

Doctor



MEDICINE



Annual Report 2021/22

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Introduction



Statement by the Chair

It has been another testing year with the rise of COVID-19 infections. We always knew that, as society opened back up, infection rates would rise, but thankfully due to the positive effect of the vaccination programme, hospitalisations and deaths have been much lower now than they were last year. The evidence is clear that having a COVID-19 vaccine will give you the best possible protection against this virus.

The pressures on the NHS and on our staff throughout this period have continued to be substantial and sustained. Our staff have continued to work tirelessly to meet these challenges head on, however. And everyone across our organisation has contributed to this effort. This makes The Royal Wolverhampton NHS Trust one of the best places to work at and be treated at.

Despite the huge pressures and demands, it was another award-winning year for the Trust, both locally and nationally, starting with two senior nurses being honoured for their contributions by Ruth May, Chief Nursing Officer for England. Professor Ann-Marie Cannaby received the Gold award at the Chief Midwifery Officer Awards, recognising lifetime achievements for nurses and midwives and Karen Glover, Matron in Trauma and Orthopaedics, earned the Silver award, which recognises major contributions to patients and the profession.

The Infection Prevention team won a national nursing award for its outstanding work during the COVID-19 pandemic. The win was attributed to the team's efforts which supported staff in hospitals, GP practices, educational settings, homeless shelters, faith settings and care homes to minimise the spread of COVID-19 – working alongside Public Health at the City of Wolverhampton Council. The team's incredible work is ongoing as we continue throughout the pandemic, ensuring high levels of practice are maintained.



The security team received two awards at the National Association for Healthcare Security (NAHS). NAHS is not-for-profit organisation which aims to support healthcare provision through the delivery of professional security management; ensuring staff are equipped to provide a safe and secure environment for staff, patients, and visitors.

Our volunteers should also be thanked for their hard work and dedication. Volunteers provided almost 400 hours of support in December, working tirelessly to enhance the experience of our patients. More than 90 active volunteers work at the Trust and carry out a host of roles including setting up Facetime calls for patients to contact their families on Christmas Day.

We have also celebrated considerable investment in new machinery over the past year, including a new CT scanner and SIM (simulation suite) ward. This latest technology shows we are continuing to use cutting edge technology to provide the best outcomes for our patients.

I am delighted we have been able to welcome three new Associate Non-Executive Directors to our Trust Board; Julie Jones, Professor Martin Levermore and Allison Heseltine. They join new Non-Executive Director Lisa Cowley and you can find out more about our colleagues and the wealth of skills and experience they bring with them in the Board Membership section of this Annual Report.

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All I highlight would not be possible without our incredible staff.

I want to express my personal gratitude, and that of the Board, to each and every one of the staff in our hospitals and in the community for the high-quality care they have provided this year and continue to provide.

Take care,

Steve.
Professor Steve Field Chairman



Performance Report



A1 - Performance Overview

Statement from the Chief Executive - a perspective on performance over the period

We have been through another year of huge challenges due to the ongoing pandemic. At times it has, again, felt relentless with limited respite and intense pressures. Our staff have continued to amaze me with their determination and professionalism in the midst of it all.

I could not have predicted the challenges this pandemic would throw our way in terms of delivering services and meeting the needs of our local communities, yet individuals and teams within our organisation responded in a valiant and courageous way to ensure patients received care in the right place, at the right time.

Whilst our priority is to ensure all those who use our services receive safe, high-quality care, we have also been focusing on the health and wellbeing of our staff who have experienced another extremely demanding period in their careers. We have arranged a package of support that they can access which includes help with mental health, financial concerns, dealing with

bereavement and workplace worries. We also gave all staff an extra day's Annual Leave – a "downtime day" to thank them for their hard work and commitment. There are many successes and examples of innovative practice that we can draw upon, including establishing a virtual ward where COVID-19 patients are taught to take their oxygen readings at home, opening a new £250,000 simulation suite and work beginning on a new solar farm project in Wolverhampton, making New Cross Hospital the first in England to fully utilise and operate its own facility providing renewable energy.

This year we have had several high-profile visits from NHS England. Sam Sherrington, Head of Community Nursing at NHS England and Improvement, and Andrea Westlake, her deputy, visited RWT and commended staff for being "ahead of the game" for their innovation in community services. Sam said she would like to replicate what we have at RWT across the country! Something I am very proud of.

We also had a visit from Lord Patrick Carter who came to see our Black Country Pathology Services. He described the services as 'world class'. Lord Carter is regarded as one of the most influential people in the NHS so to hear from him that he thinks we are one of the leading Trusts in the country was truly humbling. Lord Carter has previously praised us for our innovation, notably when we became the first in the UK to use SafeHands.

Our staff have all overcome fears and obstacles to ensure patients, both with and without COVID-19, receive the care they need – whether that was in their usual role, or while being deployed to support in another area. Staff and volunteers have consistently gone above and beyond to keep services running.

I'd like to thank them all for their hard work and commitment.

Professor David Loughton CBE



Key Highlights of 2021/22

Here are just some of the Trust's key achievements in 2021/22:

App to help parents

Parents across Wolverhampton can now quickly access NHS health advice and practical tips for their 0–5-year-olds from a mobile app.

We launched the Healthy Child Wolves app which is packed with tips, advice and signposting to support families, from pregnancy to getting a child ready for school and everything in between.

It includes a wide range of information and advice, from common illnesses, first aid and keeping baby safe, to breastfeeding, dental health and looking after parents' emotional health and wellbeing.



New CT Scanner Boosts Radiology Service

A new CT scanner, which cost £600,000 was installed in September, having been shipped all the way from Japan.

The machine has the latest imaging technology which generates the highest quality images at the lowest possible x-ray dose.

The installation of the scanner included complex cabling and the calibration of new IT software. The scanner is working efficiently, with reduced noise and at a much safer level of radiation.

Gwen Nuttall, Chief Operating Officer for the Trust, said: "By investing in the latest scanning facilities, we can improve the speed of diagnosis and treatment for our patients.

"We expect this scanner will see an average of 20 patients a day and an enhanced turnaround of results will support our urgent care teams to work quickly with clear and detailed images to hand. I am excited for the Trust to now be able to offer the most advanced technology in CT scanning."

Kickstart success

Throughout the year we have helped young people to secure employment through the Kickstart scheme.

The scheme offers training and support throughout their six-month placements on topics such as interview techniques, applying for vacancies and a variety of other opportunities to help them secure long-term employment.

Sallie Johnson, NHS Futures Manager, said: "NHS Futures have been supported by the Trust to engage in this project to get young local people back into employment.

"I know from personal experience how this pandemic has affected the careers of young people, so it is great to be able to give them the opportunity gain valuable work experience and support them in developing their employability skills."

Ashmore Park Eye Centre

In October, the Trust opened a new service at Ashmore Park Eye Centre (APEC) to monitor eye care in the community for patients with glaucoma, allowing up to 50 people per day to be treated.

Jennie Green, Senior Sister, and Mary Jones Ward – the Eye Ward, said: "Having APEC allows us the physical space to bring bigger numbers of patients through and ensure they are consistently monitored.

"If an issue is identified, the patient is directed to WEI accident and emergency department for treatment as indicated, or, if it's not so urgent, they will be given a timely appointment.

"We have had a backlog of patients to review in outpatients because of high numbers, which was further exacerbated by COVID-19. But opening the new service has enabled us to see up to 50 patients per day. Without this service, these people would most certainly not have had a review this soon."

Jennie says feedback has been extremely positive. "The patients are appreciative of this service as it avoids visiting hospital and is easy to access," she added. "The feedback is highly favourable as it is a short appointment which is simple and effective for them. There is also the potential for this service to expand in the near future too."

Support and care to asylum seekers and refugees

Staff worked around the clock to support refugees and asylum seekers who were housed in Wolverhampton last year.

Practice staff at Thornley Street Medical Centre helped to register and care for 200 asylum seekers from across Europe. At West Park Surgery staff also worked hard to register and care for 50 refugees from Afghanistan.

Specialist equipment to improve safety for mums and premature ill babies

Investment in specialist neonatal equipment has allowed faster and more efficient treatment for new-born babies on New Cross Hospital's delivery suite.

The trolley, which was funded by the Black Country and West Birmingham Local Maternity and Neonatal System, cost just over £16,000 and is primarily being used on babies born earlier than 30 weeks, which on average affects 30-40 babies per year.



New treatment for heart patients

In December we announced an innovative heart treatment which could treat up to 50 patients a year is available at Wolverhampton’s New Cross Hospital.

The MitraClip device can be fitted to patients as an alternative procedure for those deemed too high risk for mitral valve repair surgery. It is less invasive; recovery time is faster and it is more effective than medical treatment alone.

The procedure is performed under general anaesthetic, takes between one to two hours and goes through the skin and is therefore less invasive, avoiding open heart surgery with a sternotomy and the need to go on to a bypass machine. This allows a more rapid recovery and shorter hospital stay.

New £250,000 simulation suite opens

A new £250,000 simulation suite opened up to help train the doctors and physicians of the future.

The high-fidelity SimiGen suite, which took four months to construct, is a learning centre for medical students, located on the same floor as the existing simulation suite (SimWard) in the Wolverhampton Medical Institute. Eventually the two will be linked via a single server.

Solar Farm project

Work has now begun on a new solar farm which will help to power the whole of New Cross Hospital, becoming the first in England to fully utilise and operate its own facility providing renewable energy.

It is estimated the solar farm, which is due to be completed and operational by spring next year, will power the hospital for three quarters of the year – around 288 days of self-generated renewable energy.

Existing green energy sources are already in use at the hospital, including harnessing heat from a waste incinerator and a combined heat and power system, with most of the imported electricity coming from the solar farm.

The new solar farm will save the Trust around £15 million-£20 million over the next 20 years – around £1 million a year, money which will be put back into frontline healthcare.



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).

The Trust is one of the largest providers of healthcare in the West Midlands, covering acute, community and primary care services. The Trust’s services cover the population of Wolverhampton, the wider Black Country, South Staffordshire, North Worcestershire, and Shropshire. The Trust acts as a specialist centre for a number of different services including, but not limited to, cancer, stroke and heart and lung services. In addition to this, it acts as a host for the Black Country Pathology Services (BCPS) – a single pathology service run by The Dudley Group NHS Foundation Trust, Sandwell & West Birmingham Hospitals NHS Trust, Walsall Healthcare NHS Trust, and The Royal Wolverhampton NHS Trust.

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 (AHPs) 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.

The Trust is the largest employer in Wolverhampton with more than 10,000 staff. Services are provided from the following locations:

- **New Cross Hospital**
Secondary and tertiary services, Maternity, Accident & 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**
Nine 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 cancer detection

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The Trust is the largest employer in Wolverhampton with more than 10,000 staff.

Our Local Population - some health indicators

The Trust’s main site, New Cross Hospital, is in the heart of a diverse city with a CCG-registered (Clinical Commissioning Group) population of 262,000 people. Recognising the proximity to neighbouring areas, the wider population that we serve is closer to 450,000. 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 Office of National Statistics (ONS) estimates that the population of Wolverhampton will grow by approximately 4% by 2025 with a current age profile broadly in line with that of the country as a whole. A key challenge for the Trust is the diversity of the communities we serve. Wolverhampton is characterised by high levels of deprivation whereas South Staffordshire is typically more prosperous and less ethnically diverse. As a Trust, we work closely with colleagues in Commissioning and the Local Authority to develop the Health and Wellbeing Strategy. We also contribute to the Joint Strategic Needs Assessment (JSNA) that defines the health considerations across our communities. We know that high levels of deprivation are a determining factor in the health of a population. Life expectancy in Wolverhampton is lower than for England as a whole and the mortality rate across all causes is higher than for England as a whole. In terms of behavioural risk factors, Wolverhampton has a lower percentage of physically active adults than the country and a higher percentage classified as overweight or obese. Smoking prevalence is, however, slightly below the English average. Finally, males experience a health inequality at birth of 7.8 years and females, 6.3. Both are higher than the national average.

Table 1 - Wolverhampton Health Data

	Wolverhampton	South Staffordshire
Population	¹ c263k	³ c112k
Ethnic Background	² White: 64.5% BME: 35.5%	³ White: 96.5% BME: 3.5%
Life Expectancy	¹ Males: 77.3 Females: 81.9 Below national average	³ Males: 80.3 Females: 84.3 Above national average
Quality of Life (Disability free life expectancy)	¹ Males: 58 years (lower than national average) Females: 61 years (lower than national average)	⁵ Males: 71 years (higher than national average) Females: 73 years (higher than national average)
Deprivation	¹ 17th most deprived LA 51.3% of population amongst the 20% most deprived nationally	⁵ 250th most deprived district 9% of population amongst the 20% most deprived nationally
Morbidity	¹ 67.3% of adults (18+) classified as over weight or obese ² 27.7% suffer from one or more LTCs Single greatest cause of years of life lost: Cardiovascular Disease	³ 62.7% of adults (18+) classified as over weight or obese ⁴ 18.7% suffer from one or more LTCs Single greatest cause of years of life lost: Cardiovascular Disease

Taken from:
¹ Health Profile 2017-19, Public Health England
² Wolverhampton JSNA 2019
³ Health Profile 2017-19, Public Health England
⁴ Health & Wellbeing Profile 2015 for South Staffordshire
⁵ South Staffordshire E-JSNA

Activity overview 2021-2022

Table 2
Performance against the National Operational Standards

Indicator	Target (2020/21)	Performance		
		2021/22	2020/21	2019/20
Cancer two week wait from referral to first seen date	93%	81.87%	86.85%	82.11%
Cancer two week wait for breast symptomatic patients	93%	36.66%	51.42%	35.19%
Cancer 31 day wait for first treatment	96%	83.25%	86.03%	87.14%
Cancer 31 day wait for second or subsequent treatment - Surgery	94%	63.80%	76.02%	84.84%
Cancer 31 day wait for second or subsequent treatment – Anti-cancer drug	98%	96.56%	97.92%	99.66%
Cancer 31 day wait for second or subsequent treatment - Radiotherapy	94%	84.96%	92.61%	90.87%
Cancer 62 day wait for first treatment	85%	47.36%	55.49%	58.07%
Cancer 62 day wait for treatment from Consultant screening service	90%	48.66%	58.33%	60.18%
Cancer 62 day wait- Consultant upgrade (local target)	88%	67.07%	68.87%	74.49%
28 Day Faster Diagnosis Standard (all routes)	75%	71.42%		
Emergency Department - total time in ED	95%	81.55%	85.56%	85.91%
Referral to treatment - incomplete pathways	92%	68.42%	65.26%	84.31%
Cancelled operations on the day of surgery as a % of electives	<0.8%	0.43%	0.34%	0.65%
Mixed sex accommodation breaches	0	0	0	0
Diagnostic tests longer than 6 weeks	<1%	31.76%	45.27%	3.16%

Table 3
Performance against other National and Local Quality Requirement

Indicator	Target (2020/21)	Performance		
		2021/22	2020/21	2019/20
Clostridium Difficile	48	57	46	43
MRSA	0	1	2	2
VTE Risk Assessment	95%	94.84%	93.57%	94.48%
Duty of Candour	0	0	1	0
Stroke - 90% of time spent on an acute stroke ward	80%	83.30%	91.88%	94.08%
TIA - assessed and treated within 24 hours	60%		54.58%	85.02%
Ambulance handover breaches - 30-60 minutes	0	3,626	1,526	1,547
Ambulance handover breaches - 60 minutes or more	0	3,743	1,119	221
Trolley waits in A&E - no more than 12 hours	0	523	169	38
Referral to treatment - no one waiting longer than 52 weeks	0	1,697	2,404	0

*The Duty of Candour disclosure is subject to the appropriate investigation and reporting.

Our Vision and Values

The Trust strategy was refreshed in 2021. Due to the exceptional circumstances and uncertainty resulting from the COVID-19 pandemic, this was refreshed for 2021/22 with a view to agreeing a longer-term strategy in 2022/23.

Our Vision:

“To be an NHS organisation that continually strives to improve the outcomes and experiences for the communities we serve.”

This reflects our relentless pursuit of continuous improvement. Our Values are the beliefs that we hold that guide our behaviour in achieving this vision.

Our Values:

- **Safe and Effective**
We will work collaboratively to prioritise the safety of all within our care environment.
- **Kind and Caring**
We will act in the best interest of others at all times.
- **Exceeding Expectation**
We will grow a reputation for excellence as our norm.

Our Strategic Objectives and the risks to achieving them

To support the achievement of our vision, we have developed a set of Strategic Objectives – practical goals we aim to achieve that will support us in the realisation of our vision.

Trust Strategic Aims 2021-2022

The Trust’s strategic aims, and the strategic objectives that underpin them are shown below.

Strategic Aims					
To have an effective and well integrated health and care system that operates efficiently	Seek opportunities to develop our services through digital technology and innovation	Attract, retain and develop our staff and improve employee engagement	Deliver a safe and high quality service	Operationally manage the recovery from Coronavirus to achieve national standards	Maintain financial health – appropriate investment to patient services
Strategic Objectives (2021-22)					
Establish the Wolverhampton Health Board and implement the associated operating framework	Identify and implement a digitally enabled operating model in partnership with Babylon	Maintain the lowest vacancy levels in the Black Country	Recover and restore planned activity to at least 85% of normal levels by July 2021.	Delivery of the RWT component of the STP medium term financial plan	
Work with partners to develop a model of care collaboration across the Black Country	Develop a person centric integrated data resource for population level planning and research	Increase the percentage of staff who deem the organisation has taken positive action on their health and well being	Achieve best practice for the management of Covid patients	By March 22, reduce the number of patients awaiting initial cancer treatment to the levels seen in February 2020	Use our influence for Black Country investment into RWT and maximise external capital opportunities to support the development of the estate and related assets
Establish a South-West Staffordshire Integrated Care Partnership	Establish a Digital Collaborative to focus on the construction, engineering and analysability of a high quality clinical and care data set	Improve overall employee engagement	Reduce indirect harm caused by Covid by establishing systems to identify and monitor learning from related incidents	Prioritise the treatment of P1 and P2 patient, reducing the number waiting to the levels seen in February 2020	
Improve outcomes for patients and efficiency of process through closer collaboration with Walsall		Reduce the gap in engagement scores for BAME staff and improve performance against the Workforce Race Equality standard	Reduce harm by assessing, recognising and responding to prevent patient deterioration		
			Promote equity of access and equality of outcomes by understanding and reporting the outcomes of service users		

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 2021/22. These are regularly reviewed and revised by the Board and Board committees.

BAF Risks

- Recovery and restoration of cancer services and activity.
- Recovery and restoration of services impacted upon by the COVID-19 pandemic.
- Future financial flows may be insufficient to fund Trust services.

Early in the financial year, the Trust closed its Board Assurance Framework risk relating to the recruitment of staff. The Trust maintains a list of possible risks that is also subject to regular review.

Key risks and issues - related to activity

The pandemic continues to heavily impact the operation of the hospital and the activity that it delivers. For our planned patients, enhanced infection prevention and control measures and social distancing were in place throughout 2021/22 and reduced the number of patients we would have ordinarily been able to treat. At the same time, continued outbreaks of coronavirus disrupted our planned programme as staff sickness and inpatients with the virus increased.

Emergency activity remained at high levels throughout the year and was coupled with challenges in social care capacity that affected our ability to discharge patients.

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 2021/22 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 re-affirmed by the Trust's Statement of Financial Position as of 31 March 2022.

Performance Summary (what we achieved)

We recognise that maintaining excellent clinical care is a reflection of the support and commitment of all of our colleagues from our doctors and nurses to support staff. 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.

Some of our key achievements over the past 12 months are:

- The Trust was successful in its bid to provide a new 'Community Diagnostic Centre' (CDC) at Cannock Chase Hospital. The centre has significantly cut waiting times for patients receiving scans and is a configuration of demountable units containing two CT scanners and one MRI scanner. Patients are being invited to use the facility as they are seen very quickly, and having checks, scans and tests can spot any signs of disease earlier and improve their health outcomes. Open seven days a week, the CDC scans an average of around 25-30 patients per day for both CT and MRI.
- At the start of the pandemic, the Trust reverted to delivering a number of outpatient appointments via telephone in order to prevent any delay to a patient's care. Video and phone appointments held at The Royal Wolverhampton NHS Trust have saved patients almost two million miles of travelling over the last year. The Trust also estimated that in the 12 months to March 2022, the benefits of running virtual appointments saved 1,864,673 miles of travelling and staying at home led to 343.7 tonnes of the greenhouse gas carbon dioxide being saved. It would take 180.8 hectares of forest a year to capture that amount of CO2. The virtual appointments have also been popular with patients who do not have to factor in travel time or parking.

- Work has begun on a new solar farm which will help to power the whole of New Cross Hospital, becoming the first in England to fully utilise and operate its own facility providing renewable energy. A sod cutting ceremony was held in November 2021 to officially kick off work at the former landfill site, which is the size of 22 football pitches and around a ten-minute walk from the main hospital site in Wednesfield. It is estimated the solar farm, which is due to be completed and operational by spring next year, will power the hospital for three quarters of the year – around 288 days of self-generated renewable energy. Existing green energy sources are already in use at the hospital, including harnessing heat from a waste incinerator and a combined heat and power system, with most of the imported electricity coming from the solar farm. The new solar farm will save the Trust around £15 million-£20 million over the next 20 years – around £1 million a year, money which will be put back into frontline healthcare.



- Cannock Chase Hospital became one of the first in the region to perform a same-day hip replacement operation. The procedure, which is carried out in theatre, takes just an hour of surgical time, meaning the patient does not need to be admitted to an inpatient ward. A nurse will follow an agreed pathway to ensure the patient is comfortable and has painkillers to ease any discomfort. Then, a physiotherapist will mobilise the patient and, once it is safe to do so, they will be discharged later that day.
- The Trust was delighted to start welcoming back visitors into its sites from March 2022. It was an emotional and wonderful sight to see patients and loved ones in real life again, however, we remain vigilant with our policies to keep staff and patients safe.
- Our staff survey results were above the national average in all areas with the highest response rate seen since 2018. We remain focused on improving further and have prioritised:
 - Working with line managers to help foster positive team cultures
 - Developing our health and wellbeing offer to be responsive to the needs of all of our staff
 - Working with colleagues to reduce the instances of staff experiencing discrimination of any kind

- More than 50 staff have been recruited by The Trust to support the mental wellbeing of their colleagues. Professional Nurse Advocates (PNAs) have been introduced to equip staff to listen and to understand challenges and demands of fellow colleagues, and to lead support and deliver quality improvement initiatives in response.
- More than 1,100 international nurses will have been recruited across the Black Country and West Birmingham by the end of 2022, making it the largest ever such recruitment drive in the Midlands.
- Organised through RWT, the campaign recruited more than 600 nurses from abroad in 2021, to work in locations across the Black Country and West Birmingham Integrated Care System (ICS). The nurses have arrived from countries around the world including the Philippines, South Africa, Brazil, Ghana, Nigeria, Nepal and India. More than 500 of these are already in work, with the remaining nurses set to arrive over the next three months. Most have been recruited to work for Royal Wolverhampton (292), while 189 are employed at Walsall Healthcare NHS Trust. There are 75 each at Sandwell and West Birmingham Hospitals NHS Trust and The Dudley Group NHS Foundation Trust, and 15 at Black Country Healthcare NHS Foundation Trust.



- A new partnership between neighbouring health providers is making it easier for patients to be treated closer to home. RWT has recently taken on the neurology service on behalf of Shropshire Clinical Commissioning Group (CCG), meaning that patients can now be seen at locations more convenient for them.
- More than 500 people have been able to avoid hospital altogether or reduce their stay thanks to a virtual ward launched a year ago in Wolverhampton. The virtual ward/hospital at home service, provided by RWT was set up to prevent hospital admission and/or an earlier discharge from hospital. The service launched in January 2021 to support COVID-19 patients to receive nursing intervention, monitoring and support at home. Since then, it has supported 462 COVID-19 patients and 117 patients with Chronic Obstructive Pulmonary Disease (COPD) which causes breathing difficulties.
- The Black Country Pathology Services (BCPS) welcomed microbiology staff from Sandwell and West Birmingham NHS Trust into their new base at the New Cross Hospital site. A pathology network of four organisations, the BCPS support Sandwell and Birmingham NHS Trust, The Dudley Group NHS Foundation Trust, Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust – with the latter hosting a centralised laboratory for all sites. Since the BCPS launched in October 2018, a number of medical and laboratory staff transferred to RWT as the host Trust, all to make testing more efficient across the region. This included workstreams aimed at the reduction in over testing, improving the resilience of IT systems and a general reduction in pathology costs.
- Staff at RWT have worked around the clock to support refugees and asylum seekers who are currently living in Wolverhampton. Practice staff at Thornley Street Medical Centre have helped to register and care for 200 asylum seekers from across Europe. At West Park Surgery staff have also been working hard to register and care for 50 refugees from Afghanistan. Both practices have been working collaboratively with health visitors, midwives and social services to ensure all patients were registered and triaged within a few weeks. Some of the asylum seekers/refugees needed urgent medication, and others needed urgent referrals initiated, and these were undertaken with the development of new processes set up to expedite these.

“

It is the combined effort of every member of staff, whatever their role, which enables the Trust to provide high quality and effective services.

A2 - Performance Analysis

Performance Summary

Details in Activity Overview section

Performance Analysis

A summary of our performance against the key national standards is shown in the Activity Overview section. The pandemic continues to impact the achievement of many of these standards and has significantly changed the profile of our waiting list. Throughout the year, the Trust has followed the priorities set by NHS England relating to recovery – focusing on the prioritisation of cancer services, other urgent patients and those who have waited the longest.

The impact of the pandemic will continue to have a bearing on our performance going into 2022/23 but with priority being given to accelerating recovery.

Equality of Service Delivery

Given the diversity of the population that we serve, the Trust is very mindful of the health inequalities that exist. That is why we are committed to ensuring that we treat all of our patients equally and based solely on clinical priority. We are working with partners across the system to understand the complexities behind these health inequalities, why they exist and how they can be removed.



Key Financial Performance Information

The following summary of financial performance during 2021-2022 is drawn from the Annual Accounts. The Department of Health and Social Care 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 2021-2022 the Trust made a surplus of £4,454,000 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 and Social Care 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 and Social Care 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 2021-2022 it achieved this, spending (£27,944,000) (£12,982,000 2020-2021) against a limit of (£27,944,000) (limit of (£7,370,000) in 2020-2021).

Capital Resource Limit:

This is a limit, imposed by the Department of Health and Social Care, 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 £29,416,000 (£49,900,000 in 2020-2021) against a limit of £29,442,000 (£50,701,000 in 2020-21). For 2021/22 there is an underspend against CRL of £0.026m (0.08% of CRL target was underspent) which was within tolerance of CRL target achievement. For 2020/2021 there is an underspend against CRL of £0.801m which was expected from NHSI/E. This underspend is PDC paid to the Trust (in June 2020) in respect of costs the Trust incurred in 2019/2020 and self-funded. The PDC paid over in 2020/2021 was a ‘cash top-up’ and the Trust has prudently used the PDC to reimburse its cash balances.

Valuation of Trust’s Land & 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 2022 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:

- 127,656 invoices received during the year, 111,605 (87.4%) were paid within 30 days of receipt of goods or a valid invoice (whichever is the latter).
- Against a turnover of £817,270,000, the break even in-year position was £4,454,000, with a break even cumulative position of £64,574,000.
- The accounts for the Trust were produced in line with the Department of Health and Social Care’s Group Accounting Manual, with particular judgement being exercised this year in regard to provisions, leases and useful economic lives of assets.

Greener NHS Programme

The UK has a legal obligation under the Climate Change Act of 2008 to reduce carbon emissions by 80% by 2050. This will positively affect the health of patients, the population and the health system including the NHS, with increased air quality and lower levels of high carbon travel, whilst also working to mitigate the effect of climate change. The NHS has since committed to being the world’s first ‘net zero’ National Health Service by setting two targets:

- For the emissions we control directly (the NHS Carbon Footprint), we will reach net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032;
- For the emissions we can influence (our NHS Carbon Footprint Plus), we will reach net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

The Department of Health and Social Care acknowledges that the health and care system in England is responsible for an estimated 4-5% of the country’s carbon footprint and has a major role to play in achieving the UK carbon reduction target. As part of the Greener NHS Programme, we have continued to make significant progress in this area and have started to adopt the principles within Delivering a Net Zero Health Service report.

Following on from last year, whereby the Trust set out and adopted a new Green Plan, we are making significant strides towards decarbonisation after securing additional Government capital grant funding under the Public Sector Decarbonisation Scheme (PSDS). In direct competition with other Public Sector service providers, we were able to secure £10m to spend in 21/22 and have also now been able to secure a further £33m for investment in an additional programme of work in 22/23. We understand this funding stream is set to continue in the future as the Government supports changing behaviours towards a greener economy. We see the PSDS funding as a target area for the Trust in order to support us to meet the requirements under the Greener NHS Programme.

In securing capital grant funding, we are also now investing in new engineering technologies to assist the Trust in heating and powering our buildings with technologies that will significantly reduce our carbon outage. This has the benefit of reducing our exposure to risk and costs associated backlog works pressures. It will also contribute towards the NHS targets as well as our Green Plan requirements; it may also protect the Trust against future carbon taxes that are likely to be introduced.

Part of this new capital grant funding has helped to support the development and construction of a new Solar Farm that will help to power the New Cross Hospital site and provide clean green energy to the Trust. The Trust will be the first Acute Hospital in England to be powered by a large scale inner-city solar farm. This is something that should be celebrated both regionally and indeed nationally; it shows what can be achieved with clear focus and partnership working with a Local Authority that has our shared values of improving the wellbeing of our communities.

As part of our continued focus on delivering net zero carbon, we recruited a new Head of Sustainability to ensure that we capture the widening scope beyond the traditional “estates functions.” We have also added further expertise to the Trust Sustainability Group from clinicians as we move towards more emphasis on Trust activities and services and how we can look to shape our future ways of working.

The Trust is also working with external carbon specialists to help to calculate and review its current carbon footprint and the focus areas where reductions are to be targeted. The Trust is supporting the shaping of regional strategy within the Black Country ICS/ICB and plays a key role in supporting the wider Sustainability Network. It is well placed to set an example on carbon reduction and the adoption of sustainable best practices. Improved carbon efficiency will not only lead to financial savings but will produce far-reaching environmental benefits. The Trust remains committed to the ideals of protecting and improving the environment and reducing carbon to improve our community’s health. It will further develop its approach to embedding sustainable practices and, where possible, act as an exemplar to its community, other NHS Trusts, and partners.

Energy use:

The table below outlines the amount of energy used across the Trust Estate (2021/22).

Table 4 - CO2 Emissions

The annual imported energy consumption has increased overall since the last report by around 12,128,332 kWh. We also need to recognise that as we continue to develop the Trust Estate we increase the use of energy in the provision of additional services – most notably our electricity demands whether generated by the CHP (Combined Heat and Power) Unit or imported from the grid. This is one of the reasons why the Trust is looking at alternative sources of clean green power, for example, the Solar Farm development which will help to mitigate our increased energy usage and costs.

Energy	Unit	Community	New Cross	West Park	Cannock	Carbon Conversion
Electricity consumed	kWh	253,977	8,396,096	631,732	3,567,903	0.449
Gas consumed	kWh	862,624	69,247,865	3,260,125	7,625,444	0.184
Oil consumed	kWh	0	381,022	14,256	50,544	0.286
Total		1,116,601	78,024,983	3,906,113	11,243,891	

Carbon Tonnage:

The table below outlines the total amount of recorded CO2e (carbon equivalent) used in operating the Trust Estate (2021/22).

Table 5 - Carbon Tonnage

Tons of CO2e	Community	New Cross	West Park	Cannock	Total
Electricity consumed	114	3,868	284	1,602	5,867
Gas consumed	159	12,742	600	1,403	14,903
Oil consumed	0	102	4	14	119
Total	273	16,711	887	3,019	20,890

The total annual carbon calculation has noted an increase of around 6% since the last report due to an increase in consumption. There are many factors than can influence this; in particular increasing the estate floor space and the provision of new services from the New Cross site such as the Black Country Pathology Service. We would hope to see a considerable reduction in carbon usage in the next year, but again this will be subject to any similar increases and any impact from the PSDS (Public Sector Decarbonisation Scheme) works. The Trust continues to look at investment in plans to support the reduction of energy consumption and the Sustainability Group will shape this even further in the future as part of the adoption of the NHS Delivering Net Zero Health Service Report.



Engagement with Public, Patient and Stakeholders

Patient and Public Engagement and Co-production

Key initiatives during 2021/22

Despite the impact of COVID-19 throughout 2021/22, the Trust has continued to progress the three-year Patient Experience, Engagement and Public Involvement Strategy (2019-2022). This strategy sets out how the Trust would aspire to further improve patient experience, engagement, and public involvement. Several initiatives have been implemented this year which focused on improved processes, co-production and continuous improvement.

We have:

- Undertaken an assessment against the Parliamentary Health Service Ombudsman which will then involve a review of the formal complaints policy and early adoption of the standards. We have used complaints as a metric to identify performance issues and highlight and share learning and good practice.
- Designed a complaints feedback analysis tool specifically adapted to look at End of Life complaints with an emphasis on qualitative feedback and the ability to specifically identify the stage of the patient's journey that dissatisfaction occurs.
- Embedded the NHS England Initiative of 'Always Events' within Paediatrics and designed key Always Events as part of a co-production approach with patients
- Ensured triangulation of patient experience with wider quality, safety, workforce and performance metrics
- Included stakeholders, patients and/or their carers to contribute and co-produce documents and initiatives to improve the patient experience
- Worked in collaboration with the University of Wolverhampton on a project to embed co-design and production throughout the Trust.
- Increased the ways and means of how patient feedback is obtained by making more literature available in other languages and sought feedback by the release of videos in other languages – engaging with communities whose first language is not English.

- Introduced compassionate/purposeful visiting guidance to enable a supportive visiting approach for vulnerable patients. This was followed by the 'Welcome Hub' which was established in mid-March 2022 to manage the visiting process following a period of restricted visiting.
- Continued to demonstrate a notable percentage increase on closed complaints not upheld and the same notable reduction for closed complaints partially or fully upheld, when compared nationally. This data is supported by subsequent low numbers of our own complaint investigations being successfully appealed and upheld by PHSO.
- Implemented a specific volunteer services improvement plan – some groups of community clinical volunteers who supported the Trust throughout the year have gained paid employment as a result of volunteering.

Patient Stories

Patients and carers were again encouraged to express how it feels to receive care from the Trust by sharing their 'Patient Stories'. Such stories provide 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. Patient Stories are shown at Senior Managers' Briefings and Trust Board sessions.

Council of Members

The Council of Members, established in 2017, has 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 has provided a patient perspective to the Trust on a range of important topics.

During 2021/22, the impact of COVID-19 meant that progress of the Council has been slow and the level of active involvement in Trust workstreams and external events was limited - members have been active where possible albeit via virtual meetings.

1. Key Topics Covered by Council Meetings

- Operational changes
- Trust response to COVID-19
- Equality, Diversity and Inclusion
- Engagement
- Trust Dementia Services

In relation to some of these topics, the Council received a number of presentations followed by discussion and feedback to lead officers. Whilst these were the major items for consideration, the Council was routinely approached for its views on a whole range of day-to-day service delivery issues.

2. Member Involvement in Trust Workstreams

Council members have participated in a range of Trust work groups and initiatives to provide a patient perspective in areas such as:

- Equality, Diversity, and Inclusion Steering Group
- Complaints Review Panel
- Trust Research and Development Projects
- Trust Policy Group meetings
- Infection Control Committee
- Reviewing patient leaflets
- Contributing to RWT research projects.

3. Membership Base

Throughout the year, the Council has continued to attract interest from new members. During 2021-22 the number of members has been stable, but we have expanded the group to be more inclusive and now have members with different ethnicities and abilities.



Serious Incidents
(including Never Events)

The Trust reviews Serious incidents to identify themes for redress and improvement. Over 2021/22 the top reported categories were Diagnosis, Treatment Delay, Treatment, and Care. Within these categories some themes identified included communication, policy, and human factors. The Trust will undertake further reviews where appropriate to develop a targeted action plan for continuous improvement.

Workforce

The Royal Wolverhampton NHS Trust is one of the largest NHS Trusts in the West Midlands, and the largest employer within the local community. It employs around 10,609 substantive staff providing primary, acute and community services and we are incredibly proud of the diversity of both our staff and the communities we serve. We are building a workforce that can help us to fulfil our values, improve quality of care for patients, and solve the healthcare problems of tomorrow. We're passionate about the value that diversity of thinking and lived experience brings in enabling us to become a learning organisation, an anti-racist organisation, and a leader in delivering compassionate care for our patients. We became the first Trust in the Black Country to achieve the Race Code Charter Mark status and won three Black Country ICS Black History Month Awards in October 2021 for achievements on race equality. We have a growing and dynamic Employee Voice Group membership, representing staff voices for Black Asian and Minority Ethnic Staff, Lesbian Gay Bi-sexual and Trans staff, carers, and staff with disabilities and long-term conditions.

Table 6 - Serious Incident Summary, Never Events Incidents

Reported to STEIS within stated date range 01/04/2021 to 31/03/2022

*The figures above do not include any agreed removals. All above data is true and correct at the time of publication

Category	01/04/2021 to 31/03/2022
Actual Self-Inflicted Harm/Suicide	1
Confidential Breach	6
Diagnostic	14
Infection	47
(C.Diff)	(2)
(Covid-19)	(39)
(CPE)	(1)
(MRSA)	(1)
(Review of potential hcai covid related deaths)	(4)
Maternity	8
Medication	1
Never Event	2
(Wrong Site Surgery)	(1)
(Misplaced NG Tube)	(1)
Pressure Ulcers	2
(Hospital acquired)	(2)
Slip/Trip/Fall	8
Sub Optimal Care	13
Surgical	2
Treatment Delay	23
Unexpected Death	3
(coded as pending at this time)	
VTE	1
TOTAL	131

The Trust is a supportive working environment committed to creating flexible working arrangements that suit the diverse needs of staff, and as such will consider all requests from applicants who wish to work flexibly.

We employ a significant proportion of our workforce from the Wolverhampton postcode area, and we continue to strengthen our networks with local partner organisations, schools, colleges, and universities to provide a range of opportunities for employment at all levels including apprenticeships, entry level roles and healthcare career pathways.

Headcount, Gender, Disability and Ethnicity (Tables 8, 9, 10 & 11)

Headcount 31 March 2022

The following tables set out the workforce profile and headcount for gender, disability, sexual orientation, and ethnicity as of 31st March 2022.

Gender

A significant proportion of our workforce is female, representing 79% of the workforce, in line with the over NHS gender profile.

Table 7 - Gender

Gender Status	Count of Employee Number	
Female	8412	79%
Male	2197	21%
Grand Total	10609	100%

Gender by Band	Count of Employee Number		
Banding Grouped for Gender	Female	Male	Grand Total
AfC Bands 1-4	84%	16%	100%
AfC Bands 5-7	84%	16%	100%
AfC Bands 8a-9	73%	27%	100%
Apprentices	68%	32%	100%
Execs	36%	64%	100%
Kickstarters	76%	24%	100%
M&D	44%	56%	100%
Non-Execs	58%	42%	100%
VSM	43%	57%	100%
Grand Total	79%	21%	100%

Ethnicity

The ethnic demographic of the Trust's workforce as of 31st March 2022 is 32.65% (compared to 30.75% in the previous year) and is in line with the Black Asian Minority Ethnic (BAME) profile of Wolverhampton.

Table 8 - Ethnicity

Ethnicity Status	Count of Employee Number					
Staff Group	BAME	White	Unknown	BAME	White	Unknown
Add Prof Scientific and Technic	99	186	3	1%	2%	0%
Additional Clinical Services	623	1337	24	6%	13%	0%
Administrative and Clerical	487	1847	18	5%	17%	0%
Allied Health Professionals	129	456	7	1%	4%	0%
Estates and Ancillary	125	692	4	1%	7%	0%
Healthcare Scientists	173	337	17	2%	3%	0%
Medical and Dental	675	303	110	6%	3%	1%
Nursing and Midwifery Registered	1079	1834	36	10%	17%	0%
Students	3	5		0%	0%	0%
Grand Total	3393	6997	219	32%	66%	2%

Ethnicity Status	Count of Employee Number	
Asian	1966	19%
Black	899	8%
Mixed	289	3%
Other	239	2%
Unknown	219	2%
White	6997	66%
Grand Total	10609	100%

Disability

The proportion of employees disclosing a disability on their Employee Service Record (ESR) has increased by 0.08% (1.36% in 2021). Our Disability and Long-Term Conditions Employee Voice Group has become more established in this last year and has worked closely with the Trust on measures and initiatives that raise awareness of disability and ensure the voices of disabled staff are heard.

Table 9 - Disability

Disability Status	Count of Employee Number	
No	7758	73%
Not Declared	2590	24%
Prefer Not To Answer	54	1%
Yes	207	2%
Grand Total	10609	100%

Table 10 - Sexual Orientation

The Trust collects data on the sexual orientation status of employees. Two per cent of the workforce has declared it is Lesbian, Gay, or Bi-sexual (LGB). Thirty three per cent of the workforce has not stated this information. The Trust has an active LGBT+ Employee Voice Group that has led on a number of inclusion initiatives for LGBT staff and patients including the Rainbow Badges Scheme, rainbow pedestrian crossing, and the development of Trans Inclusion Guidance.

Sexual Orientation Status	Count of Employee Number	
Not stated (person asked but declined to provide a response)	3483	33%
Heterosexual	6933	65%
Bisexual	69	1%
Gay or Lesbian	107	1%
Undecided	7	0%
Other sexual orientation not listed	10	0%
Grand Total	10609	100%

Table 11 - Staff numbers by Proportion

(Trust Board, Senior Managers and Other Staff)

Staff Type	Female	Male	Grand Total
Apprentice	20	7	27
Other Staff	7969	1438	9407
Student Nurse	67	4	71
Trust Board - Execs	3	7	10
Trust Board - Non Execs	4	5	9
Medical and Dental	483	674	1157
VSM / Band 8a+	399	165	564
Grand Total	8945	2300	11245

Staff Type	Female	Male
Apprentice	74.07%	25.93%
Other Staff	84.71%	15.29%
Student Nurse	94.37%	5.63%
Trust Board - Execs	30.00%	70.00%
Trust Board - Non Execs	44.44%	55.56%
Medical and Dental	41.75%	58.25%
VSM / Band 8a+	70.74%	29.26%
Grand Total	79.55%	20.45%

Staff catchment area

At the end of the financial year March 2021, 59% of the Trust’s workforce resided within a WV postcode (Source: Electronic Staff Record system); there has been no change to this from the previous year.

Sickness absence

Sickness absence – also applies to Section C Financial Statements

Ethical Procurement, Human Rights (Anti-Slavery) in contracted services

The Trust sources its procurement function through the Integrated Supplies & Procurement Department (ISPD) based at University Hospitals North Midlands which is committed to:

Utilise the Sustainable Procurement Flexible Framework (SPFF) to facilitate the procurement of goods and services in a more innovative, sustainable manner.

This self-assessment mechanism allows each Trust to measure and monitor progress on sustainable procurement over time. All Trusts are aiming for year-on-year improvements to achieve and work through the actions in the SPFF, working through the levels from Foundation Level 1 to achieve Lead Level 5 by 2022-23:

Purchase more goods from sustainable sources, with a focus on those from local, ethical and Fair-Trade Suppliers

Reducing carbon emissions and improving labour standards are very important areas for the health and social care sector. All Trusts have an ethical duty to protect and promote health and wellbeing and contract with suppliers of goods and services that operate in a socially responsible way with good environmental practices and employment practices. The Trusts will use Ethical Procurement for Health (EPH) to support this. Products used will have sustainable specifications using Government Buying standards and Green Public Procurement criteria. Their aim is to use their buying power to generate social benefits and consider economic, social, and environmental wellbeing when negotiating public service contracts as enshrined in the Public Services (Social Value) Act 2012.

In addition, the NHS Terms & Conditions of Contract for goods & services specifies the following terms for suppliers to adhere to in relation to Equality & Human Rights:

Ensure that (a) it does not, whether as employer or as provider of the Services, engage in any act or omission that would contravene the Equality Legislation, and (b) it complies with all its obligations as an employer or provider of the Services as set out in the Equality Legislation and take reasonable endeavours to ensure its Staff do not unlawfully discriminate within the meaning of the Equality Legislation.

In the management of its affairs and the development of its equality and diversity policies, co-operate with the Authority in light of the Authority’s obligations to comply with its statutory equality duties whether under the Equality Act 2010 or otherwise. The Supplier shall take such reasonable and proportionate steps as the Authority considers appropriate to promote equality and diversity, including race equality, equality of opportunity for disabled people, gender equality, and equality relating to religion and belief, sexual orientation, and age; and the Supplier shall impose on all its Sub-contractors and suppliers, obligations substantially similar to those imposed on the Supplier.



Anti-corruption, Anti-bribery, and Anti-fraud work

This Trust is committed to providing a zero-tolerance culture to fraud, bribery and corruption whilst maintaining an absolute standard of honesty and integrity in dealing with its assets. We are committed to the elimination of fraud and illegal acts within the Trust. We have a team of fully accredited Local Counter Fraud Specialists (LCFS) to ensure the rigorous investigation of reported matters of fraud, bribery or corruption and the pursuance of redress for financial losses stemming from such acts, and the application of disciplinary sanctions or other actions, including consideration of criminal sanction, as appropriate. We adopt best practice procedures to tackle fraud, bribery, and corruption, as recommended by the NHS Counter Fraud Authority.

The Trust has implemented a range of policies, procedures and work programmes that are designed to reduce the likelihood of fraud and corruption and to help detect fraud. We annually assess the Trust’s risk exposure to both internal and external fraud. Throughout 2021/22 awareness of fraud and bribery and those policies in place has been raised across the Trust and this work will be ongoing in 2022/23. All referrals of fraud, bribery and corruption were investigated and where appropriate, cases were referred for disciplinary consideration and criminal sanction if proportionate.

The NHS Counter Fraud Authority’s Counter Fraud Function Standard Return Self-Review assessment for provider health bodies was undertaken by the LCFS on behalf of the Trust for the anti-fraud, bribery and corruption work conducted during the period 1 April 2021 to 31 March 2022, inclusive. The NHS Counter Fraud Authority will provide an overall assessment of the Trust’s counter fraud arrangements in due course.

The Chief Finance Officer has overall responsibility for counter fraud within the Trust and reports on activity are submitted to the Audit Committee.

Staff Engagement

The Trust’s staff engagement levels have remained consistent and continue to be above the national average of comparator organisations (as shown in the latest NHS Staff Survey results). This is consistent across the majority of the staff survey themes. We are committed to, and continuously strive to, provide the right conditions for our staff and in turn improve patient experience and outcomes. This is confirmed through a further notable increase in staff responding that they would recommend the Trust as a place to work (75.5%) and as a place to receive treatment (84.4%). In addition, we have seen notable improvements in the staff survey for the areas of Health and Wellbeing and Morale, which is particularly positive during the COVID-19 pandemic and is a result of the additional support, communication and engagement provided across the whole workforce.

The Trust’s commitment to delivering high-quality patient care is dependent on having healthy staff who feel supported. We believe that supporting staff wellbeing in the workplace is an important shared responsibility, which is enabled through the Trust’s strategic approach to workplace health and wellbeing. This covers the following five Wellbeing themes: Career, Mental and Emotional Wellbeing, Physical, Financial, and Community and Social Wellbeing. This is underpinned by a high-level action plan with several key priorities particularly in relation to physical and emotional wellbeing.

In supporting our staff wellbeing, the Trust put in place a dedicated website accessible for all staff with a variety of information and resources to help individuals at work and at home. Additionally, a suite of information for managers/leaders providing techniques and guidance on how to best support their teams was implemented. Our trained mental health first aiders and health and wellbeing champions continue to be a crucial resource across the organisation.

To further strengthen our approach to staff engagement, we are continuing to move forward this year with the Staff Survey Oversight group with representation from each Division, where results are discussed and progress against action plans is reviewed; in addition to providing a forum to share and learn.

Diversity and Inclusion in the Workforce

Our commitment to Equality, Diversity and Inclusion continues to be a priority for the Trust both during the COVID-19 pandemic and throughout our recovery and restoration. There has been a long-standing national commitment to reduce ethnic disparities across the NHS workforce pipeline as highlighted through the national Workforce Race Equality Standard (WRES) data. Improving the experiences and representation of Black, Asian and Minority Ethnic staff (BAME) is a key feature within the NHS People Plan and Model Employer directive.

As a Trust, we have put much focus on staff engagement and wellbeing and equality, diversity and inclusion over this last year. This has included continuing engagement with the Employee Voice Groups, listen and learn sessions with members of the Executive Team and senior leaders across the organisation and marking key equality and inclusion campaigns and events.

The Royal Wolverhampton NHS Trust is taking further proactive measures to meet its workforce equality challenges and has developed a refreshed two-year Equality, Diversity and Inclusion (EDI) Delivery Plan 2021–2023 with a focus on making improvements across six key strands which have been identified as strategic priorities. These are:

- 1) Inclusive recruitment and selection
- 2) Inclusive and compassionate leadership and culture
- 3) Inclusive Talent Management with an EDI focus
- 4) Race Code and Workforce Race Equality Standard (WRES)
- 5) Workforce Disability Equality Standard (WDES) and Carers
- 6) Lesbian Gay Bi-sexual Trans Inclusion (LGBT+)



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

Table 12 - Regulation 8 Summary

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

*There are two part-time employees spending 100% of their part-time hours on Union work.

Percentage of time spent on facility time

Provide the total cost of facility time	£40,131
Provide the total pay bill	£462,321
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

We wanted to design and implement a comprehensive career pathway to assist our young volunteering workforce.

We continued with recruitment into the clinical volunteer role, holding three recruitments within this time frame and recruiting 183 new volunteers. We appointed a Youth Volunteer Co-ordinator to lead the young volunteers’ workstream and they engaged with the local community through presentations at schools, colleges, university, The Way (Youth provision), Local Authority Youth Services, and Black County Talent Match. Recruitment fairs were also attended in collaboration with other tTrust representatives around employment from ‘Wolves at Work’. As a result of this community engagement, of the 183 people that applied, 139 were aged 16-25 (75%).

We continued placing volunteers in ward areas, the COVID-19 swab hub and vaccination hub, plus the ward activity programme in rehabilitation areas.

We continued liaising with the Trust staff bank around volunteers joining bank when they have completed a satisfactory number of volunteering hours and have gained skills and confidence in their placement areas.

As a result, 11 young volunteers gained employment last year; either in substantive, bank, or apprenticeship roles. More reported that the increased skills and confidence gained through volunteering has helped them gain positions elsewhere or progress their academic study further. Through use of a reflective logbook, reviews and peer mentoring we have been able to focus on the developmental aspect of the volunteering experience.

Quality Account

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 2021/2022.

The Trust’s quality priorities for 2021/2022 were selected as part of a consultation process with staff and external stakeholders. In addition, it reviewed what patients and members of the public said about it 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 was considered.

A variety of data reporting systems remained the source of information for the Quality Account 2021/2022. For example, the incident and complaints data was extracted from Datix (incident reporting system). Information was validated with individual leads, for example, the governance team, patient experience team, infection prevention and control lead and 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 the Patient Administration System (PAS) to outline patients that have been listed for surgery. This 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 to 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.

The Quality Account outlines the progress made against the 2021/2022 objectives together with details of the key objectives for the forthcoming year. These objectives have been set based on the priorities of the Trust, external accreditation, a variety of surveys, CQC inspection outcomes, key improvement priorities and views of staff, patients, public and key stakeholders.

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 that continually strives to improve the outcomes and experiences of the communities we serve.

We support the Trust’s work by providing:

- 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.

As a charity we did our very best to respond positively to the impact of COVID-19 on our patients and staff.

Purchases from charitable funds donated to the charity during 2021-2022 include the following items:

- Comfort packs for patient welfare due to restricted visiting
- Recliner chairs to ensure that parents visiting their babies on NNU were as comfortable as possible.
- Contribution towards the refurbishment of the Macmillan Information Centre at New Cross Hospital, which provides practical and emotional support for patients and their families as they navigate their cancer journey.

The annual report and accounts of the Trust Charity will be published in late summer 2022 with further information and more about its work.



Accountability Report



B1 – Corporate Governance Report

Directors Report - The Directors of the Trust

During the year 2021/22 and up to the signing of the Annual Report and Annual Accounts, the Accountable Officer for the Trust was Prof. David Loughton, CBE and the Trust Chair was Professor Steve Field. The Trust Board comprised Prof. Loughton and Prof. Field and the Directors on the next page (any with less than a full year of Board membership are denoted accordingly).

The roles and activities of the Trust Board committees are covered in detail in the Annual Governance Statement (section B1 of this report).

During 2021/22 the Trust Board comprised the Chair; the Chief Executive; four Executive Directors (Chief Officers) voting and three non-voting; six voting and five non-voting Non-Executive Independent Directors; and was supported by three additional Directors (three attending the Board) and a Strategic Advisor.

Each voting Chief Officer (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 review of 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 2021-2022 the Trust Board met monthly up to December 2021, then bi-monthly from February 2022 virtually, except in September 2021 (as scheduled in the Trust Board Timetable).

It conducted most of its business in public and allowed time for the press, public and other observers to lodge questions to be asked of the Directors at or after each meeting. In addition, the Trust Board undertook monthly development sessions and monthly Non-executive Director Briefings.

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

The Appointment of new Non-Executive Directors and Associate Non-Executive Directors

Rosi Edwards ended her term as Non-Executive Director on 24th November 2021, Anand Pandyan also ended his term at the Trust as Associate Non-Executive Director on 31st March 2022. Lisa Cowley joined the Trust Board as Non-Executive Director with effect from 1st February 2022. Martin Levermore, Allison Heseltine and Julie Jones all joined the Trust Board as Associate Non-Executive Directors on 7th February 2022. The Appointment of new Directors (Attending and Non-attending) and the shared Chief Medical Officer role are as detailed in the membership details.

The Chief Executive appointed two Director roles Debra Hickman, Director of Nursing, (attending Board) from November 2021, and Kevin Bostock Director of Assurance (attending Board) from January 2022.

Prof. A-M Cannaby	Chief Nursing Officer (v)
Mr A Duffell	Chief People Officer
Mr J Dunn	Non-Executive Director
Mr R Dunshea	Non-Executive Director, Senior Independent Director, Chair of Audit Committee Chair of Innovation & Research Committee
Ms R Edwards	Non-Executive Director (to 24 November 2021) Chair of Quality Governance Assurance Committee
Mr S Evans	Chief Strategy Officer
Ms S Evans	Director of Communications and Stakeholder Engagement
Prof. S Field	Chair, Non-Executive Director
Mr J Hemans	Non-Executive Director, Chair of People and Organisational Development Committee
Prof. D Loughton CBE	Chief Executive Officer (v) Chair of Management Committee
Prof. S Mahmud	Chief Innovation, Integration and Research Officer (to 14 May 2021)
Ms M Martin	Non-Executive Director, Chair of Finance and Performance Committee Chair of Remuneration Committee
Ms G Nuttall	Chief Operating Officer (v)
Dr J Odum	Chief Medical Officer
Dr B McKaig	Chief Medical Officer (from 12 July 2021)
Ms T Palmer	Director of Midwifery
Prof. A Pandyan	Associate Non-Executive Director (to 31 March 2022)
Ms S Rawlings	Non-Executive Director (to 31 September 2021) Associate Non-Executive Director from 1 October 2021 Chair of Trust Charity
Mr M Sharon	Strategic Advisor to the Board
Mr K Stringer	Chief Financial Officer/Deputy Chief Executive (v)
Prof. L Toner	Associate Non-Executive Director (to 31 October 2021) Non-Executive Director from 1 November 2021 Chair of Clinical Ethics Committee
Ms D Hickman	Director of Nursing (from 8 November 2021)
Mr M Levermore	Associate Non-Executive Director (from 7 February 2022)
Ms A Heseltine	Associate Non-Executive Director (from 7 February 2022)
Ms J Jones	Associate Non-Executive Director (from 7 February 2022)
Ms L Cowley	Non-Executive Director (from 1 February 2022)
Mr K Bostock	Director of Assurance (from 1 January 2022)

Board Membership



Professor David Loughton CBE
Chief Executive. Appointed 2004

Professor 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. Professor Loughton is a member of the National Institute for Health Research Advisory Board.

Board Attendances in 2021-2022: 9/9

Declaration of interests

- National Institute for Health Research – Member of Advisory Board
- Chair of West Midlands Cancer Alliance (from 06/06/2018)
- Interim Chief Executive Officer Walsall Healthcare NHS Trust then Chief Executive Officer from 1 April 2021)



Professor Steve Field
Chair of the Board.
Appointed 1 April 2019

Professor Field holds a number of roles at various organisations including Chair at Walsall Healthcare NHS Trust, Trustee at Nishkam Healthcare Trust and a Trustee for Pathway Healthcare for Homeless People.

Prior to his role of Chair, he was Chief Inspector of General Practice, Primary Medical Services, and Integrated Care at the Care Quality Commission (CQC). He has held several board positions in the NHS including, Deputy National Medical Director at NHS England, Regional Postgraduate Dean for NHS West Midlands, and Chair of the NHS Inclusion Health Board at the Department of Health. He also held the position of Chair of The Royal College of GPs and has been a faculty member at the Harvard Macy Institute of Harvard University in the USA. He has been awarded a number of honorary degrees and also holds academic appointments at the University of Birmingham and the University of Warwick.

Board Attendances in 2021-2022: 9/9

Declaration of interests

- Nishkam Healthcare Trust Birmingham – Trustee
- Chair, Walsall Healthcare NHS Trust
- Honorary Professor - University of Birmingham
- Honorary Professor – University of Warwick
- Director of EJC Associates
- Trustee for charity, Pathway Healthcare for Homeless People



Professor Ann-Marie Cannaby
Chief Nurse and Lead Executive for Safeguarding. Appointed April 2018

Professor Cannaby joined the Board at Wolverhampton in April 2018. Ann-Marie is a visiting 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, Professor Cannaby spent more than 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. She has successfully transitioned into different health systems and environments throughout her career. She has extensive experience of working in Accountable Care Systems (ACS), most recently the Canterbury ACS in New Zealand.

Professor Cannaby 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 2021-2022: 7/9

Declaration of interests

- Birmingham City University –Visiting Nursing Professor (from December 2020)
- Royal College of Nursing – Member
- Higher Education Academy – Teaching Fellow
- Ann-Marie Cannaby Ltd. – Director
- La Trobe University, Victoria, Australia - Honorary Visiting Fellow
- Visiting Professor Staffordshire University
- Principal Clinical Advisor – British Telecom (from 29/11/2021)
- External examiner for the University of West London in the College of Nursing Midwifery and Healthcare (from 01/11/2021 to 13/12/2021)
- Walsall Healthcare NHS Trust – Interim Deputy Chief Executive (May 2021)



Alan Duffell
Chief People Officer.
Appointed April 2017

Mr Duffell 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, Mr Duffell 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 2021-2022: 9/9

Declaration of interests

- Member of Chartered Management Institute
- Member of the CIPD (Chartered Institute for Personnel and Development)
- Member (unpaid) of the UK & Ireland Healthcare Advisory Board for Allocate Software (Trust Supplier)
- System Workforce Lead BC&WB System Workforce lead (from 01/01/21)



Professor Sultan Mahmud
Chief Innovation, Integration and Research Officer. Appointed September 2014 to 14th May 2021

Professor Mahmud has been in the NHS for 19 years and has been an NHS Board director for eight years. He has undertaken senior roles in both provision and commissioning arms of the NHS including clinical and business informatics, programme management, performance management and primary and secondary care commissioning. A keen technologist and innovator, Professor Mahmud lectures part time at various universities, nationally and internationally on healthcare innovation, information management and value in healthcare. Sultan has also enjoyed a spell in the pharmaceutical industry working in medical regulatory affairs.

Board Attendances in 2021-2022: 2/2

Declaration of interests

- Member of the Advisory Board for the Centre for Health and Social Care Leadership, HSMC, University of Birmingham



Dr Jonathan Odum
Chief Medical Officer.
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 and Divisional Director posts from 2003-11. He 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.



Gwen Nuttall
Chief Operating Officer.
Appointed 2012

Ms Nuttall has more than 20 years' experience working across a diverse range of Acute Hospitals, having previously worked for local Government.

She has worked in various management roles at The Chelsea & Westminster Hospital, Bart's, 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 2021-2022: 8/9

Declaration of interests

- None declared for 2021-2022

Board Attendances in 2021-2022: 7/9

Declaration of interests

- Private outpatient consulting and general medical/hypertension and nephrological conditions at Wolverhampton Nuffield average time spent 1-2 hours/week maximum
- Chair of Black Country and West Birmingham ICS Clinical Leaders Group (from 01/01/21)
- Fellow of the Royal College of Physicians



Brian McKaig
Chief Medical Officer.
Appointed 12th July 2021

Mr McKaig qualified from Glasgow University in 1991 and undertook postgraduate training as a gastroenterologist in the East Midlands. He undertook a period of research at the University of Nottingham (1997-2001) leading to the award of a PhD. He was elected as a fellow to the Royal College of Physicians, London and the Royal College of Physicians and Surgeons of Glasgow.

He was appointed to The Royal Wolverhampton NHS Trust in 2002 and developed a career in gastroenterology with a focus on endoscopy and endoscopy training. He was awarded a PGCME from the University of Wolverhampton in 2003 and developed the regional endoscopy training centre based at RWT. He has held regional deanery roles as Training Programme Director and Specialist Advisory Committee Chair for Gastroenterology and has held national posts supporting the British Society of Gastroenterology and the English Bowel Cancer Screening Programme.

Mr McKaig has held several managerial roles within RWT including Clinical Director for Gastroenterology, Revalidation Lead (2012-2020) and Deputy Medical Director (2017-2021). To consolidate his medical leadership learning and education, he successfully completed the Clinical Executive Fast Track Scheme through the NHS Leadership Academy in 2019.

Board Attendances in 2021-2022: 9/9

Declaration of interests

- Trustee for the Rotha Abraham Trust which was set up to advance medical research and practice to benefit the population of Wolverhampton (from 01/01/17)
- Private Practice Gastroenterology/Endoscopy MAC Members Wolverhampton Nuffield Hospital Tuesday afternoons alternate weeks (from 04/09/2020 to 03/08/2021)
- Contracted for 1PA by PHE as West Midlands Professional Clinical Advisor for the Bowel Cancer Screening Programme (from 16/01/2020 to 01/05/2021)
- Professional Clinical Advisor for Endoscopy PHE role (1PA) as Clinical QA Advisor to the West Midlands Bowel Cancer Screening Programme (from 01/07/2015 to 01/05/2021)
- Nuffield Hospital Private Practice (from 16/01/20 to 01/05/2020)



Kevin Stringer
Chief Financial Officer.
Appointed 2009

Mr Stringer is a qualified accountant with the Chartered Institute of Management Accountants (CIMA) and holds a Masters qualification in Business Administration (MBA). With more than 25 years of experience in the NHS, 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 Chair of the West Midlands Branch where he is now the Treasurer.

Board Attendances in 2021-2022: 9/9

Declaration of interests

- 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
Strategic Advisor to the Trust Board.
Appointed 1st January 2016, revised role from 1 October 2019

Mr Sharon started 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’s in operational management and in strategy, Mr Sharon became CEO of a GP company providing services to practices, followed by time as a PCT CEO.

Subsequently, Mr Sharon has been a Director at University Hospital Birmingham FT and at Sandwell and West Birmingham Trust where he was acting CEO for short time. Between these roles he 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. He enjoys spending time with his teenage children and walking in the Lake District.

Board Attendances in 2021-2022: 9/9

Declaration of interests

- Member of the Liberal Democratic Party
- Wife works as an independent trainer, coach and councillor. Some of the work is for local NHS bodies (excluding RWT). Wife had undertaken work for Walsall Healthcare NHS Trust as a self-employed trainer.
- Interim Strategic Advisor to the Board – Walsall Healthcare NHS Trust (from 01/04/2021)



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.

His other current roles are independent member of the Welsh Government’s Education and Public Services audit and risk assurance committee and Chair of the audit committee of the Geological Society. He is volunteer warden with Natural England. He is a Chartered Public Finance Accountant and Fellow of the Geological Society.

Board Attendances in 2021-2022: 8/9

Declaration of interests

- Geological Society of London – Member of Audit Committee (from 14/12/2018)
- Independent member of the Welsh Government Audit and Risk Committee for Education and Public Services
- Independent Member of Judicial Appointments Commissions ARAC (from 01/07/2021)



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 to 24th November 2021

Ms Edwards’s experience has been in the public sector in enforcement of health and safety legislation and promoting improved management of risk. She started her career as HM Inspector of Factories in South Yorkshire and moved to the West Midlands in 1987 to take up a post as operational policy lead for Robotics and Automation.

She has held a variety of senior management posts in the Health and Safety Executive including head of a regional team of specialist inspectors, occupational health physicians and scientists, head of Operational Policy for Engineering and Utilities, Operations Manager in the Construction Inspectorate, and finally Regional Director for Midlands, Wales and the South West.

Her career in HSE has given her extensive experience of assessing organisations’ ability to manage risk. Since joining the Board, she has been appointed by the Care Quality Commission as an Executive Reviewer, taking part in Well-Led inspections of NHS Trusts. She is a consultant in Occupational Health and Safety for the Organisation for Economic Co-operation and Development, currently working on improving the Italian health and safety system.

Board Attendances in 2021-2022: 7/7

Declaration of interests

- Labour Party member
- 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
- Care Quality Commission Inward Secondment undertaking the role of Executive Reviewer
- OECD work for the Italian National Government, the Autonomous Province of Trentino, and Lombardy Regional Government, as consultant advising on their systems for regulating occupational health and safety



Sally Evans
Director of Communications and Stakeholder Engagement.
Appointed January 2021

Ms Evans joined the Trust as Head of Communications in October 2017 from NHS South Worcestershire Clinical Commissioning Group (CCG) after a decade working in communications in the NHS.

Having worked across a range of NHS organisations including acute, mental health, community and commissioning in various communications roles, Sally brings a wealth of experience in the public sector.

Joining the NHS in 2007 as a Communications Assistant at The Dudley Group NHS FT, Sally moved to the Black Country Partnership NHS FT, then progressed to NHS South Worcestershire CCG in April 2015 as Communications Manager, heading up three CCGs – South Worcestershire, Redditch and Bromsgrove, and Wyre Forest. Sally is qualified with a Post-Graduate Diploma in Public Relations, awarded by the Chartered Institute of Public Relations.

Her portfolio includes media, crisis communications, reputational management, stakeholder engagement, clinical illustration, medical photography, and the Trust’s charity.

Board Attendances in 2021-2022: 6/9

Declaration of interests

- Director of Communications and Stakeholder Engagement – Walsall Healthcare NHS Trust (from 01/01/22)



Simon Evans
Chief Strategy Officer.
Acting from 1 October 2019,
appointed from 1st February 2020

Mr Evans has worked in the health and care sector for nearly 20 years and has held a number of senior management positions. His roles have covered: strategic and service-level planning, performance management, business development, transformation, and programme management. He holds a Masters Qualification in Business (MBA) from Aston Business School along with an Honours Degree in Business Studies.

Immediately prior to joining the Trust, he was QIPP Programme Director for Wolverhampton City Primary Care Trust, where he led on the transformation and planning agenda, working closely with GPs and primary care clinicians. He has also worked in corporate planning and scrutiny for a Local Authority and has led on a number of projects involving partnership working with primary, secondary and local government sectors.

Mr Evans spent nearly eight years working in various locations across the UK as a senior manager for Marks & Spencer and IKEA. During this time, he helped develop the 10-year growth strategy for IKEA UK and was a store manager for M&S.

He has a passion for organisational and personal development and has a post-graduate diploma in Human Resource Development. He has lectured on Organisational Behaviour and Organisational Change for Staffordshire University and is a regular guest lecturer for the University of Wolverhampton.

Board Attendances in 2021-2022: 9/9

Declaration of interests

- Interim Chief Strategy Officer – Walsall Healthcare NHS Trust (from 01/10/21)



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.

He 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.

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

In February 2021, Mr Hemans was appointed as a Non-Executive Director of Walsall Healthcare, serving as a joint role to both Trusts as they develop a closer strategic collaboration. He is now Chair of both Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust People & Organisation Development Committees.

Board Attendances in 2021-2022: 9/9

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
- Non-executive Director, Walsall Healthcare NHS Trust started 01/02/21
- Second cousin works as a pharmacist at The Royal Wolverhampton NHS Trust
- Wife works at a therapist at The Royal Wolverhampton NHS Trust



Mary Martin
Non-Executive Director.
Appointed July 2013

Ms Martin is an experienced Non-Executive Director having served on the boards of commercial organisations, charities, and NHS Trusts. Her business focus is to concentrate on strategic issues; engagement with stakeholders, the development of new ways of working and the efficient management of funds, people, and assets. Ms Martin is also a Non-Executive Director of Walsall Healthcare NHS Trust and a trustee of two major Midlands-based arts charities – B:Music and Midlands Art Centre.

She worked for 25 years in the accountancy profession and was a Partner with Arthur Andersen, one of the largest international accounting practices. She then held a variety of executive positions including working with Advantage West Midlands, a private venture fund manager focused on technology start-ups and finally as Pro-Vice Chancellor of Birmingham City University. She is a Fellow of the Institute of Chartered Accountants and an Oxford University engineering graduate.

Board Attendances in 2021-2022: 9/9

Declaration of interests

- Martin Consulting (West Midlands) Ltd – Director/owner of business
- B:Music Limited – Trustee/Director, Non-Executive member of the Board for the charity
- Midlands Art Centre – Trustee / Director, Non-Executive member of the Board for the charity
- Friday Bridge Management Company Limited (residential property management company)
- Extracare Charitable Trust – Trustee/Director, Non-Executive member of the Board for the charity (ceased 21/06/2021)
- Non-Executive Director, Walsall Healthcare NHS Trust, started 01/04/21



Tracy Palmer
Director of Midwifery.
Appointed January 2021

Ms Palmer has been a practising midwife for 33 years and has gained national and international experience in her field. She qualified as a nurse in 1986 and worked as a Staff Nurse in Emergency Department and Paediatrics at Walsall Healthcare NHS Trust before starting her midwifery training at the Sister Dora College of Midwifery in Walsall.

Having joined RWT in 2004 as the Clinical Lead Midwife for Delivery Suite and Intrapartum Services, Ms Palmer has held several senior leadership positions within Maternity and Neonates, including Matron for Obstetrics and Gynaecology, Deputy Head of Midwifery, Head of Nursing and Midwifery and, finally, Director of Midwifery.

She has led on many successful service developments, including the introduction and implementation of a midwifery-led service at the Trust, maternity triage, and induction of labour units. As part of her role, she leads on the national transformational programmes of work for midwifery services for the organisation. As one of the first midwives in the country to acquire Neonatal Life Support Instructor status with the Resuscitation Council UK, she has relished the opportunity to teach in a number of hospitals across the UK and internationally as part of a faculty to teach on the first Asian Neonatal Life Support Provider Course.

Board Attendances in 2021-2022: 8/9

Declaration of interests

- None declared for 2021/2022



Debra Hickman
Director of Nursing
Appointed 8 November 2021

Ms Hickman started her nursing career in Wolverhampton in 1987. She then went on to train as a midwife, qualifying in 1992.

She worked across the Black Country in her midwifery capacity, before returning to Wolverhampton and undertaking a variety of Senior Leadership roles including Head of Midwifery, Head of Nursing - Planned Care Division and Deputy Chief Nurse.

Ms Hickman has recently returned to the Trust following three years working in the Welsh Healthcare System at Betsi Cadwaladr University Health Board as both Nurse Director for Acute Services across North Wales and for a period as the Executive Director of Nursing & Midwifery for the Health Board.

She has led on a range of service transformations throughout her career, including service re-organisations and expansions.

Board Attendances in 2021-2022: 2/2

Declaration of interests

- None declared for 2021/2022



Kevin Bostock
Director of Assurance.
Appointed January 2022

Mr Bostock is a highly motivated individual with extensive UK executive experience working in Acute Care NHS Trusts, Community, Children’s, Primary Care, Prison Health, Social Care and the independent sector. Whilst in the independent sector, he developed and implemented a Quality Assurance Assessment Programme. This delivered a reliable quality assurance profile achieving a CQC overall rating of at least good in 100% of hospitals/services ensuring that the group was one of only two Acute Hospital Groups with its entire portfolio achieving a rating of ‘good’.

His knowledge and skills are in management, operations, regulation, governance, assurance, start-ups, and mobilisation. Mr Bostock holds professional qualifications in both nursing and Allied Health Professions and is a passionate advocate for the profession having developed and delivered a Senior Nurse and AHP leadership programme which was recognised by the RCN.

Mr Bostock has held executive posts as Chief Nurse, Director of Governance/Assurance, Director of Infection Prevention and Control, lead for Information Governance including the implementation of GDPR and holding the position of SIRO, National Speak up Guardian and the national lead for Medical and Nursing Revalidation and Appraisal. He has widespread experience implementing and leading Medical Governance and high-profile patient recalls having recently led a patient recall of more than 600 patients.

He is a credible role model who possesses excellent interpersonal, communication and facilitation skills. He is a creative thinker, skilled in the management of change with up-to-date knowledge of leading-edge practice, who demonstrates a proven ability to spearhead and deliver innovation alongside regulatory compliance with the vision to transform plans into reality across complex, multi-agency and multi-site organisations and environments. He has been a retained lecturer on the Health MBA at Nottingham University Business School.

Board Attendances in 2021-2022: 1/1

Declaration of interests

- Continuance of previous employment supporting the COVID-19 vaccination programme as Senior Clinical Lead on an as and when required basis for Oxford Health NHS Foundation Trust via Orange Genie Umbrella Company (from 29/01/2021 to 10/10/2021)



Sue Rawlings
Non-Executive Director.
Appointed July 2013 (Served as an Associate Non-Executive Director from October 2012). Re-appointed as an Associate Non-Executive Director in October 2021.

Ms Rawlings is a Chartered Certified Accountant who has worked in the public, private and voluntary sector. For 20 years, until 2020, she was a partner 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. She has extensive experience in evaluating the effectiveness of public expenditure and has worked, for example, with the British Red Cross in various parts of the country, conducting needs assessments, developing performance monitoring, and carrying out evaluations.

She worked with voluntary and community sector organisations to develop their business planning, their future sustainability and identify their impact. Previously a local improvement advisor appointed via IDeA to the Regional Improvement Efficiency Partnership in the West Midlands, she was, until recently, a Trustee of both the Beacon Centre for the Blind and a Director of Beacon4Life CIC. Ms Rawlings is now trustee and treasurer for Stay – a supported housing charity based in Telford and a trustee and treasurer of Telford Christian Council.

Board Attendances in 2021-2022: 8/9

Declaration of interests

- Trustee and Company Director of Telford Christian Council Supported Housing – STAY started 10/02/21
- Trustee and Director of Faith based Charity in Telford – Telford Christian Council (from 01/11/2021)



John Dunn
Non-Executive Director (from 17 February 2021)

Mr Dunn’s professional life was spent almost exclusively in the Telecoms sector, and he has extensive experience in the field of operations, and customer service. His career includes 20 years’ experience at divisional board level in a variety of executive and non-executive roles and his last position with BT was as Managing Director (MD) of Openreach. As MD, he was responsible for the delivery and repair of customer services and for the provision and maintenance of the local access network for the south of the UK. Away from the boardroom, Mr Dunn is a keen walker and cyclist and enjoys nothing better than hill walking with his red setter. He was appointed as a Non-Executive Director at the Royal Wolverhampton NHS Trust in February 2021. He has previously been a Non-Executive Director at Walsall Healthcare NHS Trust for the last seven years

Board Attendances in 2021-2022: 8/9

Declaration of interests

- Non-Executive Director, Walsall Healthcare NHS Trust (ceased 02/03/22)

Professor Louise Toner
Associate Non-Executive Director.
Appointed 1st October 2019 (then
Non-Executive Director from 1st
November 2021)

Professor Toner is a nurse, midwife and academic by professional background; she has a wealth of experience working with the NHS in England, Scotland, Wales, and Northern Ireland and within the higher education sector again across all countries, bar Northern Ireland. Since moving into higher education, she has maintained strong partnership working with colleagues within health and social care across all sectors; she is a member of the UK Universities Council of Deans.

In her current role she has responsibility for the faculty's academic portfolio ensuring it is the right offering to meet the workforce needs of employers and the personal and professional development needs of qualified health and social care professionals. She represents the university on the Birmingham and Solihull Local Workforce Action Board, and is a member of its Education Partnerships Subgroup established to enable universities, NHS Trusts and other healthcare providers to work together to recruit and retain students to facilitate sufficient qualified staff entering the workforce. In addition, Professor Toner is a member of the British Commonwealth Association (BCA), chairing its Education Subgroup and representing the BCA on the Greater Commonwealth Chamber of Commerce in Birmingham/West Midlands.

She has also worked for a hugely successful charity in the UK – Macmillan Cancer Support where she was responsible for an Education Development Programme for specialist nurses in cancer and palliative care. She was previously Chair but is now Trustee of the Wound Care Alliance UK a charitable organisation which provides education and training for non-specialist healthcare staff both qualified and unqualified in the field of Tissue Viability.

As a surgical ward sister in practice. Professor Toner has a special interest in cancer care – the subject of her Masters degree awarded by the University of Glasgow. Her interest in Wound Care led to her establishing the faculty's Wound Healing Practice Development Unit of which she is the Director. This unit delivers specialist workshops by Professors in Wound Healing, undertaking product evaluations often in association with product manufacturers. Her remit within the faculty includes leading overseas activities, as a result of which she has been privileged to visit a number of countries meeting with government officials, leading academics and professionals.



Along with other colleagues, she is in the process of securing funds to assist developing countries in terms of their healthcare education needs that include caring for older people, primary care, stoma care and wound care. Professor Toner says she feels privileged to be associated with such an innovative and forward-thinking trust, keen to embrace the ways in which academia, research and clinical practice can all work together to improve the care of our patients and provide development opportunities for our staff.

Board Attendances in 2021-2022: 8/9

Declaration of interests

- Associate Dean Faculty of Health, Education and Life Sciences at Birmingham City University
- Member Birmingham and Solihull Local Workforce Action Board and Education Reform Workforce Group
- Member Greater Birmingham Chamber of Commerce Commonwealth Group
- Chair Birmingham Commonwealth Association - Education Focus Group
- Visiting Professor/Advisory Board Member - Lovely Professional University India
- Higher Education Academy - Teaching Fellow
- Member of The Royal College of Nursing UK
- Non-Executive Director, Walsall Healthcare NHS Trust (started 01/11/2021)

Professor Anand Pandyan
Associate Non-Executive Director.
Appointed 1st November 2019 to 31
March 2022

Professor Pandyan is the Professor of Rehabilitation Technology at Keele University and a founder member of The Central England Rehabilitation Network (CEReN). He was previously the Head of the School of Allied Health Professions (at Keele University) with substantial experience in curriculum development and implementation. He has led the transformation of a single programme school into a multi-programme School of Allied Health Professions (doubling the number of students being trained for the NHS) with a substantial research portfolio that will contribute to the 2025 REF submission.

Prior to this he was responsible for developing both the Neurological Rehabilitation Research at Keele and developing local research networks between the school and the NHS. His personal research aims to develop optimal rehabilitation programmes (in particular for people with severe levels of disability) and exercise programmes to maintain health and wellbeing; measuring patient ability then modelling the relationship between ability and patient outcomes; and Injury prevention in elite athletes and improving wellbeing in a working population by drawing on the knowledge we have gained from our research in people with disabilities.

Professor Pandyan has attracted research income in excess of £4 million and authored more than 50 major academic journal articles. He has presented his research findings at more than 100 national and international conferences and is a highly regarded and engaging keynote speaker. He advises international and national grant awarding bodies and is an expert consultant to several pharmaceutical companies. He has experience of managing franchise activities and partnership development with both academia and industry.

Board Attendances in 2021-2022: 9/9



Declaration of interests

- Provided consultancy or received honorarium for Allergan
- Provided consultancy or received honorarium for Ipsen
- Provided consultancy or received honorarium for Merz
- Provided consultancy or received honorarium for Digitimer
- Provided consultancy or received honorarium for Biometrics Limited
- Obtained unrestricted educational support from Allergan
- Obtained unrestricted educational support from Merz
- Obtained unrestricted educational support from Biometrics Limited
- Professor of Rehabilitation – University of Keele
- Had a PhD student working with University Hospital South Manchester and OpCare-University Hospital South Manchester and OpCare
- Received a research grant from the Stoke Association on Medcity to work with Vitruve to develop an app/system to monitor exercise performance and compliance with the community
- Developing a research project with a company called Aparito on an app development for monitoring stroke patients in the community
- HEI Bournemouth University (started 01/11/2021)
- Visiting Professor Staffordshire University



Martin Levermore
Associate Non-Executive Director.
Appointed 7th February 2022

Professor Martin Levermore MBE DL is a Visiting Professor for Health, Education and Life Science at Birmingham City University (BCU).

He is a founder and Chief Executive of Medical Devices Technology International Ltd (MDTi), he has been working with the NHS regionally and nationally over the past 18 years to commercialise and bring to market innovative products and service ideas.

Professor Levermore has more than 18 years at Senior Board level in the Life Sciences sector and sits on the Executive Board of PIONEER as Commercial Adviser, whilst chairing the advisory board to Health Data Research UK (HDRUK).

His current professional area of interest is on the adoptability of agile strategies and technologies that will improve clinical utility and the equity of medical devices to provide quicker and accurate assessment and diagnosis for patients centred around the flexibility of remote management.

He holds a Senior Associateship with the Royal Society of Medicine and is a Chartered Member of the Chartered Institute of Securities and Investment and Fellowship of the Royal Society of Arts.

Professor Levermore was appointed in 2018 by Her Majesty's Lord-Lieutenant, Mr John Crabtree OBE, as a Deputy Lieutenant to the West Midlands.

Board Attendances in 2021-2022: 1/1

Declaration of interests

- Chief Executive Officer of Medical Devices Technology International Ltd
- Vice Chair for Nehemiah United Churches Housing Association (UCHA).
- Chair of Medilink Midlands
- Interim Chair of New Roots Homelessness Charity
- Director of Birmingham Commonwealth Association (BCA)
- Executive Committee Member of the Greater Birmingham Commonwealth Chamber of Commerce
- Home Office Independent Adviser to Windrush Compensation Scheme



Julie Jones
Associate Non-Executive Director
Appointed 7th February 2022

Ms Jones is a chartered accountant who, after 15 years in external audit at a leading accounting firm, has spent the last ten years in executive finance director positions in the not for profit and public sector. She is currently the Chief Financial Officer of a secondary school academy in Solihull and is an associate director of a company providing internal audit services to academy schools nationwide. Ms Jones recently joined the Trust from NHS Birmingham and Solihull CCG where she chaired the Audit & Risk Committee.

Board Attendances in 2021-2022: 1/1

Declaration of interests

- Associate Director of Academy Advisory
- Member of Audit and Risk Committee Walsall Housing Group
- Trustee of Solihull School Parents' Association
- Director of Leasehold Management Company Cranmer Court Residents Wolverhampton Limited
- Chief Financial Officer of Heart of England Academy



Allison Heseltine
Associate Non-Executive Director
Appointed 7th February 2022

As a registered nurse having trained at St Bartholomew's Hospital London, Ms Heseltine has had an extensive clinical and managerial career focusing on improving quality, patient safety, patient experience and clinical quality assurance. Coming through the ranks of the NHS over 40 years has brought experience across a range of NHS Commissioning, Acute and Community Trusts and Public Health organisations.

Having had Regulatory experience with the NHS Trust Development Authority, and more recently in her current role with NHS England and NHS Improvement as an Associate Director of Nursing and Quality, she is supporting the COVID-19 response with professional IPC/HCAI expertise, leadership, strategy, and challenge to NHS Trusts during the pandemic.

Prior to retirement she was the Deputy Director of Nursing and Quality for Staffordshire and Stoke-on-Trent CCGs providing clinical leadership whilst contributing to the board vision and strategy.

She was Chair of the Royal Navy-Registered Stafford Sea Scout Group and Vice Chair of St James Primary School where her daughters attended, voluntarily bringing her NHS governance experience to both groups, and successfully steering both committees through their respective inspections.

Board Attendances in 2021-2022: 1/1

Declaration of interests

- Employee of NHS England and Improvement
- Friend works as Associate Director for KPMG



Lisa Cowley
Non-Executive Director.
Appointed 1st February 2022

Ms Cowley joins the Royal Wolverhampton Trust Board, bringing a wealth of experience gained in large, national, and regional, health, social care and third sector organisations. She has held senior leadership positions, both as an employee and in a charitable trustee capacity, ensuring she brings a strong foundation in financial, business, and operational planning, project evaluation and impact monitoring, amongst other expertise. She is particularly skilled at developing partnerships across the voluntary and public sector, including the evolution of the VCSE Alliance as part of the development of Integrated Care Systems.

In her current role, Ms Cowley is CEO of Beacon Vision, one of the region’s most established and well-known health and social care charities, where she has been in post for just over three years. She has brought many positive improvements to the charity and is passionate about making a difference to the lives of people living with sight loss across the West Midlands. In addition to her unwavering dedication to Beacon’s charitable objectives, she is committed to building long-term sustainability, actively seeking new ways to improve and develop increased integrated, co-operative, and progressive health and social care systems to support beneficiaries.

Previous roles have included Deputy CEO of the Black Country Living Museum, where Ms Cowley implemented significant change programmes and oversaw complex funding bids and projects of national heritage significance. She has also been involved in complex projects during her time at organisations such as The British Horse Society and the RSPB, where she developed and implemented the charity’s national volunteer programme. A highlight from her earlier career includes a pivotal role in the redevelopment of the world’s first ‘skyscraper’ in Shrewsbury.

Board Attendances in 2021-2022: 1/1

Declaration of interests

- Healthy Communities Together Project Sponsor for Beacon Centre for the Blind
- Chief Executive for the Beacon Centre for the Blind

Personal data incidents 2021/22

Summary of serious incidents requiring investigation involving personal data as reported to the Information Commissioner's office in 2021/22. 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 Officer’s 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 they are 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.

Professor David Loughton CBE, Chief Executive

Date: 7 June 2022

Kevin Stringer, Chief Finance Officer

Date: 7 June 2022

Governance Statement 2021-2022

Organisational Code: RL4

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.

Partnership

I acknowledge that I must discharge my duty of partnership and have undertaken this in a number of ways. During this year, the majority of the contacts and meetings described in this statement and the Trust Annual Report have taken place virtually, using video and voice conferencing due to the restrictions placed on us all by the pandemic. Despite this, good contact and relationships have been maintained, fostered, and enhanced throughout the year.

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 implementation 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 Walsall Healthcare NHS Trust Board, NHS England, and NHS Improvement (NHSI) through a range of group, individual, formal and informal meetings. I have continued to participate in the 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 Chair 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 and 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 2022.

Black Country and West Birmingham Healthier Futures Partnership (previously STP) Annual Report Statement from the Independent Chair

The Royal Wolverhampton NHS Trust is proud to join 14 other health and care organisations as part of the Healthier Futures Integrated Care System (ICS) serving the 1.5 million people in the Black Country and West Birmingham. Working with other key partners, people and communities, the partnership aims to improve the health and wellbeing of local people by working together to:

- a. improve the health of our population by reducing inequalities in health outcomes and improving the quality of and access to services
- b. attract more people to work in health and care in our region through new ways of working, better career opportunities, support, and the ability to balance work and home lives
- c. work together to build a sustainable health system that delivers safe, accessible care and support in the right locations, in order to get the greatest value from the money we spend

During the last 12 months the partnership has played a key role in responding to COVID-19 and our focus now shifts to supporting our communities, staff and the wider system of health and care to recover from it.

Healthier Futures Partnership - Statement from the Independent Chair

This year we have once again seen real strength in health and care services locally. Despite providing hospital care for over 8,500 people affected by COVID-19, NHS services have continued to provide other emergency and routine care and treatment. There have been over 7.4 million primary care appointments, over 18,000 babies born, more than 1,200 urgent heart surgeries, over 2,400 hip/knee operations and around 700,000 mental health contacts. Our partners in West Midlands Ambulance Service have responded to over 650,000 999 and 111 calls. Many services have had to adjust the way that they have worked to respond to demands and to keep staff and patients safe. I recognise how hard some of these changes have been for those using services, but they have been necessary in these unprecedented times, and they have ensured we have been able to be there for those most at need, when they need us most.

Health and care services have been working tirelessly to keep people safe in their own homes, promoting independence, supporting rehabilitation, and preventing emergency admissions by wrapping care around people as close to home as possible. These efforts have not only protected those who have been receiving this excellent care but also protected services from becoming overwhelmed, thus protecting others who need them too. We have over 300 care homes in the Black Country and West Birmingham and many more carers visiting people at home. My thanks go to all of those working in care for their fantastic work.

Our thriving community and voluntary sector have continued to work tirelessly to provide essential companionship and support to communities to remain strong throughout the pandemic. All four community and voluntary sector councils have come together to form an alliance which will provide resilience to their offer of support and allow them to grow stronger over the coming years.

With over 2.5 million doses delivered since December 2020, perhaps the greatest example of our partnership working has been our vaccination programme. We have opened over 100 vaccination sites, ranging from GP surgeries and pharmacies, to community halls, places of worship and of course some of our larger centres. There have been over 70 volunteers helping these sites to work well and many, many more clinical leaders, vaccinators, administrative staff and others supporting the roll-out. Recognising the hesitancy and some areas of low uptake, this year we have adopted a grass roots level of engagement. Community COVID-19 Champions have worked with local authority, voluntary and community groups and NHS staff to reach communities and take a targeted approach to getting the right information to people who need it. This network of trusted voices has undoubtedly made a difference and it is a model which has been highlighted in several national reports as best practice. I am pleased to see that through partnership working we are seeing those hesitant continuing to come forward and get the lifesaving vaccine.

Another highlight for me this year has been the collective work of our people board. The collective expertise of health and care leaders in this space has resulted in over 600 international nurses joining our system, many apprentice opportunities being created across all our partner organisations, many training opportunities, awareness sessions to support those with protected characteristics, a raft of health and wellbeing support for our workforce and events put on that celebrate those working so hard on the frontline, including a really successful event to mark Black History Month. This is an area which will continue to gather momentum over the coming year as we combine efforts to make the Black Country the best place to work.

This last year has affected us all in many ways and we have seen the far-reaching terrible impact of COVID-19 on local people and communities. There is, however, a positive that we should take from the fact that this pandemic has brought public health issues to the forefront and the positive impact we can have when we work better together. Across the Black Country and West Birmingham, we have some of the country’s most deprived neighbourhoods, some of the worst health outcomes and poorer than average life expectancy. It is no coincidence that we have seen a bigger impact than many areas from COVID-19 but it is something which we indisputably need to work together to address. This pandemic has focused our partnership’s attention on the inequalities that exist for some of our communities such as those who are Black, Asian and Minority Ethnic. As we focus on restoring services we are looking to ensure that we create a system which is weighted to support those most vulnerable, improves access and reduces these inequalities.

We are committed to working with partners and communities to create an environment in which local people can live healthier lives and to make a concerted effort to reach out to those with poorer access to improve health outcomes and reduce the inequality gap.

Throughout the last 12 months, much like the previous year, the strong relationships across our partnership have ensured we have been in the best position to tackle the COVID-19 pandemic. It is true, though that our partnership is only as great as the people within it, and despite the most tumultuous of years those working across health and care have dug deep to keep services going and to protect those most vulnerable. On behalf of our partnership I want to recognise the strength, the compassion, commitment and determination of our people and say thank you to each and every one of you for all you have done, and continue to do.

Looking to the future, we have made good progress towards establishing the future Integrated Care Board (ICB) and our new Integrated Care Partnership (ICP) ready for the Health and Care Bill to be enacted in July 2022. These changes will also see the movement of West Birmingham Place to the Birmingham and Solihull Integrated Care System. Our commitment is to work with colleagues in Bsol to make that transition a smooth one and for there to be minimal disruption for the people in West Birmingham. I am delighted to say that we have recruited new Board Members for the ICB; these new appointments, with their strong personal motivations and experiences, will bring different ideas, perspectives, and backgrounds to create a stronger and more creative environment, forge ever stronger partnerships across our area, and deliver a healthier future in the Black Country.

Our strength comes from the relationships we have with each other, and this will continue to grow as our system builds new partnerships and collaboratives. Together we exist to benefit local people, and through our continued collaboration, I am confident we can deliver truly integrated health and care services of which everyone in the Black Country can be justifiably proud.

Jonathan Fellows
Independent Chair

Black Country and West Birmingham
Healthier Futures Partnership



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 31st March 2022 and up to the date of approval of the annual report and accounts.

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.

The Trust maintained risk management processes throughout the year although during the COVID-19 pandemic there has been- and still are - adverse impacts on meetings and some routine processes as activity pressures increased and staff were redeployed into needed roles.

Some processes were paused, for example action follow up, low level risk update, external visit follow up and audits. Focus was maintained on the escalation of risks from service areas, the update of high-level risks and the monitoring and investigation of COVID-19 and other reported incidents.

Trust Board

The Trust Board has met virtually and monthly as planned (except in September 2021). Other than for matters requiring commercial confidence or having sensitive patient identifiable or staff identifiable human resources implications, it has conducted its business in public and as soon as was possible, it has made the virtual public Board meeting available to the press, public and other observers. It has been open to questions posted for the Directors at each meeting with responses provided either in or post-meeting.

A high attendance rate by Directors was recorded during the year. The Chair’s term of office started from April 2019 and was renewed before the end of the term. On 31st March 2022 the Board comprised five female and six male Executive Directors (Chief Officers); none from a minority ethnic background; and seven female and five male Non-Executive and Associate Non-Executive 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, Innovation and Research
- 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)
- Development of a potential acute collaborative arrangement
- Development of the Wolverhampton Place, the Black Country, and South-West Staffordshire Integrated Care Systems (ICS)

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 Chief People Officer.

The Trust Board strives to maintain an appropriate balance between strategic matters and supervising the management of the Trust. Among the former in 2021-2022 were:

- the operational impact and strategic potential impact of the COVID-19 pandemic
- the medium to long term implications of the COVID-19 pandemic, recovery and restoration on the services and staff of the Trust
- the support of the senior team operationally managing the pandemic impact and the support for schemes and investment required as part of the Trust response to the pandemic
- the support for and recognition of closer working relationships with a wide range of stakeholders and partner organisations as part of the pandemic response including the City of Wolverhampton local authority and colleagues in the local Public Health team, commissioners, and provider partners
- the continued focus on recruitment of key staff, particularly doctors and nurses,
- the continued development of innovation programmes and exploration of the use of artificial intelligence, data, and technology in improving healthcare,
- the pause and continuation of the development of a clinical quality improvement programme,
- the five year capital programme revisions and agile responses to changing capital expenditure priorities,
- the continued development of the University of Wolverhampton Postgraduate Academic Institute of Medicine and partnerships with a range of other academic institutions
- the extension of the Trust’s own clinical fellowship programme,
- the continued vertical integration of GP practices and development of the Primary Care Networks and Wolverhampton Place,
- 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 has continued to build on strong relations with stakeholders, including local commissioners, Healthwatch, Public Health and local authority overview and scrutiny committees.

The Non-Executive Directors (NEDs) are committed to self-development and learning, as evidenced by virtual 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, the Good Governance Institute and networking via private firms (particularly legal firms specialising in healthcare law).

Board Governance

- All voting positions substantively filled with considerable experience and continuity of Board members
- 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
- Four NEDs have 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
- Chair 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 previous year.

As well as meeting formally, the whole Trust Board meets every other 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 including financial pressures and service development opportunities in the Black Country. The NEDs also have a programme of Executive Briefings from the Chief Executive on a variety of matters.

Throughout the COVID-19 pandemic, the Board and Board Committees, development sessions and briefings have continued as planned using virtual video conferencing and the shared papers system already in place. On occasion, the length and business have been reduced appropriate to operational pressures and meeting requirements. Information and consultation have also been carried out by email where required and appropriate.



Audit Committee

Members:

R Dunshea, M Martin, R Edwards (to September 2021) and Professor L Toner (from September 2021)

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.

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 2020-2021

Trust Annual Report and accounts 2020-2021

Board Assurance Framework, Strategic Risk Register, and related governance processes

Ophthalmology departmental waiting list and follow up management systems.

Data security protection

Waiting list management policy adherence

Novel digital project contracts management

Key financial controls

Most of the audits and reviews were completed to plan. Where not completed they were planned for completion early in 2022-23.

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 has 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. It 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 ongoing.

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.



Innovation Committee

Members:

Professor A Pandyan, R Dunshea.

The aims of the committee are to provide the Trust Board with an independent and objective review of the Trust's innovation and research developments.

Each meeting received reports from the executive and senior clinical leads on the initiation of strategic innovation development projects. Presentations were received on developments and projects including:

Babylon system (digital primary care)

Sensyne health informatics system

Digital innovation projects

Artificial intelligence clinical applications in radiology and cardiovascular services

COVID-19 research projects

Place based integrated care system (One Wolverhampton).

It also was briefed on the progress to set up the Institute of Health Innovation, a partnership with the University of Wolverhampton.

These developments are at early stage and the focus must now move to benefits realisation. The impact of the COVID-19 pandemic has been profound and has in many ways acted as a catalyst to improve services through the use of IT and related technologies. The committee was keen to ensure lessons have been learned and long-term transformation achieved to improve patient outcomes.

The committee met three times during the year and was quorate. The contributions from a broad range of clinical and IT disciplines were greatly appreciated.

Quality Governance Assurance Committee (QGAC)

Members:

Chair - R Edwards, L Toner, A Pandyan

The aims and objectives of the committee are to provide assurance to the Board that patient care is of the highest achievable standard and in accordance with all statutory and regulatory requirements and to provide assurance of proactive management and early detection of risks across the Trust.

Committee objectives - During the period QGAC had two primary objectives:

- 1) That the Trust will have developed, during the year, metrics which will enable it to be assured that it can adequately assess the performance of all the divisions.
- 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

Metrics have been steadily developed and refined. The agenda includes core reporting items such as the Integrated Quality and Performance report, the Board Assurance Framework, Trust Risk Register and Subgroup reports, and tailored to include risk-triggered reporting items including the Cancer Recovery Action plan.

During 2021, NEDs discussed future objectives. Linking in with the Trust's Strategic Objectives, QGAC will be considering, for 2021-22, objectives featuring: equality of access to health are and equality of outcome; and returning to normal levels of activity in a clinically sound and equitable way.

Frequency of meetings and main focus

During 2021-2022, the committee met virtually on 10 occasions, with 0 cancelled. There were no meetings held in July or December.

Activity and Areas of Activity

At each meeting, the committee received an update on reports in line with its terms of reference (including items below). It escalated risks and assurances to the Board via the Chair’s report of each meeting and minutes to the Trust Board. The list of reports is managed on an annual plan/cycle of work with upward reporting groups and the committee maintains an issues log to communicate issues for redress and record action taken.

Routine reporting:

- Board Assurance Framework (BAF) – Bi-monthly
- Trust Risk Register (TRR) – Bi-monthly
- Integrated Quality and Performance Report – Monthly
- Continuous Quality Improvement Report – Bi-annually
- Cancer Recovery Action Plan – Monthly
- NPSA NRLS Organisational Feedback Report – Annually
- Internal Audit Opinion – Annually
- Internal Audit Plan - Annually

Assurance reporting:

- External Reviews Registry report – Bi-annually
- CQC Compliance Report – Bi-annually
- Litigation and Inquests Report – Annually
- Clinical Audit Plan – Bi-annually
- Data Security & Protection Toolkit – Annually
- Health & Safety Assurance Report – Bi-annually
- Quality Account – Annually
- Infection Prevention BAF – Quarterly
- Maternity Services Governance Report inc. Ockendon Action Plan – Quarterly
- Perinatal mortality – Quarterly

Themed Review

- Learning from Deaths update report – Quarterly
- Safeguarding Assurance Report (Adults and Children) – B-ianually

In June 2021, the Trust merged its former Compliance Oversight Group (COG) and Quality and Safety Intelligence Group (QSIG) into a single meeting titled the Quality and Safety Assurance Group.

QGAC receives reports from the Chair of the Quality and Safety Assurance Group and the minutes of the meetings, which provide assurance through detailed reviews of compliance and risk. The Chair of QSAG escalates to QGAC issues and assurances they obtain from the groups reporting to them. QSAG normally meets each month, but during peaks of COVID-19 these meetings were suspended. QGAC did not receive its Chair’s reports at the meetings in January 2022.

QGAC raised items to the Board from groups reporting to QSAG concerning the following:

Alerts: Cancer performance, 104-day harm reviews and effects of delays, Never Event, Stroke targets, Emergency Department attendances, delays, and ambulance breaches, increase in maternity demand and acuity, RTT performance decline due to COVID-19 impacts and the number of patients waiting over 52 weeks, Emergency Department 12 hour breaches

Advisories: targeted attention being applied to late observations, Post Covid Recovery, VTE compliance, Mental Capacity risk escalation, challenges with patient discharges into the care home sector and/or in securing social care packages is resulting in longer stays in hospital, mental health bed availability.

Assurances: Caesarean section rates, Midwife to Birth ratio has returned to birth rate plus ratios, COVID-19 vaccination progress, Duty of Candour ompliance, Sepsis performance, UKAS accreditation Microbiology, Well-Led report – assurance on action closure.

Board Assurance Framework (BAF) and Trust Risk Register (TRR)

The committee monitored BAF risks SR12 - Mortality, SR13 - Cancer and SR14 – COVID-19 recovery. QGAC debated the definition of SR14 and the reformulation of SR13. During the year it was decided that SR12 could be removed from the BAF as the target level for SHMI had been met and maintained.

The committee monitors the Trust Risk Register and advises or alerts the Board regarding new risks or developments in risks as well as requesting improvements in the articulation of risks and questioning risk ratings and the need for some risks to continue the TRR. The committee continues to review and evolve a BAF and Trust Risk Register heatmap as a quick reference to highlight areas for Risk Management focus.

Matters of note and assurance

Matters featuring in the committee’s reports to the Trust Board included:

Matters of concern - during the year, the Chair’s report to the Board included:

Cancer performance – all metrics remain red (Jul 21, Sept 21, and Oct 21) and cancer performance remains problematic in respect of most sites, and it is not clear when and how this will improve given the mandatory vaccinations and challenges recruiting to specialities (Nov 21). Cancer waits are improving in some areas (Nov 21). Lack of improvement in the Stroke metrics, apart from the increased availability of TIA clinics (Feb 22).

Stroke patients assessed and treated within 24 hours - Performance fell to 3.5% from 45.86% in March and is the 5th consecutive month that the 60% target has not been met (May 21). Performance went down further from 3.5% in April and 2.88% in May to 1.63% in June (Jul 21). Stroke performance has not improved as it had been expected to (Nov 21).

Referrals have been fluctuating at a concerningly high level month on month but have now reached as high as 144% of normal levels. This posed a significant challenge to the recovery of the backlog as well as putting pressure on all other elements of the pathway, e.g. outpatients, diagnostics, and surgery (Jul 21). Performance declined in August due to COVID-19 impacts and annual leave/ Bank Holiday and the number of patients waiting over 52 weeks is likely to increase further (Sept 21).

Emergency Department - High demand has continued, coupled with lack of bed availability, resulting in breaches of 12-hour trolley waits (17 in August), (Sept 21). ED breaches over 12 hours affected 16 patients with ambulance handover breaches continuing to be high for both 30-60 and >60 minutes (Oct 21). Ongoing concerns remain regarding the ED delays and ambulance breaches (Nov 21). Ambulance breeches continue but are improving (Feb 22).

Increase in maternity demand and acuity - this has been seen across the region and is being reported on regionally (SitRep) so that high risk mothers can be moved to where there is capacity to care for them (Sept 21) .

Matters of assurance - during the year, the Chair’s report included the following:

Emergency Caesarean section rates - these have reduced to 19.3% from 23.5% (May 21), Offering of COVID-19 vaccinations to pregnant women was being received well and has national interest (May 21). COVID-19 HCAI reviews and RCAs progressing (May 21).

Cancer: Breast 2 week wait booking within standard (13 days) thanks to support from neighbouring Trusts, a welcome outcome of an Integrated Care System approach to sharing resources to ensure equal access for patients across the Black Country and West Birmingham (Sept 21). VTE - the standard of over 95% of assessments was maintained for a fourth month (Sept 21).

Late observations improved and are now 4.68% (Oct 21). VTE continues to show overall compliance of 95.03% (Oct 21). Paediatrics have shown a decrease in young people requiring mental health support. (Oct 21). Ockenden Report has been received by the Trust and, whilst not available for QGAC to view, it was reported that of the 150 standards the Trust has been asked to provide more evidence for only six of the standards. (Oct 21).

There has been a decrease in the rate of elective C-Sections from 15.3% to 13.2% (Nov 21). Diagnostic performance is improving slowly with independent sector support and an additional mobile unit on site at RWT (Nov 21). Work being undertaken in primary care towards admission avoidance which would support discharge delays. The increasing use of the virtual ward and a range of digital solutions is helping to manage a challenging situation (Nov 21)

Improvement in stroke metrics continue (Mar 21).

Committee Non-Executive Members

QGAC exchanges information with other committees, for example discussions with Finance & Performance regarding monitoring trends from complaints, incidents, and re-admissions in respect of the impact on patients of implementing the restoration and recovery plans to meet set targets.

The Chair of the QGAC attends the Audit Committee, which helps to maintain the flow of information between the committees, particularly on clinical audit matters.

Finance and Performance Committee

Committee Members:

Non-Executive Director M Martin - Chair

Non-Executive Director S Rawlings

Non-Executive Director J Hemans

Non-Executive Director J Dunn

The aims of the committee are to provide the Trust Board with assurance 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 (MTFP) and the efficient use of financial resources in order to support the Trust’s financial strategy, performance and business development.

The committee met monthly during the year and considered in detail:

- The Trust’s financial position
- The progress of the capital programme
- The impact of COVID-19 on performance
- The performance aspects of the Trust Board’s quality and performance report.

The committee also considered:

- The Cancer Action Plan
- The Financial Recovery Board report which includes progress on the Cost Improvement Programme
- The Sustainability and Transformation Programme (STP)
- The Contracting & Business Development Updates
- The Annual Budget/Income Expenditure Plan
- The Cash Flow Report
- The Temporary Staffing Dashboard
- The Local Clinical Research Network (LCRN) finance report
- The Procurement reports
- The 5 Year Capital Plan
- The Backlog Maintenance Programme
- Other matters associated with operational finance and budgeting.

This non-exhaustive list is managed on an annual plan/cycle of work with upward reporting groups and the committee maintains an issues log to communicate issues for redress.

Matters of note and assurance

These matters featured in the committee’s reports to the Trust Board.

Matters of concern - During the year, the committee has noted the following matters of concern:

- 1) The late agreement of financial budgets due to the delays in funding allocations being agreed for both half years
- 2) The recovery plan for restoring services after COVID-19, especially for cancer referrals
- 3) The management of the Capital budget due to shortages of labour, materials, and rising prices

Matters of assurance - During the year, the committee has noted the following matters of assurance:

- 1) The effectiveness of the Integrated Supplies and Procurement Department in making significant savings and the successful set up of the eCatalogue and ecommerce systems.
- 2) The Cost Improvement Programme delivered 104% of the target (albeit a large proportion was non-recurrent).
- 3) The work plans being implemented around theatre operating levels.

Matters of achievement - During the year, the committee has noted the following matters of achievement:

- 1) The set up of the Estates Capital Contractor Framework to enable the Trust to proceed quickly with capital projects as they are agreed
- 2) The approval of the Outline Business Case for the new Enterprise Patient Record system, which will include a new Patient Administration System
- 3) The Trust exceeded the H2 Elective Recovery Fund threshold of 89% with an achievement of 107%

People and Organisational Development (POD) Committee

Members:

Chair: J Hemans, Members: R Dunshea + one ‘floating’ Member

The purpose of the committee is to provide the Board with assurance that:

- 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 engagement, wellbeing, and 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 Trust’s ability to deliver its objectives, that these are being managed in a controlled way through the Trust Management Committee.
- The organisational culture is diagnosed and understood, and actions are in place to ensure continuous improvements in culture.

To provide assurance on the following key areas of workforce governance:

- Resourcing
- Skills
- Leadership & organisational effectiveness
- Engagement & Culture
- Wellbeing
- Productivity

Committee Non-Executive Members

The Chair of the committee is a member of the Audit Committee, which helps to maintain the flow of information/understanding and risk management between the committees, particularly on financial risks.

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

Frequency of meetings and main focus

During 2021-2022, the committee met six times (bi-monthly). The committee considered progress updates on:

- Executive Workforce Report including update from Model Hospital
- National update on workforce
- Workforce Resourcing & Productivity (including Retention)
- Staff Engagement and Surveys and Communications Agenda
- Employee Relations and Improving People Practices
- Education & Training & Apprenticeships & Leadership
- Equalities, Diversity & Inclusion
- Workforce Planning
- Health & Wellbeing
- Risk
- Board Assurance Framework and Committee

Activity

The committee received and discussed reports on:

- The Black Country and West Birmingham STP/ICS Level Updates
- The Wellbeing Guardian – Review of Health and Wellbeing Support for Staff – Response to the COVID-19 Pandemic – Lessons Learned
- Equalities: WRES and WDES Data
- Model Health Service Update – EDI Update
- Digital Workforce Impacts
- Six High Impact Actions on Recruitment – NHSE/I Race Equality Strategy
- The Race Equality Code Assessment Implementation
- Update on the Implementation of eRoster for AHPs
- Workforce and Organisational Development Strategic Objectives 2021-22
- Job Planning Progress and Update
- Staff Engagement & Survey – Pulse Checks
- RCN Nursing Workforce Standards 2021
- NHS Oversight Metrics for 2021/22
- Model Clinical Fellowship Programme Template Contract
- Non-Medical Staff Bank Worker Agreement
- Nurse Culture Survey
- Black Internships – Evaluation
- Age Profile
- The Future of NHS Human Resources and Organisational Development
- Civility and Respect
- Workforce Disability Equality Standards – 2020 Data Analysis
- Equality, Diversity, and Inclusion Plan
- Case Study – The Portering Department
- Meeting Schedule Review
- Workforce Targets and Thresholds for 2021–2022

The non-exhaustive list is managed on an annual plan/cycle of work with upward reporting groups and the committee maintains an issues log to communicate issues for redress.

The committee also received regular reports from the Operational Workforce Group (OWG).

Matters of note and assurance

Matters of concern:

During the year, the committee has noted the following matters of concern:

- 1) Job Planning – need to have a full and regular update on the plans and progress on its implementation
- 2) Embedding the learning from the Case Study

Matters of assurance:

During the year, the committee has noted the following matters of assurance:

- 1) Recruitment - an understanding of where we recruit from
- 2) Workforce modelling & planning – need to develop an action plan
- 3) Equality, Diversity and Inclusion - more detailed plans to be reviewed
- 4) More extensive review on the wider attraction and retention agenda

Matters of achievement:

During the year, the committee has noted the following matters of achievement:

1. Implementation of e-job planning, e-leave & medical e-roster
2. Continued progress in growing the workforce
3. Black Internship Programme
4. Development of an EDI Delivery Plan
5. Growth of the Employee Voice Groups
6. Establishment of Employee Voice Groups
7. Development of the Inclusive Recruitment Toolkit
8. Focus on the Wellbeing agenda, both pre and post COVID-19
9. Implementation of MH First Aiders
10. Review and implementation of workforce thresholds and targets
11. EDI Delivery Plan

Remuneration Committee

Members:

M Martin (Chair), S Field, J Hemans, S Rawlings, L Toner, J Dunn, L Cowley

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 as required and has reviewed Executive Director Remuneration and appraised the performance of the Chief Executive (in his absence). The Chair appraised all the Non-Executive Directors and the Senior Independent Director (SID) appraised the Chair’s performance.

Trust Management Committee

Aims of the committee

Chaired by the Chief Executive, 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 the Executives attend, along with Divisional Medical Directors and Heads of Service. High attendance rates were recorded at all these meetings.

Frequency of meetings and main focus

During 2021-2022, the committee met monthly except in August and December

Activity

The committee 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 Integrated Quality Performance Report (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.

Charitable Funds Committee

Members:

S Rawlings (Chair), R Dunshea

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 2021/2022, the committee continued to benefit from the dedicated support of an in-house Charity Manager and the Community and Events Fundraiser.

The Fundraising Team is ably supported by the Head of Communications and her team, as well as the ongoing help of the Finance Team and external investment adviser. The refreshed newsletter and increased use of social media has raised further awareness of the charity and our work and enabled us to publicly thank our dedicated supporters for everything they have done to support our work over the last year.

A wide range of projects was supported during the year for the benefit of the welfare and comfort of our patients and staff as well as some capital items – going over and above that which can be provided by the Trust itself.

It approves, in line with Standing Financial Instructions, some Business Cases and all new or significantly changed policies and procedures. The non-exhaustive list is managed on an annual plan/cycle of work with upward reporting groups and the committee maintains an issues log to communicate issues for redress.

Matters of note and assurance

Matters of concern - During the year, the committee has noted the following matters of concern:

COVID-19 and the impact on staff health and wellbeing and the local population it serves

Matters of assurance - Restoration and recovery of services

Clinical Ethics Committee

Members:

Prof. L Toner (Chair), Prof. S Field

The Clinical Ethics Committee has struggled to meet during the year due to operational pressures, member availability, developmental sessions being delayed due to changes in speaker availability and a lack of referrals. Based on this, the Chair, Medical Director and Company Secretary undertook a review of the role and function of the committee and determined that it be recommended that it is reformed as a group reporting to the Quality Governance Assurance Committee. This change will take place during 22/23.

Freedom to Speak Up (FTSU)

The Royal Wolverhampton NHS Trust has been committed to its Freedom to Speak Up (FTSU) journey and the Guardian role since October 2016. The FTSU Guardian is an independent role and focuses on creating an open and honest reporting culture, enabling staff to talk about anything that could compromise good patient care. The Trust Board has shown its full commitment and support to embed FTSU within the organisation.

FTSU Objectives

RWT set out the below five objectives to achieve a well-led speaking up organisation.

- 1. Raise the profile and develop a culture where speaking up becomes normal practice to address concerns
- 2. Develop mechanisms to empower and encourage staff to speak up safely
- 3. Ensure that the Trust provides a safe environment for employees and others to raise concerns and speak up
- 4. Ensure that concerns are effectively investigated and the Trust acts on its findings
- 5. Ensure shared learning amongst local/regional/national networks

Close working with key leaders and stakeholders has enabled the Trust to meet these objectives. Further improvements are required, however, to ensure RWT is meeting and sustaining its local set objectives and those of those of the National Guardians Office (NGO) and NHSE/I.

Table 13 - Total Number of FTSU cases and themes

	Total number of cases brought to Freedom to Speak Up Guardians	Number of cases raised anonymously	Number of cases with an element of patient safety/quality	Number of cases related to behaviours including bullying/harassment	Number of cases where people indicate that they are suffering detriment as a result of speaking
Q1 2021/22	38	5	6	20	4
Q2 2021/22	28	3	3	24	4
Q3 2021/22	30	3	7	13	11
Q4 2021/22	27	3	7	20	4
Total	123	14	23	77	23

FTSU Updates

The FTSU Guardian Team expanded in 2022. It now has a Lead FTSU Guardian and a Deputy FTSU Guardian (1.8FTE). Actions taken to build on the recommendations to Trust Board in December 2021 include updating the FTSU action plan, refreshing the communications plan, updating referral, recording, and monitoring processes and refreshing the Speak Up Champion volunteer role. We have supported a multi-disciplinary approach to creating a healthy workplace culture that promotes compassionate leadership, restorative and just culture and civility and respect. We will contribute to staff and management training in this area.

FTSU Data

The Trust FTSU data has been recorded for the financial year 2021/22. This will be reported to Trust Board and to the National Guardians Office (NGO) as 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 and NHSE/I.

Risk Assessment

The Trust Board has approved a Governance and Risk Management Assurance Framework which identifies that the Chief Executive has overall responsibility for risk management within the Trust. Within the framework (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. A risk management e-training is available for senior managers and a separate package for all staff.

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 across the Trust
- Refinement of risk management training made available to all staff (including senior managers)



Management of the Risk Registers within the Trust

Risk Registers are managed at the following levels:

- Divisional/Directorate/Departmental – operational risks that include clinical, business/service, financial, reputational, and patients/staff/stakeholders
- Trust Risk Register (TRR) – Any risks graded as 12 or above are escalated to the TRR for consideration by Directors. The purpose is 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 were reviewed by Directors, the Board and management during 21/22 at the following frequencies:

- QGAC – Bi-monthly
- Trust Board – Bi-monthly
- Finance & Performance Committee - Monthly
- Delegated Committees – Monthly
- TMC review TRR –Bi-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 49 risks on the BAF and TRR were managed during the year 2022 – 2022; of these 26 were new risks identified in year.

There were 26 new risks added on to the TRR in 21/22 including in the following areas (for example): Increase in COVID-19 cases, national issue: Placental Histology for Live Births, Provision of mental Hhealth beds, Portable incubator and ventilator replacement, Backlog of ophthalmology review patients, Radiographer workforce at critical levels, First Aid provision at RWT, Hip screening – new standards, Cancer backlog, Shortage of Band 5 Community Nurses, Delays with getting patient information reviewed and ratified, Point of Care testing staffing level and Histology Cases Breaching Turnaround Time Target.

There was one new risk added on to the BAF in 21/22; SR15 (Impact of future funding flows resulting in potential deficit position & financial challenge) introduced in November 21.

There were 13 risks closed as of 31st March 2022; the remaining 36 to be carried forward to 2022/23.

There were three Risks on the Board Assurance Framework (BAF) and six on Trust Risk Register (TRR). The BAF risks relate to Cancer Recovery Performance, the potentially adverse impact of COVID-19 outbreaks, and future funding stream changes that might adversely impact achieving financial balance.



The Risk and Control Framework

The Board-approved Governance and Risk Management Framework aims to:

- Produce and challenge evidence-based assurance
- Provide clear accountability from Ward to Board
- Provide examples of risk development
- Achieve continuous Quality and Safety improvements through sound systems, processes, and outcomes
- Describe and thereby strengthen governance arrangements from Ward to Board
- Maintain adherence to regulatory, performance and contractual standards including Care Quality Commission, NHSE/I, Commissioners, NHS Resolution, National Patient Safety Agency, Department of Health et al
- Describe the aggregation and reporting of Risk information
- Support a culture that is open to sharing learning, best practice and continuously improving the patient experience and healthcare
- Support the work to reduce adverse incidents, patient harm, litigation, and claims

We seek to identify risks through all available intelligence sources including proactive and reactive assessment of risk, independent review, external review, and assessment. The risk management process is supported by several policies which direct on risk assessment, incident reporting and investigation, mandatory training, health and safety, data protection, 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, along with governance processes for tracking dates for policy review.

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 Advisory Internal Audit of the Board Assurance Framework (March 2022) concluded that the Trust has developed a well-defined platform to support strategic decision-making and risk management. The report highlighted positive attributes of the Trust’s BAF as well as three areas for further improvement including new risks to be considered and aligning with best practice in terms of detail and independent assurances used within the BAF.

Board Committees: 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.

Risk management assurance: The Trust takes a continuous improvement approach to its Risk Management and governance arrangements to progress its assurance. During 2021/22 the Trust reviewed its quality structure and reporting schedule to enhance the oversight given to the performance monitoring of quality and safety within care services. The function of the Trust’s governance infrastructure is regularly evaluated to ensure a fit for future governance service.

Risk Management training: A Risk Management e-training package for senior managers and staff has been reviewed in line with updated Trust policies and to align with the new Patient Safety syllabus. The package is made available to staff on the Trust Intranet site.

During 2021/22, the Trust developed a risk heatmap as a visual aid to recognising and managing the level and age of risks on the register. The heatmap continues to be developed with the inclusion of target grades to be set for the mitigation of risks. A monthly Risk Register Review Meeting continues to monitor and challenge the management of risks and timeliness of risk escalation with a focus in year on the progression of longstanding risks on the register.

Assurance Priorities 2022/23: Implement systems, processes and training falling from the National Patient Safety Strategy

Undertake an independent Well-Led Review at the Trust

Challenges 2022/23: The Trust continues to progress its ambition to become an organisation providing an integrated care system. This will present new challenges as well as opportunities to streamline and evolve primary and secondary care pathways. A priority continues to be the reduction of waiting list backlogs to return to national target achievement, the unpredictable surges in capacity and demand and staffing impact created by the COVID-19 pandemic.

The Trust continues to work in partnership with Walsall Healthcare NHS Trust to develop integrated care services and models for corporate support structures. This work will be subject to the financial constraints as well as change processes scheduled over the course of the 22/23 financial year.

Some key achievements over the past 12 months are:

The Royal Wolverhampton NHS Trust continues to be rated ‘Good’ overall by the Care Quality Commission (CQC). During the pandemic the CQC adapted its inspection process to a Transitional Monitoring Approach (TMA). This involved telephone calls with organisations and reviewing several KLOE questions (Key Lines of Enquiry).

The Trust was engaged in three CQC TMA type calls relating to Medicines Management, Maternity Core Service and Children & Young People’s Core Service. All received satisfactory outcomes and no concerns were raised.

The CQC carried out a desk-based announced inspection review at two GP practices as a follow up inspection to 2019/2020. The CQC has now rated the safe KLOE as “good” for both.

Over the year various notifications were submitted to the CQC relating to a change of nominated individual due to structure changes, temporary suspension of activity and closure due to COVID-19, removal of GP practices in Primary Care, addition of new service, and COVID-19 vaccination delivery across different sites.

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 been unable to complete a full programme of quality review visits in 2021/22 to assess ongoing compliance with CQC regulations due to the pandemic.

Six QRVs have, however, been undertaken during this period. CQC Strategy 2021 saw a new approach to inspection. RWT has attended webinars regularly to ensure participation.



Compliance Summary

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

The Trust has published on a dedicated website a real time, up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to the guidance) within the past t12months, as required by the ‘Managing Conflicts of Interest in the NHS’ guidance.

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 a set of sustainability plans and strategies that support the NHS Net Zero Carbon targets and commitments. The Green Plan ensures that the Trust continues to comply with its obligations under the Climate Change Act, Delivering Net Zero National Health Service, and the Adaptation Reporting requirements. The Trust has undertaken climate change impact assessments and has put in place an adaptation plan in accordance with emergency preparedness and civil contingency requirements. The adaptation plan sets out action to address the effects of climate change that are already being experienced, observed, or anticipated, even if globally nations do meet their carbon emissions targets.

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 its 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 circa £4.434m, 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 workstreams, 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 its review, appropriate recommendations were made and actions were agreed with management for implementation. The implementation of these actions is monitored by the Audit Committee.

Information Governance & Data Security

Summary of Serious Incident requiring investigations involving personal data as reported to the Information Commissioner’s Office in 2021-22

The table below details the incidents reported on the NHS Digital incident reporting tool and to the Information Commissioner’s Office (ICO), within the financial year 2021-2022. Any incidents that are still being investigated for the period 2021-22 are not included. The incidents listed below are for the Royal Wolverhampton NHS Trust and GP partnerships that have joined the Trust as listed below.

Table 14 - Information Governance Incidents Reported to Information Commissioners Officer

Table X: Incidents reported on NHS Digital’s incident reporting tool during 2021-22				
Date incident occurred (Month)	Nature of incident	No. of data subjects	Description/ Nature of data involved	Further action on information risk
May 2021	Security Failing – Organisational or Procedural	10	A member of staff posted a picture on social media which contained a patient list in the background	The individual was contacted immediately when it became known and the post was removed.
November	Unauthorised access to records	1	A member of staff was found accessing a patient record unauthorised.	Investigation was undertaken.
December	Unauthorised access to records	1	A member of staff was found to be accessing patient records unauthorised.	Investigation was undertaken and the member of staff undertook disciplinary proceedings.

Incidents

All incidents reported within the Trust are aggregated and provided in the table below:

Summary of personal data related incidents in 2021-22	
Category Breach Type	Total
Corruption or inability to recover electronic data	3
Data Quality	19
Disclosed in error	143
Lost in transit	3
Lost or stolen hardware	5
Lost or stolen paperwork	22
Misfiling	28
Non-secure disposal – hardware	2
Non-secure disposal – paperwork	4
Security Failing – Organisational or Procedural	13
Security Failing – Technical (including hacking)	2
Uploaded to website in error	0
Unauthorised access/disclosure	13
TOTAL	257

Data Protection and Security Toolkit Return 2021/ 2022 - Final Submission

Due to COVID-19, NHS Digital delayed the submission of the toolkit for 2021-22 to allow Trusts to focus on the submission without impact on the response to the pandemic. As the NHS response to the pandemic has continued into 2021-22 the decision was made by NHS Digital to retain the submission of the DPST as June 2022.

- The results for the final submission for 2021-22 were:
- The Royal Wolverhampton NHS Trust
RL4 Standards Met
 - Alfred Squire Road
M92002 Standards Met
 - West Park Surgery
M92042 Standards Met
 - Thornley Street
M92028 Standards Met
 - Lea Road
M92007 Standards Met
 - Penn Manor
M92011 Standards Met
 - Coalway Road
M92006 Standards Met
 - Warstones
M92044 Standards Met
 - Lakeside
M83132 Standards Met
 - Dr Bilas Surgery
M92026 Standards Met

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 in 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 2021/2022.

The Trust’s quality priorities for 2021/2022 were selected as part of a consultation process with staff and external stakeholders. In addition, the Trust reviewed what patients and members of the public said about us through national and local surveys and inpatient 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 2021/22. For example, the incident and complaints data was extracted from the quality and safety intelligence system. In addition, information was validated with individual leads including the governance team, patient experience team, infection prevention and control team and performance team.

The 2021/22 Quality Account identifies the Trust’s performance against the improvement priorities pledged last year. The pledges for improvement in the coming year are clearly identified and are based on areas that our intelligence indicates are priorities for quality improvement.

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, Healthwatch and Commissioners. 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.

The Quality Account outlines the progress made against the 2021/22 objectives together with details of the key objectives for the forthcoming year. These objectives have been set based on the priorities of the Trust, considering external accreditation, a variety of surveys, CQC inspection outcomes, key improvement priorities and views of staff, patients, public and key stakeholders.

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. These have continued to be produced, reviewed, and monitored throughout the impact of the COVID-19 pandemic.

Emergency Planning / Resilience

The Emergency Preparedness, Resilience and Response (EPRR) agenda dominated NHS organisations in 2020/2021 and today this is still the case. We do, however, have more priorities we are required to respond to.

The COVID-19 virus continues to present NHS Providers with substantial clinical challenges due to the virus continuing to evolve and potential risks around a new variant.

The Trust continues to work in collaboration with the local healthcare economy, through ad hoc arrangements.

We continue to maintain the established COVID-19 email box to manage the external flow of information still being requested, supported by a series of Trust subject matter experts. The COVID-19 status in the UK is still at Level 4. (Level 4 epidemic in general circulation, transmission high or rising exponentially).

Command and Control Structure used during COVID-19 is still in place and can be invoked if needed.

The Trust, as part of its resilience to respond to an emergency, already has established plans in place, along with business continuity arrangements, supported by local service continuity plans, which are continually being updated. Other activities have been undertaken to improve access to emergency preparedness response information and the EPRR intranet site.

EPRR Assurance. The assurance process changed slightly due to COVID-19. The Trust in 2021/2022 EPRR Core Standards self-assessment achieved a partial compliant status. The Trust is currently working through the gaps identified, to ensure it is Fully Compliant in 2022/2023



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.

During 2021/22 there has been a continuous focus on ensuring Covid Safe risk assessments are in place for staff who continue to work on site and has been integral for managing staff returning to site during the year. There has also been a focus for ensuring risks relating to staff working at home/hybrid working are managed relating to Display Screen Equipment (DSE) risk management. This system review has been undertaken by the Health and Safety Team in conjunction with Occupational Health and Procurement and is planned to be launched in the first quarter of 2022/23.

The top four incident types relating to health and safety at the Trust remain consistent and generally static with previous years. These are:

- Sharps
- Slips Trips and Falls (STFs)
- Manual Handling (inanimate and patient handling combined)
- Contact

There are specialist groups that have been identified to undertake analysis of the above incidents to identify any areas the Trust can look to reduce incidents of these types in future. All outcomes of will be reported to the Health & Safety Steering Group (HSSG) for oversight.

Assurance processes have been strengthened through improvements to monitoring systems, key performance indicators including risk assessment status, reactive incident monitoring, RIDDOR reportable incidents, communications, and training. All of which are being reported at bi-monthly Health & Safety Steering Group (HSSG), to Divisional Governance and through to Trust Board (via Quality Safety Assurance Group (QSAG), Quality Governance Assurance Group (QGAC) and Trust Management Committee (TMC)

Social Economic Responsibilities:
Modern Slavery and Forced Labour

The Trust sources its procurement function through the Integrated Supplies & Procurement Department (ISPD) based at University Hospitals North Midlands which is committed to:

- Utilising the Sustainable Procurement Flexible Framework (SPFF) to facilitate the procurement of goods and services in a more innovative, sustainable manner. This self-assessment mechanism allows each Trust to measure and monitor progress on sustainable procurement over time. All Trusts are aiming for year-on-year improvements to achieve and work through the actions in the SPFF, working through the levels from Foundation Level 1 to achieve Lead Level 5 by 2022-23.
- Purchasing more goods from sustainable sources, with a focus on those from local, ethical and Fairtrade Suppliers, reducing carbon emissions and improving labour standards are very important areas for the health and social care sector. All Trusts have an ethical duty to protect and promote health and wellbeing and contract with suppliers of goods and services that operate in a socially responsible way with good environmental practices and employment practices.

The Trusts will use Ethical Procurement for Health (EPH) to support this. Products used will have sustainable specifications using Government Buying standards and Green Public Procurement criteria. The Trusts aim to use their buying power to generate social benefits and consider economic, social, and environmental wellbeing when negotiating public service contracts as enshrined in the Public Services (Social Value) Act 2012.



In addition, the NHS Terms & Conditions of Contract for goods & services specify the following terms for suppliers to adhere to in relation to Equality & Human Rights:

- Ensure that (a) it does not, whether as employer or as provider of the Services, engage in any act or omission that would contravene the Equality Legislation, and (b) it complies with all its obligations as an employer or provider of the Services as set out in the Equality Legislation and take reasonable endeavours to ensure its Staff do not unlawfully discriminate within the meaning of the Equality Legislation.
- in the management of its affairs and the development of its equality and diversity policies, cooperate with the Authority in light of the Authority's obligations to comply with its statutory equality duties whether under the Equality Act 2010 or otherwise. The Supplier shall take such reasonable and proportionate steps as the Authority considers appropriate to promote equality and diversity, including race equality, equality of opportunity for disabled people, gender equality, and equality relating to religion and belief, sexual orientation, and age; and the Supplier shall impose on all its Sub-contractors and suppliers, obligations substantially similar to those imposed on the Supplier.

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.
2. The CQC has not taken enforcement action against The Royal Wolverhampton NHS Trust during 2021/22.
3. The Trust has published through a link on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to the guidance) within the past 12 months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.
4. 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.
5. Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.
6. The Trust continues to prepare for climate change, demonstrating action on the green plan, the adaptation plan, and the NHS Net Zero Carbon goal to ensure that policies, programmes, and investment decisions consider the possible extent of climate change. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.
7. The Trust made its annual self-assessment submission to the Department of Health as per the revised required timescales of the Information Governance Toolkit. (see Data Protection and security Toolkit Return section of this report).

Head of Internal Audit Opinion

“Our overall opinion for the period 1 April 2021 to 31 March 2022 is that based on the scope of reviews undertaken and the sample tests completed during the period, 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. The level of non-compliance in certain areas puts some system objectives at risk. We identified weaknesses which put system objectives at risk in relation to the Primary Care Governance, Continuous Quality Improvement, the Allocate system and Consultant Job Planning. 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.”

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 governance & quality 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) (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.

In relation to the Well-led Framework - the Trust undertakes continuous monitoring and self-assessment against the framework alongside the outcomes of inspections.

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.

10. Conclusion

No significant internal control issues have been identified during 2021/22.



Accountable Officer: Professor David Loughton CBE
Organisation: The Royal Wolverhampton NHS Trust
Date: 7 June 2022

B2 - Remuneration and Staff Report

Staff Report

The Following tables summarise the numbers and categories of staff, sickness absence and exit packages made during 2021-2022:

Table 15 - Exit Package Cost Banding 2021/22

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	£000's	Number	£000's	Number	£000's	Number	£000's
Less than £10,000			14	30	14	30		
£10,000 - £25,000								
£25,001 - £50,000								
£50,001 - £100,000								
£100,001 - £150,000								
£150,001 - £200,000								
Greater than £200,000								
Total	0	0	14	40	14	30	0	0

The Trust had nil non-contracted payments in lieu of notice in 2021/22.

Table 16 - Exit Package Cost Banding 2020/21

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	£000's	Number	£000's	Number	£000's	Number	£000's
Less than £10,000			19	55	19	55		
£10,000 - £25,000	1	18	2	23	3	41		
£25,001 - £50,000	1	29			1	29		
£50,001 - £100,000	1	56			1	56		
£100,001 - £150,000								
£150,001 - £200,000								
Greater than £200,000								
Total	3	104	21	78	24	182	0	0

Table 17 - Average Staff Numbers

Average number of employees (WTE basis)

	Total 2021/22 No.	Permanent 2021/22 No.	Other 2021/22 No.	Total 2020/21 No.
Medical and dental	1,144	1,085	59	1,085
Administration and estates	1,447	1,273	174	1,268
Healthcare assistants and other support staff	3,183	2,970	213	3,239
Nursing, midwifery and health visiting staff	2,628	2,540	88	2,537
Nursing, midwifery and health visiting learners	-	-	-	-
Scientific, therapeutic and technical staff	689	676	13	677
Healthcare Science Staff	490	480	10	488
Total Average Number	9,581	9,024	557	9,294
Of which	-	-	-	-
Number of employees (WTE) engaged on capital projects	10	10	-	-

Table 18 - Staff Sickness Absence

Staff Sickness Absence	2021/22 No.	2020/21 No.
Total days lost	103,797	
Total staff days	9,002	
Average working days lost (per WTE)	12	
Number of persons retired early on ill health grounds	1	3
Total additional pensions liabilities accrued this year (£000s)	89	103

Please note sickness absences data reporting was not required for 2020/21 so comparators are unavailable.

Consultancy Services

During 2021-22 we spent £0.9m on consultancy services (2020-21 £1.6m). The Trust employed 14 senior managers during the year ending 31st March 2020

Remuneration Report and Policy

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 Chair 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, within the National Health Service, as well as taking into consideration the national guidance & benchmarking framework. 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.

During 2021-22, the Trust has engaged in a Strategic Collaboration with Walsall Healthcare NHS Trust to significantly improve the quality of care for the populations we serve, standardise clinical practice and provide a safe, skilled, and sustainable workforce. As a result, the two Trusts have shared a Chair and CEO, with other Directors working for both Trusts and this report will now reflect any associated recharges to/from Walsall Healthcare NHS Trust.

Remuneration for the Trust’s Executive and Non-Executive Directors during the financial year ended 31st March 2022 is set out in the attached schedules.

Signature:



Professor David Loughton, CBE

Date: 7 June 2022

Name and Title	2021/2022								2020-21							
	Salary	Other Remuneration	Expense Payments Benefits in Kind	All Pension Related Benefits	Total Remuneration	Recharges Salary	Recharges Pension	Remuneration Net of Recharges	Salary	Other Remuneration	Expense Payments Benefits in Kind	All Pension Related Benefits	Total Remuneration	Recharges Salary	Recharges Pension	Remuneration Net of Recharges
	(bands of £5000) £000	(bands of £5000) £000	(taxable) to the nearest £100	(bands of £2500) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	(taxable) to the nearest £100	(bands of £2500) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000
Executive Directors																
D Loughton - Chief Executive	305-310	0	0	22.5-25	325-330	(145-150)	(10-15)	160-165	255-260	5-10 ¹	0	2,5-5	260-265	0	0	260-265
A Cannaby - Chief Nurse and Lead Executive for Safeguarding	170-175	0	0	37.5-40	210-215	(125-130)	(10-15)	70-75	145-150	0	0	30-32.5	175-180	0	0	175-180
B McKaig - Chief Medical Officer (from 12/07/2021)	115-120	40-45 ²	0	67.5-70	225-230	0	0	225-230	0	0	0	0	0	0	0	0
G Nuttall - Chief Operating Officer	165-170	0	0	32.5-35	195-200	0	0	195-200	155-160	10-15 ¹	0	185-190	185-190	0	0	185-190
J Odum - Chief Medical Officer	170-175	75-80 ²	0	47.5-50	295-300	(85-90) ³	(10-15) ³	195-200	155-160	80-85 ^{1 2}	0	255-260	255-260	0	0	255-260
K Stringer - Chief Financial Officer and Deputy Chief Executive	165-170	5-10 ¹	0	135-137.5	310-315	0 ⁴	0 ⁴	310-315	155-160	10-15 ^{1 5}	0	175-180	175-180	0	0	175-180

Name and Title	2021/2022								2020-21							
	Salary	Other Remuner-ation	Expense Payments Benefits in Kind	All Pension Related Benefits	Total Remuner-ation	Recharges Salary	Recharges Pension	Remunera-tion Net of Recharges	Salary	Other Remuner-ation	Expense Payments Benefits in Kind	All Pension Related Benefits	Total Remuner-ation	Recharges Salary	Recharges Pension	Remunera-tion Net of Recharges
	(bands of £5000) £000	(bands of £5000) £000	(taxable) to the nearest £100	(bands of £2500) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	(taxable) to the nearest £100	(bands of £2500) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000
Non-Executive Directors																
S Field-Chairman	55-60	0	0	0	55-60	0	0	55-60	55-60 ⁶	0	0	0	55-60	0	0	55-60
J Dunn (from 17/02/2021)	0 ⁷	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
L Cowley (from 01/02/2022)	0-5	0	0	0	0-5	0	0	0-5	0	0	0	0	0	0	0	0
R Dunshea - Non-Executive Director	10-15	0	0	0	10-15	0	0	10-15	10-15	0	0	0	10-15	0	0	10-15
D Edwards - Non-Executive Director (to 24/11/2021)	5-10	0	0	0	5-10	0	0	5-10	10-15	0	0	0	10-15	0	0	10-15
J Hemans - Non-Executive Director	10-15	0	0	0	10-15	0	0	10-15	10-15	0	0	0	10-15	0	0	10-15
A Heseltine (from 07/02/2022)	0-5	0	0	0	0-5	0	0	0-5	0	0	0	0	0	0	0	0
J Jones (from 07/02/2022)	0-5	0	0	0	0-5	0	0	0-5	0	0	0	0	0	0	0	0
M Levermore (from 07/02/2022)	0-5	0	0	0	0-5	0	0	0-5	0	0	0	0	0	0	0	0
M Martin - Non-Executive Director	10-15	0	0	0	10-15	0	0	10-15	10-15	0	0	0	10-15	0	0	10-15
D Oum - Non-Executive Director (to 09/10/2021)	5-10	0	0	0	5-10	0	0	5-10	5-10	0	0	0	5-10	0	0	5-10
A Pandyan - Non-Executive Director (to 31/03/2022)	10-15	0	0	0	10-15	0	0	10-15	10-15	0	0	0	10-15	0	0	10-15
G Pickavince - Non-Executive Director (from 01/06/2021)	10-15	0	0	0	10-15	0	0	10-15	0	0	0	0	0	0	0	0
S Rawlings - Non-Executive Director	10-15	0	0	0	10-15	0	0	10-15	10-15	0	0	0	10-15	0	0	10-15
L Toner - Non-Executive Director	10-15	0	0	0	10-15	0	0	10-15	10-15	0	0	0	10-15	0	0	10-15

Name and Title	2021/2022								2020-21							
	Salary	Other Remuner-ation	Expense Payments Benefits in Kind	All Pension Related Benefits	Total Remuner-ation	Recharges Salary	Recharges Pension	Remunera-tion Net of Recharges	Salary	Other Remuner-ation	Expense Payments Benefits in Kind	All Pension Related Benefits	Total Remuner-ation	Recharges Salary	Recharges Pension	Remunera-tion Net of Recharges
	(bands of £5000) £000	(bands of £5000) £000	(taxable) to the nearest £100	(bands of £2500) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	(taxable) to the nearest £100	(bands of £2500) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000
Directors - Non Voting																
K Bostock - Director of Assurance (from 01/01/2022)	70-5	0	0	0	70-75	(20-25)	(0-5)	40-45	0	0	0	0	0	0	0	0
A Duffell - Chief People Office	140-145	0	0	50-52.5	190-195	0	0	190-195	135-140	0	0	22.5-25	155-160	0	0	155-160
S Evans - Director of Communi-cations and Stakeholder Engage-ment (from 11/01/2021)	105-110	0-5	0	87.5-90	195-200	(50-55)	(5-10)	135-140	10-15	0-5 ¹	0	7.5-10	25-30	0	0	25-30
S Evans - Chief Strategy Officer	140-145	0	0	35-37.5	175-180	(15-20)	(0-5)	160-165	130-135	0	0	90-92.5	220-225	0	0	220-225
D Hickman - Director of Nursing (from 08/11/2021)	45-50	0	0	325-327.5	370-375	0	0	370-375	0	0	0	0	0	0	0	0
S Mahmud - Director of Innovation, Integration and Research (to 14/05/2021)	20-25	0	0	0	20-25	0	0	20-25	140-145	0	0	0	140-145	0	0	140-145
T Palmer - Director of Midwifery (from 01/03/2021)	75-80	0	0	60-62.5	135-140	0	0	135-140	5-10	0	0	45-47.5	50-55	0	0	50-55
M Sharon ⁸ - Strategic Advisor to the Board	85-90	5-10 ¹	0	0	95-100	(15-20)	0	75-80	95-100	5-10 ¹	0	0	100-105	0	0	100-105

Please note:

¹ 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.

² This relates to the Physician element of the Medical Director's role.

³ This relates to the Director's recharge to the ICS for his additional role as the Medical Director Lead for Accute Collaboration.

⁴ This Director also covered the role of IT Director at Walsall Healthcare NHS Trust on an interim basis since October 2021, but there has been no recharge in cost for this.

⁵ This relates to pension contribution payments received, where payments are linked to national guidance and have been approved by the Trust's remuneration committee.

⁶ This has been restated from the 2020-21 Remuneration Report.

⁷ This Director was not pain in year and will receive backpay in 2022/23.

⁸ This Director retired and returned in April 2018 and is now in receipt of their pension. From October 2019 this Director is now working part time.

Total remunerations for senior managers in year ended 31 March 2022 was £1,588,693 0.19% of income (31 March 2021 £1,664,687 0.22% 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 value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less, the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights. This value does not represent an amount that will be received by the individual. It is a calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of the pension scheme could provide. The pension benefit table provides further information on the pension benefits accruing to the individual.

Pension Benefits

	Real increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension at pension age at 31 March 2022	Lump sum at pension age related to accrued pension at 31 March 2022	Cash Equivalent Transfer Value at 1 April 2021	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2022	Employer's Contribution to Stakeholder Pensions
Name and Title	in Bands of (£2,500)	in Bands of (£2,500)	in Bands of (£5,000)	in Bands of (£5,000)	£000	£000	£000	£000
D Loughton ¹ - Chief Executive	0-2.5	5-7.5	90-95	270-275	0 ¹	0 ¹	0 ¹	0
A Cannaby ² - Chief Nurse and Lead Executive for Safeguarding	2.5-5	0	55-60	135-140	1,102	49	1,171	0
A Duffell - Chief People Office	2.5-5	7.5-10	35-40	105-110	811	0 ¹	0 ³	0
S Evans ² - Director of Communications and Stakeholder Engagement (from 11/01/2021)	2.5-5	7.5-10	15-20	25-30	134	49	196	0
S Evans ² - Chief Strategy Officer	2.5-5	0-2.5	30-35	50-55	453	23	499	0
D Hickman - Director of Nursing (from 08/11/2021)	5-7.5	15-17.5	40-45	115-120	557	116	872	0
S Mahmud - Director of Innovation, Integration and Research (to 14/05/2021)	0	0	0	0	0	0	0	0
B McKaig - Chief Medical Officer (from 12/07/2021)	2.5-5	0-2.5	65-70	90-95	1,102	46	1,074	0
G Nuttall ² - Chief Operating Officer	2.5-5	0	65-70	145-150	1,311	45	1,384	0
J Odum - Chief Medical Officer	2.5-5	7.5-10	65-70	195-200	1,527	0 ¹	0 ³	0
T Palmer - Director of Midwifery (from 01/03/2021)	2.5-5	7.5-10	35-40	105-110	711	76	801	0
M Sharon ⁴ - Strategic Advisor to the Board	0	0	0	0	0	0	0	0
K Stringer ⁵ - Chief Financial Officer and Deputy Chief Executive	5-7.5	12.5-15	75-80	215-220	1,625	165	1,822	0

Please note:
¹ The real increase in Cash Equivalent Transfer Value is not applicable to the Director given that they are now 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 scheme.
³ Relates to Directors that within year are now over pension age, so the real increase in Cash Equivalent Transfer Value is not applicable.
⁴ Relates to a Director that is in receipt of their pension.
⁵ Relates to a Director that opted out of the Pension scheme and has since opted back in. The benefits have been calculated as the aggregate of the new scheme and previous schemes.

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. CETV's 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 period. The method used to calculate the Real Increase in CETVhas changed, to remove the adjustment for Guaranteed Minimum Pension (GMP) on 8 August 2019.

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.

Reporting bodies are required to disclose pay ratio information and detail concerning percentage change in remuneration concerning the highest paid Director

Percentage change in remuneration of highest paid Director

	2021/22	2020/21
Percentage change from previous year in respect of highest paid director:		
Salary & Allowances	(34%)	0.3%
Performance pay & bonuses	n/a	n/a
All taxable benefits	n/a	n/a
Percentage change from previous year in respect of employees of the Trust:		
Salary & Allowances	4.3%	2.0%
Performance pay & bonuses	n/a	n/a
All taxable benefits	n/a	n/a

Pay ratio information

	2021/22	2020/21
25th Percentile Remuneration	£20,330	£19,337
Median Percentile Remuneration	£27,800	£26,970
75th Percentile Remuneration	£39,027	£37,890
25th Percentile Pay Ratio	8.2	13.3
Median pay Ratio	6.0	9.5
75th Percentile Pay Ratio	4.3	6.8

Total remuneration includes salary, non-consolidated performance-related pay and

benefits-in-kind, including bank and agency staff. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

Percentage change in remuneration of highest paid Director and Pay Ratios have decreased in 2021-22 due to a change in the highest paid Director comparator in 2021-22. The highest paid Director in 2020-21, for 2021-22 is employed in a joint role across two Trusts. Therefore, the remuneration costs to Royal Wolverhampton NHS Trust in 2021-22 is reduced due to the recharges to Walsall Healthcare NHS Trust. As such they are no longer the highest paid Director.

In 2021-22, 13 employees (2020/21, 0) received remuneration in excess of the highest-paid director.

Remuneration ranged from £7.8k to £308.6k (2019-20 £7.2k to £257.5k [mid-point banded]).

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 2021/22 of 3.0% and where applicable, employees have continued to make incremental progression within existing pay scales.

increase in pay in 2021/22 of 3.0% and where applicable, employees have continued to make incremental progression within existing pay scales.

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 31st March 2022 for more than £245 per day and that last longer than 6 months.

Number of existing engagements as of 31 March 2022	0
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.	
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 2020 and 31 March 2022, for more than £245 per day and that last for longer than six months

Number of temporary off-payroll workers engaged between 1 April 2022 and 31 March 2022	1
Of which, the number that have existed...	
number not subject to off-payroll legislation (see note)	1
number subject to off-payroll legislation and determined as in-scope of IR35 (see note)	
number subject to off-payroll legislation and determined as out-of-scope of IR35 (see note)	
number of engagements reassessed for compliance or assurance purposes during the year	
number of engagements that saw a change to IR35 status following review	

Note: A worker that provides their services through their own limited company or another type of intermediary to the client will be subject to off-payroll legislation and the department must undertake an assessment to determine whether that worker is in scope.

For any off-payroll engagements of Board members, and/or, senior officials with significant financial responsibility, between 1st April 2021 and 31st March 2022

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year (see note 1)	0
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 must include both on payroll and off-payroll engagements (see note 2)	29

Note 1: there should only be a very small number of off-payroll engagements of board members and/or senior officials with significant financial responsibility, permitted only in exceptional circumstances and for no more than 6 months.

Note 2: as both on payroll and off-payroll engagements are included in the total figure, no entries here should be blank or zero. In any cases where individuals are included within the first row of this table the department should set out: details of the exceptional circumstances that led to each of these engagements, details of the length of time each of these exceptional engagements lasted”

Staff Sharing arrangements

The Trust has no staff subject to such arrangements.

Financial Statement

Foreword 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 31st March 2022. 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 2021/22 Department of Health and Social Care 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 and Social Care 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 and Social Care 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 and Social Care 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 2021-2022 it achieved this, spending (£27,944,000) (against a target of (£27,944,000)).
- Capital Resource Limit
This is a limit, imposed by the Department of Health and Social Care, 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. For 2021/22 there is an underspend against CRL of £0.026m (0.08% of CRL target was underspent) which was within tolerance of CRL target achievement.

Table 19 - Financial Performance Summary

	Target	Actual	Achieved
Income and Expenditure Break-even (£'000)	(3,800)	243	✓
Capital Cost Absorption Rate (%)	3.50%	3.50%	✓
External Financing Limit (£'000)	(7,370)	(12,982)	✓
Capital Resource Limit (£'000)	50,701	49,900	✓

*Target is adjusted control total as agreed with NHSi

Table 20 - The Income and Expenditure position for each of the last five years

	2017/18 £000s	2018/19 £000s	2019/20 £000s	2020/21 £000s	2021/22 £000s
Breakeven duty in-year financial performance	4,327	3,021	5,735	243	4,454
Breakeven duty cumulative position	51,122	54,143	59,877	60,121	64,574
Operating income	548,538	592,975	676,114	743,285	817,270
Cumulative breakeven position as a percentage of operating income	9.32%	9.13%	8.86%	8.09%	7.90%

Cumulative Position

Table 23 shows that the trust achieved its statutory break even duty in 2021-22. In 2021-22 the Trust achieved a surplus for the 16th consecutive year. This surplus amounted to £4,454k after impairment and adjustments for changes in accounting treatment.

Private Finance Transaction

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 1st April 2002 to 31st 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 and Social Care 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 21 - Better Payment Practice Code Summary

	2021/22		2020/21	
	Number	£'000	Number	£'000
Total Invoices Paid In Year	127,656	419,979	117,367	401,505
Total Invoices Paid Within Target	111,605	378,730	90,945	337,948
Percentage of Invoices Paid Within Target	87.43%	90.18%	77.49%	84.17%

Prompt Payment Code

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

Staff Sickness Absence

The following table provides details of the Trust’s Sickness Absence

Table 22 - Staff Sickness Absence

Staff Sickness Absence	2021/22 Number	2020/21 Number
Total Days Lost	103,797	
Total staff years	9,002	
Average working days lost (per WTE)	12	
Number of persons retired early on ill health grounds	1	3
Total additional pensions liabilities accrued in the year (£000s)	89	103

Please note sickness absences data reporting was not required for 2020/21 so comparators are unavailable.

Pension Liabilities

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that 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 and Social Care 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. It should be noted that in 2015/16 the Trust changed the asset life methodology for Buildings to a Single Residual Life Methodology, resulting in a reduction to annual depreciation.
- **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.

- **Valuation of Non-Current Assets** - The fair value of land and buildings is determined by valuations carried out by a Professional Valuer GVA Grimley Limited trading as Avison Young. The valuations are carried out in accordance with the Royal Institute of Chartered Surveyors (RICS) and Valuation Manual in so far as these terms are consistent with the agreed requirements of the Department of Health and Social Care and HM Treasury. A desktop valuation (excluding assets under construction/work in progress) was carried out as at 31st March 2022 and assets lives were also reviewed by GVA Grimley Limited trading as Avison Young as at this date. This valuation was based on published data from the Building Cost Information Service (BCIS) which provides a level of consistency in reporting and forecasting future trends. The valuation and the associated data was based on all in forecast Tender Price Index (TPI) as at 31st March 2021. Future revaluations of the Trust’s property may result in further material changes to the carrying value of non-current assets.
- **Leases** – The Trust applies the tests contained in IAS17 to all of its present and proposed leases 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 it 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 2021-22 was £96k excluding VAT (2020-21 £76k). 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%.

Statement of Comprehensive Income for the Year Ended 31 March 2022

The summary financial statements are an extract of the information in the full annual accounts. 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.

Table 23 - Statement of Comprehensive Income

Note	2021-22 £000	2020-21 £000
Operating income from patient care activities	677,356	588,601
Other operating income	139,914	154,684
Operating expenses	(791,608)	(734,130)
Operating surplus/(deficit) from continuing operations	<u>25,662</u>	<u>9,155</u>
Finance income	86	26
Finance expenses	(2,177)	(2,105)
PDC dividends payable	(11,282)	(10,003)
Net finance costs	<u>(13,373)</u>	<u>(12,082)</u>
Other gains / (losses)	20	34
Surplus / (deficit) for the year	<u>12,309</u>	<u>2,893</u>

Table 24 - Other Comprehensive Income for the Year Ended 31 March 2022

	2021-22 £000	2020-21 £000
Will not be reclassified to income and expenditure:	£000	£000
Retained surplus / (deficit) for the period	12,309	(2,893)
Revaluations	19,265	12,488
Fair value gains / (losses) on equity instruments designated at fair value through OCI	(1,269)	0
Total comprehensive income / (expense) for the period	<u>30,305</u>	<u>9,595</u>

Table 25 - Financial Performance for the Year Ended 31 March 2022

	2021-22 £000	2020-21 £000
Adjusted financial performance (control total basis):	£000	£000
Retained surplus / (deficit) for the period	12,309	(2,893)
Impairments (excluding IFRIC 12 Impairments)	(3,234)	5,658
Adjustments in respect of donated gov't grant asset reserve elimination	(5,220)	(1,709)
Remove 2018/19 post audit PSF reallocation (2019/20 only)	0	0
Remove net impact of inventories received from DHSC group bodies for COVID response	599	813
Adjusted financial performance surplus / (deficit)	<u>4,454</u>	<u>243</u>

Table 26 - Statement of Financial Position as at 31 March 2022

	31 March 22	31 March 21
	£000	£000
Non-current assets		
Intangible assets	6,462	5,526
Property, plant and equipment	416,282	382,916
Other investments / financial assets	161	0
Trade and other receivables	6,671	7,326
Total non-current assets	<u>429,576</u>	<u>395,768</u>
Current assets		
Inventories	8,253	8,802
Trade and other receivables	33,800	29,136
Cash and cash equivalents	84,918	54,351
Total current assets	<u>126,971</u>	<u>92,289</u>
Current liabilities		
Trade and other payables	(106,224)	(79,979)
Borrowings	(2,101)	(2,012)
Provisions	(7,428)	(4,592)
Other liabilities	(8,204)	(3,659)
Total current liabilities	<u>(123,957)</u>	<u>(90,242)</u>
Total assets less current liabilities	<u>432,591</u>	<u>397,815</u>
Non-current liabilities		
Trade and other payables	(86)	(58)
Borrowings	(5,475)	(5,576)
Provisions	(2,308)	(2,399)
Total non-current liabilities	<u>(7,869)</u>	<u>(8,033)</u>
Total assets employed	<u>424,722</u>	<u>389,782</u>

Financed by

Taxpayers' equity	0	0
Public dividend capital	286,653	282,017
Revaluation reserve	96,137	76,872
Financial assets reserve	(1,269)	0
Other reserves	190	190
Income and expenditure reserve	43,011	30,703
Total taxpayers' equity	<u>424,722</u>	<u>389,782</u>

The financial statements were approved by the Board on 7th June 2022 and signed on its behalf by:



Professor David Loughton CBE, Chief Executive

Date: 7 June 2022

Table 27 - Statement of Changes in Taxpayers' Equity for the year ending 31 March 2022

	Public dividend capital	Revaluation reserve	Financial assets reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2021 - brought forward	282,017	76,872	0	190	30,703	389,782
Surplus/(deficit) for the year	0	0	0	0	12,309	12,309
Revaluations	0	19,265	0	0	0	19,265
Fair value gains / (losses) on equity instruments designated at fair value through OCI	0	0	1,269	0	0	1,269
Public dividend capital received	4,636	0	0	0	0	4,636
Taxpayers' and others' equity at 31 March 2022	<u>286,653</u>	<u>96,137</u>	<u>(1,269)</u>	<u>190</u>	<u>43,011</u>	<u>424,722</u>

Table 28 - Statement of Changes in Taxpayers' Equity for the year ending 31 March 2021

	Public dividend capital	Revaluation reserve	Income and Other reserves	expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2020 - brought forward	250,646	64,384	190	33,595	348,815
Surplus/(deficit) for the year	0	0	0	(2,893)	(2,893)
Revaluations	0	12,488	0	0	12,488
Public dividend capital received	31,371	0	0	0	31,371
Taxpayers' and others' equity at 31 March 2021	<u>282,017</u>	<u>76,872</u>	<u>190</u>	<u>30,703</u>	<u>389,782</u>

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 and Social Care. A charge, reflecting the cost of capital utilised by the NHS Trust, is payable to the Department of Health and Social Care 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 29 - Statement of Cash Flow for the Year Ended 31 March 2022

	2021/22	2020/21
	£000	£000
Cash flows from operating activities		
Operating surplus / (deficit)	25,662	9,155
Non-cash income and expense:		
Depreciation and amortisation	23,279	21,230
Net impairments	(3,234)	5,658
Income recognised in respect of capital donations	(5,666)	(1,949)
(Increase) / decrease in receivables and other assets	(857)	31,355
(Increase) / decrease in inventories	549	(1,901)
Increase / (decrease) in payables and other liabilities	24,488	4,946
Increase / (decrease) in provisions	2,752	54
Net cash flows from / (used in) operating activities	<u>66,973</u>	<u>68,548</u>
Cash flows from investing activities		
Interest received	86	26
Purchase and sale of financial assets / investments	(1,430)	0
Purchase of intangible assets	(1,784)	(3,681)
Purchase of property, plant, equipment and investment property	(23,334)	(39,784)
Sales of property, plant, equipment and investment property	20	34
Receipt of cash donations to purchase assets	643	179
Net cash flows from / (used in) investing activities	<u>(25,799)</u>	<u>(43,226)</u>
Cash flows from financing activities		
Public dividend capital received	4,636	31,371
Capital element of finance lease rental payments	(196)	(211)
Capital element of PFI, LIFT and other service concession payments	(1,816)	(1,836)
Interest paid on finance lease liabilities	(15)	(16)
Interest paid on PFI, LIFT and other service concession obligations	(2,170)	(2,094)
PDC dividend (paid) / refunded	(11,045)	(10,230)
Net cash flows from / (used in) financing activities	<u>(10,606)</u>	<u>16,984</u>
Increase / (decrease) in cash and cash equivalents	<u>30,567</u>	<u>42,306</u>
Cash and cash equivalents at 1 April - brought forward	<u>54,351</u>	<u>12,045</u>
Cash and cash equivalents at 31 March	<u>84,918</u>	<u>54,351</u>

- 1. Public Dividend Capital dividend – this is a payment made to the Department of Health and Social Care, 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 Responsibilities as the Accountable Officer of the Trust

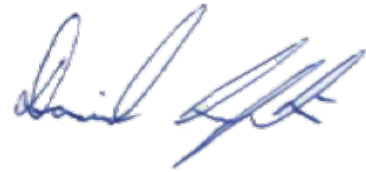
The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, has designated that the Chief Executive should be the Accountable Officer of the Trust. The relevant responsibilities of Accountable Officers are set out in the NHS Trust Accountable Officer 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, other items of comprehensive income and cash flows for the year.

As far as I am aware, there is no relevant audit information of which the Trust’s 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 entity’s auditors are aware of that information.

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.



Professor David Loughton CBE, Chief Executive

Date: 7 June 2022

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, other items of comprehensive income and cash flows for the year.

In preparing those accounts, the Directors are required to:

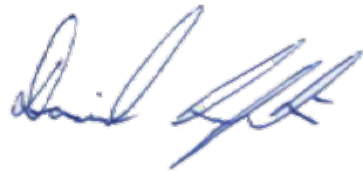
- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

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



Professor David Loughton CBE, Chief Executive

Date: 7 June 2022



Kevin Stringer, Chief Finance Officer

Date: 7 June 2022

Certification on Summarisation Schedules

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

Summarisation schedules numbers TAC01 to TAC34 and accompanying WGA sheets for 2021/22 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.

K. Strong

Kevin Stringer, Chief Finance Officer

Date: 7 June 2022

Chief Executive Certificate

1. I acknowledge the accompanying 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 J. K.

Professor David Loughton CBE, Chief Executive

Date: 7 June 2022

Notes

[illegible]

Notes

[illegible][illegible]

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 ਦੁਭਾਸ਼ੀਏ 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。