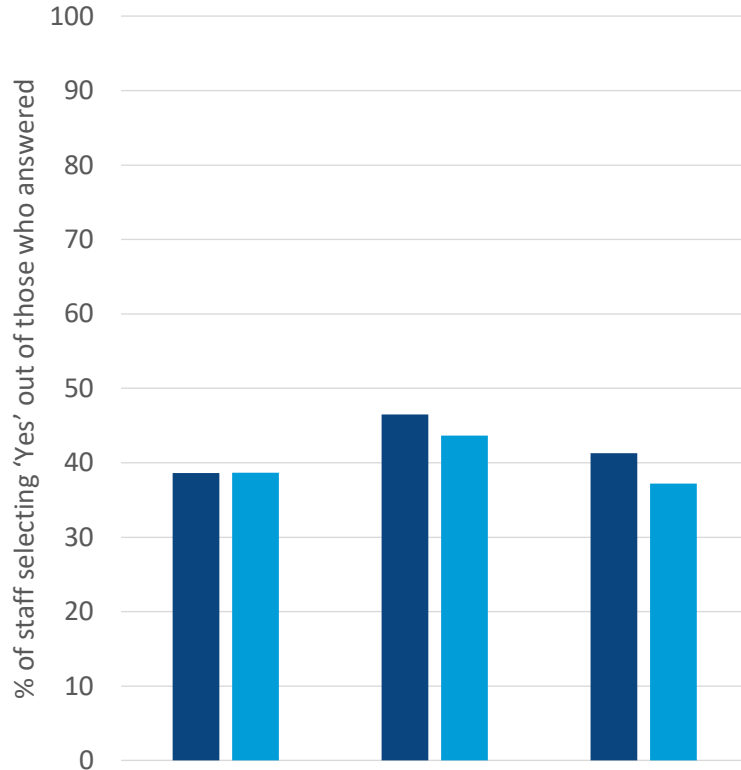
Comparing your data

To improve overall comparability, the data have been weighted to match the occupation group profile of staff at your organisation to that of the benchmarking group, as in previous charts. However, there may be differences in the occupation group profiles of the individual COVID-19 subgroups. For example, the mix of occupational groups across redeployed staff at your organisation may differ from similar organisations. This difference would not be accounted for by the weighting and therefore may affect the comparability of trend results. As such, a degree of caution is advised when interpreting your results.

Further information

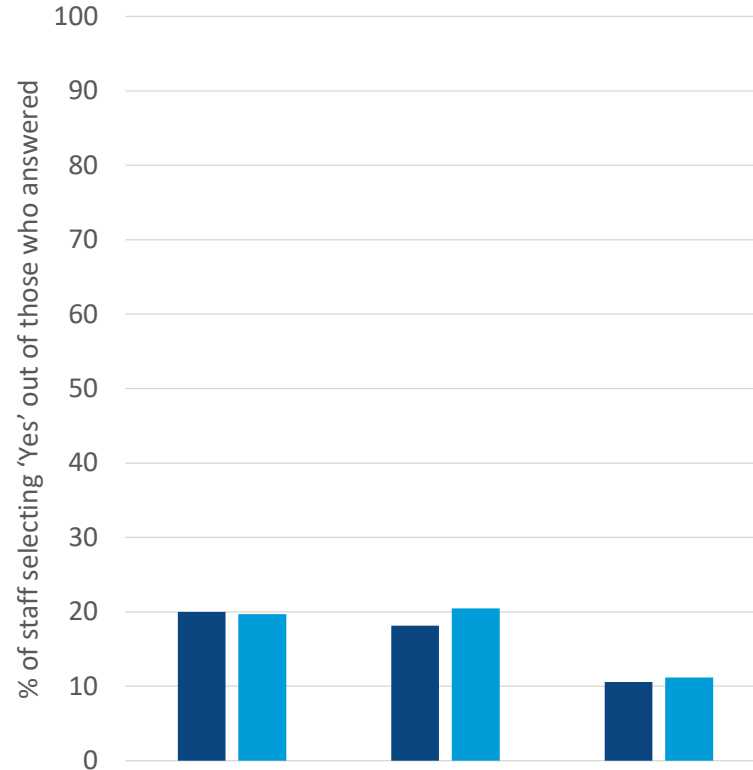
Results for these groups of staff, including data for individual questions, are also available via the online dashboards. Please note that results presented in these dashboards have not been weighted where no benchmarking takes place and so may vary slightly from those shown in this report.

Q25a In the past 12 months, have you worked on a Covid-19 specific ward or area at any time?



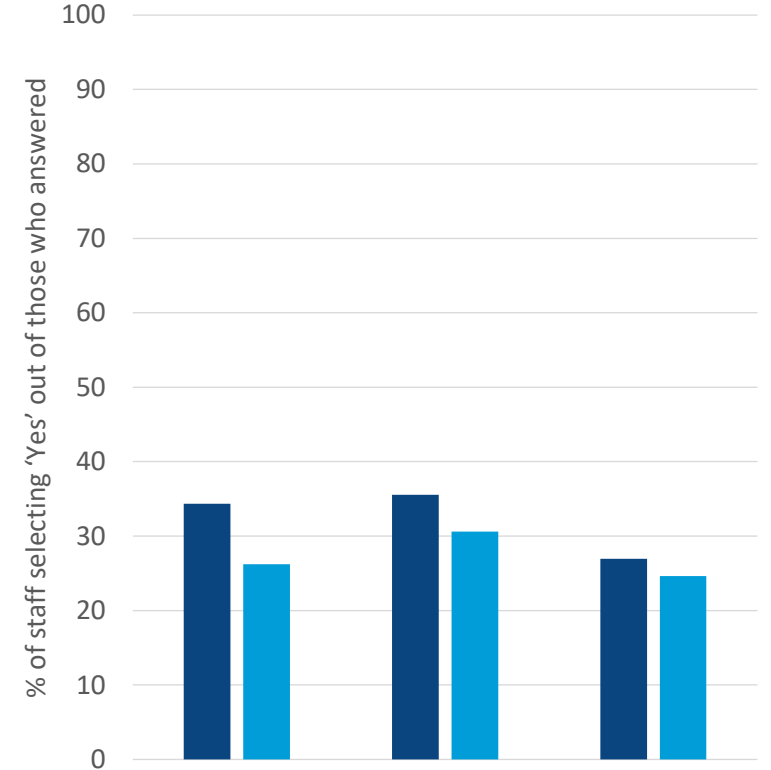
	2020	2021	2022
Your org	38.6%	46.5%	41.3%
Average	38.7%	43.6%	37.2%
Responses	1385	2260	2202

Q25b In the past 12 months, have you been redeployed due to the Covid-19 pandemic at any time?



	2020	2021	2022
Your org	20.0%	18.1%	10.6%
Average	19.7%	20.4%	11.2%
Responses	1372	2244	2191

Q25c In the past 12 months, have you been required to work remotely/from home due to the Covid-19 pandemic?



	2020	2021	2022
Your org	34.3%	35.6%	26.9%
Average	26.2%	30.6%	24.6%
Responses	1354	2247	2191

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



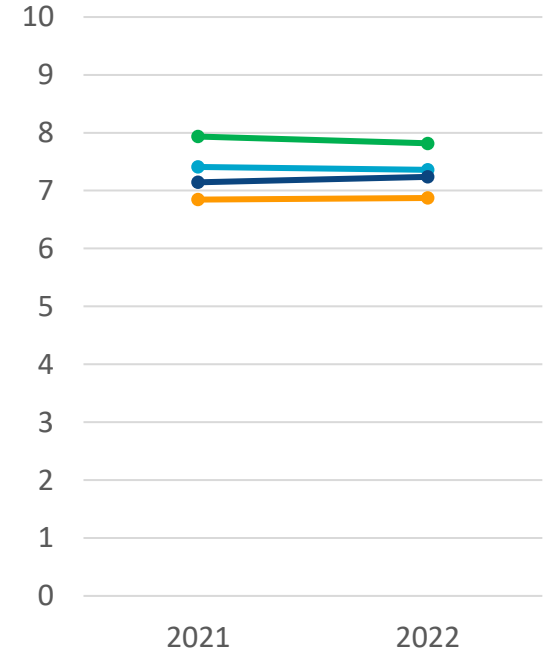
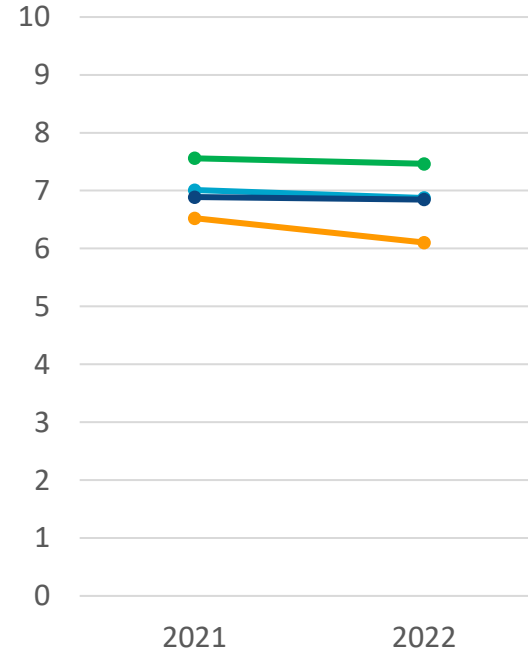
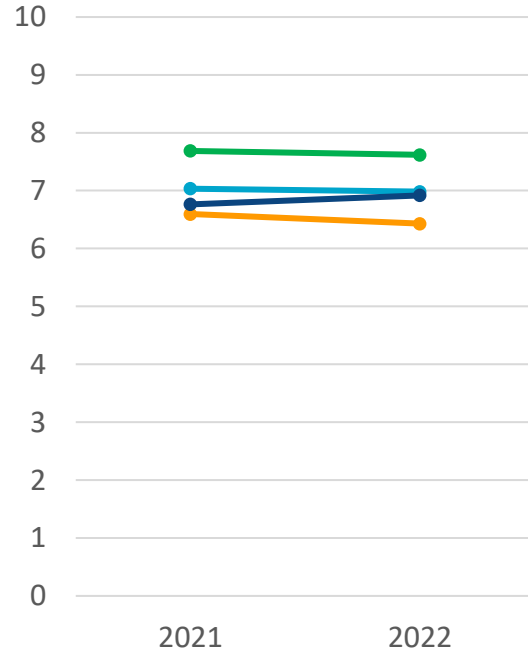
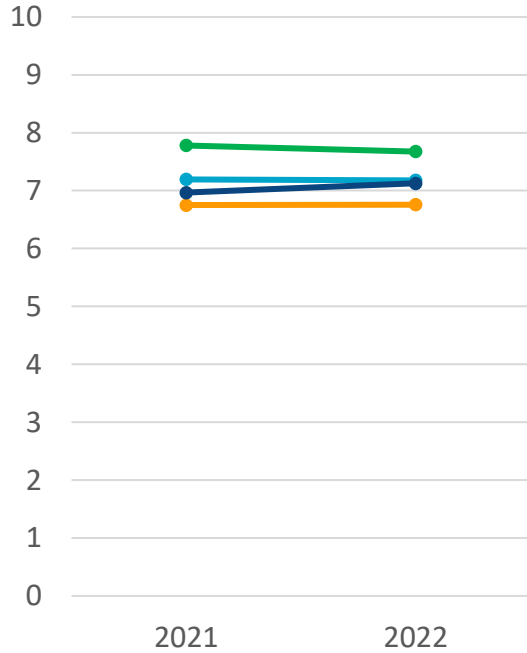
Promise element 1: We are compassionate and inclusive

All staff

Worked on a Covid-19 ward or specific area

Redeployed

Required to work remotely / from home



	2021	2022
Your org	7.0	7.1
Highest	7.8	7.7
Average	7.2	7.2
Lowest	6.7	6.8
Responses	2280	2219

	2021	2022
Your org	6.8	6.9
Highest	7.7	7.6
Average	7.0	7.0
Lowest	6.6	6.4
Responses	1048	908

	2021	2022
Your org	6.9	6.8
Highest	7.6	7.5
Average	7.0	6.9
Lowest	6.5	6.1
Responses	407	232

	2021	2022
Your org	7.1	7.2
Highest	7.9	7.8
Average	7.4	7.4
Lowest	6.8	6.9
Responses	799	590

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



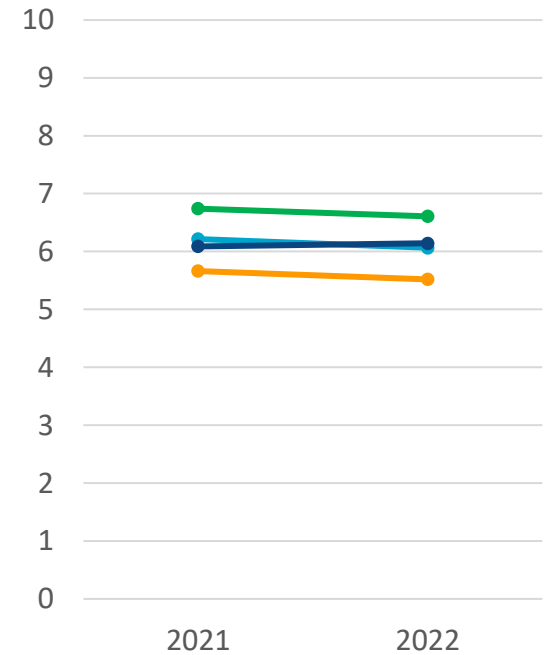
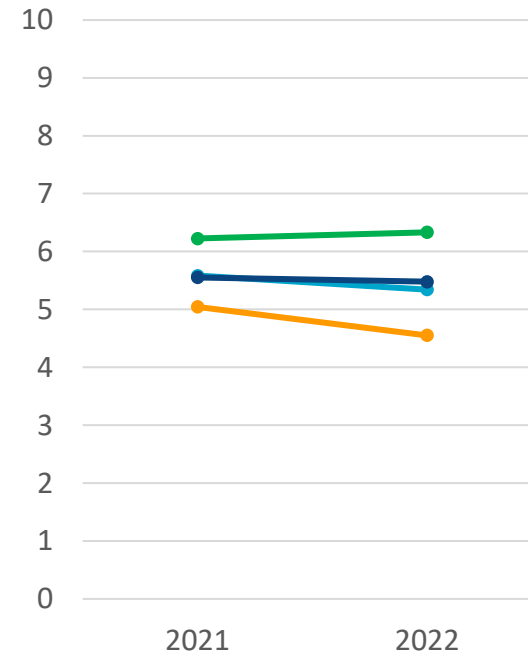
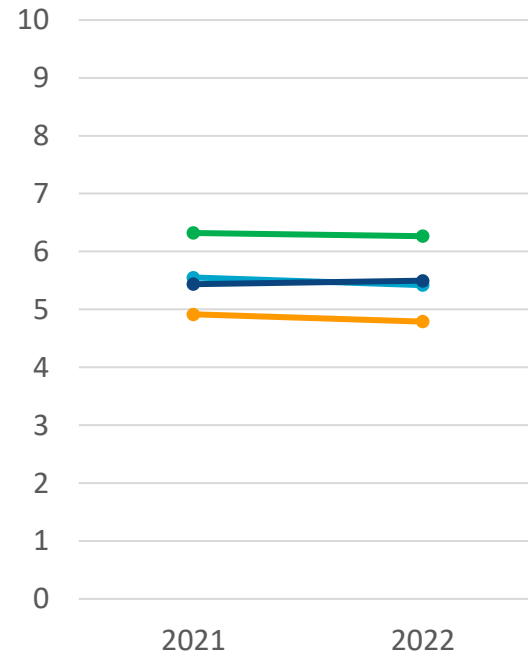
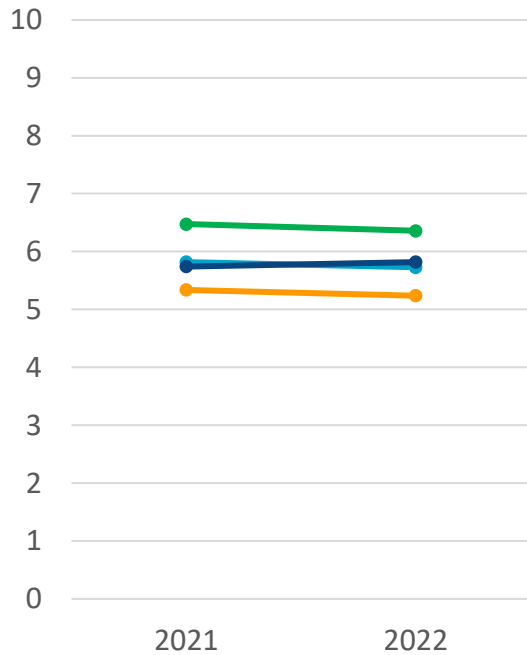
Promise element 2: We are recognised and rewarded

All staff

Worked on a Covid-19 ward or specific area

Redeployed

Required to work remotely / from home



	2021	2022
Your org	5.7	5.8
Highest	6.5	6.4
Average	5.8	5.7
Lowest	5.3	5.2
Responses	2268	2226

	2021	2022
Your org	5.4	5.5
Highest	6.3	6.3
Average	5.6	5.4
Lowest	4.9	4.8
Responses	1047	908

	2021	2022
Your org	5.6	5.5
Highest	6.2	6.3
Average	5.6	5.3
Lowest	5.0	4.6
Responses	405	232

	2021	2022
Your org	6.1	6.1
Highest	6.7	6.6
Average	6.2	6.1
Lowest	5.7	5.5
Responses	792	590

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



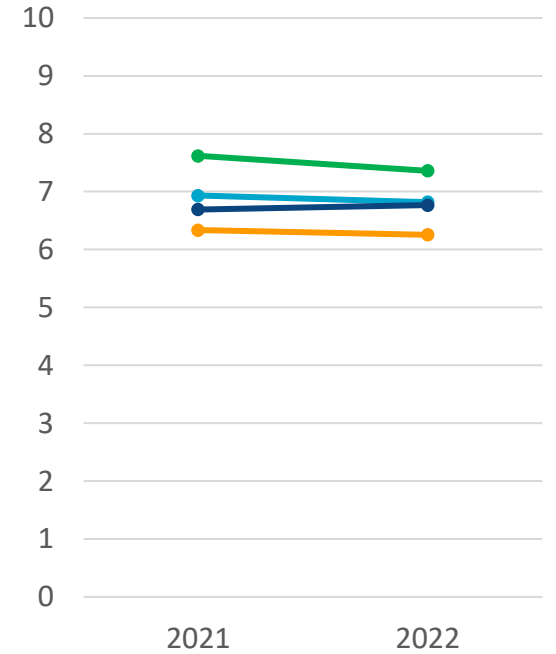
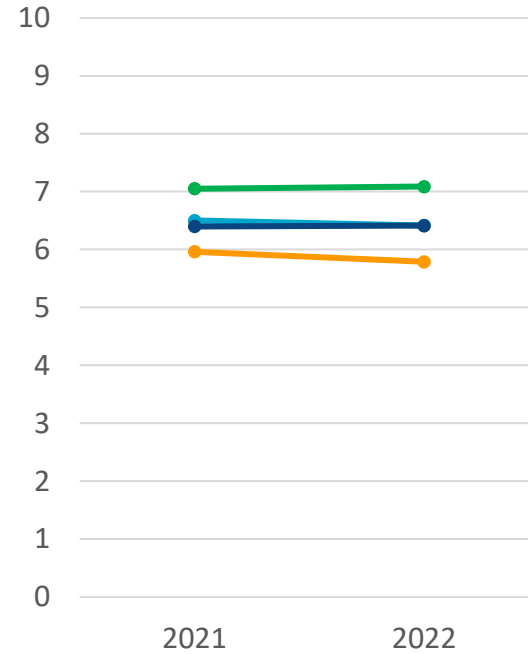
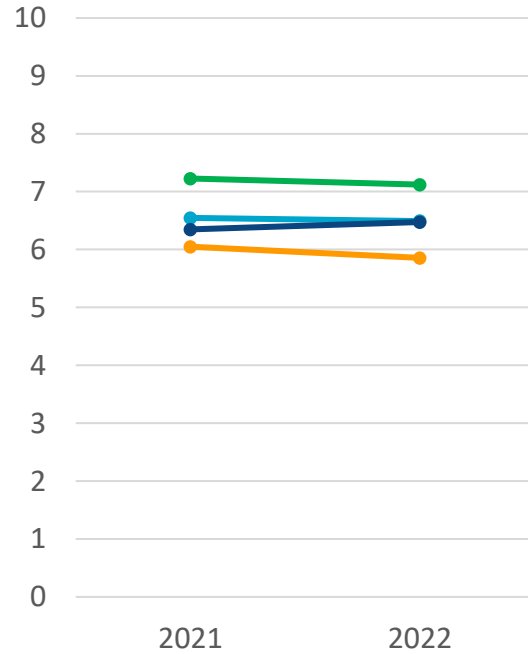
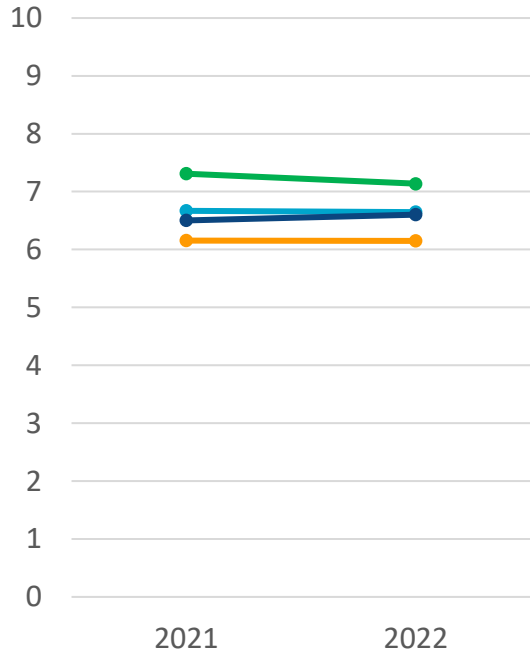
Promise element 3: We each have a voice that counts

All staff

Worked on a Covid-19 ward or specific area

Redeployed

Required to work remotely / from home



	2021	2022
Your org	6.5	6.6
Highest	7.3	7.1
Average	6.7	6.6
Lowest	6.2	6.2
Responses	2239	2192

	2021	2022
Your org	6.3	6.5
Highest	7.2	7.1
Average	6.5	6.5
Lowest	6.0	5.9
Responses	1034	901

	2021	2022
Your org	6.4	6.4
Highest	7.1	7.1
Average	6.5	6.4
Lowest	6.0	5.8
Responses	403	230

	2021	2022
Your org	6.7	6.8
Highest	7.6	7.4
Average	6.9	6.8
Lowest	6.3	6.3
Responses	792	588

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



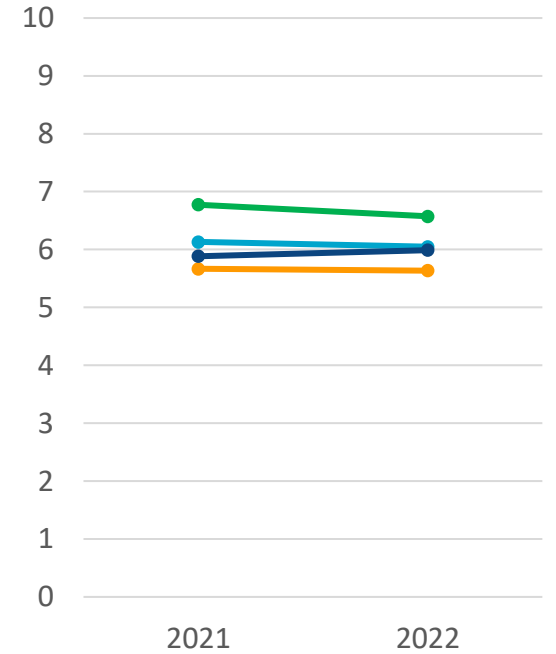
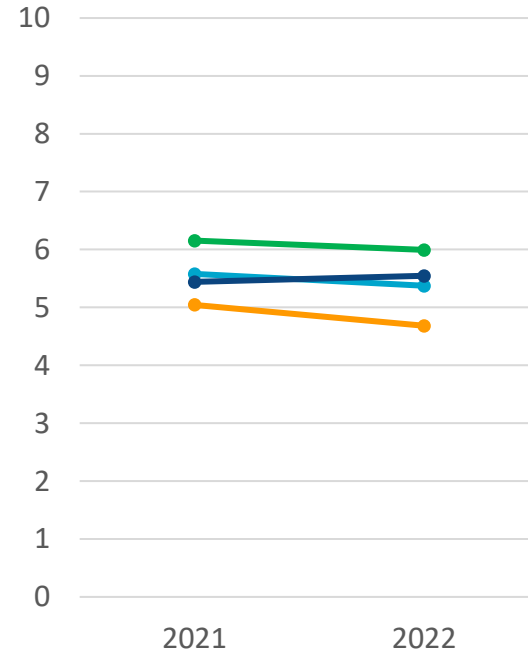
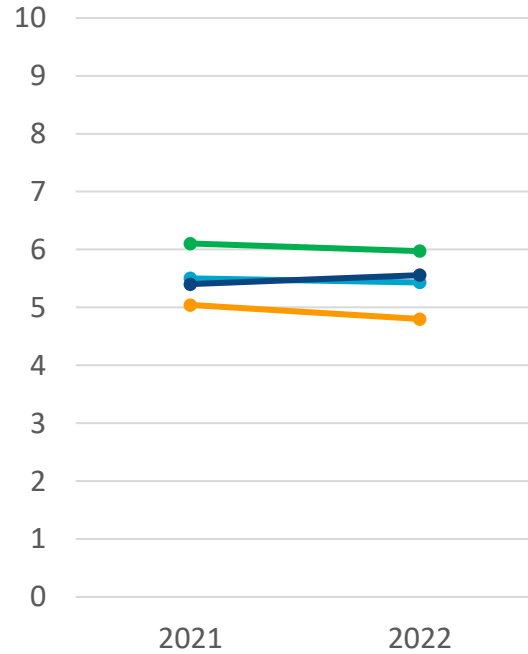
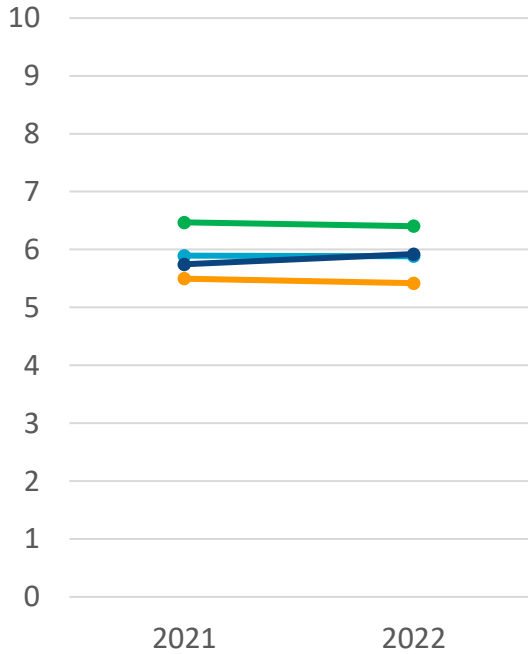
Promise element 4: We are safe and healthy

All staff

Worked on a Covid-19 ward or specific area

Redeployed

Required to work remotely / from home



	2021	2022
Your org	5.7	5.9
Highest	6.5	6.4
Average	5.9	5.9
Lowest	5.5	5.4
Responses	2231	2191

	2021	2022
Your org	5.4	5.6
Highest	6.1	6.0
Average	5.5	5.4
Lowest	5.0	4.8
Responses	1022	891

	2021	2022
Your org	5.4	5.5
Highest	6.2	6.0
Average	5.6	5.4
Lowest	5.0	4.7
Responses	402	227

	2021	2022
Your org	5.9	6.0
Highest	6.8	6.6
Average	6.1	6.0
Lowest	5.7	5.6
Responses	790	586

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



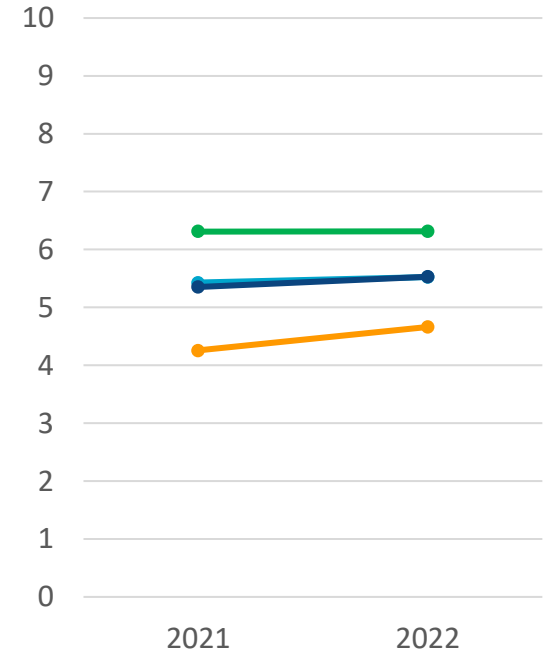
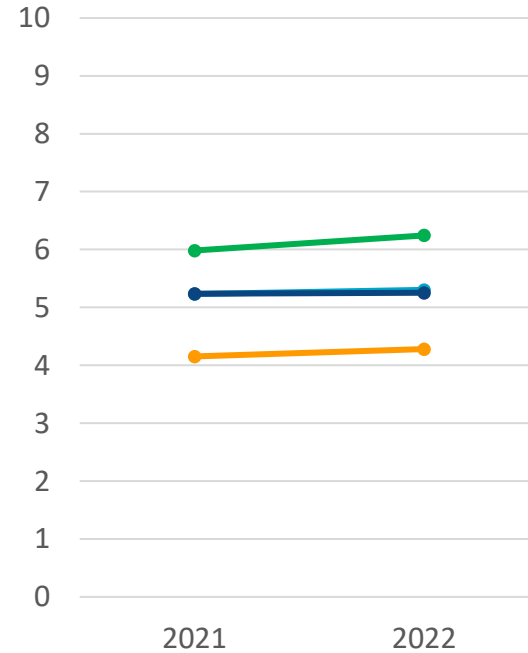
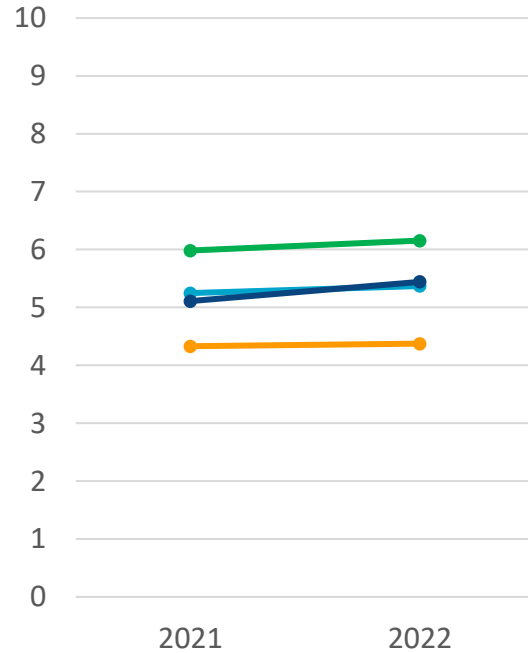
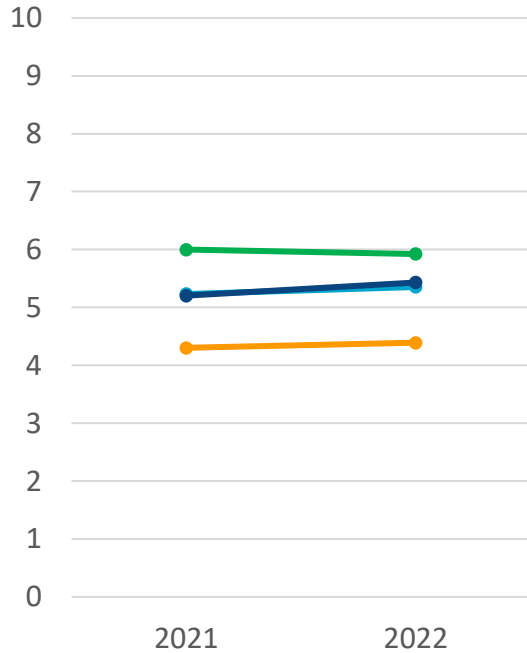
Promise element 5: We are always learning

All staff

Worked on a Covid-19 ward or specific area

Redeployed

Required to work remotely / from home



	2021	2022
Your org	5.2	5.4
Highest	6.0	5.9
Average	5.2	5.4
Lowest	4.3	4.4
Responses	2098	2075

	2021	2022
Your org	5.1	5.4
Highest	6.0	6.2
Average	5.2	5.4
Lowest	4.3	4.4
Responses	947	842

	2021	2022
Your org	5.2	5.3
Highest	6.0	6.2
Average	5.2	5.3
Lowest	4.2	4.3
Responses	376	214

	2021	2022
Your org	5.4	5.5
Highest	6.3	6.3
Average	5.4	5.5
Lowest	4.3	4.7
Responses	759	567

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



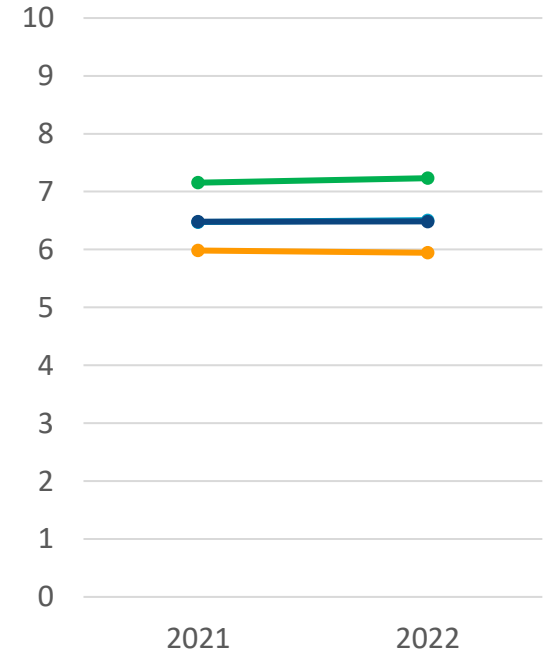
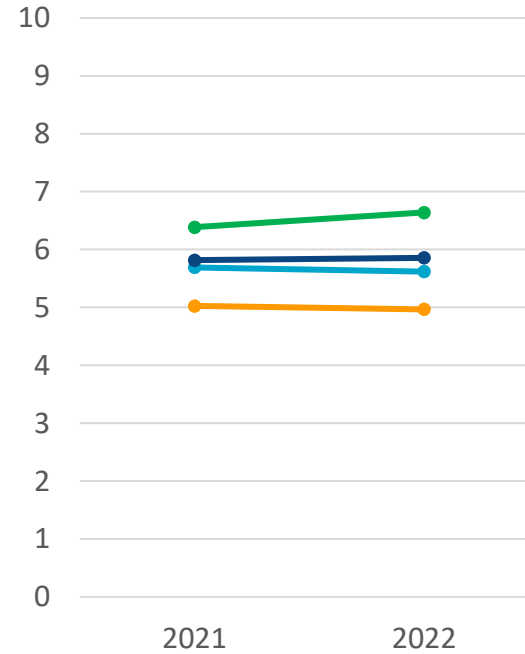
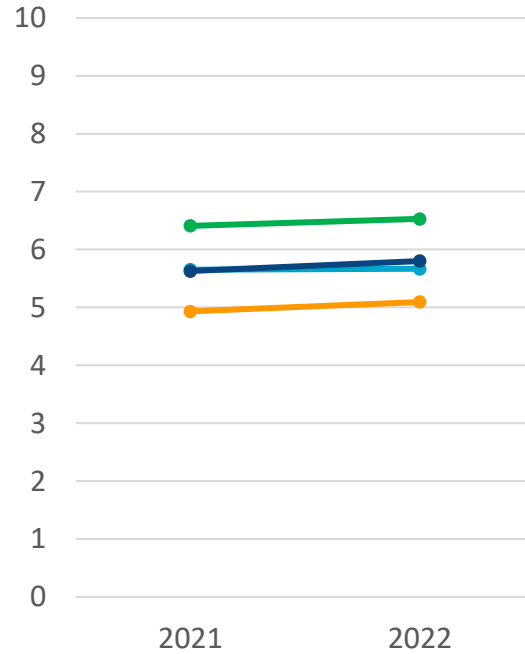
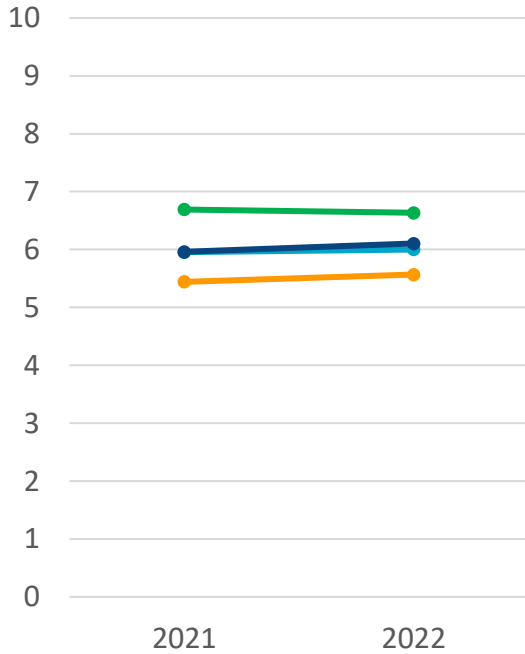
Promise element 6: We work flexibly

All staff

Worked on a Covid-19 ward or specific area

Redeployed

Required to work remotely / from home



	2021	2022
Your org	6.0	6.1
Highest	6.7	6.6
Average	6.0	6.0
Lowest	5.4	5.6
Responses	2249	2213

	2021	2022
Your org	5.6	5.8
Highest	6.4	6.5
Average	5.7	5.7
Lowest	4.9	5.1
Responses	1037	905

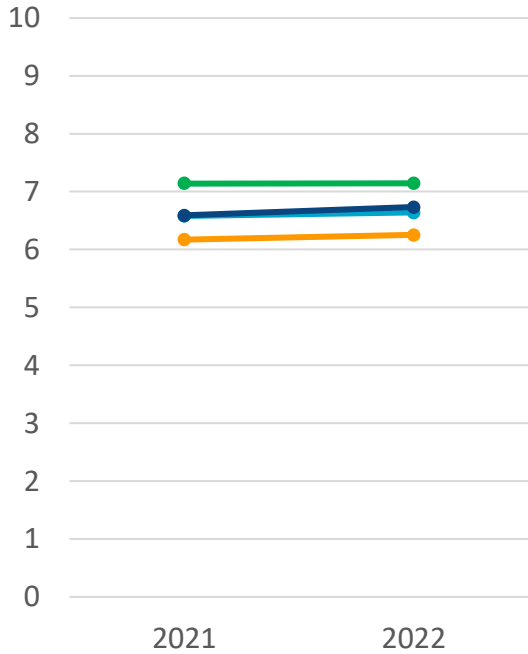
	2021	2022
Your org	5.8	5.9
Highest	6.4	6.6
Average	5.7	5.6
Lowest	5.0	5.0
Responses	402	231

	2021	2022
Your org	6.5	6.5
Highest	7.2	7.2
Average	6.5	6.5
Lowest	6.0	5.9
Responses	790	588

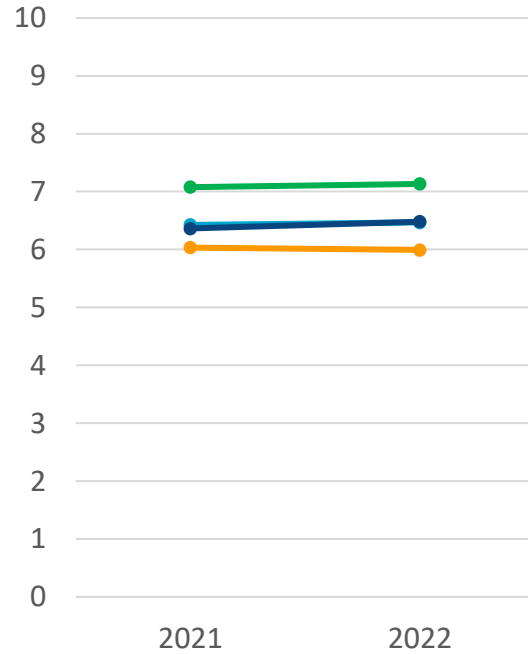
All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

Promise element 7: We are a team

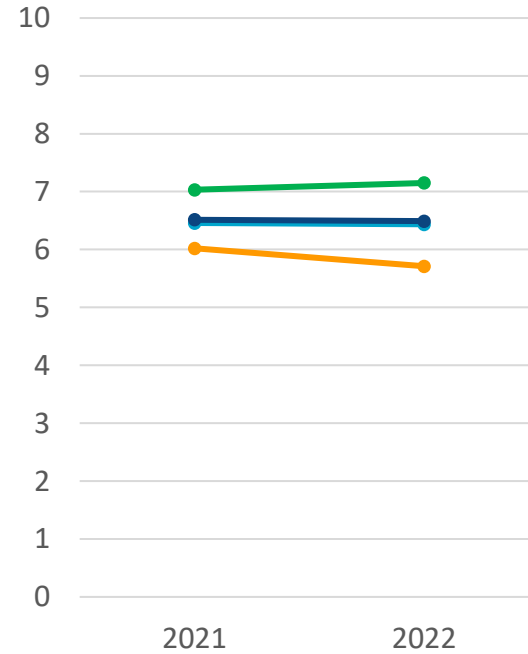
All staff



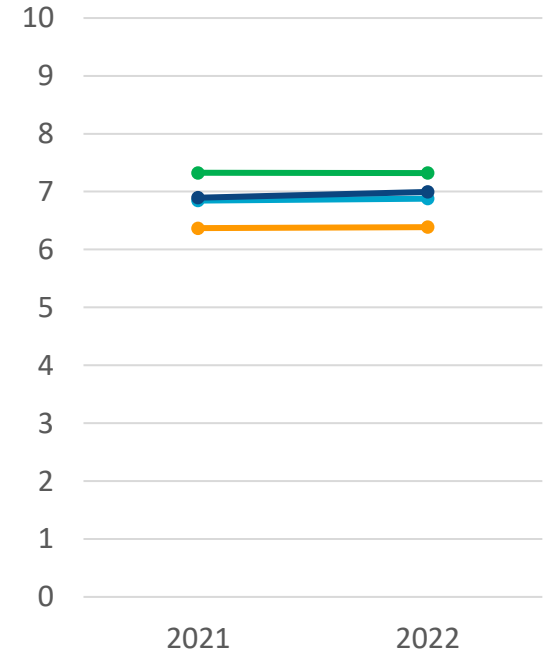
Worked on a Covid-19 ward or specific area



Redeployed



Required to work remotely / from home



	2021	2022
Your org	6.6	6.7
Highest	7.1	7.1
Average	6.6	6.6
Lowest	6.2	6.3
Responses	2271	2217

	2021	2022
Your org	6.4	6.5
Highest	7.1	7.1
Average	6.4	6.5
Lowest	6.0	6.0
Responses	1043	904

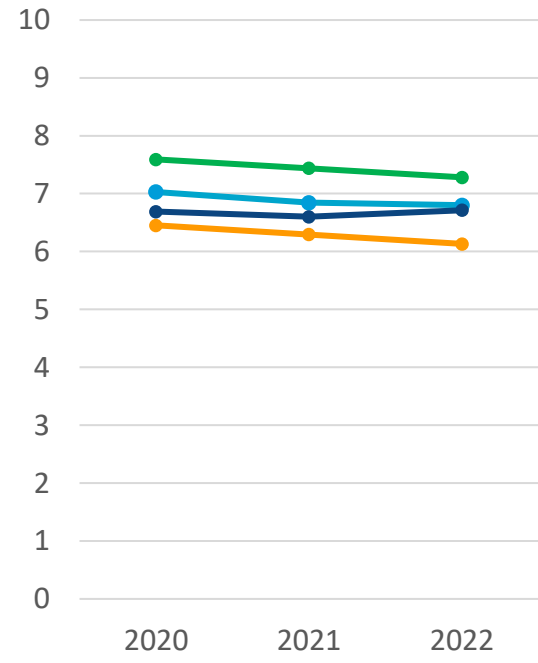
	2021	2022
Your org	6.5	6.5
Highest	7.0	7.2
Average	6.5	6.4
Lowest	6.0	5.7
Responses	403	229

	2021	2022
Your org	6.9	7.0
Highest	7.3	7.3
Average	6.8	6.9
Lowest	6.4	6.4
Responses	797	589

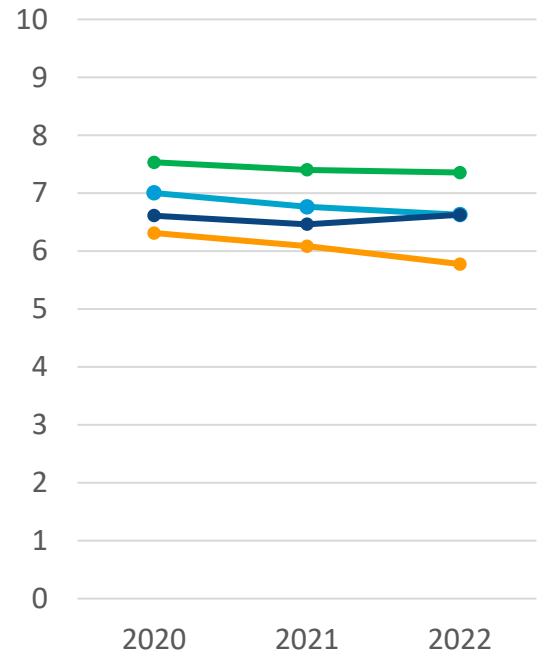
All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

Theme: Staff Engagement

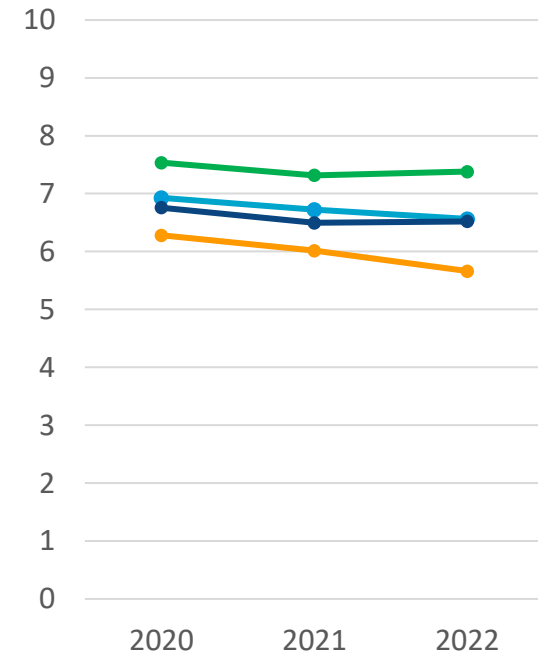
All staff



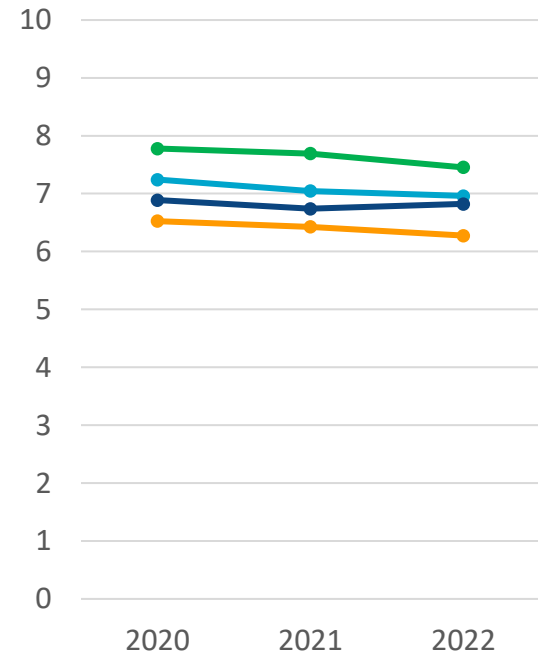
Worked on Covid-19 specific ward or area



Redeployed



Required to work remotely / from home



	2020	2021	2022
Your org	6.7	6.6	6.7
Highest	7.6	7.4	7.3
Average	7.0	6.8	6.8
Lowest	6.5	6.3	6.1
Responses	1394	2281	2223

	2020	2021	2022
Your org	6.6	6.5	6.6
Highest	7.5	7.4	7.4
Average	7.0	6.8	6.6
Lowest	6.3	6.1	5.8
Responses	534	1048	908

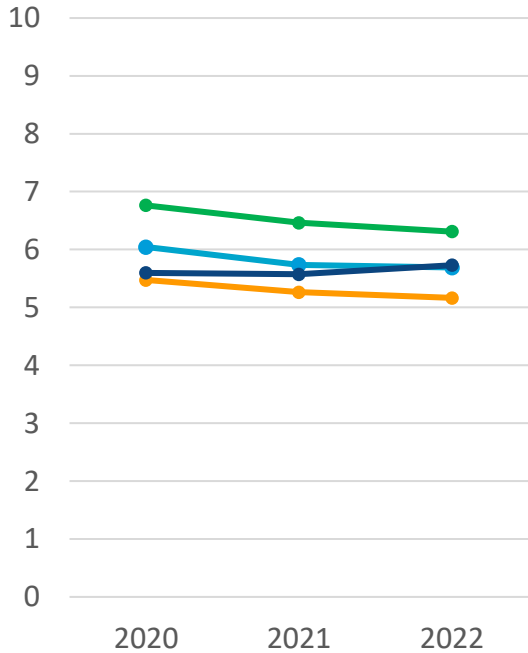
	2020	2021	2022
Your org	6.8	6.5	6.5
Highest	7.5	7.3	7.4
Average	6.9	6.7	6.6
Lowest	6.3	6.0	5.7
Responses	273	407	232

	2020	2021	2022
Your org	6.9	6.7	6.8
Highest	7.8	7.7	7.5
Average	7.2	7.0	7.0
Lowest	6.5	6.4	6.3
Responses	465	798	590

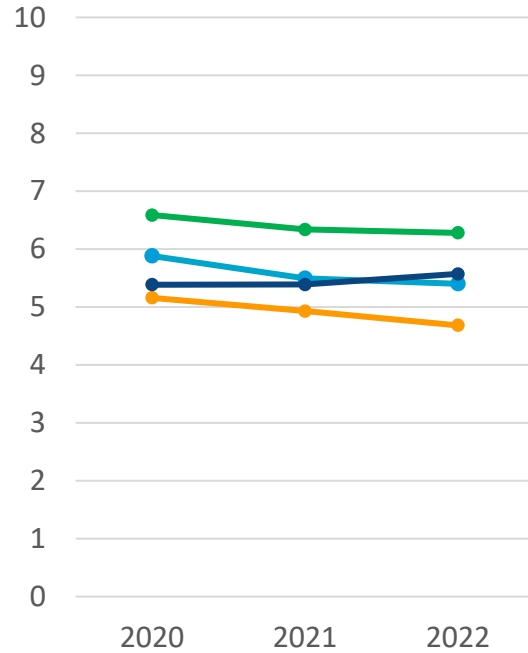
All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

Theme: Morale

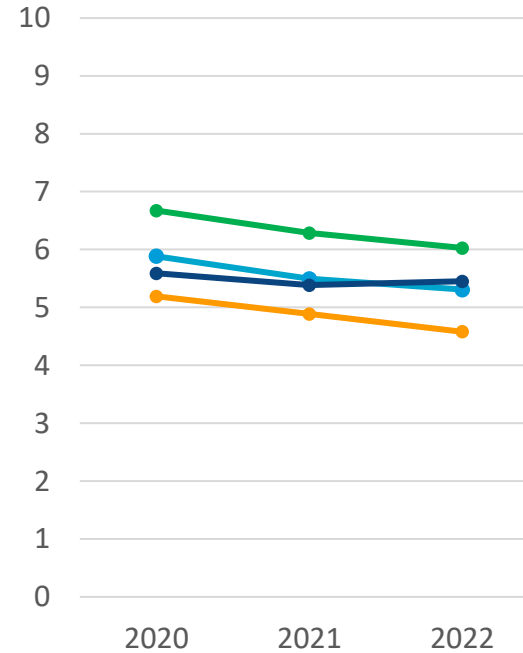
All staff



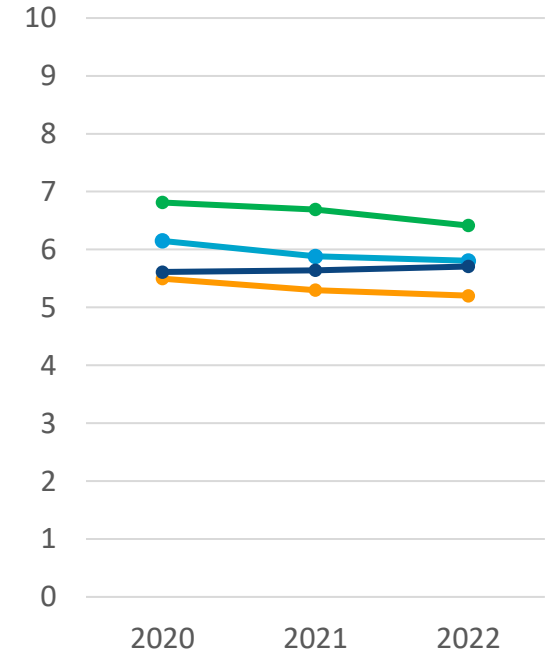
Worked on Covid-19 specific ward or area



Redeployed



Required to work remotely / from home



	2020	2021	2022
Your org	5.6	5.6	5.7
Highest	6.8	6.5	6.3
Average	6.0	5.7	5.7
Lowest	5.5	5.3	5.2
Responses	1391	2281	2223

	2020	2021	2022
Your org	5.4	5.4	5.6
Highest	6.6	6.3	6.3
Average	5.9	5.5	5.4
Lowest	5.2	4.9	4.7
Responses	535	1050	908

	2020	2021	2022
Your org	5.6	5.4	5.5
Highest	6.7	6.3	6.0
Average	5.9	5.5	5.3
Lowest	5.2	4.9	4.6
Responses	273	407	232

	2020	2021	2022
Your org	5.6	5.6	5.7
Highest	6.8	6.7	6.4
Average	6.1	5.9	5.8
Lowest	5.5	5.3	5.2
Responses	465	798	590

People Promise element – We are compassionate and inclusive



Questions included:

Compassionate culture – Q6a, Q23a, Q23b, Q23c, Q23d

Compassionate leadership – Q9f, Q9g, Q9h, Q9i

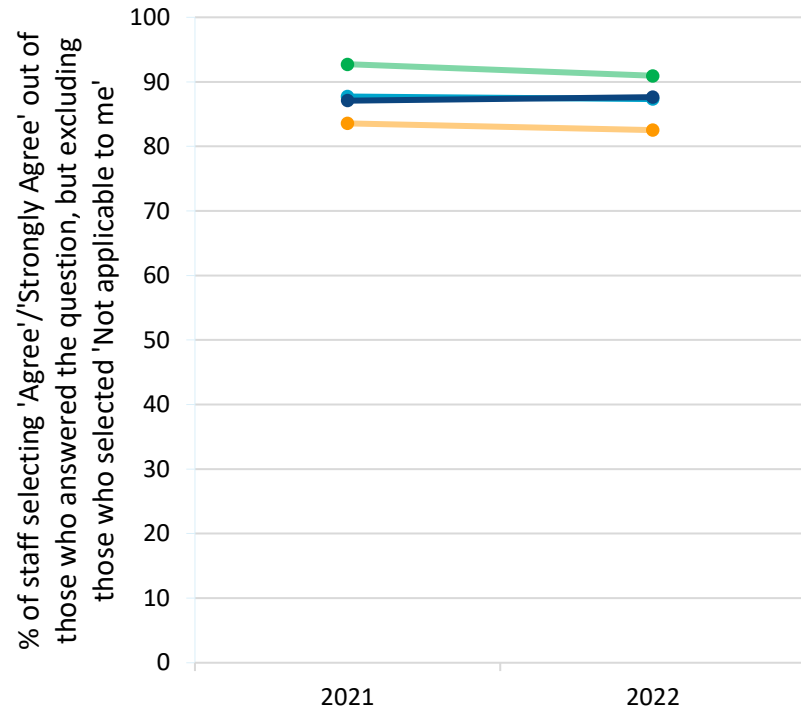
Diversity and equality – Q15, Q16a, Q16b, Q20

Inclusion – Q7h, Q7i, Q8b, Q8c

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

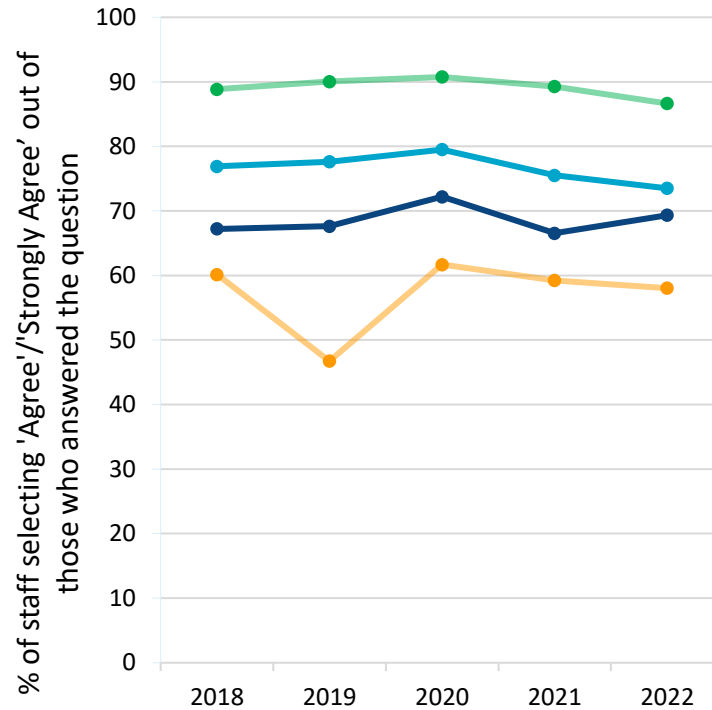


Q6a I feel that my role makes a difference to patients / service users.



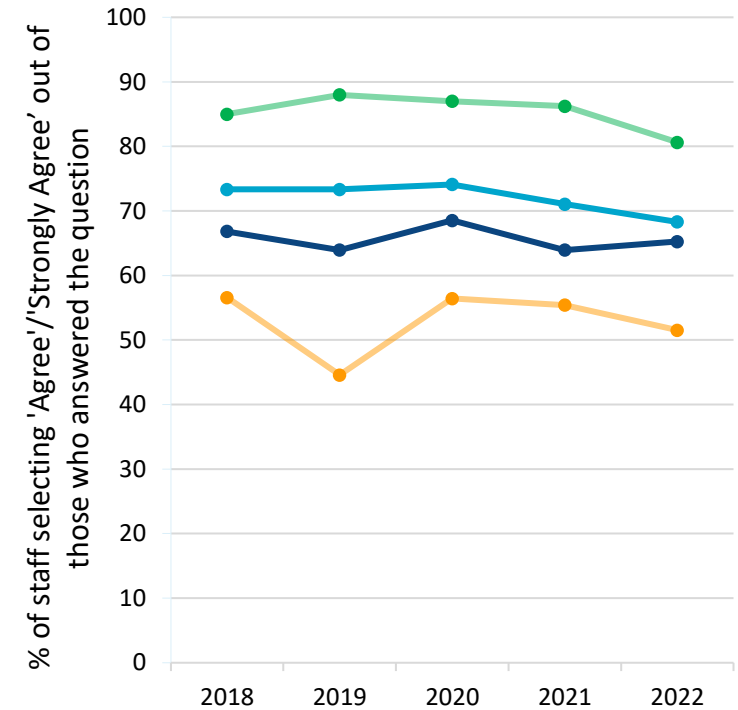
	2021	2022
Your org	87.1%	87.7%
Best	92.7%	90.9%
Average	87.7%	87.3%
Worst	83.6%	82.5%
Responses	2177	2151

Q23a Care of patients / service users is my organisation's top priority.



	2018	2019	2020	2021	2022
Your org	67.2%	67.6%	72.2%	66.6%	69.3%
Best	88.8%	90.0%	90.8%	89.3%	86.6%
Average	76.9%	77.6%	79.5%	75.5%	73.5%
Worst	60.1%	46.7%	61.7%	59.2%	58.0%
Responses	1642	1236	1379	2265	2193

Q23b My organisation acts on concerns raised by patients / service users.

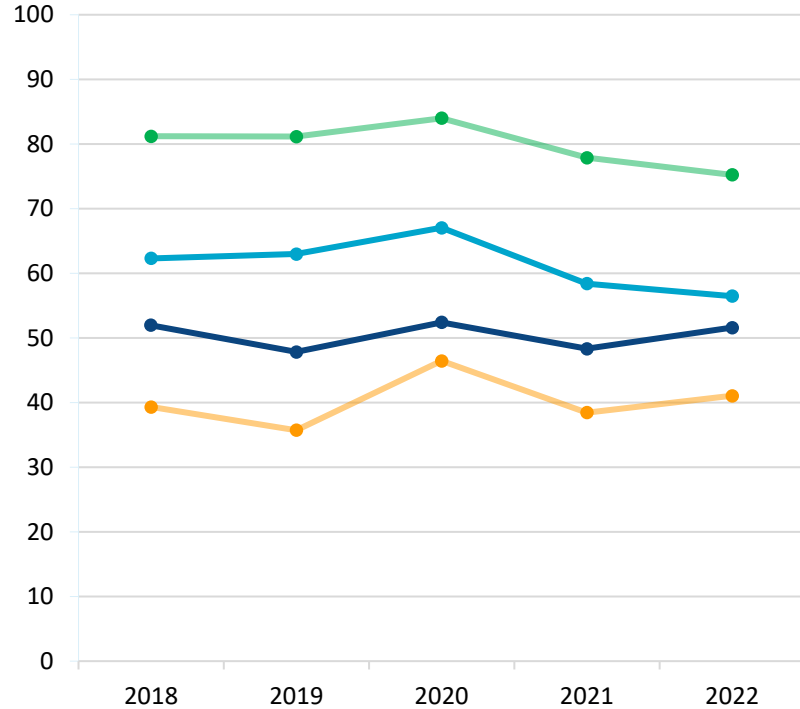


	2018	2019	2020	2021	2022
Your org	66.8%	63.9%	68.5%	63.9%	65.2%
Best	85.0%	88.0%	87.0%	86.2%	80.6%
Average	73.3%	73.3%	74.1%	71.0%	68.3%
Worst	56.6%	44.6%	56.4%	55.4%	51.5%
Responses	1638	1231	1383	2255	2193



Q23c I would recommend my organisation as a place to work.

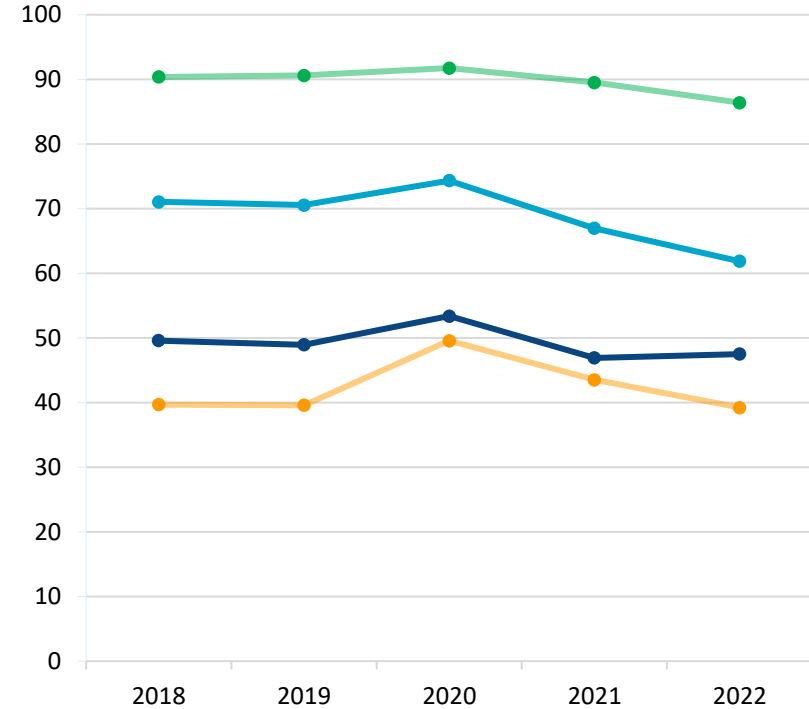
% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question



	2018	2019	2020	2021	2022
Your org	51.9%	47.8%	52.4%	48.3%	51.6%
Best	81.2%	81.2%	84.0%	77.9%	75.2%
Average	62.3%	63.0%	67.1%	58.4%	56.5%
Worst	39.3%	35.7%	46.5%	38.5%	41.0%
Responses	1640	1233	1382	2258	2195

Q23d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.

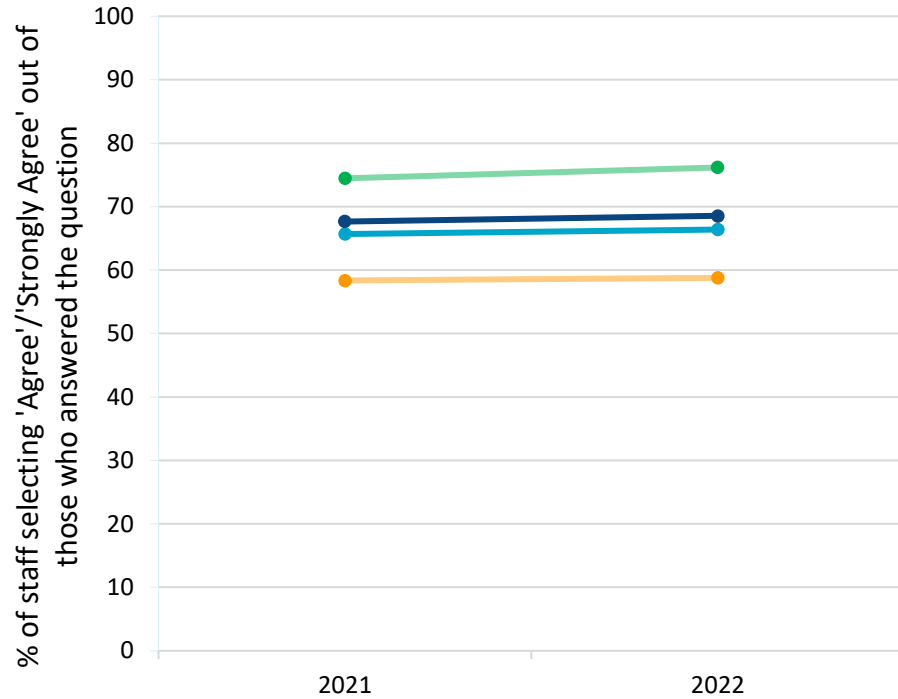
% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question



	2018	2019	2020	2021	2022
Your org	49.6%	49.0%	53.4%	46.9%	47.5%
Best	90.4%	90.6%	91.8%	89.5%	86.4%
Average	71.1%	70.6%	74.3%	67.0%	61.9%
Worst	39.7%	39.6%	49.6%	43.5%	39.2%
Responses	1636	1228	1382	2256	2196

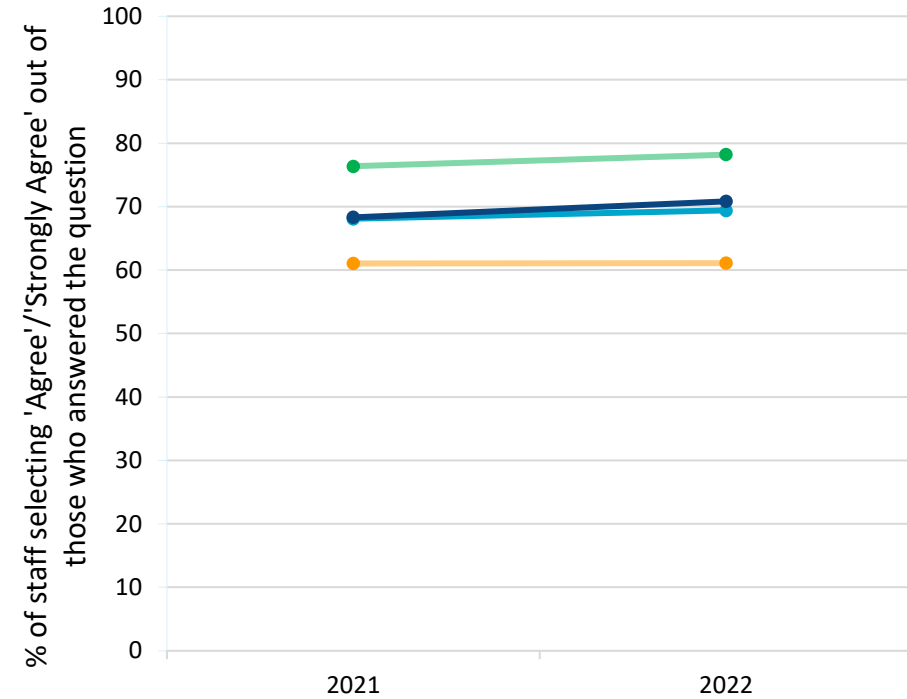


Q9f My immediate manager works together with me to come to an understanding of problems.



	2021	2022
Your org	67.7%	68.5%
Best	74.5%	76.2%
Average	65.7%	66.4%
Worst	58.4%	58.8%
Responses	2271	2216

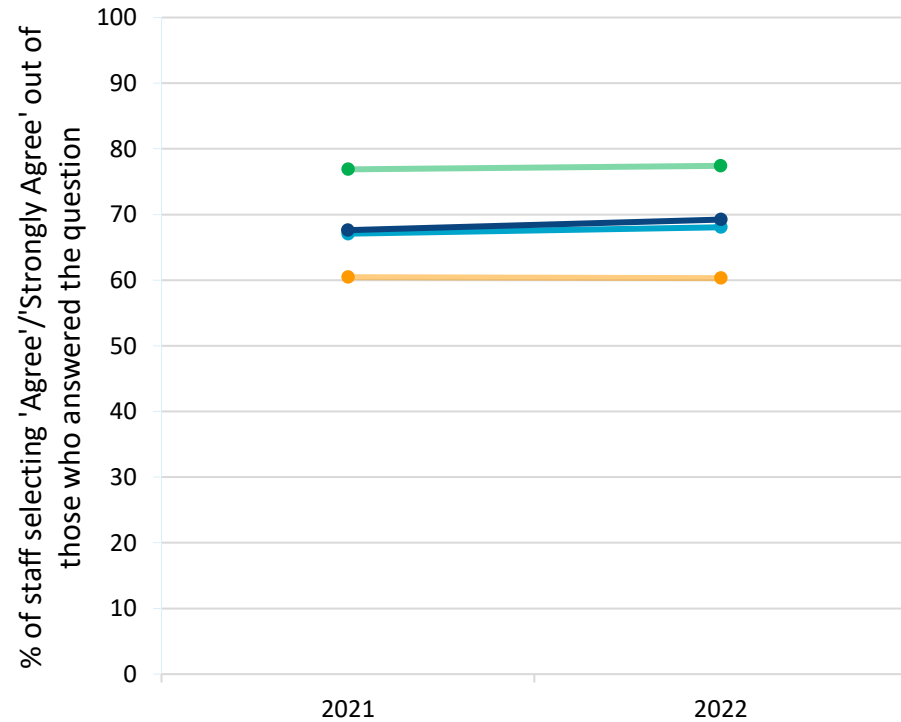
Q9g My immediate manager is interested in listening to me when I describe challenges I face.



	2021	2022
Your org	68.3%	70.8%
Best	76.4%	78.2%
Average	68.1%	69.4%
Worst	61.1%	61.1%
Responses	2275	2216

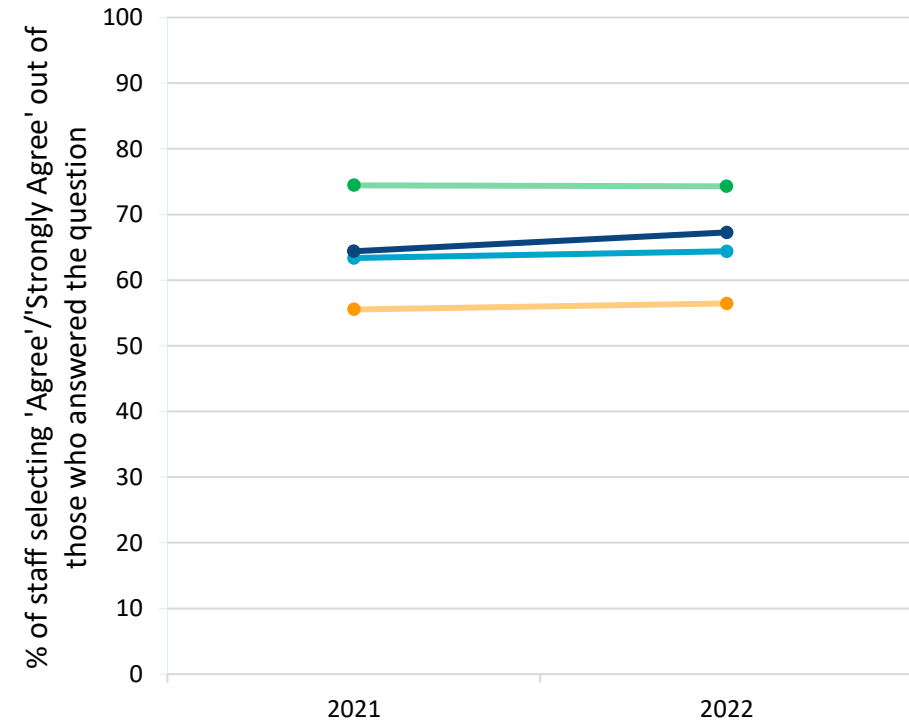


Q9h My immediate manager cares about my concerns.



	2021	2022
Your org	67.6%	69.2%
Best	76.9%	77.4%
Average	67.1%	68.1%
Worst	60.5%	60.3%
Responses	2271	2214

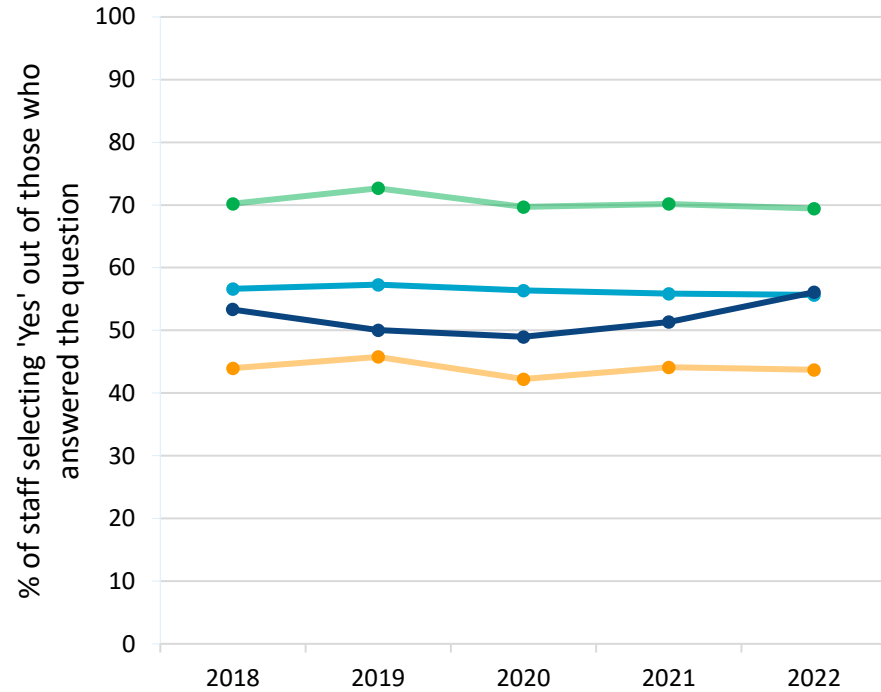
Q9i My immediate manager takes effective action to help me with any problems I face.



	2021	2022
Your org	64.4%	67.3%
Best	74.5%	74.3%
Average	63.4%	64.4%
Worst	55.6%	56.4%
Responses	2264	2213

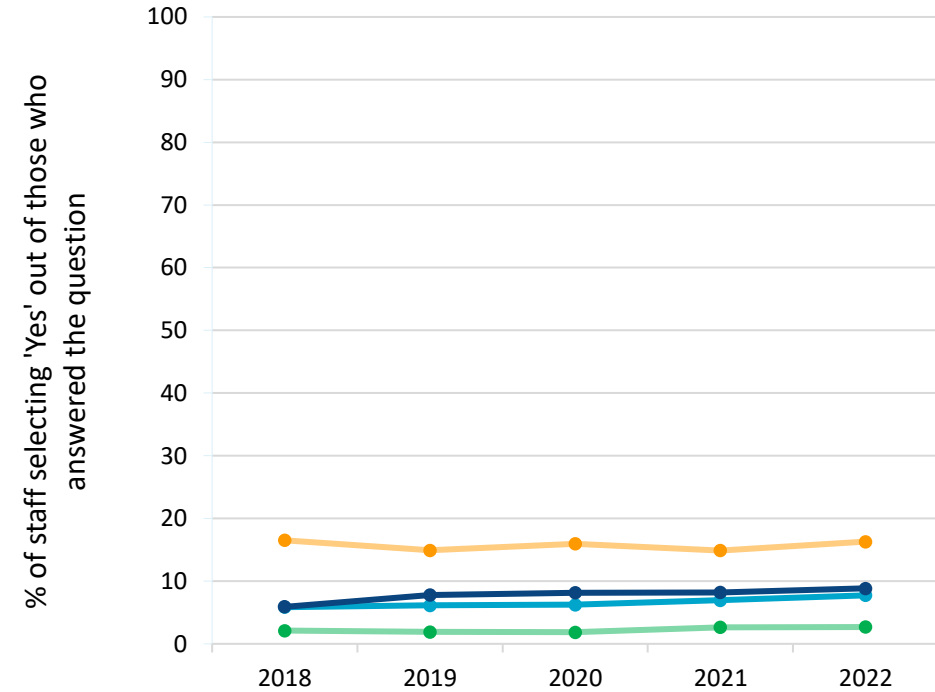


Q15 Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?



	2018	2019	2020	2021	2022
Your org	53.3%	50.0%	49.0%	51.3%	56.1%
Best	70.2%	72.7%	69.7%	70.2%	69.4%
Average	56.6%	57.3%	56.4%	55.8%	55.6%
Worst	44.0%	45.8%	42.2%	44.1%	43.7%
Responses	1658	1241	1383	2231	2178

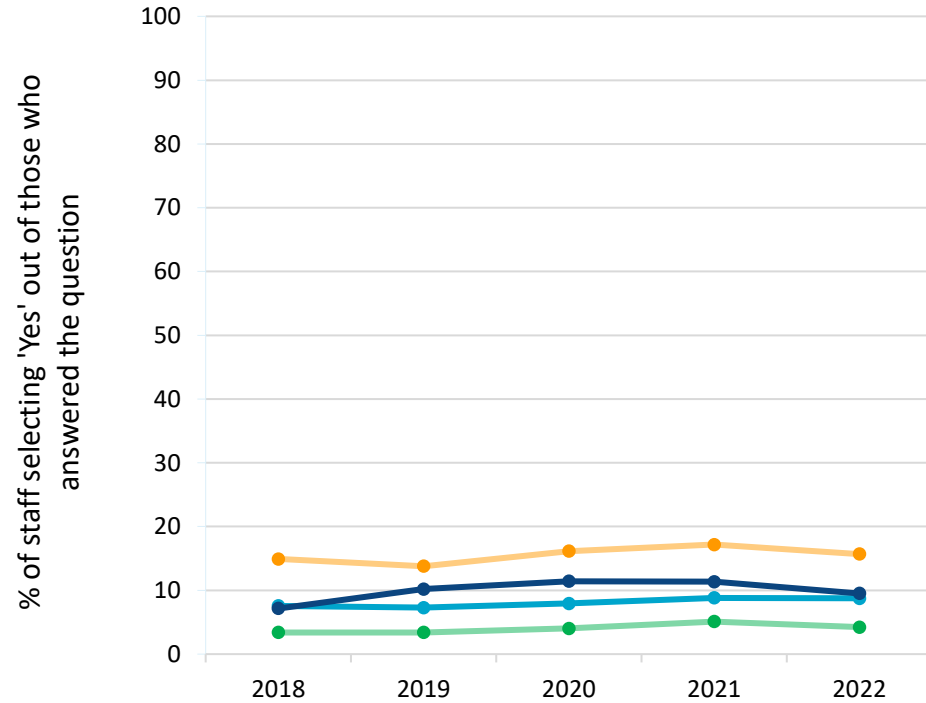
Q16a In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?



	2018	2019	2020	2021	2022
Your org	5.9%	7.8%	8.2%	8.2%	8.9%
Best	2.1%	1.9%	1.9%	2.7%	2.7%
Average	5.9%	6.2%	6.3%	7.0%	7.8%
Worst	16.5%	14.9%	16.0%	14.9%	16.3%
Responses	1650	1245	1383	2258	2204

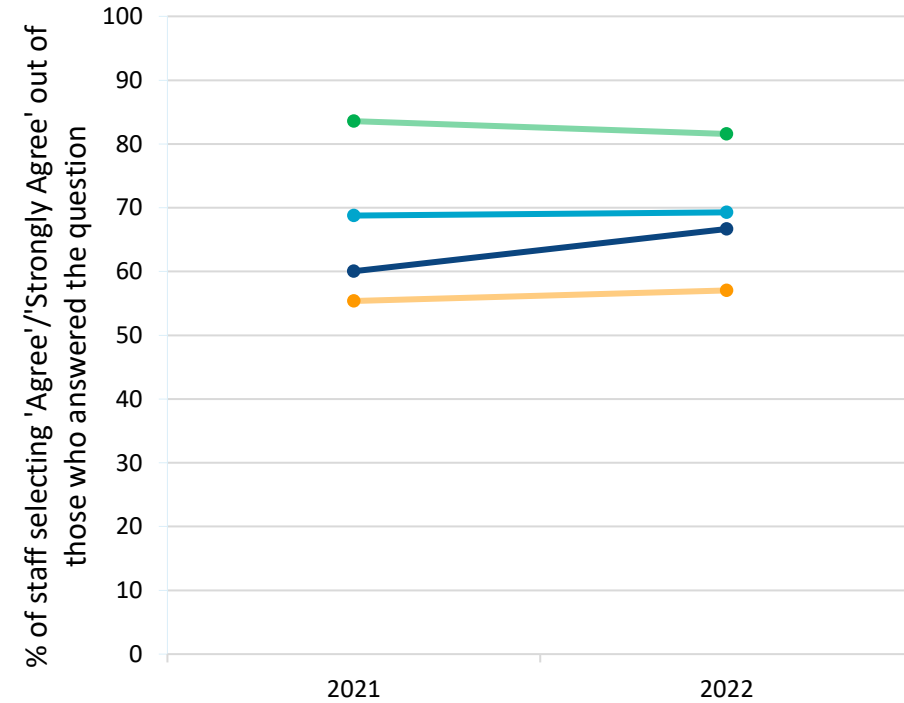


Q16b In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



	2018	2019	2020	2021	2022
Your org	7.1%	10.2%	11.4%	11.3%	9.5%
Best	3.4%	3.4%	4.0%	5.1%	4.2%
Average	7.5%	7.3%	7.9%	8.8%	8.7%
Worst	14.9%	13.8%	16.1%	17.2%	15.7%
Responses	1634	1226	1376	2257	2198

Q20 I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).

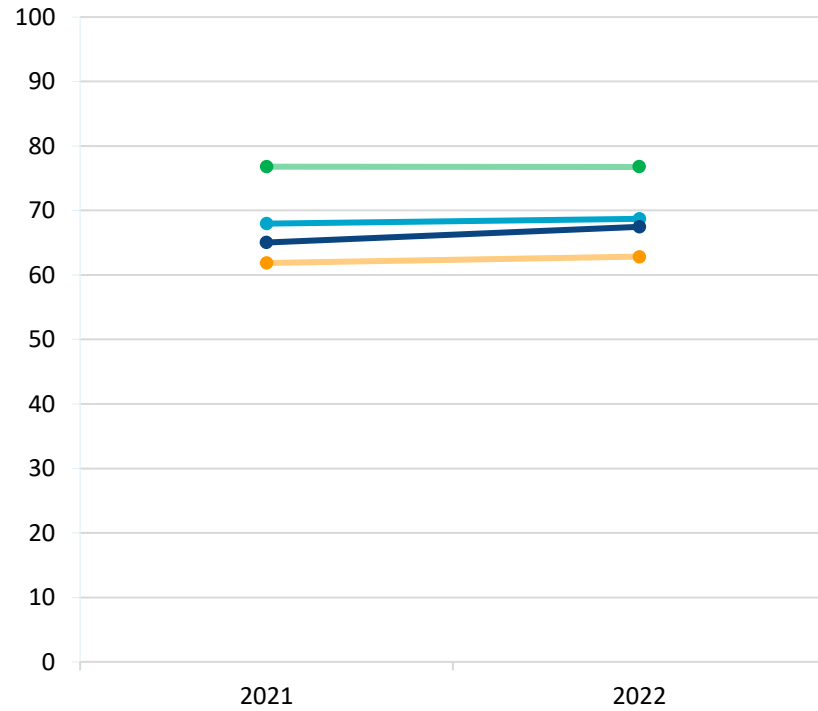


	2021	2022
Your org	60.1%	66.7%
Best	83.6%	81.6%
Average	68.8%	69.3%
Worst	55.4%	57.1%
Responses	2268	2210



Q7h I feel valued by my team.

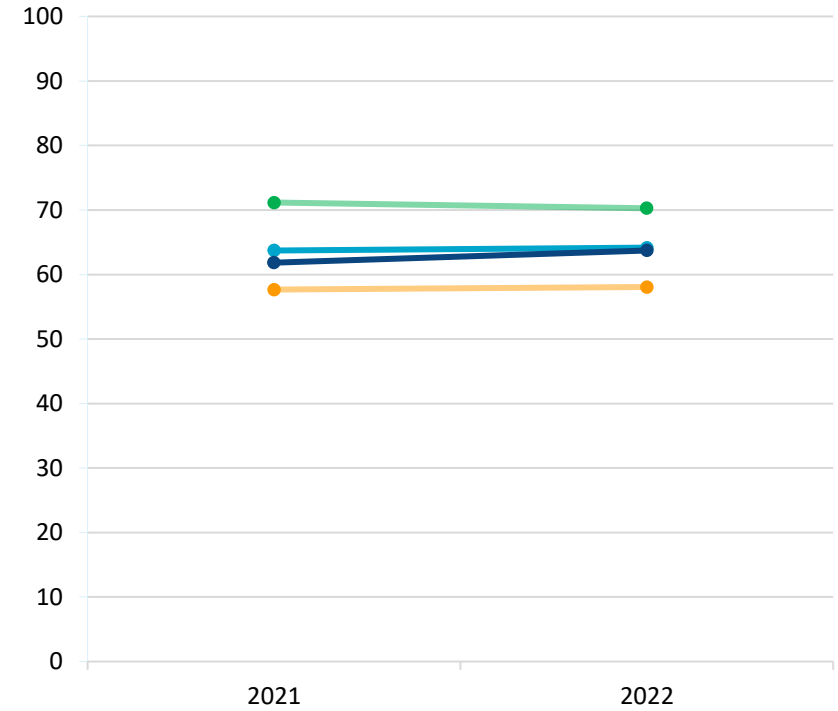
% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question



	2021	2022
Your org	65.0%	67.5%
Best	76.8%	76.8%
Average	68.0%	68.7%
Worst	61.9%	62.8%
Responses	2262	2218

Q7i I feel a strong personal attachment to my team.

% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question

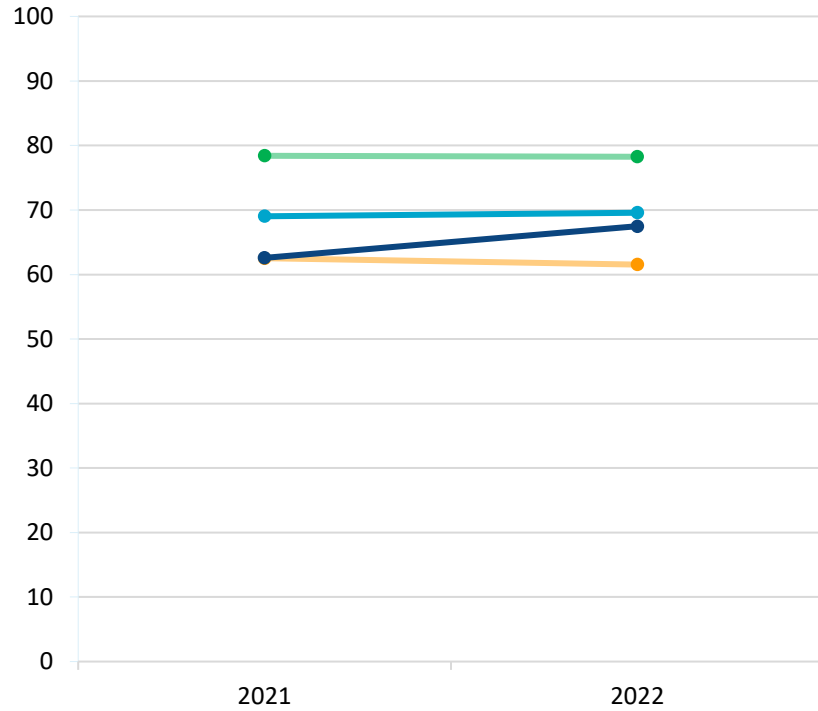


	2021	2022
Your org	61.8%	63.7%
Best	71.2%	70.3%
Average	63.7%	64.2%
Worst	57.7%	58.1%
Responses	2265	2220



Q8b The people I work with are understanding and kind to one another.

% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question



	2021	2022
Your org	62.6%	67.5%
Best	78.4%	78.3%
Average	69.0%	69.6%
Worst	62.5%	61.6%

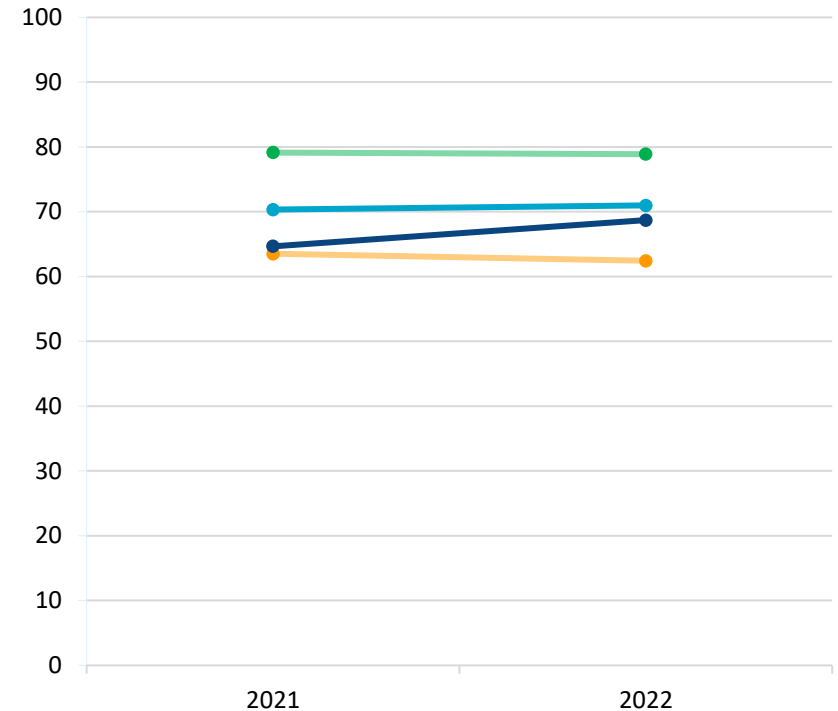
Responses

2272

2219

Q8c The people I work with are polite and treat each other with respect.

% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question



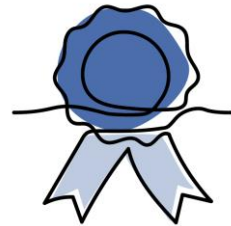
	2021	2022
Your org	64.7%	68.7%
Best	79.1%	78.9%
Average	70.3%	71.0%
Worst	63.5%	62.4%

Responses

2265

2218

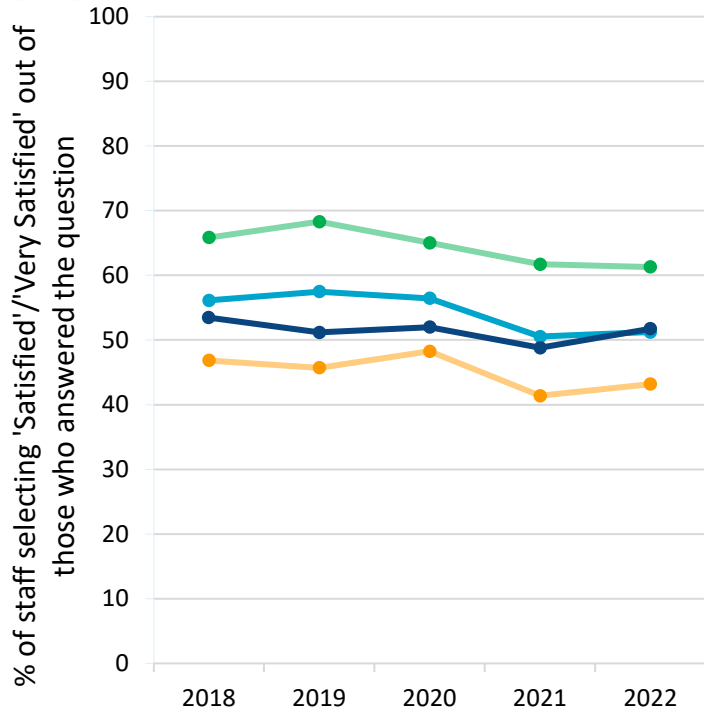
People Promise element – We are recognised and rewarded



Questions included:
Q4a, Q4b, Q4c, Q8d, Q9e

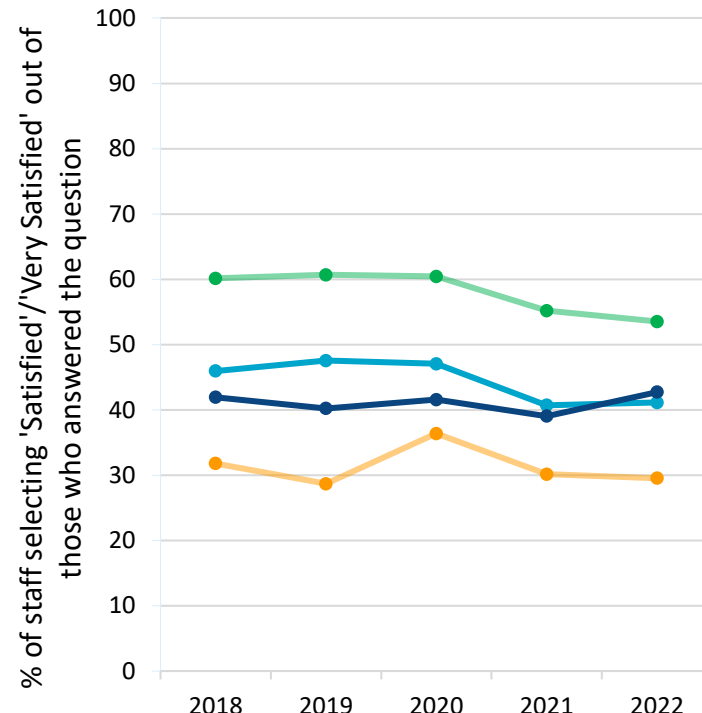


Q4a How satisfied are you with each of the following aspects of your job? The recognition I get for good work.



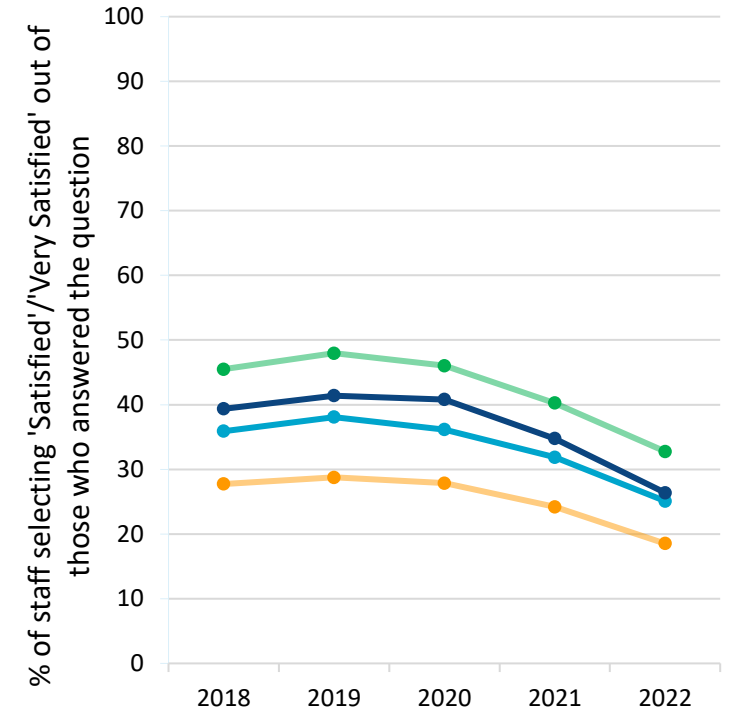
	2018	2019	2020	2021	2022
Your org	53.4%	51.2%	52.0%	48.8%	51.7%
Best	65.8%	68.3%	65.0%	61.7%	61.3%
Average	56.1%	57.5%	56.4%	50.5%	51.2%
Worst	46.8%	45.7%	48.2%	41.4%	43.2%
Responses	1672	1261	1386	2266	2221

Q4b How satisfied are you with each of the following aspects of your job? The extent to which my organisation values my work.



	2018	2019	2020	2021	2022
Your org	41.9%	40.2%	41.6%	39.0%	42.7%
Best	60.1%	60.7%	60.4%	55.2%	53.5%
Average	45.9%	47.5%	47.1%	40.7%	41.1%
Worst	31.8%	28.7%	36.4%	30.1%	29.5%
Responses	1662	1253	1380	2255	2214

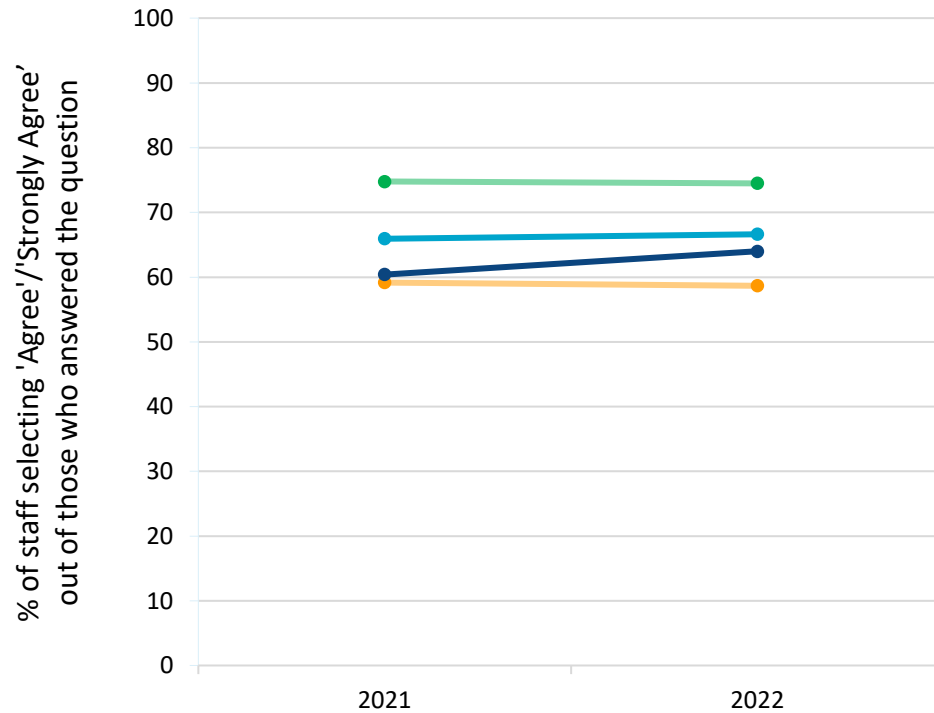
Q4c How satisfied are you with each of the following aspects of your job? My level of pay.



	2018	2019	2020	2021	2022
Your org	39.4%	41.4%	40.8%	34.8%	26.4%
Best	45.5%	47.9%	46.0%	40.3%	32.8%
Average	35.9%	38.1%	36.2%	31.9%	25.1%
Worst	27.7%	28.7%	27.9%	24.2%	18.5%
Responses	1666	1256	1383	2259	2215



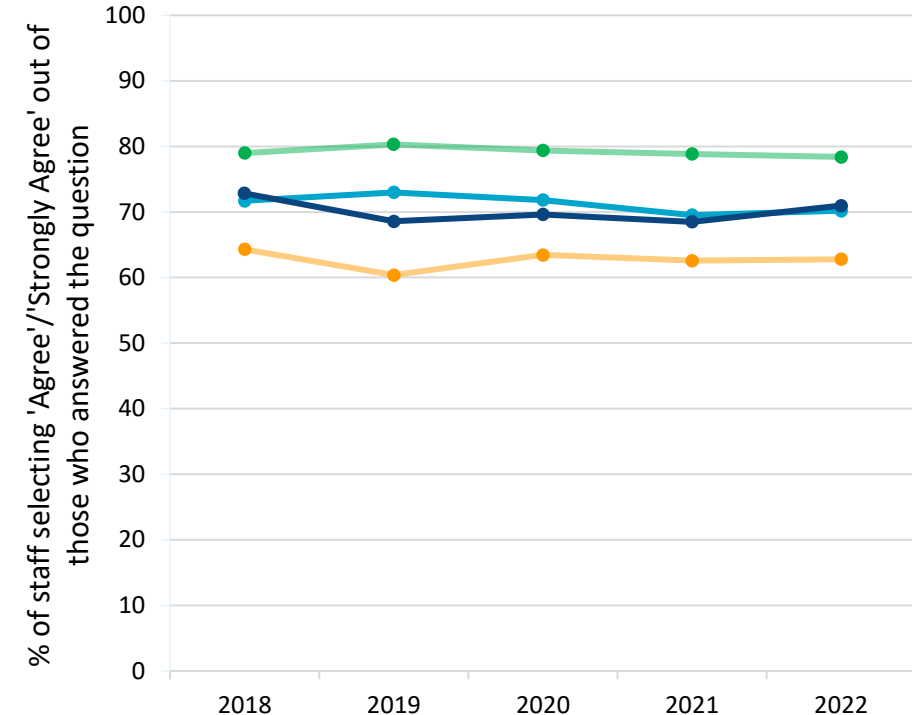
Q8d The people I work with show appreciation to one another.



	2021	2022
Your org	60.4%	64.0%
Best	74.8%	74.5%
Average	66.0%	66.6%
Worst	59.2%	58.7%

Responses 2269 2218

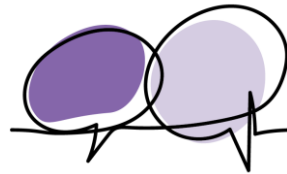
Q9e My immediate manager values my work.



	2018	2019	2020	2021	2022
Your org	72.8%	68.6%	69.6%	68.5%	71.0%
Best	79.0%	80.3%	79.4%	78.8%	78.4%
Average	71.7%	73.0%	71.8%	69.5%	70.2%
Worst	64.3%	60.4%	63.4%	62.6%	62.8%

Responses 1672 1252 1385 2271 2215

People Promise element – We each have a voice that counts



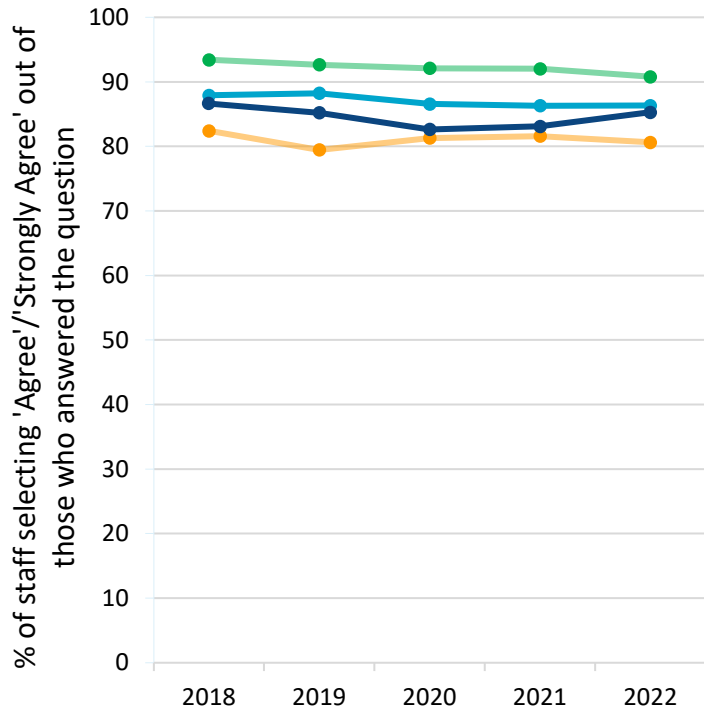
Questions included:

Autonomy and control – Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b

Raising concerns – Q19a, Q19b, Q23e, Q23f

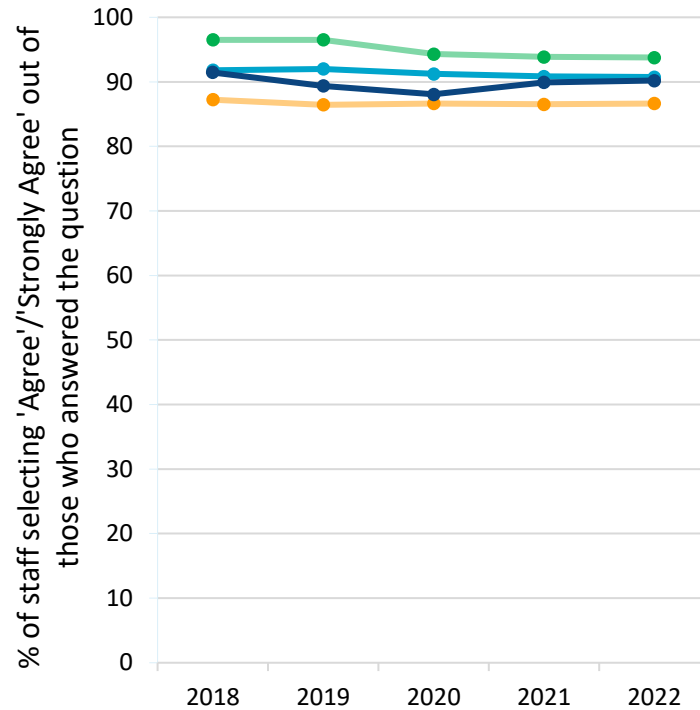


Q3a I always know what my work responsibilities are.



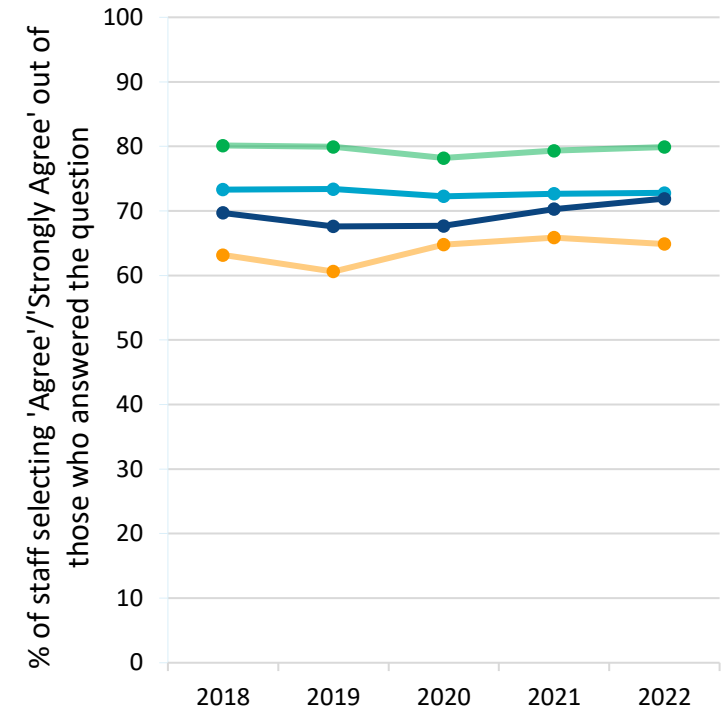
	2018	2019	2020	2021	2022
Your org	86.7%	85.2%	82.6%	83.1%	85.3%
Best	93.4%	92.7%	92.1%	92.0%	90.8%
Average	87.9%	88.2%	86.6%	86.3%	86.3%
Worst	82.4%	79.5%	81.3%	81.6%	80.6%
Responses	1652	1244	1377	2278	2222

Q3b I am trusted to do my job.



	2018	2019	2020	2021	2022
Your org	91.4%	89.4%	88.1%	89.9%	90.2%
Best	96.5%	96.5%	94.3%	93.9%	93.8%
Average	91.8%	92.0%	91.2%	90.8%	90.7%
Worst	87.3%	86.5%	86.7%	86.5%	86.7%
Responses	1640	1236	1365	2272	2220

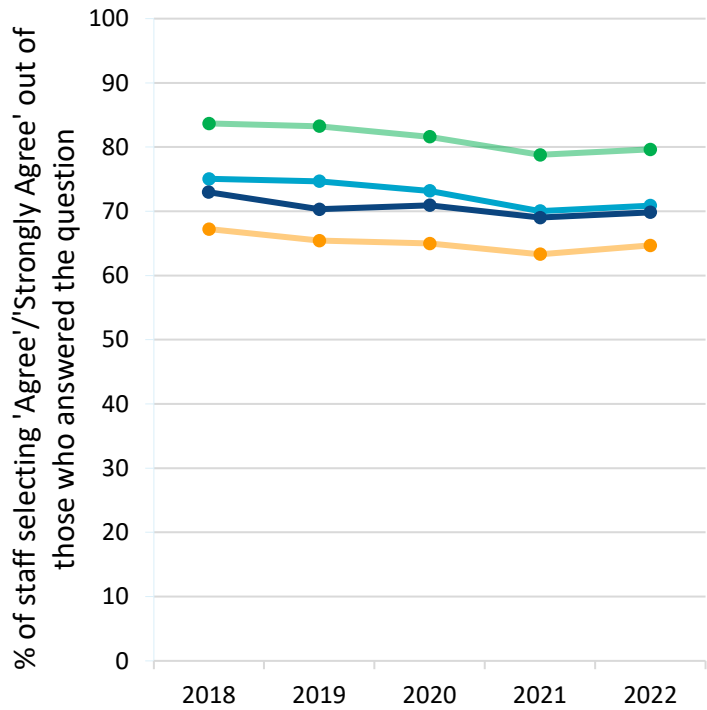
Q3c There are frequent opportunities for me to show initiative in my role.



	2018	2019	2020	2021	2022
Your org	69.7%	67.6%	67.7%	70.3%	71.9%
Best	80.1%	79.9%	78.2%	79.3%	79.9%
Average	73.3%	73.4%	72.3%	72.7%	72.8%
Worst	63.2%	60.6%	64.8%	65.9%	64.9%
Responses	1682	1268	1390	2270	2219

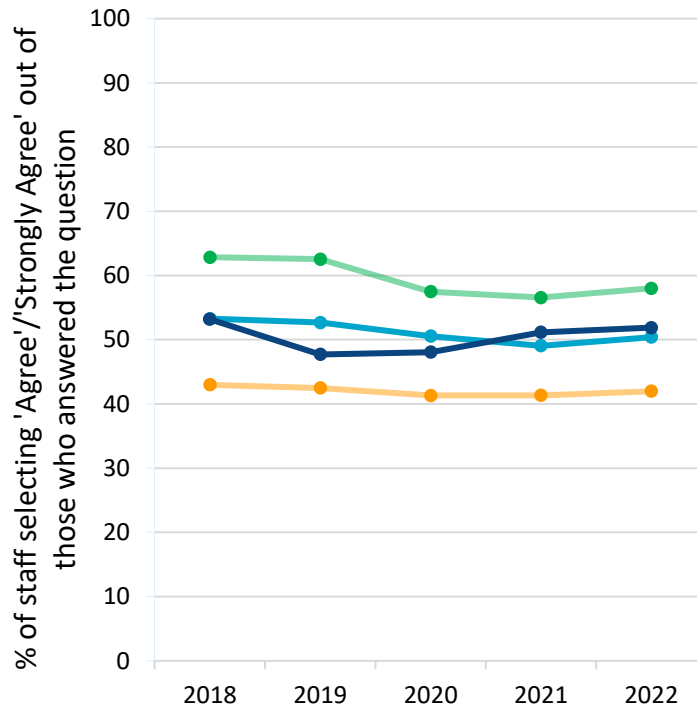


Q3d I am able to make suggestions to improve the work of my team / department.



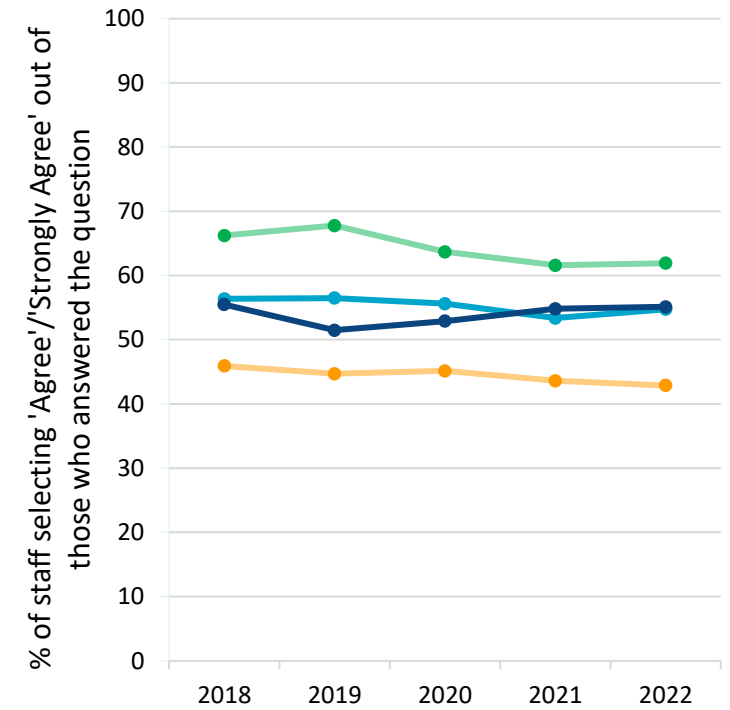
	2018	2019	2020	2021	2022
Your org	72.9%	70.3%	70.9%	69.0%	69.8%
Best	83.7%	83.3%	81.6%	78.8%	79.6%
Average	75.0%	74.7%	73.2%	70.0%	70.9%
Worst	67.2%	65.4%	65.0%	63.3%	64.7%
Responses	1679	1270	1386	2268	2218

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



	2018	2019	2020	2021	2022
Your org	53.2%	47.7%	48.1%	51.1%	51.9%
Best	62.8%	62.5%	57.5%	56.5%	58.0%
Average	53.3%	52.7%	50.6%	49.1%	50.4%
Worst	43.0%	42.5%	41.3%	41.3%	42.0%
Responses	1679	1266	1386	2269	2214

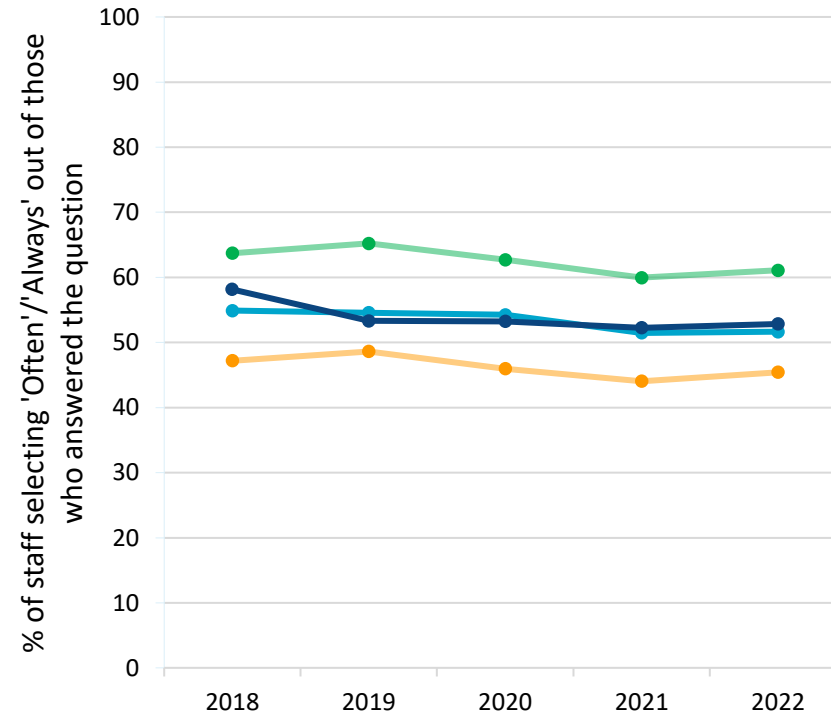
Q3f I am able to make improvements happen in my area of work.



	2018	2019	2020	2021	2022
Your org	55.5%	51.5%	52.9%	54.8%	55.1%
Best	66.2%	67.8%	63.7%	61.6%	61.9%
Average	56.4%	56.5%	55.6%	53.4%	54.7%
Worst	45.9%	44.7%	45.1%	43.6%	42.9%
Responses	1673	1260	1384	2269	2217



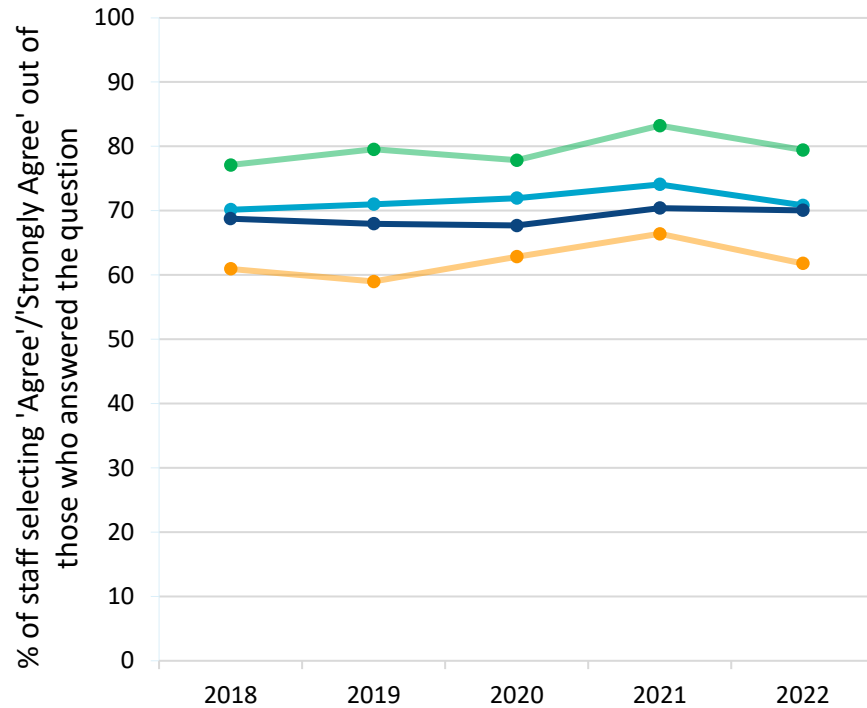
Q5b I have a choice in deciding how to do my work.



	2018	2019	2020	2021	2022
Your org	58.2%	53.3%	53.2%	52.3%	52.9%
Best	63.7%	65.2%	62.7%	60.0%	61.1%
Average	54.9%	54.6%	54.3%	51.5%	51.7%
Worst	47.2%	48.6%	46.0%	44.1%	45.4%
Responses	1654	1245	1372	2262	2203



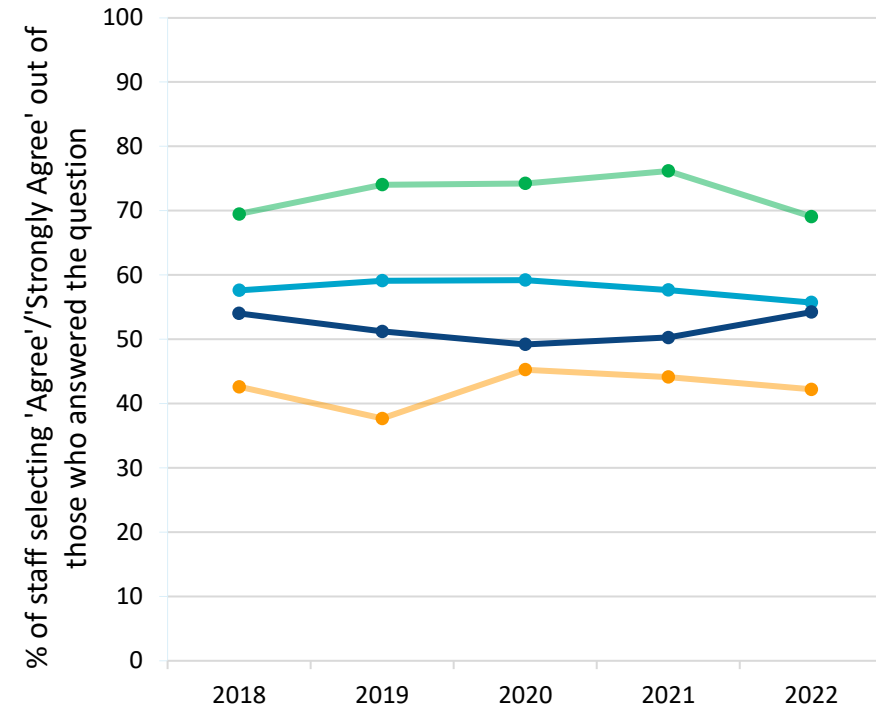
Q19a I would feel secure raising concerns about unsafe clinical practice.



	2018	2019	2020	2021	2022
Your org	68.8%	68.0%	67.7%	70.4%	70.1%
Best	77.1%	79.5%	77.9%	83.2%	79.4%
Average	70.1%	71.0%	71.9%	74.1%	70.8%
Worst	60.9%	59.0%	62.8%	66.4%	61.8%

Responses 1647 1241 1373 2257 2213

Q19b I am confident that my organisation would address my concern.

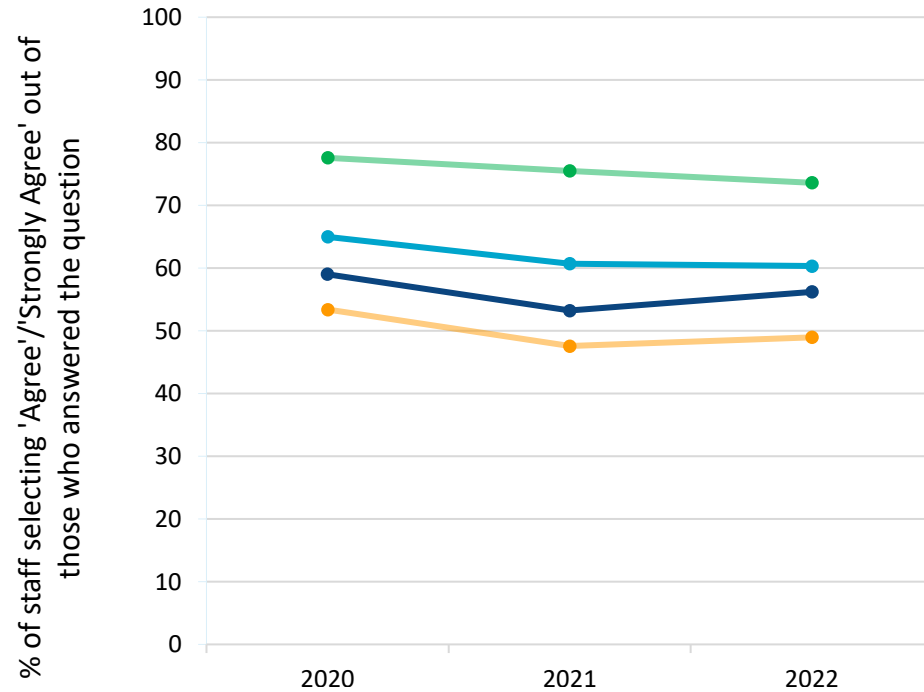


	2018	2019	2020	2021	2022
Your org	54.0%	51.2%	49.2%	50.3%	54.2%
Best	69.5%	74.0%	74.2%	76.2%	69.1%
Average	57.6%	59.1%	59.2%	57.7%	55.7%
Worst	42.6%	37.7%	45.3%	44.1%	42.2%

Responses 1644 1242 1370 2263 2210

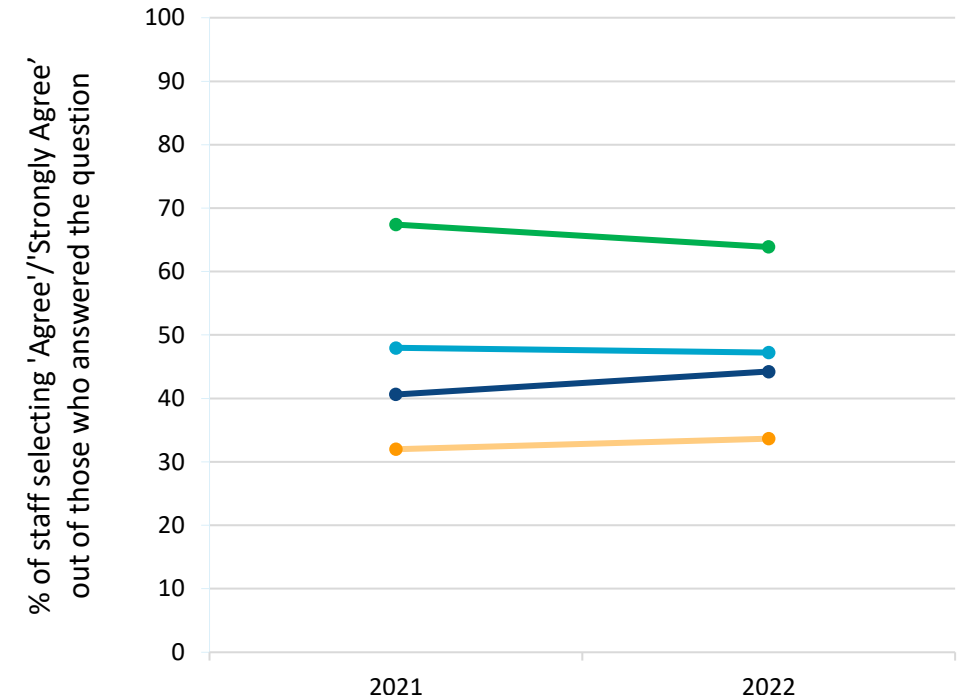


Q23e I feel safe to speak up about anything that concerns me in this organisation.



	2020	2021	2022
Your org	59.0%	53.2%	56.2%
Best	77.6%	75.5%	73.6%
Average	65.0%	60.7%	60.3%
Worst	53.4%	47.6%	49.0%
Responses	1388	2256	2198

Q23f If I spoke up about something that concerned me I am confident my organisation would address my concern.



	2021	2022
Your org	40.6%	44.2%
Best	67.4%	63.9%
Average	48.0%	47.2%
Worst	32.0%	33.7%
Responses	2249	2197

People Promise element – We are safe and healthy



Questions included:

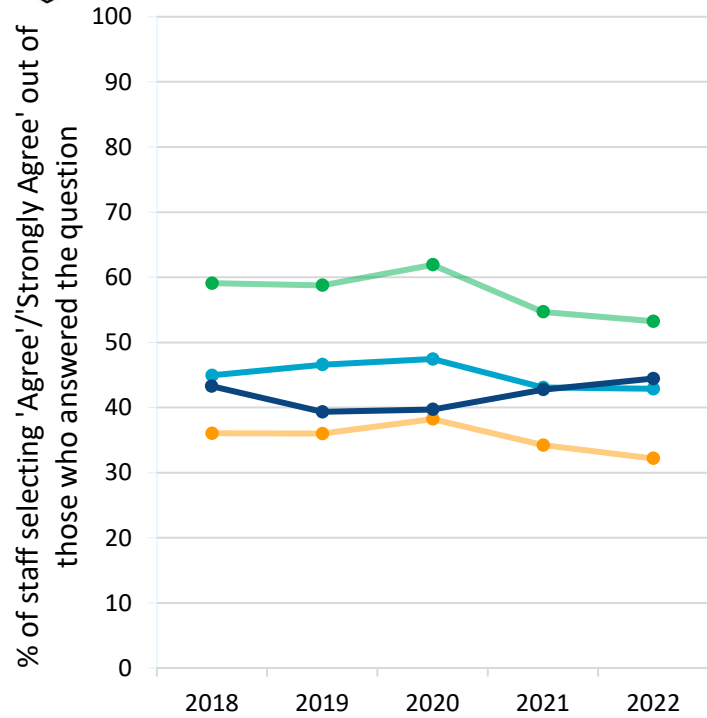
Health and safety climate: Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d

Burnout: Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g

Negative experiences: Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c

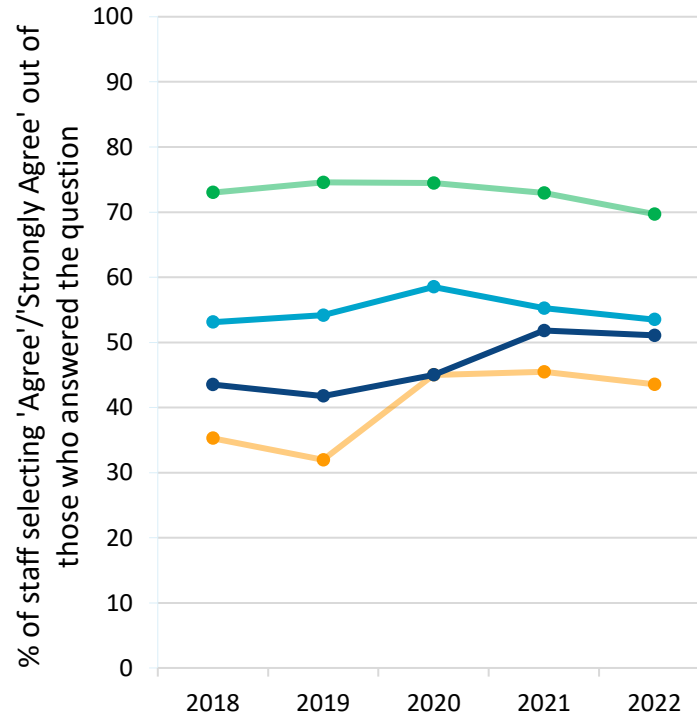


Q3g I am able to meet all the conflicting demands on my time at work.



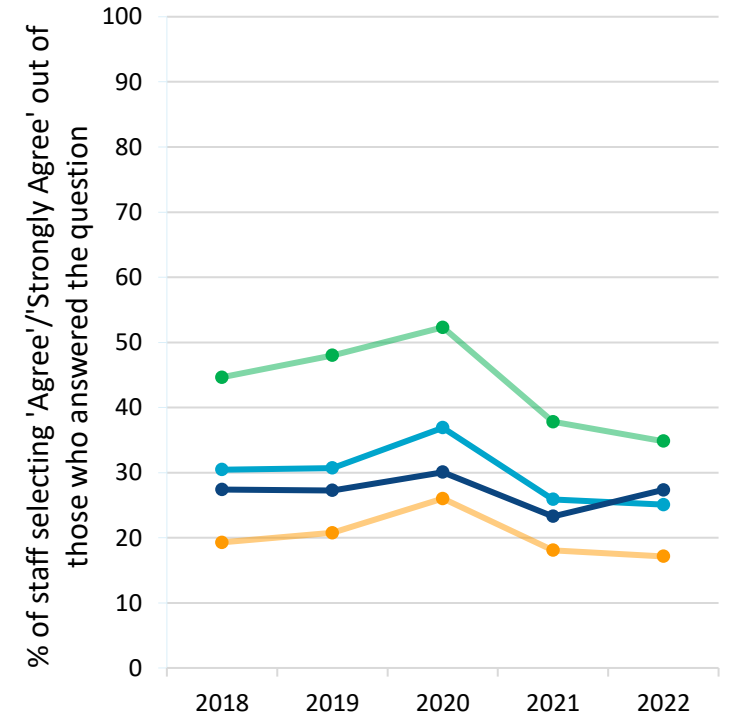
	2018	2019	2020	2021	2022
Your org	43.3%	39.3%	39.7%	42.7%	44.4%
Best	59.1%	58.8%	61.9%	54.7%	53.2%
Average	44.9%	46.6%	47.4%	43.1%	42.9%
Worst	36.0%	36.0%	38.2%	34.2%	32.2%
Responses	1674	1255	1385	2261	2208

Q3h I have adequate materials, supplies and equipment to do my work.



	2018	2019	2020	2021	2022
Your org	43.5%	41.8%	45.0%	51.8%	51.1%
Best	73.0%	74.6%	74.5%	72.9%	69.7%
Average	53.1%	54.2%	58.5%	55.3%	53.5%
Worst	35.3%	32.0%	45.0%	45.5%	43.6%
Responses	1673	1257	1383	2254	2214

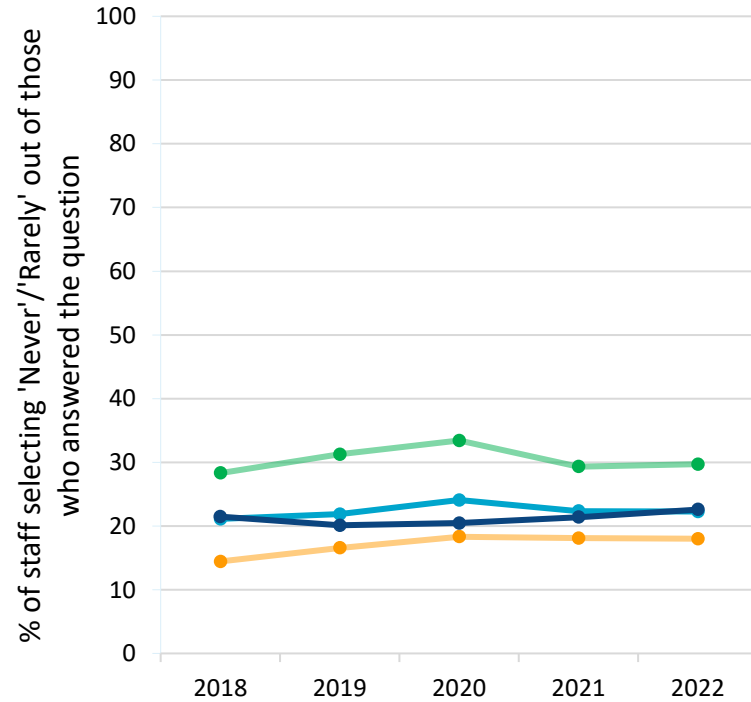
Q3i There are enough staff at this organisation for me to do my job properly.



	2018	2019	2020	2021	2022
Your org	27.4%	27.3%	30.1%	23.3%	27.3%
Best	44.6%	48.0%	52.3%	37.8%	34.8%
Average	30.5%	30.7%	36.9%	25.9%	25.1%
Worst	19.3%	20.8%	26.0%	18.1%	17.2%
Responses	1667	1265	1382	2273	2218

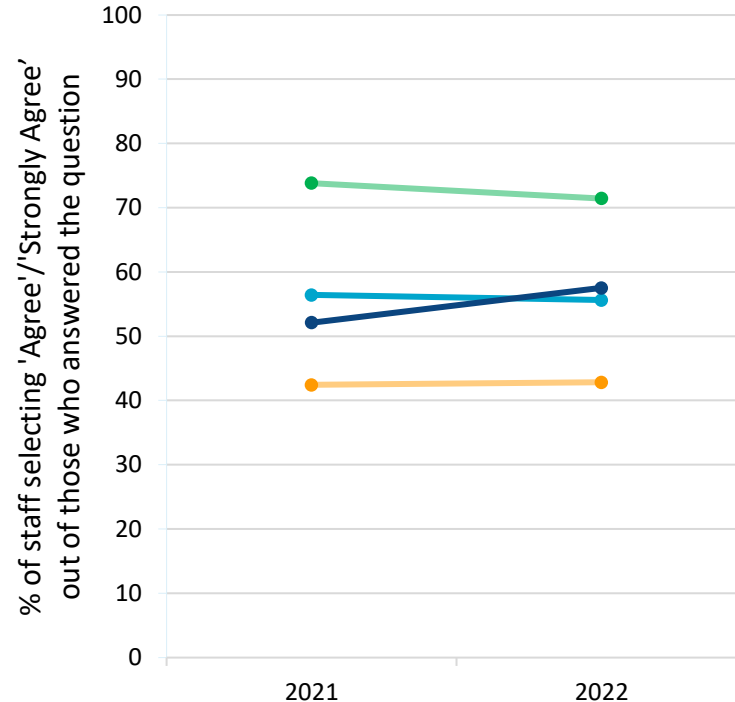


Q5a I have unrealistic time pressures.



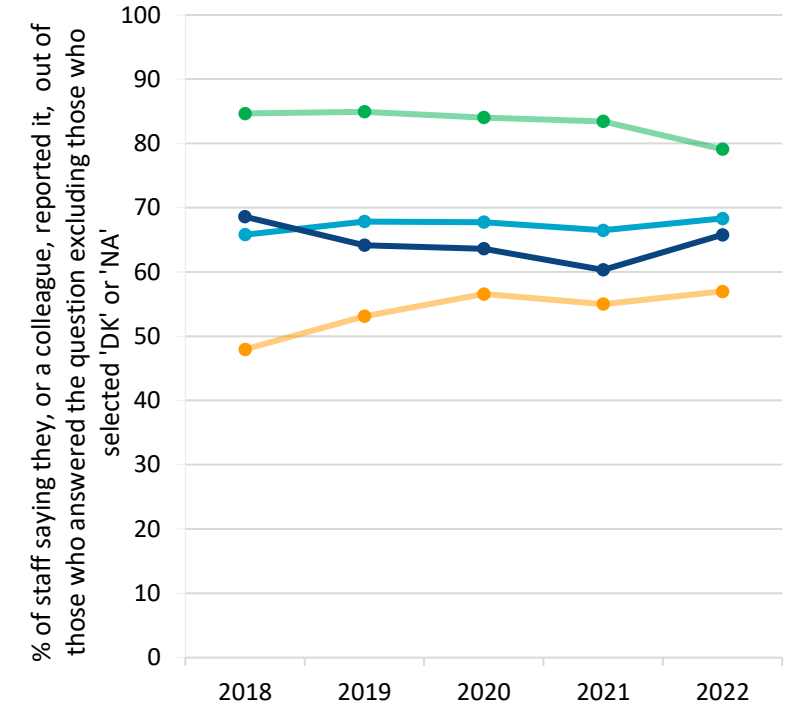
	2018	2019	2020	2021	2022
Your org	21.5%	20.1%	20.5%	21.4%	22.6%
Best	28.3%	31.3%	33.4%	29.3%	29.7%
Average	21.1%	21.9%	24.1%	22.4%	22.3%
Worst	14.4%	16.6%	18.3%	18.1%	18.0%
Responses	1656	1251	1369	2265	2207

Q11a My organisation take positive action on health and well-being.



	2021	2022
Your org	52.1%	57.5%
Best	73.8%	71.4%
Average	56.4%	55.6%
Worst	42.4%	42.8%
Responses	2246	2180

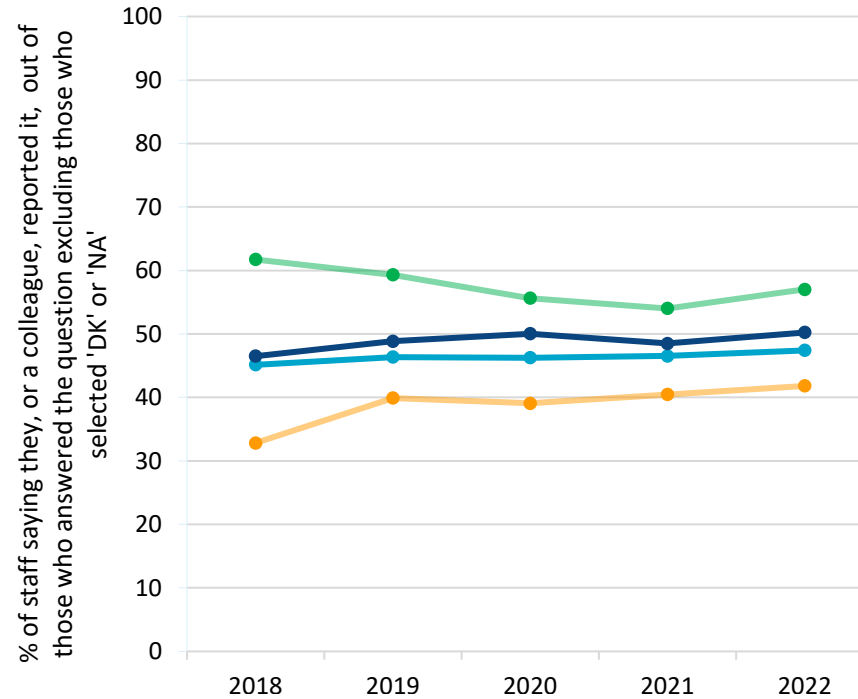
Q13d The last time you experienced physical violence at work, did you or a colleague report it?



	2018	2019	2020	2021	2022
Your org	68.6%	64.2%	63.6%	60.3%	65.8%
Best	84.6%	84.9%	84.0%	83.4%	79.1%
Average	65.8%	67.8%	67.8%	66.5%	68.3%
Worst	47.9%	53.1%	56.6%	55.0%	57.0%
Responses	187	154	130	266	279



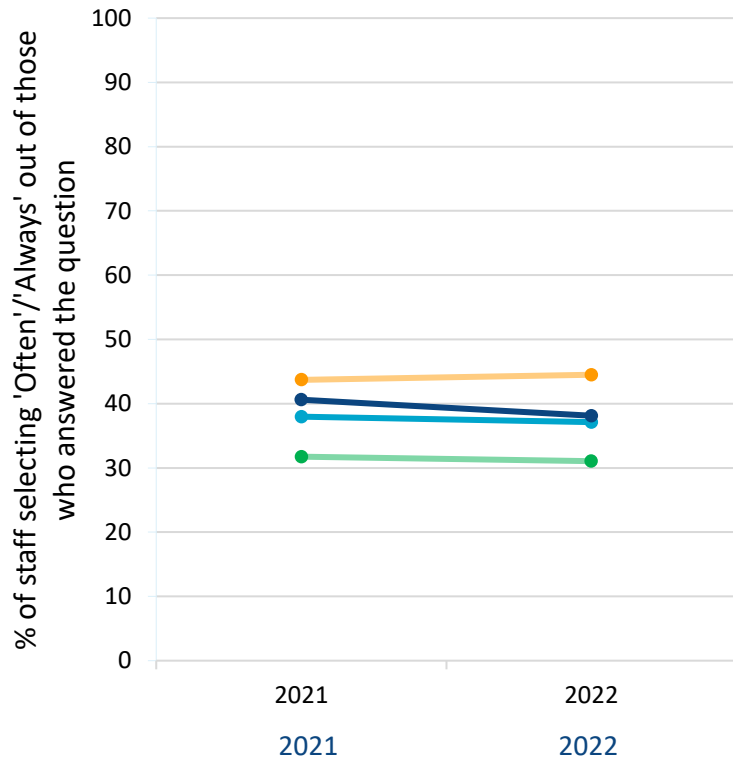
Q14d The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?



	2018	2019	2020	2021	2022
Your org	46.5%	48.9%	50.0%	48.5%	50.3%
Best	61.7%	59.3%	55.6%	54.0%	57.0%
Average	45.1%	46.4%	46.3%	46.5%	47.4%
Worst	32.8%	39.9%	39.1%	40.5%	41.8%
Responses	596	482	517	825	768



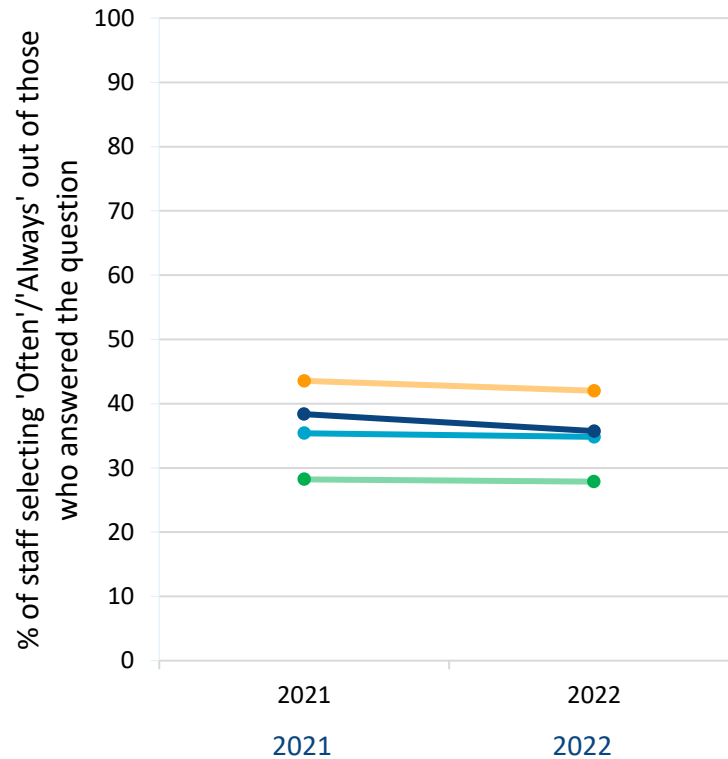
Q12a How often, if at all, do you find your work emotionally exhausting?



Your org	40.6%	38.1%
Best	31.7%	31.0%
Average	38.0%	37.1%
Worst	43.7%	44.5%

Responses 2272 2215

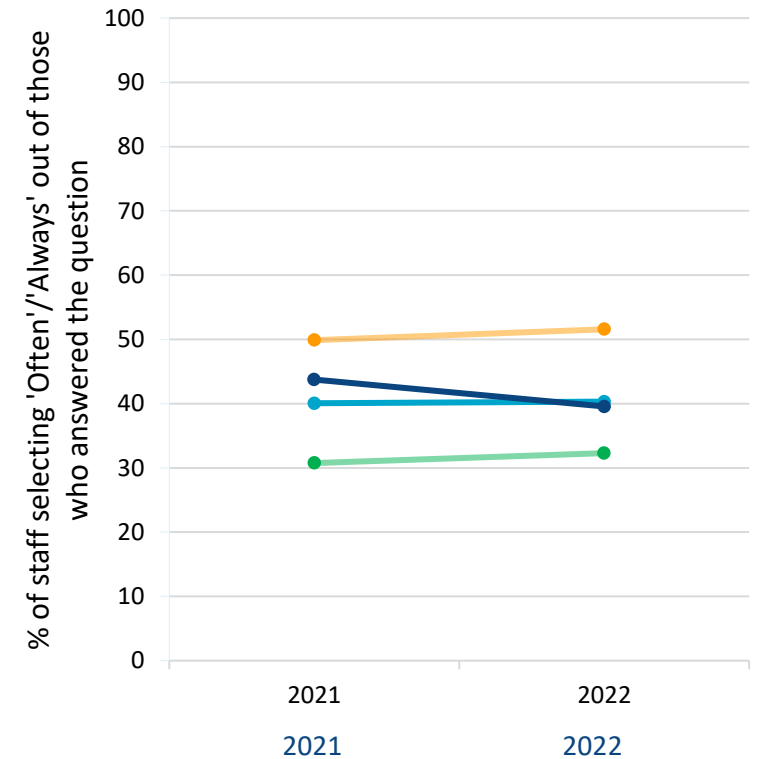
Q12b How often, if at all, do you feel burnt out because of your work?



Your org	38.4%	35.7%
Best	28.2%	27.9%
Average	35.4%	34.8%
Worst	43.5%	42.0%

Responses 2266 2213

Q12c How often, if at all, does your work frustrate you?

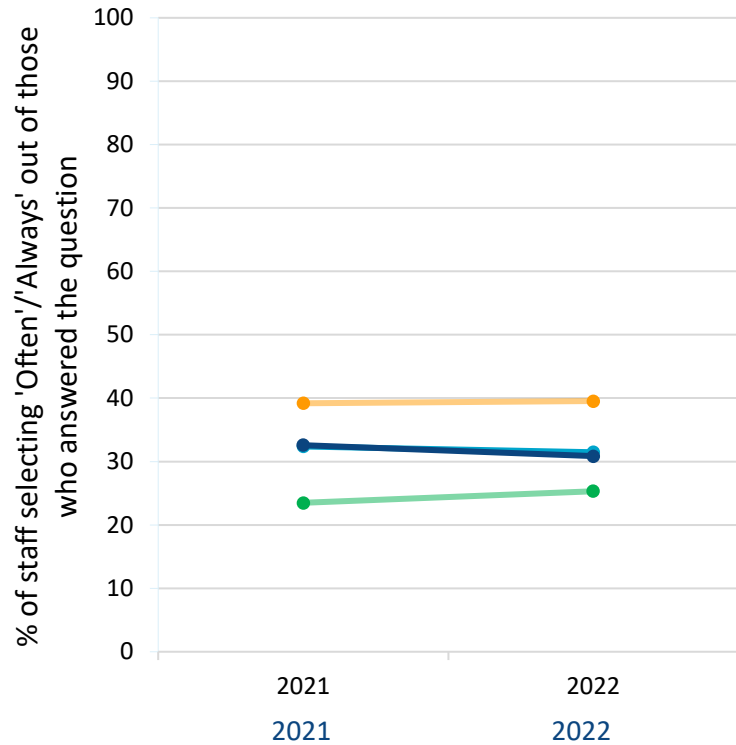


Your org	43.8%	39.6%
Best	30.8%	32.3%
Average	40.1%	40.3%
Worst	49.9%	51.6%

Responses 2262 2212



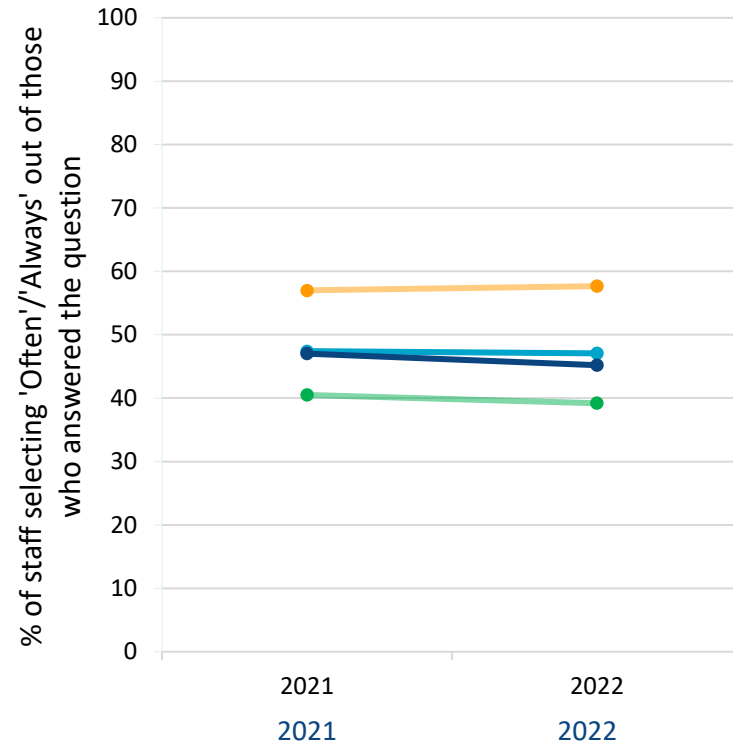
Q12d How often, if at all, are you exhausted at the thought of another day/shift at work?



	2021	2022
Your org	32.6%	30.8%
Best	23.5%	25.3%
Average	32.4%	31.5%
Worst	39.2%	39.5%

Responses 2256 2212

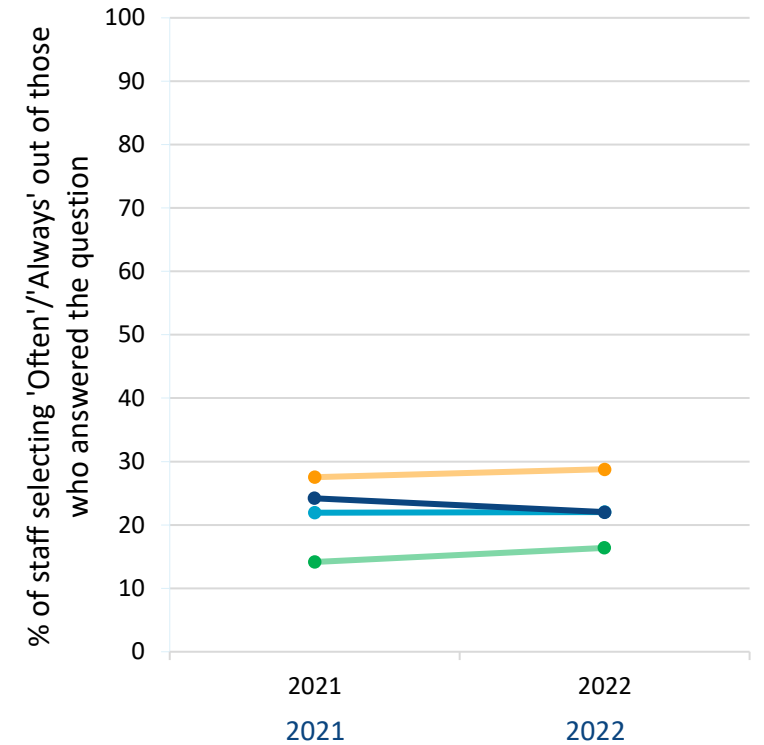
Q12e How often, if at all, do you feel worn out at the end of your working day/shift?



	2021	2022
Your org	47.0%	45.2%
Best	40.5%	39.2%
Average	47.4%	47.1%
Worst	57.0%	57.7%

Responses 2263 2204

Q12f How often, if at all, do you feel that every working hour is tiring for you?

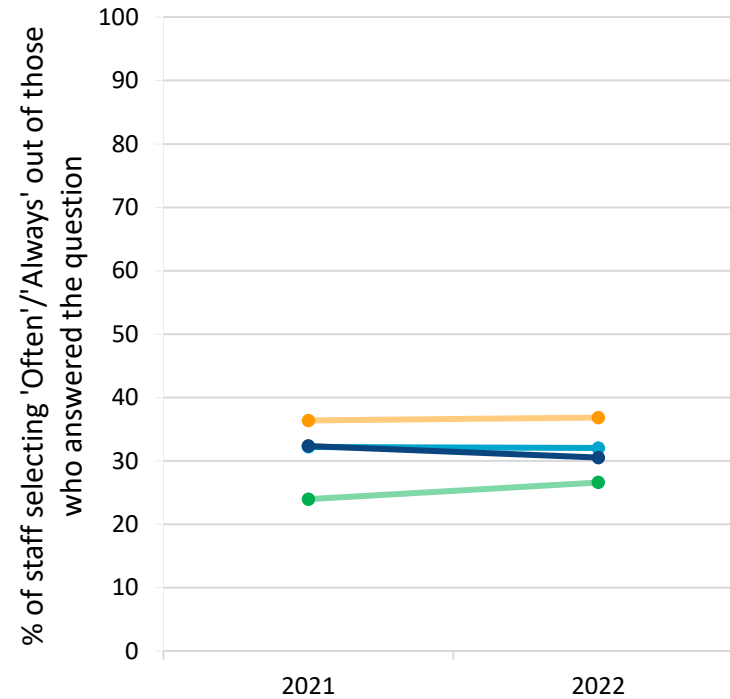


	2021	2022
Your org	24.2%	22.0%
Best	14.2%	16.4%
Average	21.9%	22.0%
Worst	27.5%	28.8%

Responses 2258 2210



Q12g How often, if at all, do you not have enough energy for family and friends during leisure time?

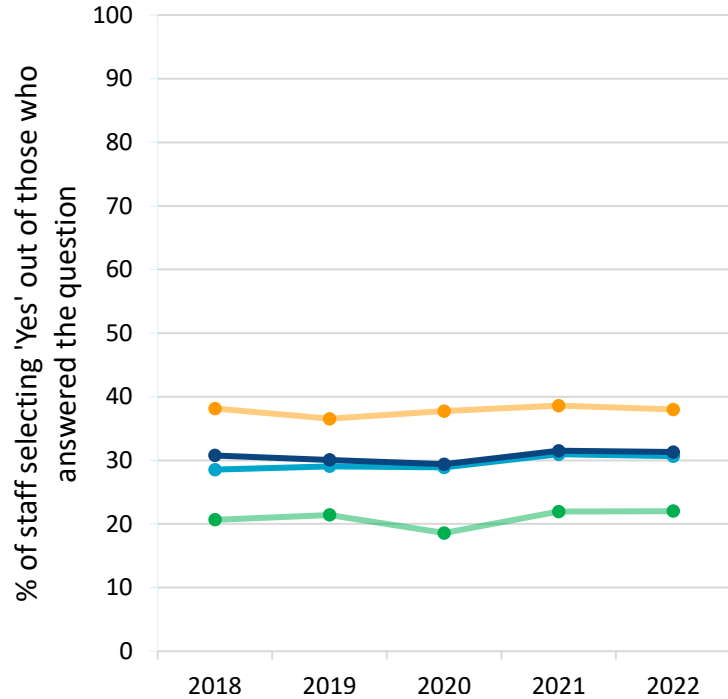


	2021	2022
Your org	32.4%	30.5%
Best	23.9%	26.6%
Average	32.2%	32.0%
Worst	36.4%	36.8%

Responses 2264 2204

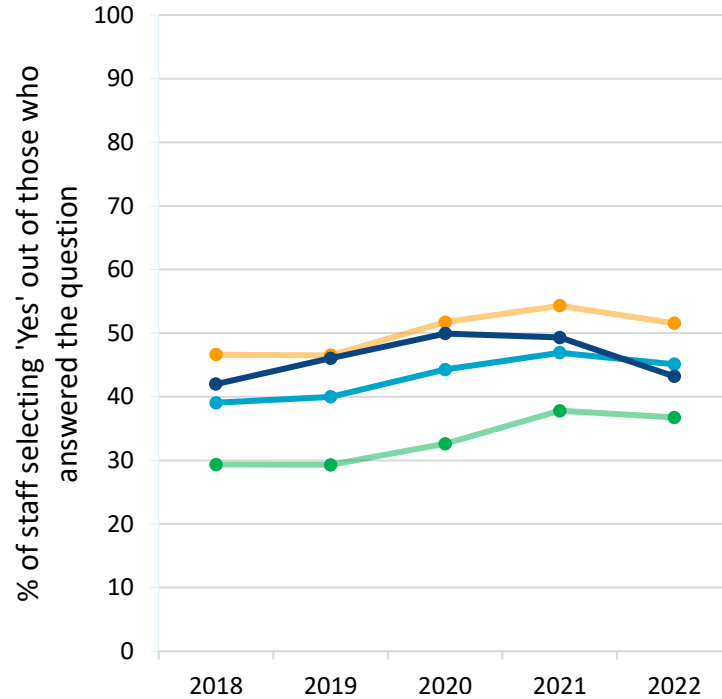


Q11b In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?



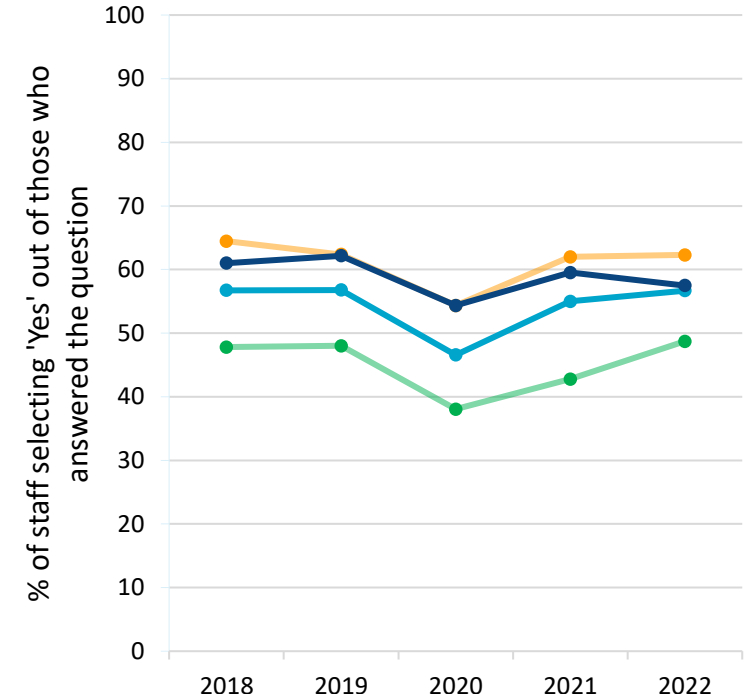
	2018	2019	2020	2021	2022
Your org	30.8%	30.1%	29.4%	31.5%	31.3%
Best	20.7%	21.4%	18.6%	21.9%	22.0%
Average	28.5%	29.1%	28.9%	31.0%	30.6%
Worst	38.1%	36.5%	37.7%	38.6%	38.0%
Responses	1656	1244	1378	2246	2206

Q11c During the last 12 months have you felt unwell as a result of work related stress?



	2018	2019	2020	2021	2022
Your org	42.0%	46.0%	49.9%	49.3%	43.2%
Best	29.3%	29.3%	32.6%	37.8%	36.7%
Average	39.1%	40.0%	44.3%	46.9%	45.1%
Worst	46.6%	46.5%	51.7%	54.3%	51.5%
Responses	1660	1253	1384	2251	2202

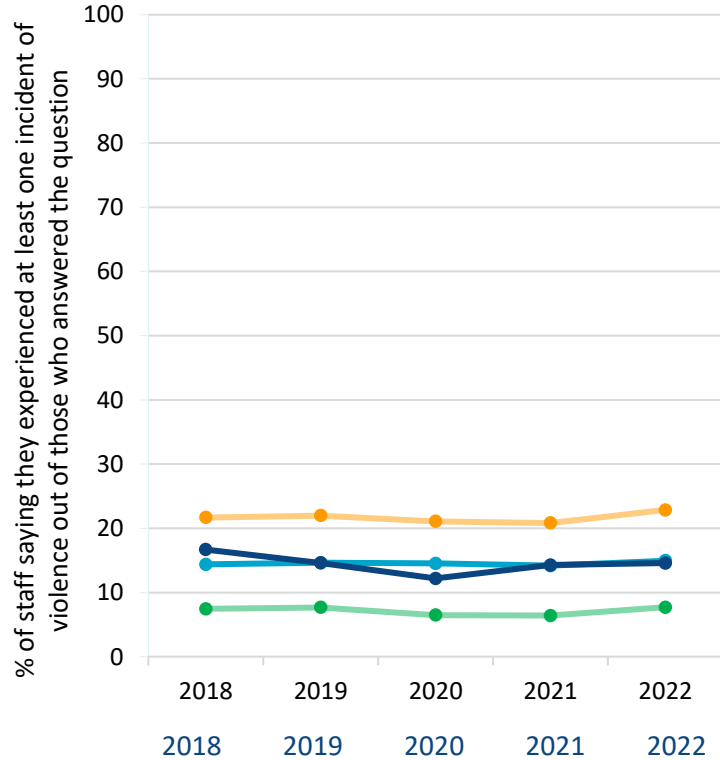
Q11d In the last three months have you ever come to work despite not feeling well enough to perform your duties?



	2018	2019	2020	2021	2022
Your org	61.0%	62.2%	54.3%	59.5%	57.5%
Best	47.8%	48.0%	38.0%	42.8%	48.7%
Average	56.7%	56.8%	46.6%	55.0%	56.7%
Worst	64.5%	62.4%	54.3%	62.0%	62.3%
Responses	1656	1249	1385	2249	2192

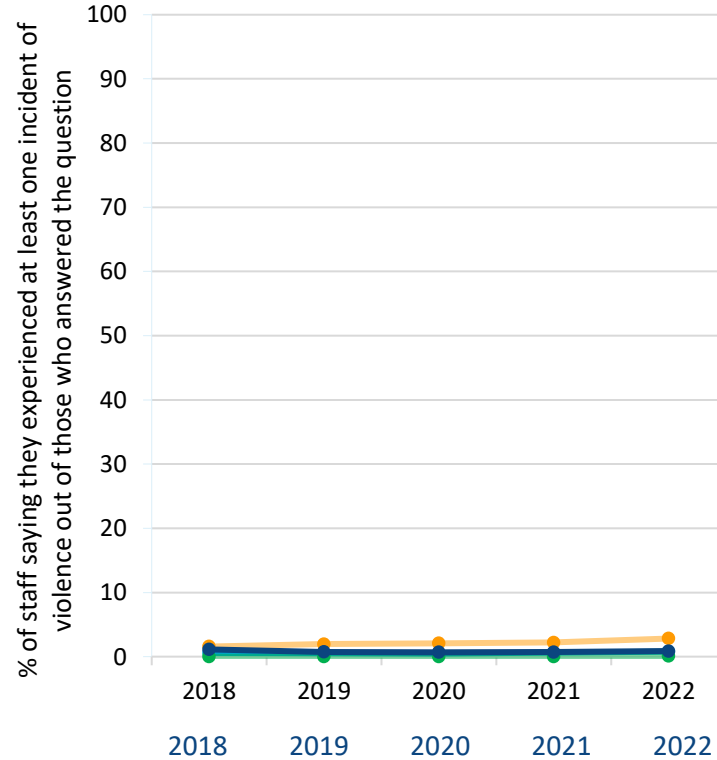


Q13a In the last 12 months how many times have you personally experienced physical violence at work from...? Patients / service users, their relatives or other members of the public.



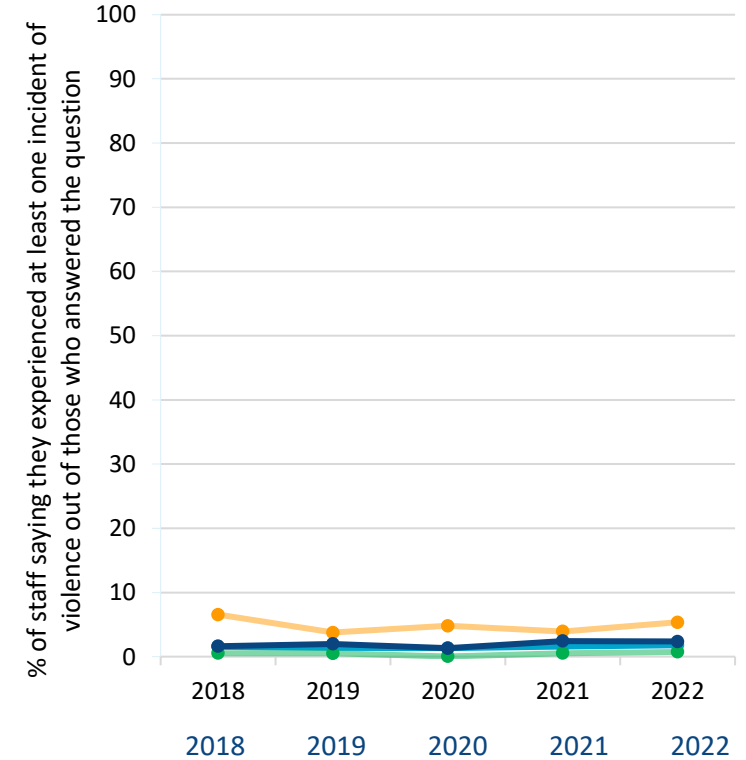
	2018	2019	2020	2021	2022
Your org	21.7%	22.0%	21.1%	20.8%	22.8%
Best	7.5%	7.7%	6.5%	6.4%	7.7%
Average	14.4%	14.6%	14.5%	14.2%	15.0%
Worst	16.7%	14.6%	12.2%	14.3%	14.6%
Responses	1649	1247	1385	2270	2207

Q13b In the last 12 months how many times have you personally experienced physical violence at work from...? Managers.



	2018	2019	2020	2021	2022
Your org	1.1%	0.7%	0.7%	0.7%	0.9%
Best	0.0%	0.0%	0.0%	0.0%	0.1%
Average	0.6%	0.5%	0.5%	0.6%	0.8%
Worst	1.6%	2.0%	2.1%	2.2%	2.9%
Responses	1625	1234	1369	2242	2177

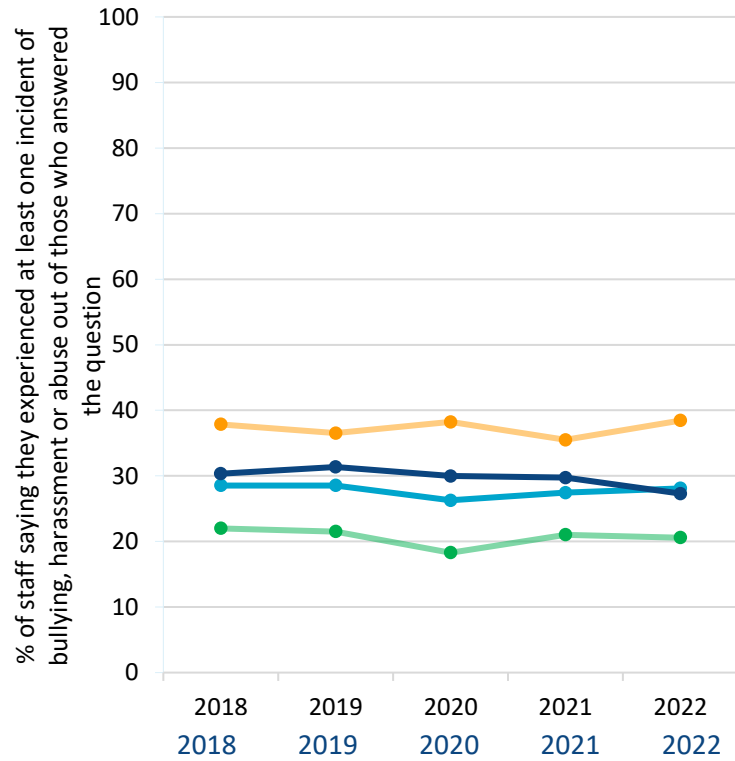
Q13c In the last 12 months how many times have you personally experienced physical violence at work from...? Other colleagues.



	2018	2019	2020	2021	2022
Your org	1.6%	2.0%	1.3%	2.4%	2.4%
Best	0.6%	0.5%	0.1%	0.6%	0.7%
Average	1.5%	1.4%	1.4%	1.6%	1.8%
Worst	6.6%	3.8%	4.8%	4.0%	5.4%
Responses	1618	1221	1358	2220	2169

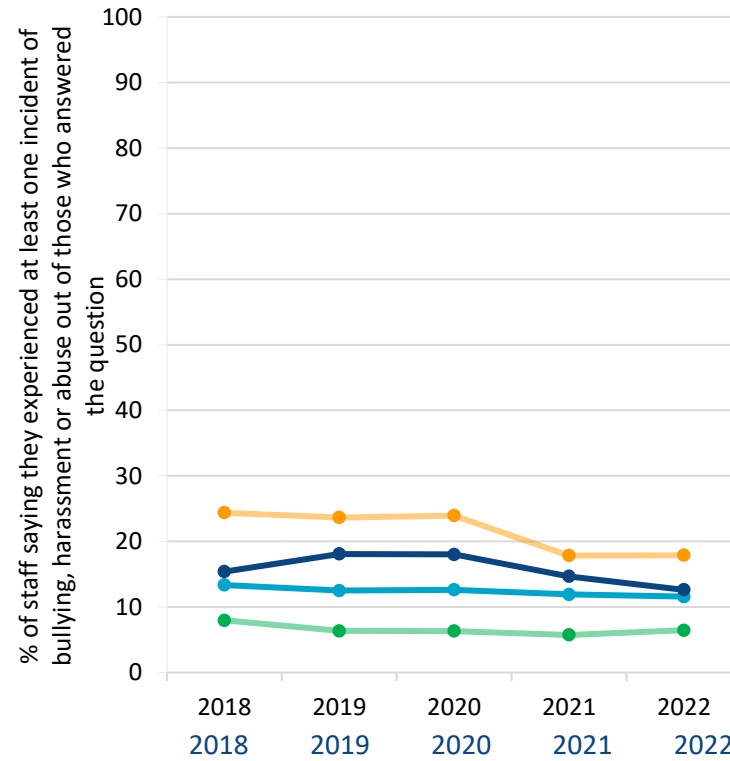


Q14a In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Patients / service users, their relatives or other members of the public.



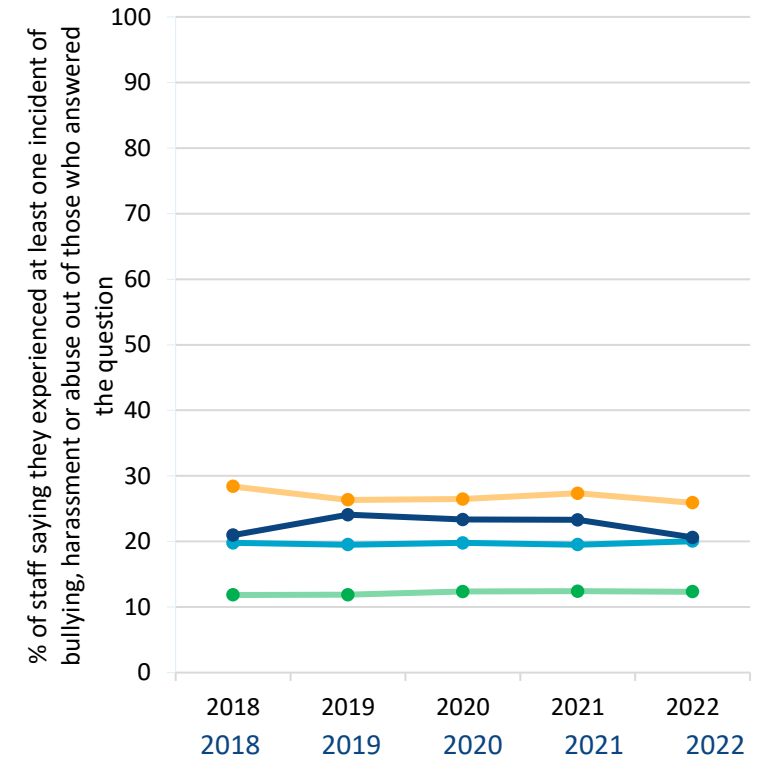
Year	2018	2019	2020	2021	2022
Your org	30.3%	31.4%	30.0%	29.7%	27.3%
Best	22.0%	21.5%	18.3%	21.0%	20.6%
Average	28.5%	28.5%	26.3%	27.4%	28.1%
Worst	37.9%	36.5%	38.2%	35.5%	38.5%
Responses	1651	1246	1376	2253	2209

Q14b In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Managers.



Year	2018	2019	2020	2021	2022
Your org	15.4%	18.1%	18.0%	14.7%	12.6%
Best	8.0%	6.4%	6.3%	5.7%	6.4%
Average	13.3%	12.5%	12.6%	11.9%	11.6%
Worst	24.4%	23.7%	23.9%	17.8%	17.9%
Responses	1631	1229	1363	2222	2181

Q14c In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Other colleagues.



Year	2018	2019	2020	2021	2022
Your org	20.9%	24.1%	23.3%	23.3%	20.6%
Best	11.8%	11.9%	12.4%	12.4%	12.3%
Average	19.8%	19.5%	19.8%	19.5%	20.0%
Worst	28.4%	26.3%	26.5%	27.3%	25.9%
Responses	1636	1219	1357	2220	2173

People Promise element – We are always learning



Questions included:

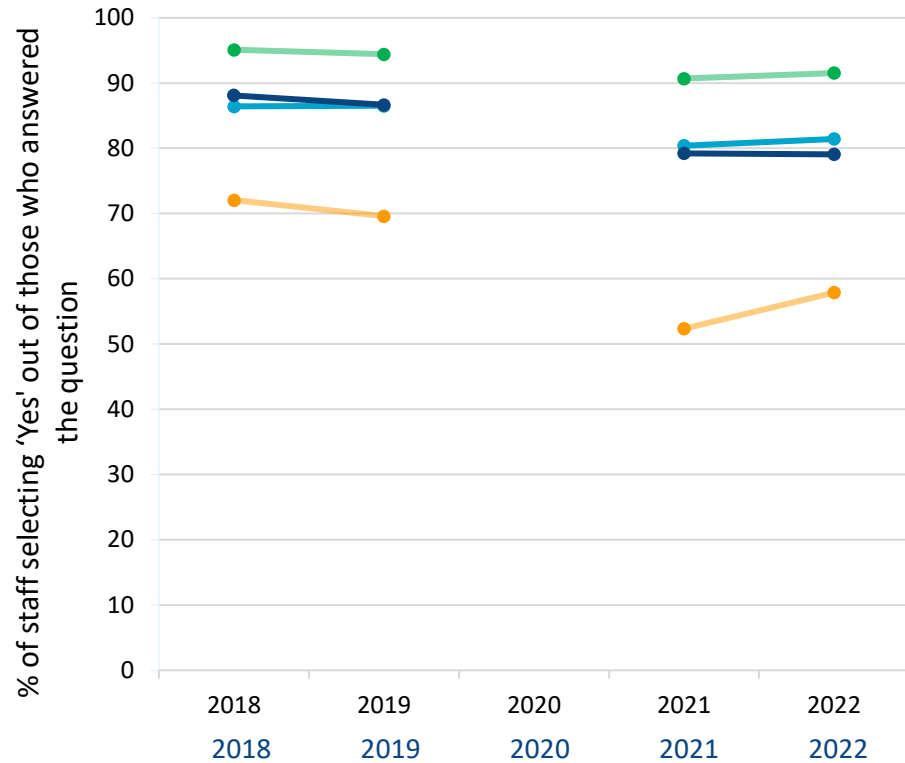
Development – Q22a, Q22b, Q22c, Q22d, Q22e

Appraisals – Q21b, Q21c, Q21d

*Q21a is a filter question and therefore influences the sub-score without being a directly scored question.

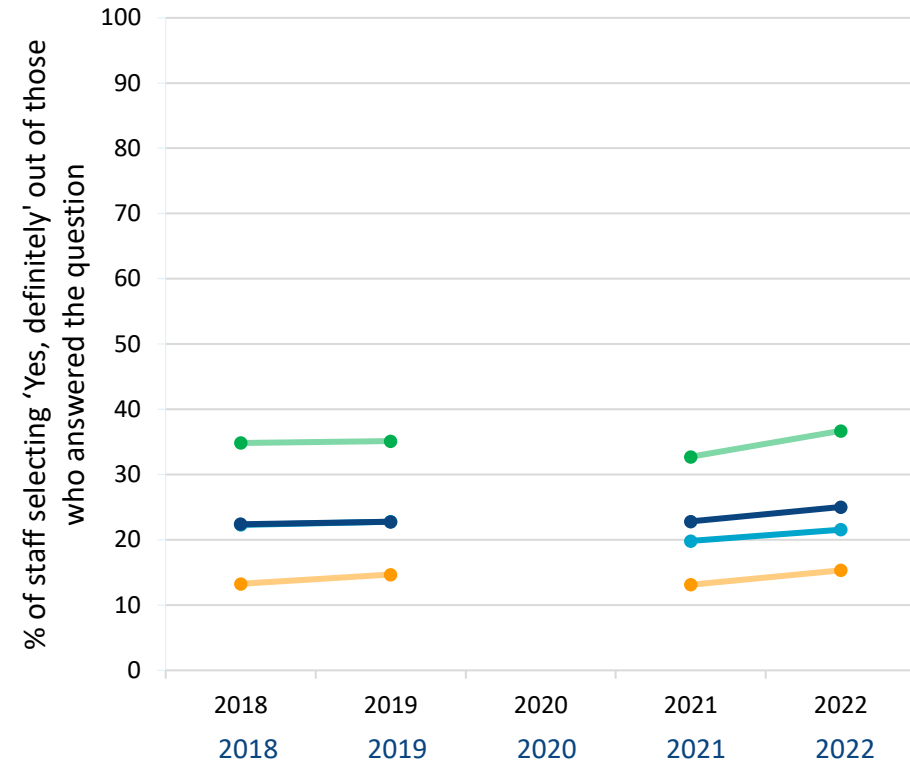


Q21a In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?



Your org	88.1%	86.7%	-	79.2%	79.1%
Best	95.1%	94.4%	-	90.7%	91.5%
Average	86.4%	86.5%	-	80.4%	81.4%
Worst	72.1%	69.6%	-	52.4%	57.9%
Responses	1632	1235	-	2240	2200

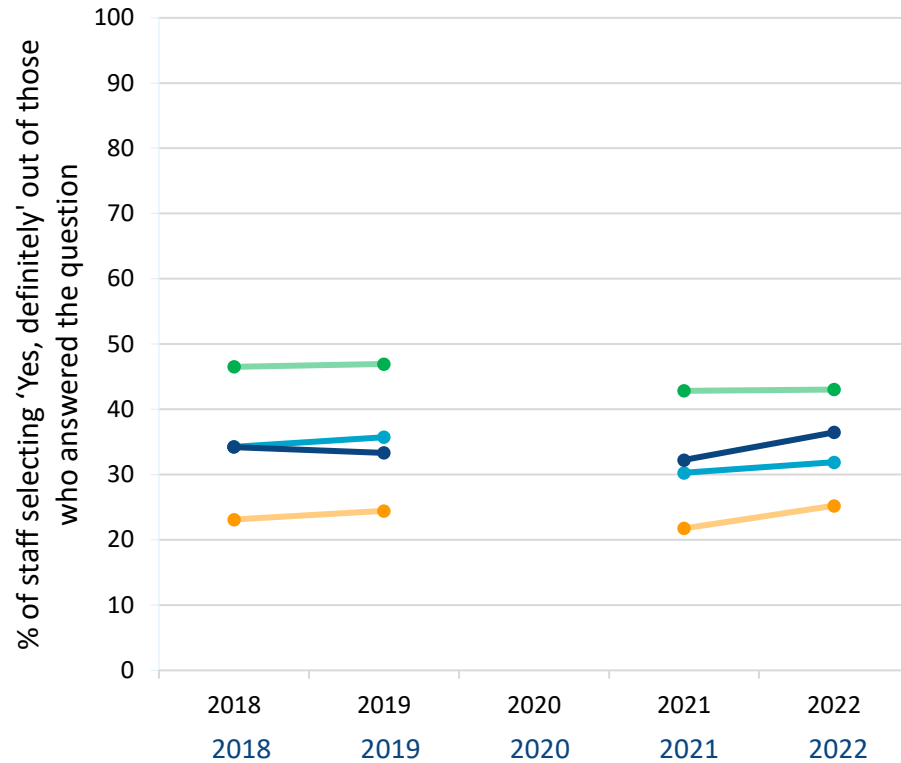
Q21b It helped me to improve how I do my job.



Your org	22.4%	22.8%	-	22.8%	25.0%
Best	34.8%	35.1%	-	32.7%	36.7%
Average	22.3%	22.8%	-	19.8%	21.5%
Worst	13.2%	14.7%	-	13.1%	15.3%
Responses	1410	1050	-	1740	1725

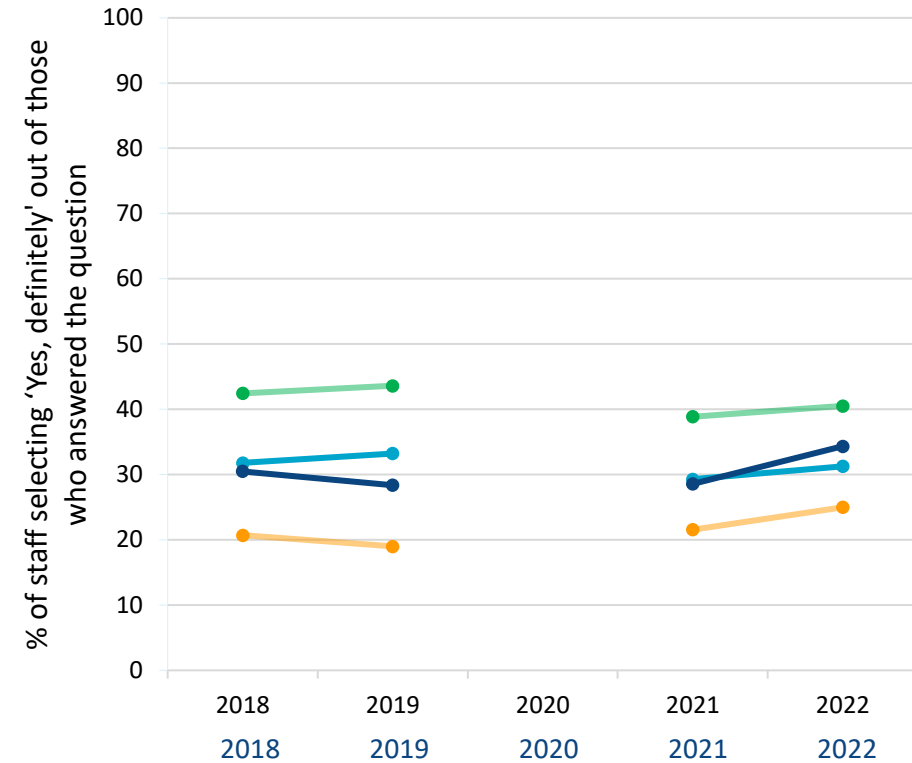


Q21c It helped me agree clear objectives for my work.



Your org	34.2%	33.3%	-	32.2%	36.5%
Best	46.5%	46.9%	-	42.8%	43.0%
Average	34.3%	35.7%	-	30.2%	31.9%
Worst	23.1%	24.4%	-	21.8%	25.2%
Responses	1406	1047	-	1732	1727

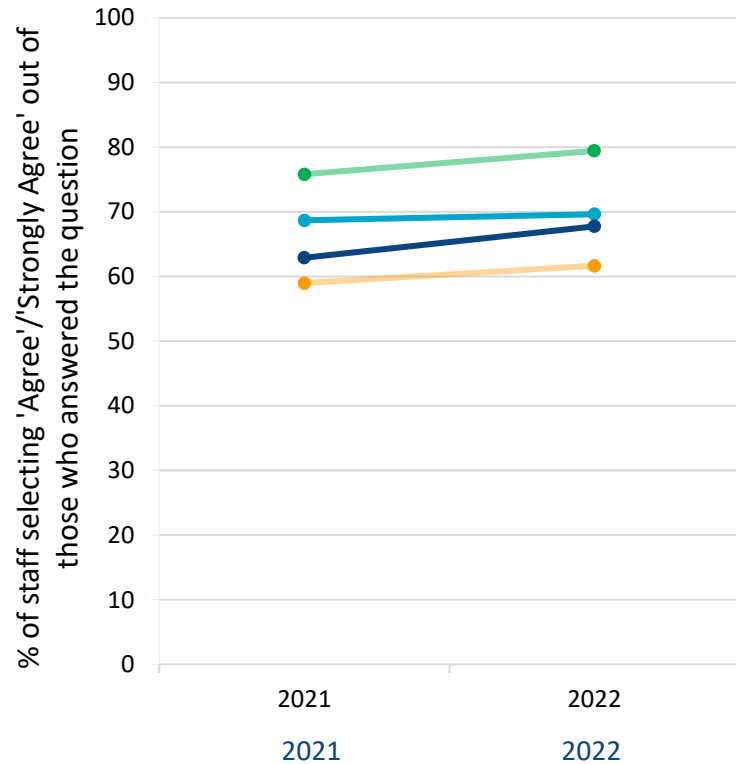
Q21d It left me feeling that my work is valued by my organisation.



Your org	30.5%	28.4%	-	28.6%	34.3%
Best	42.4%	43.6%	-	38.9%	40.5%
Average	31.8%	33.2%	-	29.3%	31.3%
Worst	20.7%	19.0%	-	21.5%	25.0%
Responses	1408	1044	-	1736	1726

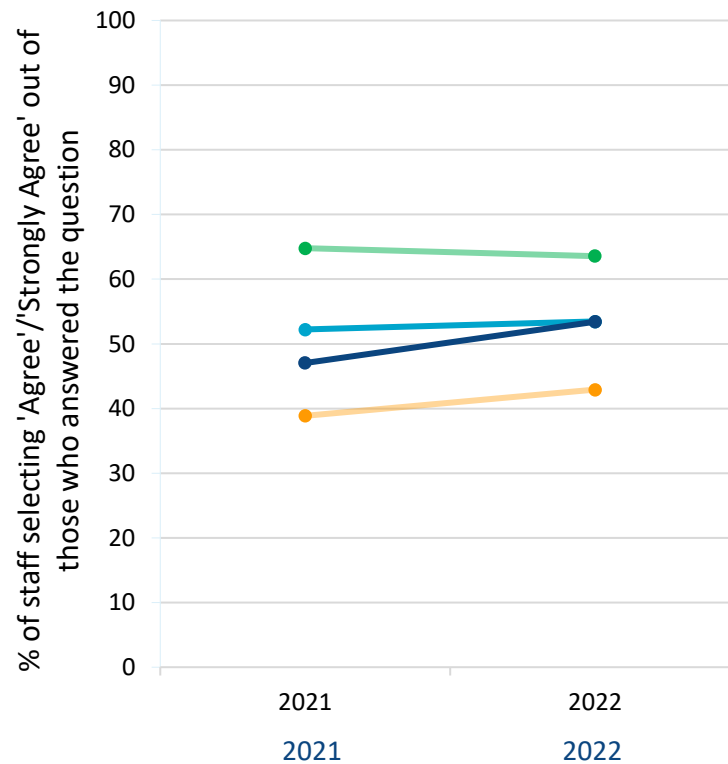


Q22a This organisation offers me challenging work.



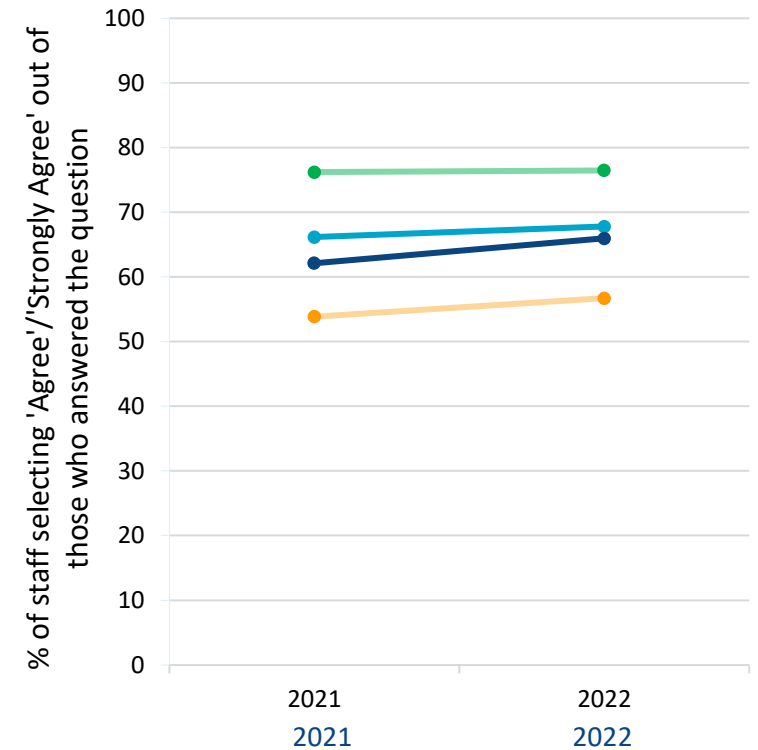
	2021	2022
Your org	62.9%	67.8%
Best	75.8%	79.4%
Average	68.7%	69.6%
Worst	59.0%	61.7%
Responses	2262	2201

Q22b There are opportunities for me to develop my career in this organisation.



	2021	2022
Your org	47.0%	53.4%
Best	64.8%	63.6%
Average	52.2%	53.4%
Worst	38.9%	42.9%
Responses	2260	2200

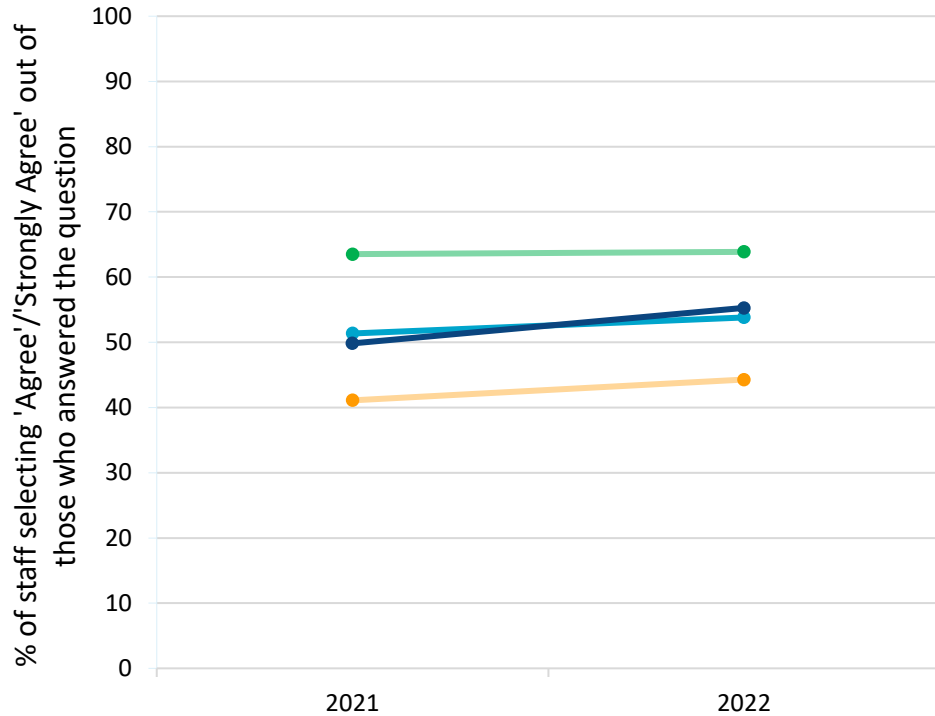
Q22c I have opportunities to improve my knowledge and skills.



	2021	2022
Your org	62.1%	66.0%
Best	76.2%	76.5%
Average	66.2%	67.8%
Worst	53.9%	56.7%
Responses	2264	2205



Q22d I feel supported to develop my potential.



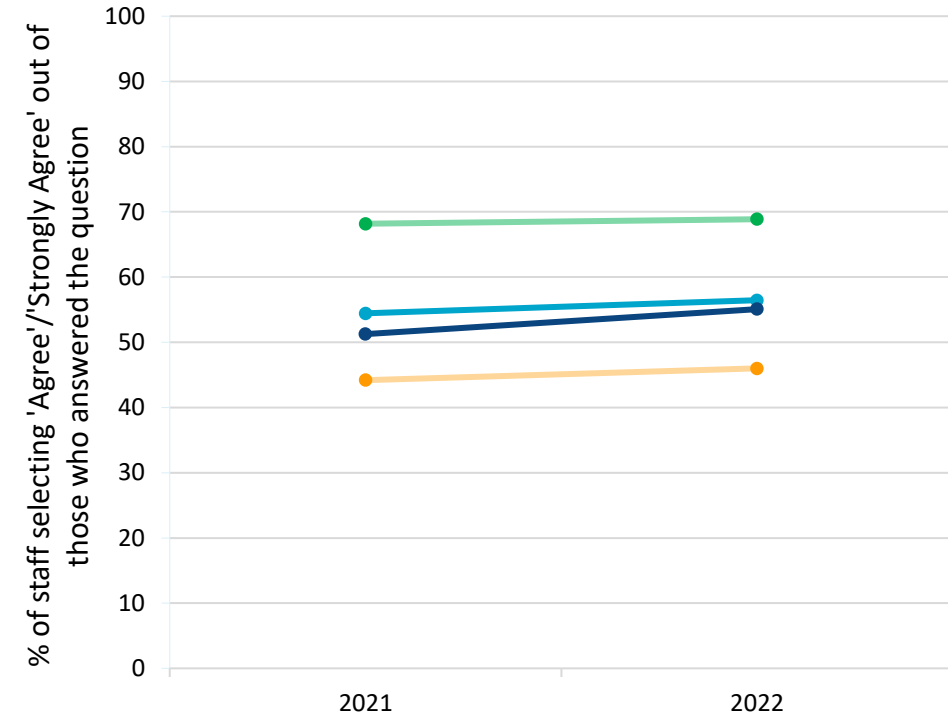
	2021	2022
Your org	49.9%	55.3%
Best	63.5%	63.9%
Average	51.4%	53.8%
Worst	41.1%	44.3%

Responses

2251

2202

Q22e I am able to access the right learning and development opportunities when I need to.



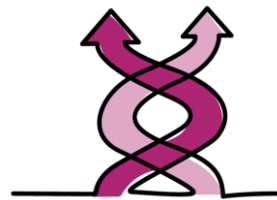
	2021	2022
Your org	51.2%	55.1%
Best	68.2%	68.9%
Average	54.4%	56.4%
Worst	44.2%	46.0%

Responses

2248

2198

People Promise element – We work flexibly



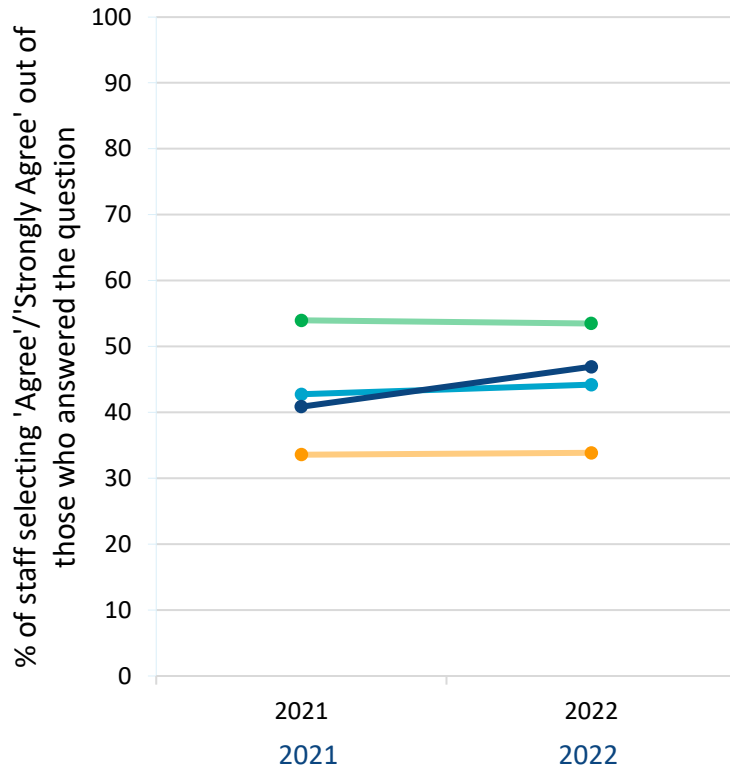
Questions included:

Support for work-life balance – Q6b, Q6c, Q6d

Flexible working – Q4d



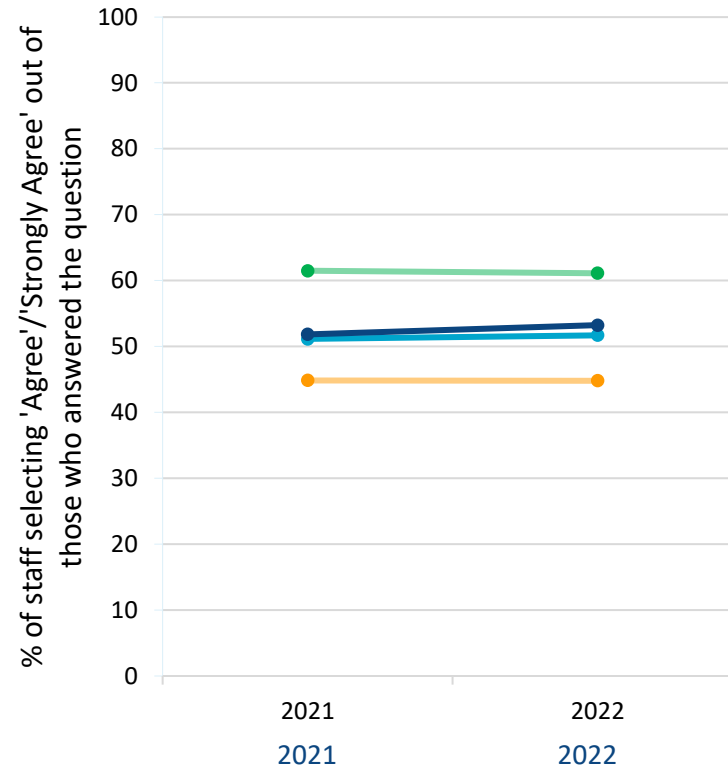
Q6b My organisation is committed to helping me balance my work and home life.



Your org	40.8%	46.9%
Best	54.0%	53.5%
Average	42.7%	44.2%
Worst	33.6%	33.9%

Responses 2266 2211

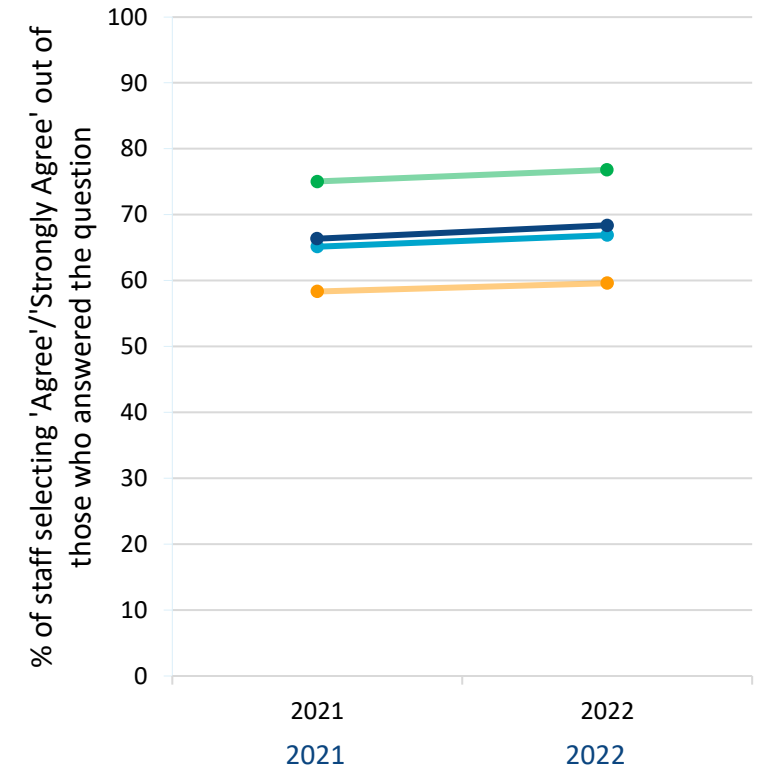
Q6c I achieve a good balance between my work life and my home life.



Your org	51.8%	53.2%
Best	61.5%	61.1%
Average	51.1%	51.7%
Worst	44.9%	44.8%

Responses 2265 2214

Q6d I can approach my immediate manager to talk openly about flexible working.

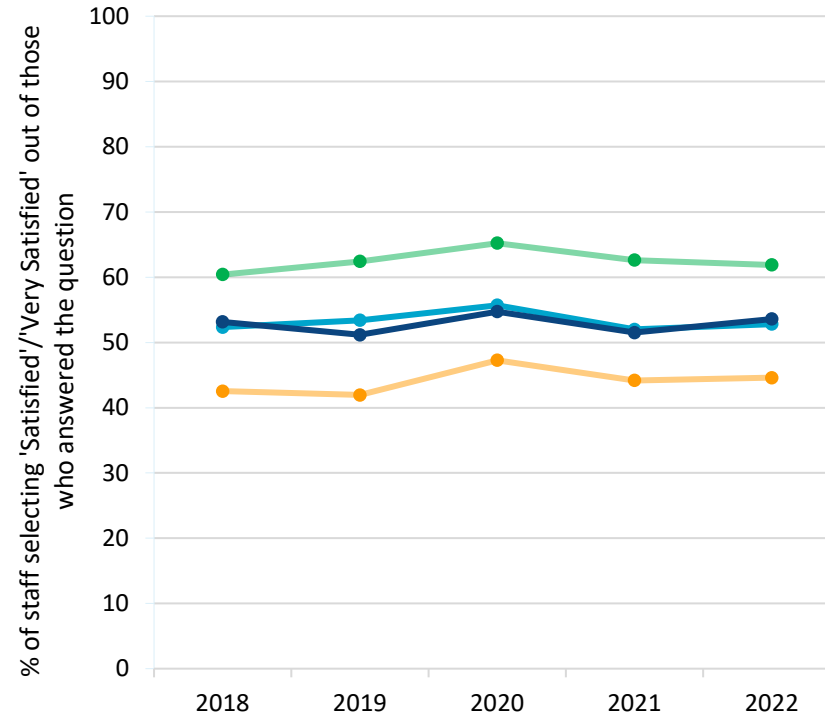


Your org	66.3%	68.4%
Best	75.0%	76.8%
Average	65.2%	66.9%
Worst	58.4%	59.6%

Responses 2268 2211

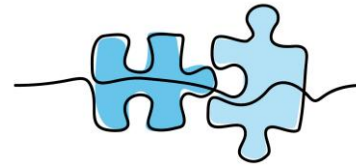


Q4d How satisfied are you with each of the following aspects of your job? The opportunities for flexible working patterns.



	2018	2019	2020	2021	2022
Your org	53.2%	51.2%	54.7%	51.5%	53.6%
Best	60.4%	62.4%	65.2%	62.6%	61.9%
Average	52.3%	53.4%	55.7%	52.0%	52.8%
Worst	42.5%	42.0%	47.3%	44.2%	44.6%
Responses	1668	1254	1386	2263	2222

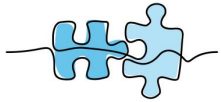
People Promise element – We are a team



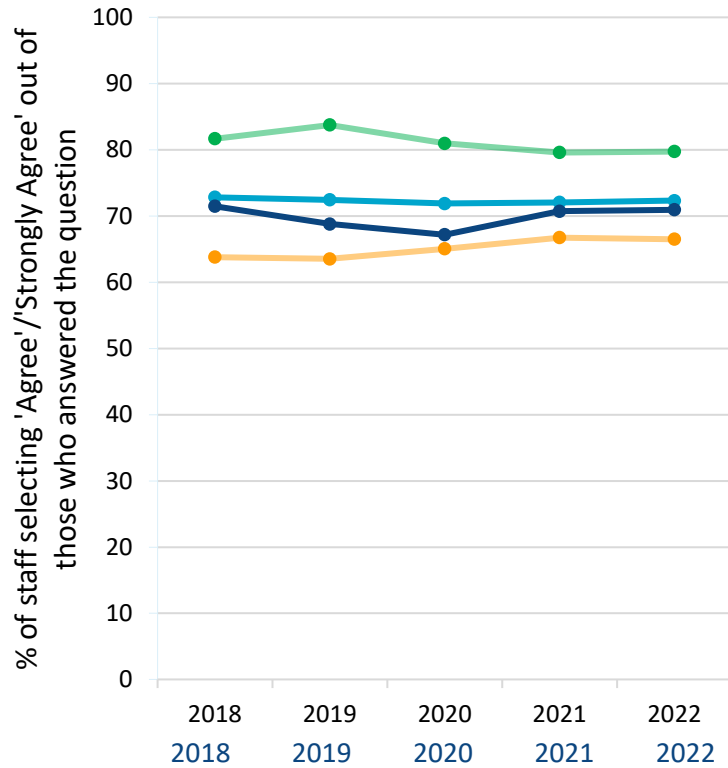
Questions included:

Teamworking – Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a

Line management – Q9a, Q9b, Q9c, Q9d

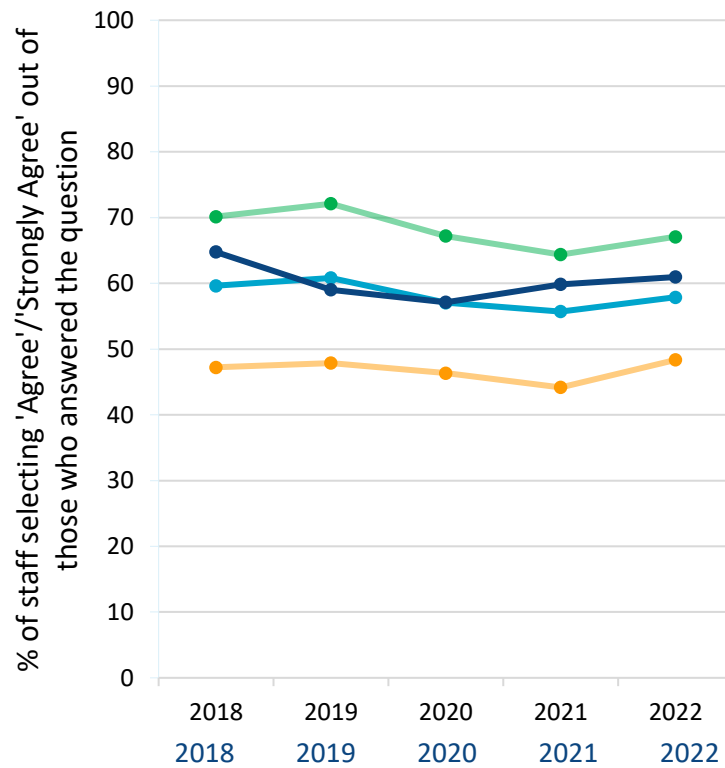


Q7a The team I work in has a set of shared objectives.



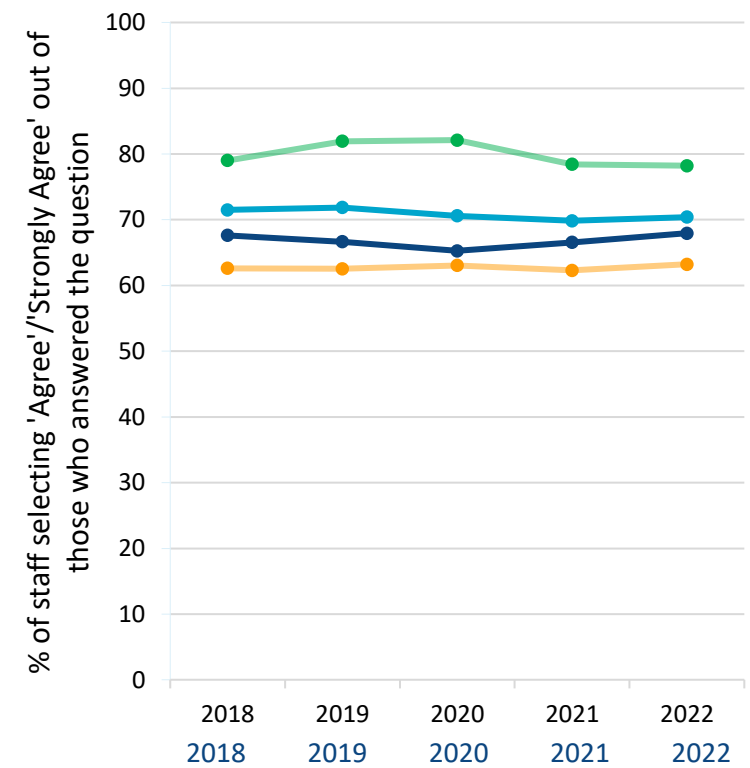
Your org	71.4%	68.8%	67.2%	70.7%	70.9%
Best	81.7%	83.8%	81.0%	79.6%	79.8%
Average	72.8%	72.5%	71.9%	72.1%	72.3%
Worst	63.8%	63.5%	65.0%	66.8%	66.5%
Responses	1658	1248	1381	2272	2219

Q7b The team I work in often meets to discuss the team's effectiveness.

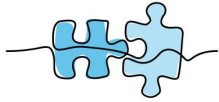


Your org	64.8%	59.0%	57.1%	59.8%	61.0%
Best	70.1%	72.1%	67.2%	64.4%	67.1%
Average	59.6%	60.8%	57.0%	55.7%	57.9%
Worst	47.2%	47.9%	46.4%	44.2%	48.4%
Responses	1671	1260	1383	2272	2218

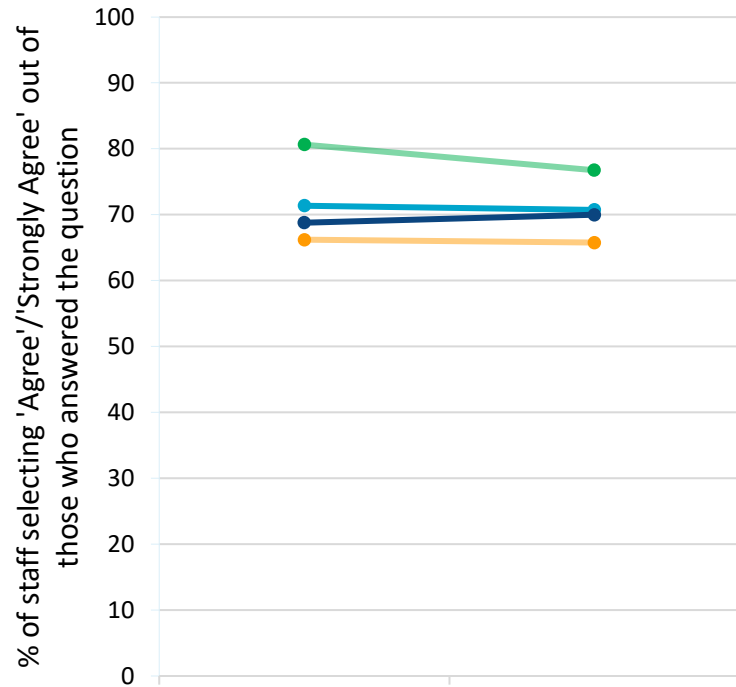
Q7c I receive the respect I deserve from my colleagues at work.



Your org	67.6%	66.6%	65.3%	66.6%	67.9%
Best	79.0%	81.9%	82.1%	78.4%	78.2%
Average	71.5%	71.8%	70.6%	69.9%	70.4%
Worst	62.6%	62.5%	63.0%	62.3%	63.2%
Responses	1674	1261	1389	2270	2220

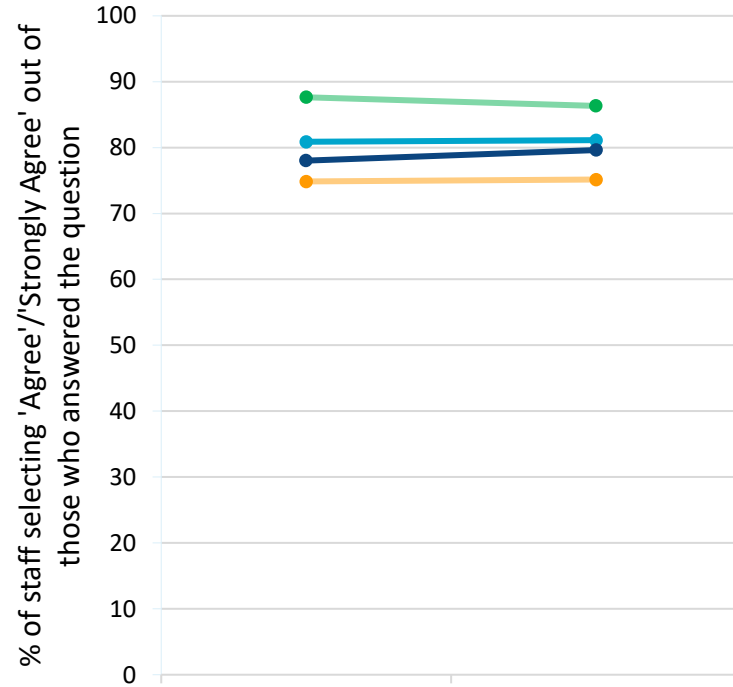


Q7d Team members understand each other's roles.



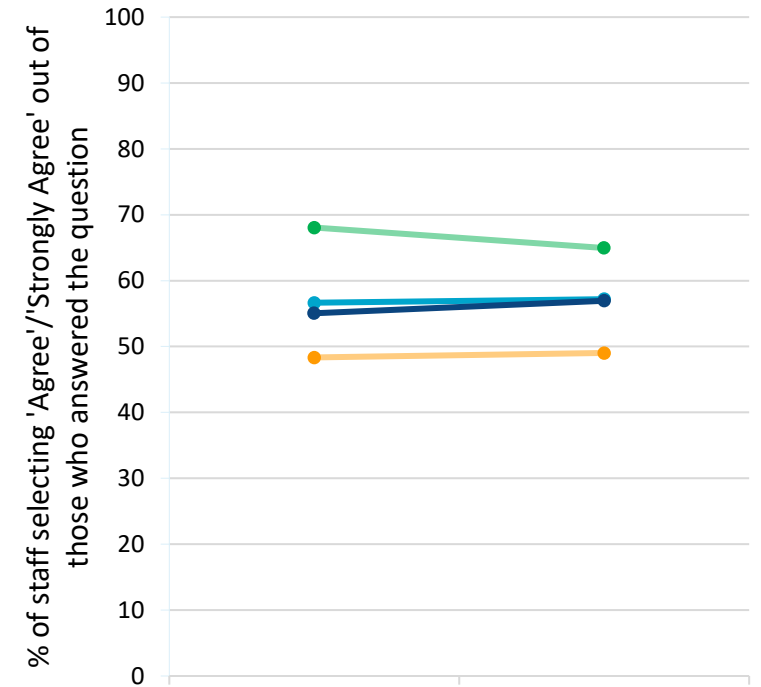
	2021	2022
Your org	68.8%	70.0%
Best	80.6%	76.8%
Average	71.4%	70.7%
Worst	66.2%	65.8%
Responses	2272	2218

Q7e I enjoy working with the colleagues in my team.

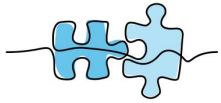


	2021	2022
Your org	78.0%	79.6%
Best	87.6%	86.3%
Average	80.9%	81.1%
Worst	74.8%	75.1%
Responses	2267	2219

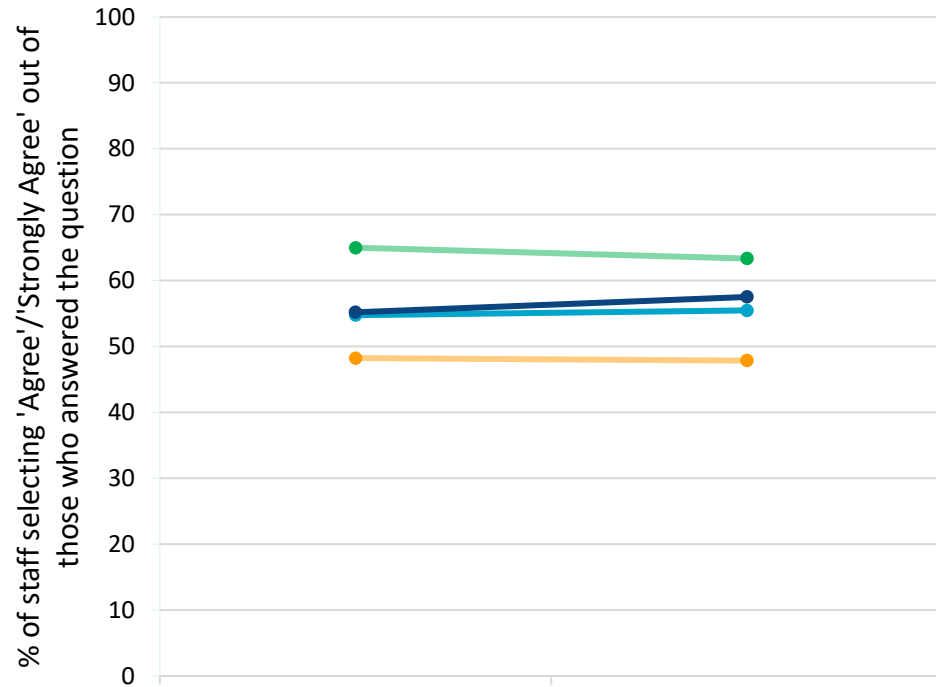
Q7f My team has enough freedom in how to do its work.



	2021	2022
Your org	55.1%	57.0%
Best	68.0%	64.9%
Average	56.6%	57.2%
Worst	48.3%	49.0%
Responses	2259	2211



Q7g In my team disagreements are dealt with constructively.



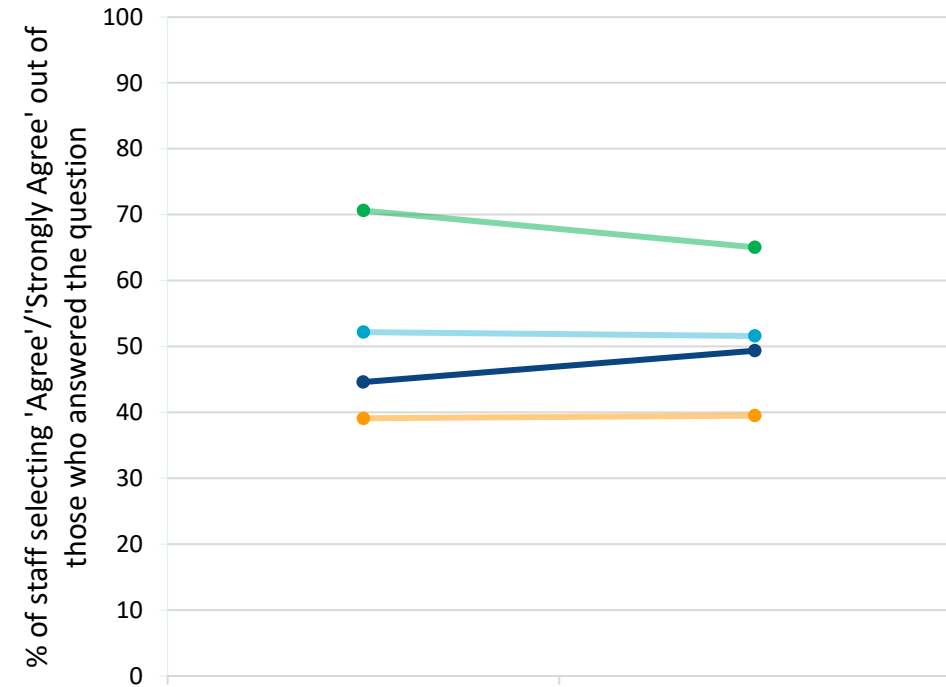
	2021	2022
Your org	55.2%	57.5%
Best	65.0%	63.3%
Average	54.8%	55.5%
Worst	48.2%	47.9%

Responses

2265

2214

Q8a Teams within this organisation work well together to achieve their objectives.

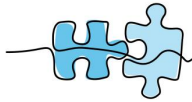


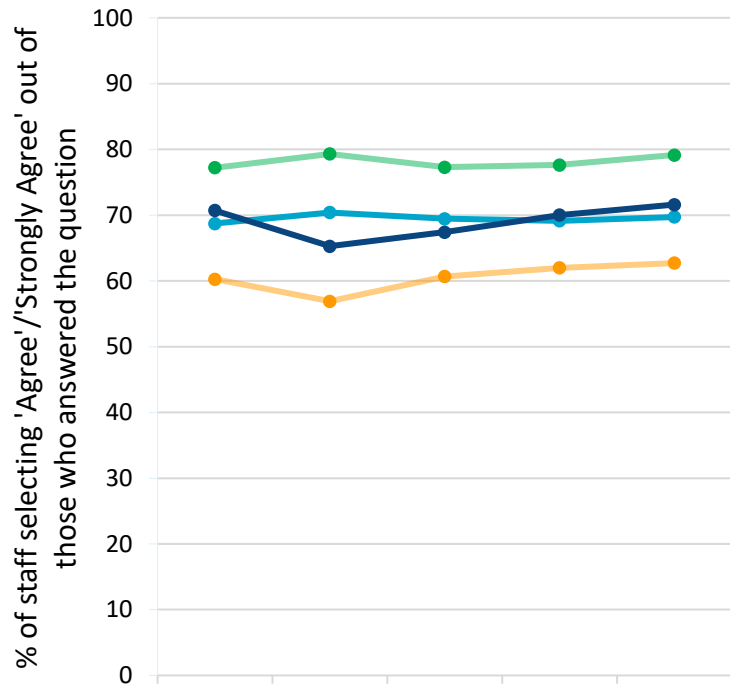
	2021	2022
Your org	44.6%	49.4%
Best	70.6%	65.1%
Average	52.2%	51.6%
Worst	39.1%	39.5%

Responses

2262

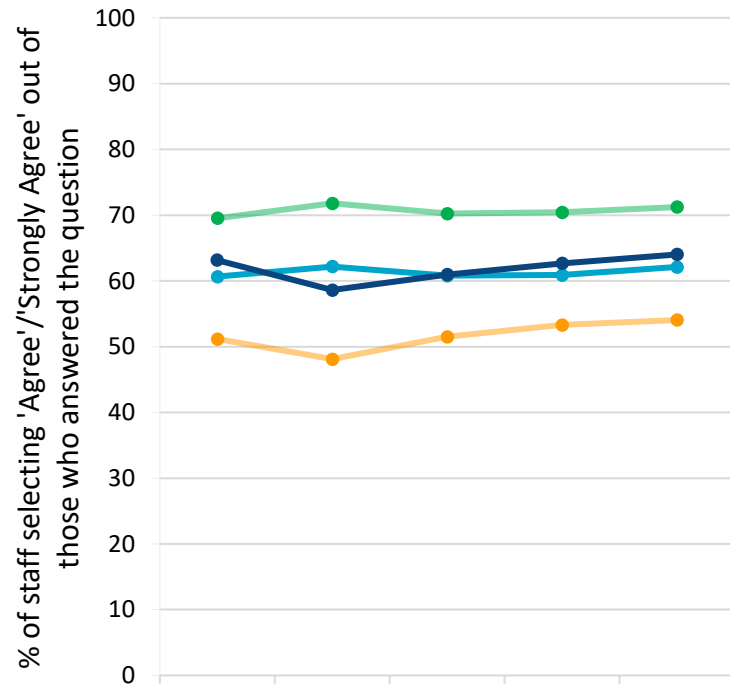
2215

 Q9a My immediate manager encourages me at work.



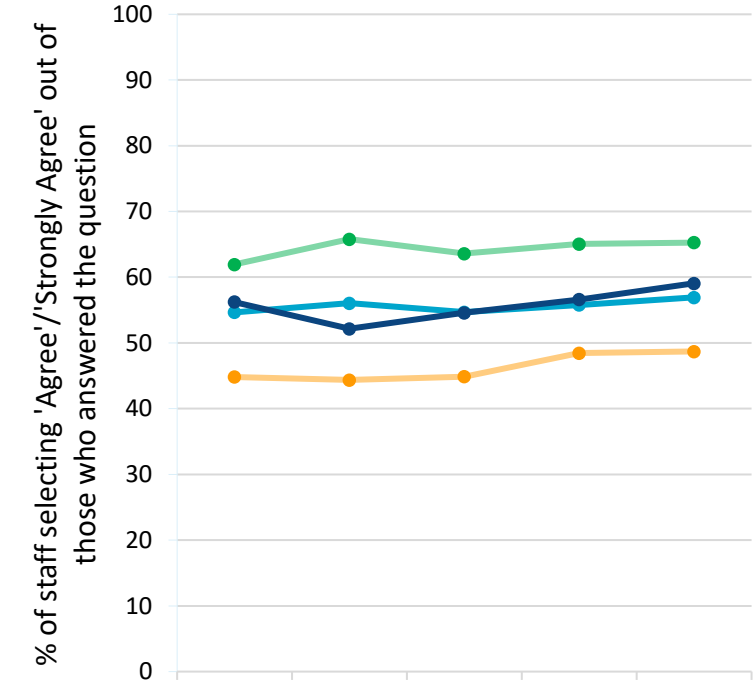
	2018	2019	2020	2021	2022
Your org	70.7%	65.3%	67.4%	70.0%	71.6%
Best	77.2%	79.3%	77.3%	77.6%	79.2%
Average	68.7%	70.4%	69.5%	69.1%	69.7%
Worst	60.3%	56.9%	60.7%	62.0%	62.7%
Responses	1670	1256	1388	2269	2218

Q9b My immediate manager gives me clear feedback on my work.

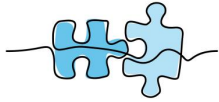


	2018	2019	2020	2021	2022
Your org	63.2%	58.6%	61.0%	62.7%	64.0%
Best	69.5%	71.8%	70.3%	70.4%	71.3%
Average	60.7%	62.2%	60.8%	60.9%	62.1%
Worst	51.2%	48.1%	51.5%	53.3%	54.1%
Responses	1663	1252	1385	2274	2216

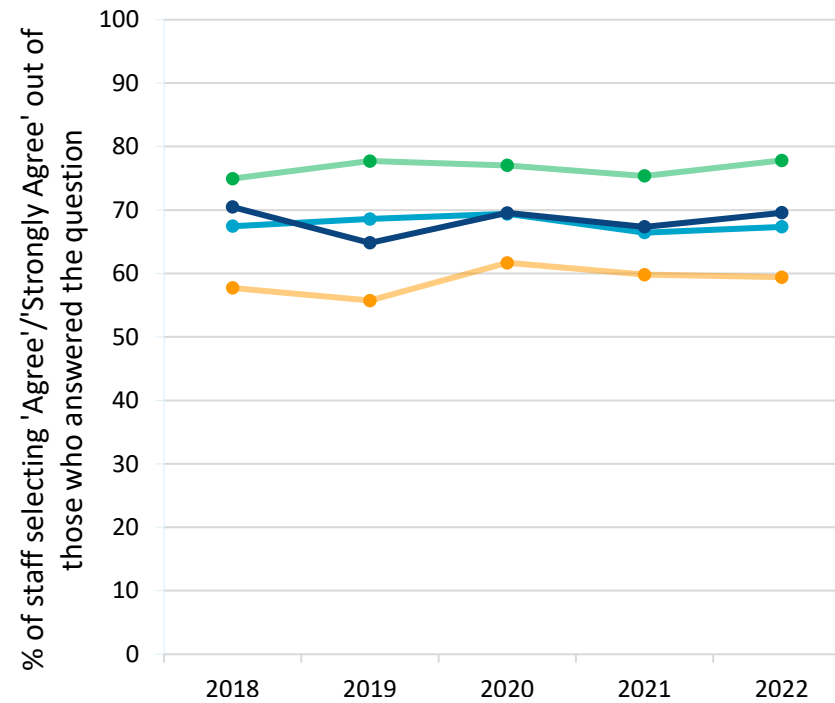
Q9c My immediate manager asks for my opinion before making decisions that affect my work.



	2018	2019	2020	2021	2022
Your org	56.2%	52.2%	54.6%	56.6%	59.1%
Best	61.9%	65.8%	63.6%	65.1%	65.3%
Average	54.7%	56.0%	54.7%	55.8%	56.9%
Worst	44.8%	44.4%	44.9%	48.4%	48.7%
Responses	1663	1256	1382	2266	2217



Q9d My immediate manager takes a positive interest in my health and well-being.



	2018	2019	2020	2021	2022
Your org	70.5%	64.8%	69.5%	67.4%	69.6%
Best	74.9%	77.7%	77.0%	75.4%	77.8%
Average	67.5%	68.6%	69.4%	66.4%	67.4%
Worst	57.7%	55.7%	61.7%	59.8%	59.4%

Responses 1667 1254 1385 2275 2218

Theme – Staff engagement

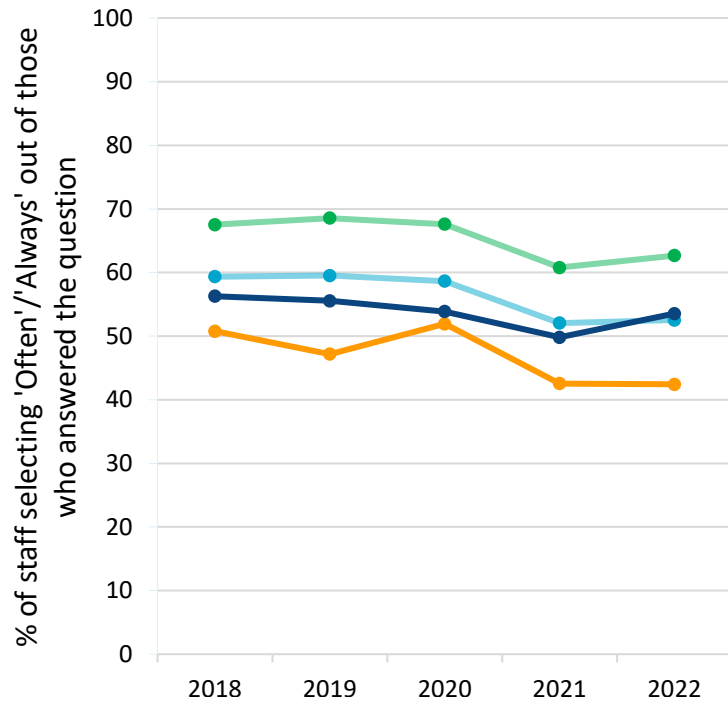
Questions included:

Motivation – Q2a, Q2b, Q2c

Involvement – Q3c, Q3d, Q3f

Advocacy – Q23a, Q23c, Q23d

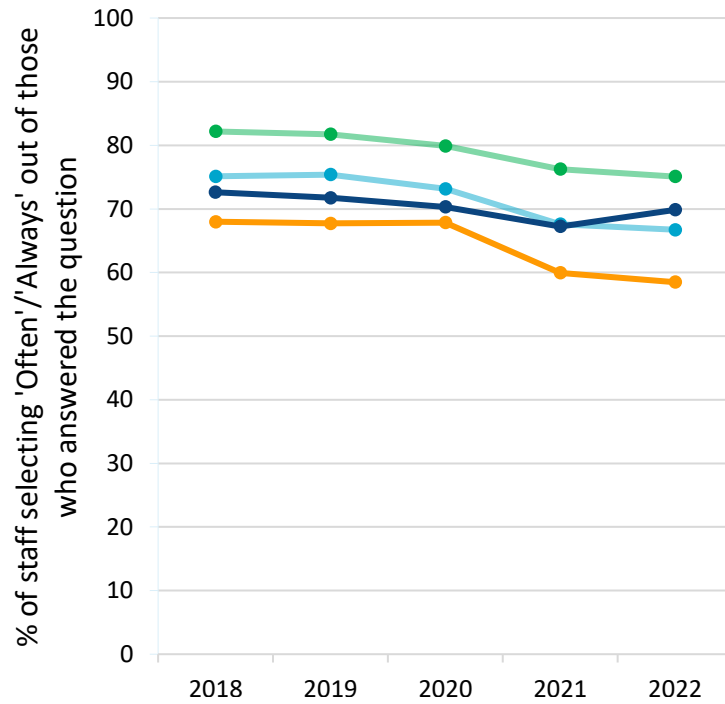
Q2a I look forward to going to work.



	2018	2019	2020	2021	2022
Your org	56.3%	55.6%	53.9%	49.8%	53.5%
Best	67.5%	68.6%	67.6%	60.8%	62.7%
Average	59.4%	59.5%	58.6%	52.0%	52.5%
Worst	50.8%	47.2%	51.9%	42.5%	42.4%

Responses 1669 1270 1383 2258 2207

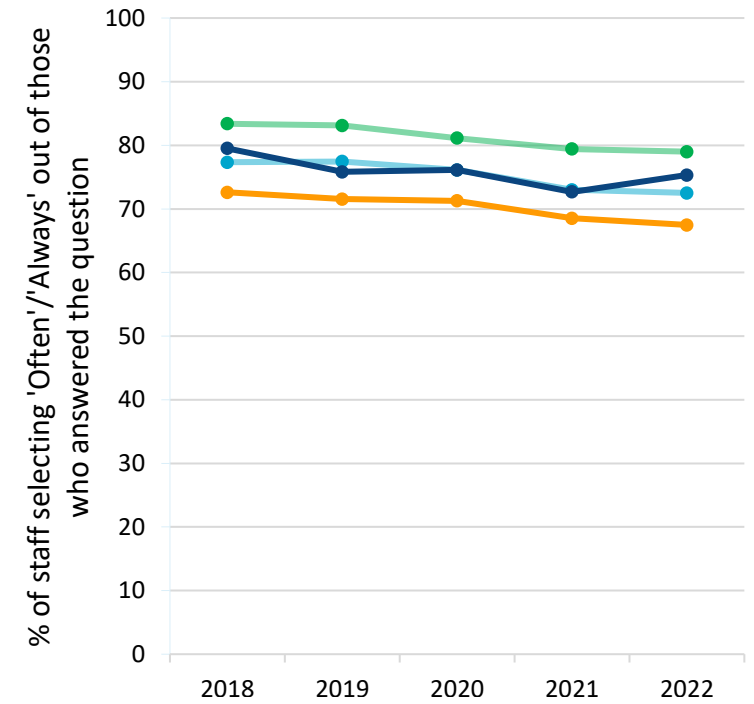
Q2b I am enthusiastic about my job.



	2018	2019	2020	2021	2022
Your org	72.6%	71.7%	70.3%	67.3%	69.9%
Best	82.2%	81.7%	79.9%	76.2%	75.1%
Average	75.1%	75.4%	73.2%	67.6%	66.7%
Worst	68.0%	67.7%	67.9%	60.0%	58.5%

Responses 1657 1259 1368 2244 2191

Q2c Time passes quickly when I am working.

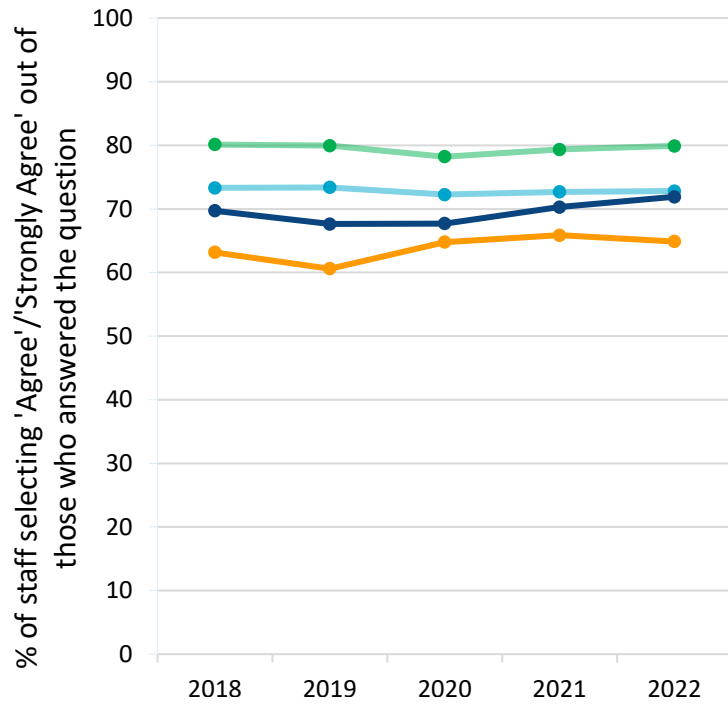


	2018	2019	2020	2021	2022
Your org	79.5%	75.8%	76.1%	72.7%	75.3%
Best	83.4%	83.1%	81.1%	79.4%	79.0%
Average	77.3%	77.4%	76.1%	73.0%	72.5%
Worst	72.6%	71.6%	71.3%	68.5%	67.5%

Responses 1663 1263 1371 2240 2196



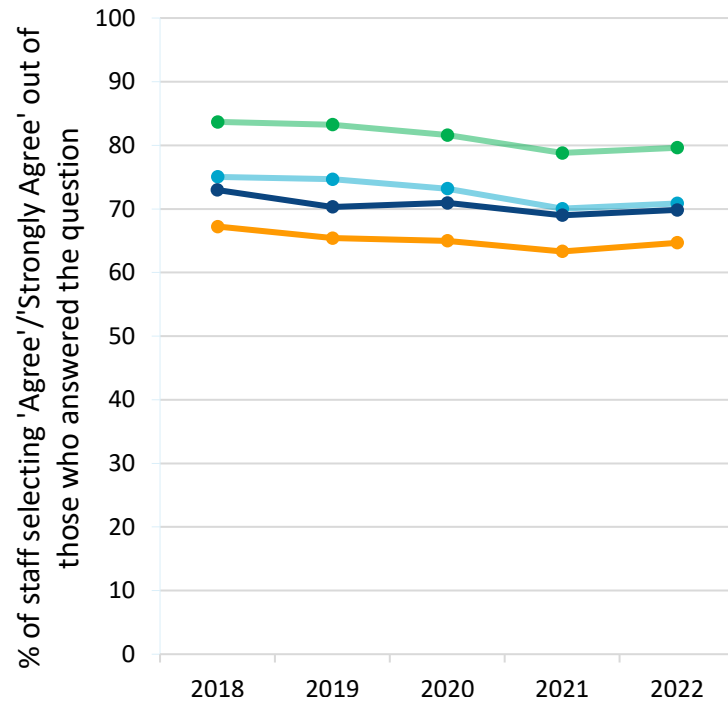
Q3c There are frequent opportunities for me to show initiative in my role.



	2018	2019	2020	2021	2022
Your org	69.7%	67.6%	67.7%	70.3%	71.9%
Best	80.1%	79.9%	78.2%	79.3%	79.9%
Average	73.3%	73.4%	72.3%	72.7%	72.8%
Worst	63.2%	60.6%	64.8%	65.9%	64.9%

Responses 1682 1268 1390 2270 2219

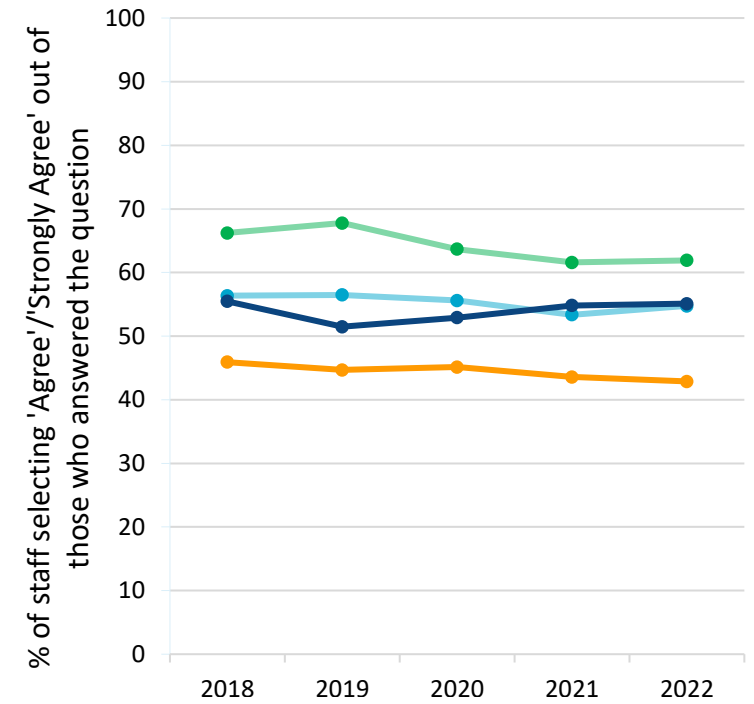
Q3d I am able to make suggestions to improve the work of my team / department.



	2018	2019	2020	2021	2022
Your org	72.9%	70.3%	70.9%	69.0%	69.8%
Best	83.7%	83.3%	81.6%	78.8%	79.6%
Average	75.0%	74.7%	73.2%	70.0%	70.9%
Worst	67.2%	65.4%	65.0%	63.3%	64.7%

Responses 1679 1270 1386 2268 2218

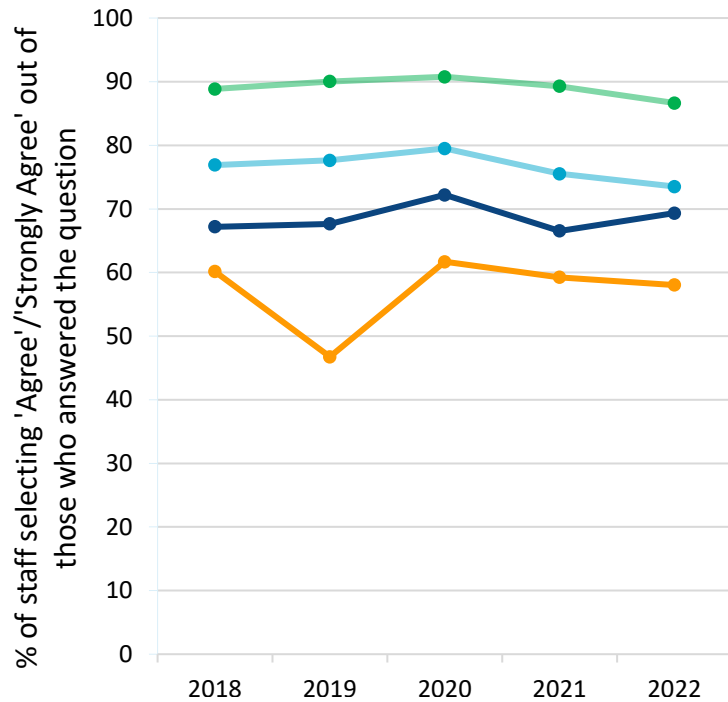
Q3f I am able to make improvements happen in my area of work.



	2018	2019	2020	2021	2022
Your org	55.5%	51.5%	52.9%	54.8%	55.1%
Best	66.2%	67.8%	63.7%	61.6%	61.9%
Average	56.4%	56.5%	55.6%	53.4%	54.7%
Worst	45.9%	44.7%	45.1%	43.6%	42.9%

Responses 1673 1260 1384 2269 2217

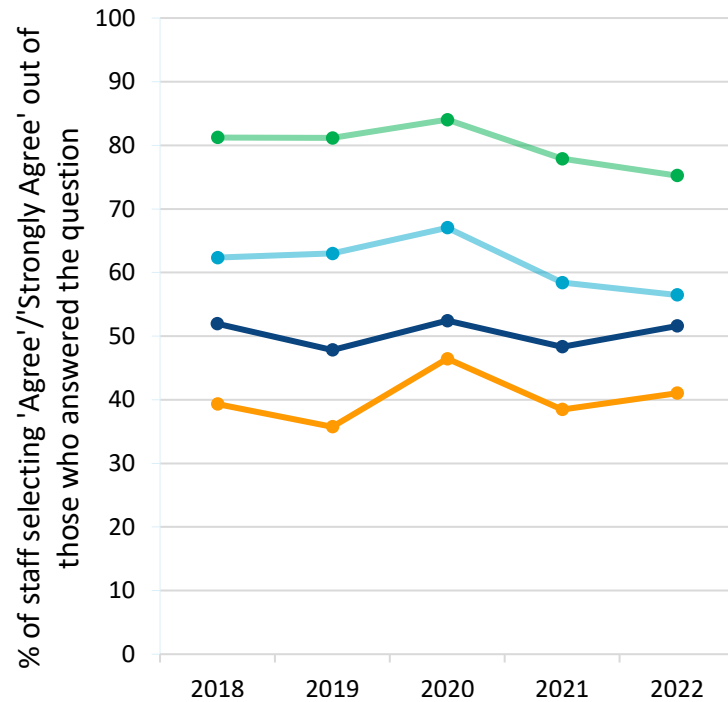
Q23a Care of patients / service users is my organisation's top priority.



	2018	2019	2020	2021	2022
Your org	67.2%	67.6%	72.2%	66.6%	69.3%
Best	88.8%	90.0%	90.8%	89.3%	86.6%
Average	76.9%	77.6%	79.5%	75.5%	73.5%
Worst	60.1%	46.7%	61.7%	59.2%	58.0%

Responses 1642 1236 1379 2265 2193

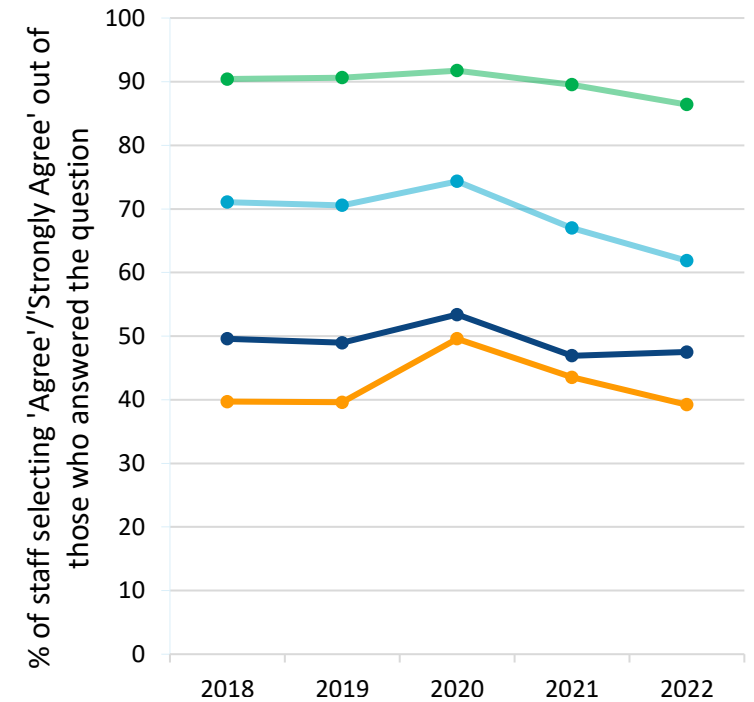
Q23c I would recommend my organisation as a place to work.



	2018	2019	2020	2021	2022
Your org	51.9%	47.8%	52.4%	48.3%	51.6%
Best	81.2%	81.2%	84.0%	77.9%	75.2%
Average	62.3%	63.0%	67.1%	58.4%	56.5%
Worst	39.3%	35.7%	46.5%	38.5%	41.0%

Responses 1640 1233 1382 2258 2195

Q23d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.



	2018	2019	2020	2021	2022
Your org	49.6%	49.0%	53.4%	46.9%	47.5%
Best	90.4%	90.6%	91.8%	89.5%	86.4%
Average	71.1%	70.6%	74.3%	67.0%	61.9%
Worst	39.7%	39.6%	49.6%	43.5%	39.2%

Responses 1636 1228 1382 2256 2196

Theme - Morale

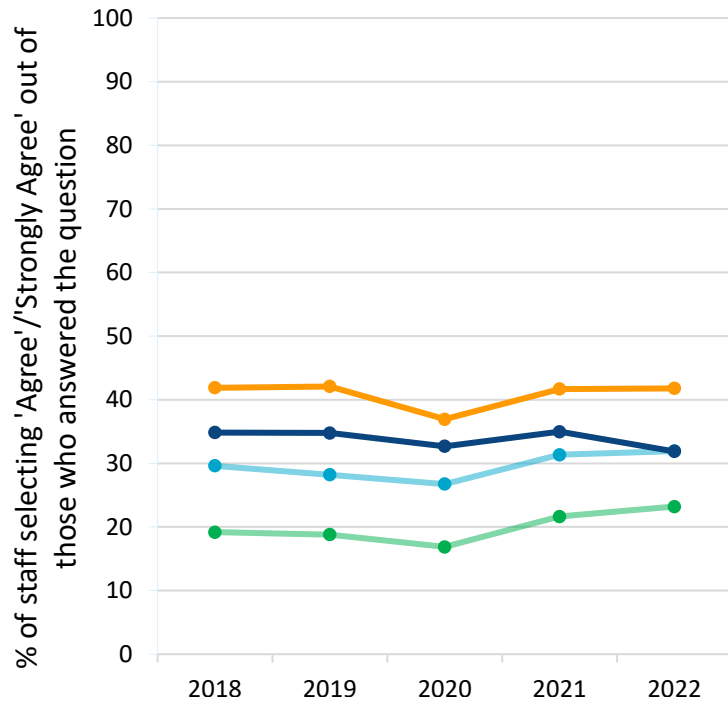
Questions included:

Thinking about leaving – Q24a, Q24b, Q24c

Work pressure – Q3g, Q3h, Q3i

Stressors – Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a

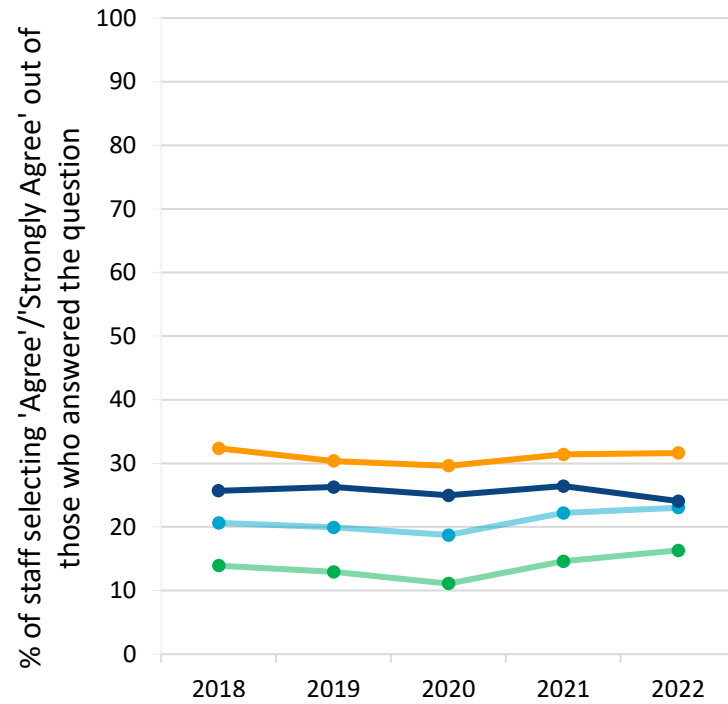
Q24a I often think about leaving this organisation.



	2018	2019	2020	2021	2022
Your org	34.8%	34.8%	32.7%	35.0%	31.9%
Best	19.2%	18.8%	16.9%	21.6%	23.2%
Average	29.6%	28.2%	26.8%	31.3%	31.9%
Worst	41.9%	42.1%	36.9%	41.7%	41.8%

Responses 1645 1236 1387 2266 2193

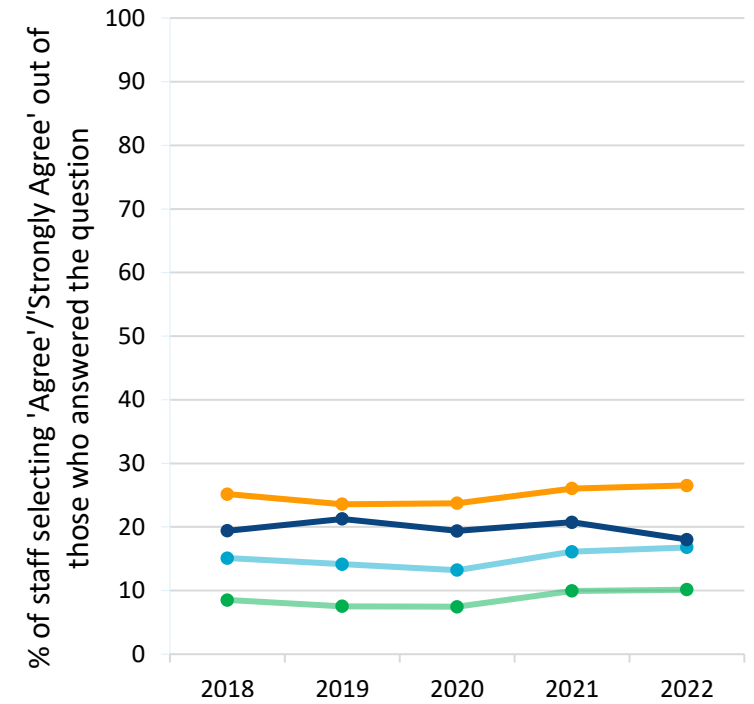
Q24b I will probably look for a job at a new organisation in the next 12 months.



	2018	2019	2020	2021	2022
Your org	25.7%	26.3%	25.0%	26.4%	24.0%
Best	13.9%	12.9%	11.1%	14.6%	16.3%
Average	20.6%	19.9%	18.7%	22.2%	23.0%
Worst	32.3%	30.4%	29.6%	31.4%	31.6%

Responses 1639 1232 1379 2263 2197

Q24c As soon as I can find another job, I will leave this organisation.

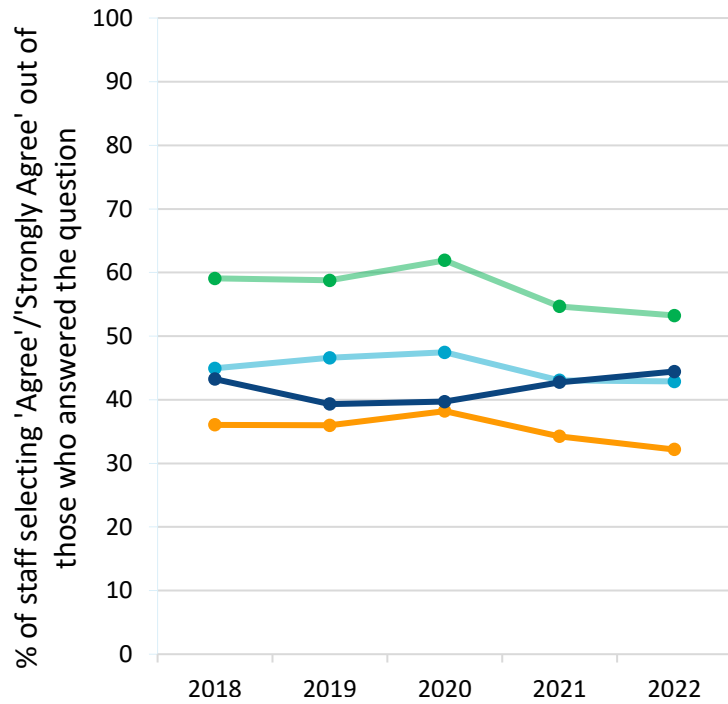


	2018	2019	2020	2021	2022
Your org	19.4%	21.3%	19.4%	20.7%	18.0%
Best	8.5%	7.5%	7.5%	9.9%	10.2%
Average	15.1%	14.1%	13.2%	16.1%	16.8%
Worst	25.2%	23.6%	23.7%	26.0%	26.5%

Responses 1636 1224 1380 2252 2193



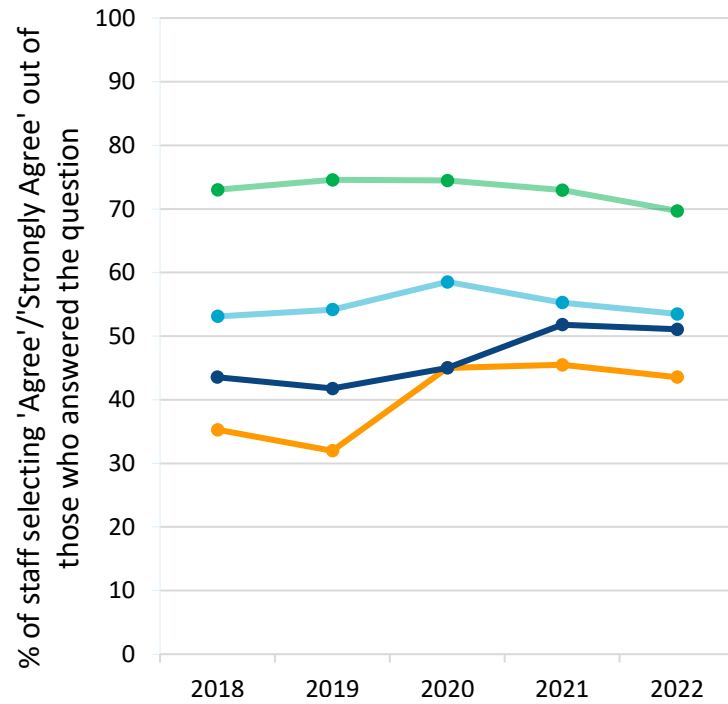
Q3g I am able to meet all the conflicting demands on my time at work.



	2018	2019	2020	2021	2022
Your org	43.3%	39.3%	39.7%	42.7%	44.4%
Best	59.1%	58.8%	61.9%	54.7%	53.2%
Average	44.9%	46.6%	47.4%	43.1%	42.9%
Worst	36.0%	36.0%	38.2%	34.2%	32.2%

Responses 1674 1255 1385 2261 2208

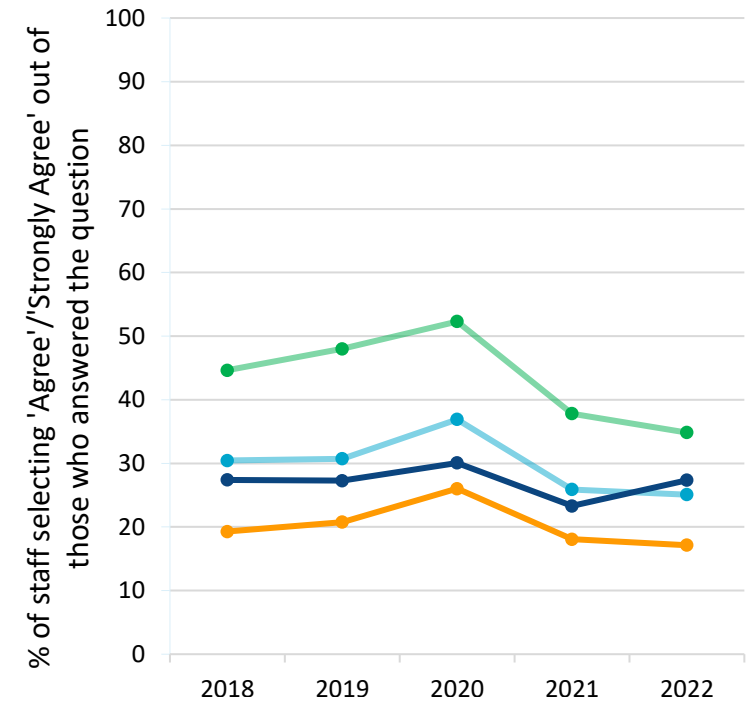
Q3h I have adequate materials, supplies and equipment to do my work.



	2018	2019	2020	2021	2022
Your org	43.5%	41.8%	45.0%	51.8%	51.1%
Best	73.0%	74.6%	74.5%	72.9%	69.7%
Average	53.1%	54.2%	58.5%	55.3%	53.5%
Worst	35.3%	32.0%	45.0%	45.5%	43.6%

Responses 1673 1257 1383 2254 2214

Q3i There are enough staff at this organisation for me to do my job properly.

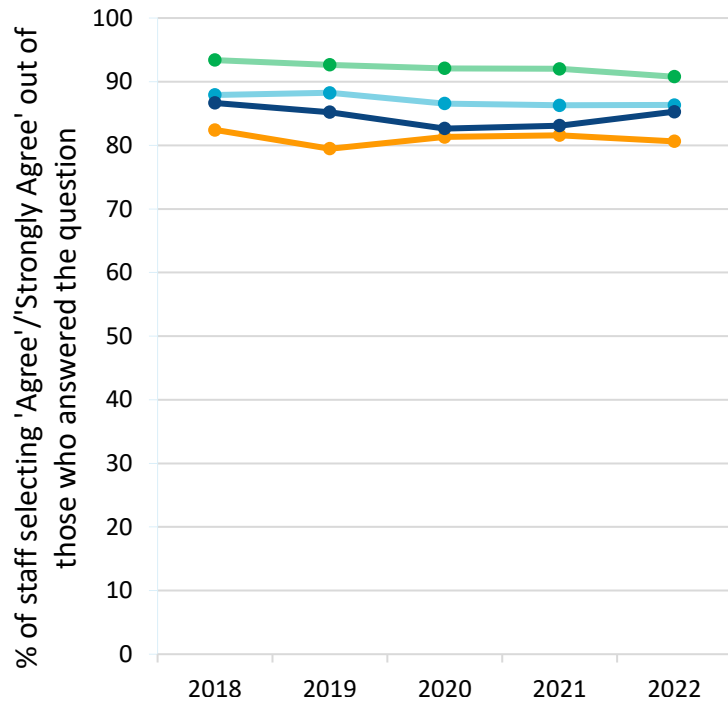


	2018	2019	2020	2021	2022
Your org	27.4%	27.3%	30.1%	23.3%	27.3%
Best	44.6%	48.0%	52.3%	37.8%	34.8%
Average	30.5%	30.7%	36.9%	25.9%	25.1%
Worst	19.3%	20.8%	26.0%	18.1%	17.2%

Responses 1667 1265 1382 2273 2218



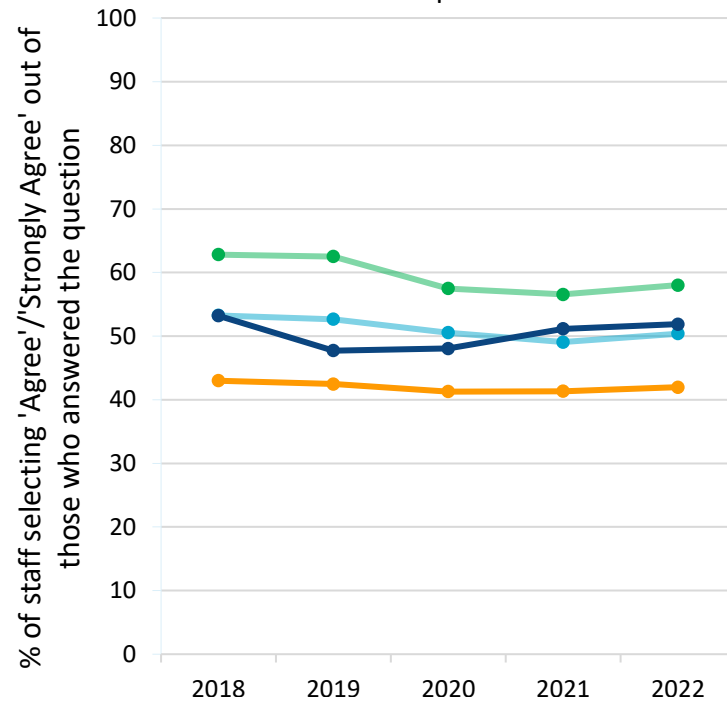
Q3a I always know what my work responsibilities are.



	2018	2019	2020	2021	2022
Your org	86.7%	85.2%	82.6%	83.1%	85.3%
Best	93.4%	92.7%	92.1%	92.0%	90.8%
Average	87.9%	88.2%	86.6%	86.3%	86.3%
Worst	82.4%	79.5%	81.3%	81.6%	80.6%

Responses 1652 1244 1377 2278 2222

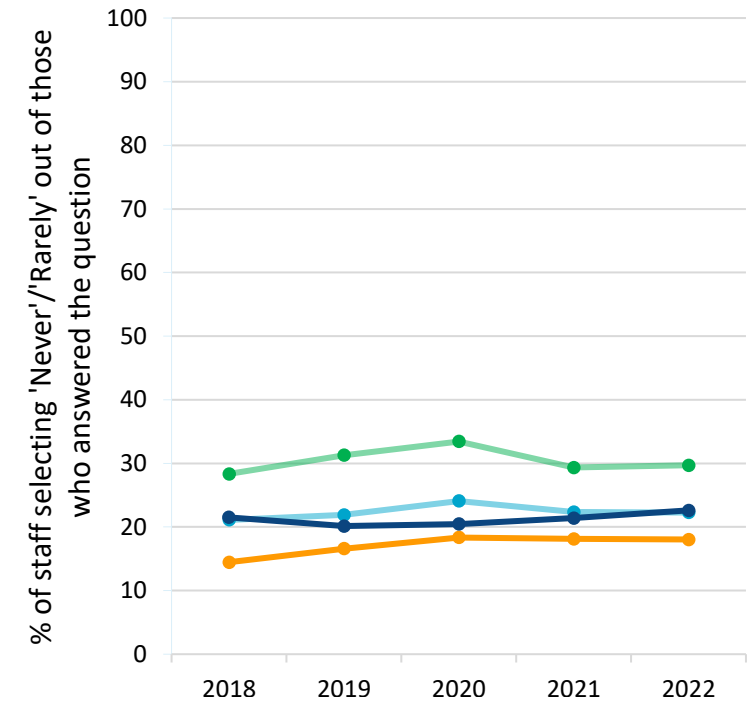
Q3e I am involved in deciding on changes introduced that affect my work area / team / department.



	2018	2019	2020	2021	2022
Your org	53.2%	47.7%	48.1%	51.1%	51.9%
Best	62.8%	62.5%	57.5%	56.5%	58.0%
Average	53.3%	52.7%	50.6%	49.1%	50.4%
Worst	43.0%	42.5%	41.3%	41.3%	42.0%

Responses 1679 1266 1386 2269 2214

Q5a I have unrealistic time pressures.

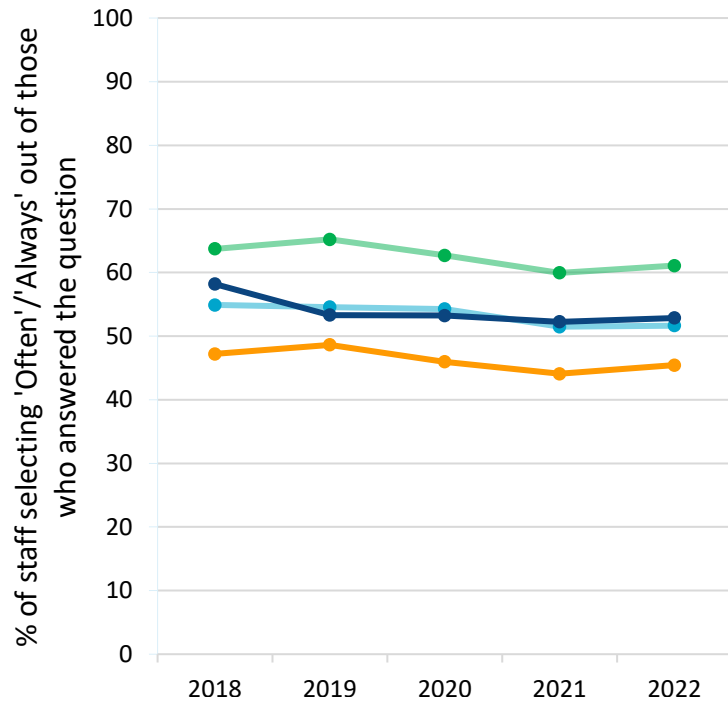


	2018	2019	2020	2021	2022
Your org	21.5%	20.1%	20.5%	21.4%	22.6%
Best	28.3%	31.3%	33.4%	29.3%	29.7%
Average	21.1%	21.9%	24.1%	22.4%	22.3%
Worst	14.4%	16.6%	18.3%	18.1%	18.0%

Responses 1656 1251 1369 2265 2207

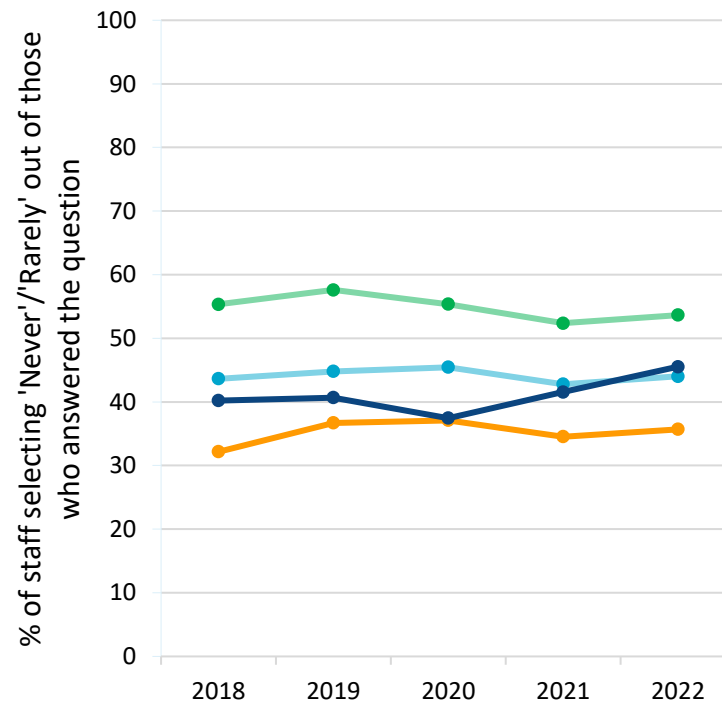


Q5b I have a choice in deciding how to do my work.



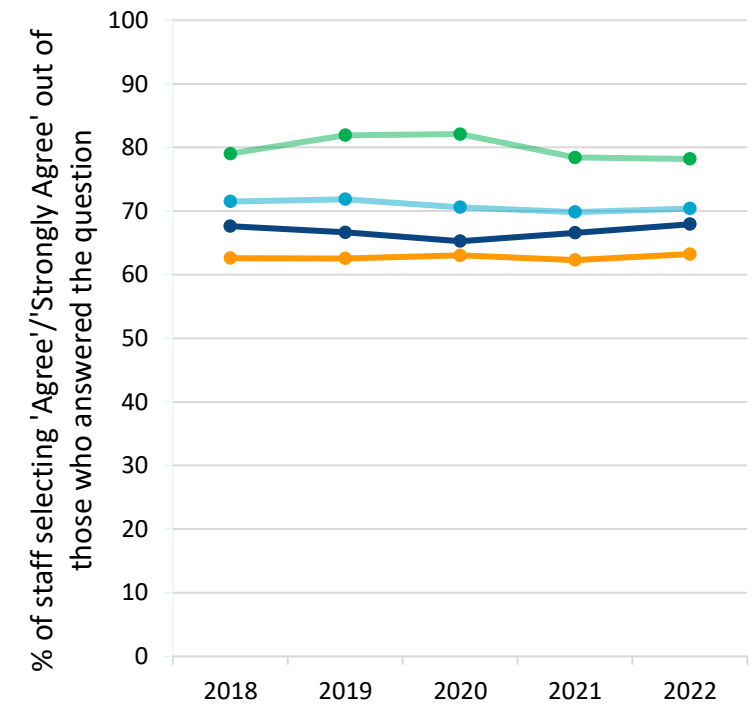
	2018	2019	2020	2021	2022
Your org	58.2%	53.3%	53.2%	52.3%	52.9%
Best	63.7%	65.2%	62.7%	60.0%	61.1%
Average	54.9%	54.6%	54.3%	51.5%	51.7%
Worst	47.2%	48.6%	46.0%	44.1%	45.4%
Responses	1654	1245	1372	2262	2203

Q5c Relationships at work are strained.



	2018	2019	2020	2021	2022
Your org	40.2%	40.7%	37.5%	41.6%	45.5%
Best	55.3%	57.6%	55.4%	52.4%	53.6%
Average	43.6%	44.8%	45.4%	42.8%	44.0%
Worst	32.2%	36.7%	37.1%	34.5%	35.7%
Responses	1656	1244	1367	2260	2201

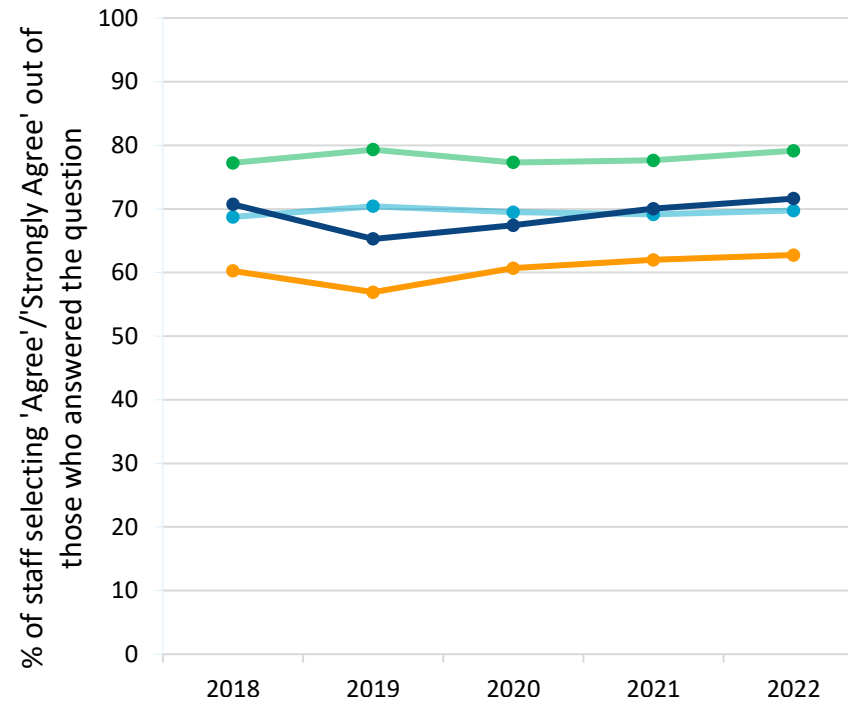
Q7c I receive the respect I deserve from my colleagues at work.



	2018	2019	2020	2021	2022
Your org	67.6%	66.6%	65.3%	66.6%	67.9%
Best	79.0%	81.9%	82.1%	78.4%	78.2%
Average	71.5%	71.8%	70.6%	69.9%	70.4%
Worst	62.6%	62.5%	63.0%	62.3%	63.2%
Responses	1674	1261	1389	2270	2220



Q9a My immediate manager encourages me at work.



	2018	2019	2020	2021	2022
Your org	70.7%	65.3%	67.4%	70.0%	71.6%
Best	77.2%	79.3%	77.3%	77.6%	79.2%
Average	68.7%	70.4%	69.5%	69.1%	69.7%
Worst	60.3%	56.9%	60.7%	62.0%	62.7%
Responses	1670	1256	1388	2269	2218

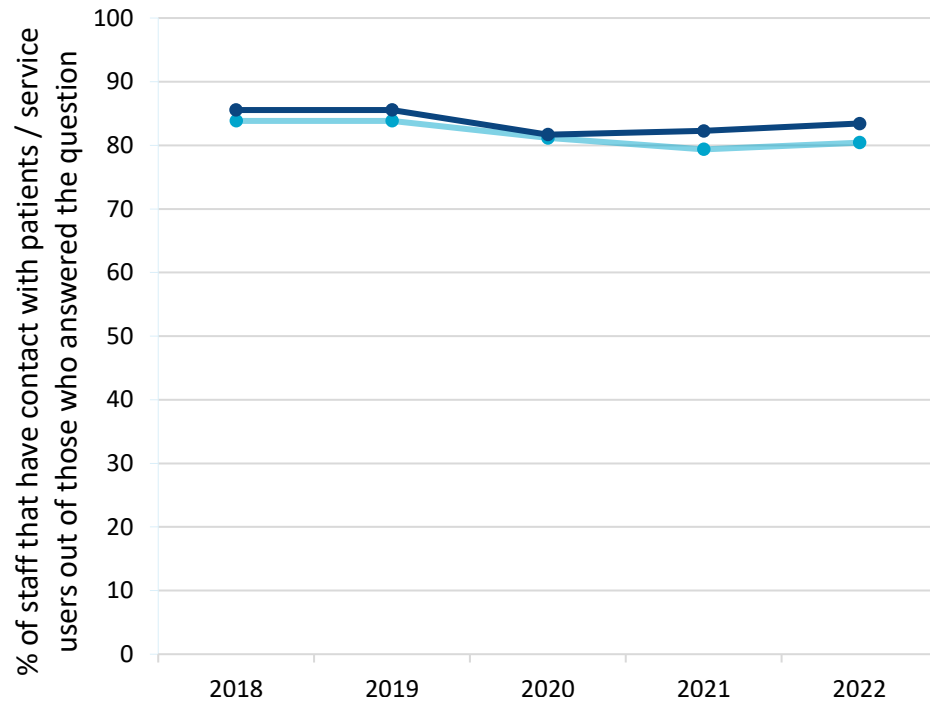
Question not linked to People Promise elements or themes

Questions included:

Q1, Q10a, Q10b, Q10c, Q11e, Q16c, Q17, Q18a, Q18b, Q18c, Q18d, Q24d, Q30b



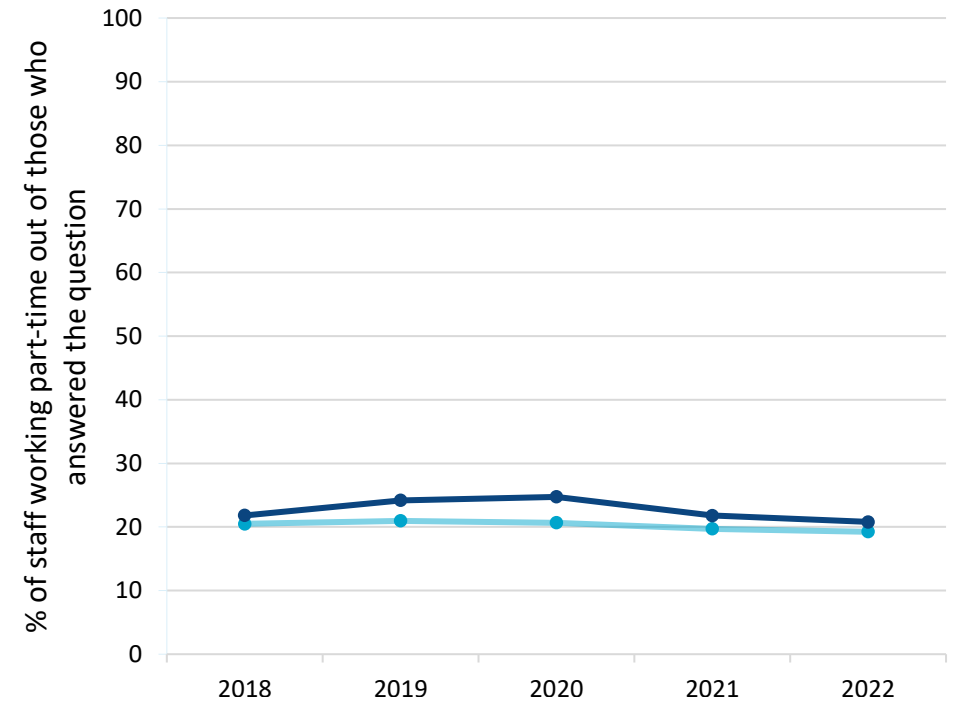
Q1 Do you have face-to-face, video or telephone contact with patients / service users as part of your job?



2018 2019 2020 2021 2022

	2018	2019	2020	2021	2022
Your org	85.6%	85.6%	81.7%	82.3%	83.4%
Average	83.8%	83.9%	81.2%	79.4%	80.4%
Responses	1661	1268	1386	2265	2202

Q10a How many hours a week are you contracted to work?

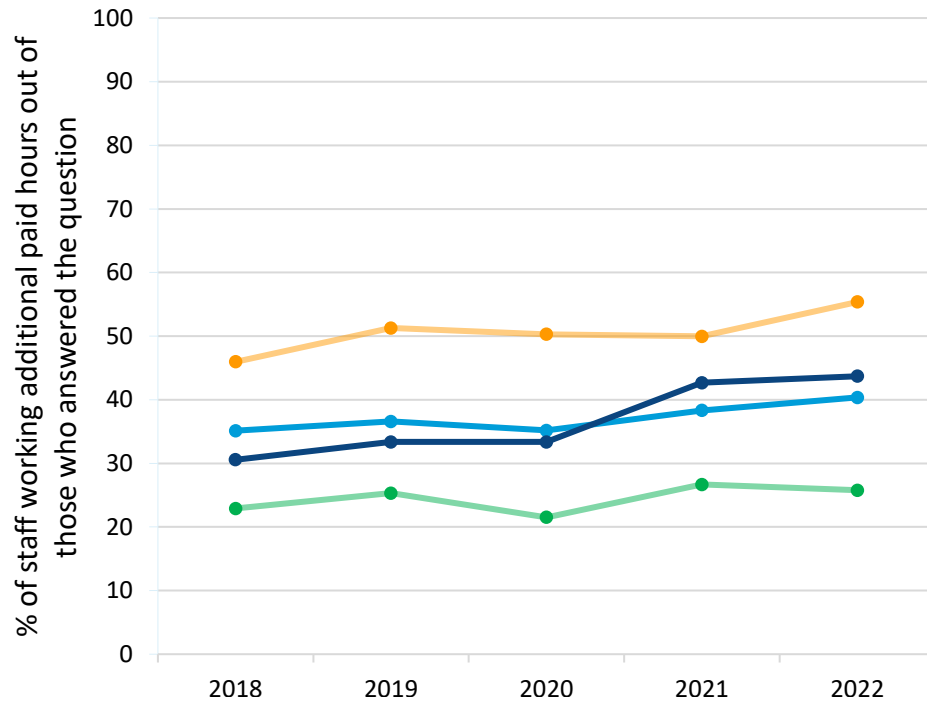


2018 2019 2020 2021 2022

	2018	2019	2020	2021	2022
Your org	21.8%	24.2%	24.7%	21.8%	20.8%
Average	20.5%	21.0%	20.7%	19.7%	19.2%
Responses	1564	1133	1282	2116	2151

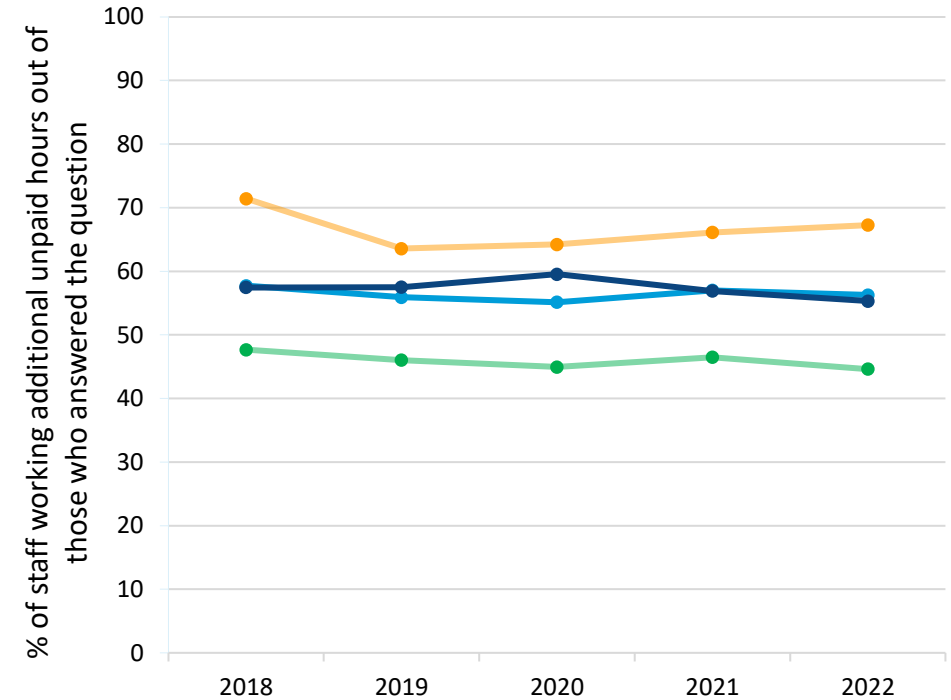


Q10b On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?



	2018	2019	2020	2021	2022
Your org	30.5%	33.4%	33.4%	42.7%	43.7%
Lowest	22.9%	25.3%	21.5%	26.7%	25.8%
Average	35.1%	36.6%	35.2%	38.3%	40.4%
Highest	46.0%	51.3%	50.3%	50.0%	55.4%
Responses	1577	1185	1325	2122	2153

Q10c On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours?

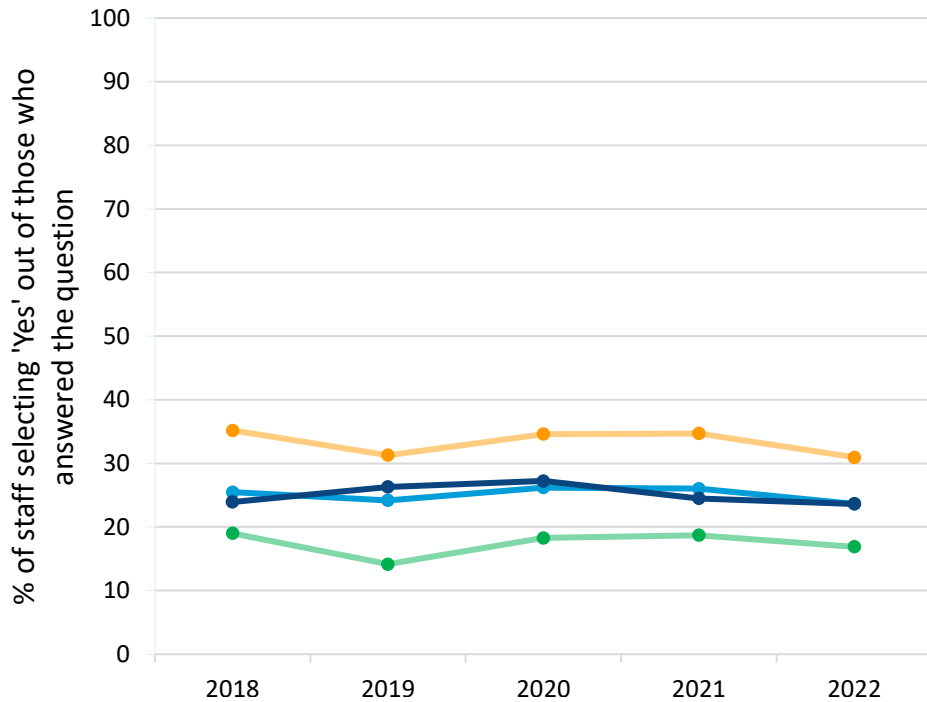


	2018	2019	2020	2021	2022
Your org	57.4%	57.5%	59.5%	56.9%	55.3%
Lowest	47.7%	46.0%	45.0%	46.5%	44.6%
Average	57.7%	55.9%	55.1%	57.0%	56.3%
Highest	71.4%	63.6%	64.2%	66.1%	67.3%
Responses	1580	1179	1327	2133	2141



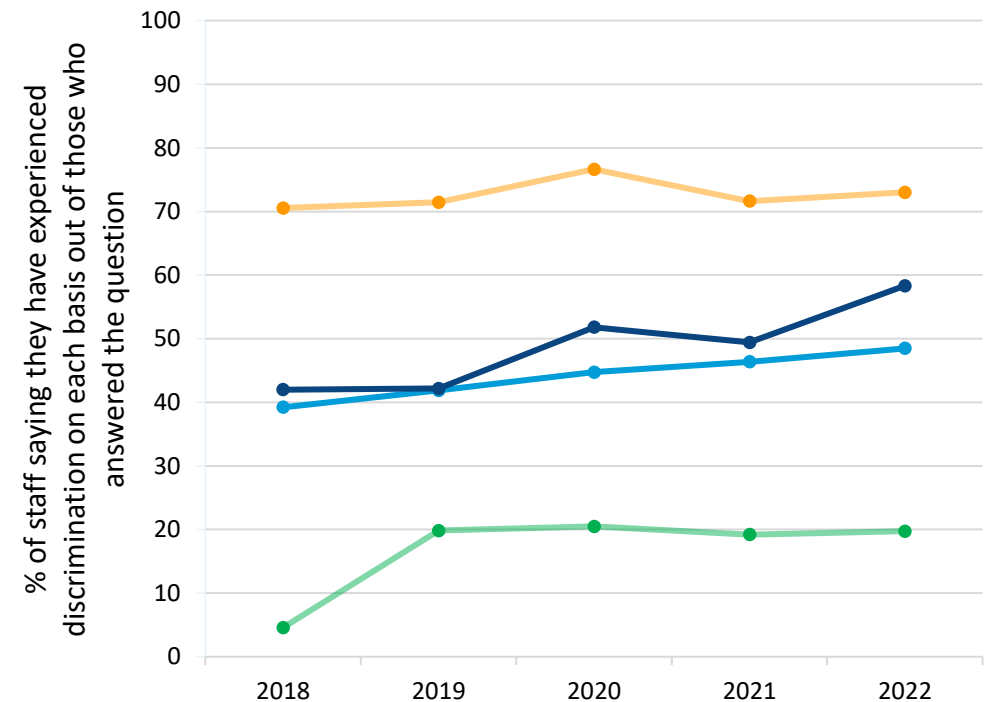
*Q11e is only answered by staff who responded 'Yes' to Q11d.

Q11e Have you felt pressure from your manager to come to work?



	2018	2019	2020	2021	2022
Your org	23.9%	26.3%	27.2%	24.5%	23.6%
Best	19.0%	14.1%	18.3%	18.7%	16.9%
Average	25.5%	24.2%	26.2%	26.0%	23.6%
Worst	35.2%	31.3%	34.6%	34.7%	30.9%
Responses	1003	762	735	1218	1197

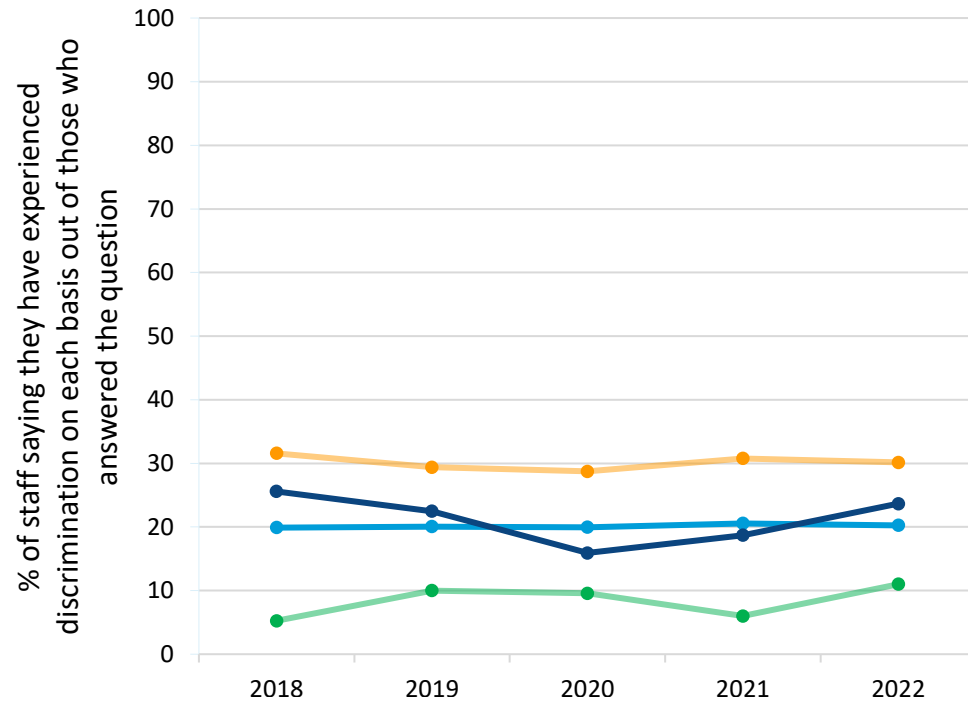
Q16c.1 On what grounds have you experienced discrimination?
- Ethnic background.



	2018	2019	2020	2021	2022
Your org	42.0%	42.2%	51.8%	49.4%	58.3%
Best	4.6%	19.8%	20.5%	19.2%	19.7%
Average	39.2%	41.9%	44.7%	46.4%	48.5%
Worst	70.5%	71.4%	76.6%	71.6%	73.0%
Responses	172	165	209	337	312

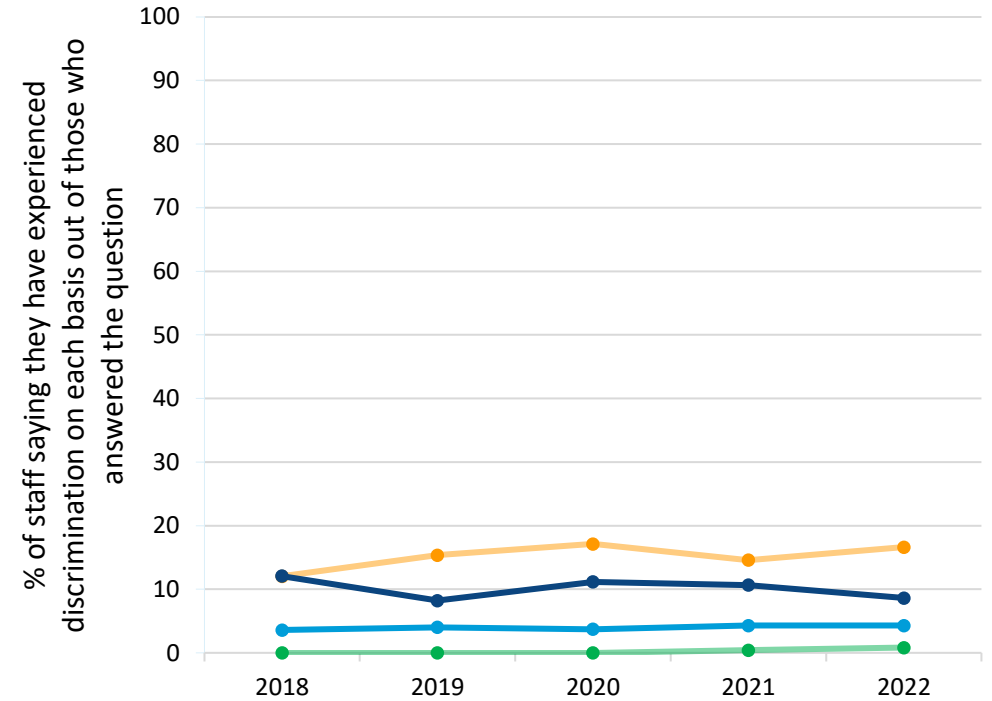


Q16c.2 On what grounds have you experienced discrimination?
– Gender.



	2018	2019	2020	2021	2022
Your org	25.6%	22.5%	15.9%	18.7%	23.7%
Best	5.2%	10.0%	9.6%	6.0%	11.0%
Average	19.9%	20.1%	20.0%	20.6%	20.3%
Worst	31.6%	29.4%	28.7%	30.8%	30.1%
Responses	172	165	209	337	312

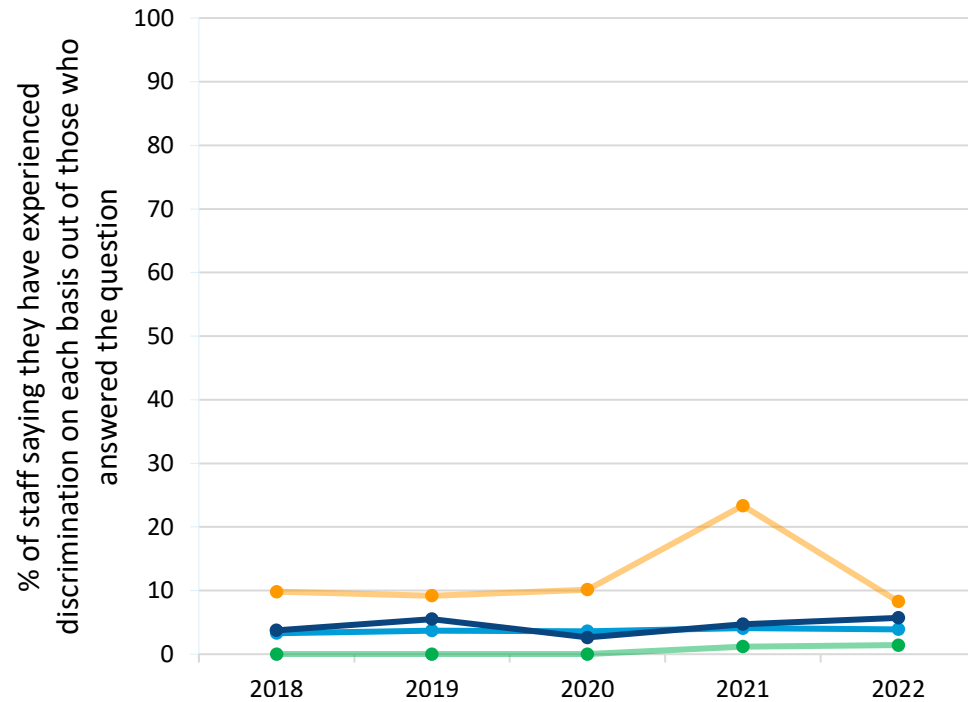
Q16c.3 On what grounds have you experienced discrimination?
– Religion.



	2018	2019	2020	2021	2022
Your org	12.0%	8.2%	11.2%	10.7%	8.6%
Best	0.0%	0.0%	0.0%	0.4%	0.8%
Average	3.6%	4.0%	3.7%	4.3%	4.3%
Worst	12.0%	15.4%	17.1%	14.6%	16.6%
Responses	172	165	209	337	312



Q16c.4 On what grounds have you experienced discrimination?
– Sexual orientation.

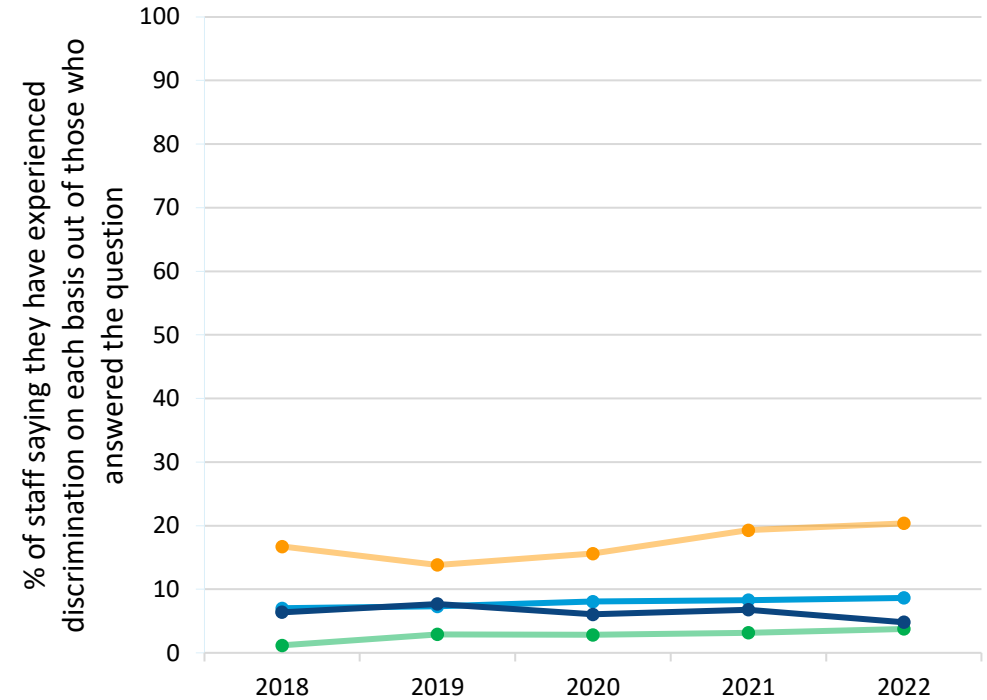


2018 2019 2020 2021 2022

Your org	3.7%	5.5%	2.6%	4.7%	5.7%
Best	0.0%	0.0%	0.0%	1.2%	1.4%
Average	3.3%	3.7%	3.6%	4.1%	3.9%
Worst	9.8%	9.2%	10.1%	23.4%	8.3%

Responses 172 165 209 337 312

Q16c.5 On what grounds have you experienced discrimination?
– Disability.



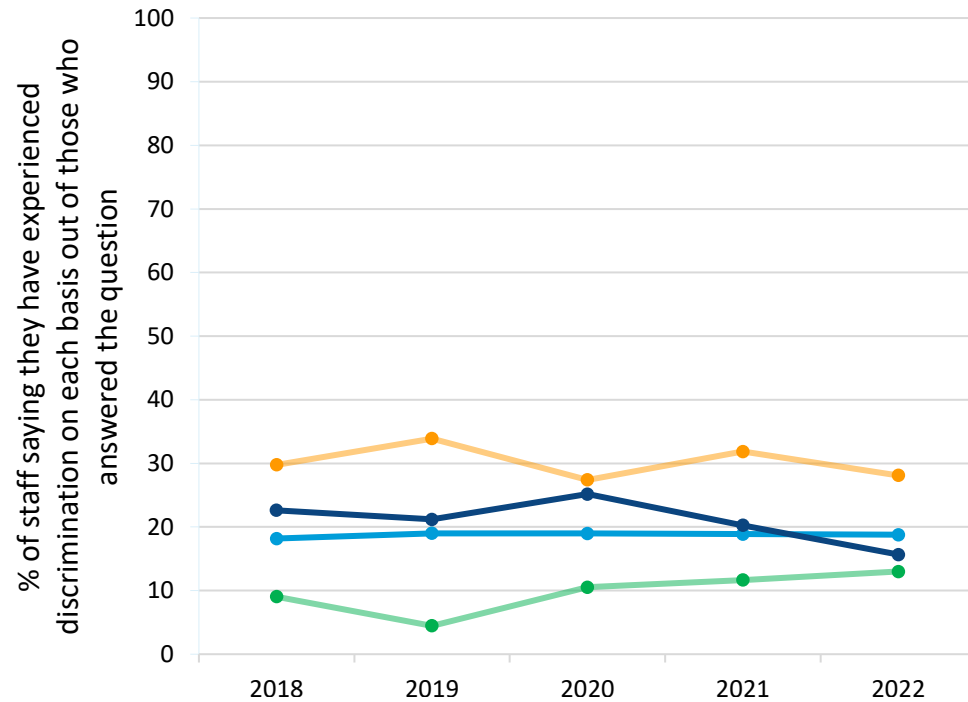
2018 2019 2020 2021 2022

Your org	6.4%	7.7%	6.1%	6.8%	4.8%
Best	1.2%	2.9%	2.8%	3.2%	3.8%
Average	7.0%	7.3%	8.1%	8.3%	8.7%
Worst	16.7%	13.8%	15.6%	19.3%	20.4%

Responses 172 165 209 337 312

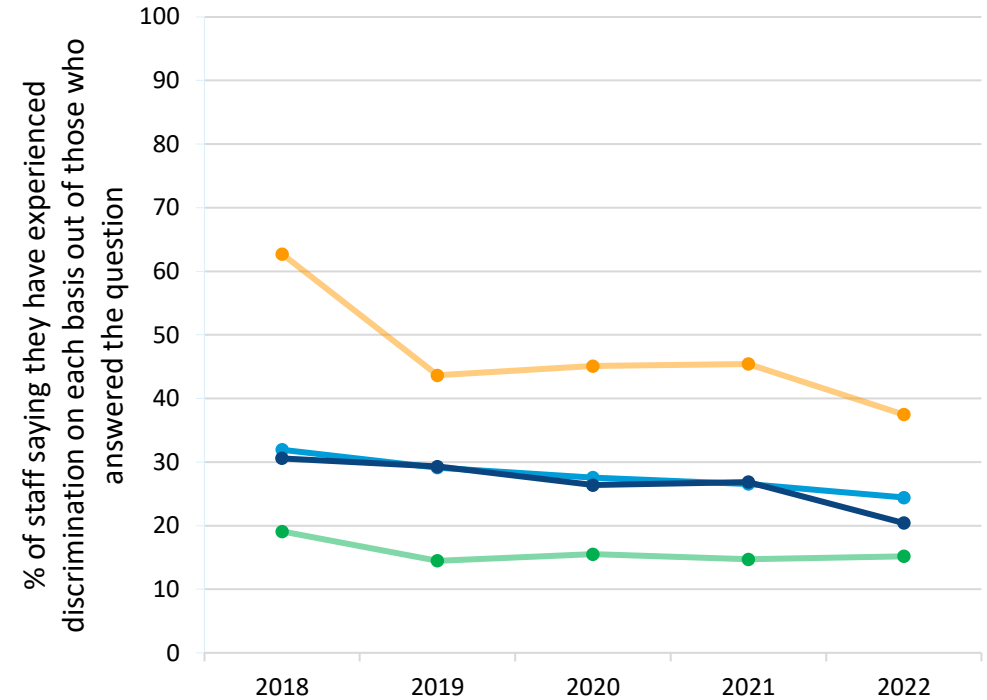


Q16c.6 On what grounds have you experienced discrimination?
– Age.



	2018	2019	2020	2021	2022
Your org	22.6%	21.2%	25.2%	20.3%	15.7%
Best	9.0%	4.5%	10.5%	11.7%	13.0%
Average	18.2%	19.0%	19.0%	18.9%	18.8%
Worst	29.8%	33.9%	27.4%	31.8%	28.1%
Responses	172	165	209	337	312

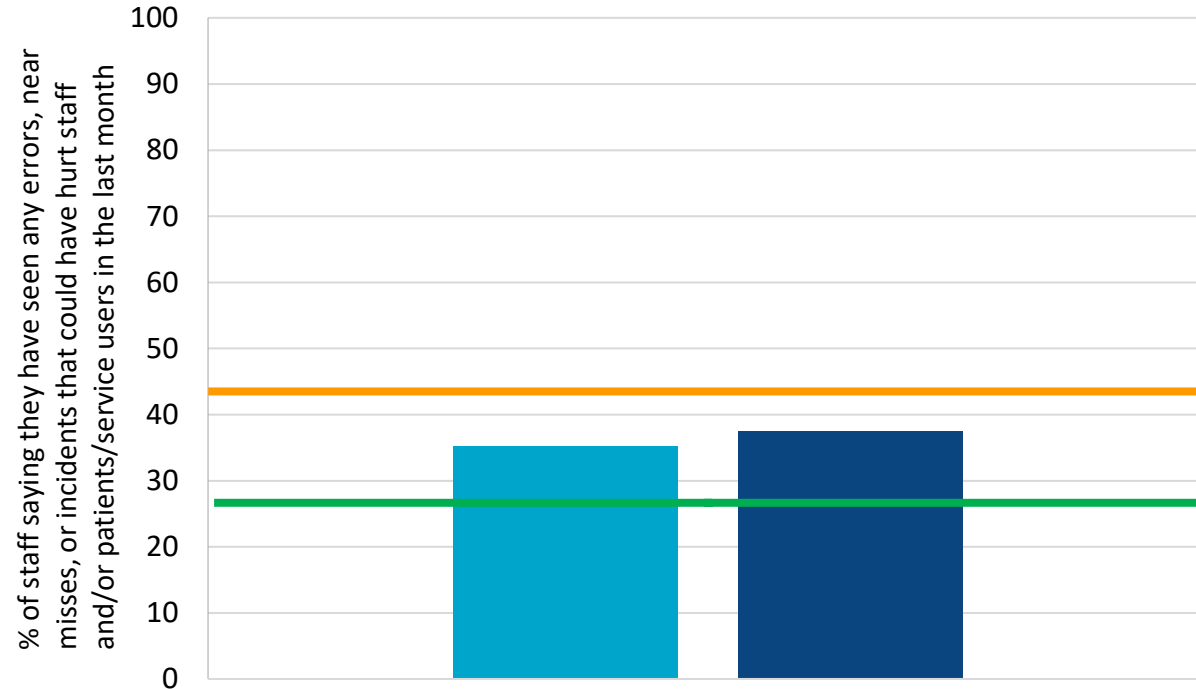
Q16c.7 On what grounds have you experienced discrimination?
– Other.



	2018	2019	2020	2021	2022
Your org	30.6%	29.3%	26.4%	26.9%	20.4%
Best	19.1%	14.5%	15.5%	14.7%	15.2%
Average	31.9%	29.1%	27.6%	26.6%	24.4%
Worst	62.7%	43.6%	45.1%	45.4%	37.5%
Responses	172	165	209	337	312



Q17 In the last month have you seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users?

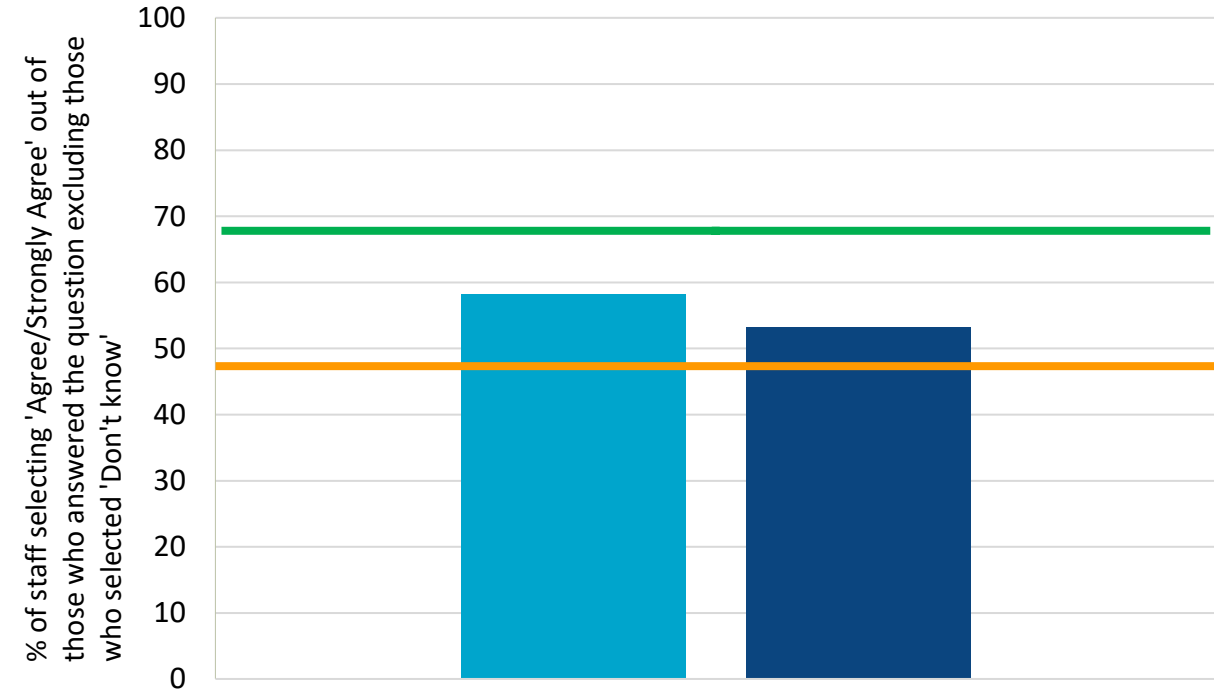


2022

Your org	37.4%
Best	26.7%
Average	35.2%
Worst	43.5%

Responses 2183

Q18a My organisation treats staff who are involved in an error, near miss or incident fairly.



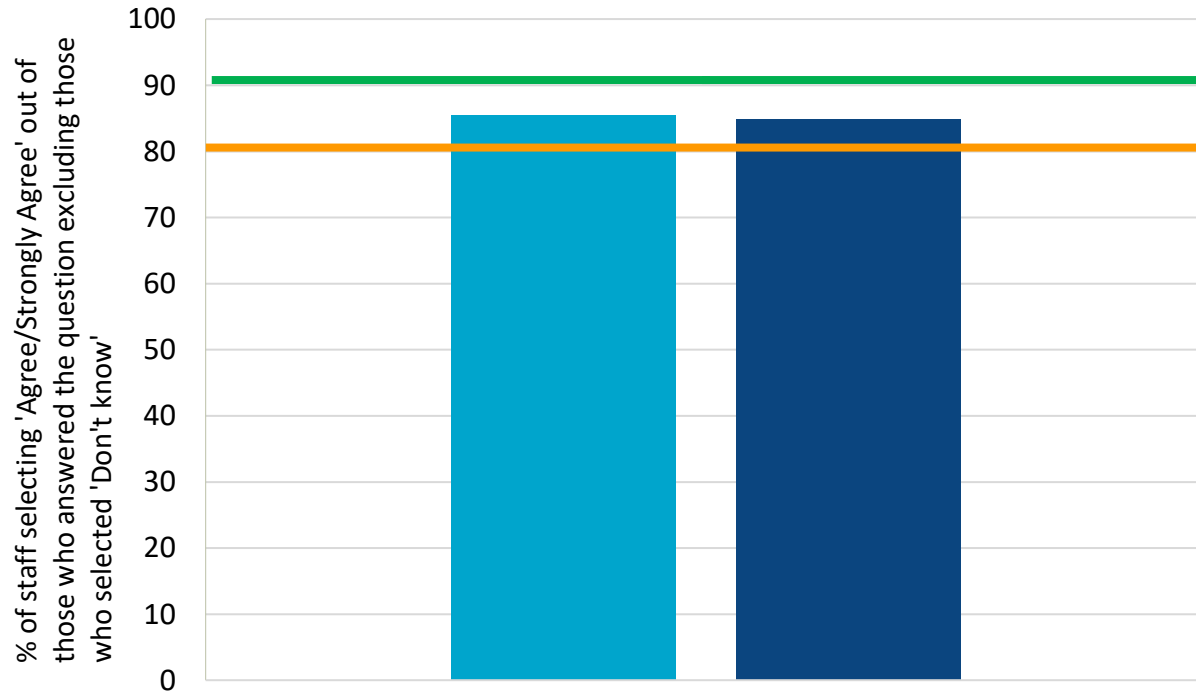
2022

Your org	53.2%
Best	67.8%
Average	58.2%
Worst	47.3%

Responses 1735



Q18b My organisation encourages us to report errors, near misses or incidents.



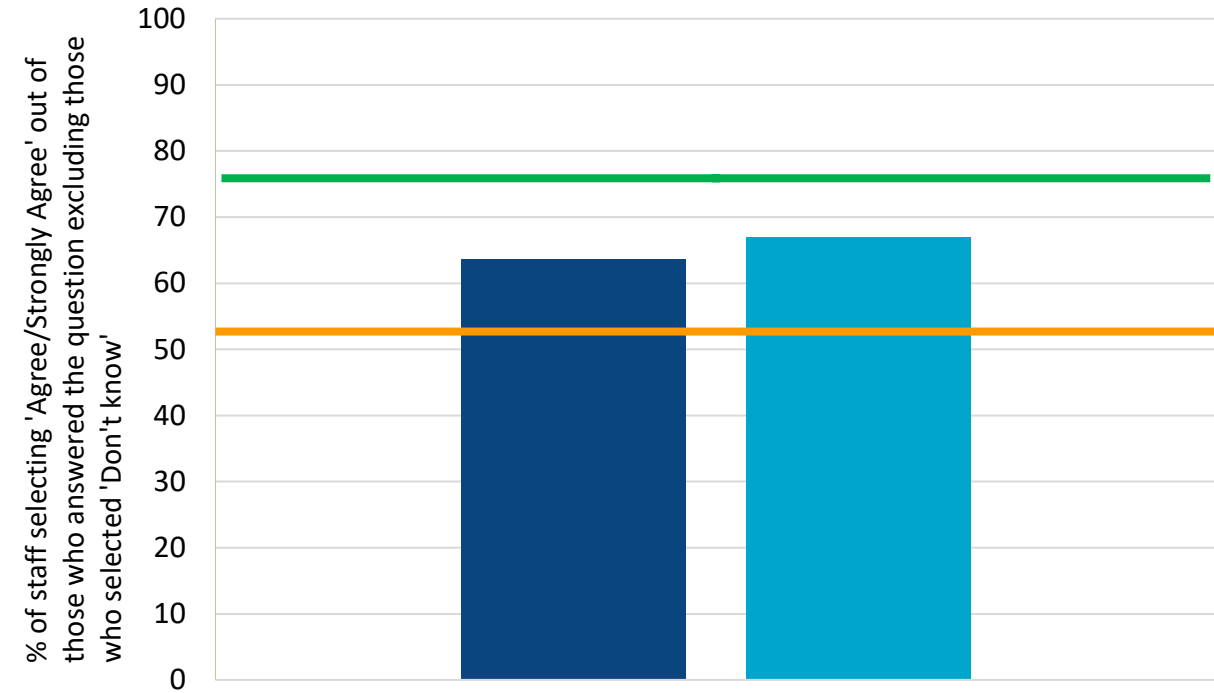
2022

Your org	84.8%
Best	90.8%
Average	85.5%
Worst	80.6%

Responses

2135

Q18c When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.



2022

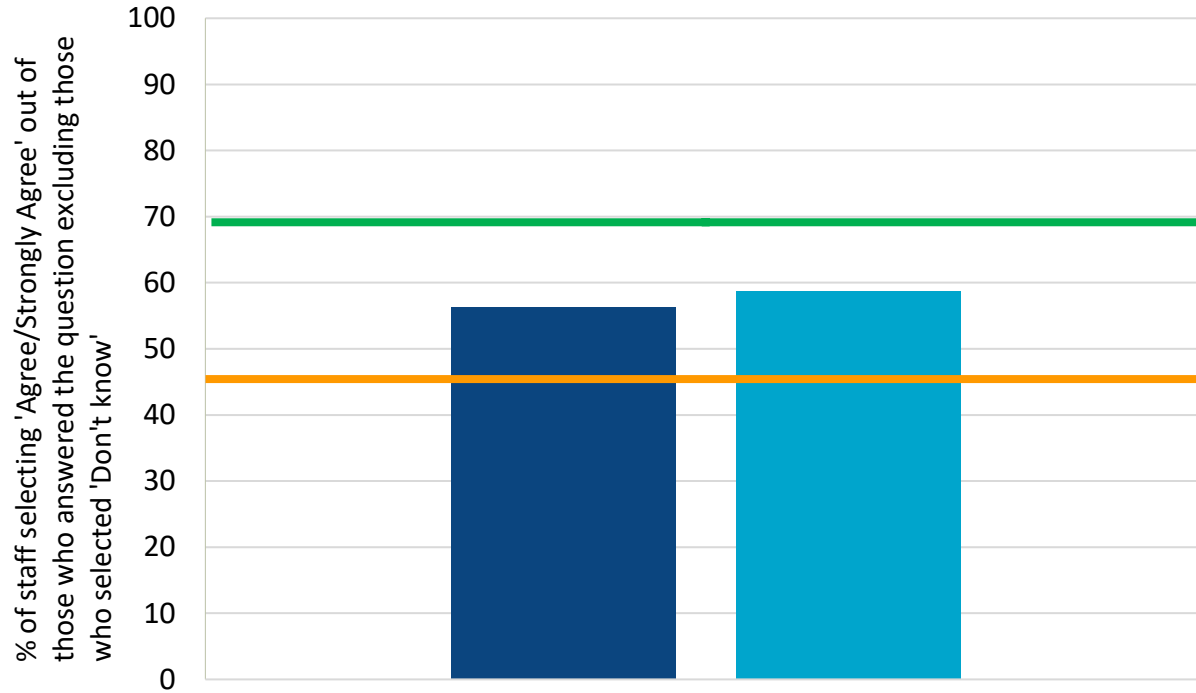
Your org	63.6%
Best	75.9%
Average	67.0%
Worst	52.7%

Responses

1949

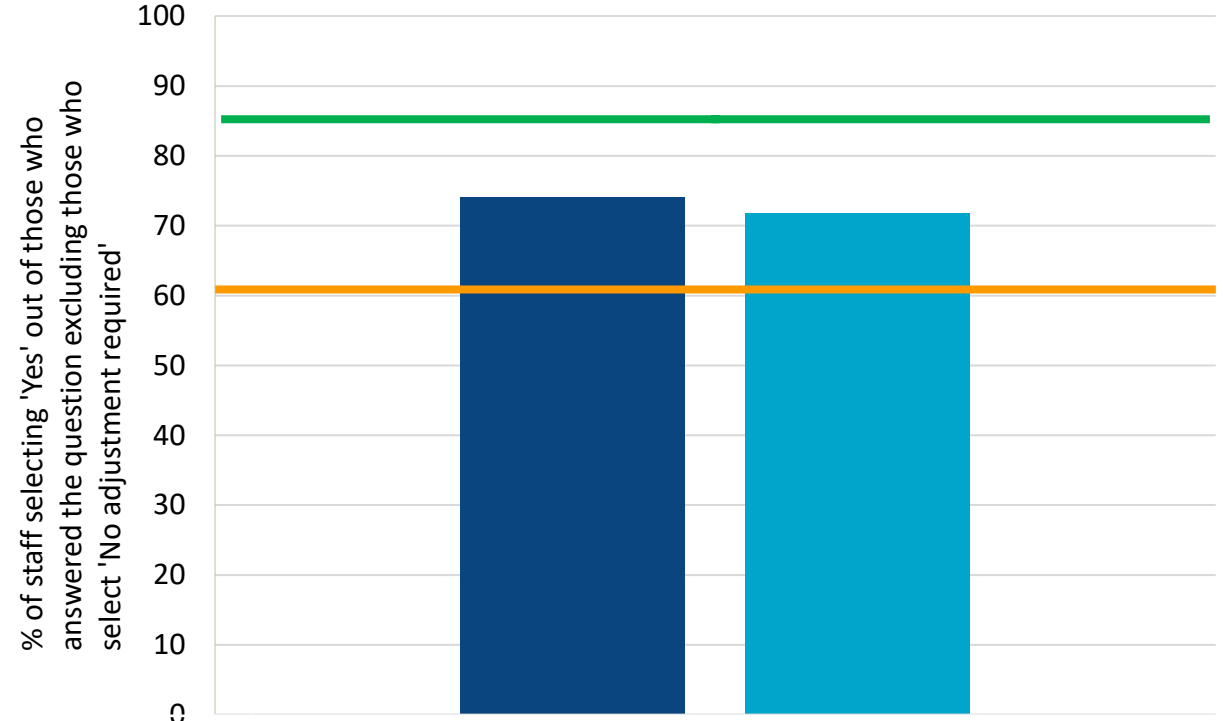


Q18d We are given feedback about changes made in response to reported errors, near misses and incidents.



	2022
Your org	56.3%
Best	69.1%
Average	58.8%
Worst	45.4%
Responses	1986

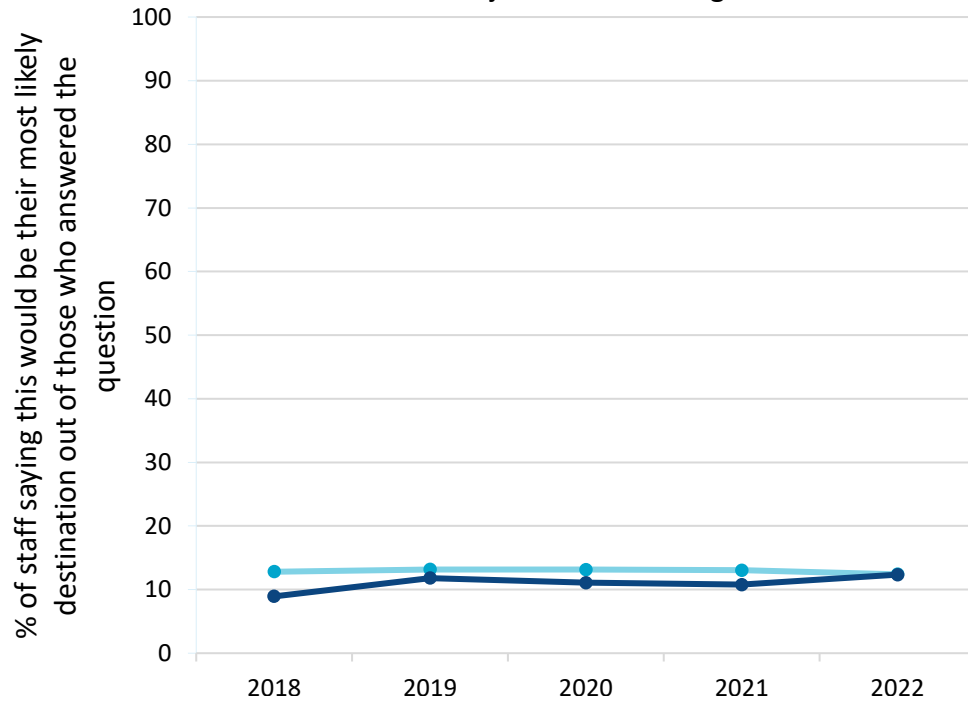
Q30b Has your employer made reasonable adjustment(s) to enable you to carry out your work?



	2022
Your org	74.0%
Best	85.3%
Average	71.7%
Worst	60.9%
Responses	273



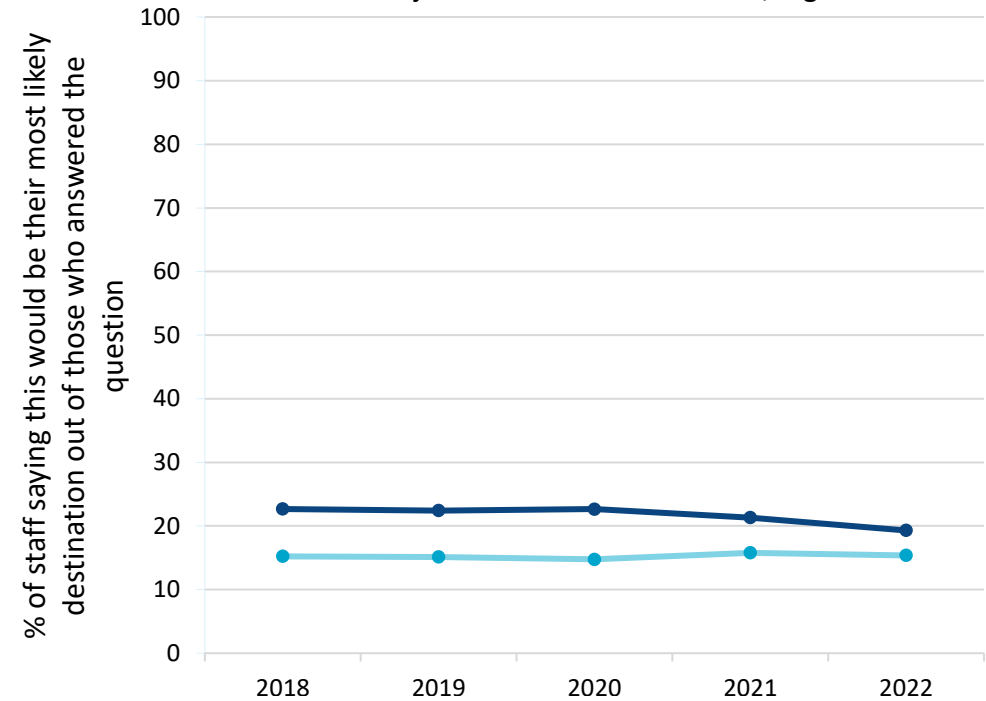
Q24d.1 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to another job within this organisation.



2018 2019 2020 2021 2022

Your org	8.9%	11.8%	11.1%	10.8%	12.3%
Average	12.8%	13.2%	13.1%	13.0%	12.4%
Responses	1446	1084	1237	2022	1969

Q24d.2 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to another job in a different NHS Trust/organisation.

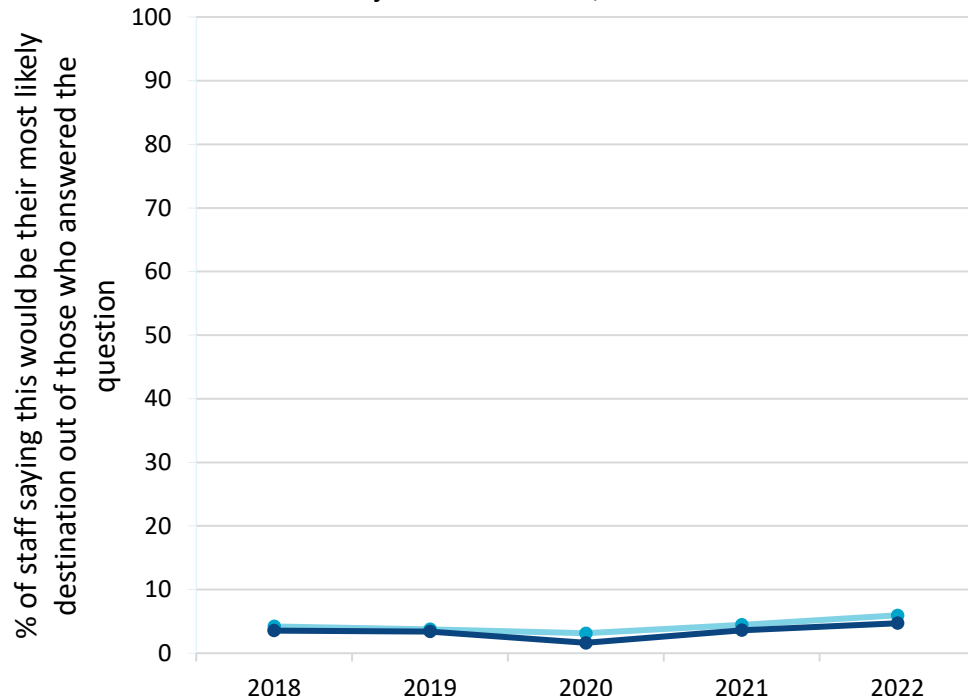


2018 2019 2020 2021 2022

Your org	22.7%	22.4%	22.6%	21.3%	19.3%
Average	15.2%	15.1%	14.8%	15.8%	15.4%
Responses	1446	1084	1237	2022	1969

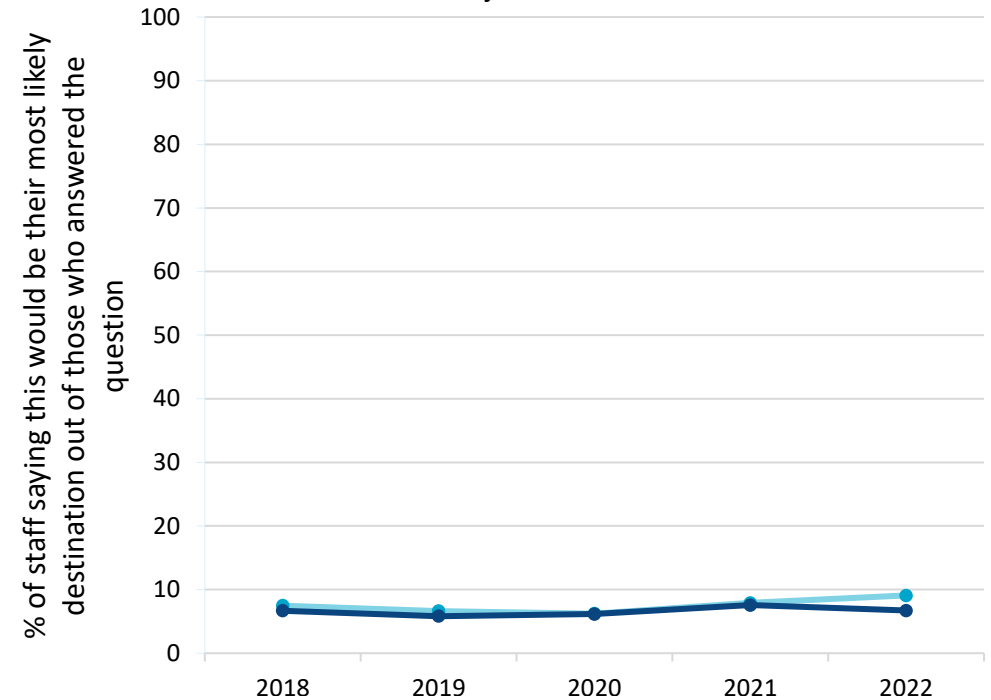


Q24d.3 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job in healthcare, but outside the NHS.



	2018	2019	2020	2021	2022
Your org	3.5%	3.4%	1.6%	3.6%	4.7%
Average	4.2%	3.8%	3.1%	4.5%	6.0%
Responses	1446	1084	1237	2022	1969

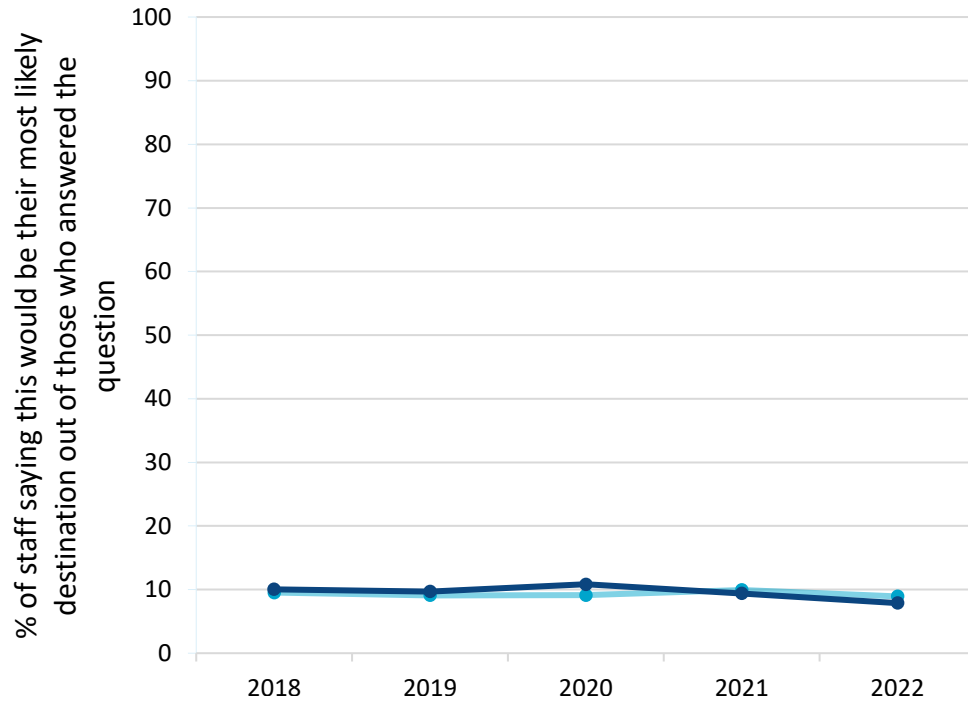
Q24d.4 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job outside healthcare.



	2018	2019	2020	2021	2022
Your org	6.6%	5.8%	6.1%	7.6%	6.7%
Average	7.5%	6.6%	6.2%	7.9%	9.1%
Responses	1446	1084	1237	2022	1969



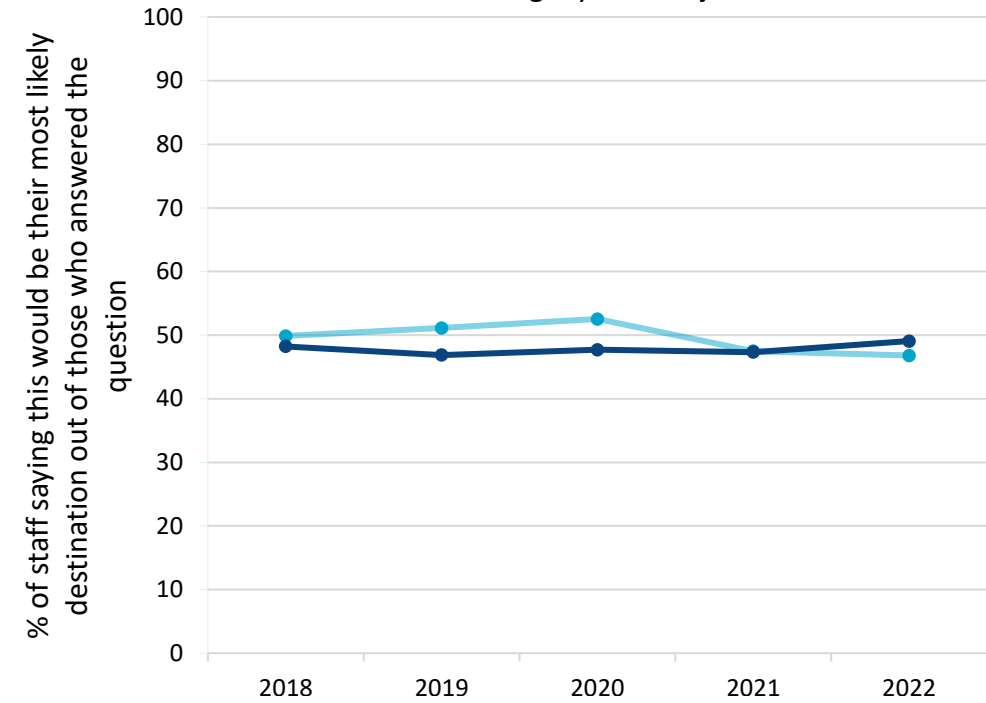
Q24d.5 If you are considering leaving your current job, what would be your most likely destination? - I would retire or take a career break.



2018 2019 2020 2021 2022

	2018	2019	2020	2021	2022
Your org	10.0%	9.7%	10.8%	9.4%	7.9%
Average	9.5%	9.1%	9.1%	10.0%	8.9%
Responses	1446	1084	1237	2022	1969

Q24d.9 If you are considering leaving your current job, what would be your most likely destination? - I am not considering leaving my current job.



2018 2019 2020 2021 2022

	2018	2019	2020	2021	2022
Your org	48.2%	46.9%	47.7%	47.3%	49.1%
Average	49.9%	51.1%	52.5%	47.5%	46.8%
Responses	1446	1084	1237	2022	1969

Workforce Equality Standards

Please note, when there are less than 11 responses for a question, results are suppressed to protect staff confidentiality and reliability of data.

Workforce Race Equality Standards (WRES)

This section contains data for the organisation required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES). It includes the 2018-2022 organisation and benchmarking group median results for q13a, q13b&c combined, q15, and q16b split by ethnicity (by white staff / staff from all other ethnic groups combined).

Workforce Disability Equality Standards (WDES)

This section contains data for the organisation required for the NHS Staff Survey indicators used in the Workforce Disability Equality Standard (WDES). It includes the 2018-2022 organisation and benchmarking group median results for q4b, q11e, q14a-d, and q15 split by staff with a long lasting health condition or illness compared to staff without a long lasting health condition or illness. It also shows results for q30b (for staff with a long lasting health condition or illness only), and the staff engagement score for staff with a long lasting health condition or illness, compared to staff without a long lasting health condition or illness and the overall engagement score for the organisation.

This year, the text for q30b was updated and the word 'adequate' was updated to 'reasonable'.

The WDES breakdowns are based on the responses to q30a Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?

This section contains data required for the staff survey indicators used in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). Data presented in this section are unweighted.

Workforce Race Equality Standards (WRES)

Indicator	Qu No	Workforce Race Equality Standard
For each of the following indicators, compare the outcomes of the responses for white staff and staff from all other ethnic groups combined		
5	14a	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6	14b & 14c	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7	15	Percentage believing that their practice provides equal opportunities for career progression or promotion
8	16b	In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues

Workforce Disability Equality Standards (WDES)

Indicator	Qu No	Workforce Disability Equality Standard
For each of the following indicators, compare the responses for staff with a LTC* or illness vs staff without a LTC or illness		
4ai	14a	Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public
4aii	14b	Percentage of staff experiencing harassment, bullying or abuse from managers
4aiii	14c	Percentage of staff experiencing harassment, bullying or abuse from other colleagues
4b	14d	Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it
5	15	Percentage believing that their practice provides equal opportunities for career progression or promotion
6	9e	Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties
7	4b	Percentage staff saying that they are satisfied with the extent to which their organisation values their work
8	30b	Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work
9a	theme_engagement	The staff engagement score for staff with LTC or illness vs staff without a LTC or illness

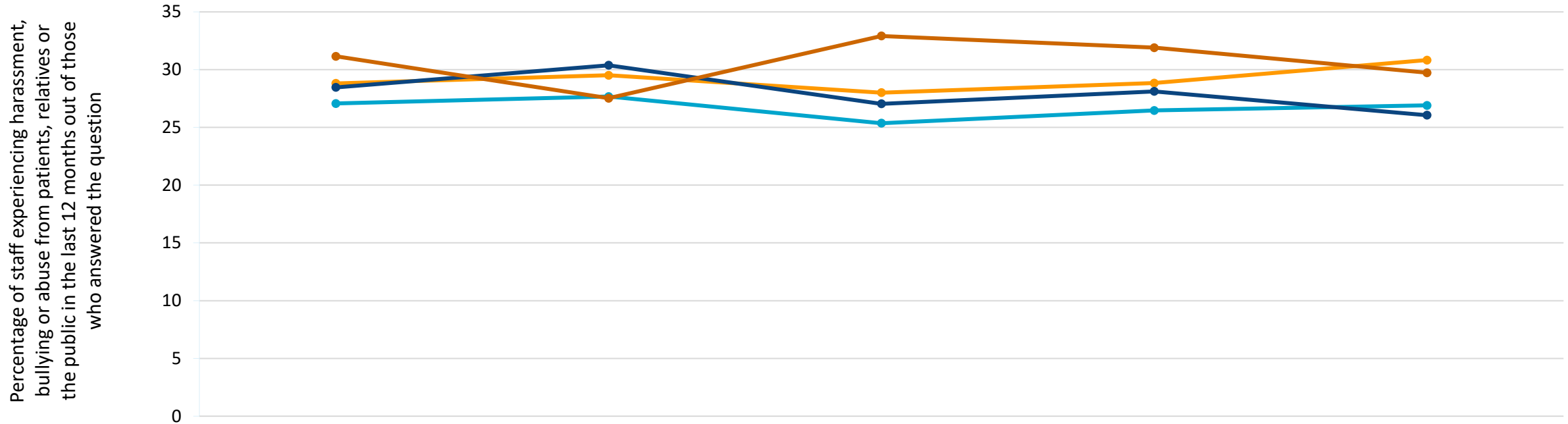
Workforce Race Equality Standards (WRES)

N.B.

Vertical scales on the following charts vary from slide to slide and this effects how results are displayed.
Data shown in the WRES charts are unweighted.

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months



	2018	2019	2020	2021	2022
White staff: Your org	28.5%	30.4%	27.0%	28.1%	26.1%
All other ethnic groups*: Your org	31.1%	27.5%	32.9%	31.9%	29.7%
White staff: Average	27.1%	27.7%	25.4%	26.5%	26.9%
All other ethnic groups*: Average	28.8%	29.5%	28.0%	28.8%	30.8%
White staff: Responses	1300	958	1043	1629	1539
All other ethnic groups*: Responses	305	258	313	580	619

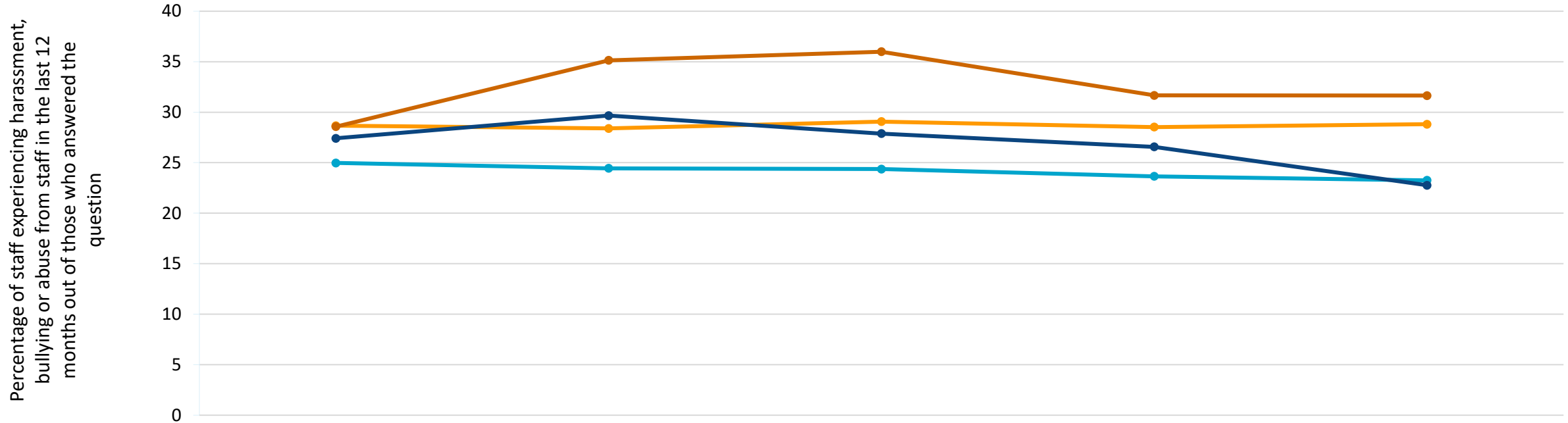
*Staff from all other ethnic groups combined

Average calculated as the median for the benchmark group



Workforce Race Equality Standard (WRES)

Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months



	2018	2019	2020	2021	2022
White staff: Your org	27.4%	29.7%	27.9%	26.6%	22.8%
All other ethnic groups*: Your org	28.6%	35.1%	36.0%	31.7%	31.6%
White staff: Average	25.0%	24.4%	24.4%	23.6%	23.3%
All other ethnic groups*: Average	28.7%	28.4%	29.1%	28.5%	28.8%
White staff: Responses	1295	954	1040	1626	1533
All other ethnic groups*: Responses	308	259	314	578	613

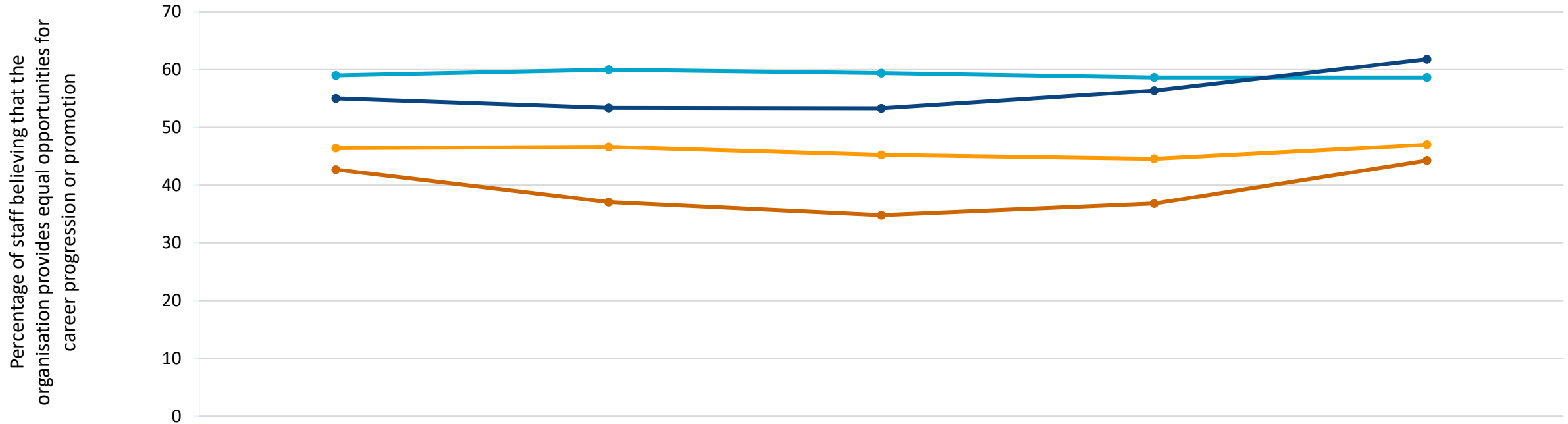
*Staff from all other ethnic groups combined

Average calculated as the median for the benchmark group



Workforce Race Equality Standard (WRES)

Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.

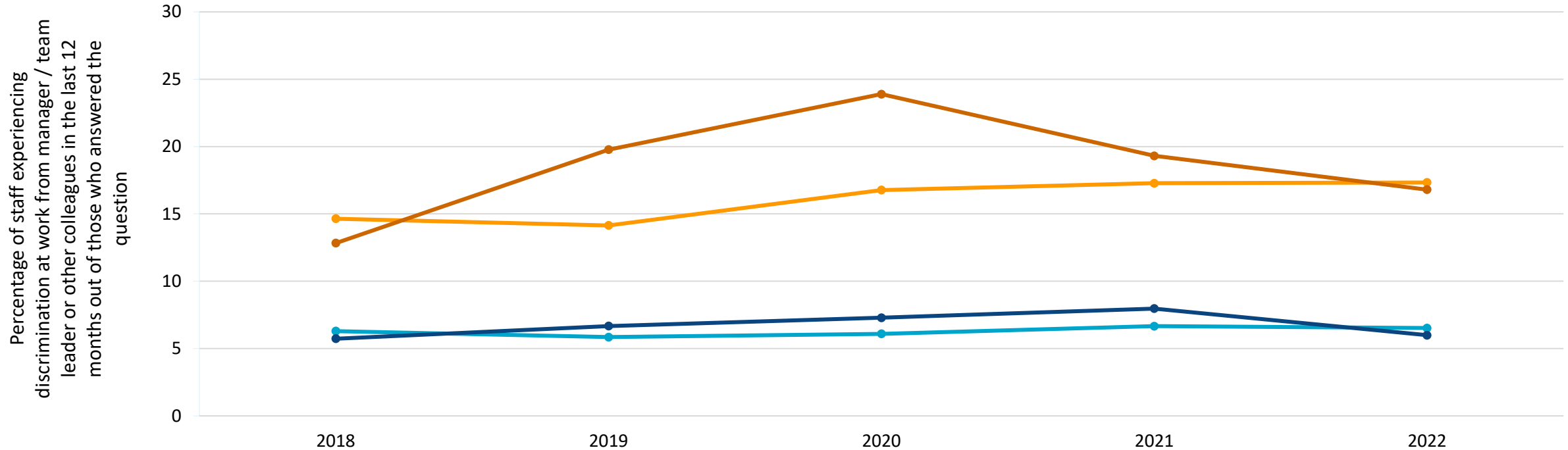


	2018	2019	2020	2021	2022
White staff: Your org	55.0%	53.4%	53.3%	56.4%	61.8%
All other ethnic groups*: Your org	42.7%	37.1%	34.8%	36.8%	44.3%
White staff: Average	59.0%	60.0%	59.4%	58.6%	58.6%
All other ethnic groups*: Average	46.4%	46.6%	45.2%	44.6%	47.0%
White staff: Responses	1298	950	1047	1611	1518
All other ethnic groups*: Responses	314	259	316	576	610

*Staff from all other ethnic groups combined

Average calculated as the median for the benchmark group

Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months.



	2018	2019	2020	2021	2022
White staff: Your org	5.7%	6.7%	7.3%	8.0%	6.0%
All other ethnic groups*: Your org	12.8%	19.8%	23.9%	19.3%	16.8%
White staff: Average	6.3%	5.9%	6.1%	6.7%	6.5%
All other ethnic groups*: Average	14.6%	14.1%	16.8%	17.3%	17.3%
White staff: Responses	1291	944	1043	1632	1535
All other ethnic groups*: Responses	304	258	314	580	613

*Staff from all other ethnic groups combined

Average calculated as the median for the benchmark group

Workforce Disability Equality Standards (WDES)

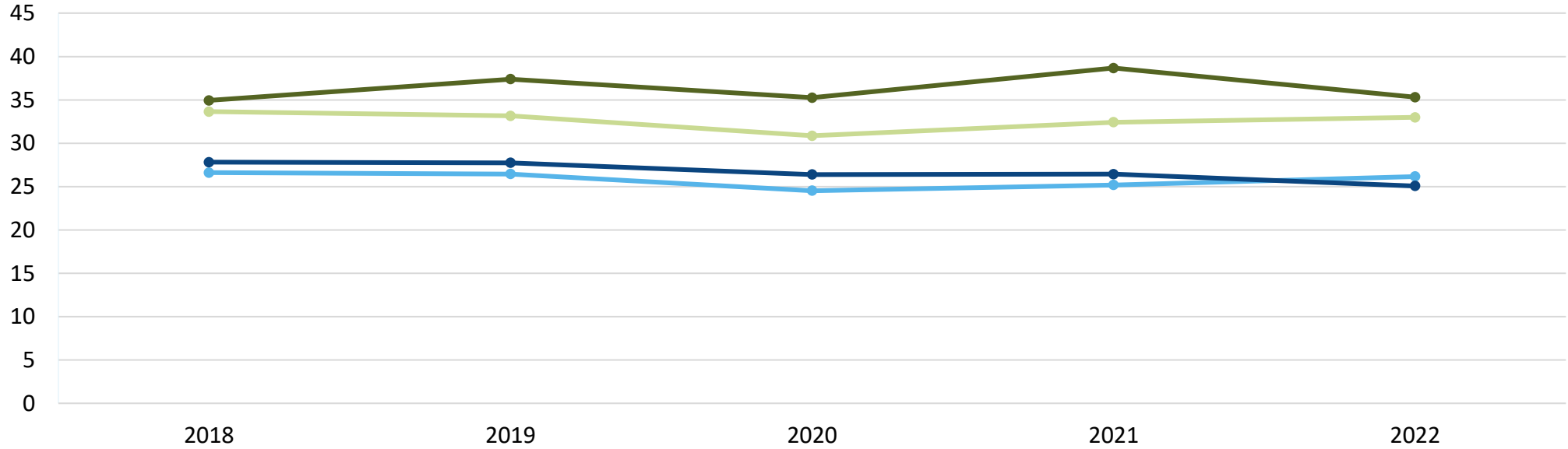
N.B.

Vertical scales on the following charts vary from slide to slide and this effects how results are displayed.
Data shown in the WDES charts are unweighted.

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months out of those who answered the question

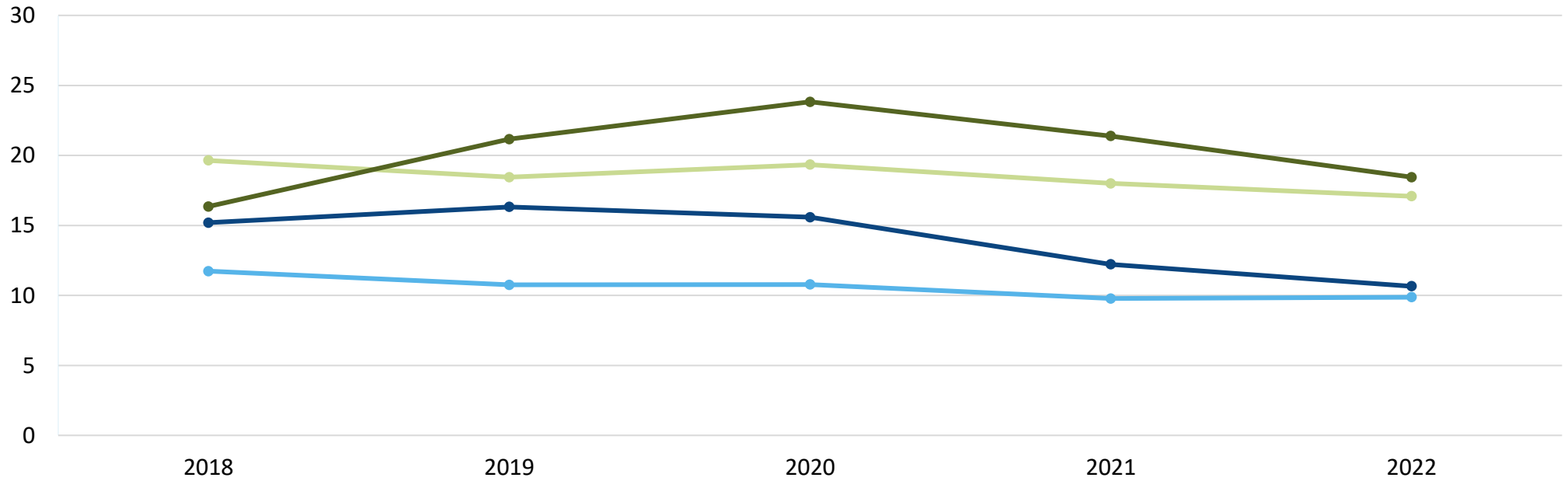
Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months.



	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	34.9%	37.4%	35.3%	38.7%	35.3%
Staff without a LTC or illness: Your org	27.8%	27.7%	26.4%	26.4%	25.1%
Staff with a LTC or illness: Average	33.6%	33.2%	30.9%	32.4%	33.0%
Staff without a LTC or illness: Average	26.6%	26.5%	24.5%	25.2%	26.2%
Staff with a LTC or illness: Responses	269	246	278	499	456
Staff without a LTC or illness: Responses	1348	973	1076	1717	1719

Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months out of those who answered the question

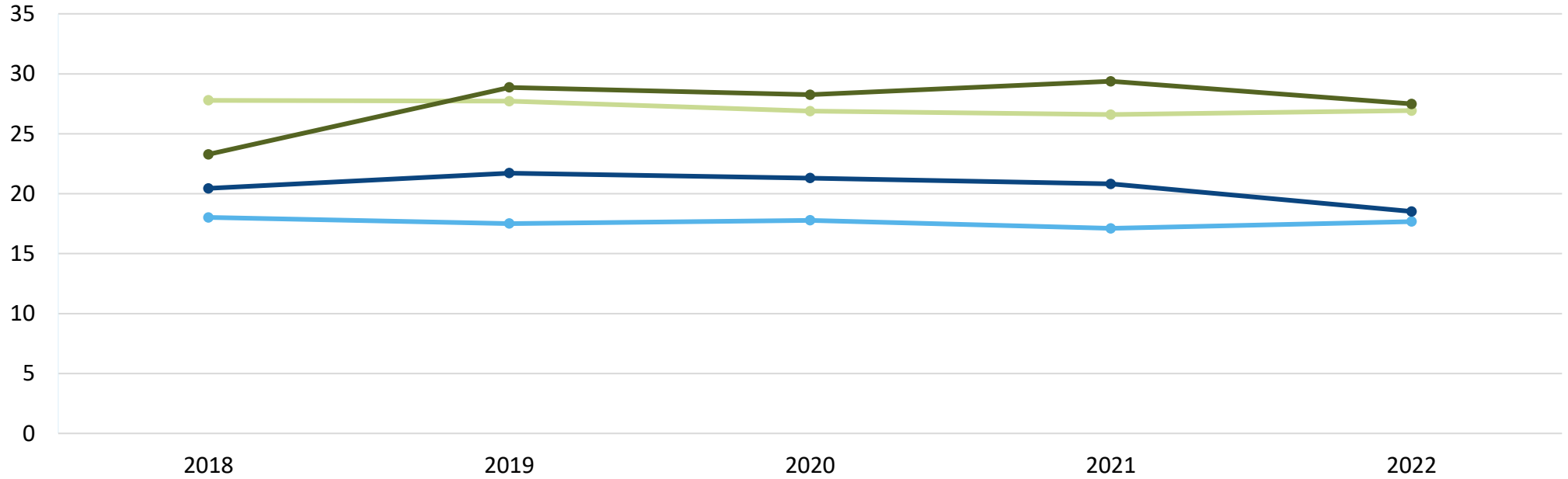
Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months.



	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	16.3%	21.2%	23.8%	21.4%	18.4%
Staff without a LTC or illness: Your org	15.2%	16.3%	15.6%	12.2%	10.7%
Staff with a LTC or illness: Average	19.6%	18.4%	19.3%	18.0%	17.1%
Staff without a LTC or illness: Average	11.7%	10.8%	10.8%	9.8%	9.9%
Staff with a LTC or illness: Responses	263	241	277	491	450
Staff without a LTC or illness: Responses	1336	962	1065	1694	1699

Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months out of those who answered the question

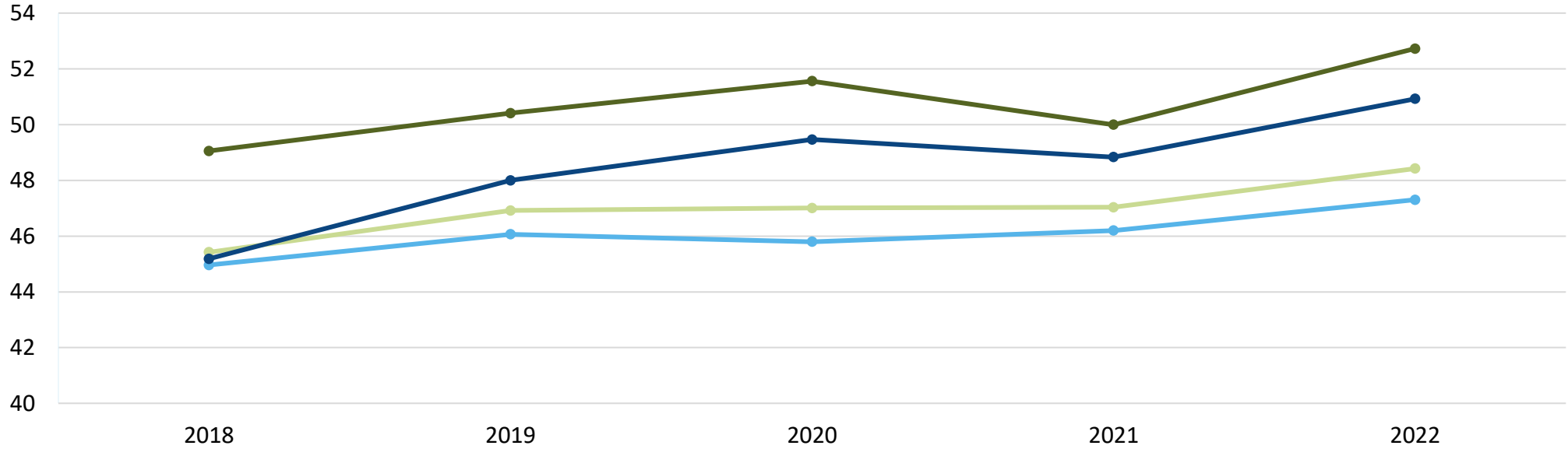
Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months.



	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	23.3%	28.9%	28.3%	29.4%	27.5%
Staff without a LTC or illness: Your org	20.4%	21.7%	21.3%	20.8%	18.5%
Staff with a LTC or illness: Average	27.8%	27.7%	26.9%	26.6%	26.9%
Staff without a LTC or illness: Average	18.0%	17.5%	17.8%	17.1%	17.7%
Staff with a LTC or illness: Responses	262	239	276	497	451
Staff without a LTC or illness: Responses	1340	953	1061	1686	1690

Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it out of those who answered the question

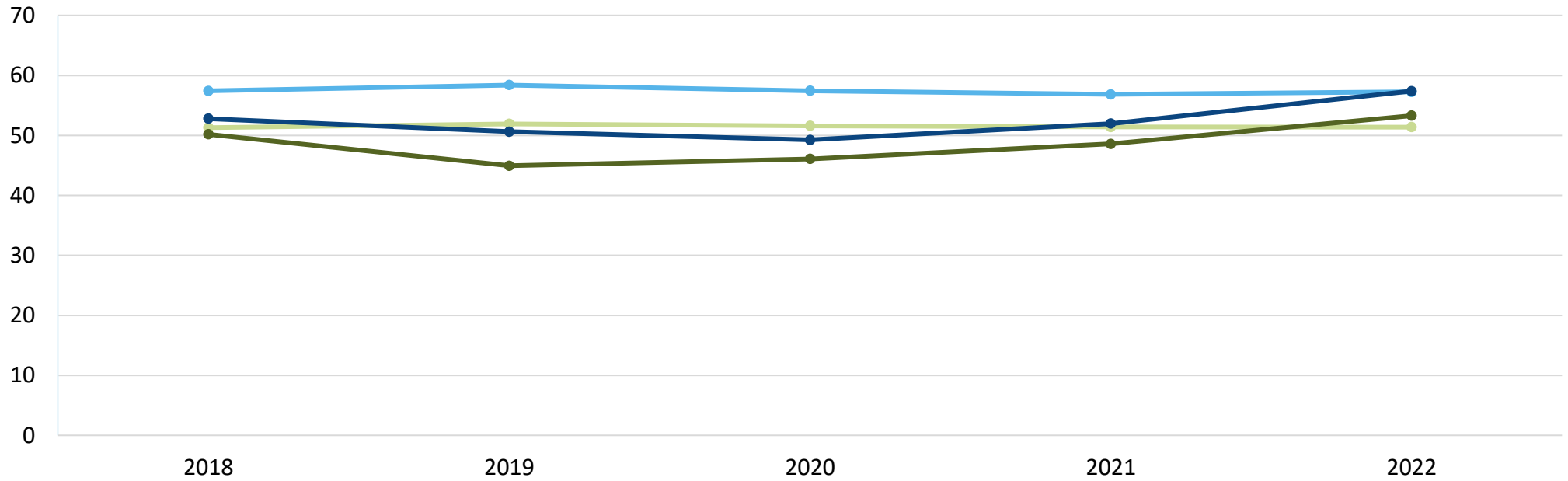
Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.



	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	49.1%	50.4%	51.6%	50.0%	52.7%
Staff without a LTC or illness: Your org	45.2%	48.0%	49.5%	48.8%	50.9%
Staff with a LTC or illness: Average	45.4%	46.9%	47.0%	47.0%	48.4%
Staff without a LTC or illness: Average	45.0%	46.1%	45.8%	46.2%	47.3%
Staff with a LTC or illness: Responses	106	121	128	250	220
Staff without a LTC or illness: Responses	478	350	376	559	538

Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion out of those who answered the question

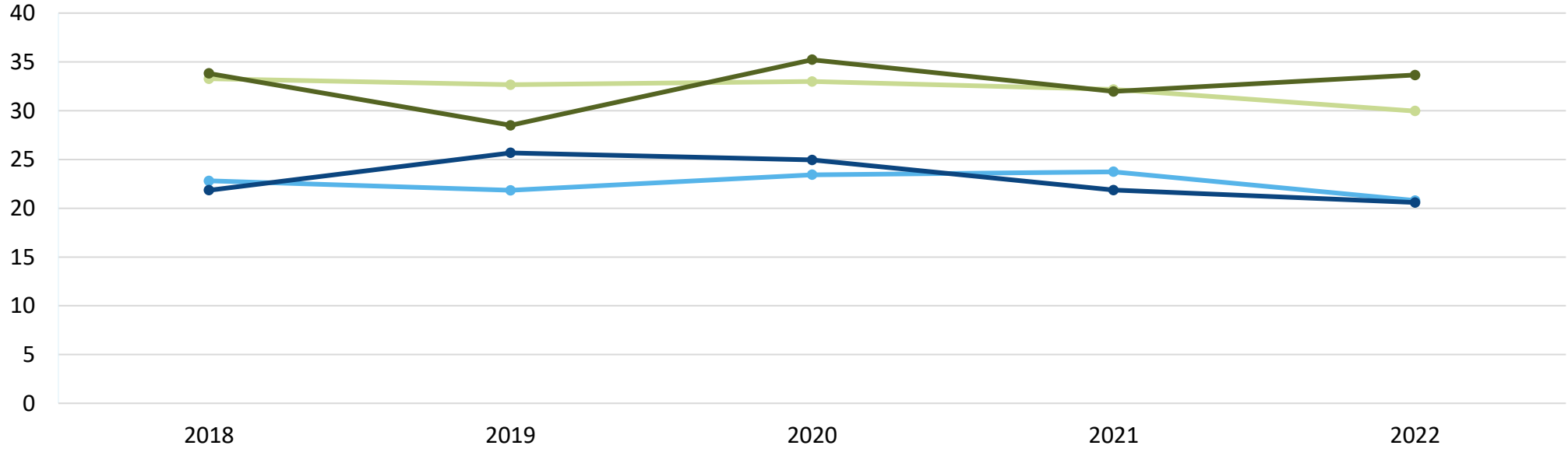
Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion.



	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	50.2%	44.9%	46.1%	48.6%	53.3%
Staff without a LTC or illness: Your org	52.8%	50.6%	49.3%	52.0%	57.4%
Staff with a LTC or illness: Average	51.3%	51.9%	51.6%	51.4%	51.4%
Staff without a LTC or illness: Average	57.4%	58.4%	57.4%	56.8%	57.3%
Staff with a LTC or illness: Responses	269	247	282	498	454
Staff without a LTC or illness: Responses	1356	964	1080	1695	1692

Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties out of those who answered the question

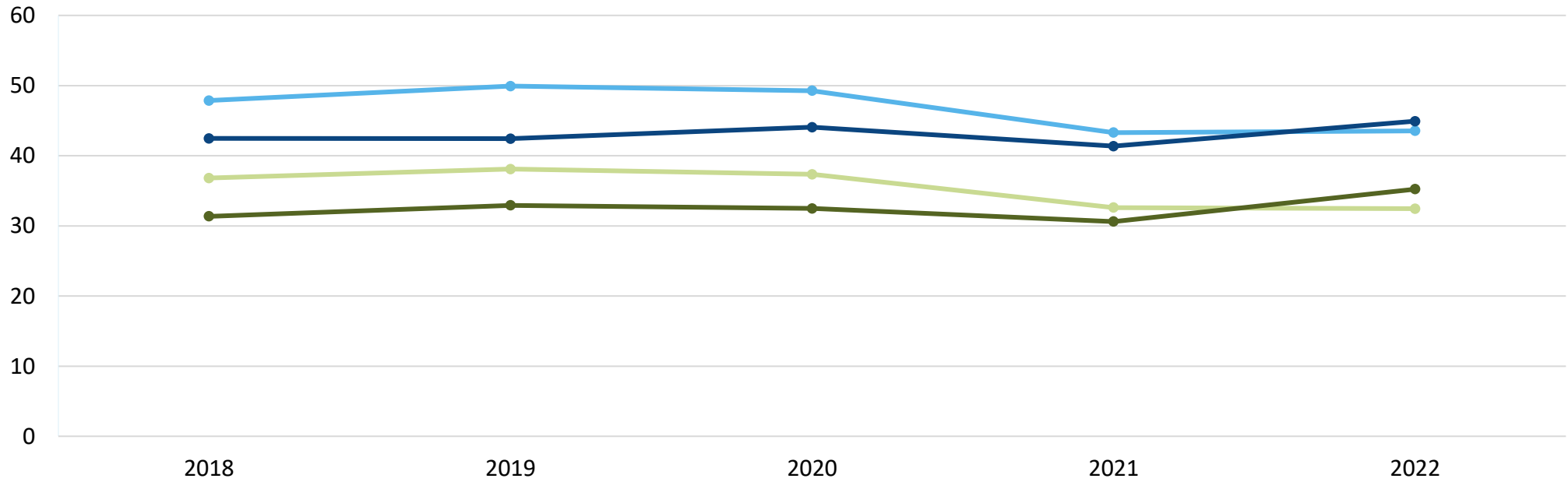
Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.



	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	33.8%	28.5%	35.2%	32.0%	33.7%
Staff without a LTC or illness: Your org	21.9%	25.7%	25.0%	21.9%	20.6%
Staff with a LTC or illness: Average	33.3%	32.7%	33.0%	32.2%	30.0%
Staff without a LTC or illness: Average	22.8%	21.8%	23.4%	23.7%	20.8%
Staff with a LTC or illness: Responses	204	193	193	344	303
Staff without a LTC or illness: Responses	778	553	529	855	879

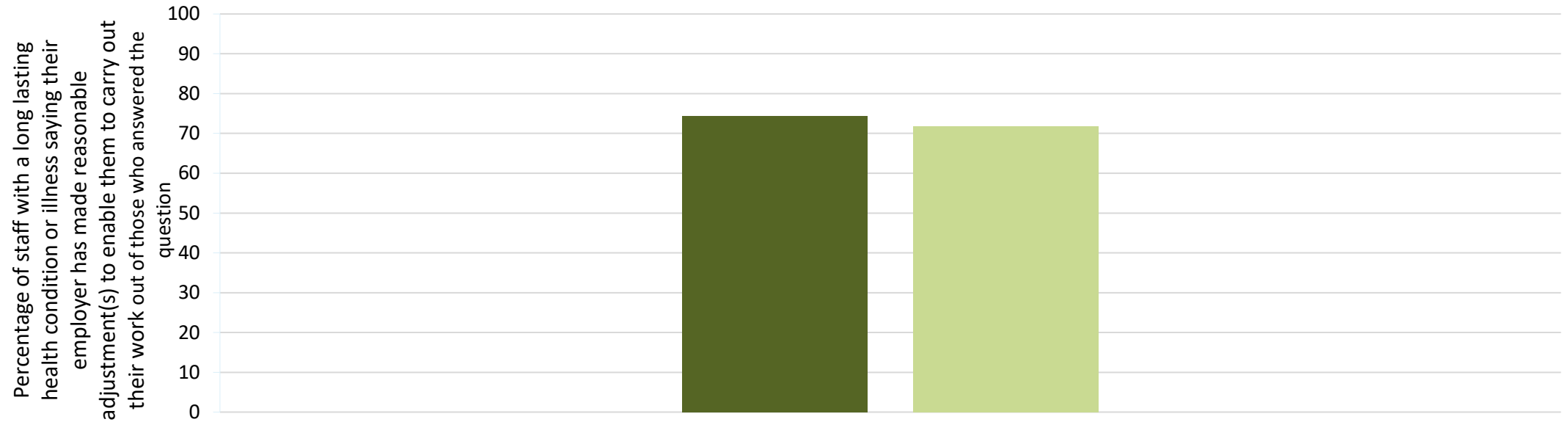
Percentage of staff satisfied with the extent to which their organisation values their work out of those who answered the question

Percentage of staff satisfied with the extent to which their organisation values their work.



	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	31.4%	32.9%	32.5%	30.6%	35.2%
Staff without a LTC or illness: Your org	42.5%	42.4%	44.1%	41.4%	44.9%
Staff with a LTC or illness: Average	36.8%	38.1%	37.4%	32.6%	32.5%
Staff without a LTC or illness: Average	47.9%	49.9%	49.3%	43.3%	43.6%
Staff with a LTC or illness: Responses	271	246	277	503	454
Staff without a LTC or illness: Responses	1347	966	1080	1714	1723

Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work.



2022

Staff with a LTC or illness: Your org

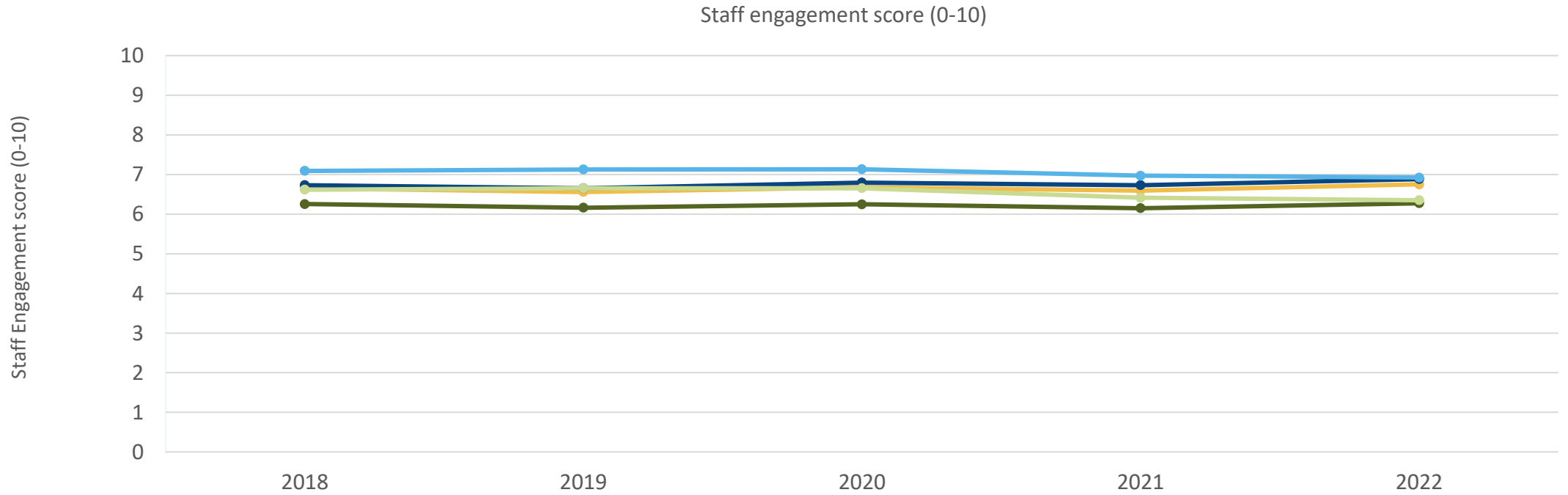
74.4%

Staff with a LTC or illness: Average

71.8%

Staff with a LTC or illness: Responses

273



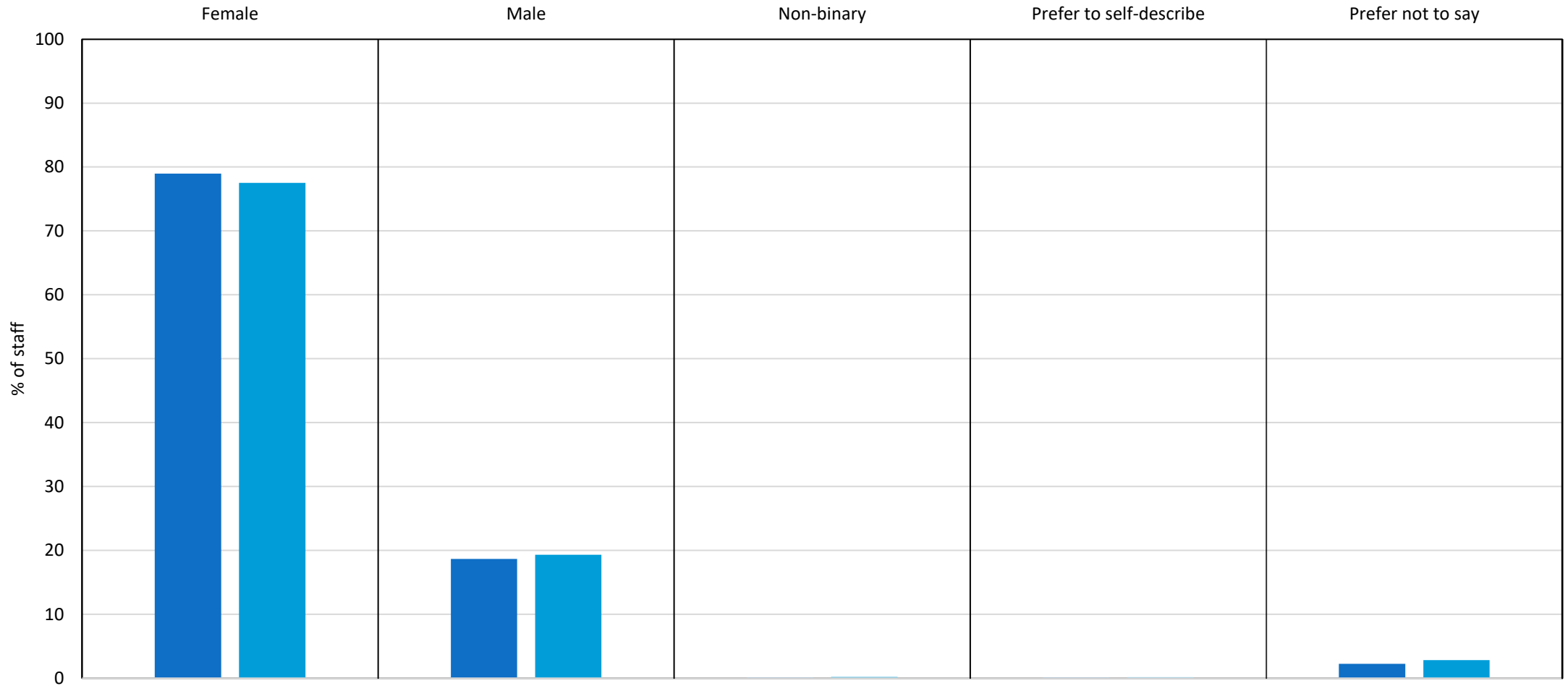
	2018	2019	2020	2021	2022
Organisation average	6.7	6.6	6.7	6.6	6.8
Staff with a LTC or illness: Your org	6.3	6.2	6.2	6.2	6.3
Staff without a LTC or illness: Your org	6.7	6.7	6.8	6.7	6.9
Staff with a LTC or illness: Average	6.6	6.7	6.7	6.4	6.4
Staff without a LTC or illness: Average	7.1	7.1	7.1	7.0	6.9
Staff with a LTC or illness: Responses	272	248	282	509	458
Staff without a LTC or illness: Responses	1366	981	1088	1733	1728

N.B. Data shown in this chart are unweighted therefore will not match weighted staff engagement scores in other outputs.

About your respondents

This section will show demographic information for 2022.

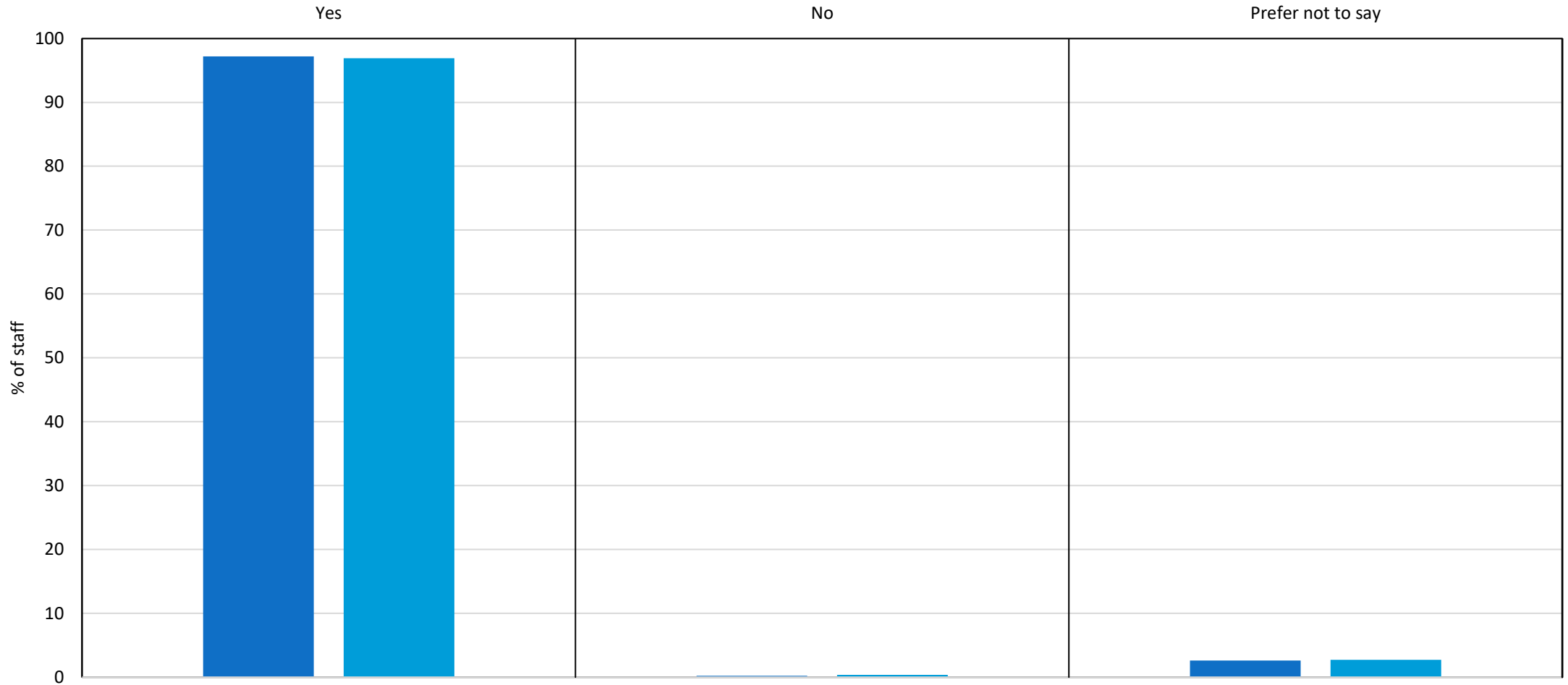
Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.



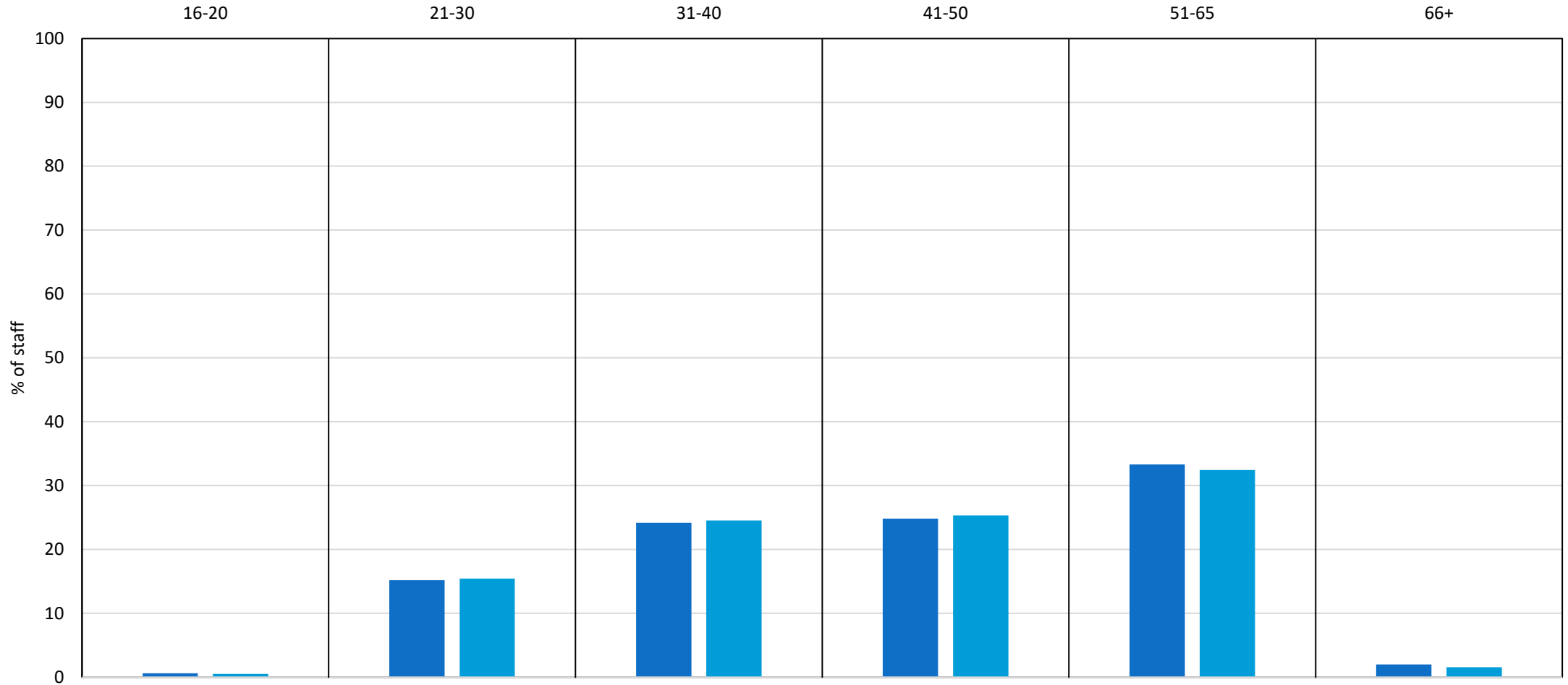
Category	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say
Your org	79.0%	18.6%	0.1%	0.1%	2.2%
Average	77.5%	19.3%	0.2%	0.1%	2.8%
Responses	2195	2195	2195	2195	2195



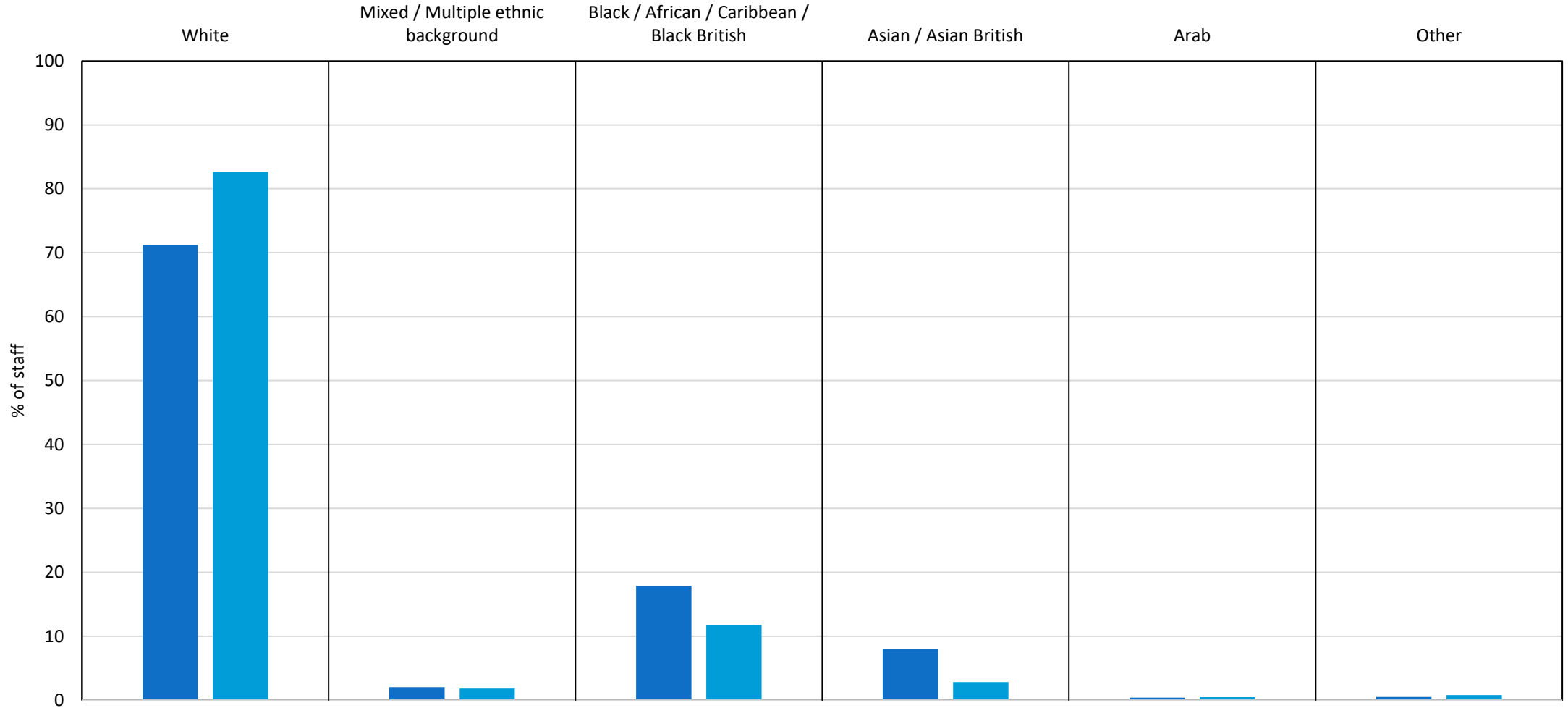
Background details – Is your gender identity the same as the sex you were assigned at birth?



	Yes	No	Prefer not to say
Your org	97.2%	0.2%	2.6%
Average Responses	96.9%	0.4%	2.7%
	1968	1968	1968

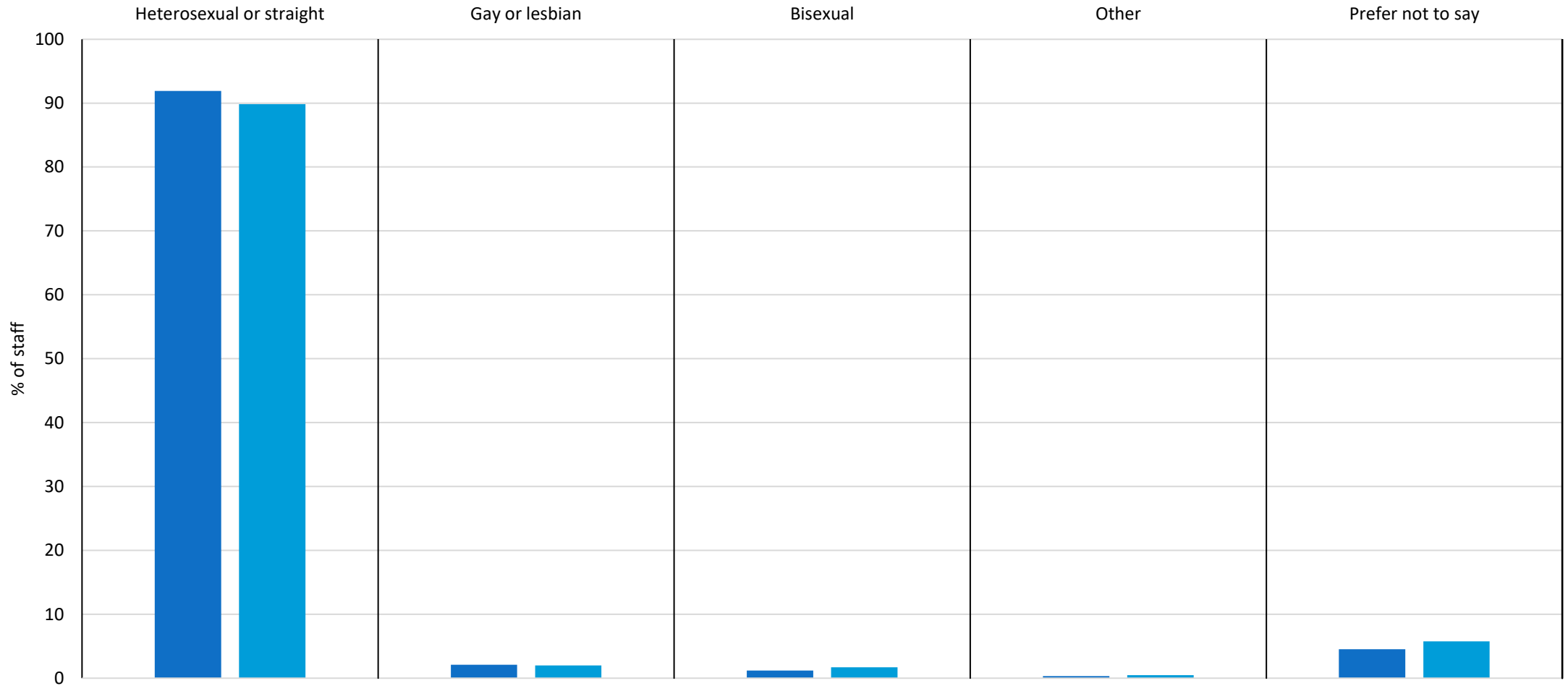


	16-20	21-30	31-40	41-50	51-65	66+
Your org	0.6%	15.2%	24.2%	24.8%	33.3%	2.0%
Average	0.5%	15.4%	24.5%	25.3%	32.4%	1.5%
Responses	2181	2181	2181	2181	2181	2181



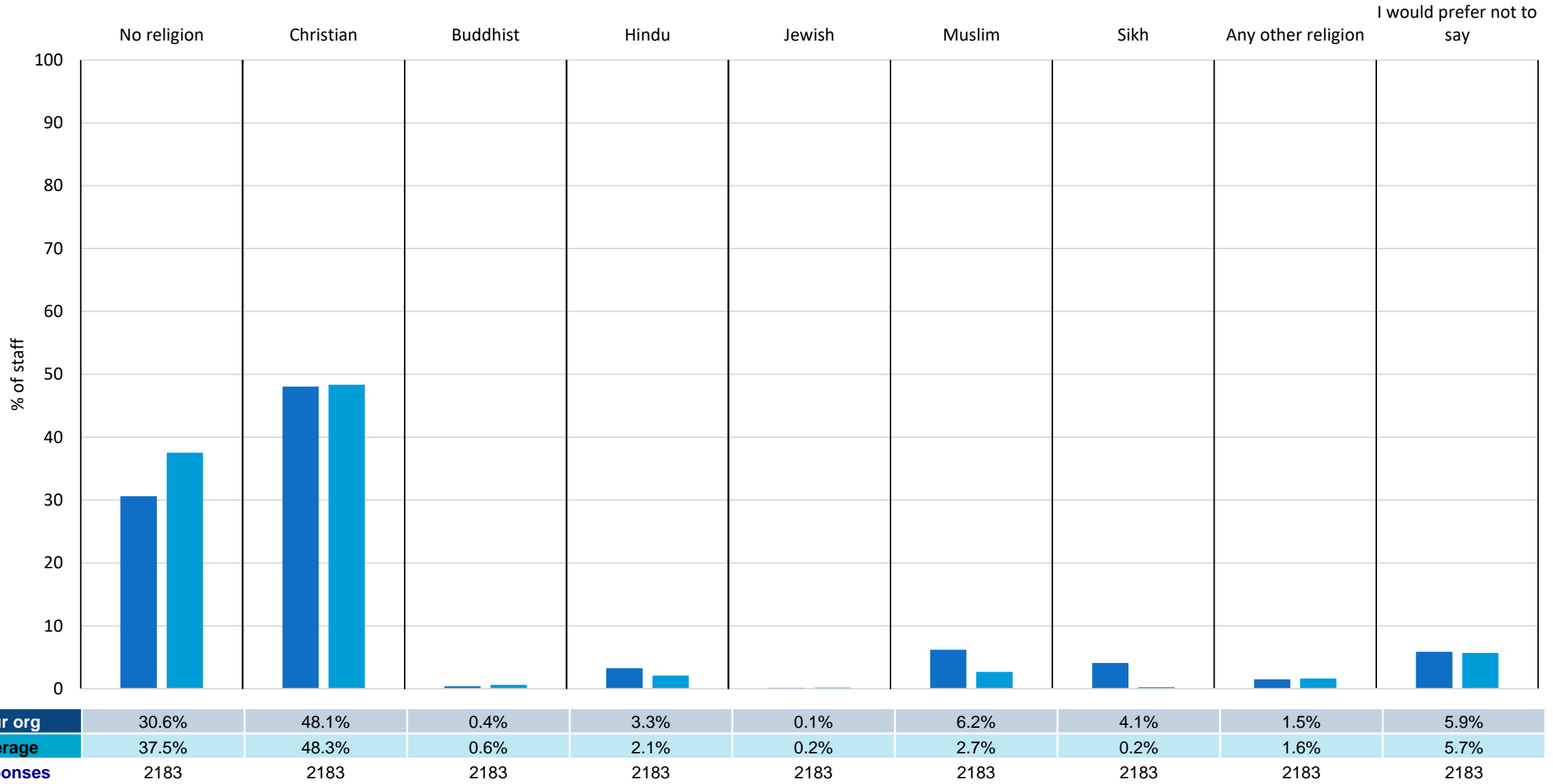
Your org	71.2%	2.0%	17.9%	8.0%	0.4%	0.5%
Average Responses	82.6%	1.8%	11.8%	2.8%	0.5%	0.8%
Responses	2171	2171	2171	2171	2171	2171

Background details – Sexual orientation

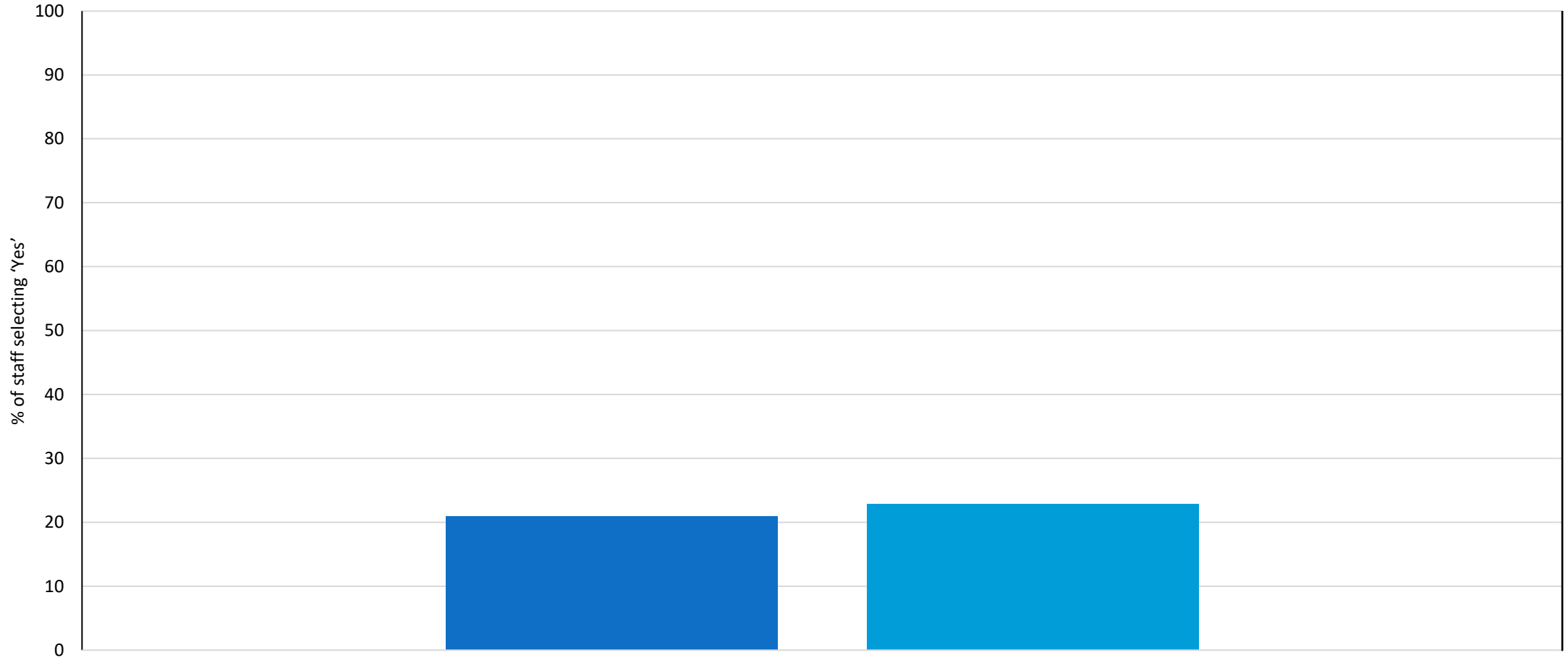


Your org	91.9%	2.1%	1.2%	0.3%	4.5%
Average	89.8%	2.0%	1.7%	0.5%	5.7%
Responses	2174	2174	2174	2174	2174

Background details - Religion



Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?



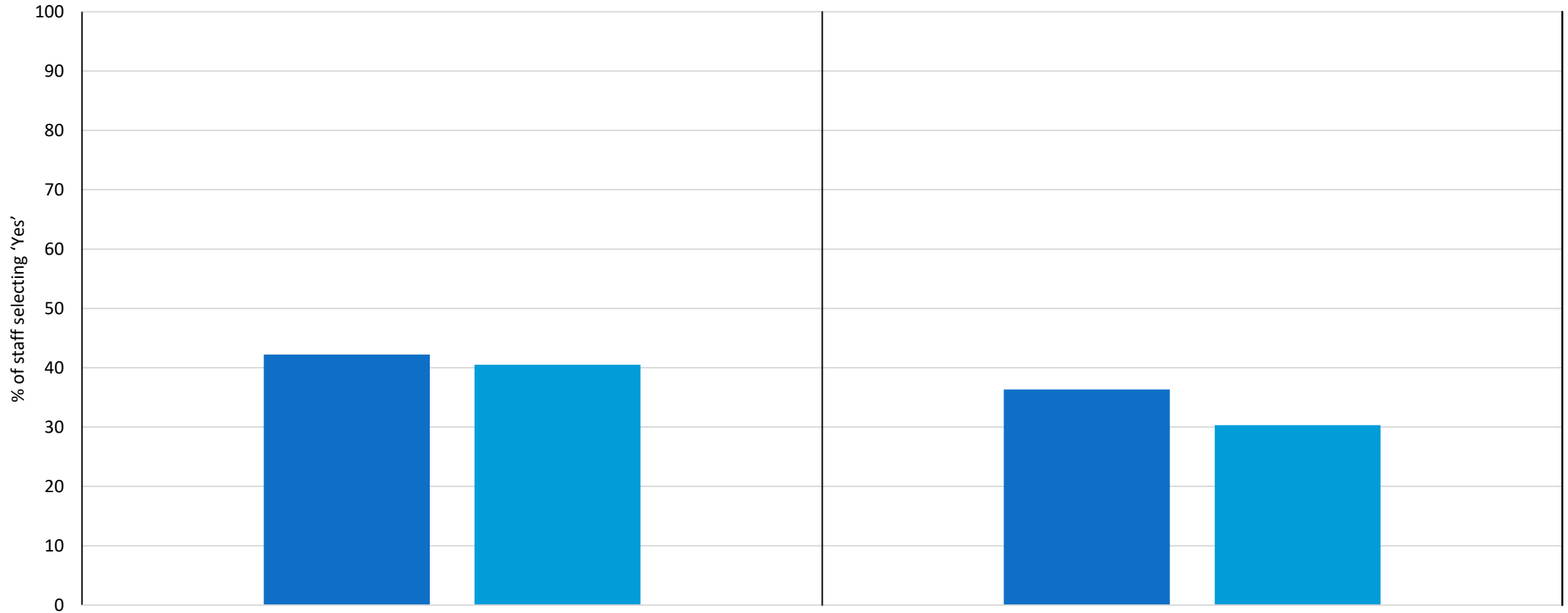
Your org	20.9%
Average	22.9%
Responses	2190



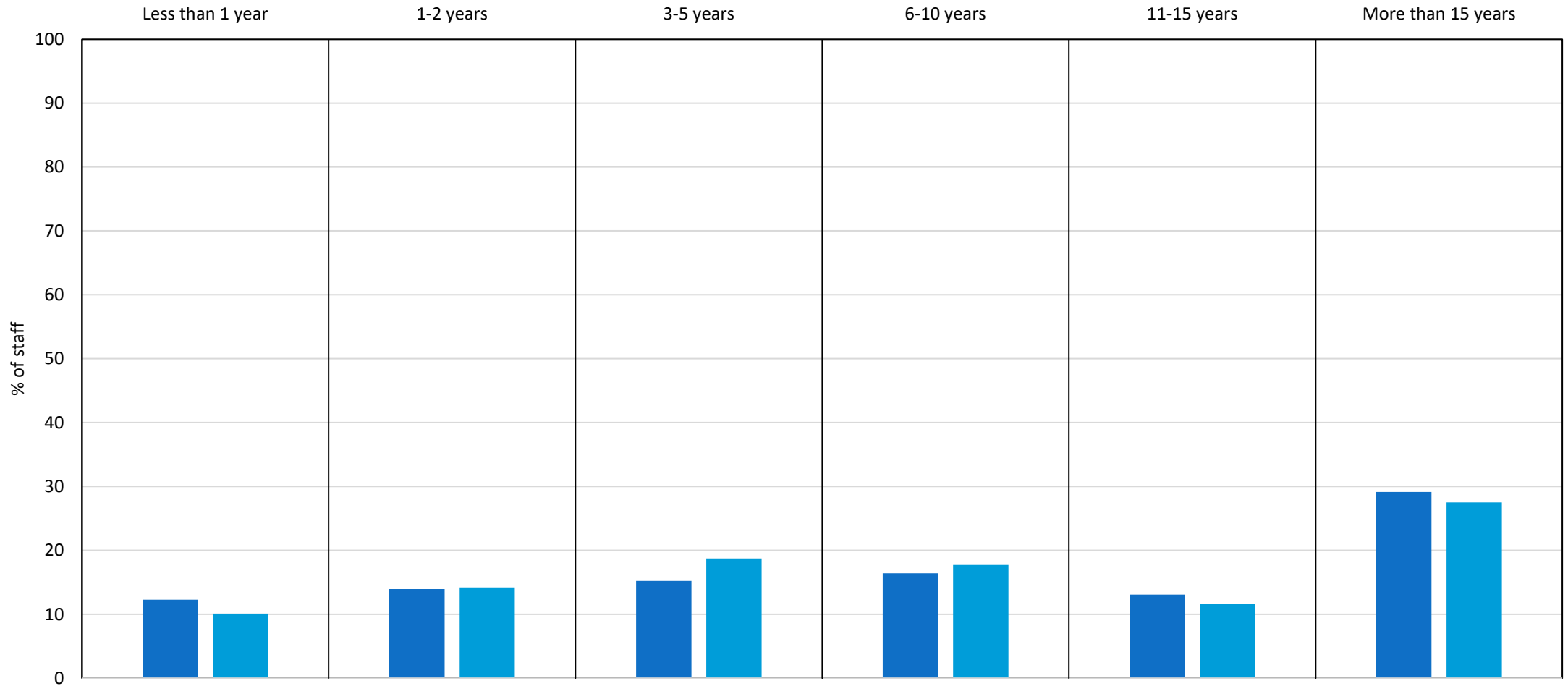
Background details – Parental / caring responsibilities

Do you have any children aged from 0 to 17 living at home with you or who you have regular caring responsibility for?

Do you look after or give any help or support to family members, friends, neighbours or others because of either: long term physical or mental ill health / disability, or problems related to old age.



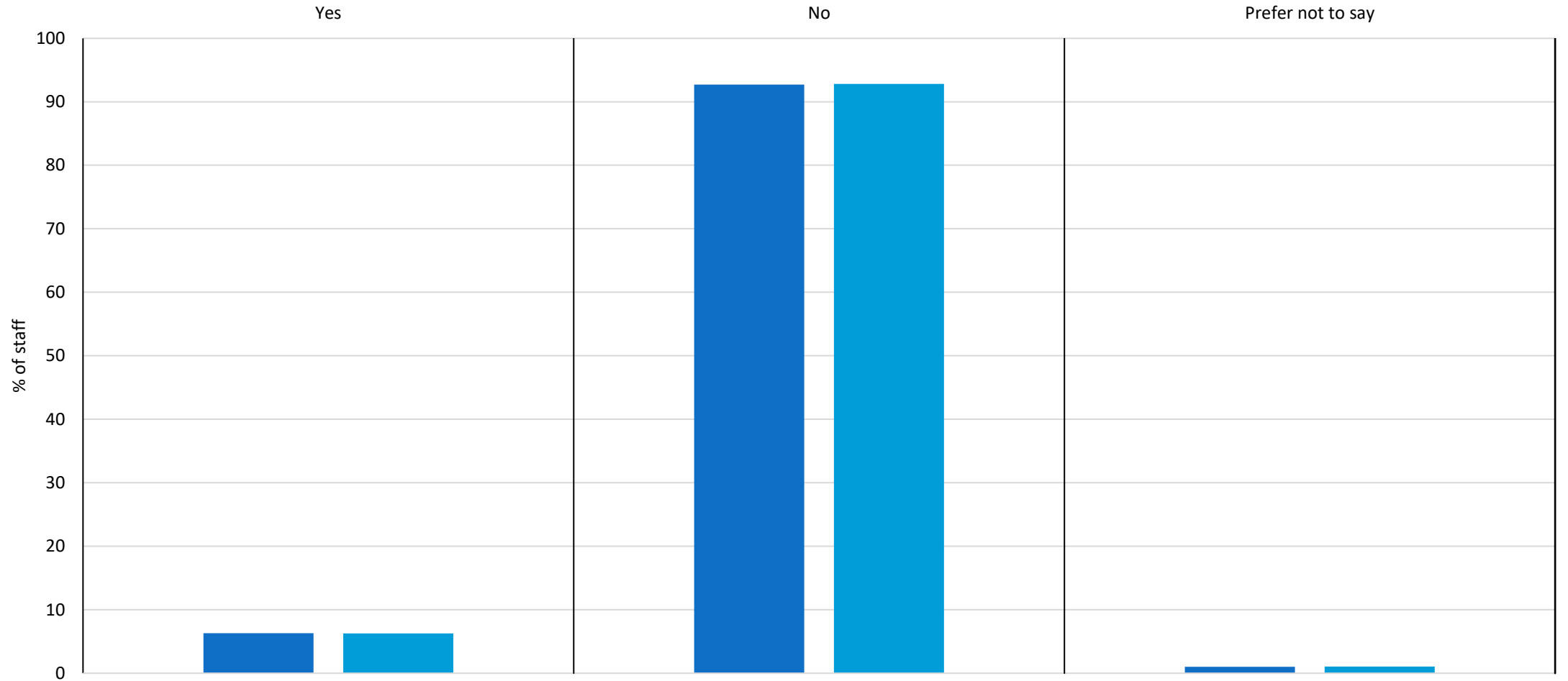
Your org	42.2%	36.3%
Average	40.5%	30.3%
Responses	2188	2186



Responses	2190	2190	2190	2190	2190	2190
Your org	12.3%	13.9%	15.2%	16.4%	13.1%	29.1%
Average	10.1%	14.2%	18.7%	17.7%	11.7%	27.5%

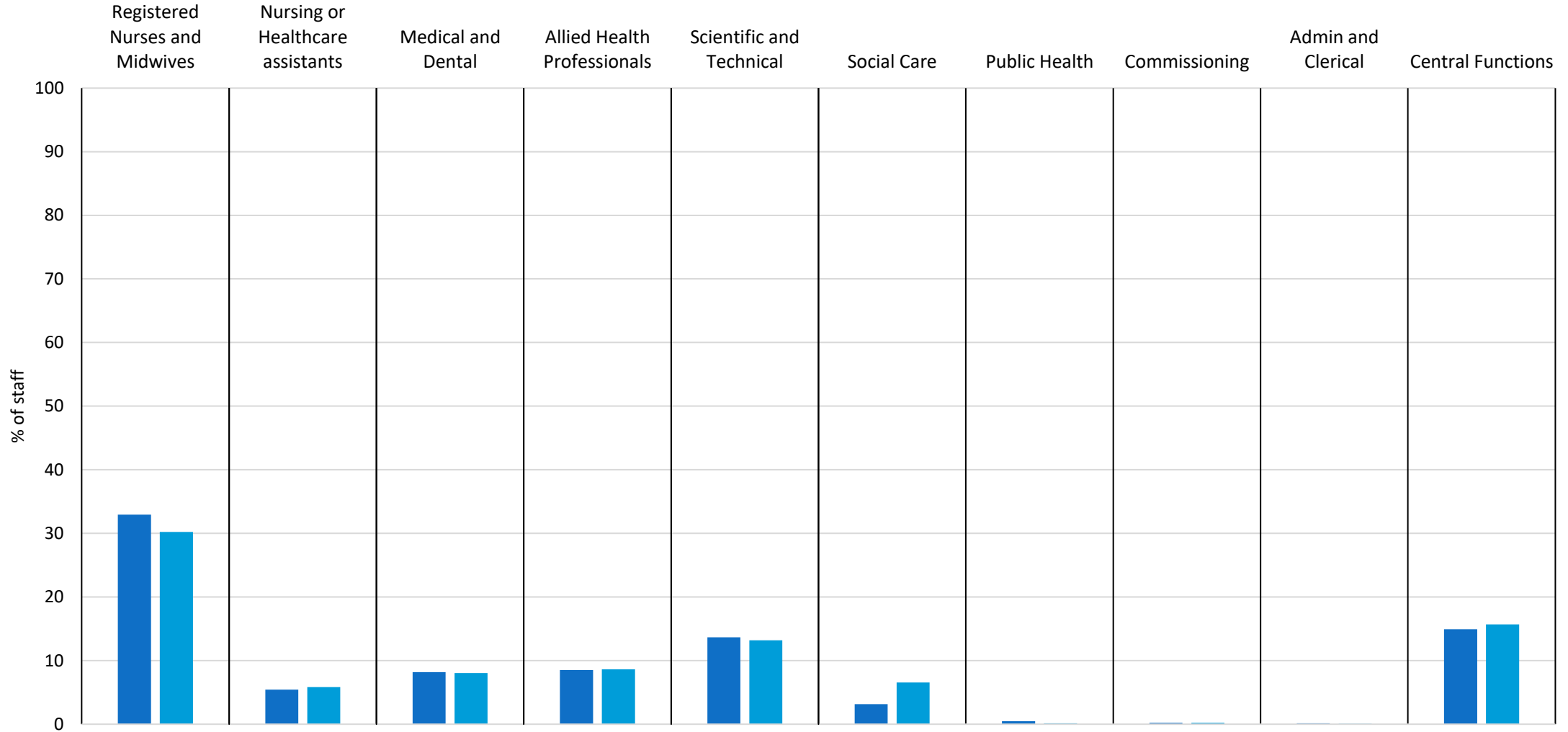


Background details – When you joined this organisation were you recruited from outside of the UK?



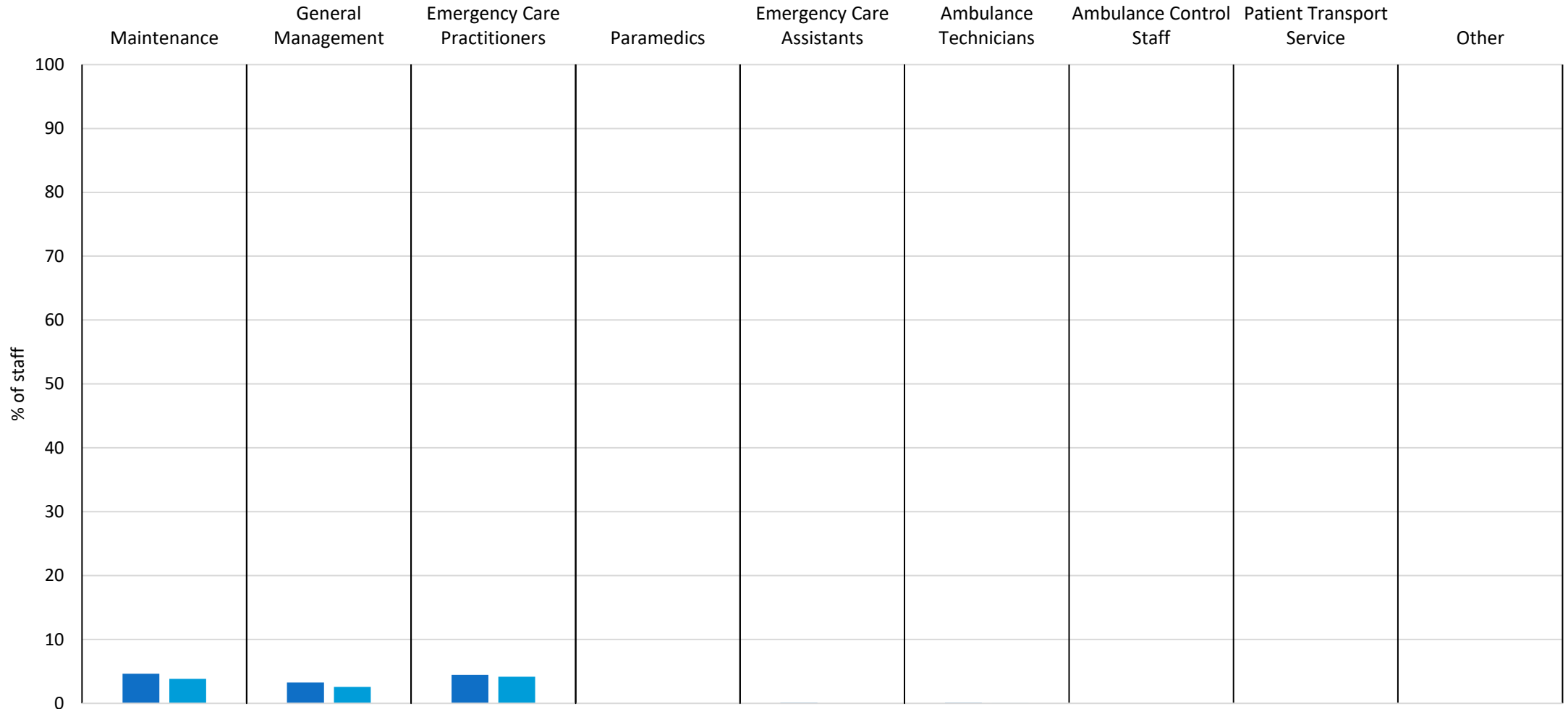
	Yes	No	Prefer not to say
Your org	6.3%	92.7%	1.0%
Average Responses	6.2%	92.8%	1.0%
2002			

Background details – Occupational group



Your org	32.9%	5.4%	8.2%	8.5%	13.7%	3.1%	0.5%	0.2%	0.1%	14.9%
Average	30.2%	5.8%	8.0%	8.6%	13.2%	6.5%	0.1%	0.2%	0.1%	15.7%
Responses	2144	2144	2144	2144	2144	2144	2144	2144	2144	2144

Background details – Occupational group

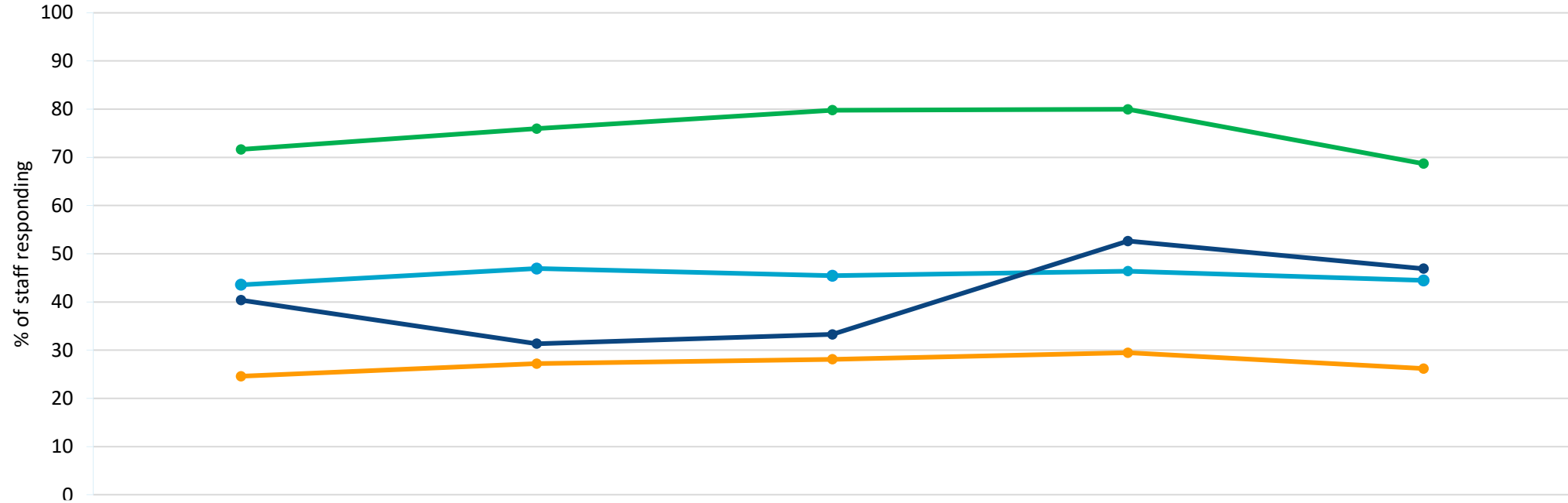


Your org	4.6%	3.3%	4.4%	0.0%	0.1%	0.1%	0.0%	0.0%	0.0%
Average	3.8%	2.6%	4.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Responses	2144	2144	2144	2144	2144	2144	2144	2144	2144

Appendices

Appendix A: Response rate

Response rate



	2018	2019	2020	2021	2022
Your org	40.4%	31.3%	33.3%	52.6%	46.9%
Highest	71.6%	76.0%	79.8%	79.9%	68.7%
Average	43.6%	46.9%	45.4%	46.4%	44.5%
Lowest	24.6%	27.2%	28.1%	29.5%	26.2%
Responses	1694	1299	1396	2288	2229

Appendix B: Significance testing 2021 vs 2022

The table below presents the results of significance testing conducted on the theme scores calculated in both 2021 and 2022*.

People Promise elements	2021 score	2021 respondents	2022 score	2022 respondents	Statistically significant change?
We are compassionate and inclusive	7.0	2280	7.1	2219	Significantly higher
We are recognised and rewarded	5.7	2268	5.8	2226	Not significant
We each have a voice that counts	6.5	2239	6.6	2192	Not significant
We are safe and healthy	5.7	2231	5.9	2191	Significantly higher
We are always learning	5.2	2098	5.4	2075	Significantly higher
We work flexibly	6.0	2249	6.1	2213	Significantly higher
We are a team	6.6	2271	6.7	2217	Significantly higher
Themes					
Staff Engagement	6.6	2281	6.7	2223	Significantly higher
Morale	5.6	2281	5.7	2223	Significantly higher

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence. For more details please see the [technical document](#).

Appendix C: Tips on using your benchmark report

The following pages include tips on how to read, interpret and use the data in this report. The **suggestions are aimed at users who would like some guidance on how to understand the data** in this report. These suggestions are by no means the only way to analyse or use the data, but have been included to aid users.

Key points to note



The seven People Promise elements, the two themes and the sub-scores that feed into them cover key areas of staff experience and present results in these areas in a clear and consistent way. All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score. These scores are created by scoring questions linked to these areas of experience and grouping these results together. Details of how the scores are calculated can be found in the technical document available on the [Staff Survey website](#).



A key feature of the reports is that they **provide organisations with up to five years of trend data**. Trend data provides a much more reliable indication of whether the most recent results represent a change from the norm for an organisation than comparing the most recent results only to those from the previous year. Taking a longer term view will help organisations to identify trends over several years that may have been missed when comparisons are drawn solely between the current and previous year.



People Promise elements, themes and sub-scores are benchmarked so that organisations can make comparisons to their peers on specific areas of staff experience. Question results provide organisations with more granular data that will help them to identify particular areas of concern. The trend data are benchmarked so that organisations can identify how results on each question have changed for themselves and their peers over time by looking at a single graph.

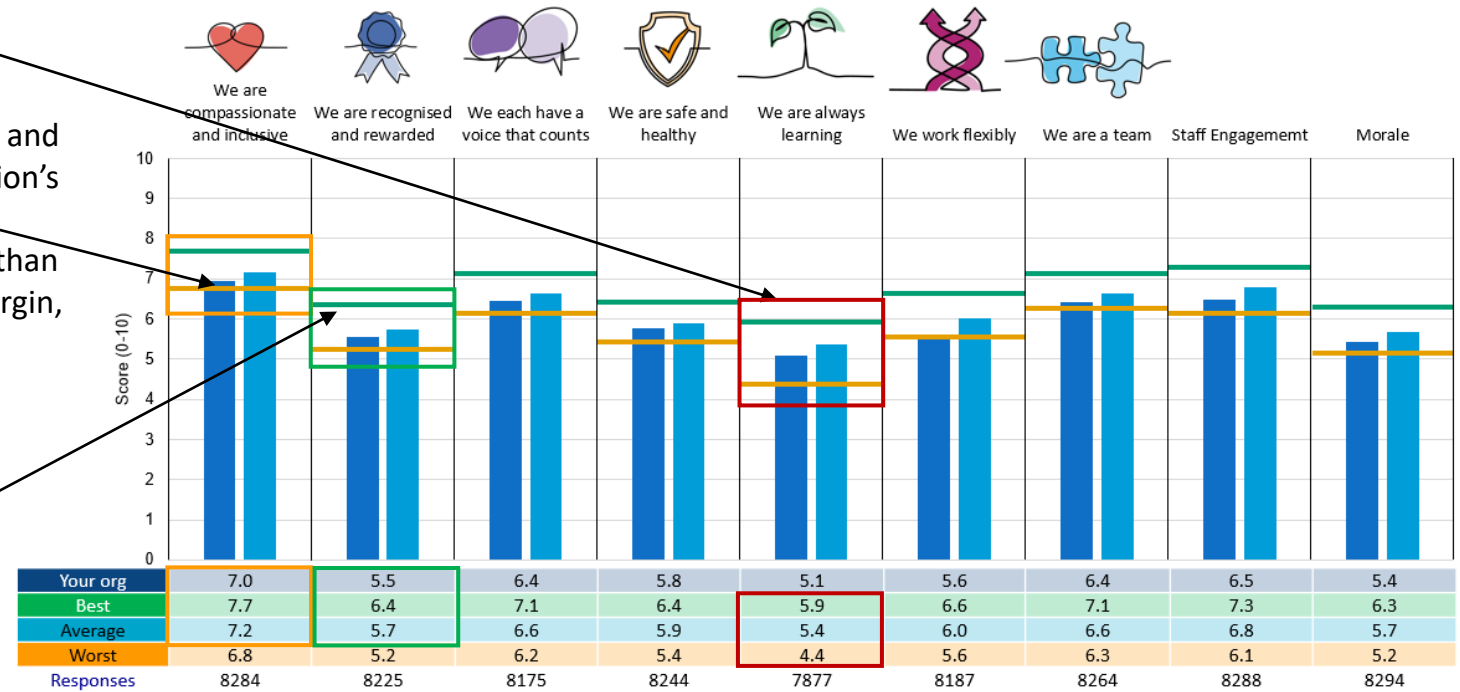
N.B. Historical benchmarking data for 2019 has been revised for the Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts, and Community Trusts benchmarking groups. This is due to a revision in the occupation group weighting to correctly reflect historical benchmarking group changes. Historical data is reweighted each year according to the latest results and so historical figures change with each new year of data; however it is advised to keep the above in mind when viewing historical results released in 2022.

When analysing People Promise element and theme results, it is easiest to start with the **overview** page to quickly identify areas which are doing better or worse in comparison to other organisations in the given benchmarking group.

It is important to **consider each result within the range of its benchmarking group 'Best' and 'Worst' scores**, rather than comparing People Promise element and theme scores to one another. Comparing organisation scores to the benchmarking group average is another important point of reference.

Areas to improve

- By checking where the 'Your org' column/value is lower than the benchmarking group 'Average' you can quickly identify areas for improvement.
- It is worth looking at the difference between the 'Your org' result and the benchmarking group 'Worst' score. The closer your organisation's result is to the worst score, the more concerning the result.
- Results where your organisation's score is only marginally better than the 'Average', but still lags behind the best result by a notable margin, could also be considered as areas for further improvement.



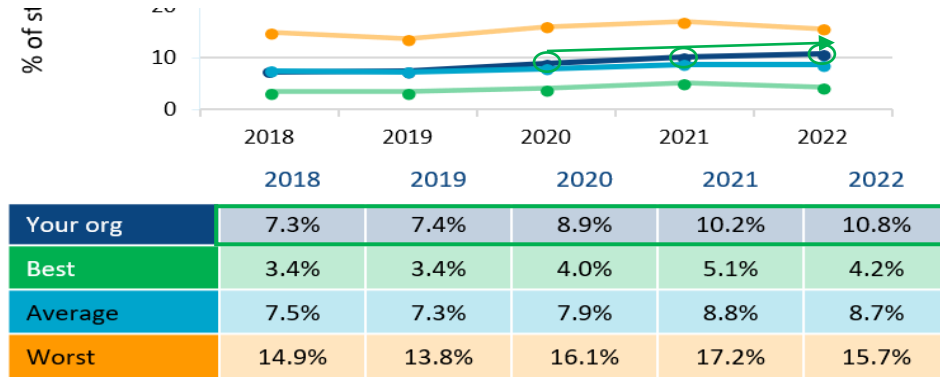
Only one example is highlighted for each point

Positive outcomes

- Similarly, using the overview page it is easy to identify People Promise elements and themes which show a positive outcome for your organisation, where 'Your org' scores are distinctly higher than the benchmarking group 'Average' score.
- Positive stories to report could be ones where your organisation approaches or matches the benchmarking group's 'Best' score.

Review trend data

Trend data can be used to identify measures which have been consistently improving for your organisation (i.e. showing an upward trend) over the past years and ones which have been declining over time. These charts can **help establish if there is genuine change in the results** (if the results are consistently improving or declining over time), or whether a change between years is just a minor **year-on-year** fluctuation.

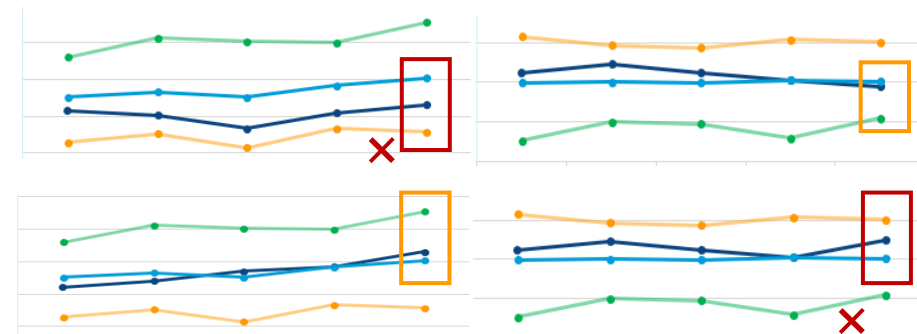


Benchmarked trend data also allows you to review local changes and benchmark comparisons at the same time, allowing for various types of questions to be considered: e.g. how have the results for my organisation changed over time? Is my organisation improving faster than our peers?

Review the sub-scores and questions feeding into the People Promise elements and themes

In order to understand exactly which factors are driving your organisation’s People Promise element and theme scores, you should review the sub-scores and questions feeding into these scores. The **sub-score results** and the ‘**Question results**’ section contain the sub-scores and questions contributing to each People Promise element and theme, grouped together. By comparing ‘Your org’ scores to the benchmarking group ‘Average’, ‘Best’ and ‘Worst’ scores for each question, the **questions which are driving your organisation’s People Promise element and theme results can be identified**.

For areas of experience where results need improvement, action plans can be formulated to **focus on the questions where the organisation’s results fall between the benchmarking group average and worst results**. Remember to keep an eye out for questions where a lower percentage is a better outcome – such as questions on violence or harassment, bullying and abuse.



X = Negative driver, org result falls between average & worst benchmarking group result for question

This benchmark report displays results for all questions in the questionnaire, including benchmarked trend data wherever available. While this a key feature of the report, at first glance the amount of information contained on more than 140 pages might appear daunting. The below suggestions aim to provide some guidance on how to get started with navigating through this set of data.

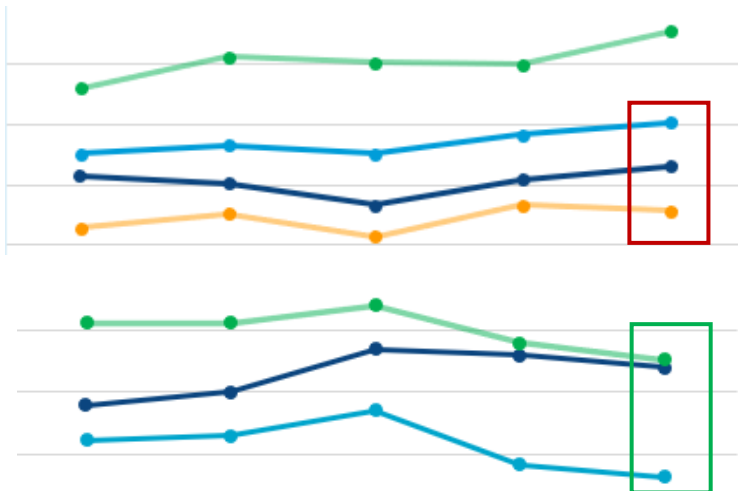
Identifying questions of interest

➤ Pre-defined questions of interest – key questions for your organisation

Most organisations will have questions which have traditionally been a focus for them - questions which have been targeted with internal policies or programmes, or whose results are of heightened importance due to organisation values or because they are considered a proxy for key issues. Outcomes for these questions can be assessed on the backdrop of benchmark and historical trend data.

➤ Identifying questions of interest based on the results in this report

The methods recommended to review your People Promise and theme results can also be applied to pick out question level results of interest. However, **unlike People Promise elements, themes and sub-scores where a higher score always indicates a better result, it is important to keep an eye out for questions where a lower percentage relates to a better outcome** (see details on the 'Using the report' page in the 'Introduction' section).



- **To identify areas of concern:** look for questions where the organisation value falls between the benchmarking group average and the worst score, particularly questions where your organisation result is very close to the worst score. Review changes in the trend data to establish if there has been a decline or stagnation in results across multiple years, but consider the context of how the trust has performed in comparison to its benchmarking group over this period. A positive trend for a question that is still below the average result can be seen as good progress to build on further in the future.
- **When looking for positive outcomes:** search for results where your organisation is closest to the benchmarking group best result (but remember to consider results for previous years), or ones where there is a clear trend of continued improvement over multiple years.

Appendix D: Additional reporting outputs

Below are links to other key reporting outputs that complement this report. A full list and more detailed explanation of the reporting outputs is included in the Technical Document.

Supporting documents



Basic Guide: Provides a brief overview of the NHS Staff Survey data and details on what is contained in each of the reporting outputs.



Technical Document: Contains technical details about the NHS Staff Survey data, including: data cleaning, weighting, benchmarking, People Promise, historical comparability of organisations and questions in the survey.

Other local results



Local Dashboards: Online dashboards containing results for each participating organisation, similar those provided in this report, with trend data and benchmark results for up to five years where possible. These dashboards additionally show the full breakdown of response options for each question.



Breakdown reports: Reports containing People Promise and theme results split by breakdown (locality) for Walsall Healthcare NHS Trust.

National results



National Dashboards: Online dashboards containing national results for NHS trusts with trend data for up to five years where possible. These dashboards show the results for different trust types and include the full breakdown or response options for each question.



Regional / System overview and Regional / System breakdown Dashboards containing results for each region and each ICS.



Detailed spreadsheets Contain detailed weighted results for all participating organisations, all trusts nationally, and for each region and ICS.



Walsall Healthcare NHS Trust

2022 NHS Staff Survey

Breakdown report

Introduction	4
People Promise element and Theme results – Breakdowns 1	5
<u>Community</u>	6
<u>Digital Services</u>	7
<u>Estates and Facilities</u>	8
<u>Finance Directorate</u>	9
<u>Governance Directorate</u>	10
<u>Medical Directorate</u>	11
<u>Medicine & Long-Term Conditions</u>	12
<u>Nurse Directorate</u>	13
<u>Operations Directorate</u>	14
<u>People & Culture Directorate</u>	15
<u>Surgery</u>	16
<u>Women's, Children's & Clinical Support Services</u>	17

<u>Admin & Estates (Infrastructure Support)</u>	31
<u>Allied Health Professionals</u>	32
<u>Clinical Support to Allied Health Professionals</u>	33
<u>Clinical Support to Nursing & Midwifery</u>	34
<u>Clinical Support to STT & HCS</u>	35
<u>Healthcare Scientists</u>	36
<u>Medical & Dental - Career Grade</u>	37
<u>Medical & Dental - Consultant</u>	38
<u>Medical & Dental - Training Grade</u>	39
<u>Registered Nursing & Midwifery</u>	40
<u>Scientific, Therapeutic & Technical Staff</u>	41

This directorate report for Walsall Healthcare NHS Trust contains results by breakdown for People Promise element and theme results from the 2022 NHS Staff Survey. These results are compared to the unweighted average for your organisation.

Please note: It is possible that there are differences between the ‘Your org’ scores reported in this directorate report and those in the benchmark report. This is because the results in the benchmark report are weighted to allow for fair comparisons between organisations of a similar type. However, in this report comparisons are made within your organisation so the unweighted organisation result is a more appropriate point of comparison.

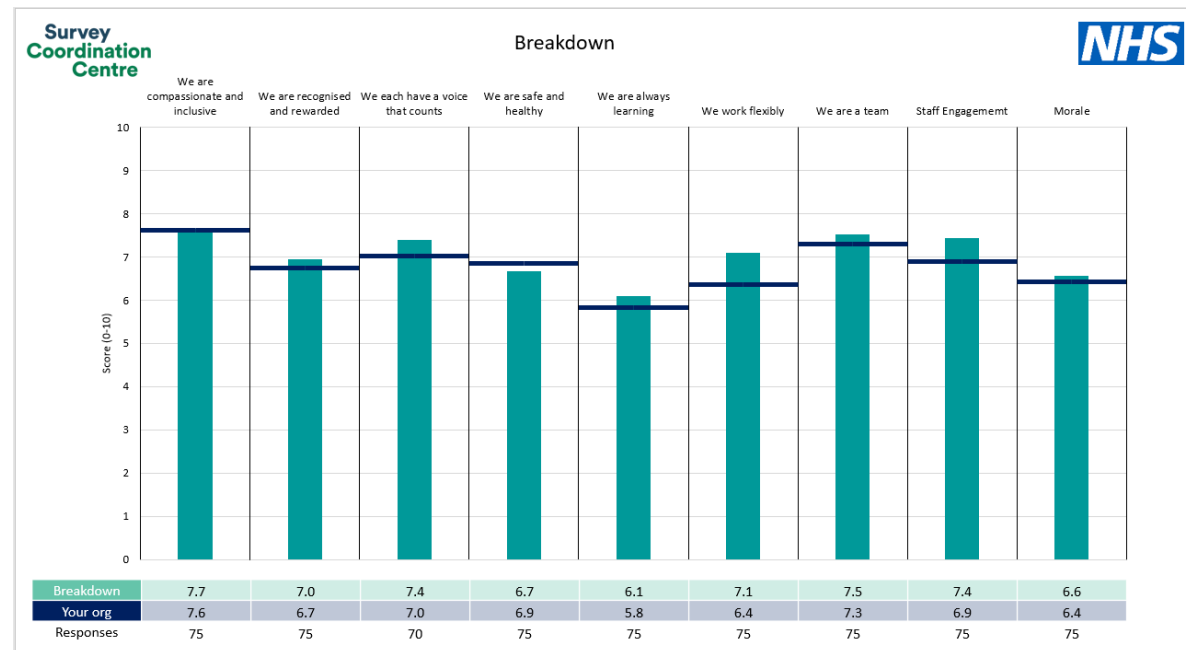
The breakdowns used in this report were provided and defined by Walsall Healthcare NHS Trust. Details of how the People Promise element and theme scores were calculated are included in the Technical Document, available to download from our results website.

Key features

Breakdown type and **breakdown name** are specified in the header.

Breakdown results are presented in the context of the (unweighted) **organisation average ('Your org')**, so it is easy to tell if a directorate is performing better or worse than the organisation average. For all People Promise element and theme results, a higher score is a better result than a lower score

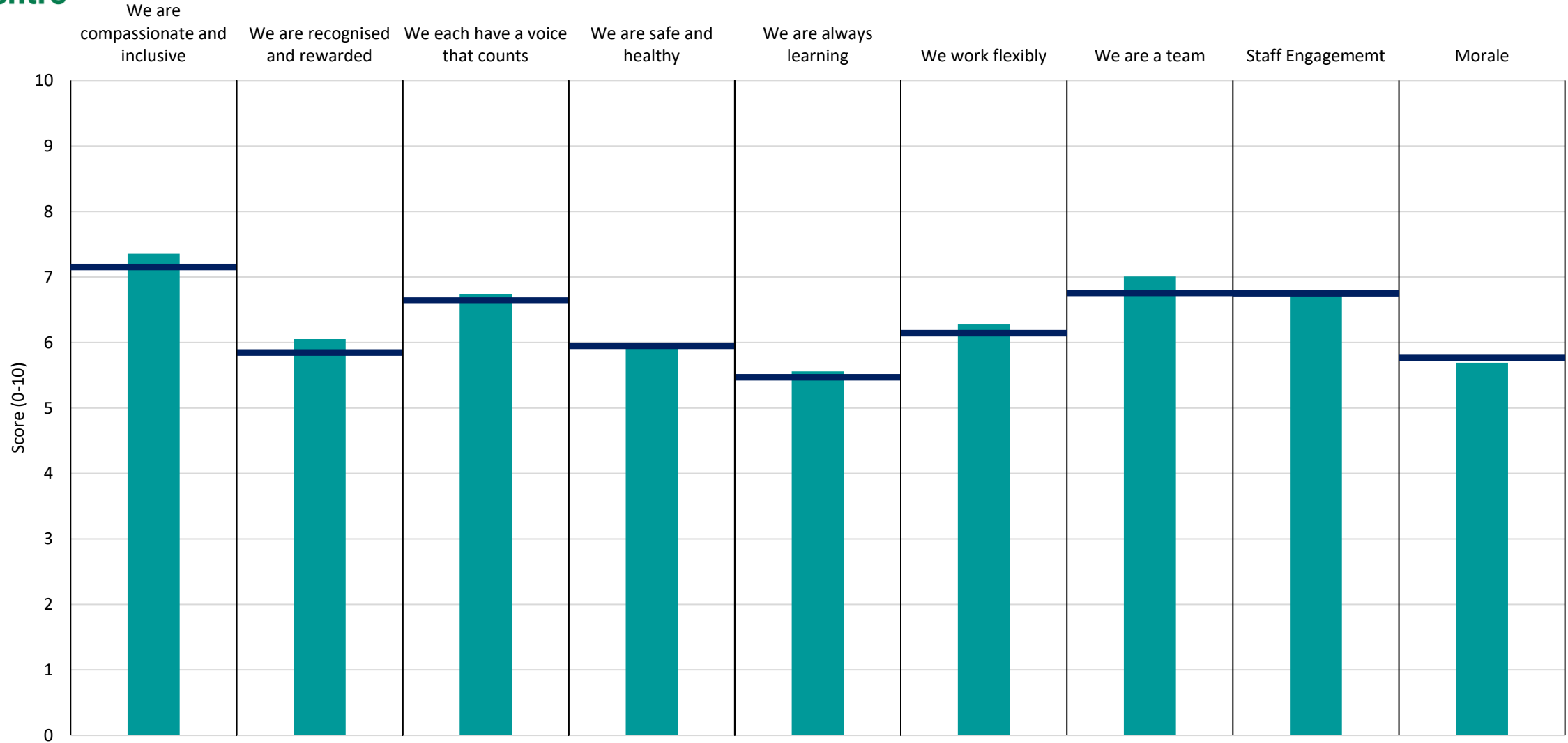
The **number of responses** feeding into each measures and sub-scores for the **given breakdown** is specified below the table containing the directorate and trust scores.



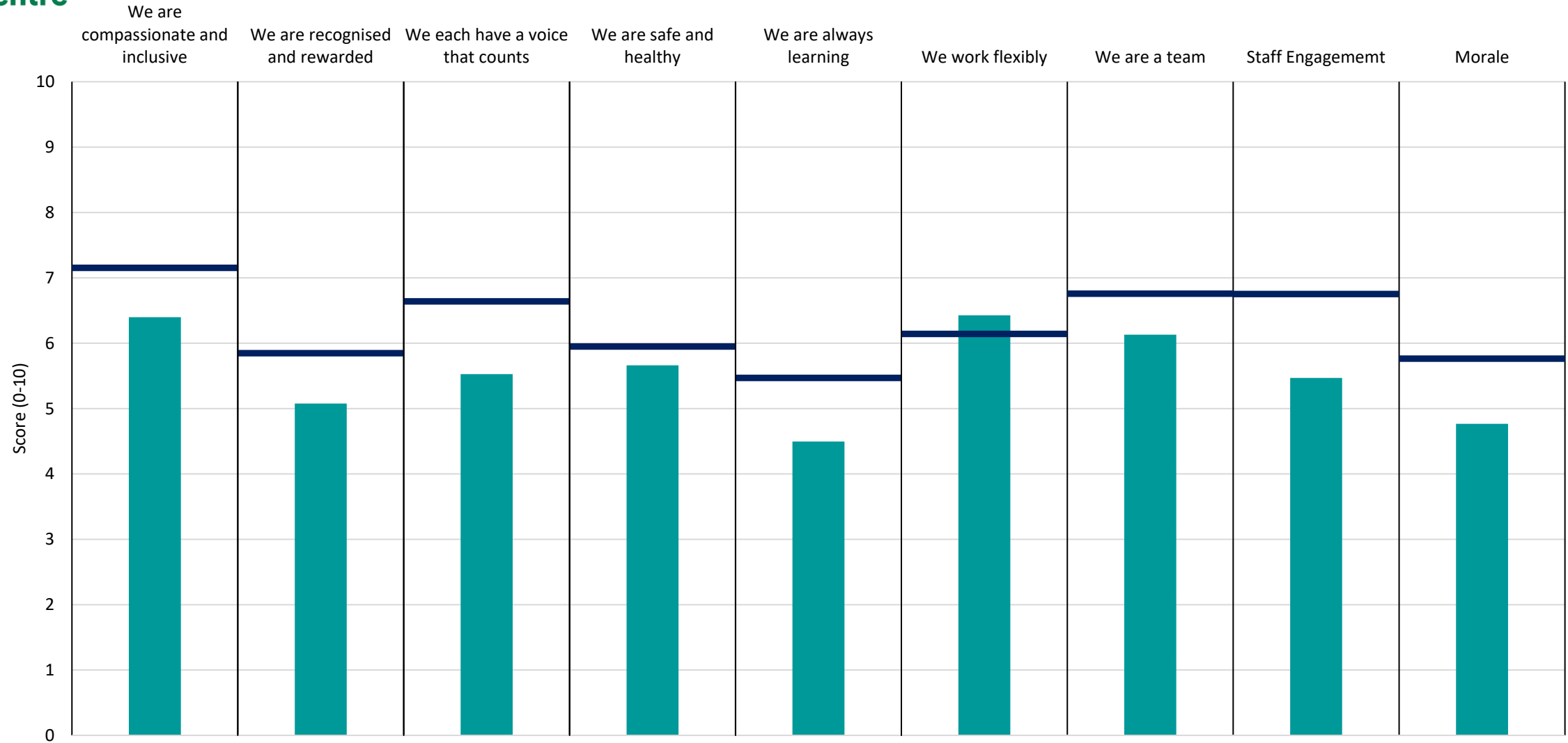
! Note: when there are less than 11 responses in a group, results are suppressed to protect staff confidentiality, for some organisations this could mean that all breakdown results are suppressed.

Breakdowns 1

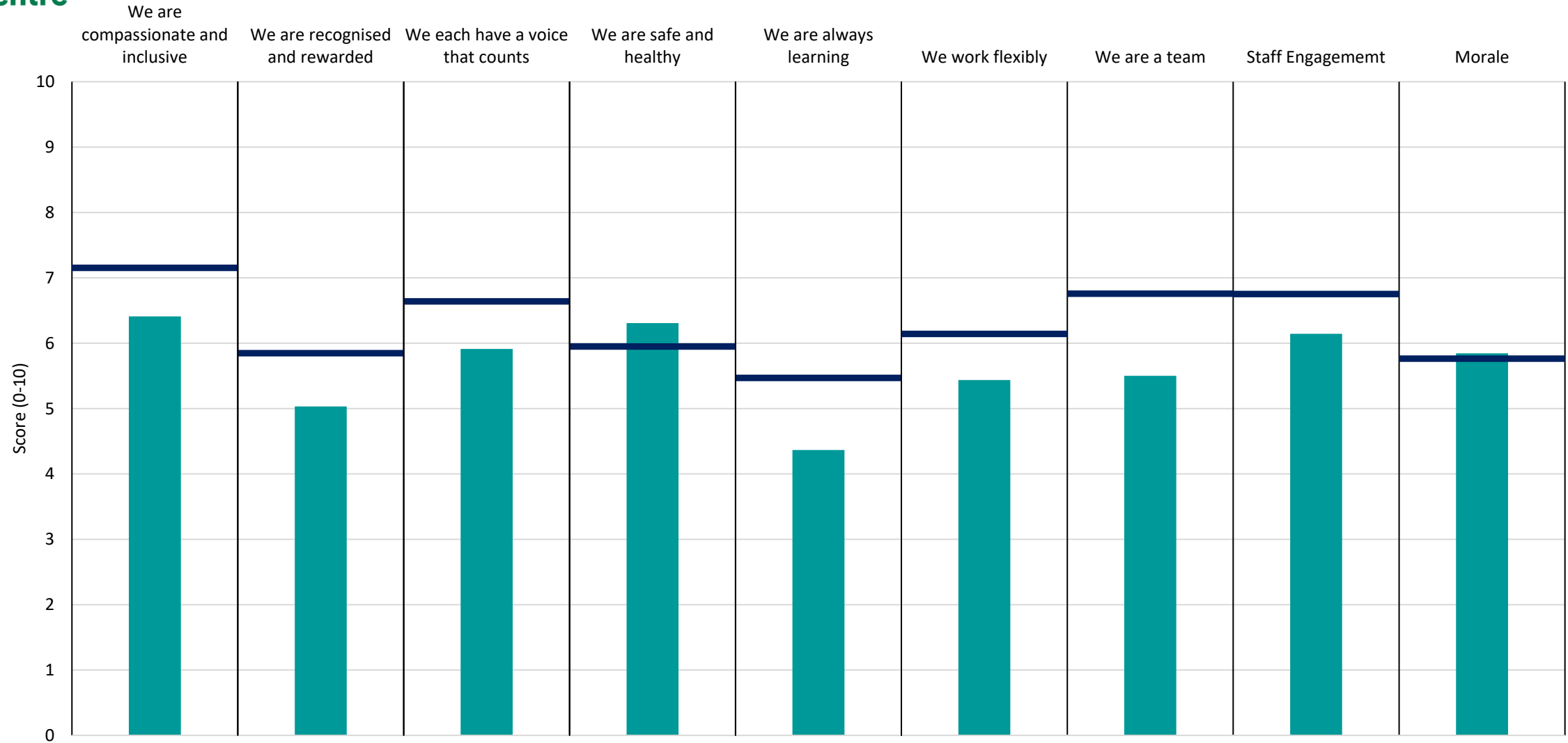
Walsall Healthcare NHS Trust
2022 NHS Staff Survey



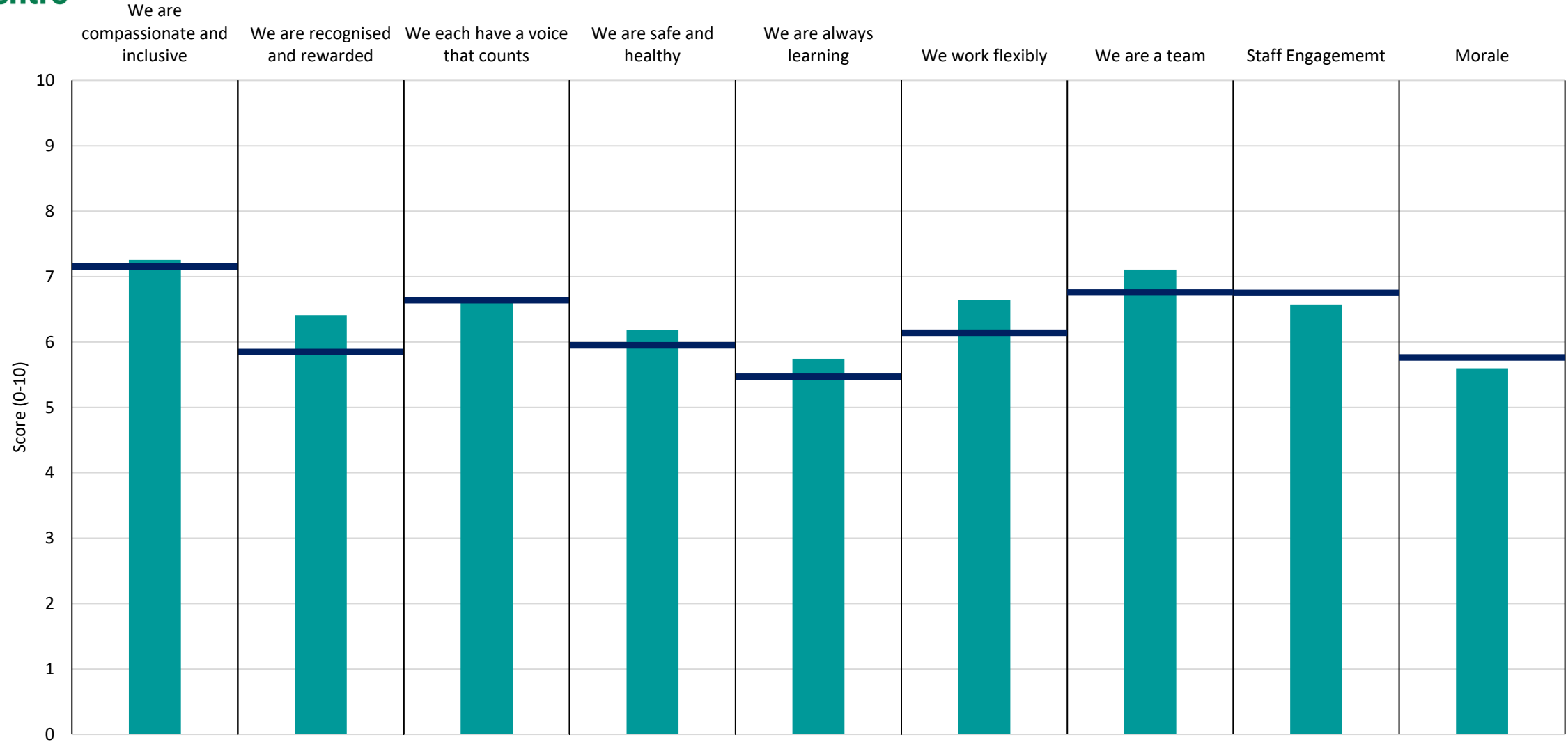
Breakdown	7.4	6.1	6.7	6.0	5.6	6.3	7.0	6.8	5.7
Your org	7.2	5.8	6.6	5.9	5.5	6.1	6.8	6.8	5.8
Responses	511	511	508	509	491	510	511	511	511



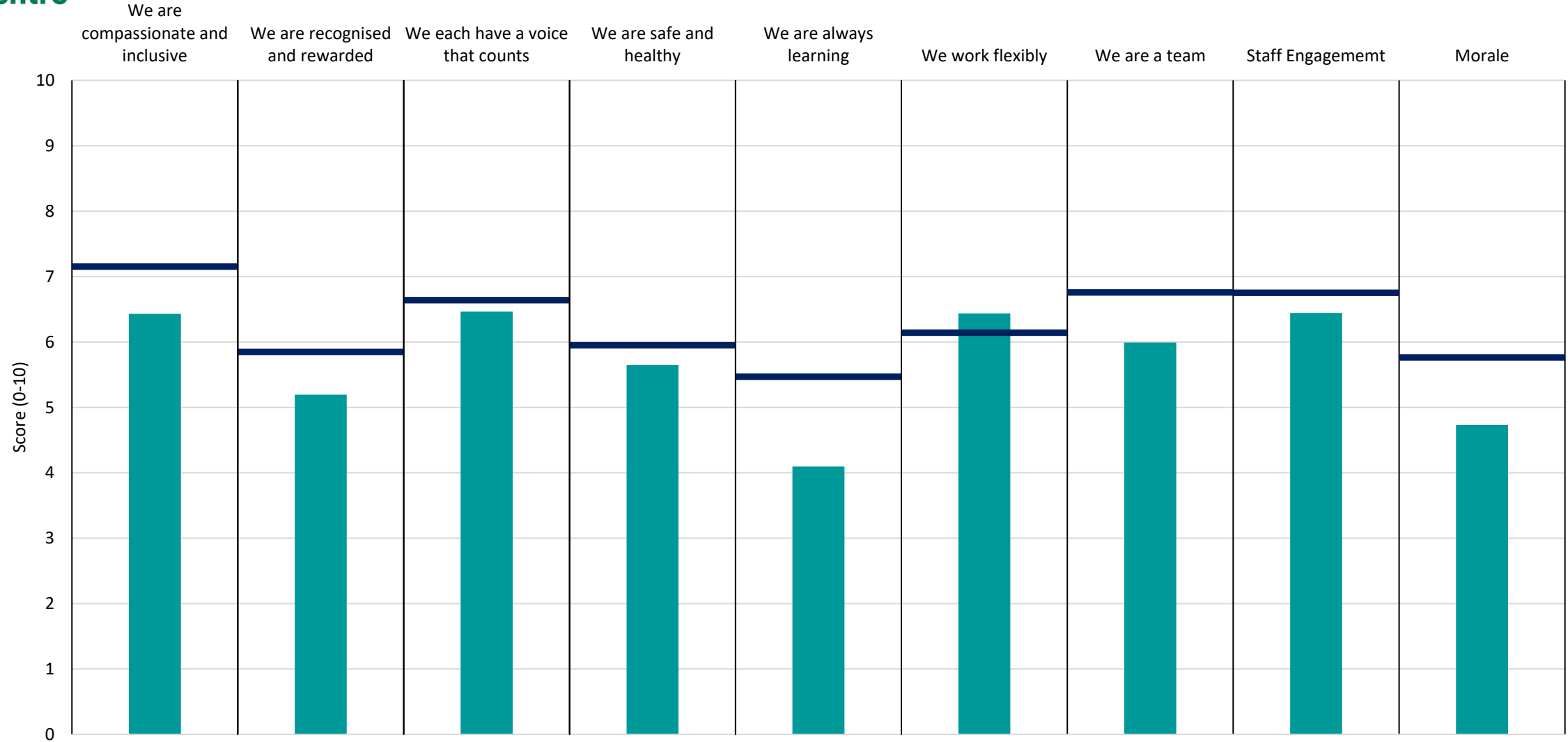
Breakdown	6.4	5.1	5.5	5.7	4.5	6.4	6.1	5.5	4.8
Your org	7.2	5.8	6.6	5.9	5.5	6.1	6.8	6.8	5.8
Responses	59	59	58	59	54	59	59	59	59



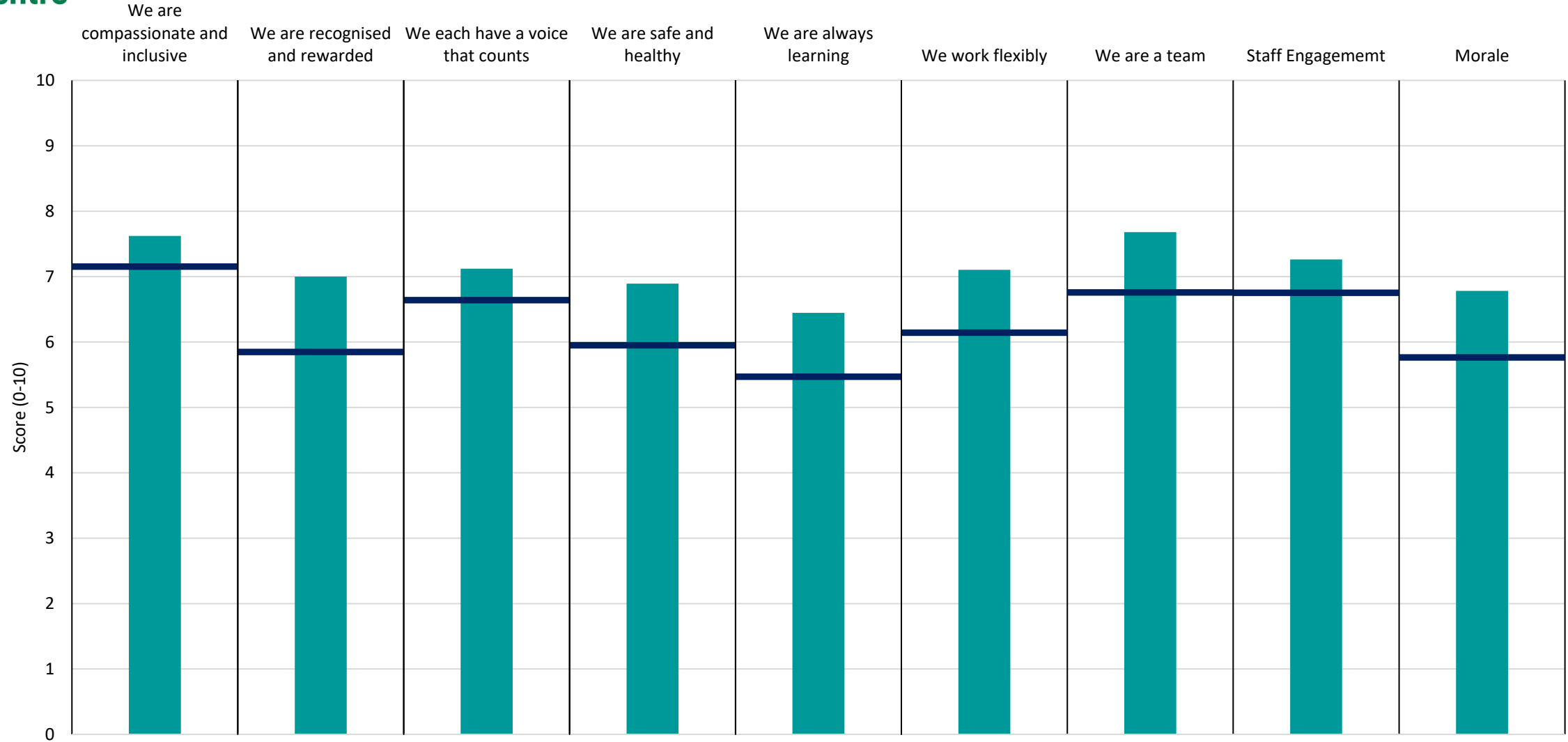
Breakdown	6.4	5.0	5.9	6.3	4.4	5.4	5.5	6.1	5.8
Your org	7.2	5.8	6.6	5.9	5.5	6.1	6.8	6.8	5.8
Responses	165	169	155	157	132	163	166	167	166



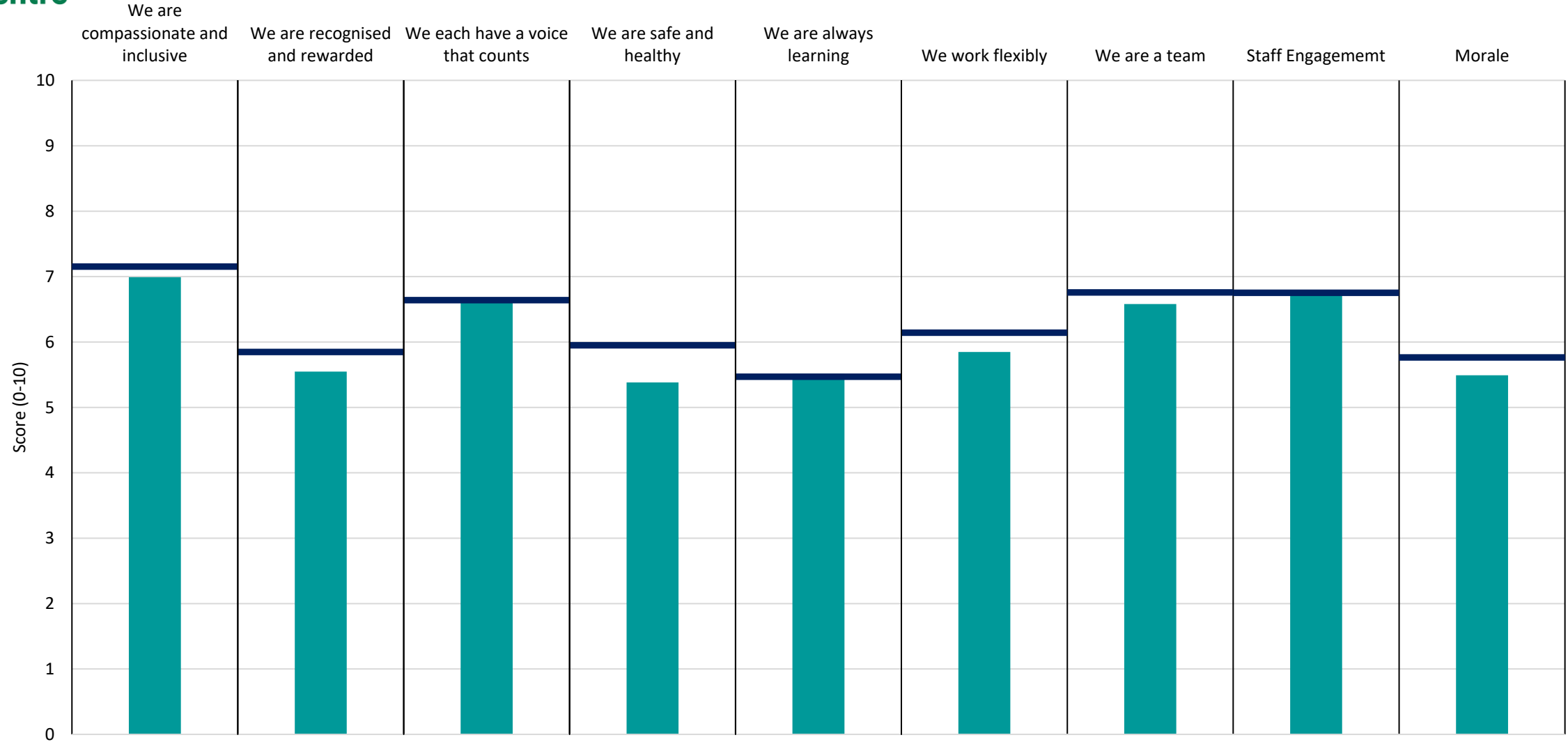
Breakdown	7.3	6.4	6.7	6.2	5.7	6.6	7.1	6.6	5.6
Your org	7.2	5.8	6.6	5.9	5.5	6.1	6.8	6.8	5.8
Responses	45	45	44	44	40	45	45	45	45



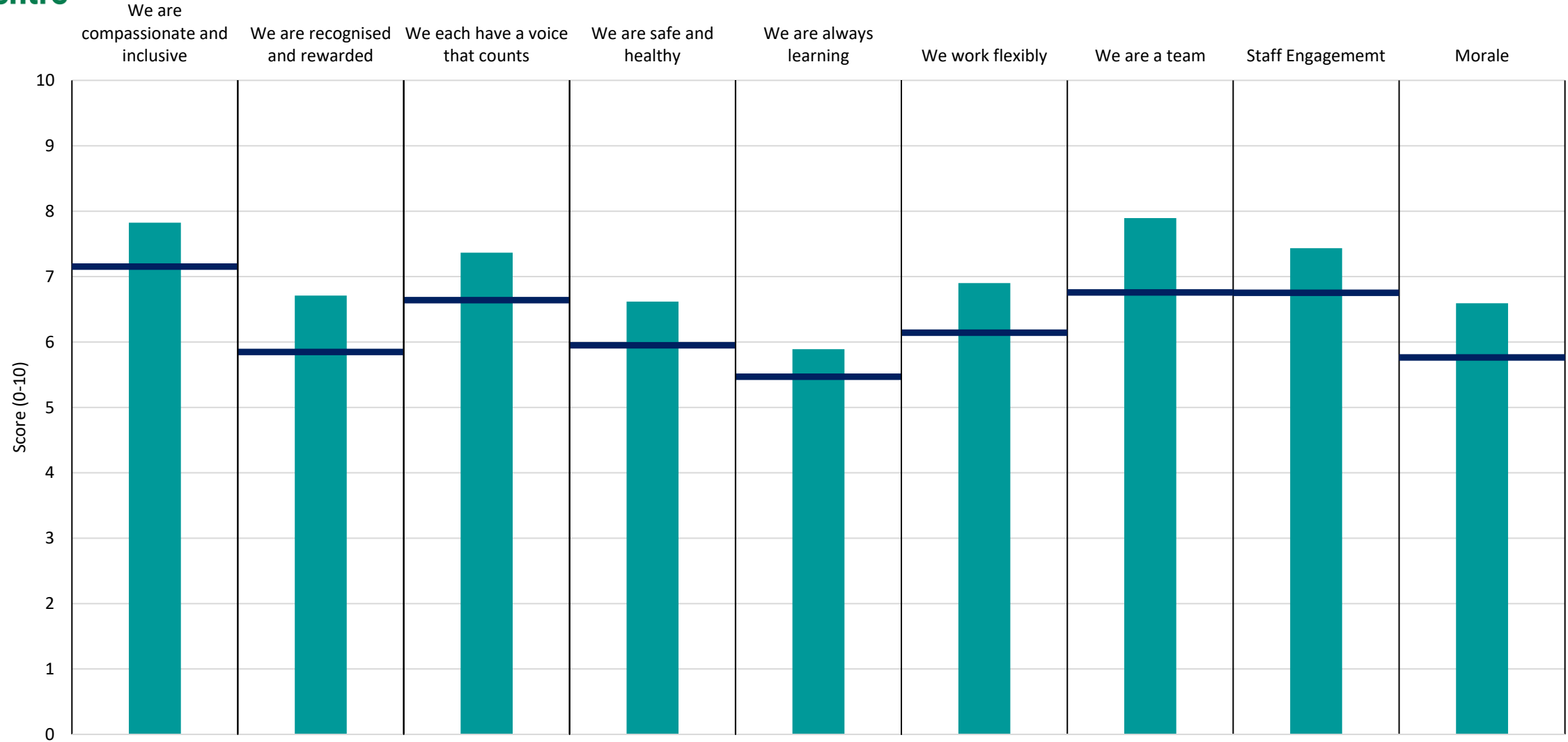
Breakdown	6.4	5.2	6.5	5.6	4.1	6.4	6.0	6.4	4.7
Your org	7.2	5.8	6.6	5.9	5.5	6.1	6.8	6.8	5.8
Responses	20	20	20	20	19	20	20	20	20



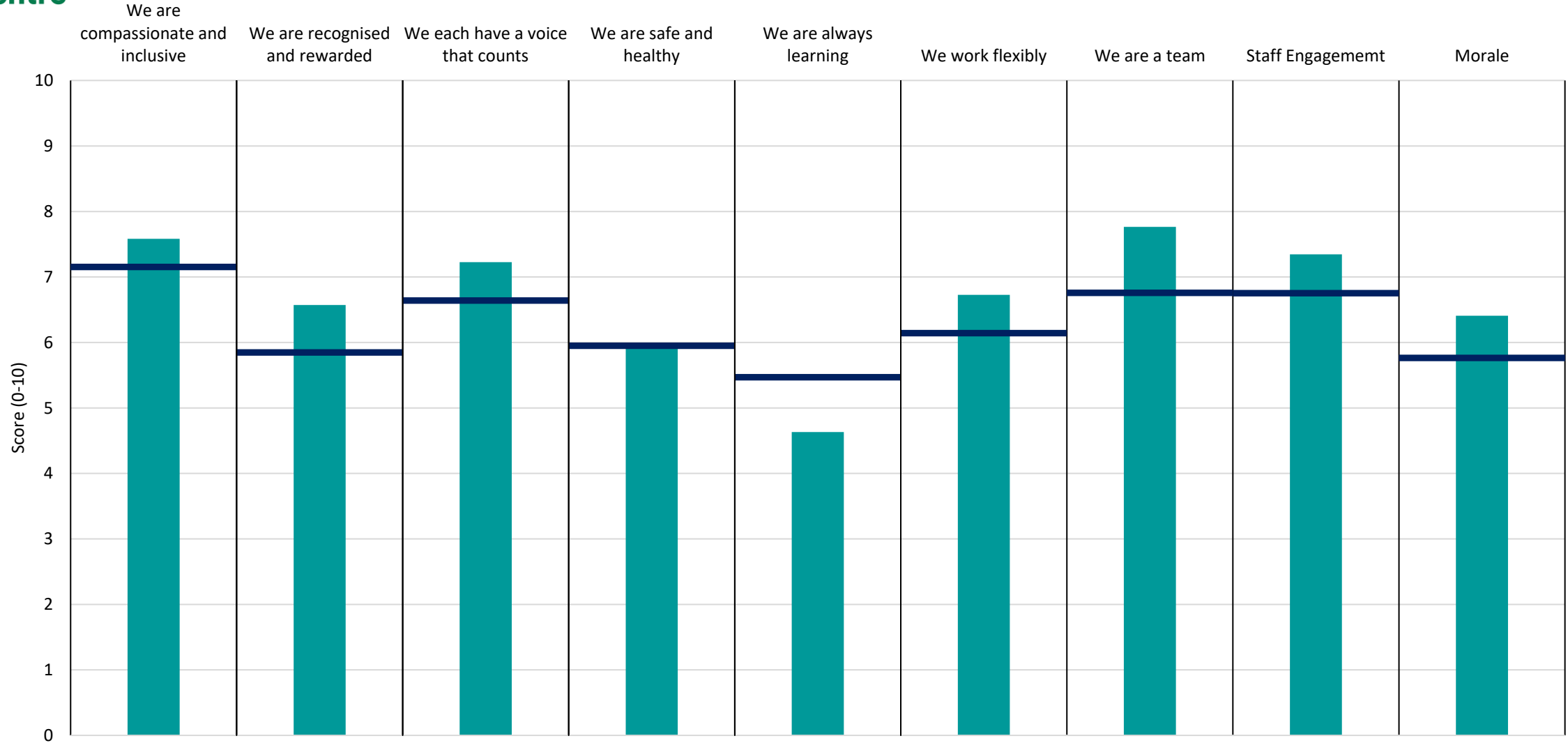
Breakdown	7.6	7.0	7.1	6.9	6.4	7.1	7.7	7.3	6.8
Your org	7.2	5.8	6.6	5.9	5.5	6.1	6.8	6.8	5.8
Responses	62	63	62	63	59	63	62	63	63



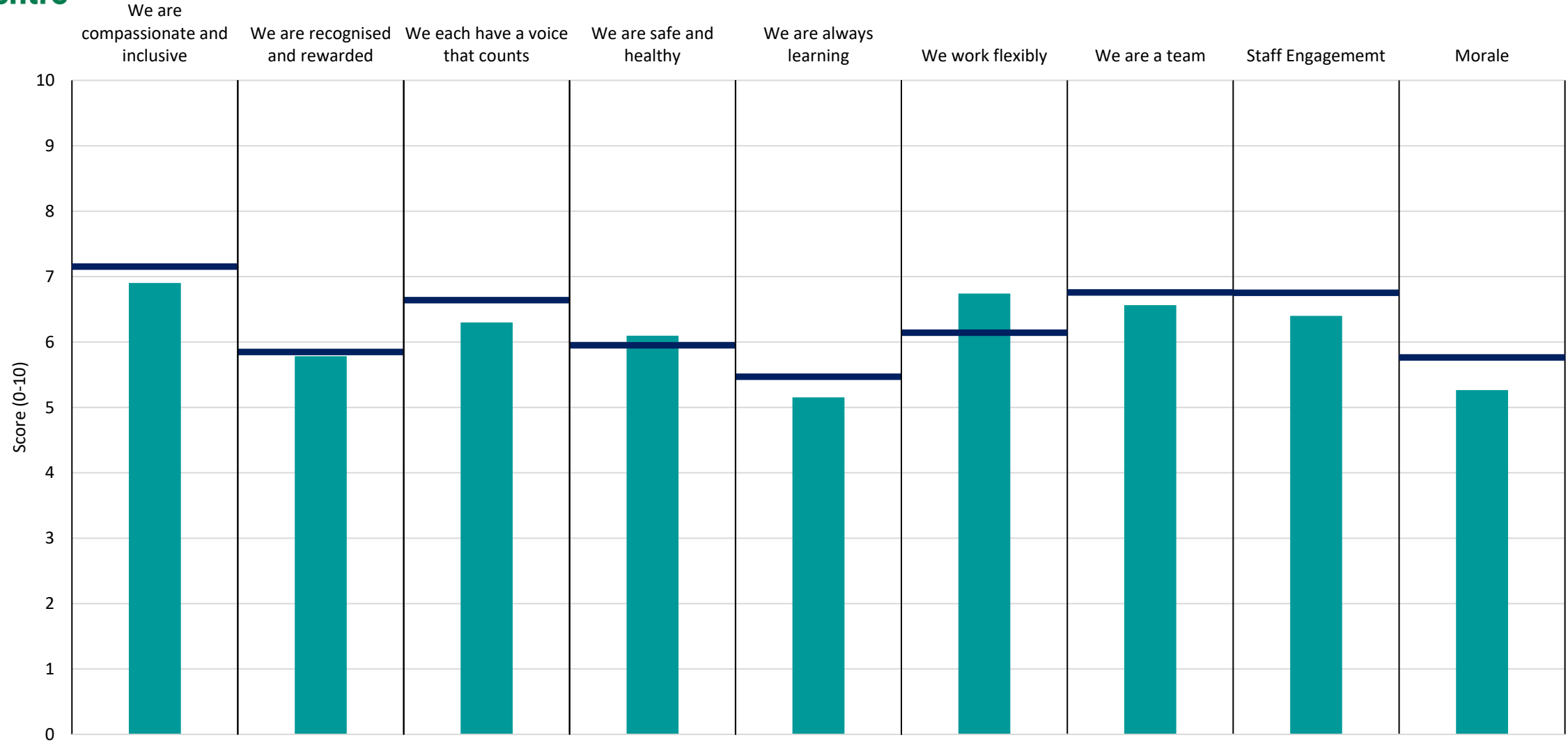
Breakdown	7.0	5.5	6.6	5.4	5.5	5.8	6.6	6.7	5.5
Your org	7.2	5.8	6.6	5.9	5.5	6.1	6.8	6.8	5.8
Responses	405	406	401	397	376	404	405	405	406



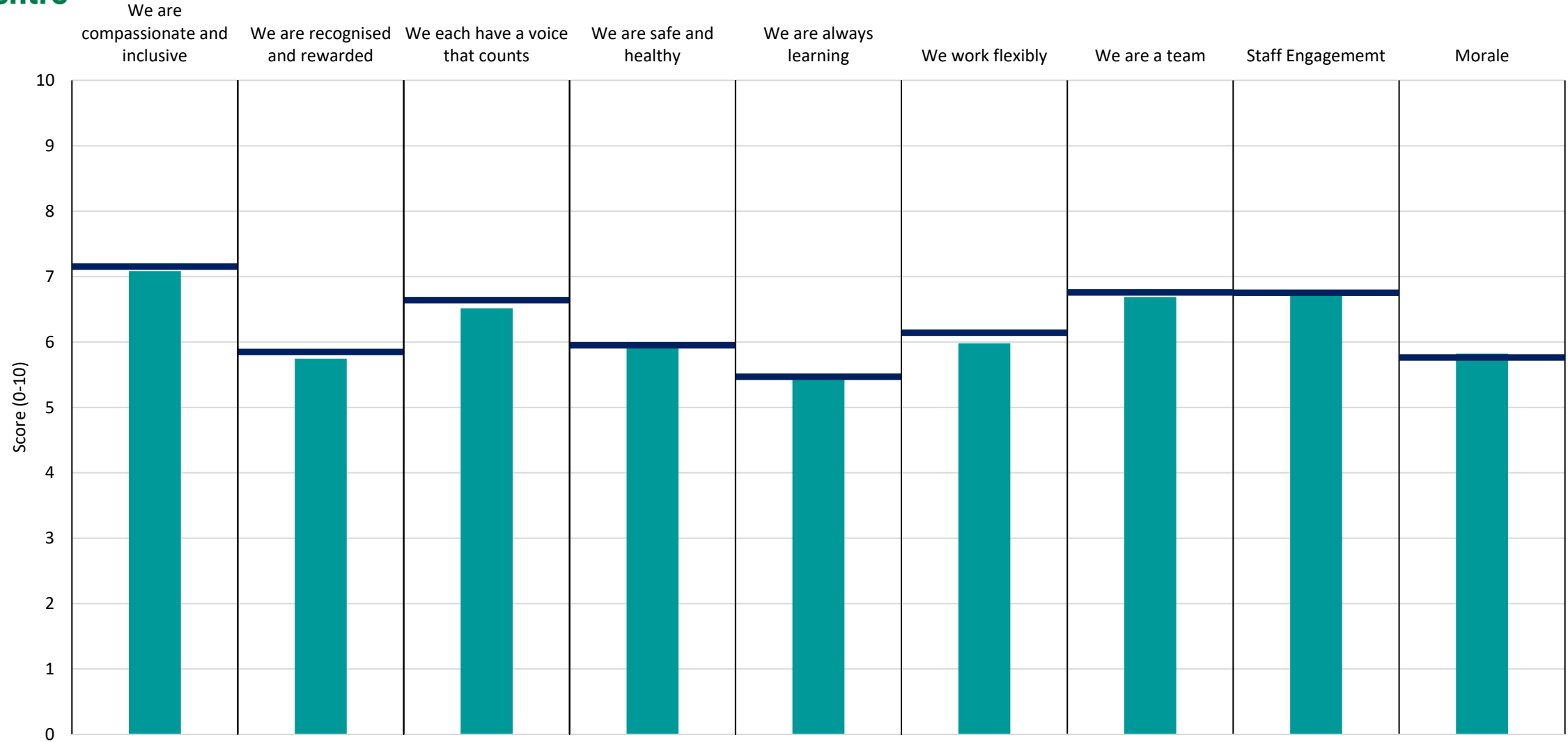
Breakdown	7.8	6.7	7.4	6.6	5.9	6.9	7.9	7.4	6.6
Your org	7.2	5.8	6.6	5.9	5.5	6.1	6.8	6.8	5.8
Responses	55	55	55	55	51	55	55	55	55



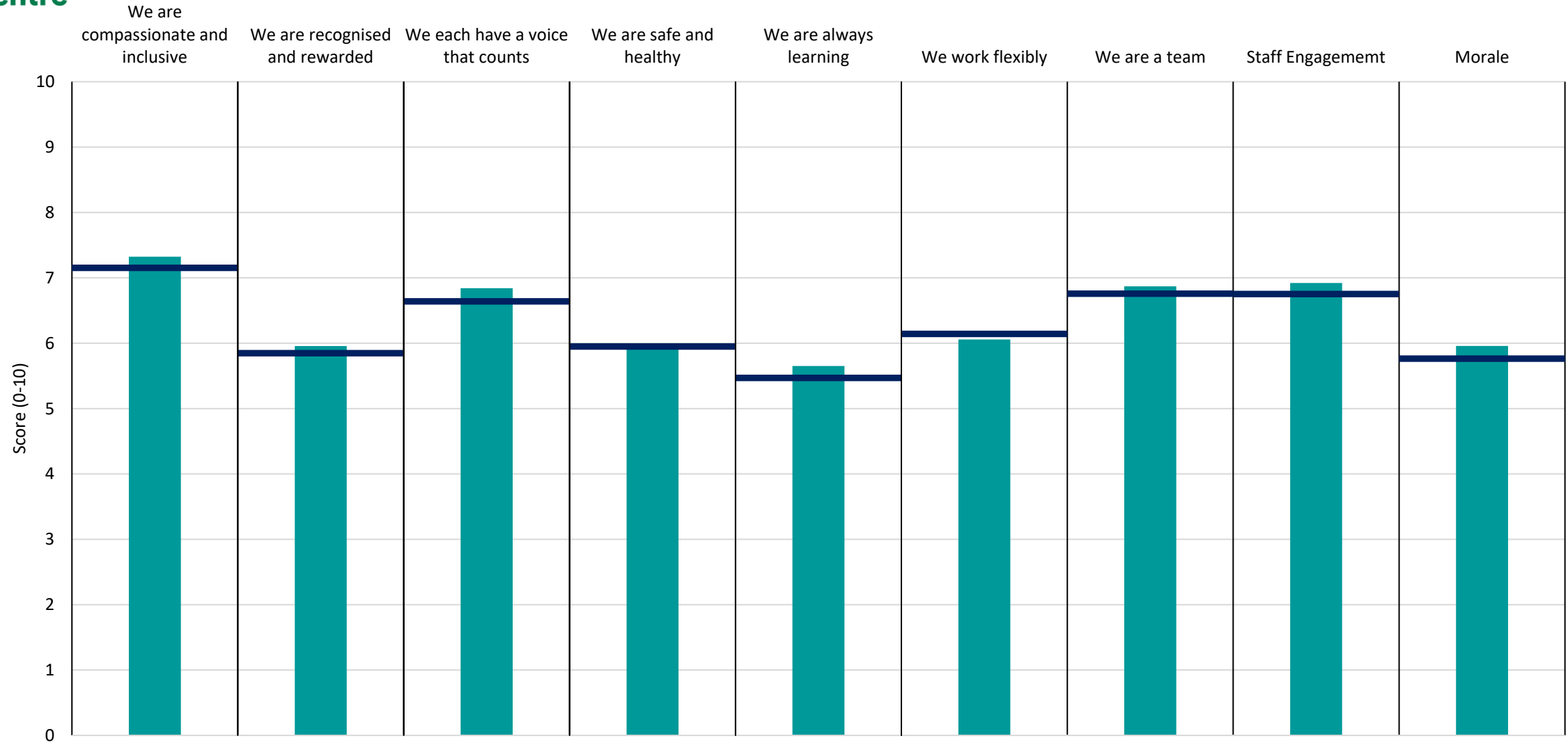
Breakdown	7.6	6.6	7.2	5.9	4.6	6.7	7.8	7.3	6.4
Your org	7.2	5.8	6.6	5.9	5.5	6.1	6.8	6.8	5.8
Responses	28	28	28	26	26	28	28	28	28



Breakdown	6.9	5.8	6.3	6.1	5.2	6.7	6.6	6.4	5.3
Your org	7.2	5.8	6.6	5.9	5.5	6.1	6.8	6.8	5.8
Responses	69	69	69	67	66	68	68	69	69



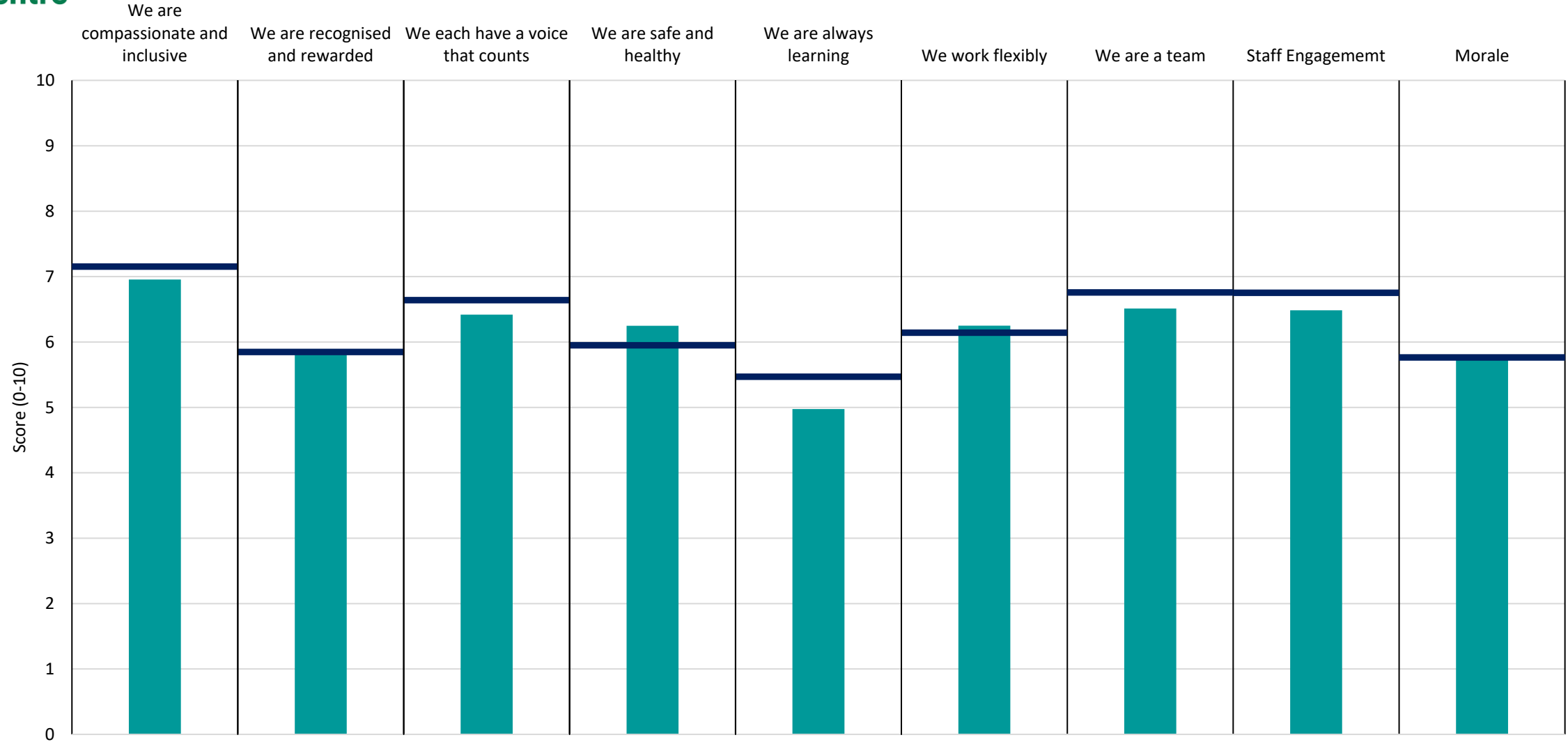
Breakdown	7.1	5.7	6.5	6.0	5.5	6.0	6.7	6.8	5.8
Your org	7.2	5.8	6.6	5.9	5.5	6.1	6.8	6.8	5.8
Responses	315	315	314	313	300	314	315	315	315



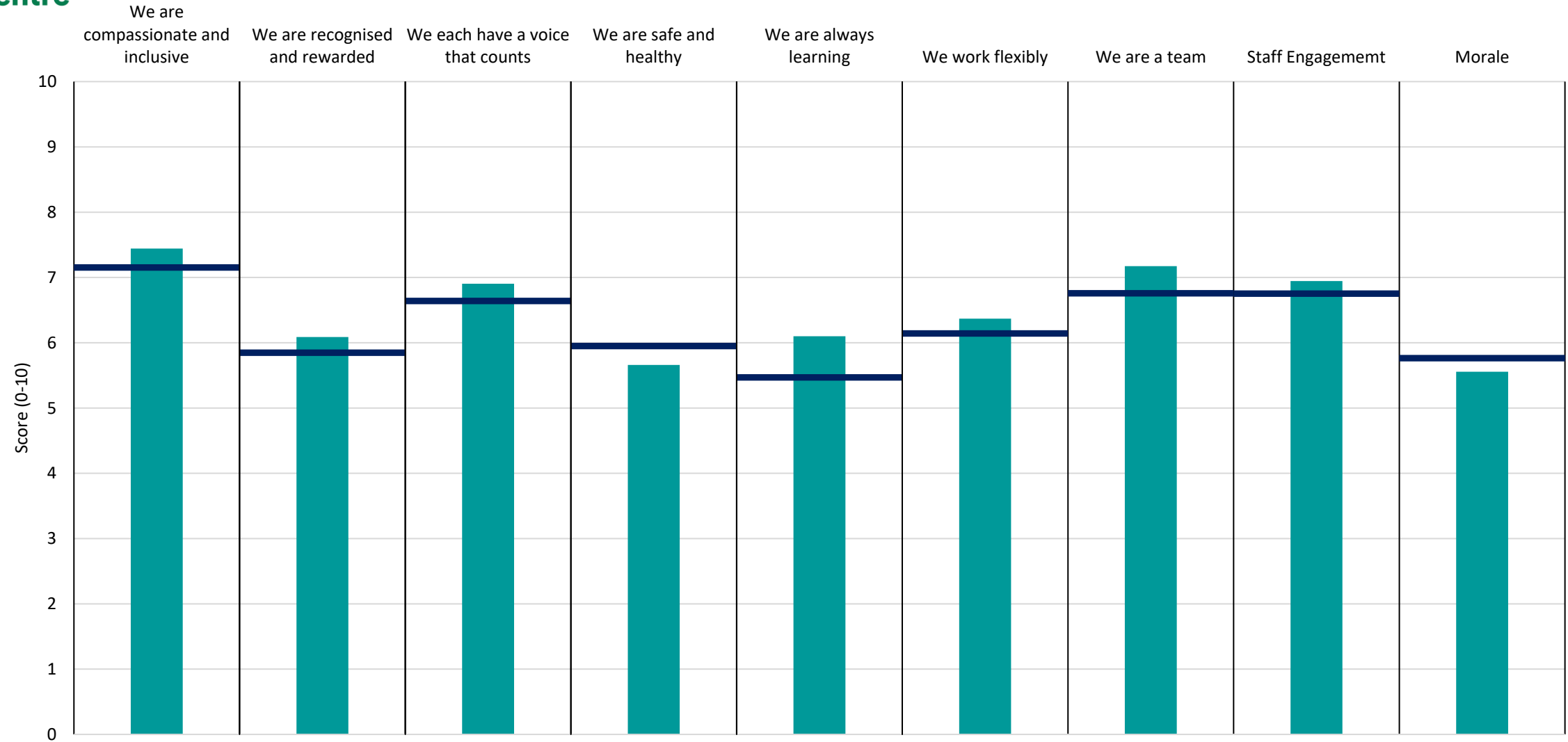
Breakdown	7.3	6.0	6.8	6.0	5.7	6.1	6.9	6.9	6.0
Your org	7.2	5.8	6.6	5.9	5.5	6.1	6.8	6.8	5.8
Responses	458	459	451	454	434	458	456	459	459

Breakdowns 2

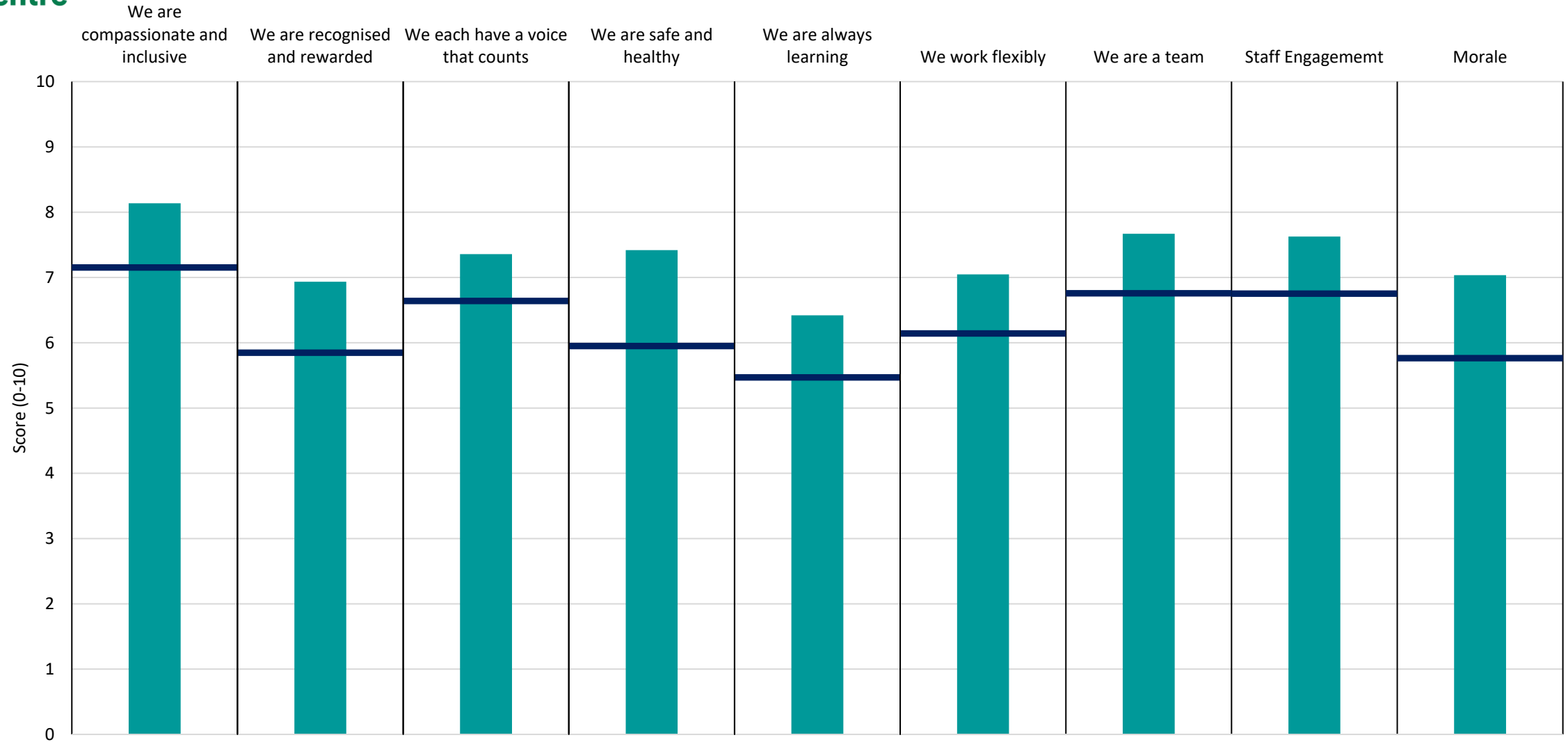
Walsall Healthcare NHS Trust
2022 NHS Staff Survey



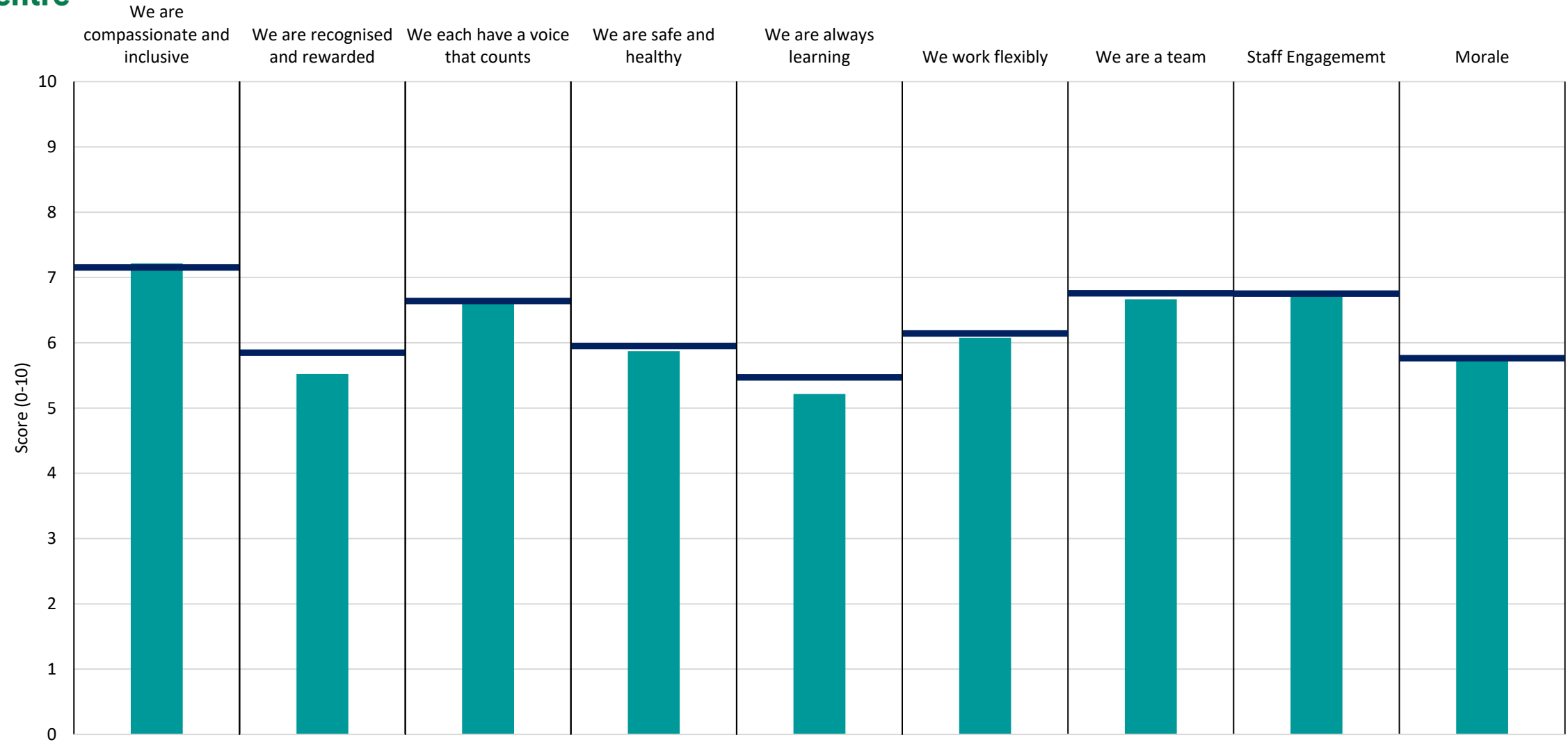
Breakdown	7.0	5.8	6.4	6.2	5.0	6.2	6.5	6.5	5.8
Your org	7.2	5.8	6.6	5.9	5.5	6.1	6.8	6.8	5.8
Responses	717	721	705	703	657	713	717	719	718



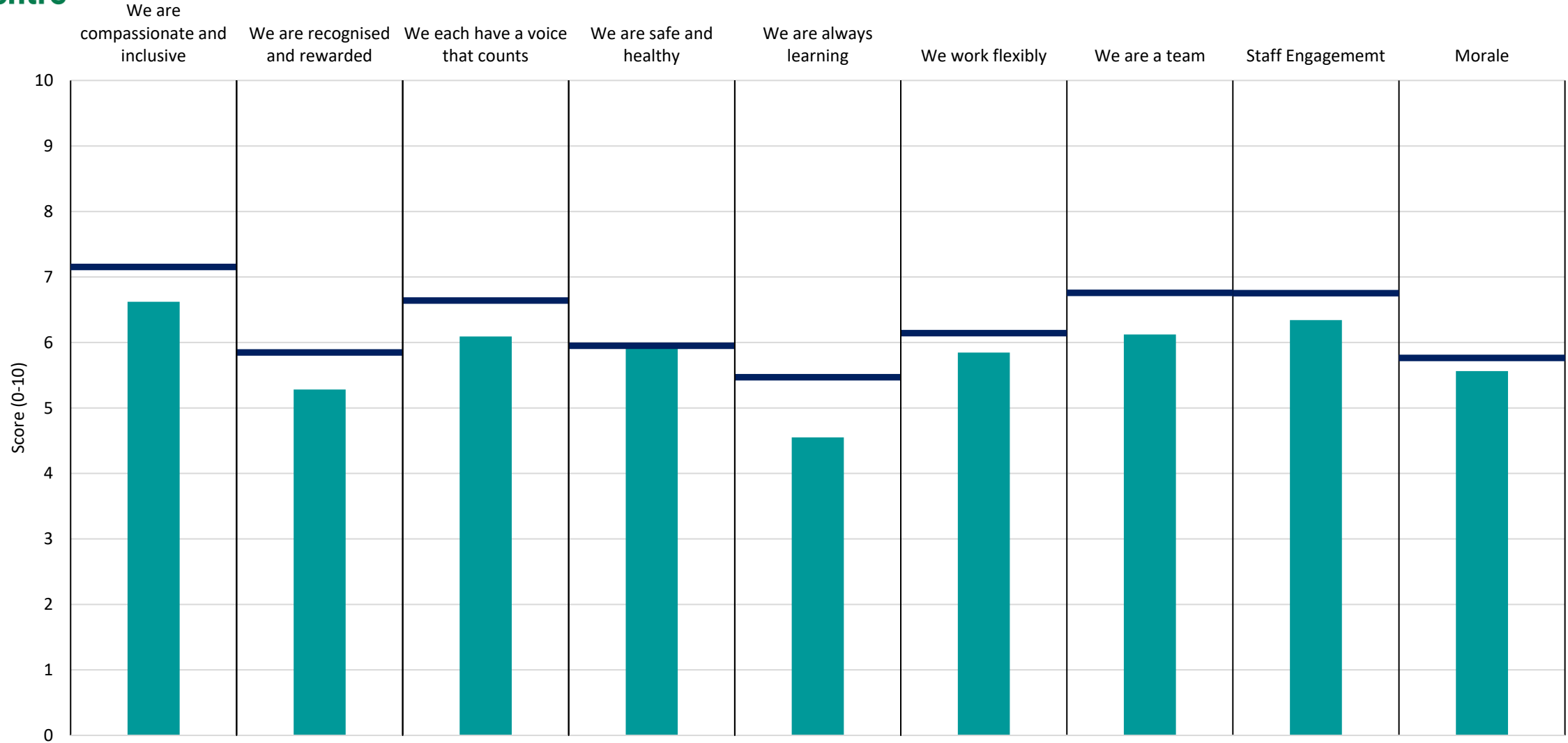
Breakdown	7.4	6.1	6.9	5.7	6.1	6.4	7.2	6.9	5.6
Your org	7.2	5.8	6.6	5.9	5.5	6.1	6.8	6.8	5.8
Responses	157	158	155	157	148	158	158	158	158



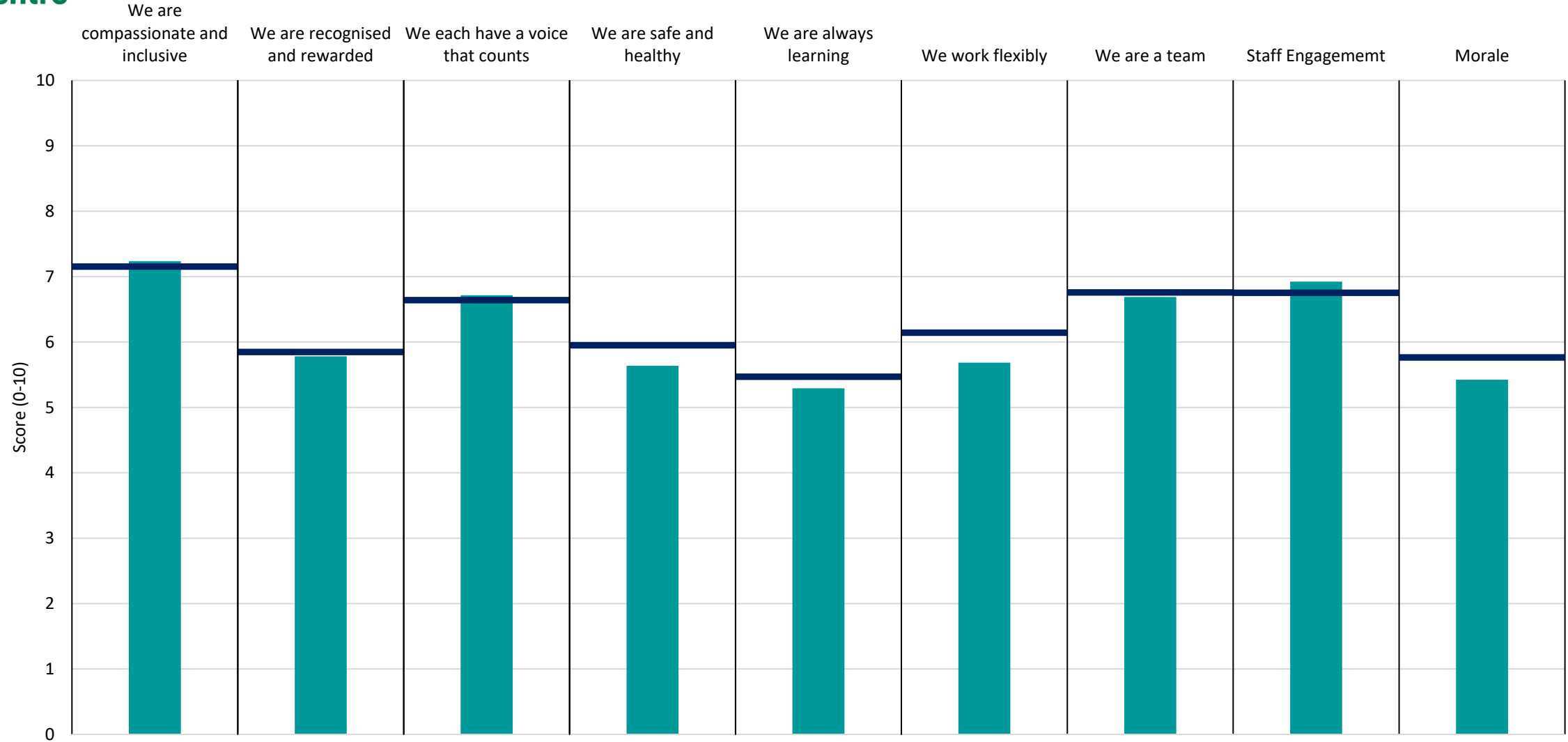
Breakdown	8.1	6.9	7.4	7.4	6.4	7.0	7.7	7.6	7.0
Your org	7.2	5.8	6.6	5.9	5.5	6.1	6.8	6.8	5.8
Responses	23	23	22	23	22	23	23	23	23



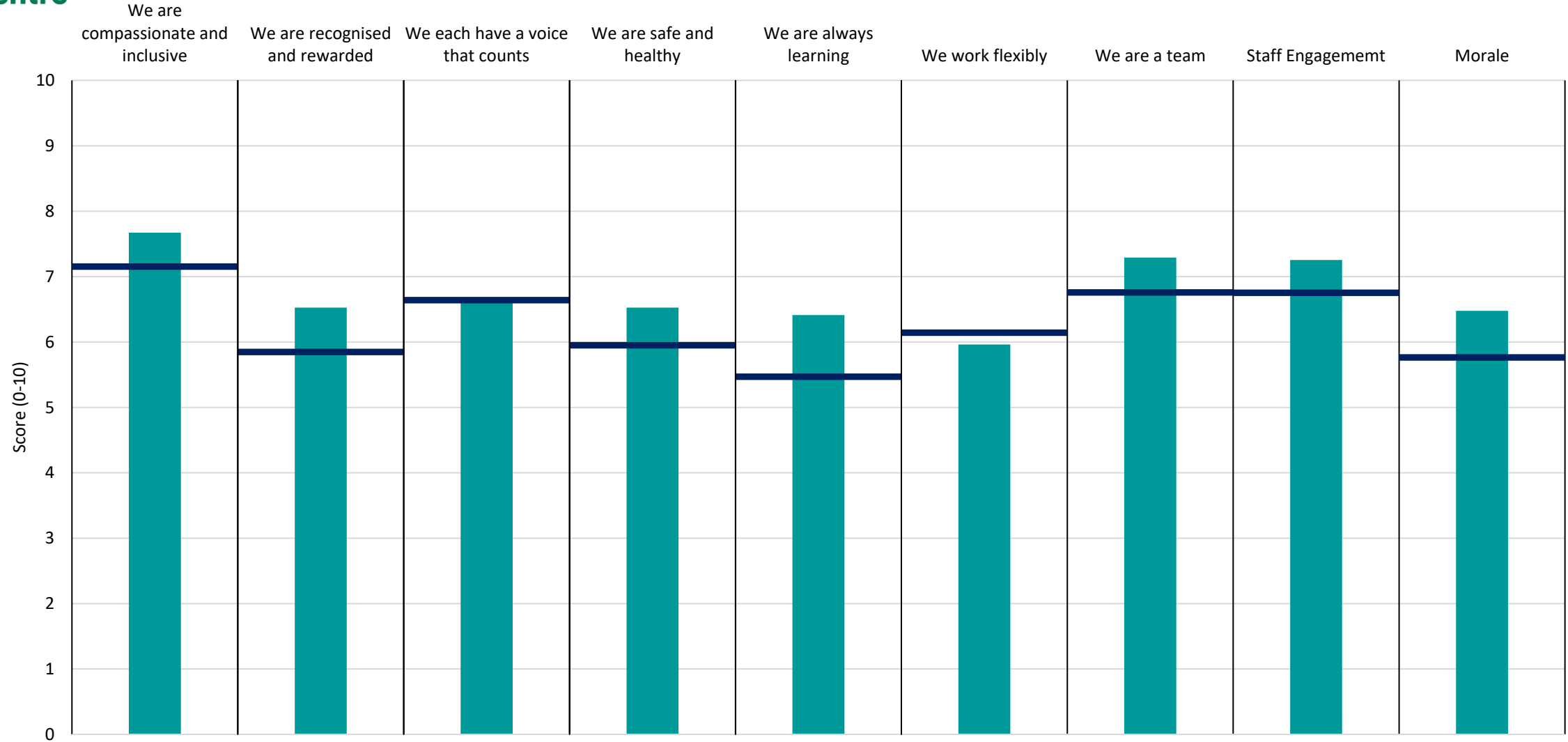
Breakdown	7.2	5.5	6.6	5.9	5.2	6.1	6.7	6.7	5.8
Your org	7.2	5.8	6.6	5.9	5.5	6.1	6.8	6.8	5.8
Responses	308	308	305	304	278	305	308	307	308



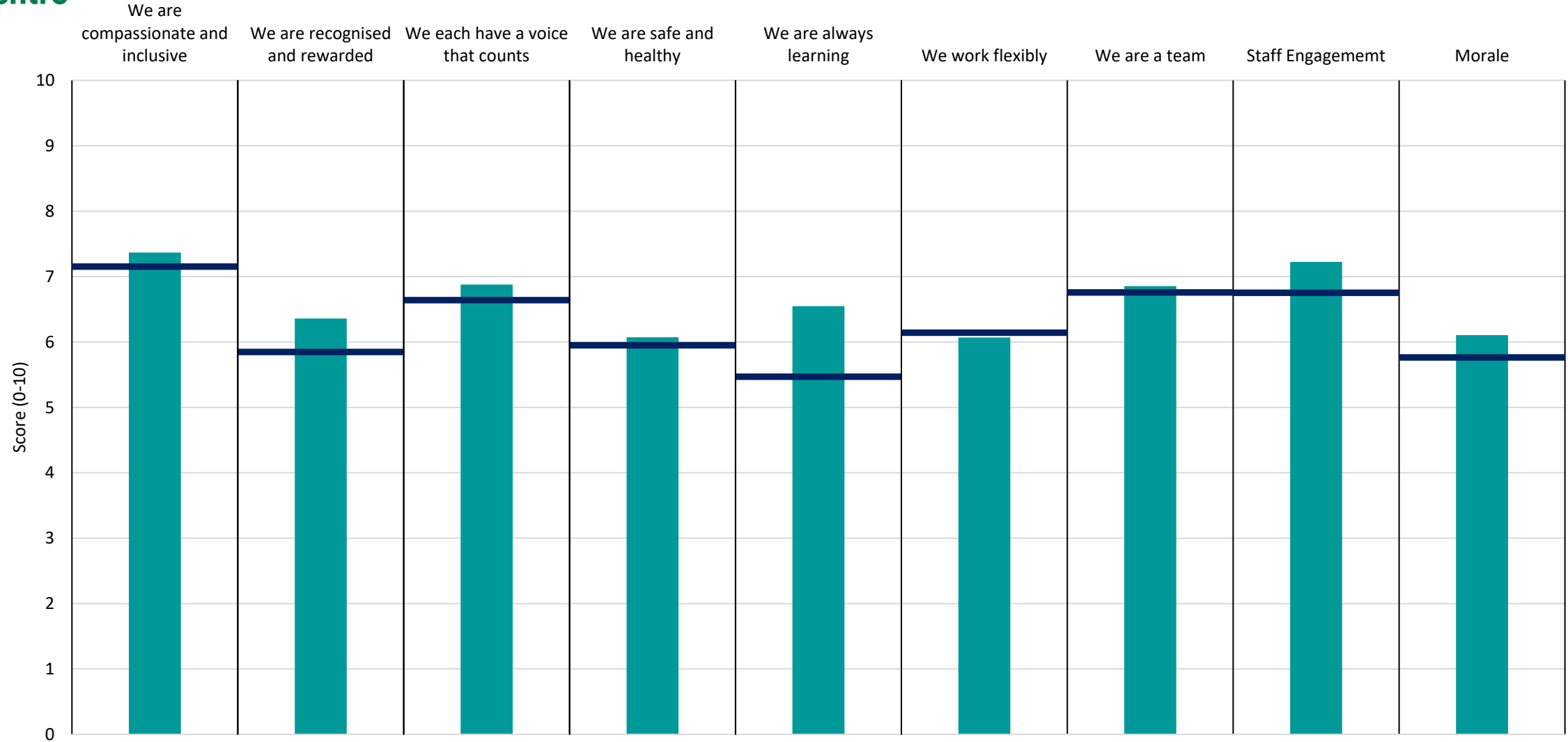
Breakdown	6.6	5.3	6.1	6.0	4.6	5.8	6.1	6.3	5.6
Your org	7.2	5.8	6.6	5.9	5.5	6.1	6.8	6.8	5.8
Responses	70	70	70	69	66	70	70	70	70



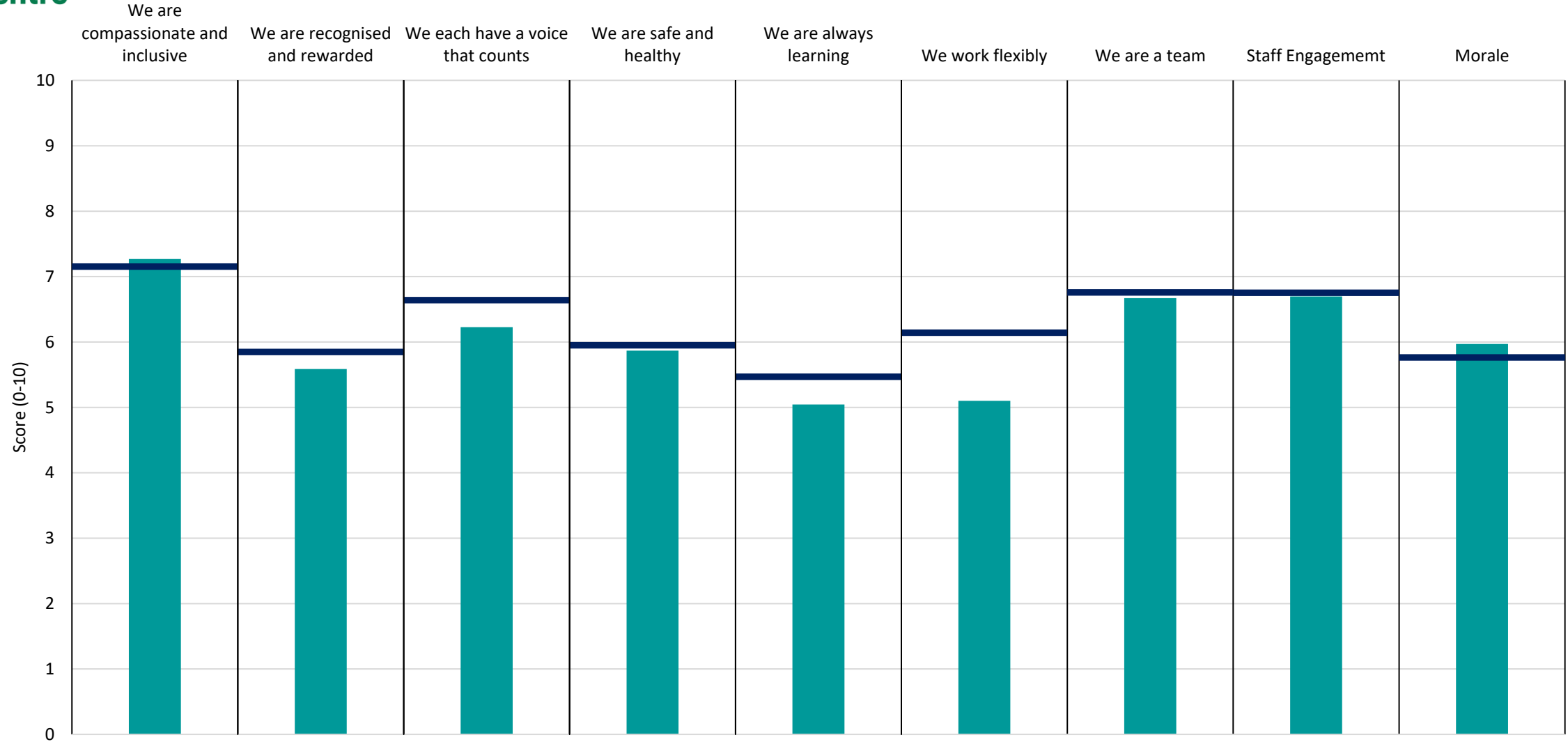
Breakdown	7.2	5.8	6.7	5.6	5.3	5.7	6.7	6.9	5.4
Your org	7.2	5.8	6.6	5.9	5.5	6.1	6.8	6.8	5.8
Responses	25	25	25	25	24	25	25	25	25



Breakdown	7.7	6.5	6.6	6.5	6.4	6.0	7.3	7.3	6.5
Your org	7.2	5.8	6.6	5.9	5.5	6.1	6.8	6.8	5.8
Responses	39	39	39	39	37	39	39	39	39

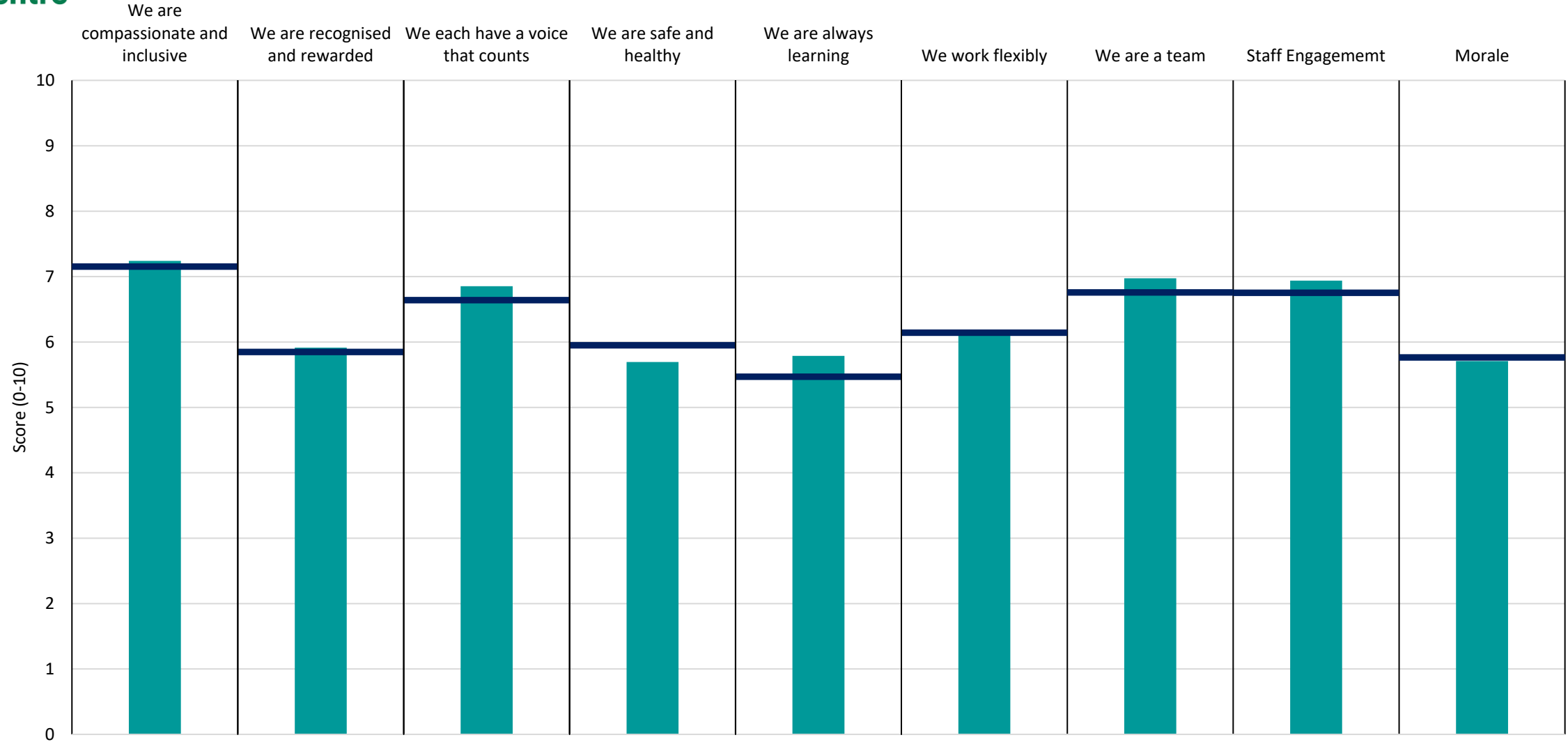


Breakdown	7.4	6.4	6.9	6.1	6.5	6.1	6.9	7.2	6.1
Your org	7.2	5.8	6.6	5.9	5.5	6.1	6.8	6.8	5.8
Responses	113	113	113	112	111	113	113	113	113

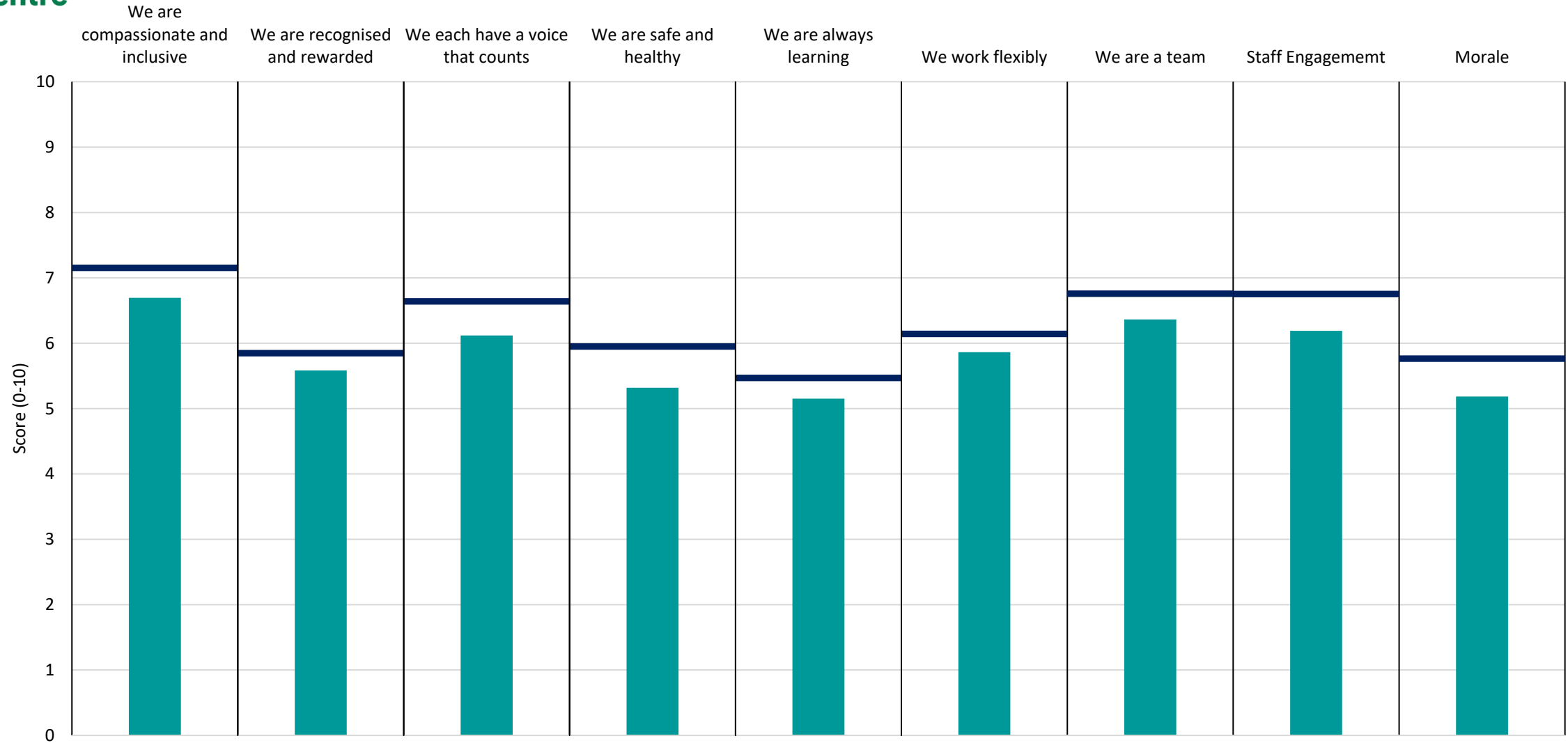


Breakdown	7.3	5.6	6.2	5.9	5.0	5.1	6.7	6.7	6.0
Your org	7.2	5.8	6.6	5.9	5.5	6.1	6.8	6.8	5.8
Responses	29	29	28	29	24	29	29	29	29

Registered Nursing & Midwifery



Breakdown	7.2	5.9	6.9	5.7	5.8	6.1	7.0	6.9	5.7
Your org	7.2	5.8	6.6	5.9	5.5	6.1	6.8	6.8	5.8
Responses	692	694	684	684	664	692	689	694	694



Breakdown	6.7	5.6	6.1	5.3	5.2	5.9	6.4	6.2	5.2
Your org	7.2	5.8	6.6	5.9	5.5	6.1	6.8	6.8	5.8
Responses	42	42	42	42	40	42	42	42	42

Staff Survey 2022

Full Analysis & Leaders Resource Pack March 2023

Caring for Walsall together



Background and context

One of the largest workforce surveys in the world which has been conducted every year since 2003.

The results are reported against the 7 elements of the people promise and two themes of; staff engagement and morale.

The 2021 National Staff Survey took place between 3 October and 28 November 2022.

An independent company Picker Institute was commissioned to conduct the survey to ensure total confidentiality of results.

The Trust is benchmarked against a peer group of 126 other Acute and Acute & Community Trusts.

A complete census of all 4,780 staff employed as of 31 August 2022 across the Trust were asked to complete a survey.

Completion of the survey is not mandatory and was enabled by both paper and digital questionnaires.

The Trust achieved a response rate of **47%** equivalent to 2,229 questionnaires. A slight decrease from 53% in 2021.

The median response rate for Acute & Community Trusts was 44%.

The results will be used as a base line to measure the impact of the People Plan at a national level

Both NHSE and the CQC review trust survey results to help decide who, where & what to inspect.

The extent to which our staff feel valued and cared for directly impacts on the quality of care received by our patients.

The Trust did not participate in the national pilot to include bank staff in the survey. This will be a mandatory requirement in 2023.

A total of 117 questions were asked in the 2022 survey of which 112 can be directly compared to 2021.

Of the 117 questions the Trust achieved positive improvement of 97.

The Trust achieved an improvement against all elements of the NHS People Promise and the themes of staff engagement and morale.

Executive Summary

- The NHS Staff Survey are aligned to the People Promise. This sets out, in the words of NHS staff, the **things that would most improve their working experience**, and is made up of seven elements:



- This Trust Staff Survey Resource Results Pack provides the results of the 2022 National NHS Staff Survey for Walsall
- All of the People Promise scores for the 2021 NHS Staff Survey for Walsall Healthcare NHS Trust are in line with the sector scores with three scores above the national average. This is an **improvement on previous performance** for Walsall. **83% of indicators have improved** 97 from 117.
- Of the 21 sub scores which sit behind the nine core indicators the Trust has improved in 16 of the 21, with 6 exceeding the benchmark average and 10 equalling the benchmark average
- Response rate was 47% (3% higher)** than sector average scores
- There has been an improvement against **all** People Promise indicators compared to 2021 results.

Headlines

- The median response rate across the 2022 national benchmarking group (Acute and Acute & Community Trusts) is 44%. The Trusts response rate was 47% which although lower than the 53% achieved in the 2021 NSS, is proportionate given the increase in the workforce establishment (2,288 staff responding in 2021 compared to 2,229 in 2022). The response rate remains significantly above 2019 and 2020 which attracted an average of 31%.
- All staff employed as of 31 August 2022 were invited to participate in the survey via a mixed delivery model. Overall, 798 paper surveys and 1431 digital surveys were completed and returned.
- There has been an **improvement across all of the nine indicators**. Walsall scores above the national average on 3 of the people promises and is equal to the national average on 4 of the people promises, it scores just below (0.1) the national average for *we are compassionate and inclusive* and *staff engagement*.
- Staff Advocacy, one of the three elements that indicate staff engagement has **improved** against a national decline however for Walsall this remains below the national average by 0.4 points. This is specifically driven by a significantly lower score on staff recommending Walsall as a place to be treated.
- Staff recommending WHCT as a place to work has **increased** from 48% to 52% (national average 56.5%) and staff recommending WHCT as a place to be treated has **increased** slightly from 47% to 48% (national average 61.9%). Significantly 70% of staff believe that care of patients and service users is the organisations top priority compared to 66% in 2021 (national average score is 73.5%).
- At 5.7 the score for staff morale now matches national average and has **increased** from 5.6 in 2021.
- **Less staff** at the Trust are reporting symptoms of burnout compared to 2021.
- Colleagues are continuing to have an increasingly positive experience of their immediate line manager (compassionate leadership and we are a team)

Headlines

- There has been an **improvement** against the Freedom to Speak Up Index (Q19a, Q19b, Q23e, Q23f) Sub score of 6.3 which is an **increase** from 6.1 in 2021 and 0.1 **below** the 2022 benchmark average of 6.4 meaning that overall, more work is required to increase the confidence of staff that the trust will address concerns and supporting staff to feel safe to raise concerns
- There has been a slight **reduction** in the number of staff who have experienced bullying, harassment or abuse from managers, falling from 14.7% in 2021 to 12.6% in 2022 however this remains **above** the benchmark average of 11.6%. There has been little significant improvement nationally in this area.
- There has been a **reduction** in the number of staff who have experienced bullying, harassment or abuse from other colleagues, falling from 23.3% in 2021 to 20.6% in 2022 which is **equal** to the benchmark average. There has been insignificant improvement in this area nationally for the last 5 years.
- The number of staff reporting that they have experienced discrimination at work from their manager / team leader or other colleague has **reduced** to 9.5% for 2022 compared 11.4% in 2021 however is still **higher** than the national average of 8.7% nationally. (Q16b)
- Overall there have been improvements in staff experiencing less discrimination in the last 12 months on the grounds of religion, disability and age, although at Walsall levels of discrimination on the grounds of religion is **twice as high** as the benchmark average.
- More staff (74%) reported the Trust has made reasonable adjustments to enable them to carry out their role compared to benchmark average of 71.8%
- Staff experiencing discrimination at work due to ethnicity, gender and sexual orientation has **worsened** since 2021 and remains above the benchmark average with the grounds of ethnicity being 10% **higher** than the benchmark average.
- Colleagues are continuing to feel supported in ways of flexible working and achieving a balance between home and work life. Perhaps predictably this is more prevalent in corporate areas and administrative staff. Doctors in training report the highest dissatisfaction in this indicator.

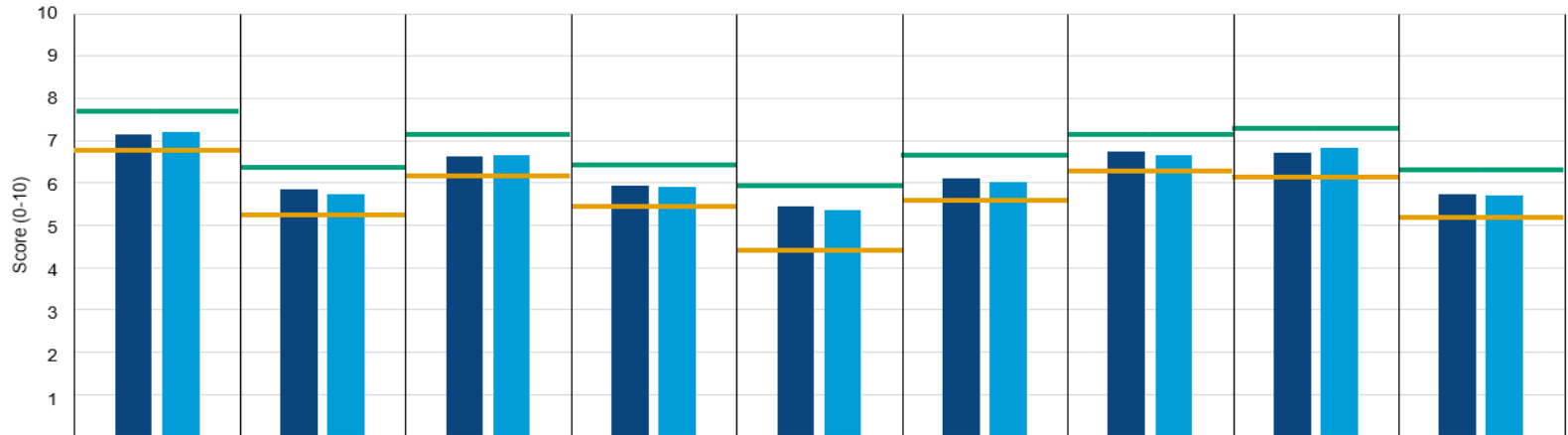
WRES & WDES Headlines

- Indicators demonstrate marginal improvements on the experience of BME colleagues at WHCT, however, some of the results remain a concern particularly staff related bullying and harassment which remains behind the benchmark average. There have been significant improvements in staff reporting equal opportunities for career progression.
- The workforce race equality standard (WRES) data shows (see Annex B): -
 - **Less** staff from BME backgrounds experiencing harassment, bullying or abuse from patients, relatives, members of the public and staff in 2022 compared to 2021. However, staff on staff incidences 31.6% in 2022 remain **higher** than the benchmark average of 28.8%. **There is little improvement on a national level in these areas.**
 - **More** BME staff believe that the organisation provides equal opportunities for career progression and promotion 44.3% in 2022 improvement on 36.8% in 2021. Trust results are **below** the national benchmark of 47%.
 - **Less** BME staff have experienced discrimination at work from managers, team leaders or other colleagues in 2022 16.8% compared to 19.3% in 2021. This is an **improved** position on the benchmark average of 17.3%
- The workforce disability equality standard (WDES) shows (see Annex C)
 - **Improvements** against 6/7 indicators with the 8th indicator being a new question for 2022 (see Annex C) However despite improvements in 6 indicators, 4 remain below the benchmark average.
 - 2/6 **improved** indicators were **above** the benchmark average which for 2022 remained static to 2021.
 - There has been a **deterioration** in the percentage of staff with a long term condition or illness who felt pressure from their manager to come to work despite not feeling well enough to perform their duties **increased** to 33.7% from 32% in 2021 compared to a 2022 benchmark average of 30% (benchmark average **increased** from 32% in 2021)
 - 74% of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work which is **above** the benchmark average of 71.8%

Overall Trust 2022 NSS Results by Themes

People Promise Elements and Themes: Overview Survey Coordination Centre 

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



Your org	7.1	5.8	6.6	5.9	5.4	6.1	6.7	6.7	5.7
Best	7.7	6.4	7.1	6.4	5.9	6.6	7.1	7.3	6.3
Average	7.2	5.7	6.6	5.9	5.4	6.0	6.6	6.8	5.7
Worst	6.8	5.2	6.2	5.4	4.4	5.6	6.3	6.1	5.2
Responses	2219	2226	2192	2191	2075	2213	2217	2223	2223

Most improved /declined Questions

Most improved scores	Org 2022	Org 2021
q30b. Disability: organisation made reasonable adjustment(s) to enable me to carry out work	74%	65%
q22b. There are opportunities for me to develop my career in this organisation	54%	47%
q20. Feel organisation respects individual differences	67%	60%
q11c. In last 12 months, have not felt unwell due to work related stress	57%	51%
q6b. Organisation is committed to helping balance work and home life	47%	41%

Most declined scores	Org 2022	Org 2021
q4c. Satisfied with level of pay	27%	34%
q10b. Don't work any additional paid hours per week for this organisation, over and above contracted hours	57%	58%
q16a. Not experienced discrimination from patients/service users, their relatives or other members of the public	91%	92%
q13a. Not experienced physical violence from patients/service users, their relatives or other members of the public	85%	86%
q3h. Have adequate materials, supplies and equipment to do my work	51%	52%

Clinical Divisional Overview

This heatmap analysis RAG rates each clinical divisions 2022 NHS NSS performance compared to 2021 NHS NSS divisional results (*column labelled Div*) and RAG rates divisional 2022 NSS results against the organisations 2022 NSS results (*column labelled Org*)

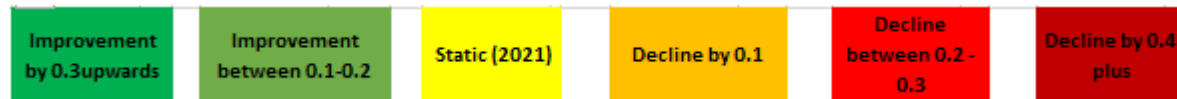
	2022	Div	Org	Div	Org	Div	Org	Div	Org
	Trust	Community		MLTC		Surgery		WCCSS	
Response Rate (%)	46%	54%		40%		32%		53%	
	2229	511		407		315		459	
We are compassionate & inclusive	7.2	7.4	7.4	7	7	7.1	7.1	7.3	7.3
We are recognised & rewarded	5.8	6.1	6.1	5.5	5.5	5.7	5.7	6	6
We each have a voice that counts	6.6	6.7	6.7	6.6	6.6	6.5	6.5	6.8	6.8
We are safe and healthy	5.9	6	6	5.4	5.4	6	6	6	6
We are always learning	5.5	5.6	5.6	5.5	5.5	5.5	5.5	5.7	5.7
We work flexibly	6.1	6.3	6.3	5.8	5.8	6	6	6.1	6.1
We are a team	6.8	7	7	6.6	6.6	6.7	6.7	6.9	6.9
Staff Engagement	6.8	6.8	6.8	6.7	6.7	6.8	6.8	6.9	6.9
Morale	5.8	5.7	5.7	5.5	5.5	5.8	5.8	6	6



Corporate Divisional Overview

This heatmap analysis RAG rates each corporate directorates 2022 NHS NSS performance compared to 2021 NHS NSS directorate results (*column labelled Div*) and RAG rates directorate 2022 NSS results against the organisations 2022 NSS results (*column labelled Org*). It should be noted that the CEO Team and Directorate of Transformation and Strategy received less than the minimum number of 11 responses to provide results.

	2022 Trust	Div E&F	Org	Div Finance	Org	Div Assurance	Org	Div Digital	Org	Div Medical	Org	Div Nursing	Org	Div Operations	Org	Div P&C	Org
Response Rate (%)	46%	43%		76%		64%		44%		59%		67%		87%		81%	
	2229	170		45		20		59		63		56		28		69	
We are compassionate & inclusive	7.2	6.4	6.4	7.3	7.3	6.4	6.4	6.4	6.4	7.6	7.6	7.8	7.8	7.6	7.6	6.9	6.9
We are recognised & rewarded	5.8	5	5	6.4	6.4	5.2	5.2	5.1	5.1	7	7	6.7	6.7	6.6	6.6	5.8	5.8
We each have a voice that counts	6.6	5.9	5.9	6.7	6.7	6.5	6.5	5.5	5.5	7.1	7.1	7.4	7.4	7.2	7.2	6.3	6.3
We are safe and healthy	5.9	6.3	6.3	6.2	6.2	5.6	5.6	5.7	5.7	6.9	6.9	6.6	6.6	5.9	5.9	6.1	6.1
We are always learning	5.5	4.4	4.4	5.7	5.7	4.1	4.1	4.5	4.5	6.4	6.4	5.9	5.9	4.6	4.6	5.2	5.2
We work flexibly	6.1	5.4	5.4	6.6	6.6	6.4	6.4	6.4	6.4	7.1	7.1	6.9	6.9	6.7	6.7	6.7	6.7
We are a team	6.8	5.5	5.5	7.1	7.1	6	6	6.1	6.1	7.7	7.7	7.9	7.9	7.8	7.8	6.6	6.6
Staff Engagement	6.8	6.1	6.1	6.6	6.6	6.4	6.4	5.5	5.5	7.3	7.3	7.4	7.4	7.3	7.3	6.4	6.4
Morale	5.8	5.8	5.8	5.6	5.6	4.7	4.7	4.8	4.8	6.8	6.8	6.6	6.6	6.4	6.4	5.3	5.3



RWT & WHT Results

People Promise

	Benchmark Group	RWT	WHT
We are compassionate and inclusive	7.2	7.2	7.1
We are recognised and rewarded	5.7	5.8	5.8
We each have a voice that counts	6.6	6.8	6.6
We are safe and healthy	5.9	6.1	5.9
We are always learning	5.4	5.4	5.4
We work flexibly	6	6.2	6.1
We are a team	6.6	6.6	6.7
Staff Engagement	6.8	6.9	6.7
Morale	5.7	5.9	5.7

Staff Engagement

		Benchmark Group	RWT	WHT
Motivation	Q2a I look forward to going to work.	52.50%	53.30%	53.50%
	Q2b I am enthusiastic about my job.	66.70%	66.30%	69.90%
	Q2c Time passes quickly when I am working.	72.50%	71.80%	75.30%
Involvement	Q3c There are frequent opportunities for me to show initiative in my role.	72.80%	72.30%	71.90%
	Q3d I am able to make suggestions to improve the work of my team / department.	70.90%	70.90%	69.80%
	Q3f I am able to make improvements happen in my area of work.	54.70%	55.10%	55.10%
Advocacy	Q23a Care of patients / service users is my organisation's top priority.	73.50%	75.60%	69.30%
	Q23c I would recommend my organisation as a place to work.	56.50%	65.00%	51.60%
	Q23d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	61.90%	67.70%	47.50%

Employee Engagement Index (EEI)

The Trusts Engagement Score has **increased** from 6.6 in 2021 to 6.7 against an average of 6.8 within the benchmark peer group.

The EEI score is determined by nine indicators. Questions 2a, 2b, 2c regarding the motivation of staff, questions 3c, 4d, 3f about how involved staff feel in their role and their ability to contribute to improvements in their areas of work and questions 23a, 23c, 23d which reflect staff advocacy for Walsall Healthcare NHS Trust as a place to work and a place to be treated. Six of the 14 Trust Divisions / Directorates have either equaled or exceeded the overall Trust Employee Engagement score of 6.7.

Of critical importance is the extent to which staff will advocate for the Trust. This is a sub score of the staff engagement index (three sub scores; motivation, involvement & advocacy. The Trusts overall score for advocacy is 6.2 compared to a national average of 6.6.

Advocacy		2016 %	2017 %	2018 %	2019 %	2020 %	2021 %	2022 %	2022 Av %	RWT 2022 %
23c	I would recommend my organisation as a place to work	48	47	52	48	52	48	52	57	
23d	If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation	48	48	49	49	53	47	48	62	
23a	Care of patients/service users is organisation's top priority	-	65	66	68	72	66	70	74	

Trust 2022 Sub scores:

- Motivation 7.1
- Involvement 6.8
- Advocacy 6.2

Trust 2021 Sub scores:

- Motivation 7.0
- Involvement 6.8
- Advocacy 6.1

Morale

Theme score of 5.7 is an **increase** on the previous years against a peer benchmark average of 5.7.

The Morale score is determined by twelve indicators of which 11 have improved. All three sub scores; thinking about leaving, work pressure and stressors have improved from 2021

Theme	Question		2021	2022	2022 Av %
Thinking about leaving	Q24a	I often think about leaving this organisation.	35	32	32
	Q24b	I will probably look for a job at a new organisation in the next 12 months.	26	24	23
	Q2c	As soon as I can find another job, I will leave this organisation.	21	18	17
	SCORE		5.7	5.8	5.9
Work pressure	Q3g	I am able to meet all the conflicting demands on my time at work.	43	44	43
	Q3h	I have adequate materials, supplies and equipment to do my work.	52	51	54
	Q3i	There are enough staff at this organisation for me to do my job properly.	23	27	25
	SCORE		4.8	5	5
Stressors	Q3a	I always know what my work responsibilities are.	83	85	86
	Q3e	I am involved in deciding on changes introduced that affect my work area / team / department.	51	52	50
	Q5a	I have unrealistic time pressures.	21	23	22
	Q5b	I have a choice in deciding how to do my work.	52	53	52
	Q5c	Relationship at work are strained.	42	46	44
	Q7c	I receive the respect I deserve from my colleagues at work.	67	68	70
	Q9a	My immediate manager encourages me at work.	70	72	70
	SCORE		6.2	6.3	6.3

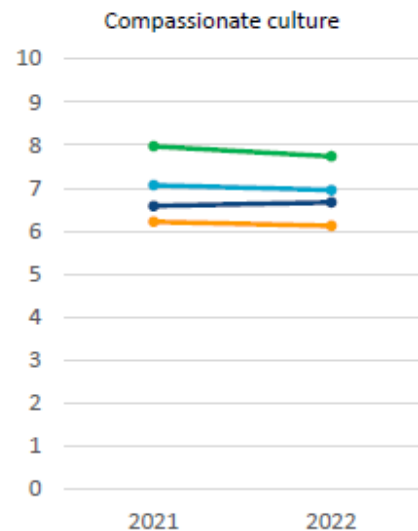
We are compassionate & inclusive

Overall score of 7.1 which is an **increase** from 7.0 in 2021. Sub Scores: Compassionate culture, compassionate leadership.

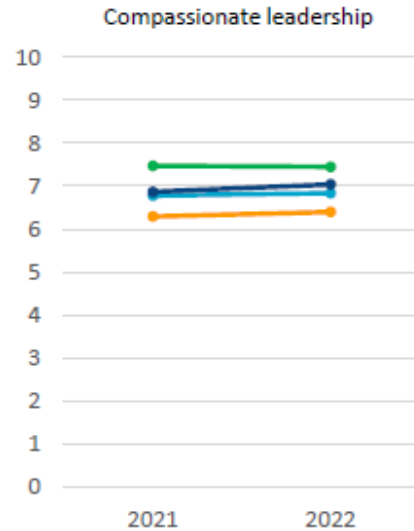
The People Promise states:

- We do not tolerate any form of discrimination, bullying or violence.
- We are open and inclusive.
- We make the NHS a place where we all feel we belong.

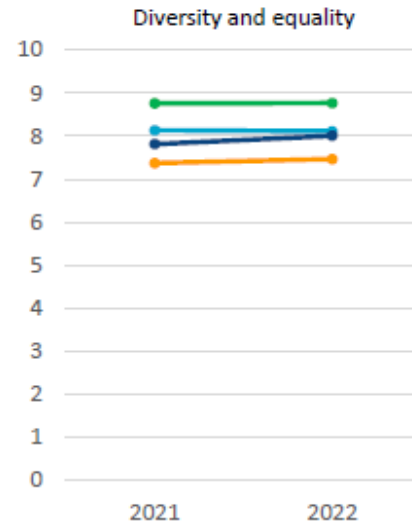
Promise element 1: We are compassionate and inclusive



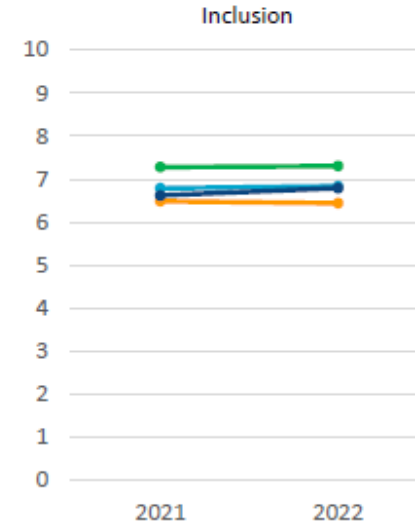
	2021	2022
Your org	6.6	6.7
Best	8.0	7.7
Average	7.1	7.0
Worst	6.2	6.1
Responses	2263	2199



	2021	2022
Your org	6.9	7.0
Best	7.5	7.4
Average	6.8	6.8
Worst	6.3	6.4
Responses	2274	2215



	2021	2022
Your org	7.8	8.0
Best	8.8	8.8
Average	8.1	8.1
Worst	7.4	7.5
Responses	2271	2215



	2021	2022
Your org	6.6	6.8
Best	7.3	7.3
Average	6.8	6.8
Worst	6.5	6.4
Responses	2264	2218

We are compassionate & inclusive

Walsall Healthcare



NHS Trust



Compassionate culture Q6a, 21a, 21b, 21c, 21d

The Trusts score in this sub score has **increased** to 6.7 in 2022 compared to 6.6 in 2021. The benchmark average is 7.0.

- 88% respondents feel that their role makes a difference to service users compared to 86% in 2021 and benchmark average of 87% (Q6a)
- The number of respondents believing that care of patients is the Trusts top priority has increased to 70% from 66% in 2021 (Q21a) against a benchmark average of 73.5%
- Staff (66%) believe the Trust acts on concerns raised by patients compared to 64% in 2021 (Q23b).

Compassionate leadership (all above the national average response rates)

Q9f, 9g, 9i, 9h

The Trusts score in this sub score has **increased** to 7.0 in 2022 compared to 6.9 in 2021 and exceeds the benchmark average of 6.8

- 68.5% of respondents felt their line manager worked with them to understand their problems compared to 67% in 2021 compared to 66% benchmark average.
- 71% of respondents fed back that their line manager is interested in listening when they describe the challenges they are facing compared to 68% in 2021 and a 2022 average response rate of 69%.
- 69% fed back that they feel their line manager care about their concerns compared to 67% in 2021 compared to an average response rate of 68%.
- 67% felt that their line manager takes effective action to help with problems they face, compared to 64% in 2021 and an average response rate of 64%



We are compassionate & inclusive

Sub Score: Diversity & Equality 8.0

- An **increase** from 7.8 in 2021 and just 0.1 behind the national average score of 8.1. The national score has remained the same since 2021.
- **56.1%** of staff advised that the organisation acts fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age which is a significant **increase** from 51.3% and **above** the national average of 55.6%. (Q15)

	2018	2019	2020	2021	2022
Your org	53.3%	50.0%	49.0%	51.3%	56.1%
Best	70.2%	72.7%	69.7%	70.2%	69.4%
Average	56.6%	57.3%	56.4%	55.8%	55.6%
Worst	44.0%	45.8%	42.2%	44.1%	43.7%
Responses	1658	1241	1383	2231	2178

- **67%** of respondents think that the trust respects individual differences (e.g. culture, working styles, backgrounds, ideas etc.) compared to 60% in 2021 and 69% peer benchmark average (New Q18)
- There has been a **reduction** in the number of staff reporting experiencing discrimination at work from managers / team leader / colleagues to 9.5% in 2022 compared to 11.3% in 2021. However, the results remain above the sector average of 8.2%, indicating there is much more work to do.



We are compassionate & inclusive

Sub Score: Inclusion 6.8

Sub Score: Inclusion scored 6.8 which is equal to the benchmark average in 2022 and an **increase from 6.6 in 2021**

Inclusion (questions 7h, 7i, 8b & 8c)

- **68%** of respondents feel valued by their team compared to 65% in 2021 and a benchmark average of 69%. (Q7h)
- **64%** of respondents feel a strong personal attachment to their team compared to 62% in 2021 and a benchmark average 64% (Q7i)
- 68% of respondents feel the people they work with are understanding and kind to one another compared to 63% in 2021 and a benchmark average 70% (Q8b)
- 69% fed back that the people they work with are polite and treat each other with respect compared to 65% in 2021 and a benchmark average of 71% (Q8c)

It is worth considering these responses with the following:

- **Q8d:** 65% of staff feel the people they work with show appreciation to each other compared to 60% in 2021 and a benchmark average of 67%
- **Q9d:** 70% of staff fed back that their line manager takes a positive interest in their health & wellbeing. Compared to 67% in 2021 and a 2022 benchmark average of 67%

Discrimination at Work

- The number of staff reporting that they have experienced discrimination at work from both patients, service users, their relatives and members of the public has slightly **increased** for the 4th consecutive year to 8.9% (average 7.8% - national year on year increase) (Q16a)
- The number of staff reporting that they have experienced discrimination at work from their manager / team leader or other colleague has **reduced** to 9.5% for 2022 compared 11.4% in 2021 however is still **higher** than the national average of 8.7% nationally. (Q16b)
- The table below indicates the grounds upon which colleagues advised that they have experienced discrimination in the last year. The background colour of indicates if there has been an improvement / deterioration in 2022 compared to 2021 and the colour of the number indicates if the result is better or worse than the 2022 national average.

On what grounds have you experienced discrimination? (%)							
	2017	2018	2019	2020	2021	2022	2022 Ave
Ethnicity	42.7	42.1	42.0	51.5	49.4	58.3	48.5
Gender	20.4	25.5	22.9	16.0	18.6	23.7	20.3
Religion.	10.2	12.2	8.6	11.3	10.8	8.6	4.3
Sexual Orientation	6.1	3.7	5.5	2.7	4.7	5.7	3.9
Disability	7.1	6.6	8.1	6.1	6.8	4.8	8.7
Age	21.9	22.6	21.5	25.1	20	15.7	18.8

- Overall there have been improvements in staff experiencing less discrimination in the last 12 months on the grounds of religion, disability and age.
- Q30b indicates that 74% of staff reported the Trust has made reasonable adjustments to enable them to carry out their role compared to benchmark average of 71.7%
- Staff experiencing discrimination at work due to ethnicity, gender and sexual orientation has worsened since 2021 and remains above the benchmark average.

We are recognised & rewarded



Overall score of 5.8 which is an increase from 5.7 in 2021

Q4a,b,c, Q8d,e

- There has been a national decline in this score.
- The recognition I get for good work is 52% which is above the national benchmark average of 51% (Q4a)
- The extent to which my organisation values my work is 43% against national benchmark average of 41% (Q4b)
- My level of pay satisfaction level is 26% compared with 25% nationally – there has been a significant national decline of over 10% since 2018 (Q4c)
- The people I work with show appreciation to one another 65 % against 67% for the national benchmark average (Q4d)
- My immediate manager values my work is 71% which is above the national benchmark average of 70% (Q9e)

		2021	2022
q4a	Satisfied with recognition for good work	49%	52%
q4b	Satisfied with extent organisation values my work	39%	43%
q4c	Satisfied with level of pay	34%	27%
q8d	Colleagues show appreciation to one another	61%	65%
q9e	Immediate manager values my work	68%	71%

We each have a voice that counts

Overall score of 6.6 which is an **increase** from 6.5 in 2021 and equals the benchmark average of 6.6 for 2022

Autonomy & control Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b. Sub score of 6.9 which is the same as 2021 and equal to the 2022 benchmark average

- 86% of respondents feel they always know what their work responsibilities are (2021: 83%, 2022 benchmark average 86%) **Q3a**
- 90% of respondents feel trusted to do their job (2021: 90%, 2022 benchmark average 91%) **Q3b**
- 72% feel there are frequent opportunities to show initiative in their role (2021 70%, 2022 Av 73%) **Q3c**
- 55% feel able to make improvements happen in their area of work (2022 Av 55%, Trust 2021 54%, 2020: 52.6%) **Q3f**

The Trust has exceeded the benchmark average in the following: -

- 52% feel involved in deciding changes affecting their team/work (2022 Av: 50% (Trust 2021: 51%, 2020:47.7%) (Q3e)

Raising concerns Q19a, Q19b, Q23e, Q23f
Sub score of 6.3 which is an increase from 6.1 in 2021 and 0.1 below the 2022 benchmark average of 6.4

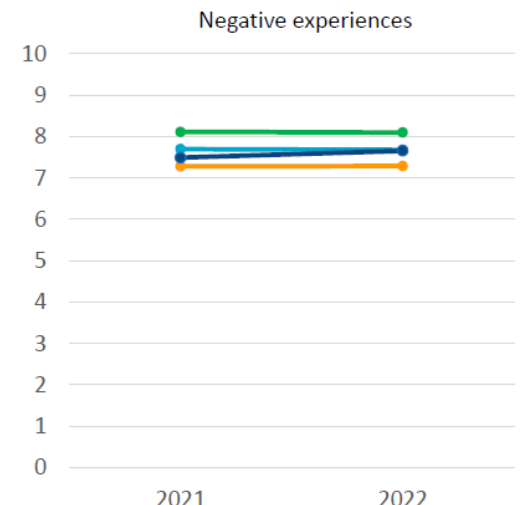
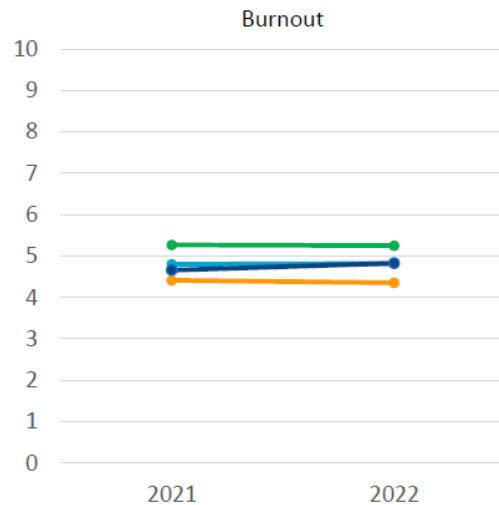
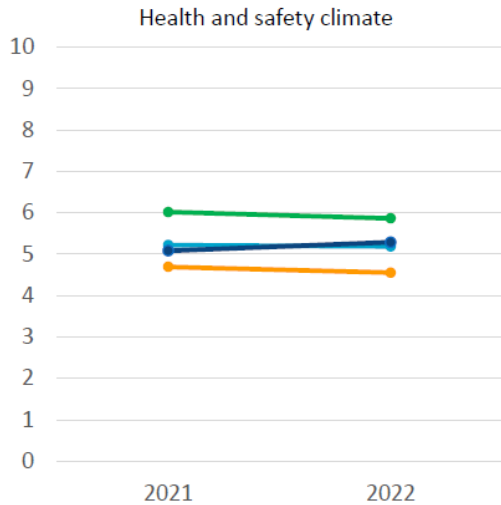
- 70% staff report feeling secure to raise concerns about unsafe clinical practice equal to 2021 and the 2022 benchmark average. **Q19a**
- 54% of staff reporting they are confident the Trust will address the concern compared to 50% in 2021: The benchmark average declined from 58% in 2021 to 56% in 2022. **Q19b**
- 56% of staff feel safe to speak up about concerns in the Trust (2021: 53% v 2020: 59%). This is lower than the 2022 benchmark average of 60%. **Q23e**
- 44% of respondents felt confident that if they spoke up the Trust would address their concern compared to 41% in 2021. This is lower than the benchmark average of 47% **Q23f**

We are safe and healthy



Sub Scores: Health & safety climate, burnout, negative experience

Overall score of 5.9 which is an **increase** from 5.8 in 2021 and equals the 2022 benchmark average of 5.9



	2021	2022
Your org	5.1	5.3
Best	6.0	5.9
Average	5.2	5.2
Worst	4.7	4.6
Responses	2279	2221

	2021	2022
Your org	4.7	4.8
Best	5.3	5.3
Average	4.8	4.8
Worst	4.4	4.4
Responses	2267	2214

	2021	2022
Your org	7.5	7.7
Best	8.1	8.1
Average	7.7	7.7
Worst	7.3	7.3
Responses	2254	2200



Health & Safety Climate (Q3ghi, 5a, 11a, 13d, 14d)

Going Well

- 44% are able to meet conflicting demands on time (2021 43%, 2020 40%, 2022 Av: 43%) (Q3g)
- 28% feel there are enough staff in the organisation to do their job properly compared 23% in 2021 and a 2022 Av of 25% (Q3i)
- 57% consider that the Trust takes positive action on health and well-being compared to 52% in 2021 and a benchmark average of 55.6%. (Q11a)
- More staff 66% are reporting incidences of physical violence at work compared to 60% in 2021 and an average of 68% in 2022. (Q13d)
- More staff 50% are reporting incidences of harassment, bullying or abuse at work compared to 48% in 2021 and a national average of 47% in 2022. (Q14d)

Could be better

- 51% have access to adequate supplies, materials and equipment to do their job, a slight decrease 52% overall 5% 45% in 2020) 2022 Av:53.5% (Q3h)
- More staff (22.6%) reported dealing with unrealistic time pressures in 2022 compared to 21.4% in 2021. The average result for 2022 was 22%. (Q5a)



Burnout (Q12a,b,c,d,e,f,g)

- **Less staff** (38%) are reporting work as emotionally exhausting compared to 41% in 2021 which is slightly **above** the 2022 benchmark average of 37%. (Q12a)
- **Less staff** (36%) reported feeling burnt out because of their work compared to 38.4% in 2021 which is slightly **above** the benchmark average of 34.8% (Q12b)
- **Less staff** (39.6%) feel frustrated by their work compared to 73.8% in 2021 which is slightly **below** the benchmark average of 40.3% (benchmark average increasing between 2021 and 2022) (Q12c)
- **Less staff** (30.8%) reported feeling burnt out because of their work compared to 32.6% in 2021 which is slightly **above** the benchmark average of 31.5% (Q12d)
- **Less staff** (30.8%) reported feeling exhausted at the thought of another day/shift at work compared to 32.6% in 2021 which is slightly **above** the benchmark average of 31.5% (Q12d)
- **Less staff** (45.2%) reported feeling worn out at the end of your working day/shift compared to 47% in 2021 which is slightly **below** the benchmark average of 47.1% (Q12e)
- **Less staff** (22%) reported feeling that every working hour is tiring compared to 24.2% in 2021 which is slightly **equal** the benchmark average of 22% (Q12f)
- **Less staff** (30.5%) feel they do not have enough energy for family and friends during leisure time compared to 32.4% in 2021 which is **below** benchmark average of 32% (Q12g)

Working when ill (Q11b,c & d)

- 57.5% said they have come into work in the last three months, despite not feeling well enough to perform their duties. This is an **improvement** compared to 59.5% in 2021 and is above the benchmark average of 56.7 (Q11d)
- **Less staff** (43.2%) reported feeling unwell as a result of stress compared to 49.3% in 2021. This is a **significant improvement** and is **below** the benchmark average of 45%. this is consistent with 2020 and whilst above the benchmark average of 46.8% the national position overall has negatively increased. (Q11c)
- There has been little improvement in staff advising that they had experienced musculoskeletal problems (MSK) as a result of work activities. This score has slightly **decreased** to 31.3% compared to 31.5% in 2021 and is slightly **worse** than the benchmark average of 30.6%. 29.5% in 2020 against a 2021 Benchmark Average of 30.9%



We are safe and healthy Negative Experience: Civility & Respect

Violence in the workplace (Q13a,b,c)

The responses to these questions have **worsened** at both a local and national level.

- **From patients / service users, their relatives or other members of the public** has slightly increased for the second consecutive year to 14.6% (2021: 14.3%) which although unacceptable is below the benchmark average of 15%
- **From managers** has slightly increased at 0.9% compared to 0.7% in 2021 and is slightly above the national benchmark of 0.8%.
- **From other colleagues** remains at 2.4% for the second consecutive year and a significant outlier from the 1.8 national benchmark

Staff experiencing bullying & harassment (Q14a,b,c)

- There has been a slight **reduction** in the number of staff who have experienced bullying, harassment or abuse from patients / service users, their relatives or other members of the public over the past 12 months, falling from 29.7% in 2021 to 27% in 2022 again the 2022 benchmark average of 28% which is slightly improved on the 27% from 2021.
- There has been a slight **reduction** in the number of staff who have experienced bullying, harassment or abuse from managers, falling from 14.7% in 2021 to 12.6% in 2022 which is **above** the benchmark average of 11.6%. There has been no significant improvement nationally in this area.
- There has been a **reduction** in the number of staff who have experienced bullying, harassment or abuse from other colleagues, falling from 23.3% in 2021 to 20.6% in 2022 which is **equal** to the benchmark average. There has been insignificant improvement in this area nationally for the last 5 years.

Other results from the staff survey are worth considering with this theme:

Q8c: More staff report receiving respect from colleagues at work 2022 69%, 2021: 66% 2020 65%



We are always learning

Sub Scores: Development, Appraisals

Overall score of 5.5 which is an **increase** from 5.2 in 2021

Development.

		2021	2022
q22a	Organisation offers me challenging work	62%	68%
q22b	There are opportunities for me to develop my career in this organisation	47%	54%
q22c	Have opportunities to improve my knowledge and skills	62%	67%
q22d	Feel supported to develop my potential	49%	56%
q22e	Able to access the right learning and development opportunities when I need to	51%	56%

The Trust achieved a sub score of 6.3 for development which equals the benchmark average and is an improvement on 6.1 in 2021.

Appraisals.

		2021	2022
q21b	Appraisal helped me improve how I do my job	23%	26%
q21c	Appraisal helped me agree clear objectives for my work	32%	37%
q21d	Appraisal left me feeling organisation values my work	29%	35%

The Trust achieved a sub score of 4.6 for appraisals which is a significant improvement on the 4.3 from 2021 and is 0.2 above the benchmark average of 4.4 for 2022.

We work flexibly

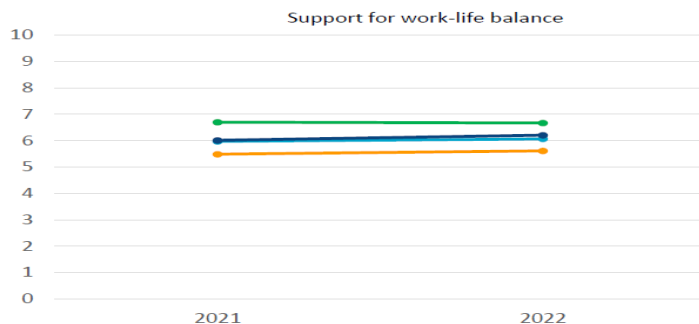
Sub Scores: Support for work-life balance, flexible working

Overall score of 6.1 which is an **increase** from 6.0 in 2021 and **above** the benchmark average of 6.0 for 2022

Walsall Healthcare



NHS Trust



	2021	2022
Your org	6.0	6.2
Best	6.7	6.7
Average	6.0	6.1
Worst	5.5	5.6
Responses	2271	2214



	2021	2022
Your org	5.9	6.0
Best	6.7	6.6
Average	5.9	6.0
Worst	5.4	5.5
Responses	2263	2222

There have been significant increases in the following:

- **More staff** (47%) consider the trust is committed to helping them balance work and home like compared to 41% in 2021 and a 2022 benchmark average of 44% (Q6b)
- 53.2% if staff now consider they are able to achieve a good balance between home and work life, an **increase** from 51.8% in 2021 and **above** the 51.7% 2022 benchmark average (Q6c)
- **More staff** (68.4%) say they can approach their line manager to talk openly about flexible working compared to 66.3% in 2021 and **above** the benchmark average of 67% (Q6d)

Q4d: How satisfied are you with each of the following aspects of your job? The opportunities for flexible working patterns.

	2018	2019	2020	2021	2022
Your org	53.2%	51.2%	54.7%	51.5%	53.6%
Best	60.4%	62.4%	65.2%	62.6%	61.9%
Average	52.3%	53.4%	55.7%	52.0%	52.8%
Worst	42.5%	42.0%	47.3%	44.2%	44.6%
Responses	1668	1254	1386	2263	2222

We are a team



Sub Scores: Team working, line management

Overall score of 6.8 which is an **increase** from 6.6 in 2021 and **above** the national benchmark average of 6.7.

Team Working, (Q7a,b,c,g)

Across 2022 there have continued to be improvements in the following areas:

- Teams having a shared set of objectives (2022: 71% 2021: 70.5% 2020: 66.8%) and meeting to discuss team effectiveness (2022: 61% 2021: 59.5% v 2020: 56.5%) – **the latter being 4% above the benchmark average.** (Q7a & b)
- Colleagues receiving respect from colleagues 2022: 68%, 2021:66%, 2020: 65% however a distance behind the benchmark average of 69.7%) (Q7c)
- **More staff** (79.6%) enjoy working with their colleagues, an increase from 78% in 2021 and slightly below the benchmark average of 81% (Q7e)
- 71% of staff have an understanding of team members roles which is the same at 2021 and equal to the benchmark average (Q7d)
- **More staff** (57%) feel their team has freedom in how to do its work compared which is equal to the benchmark average and an **improvement** on 55% in 2021 (Q7f)
- **More staff** (58%) feel that team disagreements are dealt with constructively an **increase** from 55% in 2021 and **above** the benchmark average of 55.5%. The newly launch approach to early resolution when dealing with conflict at work supported by modules currently available via the managers framework will continue to support an improved experience.
- Significantly **more staff** (49.4%) agreed that teams across the organisation worked well together to achieve objectives compared to 44.6% in 2021 and slightly below the benchmark average of 51.6%. This question is a significant leadership indicator.

	2021	2022
Your org	6.5	6.6
Best	7.0	7.0
Average	6.5	6.6
Worst	6.2	6.2
Responses	2278	2223



We are a team

Sub Scores: Team working, line management

Walsall Healthcare



NHS Trust



Line Management, what's going well (Q9a,b,c,d)

My immediate line manager:

- ↑ Encourages me at work 71.6%, an improvement from 70% in 2021 and above benchmark average of 69.7% and **3rd consecutive increase** 2020: 67%
- ↑ Gives me clear feedback on my work, 64% an improvement from 62.3% in 2021 and above the benchmark average of 62.1% and **3rd consecutive increase** 2020: 60.6%.
- ↑ Asks for my opinion before making decisions that affect my work, 59.1%, an improvement from 56.4% in 2021 and above the benchmark average of 56.9% and **3rd consecutive increase**, 2020: 54.2%.
- More staff (69.6%) fed back that their line manager takes a positive interest in their health & wellbeing, an improvement from 67.4% and above the benchmark average of 67.4%

	2021	2022
Your org	6.7	6.9
Best	7.2	7.3
Average	6.6	6.7
Worst	6.2	6.2
Responses	2276	2219

Advocacy

Staff Group

Walsall Healthcare



NHS Trust

		Trust	Admin & Clerical	AHP	Clinical Support to AHP	Clinical Support to N&M	Clinical Support to STT & HCS	Healthcare Scientists	Medical & Dental - Career Grade	Medical & Dental - Consultant	Medical & Dental - Training Grade	Registered Nursing & Midwifery	Scientific, Therapeutic & Technical Staff
Q	Description	n = 2229	n = 722	n = 158	n = 23	n = 309	n = 70	n = 25	n = 39	n = 113	n = 29	n = 694	n = 43
q23a	Care of patients/service users is organisation's top priority	69.9%	65.9%	67.1%	87.0%	72.9%	58.6%	72.0%	79.5%	72.6%	78.6%	73.6%	57.1%
q23c	Would recommend organisation as place to work	52.2%	46.2%	55.5%	78.3%	50.8%	47.1%	56.0%	74.4%	72.6%	71.4%	53.2%	35.7%
q23d	If friend/relative needed treatment would be happy with standard of care provided by organisation	48.2%	45.3%	40.6%	52.2%	51.8%	40.0%	60.0%	61.5%	59.8%	42.9%	50.4%	23.8%

Divisional Advocacy Scores

3

		Trust	Community	Digital Services	Estates and Facilities	Finance Directorate	Assurance Directorate	Medical Directorate	MLTC	Nurse Directorate	Operations Directorate	People & Culture Directorate	Surgery	WCCSS
q23a	Care of patients/service users is organisation's top priority	69.9%	68.1%	46.6%	62.3%	68.2%	65.0%	72.6%	69.4%	90.7%	71.4%	66.7%	72.3%	73.4%
q23c	Would recommend organisation as place to work	52.2%	52.9%	25.4%	39.2%	40.0%	35.0%	67.7%	53.0%	57.4%	50.0%	40.6%	52.5%	58.4%
q23d	If friend/relative needed treatment would be happy with standard of care provided by organisation	48.2%	47.4%	25.4%	40.5%	51.1%	25.0%	45.2%	52.1%	46.3%	42.9%	37.7%	52.5%	51.2%

Divisional Overview

- The themes of Morale and Staff Engagement remain key performance indicators for organisations and are comparable between 2022, 2021 and 2020 results.
- While staff engagement scores at Walsall Healthcare NHS Trust are 0.1 below the benchmark average of 6.8 the staff morale indicator of 5.7 matches the average benchmark.
- For staff engagement across the Trust 7 divisions exceed or are equal to the benchmark average of 6.8
- For staff morale across the Trust 7 divisions exceed or are equal to the benchmark average of 5.7

	2020		2021		2022	
Division	EEI	Morale	EEI	Morale	EEI	Morale
Trust	6.7	5.9	6.6	5.6	6.7	5.7
CEO	7.2	5.9	7.3	6.2	n/a	n/a
Community	7	6.1	6.7	5.7	6.8	5.7
Transformation	6.6	4.7	7	6.2	n/a	n/a
E&F	5.9	6.5	6.3	5.7	6.1	5.8
Finance	6.8	5.9	6.6	5.9	6.6	5.6
Assurance	n/a	n/a	6.5	5	6.4	4.7
Digital	5.6	4.8	5.7	4.9	5.5	4.8
Medical Directorate	n/a	n/a	7.5	6.8	7.3	6.8
MLTC	6.7	5.7	6.2	4.9	6.7	5.5
Corporate Nursing	6.7	5.8	6.8	5.9	7.4	6.4
Operations	6.3	5.2	7.5	6.5	7.3	6.4
People & Culture	7.3	6.2	6.5	5.4	6.4	5.3
Surgery	6.4	5.7	6.7	5.8	6.8	5.8
WCCSS	6.7	6	6.8	5.6	6.9	6

Community

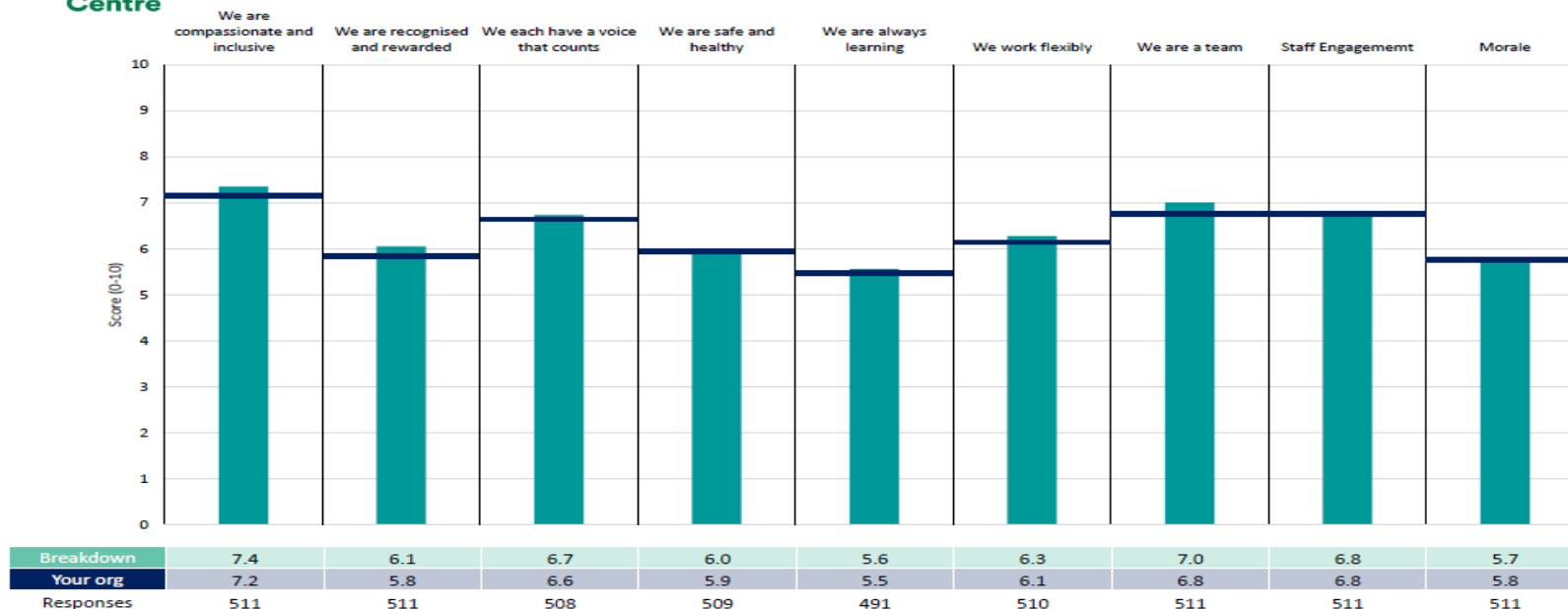
Results

- The division received a 54% response rate compared to 57% in 2021, 42% in 2020 and 40% in 2019. The division have seen an increase in their staff engagement score and have maintained staff morale.

	2020		2021		2022	
Division	EI	Morale	EI	Morale	EI	Morale
Trust	6.7	5.9	6.6	5.6	6.7	5.7
Community	7	6.1	6.7	5.7	6.8	5.7

Survey
Coordination
Centre

Community



Medicine & Long-Term Conditions

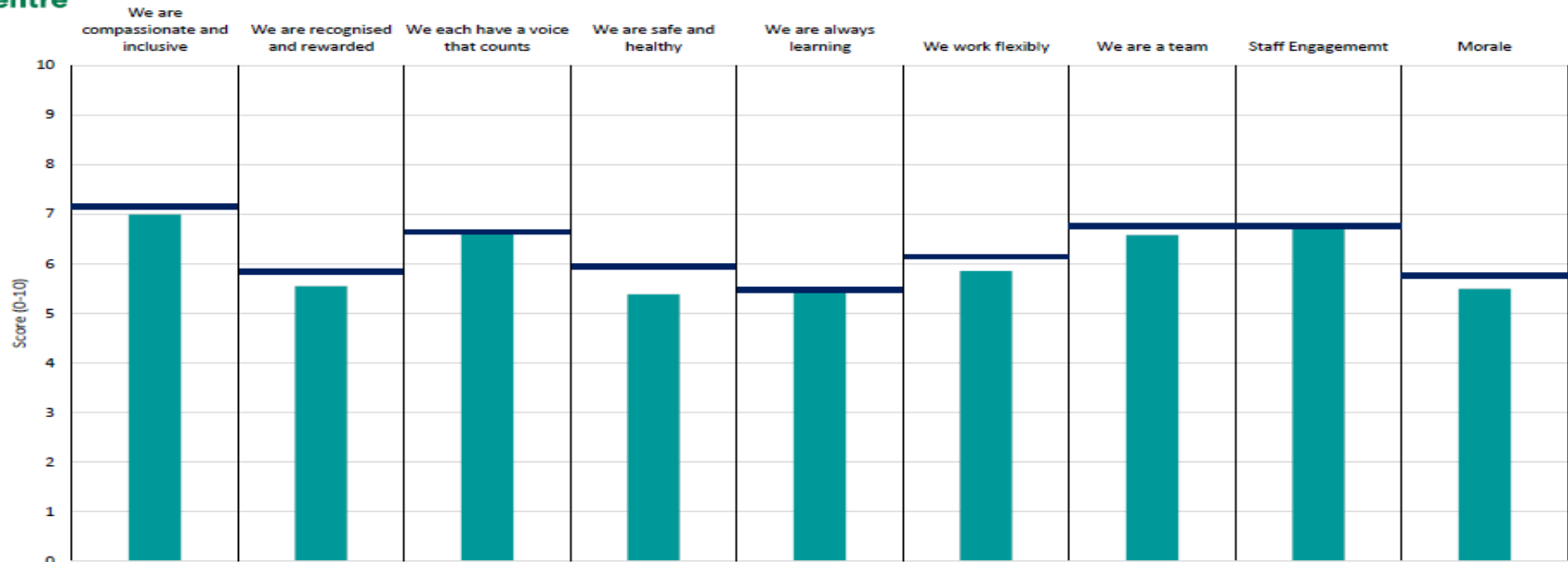
Results

- The MLTC division received a response rate of 40% slightly below 42% in 2021 but remaining a significant improvement on previous years (20% in 2020). The division have significantly improved on staff engagement and staff morale.

	2020		2021		2022	
Division	EI	Morale	EI	Morale	EI	Morale
Trust	6.7	5.9	6.6	5.6	6.7	5.7
MLTC	6.7	5.7	6.2	4.9	6.7	5.5

Survey
Coordination
Centre

Medicine & Long-Term Conditions



Breakdown	7.0	5.5	6.6	5.4	5.5	5.8	6.6	6.7	5.5
Your org	7.2	5.8	6.6	5.9	5.5	6.1	6.8	6.8	5.8
Responses	405	406	401	397	376	404	405	405	406

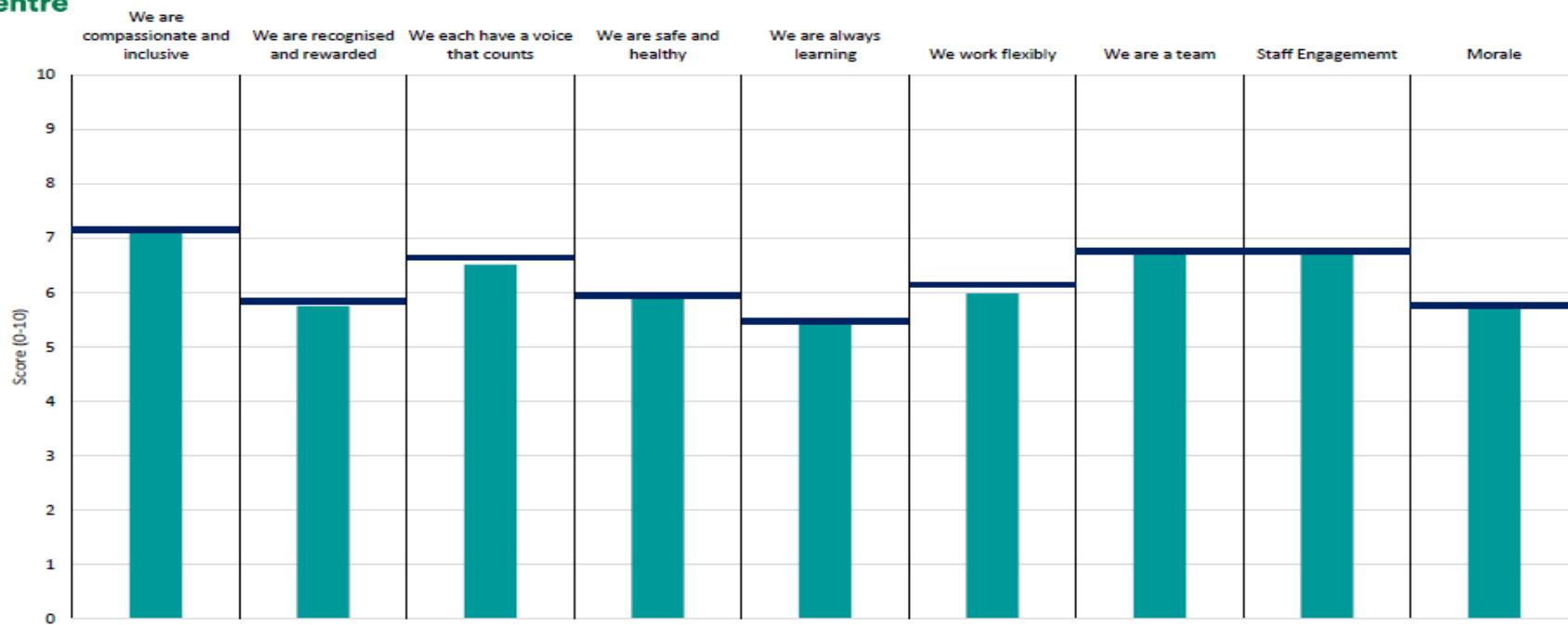
Surgery

- The Surgery division received a 32% response rate compared to 44% in 2021 and 25% in 2020. The division has improved its performance in staff engagement and maintained staff morale.

	2020		2021		2022	
Division	EI	Morale	EI	Morale	EI	Morale
Trust	6.7	5.9	6.6	5.6	6.7	5.7
Surgery	6.4	5.7	6.7	5.8	6.8	5.8

Survey
Coordination
Centre

Surgery



Breakdown	7.1	5.7	6.5	6.0	5.5	6.0	6.7	6.8	5.8
Your org	7.2	5.8	6.6	5.9	5.5	6.1	6.8	6.8	5.8
Responses	315	315	314	313	300	314	315	315	315

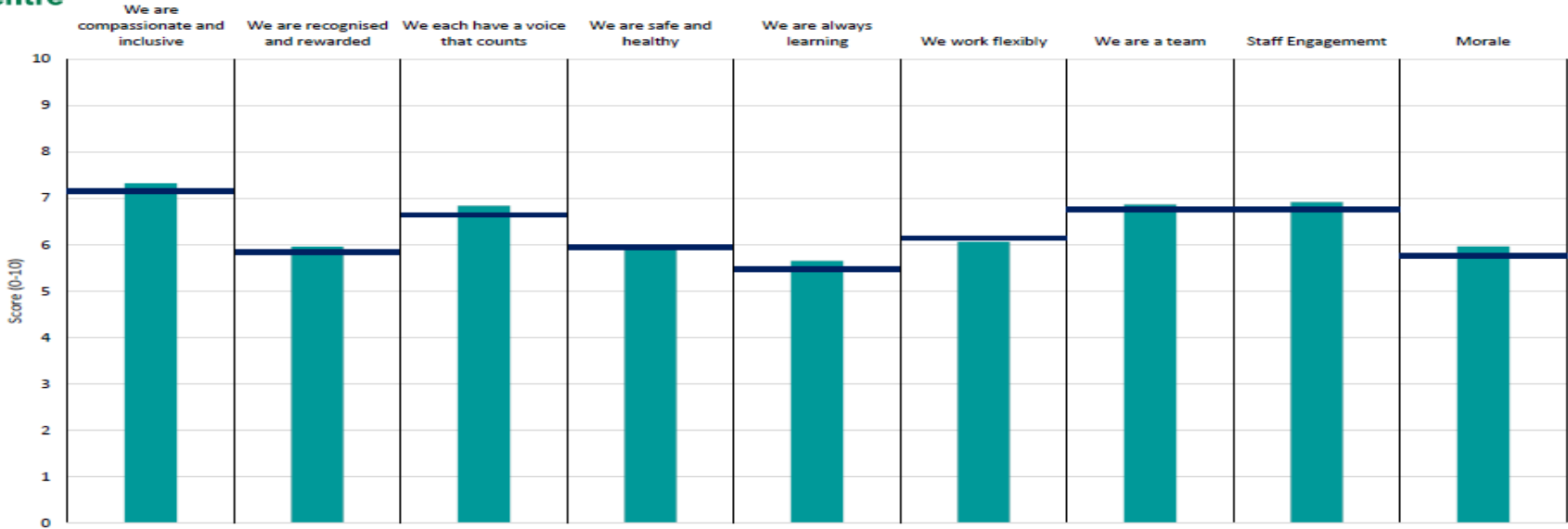
Women's, Children's & Clinical Support Services

- The WCSS division received a 53% response rate a very slight decline compared to 54% in 2021 (v 34% in 2020). The division has seen an improvement in both staff engagement and staff morale results, the latter being significant. Both indicators are above the Trust overall results.

Division	2020		2021		2022	
	EI	Morale	EI	Morale	EI	Morale
Trust	6.7	5.9	6.6	5.6	6.7	5.7
WCSS	6.7	6	6.8	5.6	6.9	6

Survey Coordination Centre

Women's, Children's & Clinical Support Services



Breakdown	7.3	6.0	6.8	6.0	5.7	6.1	6.9	6.9	6.0
Your org	7.2	5.8	6.6	5.9	5.5	6.1	6.8	6.8	5.8
Response	458	450	451	454	434	458	456	450	450

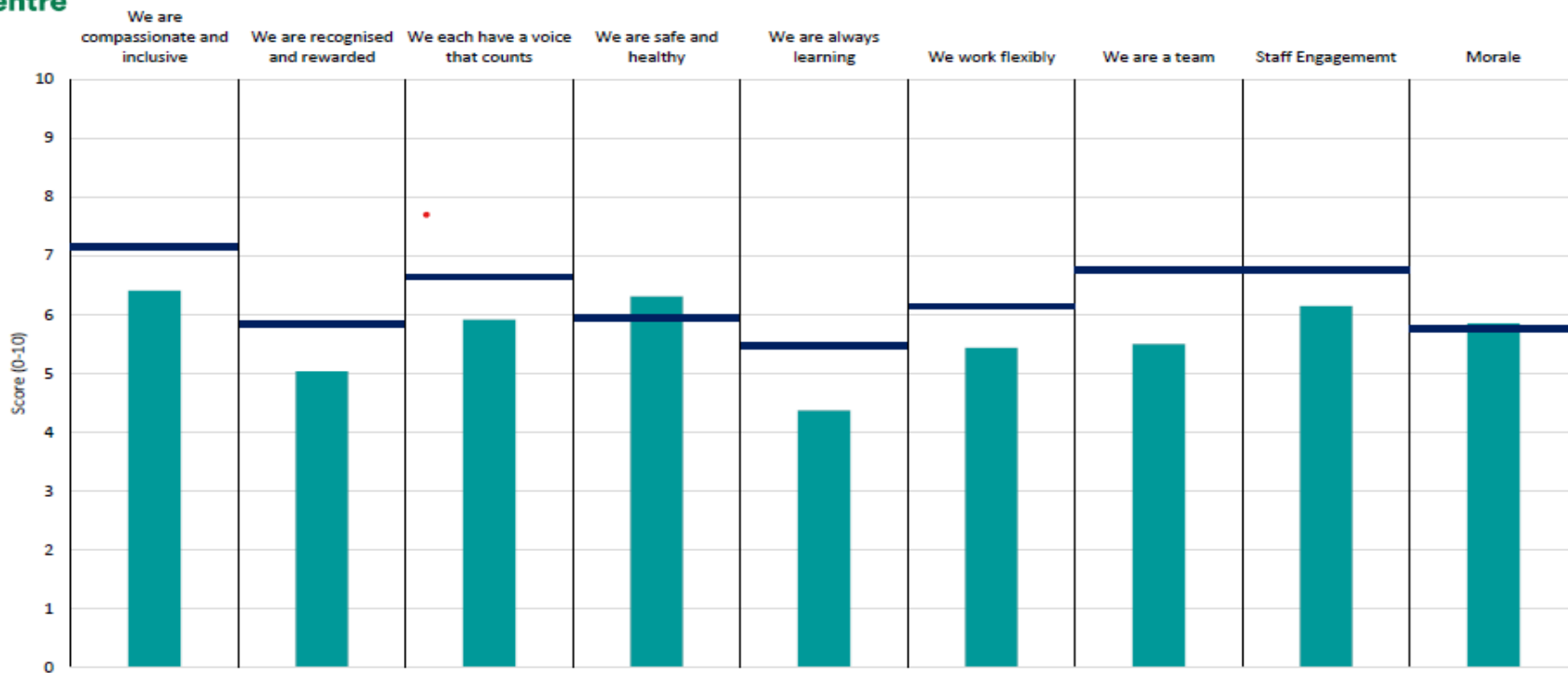
Estates & Facilities

- The Estates and Facilities division received a 43% response rate compared to 57% in 2021 and 36% in 2020. The division has seen a significant deterioration in staff engagement but has improved its performance across staff morale.

Division	2020		2021		2022	
	EI	Morale	EI	Morale	EI	Morale
Trust	6.7	5.9	6.6	5.6	6.7	5.7
E&F	5.9	6.5	6.3	5.7	6.1	5.8



Estates and Facilities



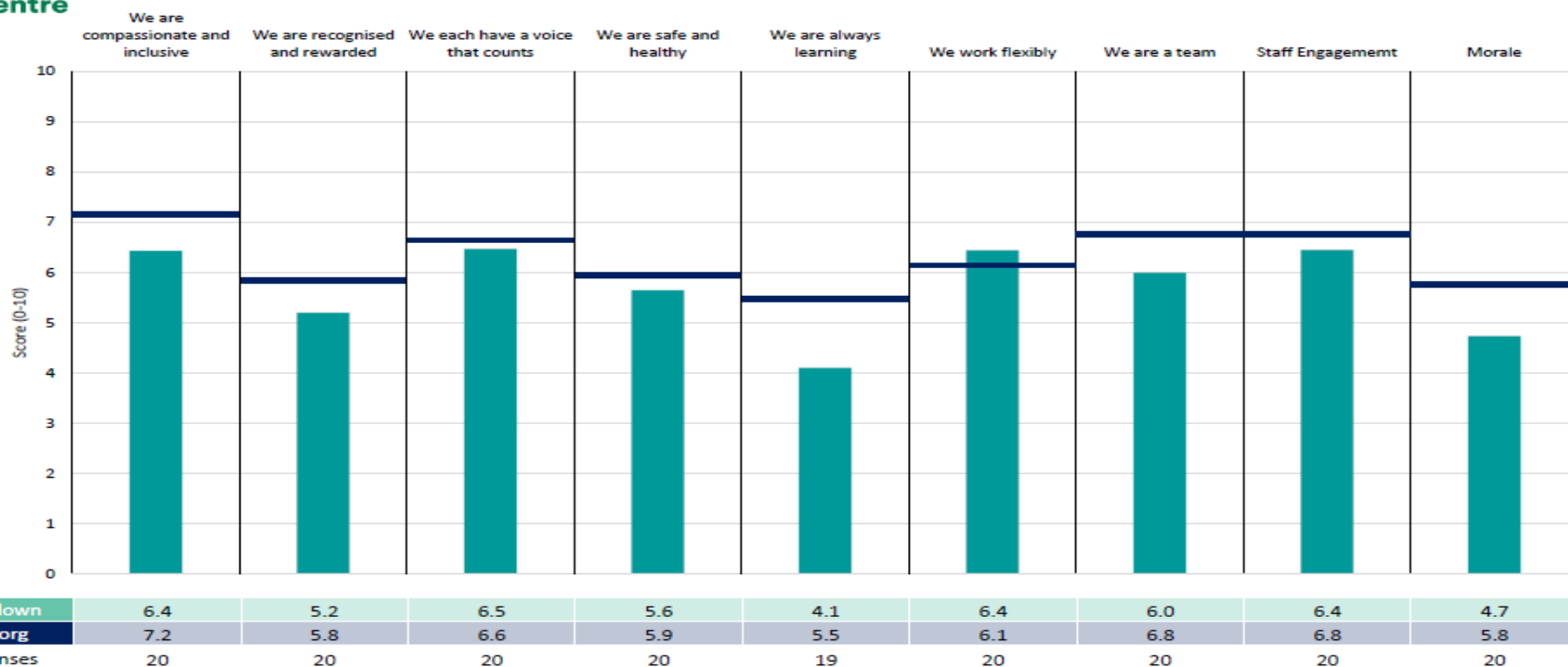
Breakdown	6.4	5.0	5.9	6.3	4.4	5.4	5.5	6.1	5.8
Your org	7.2	5.8	6.6	5.9	5.5	6.1	6.8	6.8	5.8
Responses	165	169	155	157	132	163	166	167	166

- The Governance Directorate achieved a 64% response rate compared to 77% in 2021.
- This is the second year Directorate has received independent results as they were part of the CEO Directorate results in 2020.
- There has been a deterioration of staff engagement and staff morale results between 2022 and 2021. Both indicators are below the Trust overall results.

Division	2020		2021		2022	
	EI	Morale	EI	Morale	EI	Morale
Trust	6.7	5.9	6.6	5.6	6.7	5.7
E&F	5.9	6.5	6.3	5.7	6.1	5.8
Assurance	n/a	n/a	6.5	5	6.4	4.7

Coordination Centre

Governance Directorate

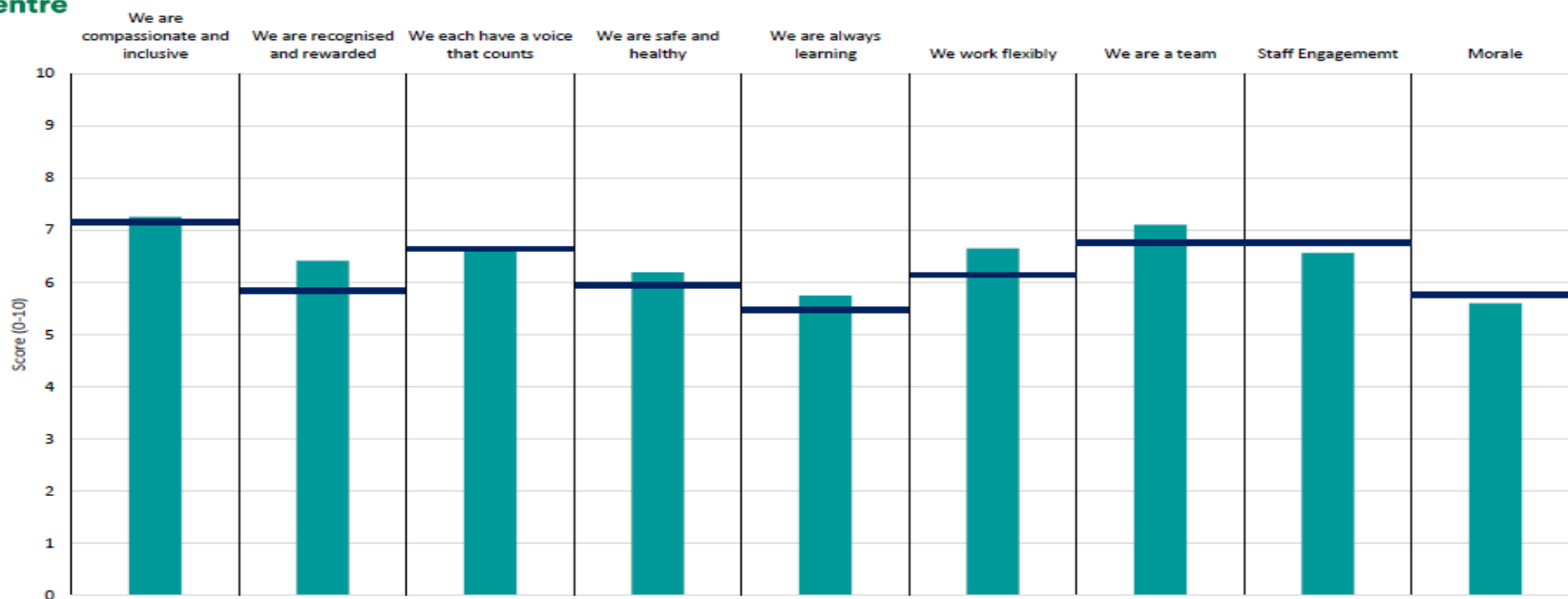


- The Finance Directorate achieved a 76% response rate compared to 83% in 2020, 51% in 2020 and 45% in 2019.
- The directorate have maintain staff engagement scores, however staff morale as significantly worsened. Both indicators are below the Trust overall results.

Division	2020		2021		2022	
	E EI	Morale	E EI	Morale	E EI	Morale
Trust	6.7	5.9	6.6	5.6	6.7	5.7
Finance	6.8	5.9	6.6	5.9	6.6	5.6

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Centre

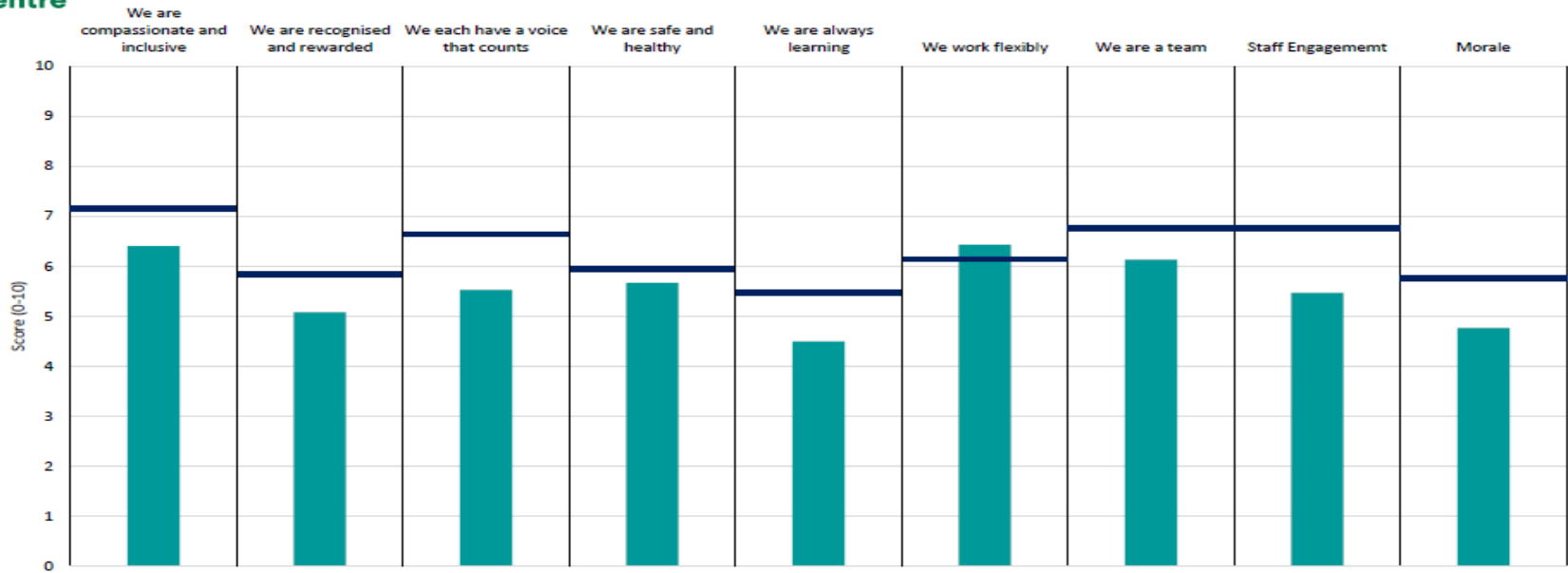
Finance Directorate



Breakdown	7.3	6.4	6.7	6.2	5.7	6.6	7.1	6.6	5.6
Your org	7.2	5.8	6.6	5.9	5.5	6.1	6.8	6.8	5.8
Responses	45	45	44	44	40	45	45	45	45

- The Informatics Directorate achieved a 44% response rate compared to 62% in 2021 which was a significant improvement on the 37% in 2020 and 30% in 2019. There has been a deterioration of results against staff engagement and staff morale compared to the divisional results in 2021, most significantly in staff engagement and both indicators are below the overall trust results.

	2020		2021		2022	
Division	EEI	Morale	EEI	Morale	EEI	Morale
Trust	6.7	5.9	6.6	5.6	6.7	5.7
Digital	5.6	4.8	5.7	4.9	5.5	4.8



Breakdown	6.4	5.1	5.5	5.7	4.5	6.4	6.1	5.5	4.8
Your org	7.2	5.8	6.6	5.9	5.5	6.1	6.8	6.8	5.8
Responses	59	59	58	59	54	59	59	59	59

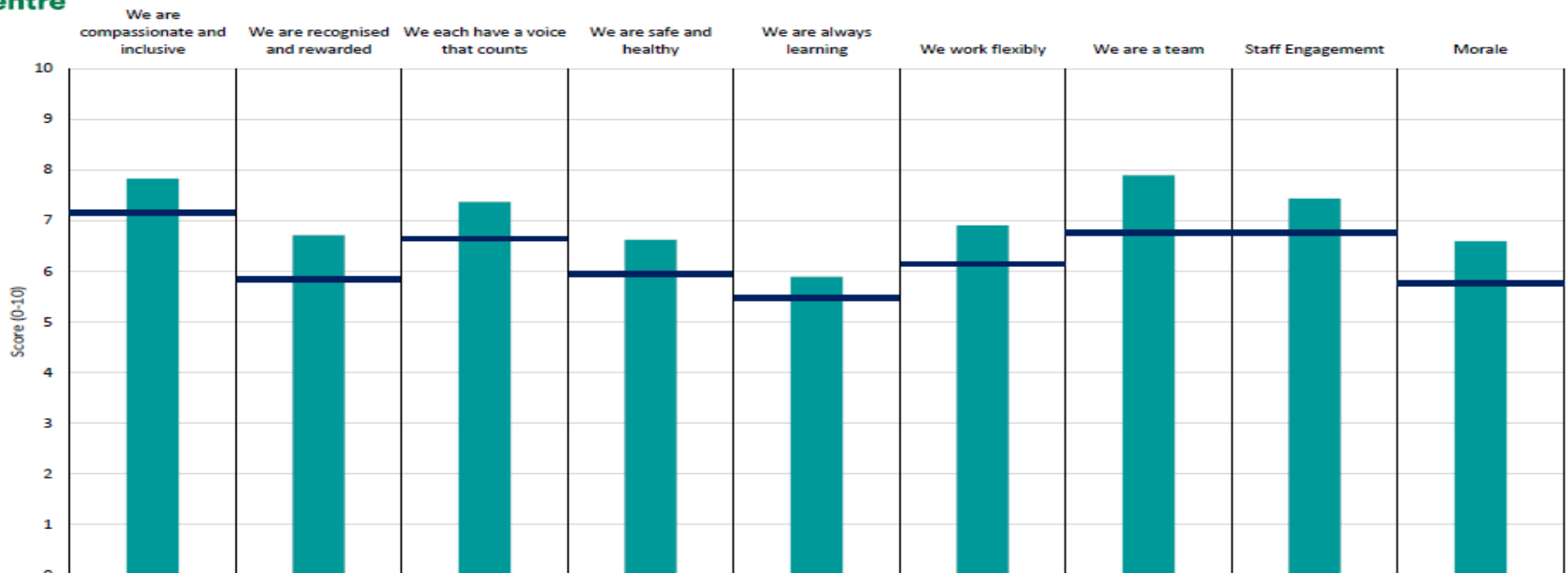
Corporate Nursing

- The Corporate Nursing Directorate achieved a response rate of 67% compared to 65% in 2021, 51% in 2020 and 45% in 2019. There has been a significant improvement against staff engagement and staff morale results which are also above the overall Trust scores.

Division	2020		2021		2022	
	E EI	Morale	E EI	Morale	E EI	Morale
Trust	6.7	5.9	6.6	5.6	6.7	5.7
Corporate Nursing	6.7	5.8	6.8	5.9	7.4	6.4

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Nurse Directorate



Breakdown	7.8	6.7	7.4	6.6	5.9	6.9	7.9	7.4	6.6
Your org	7.2	5.8	6.6	5.9	5.5	6.1	6.8	6.8	5.8
Responses	55	55	55	55	51	55	55	55	55

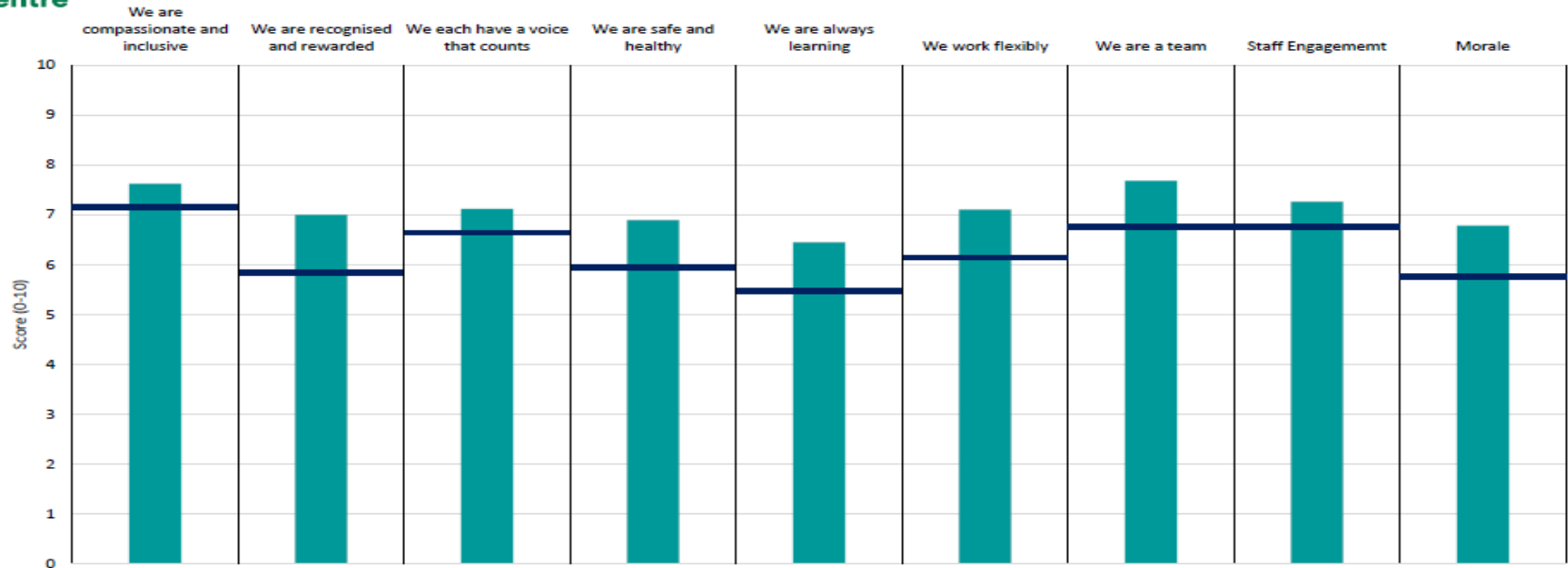
Medical Directorate

- The Medical Directorate achieved a response rate of 59% compared to 64% in 2021. There has been a significant improvement against staff engagement and staff morale results which are also above the overall Trust scores.

Division	2020		2021		2022	
	E EI	Morale	E EI	Morale	E EI	Morale
Trust	6.7	5.9	6.6	5.6	6.7	5.7
Medical Directorate	n/a	n/a	7.5	6.8	7.3	6.8

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Centre

Medical Directorate



Breakdown	7.6	7.0	7.1	6.9	6.4	7.1	7.7	7.3	6.8
Your org	7.2	5.8	6.6	5.9	5.5	6.1	6.8	6.8	5.8
Responses	62	63	62	63	59	63	62	63	63

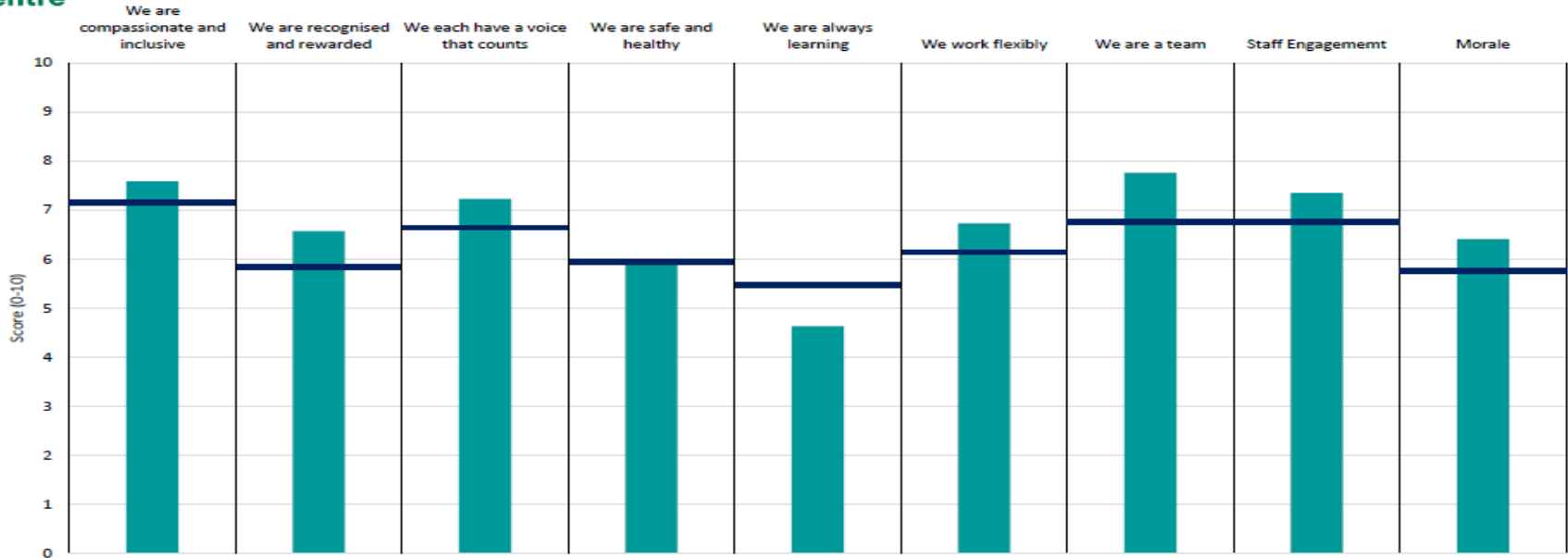
Operations

- The Operations Directorate increased their response rate from 74% in 2021 to 87% in 2022. Although there has been a slight decrease in staff engagement and staff morale scores between 2022 and 2021, both remain significantly above the overall Trust scores.

	2020		2021		2022	
Division	EI	Morale	EI	Morale	EI	Morale
Trust	6.7	5.9	6.6	5.6	6.7	5.7
Operations	6.3	5.2	7.5	6.5	7.3	6.4

Survey
Coordination
Centre

Operations Directorate



Breakdown	7.6	6.6	7.2	5.9	4.6	6.7	7.8	7.3	6.4
Your org	7.2	5.8	6.6	5.9	5.5	6.1	6.8	6.8	5.8
Responses	28	28	28	26	26	28	28	28	28

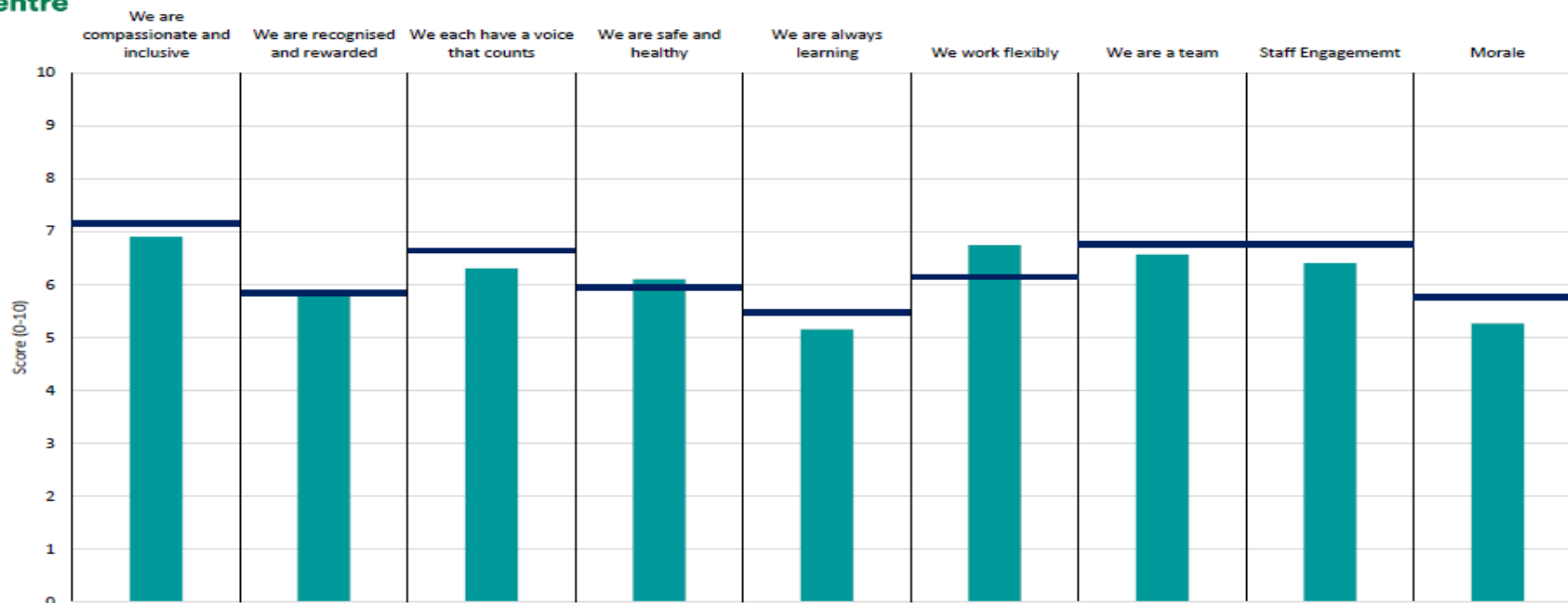
People & Culture

- The People & Culture Directorate achieved a response rate of 81% compared to 84% in 2021, 57% in 2020 and 71% in 2019. The directorates results for staff engagement and staff morale has decreased for the 2nd consecutive year and are significantly below the Trusts overall results.

	2020		2021		2022	
Division	EI	Morale	EI	Morale	EI	Morale
Trust	6.7	5.9	6.6	5.6	6.7	5.7
People & Culture	7.3	6.2	6.5	5.4	6.4	5.3

Survey
Coordination
Centre

People & Culture Directorate



Breakdown	6.9	5.8	6.3	6.1	5.2	6.7	6.6	6.4	5.3
Your org	7.2	5.8	6.6	5.9	5.5	6.1	6.8	6.8	5.8
Responses	69	69	69	67	66	68	68	69	69

Next Steps

Our top priorities for 2023/24:

- Improve the experience of colleagues from black, Asian and minority backgrounds and eliminate discriminative practices and behaviours by challenging inappropriate behaviours and taking robust action.
- Co-design a joint people plan and behaviour framework in partnership with staff across both Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust to support the joint Trust strategy
- Deliver a civility and respect programme across the Trust to all colleagues providing resources to staff and teams to uphold positive behaviours and to eliminate discrimination, bullying and harassment.
- Communicate good news stories relating to patient care and services including celebrating improvements taken in response to incidents and concerns raised.
- Continue to be an employer of choice in Walsall and work with local community partners to support local residents into employment within the wider health and social care sector (*increasing number of staff available*)

Taking Action

1. Trust level results to be communicated across the organisation via; Team Brief, Daily Dose, posters circulated, headlines shared at staff network groups, JNCC, LNC and managers briefings.
2. Staff Engagement and Experience Oversight group to meet monthly between February and November 2023. Senior leadership participation from each division / directorate required. Provision of regular updates to PODC.
3. Each division / directorate to communicate local results across teams.
4. Each division / directorate to agree action plan (using template provided) by end of April 2023 with a full and detailed update provided to PODC in May 2023.

















Annex A

Walsall Employee Engagement Index (%)

Theme	Question	2020 NSS %	2021 NSS %	2022 NSS %	2022	
					Benchmark Av %	
Motivation	2a	I look forward to going to work.	54	49	54	53
	2b	I am enthusiastic about my job.	70	67	70	68
	2c	Time passes quickly when I am working.	76	73	75	73
Involvement	3c	There are frequent opportunities for me to show initiative in my role.	67	70	72	73
	3d	I am able to make suggestions to improve the work of my team / department.	70	68	70	71
	3f	I am able to make improvements happen in my area of work.	53	54	55	55
Advocacy	23a	Care of patients / service users is my organisation's top priority.	72	66	70	74
	23c	I would recommend my organisation as a place to work.	52	48	52	57
	23d	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	53	47	48	62

Annex B: Workforce Race Equality Standard (WRES)

The Staff Survey WRES indicators demonstrate marginal improvements on the experience of BME colleagues at WHCT, however, the results remain a concern as they are significantly unaligned with the benchmark average.

	2018		2019		2020		2021		2022	
	BME	White	BME	White	BME	White	BME	White	BME	White
KF 25 % of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	31.1%	28.5%	27.5%	30.4%	32.9%	27%	31.9%  Average 28.8%	28.1%  Average 26.5%	29.7%  Average 30.8%	26.1%  Average 26.39%
KF26 % of staff experiencing harassment, bullying or abuse from staff in the last 12 months	28.6%	27.4%	35.1%	29.7%	36%	27.9%	31.7%  Average 28.5%	26.6%  Average 23.6%	31.6%  Average 28.8%	22.8%  Average 23.3%
KF21 % of staff believing that the organisation provides equal opportunities for career progression and promotion	68%	82.2%	35.1%	79.8%	34.8%	53.3%	36.8%  Average 44.6%	56.4%  Average 58.6%	44.3%  Average 47%	61.8%  Average 58.6%
Q17 % of staff that have experienced discrimination at work from managers, team leaders or other colleagues	12.8%	5.7%	19.7%	6.7%	23.9%	7.3%	19.3%  Average 17.3%	8.0%  Average 6.7%	16.8%  Average 17.3%	6%  Average 6.5%

Annex C: Workforce Race Disability Standard (WDES)

The background colour indicates performance against the benchmark average result whilst the colour of the text indicates 2022 Trust performance against 2021 Trust results

	2018		2019		2020		2021		2022	
	LTC or Illness	Without LTC or illness	LTC or Illness	Without LTC or illness	LTC or Illness	Without LTC or illness	LTC or Illness	Without LTC or illness	LTC or Illness	Without LTC or illness
% of staff experiencing HBA from patient, relative or member of the public in the last 12 months	34.90%	27.80%	37.40%	27.70%	35.30%	26.40%	38.70%	26.40%	35.3% Average 33%	25.1% Average 26.2%
% of staff experiencing HBA from manager in the last 12 months	16.30%	15.20%	21.20%	16.30%	23.80%	15.60%	21.40%	12.20%	18.4% Average 17.1%	10.7% Average 9.9%
% of staff experiencing HBA from other colleagues in the last 12 months	23.30%	20.40%	28.90%	21.70%	28.30%	21.30%	29.40%	20.80%	27.5% Average 26.9%	18.5% Average 17.7%
% of staff saying that the last time they experienced HBA at work they or a colleague reported it	48.60%	45.50%	50.40%	48.20%	51.60%	49.50%	50%	48.80%	52.7% Average 48.4%	50.9% Average 47.3%
% of staff who believe their organisation provides equal opportunities for career progression or promotion	76.70%	79.90%	74.00%	76.00%	71.80%	76.50%	48.60%	52%	53.3% Average 51.4%	57.4% Average 57.3%
% of staff who felt pressure from their manager to come to work despite not feeling well enough to perform their duties	33.80%	21.90%	28.50%	25.70%	35.20%	25%	32%	21.90%	33.7% Average 30%	20.6% Average 20.8%
% of staff satisfied with the extent to which the organisation values their work	31.40%	42.50%	32.90%	42.40%	32.50%	44.10%	30.60%	41.40%	35.2% Average 32.5%	44.9% Average 43.6%
% of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work.									74% Average 71.8%	