

Annual Report 2018/2019



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Introduction

Statement by the Chairman

It is a privilege to introduce the Annual Report and Annual Accounts for the period 1 April 2018 to 31 March 2019. This has been another memorable year of successful progress for The Royal Wolverhampton NHS Trust, working in partnership with its many stakeholders.

I will be leaving the Trust at the end of March after serving as a chairman and non-executive director for 13 years; the maximum time allowed by statute. Like many others who work at the Trust, it is with great pride that I have undertaken my role as chairman and to be associated with the Trust over many years. Since I joined in 2006 I have seen many changes and improvements. This year has been no different with the scale and pace of innovation and improvement across the organisation.

For example, work has begun on a multi-million pound expansion of New Cross Hospital's state-of-the-art pathology centre. When finished, the building will provide a central pathology hub, serving The Dudley Group NHS Foundation Trust, Sandwell and West Birmingham Hospitals NHS Trust, The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust. The new 'hub and spoke model' will enable pathology services across the multiple hospital sites to work together more collaboratively than before. This will result in an enhanced service for staff and offers patients a centre of excellence providing all aspects of a quality pathology service.

Our progression in connecting primary care practices to the community and acute services already established in the Trust has gathered pace this year. Already the gains from this synergy are measurable, including thousands of extra GP appointments per annum, new social prescribing assistance and fewer emergency hospital admissions monthly from the patient cohort covered.

Although performance in some areas has been challenged – particularly urgent and emergency care, and waits for some operations and cancer treatments – the Trust nonetheless compares well to its peers on a wide spectrum of other measurement, and continues to have no regulatory concerns about its quality of care, financial standing or governance. In fact in June we were given a 'Good' rating from the CQC. This is something we are very proud of given the pressure on our staff and services. We have worked hard since the last inspection in 2015 to move from Requires Improvement to Good, and the report outlines this.

Perhaps the most memorable feature of 2018/2019 across the whole NHS was the celebrations of 70 years of the NHS. At RWT our staff held tea parties; we had a live radio broadcast from New Cross and were part of a special BBC episode with Denise Lewis, celebrating the NHS.

This report contains many more great details on the very many aspects of a busy year. The services of the Trust are delivered by a wide variety of workforce roles, including employees, apprentices and volunteers, and many others engaged in further professional training or research.

The Trust Board met ten times and held a public Annual General Meeting in discharging its responsibility for being accountable to the public and regulators for the strategy, performance and culture of the Trust.

On behalf of the Trust Board during 2018/2019 I would personally like to thank every member of staff, whatever their role and contribution, for enabling the delivery of safe, effective and efficient care with the utmost compassion.



Jeremy Vanes - Chairman

A – Performance Report

A1 – Performance Overview

Statement from the Chief Executive providing his perspective on performance over the period

Over the last 12 months we have seen the demand on our services increase yet again. Despite the on-going pressures our staff continue to do a brilliant job and I would like to thank each and everyone one of them for their outstanding efforts. Their commitment to high quality care makes our Trust one of the most successful in the area.

We continue to perform well and fulfil our aim to deliver an increasing and better quality range of services to the people of Wolverhampton, Cannock, the wider Black Country and surrounding areas. In June we were rated 'Good' by the Care Quality Commission (CQC) following an inspection. We also received 'outstanding' ratings from the CQC for several services. Some of the areas of outstanding practice included improved outcomes for patients with pressure ulcers and an excellent approach to patient care and dignity within the surgical teams. There were also a number of examples of outstanding practice in maternity service, outpatients department, surgical directorate, medical care and in the urgent and emergency care department. The report emphasises just how 'dedicated, kind, caring and patient focused' staff were and patient feedback was consistently positive. This is by no mean feat given the challenging environment we are in.

Our vertical integration project still continues to go from strength to strength. The programme has helped us work a lot closer with local respected GPs to deliver better patient experience and increase value for the taxpayer and bring together clinicians across the primary, secondary and community care sectors. This year four of our GP practices were rated as 'Good' by the Care Quality Commission (CQC). Alfred Squire Road Health Centre, Lea Road Medical Practice, Warstones Health Centre and West Park Surgery all achieved 'Good' ratings in the 'safe, effective, caring, responsive and well led' categories. We hope to see more practices joining us in the new financial year.

Many innovative ways of providing high quality and effective care have again been implemented. This year we welcomed pathology staff from The Dudley Group NHS Foundation Trust, Sandwell and West Birmingham Hospitals NHS Trust and Walsall Healthcare NHS Trust to the Trust. The four acute trusts in the Black Country have agreed to work together to have one pathology service. The Black Country Pathology Service is a hub and spoke model with a hub at New Cross Hospital and Essential Services Laboratories (ESLs) at each acute hospital (Russells Hall, Walsall Manor, Midland Metropolitan). This will provide an improved service with extended hours for some services and faster turnaround times.



Welcome to The Royal Wolverhampton NHS Trust

Annual Report 2017 - 2018

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In July we celebrated 70 years of the NHS. We marked the anniversary by holding tea parties across the Trust and there was a great celebratory atmosphere throughout. We also recently launched our first ever long-service awards ceremony to mark our longest serving staff's dedication to the NHS. We held the first of three events in March and I was honoured to attend to thank staff and congratulate them on their great achievements.

A large number of our staff have received national awards this year. Examples include; The Rapid Intervention Team winning the Burdett Nursing Award for their dedication and success in safely caring for acutely unwell patients at home, an inspirational matron winning a NHS Windrush 70 award, a nurse announced as a finalist in the RCNi Nurse Awards and our IP team won Infection Prevention Team of the Year. Not to mention countless other nominations and awards for our staff's hard work and commitment.

Finally, I would like to take this opportunity to thank my good friend and work colleague – Jeremy Vanes – for all his support and guidance. Jeremy left the Trust at the end of March 2019 after serving as a chairman and non-executive director for 13 years; the maximum time allowed by statute. We would not be where we are today without Jeremy's leadership and his dedication to improving patient care. Professor Steve Field CBE will be taking over from Jeremy as our new chairman and I look forward to working with him.

Our main focus in the coming year is that we are doing everything we can to make sure our patients receive safe care which is high quality, whether they are being treated in one of our hospitals, in a community setting or at home. Whilst I believe there will be many challenges, we are in a very strong position moving forward to keep our focus on doing the right thing for patients and provide the best care possible.



A handwritten signature in black ink, which appears to read 'David Loughton'.

David Loughton CBE – Chief Executive

Statement of the purpose and activities of the organisation – what we do



The Royal Wolverhampton NHS Trust is a statutory body which came into existence on 1st April 1994 under The NHS Trust (Establishment) Order 1993, No 2574.

We are a major acute, community and primary care Trust providing a comprehensive range of services for the people of Wolverhampton, the wider Black Country, South Staffordshire, North Worcestershire and Shropshire. The Trust gained Cancer Centre status in 1997, were designated as the 4th Regional Heart and Lung Centre during 2004/05, and we are designated as the only specialist services tier 2 hospital in the Black Country.

We are the largest teaching hospital in the Black Country providing teaching and training to more than 130 medical students on rotation from the University of Birmingham Medical School. We also provide training for nurses, midwives and allied health professionals through well-established links with the University of Wolverhampton. During 2014 the Trust was established as the Host for the Clinical Research Network: West Midlands. On 1st November 2014 we acquired services and assets, including Cannock Chase Hospital, from the Mid Staffordshire NHS Foundation Trust.

From 1st June 2016 we entered into an agreement with certain Wolverhampton GP practices for a pilot model of vertical integration of services. As at March 2019, eight GP Practices are now part of the Trust. This means that we are directly responsible for the delivery of primary care. This vertical integration programme offers a unique opportunity to redesign services from

initial patient contact, through ongoing management to end of life care.

From 1st April 2018 the Black Country Pathology Service (BCPS) came about as a result of four acute trusts in the Black Country agreeing to work together to have one pathology service serving The Dudley Group NHS Foundation Trust, Sandwell and West Birmingham Hospitals NHS Trust, Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust. This service is a hub and spoke model with the main hub being located at New Cross Hospital, Wolverhampton.

We are one of the largest acute and community providers in the West Midlands providing c800 beds at our New Cross site (including intensive care beds and neonatal cots).

From April 2018, following a £2.4m development, we opened a specialist Hyper Acute Stroke Unit (HASU) at New Cross Hospital. The new Stroke unit provided an additional 15 beds, bringing the total number of stroke beds to 39 and will provide an HASU care for both Wolverhampton and Walsall residents. This has improved the standard of clinical care for stroke patients at Walsall and Wolverhampton as we are able to provide comprehensive care across seven days, an onsite stroke specialist for 12 hours and daily Transient Ischaemic Attack (TIA) clinics. There are a further 56 rehabilitation beds at West Park Hospital, and 54 beds at Cannock Chase Hospital.

We are the largest employer in Wolverhampton, with more than 8,000 staff, providing services from the following locations:

- New Cross Hospital – Secondary and tertiary services, Maternity, Accident and Emergency, Critical Care and Outpatients.
- West Park Hospital – Rehabilitation, Inpatient and Day Care services, Therapy services, and Outpatients.
- Community Services – More than 20 community sites providing services for children and adults, Walk-in Centres, and Therapy and Rehabilitation services.
- Cannock Chase Hospital – General Surgery, Orthopaedics, Breast Surgery, Urology, Dermatology, and Medical Day Case investigations and treatment (including Endoscopy).
- Primary Care – Eight GP practices have now joined us across Wolverhampton and Staffordshire.
- BCPS – The centre carries out tests such as; fertility tests, blood/urine analysis, tests for infection and detecting cancer.

Our local population – some public health indicators

Our New Cross site resides in the heart of a diverse city with a CCG registered population of 262,000 people. Recognising the close proximity to neighbouring areas, the wider population that we serve is closer to 470,000. This covers patients from across the three Staffordshire CCGs (South East Staffordshire and Seisdon Peninsula, Cannock Chase and Stafford & surrounds), Walsall, and, to a lesser extent, patients from other areas of the Black Country and Shropshire.

The newly established Black Country Pathology Service now serves a pathology service to 1.4 million people across the Black Country.

The Office of National Statistics (ONS) estimates that the population of Wolverhampton will grow to 264,000 in 2020 and 268,000 by 2024, an overall increase of 5%. The population of Cannock Chase will grow slightly from 99,000 in 2014 to 100,000 in 2019 and 102,000 in 2024, an increase of 3%.

Whilst the current age profile shows a slight outlier in terms of national comparison for the number of children (19.7% v 18.9%) and fewer older people (15.7% v 16.4%) compared to England respectively, the ONS projections demonstrate that this trend is likely to change, and Wolverhampton will begin to close this gap.

The key demographic and health indicators for Wolverhampton are identified below:

| | |
|--------------------------|---|
| Ethnic Background | White: 68% (with a growing population from Eastern Europe) BME: 32% (higher than the national average of 14.3%) BME 0-15: total 49,423 Wolverhampton of which 55.3% White British and 44.7% BME (from Wolverhampton Equalities Analysis 2014 (most recent available). |
| Life Expectancy | Based on 2010-12 figures: Males: 77.4 years Females: 81.7 years 2 years lower than national average |
| Quality of Life | Disability-free life expectancy: Males: 58 years (3 years lower than national average) Females: 61 years (2 years lower than national average) |
| Deprivation | 21st most deprived local authority and expected to worsen. 51.1% of population amongst the 20% most deprived nationally Life expectancy gap between the most and least deprived: Males: 7 years Females: 3 years |
| Morbidity | 27.7% suffer from one or more LTCs Single greatest cause of years of life lost: Cardiovascular Disease |
| Infant Mortality | 7.7 per 1000 live births (Highest in England. England average - 4.3) Infant mortality in Wolverhampton is 10th highest compared to other local authorities and is significantly higher compared to England average |

Activity overview 2018/2019

Following agreement in 2017/18 there was a planned increase in the number of maternity admissions and births. This is due to a number of reasons including a growth in the number of mothers from the Wolverhampton/Staffordshire border choosing to give birth at RWT, alongside a formal agreement to support 500 mothers who were diverted to New Cross hospital from Walsall Healthcare whilst work was taking place at the Manor Hospital site to improve the estate and staffing resources. During 2018/2019 the Trust had to limit the number of births for safety reasons which has resulted in a slight decline in activity.

During 2018/2019 the Trust saw an increase in emergency admissions, this follows an agreed change in patient pathways which sees suspected stroke patients who would previously have gone to Walsall Manor Hospital now coming to New Cross Hospital.

During the 2016/17 financial year, the Trust took the decision to migrate community activity data so that it is now recorded within the same patient administration system as acute activity. As a result we are now able to provide activity summary tables that combine acute and community activity for inpatient and outpatient services. Service contacts that occur outside of hospital sites in community settings are still outlined separately.

Vocare are a private provider delivering a GP led urgent care service within the New Cross Urgent and Emergency Care Centre, since November 2016. Vocare numbers for 2017/2018 represent its first full financial year in operation.

Table 1 - Admissions

| Admissions | | | | | | Percentage difference | | | |
|-------------------------|----------------|----------------|----------------|----------------|----------------|-----------------------|-------------------|---------------------|---------------------|
| Year | 2014/2015 | 2015/2016 | 2016/2017 | 2017/2018 | 2018/2019 | 2014/2015-2015/2016 | 2015/2016-2016/17 | 2016/2017-2017/2018 | 2017/2018-2018/2019 |
| Admission Method | | | | | | | | | |
| Emergency* | 38,698 | 40,921 | 39,902 | 38,577 | 39,206 | 5.7% | -2.5% | -3.3% | 1.6% |
| Planned Overnight Stays | 7,732 | 7,874 | 7,597 | 7,193 | 7,392 | 1.8% | -3.5% | -5.3% | 2.8% |
| Planned Day Admissions | 47,254 | 58,774 | 61,252 | 61,469 | 61,338 | 24.4% | 4.2% | 0.4% | -0.2% |
| Regular Day Admissions | 30,553 | 30,843 | 30,694 | 30,459 | 31,481 | 0.9% | -0.5% | -0.8% | 3.4% |
| Transfers (in) | 936 | 738 | 550 | 599 | 418 | -21.2% | -25.5% | 8.9% | -30.2% |
| Maternity | 9,364 | 9,845 | 11,356 | 11,458 | 11,064 | 5.1% | 15.3% | 0.9% | -3.4% |
| Births | 4,199 | 4,567 | 5,066 | 5,311 | 5,059 | 8.8% | 10.9% | 4.8% | -4.7% |
| Total | 138,736 | 153,562 | 156,417 | 141,672 | 155,958 | 10.7% | 1.9% | -9.4% | 10.1% |

Table 2 - Emergency Activity

| Emergency Activity | | | | | | Percentage difference | | | |
|------------------------------------|----------------|----------------|----------------|----------------|----------------|-----------------------|--------------|--------------|-------------|
| New Cross A&E (Type1) | 117,290 | 127,906 | 131,134 | 133,328 | 138,906 | 9.1% | 2.5% | 1.7% | 4.2% |
| GP Urgent Care Centre | - | - | 31,131 | 48,690 | 48,583 | | | 56.4% | -0.2% |
| Phoenix Walk in Centre Attendances | 36,740 | 38,824 | 38,975 | 40,225 | 37,485 | 5.7% | 0.4% | 3.2% | -6.8% |
| Cannock Minor Injuries Unit | 1,115 | 13,124 | 14,207 | 15,345 | 15,722 | | 8.3% | 8.0% | 2.5% |
| Total | 155,145 | 179,854 | 215,447 | 237,588 | 240,696 | 15.9% | 19.8% | 10.3% | 1.3% |

Table 3 - Referrals

| Referrals | | | | | | Percentage difference | | | |
|--------------|----------------|----------------|----------------|----------------|----------------|-----------------------|--------------|-------------|-------------|
| New | 273,624 | 332,621 | 373,881 | 376,556 | 381,283 | 21.6% | 12.4% | 0.7% | 1.3% |
| Total | 273,624 | 332,621 | 373,881 | 376,556 | 381,283 | 21.6% | 12.4% | 0.7% | 1.3% |

Table 4 - Outpatient Attendances

| Outpatient Attendances | | | | | | Percentage difference | | | |
|------------------------|----------------|----------------|----------------|----------------|----------------|-----------------------|-------------|--------------|-------------|
| New | 191,070 | 230,661 | 258,287 | 252,738 | 252,295 | 20.7% | 12.0% | -2.1% | -0.2% |
| Review | 434,719 | 509,521 | 542,279 | 520,585 | 524,754 | 17.2% | 6.4% | -4.0% | 0.8% |
| Total | 619,740 | 740,182 | 800,566 | 773,323 | 777,049 | 19.4% | 8.2% | -3.4% | 0.5% |

Table 5 - Community Contacts

| Community Contacts | | | | | | Percentage difference | | | |
|--------------------|----------------|----------------|----------------|----------------|----------------|-----------------------|--------------|--------------|--------------|
| First | 54,020 | 56,133 | 59,660 | 53,203 | 55,766 | 3.9% | 6.3% | -10.8% | 4.8% |
| Subsequent | 463,355 | 458,122 | 447,860 | 428,370 | 421,288 | -1.1% | -2.2% | -4.4% | -1.7% |
| Total | 517,375 | 514,255 | 507,520 | 481,573 | 477,054 | -0.6% | -1.3% | -5.1% | -0.9% |

Our vision and values

Recognising our continued evolution and the pioneering work around integration with primary care, the Trust has refreshed the strategy, vision and strategic objectives to ensure absolute consistency across the organisation. We have reaffirmed our commitment to the Trust values and have incorporated a stronger message around the communities with which we work within our vision.



Our risk and assurance framework is more fully described in the Annual Governance statement.

The Trust Board has identified a number of key risks to the achievement of its strategic objectives in 2018/2019:

- Workforce – Recruitment and retention of staff across the Trust and in particular the future pipeline of nursing and medical staff.
- That there is a failure to deliver recurrent CIP's.
- That the deficit plan (before Sustainability and Transformation Funds) for 2018/2019 is not achieved and the medium term financial plan fails to bring the Trust back to surplus.
- That the Trust fails to generate sufficient cash to pay for its commitments.
- The high SHMI could reduce the confidence in the quality of care the Trust provides

Going Concern

It is clear that the Trust should account on a going concern basis as there is no case for the Trust ceasing the provision of services, evidenced by published documents with regard to the 2018/2019 Financial and Performance Plan, as well as other strategic documentation.

As an existing trading entity, the Trust is not likely to be wound up and as such, it can be concluded that the Trust is a going concern. This is reaffirmed by the Trust's Statement of Financial Position as at 31 March 2019.

What we achieved – performance summary 2018/2019

As a truly integrated organisation, we provide a whole range of services covering primary, secondary and community care, across a number of sites and locations. The only way we can maintain good clinical care is through the excellent support and commitment from all of our staff, including the grounds and estates maintenance, transport, portering, catering, housekeeping, IT, corporate services such as finance, business development and human resources, governance, procurement, security, and the mortuary. Taken together, it is the combined effort of every member of staff, whatever their role, which enables the Trust to provide high quality and effective services.

Key achievements over the past 12 months:

The Royal Wolverhampton NHS Trust has been rated 'Good' by the Care Quality Commission (CQC) following our inspection which took place between February and March 2018. The CQC published their report in June 2018 showing that the Trust had made significant improvements since its last inspection in 2015. RWT is now rated as 'Good' overall as well as achieving 'Good' ratings in the 'effective, caring, responsive and well led' categories.



The Trust's security team have invested almost £250,000 on safety measures and have won a top national award. The team were announced as the winners of the prestigious 'Hospital Security Award' at the Health Business Awards 2018 in London.

Four of the Trust's eight GP Practices were inspected by the Care Quality Commission in July 2018 and were rated as 'Good'. During the visit inspectors said the staff in all practices treated patients with compassion, kindness, dignity and respect. In addition, feedback from patients was positive about the way staff treat people.

The Infection Prevention Team continues to demonstrate excellence in their field and were honoured at the national awards ceremony with the top accolade. The IP Team won 'Infection Prevention Team of the Year' at the Infection Prevention Society Gala Awards.

The nurse recruitment team won an award for improving the recruitment experience of international nurses. The team beat nine other shortlisted trusts across the country to the top spot at the Nursing times Workforce Summit and Awards in London.

One of the Trust's GP practices made simple but important changes during 2018/2019 to become a 'Dementia Friendly' practice. This has made the service more accessible to people living with dementia and their carers. This included enabling all staff to become Dementia Friends, improving signage and developing a register of patients who may need reminding of upcoming appointments.

The Trust launched a 'Well Done Wednesday' social media recognition scheme to celebrate staff and the

excellent work they do. The posts were made on Facebook, Twitter and Instagram and have seen a huge positive response from patients and public who want to celebrate the amazing work of the staff.

The Rapid Intervention Team won the Burdett Nursing 'Who Cares, Wins Award' for their success in caring for acutely unwell patients at home, preventing hospital admissions. The service has improved patient choice, control and quality of life.

A new £2.4 million Stroke Unit opened at New Cross. The move has seen all suspected stroke cases from Wolverhampton and Walsall treated at our Specialist Hyper Acute Stroke Unit. The new stroke unit consists of an additional 15 beds bringing the total of stroke beds to 39, a gym and activities of daily living assessment area. In addition the new unit has an integrated TIA (transient ischaemic attack) clinic for rapid referrals from GP's for patients with a suspected TIA or 'mini stroke'.

The Trust is running an exciting apprenticeship programme which enhances employment prospects for people and creates a fantastic opportunity to step into the NHS. An apprenticeship at RWT gives young people and adults the chance to earn while they learn in a real job, gaining qualifications and experience that will enhance their career prospects.

The new bereavement centre opened in December 2018 and offers:-

- Improved facilities for families
- Dedicated space away from other Trust business
- Space for private discussion
- Registrar from City of Wolverhampton Council
- Medical Examiner
- Bereavement Nurse

A new Pathology service was launched in the Black Country during 2018/2019. Staff from neighbouring Trusts have joined RWT as part of the Black Country Pathology Service (BCPS). The BCPS is a 'hub and spoke' service model with the 'hub' located in showcase facilities at New Cross Hospital and Essential Service Laboratories (ESLs) supporting acute services in the other partner sites at Dudley, Walsall and Sandwell and West Birmingham Trusts.

The Trust celebrated 10 years of carrying out Trans-catheter Aortic Valve Implantation (TAVI) cardiac valve replacement procedure in October 2018. RWT was the third Trust in the country to offer TAVI, since then it has become standard practice with over 750 cases having been carried out at New Cross to date. TAVI involves the implantation of an artificial aortic valve into the heart via the groin, rather than open heart surgery which was previously the only option.

The Trust was the first NHS Trust in the West Midlands to sign up to the 'Step into Health' initiative which was publicly launched by HRH Duke of Cambridge. Step into Health helps former military personnel kick-start careers in the NHS, by offering a route into

employment and career development opportunities. The programme recognises the transferable skills that armed forces personnel develop when serving and how they are compatible with those required within NHS roles.

A number of challenges were faced during the year, notably:

Overall we are pleased to have delivered an increasing range of high quality services within a financially constrained environment. This has been achieved set against a number of challenges faced over the year. These are notably:

- Ensuring we had the right numbers of staff with the necessary qualifications and experience.
- The need to identify and deliver a cost improvement programme with no detrimental impact on the quality of service delivery.
- Increasing numbers of ambulance journeys to our Emergency Department.
- Overall rise in cancer referrals (9%), specific specialties affected by this have been Breast (11%), Upper GI (8%) and Colorectal (5%).
- The rise in cancer referrals has also impacted on diagnostic capacity with the Trust carrying out an additional 10,640 tests (7.09%) during the year.

EU Exit preparations 'Brexit'

The focus of The Royal Wolverhampton NHS Trust's preparations for EU Exit, has been to ensure minimal disruption to effective patient care under any EU Exit scenario. Following changes to Government planning assumptions in December 2018, the Trust has focussed on preparations for a "No Deal" EU Exit including:

Following operational guidance issued by the Department of Health and Social Care (DHSC) in December 2018.

- Supporting staff to ensure that they are prepared for any potential impacts of EU Exit.
- Supporting EU nationals in our organisation who wish to continue living and working here following the UK's exit from the EU.
- Supporting national planning with the NHS England and NHS Improvement EU Exit programme by participating in regional EU Exit roadshows, responding to guidance and information, and providing assurance and situational reports in line with national guidance.
- Working across our local health economy to ensure system wide readiness for EU Exit.

Following the further extension to the Article 50 period to 31 October 2019, necessary preparations for all EU Exit scenarios have been continuing, in line with national guidance. This includes maintaining the ability to stand up no deal plans again if required.

Performance analysis

We have a comprehensive performance reporting framework in place across the Trust that enables us to monitor, manage and report progress against a range of indicators. The Trust Board, sub committees, and Executive Director level groups receive monthly performance reports which present quality and performance indicators.

The reports adopt a risk-based approach so that variances in performance against the target are highlighted, along with supporting narrative or corrective actions as appropriate.

Some highlights of our performance against key performance indicators are given below:

- Delayed transfers of care = 3.08% (target <4%), excluding social care delays = 1.08% (target <2%).
- *C Difficile* = 31 cases (year-end target of 34).
- Stroke – Percentage of patients that have spent 90% or more of their stay in hospital on ASU = 93.55% (target 80%).
- Where possible patients will not have their operation cancelled at short notice = 0.47% (target <0.8%).
- Falls resulting in serious harm = 12 (this is an improvement from last year which was 18).
- Percentage of patients with fractured neck of femur undergoing surgery within two days of admission = 96.11% (target 80%).
- Electronic discharge summary completed and dispatched within 24 hours of patient

discharge for Base Wards = 95.77% (target 95%).

- Referral to treatment – no patients waiting longer than 52 weeks = 0

Other areas within the Trust have faced significant challenges this year, and these include:-

- 18 weeks referral to treatment incomplete pathways = 90.44% (target 92%).
- Patients treated/admitted from A&E with 4 hours = 91.12% an improvement of 1.15% from last year's performance of 89.97% (target 95%).
- Ambulance handover = 1,005 (30-60 minute) breaches and 98 (>60 minute) breaches.
- Patients with a diagnosis of cancer will wait no longer than 62 days = 62.65% (target 85%); the Trust has a detailed recovery plan in place to address this performance.
- MRSA = 2 cases in year against a target of 0.

Cancelled operations at short notice

The Trust achieved this target with a year-end performance of 0.47% against a target of <0.8%. The single biggest reason for cancelled operations on the day of surgery during the year was due to running out of theatre time, this is largely due to complex cases in theatre taking longer than anticipated thus leaving no time to finish the scheduled list, this represented 33% of the total cancellations for the year.

The second highest reason for cancellations was lack of bed/HDU capacity and this represented 20% of the total cancellations for the year.



Patients treated / admitted from Emergency Department (ED) within 4 hours

We saw increased numbers through the Emergency Department during 2018/2019, with an additional 5,544 (3.99%) attendances at the New Cross site, 375 (2.39%) at Cannock Minor Injuries Unit, and a decrease in numbers at the Phoenix Walk in Centre of -2,746 (-7.33%) and Vocare (Urgent Care Centre) -53 (-0.11%). On an average basis, this equates to an overall additional average of 260 attendances per month across all sites during the year.

There were seven patients who breached the 12 hour decision to admit target during the year:-

- Six were mental health patients awaiting specialist inpatient beds.
- One was a child waiting for Paediatric Intensive Care bed.

It should be noted that whilst we did not achieve the overall ED standard, our performance was still significantly better than average and ranked RWT in the top quartile of all ED performance across the country and second best performing Trust across the West Midlands.

Ambulance Handover

The Trust saw an increase in ambulance conveyance numbers during the year with an additional 3,516 (6.97%) ambulances. In addition to this we saw a very slight increase in handover breaches for 30-60 minutes (+5 from previous year) however, significant decrease in handover breaches over 60 minutes (-64 compared with previous year). With the opening of the new Stroke unit in 2018/2019 the Trust has experienced a rise in ambulances for this condition and these equate to 5% of the overall ambulance numbers during the year.

18 weeks Referral to Treatment – incomplete

The Trust was unable to deliver the Referral to Treatment target of ensuring that 92% of patients receive treatment within 18 weeks of referral. This is primarily due to capacity pressures experienced within a number of key specialties. In particular there is a backlog of patients waiting for cataract surgery and for Maxillo Facial procedures. In addition to this we have seen a large increase in cancer two week wait referrals during the year taking priority over routine appointments.

The Trust had no patients waiting longer than 52 weeks during 2018/2019.



Patients with a diagnosis of cancer will wait no longer than 62 days

Similar to the national position, the Trust has not been able to deliver on the cancer standard to ensure that 85% of patients with a diagnosis of cancer will wait no longer than 62 days. This is an on-going issue for the Trust where we have sought external support from the Intensive Support Team to try and identify opportunities for improvement.

Certain factors continue to impact on the Trust: the continued late receipt of tertiary referrals, patient choice for specified surgery (Urology) and increased referrals in identified specialties, particularly Breast (11%), Upper GI (8%) and Colorectal (5%).

Infection prevention

The Trust has a strong track record for promoting and pioneering innovative solutions around infection prevention. Although we saw a slight increase in numbers during 2018/2019 the Trust remained within the yearly target; 31 against a target of 34. However, two patients were identified as MRSA positive against a zero threshold.

Key financial performance information

The following summary of financial performance during 2018/2019 is drawn from the Annual Accounts.

The Department of Health assesses the Trust's financial performance against the following four targets, all of which have been achieved:

Income and expenditure:

As a minimum, the Trust is required to break even each year. In 2018/2019 the Trust made a surplus of £3,021,000 after impairment and allowing for accounting adjustments.

Capital cost absorption rate:

Within its overall expenditure, the Trust is required to pay the Department of Health a sum equivalent to 3.5% of average net relevant assets. This payment is known as the Public Dividend Capital payment. We paid a sum equivalent to 3.5%.

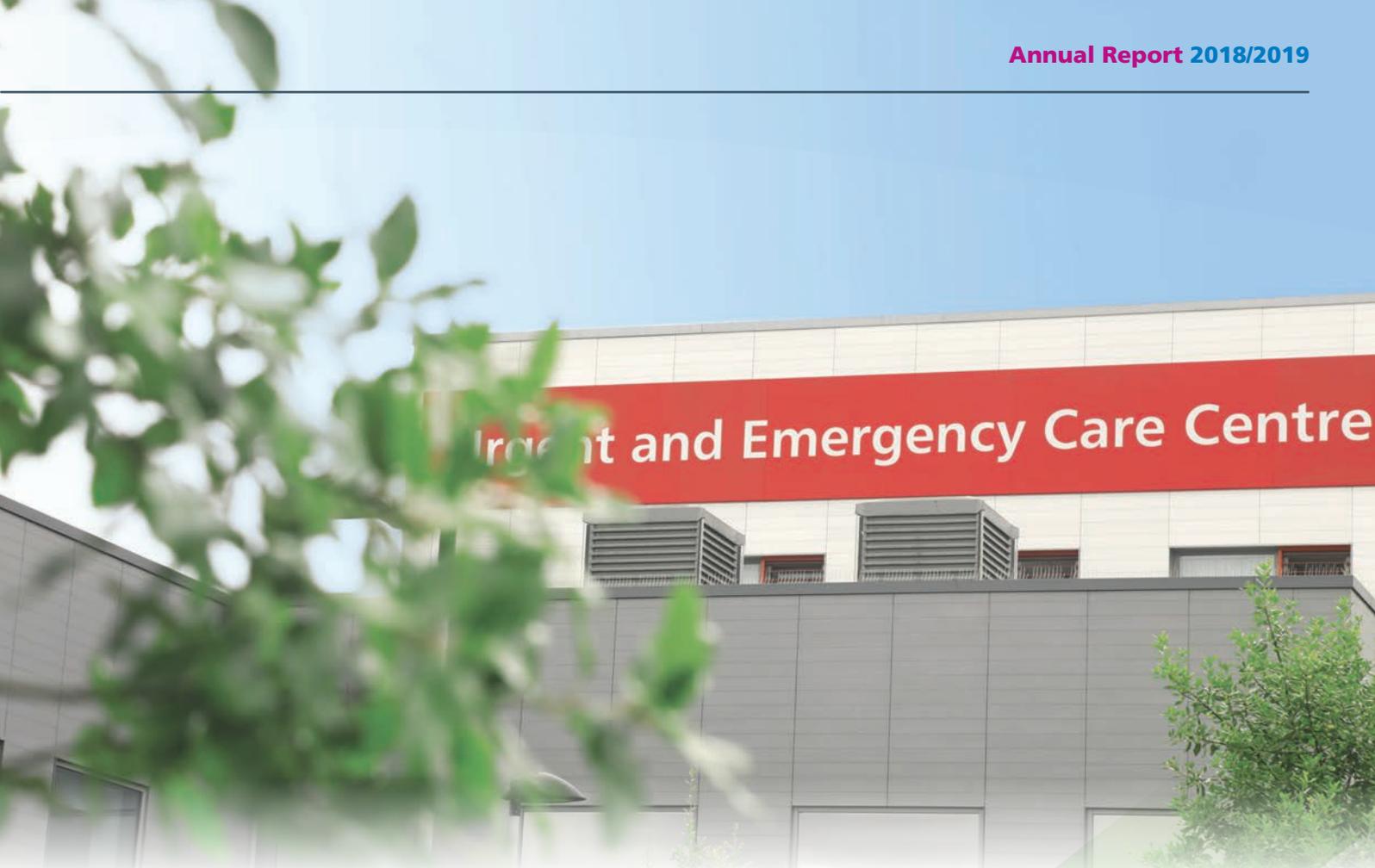
External financing limit:

This refers to the agreed amount of cash that the Trust is allowed by the Department of Health to consume over and above the amount it generates through its normal activities in year. This may be through a reduction in its own cash balances or receiving cash from external sources. The Trust is expected to not exceed its External Finance Limit (EFL) and in 2018/2019 it achieved this, spending £3,414,000 (£3,626,000 2017/2018) (against a target of £3,494,000 (target of £3,626,000 in 2017/2018).

Capital resource limit:

This is a limit, imposed by the Department of Health, on the level of capital expenditure which the Trust can incur in the year. The Trust should maintain its' spending at or below this level. We spent £22,680,000 (£19,909,000 in 2017/2018) against a limit of £22,693,000 (£20,068,000 in 2017/18).





Urgent and Emergency Care Centre

Valuation of Trust land and buildings:

The value of the Trust's land and buildings has been assessed by an independent professional valuer. It is based on an alternative site MEA valuation, undertaken specifically in accordance with the HM Treasury guidance which states that such valuations are an option if the Trust's service requirements can be met from the alternative site. The value of the Trust's land and buildings at 31 March 2019 has been subject to revaluation using indices provided by the professional valuer. New additions and refurbishments completed in year were valued by the same independent valuer on a modern equivalent asset basis.

Other key financial information includes the following:

- 117,256 invoices received during the year, 38,980 (33.2%) were paid within 30 days of receipt of goods or a valid invoice (whichever is the latter).
- Against a turnover of £592,975,000, the break-even in-year position was £3,021,000, with a break-even cumulative position of £54,143,000.
- The accounts for the Trust were produced in line with the Department of Health's Group Accounting Manual, with particular judgement being exercised this year in regard to provisions, leases and useful economic lives of assets.

Sustainable development

Sustainability is the ability to achieve sustainable development and is defined as "Development which meets the present without compromising the ability of future generations to meet their needs" (World Commission for Environment and Development WCED 1987).

We are committed to the principles of sustainable development and are developing a comprehensive Sustainable Development Management Plan (SDMP). This plan will incorporate a carbon reduction strategy identifying practical solutions to achieving NHS targets carbon reduction. The Sustainable Development Management Plan will incorporate objectives for transport, procurement, energy consumption, waste, and design of the built environment.

Sustainable Development Management Plan – SDMP

The SDMP was approved by Trust Management Committee on 26th October 18 and sets out the following:

1. The Trust's vision for sustainability
2. An action plan for delivering the organisation's sustainability objectives
3. Review the progress of the plan

The 'Sustainability Group' has now been set up and Terms of Reference agreed. The group will be responsible for updating the SDMP and monitoring the implementation of the annual action plans.

SDMP aims & objectives – The Royal Wolverhampton NHS Trust will:

1. Energy and Carbon Management – Review energy and carbon management at board level, develop better use of renewable energy where feasible, measure and monitor on a whole life cycle cost basis and ensure appropriate behaviours are encouraged in individuals as well as across the organisation.
2. Procurement and Food – Consider minimising wastage at the buying stage, work in partnership with suppliers to lower the carbon impact of all aspects of procurement, make decisions based on whole life cycle costs and promote sustainable food throughout its business.
3. Travel and Transport – Routinely and systematically review the need for staff, patients and visitors to travel, consistently monitor business mileage, provide incentives for low carbon transport and promote care closer to home, telemedicine and home working opportunities.
4. Waste – Endeavour to efficiently monitor report and set achievable targets on the management of domestic and clinical waste including minimising the creation of waste in medicines, food and information technology (IT) and review its approach to single items versus decontamination options.
5. Water – Ensure efficient use of water by measuring and monitoring its usage by incorporating waste saving schemes into building developments, by quick operational responses to leaks, by using water efficient technologies and by avoiding the routine purchasing of bottled water.
6. Designing the Built Environment – Aim to address sustainability and low carbon usage in every aspect of the design process and operations. This includes resilience to the effects of climate change, energy management strategies and a broader approach to sustainability including transport, service delivery and community engagement.
7. Organisational and Workforce Development – Encourage and enable all members of the NHS workforce to take action in their workplace to reduce carbon. Staff will be supported by promoting increased awareness, conducting behavioural change programmes, facilitating home working, encouraging low carbon travel, the use of ICT and ensuring sustainable development is included in every job description.
8. Partnerships and Networks – Consolidate partnership working and make use of its leverage within local frameworks including Local Area Agreements and Local Strategic Partnerships.
9. Governance – Adhere to the Good Corporate Citizenship Assessment Model and produce a board approved Sustainable Development Management Action Plan, whilst also setting further interim targets to meet the provisions of the Climate Change Act 2008. The Royal Wolverhampton NHS Trust is also aware that carbon reduction and sustainable development are corporate responsibilities and should be core to each Trust's performance and governance mechanisms.
10. Finance – Become carbon literate, carbon numerate and ensure appropriate investment to meet the commitments required to become part of a low carbon NHS and in preparation for a carbon tax regime. Working in partnership will be essential to deliver relevant incentives, economies and training to support the shift in culture for the local economy.



Table 6 - Site Carbon figures in tons (1000kg)

| Energy | Unit | Community | New Cross | West Park | Cannock | Carbon Conversion |
|----------------------|------|-----------|------------|-----------|-----------|-------------------|
| Electricity consumed | kWh | 897,053 | 8,721,385 | 591,043 | 3,360,833 | 0.545 |
| Gas consumed | kWh | 2,736,318 | 61,561,895 | 1,074,398 | 7,479,267 | 0.185 |
| Oil consumed | kWh | 0 | 846,537 | 3,975 | 13,780 | 0.275 |

| Tons of CO2e | Community | New Cross | West Park | Cannock | Total |
|--------------|-----------|-----------|-----------|----------|-----------|
| Electricity | 488.89 | 4,753.15 | 322.12 | 1,831.65 | 7,395.82 |
| Gas | 506.22 | 11,388.95 | 198.76 | 1,383.66 | 13,477.60 |
| Oil | - | 232.80 | 1.09 | 3.79 | 237.68 |
| Total | 995.11 | 16,374.90 | 521.98 | 3,219.11 | 21,111.10 |

The Trust has a 'Sustainable Development Management Plan' (SDMP) which ensures it satisfies its obligations under the Climate Change Act and which takes into account UK Climate Change Projections 2018.

Engagement with Public, Patient & Stakeholders

The Trust is in the process of developing a three year strategy for Patient Experience, Engagement and Public Involvement, which will identify the benefits of local engagement, and provide a framework to achieve our objectives. The Trust is committed to the people of Wolverhampton, Cannock and the Black Country being involved at the heart of our work and decision making.

The Trust will continue to listen and act upon individual and carer feedback to help inform and shape the services we provide and the experiences and aspirations of our patients.

Initiatives for the year included:

- Patients and carers were encouraged to express how it feels to receive care from the Trust by the sharing of their 'Patient Stories'. Such stories provided the Trust with an opportunity to learn as an organisation, bringing experiences to life and making them accessible to other people. They can, and do, encourage the Trust to focus on the patient as a whole person rather than just a clinical condition or as an outcome
- In July 2018, the Trust participated in a job fair for people with a health condition or disability at Wolverhampton Job Centre.
- The Council of Members, established in 2017, continued to make strides by working together more effectively as a group and as individuals contributing to initiatives and meetings at the Trust. This group of committed individuals from our local community was part of key work streams, for example:
 - The Policy Group Committee and the Equality and Diversity Steering Group
 - Supporting the hospital with the design of a new Bereavement Centre

- Participating in PLACE assessments to assess the quality of the patient environment
- Contributing to a stakeholder panel to recruit a new Chair for the Board of Governors for the Trust

They had been fundamental in ensuring that the patients' views are always considered in the way in which we shape our services. The group meet on a regular basis and have now produced their own Council of Members Newsletter informing others of the various work streams they are part of. A new work plan has been developed for the forthcoming six months.



Serious incidents

Table 7 - Serious Incidents (including Never Events) Reported

| Category | 01/04/18 to 30/03/19 |
|--|-------------------------|
| Accident | 2 |
| Confidential Breach | 13 |
| Diagnostic | 12 |
| Consent Not Given | 1 |
| Infection (<i>C Difficile</i>) (Infection) (MRSA) | 14 (1) (7) (6) |
| Medical Equipment | 1 |
| Medication | 2 |
| Never Event (Retained Foreign Object) (Wrong Site Surgery) | 4 (2) (2) |
| Screening | 1 |
| Sub Optimal Care | 9 |
| Surgical/Invasive Procedure | 2 |
| Treatment Delay | 4 |
| Unexpected Death | 0 |
| Unexpected Injury | 0 |
| VTE | 1 |
| TOTAL | 66 |

| Category | 01/04/18 to 30/03/19 |
|--|----------------------|
| Maternity | 9 |
| Pressure Injuries (Community) (Hospital) | 18 (4) (14) |
| Slip/Trip/Fall (with serious harm) | 10 |
| TOTAL | 37 |

Total = 103

Workforce

We are the largest employer within the local community, with ca. 9,400 substantive staff at end of March 2019, and have a responsibility and intention to recruit a workforce which is representative of the diversity of the local community. We employ a significant proportion of our workforce from the Wolverhampton postcode and are committed to strengthening its networks with local schools, colleges and universities to provide a range of opportunities for employment at all levels including apprenticeships, entry level roles and healthcare career pathways.

We continue to make progress towards developing a more inclusive workforce and culture, increasing levels of engagement with staff, and raising awareness of equality issues and this is reflected in our latest staff survey results and our plans and interventions for the next year are with a focus on inclusion and greater staff involvement and engagement.

The workforce profile is shown below:

Gender, Disability and Ethnicity

Table 8 - Headcount: 31 March 2019

| Staff Type | Female | Male | Grand Total |
|-------------------------|-------------|-------------|-------------|
| Apprentice | 63 | 23 | 86 |
| Medical & Dental | 396 | 557 | 953 |
| Other Staff | 6720 | 1220 | 7940 |
| Student Nurse | 10 | 2 | 12 |
| Trust Board - Execs | 3 | 6 | 9 |
| Trust Board - Non Execs | 3 | 2 | 5 |
| VSM/Band 8a+ | 284 | 125 | 409 |
| Grand Total | 7479 | 1935 | 9414 |

Note: The headcount has increased by ca. 500 staff through the transfer of Black Country Pathology staff into the Trust.

Table 9 - Proportion:

| Staff Type | Female | Male |
|-------------------------|---------------|---------------|
| Apprentice | 73.26% | 26.74% |
| Medical & Dental | 41.55% | 58.45% |
| Other Staff | 84.63% | 15.37% |
| Student Nurse | 83.33% | 16.67% |
| Trust Board - Execs | 33.33% | 66.67% |
| Trust Board - Non Execs | 60.00% | 40.00% |
| VSM/Band 8a+ | 69.44% | 30.56% |
| Grand Total | 79.45% | 20.55% |

Disability:

The proportion of employees recorded on ESR, having declared that they have a disability has increased slightly by 0.09% (1.20% in 2018). One of the ways of us encouraging people to declare is through awareness sessions, at induction and employee voice forums that target areas such as disability.

Table 10 - Disability

| Disability | % |
|----------------------|----------------|
| No | 65.66% |
| Not Declared | 32.41% |
| Prefer Not To Answer | 0.64% |
| Undefined | 0.01% |
| Yes | 1.29% |
| Grand Total | 100.00% |

Ethnicity:

The proportion of BAME staff within the Trust's workforce as at 31 March 2019 shows a further increase of 2.21% at 28.86% (26.74% in 2018).

Table 11 - Ethnicity

| Ethnicity | % |
|--------------------|----------------|
| African | 2.56% |
| Asian | 2.85% |
| Bangladeshi | 0.38% |
| Black | 0.02% |
| Caribbean | 3.09% |
| Chinese | 0.53% |
| Indian | 11.33% |
| Mixed White | 1.95% |
| Other Black | 0.62% |
| Other Mixed | 0.42% |
| Other/Not Known | 2.93% |
| Pakistani | 2.17% |
| White | 71.14% |
| Grand Total | 100.00% |

Staff catchment area

At the end of the financial year March 2019, 58.93% of the Trust's workforce reside within a WV postcode (Source: Electronic Staff Record system); compared to 61.61% in March 2018.

Sickness absence

Sickness absence – also applies to Section C Financial Statements

The rolling sickness for the Trust between 01/04/2018 and 31/03/2019 is 4.06%.

Staff engagement

We have seen an improvement in the Trust's staff engagement levels as shown in the 2018 NHS Staff Survey results. The Trust's results were better than the average national comparator and this is consistent across the majority of staff survey themes. We continue to be committed to providing the right conditions for our staff to strive continuously to improve patient experience and outcomes and this is confirmed through a demonstrable increase in staff responding that they would recommend the Trust as a place to work (71%) and as a place to receive treatment (77%).

The People and Organisation Development Strategy 2016 – 2020 outlines our approach to workforce including staff engagement and participation and sets out an improvement pathway to enable a healthy workplace where our values and behaviours are evident on a daily basis.

The People and Organisation Development Strategy sets out key strands for action, aiming to provide an environment where staff can develop and grow personally and professionally in order to continually improve patient care.

We continue to make positive progress in areas of attraction and recruitment, further improvement in reporting and responding to workforce metrics and trends, in employee relations and policy development. We are building on our 'Every Voice Matters' programme following positive feedback on the various employee voice forums and staff health and wellbeing events that have taken place during this last year and building this into our Organisational Development approach for this year. We fully recognise that there is more that we can and will need to do to further improve on staff engagement and equality, diversity and inclusion and we continue to work on the development of action planning and deliverables for this coming year.

Table 12 - Regulation 8, Schedule 2 2017/328 Declaration of Facility Time

Relevant union officials

| Number of employees who were relevant union officials during the relevant period | Full-time equivalent employee number |
|--|--------------------------------------|
| 2 | 1 |

Percentage of time spent on facility time

| Percentage of time | Number of employees |
|--------------------|---------------------|
| 0% | |
| 1-50% | |
| 51%-99% | |
| 100% | 2 |

Percentage of pay bill spent on facility time

| | |
|---|-----------|
| Provide the total cost of facility time | £36,545 |
| Provide the total pay bill | £363,950m |
| Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100 | 0.01% |

Paid trade union activities

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100 = 0%.

Volunteer services

As always we hold provision of a positive patient experience at the forefront of our volunteering activity, and we aim to place volunteers into roles which complement, but do not replace, paid members of staff. Volunteers add an important 'extra' factor to helping us provide a positive patient and visitors experience in The Royal Wolverhampton NHS Trust.

Volunteer services has seen a successful year achieving many of its objectives and again, a busy period for volunteer recruitment with new volunteers joining the organisation this year in a variety of roles.

We currently have over 25 different volunteer roles and opportunities within the Trust. Many of these roles are well established, however in the last 12 months we have also developed the following new opportunities in partnership with staff:

- In Ophthalmology – a volunteer to conduct the Friends and Family survey test with outpatients
- Also in Ophthalmology – a meet and greet role to meet those arriving early in the morning for surgery and signpost them to waiting areas.

The introduction of these two new roles has been very successful. In addition we have continued to recruit volunteers into other existing roles and have aimed to increase our recruitment of ward support volunteers.





The Trust is committed to supporting our volunteers and recognising the important work that they do. Once again an event was held for volunteers to thank them for their input, and some awards were presented to outstanding volunteers who were nominated by staff for their contributions. The event was held in November 2018 in the presence of our Executive team and Deputy Mayor of Wolverhampton, and was held in collaboration with the Trust Charity.

Volunteer Services also supports several other charities and groups who run volunteer services throughout the Trust, with recruitment of their volunteers, and other key administrative functions. These include

- Beacon Charity
- Breastfeeding Peer Support Group (In collaboration with Wolverhampton Breastfeeding Network)
- Hospital Radio Stafford
- League of Friends of Stafford and Cannock Hospitals
- League of Friends of Wolverhampton Eye Infirmary
- Macmillan
- Pets as Therapy

- Radio Wulfrun
- Wolverhampton Coronary Aftercare Support Group
- Wolverhampton Hearing Services Volunteer Group

Volunteer service statistics

- Current number of active volunteers in the Trust on 31/3/2019 – 376
- Number of volunteers that joined the Trust in reporting period – 90
- Number of volunteers who left the Trust in reporting period – 143
- Estimated number of volunteer hours provided to RWT in reporting period – 108,288
- Number of volunteers in each location – (as at 31/3/2019)
- Cannock Chase Hospital – 79
- New Cross Hospital – 226
- West Park Hospital / community services – 71

The Trust Charity

Our charity makes a real difference to our patients, their families and the staff that treat them above and beyond the services provided by the NHS.

We aim to support the Trust to realise its vision to be an NHS organisation striving to continuously improve patients' experiences and outcomes.

Ways in which the charity makes a difference to the patients, their families and the staff who treat them, above and beyond that provided by the NHS, include:

- Additional facilities and an improved environment
- Additional equipment that can make a real difference to patient care
- Opportunities for staff training above and beyond their mandatory training
- Opportunities to further medical knowledge through research

Purchases using money donated to the charity during 2018/2019 include the following items:

- Three probes and accessories for breast care.
- A video laryngoscope for the Neonatal unit.
- An ultrasound for cardiac.
- A glidescope for paediatrics.
- Endoscopic ear surgery equipment for ENT patients.

The annual report of the Trust Charity will be published in the late summer 2019 and will contain more information about this aspect of our work.



The Royal Wolverhampton NHS Trust Charity



B – Accountability Report

B1 – Corporate Governance Report

Directors' Report

The Directors of the Trust

During the year 2018/2019 and up to the signing of the Annual Report and Annual Accounts, the Accountable Officer for the Trust was David Loughton, CBE and the Trust Chairperson was Jeremy Vanes. The Trust Board comprised Mr Loughton and Mr Vanes and the following Directors (any with less than a full year of Board membership are denoted accordingly):

Prof. A-M Cannaby (from April 2018)

Chief Nursing Officer

J Small (to December 2018)

Non-Executive Director

R Dunshea

Non-Executive Director, Senior Independent Director, Chair of Audit Committee

R Edwards

Non-Executive Director

C Etches, OBE

Deputy Chief Executive (from April 2018)

J Hemans

Non-Executive Director

A Duffell

Director of Workforce

S Mahmud

Director of Integration

M Martin

Non-Executive Director

G Nuttall

Chief Operating Officer

Dr J Odum

Medical Director

S Rawlings

Non-Executive Director

M Sharon

Director of Strategic Planning and Performance

K Stringer

Chief Financial Officer / Deputy Chief Executive

The roles and activities of the Trust Board committees are covered in detail in the Annual Governance Statement.

Each Executive Director and Independent Non-Executive Director has an equal vote on the Trust Board. Executive Directors are responsible to the Trust Board for the delivery and performance for services within their portfolios.

Independent Non-Executive Directors provide challenge and a level of independent scrutiny to decision-making, implementation and reviewing organisational performance. Their backgrounds and experience provide a balance of skills to provide a level of challenge across the range of activities of the Trust Board. The Chief Executive Officer is the Accountable Officer to Parliament.

During 2018/2019 the Trust Board met monthly, except in August 2018 and January 2019 (as scheduled in the Trust Board Timetable), conducting most of its business in public and allowing time for the press, public and other observers to ask questions of the Directors at each meeting.

A fuller account of the Trust Board's work is provided in the Annual Governance Statement.

The Appointment of Associate Non-Executive Directors

Dr Jonathan Darby joined the Trust Board as an Associate Non-Executive Director with effect from 1 March 2017 and left in November 2018.

Board Membership



David Loughton CBE – Chief Executive

Appointed 2004

Mr Loughton joined our Trust in 2004 having had extensive experience as a Chief Executive within the NHS. During his career he has developed a new Medical School with Warwick University and achieved financial close on a £400 million new hospital Private Finance Initiative (PFI). He has now turned around one of the 17 most financially challenged Trusts in the NHS, whilst improving the quality of care provided to patients.

Mr Loughton is a member of the National Institute for Health Research Advisory Board and West Midlands Chief Executive representative for the NHS Confederation Council.

Board Attendances in 2018/2019: 8/9

Declaration of interests

- Health policy adviser to the Labour and Conservative Parties
- Dementia Health and Care Champion Group – Member
- National Institute for Health Research – Member of Advisory Board
- Chair of West Midlands Cancer Alliance (from 06/06/2018)



Jeremy Vanes – Chairman of the Board

Appointed 2006
(Chairman since 2013)

Mr Vanes is a Chartered Manager with diplomas in health, social care and public service leadership; his original degree was fine art. His career since 1986 includes youth social work, counselling, community arts, managing legal advice services and developing social welfare policy across four West Midlands local authorities. During 1992-2015 he was chief executive of Citizens Advice Bureau services, initially in Sandwell and later Wolverhampton.

Mr Vanes has previously also worked as an approved foster carer for Wolverhampton City Council, a director of the Refugee and Migration Centre in Wolverhampton and company secretary for Wolverhampton Advice Agencies Consortium. He sits on the City Board of Wolverhampton.

Board Attendances in 2018/2019: 9/9

Declaration of interests

- Member of Chartered Management Institute
- Member of Labour Party (individual member)
- Chief Executive, Citizens Advice South Warwickshire (from 01/08/2019)
- Foster carer – Wolverhampton City Council (ceased 25/04/2019)



Prof Ann-Marie Cannaby – Chief Nurse

Appointed April 2018

Ann-Marie joined the Board at Wolverhampton in April 2018. Ann-Marie is a Professor at Birmingham City University, who has amassed extensive experience working both nationally and internationally in senior nursing leadership roles.

She spent five years as Chief Nursing Officer at Hamad Medical Corporation, the main healthcare provider in Qatar. She was responsible for the organisation's 10,000 nursing and midwifery staff across eight hospitals, a number of community health facilities and the national ambulance service. Before her move to the Middle East, Ann-Marie spent over seven years at University Hospitals Coventry and Warwickshire NHS Trust, a 1,300 bed acute provider spread across two sites with a budget of £640m, where she progressed to the dual role of Chief Nursing Officer and Chief Operating Officer.

Prior to this she spent a number of years at University Hospitals of Leicester NHS Trust in a variety of frontline nursing and leadership posts. Ann-Marie has successfully transitioned into different health systems and environments throughout her career. She has extensive experience in working in Accountable Care Systems (ACS), most recently the Canterbury ACS in New Zealand.

Ann-Marie offers an extensive professional, operational and executive background combined with a strong academic portfolio, she is actively involved in research and education holding a Masters and a PhD, with deep experience in curriculum development.

Board Attendances in 2018/2019: 9/9

Declaration of interests

- Birmingham City University – Professor of Nursing Sciences
- Royal College of Nursing – Member
- Warwick University – Research fellow (Honorary)
- Higher Education Academy – Teaching Fellow



Alan Duffell – Director of Workforce

Appointed April 2017

Alan has wide experience within the NHS, incorporating OD, learning & development, leadership & management development, as well as other HR related roles. He joined the Board of Wolverhampton in April 2017 after previously holding the position of Director of HR & OD at Leicestershire Partnership NHS Trust, where he had been for five years, with board level responsibility for a wide ranging workforce portfolio, as well as H&S and Business Continuity. Prior to this, he was the Director of Workforce and Learning within the Black Country Partnership NHS Foundation Trust and at that time was also a Director for Skills for Care, representing the NHS. Prior to joining the NHS, Alan was in the Royal Air Force spanning a range of roles including avionics engineer, training & development, and leadership development. He holds membership of the Chartered Institute of Personnel & Development (CIPD), Chartered Management Institute (CMI) and holds an MSc in Human Resource Development.

Board Attendances in 2018/2019: 8/9

Declaration of interests

- Member of Chartered Management Institute
- Member of the CIPD (Chartered Institute for Personnel and Development)



Sultan Mahmud – Director of Integration

Appointed September 2014

Mr Mahmud has been in the NHS for 15 years and joins the Trust from NHS England where he was the Director of Commissioning for the Shropshire and Staffordshire Area Team. He has undertaken senior management roles in both provision and commissioning arms of the NHS including clinical and business informatics, programme management, performance management, primary and secondary care commissioning. Sultan has also enjoyed a spell in the pharmaceutical industry working in medical regulatory affairs.

Board Attendances in 2018/2019: 7/9

Declaration of interests

- None in 2018/2019



Gwen Nuttall – Chief Operating Officer

Appointed 2012

Ms Nuttall has over 20 years' experience working across a diverse range of acute hospitals, having previously worked for Local Government.

Gwen has worked in various management roles at The Chelsea & Westminster Hospital, Barts and The London NHS Trust and more recently she was the Chief Operating Officer at West Suffolk Foundation Trust Hospital for eight years.

Board Attendances in 2018/2019: 7/9

Declaration of interests

- Calabar Vision 2020 Link – Trustee (from 03/12/2018)



Dr Jonathan Odum – Medical Director

Appointed 2011

Dr Odum qualified from Birmingham University in 1984 and his post graduate training and studies were undertaken in the West Midlands (1984-91) and Adelaide, South Australia (1991-93). He was awarded a Sheldon Research Fellowship by the West Midlands Regional Health Authority in 1988 and following completion of the research his thesis was awarded an MD by the University of Birmingham in 1993.

He took up post as a Consultant in General Internal Medicine and Nephrology at New Cross Hospital Wolverhampton in 1993. His clinical interests include diagnosis and management of hypertension and pathophysiological mechanisms underlying and treatment of glomerular disease.

Dr Odum was elected as a fellow of the Royal College of Physicians (RCP) in 1999 and has been an MRCP PACES examiner from 1999 to the present day.

He has a significant interest in service development and as Clinical Director for Renal Services (1995-2005) was responsible for the expansion of renal services at Wolverhampton into Walsall and Cannock and the opening of the satellite Haemodialysis units at Walsall and in Cannock Chase Hospital.

Dr Odum has held several medical managerial positions in the Trust including Clinical Director of Medicine, Divisional Director posts from 2003-11 and was appointed into the post of Medical Director from April 2011.

Within The Royal Wolverhampton NHS Trust, Dr Odum is the Responsible Officer for revalidation of doctors, the Caldicott Guardian and the Medical Director of the West Midlands LCRN.

Board Attendances in 2018/2019: 8/9

Declaration of interests

- None declared for 2018/2019



Kevin Stringer – Chief Financial Officer

Appointed April 2017

Mr Stringer is a qualified accountant with the Chartered Institute of Management Accountants (CIMA) and holds a Masters qualification in Business Administration (MBA). With over 25 years of experience in the NHS, with 13 of those years as a Board Director, he has experience of commissioning and provider organisations.

His experience covers –

- Primary Care, Community Services and Commissioning (with successor organisations being Walsall CCG and Birmingham cross-city CCG)
- Secondary and Tertiary Care (at University Hospitals of Coventry and Warwickshire, Sandwell and West Birmingham Hospitals)
- Specialist Secondary Care (Birmingham Children's Hospital Foundation Trust where he helped the Trust secure FT status)
- Regional NHS Planning and Oversight (West Midlands Regional Health Authority)

His role is to provide professional advice to the Board and wider Trust to ensure delivery of the Board's financial strategy, key statutory financial targets and ensure good internal control.

He is a member and advocate for Healthcare Financial Management (HFMA) having been a past Chairman of the West Midlands Branch where he is now the Treasurer.

Board Attendances in 2018/2019: 9/9

Declaration of interests

- Healthcare Financial Management Association – Chairman of Governance and Audit Group
- Treasurer, West Midlands Branch – Healthcare Financial Management Association Member of CIMA (Chartered Institute of Management Accountants)
- Midlands and Lancashire Commissioning Support Unit – brother in law is the Managing Director



Michael Sharon – Director of Strategic Planning & Performance

Appointed 1 January 2016

Mr Sharon commenced his working life as a hospital porter. What has stayed with him is a firm belief in the difference we can all make as individuals, no matter what our role, to the wellbeing of patients.

After a long spell at Guy's and St Thomas' in operational management and in strategy, Mike became CEO of a GP company providing services to practices, followed by time as a PCT CEO.

Subsequently Mike has been a Director at University Hospital Birmingham FT and at Sandwell and West Birmingham Trust where he was acting CEO for a short time.

Between these roles Mike has spent a year working in a teaching hospital in Chicago, supported 37 GP practices to create a Federation, set up the Birmingham and Solihull Lift Company, and led two large health economy wide strategic change programmes.

Board Attendances in 2018/2019: 9/9

Declaration of interests

- Member of the Liberal Democratic Party



Cheryl Etches OBE – Deputy Chief Executive

Appointed April 2018

Ms Etches joined the Board at Wolverhampton in June 2005 after holding the position of Deputy Director of Nursing at Heartlands Hospital in Birmingham. She has Board responsibility for Quality and Safety and professional standards. She previously held positions in Derby Hospitals and the Middle East. Ms Etches is a Trustee for the South Staffordshire Medical Foundation and Governor for the Health Futures Technical College, located in West Bromwich. She retired at the end of March 2018 as Chief Nurse for the Trust.

Board Attendances in 2018/2019: 4/7

Declaration of interests

- ICD Medical – Director
- Arbonne International – District Manager, Independent Consultant
- Healthcare Futures UTC – Governor
- Calabar Vision 2020 Link – trustee (ceased 02/12/2018)



Roger Dunshea – Non-Executive Director

Appointed April 2014

Mr Dunshea has worked in the NHS in Scotland, Wales and England in a variety of positions including Staff Nurse, Project Manager, Clinical General Manager and Executive Director roles. Between 1997 and 2013 he was a Director with OFWAT (the economic regulator of the water sector in England and Wales) with responsibilities covering finance, information systems, human resources and procurement. He has been the chair of governors at a central Birmingham high school and a Non-Executive Director with the Shrewsbury and Telford NHS Trust.

He is a member of the General Chiropractic Council, an independent member of the Medical Research Council's Audit and Risk Committee, an independent member of the Equality and Human Rights Commission's Audit and Risk Committee and a member of the Geological Society's Audit Committee. He is a volunteer field worker with Natural England and a community bus driver in north Shropshire. He is a Chartered Public Finance Accountant and Fellow of the Geological Society. He was a Registered General Nurse between 1982 and 1996.

Board Attendances in 2018/2019: 9/9

Declaration of interests

- General Chiropractic Council – Lay member (from 03/12/2018)
- Medical Research Council – independent member of Risk and Audit Committee (ceased 26/06/2018)
- Equality and Human Rights Commission – independent member of Audit and Risk Committee (ceased 31/03/2019)
- Geological Society of London – Member of Audit Committee (from 14/12/2018)
- North Salop Wheelers Ltd (Community Bus company) – Social services (contract with NHS) – bus driver (ceased 03/12/2018)



Rosi Edwards – Non-Executive Director

Appointed as an Associate Non-Executive Director in July 2013, and became a Non-Executive Director with effect from November 2013

Before joining the Board, Ms Edwards was the Regional Director for Wales, Midlands and the South West in the Health and Safety Executive. A senior manager with over 20 years' experience of working in a large well established regulatory body, managing leaders of operational and specialist teams and overseeing investigations into deaths, injuries and occupational ill-health and subsequent legal action. Over 30 years in regulating businesses and assessing their risk management abilities and failings and identifying practical measures to enable them to perform adequately.

Board Attendances in 2018/2019: 8/9

Declaration of interests

- Labour Party, Hall Green Constituency – member of Executive Committee (vice chair: Policy) (ceased 01/09/2018)
- Labour Party, Moseley and Kings Heath Branch – Vice Chair, Auditor, Member of Election Campaign Committee (ceased 01/12/2018)
- Labour Party member
- Lay member of West Midlands ACCEA
- Daughter as an employee of Unite the Union takes part in union campaigning, including on the NHS
- President of Birmingham Health Safety and Environment Association
- Daughter is a governor at the Heart of England Foundation Trust (ceased 01/05/2018)
- Care Quality Commission Inward Secondment undertaking the role of Executive Reviewer (from 28/09/2018)



Junior Hemans – Non-Executive Director

Appointed May 2015

Mr Hemans has significant years of experience within the public and voluntary sectors. He previously worked for the Housing Corporation for 10 years as a regulation manager and as a consultant for PricewaterhouseCoopers for ten years.

Junior was a founding member and the first treasurer of the African Caribbean Community Initiative Mental Health Project, which provides support to individuals and families that are experiencing mental health issues. He has also served as treasurer to the West Midlands Caribbean Parents & Friends Association and to the Heath Town Senior Citizens Welfare Project.

Junior currently runs his own small consultancy and is a property developer / landlord. He specialises in governance, business start-up, business development and social housing and regeneration.

Junior is also a visiting lecturer at the University of Wolverhampton Business School, lecturing in strategic management, marketing, leisure and operations.

Board Attendances in 2018/2019: 8/9

Declaration of interests

- Libran Enterprises (2011) Ltd – Director
- Tuntum Housing Association (Nottingham) – Chair of the Board
- Wolverhampton Cultural Resource Centre – Chair of the Board
- Prince's Trust – Business Mentor
- Kairos Experience Ltd – Company Secretary
- Member of Labour Party
- Wolverhampton University – visiting lecturer
- University College Birmingham – visiting lecturer



Mary Martin – Non-Executive Director

Appointed July 2013

Ms Martin has senior executive experience in both the public and private sectors. Her business focus has included strategy, business risk assessment, team building, change management, quality management, investigations, controls and reporting. Financing activities cover bank refinancing, private equity, acquisitions and disposals of business and major assets and exit planning.

She currently runs her own small consultancy business having for four years been Pro-Vice Chancellor of Birmingham City University. Prior to this her career has included working with Advantage West Midlands; a private venture fund manager focused on technology start-ups and she was a Partner with Arthur Andersen, one of the largest international accounting practices. Mary is a Trustee of three major Midlands based charities – The ExtraCare Charitable Trust, Performances Birmingham and Midlands Art Centre.

She is a Fellow of the Institute of Chartered Accountants and Oxford University engineering graduate.

Board Attendances in 2018/2019: 9/9

Declaration of interests

- Martin Consulting (West Midlands) Ltd – Director / owner of business
- Performances Birmingham Ltd – Trustee / Director, Non-Executive member of Board for the charity
- Midlands Art Centre – Trustee / Director, Non-Executive member of the Board for the charity
- Guardian of the Standard of the Wrought Plate for Birmingham Assay Office (ceased 27/03/2019)
- Friday Bridge Management Company Limited (residential property management company)
- Extracare Charitable Trust – non-executive director/Trustee



Sue Rawlings – Non-Executive Director

Appointed July 2013 (Served as an Associate Non-executive Director from October 2012)

Mrs Rawlings is a Chartered Certified Accountant who has worked in the public, private and voluntary sector (last position: Finance and Development Director for Groundwork Black Country, an environmental charity). For the past 16 years she has been joint director of the consultancy firm RHCS, a well-established, highly skilled consultancy firm working with a range of cross sector clients from the voluntary / community / charitable and public sectors. Sue has extensive experience in evaluating the effectiveness of public expenditure and has worked with the British Red Cross in various parts of the country, conducting needs assessments, developing performance monitoring and carrying out evaluations. She works with voluntary and community sector organisations to develop their business planning, their future sustainability and identifies their impact. Previously a local improvement advisor appointed via IDEa to the Regional Improvement Efficiency Partnership in the West Midlands, she is also a Trustee of both the Beacon Centre for the Blind and a Director of Beacon4Life CIC.

Board Attendances in 2018/2019: 9/9

Declaration of interests

- Rawlings Heffernan Consultancy Services Ltd (RHCS Ltd) – Director / Company Secretary
- Beacon Centre for the Blind – Trustee
- Beacon4Life Community Interest Company – Director



Jacqueline Small – Non-Executive Director

Appointed August 2017 retired
December 2018

Jacqueline Small has extensive experience of working within the NHS and local government where she has held a range senior management and executive level roles within Public Health.

Her career since 1984 includes nursing, midwifery, developing, commissioning, and implementing community-based health improvement and wellbeing services and campaigns, and programme and project management in Leeds, London, Birmingham and Staffordshire.

Jacqueline trained as a Nurse and Midwife in Birmingham. She has a first degree in Social Policy, and an MSc in Health Improvement.

Jacqueline has also worked as a Lead Commissioner for Public Health and Prevention services at Staffordshire County Council up to 30 April 2018.

Board Attendances in 2018/2019: 5/6

Declaration of interests

- Employee of Staffordshire County Council (ceased 08/05/2018)



Dr Jonathan Darby – Associate Non- Executive Director

Joined with effect from 1 April 2017
retired November 2018

Jonathan Darby is a General Practitioner in Halesowen West Midlands. He qualified from Birmingham University in 1984 and after junior posts in various Birmingham hospitals, trained as a GP in Stourbridge before taking over as Senior Partner in a practice in Halesowen. The practice moved into purpose built premises in 2001, and is now named St Margaret's Well Surgery, and has been built up from a two GP practice with 3500 patients to a five GP training practice with three trainees and 10,000 patients. Jonathan also sits on the Board of NHS Dudley Clinical Commissioning Group, and is the lead for Information Technology and Business Systems and Processes, as well as Clinical Lead for Cardiology. He is also the CCG's Caldicott Guardian.

Board Attendances in 2018/2019: 3/6

Declaration of interests

- General practitioner, St Margaret's Well Surgery, 2 Quarry Lane, Halesowen – senior partner- (Stepped down 30/04/2018, salaried GP from 01/05/2018)
- Dudley CCG – Board member and IT Lead
- Manor Abbey Investments – Director
- BBC Birmingham – Medical Advisor

Personal data incidents 2018/2019

Summary of serious incidents requiring investigation involving personal data as reported to the Information Commissioner's office in 2018/2019.

This information can be found in the Governance Statement.

Statement on disclosure to the Auditors

Each Executive Director has given a formal statement to the effect that s/he knows of no information which would be relevant to the auditors for the purpose of their audit report and of which the auditors are not aware and has taken all the steps which s/he ought to have taken to make himself / herself aware of any such information and to establish that the auditors are aware of it.

Statement of Accountable Officers responsibility

The Chief Executive of NHS Improvement has designated that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Chief Executive of NHS Improvement. These include ensuring that:

- There are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- Value for money is achieved from the resources available to the Trust
- The expenditure and income of the Trust has been applied to the purpose intended by Parliament and conform to the authorities which govern them
- Effective and sound financial management systems are in place and
- Annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure recognised gains and losses and cash flows for the year

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

I confirm that the Annual Report and Accounts are as a whole fair, balanced and understandable. I take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

Finally, I confirm that as far as I am aware, there is no relevant audit information of which the Trust auditors are unaware and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the Trust's auditors are aware of that information.

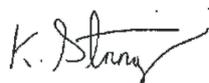
Signature:



David Loughton, CBE
Chief Executive

Date: 24 May 2019

Signature:



Kevin Stringer
Chief Financial Officer

Date: 24 May 2019

Governance Statement 2018/2019

Organisational Code: RL4



1. Scope of Responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Trust Accountable Officer Memorandum.

1.1 Partnership

I acknowledge that I must discharge my duty of partnership, and have undertaken this in a number of ways. As Chief Executive, I attend the Wolverhampton City Council Overview and Health Scrutiny Panel where a range of topics have been discussed with local authority elected members. Reflecting our footprint in Staffordshire, I have also engaged with Overview and Scrutiny Panels and Healthwatch within the County of Staffordshire. During the year a proportion of my time, and that of Director colleagues, has included continued involvement in the development of Sustainability and Transformation Plans (STP) in both the Black Country and Staffordshire.

There has continued to be close contact with commissioning organisations, and members of my Executive Team and I have attended meetings with Wolverhampton Healthwatch, and the Wolverhampton Health and Wellbeing Board.

Close links have been maintained with NHS England and NHS Improvement (NHSI) through a range of group, individual, formal and informal meetings. I have continued to participate in the meetings of West Midland NHS Provider Trust Chief Executives meetings. All my Executive Directors are fully engaged in the relevant networks, including finance, nursing, medical, operations and human resources.

I am supported in my engagement with partner organisations by the Chairman of the Board, who this year has met with his counterparts at The Dudley Group NHS Foundation Trust, Walsall Healthcare NHS Trust, University Hospital of Birmingham/Heart of England NHS Foundation Trusts, Sandwell and West Birmingham Hospital NHS Trust, The Shrewsbury and Telford Hospital NHS Trust, the University Hospital of North Midlands NHS Trust, Black Country Partnership NHS Foundation Trust, West Midlands Ambulance Service NHS Foundation Trust, as well as regular meetings with local authority members and officers, and other key players in the city's business and third sector communities. He too has taken part in discussions towards further developing the sustainability and transformation plans (STPs).

I have met periodically with the local Members of Parliament and senior members of the national NHS team present and past.

Whilst the detailed provisions of the UK Corporate Governance Code are not mandatory for public sector bodies, compliance with relevant principles of the Code is considered to be good practice. This Governance Statement is intended to demonstrate how the Trust had regard to the principles set out in the Code considered appropriate for the Trust for the financial year ended 31 March 2019.

2. The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of The Royal Wolverhampton NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in The Royal Wolverhampton NHS Trust for the year ended 31 March 2019 and up to the date of approval of the annual report and accounts.

3. The Governance Framework of the Organisation

We have a well-established framework for governance to inform the Trust Board of operational and strategic risks as well as to provide assurance on business performance and compliance. The framework sets in place under the Trust Board a high level committee and management structure for the delivery of assured governance.

Sub Trust Board assurance committees are constituted to ensure the delegated operation of effective risk management systems, processes and outcomes. These committees inform and assure the Trust Board through the functioning and reporting of sub-groups

and specialist working groups defined in their terms of reference.

In March 2018 the Trust piloted two new groups to replace the functions of the current Quality Standards Action Group and Patient Safety Improvement Group. The new groups have been reporting into the Quality Governance Assurance Committee and have facilitated the independent overview and assurance using the new Compliance Oversight Group; and have strengthened the Quality and Safety monitoring and accountability through the Quality and Safety Intelligence Group. The new arrangements continue to proceed through the stages of development and will continue to evolve during 2019/20.

In March 2019 internal audit reviewed the design and operation of the Trust's Risk Management Assurance Strategy and arrangements, which is underpinned by the Risk Management and Patient Safety Reporting Policy (OP10). The report concluded partial assurance with improvement required to further strengthen levels of assurance to the Board. Their recommendations are formed into an action plan that is regularly monitored by the Audit Committee.

The Trust has appointed a 'Freedom to speak up' (FTSU) Guardian and the Trust is taking a number of actions to support a positive, speaking up culture. To support the commitment to an open and transparent culture where speaking up is the norm and where employees feel safe to raise concerns, the Trust has revised its Raising Concerns Policy, started to build a network of Speak Up Contact Links and the work for the FTSU Guardian. The number of concerns reported can be found in this report.





3.1 Trust Board

The Trust Board has met monthly (except in August 2018 and January 2019). Other than for matters requiring commercial confidence or having sensitive human resources implications it has conducted its business in public and allowed time for the press, public and other observers to ask questions of the Directors at each meeting. A high attendance rate by Directors was recorded during the year.

The Chairman's term of office continued to March 2019. At 31 March 2019 the Board comprised five female and seven male directors; two from a minority ethnic background.

At each meeting the Trust Board considered reports on:

- Quality and safety
- Serious incidents
- Operational performance
- Financial issues and performance
- The progress of the Financial Recovery Board
- GP Vertical Integration
- Reports and minutes from the Trust Board's standing committees
- Cost improvement programme (financial and qualitative delivery – within the Finance Report)
- Mortality (within the Integrated Quality and Performance Report)

The Trust Board receives a monthly Integrated Quality and Performance Report (IQPR) (including national performance measures and 12 month trends). This report includes workforce data such as staff turnover and appraisal rates, metrics relevant to patient experience (such as medication incidents, infection prevention, friends and family test scores and safety thermometer), and those relating to operational performance (such as targets for referral to treatment times, time spent in the Emergency Department, ambulance handover times, cancelled operations and cancer waiting times). The indicators within the report are reviewed annually and approved by the Trust Board. This is added to by the Report of the Director of Workforce.

The Trust Board strives to maintain an appropriate balance between strategic matters and supervising the management of the Trust. Among the former in 2018/2019 were:

- The recruitment of key staff particularly doctors and nurses
- The development of innovation programmes and exploration of the use of artificial intelligence, data and technology in improving healthcare
- The development of a clinical quality improvement programme
- The 5-year capital programme revisions,
- The continued development of the University of Wolverhampton Postgraduate Academic Institute of Medicine and
- The Trust's own clinical fellowship programme
- The continued vertical integration of GP practices
- The development of an accountable care organisation
- The contributions to the development of the sustainability and transformation plans, and
- The ongoing financial challenges within the NHS.

The Trust Board maintains strong relations with stakeholders, including local commissioners, Healthwatch, and local authority overview and scrutiny committees.

The Non-Executive Directors (NED) are committed to self-development and learning, as evidenced by frequent attendance at events arranged by NHS Improvement (NHSI), NHS Providers, Healthcare Financial Management Associate (HFMA) NED forum, Chair and NED events put on by the Health Services Management Centre, and networking via private firms (particularly legal firms specialising in healthcare law).

Table 13 – Board Composition and Commitment / Experience

In addition to the Committees listed, Non-Executive Directors have individually taken part in the new format safety walkabouts, the Royal Awards, and chairing consultant interview panels.

As well as meeting formally, the whole Trust Board meets every month for a development session, this programme has covered a mixture of informal presentations around strategic and operational matters, as well as informal briefings and discussions, such as on financial pressures and service development opportunities in the Black Country. The Trust Board has also held two away days during the year.

Board Governance

All voting positions substantively filled

Senior Independent Director in position

Clarity over who is entitled to vote at Trust Board meetings

At least half of the voting Board of Directors comprises Non-Executive Directors who are independent

Appropriate blend of NEDs from the public, private and voluntary sectors

One NED has clinical healthcare experience

Appropriate balance between Directors who are new to the Trust Board and those who have served for longer

Majority of the Trust Board are experienced board members

Chairman has had previous non-executive director experience

Membership and terms of reference of Trust Board committees reviewed during the year

Two members of the Audit Committee have recent and relevant financial experience

Trust Board members have a good attendance record at all formal board and committee meetings, and at other board events.

A positive result from the independent external review of governance reported in year.

In addition to the Committees listed, Non-Executive Directors have individually taken part in the new format safety walkabouts, the Royal Awards, and chairing consultant interview panels.

As well as meeting formally, the whole Trust Board meets every month for a development session, this programme has covered a mixture of informal presentations around strategic and operational matters, as well as informal briefings and discussions, such as on financial pressures and service development opportunities in the Black Country. The Trust Board has also held two away days during the year.



3.2 Audit Committee

Members: R Dunshea, M Martin, and R Edwards

The aims of the Committee are to provide the Trust Board with an independent and objective review of its financial systems, financial information, risk management and compliance with laws, guidance, and regulations governing the NHS.

During 2018/2019 the Audit Committee met quarterly, and at each meeting considered progress updates on: risk management and assurance, internal audit, external audit, fraud prevention, security management and tracking of the implementation of auditors' recommendations across the Trust. Each meeting received an update on any new risks or assurance concerns from the chairs of the Quality Governance Assurance Committee (QGAC), the Finance and Performance Committee (F&PC) and the Trust Management Committee (TMC).

One joint meeting was held with QGAC.

The Committee received and discussed reports on the:

- Annual Report for Trust Charitable Funds 2017/2018
- Trust Annual Report 2017/2018
- Quality Account and Annual Accounts 2017/2018
- Board Assurance Framework, Strategic Risk Register and related governance processes
- Theatre Productivity
- Waiting List Initiatives

- Consultant Job Planning

These matters featured in the Committee's reports to the Trust Board, including a high level summary of the Internal Audit reports received at each meeting. The Trust Board have been kept informed of when audit reports showed high or medium risk recommendations requiring management attention, and has been assured that mitigating actions are being taken in accordance with the agreed timeframes.

The Committee also receives regular reports from the Local Counter Fraud Specialist. The Trust currently complies fully with the National Strategy to combat and reduce NHS fraud, having a zero tolerance policy on fraud, bribery and corruption. The Trust has a counter fraud plan and strategy in place designed to make all staff aware of what they should do if they suspect fraud.

The Committee monitors this strategy and oversees when fraud is suspected and fully investigated. The Committee seeks assurance that appropriate action has been taken, which can result in criminal, disciplinary and civil sanctions being applied. There were no significant frauds detected during the year, although some cases reported to the counter fraud team remain on-going.

The Chair of the Quality Governance Assurance Committee (QGAC) is a member of the Audit Committee, which helps to maintain the flow of information between the two committees, particularly on clinical audit matters. Two of the three Committee members have recent and relevant financial experience.

Non-Executive Directors' attendances were recorded as being high during the year, and the Committee was quorate at each meeting.

3.3 Quality Governance Assurance Committee (QGAC)

Members: J Small (to December 2018), R. Edwards, M. Martin

The Trust has established the QGAC to assure the Board of the effective functioning of risk management systems through a reporting framework. The framework reviews care standards and targets, monitors quality and safety performance, identifies risks and escalates as appropriate to the Board.

Within the reporting year period 18/19 the Trust has sustained reporting and escalation through its Committee and subgroup structure. It has reviewed format of the BAF and lead for maintenance of the BAF was transferred to the Company Secretary (as BAF custodian). BAF risks were reduced from seven (as at Mar 18) to four (as at Mar 19), all risks have had regular updates by Exec leads.

The Trust assesses ongoing CQC Compliance via Quality Review Visits (QRV) and lead assessment against the Fundamental standards of care, and self-assessment against Core service frameworks.

The Trust has completed a programme of quality review visits throughout 18/19 to assess ongoing compliance with Care Quality Commission (CQC) regulations. QRVs are now well embedded and included a programme of review follow up delivered in 2018/2019. An annual report on the 18/19 visit programme will be presented during 2019/2020.

The QGAC have reviewed reports in line with its terms of reference (including items below) and escalated risks and assurances to the Board via monthly chairman reports and minutes to the trust Board.

- Board Assurance Framework (BAF) – Monthly
- Trust Risk Register (TRR) – Monthly
- Integrated Quality and Performance Report – Monthly
- Mortality Quality Improvement plan – commenced monthly in year
- External review Compliance – six monthly
- CQC Compliance – Monthly
- Clinical Audit – Annually
- Claims and Litigation – Annually
- Health & Safety – Annually
- Safeguarding – Annual

The Committee maintains links with the Audit Committee through a standing agenda item ('issues of significance from Audit Committee') which ensures a two way feed of information between the committees. There is also attendance overlap by a non-executive director to both committees. QGAC has seen a change in NED membership with Mary Martin replacing Jackie Small as the QGAC NED member.



To inform the Committee, the QSIG and COG sub groups have conducted detailed reviews of compliance and risk status on the following key areas:

- Compliance with the use of the safer surgical checklist
- Policy audit reports e.g. Transfer, Discharge, Risk management and integrated Governance strategy, Being open, Legal services
- Safety alert compliance e.g. NPSA, MHRA, MDA
- SUI management (process, investigation outcomes and action tracking)
- CQC standard compliance
- National clinical guidelines / standards e.g. NICE, NCE, Royal College reports
- National and local audit performance for a number of clinical services
- External assessment and validation for a number of clinical services
- Health and safety management
- Approval and review of new [clinical] procedure applications
- Safeguarding performance
- Radiation protection
- Information governance
- Organ donation
- Medicines management
- Patient and staff survey reports
- Creating best practice group
- Sign up to Safety group
- Swan group
- Clinical Product Evaluation group

The non-exhaustive list above is managed on an annual plan of work for the QSIG / COG subgroups with upward reporting to QGAC through chairman reports and minutes. An issues log is shared with QSIG members to communicate issues for redress from oversight/assurance reports reviewed at COG.

The new meeting structure implemented in 2018/2019 is well embedded and feedback on the new process has been received and actioned. Although timescales are tight for the new reporting arrangements, the information/reports produced are relevant, timely and prudent for Trust and Divisional review.

Committee objectives – During the year ahead QGAC has agreed two primary objectives:

1) That the Trust will have developed during the year metrics which will enable the Board to be assured that it can adequately assess the performance of all the divisions including in particular the new Community and Primary Care Division 3.

2) Mortality:

- To understand the drivers for elevated mortality ratios
- To have a robust improvement plan, including target dates
- To be able to demonstrate that we are providing reliable care

QGAC has monitored progress with these using the Integrated Quality and Performance report and the Mortality Report and BAF updates as the basis for questioning and discussion.

Committee Self-Assessment – QGAC assessed its competence and capability using a questionnaire based on one adapted by Finance and Performance from a questionnaire assessment tool developed by HFMA. The results were generally positive and were reported back to the committee with comments from the chair. The assessment will be repeated in 2020/21.



3.4 Finance and Performance Committee

Members: M Martin, S Rawlings, and J Hemans.

The F&PC provides assurance to the Trust Board on the effective financial and external performance targets of the organisation. It also supports the development, implementation and delivery of the medium term financial plan, and the efficient use of financial resources. The Committee meets monthly and considers in detail, among other things, the Trust's financial position, budget training report, the progress of the capital programme, and performance aspects of the Trust Board's quality and performance report.

It also considers the work of the Financial Recovery Board and Cost Improvement Programme Group, Service Line Reporting, Sustainability and Transformation Programme (STP), contractual performance against contractual standards, Commissioning for Quality and Innovation (CQUIN), Local Clinical Research Network (LCRN) finance report, the procurement strategy and other matters associated with operational finance and budgeting.

The Committee had oversight of two risks highlighted on the BAF and ensured that it reviewed progress with the mitigations against each of the risks assigned.

The Committee meetings have always been quorate and well attended. As with the other Committees, the Chair submits a report on each meeting to the next available Board and highlights pertinent issues. This is done in a timely fashion as the Committee meets the week before the Board. In addition, the minutes are submitted to the Board for information.

The Committee had set itself two objectives for the year. The first was to support improvements in cash flow management with quarterly reports coming to the Committee, which has been achieved. The second was to monitor the cancer recovery plan where the Trust is benefiting from working with the National Intensive Cancer support team.

3.5 Workforce & Organisational Development (WOD) Committee

Chair: Junior Hemans, **Member:** Roger Dunshea + one 'floating' Member

One of the Trust Strategic Objectives was and is to attract, retain and develop all employees and improve employee engagement year on year. This links to the Board Assurance Framework risk relating to the requirement for Recruitment and Retention of staff across the Trust and in particular the future pipeline of nursing and medical staff.

The Committee was established as a Committee of the Trust Board with its Terms of Reference being approved in September 2017 and it commenced operation in October 2017.

The Committee was formed to give greater emphasis and assurance on workforce governance relating to Resourcing, Skills, Leadership & Organisational

Effectiveness, Engagement and Productivity.

The outline remit of the committee is as follows:

- The organisational development and workforce strategy, structures, systems and processes are in place and functioning to support employees in the provision and delivery of high quality, safe patient care
- Processes are in place to support optimum employee performance to enable the delivery of strategy and business plans in line with the Trust's values
- The Trust is meeting its legal and regulatory duties in relation to its employees
- Where there are human resource risks and issues that may jeopardise the Trusts ability to deliver its objectives, that these are being managed in a controlled way.

In order to meet the requirements of the committee, the following points are key areas of focus:

1. The implementation of an overarching organisational development and human resources strategy that enables the Trust to deliver its strategy, vision and values
2. Effective identification and mitigation of Human Resources risks within the supporting infrastructure of the Board Assurance Framework and Risk Register
3. Robust workforce planning and recruitment processes are in place, supported with attraction & retention approaches, to ensure that the Trust has a workforce to deliver its strategy and annual plan
4. Mechanisms in place and effective to communicate with and inform the workforce in relation to strategy as well as constitution, values and ethos
5. The monitoring of staff engagement and experience, reviewing staff surveys (national & local) and delivering its plans to achieve a highly motivated and engaged workforce to enhance the quality of patient care
6. The monitoring of processes in place to identify and develop organisational structures, leadership and management capability to ensure the delivery of the Trust's strategy
7. Arrangements for the effective training and education of the workforce in all professions and disciplines
8. The Trust is delivering its ambition and legal obligations in relation to the Diversity/Equal opportunity of the workforce
9. Processes & resources are in place, to ensure the development of healthy teams and indicators of poor team health are acted upon, as well as support the wider Trust Health & Well-Being agenda
10. Performance management reports are reviewed.



3.6 Remuneration Committee

Members: J Vanes, R Dunshea, R Edwards, J Hemans, M Martin, S Rawlings and J Small (to December 2018).

The purpose of this Committee is to advise the Trust Board about appropriate remuneration and terms of service for the Chief Executive and other Executive Directors. The Remuneration Committee met several times during the year and reviewed Executive Director Remuneration and appraised the performance of the Chief Executive (in his absence). The Chairman appraised all of the Non-Executive Directors. NHS Improvement undertakes the appraisal of the Chairman, which took place in April 2017.

3.7 Charitable Funds Committee

Members: S Rawlings, R Dunshea, and J Vanes.

The aim of the Committee is to administer the Trust's Charitable Funds in accordance with any statutory or other legal requirements or best practice required by the Charities Commission.

During 2018/2019, the Committee has continued to benefit from the dedicated support of an in-house fundraising coordinator, ably supported by the Head of Communications and her team, as well as the on-going help of the finance team and external investment adviser. The newsletter and increased use of social media has raised further awareness of the charity and our work.

Processes have been revised, which means that fund advisors now have the opportunity to attend and present their applications for funding at committee meetings.

Some of the projects supported during the year include welfare rights service for renal patients, complimentary therapies for cancer patients; the RWT Singers - a choir made up of staff members who perform for patients across the hospital; plus a range of medical equipment for various departments.

3.8 Trust Management Committee

The Trust Management Committee (TMC) provides a formal platform for the major decision-making process for clinical and non-clinical operations, and as such is not attended by Non-Executive Directors, but all of the Executives attend, along with Divisional Medical Directors and Heads of Service. High attendance rates were recorded at all of these meetings.

The Committee, chaired by the Chief Executive, receives monthly reports from the Divisions on governance, nursing and quality issues, as well as business cases above a certain value. The Committee also receives monthly updates on finance, human resources, the capital programme, vertical integration, nursing and midwifery professional issues, policies, the IQPR, and the Trust efficiency programme.

Quarterly updates are presented on cancer services, infection prevention, research and development, information governance and the integrated electronic patient record project. Reports on other matters, such as education and training, are also submitted periodically. During the year, the Committee started to include on its agendas a strategic matter for discussion, in order to engage the members in considering and debating together some of the bigger issues facing the organisation going forward.

It approves in line with Standing Financial Instructions, some Business Cases and all new or significantly changed Policies and Procedures.

3.9 Freedom to speak up – concerns raised

NHSi and NGO Trust board self-review tool requires RWT to deliver;

- The Trust's Annual Report contains high level, anonymised data relating to speaking up as well as information on actions the trust is taking to support a positive speaking up culture.
- The Chief Executive and Chair are responsible for ensuring the Annual Report contains information about FTSU.

Creating a Positive Speaking Up Culture: Freedom to Speak Up. The Trust has undertaken a number of actions:

1. Produced a Trust Vision Poster
2. Revised Raising Concerns (Freedom to Speak Up) Policy
3. Grown a network of Speak Up Contact Links,
4. Appointed a Freedom to Speak Up Guardian since October 2016
5. Developed training for both staff and managers for raising and responding to speaking up concerns
6. Over 100 Speaking Up concerns have been raised through the Freedom to Speak Up Guardian and Contact Link route.

Trust Freedom to Speak Up data recorded for the Financial year 2018/2019 and reported to the our Trust Board, as well as our national requirement to report this data to the National Guardian Office; an independent, non-statutory body with the remit to lead culture change in the NHS so that speaking up becomes business as usual. The office is not a regulator, but is sponsored by the CQC, NHS England and NHS Improvement.

Table 14

| Year 2018/2019 | Total number of cases brought to Freedom to Speak Up Guardians, Champions and Ambassadors in our trust | #Cases raised anonymously | #Patient safety/quality | #Bullying or harassment | #Suffering detriment |
|----------------|--|---------------------------|-------------------------|-------------------------|----------------------|
| Q1 | 12 | 6 | 2 | 10 | 0 |
| Q2 | 11 | 1 | 1 | 8 | 1 |
| Q3 | 23 | 7 | 5 | 18 | 4 |
| Q4 | 11 | 0 | 5 | 5 | 4 |

Freedom to Speak Up at The Royal Wolverhampton NHS Trust has taken a successful journey and already we have begun to see some positive outcomes as result of Freedom to Speak Up interventions. There was an internal audit review that provided significant assurance in respect of the FTSU process.

4. Capacity to handle risk

4.1 Risk Assessment

The Trust Board has approved a Risk Management Assurance Strategy, which identifies that the Chief Executive has overall responsibility for risk management within the Trust. Within the strategy (and supporting policies) all managers and staff have delegated responsibility identified for the management of risk as part of their core duties. Training is provided to equip staff with appropriate knowledge and skills via a combination of e-training packages and handbook resources. The risk management training for senior managers was reviewed, and a new Risk Management e-training package developed and further revised for all staff. The training for all staff will be considered for mandatory status in 2019/2020.



We manage risk through a series of processes that identifies risks, assesses their potential impact, and implements action to reduce / control that impact.

In practice this means:

- Interrogating internal sources of risk intelligence and activity to inform local and Trust level risk registers and assurance frameworks (e.g. incident, complaint, claim, audit, and compliance)
- Using committee / subgroup reporting to inform the risk registers
- Reviewing external / independent accounts of our performance to inform risk status (e.g. CQC standards, national benchmarks, external reviews and internal audit reports)
- Integrating functions (strategic and operational) at all levels of the Trust to feed a risk register and escalation process
- Using a standardised approach to risk reporting, grading and escalation. Our categorisation matrix supports a standard approach to risk tolerance
- Monitoring controls through positive and negative assurance and treatment actions for each risk, to mitigate and manage residual risks
- Developing and implementing a risk management and patient safety reporting policy (OP10) across the Trust
- Refinement of risk management training made available to all staff (including senior managers)

4.2 Management of the Risk Register within the Trust:

Risk registers are managed at the following levels:

- Divisional / Directorate / Departmental – operational risks that include clinical, business / service, financial, reputational, and patient / staff / stakeholders
- Trust Risk Register (TRR) – Any risks graded as 12 or above are escalated to the TRR for consideration by Directors. This has the purpose to inform Directors and the Trust Board of operational risks which may adversely impact the BAF and strategic objectives. Risks / elements of controls may also be delegated from the BAF to operational risk registers for management
- Board Assurance Framework (BAF) – Contains all risks which impact on our strategic objectives

Each risk on the BAF and TRR has an identified Director and operations lead to manage the risk.

The TRR and BAF are reviewed by Directors, the Board and management at the following frequencies:

- QGAC – Monthly
- Trust Board – Bi Monthly
- Finance & Performance Committee – Monthly
- Delegated Committees – Monthly
- TMC review TRR – monthly
- Divisional Governance – monthly





During the year we have maintained focus on the quality of controls assigned to risks at all levels and the principles of measurable controls are applied. For risk registers to remain effective priority is also placed on the completion and update of assurances and actions to manage risk.

A total of 58 risks on the BAF and TRR were managed during the year 2018/2019, of these 19 were new risks identified in year. The 58 risks comprised of the following categories, 12 were red (red being the highest risk rating), 41 were amber, and five were yellow.

There were 18 risks closed as at 31 March 2019, the remaining 40 to be carried forward to 2019/20 are:

RED (four – Board Assurance Framework (BAF) and seven Trust Risk Register (TRR))

- Workforce – Recruitment and Retention of staff across the Trust and in particular the future pipeline of nursing and medical staff (BAF)
- That there is a failure to deliver recurrent CIP's (BAF)

- That the underlying deficit that the Trust has (in 2017/18) is not eliminated in medium term to bring the Trust back to financial surplus (BAF)
- Mortality rates – reputational risk (BAF)
- Risk to quality of patient care: reduced manpower (TRR)
- Lack of robust system for review and communication of test results (TRR)
- Divisions inability to achieve CIP (TRR)
- Delays in Cubicle Assessment and Triage (TRR)
- Fragility of SaTh Service (TRR)
- Lack of Network Support for Vascular Services at RWT (TRR)
- ePMA downtime / outage issues (TRR)

Twenty-eight risks are RAG rated amber (28 - TRR), and one risk RAG rated yellow (one – TRR). All remaining risks will be managed and regularly reviewed on the Trust Risk Register and BAF.

4.3 The Risk and Control Framework

The Board approved Risk Management Assurance Strategy includes the following:

- The aims and objectives for risk management in the organisation, aligned to our vision
- A description of the committee arrangements and relationships between various corporate committees and subgroups
- The BAF and process for management of risk registers
- The identification of the roles and responsibilities of all staff with regard to risk management, including accountability and reporting structures.
- The promotion of standard risk management systems as an integral part of assurance provision
- A description of the risk management process and a requirement for all risks to be recorded in a risk register prioritised (i.e. graded) and escalated using a standard scoring methodology

We seek to identify risks through all available intelligence sources including independent review, external review and assessment. The risk management process is supported by a number of policies which direct risk assessment, incident reporting and investigation, mandatory training, health and safety, conflict resolution, violence and aggression, complaints, infection prevention, fire safety, human resources management, consent, manual handling and security. All policies have identified audit, monitoring and training arrangements.

The BAF identifies the risks to our strategic objectives, the key controls in place to manage these risks and the effectiveness of the controls shown in positive and negative assurance. The Internal Audit of Risk Management (Nov 2017) reported recognisable alignment between the TRR and BAF and duplication was not evident.

In addition, during 2018/2019 the local audit of the Risk Management Reporting Policy (OP10) showed good compliance with risk register reviews at all levels and sustained improvement with risk escalation/management.

All Committees of the Trust Board (excluding TMC) are chaired by Non-Executive Directors to reflect the need for independence and objectivity, ensuring that effective governance and controls are in place. This structure facilitates appropriate scrutiny and challenge of the performance of the organisation. The Committees met regularly throughout the year, and reported to the Trust Board following their meetings.

We have a well-developed framework for assessing on-going compliance with CQC Fundamental standards of care (and five key questions of Safe, Caring, Effective, Responsive and Well Led) known as Quality Review Visits (QRV's). The assessment of compliance uses a combination of

quality performance indicators, clinical audits and observational ward and department visits to measure on-going compliance with care standards. Following each QRV we use the CQC rating characteristics to make judgements about compliance with the fundamental standards of care and judgments are cross checked and challenged at Divisional Management Performance & Quality meetings and by Executives at Trust groups. This approach allows for information to be triangulated between performance results and observation of care standards and allows for assurance to be reported from ward to Board.

The programme aims to:

- Create a positive and proactive approach to observational assessment and external reviews
- Ensure robust / reliable compliance reporting: ward to Trust Board
- Support continuous quality improvement and patient safety
- Highlight good practice and areas of excellence.

During 2018 we conducted nine QRVs identifying areas of good and excellent practice to be shared, as well as areas for improvement for local follow up. The QRVs are well embedded within the Trust with positive feedback and quality benefits being reported by both the clinical areas visited and those conducting the inspections.

A follow-up visit process has commenced since 2017 where areas requiring improvements are followed up. Six visits which met the criteria agreed by the Trust have been completed to date. These have shown some good improvements.

In areas not currently undertaking the QRV programme, self-assessments have been completed against CQC requirements with local improvement actions taken forward. The 2019/20 programme includes community areas and 2020/21 programme will include GP Practices.

4.4 The Risk and Control Framework – Looking Forward to 2019/2020

The key strategic risks identified as we go into the new financial year are:

- Workforce – Recruitment and retention of staff across the Trust
- Black Country or Staffordshire Sustainability Transformation Plans has an adverse impact on The Royal Wolverhampton NHS Trust (RWT) income or services
- That there is a failure to deliver recurrent Cost Improvement Programmes (CIPs)
- That the underlying deficit that the Trust has (in 2018/2019) is not eliminated in the medium term to bring us back to surplus.

The Trust will develop a strategy, systems and processes to develop its capacity for learning and improvement. The strategy will include arrangements

for the extraction and publication of lessons for improvement as well as evidence based components that support the nurturing of a learning organisation.

4.5 Compliance Summary

The Trust is fully compliant with the self-assessment, declaration and registration requirements of the Care Quality Commission.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations. Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with

Developing workforce safeguards and workforce planning

We have considered the guidance and requirements set out within 'Developing Workforce Safeguards' published by NHS Improvement in October 2018. The Trust established Role Development Group focusing on new or expanded roles responding to service challenges and needs. This links into workforce planning and we are reviewing our approach to this to ensure engagement and integration. As part of improved workforce planning, Trusts are expected to make use of the Operational workforce planning self-assessment tool, which we undertook in early Autumn 2018 which highlighted engagement and integration at service levels as an area of focus and we have started to make good progress in this area.

The Trust's ambition is that we will enable our staff to be the best they can be in their chosen career. We will continue to explore and develop new roles, including widening our offer of apprenticeships across the organisation, which will support care delivery that will be required by our patients in the future.

In terms of the nursing and midwifery workforce, a gap analysis of the compliance with the Developing Workforce Safeguards has been undertaken which has identified some areas the Trust requires to strengthen. A resultant action plan has been developed in order to progress these areas and achieve full compliance. Allied Health Professionals are currently in the process of completing a gap analysis and will develop an action plan as necessary.



5. Review of economy, efficiency and effectiveness of the use of resources

The Trust has a robust governance structure in place ensuring monitoring and control of the effective and efficient use of the Trust's resources. Financial monitoring, service performance, quality and workforce information is scrutinised at meetings of the Trust Board, F&PC, TMC and at Divisional Team meetings.

The Trust has achieved all of its statutory financial targets, achieving an end of year surplus of £3.0m, delivering the Capital Programme within its Capital Resource Limit and achieving its External Funding Limit. The Trust has arrangements in place for setting objectives and targets on a strategic and annual basis. These arrangements include ensuring the financial strategy is affordable and scrutiny of cost savings plans to ensure achievement, with regular monitoring of performance against the plans.

This is done through:

- Approval of the annual budget by the Trust Board
- Monthly reporting to the Trust Board on key performance indicators covering finance, activity, governance, quality and performance
- Monthly reporting to the F&PC
- Regular reporting at Operational and Divisional meetings on financial performance
- Finance Recovery Board meetings to oversee the Lord Carter economies work streams, and the Cost Improvement Programme.

Internal Audit has provided assurance on internal controls, risk management and governance systems to the Audit Committee and to the Trust Board. Where scope for improvement in controls or value for money was identified during their review, appropriate recommendations were made and actions were agreed with management for implementation. The implementation of these actions is monitored by the Audit Committee.

6. Information Governance & Data Security

Summary of serious incident requiring investigations involving personal data as reported to the information commissioner's office in 2018/2019

The next table details the incidents reported on the NHS Digital incident reporting tool and to the Information Commissioners Office (ICO), within the financial year 2018/2019. Any incidents that are still being investigated for the period 18/19 are not included. The incidents listed below are for the Royal Wolverhampton NHS Trust and for the Vertical Integration GP partnerships that have joined the Trust as listed below.

Table 15

| Date incident occurred (Month) | Nature of incident | Number of data subjects potentially affected | Description/ Nature of data involved | Further action on information risk |
|--------------------------------|---|--|--------------------------------------|---|
| November 2018 | YouTube clip had been found showing unauthorised access to old hospital building. The clip showed that there is what appears to be 'patient notes' found left in the building. The video was published in May 2018 | 1200 | Clinical information | Approved contractors appointed to enter the building and attempt to recover and destroy any data that may have been left. It cannot be retained due to risk of documents being contaminated due to environment. |
| August 2018 | Screen shot sent to complainant contained demographics of 15 other patients which were obscured, due to image being cropped. | 15 | Demographic data | Complainant was asked to delete data |
| August 2018 | Ex Member of staff alleged to have access to 120 patient names and addresses and has advised would contact them once employment was ceased. Data had also been shared with NMC. | 120+ | Demographic data | Ex Staff member has been written to on several occasions' requesting return of information. ICO contacted to pursue retrieval of information. |
| July 2018 | Social media disclosure, a clip containing patient data was made available via twitter as a part of a promotional video. | 13 | Clinical information | Clip was taken down and amended as soon as this was made known to Trust. |
| July 2018 | An excel spread sheet containing staff sickness & absence information was sent in error via email to Trust email addresses. The Manager had intended to attach a staff briefing. | 78 | Staff information | All recipients were contacted and requested information deleted. |
| June 2018 | A staff member who works for a third party that the Trust contract to provide a service, took a clinic laptop and clinical paperwork home in their car. The staff member's car was broken into and the laptop bag containing the laptop and clinical paperwork had been stolen. Incident was reported to the police. It was noted that all recent paperwork had demographic details only completed. | 4 | Demographic data | Reported to Police and Trust. Paper records were recovered but laptop was not, but was encrypted. Third party conducted investigation, and Trust carried out further assurance checks of provider. |

Table 16 - Incidents classified at lower severity level

Incidents classified at severity level 1 are aggregated and provided in table below:

| SUMMARY OF OTHER PERSONAL DATA RELATED INCIDENTS IN 2018/2019 | | |
|---|--|------------|
| Category | Breach Type | |
| A | Corruption or inability to recover electronic data | 1 |
| B | Disclosed in Error | 111 |
| C | Lost in Transit | 6 |
| D | Lost or stolen hardware | 0 |
| E | Lost or stolen paperwork | 15 |
| F | Non-secure Disposal – hardware | 0 |
| G | Non-secure Disposal – paperwork | 4 |
| H | Uploaded to website in error | 2 |
| I | Technical security failing (including hacking) | 16 |
| J | Unauthorised access/disclosure | 7 |
| | | 162 |

Table 17 - Data protection and security toolkit return 2018/2019

Data Protection and Security Toolkit 2018/2019 overall scores are as follows:

| The Royal Wolverhampton NHS Trust | RL4 - Standards Not Met (Plan Agreed) (96/100) |
|-----------------------------------|--|
| Alfred Squire | M92002 - Standards Met (52/52) |
| West Park Surgery | M92042 - Standards Met (52/52) |
| Thornley Street | M92028 - Standards Met (52/52) |
| Ettingshall | Y02735 - Standards Met (52/52) |
| Lea Road | M92007 - Standards Met (52/52) |
| Penn Manor | M92011 - Standards Met (52/52) |
| Coalway Road | M92006 - Standards Met (52/52) |
| Warstones | M92044 - Standards Met (52/52) |
| Lakeside | M83132 - Standards Met (52/52) |





6.2 Looking forward to 2019/20 data security and protection

The Trust is working with NHS Digital to ensure that an agreed action plan for the DSPT toolkit is implemented, ensuring the Trust is equivalent to 'Standards Met'. Through specialist sub groups such as IG steering group, risks to compliance with the DSPT toolkit will be monitored.

The Trust continues to monitor patterns and trends of data security incidents and implementing measures to reduce these to the lowest level practicable. Current risks include continued and increasing risk of external

threats in relation to Cyber security, particularly via email phishing. Other risks to data security include disclosure in error via various means, and this is attributed to the ways of working in health which the Trust is aiming to improve with digital innovation and improvements in IT systems.

The Trust are continuing to embed the requirements of the General Data Protection Regulation 2016 (GDPR) into Trust practices, monitored via the GDPR implementation group ensuring data privacy is at the forefront of the care that we provide and the information that is captured. The Trust is also working closely with GP Partnerships that have joined the organisation to align practices and share good practice.

The Trust is yet to have its Well-Led review, but anticipate the focus will be on areas of business continuity in relation to data security, assurance around access to key information assets and how this is monitored as well as how data flows are mapped and monitored. This program of work will be monitored through the committees as follows;

The Trust has several committees dedicated to reviewing assurance in relation to DSPT and GDPR, chaired by senior board members.

The Medical Director is the Trust's trained Caldicott guardian, and is responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing. The Guardian plays a key role in ensuring that Trust satisfies the highest practical standards for handling patient identifiable information, and Chairs the IG Steering group and GDPR implementation group.

The Chief Financial Officer is the Trust's Senior Information Risk Officer (SIRO) and is responsible for monitoring the Trust's overall information risk, ensuring we have a robust incident reporting process for information risks. The SIRO reports to the Trust Board and provides advice on the matter of information risk. The SIRO is also a member of the IG steering Group and co-chair of the GDPR implementation group.

The Trust has appointed a Data Protection Officer who acts independently to ensure compliance with the GDPR as well as monitoring its application across the Trust. The DPO has a reporting line into the Caldicott Guardian through to the Trust board.

The Trust is in the process of establishing clear responsibilities for Information Asset Owners across the Trust to facilitate robust and timely escalation of information risk escalation to the SIRO.

Regular reports are provided to the Trust Board during the year to ensure that they are sighted on and support the Trust's plans in relation to data security and protection. To support this each toolkit assertion is aligned to a director responsible on the board.

All Trust board members received NHS Digital approved GCHQ cyber and data security training, and will receive updates and briefings in relation to the Trust performance in this area.

7. Annual Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year.

Guidance for Quality Accounts remains in place nationally, which outlines the requirements with respect of the format, content and reporting arrangements for the annual Quality Accounts. The Trust used this guidance to ensure that its requirements were included in the Trust's Quality Account 2018/2019.

The Trust's quality priorities for 2018/2019 were selected as part of a consultation process with our staff and external stakeholders. In addition, the Trust reviewed what patients and members of the public said about us through national and local surveys, in-patient feedback received through complaints, compliments and the Friends and Family Test. In addition, various national and local guidance and feedback from the Care Quality Commission were considered.

A variety of data reporting systems remained the source of information for the Quality Account 2017/18. For example, the incident and complaints data was extracted from Datix (incident reporting system). In addition, information was validated with individual leads, for example, the governance team, patient experience team, infection prevention and control lead, performance team. In terms of the elective waiting time data, the Trust has continued to employ a robust process of validation prior to submission. This involves an automated process which produces a data extract from Patient Administration System (PAS) to outline patient that have been listed for surgery, which is validated for duplicates and anomalies for investigation and correction. Following this, the data is reviewed further by a validation team to ensure patient records are accurate, up to date and reflect individual patient journeys and pathways. This process is repeated up until the point of submission to ensure any data lag issues are resolved in a timely manner.

Each year, a draft version of the Quality Account is approved by directors via the internal governance processes prior to being shared with the Local Authority's Overview and Scrutiny Committee, Wolverhampton Healthwatch and Clinical Commissioning Group. In addition, the Quality Account is subject to a limited assurance review by the Trust's independent auditors prior to the final version being shared with the Trust Board for approval and subsequently published.



8. Operational Performance

The Trust is committed to delivering the national requirements and operational performance standards. These are robustly monitored and managed to ensure patients receive the most appropriate levels of care. A comprehensive performance management process exists across the Trust to monitor delivery against these standards alongside trust wide organisational efficiency metrics and other quality based indicators of effective standards of care.

The framework we employ is multi-faceted and covers many levels across the organisation. This includes weekly review at the Chief Operating Officer's performance meeting and through subsequent meetings across the Divisions. A detailed Integrated Quality and Performance Report (IQPR) is produced monthly; performance is discussed in-depth at the monthly Finance and Performance Committee, which is chaired by a Non-executive Director, with further scrutiny taking place at the full Trust Board. Specific details of the Trust performance against the key operating standards can be found in section "What We Achieved – Performance Summary 2018/2019".

8.1 Emergency planning / resilience

As a provider of NHS-funded care the Trust has a legal duty under the Civil Contingencies Act (CCA) 2004 to have in place emergency plans to respond to a wide range of major, critical and business continuity incidents which could affect patient care. These could be anything from an infectious disease outbreak, cyber threat or a mass casualty incident.

In order to show that effective arrangements are in place to deliver its Emergency Preparedness Response and Resilience (EPRR) function the Trust is required to complete an annual assurance self-assessment based on the NHS England Core Standards for EPRR. For last year the Trust rated itself as being 'substantially compliant' in meeting these standards.

The Trust actively engages and cooperates with partner organisations to ensure a coordinated approach to planning and response to incidents. This is undertaken at a multi-agency level such as the Local Health Resilience Forum and provides a principle mechanism for information sharing and joint working.

In terms of preparedness activities the Trust over the last year has reviewed and updated a number of emergency plans. This includes revision of the Trust major incident plan which now contains a mass casualty addendum as well as refined processes for surgical triage within the Emergency Department.

The Trust has a rolling programme of exercises that are designed to test and develop our plans. One such exercise undertaken involved the setup of the Trust incident control centre in order to test the multi-agency response to a mass casualty incident. With regards to EPRR training the Trust has focused on improving training and has introduced a market stand during Trust Induction to provide awareness for all new starter staff.

Over the last year the Trust has seen good developments in resilience arrangements however more work is required to achieve full compliance with the EPRR Core Standards 2019. An action plan has been established and is being monitored through respective governance groups. Substantial progress has already been made and the Trust continues to improve current capabilities and resilience across the Trust.

An Emergency Preparedness annual report has been produced, identifying the status of the Trust's resilience over the last twelve months and identifying key priorities for the forthcoming year.

8.2 Health and safety at work

The Trust health and safety risk profile has been maintained and shows compliance with relevant Health and Safety Executive (HSE) legislation. Work continues to identify gaps and provide action plans to fill these gaps giving the Board an improved assurance around compliance with the Regulations. Estates and Facilities continue to work towards compliance with the Premises Assurance Model (PAM) accreditation system, this is adding to the robustness of assurance received from Estates. Estates Facilities are also maintaining their accreditation for CHAS (Contractors Health & Safety Assessment Scheme) allowing them to use the logo on their letterheads as approved contractors.





There has been a 6.73% reduction in the number of health and safety incidents when comparing 2018/2019 to 2017/18. Focus has remained on the high incident reporting areas; ensuring investigations are undertaken where needed and risk assessments reviewed to improve control measures. Focus continues on sharing lessons identified across the Trust, using various forums to do this including the Safety Representative Forum, and our Risk Newsletter 'Risky Business' and direct email depending which method is felt most suitable at the time.

The top five reported health and safety related incidents for the year are:

- Sharps incidents (14% increase)
- Personal Contact Injury (4% increase)
- Violence and Aggression (7% decrease)
- Manual Handling (15% decrease overall) (patient handling 20% decrease; objects 9% decrease)
- Slips, trips & falls (25% decrease)

This shows an overall decrease in incidents, however a slight increase in two areas, The increase in 'sharps' incidents relates largely to non-clinical sharps incidents, a new category has been added to Datix for 2019/20. The H&S Team review and investigate for areas of concern.

8.3 Social economic responsibilities: modern slavery and forced labour

The Trust is committed to its Social Economic Responsibilities and ensuring that it is a Good Corporate Citizen (GCC). In its procurement practices the Trust stipulate that: suppliers shall use Good Industry Practice to ensure that there is no slavery or human trafficking in its supply chain and will monitor and notify the Authority immediately if it becomes aware of any actual or suspected incidents of slavery or human trafficking in its supply chains. Suppliers will also provide to the Trust any reports or other information as requested as evidence of the supplier's compliance.

In addition, sourcing staff within the Procurement team access external e-learning which covers Ethical & Sustainable Procurement. Procurement contracts now include the following stipulations:

10.1.15 it shall: (i) comply with all relevant Law and Guidance and shall use Good Industry Practice to ensure that there is no slavery or human trafficking in its supply chains; and (ii) notify the Authority immediately if it becomes aware of any actual or suspected incidents of slavery or human trafficking in its supply chains;

10.1.16 it shall at all times conduct its business in a manner that is consistent with any anti-slavery Policy of the Authority and shall provide to the Authority any reports or other information that the Authority may request as evidence of the Supplier's compliance with this Clause 10.1.16 and/or as may be requested or otherwise required by the Authority in accordance with its anti-slavery Policy;

9. Annual Declarations

1. The Royal Wolverhampton NHS Trust is required to register with the CQC and its current registration status is active. The Royal Wolverhampton NHS Trust has no conditions with its continued registration. The CQC has not taken enforcement action against The Royal Wolverhampton NHS Trust during 2018/2019.
2. As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.
3. Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Trust strives to deliver safe, accessible and fair services to the diverse population that we serve. We value our greatest asset, our diverse workforce, and strive to create working environments in which everyone is able to reach their full potential and flourish, this in turn will help us deliver truly inclusive services that treat people with respect, care, dignity and compassion and improve the overall patient experience.

4. The Trust has undertaken risk assessments, and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on the United Kingdom Climate Impact Programme (UKCIP) 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the adaptation reporting requirements are complied with.
5. The Trust made its annual self-assessment submission to the Department of Health by the 31st March 2019 on the Information Governance Toolkit. The Trust declared compliance in 96/100 standards with a plan agreed for the remaining 4. All integrated practices declared full compliance (see Data Protection and security Toolkit Return section of this report).
6. The Trust has published an up-to-date register of interests for decision-making staff within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.
7. The Trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.



10. Head of Internal Audit Opinion

"Overall, significant assurance with some improvement required can be given on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control. We identified weaknesses which put system objectives at risk in relation to the Data Security and Protection Toolkit, Risk Management and Financial Sustainability. Otherwise, there are only minor weaknesses in the risk management activities and controls designed to achieve the risk management objectives required by management.

"Those activities and controls that we examined were operating with sufficient effectiveness to provide reasonable assurance that the related risk management objectives were achieved during the period under review."

11. Review of effectiveness of Risk Management and Internal Control

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit committee and, the quality governance assurance committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

My review is informed by reports from external inspecting bodies including external audit and the Patient-Led Assessments of the Care Environment (PLACE) inspections (the system for assessing the quality of the patient environment). It is also informed by comments made by the External Auditors in their report to those charged with governance (ISA 260) and other reports. I have been advised on the implications of the result of my review of effectiveness of the system of internal control by the Trust Board, the Audit Committee, and the QGAC and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Board has continued to undertake regular development meetings throughout the year and has recently commenced a review to inform future Board development. It has monitored the performance and effectiveness of the Trust Board Committee's including the Audit Committee, Finance and Performance Committee, the Quality Governance Assurance Committee and the Workforce and Organisational Development Committee all of which have key roles in the assessment of assurance and effectiveness of the Trust and in the identification of and mitigation of any identified risks.

The Audit Committee has managed on behalf of the Trust Board the agreed programme of Audit including internal audit, external audit and clinical audit (alongside the Quality Governance Assurance Committee). The Board receives the presentation of examples of clinical audit work.

I have not identified any significant internal control issues or gaps in control from the work and assurances provided to me and to the Trust Board.

12. Conclusion

No significant internal control issues have been identified during 2018/2019.

Accountable Officer: David Loughton CBE

Organisation: The Royal Wolverhampton NHS Trust

Signature



Date: 24 May 2019

B2 – Remuneration and Staff Report

Staff report

The following tables summarise the numbers and categories of staff, sickness absence and exit packages made during 2018/2019:

Table 18 – Exit package cost banding 2018/2019

| Exit Package cost band (including any special payment element) | Number of compulsory redundancies | Cost of compulsory redundancies | Number of other departures agreed | Cost of other departures agreed | Total number of exit packages | Total cost of exit packages | Number of departures where special payments have been made | Cost of special payment element included in exit packages |
|--|-----------------------------------|---------------------------------|-----------------------------------|---------------------------------|-------------------------------|-----------------------------|--|---|
| | Number | £s | Number | £s | Number | £s | Number | £s |
| <£10,000 | | | 40 | £112,811.75 | | | 1 | 1500 |
| £10,000 -£25,000 | | | | | | | | |
| £25,001 - £50,000 | | | | | | | | |
| £50,001 - 100,000 | | | | | | | | |
| £100,001 - £150,000 | | | | | | | | |
| £150,001 - £200,000 | | | | | | | | |
| >£200,000 | | | | | | | | |
| Total | 0 | £0.00 | 40 | £112,811.75 | 0 | £0.00 | 1 | £1,500.00 |

The Trust had thirty nine non-contracted payments in lieu of notice in 2018/2019. The Trust had one special payment approved with HM Treasury in 2018/2019 for £1,500.

Table 19 – Exit package cost banding 2017/2018

| Exit Package cost band (including any special payment element) | Number of compulsory redundancies | Cost of compulsory redundancies | Number of other departures agreed | Cost of other departures agreed | Total number of exit packages | Total cost of exit packages | Number of departures where special payments have been made | Cost of special payment element included in exit packages |
|--|-----------------------------------|---------------------------------|-----------------------------------|---------------------------------|-------------------------------|-----------------------------|--|---|
| | Number | £s | Number | £s | Number | £s | Number | £s |
| <£10,000 | 1 | 5,698 | 29 | 67,375 | 30 | 73,073 | 1 | 5,000 |
| £10,000 -£25,000 | 0 | 0 | 1 | 11,165 | 1 | 11,165 | 0 | 0 |
| £25,001 - £50,000 | 1 | 26,712 | 0 | 0 | 1 | 26,712 | 0 | 0 |
| £50,001 - 100,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| £100,001 - £150,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| £150,001 - £200,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| >£200,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 2 | £32,410.00 | 30 | £78,540.00 | 32 | £110,950.00 | 1 | £5,000.00 |

Table 20 - Average staff numbers

Average number of employees (WTE basis)

| | Total 2018/2019 No. | Permanent 2018/2019 No. | Other 2018/2019 No. | Total 2017/18 No. |
|---|------------------------|----------------------------|------------------------|----------------------|
| Medical and dental | 966 | 866 | 100 | 923 |
| Administration and estates | 1,178 | 1,110 | 68 | 1,137 |
| Healthcare assistants and other support staff | 2,746 | 2,565 | 181 | 2,454 |
| Nursing, midwifery and health visiting staff | 2,296 | 2,197 | 99 | 2,138 |
| Nursing, midwifery and health visiting learners | - | | | 26 |
| Scientific, therapeutic and technical staff | 646 | 639 | 7 | 619 |
| Healthcare Science Staff | 371 | 367 | 4 | 245 |
| Total average numbers | 8,203 | 7,744 | 459 | 7,542 |
| Of which: | | | | |
| Number of employees (WTE) engaged on capital projects | 0 | | | 8 |

Table 21 - Staff sickness absence

| | | |
|---|-------|-------|
| Medical and dental | 966 | 866 |
| Administration and estates | 1,178 | 1,110 |
| Healthcare assistants and other support staff | 2,746 | 2,565 |
| Nursing, midwifery and health visiting staff | 2,296 | 2,197 |

During 2018/2019 we spent £1.6m on consultancy services (2017/18 £1.7m). The Trust employed eight senior managers during the year ending 31 March 2019.

Remuneration Report

The Trust has a Remuneration Committee whose role is to advise the Board on appropriate remuneration and terms of service for the Chief Executive and other Executive Directors. Membership of the Committee comprised of the Chairman and all Non-Executive Directors.

Remuneration for the Trust's Executive Directors is set by reference to job scope, personal responsibility and performance. This also takes into account the comparison with remuneration levels for similar posts, both within the National Health Service and the local economy. Whilst performance is taken into account in setting and reviewing remuneration, there are currently no arrangements in place for "performance related pay".

It is not the Trust's policy to employ Executive Directors on "rolling" or "fixed term" contracts. All Directors' contracts conform to NHS standard for directors, with arrangements for termination in normal circumstances by either party with written notice of six months.

Remuneration for the Trust's Executive and Non-Executive Directors during the financial year ended 31 March 2019 is set out in the attached schedules.

Signature:



David Loughton, CBE

Date: 24 May 2019

Remuneration

| Name and Title | 2018/2019 | | | | | 2017/2018 | | | | |
|--|----------------------------|---|--|---|----------------------------|----------------------------|---|--|---|----------------------------|
| | Salary (bands of £5000) | Other Remuneration (bands of £5000) £000 | Expense Payments (taxable) Benefits in Kind Rounded to the nearest £100 | All pension related benefits (bands of £2,500) | Total (bands of £5,000) | Salary (bands of £5000) | Other Remuneration (bands of £5000) £000 | Expense Payments (taxable) Benefits in Kind Rounded to the nearest £100 | All pension related benefits (bands of £2,500) | Total (bands of £5,000) |
| Executive Directors | | | | | | | | | | |
| D Loughton - Chief Executive | 245-250 | 0 | 0 | 55-57.5 | 305-310 | 245-250 | 0 | 0 | 15-17.5 | 260-265 |
| A Cannaby - Chief Nursing Officer (from 3/04/2018) | 140-145 | 0 | 0 | 15-7.5 | 155-160 | 0 | 0 | 0 | 0 | 0 |
| C Etches - Chief Nursing Officer (to 31/03/2018) | 0 | 0 | 0 | 0 | 0 | 145-150 | 10-15 ¹ | 0 | 20-22.5 | 180-185 |
| G Nuttall - Chief Operating Officer | 150-155 | 0 | 0 | 0-2.5 | 150-155 | 145-150 | 0 | 0 | 35-37.5 | 180-185 |
| J Odum - Medical Director | 155-160 | 75-80 ² | 0 | 0 | 230-235 | 150-155 | 75-80 ² | 0 | 20-22.5 | 245-250 |
| K Stringer - Chief Financial Officer and Deputy Chief Executive | 155-160 | 0 | 0 | 0-2.5 | 155-160 | 150-155 | 0-5 ³ | 0 | 40-42.5 | 195-200 |
| Non-Executive Directors | | | | | | | | | | |
| J Vanes - Chairman (to 31/03/2018) | 35-40 | 0 | 0 | 0 | 35-40 | 35.40 | 0 | 0 | 0 | 35.40 |
| J Anderson - Non-Executive Director (to 31/07/2017) | 0 | 0 | 0 | 0 | 0 | 0-5 | 0 | 0 | 0 | 0-5 |
| J Darby - Non Executive Director (to 31/11/2018) | 0-5 | 0 | 0 | 0 | 0-5 | 0-5 | 0 | 0 | 0 | 0-5 |
| R Dunshea - Non-Executive Director | 5-10 | 0 | 0 | 0 | 0-5 | 0-5 | 0 | 0 | 0 | 5-10 |
| D Edwards - Non-Executive Director | 5-10 | 0 | 0 | 0 | 0-5 | 0-5 | 0 | 0 | 0 | 5-10 |
| J Hemans - Non-Executive Director | 5-10 | 0 | 0 | 0 | 0-5 | 0-5 | 0 | 0 | 0 | 5-10 |
| M Martin - Non-Executive Director | 5-10 | 0 | 0 | 0 | 0-5 | 0-5 | 0 | 0 | 0 | 5-10 |
| S Rawlings - Non-Executive Director | 5-10 | 0 | 0 | 0 | 0-5 | 0-5 | 0 | 0 | 0 | 5-10 |
| J Small - Non Executive Director (from 01/08/2017 to 03/12/2018) | 0-5 | 0 | 0 | 0 | 0-5 | 0-5 | 0 | 0 | 0 | 0-5 |
| R Stockley - Non Executive Director (to 31/08/2018) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0-5 |
| Directors - Non Voting | | | | | | | | | | |
| A Duffell - Director of Workforce (from 05/04/2017) | 125-130 | 0 | 0 | 102.5-105 | 230-235 | 115-120 | 0 | 0 | 7.5-10 | 125-130 |
| S Mahmud ⁴ - Director of Integration | 120-125 | 0 | 0 | 0 | 120-125 | 120-125 | 0 | 0 | 0 | 120-125 |
| M Sharon ⁵ - Director of Strategic Planning and Performance | 130-135 | 0 | 0 | 0 | 130-135 | 135-140 | 0-5 ³ | 0 | 17.5-20 | 160-165 |

Please note:-

1. This relates to payment in respect of annual leave not taken at the time this Director left the Trust.
2. This relates to the Medical Director's role as a Renal Physician
3. This relates to remuneration following the selling of annual leave in line with the Trust's Buying and Selling of Annual Leave scheme for all staff.
4. This Director opted out of the Pension Scheme and their prior years benefit was also withdrawn.
5. This Director retired and returned in April 2018 and is now in receipt of their pension

Total remuneration for senior managers in year ended 31 March 2019 was £1,394,853 0.24% of income (31 March 2018 £1,410,102, 0.26% of income).

The definition of senior managers used to establish who should be included in the table above is that given in the Group Accounting Manual:

"those persons in senior positions having authority or responsibility for directing or controlling the major activities within the group body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments."

The Pension related benefits are all benefits received in year from participating in pension schemes excluding any contributions by the employee in the period.

Pension Benefits

| Name and title | Real increase in pension at pension age (bands of £2500) | Real increase in pension lump sum at pension age (bands of £2500) | Total accrued pension at pension age at 31 March 2019 (bands of £5000) | Lump sum at pension age related to accrued pension at 31 March 2019 (bands of £5000) | Cash Equivalent Transfer Value at 31 March 2018 £000 | Real Increase in Cash Equivalent Transfer Value £000 | Cash Equivalent Transfer Value at 31 March 2019 £000 | Employer's Contribution to Stakeholder Pension £000 |
|--|---|--|---|---|---|---|---|--|
| D Loughton ¹ - Chief Executive | 25.5-5 | 10-12.5 | 85-90 | 255-260 | 0 ¹ | 0 ¹ | 0 ¹ | 0 |
| A Cannaby - ² Chief Nursing Officer | 0-2.5 | 0 | 40-45 | 120-125 | 793 | 143 | 960 | 0 |
| A Duffell - Director of Workforce | 5-7.5 | 15-17.5 | 25-30 | 85-90 | 481 | 172 | 667 | 0 |
| S Mahmud ³ - Director of Integration | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| G Nuttall ² - Chief Operating Officer | 0-2.5 | 0 | 60-65 | 145-150 | 1,007 | 133 | 1,170 | 0 |
| J Odum - Medical Director | 0-2.5 | 0-2.5 | 55-60 | 170-175 | 1,176 | 125 | 1,336 | 0 |
| M Sharon ⁴ - Director of Strategic Planning and Performance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| K Stringer - Chief Financial Officer and Deputy Chief Executive | 0-2.5 | 2.5-5 | 65-70 | 200-205 | 1,315 | 168 | 1,522 | 0 |

1. The real increase in Cash Equivalent Transfer Value is not applicable for D Loughton given that he is over pension age.
2. The Director has changed pension scheme membership and as a result the benefits have been calculated as the aggregate of the new scheme and previous schemes.
3. Relates to a Director that opted out of the Pension scheme and their prior years benefit was also, withdrawn.
4. Relates to Directors that are in receipt of their pension.

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2004-05 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV – This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Fair Pay Disclosure

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid director in the Trust in the financial year 2018/2019 was £247.5k (2017/18 £247.5k). This was 9.9 times (2017/18, 10.1*) the median remuneration of the workforce, which was £24.9k (2017/18, £24.5k*).

In 2018/2019, two (2017/18, 2) employees received remuneration in excess of the highest-paid director. Remuneration ranged from £5.1k to £247.5K [mid-point banded] (2017/18 £7k to £247.5k [mid-point banded]).

Remuneration as quoted above is based on basic salary of staff in post as at 31st March 2019 including bank and agency staff. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

Annualised remuneration may not reflect actual remuneration in year, for example where an individual was in post for only part of the year. The Executive Director payments are variable and may change from one year to another, subject to approval through the Trust Remuneration Committee to the Board. The vast majority of Trust employees are subject to national pay settlements and have, in accordance with those national settlements, received an inflationary increase in pay in 2018/2019 of 1% and where applicable, employees have continued to make incremental progression within existing pay scales.

* 2017/18 comparative has been updated due to a new ESR report being available in 2018/2019 financial year presenting more accurate annualised salary figures.



Off Payroll Engagements

Recruitment is properly devolved to Trust Managers who are required link with the Workforce Department to ensure that all off payroll engagements are subject to appropriate assessments regarding IR35 status.

For all off-payroll engagements as of 31 March 2019, for more than £245 per day and that last for longer than six months

| | |
|---|---|
| Number of existing engagements as of 31 March 2019 | |
| Of which, the number that have existed... | |
| for less than one year at time of reporting. | |
| for between one and two years at time of reporting. | 1 |
| for between 2 and 3 years at time of reporting. | |
| for between 3 and 4 years at time of reporting. | |
| for 4 or more years at time of reporting. | |

For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019, for more than £245 per day and that last for longer than six months

| | |
|--|---|
| No. of new engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019 | 1 |
| Of which... | |
| No. assessed as caught by IR35 | 1 |
| No. assessed as not caught by IR35 | |
| No. engaged directly (via PSC contracted to department) and are on the departmental payroll | |
| No. of engagements reassessed for consistency / assurance purposes during the year. | |
| No. of engagements that saw a change to IR35 status following the consistency review | |

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2018 and 31 March 2019

| | |
|--|----|
| Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year. | |
| Total number of individuals on payroll and off-payroll that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year. This figure should include both off-payroll and on-payroll engagements. | 15 |

C – Financial Statement

Forward and financial performance overview

The summary financial statements are an extract of the information in the full annual Accounts. These include the Annual Governance Statement of the Trust for year ended 31 March 2019. The summary financial statements only give an overview of the financial position and performance of the Trust but might not contain sufficient information for a full understanding of the Trust's performance. For more detailed information please refer to the full Annual Accounts for the Trust. These are available free of charge from The Chief Financial Officer, The Royal Wolverhampton NHS Trust, New Cross Hospital, Wolverhampton, WV10 0QP.

The Annual Accounts have been prepared in accordance with the 2018/2019 Department of Health Group Accounting Manual (GAM). From 2009/10 the GAM follows the International Financial Reporting Standards (IFRS) and interpretations to the extent that they are meaningful and appropriate to public body entities.

The financial performance of the Trust is assessed by the Department of Health against four targets.

These are:

- Income and Expenditure**
 As a minimum, the Trust is required to break even each year. Where a deficit is incurred, the Trust is required to achieve surpluses in subsequent years until break-even, taking one year with another, is achieved.
- Capital Cost Absorption Rate**
 Within its overall expenditure, the Trust is required to pay the Department of Health a sum equivalent to 3.5% of average net relevant assets. This payment is known as the Public Dividend Capital payment.
- External Financing Limit:**
 This refers to the agreed amount of cash that the Trust is allowed by the Department of Health to consume over and above the amount it generates through its normal activities in year. This may be through a reduction in its own cash balances or receiving cash from external sources. The Trust is expected to not exceed its External Finance Limit (EFL) and in 2018/2019 it achieved this, spending £3,414,000 (against a target of £3,494,000).
- Capital Resource Limit**
 This is a limit, imposed by the Department of Health, on the level of capital expenditure that the Trust can incur in the year. The Trust is expected to maintain its spend at or below this level.

Table 22 – Financial target performance

| | Target | Actual | Achieved |
|---|----------|--------|----------|
| Income & Expenditure Break-even (£'000) | (3,158)* | 3,021 | ✓ |
| Capital Cost Absorption Rate (%) | 3.50% | 3.50% | ✓ |
| External Financing Limit (£'000) | 3,494 | 3,414 | ✓ |
| Capital Resource Limit (£'000) | 22,693 | 22,680 | ✓ |

* Target is adjusted control total as agreed with NHSi

Table 23 – The income and expenditure position for each of the last five years:

| | 2014/2015 £000s | 2015/2016 £000s | 2016/2017 £000s | 2017/2018 £000s | 2018/2019 £000s |
|---|--------------------|--------------------|--------------------|--------------------|--------------------|
| Breakeven duty in-year financial performance | 3,663 | 153 | 8,542 | 4,327 | 3,021 |
| Breakeven duty cumulative position | 38,100 | 38,253 | 46,795 | 51,122 | 54,143 |
| Operating income | 461,810 | 509,405 | 536,028 | 548,538 | 592,975 |
| Cumulative breakeven position as a percentage of operating income | 8.25% | 7.51% | 8.73% | 9.32% | 9.13% |

Cumulative position

Table 23 shows that the trust achieved its statutory break-even duty in 2018/2019. In 2018/2019 the Trust achieved a surplus for the 13th consecutive year. This surplus amounted to £3,021k after impairment and adjustments for changes in accounting treatment.

Private finance transactions

The Trust has an on-balance sheet scheme relating to the provision and maintenance of the Radiology building and equipment including replacement and upgrading. The contract for the scheme covers the period 1 April 2002 to 31 March 2032. Although the interest rate changes affect future performance, the impact to date has not been significant.

Better payment practice code

The Department of Health requires that Trusts aim to pay their non-NHS invoices by the due date or within 30 days of receipt of goods or a valid invoice, (whichever is the latter), unless other terms have been agreed with the supplier. The target is to achieve 95% compliance and, over the last two years, the Trust's performance is shown in table 24.

Table 24 – Better payment practice code summary

| | 2018/2019 | | 2017/2018 | |
|---|-----------|---------|-----------|---------|
| | Number | £'000 | Number | £'000 |
| Total invoices paid in year | 117,256 | 338,217 | 114,817 | 312,703 |
| Total invoices paid within target | 38,980 | 203,236 | 83,306 | 244,422 |
| Percentage of invoices paid within target | 33.24% | 60.09% | 72.56% | 78.16% |

Prompt payment code

The Trust is an approved signatory to the Prompt Payment Code.

Staff sickness absence

The following table provides details of the Trusts Sickness Absence

Table 25 – Staff sickness absence

| Staff Sickness Absence | 2018/2019 Number | 2017/2018 Number |
|---|---------------------|---------------------|
| Total days lost | 70,119 | 69,226 |
| Total staff years | 7,524 | 7,158 |
| Average working days lost (per WTE) | 9 | 10 |
| Number of persons retired early on ill health grounds | 2 | 2 |
| Total additional pensions liabilities accrued in the year (£000s) | 50 | 90 |

Pension Liabilities

Past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsba.nhs.uk/pensions. The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS Body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FRem requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". Further details can be found in the full set of accounts available on request.

Accounting Policies

The accounts for the Trust were produced in line with the Department of Health Group Accounting Manual. Full details of the accounting policies are included within the Trust Annual Accounts which are available on request. Particular areas where judgement has had to be exercised are:

- Useful economic lives of assets – The Trust estimates the useful economic lives of its non-current assets. Every care is taken to ensure that estimates are robust; however factors such as unforeseen obsolescence or breakdown may impact on the actual life of the asset held.
- Provisions – When considering provisions for events such as pension payments, NHSLA claims and other legal cases the Trust uses estimates based on expert advice from agencies such as the NHS Litigation Authority and the experience of its managers.

Leases – The Trust applies the tests contained in IAS17 to all of its present and proposed leases in order to ascertain if they should be classed as operating or finance leases. Often the information available may be inconclusive and therefore judgement is made regarding the transfer of the risks and rewards of ownership of the associated assets in order that a decision may be made. There have been no major policy changes that have impacted on the position of the Trust. Additionally the Trust is required to adopt accounting standard IAS27 which requires the Trust to consolidate its Charitable Funds into accounts if material. These were not consolidated as they are not considered material.



Financing

Auditors

The Trust's external auditors are KPMG LLP. The total charge for audit work undertaken in 2018/2019 was £59k excluding VAT (2017/18 £61k). Other auditors remuneration in 2018/2019 was £9k (2017/18 £9k) and is in respect of non-audit services. As far as the directors are aware, there is no relevant audit information the Trust's auditors are unaware of and the Directors have taken all steps that they ought to have taken, as Directors, to make themselves aware of any relevant audit information and to establish that the Trust's Auditors are aware of that information. Non-audit work may be performed by the Trust's external auditors where the work is clearly audit related and the external auditors are best placed to do that work. For such assignments the Audit Committee approved protocol is followed. This ensures that all such work is properly considered and that the external auditor's independence is not compromised through the Trust using them for other non-audit services.

The Trust is able to ensure this as:

- All work is controlled and monitored by the Audit committee which is made up of Non-Executive Directors. They approve all work and provide a check to ensure independence is maintained.
- Any additional work carried out by the External Auditors has to be approved by the Audit Commission if its value is greater than 20%.

Table 26 - Statement of Comprehensive Income for the Year Ended 31 March 2019

| | 2018/2019 | 2017/2018 |
|---|-----------------|-----------------|
| | £000s | £000s |
| Operating Income from patient care activities | 489,963 | 464,033 |
| Other operating income | 103,012 | 84,505 |
| Operating expenses | (579,390) | (529,386) |
| Operating surplus/(deficit) from continuing operations | 13,585 | 19,152 |
| Finance income | 127 | 52 |
| Finance expenses | (2,074) | (1,728) |
| PDC dividends payable | (10,316) | (10,170) |
| Net finance costs | (12,263) | (11,846) |
| Other gains / (losses) | 60 | 31 |
| Surplus / (deficit) for the year | 1,382 | 7,337 |

Table 27 - Other Comprehensive Income for the Year Ended 31 March 2018

| | 2018/2019 | 2017/2018 |
|--|----------------|---------------|
| | £000s | £000s |
| Will not be reclassified to income and expenditure: | | |
| Revaluations | (2,880) | 16,905 |
| Other reserve movements | | (2) |
| Total comprehensive income / (expense) for the period | (1,498) | 24,240 |

Table 28 - Financial Performance for the Year

| | 2018/2019 | 2017/2018 |
|---|--------------|--------------|
| | £000s | £000s |
| Retained surplus / (deficit) for the year | 1,382 | 7,337 |
| Impairments (Excluding IFRIC 12 Impairments) | 1,731 | (3,157) |
| Adjustments in respect of donated gov't grant asset reserve elimination | (92) | 147 |
| Adjusted retained surplus / (deficit) | 3,021 | 4,327 |

Table 29 - Statement of Financial Position as at 31 March 2019

| | 2018/2019 | 2017/18 |
|---|-----------------|-----------------|
| | £000s | £000s |
| Non-current assets | | |
| Intangible assets | 2,625 | 1,115 |
| Property, plant and equipment | 334,455 | 331,382 |
| Trade and other receivables | 4,002 | 0 |
| Total non-current assets | 341,082 | 332,497 |
| Current assets | | |
| Inventories | 6,607 | 6,357 |
| Trade and other receivables | 36,180 | 35,572 |
| Non-current assets for sale and assets in disposal groups | 0 | 800 |
| Cash and cash equivalents | 15,988 | 16,982 |
| Total current assets | 58,775 | 59,711 |
| Current Liabilities | | |
| Trade and other payables | (56,811) | (52,971) |
| Borrowings | (2,013) | (1,979) |
| Provisions | (4,612) | (6,219) |
| Other liabilities | (3,009) | (3,205) |
| Total current liabilities | (66,445) | (64,374) |
| Total assets less current liabilities | 333,412 | 327,834 |
| Non-current liabilities | | |
| Borrowings | (7,982) | (5,299) |
| Provisions | (542) | (581) |
| Total non-current liabilities | (8,524) | (5,880) |
| Total assets employed | 324,888 | 321,954 |
| Financed By | | |
| Taxpayers' equity | | |
| Public dividend capital | 237,185 | 232,753 |
| Revaluation reserve | 60,892 | 67,355 |
| Other reserves | 190 | 190 |
| Income and expenditure reserve | 26,621 | 21,656 |
| Total taxpayers' equity | 324,888 | 321,954 |

The financial statements were approved by the Board on 24 May 2019 and signed on its behalf by:

Signature:



David Loughton, CBE

Chief Executive

Date: 24 May 2019

Table 30 - Statement of Changes in Taxpayers' Equity For the year ending 31 March 2019

| | Public dividend capital £000s | Revaluation reserve £000s | Other reserves £000s | Income and expenditure reserve £000s | Total £000s |
|---|----------------------------------|------------------------------|-------------------------|---|----------------|
| Taxpayers' equity at 1 April 2018 - brought forward | 232,753 | 67,355 | 190 | 21,656 | 321,954 |
| Surplus / (deficit) for the year | | | | 1,382 | 1,382 |
| Other transfers between reserves | | | | | 0 |
| Revaluations | | (2,880) | | | (2,880) |
| Transfer to retained earnings on disposal of assets | | (3,583) | | 3,583 | 0 |
| Public dividend capital received | 4,432 | | | | 4,432 |
| Other reserve movements | | | | | 0 |
| Taxpayers' equity at 31 March 2019 | 237,185 | 60,892 | 190 | 26,621 | 324,888 |

Information on Reserves

Public Dividend Capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities. Additional PDC may also be issued to NHS Trusts by the Department of Health. A charge, reflecting the cost of capital utilised by the NHS Trust, is payable to the Department of Health as the public dividend capital dividend.

Retained Earnings

The balance of this reserve is the accumulated surpluses and deficits of the NHS Trust.

Revaluation Reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Other Reserves

Other reserves arose at the time of inception of the Trust and are considered likely to remain at the present value.

Table 31 - Statement of Cash Flow for the Year Ended 31 March 2019

| | 2018/2019 | 2017/2018 |
|--|----------------------|----------------------|
| | £000s | £000s |
| Cash flows from operating activities | | |
| Operating surplus / (deficit) | 13,585 | 19,152 |
| Non-cash income and expense: | | |
| Depreciation and amortisation | 14,575 | 15,237 |
| Net impairments | 1,731 | (3,157) |
| Other investments / financial assets | (289) | (74) |
| Amortisation of PFI deferred credit | 0 | 0 |
| (Increase) / decrease in receivables and other assets | (44) | (5,563) |
| (Increase) / decrease in inventories | (250) | (20) |
| Increase / (decrease) in payables and other liabilities | 4,261 | 4,148 |
| Increase / (decrease) in provisions | (1,648) | 742 |
| Net cash generated from / (used in) operating activities | <u>31,921</u> | <u>30,465</u> |
| Cash flows from investing activities | | |
| Interest received | 127 | 52 |
| Purchase of intangible assets | (1,877) | (485) |
| Purchase of property, plant, equipment and investment property | (21,571) | (18,490) |
| Sales of property, plant, equipment and investment property | 860 | 31 |
| Receipt of cash donations to purchase capital assets | 289 | 74 |
| Net cash generated from / (used in) investing activities | <u>(22,172)</u> | <u>(18,818)</u> |
| Cash flows from financing activities | | |
| Public dividend capital received | 4,432 | 1,355 |
| Capital element of finance lease rental payments | (227) | (259) |
| Capital element of PFI, LIFT and other service concession payments | (1,785) | (1,920) |
| Interest paid on finance lease liabilities | (17) | (18) |
| Interest paid on PFI, LIFT and other service concession obligations | (2,056) | (1,710) |
| PDC dividend (paid) / refunded | (11,090) | (6,293) |
| Net cash generate from / (used in) financing activities | <u>(10,743)</u> | <u>(8,845)</u> |
| Increase / (decrease) in cash and cash equivalents | <u>(994)</u> | <u>2,802</u> |
| Cash and cash equivalents at 1 April - brought forward | <u>16,982</u> | <u>14,180</u> |
| Cash and cash equivalents at 31 March | <u><u>15,988</u></u> | <u><u>16,982</u></u> |

Glossary of Terms

1. Public Dividend Capital dividend – this is a payment made to the Department of Health, representing a 3.5% return on the Trust's net relevant assets.
2. Revenue from activities – this is the majority of the Trust's income and is derived in the main from the provision of healthcare to Commissioners.
3. Other operating revenue – is mostly in respect of training and research and development
4. Intangible assets – this relates to software licences
5. Tangible assets – this refers to the Trust's land, buildings and equipment
6. Provisions for liabilities and charges – when there is a reasonable degree of certainty that the Trust will be liable for a particular cost, and where it has not yet actually been incurred, a provision is made to reflect that liability
7. Impairment – this term is most usually applied when a decision has been made that reduces the life and / or value of a Trust asset (most often a building). Such reductions in value are charged to the income and expenditure account when there are insufficient balances on the revaluation reserve.

Statement of the Chief Executive's Responsibility as the Accountable Officer of the Trust

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, has designated that the Chief Executive should be the Accountable Officer of the trust. The relevant responsibilities of Accountable Officers are set out in the NHS Trust Accountable Officer Memorandum.

These include ensuring that:

There are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;

Value for money is achieved from the resources available to the Trust;

The expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;

Effective and sound financial management systems are in place; and

Annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Signature:



David Loughton, CBE

Chief Executive

Date: 24 May 2019

Signature:



Kevin Stringer

Chief Financial Officer

Date: 24 May 2019

Statement of Directors' Responsibilities in Respect of the Accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, recognised gains and losses and cash flows for the year. In preparing those accounts, the directors are required to:

- Apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- Make judgements and estimates which are reasonable and prudent;
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS trust's performance, business model and strategy.

By order of the Board

Signature:



David Loughton, CBE
Chief Executive
Date: 24 May 2019

Signature:



Kevin Stringer
Chief Financial Officer
Date: 24 May 2019

Trust Accounts Consolidation (TAC) Summarisation Schedules for The Royal Wolverhampton NHS Trust

Summarisation schedules numbers TAC01 to TAC34 and accompanying WGA sheets for 2018/2019 have been completed and this certificate accompanies them.

Finance Director Certificate

1. I certify that the attached TAC schedules have been compiled and are in accordance with: the financial records maintained by the NHS trust accounting standards and policies which comply with the Department of Health and Social Care's Group Accounting Manual and the template accounting policies for NHS trusts issued by NHS Improvement, or any deviation from these policies has been fully explained in the Confirmation questions in the TAC schedules.
2. I certify that the TAC schedules are internally consistent and that there are no validation errors*.
3. I certify that the information in the TAC schedules is consistent with the financial statements of the NHS Trust [******except for [insert text highlighting where the schedules differ from the accounts and explain the differences]].



Kevin Stringer, Chief Finance Officer (Director of Finance)

24 May 2019

Chief Executive Certificate

1. I acknowledge the attached TAC schedules, which have been prepared and certified by the Finance Director, as the TAC schedules which the Trust is required to submit to NHS Improvement.
2. I have reviewed the schedules and agree the statements made by the Director of Finance above.



David Loughton CBE, Chief Executive

24 May 2019

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਆਰਾ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。