



Care Colleagues  
Collaboration Communities



The Royal Wolverhampton  
NHS Trust

# Annual Report 2023/24

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Safe & Effective | Kind & Caring | Exceeding Expectation

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# Statement from the Group Chair

## Welcome to The Royal Wolverhampton NHS Trust's Annual Report and Accounts

As I acknowledge my first year as Chair of The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust, I have plenty of food for thought when reflecting on the 12 months that have passed, while looking ahead to what is on the horizon.

Firstly, I have been incredibly proud to take on this role while continuing in my shared Chair role across Sandwell and West Birmingham NHS Trust and The Dudley Group NHS Foundation Trust. Taking on the leadership of four Trust Boards in the Black Country has been a huge responsibility – one that I feel keenly – as well as a fantastic opportunity to appreciate the innovation, talent and commitment that we are fortunate to have in the system.

Annual Reports have a certain déjà vu about them. Contributors inevitably say the last year has been “demanding” or “unprecedented” and, often, “overwhelming.” And I fear I’m about to do the same!

But how else could we sum up continuing post COVID-19 recovery set against a backdrop of several spells of industrial action, fatigued staff struggling with the ongoing cost of living difficulties, increasing demand for healthcare and an extremely challenging financial situation affecting all aspects of the services we provide?

I have been interviewed a number of times and asked how I’d “fix” the NHS. I still firmly believe that collaboration is key – both among our hospital and community services teams and with our partners.

Here in Wolverhampton, I’ve seen some brilliant examples of staff improving our patients’ experience. There’s the success of our virtual wards, giving patients and families peace of mind while enabling them to be treated at home where they are happiest; the growth in research to improve outcomes for people today and in the future; and the Musculoskeletal Ultrasound Unit at Cannock Chase Hospital becoming the only service of its kind in the Midlands to receive European recognition for its training – to name just a few examples.

The closer collaboration between Wolverhampton and Walsall has undoubtedly brought benefits to both organisations too, benefits that are directly felt by our patients and their families.

Collaboration has to be our priority as we move through 2024/25 to ensure our sustainability. Never before have the relationships between primary care, secondary care, social care and the voluntary sector been so crucial.



The Chief Executive and I engage with stakeholders across the care system and our Executive Team engages with stakeholders on key matters such as OneWolverhampton and place integration. The views of system partners are shared at Trust Board to ensure their voices are heard as part of our system engagement and activity.

Our collective determination and willingness to work together to enhance or change the way we do things remains a great strength.

**As we enter another important chapter, I’d like to thank our staff and partners for all they do for our communities and urge them to maintain the passion and dedication they show each and every day. We wouldn’t be half the organisation we are without them.**

**Sir David Nicholson KCB CBE**  
Group Chair



# A - Performance Report

## A1 - Performance Overview

### Group Chief Executive’s summary of performance and key risks

As our Chair alludes to in his statement, there have been a host of factors that have contributed to another memorable year in the life of RWT.

Some of these have been felt across the country, in the case of industrial action and trying to get back on track post pandemic. It seems barely a day has gone by without the NHS dominating headlines – whether that be concern over ambulance handovers, safe levels, waiting times for surgery or funding issues.

It has been tough at times as these pressures inevitably take a toll on everyone. Our priority is our patients, and we acknowledge significant numbers have been affected by the factors mentioned above.

We know that people are often anxious, awaiting operations or diagnostic tests, and that cancellations impact that anxiety. But we had to ensure our hospital could continue to run as safely as possible throughout this period whilst never underestimating the impact on the people who use our services. We continue to work to bring down our waiting times and prioritise those with the greatest clinical need.

I am, however, immensely proud to see what our teams in the hospital and community have achieved for our patients against these challenges. As a Chief Executive I have always asked my colleagues to ensure everything we do comes back to our patients. And there’s some excellent examples of this throughout this Annual Report.

Finally, on a personal level, the last year has been a special one for me.



It was a great honour when I was made a companion of the Institute of Health and Social Care Management (IHSCM). Supporting staff is one of the greatest gifts I have been able to give during my long career, and the Institute is an outstanding platform to enable that.

And I have decided to retire – bringing to an end my 40-year NHS career. I have spent 20 of those years at the helm of The Royal Wolverhampton NHS Trust and couldn’t be prouder of everything the teams across our hospitals and community have achieved.

I wish RWT all the best for the future and feel privileged to have worked with some amazing people during my time here.

**Professor David Loughton CBE**  
Group Chief Executive (to 30 April 2024)





Addendum: Incoming Group Chief Executive

I took up the role of interim Group Chief Executive of the Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust on 1 May 2024, following the retirement of David Loughton. I would like to extend my thanks to David for his leadership of the Trust during the period covered in this report.

As the new accountable officer for the Trust, I confirm that I am satisfied with the content of this document and will be acting as signatory to the 2023/24 Annual Report and Accounts on behalf of the organisation.

**Caroline Walker**  
Group Chief Executive (from 1 May 2024)



Looking back over our year

Grant of £400,000 to boost training

A £400,000 grant has transformed a simulation suite to allow fully immersive state-of-the-art training for 1,200 medical and clinical staff in Wolverhampton for the next five years.

The grant, from Health Education England (now part of NHS England), has enabled the Catheterisation Laboratory on Ward B15 in the Heart and Lung Centre at New Cross Hospital to be converted into the I-Sim Suite, with three simulators, including a full-body mannequin called Leonardo.

Life-sized Leonardo boasts many of the functions of a human – weighing 60-70 kilos, he has a heartbeat, he can be hooked up to a camera so his 180-degree view can be seen, and can blink, talk, sweat, and even vomit and swear!

Two hi-fidelity pieces of equipment are attached to the patient and give life-like readings and images, allowing the simulation of technical aspects of the team’s work.

An angiography simulator is a type of x-ray used to check blood vessels following injection of a special dye into the patient’s blood to highlight any problems.

An echocardiogram simulator scans the heart and mirrors as closely as possible how a real patient would react.

Dr Lampson Fan, Interventional Cardiology Consultant and Cath Lab Lead at RWT, said: “It’s difficult to train people in high-pressure situations when they happen as they need to be dealt with there and then – you can’t simulate someone having a heart attack or a cardiac arrest.



“So simulation using a whole body system has become an option to improve staff training and the ability to deal with these situations, as well as to assess teamwork, resilience and communication.

“In the long term, we hope this improves our response, not just in emergency situations, but in day-to-day situations too.

“For the next five years, this will become the cornerstone of training for Junior Doctors, Cardiothoracic Surgeons, Vascular Surgeons, Theatres Nurses, Ward Nurses, Physiologists, Radiographers and Porters in Theatres.

“We want to involve other departments too, to improve the quality of education for everyone. If everyone has better scenarios to learn from, you’re facilitating better staff training and this will lead to better patient outcomes. We really are pushing the boundaries.”





## New service for skin problems

Patients are receiving treatment for skin problems quicker thanks to the launch of a new service across the Black Country.

Run by clinicians across the Black Country Provider Collaborative (BCPC) – which consists of The Royal Wolverhampton NHS Trust Walsall Healthcare NHS Trust, Sandwell and West Birmingham Hospitals NHS Trust and Dudley Group NHS Foundation Trust – the new Teledermatology Service allows patients to book a consultation through their GP and receive feedback from specialists.

The GP takes images of skin conditions using dermatoscopes attached to a smartphone or tablet, which are sent to the dermatology department at their chosen hospital.

A Dermatologist then reviews and responds to the GP within 24 hours, providing guidance on how to care for the patient and whether further investigation or hospital care is needed.

The new service is one of the largest teledermatology projects in the NHS and aims to triage patients within 24 hours, excluding weekends.

Dr James Halpern, Consultant Dermatologist and Clinical Lead for Skin for the BCPC, said: “Since the pandemic we have seen a large increase in the number of skin cancer referrals.

“The new Teledermatology service allows large numbers of referrals to be triaged more quickly and will help us address the backlog. It allows a single point of access and quicker care, closer to home.”

Clinicians hope to reduce unnecessary hospital appointments and speed up access to diagnosis and treatments, including two-week wait skin cancer referrals.

There is still capacity for face-to-face appointments if needed.



## Nurse-led Botox bladder treatment first for region

Botox is now being used to treat certain bladder conditions as an outpatient service in Wolverhampton – and it is the first such Nurse-led service in the Black Country.

The treatment is called Botox treatment for idiopathic overactive bladder or neurogenic over-active bladder disorders. It involves injecting Botox via flexible cystoscope under local anaesthetic (camera inspection of bladder).

Research studies have shown that botulinum toxin (known as Botox) helps to reduce urgent urinary symptoms and incontinence by stopping the bladder wall muscle contractions, acting as a muscle relaxant.

Mr Masilamani Selvan, Consultant Urologist at RWT, is leading the service and is training Jenny Akins, Advanced Nurse Practitioner, to administer it. The intention is to run this outpatient service once or twice a month.

“This service is suitable for patients with multiple sclerosis (MS) or neurologic conditions affecting their bladder and those with an overactive bladder that doesn’t respond to other types of treatment,” said Mr Selvan.

Andeana Andreas, Senior Sister on Ward A31 at New Cross Hospital, said: “Previously this was done under general anaesthetic as a day-case procedure but we’re making it more accessible and we’re taking 60 minutes from admission to discharge.”

## Hearing service receives national recognition

RWT’s “excellent” hearing service is one of only nine in the UK to be awarded national accreditation as a training centre.

The 39-strong Audiology Team has been recognised as a Higher Specialist Scientific Training Centre (HSST) for Audiological Sciences by the NHS’s National School of Healthcare Science (NSHCS).

With bases at West Park Hospital, New Cross Hospital, Cannock Chase Hospital and The Gem Centre in Wednesfield, it supports 21,000 patients a year.

Lesley Peplow, Audiology Services Manager, applied for the recognition to develop colleague Debbie Corbett, Audiology Manager (Hearing and Balance).

Wolverhampton is also one of only three Audiology centres in the country to have a new trainee post this year.

“We looked at the clinical and management routes, and the HSST accreditation is funded and combines both aspects and it will earn Debbie a PhD at the end of it,” said Lesley, who has worked in Audiology for 43 years.

“I’m incredibly proud of the team for gaining accreditation.

“Between having the HSST training centre recognition and maintaining our United Kingdom Accreditation Service (UKAS) Improving Quality in Physiological Services (IQIPS) accreditation, it shows our service is fit for purpose, safe and effective.”

Made up of Audiologists, Clinical Scientists and Administration, the service manages hearing loss from the cradle to the grave, treating patients mainly from Wolverhampton, but also South Staffordshire, Cannock, Walsall and Dudley.

## Neonatal first in region to strike gold

Wolverhampton’s service for sick and premature babies is leading the way after it became the first in the West Midlands to attain gold standard by a nationally recognised organisation.

The Neonatal Intensive Care Unit (NICU) at New Cross Hospital received the Gold Award from Bliss Baby Charter, which offers a practical framework for units to assess themselves against.

RWT is the first in the West Midlands Neonatal Operational Delivery Network – which covers Neonatal Units at 15 NHS hospitals in the West Midlands, Staffordshire, Shropshire, Herefordshire, Worcestershire and Warwickshire – to achieve the honour.

The Bliss Baby Charter framework is now used by 93 per cent of neonatal units and it has become a nationally recognised tool referenced in the NHS England Neonatal Critical Care Review, and the Neonatal Critical Care Transformation Review.

RWT’s overall rating was 96.3 per cent, demonstrating it has sufficient processes and facilities in place to deliver high-quality, family-centred care.

The award, which is valid for three years, is the culmination of six years’ hard work after Dawn Homer, who was Neonatal Manager at the time, applied for the first audit in 2017.

Among the initiatives that makes New Cross stand out is allowing six loved ones to be present on the unit, meaning siblings can be near their baby brother or sister, as well as other close relatives and/or carers, and payment for food and parking for parents.

Kerry Harnett, Senior Sister on Neonatal, became lead for Bliss Baby Charter and Family Integrated Care in May 2022 and she said: “The award recognises the whole multidisciplinary team including Nurses, Doctors, Psychologists, Physios and Speech and Language Therapists, as we all work towards the same aim because we can’t do it in isolation.”

Neonatal now plans to introduce a parents’ advisory group, and acknowledges the recommendations made by Bliss following the assessment.





Complex patients treated at home

Patients with a tracheostomy and complex needs have been able to have their treatment in their own home thanks to a new initiative in Wolverhampton.

The Tracheostomy and Laryngectomy Team (TaLT) at RWT performed an outreach clinic in the community for the first time on a visit to Royal Park Nursing Home in Bilston, which provides care for younger adults.

Staff reviewed and assessed six patients requiring respiratory and tracheostomy care at the home, which was chosen as there were several patients there with similar conditions. It is also the only nursing home locally that supports patients with a tracheostomy.

Arranging appointments and the necessary transport to and from hospital is challenging, while a carer is often needed to assist in transit, which compromises staffing at the home.

In addition, the waits experienced by these patients – many of whom are vulnerable – during transit to and from hospital can be distressing for them.

Mr James Barraclough, Clinical Director for Head and Neck Services at RWT and lead for TaLT, said: “We usually run a clinic every month in New Cross Hospital for community tracheostomy patients to have their complex needs discussed and managed in a highly specialised multidisciplinary team setting.

“Instead, we went on the road, and this had a number of advantages. By visiting people in their own environment with their normal carers, it stopped the multiple transport issues for them, improved their care in their own environment and aided teaching of their carers with the equipment.”

The TaLT Team plans to carry out these visits every six months or so.



Baby receives pioneering treatment

A baby boy was the first to receive a pioneering long-term home phototherapy treatment.

Xavier Ibrahim Izaz Hussain – the second child of Dr Marsha Mansoor and her husband Izaz Hussain – was the first recipient of long-term phototherapy after he was born at New Cross Hospital last September.

Both of the couple’s babies were diagnosed with Rhesus disease, which is a condition where antibodies in a pregnant woman’s blood destroy her baby’s blood cells. It can be treated with phototherapy and immunoglobulin, which sees a newborn baby placed under a blue light to lower the bilirubin levels.

This normally takes a few days, but the couple’s first baby Zidaan Mohamed had to stay in hospital for a month as his bilirubin levels were so high.

Marsha said: “With Zidaan we had to stay in hospital for a month so he could go under the blue light 24/7, whilst also being treated for sepsis and bacterial meningitis. It was a very hard time and when I found out my second baby also had Rhesus disease, I mentally prepared myself for another month in hospital.

“Wolverhampton Neonatal Community Outreach Team (NCOT) said Xavier could have the phototherapy treatment at home, however, which was a real game changer for me.”

Xavier was treated in his home in Bilston, with monitoring by the NCOT Team, for six weeks. He was kept in a blanket which provided the phototherapy light 24/7 other than when he needed changing or feeding.

Tammy Franks, Community Neonatal Specialist Nurse/ Manager Transitional Care, said: “Home phototherapy treatment is a safe alternative to treatment in hospital for jaundice which has economic advantages but, more importantly, mum and baby are kept together at home with their families – reducing stress and promoting mother and baby bonding and increased parental satisfaction.”





### A surgical first for Frank

A Walsall father was one of the first patients in the region to have his throat cancer removed by robotic surgery.

Frank George, 56, underwent the procedure at New Cross Hospital after discovering a pea-sized lump while shaving.

The same Da Vinci robot is used in throat cancers as in urological and colorectal cases, but with different arms. Benefits of this type of surgery include shorter time in surgery and recovery, reduced anaesthetic and less time in theatre, leading to more capacity for more cases.

Mr Syed Farhan Ahsan, Consultant Ear, Nose and Throat (ENT) Surgeon at RWT, has led this development with the assistance of Mr John Murphy, Consultant ENT Surgeon and Divisional Medical Director.

Frank, who works as a trailer loader, was diagnosed with a metastatic squamous cell carcinoma. A biopsy proved inconclusive but suspicious cells were found.

In a four-hour operation, the father of two had his tonsils removed after a growth was found on his right tonsil, and a tumour was removed from his neck.

After the robotic surgery, Frank spent one night in the Integrated Critical Care Unit (ICCU).

The following day he was moved to a ward in the Heart and Lung Centre and was able to eat a bowl of porridge, pie and mash and Maltesers.

The success of Frank's surgery is an example of the collaboration between RWT and partners Walsall Healthcare NHS Trust.

Heavy metal fan Frank said: "I'm only too happy to have been a major part of this development."



### National recognition boost

An innovative training course for aspiring healthcare leaders in Wolverhampton received a prestigious award at the Houses of Parliament.

The Future Medical Leaders Programme, run by RWT, won the Good Practice in Training Category at the Healthcare Honours Awards.

Aimed at Registrars and new senior medical staff, the programme supports medical colleagues with the next stage of their career.

It is made up of several training modules, with prospective attendees able to select the sessions that meet their specific learning needs.

Dr Harjinder Kainth, Consultant in Acute Internal Medicine and General Internal Medicine, and Laura Willis, Acting Group Head of Corporate Learning Services, attended the awards ceremony at the Houses of Parliament.

Laura said: "We were truly shocked. We know we have a fantastic programme, but the competition was high.

"Going forward the plan is to continue developing and delivering excellence in our leadership development programme for all colleagues at RWT."



### Digital patient records to replace paper

An exciting new project launched in 2023 will see patients' paper records replaced by digital ones.

RWT signed a 10-year contract with UK healthcare technology company System C, which will supply a new electronic patient record (EPR) system.

This will completely modernise how the Trust manages patient notes, changing how it delivers test results and electronic prescribing, including medicines administration.

Nick Bruce, Group Director of Digital Technology, said: "Currently, our clinical and non-clinical staff use over 300 different digital systems to help provide patient care.

"Departments like Emergency, Theatres, Inpatient Services, and Community Services all use separate systems, meaning staff must remember multiple login details and passwords.

"The reliance on paper-based records in many areas of the Trust is losing valuable time to document scanning and increases the risk of important patient information going missing.

"A single EPR will unify our existing digital systems in one place, as if the Trust has one digital brain.

"Every patient who uses our services will have a single, accurate, and up-to-date health record and no longer need to repeat information when seeing multiple clinicians.

"Each patient record will be easily accessible by clinicians across the Trust, helping them make effective and timely decisions on care."





Gold award for innovative team

A Wolverhampton team that set up a breast dressings clinic to better support cancer patients following surgery beat international contenders to win a gold award in a contest dubbed “The Olympics of Wound Care.”

Sister Ann Harvey, Sister Rachael Longdon and Sister Emma Lewis established the clinic at New Cross Hospital six years ago and were “thrilled and proud” that the team, which also includes Sister Chrissie Duley and Staff Nurses Liz Blything, Ann Haynes, Jenny Potts and Cayte Hopton, scooped the Innovation in Surgical Site Infection accolade in the Journal of Wound Care Awards 2024 event.

The RWT team was put forward by Muskaan Khosla, Senior Clinical Fellow in breast care, who was impressed at the service being offered.

Around 500 patients a year use the clinics, which run twice a week in the Outpatients Department and are available for anyone who needs help and support with any aspect of their wound care following breast surgery.

Ann, who has worked for the Trust for 18 years and in Outpatients for eight, said: “A group of us Nurses identified the need for this type of clinic and that’s how it came about. We wanted to be able to give the best, timely support possible to patients after their surgery, knowing that wound care can cause anxiety after an already significant event.

“We are so thrilled and proud to have been recognised with a gold award – and still slightly shocked by it all as well.

“Muskaan put us forward and she has been a wonderful support because she is as passionate about the clinics as we are. We knew we were shortlisted and would come away with an award but to get the gold was out of this world, especially as we were up against international teams.”

Mr Seni Mylvaganam, Clinical Lead for Breast Services, added: “The dressings clinic initiative has been an invaluable addition to the breast service and rightfully a spotlight has been placed on this innovative service.

“A need was identified and through initiative and endeavour it has significantly improved the support provided to post-operative patients and enhanced the experience of the patient.”

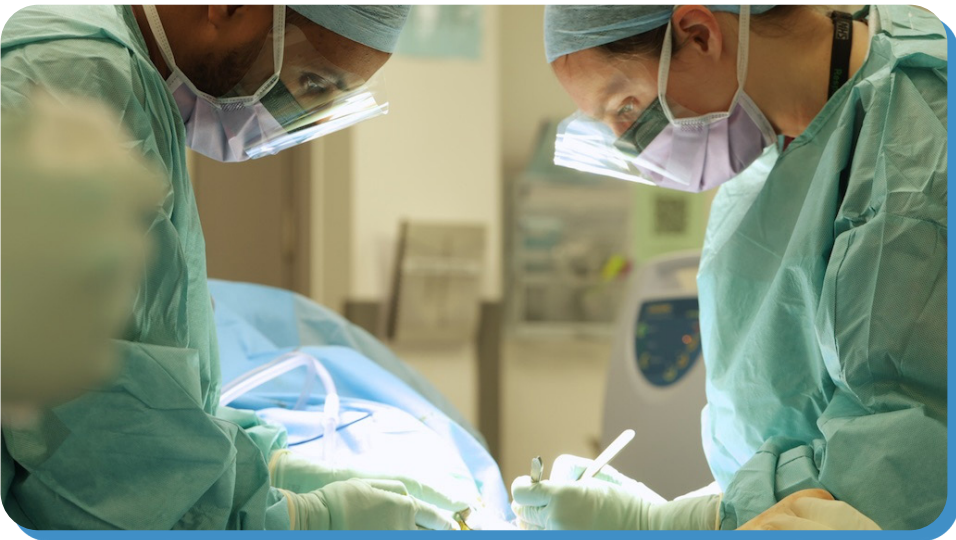


Statement of the purpose and activities of the organisation

The Royal Wolverhampton NHS Trust is a statutory body which came into existence on 1 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 Trusts 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, the Trust acts as host for the Black Country Pathology Service (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 medical students on rotation from the University of Birmingham and Aston Medical Schools. We also provide training for nurses, midwives, and allied health professionals through well-established links with the University of Wolverhampton. The Trust is also the established host for the West Midlands Regional Research Delivery Network.



The Trust is the largest employer in Wolverhampton with more than 11,000 staff. Services are provided from the following locations:

- **New Cross Hospital:** Secondary and tertiary services, maternity, accident and emergency, critical care, and outpatients
- **West Park Hospital:** Rehabilitation, inpatient and day care services, therapy services, and outpatients
- **Community Services:** More than 20 community sites providing services for children and adults, walk-in centres, and therapy and rehabilitation services
- **Cannock Chase Hospital:** General surgery, orthopaedics, breast surgery, urology, dermatology, and medical day case investigations and treatment (including endoscopy)
- **Primary Care**
- **BCPS:** The centre carries out tests such as fertility tests, blood/urine analysis, tests for infection and detecting cancer.



## Our local population – some health indicators

The Trust's main site, New Cross Hospital, is in the heart of a diverse city with an ICB-registered population of around 264,000. Recognising the proximity to neighbouring areas, the wider population we serve is closer to 450,000. This covers patients from Staffordshire, other areas of the Black Country, and Shropshire.

The Office of National Statistics (ONS) estimates that the population of Wolverhampton will grow by approximately 0.5% a year. Although the city of Wolverhampton is younger than the England average, it still has challenges from an aging population with the 65+ age group expected to rise faster than younger cohorts. Furthermore, 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 significantly lower than for England as a whole and the mortality rate across all causes is higher. 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 England average. Finally, males experience a health inequality at birth of 7.5 years, and females 7.0. Both are higher than the national average.



## Health inequalities

Health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and this shapes our mental health, physical health and overall wellbeing. This can result in health differences between geographical areas, ages, sexes, ethnic groups and for socially excluded groups such as the homeless or refugees.

The RWT Health Inequalities Steering Group was established in January 2022 to oversee the programme of work to address health inequalities at the Trust. The group has representation from primary care, secondary care and public health, and works closely with the OneWolverhampton partnership to understand the landscape of health inequalities across the city and how each of the partners are addressing issues relating to inequalities.

The Health Inequalities work currently being undertaken by RWT is being aligned to the Care Quality Commission's (CQC) well led domain and priorities taken from the NHS planning guidance. Some current projects across RWT include:

- A Tobacco Dependency Treatment Service launched in January 2023 which delivers on the NHS Long Term Plan commitment to offer NHS funded tobacco dependency treatment to patients who are admitted to hospital that smoke. With current funding, we are able to offer specialist support and medication to patients on ten wards; with this support, 47 per cent remain smoke-free four weeks later. This is in addition to existing support available for pregnant mothers who smoke.
- Maternity services have developed a dashboard breaking down indicators reflective of National Saving Babies' Lives care bundle (such as low birth weight, stillbirths and premature birth) by equalities characteristics and deprivation. This will allow the service to proactively focus capacity on those at risk of the worst outcomes.
- The Healthy Child Programme service offers universal and targeted services to children aged 0-19, where there is huge potential for addressing root causes of health inequalities. The Information Team have worked closely with the service to ensure that uptake of mandated checks is high across different ethnic groups, deprivation levels, local authority wards and GP practices.
- Education is a key priority and work is ongoing to upskill the RWT workforce with the competencies, knowledge and skills necessary to address health inequalities in the patient population it serves; local e-learning materials have been produced.
- Across RWT Primary Care Network there are several schemes which focus on reducing health inequalities and reaching vulnerable groups, these include: liaising with the Refugee and Migrant Centre and hotel settings that house asylum seekers, homelessness outreach services, better use of interpreters and improving cervical screening uptake in younger women.

In November 2023, NHS England published a statement giving clarity to NHS bodies on their responsibilities surrounding health inequalities, including to collect, analyse and publish specific datasets. Whilst RWT is actively engaged in reducing health inequalities and working on several projects spanning both primary and secondary care, additional work is needed to prepare the robust datasets required, and a supplementary accompanying Health Inequalities report will be published within 2024/25 in collaboration with the ICB.



# Healthier Futures

## Black Country and West Birmingham

### Black Country Integrated Care System – Healthier Futures

People are living longer, but with more complex conditions. Evidence shows that whilst access to good quality healthcare is vitally important, it is the wider aspects of people's lives – housing, income, employment, education and environment – that have the greatest impact on their health. Services that support people with these issues all have a role to play in improving people's health.

This means local government, the voluntary sector, the NHS and wider partners need to work together to create joined up health and care services that meet the needs of local people, focusing on prevention, better outcomes and reducing health inequalities.

Integrated Care Systems (ICS) were created in July 2022 to encourage and enable this. They bring a wide spectrum of local organisations together with a duty to collaborate, to understand how the health and wellbeing of local people can be improved, agree priorities and strategies for achieving this, and plan different ways to deliver care.

ICSs put the budget and decision making into the hands of local partnerships who will work with local communities to decide how best to design and deliver efficient services that meet local needs and avoid duplication.

In the Black Country, the two key elements of our ICS are the Black Country Integrated Care Partnership (ICP) and the Integrated Care Board (ICB):

- The ICP is a statutory committee with membership from our four local authorities, the voluntary sector, police and fire services, education and the NHS. The ICP is responsible for working with health and wellbeing boards and developing a long-term strategy to improve health and social care services and people's health and wellbeing in the area.
- The ICB is an NHS organisation responsible for planning health services for their local population. It manages the NHS budget and works with local providers of NHS services including hospitals, GP practices, community services, pharmacists, dentists and optometrists, to agree a joint five-year plan which sets out how the NHS will contribute to and deliver the ICP's integrated care strategy.

To find out more about the ICP and ICB, please visit our ICS website: [blackcountry.icb.nhs.uk](https://blackcountry.icb.nhs.uk)



## Our vision and values

Our Trust's five-year strategy launched in the autumn of 2022. This is a joint strategy with Walsall Healthcare NHS Trust, which recognises the closer working relationship between the two organisations.

The development of the new strategy encompassed a new set of strategic objectives as well as a new vision, while maintaining the historic values of each organisation.

Our vision, chosen by our colleagues, is to 'deliver exceptional care together to improve the health and wellbeing of our communities'.

The vision reflects our aspirations, helps to guide our planning, supports our decision making, prioritises our resources and attracts new colleagues.

### Our values are:

- **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 interests of others at all times.
- **Exceeding Expectation** – We will grow a reputation for excellence as our norm.

### Trust strategic aims and objectives 2022-2027

The Trust has four strategic aims, collectively known as the 'Four Cs' – Care, Colleagues, Collaboration and Communities. Extensive engagement across a wide range of stakeholders identified these as the areas to be prioritised if we are to achieve our vision.

Underpinning each of these aims, is a set of more specific strategic objectives. SMART-based in the main, these are the practical steps we will take to achieve our strategic aims and will be used to measure our success.



### Our risks to achievement

- 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 2024/25 which have mitigation in place:
- The financial constraints within the system limit our ability to invest further to increase capacity and develop our services
  - Workforce – recruiting sufficient staff across the Trust continues to pose a significant challenge. Whilst this is a general risk, there are also specific areas where it is hard to recruit skilled staff, e.g., consultant cover in cancer services
  - The Covid-19 pandemic led to a significant increase in the number of patients awaiting planned treatment, which exceeds the capacity within the Trust. Whilst progress has been made in reducing the number of long waiting patients, the number of patients in total on our waiting list is still much higher than it was before the pandemic
  - Our ability to ensure patients flow smoothly throughout our hospital is inhibited by the number of patients that are in beds but medically fit for discharge. This prevents us from being able to admit patients from the emergency department into a ward and consequently from taking patients from ambulances into the emergency department.

### 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 2023/24 Financial and Performance Plan, as well as other strategic documentation.

As an existing trading entity, the Trust is not likely to be wound up and as such, it can be concluded that the Trust is a going concern. This is reaffirmed by the Trust’s Statement of Financial Position as at 31 March 2024.

## A look back at OneWolverhampton’s year

OneWolverhampton place-based partnership is a collaboration of health, social care, voluntary and community organisations, and our mission is working together for better health and care.

Using a population health approach, we focus on physical and mental health and wellbeing to help reduce the health inequalities experienced across the city. We do this by focusing on three key aims:

- **Putting people at the heart of what we do**
- **Right care, right place, right time**
- **Working better together**

We have developed a series of Partnership Commitments to guide our partnership work and ensure we prioritise and address the complex health and care issues faced in the city. These commitments were recognised by the Department of Health and Social Care as an example of good practice and shared in national guidance:

- We commit to develop a shared understanding of the needs and preferences of our population
- We commit to working as if the budgets, assets, and capabilities of in-scope services were held in common, supported by jointly developed enabling strategies
- We commit to collaboratively (re)design the services that respond to population need so they better align to our shared outcomes
- We commit to establish a sustainable model for the governance and management of OneWolverhampton that optimises the integration of partnership delivery and commissioning processes
- We will commit to continuous learning from the work we do together
- We will commit to an integrated workforce model for health and care



### Our strategic priorities

We have set out six key areas we will prioritise to help us deliver better outcomes for local communities:

- Adult mental health
- Care closer to home
- Children and young people
- Living well
- Primary care
- Urgent and emergency care

### Our successes

Over the last year, the partnership has continued to go from strength to strength. This has included being shortlisted for a national Local Government Chronicle (LGC) award in recognition of our collaborative approach to winter planning.





## Working together to support system pressures

### Integrated Winter Planning

Our integrated approach to winter planning resulted in a significant reduction in ambulance handover delays and a reduction in the number of people who are medically fit for discharge but awaiting social care support before they can be safely discharged. We have mobilised innovative schemes including providing dedicated social workers in inpatient mental health settings, funding social prescribing support within the Same Day Discharge Centre at New Cross Hospital and delivering an enhanced intermediate care scheme to support early discharge.

### ARI hub

Wolverhampton took a partnership approach to mobilising an Acute Respiratory Infection Hub for the city. This Primary Care-led service, delivered from RWT's Phoenix Centre, has seen 130 patients a week on average since launch, ensuring timely access to same-day treatment and reducing demand on emergency services at New Cross Hospital.

### Community support teams

A community support team has been working alongside hospital teams to help people return to the place they call home as quickly and safely as possible. The support includes practical help such as provision of cooking materials and clothing to support effective discharge and reduce the risk of readmission.

The team, which has received additional funding from the partnership to support hospital flow over winter, meets weekly with the hospital's social worker team to identify patients who are ready to go home but may need extra support once they get there.



## Supporting good mental health

In December, Wolverhampton's Health and Wellbeing Board became a signatory to the Prevention Concordat for Better Mental Health. To achieve this, we have evidenced our commitment to promote 'protective factors' such as early years support, good education, and good quality work. It also ensures work is taking place to reduce risk factors such as unemployment, poverty, loneliness, violence, and discrimination.

## Delivering care closer to home

### Reducing Falls

We delivered a range of interventions to prevent falls and support people to receive treatment closer to home when they do occur. This has included delivering strength and balance classes in care homes across the city and an integrated falls service between the City of Wolverhampton Council (CWC) and RWT. This service includes assessment by Advanced Nurse Practitioners and Occupational Therapists so treatment can be given at home where possible, reducing the need for unnecessary conveyances to hospital.

### Closer integration between adult social care front door and care coordination

A 'no wrong door' approach is central to OneWolverhampton. To support this, we have held sessions between RWT's Care Co-ordination Service and adult social care's Front Door, to support greater understanding of services so people can be signposted based on their concerns and access the right support or information first time.



## Supporting people to live well and stay well

### Starting and growing well

A jointly commissioned needs assessment into children and young people's emotional and mental health needs has been undertaken, feeding into our Children and Young People's Emotional, Mental Health and Wellbeing working group.

Recognising the challenges in access to dentistry for children and young people in the city, a dental varnishing scheme will be delivered through Family Hubs, to reduce incidences of dental decay. A survey is also being undertaken to further understand access and experience of services.

### Reducing addiction harm

Following targeted, multi-agency work, the alcohol-specific mortality rate has decreased significantly in the last reporting period. Wolverhampton has moved from having the highest mortality rate in the country to 14th nationally.

## Working to reduce health inequalities

The partnership funds a Health Inequalities Lead, to ensure a co-ordinated approach to tackling health inequalities through awareness, action, and advocacy.

Colleagues from across the partnership took part in an event to share and improve understanding of access routes to health and wellbeing support, to reduce pressures on health services. The event in Wolverhampton facilitated cross-sector information and advice with colleagues across NHS, voluntary and community sector and public health in attendance, as well as signposting services including the NHS, understanding rights, pharmacy, GPs, vaccinations, cancer screening, diabetes, sexual health, domestic abuse, health visiting and maternity.

## Building relationships

The partnership held its first stakeholder engagement event at the end of November with more than 50 people attending from a wide range of sectors including health, local authority, police, fire, and the voluntary and community sector. The event aimed to give wider stakeholders an overview of who the partnership is and the work taking place within the six priority areas listed above. Leads from each of the priority workstreams hosted a table with participants rotating around the room.



## What's next for OneWolverhampton?

Building on the successes of the previous 12 months, several areas of focus have been identified for 2024/25:

- Developing and extending the Young Health Champions programme
- Creating a joint approach to multidisciplinary team working across the Partnership
- Strengthening the relationship with City of Wolverhampton Health and Wellbeing Together, cementing OneWolverhampton's role as the primary delivery vehicle for the city's health and wellbeing agenda
- Focusing on sexual health and opportunities to deliver a greater range of sexual health services closer to home
- Strengthening the partnership's role in supporting infrastructure – including a single governance structure for digital developments
- Further development of integrated population health management across the partnership
- Development of an integrated discharge model across health and social care.



## Black Country Provider Collaborative (BCPC)

Over the course of 2023/24 the Trust has continued to work with BCPC partners across its agreed three key programmes of work:

- **Clinical Improvement Programme** – a focus on supporting and contributing to improvements in cancer health outcomes and elective care recovery
- **Corporate Improvement Programme** – a focus on exploring opportunities for consolidation and delivery at scale resulting in better service productivity and efficiency
- **System and Transformation Priorities** – a focus on identifying priorities at scale which would support better service delivery and/or transformation.

We have continued to progress key areas of joint work that align with the principles for collaboration, where unwarranted variation exists, where there is fragility, or in areas where modernisation and transformation to improve services are best undertaken once, at scale.

Our progress and early successes have been outlined in the 18-month BCPC Annual Report published in September 2023, with a summary of some of our notable successes this year as follows:

- **Quality** – improvements made across critical care, orthopaedics and skin networks by establishing consistent guidelines for use across the system, in addition to work in driving down waiting times in the HVLC specialties and raising health outcomes by attaining or exceeding GiRFT metrics.

Furthermore, we have pursued a range of modernisation and transformative activities in ENT, general surgery, ophthalmology and urology, with plans being developed for progression very shortly.

Finally, we have begun to focus on some key fragile services (neurology, renal medicine, stroke, and vascular services) to explore a “networked service solution” across multiple Trust sites which may provide greater resilience through better use of resources at scale.

- **Strategic Developments** – robot assisted surgery (RAS) began at the Dudley Group NHS Foundation Trust, as part of the wider Urological Cancer Services Transformation.

In time we hope to see improvements in a range of urological cancers through faster access to urgent cancer care, as well as better patient experience and health outcomes.

- **Engagement** – continued active engagement with our clinical and service leadership teams through clinical summits and dedicated away days for our clinical networks.

This has been central to the success of collaborative working through a strong focus on inclusion, engaging, empowering, and enabling through partnership working, building trust and relationships, and a desire to change the long-embedded culture of “competition” in an evolving health and care environment.

The BCPC has continued to grow and mature and has taken the opportunity to strengthen and formalise our governance arrangements by being the first system in the country to use the legislative levers in the new NHS Health and Care Act to establish a joint committee between the four partner Trusts. This is enabling the four partners to strategically pursue priorities at scale, better use system-wide resources, and make decisions faster, to realise benefits quicker. We hope to continue showcasing the positive impact of our collaborative work in future.





## Black Country Pathology Services

### Another successful BCPS year

Black Country Pathology Services (BCPS) was formed as a partnership of four Trusts to maximise resources and improve service efficiency. These are: **The Dudley Group NHS Foundation Trust, (DGFT), The Royal Wolverhampton NHS Trust, (RWT), Sandwell and West Birmingham NHS Trust, (SWBH) and Walsall Healthcare NHS Trust, (WHT).**

BCPS provides a world-class service with potential to innovate. It serves 1.76 million patients and conducts more than 60 million tests every year. It is based at a hub at Wolverhampton's New Cross Hospital.

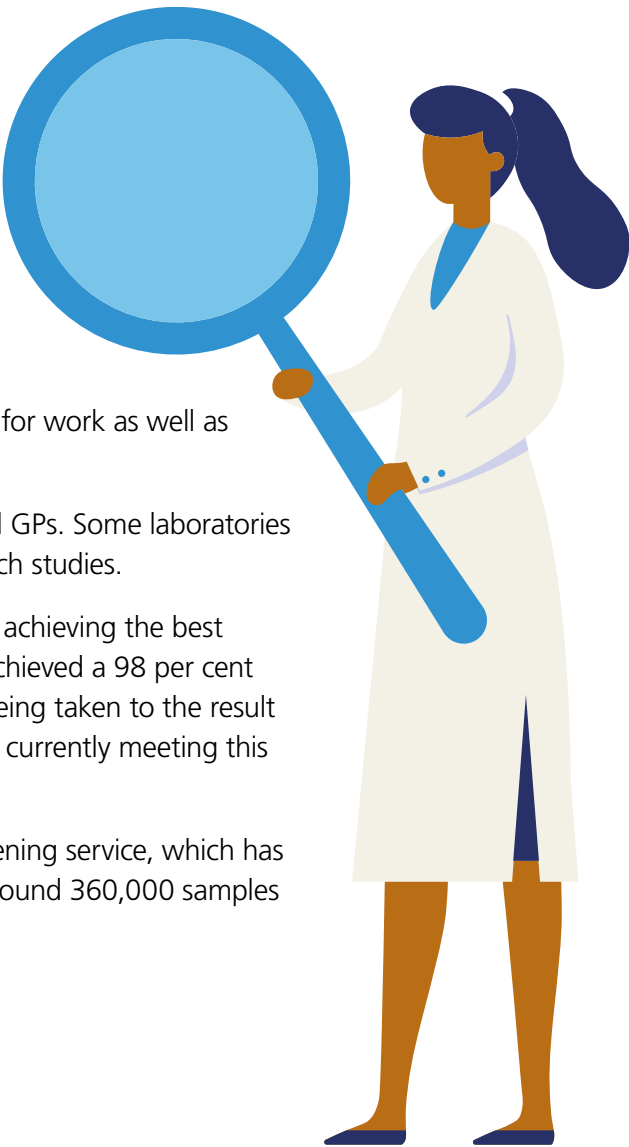
This partnership has led to more than 27,000 additional community phlebotomy appointments and improved turnaround times, access and workflows. All in all, providing a better-quality service for patients and a supportive and innovative environment for staff.

Working as a network provides Trusts with exciting opportunities for work as well as a highly supportive training and development network.

BCPS provides pathology services for the acute hospitals and local GPs. Some laboratories also offer specialist services to the wider NHS and work on research studies.

Over the last year its notable successes include the cytology team achieving the best turnaround times for screening results in the country. The team achieved a 98 per cent national standard of 14 days turnaround time, from the sample being taken to the result reaching the patient by post. BCPS is the only cytology laboratory currently meeting this standard.

BCPS is one of only eight in the country to provide a cervical screening service, which has become a primary HPV (human papilloma virus) test. It receives around 360,000 samples every year.



Patients, People, Pathology



### Highlights of CRN West Midlands' year

#### Research activity

The number of clinical trials that took place was up by 15 per cent year on year. Research teams based at NHS and social care organisations in the West Midlands enrolled more than 50,000 participants onto 929 National Institute for Health and Care Research (NIHR)-funded and supported clinical research trials, up from 805 the previous year.

#### Regional Research Delivery Network

It was announced in late 2023 that, after an open competition, The Royal Wolverhampton NHS Trust (RWT) will be the host organisation for the new NIHR Regional Research Delivery Network (RRDN) in the West Midlands.

The National Institute for Health and Care Research (NIHR) Research Delivery Network (RDN) will comprise 12 new RRDNs, hosted by NHS organisations covering all English regions. The RRDNs started operating from 1 April 2024, with service delivery due to begin on 1 October 2024. This will follow the end of the contract for the NIHR's current regional delivery arm, the Clinical Research Network (CRN) West Midlands, on 30 September 2024.

In addition, Professor Matthew Brookes, Consultant Gastroenterologist at RWT was appointed as Director for the new Network in February, taking up his role in April 2024. The CRN WM Chief Operating Officer (COO) Carly Craddock was appointed Strategic Development Director, and Pam Devall (CRN WM Deputy COO) is the new Network's Operations Director.

#### Health and Care Research Scholar Programme 2023

The focus for successful applicants was to lead projects that supported the CRN West Midlands Progression Plan, supporting under-represented communities and promoting equality, diversity and inclusion in their projects.

Eighteen scholars were appointed and two of our partner organisations were able to co-fund their scholars. We also appointed five people to the Personal Development Award Programme aimed at nurses, midwives and allied health professionals, funded one day a week over two years. The scholars site contains more information about successful scholars, the funding they have obtained and details of their projects.


63



We have recruited 63 Research Scholars since we started the scheme in 2018. Many of these have become Chief Investigators or Co-Investigators and secured grant success

The scholars appointed include applicants from a nursing / midwifery / allied health professional background, enabling us to promote research as a career development opportunity for all. We will be promoting these opportunities more widely in the NMAHPPS community to encourage more applications





#### Progress of the Programme

The first round of CRN West Midlands Health and Care Scholarship was launched in 2018 - in the first year we funded three applicants, all of which went on to receive grant income as a Chief Investigator.

The 2021 Programme received 41 applications from 13 Partnership Organisations. From these we have funded 19 Research Scholars based in 10 different NHS Trusts across the region.

29

Since 2018 we have funded Research Scholars in 29 specialities and sub-specialities through the scheme, helping us to meet the health and care needs of our local population

✓ Anaesthetics / ICU

✓ Immunology

✓ Reproductive Health

✓ Rheumatology

✓ Orthopaedics

✓ Ophthalmology

✓ Paediatrics

✓ Surgery

✓ Gastroenterology

✓ Inflammation / ageing

✓ Physiotherapy

✓ Mental Health

✓ Primary Care

✓ Radiology

✓ Obstetrics / Neonatal

✓ Cardiology

✓ Clinical Genetics

✓ General Medicine

✓ Diabetes/Endocrinology

✓ Stroke

Care Colleagues  
Collaboration Communities

## Integrated Care Research Delivery Team

This CRN WM team of research facilitators has established a Schools Research Network of 70 schools across the West Midlands, plus a 45-strong network of dental practices. They supported the CRN's first prisons study, recruiting 75 participants in three weeks. In addition, they supported three local authority research studies, seven schools' studies, 40 care home studies and four dental practice studies.

The funding for local authority embedded roles ended in March 2024. The funding to support these roles has allowed progression of a research culture in all three local authorities, (Birmingham City Council, Shropshire Council and Coventry City Council) that were awarded funding. The West Midlands Social Care Research Partnership group has expanded, and the group is working together to create a combined research strategy for adult social care.

## Appointments

Professor Prithwish Banerjee, Consultant Cardiologist at University Hospitals Coventry and Warwickshire, was appointed as National Cardiovascular Disease Lead for the NIHR CRN. In addition, the Network appointed its first ever Chief Nurse Research Lead, Professor Gwenllian Wynne-Jones, who is Director of Research for the School of Nursing at Keele University.

## Communications/patient and public involvement and engagement

The following publications were created and shared:

- A new Network brochure: **A Guide to the CRN West Midlands**
- **Ready for Research** children's book (in collaboration with CRN Greater Manchester) which has been sent to 1,700 schools in the region
- A leaflet about research achievements across both Trusts



The Network funded the Community Connexions initiative, which included a handbook on engaging with underserved communities, as well as attending an NIHR Black History Month engagement event and presenting at a Community Co-production Workshop. Community Connexions was a finalist in the HSI Patient Safety Awards 2023, in the Improving Health Outcomes for Minority Ethnic Communities category.

## Other highlights include:

- **Network Awards.** These awards, which celebrate the achievements of researchers around the region, were held in Wolverhampton in November 2023 and attended by 130 research colleagues from partner organisations. A special award was presented to Professor David Loughton CBE, recognising his outstanding contribution to research and thanking him for his support of the Network over the last 10 years
- A research information stand at **Walsall Pride**, as well as visiting a number of NHS Trust research showcase events around the region
- A thank you event for our **Research Champions**, held in Birmingham in January 2024
- The **Participant Research Experience Survey**, which seeks feedback from those taking part in research studies, exceeded its target number of responses for the year with the highest ever number of surveys completed: 1,915 against a target of 1,533.



## Learning and Workforce Development

Initiatives have continued to focus on building capacity and capability for research. Highlights include a new graduate internship programme which has piloted placements in Pharmacy support teams and continues to provide an agile workforce solution to meet fluctuating workforce demands, with high retention rates within research roles post-internship. The Network is leading a collaborative project (READY) to promote equity and drive collaboration for research education across the West Midlands; a strategic research education partnership group has been established and READY has been named in support of several developing bid and grant proposals. A number of blended learning resources have been designed, including a local induction framework to support remote onboarding of our agile workforce and is tailored to our hosted service, complementing the RWT corporate induction materials.

## Employee Engagement Committee (EEC)

In 2023 we completed the first cohort of the EEC. The purpose of the committee is for a wide range of staff to provide insight, feedback, ideas, solutions, and improvements to the Senior Leadership Team (SLT), representing perspectives from across the employee network. The EEC may identify items that need to be brought to SLT's attention and the SLT actively seeks the input from members of the EEC on specific areas of work. Each member of the EEC has volunteered to be a part of the group for 12 months.

This way of working has now led to a national group being set up for the Clinical Research Network and the transformation into the Research Delivery Network as of 1 April 2024.

One of the committee's key contributions was on our cultural assessment work. All staff had an opportunity for a one-to-one, focus group or survey response to questions about the culture of CRN West Midlands, with a focus on psychological safety. Work is now underway to address areas of concern or improvement. This was a welcome piece of work to enable the organisation to improve its performance as an employer.

## Improvement and Innovation

Seven partner organisations have presented their completed Improvement and Innovation strategic funding projects at Partnership Group meetings, facilitating wider dissemination across the region.

In 2023/24, CRN West Midlands funded a further 13 projects led by WM Partners. This totals 59 funded projects since the strategic funding initiative was launched in 2020/21.

## Primary Care

The team continues to engage with local practices, and we have seen a significant increase this year in the number of practices offering research opportunities to their patients (295 out of 753 West Midlands GP practices have recruited research participants). They are working on a pilot scheme with three Primary Care Networks in areas of deprivation to ensure we reach underserved communities.

The Network continues to play a critical role in engaging, supporting and enabling each of the six West Midlands Integrated Care Systems (ICSs) to achieve their shared purpose of improving outcomes, tackling inequalities, enhancing productivity and optimising resource, to strengthen local communities through creating a pro-research health and care environment. The primary care (PC) team, with the national PC specialty lead, has delivered a series of ICS webinars and has supported development of their research strategies. Information about the Network has been included on all regional ICS websites.

The team has also been delivering two important national secondments to solidify the Primary Care Research and Digital Environment Solutions (PRIDES) service across the Network, as well as supporting the national roll out of the Find, Recruit & Follow-up service designed to explain and promote data services to sponsors and researchers who support research delivery.



## Research Delivery GPs

This was a primary care pilot scheme to respond to the challenge of increasing capacity and capability in the primary care research setting, at a time of increased service pressures. It has enabled us to respond to the needs of our primary care providers, with delivery support activities undertaken in settings which had not been able to support research delivery previously. This has widened our agile research delivery offer across the region, and enabled access to previously underserved communities. Part of the scheme has focused on GP support to increase commercial research. Having an agile GP Principal Investigator has enabled us to put the expertise in the right place at the right time and provided support to a community organisation that urgently needed capacity and capability; ideally, we would like to continue this activity.

## Progression Plan

The West Midlands Progression Plan continues to maintain momentum, with 13 projects completed, and one further project added in the area of Research Workforce Recruitment and Retention.

The plan is a collection of more than 20 projects designed to support the West Midlands to become the best possible place to live, work and receive health and care, and where research and innovation thrive. It is a collaborative piece of work involving region-wide partners.

The recently concluded Increase the Amount of Social Care Research project has seen a number of impactful outcomes:

- development of a social care research partnership
- a guide that sets out how the CRN WM can support social care research
- appointment of Social Care Research Advocates across NHS trusts and local authorities

## Industry

The Industry Team has invested heavily in sponsor engagement this year, providing a strong foundation to enable research opportunities across the region. This includes developing our online presence to market the capability and capacity of research-active sites to companies, resulting in increased engagement. Consequently, the team has been able to increase research opportunities across the respiratory, mental health, dementia, and diabetes specialties, with many more in development in collaboration with specialty research leads. A CRN West Midlands Industry Strategy 2023-2025 was developed in collaboration with stakeholders.

## Study Support Service (SSS)

The Network's Study Support Service Team continues to provide an exemplary service to stakeholders, supporting more than 280 studies in 2023/24. This has been achieved through excellent compliance with national Study Support Service Standard Operating Procedures (SOPs) and proactively identifying ways to streamline and improve the service they provide.

The team continues to receive the highest number of responses per region in the national customer feedback survey, with 30 out of 46 survey returns for 2023/24 obtaining a score of 10/10. It is a leader in delivering training, with many oversubscribed sessions and demand from other regions. The team serves on eight national working groups as well as being owner of five national SOPs.

## Wellbeing

The Wellbeing Team has supported colleagues in 2023 via webinars, monthly bulletins, recorded podcasts, group drop-ins and 1:1 sessions with a focus on inclusion and engagement. The health and wellness of colleagues is further supported by a hub that is accessible 24 hours. Furthermore, as we start a year of transition, there has been a monthly article focused on resilience building with support offered by Mental Health First Aiders.

The programme for the health and wellness of staff has been delivered in collaboration with a number of partners, including particularly strong links with the RWT Occupational Wellbeing Team and the team at University Hospitals Birmingham.

We continue to support team building through our employee engagement projects including the Employee Engagement Committee, and a review of our organisation via a cultural baseline survey.



## Key risks and issues – related to activity

The pandemic continues to heavily impact the operation of the Trust and the activity it delivers. Our waiting list for patients awaiting planned treatment has risen dramatically compared to pre-Covid. Our focus is now on treating those patients of highest clinical priority whilst also reducing the number of patients waiting the longest.

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.



# A2 - Performance Analysis

A summary of our performance against the key national standards is shown below. 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 to 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 2024/25 but with priority being given to accelerating recovery.

## Performance against the National Operational Standards

Indicator	Target (2023/24)	Performance		
		2023/24	2022/23	2021/22
Cancer two week wait from referral to first seen date	93%	Indicators removed from 1 October 2023 as part of National review of cancer standards	80.9%	81.9%
Cancer two week wait for breast symptomatic patients	93%		84.3%	36.7%
Cancer 31 day for second or subsequent treatment - Surgery	94%		54.7%	63.8%
Cancer 31 day for second or subsequent treatment - Anti cancer drug	98%		82.4%	96.6%
Cancer 31 day for second or subsequent treatment - Radiotherapy	94%		82.3%	85.0%
Cancer 62 day wait for treatment from Consultant screening service	90%		37.2%	48.7%
Cancer 62 day wait - Consultant upgrade (local target)	88%		55.0%	67.1%
Cancer 62 day wait for first treatment	85%	42.6%	38.2%	47.4%
28 Day Fast Diagnosis	75%	74.4%	69.2%	71.4%
Cancer 31 day wait for treatment	96%	84.4%	75.8%	83.3%
Emergency Department - total time in ED	76%	77.4%	76.5%	81.6%
ED waits >12 hours	<2%	8.5%	7.82%	
Ambulance handover breaches – >60 minutes	0%	7.6%	10.8%	8.4%
Ambulance handover <15 minutes	>65%	52.6%	40.1%	52.7%
Ambulance handover <30 minutes	>95%	82.9%	75.7%	82.7%
Referral to treatment - incomplete pathways	92%	55.1%	59.9%	68.4%
Referral to treatment - no one waiting longer than 65 weeks	0*	565	770	855
Referral to treatment – no one waiting longer than 78 weeks	0	0	85	350
Mixed sex accommodation breaches	0	0	0	0
Diagnostic tests longer than 6 weeks	<1%	40.6%	45.9%	31.8%
All Service Users who have had their operations cancelled on the day of admission, to be offered another date within 28 days	0	0	16	15
No urgent operation cancelled for second time	0	0	0	0
Clostridium Difficile	58	80	72	57
MRSA	0	3	2	1
VTE Risk Assessment	95%			94.8%
Duty of Candour - failure to notify the relevant person of a suspected or actual harm	0	0	0	0
Community health services two-hour urgent response standard	70% from 1 Jan 2023	68.5%		
Sepsis screening – emergency department	90%	99.3%	92.0%	
Sepsis screening – inpatients	90%	85.4%	85.4%	

\* Target has subsequently been changed to the end of September 2024 as a consequence of the industrial action in 2023/24



# Sustainability/greener NHS programme

The Department of Health acknowledges that the health and care system in England contributes an estimated 4-5% of the country’s carbon footprint and has a significant role to play in achieving the UK carbon reduction target. The NHS has therefore 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 per cent 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 per cent reduction by 2036 to 2039.

The October 2020 ‘Delivering a ‘Net Zero’ National Health Service’ NHS report sets out a clear plan with milestones to achieving ‘net zero carbon’ covering both care delivery (the NHS Carbon footprint) and the entire scope of NHS emissions (the NHS Carbon Footprint Plus). It includes an expectation that all NHS organisations will also have a Board-level lead, responsible for leading on net zero and the broader green NHS agenda.

## Royal Wolverhampton NHS Trust commitment to climate change and sustainability

Between 2010 and 2015, the Royal Wolverhampton NHS Trust had successfully implemented a Carbon Management Plan (CMP) which allowed the Trust to achieve 14% reduction in CO2e emissions by 2015. This was 474 tonnes higher than the Sustainability Development Unit requirement to comply with the Climate Change Act.

In 2020-21, a carbon footprinting exercise established the Trust’s Carbon Footprint at 63,823 tCO2e. The top five contributors to its carbon emissions are procurement, gas consumption, capital carbon, pharmaceuticals and medical devices and equipment. Totalling 56,418 tCO2e, these elements make up 88% of the total carbon emissions. In March 2021, the Trust Board approved a new Green Plan with updated targets to reduce further the trust carbon footprint thereby easing its transition to a ‘net zero’ carbon organisation in line with the requirements of NHS England. The Plan is aligned with Trust strategies and initiatives that focus on efficiency, delivery of safe, effective, kind, caring and sustainable services. It also fulfils the requirement for Trusts to publish a Green Plan to deliver the sustainable development related NHS Long Term Plan commitments.

The Green Plan set out the following focus areas for reduction:

1. Buildings and capital carbon
2. Care pathways
3. Commissioned services
4. Electric, gas and water use
5. Food
6. Information and communication technology
7. Medical devices
8. Pharmaceuticals
9. Procurement
10. Travel and transport
11. Volatile anaesthetic gases and inhalers
12. Waste

Sustainable Development Unit (SDU) is an NHS agency tasked with embedding the principles of sustainable development, social value, and the wider determinants of health across the health and social care systems in England



We support the Task Force on Climate related Financial Disclosures (TCFD) framework and have made disclosures consistent with HM Treasury’s TCFD-aligned disclosure application guidance, which interprets and adapts the framework for the UK public sector. We consider climate to be a principal risk, and has therefore complied with the TCFD recommendations and recommendations disclosures around:

1) Governance

A leadership and governance structure led by the Trust Group Strategy Officer and supported by the Sustainability Group, Head of Sustainability and Clinical Lead for Sustainability was set up to ensure the successful implementation of the Green Plan. The Sustainability Group ensures the delivery of the Green Plan and leads corporate activities to embrace sustainable development, tackling health inequalities and reducing the Trust’s carbon footprint through value for money solutions that enable the achievement of the Trust’s service and estate strategies.

The group reports to Productivity and Finance Committee on progress against the action plan and escalate any issues or risk items and through this forum to the Trust Management Committee (TMC) and the Trust Board. The TMC has oversight of the implementation of the Green Plan. The Trust Board approves the Green Plan and monitors and review performance against targets and approve any changes to the plan over the course of its duration. Moving forward climate related risk and opportunities will be a permanent agenda in monthly departmental governance meetings. Job descriptions now includes a sustainability section that requires staff to support the Trust sustainability agenda.

2) Risk Management

The Sustainability Group conducted a risks and impact assessment to evaluate the potential health, social and environmental consequences of climate change to Trust services, patients, staff, and infrastructure. The result of the assessment informed the development of the Trust Climate Change Mitigation and Adaptation Plan which set out the mitigation and adaptation actions for current and future impact of climate change.

The Trust business case process includes a sustainability impact assessment which ensures that climate related risks and opportunities are assessed in business development, investment, and procurement decisions. The risk categorisation matrix will be updated to incorporate climate related risk.

3) Metrics and Targets













The Trust Green Plan set out to achieve an interim target of 25 per cent reduction of its carbon emissions from 2020/21 baseline by April 2025 with commitments to reach net zero by 2040 on direct emissions and 2045 on indirect emissions. From 1 April 2023 to 31 March 2024, the sustainability initiatives implemented to reduce the Trust carbon emissions have delivered 4,703tCO2e reduction which is around 7.37 per cent reduction from baseline. This figure is likely to change once the rest of scope 3 reduction initiatives has been accounted for. This is a notable achievement despite the increase in electricity and oil usage emissions. Electricity cost and consumption is expected to continue to increase as the Trust decarbonises its heating system.








The table below shows 2023/24 carbon emissions and the reductions achieved by emissions category and the figure on the next page shows the carbon emissions reduction through sustainability initiatives implemented by clinical and non-clinical departments.

Emissions Category	Baseline (tCO2e)				Current Year (tCO2e)				Reduction from baseline
	2020/2021				2023/2024				(tCO2e)
	Scope 1	Scope 2	Scope 3	Total	Scope 1	Scope 2	Scope 3	Total	
Electric		3,013	711	3,724		4,249	1,391	5,641	-1,916
Gas	13,591		1,767	15,358	10,113		1,670	11,784	3,575
Oil	67		13	80	269		59	329	-249
Total	13,658	3,013	2,491	19,162	10,383	4,249	3,121	17,753	1,409

The Trust is committed to continuing to invest resources and implement initiatives to further cut its carbon emissions to reduce the environmental impact of its operational activities and fulfil its obligation to work in a way that affects the communities it serves in a positive manner. £14.6m was spent in 2023/24 on decarbonisation schemes from PSDS and other funding sources. These schemes will deliver carbon emissions reduction when completed in 2025.



	The Anaesthetic department reduced the used of Desflurane from 118tCO2e in March 2021 to 0.0% in March 2022. A reduction of 118tCO2e. Recurrent cost avoidance of £5k+/annum		Carbon emissions from Nitrous Oxide has reduced from <b>947tCO2e in 2021-22 to 678 tCO2e. A 28% reduction from baseline.</b>
	We saved <b>3,575 tCO2e</b> by reducing our gas usage from 2020/21 baseline but our electricity carbon emissions increased by <b>1,916 tCO2e</b> . Oil carbon emissions increased by <b>249 tCO2e</b> .		Carbon emissions from Entonox has reduced from <b>878tCO2e in 2020-21 to 825 tCO2e</b> .
	<b>163,478</b> outpatient appointments were conducted virtually saving <b>382 tCO2e</b> . <b>2,232,588</b> patient travel miles saved. Equivalent to <b>ninety roundtrips around the world</b>		<b>1238tCO2e</b> saved by ICT services through IT recycling & repurposing, digitalisation of health records and deployment of electronic forms.
	267 staff availed of the Trust Discounted Travel Card Scheme saving 115tCO2e. 108 patients availed of 25% discounted bus tickets		RWT PCN reduced carbon emissions of SABA and non-SABA MDI inhalers from 888tCO2e in 2020-21 baseline to 532tCO2e in 2023/24. A 40% reduction from baseline.
	<b>Zero</b> domestic waste has gone to landfill in all Trust sites except for Cannock Chase Hospital where 10% of domestic waste went to landfill due to breakdown of Energy for Waste Plant. <b>£18,712 cost avoidance from carboard recycling</b>		<b>42.79 tCO2e</b> saved through the Walking Aids Reuse and Recycling Scheme
	<b>13tCO2e</b> saved through the furniture & Equipment Reuse Scheme. <b>Saving £24,462</b>		<b>Orthoptic Services</b> delivered <b>18tCO2e</b> by implementing virtual clinic, switching to digital systems, reducing printing, waste segregation and recycling

	<b>12.3 tCO2e</b> savings realised by the Catheter Department switching to remanufactured catheters. <b>£30k</b> saving realised.		<b>0.91 tCO2e</b> saving from confidential and paper recycling and <b>£20k+</b> cost avoidance realised.
	<b>438 staff</b> availed of 468 ZEV and ULEV emissions vehicles. Delivering <b>tax/NI savings £533,507</b> and <b>343tCO2e</b>		<b>44 staff</b> availed of the Trust Cycle to Work Scheme saving <b>10tCO2e</b>
	<b>246tCO2e</b> was saved by switching plastic pharmacy bags to paper bags. <b>42tCO2e</b> saved and <b>£274,480</b> CIP realised through return and reuse of medicines. <b>4tCO2e</b> saved and <b>£8,410</b> CIP realised by switching from Ethyl Chloride to Cool Stick. <b>£422,187</b> cost savings from reduced readmission through optimised DMS		
	Clinical sustainability initiatives saved 32.3tCO2e and recurrent cost improvement of over £5k annually.		
	Nucleus Theatres won the Sustainability Award in 2024 Nursing and Midwifery Green Week. Orthoptic Services won the greener category in Royal Awards		

This is in line with the central government’s TCFD-aligned disclosure implementation timetable for Phase 2. The Trust plans to provide recommended disclosures for Strategy in future reporting periods in line with the central government implementation timetable.



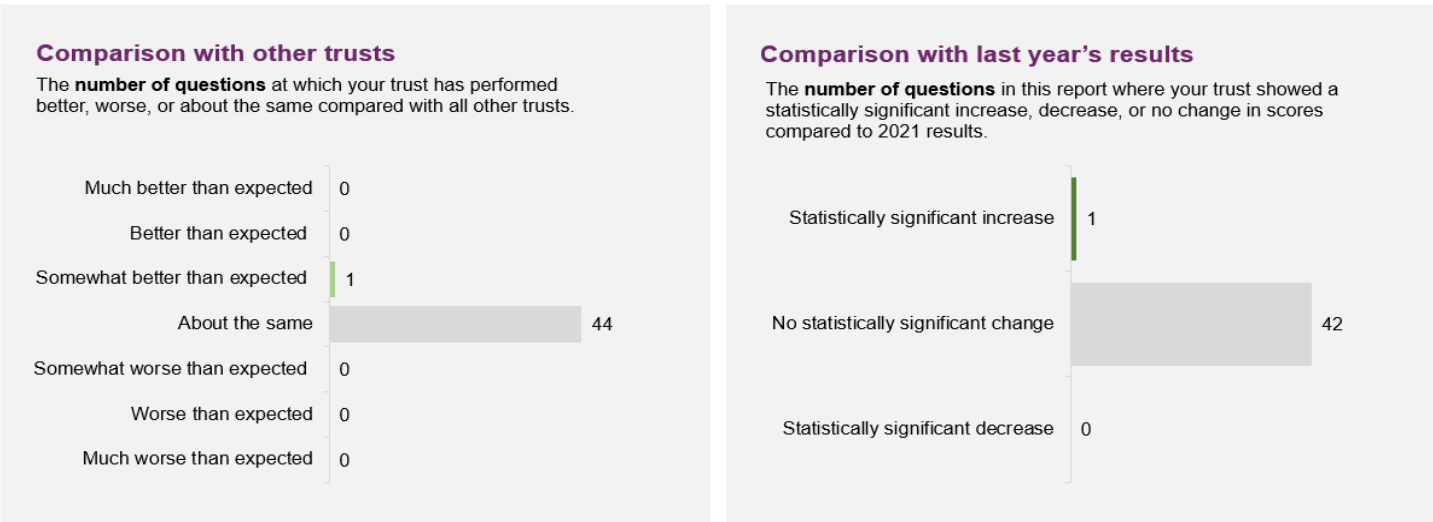


# Patience experience and engagement

## CQC National Adult Inpatient Survey 2022 (published 12 September 2023)

The 2022 National Inpatient Survey is the third “mixed mode” national survey in the CQC patient experience survey programme. The survey used online completion, SMS reminders and paper questionnaires. Feedback was gathered from people who attended services in November 2022. The Trust’s results can be accessed directly via [cqc.org.uk/provider/RL4/surveys/34](https://cqc.org.uk/provider/RL4/surveys/34)

Overall, there were some positive scores when comparing to other Trusts in the region. The Trust featured in the top five regionally for ‘Hospital and Ward’ and ‘Operations and Procedures’. The Trust did not feature in the bottom five regionally in any category.



## Where patient experience is best

- ✓ Quality of food: patients describing the hospital food as good
- ✓ Help with eating: patients being given enough help from staff to eat meals, if needed
- ✓ Noise from other patients: patients not being bothered by noise at night from other patients
- ✓ Involvement in decisions: patients being involved in decisions about leaving hospital, if they wanted to be
- ✓ Understanding information on discharge: patients understanding the information given about what they should or should not do after leaving hospital

## Where patient experience could improve

- Feedback on care: patients being asked to give their views on the quality of their care
- Including patients: patients feeling included in nurses' conversations about their care
- Answers to questions: doctors answering patients questions in a way they could understand
- Answers to questions: nurses answering patients questions in a way they could understand
- Changing wards during the night: staff explaining the reason for patients needing to change wards during the night



## Actions in place or underway, to address areas of concern or where improvements can be made, are:

- **Friends and Family Test:** a series of outreach activities to support inpatient areas to improve the Trust’s overall response and recommendation rate, in particular where there was notable month-on-month decline in performance for inpatient areas. This will help progress Trust’s ambition to achieve and maintain a recommendation rate of 92%
- **Statutory Complaint Outcomes:** high volume of cases not upheld: A review of determination made by investigating officers will be undertaken to provide assurance of accuracy of self-determination
- **Increased volume of complaints:** Triangulation of other feedback metrics indicative of trend to be undertaken at directorate level
- **Complaint breaches:** Positive improvement in July however ambition to return to 100 per cent compliance. Additional measures to be implemented to support directorate compliance.
- **Volunteering:** a further cohort to be recruited to assist in clinical areas during winter pressures.
- **DNA Support project:** To gain and evaluate measurable data on the direct impact of volunteer support.

## Patient recommendation to friends and family

The national Friends and Family Test (FFT) is a simple, single question survey which asks patients to what extent they would recommend the service they have received at a hospital department to family or friends who need similar treatment. The tool is used for providing a simple, headline metric which, when combined with a follow up question and triangulated with other forms of feedback, is used across services to drive a culture of change and of recognising and sharing good practice.

Results of these surveys are received monthly and shared at Directorate, Divisional and Trust Board level and updated onto Trust-wide software.

We believe patient recommendation to their friends and family is a key indicator of the quality of care we provide. We believe our performance reflects that the Trust has a process in place for collating data on the Friends and Family Test. Data is collated internally and then submitted monthly to the Department of Health and Social Care, and data is compared to our own previous performance.

The Friends and Family Test recommendation scores are illustrated in the tables below. The charts show the fluctuation in scores over the last financial year. The Trust’s average recommendation score for 2022/23 was 84.75 per cent.

	30/04/2023	31/05/2023	30/06/2023	31/07/2023	31/08/2023	30/09/2023	31/10/2023	30/11/2023	31/12/2023	31/01/2024	29/02/2024	31/03/2024
Trust overall Response Rate (%)	14%	14%	14%	14%	16%	15%	15%	14%	13%	14%	13%	13%
Trust overall Would Recommend Rate (%)	86%	86%	83%	85%	87%	85%	86%	85%	84%	84%	83%	83%

Friends and Family Test	Inpatients and Day Case (consolidated)				Outpatients				ED				Community			
	Q1	Q2	Q3	Q4*	Q1	Q2	Q3	Q4*	Q1	Q2	Q3	Q4*	Q1	Q2	Q3	Q4*
2023/24	93%	93%	92%	93%	94%	93%	94%	94%	71%	71%	69%	67%	93%	91%	92%	92%
2023/24 Comparison against 2022/23	1%	1%	1%	1%	1%						4%	5%	3%	4%	2%	1%
Response Rate 2023/24	22%	22%	20%	21%	15%	17%	14%	15%	16%	16%	15%	13%	6%	7%	6%	6%

Friends and Family Test	Antenatal				Birth				Postnatal Ward				Postnatal Community			
	Q1	Q2	Q3	Q4*	Q1	Q2	Q3	Q4*	Q1	Q2	Q3	Q4*	Q1	Q2	Q3	Q4*
2023/24	77%	82%	83%	78%	90%	92%	93%	95%	88%	86%	77%	82%	84%	89%	80%	81%
2023/24 Comparison against 2022/23		-5%	5%	-8%	-1%	-3%	3%	2%	8%	4%	-7%	-5%	-2%	7%	-3%	-1%
Response Rate 2023/24	5%	5%	5%	4%	10%	13%	11%	12%	11%	11%	10%	11%	13%	16%	13%	14%

\* Q4 data subject to change in line with March 2022 data submissions for FFT being after reporting date

Formal complaints, PALS concerns and compliments

There were 460 complaints, compared to 562 for year 2022/23. This represents a decrease of 18 per cent. The department where the greatest numbers of complaints have been received when compared to the previous years are ED (32 per cent decrease) and Trauma and Orthopaedics (three per cent increase).

Safeguarding concerns that do not meet the criteria for a Section 42 investigation are processed through the complaints procedure and are included in the total number of complaints received. Safeguarding concerns have increased from 50 in 2022/23 to 59 in 2023/24.

During the year 2022/23, from 478 cases which were closed, the Trust determined that 47 per cent of cases were not upheld, 42 per cent were partially upheld and 12 per cent were upheld. As with the previous year, the Trust’s performance measure for complaint outcomes were significantly lower than the national average of 27.6 per cent (as recorded by NHS Digital) for cases upheld.

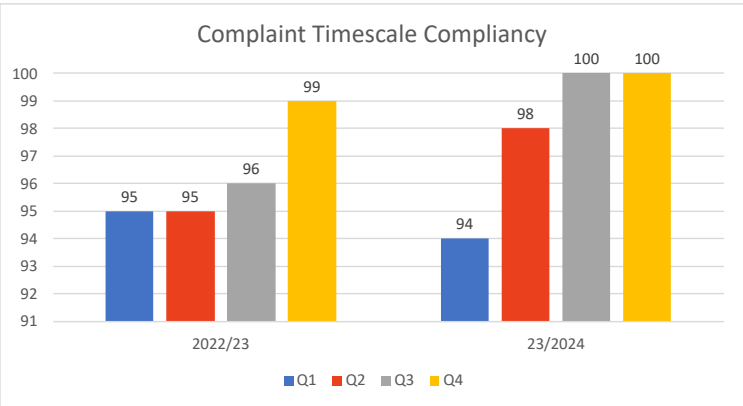
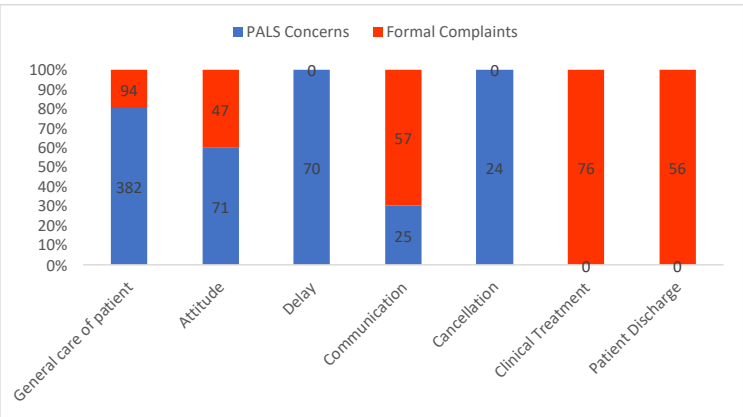
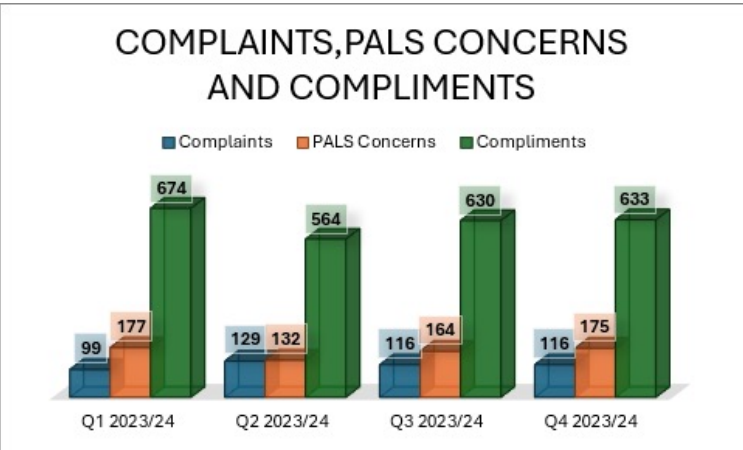
Year on year, there has been an increase in compliments received. The volume of compliments received in 2023/24 (2493) represents an increase of 57 per cent compared to last year’s total of 1592, and far exceeds the volume of formal complaints and PALS concerns recorded.

Themes of Complaints and PALS Queries

During 2023/24, there were 460 complaints raised. There is little variation between the key themes of complaints year on year, with the highest subjects being general care of patient, clinical treatment and communication. The table illustrates the top five categories for formal complaints and PALS concerns.

Responding to complaints

Complaint compliancy is measured on the adherence to policy (30 working days) and gaining consent for an extension for completion. Compliancy is shown below, however during 2024/25 the Trust will be introducing real time dashboards which will enable a more proactive approach to complaint handling.





# Parliamentary and Health Service Ombudsman

In terms of the outcomes of PHSO investigations which were ongoing from the previous year and were closed during 2023/24 (two cases), it is noted that one case was fully upheld with a financial redress of £600. The other case was partly upheld with no financial redress.

It is noted that for the previous year (2021/22) six cases were subject to a full PHSO investigation in comparison to four for this year. This represents one per cent of the total complaints received.

The emerging theme from the case partly upheld relates to communication with relatives.

## 2023/2024 Priorities

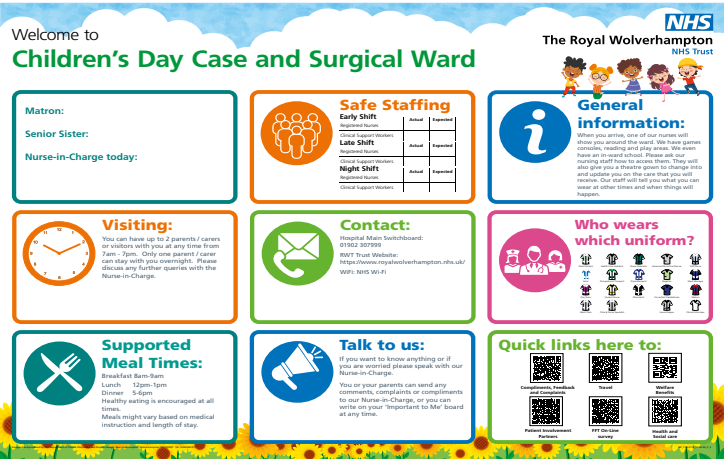
The key priority for the Patient Experience Team during 2023/24 was to embed the agreed strategic objectives as part of the patient experience strategy. This included ensuring that we listen to the patient voice and take meaningful action with a focus on learning from experiences. Putting patient engagement and involvement at the heart of decision making continued to be a priority, to drive forward improvements in delivery of care. Initiatives included:

- Sourced relevant initiatives for promotion of respect, dignity and compassion: Monthly Bereavement Hub recommenced (March 2023) in partnership with Compton Care, with good and regular attendance. Volunteers are used to support this initiative.
- Ensuring patients' wishes are built into admission and discharge process: Volunteers are now placed in the discharge lounge support the discharge process. Materials have been created and patients are signposted to Wolverhampton and South Staffs Health and Social Care for additional support – WVCA now has a Social Prescriber based with the Hospital Discharge team.
- Increased visibility of patient representation at various committees and sub groups, and expanded membership by recruitment of more patient involvement partners (PIPs). A meeting was held with interfaith leaders and chaplaincy to build links with community leaders. PIP membership increased by four during the last quarter of the year, and PIPs now attend committees including Policy Group, Environmental Committee and Research.
- Enhanced engagement with City of Wolverhampton Council's carer support team: carers' posters distributed to all wards, promotional stand held in ED and carers' coffee mornings were hosted.
- Established the HOPE programme with the voluntary sector, and volunteers are recruited and active.
- We wanted to have a recognised and clear pathway for young volunteers wishing to progress into paid employment or further education. We have worked with work experience groups to achieve consistency in routes available for volunteers. This included promotion of various development programmes including the ability to gain a Care Certificate qualification (pathway agreed with the Nurse Education Team), and establishing the National Volunteer Certificate (NVC).
- A wide range of new roles is available for volunteers supporting additional areas across the Trust. Networking continues with local schools and colleges to raise the profile of volunteering and its benefits to future career aspirations.



## For Complaint Management:

- We encouraged patients to share their needs and preferences to ensure they are the centre of the decision making for their care and treatment
- Patient Feedback Oversight Group (PFOG) established with Divisions to discuss themes from all patient feedback including formal complaints and PALS concerns. Patients encouraged to join Patient Involvement Partners (PIPs) to share views. Regular meetings with Healthwatch continue.
- We have implemented a proactive early intervention approach, working with complainants to achieve local resolution on concerns. Resolutions negate the need to escalate to operational teams, whether this be for PALS concerns or formal complaints.
- We have engaged with the Parliamentary Health Service Ombudsman's mediation process. The aim is to navigate barriers which may have prevented explanations or learning from being accepted, and to provide the opportunity for both complainants and the Trust to speak and listen to each other.



## Looking forward

- As part of the Patient Experience Enabling Strategy, in collaboration with Walsall Healthcare, both Trusts have committed to:
- We will involve patients and families in decisions about their treatment, care, and discharge plans
  - We will ensure people from minorities (ethnic minorities, disabilities, religious groups, LGBT+ groups) have services that do not discriminate and equally meet their needs alongside others
  - We will support our staff to develop a culture of learning to improve care and experience for every patient, by:
    - Reducing complaints, learning from them and encouraging better attitudes and practice from employees
    - Using our Patient and Partner Experience Group meeting to gain assurance, monitor and manage patient experience workstreams and initiatives
    - Implement a real time dashboard for directorates to encourage a more proactive approach to patient feedback



## Volunteer services

The core values of the Youth Volunteer programme continue to be embedded as we continue to recruit and support a large number of young volunteers, with 56 per cent of our current clinical volunteers being between the ages of 16 and 25. This is likely due to continued efforts to attend community engagement events such as careers days, assemblies and classes, volunteer events etc., to sustain relationships with local schools, colleges, universities, and the local volunteer sector in the community of Wolverhampton and surrounding areas.

The Trust also continues to work with St John Ambulance (SJA) on the NHS Cadets programme (Advanced Level) and has been able to offer opportunities for advanced cadets to apply for volunteer opportunities, opening a recruitment in February 2024. We continue to deliver presentations to inspire NHS Cadets to volunteer for a Trust, as well as develop opportunities for the NHS Cadets on the Foundation programme. In November 2023, the Volunteer Service co-designed a project with the Embrace Sexual Health team to utilise the ideas and perspectives of the NHS Foundation cadets for the new Embrace website. The Volunteer Services team also attended the national conference in November, hosted by NHSE and SJA, to contribute our experiences of supporting the NHS Cadet programmes, and our ideas to help improve the partnership in future.

We continue to provide positive recognition and rewards to our volunteers for their contributions to the Trust, through “Volunteer of the Month” awards and National Volunteers’ Week. In May 2023, as part of the King’s Coronation celebration, we worked collaboratively with the RWT Charity to deliver the “Big Help Out” event at New Cross Hospital, where our CEO and Group Chair awarded volunteers with certificates and a commemorative pin badge. This was followed by a social media campaign in June for National Volunteers’ Week, focussing on volunteer stories, role highlights, and staff feedback on the positive impact of volunteers. In addition the joint RWT Charity and Volunteer Awards returned in November 2023 for the first time since before the COVID-19 pandemic, highlighting the achievements of volunteers and charity fundraisers.

To support the developmental aspect of volunteering, the National Volunteer Certificate is offered as an optional training and development opportunity to all volunteers. In the past 12 months, 23 volunteers have completed the certificate and a total of 27 have done so since the opportunity was introduced. At the time of writing another 11 are on course to complete. Volunteer Services continue to seek pathways and opportunities for volunteers to access employment and development opportunities, and during this year, we have successfully supported 11 volunteers to gain Bank or permanent positions in the Trust. The Volunteer Services team also continues to identify development opportunities for volunteers including access to the Care Certificate programme if certain criteria are met, and accessing personal development courses that the Trust provides internally.

The Volunteer Service was shortlisted for the three categories in which nominations were submitted for the 2023 Helpforce Champions Awards. The awards were held at the Royal Air Force Club in London in October 2023. RWT Volunteer Services came away with all three awards we were shortlisted for including Staff Champion, Volunteer of the Year, and Celebrating Equality, Diversity, and Inclusion – highlighting RWT Volunteer Services at a national level.

## 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 11,817 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.

A significant proportion of our workforce is female, representing 78.93 per cent of the workforce, in line with the NHS gender profile.

The ethnic demographic of the Trust’s workforce as of 31 March 2024 is 37.43 per cent (compared to 36 per cent last year and is in line with the Black Asian Minority Ethnic (BAME) profile of Wolverhampton of 39.4 per cent (Census 2021). The largest ethnic group in Wolverhampton is Asian or Asian British at 21 per cent, followed by Black or Black British at nine per cent.

Note: No further local census information available since 2021.

The proportion of employees disclosing a disability on their Employee Service Record (ESR) has decreased from 4.36 per cent in 2023 to 4.35 per cent in 2024.

The Trust collects data on the sexual orientation status of employees. A total of 1.11 per cent of the workforce has declared it is lesbian, gay, or bisexual. A further 27.88 per cent of the workforce has not stated this information.

At the end of the financial year March 2024, 60 per cent 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.

### Headcount, gender, disability, and ethnicity

Headcount and headcount % by gender

Gender Status	Headcount	
Female	9327	78.93%
Male	2490	21.07%
Grand Total	11817	100.00%

Headcount % by gender and banding group

Banding Grouped For Gender	Headcount			
	Female	Male	Female	Male
AfC Bands 1-4	3948	739	33.41%	6.25%
AfC Bands 5-7	4329	844	36.63%	7.14%
AfC Bands 8a-9	478	170	4.05%	1.44%
Apprentices	21	17	0.18%	0.14%
Execs	3	6	0.03%	0.05%
Kickstarters	2	1	0.02%	0.01%
M&D	539	700	4.56%	5.92%
Non-Execs	6	5	0.05%	0.04%
VSM	1	8	0.01%	0.07%
Grand Total	9327	2490	78.93%	21.07%

Headcount and Headcount % by Ethnicity Group (BAME/White/Unknown)

Ethnic Status	Headcount	
BAME	4423	37.43%
White	7226	61.15%
Unknown	168	1.42%
Grand Total	11817	100.00%

Headcount and Headcount % by Ethnicity Group (BAME/ White/Unknown) by Staff Group

Staff Group	Headcount					
	BAME	White	Unknown	BAME	White	Unknown
Add Prof Scientific and Technic	131	209	3	1.11%	1.77%	0.03%
Additional Clinical Services	734	1382	17	6.21%	11.70%	0.14%
Administrative and Clerical	579	1980	21	4.90%	16.76%	0.18%
Allied Health Professionals	219	466	7	1.85%	3.94%	0.06%
Estates and Ancillary	147	691	5	1.24%	5.85%	0.04%
Healthcare Scientists	212	336	15	1.79%	2.84%	0.13%
Medical and Dental	874	297	70	7.40%	2.51%	0.59%
Nursing and Midwifery Registered	1518	1847	29	12.85%	15.63%	0.25%
Students	9	18	1	0.08%	0.15%	0.01%
Grand Total	4423	7226	168	37.43%	61.15%	1.42%



Headcount and Headcount % by Ethnicity Group (Asian/Black/Mixed/Other/Unknown/White)

Row Labels	Headcount	
Asian	2400	20.31%
Black	1387	11.74%
Mixed	338	2.86%
Other	298	2.52%
Unknown	168	1.42%
White	7226	61.15%
Grand Total	11817	100.00%

Headcount and Headcount % by Disability Declaration

Disability Status	Headcount	
No	9094	76.96%
Not Declared	2161	18.29%
Prefer Not To Answer	48	0.41%
Yes	514	4.35%
Grand Total	11817	100.00%

Ethical procurement, human rights (anti-slavery) in contracted services

The Trust sources its Procurement function through the North Midlands and Black Country Procurement Group (NMBC) hosted by the University Hospitals of North Midlands which is committed to:

**Achieving full compliance with all aspects of Ethical Procurement / Modern Slavery as set out in NHS England’s guide ‘Applying net zero and social value in the Procurement of NHS goods and services’ (PAR 1030 – 1 March 2022) which builds on the requirements outlined in the Procurement Policy Note 06/20 ‘Social Value Model, including net emissions requirements’ (1 April 2021).**



Headcount and Headcount % by Sexual Orientation Declaration

Sexual Orientation Status	Headcount	
Not stated (person asked but declined to provide a response)	3294	27.88%
Heterosexual	8271	69.99%
Bisexual	98	0.83%
Gay or Lesbian	131	1.11%
Undecided	11	0.09%
Other sexual orientation not listed	12	0.10%
Grand Total	11817	100.00%

Headcount by Staff Type (Apprentice / Other Staff / Student Nurse / Trust Board – Execs / Trust Board – Non Execs / Medical and Dental / VSM & Band 8A+)

Staff Type	Female	Male	Grand Total
Apprentice	23	18	41
Other	8260	1586	9846
Student Nurse	15	0	15
Trust Board - Execs	3	4	7
Trust Board - Non Execs	6	5	11
Medical and Dental	541	701	1242
VSM/Band 8a+	479	176	655
Grand Total	9327	2490	11817

Anti-corruption, anti-bribery and antifraud work

The Royal Wolverhampton 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 2023/24 awareness of fraud and bribery along with the Trust policies in place has been raised across the organisation and we will continue this work in 2024/25. All referrals of fraud, bribery and corruption were investigated during the year, and where appropriate cases were referred for disciplinary consideration or criminal sanction if appropriate.

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 2023 to 31 March 2024 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.

All procurement undertaken will contribute to the NHS Net Zero and Social Value goals in line with a clear approach outlined in the aforementioned guide (PAR 1030) to adopt and apply the principles outlined in PPN 06/20 to all commissioning and purchasing.

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 and Conditions of Contract for goods and services specifies the following terms for suppliers to adhere to in relation to equality and 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.

Staff engagement

The National Staff Survey provides an opportunity for organisations to understand the staff experience. The survey questions map to the NHS People Promise, which has seven key elements, and to the themes of staff engagement and morale. The results for 2023 show we have scored higher than the sector average for three People Promise indicators and seen an improvement in scores compared with last year on four indicators. 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 staff responding that they would recommend the Trust as a place to work (65.66 per cent) and receive care (65.62 per cent), which both score above the sector average. In addition, we have seen notable improvements in the Staff Survey for the areas of we are always learning and we work flexibly. We endeavour to continue to offer flexible working policies to attract and retain staff.

The Trust’s staff engagement levels have dropped below the national average of comparator organisations. We have also seen a decline in our scores in relation to we are compassionate and inclusive, we each have a voice that counts, and we are a team. We will address this through the priority areas of our new people and organisational development strategy: leading by putting our people first, ensuring equality, diversity and inclusion in all that we do, being a safe and healthy place to work and retaining and developing the workforce of today and for the future. The Trust has developed a new Joint Behavioural Framework: Caring for All, which outlines the standards of behaviour we expect from our staff. This will help the Trust create a listening, kind, inclusive and professional organisation where staff can thrive.

Diversity and inclusion in the workforce

Equality, Diversity and Inclusion continues to be a priority for the Trust throughout the year.

The Royal Wolverhampton NHS Trust are committed to reducing ethnic disparities across the NHS workforce pipeline as highlighted through the national Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) data. The NHS People Plan focuses greatly on Equality Diversity and Inclusion and we continue to work to improve the standards across the Trust.

With the engagement of Employee Voice Groups and Executive sponsors across the Trust, the Trust have been working on the renewal of the Race Code accreditation which is due Summer 2024 and as well as working towards our Armed Forces Veteran Aware accreditation. In addition, preparations have been made to be part of the Sunflower scheme to help to support both colleague and patients with hidden disabilities. The trust uses activities such as listen and learn sessions with members of the Executive Team and senior leaders across the organisation; campaigns and celebrations for events within the Equality, Diversity and Inclusion calendar and the support of our communications team to allow us to spread messages and news about our improvements.

This year the Trust celebrated the Long-Term Conditions and Disabilities group Chair and our lead for International Nurses who both won awards at the Annual Trust awards for the work that they do and their dedication and commitment.



Equality Objectives 2023-27

The Trust is taking proactive measures to meet its workforce and equality challenges and, following engagement with key stakeholders and staff groups, has developed its new Equality Objectives 2023 – 2027:

- 1. Review and improve service accessibility for those whose first language is not English. This is to understand patient demographics and interpreting requirements
- 2. Ensure patients are able to have, and report having, positive experiences while using our services
- 3. Support staff health and wellbeing through the promotion of initiatives and healthy lifestyles services
- 4. Ensure all practices/processes are inclusive and promote belonging, and are supported by actions that address inequitable outcomes for protected groups
- 5. Our executives and senior managers lead with compassion and routinely demonstrate their understanding of, and commitment to, equality and diversity

The Equality Objectives are supported by the Trust’s Equality Diversity and Inclusion Delivery Plan 2023 - 2024

Regulation 8, schedule 2 2017/328 declaration of facility time

Relevant union officials

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
43	1

Percentage of time spent on facility time

Percentage of time	Number of employees
0%	41
1-50%	
51%-99%	2
100%	

\*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	£48,476
Provide the total pay bill	£551,506,456
Provide the percentage of the total pay bill spent on facility time, calculated as: (Total cost of facility time / total pay bill) x 100	0.008%



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%.

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 2023/2024.

The Trust’s quality priorities for 2023/24 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, inpatient feedback received through complaints, compliments, and the Friends and Family Test. National and local guidance and feedback from the Care Quality Commission was also considered.

A variety of data reporting systems remained the source of information for the Quality Account 2023/2024. For example, the incident and complaints data was extracted from Datix (incident reporting system). Information was validated with individual leads such as the Assurance Team, Patient Experience Team, Infection Prevention and Control Lead and Performance Team.

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 2023/2024 objectives together with details of the key objectives for the forthcoming year. These objectives have been set based on the priorities of the Trust’s Quality and Safety Enabling Strategy and the Patient Experience Enabling Strategy, external accreditation, a variety of surveys, CQC inspection outcomes, key improvement priorities and views of staff, patients, public and key stakeholders.



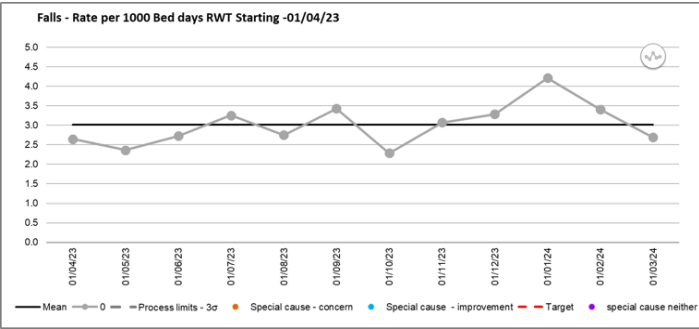
Quality

The Royal Wolverhampton NHS Trust continues to work in collaboration with Walsall Healthcare NHS Trust to support the delivery of evidence-based care and to align systems, processes and monitoring to improve clinical outcomes.

Falls

In relation to patient falls, the Nursing Quality Team across The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust have a series of shared overarching improvement aims. The actions in place to support the delivery of these aims focus on embedding a culture of learning from patient safety incidents and continuous improvement in falls prevention and management. A key element of this work throughout 2023/24 has been to work collaboratively to align policies, procedures, and documentation. The monthly joint Falls Steering Group continues to meet and oversee the joint strategic falls improvement plan.

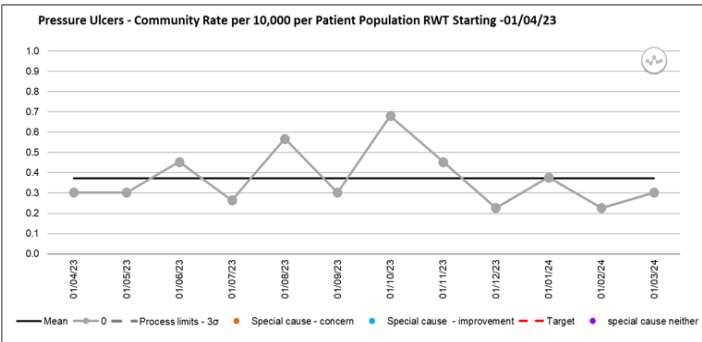
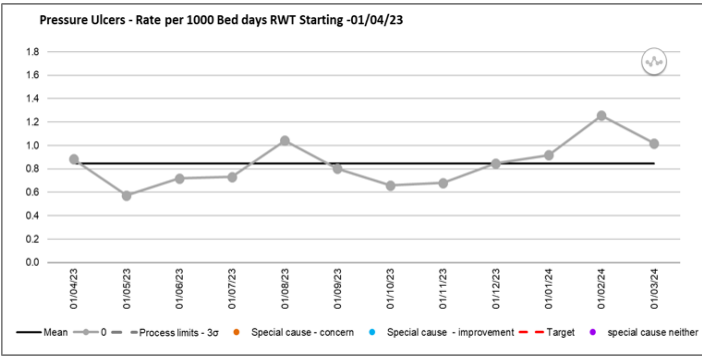
The graph below illustrates our falls data over the last year:



Pressure Ulcers

The Trust is committed to working collaboratively to prevent avoidable wounds such as pressure ulcers. The Tissue Viability Team provide educational support blended with e-learning, which promotes the use of evidence-based practice. Approved policies, clinical practices and quality improvement plans aim to improve patient outcomes and quality of life. The hospitals have experienced a later rise in winter pressure related incidents than previous years, but data requires further analysis and may reduce following validation of incidents. Any improvement actions required will be overseen by the Tissue Viability Steering Group. The Eat Drink Dress Move to Improve (EDDMI) prevention of deconditioning initiative has now been launched. Community Services have sustained a low rate per population due to new improved Community Service processes.

The graphs below illustrate our pressure ulcer data over the last year:



## Sepsis

The Sepsis Team continues to work with the Critical Care Outreach Team to lead on improvement work and provide oversight associated with sepsis recognition and management. During 2023/24 the Sepsis Team recruited a band 7 Practitioner to work across both teams to support a collaborative approach.

Manual audit data shows consistent performance for the timely use of intravenous antibiotics within one hour as part of the Sepsis 6. The screening audit has undergone several changes to provide a better perspective by increasing the numbers of the patients audited. The Sepsis teams and Critical Care Outreach are working with informatics in the development and piloting of a Sepsis and Deteriorating Patient dashboard.

The Sepsis Team, in conjunction with specialist teams, has delivered 'Think Sepsis' Study Days every month to provide a comprehensive education pertaining to Sepsis.

The revised NICE Sepsis Guidelines were released in January 2024 and the team are currently reviewing the revised guidance and planning the implementation across both organisations.

## Clinical Accreditation

Clinical Accreditation brings together key measures of clinical care into one overarching framework to enable a comprehensive assessment and evaluation of the quality of care at ward, unit, or team level. When used effectively, it can drive continuous improvement in patient outcomes, increase patient satisfaction and staff experience.

With a clear direction and a structured approach, it creates the collective sense of purpose necessary to help communication, encourage ownership, and achieve a robust programme to measure and influence care delivery (NHS England 2019).

Achievements over the last 12 months, in line with the Quality Framework, include:

- Establishing a shared decision-making council
- Decision on using gemstones as accreditation outcomes being decided by staff via a survey
- All inpatient ward/departments will have had a Clinical Accreditation visit at The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust by the end of March 2024
- A rolling programme of Accreditation Certificates awarded by the Chief Nursing Officer is embedded at both Trusts
- Three unit/ward areas have been accredited as Sapphire during 2023/2024
- Development of specialist accreditation tools for Critical Care, the Emergency Department, Paediatrics, Maternity, and Community are underway to facilitate phase 2 in 2024/2025
- An evaluation of the existing programme, via a survey, has taken place and revisions to the framework and templates is underway

## Quality Framework

In April 2023, the Nursing, Midwifery, and Allied Health Professionals Quality Framework was launched detailing our plan to deliver continually improving, safe, effective, and high-quality care to all our services users over the next 2 years across both The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust. The framework was shaped by contributions from over 700 Nurses, Midwives, Health Visitors, and Allied Health Professionals and brings together the priorities of each of these professional groups based on both local and national drivers.

The plan is broken down into six pillars:

- Excellence in Care
- Culture and Organisation Structure
- Communication
- Workforce
- Education
- Research and Innovation

Progress against the plan is captured quarterly with the relevant Quality Committee at each organisation providing overall oversight of progress.



## Quality and Safety Enabling Strategy

In April 2023, the first joint Quality and Safety Enabling Strategy was launched. The strategy defines how we will strive to excel in the delivery of care, which is one of the four strategic aims of the joint Trust Strategy.

The key priorities include:

- Our People – recognising the importance of growing, supporting, and developing our workforce
- Embed a culture of learning and continuous improvement at all levels of the organisation
- Prioritise the treatment of cancer patients, focused on improving the outcomes of those diagnosed with the disease
- Deliver safe and responsive urgent and emergency care in the community and in hospital
- Deliver the priorities of the National Elective Care Strategy
- Fundamentals – based on internal and external priorities
  - o Prevention and management of patient deterioration
  - o Timely sepsis recognition and treatment
  - o Medicines management
  - o Adult and Children Safeguarding
  - o Infection Prevention and Control
  - o Eat, Drink, Dress, Move to Improve
  - o Patient Discharge
  - o Maternity and Neonates
  - o Mental Health
  - o Digitalisation
- Deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our communities and populations

The Quality Committees will have the overall oversight of progress with key priorities outlined in this Strategy and receive an annual update on progress.





# Digital innovation

## Digital enablement programme

The Walsall and Wolverhampton Digital Enablement (WODEN) Programme was established with an aim to understand the digital maturity and capability across both Trusts with a focus on digital inclusion, exclusion, and digital literacy. The entire WHT and RWT workforce were surveyed (n=19,368).

The total return rate was (61%) paper and (39%) digital, respectively and the survey results highlighted that 37.4 per cent of the workforce lack a degree of confidence in engaging with 'digital'.

Recognising the importance of digital literacy, digital confidence and a need to upskill our existing and future workforce capability for digital transformation, we are working in collaboration with Education and Training, Digital Technology Services and Workforce to create a sustainable Digital Education Strategy.

## Celebrating Digital Innovation, Data and Technology Event

In February 2023 the Digital Innovation Unit hosted the first joint Celebrating Digital Innovation, Data and Technology Event across both RWT and WHT in collaboration with Microsoft and BT.

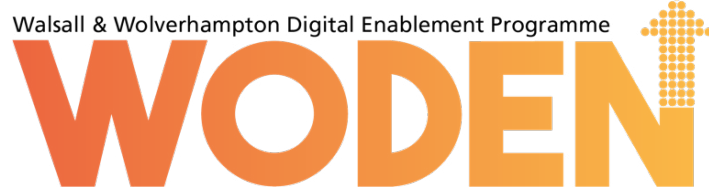
This event, which included an awards ceremony, was an opportunity for staff across both Trusts to showcase the excellent work that is being undertaken and share successes, as well as to raise awareness of the importance of good digital governance and clinical safety.

## Digital Innovation Forum

The Digital Innovation Forum (DiF) is our dedicated forum for staff to present digitally enabled ideas/solutions where proposals are reviewed by a multidisciplinary panel and is a structured and governed process for adoption and spread of digital innovations, which is underpinned by a robust governance framework.

DiF has continued to be a supportive network, triaging and supporting applications through 23/24. DiF currently has 33 projects where support is being provided in various formats. Internal communications channels are used to promote and celebrate digital innovation work.

Over the coming year, we will be relaunching DiF across RWT and Walsall Healthcare with refreshed branding and redefined processes to enhance the offering for staff of a dedicated space where innovation is supported and nurtured.



## Programme of Digital Care

Our Programme of Digital Care centres on the effective utilisation of our rich, multi-provider, structured clinical dataset to develop a digitally enhanced anticipatory model of care. We have a number of projects in the programme but of note where we have seen huge success over the past 12 months are:

## Community Matrix

In 2023, after a successful proof of concept development with the Adult Community Services Group - Virtual Wards, the Community Matrix has been further enhanced for additional Community services to access and utilise the capabilities of the matrix.

The matrix provides services with the capability of accessing live information about a patient's care needs and records information in one central location. The system obtains integrated information recorded through Primary Care, providing disease register information and flag patients who have been discussed during multidisciplinary meetings.

The tool offers many benefits including:

- Work list reporting of data captured to carry out actions.
- Flag up data quality issues
- Filter the caseload with various criteria to target
- Risk stratification with visualised 'digital pathway'
- Filter currently admitted patients to 'in reach' for evaluation.
- Capture clinical assessments for: end of life, frailty, imminent acute admission and clinical stability.

The digitised matrix allows nursing teams to review the caseload and identify gaps in care, moving away from previous manual processes such as Excel spreadsheets and whiteboards. The areas of Community services that are currently utilising the Matrix, and seeing benefits are:

- Planned Care District Nurses – using the Matrix as a caseload tool
- Ambulatory Wound Care – using the Matrix to record daily risks and issues associated with patients
- Virtual Wards – using the Matrix for caseload reviews and admin processes, such as data quality

The Community Matrix was shortlisted in the Best Use of Workplace Technology category in the 2023 Nursing Times Awards.

## National recognition

In October 2023 we hosted Helen Balsdon, Interim Chief Nursing Information Officer for NHS England, and Claire Madon, Chief Nursing Information Officer for NHS England – Midlands. During the visit we were able to:

- Demonstrate the power of our digitally activated healthcare system, underpinned by a rich multi-partner integrated dataset
- Give an overview of our robustly governed Digital Innovation Infrastructure and ecosystem
- Showcase the strength of true integrated working

## Proactive Data Driven Risk Based Assessment of patients at the end of life (PRADA)

PRADA is an end-to-end digital pathway construct for those who may be at the end of life and has been designed with the patient at the centre of their care, allowing Clinicians to answer questions that would meet the patient's needs. In 2023, we have increased deployment and have evidenced strong benefits where PRADA is utilised. We have transitioned the project from a pilot, to setting a target of mainstreaming the care plan into Clinical IT.

The year has seen the publication, of the Digital Health and inpatient palliative care: a cohort controlled study which demonstrated that outcomes for patients nearing the end of life were improved when the Specialist Palliative Care Team used PRADA.

We have also demonstrated successes in Primary Care, by providing patient data the GPs were able to clinically risk stratify patients for active case management to reduce demand on acute services. This project has enabled GPs to validate the data for further enhancements and improve the learning on how we identify patients who may be deemed at the end of life.

Following these successes, and the growing development with PRADA managing end of life care in the acute, we have developed unique data analysis mechanisms in support of the model for early prediction and registration (robotic process and machine learning).

## Our charity year

Another successful year of fundraising and engagement through The Royal Wolverhampton NHS Trust Charity has helped to enhance the experience of patients who use our hospital and community services.



**The Royal Wolverhampton**  
NHS Trust Charity

Registered Charity No. 1059467

## Income for the year was £826k and expenditure £926k.

One of its biggest achievements has been to successfully win a grant of almost £140,000 from The National Lottery Heritage Fund to create a museum-type attraction. The Healthcare Heritage Centre project has been pioneered by RWT Charity and the Arts and Heritage Group and its leading lights are “thrilled” that their vision will now take shape.

The grant will see the delivery of an exciting new programme called ‘Care, Create, Conserve’ and will run for 18 months, having begun in 2023 in the 75th year of the NHS. At its heart will be the creation of Wolverhampton’s first healthcare museum and co-creation centre, which will be based in the City Centre and will feature an exhibition of medical artefacts, photographs, and memorabilia from RWT’s collection, while healthcare stories of today will be showcased through four community co-creation projects and a vibrant programme of talks and events.

The Staff Wellbeing Hub, which includes a foodbank, remains at New Cross Hospital as part of a package of support to staff due to the cost-of-living crisis. Since opening, it has supported more than 8,000 staff with free breakfast and also access to essential foods. The Charity continues to manage the day to day running of the hub, which offers food and other essential items.

Our Christmas lights switch-on was also a hit with patients, staff, and visitors alike. RockinR gaming consoles have been bought for our Children’s Wards and Clinical Haematology Unit, allowing patients to have some home comforts whilst in hospital.

Chemotherapy packs for those through their chemotherapy and radiotherapy treatment at New Cross Hospital were launched. The bags include items such as lip balms, a knitted heart, puzzle book, adult colouring book, and wet wipes. The comfort bags are made of hypoallergenic material and contain items that have been shown to be beneficial to patients having chemotherapy or radiotherapy. They feature the message “One patient, One team, One step at a time” and their design features lavender – known for its calming properties – a lavender ribbon, the cancer flowers periwinkles and carnations, as well as forget-me-nots to honour the memory of former patients.

Other highlights include a successful calendar of events such as our fashion show with SOS Fashion, the King’s Coronation – Big Help Out for our volunteers, NHS 75th birthday celebrations with a craft fair, outdoor games and our first to face-to-face Charity and Volunteer Awards since the pandemic. This was a huge success and acknowledged all our amazing supporters.

The Arts in Health programme has restarted at West Park Hospital, allowing patients to get creative as part of their rehabilitation.

Looking ahead, work will continue to recruit compassionate volunteers to help support vulnerable people through the HOPE project, and the Charity will build on its community and business relationships.

The Annual Report and Accounts of the Trust Charity for 2022/23 can be found on the Trust’s website.



## B - Accountability Report

### Annual governance statement 2023/34 Organisation 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.

#### The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of The Royal Wolverhampton NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively, and economically. The system of internal control has been in place in The Royal Wolverhampton NHS Trust for the year ended 31 March 2024 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. Reporting to the Trust Board are a number of assurance committees 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.

Trust Board

The Trust Board is responsible for overseeing the strategy, managing strategic risks, providing leadership and accountability, and for shaping our culture. The Executive Team has delegated authority from the Board for the operational and performance management of clinical and non-clinical services of the Trust.

The Chair and Deputies meet regularly with the Chief Executive, Chief Strategy Officer, and Company Secretary to set the Board agenda. The Chair and deputies regularly invite comment and feedback regarding the time available and topics covered. It also includes the reporting by directors on their responsibilities.

The Chair reminds the Boards of the Nolan Principles, and that the organisation is run in line with these.

The Chair conducts the role in line with the Criteria set out in the Code of Governance, Section B. The roles of Chair and Chief Executive are separate, the Board has a Deputy Chair and a Senior Independent Director, (SID) the Chair does not sit on the Audit Committee, the Chair of Audit is not the Deputy Chair or SID.

The Deputy Chair and Company Secretary regularly reviews the Chairs and non-executive membership of the Board Committees, ensuring relevant experience where applicable. The Trust Board met six times in public in 2023/2024, with the agenda and papers available on the Trust website ahead of each meeting. Meetings were held virtually via Microsoft Teams from April 2023 and public meetings were advertised for virtual attendance.

In addition, the Trust Board took part in five development sessions which included discussions on roles and responsibilities of trustees in relation to charity legal duties, digital innovation, the Provider Collaborative, annual financial and activity planning. The Board received presentations and discussions on the CQC compliance internal self-assessment, Black and Ethnic Minority staff networks, equality, diversity, and inclusion updates including the Race Code Action Plan.

The Board also received: summary of the revised Code of Governance, presentations from Community services, safeguarding training for all Board members, updates on the FTSU Board Survey, discussions on end of year financial positions and planning, Staff Survey results for 2023 and Annual Plan 2024/25 priorities.

Board Evaluation

The most recent Board evaluation and CQC Well-led evaluations included contact with all Board members and provided comment on the composition of the Board that has been factored into future recruitment. Board members' objectives include enacting the Policy on Equality, including disability and gender balance. Senior staff are included in the WRES data which is referred to by the Board as part of the Board Assurance Framework Risk NSR106.

The Trust Board held its Annual General Meeting virtually on 28 September 2023.

The Trust Board has met virtually and bi-monthly as planned. 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. As soon as possible, it 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 1 April 2023. On 31 March 2023 the Board comprised five female and six male Executive Directors (Chief Officers), none from a minority ethnic background and six female and three 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 productivity
- The progress of the Financial Recovery Group
- 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 bi-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 Group 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 2023/2024 were:

- the support of the Group senior team operationally
- 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, robotics, and technology in improving healthcare
- the continuation of the development of a clinical quality improvement programme
- the five-year capital programme revisions and agile responses to changing capital expenditure priorities, including significant investment in a solar farm
- 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, National Maternity Scheme, National Board Development team, 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
- Three NEDs have clinical healthcare experience
- Board turnover during the year has resulted in a greater proportion of new non-executives who have been following induction and briefing regarding their roles and the Trust
- Directors are now mainly 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, such as on financial pressures and service development opportunities in the Black Country. The NEDs also have a programme of executive briefings from the Group Chief Executive on a variety of matters.

Capacity to handle risk

The Trust has approved a Risk Management Framework that describes the overall systems, structures, processes, and reporting that underpins internal controls and the means by which assurance on risk management is provided to the Board. These key documents also describe the leadership, accountability, roles, and responsibilities that govern the management of risks across the organisation. More granular detail on the operation of the systems and processes at service, division, and Trust levels; as well as procedural instructions on incident management and investigation, risk identification and escalation, training requirements etc is provided in the Risk Management and Patient Safety Reporting Policy (OP10). An audit of fulfilment of key measures of the Risk Management Framework and Policy is conducted to provide assurance and to inform system, process review and training.

Bespoke Risk Management training packages are developed for all staff and for senior managers and regularly reviewed, compliance monitored and reported to maintain conformity and adequate levels of knowledge for implementation.



## The risk and control framework

The Trust manages 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 Trust performance to inform risk status (e.g. Care Quality Commission 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 and categorisation matrix for risk grading and escalation
- Monitoring controls through positive and negative assurance and treatment actions for each risk, to mitigate and manage residual risks
- Developing and implementing a risk management and patient safety reporting policy (OP10) across the Trust.
- Refinement of risk management training made available to all staff (including senior managers)

The Trust operates three levels of risk register in order to identify and manage risks (the Board Assurance Framework, Corporate Risk Register/Trust Risk Register and local (service level) risk registers). This method of risk review allows a bottom up and top-down approach to inform the Assurance framework. The approach is holistic as it includes all risks to the organisation including strategic, corporate, clinical, Health and Safety, business, marketing, and financial risks; and standardised in the methods of assessment, grading plus escalation from local to Corporate/Trust level register for management.

Part of the Trust internal audit program is an annual review of the functioning of the Trust Risk Register and Board Assurance Framework.

The Trust has developed a CQC Compliance framework for assessing on-going compliance with CQC Fundamental standards of care and Core Service inspection tools based on the five key questions of Safe, Caring, Effective, Responsive and Well Led. The assessment of compliance uses a combination of quality performance indicators, clinical audits and observational ward and department visits to measure on-going compliance with care quality and standards.

The Trust uses the CQC rating characteristics to make judgements about compliance with the fundamental standards of care and judgments are cross-checked and challenged at divisional performance meetings and by Executives at Trust level groups.

The CQC compliance framework allows for information to be triangulated between self-assessment, performance results and the observation of care standards, enabling the escalation of assurance and/or risks, action to be reported to Board. In addition, the Trust commissioned an externally led review against the Well Led standards and key lines of enquiry.

Data security risk are also managed in line with OP10, and documented and assessed following the Trust risk management process. All potential data security incidents are logged using the Trust's incident management system, scored, and investigated accordingly. Data security risks are also assessed for high-risk processing in projects and services via the data protection impact assessment process and mitigated accordingly. Current risks trends included increases patterns of information disclosed in error, due to increase in remote working and increased in cyber related activity which is a predominant across the NHS.

Under the NHS Provider Licence condition 4, the Trust self-assessment has identified a principle risk in relation to understanding and agreeing the system financial plan for 2024/25 as it affects the Trust, given recently issued guidance and final agreement of capital and revenue plans. A Financial Recovery Plan is in place and agreed as part of the system financial plan. Further detailed work is underway in relation to mitigating the potential risks.

Therefore, the Board is satisfied that:

- a) The Trust operates efficiently, economically, and effectively and has received an unqualified value for money opinion from its External Auditors.
- b) Timely and effective operational reports are received and dealt with through the Trust's Sub-Committee structure.
- c) The Trust is compliant to the various standards and has no restrictions applied by any of these regulators.
- d) The Trust remains a going concern and this is confirmed by External Audit.
- e) Timely, up to date, comprehensive information is received by itself and the sub-committees.
- f) There is a clear Board Assurance Framework and Trust Risk Register in place to identify and manage material risks and compliance.
- g) There is regular, timely and comprehensive information on its business plans and contracts. The internal audit provider is external to the Trust and has an annual plan which is reported to the Audit Committee.
- h) Complies with its legal requirements.
- i) The External Auditors at the end of 2023/24 issued a report stating there were no significant weaknesses with regard to the Trust's processes on Value for Money. There is a risk on financial sustainability as this relates to the uncertainty of the medium-term plans for the Black Country system. This will require future financial planning with other providers within the Black Country system and the ICB.



Risk statement and summary for 2023/24

The Board Assurance Framework provides a structure and process that enables the Board to focus on principle risks which might compromise achievement of the organisation’s strategic objectives. The Board Assurance Framework maps out the key controls which are in place to support delivery of those objectives and to mitigate risk and provide a framework of assurance which the Board can draw upon when considering the effectiveness of those controls. These controls and assurances have been set out in line with the ‘HM Treasury 3 lines of defence’ model aiding the identification of areas of weakness.

The Board Assurance Framework is designed to provide the Board with a simple but comprehensive method for the effective and focused management of these key risks. The Board defines the principal risks and ensures that each is assigned to a Lead Director as well as to a Board committee:

- The Lead Director is responsible for assessing any principal risks assigned to them by the Board and for providing assurance as to the effectiveness of primary risk controls to the relevant Board committee
- The role of the Board committee is to review the Lead Director’s assessment of their principal risks, consider the range of assurances received as to the effectiveness of primary risk controls, and to recommend to the Lead Director any changes to the Board Assurance Framework to ensure that it continues to reflect the extent of risk exposure at that time
- The Audit Committee is responsible for reviewing the whole Board Assurance Framework in order to provide assurance to the Board that principal risks are appropriately rated and are being effectively managed and for advising the Board as to the inclusion within the Board Assurance Framework of additional risks that are of strategic significance

The Board approved a revised template for the Board Assurance Framework in 2021/2022 which provides for details of the “three lines of defence” for controls and assurance and enables the Trust Board to have oversight of the actions in place to mitigate and manage risk. This also enables the Trust to direct resources in a more targeted fashion.

The Trust Board has received and reviewed the full Board Assurance Framework six times during the year. In addition, it has received the extract from the Board Assurance Framework for each strategic objective, and analysis of mitigations and management, in the Executives’ monthly report to the Board. The Audit, Finance and Productivity, Quality and the People Committees have reviewed the Board Assurance Framework during the year, challenging the risk articulation, scoring and mitigation, together with controls and assurances.

The internal audit opinion for the BAF is rated as Substantial Assurance.

The Trust is fully compliant with the registration requirements of the Care Quality Commission.

The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff within the past 12 months, 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’s rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations. Board biographies confirm if Board members are members of the NHS pension scheme or not.

Control measures are in place to ensure that all the organisation’s obligations under equality, diversity and human rights legislation are complied with.

The trust has undertaken risk assessments on the effects of climate change and severe weather and has developed a Green Plan following the guidance of the Greener NHS programme. The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

The Trust monitored BAF risks 15 Finance Resources, SR16 Performance Recovery, SR17 Equality Diversity and SR18 Data and Systems Loss Prevention (new).

The Board Sub Committees monitor 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 on the TRR. The Board Sub Committees continues to review and evolve a BAF and Trust Risk Register heatmap as a quick reference to highlight areas for Risk Management focus.

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

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

The Trust did not deliver all of its statutory financial targets due to delivering an end of year deficit of £25.3m. However, the Trust still has a cumulative surplus position of £39.7m. The Trust did deliver the Capital Programme within its Capital Resource Limit and achieved 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 Finance and Productivity Committee, Regular reporting at Operational and Divisional meetings on financial performance
- Finance and Recovery Group meetings to oversee the Lord Carter economies work streams, and the Cost Improvement Programme

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



Information governance and data security

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 2023/24. Any incidents that are still being investigated for the period 2023/24 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.

Date incident occurred (Month)	Nature of incident	No. of data subjects	Description/ Nature of data involved	Further action on information risk
June 2023	Unauthorised access	<10	Member staff has access record pertaining to family members. Following a complaint received and audit of the records the access was seen to have occurred on numerous occasions without a clear justification. Staff member was questioned and confirmed unauthorised access.	HR investigation has been carried out
July 2023	Unauthorised disclosure	1	Staff member shared information about a patient with their family member and the family member happened to be a work colleague of the patient. Family member made direct contact with the patient regarding their health and discussed the patient’s health with other work colleagues	HR investigation has been carried out

Overview of incidents classified at lower severity level – Incidents classified at severity level 1 or below are aggregated and provided in table below. Please note this is not all incidents, just level ones and below against the below listed categories:

Category	Breach Type	Total
A	Corruption or inability to recover electronic data	1
B	Disclosed in Error	109
C	Lost in Transit	1
D	Lost or stolen hardware	0
E	Lost or stolen paperwork	19
F	Non-secure Disposal – hardware	0
G	Non-secure Disposal – paperwork	1
H	Uploaded to website in error	0
I	Technical security failing (including hacking)	67
J	Unauthorised access/disclosure	2
		200



Data Protection and Security Toolkit  
Return 2022/23 – final submission

The Royal Wolverhampton NHS Trust  
**RL4 Standards Met**

Alfred Squire  
West Park Surgery  
Thornley Street  
**M92028 - Standards Met**

Lea Road  
Penn Manor  
**M92011- Standards Met**

Coalway Road  
Warstones  
Oxley Surgery  
Tettenhall Road Medical Practice  
**M92640- Standards Met**

An internal audit of the DSP toolkit in March 2023 had provided substantial assurance of the processes and evidence for this year so far 2023/24, the final submission for which is due in June 2024.

Looking forward to 2024/25 Data security and Protection

The Trust continues to monitor patterns and trends of data security incidents and implementing measures to reduce these to the lowest level practicable. Current risks include continued and increasing risk of external threats in relation to cyber security, particularly via email phishing. Other risks to data security include disclosure in error via various means, and this is attributed to the ways of working in health, with increased remote working.

The Trust remains focused on embedding principles of privacy by design into Trust processes, from procurement to digital innovation and service redesign. This programme of work will be monitored though the committees below.

- The Trust has several committees dedicated to reviewing assurance in relation to DSPT and GDPR, chaired by senior board members.
- The Chief Medical Officer is the Trust’s trained Caldicott guardian and is responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing. The Guardian plays a key role in ensuring that Trust satisfies the highest practical standards for handling patient identifiable information and Chairs the IG Steering group.
- The Chief Financial Officer is the Trust’s Senior Information Risk Officer (SIRO) and is responsible for monitoring the Trust’s overall information risk, ensuring we have a robust incident reporting process for information risks. The SIRO reports to the Trust Board and provides advice on the matter of information risk. The SIRO is also a member of the IG steering Group and co-chair of the GDPR implementation group.
- The Trust has an assigned Data Protection Officer who acts independently to ensure compliance with the GDPR as well as monitoring its application across the Trust. The DPO has a reporting line into the Caldicott Guardian through to the Trust board.
- The Trust is in the process of implementation a robust asset management system and defining establishing clear responsibilities for Information Asset Owners across the Trust to facilitate robust and timely escalation of information risk escalation to the SIRO.
- All trust staff receive appropriate annual training to ensure data security and protection principles are embedded within their understanding.
- This year the Trust has introduced a mandatory cyber training package for all staff.
- The Trust board and its members have also received specialist cyber training.



Review of Effectiveness

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 Trust Board, the Audit Committee, Quality Committee, Finance and Productivity Committee, Investment Committee, People Committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Board has maintained applied and reviewed the effectiveness with its system of internal control in relation to the Trust Board and its Committees including the

commissioning of an externally led review. The Audit Committee has maintained applied and reviewed its functioning and audit programme. All Board Committees have reviewed their effectiveness.

The Annual Internal Audit opinion for the period 1 April 2023 to 31 March 2024 stated that the organisation has an adequate and effective framework for risk management, governance, and internal control. However, it has been identified further enhancements to the framework of risk management, governance, and internal control to ensure that it remains adequate and effective.

Conclusion

It is recognised that the Trust has made significant improvements to internal control systems during the financial year 2023/24, however we acknowledge that there are still weaknesses that require improvement.

A number of control issues classified as partial assurance by our core internal audit processes were noted during the year. It is worth noting that the Freedom of Information Act Audit, Key Financial Controls Cash Management Audit, CQC Action Plan Audit, Maternity and Neonatal Single Delivery Action Plan and the Trust Board Assurance Framework/Risk Management internal audits all received ‘substantial assurance’ with four low priority improvement actions required for the Freedom of Information Audit and six low priority actions for the Key Financial Controls Cash Management audit and one Medium priority action required for the Trust Board Assurance Framework / Risk Management Audit.

In total eleven internal audit reports were issued in 2023/24 of which five reports were issued with ‘substantial assurance’, two were issued with ‘reasonable assurance’, three were issued with ‘partial assurance’ and one was assessed as Moderate Risk Assurance.

*Caroline Walker*

Accountable Officer: Caroline Walker, Group Chief Executive Officer

Organisation: The Royal Wolverhampton NHS Trust

Date: 24 June 2024



Directors report – The directors of the Trust

During the year 2023/24 and up to the signing of the Annual Report and Annual Accounts, the Accountable Officer for the Trust was Professor David Loughton CBE, and the Trust Chair was Sir David Nicholson KCB CBE. The Trust Board comprised Professor Loughton and Sir David and the following Directors (any with less than a full year of Board membership are denoted accordingly):

Sir David Nicholson	Group Chair (from 1 April 2023)
Professor D Loughton CBE	Group Chief Executive Officer (v)
Professor A-M Cannaby	Group Chief Nursing Officer (v) (to August 2023)
Mr A Duffell	Group Chief People Officer
Mr J Dunn	Deputy Chair (from 30 May 2023) Non-Executive Director Chair of Finance and Productivity Committee Chair of Remuneration Committee
Mr S Evans	Group Chief Strategy Officer
Ms S Evans	Group Director of Communications and Stakeholder Engagement
Mr J Hemans	Non-Executive Director (to 24 May 2023) Chair of People and Organisational Development Committee
Ms G Nuttall	Chief Operating Officer and Deputy Chief Executive (from 15 July 2023) (v) Chair of Trust Management Committee
Dr J Odum	Group Chief Medical Officer
Dr B McKaig	Chief Medical Officer
Ms T Palmer	Director of Midwifery
Ms S Rawlings	Associate Non-Executive Director (to 6 June 2023) Chair of Trust Charity
Mr K Stringer	Group Chief Financial Officer and Group Deputy Chief Executive (from 15 July 2023) (v)
Professor L Toner	Non-Executive Director
Ms D Hickman	Director of Nursing Chief Nursing Officer (from 15 July 2023)
Mr M Levermore	Non-Executive Director Chair of Trust Charity Committee (from 20 June 2023)
Ms A Heseltine	Associate Non-Executive Director (to 24 May 2023) Non-Executive Director (from 25 May 2023) Chair of People Committee (from June 2023)
Ms J Jones	Associate Non-Executive Director (to 15 August 2023) Non-Executive Director (from 16 August 2023) Chair of Audit Committee
Dr G Pickavance	Associate Non-Executive Director
Ms L Cowley	Non-Executive Director Chair of the Integration Committee
Mr K Bostock	Group Director of Assurance
Dr U Daraz	Associate Non-Executive Director
Ms A Harding	Associate Non-Executive Director
Lord Carter	Strategic Advisor to the Board
Stephanie Cartwright	Group Director of Place (from 24 July 2023)



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

During 2023/24 the Trust Board comprised the Group Chair, the Group Chief Executive, four Executive Directors (Chief Officers) voting, and six voting and five non-voting Non-Executive Independent Directors, and was supported by a number of additional Directors and the 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 reviewing organisational performance. Their backgrounds and experience ensure 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 2023/24 the Trust Board met monthly, virtually, conducting most of its business in public and allowing time for 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 bi-monthly development sessions and monthly Non-Executive briefings.

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

**The appointment of new non-executive directors and associate non-executive directors**

Junior Hemans ended his term as Non-Executive Director on 24 May 2023 and Sue Rawlings ended her term as Non-Executive Director on 6 June 2023.



# Board membership



## Sir David Nicholson KCB CBE – Group Chair of the Board

(Appointed 1 April 2023)

Sir David Nicholson joined the Trust as Chair on 1 April 2023. This appointment saw him become Chair of all four acute Trusts in the Black Country: The Dudley Group NHS Foundation Trust, Sandwell and West Birmingham NHS Trust and Walsall Healthcare NHS Trust, as well as RWT.

Sir David Nicholson’s career in NHS management has spanned more than 40 years and includes the most senior posts in the service. He was Chief Executive of the NHS for seven years from 2006 to 2013, then, following a major national restructure, became the first Chief Executive of the organisation now known as NHS England from 2013 to 2014.

Since his retirement from the NHS in 2014, he has taken on a number of international roles providing advice and guidance to governments and organisations focused on improving population health and universal healthcare coverage.

He has worked in China, Brazil, the USA, Europe and the Middle East, independently, and in association with the World Health Organisation and World Bank. Sir David chaired the state health services organisation of the Republic of Cyprus and more recently was Chair of the Metropolitan Group of Hospitals, Nairobi.

Sir David is Chair of the Universal Health Coverage Forum of the World Innovation Summit for Health. Other roles include adjunct Professor of Global Health at the Institute of Global Health Imperial College, Advisor to the British Association of Physicians of Indian Origin, and Lancet Commissioner to Global Surgery.

His contribution to healthcare was recognised by the award of the CBE in 2008, and he was knighted by Her Majesty Queen Elizabeth II in 2010. He lives in Worcestershire with his wife and two children.

**Board Attendances in 2023/24: 4/6**

**Declaration of interests**

- Chair, Walsall Healthcare NHS Trust
- Chair, The Dudley Group NHS Foundation Group
- Chair, Sandwell and West Birmingham Hospitals NHS Trust
- Visiting Professor at Global Health Innovation, Imperial College
- Spouse appointed National Director of Urgent and Emergency Care and Deputy Chief Operating Officer of the NHS



Professor David Loughton CBE CIHSCM – Group Chief Executive

(Appointed 2004)

Professor Loughton’s first Chief Executive appointment was at University Hospitals Coventry and Warwickshire NHS Trust in 1986 where he successfully led the organisation through two hospital mergers, developed a new medical school with Warwick University and reached financial closure on a new £400m hospital.

He then started as Chief Executive of The Royal Wolverhampton NHS Trust (RWT) in 2004. He has led the organisation from one of the most financially challenged in the NHS, to being financially sound whilst at the same time gaining a national and international reputation for improving patient safety and experience. He started as Chief Executive of Walsall Healthcare NHS Trust in 2021, which has seen improvements in both staff and patient satisfaction along with the opening of a new £40m urgent care centre.

RWT hosts the National Institute for Health Research (NIHR) in the West Midlands, Professor Loughton was, until his retirement on 30 April 2024, the Chair of the West Midlands Cancer Alliance.

Board Attendances in 2023/24: 5/6

Declaration of interests

- National Institute for Health Research – Member of Advisory Board
- Chair of West Midlands Cancer Alliance
- Group Chief Executive Officer Walsall Healthcare NHS Trust
- Companion – Institute of Health and Social Care Management



Professor Ann-Marie Cannaby – Group Chief Nurse and Lead Executive for Safeguarding

From June 2022, originally appointed April 2018 (to August 2023)

Professor Cannaby joined the Board at Wolverhampton in April 2018. She is a Visiting Professor at Birmingham City University, Staffordshire University and Coventry University and has amassed extensive experience working both nationally and internationally in senior nursing leadership roles.

She spent four 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 in 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 2023/24: 2/6

Declaration of interests

- Birmingham City University – Visiting Nursing Professor
- Royal College of Nursing – Member
- Higher Education Academy – Teaching fellow
- Ann-Marie Cannaby Ltd – Director
- Visiting Professor Staffordshire University
- Principal Clinical Advisor – British Telecom
- Walsall Healthcare NHS Trust – Group Chief Nurse/ Deputy Chief Executive





Alan Duffell – Group Chief People Officer

From December 2022 (originally appointed April 2017)

Mr Duffell has wide experience within the NHS, incorporating OD, learning and development and leadership and 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 and 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 health and safety and business continuity. Prior to this, he was the Director of Workforce and Learning at 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 and development and leadership development. He holds membership of the Chartered Institute of Personnel & Development (CIPD), Chartered Management Institute (CMI) and has an MSc in Human Resource Development.

Board Attendances in 2023/24: 6/6

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)
- Interim Chief People Officer at The Dudley Group NHS Foundation Trust (from 20/06/22)
- System Workforce Lead for Black Country Provider Collaborative
- Member of NHS Employers Policy Board
- Group Chief People Officer Walsall Healthcare NHS Trust



Gwen Nuttall – Chief Operating Officer (appointed 2012) and Deputy Chief Executive Officer (from 15 July 2023)

Ms Nuttall has over 20 years’ experience working across a diverse range of acute hospitals, having previously worked for local government in Suffolk.

She has worked in management roles at The Chelsea & Westminster Hospital, Barts and The London NHS Trust and, prior to joining the Royal Wolverhampton, she was the Chief Operating Officer at West Suffolk Foundation Trust Hospital for eight years. She became Deputy Chief Executive for the Trust in 2023.

Board Attendances in 2023/24: 5/6

Declaration of interests

- Trustee of Calabar Vison 2020 Link



Dr Jonathan Odum – Group Chief Medical Officer

From August 2022 (originally appointed 2011)

Dr Odum qualified from Birmingham University in 1984 and his post graduate training was 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 his 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 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 Hospital and Cannock Chase Hospital.

Dr Odum has held several senior medical managerial positions in the Trust including Clinical Director of Medicine and Divisional Medical Director posts from 2003 to 2011. Dr Odum was appointed into and held the post of Chief Medical Officer for The Royal Wolverhampton NHS Trust from April 2011 to December 2022, during which time he was also the Trust’s Responsible Officer (2011-2021).

With the formalisation of the Group structure between The Royal Wolverhampton Trust and Walsall Healthcare NHS Trust, Dr Odum was appointed into the Group Chief Medical officer post in December 2022.

At ICS level Dr Odum is Chairman of the Clinical Leaders Group (2018-date) and is also the Chief Medical Officer for the Black Country Provider Collaborative (2021-date).

Board Attendances in 2023/24: 5/6

Declaration of interests

- Private outpatient consulting and general medical/ hypertension and nephrological conditions at Wolverhampton Nuffield average time spent 1-2 hours/week maximum (from 01/04/2000 to 10/09/2023)
- Chair of Black Country and West Birmingham ICS Clinical Leaders Group (from 01/01/2021 to 10/09/2023)
- Fellow of the Royal College of Physicians (from 01/02/2015 to 17/09/2023)
- Group Chief Medical Officer at Walsall Healthcare NHS Trust



## Brian McKaig – Chief Medical Officer

Appointed 12 July 2021

Dr 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 RWT in 2002 and developed a career in gastroenterology with a focus on endoscopy and endoscopy training. He was awarded a PGCE 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 national posts supporting the British Society of Gastroenterology and the English Bowel Cancer Screening Programme.

Dr 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 2023/24: 5/6

#### 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 (unpaid role)



## Kevin Stringer – Deputy Chief Executive and Group Chief Financial Officer

From December 2022 (originally 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 34 years of experience in the NHS, 21 of those 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 and Tertiary Care (Birmingham Children's Hospital Foundation Trust where he helped the Trust secure FT status)
- Regional NHS Planning and Oversight (West Midlands Regional Health Authority)

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

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

### Board Attendances in 2023/24: 6/7

#### 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 Managing Director
- Group IT Director and SIRO at Walsall Healthcare NHS Trust (from 06/06/22)
- Group Chief Financial Officer at Walsall Healthcare NHS Trust





### Sally Evans – Group Director of Communications and Stakeholder Engagement

From June 2022 (originally 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, she 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. There, as Communications Manager, she headed up three CCGs – South Worcestershire, Redditch and Bromsgrove, and Wyre Forest. She is qualified with a Postgraduate 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 2023/24: 5/6**

**Declaration of interests**

- Group Director of Communications and Stakeholder Engagement – Walsall Healthcare NHS Trust



### Simon Evans – Group Chief Strategy Officer

From August 2022 (originally acting Chief Strategy Officer from October 2020)

Mr Evans has worked in the health and care sector for over 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, he has a post-graduate diploma in Human Resource Development and is a Level 7 Executive Coach. He has lectured on Organisational Behaviour and Organisational Change for Staffordshire University, is a regular guest lecturer for the University of Wolverhampton and works with Aston Business School on a range of collaborative projects.

**Board Attendances in 2023/24: 4/6**

**Declaration of interests**

- Group Chief Strategy Officer – Walsall Healthcare NHS Trust
- Governor (unpaid) at City of Wolverhampton College (from 24/07/2023)



Junior Hemans – Non-Executive Director

Appointed May 2015 to May 2023

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 PwC for 10 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 is currently Chair of Tuntum Housing Association based in Nottingham. The association provides a range of housing accommodation including general housing, supported living for those recovering from mental health issues and elderly persons accommodation.

He 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.

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

Board Attendances in 2023/24: 1/1

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



Tracy Palmer – Director of Midwifery

Appointed January 2021

Ms Palmer has been a practising midwife for 37 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 as a Paediatric Nurse at Walsall Healthcare Trust before starting her midwifery training at the Sister Dora College of Midwifery in Walsall.

Having joined the Trust in 2004 as the Clinical Lead Midwife for Delivery Suite and Intrapartum Services, Tracy 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 and Neonatal Services.

Ms Palmer has led on many successful service developments, including introducing and implementing a midwifery-led service at the Trust, alongside maternity triage and induction of labour units. As part of her role, Tracy leads on some of the national transformational programmes of work for maternity and neonatal services for the organisation and The Black Country Local Maternity and Neonatal System.

Board Attendances in 2023/24: 4/6

Declaration of interests

- None declared for 2023/2024





Kevin Bostock – Group Director of Assurance

Appointed November 2021

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 as well as Social Care and the Independent Sector. Whilst in the Independent Sector he developed and implemented a Quality Assurance Assessment Programme delivering a reliable quality assurance profile achieving 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 their entire portfolio achieving a rating of “good”.

His knowledge and skills are in management, operations, regulation, governance, assurance, start-ups, and mobilisation. He 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 and as the 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 recall of more than 600 patients.

He is a credible role model who possesses excellent interpersonal, communication and facilitation skills. A creative thinker, skilled in management of change with up-to-date knowledge of leading-edge practice and 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 2023/24: 6/6

Declaration of interests

- Group Director of Assurance Walsall Healthcare NHS Trust
- Sole Director – 2 Limited Companies – Libra Healthcare Management Limited trading as Governance, Risk, Compliance Solutions and Libra Property Development Limited



Debra Hickman – Chief Nursing Officer

From 15 July 2023. Originally 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 has 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 then as Deputy Chief Nurse.

She returned to the Trust in November 2021 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 and Midwifery for the Health Board.

She has led on a range of service transformations throughout her career including service reorganisations and expansions.

Board Attendances in 2023/24: 4/6

Declaration of interests

- None declared for 2023/2024



Stephanie Cartwright – Group Director of Place

Appointed 24 July 2023

Ms Cartwright has more than 30 years’ experience with the NHS and has a wealth of knowledge in a wide range of areas including strategic development, leadership, organisational development and stakeholder management. She has held Board level roles for more than 10 years in both commissioning and provider organisations and has worked more recently supporting the development of integrated care and partnership working.

She believes the foundation of integrated care lies in the relationships that are built to enable it, listening to the voice of residents, and ensuring services are designed and delivered according to the need of the population to be served. Ms Cartwright is passionate about enabling environments where patients and staff can flourish and is focussed on developing services to ensure that people receive care in the right place, at the right time and by the right person. Her knowledge and experience in enabling working together as a system and place is something which enables her to strive for continual improvement and ensuring that all voices are heard.

Ms Cartwright’s role as Group Director of Place spans both Wolverhampton and Walsall, with responsibility to lead the work and development of both Wolverhampton and Walsall place based partnerships.

Board Attendances in 2023/24: 4/4

Declaration of interests

- None declared for 2023/2024



**Sue Rawlings – Associate Non-executive Director**

From 1 October 2021. Originally appointed Non-Executive Director July 2013 to 6 June 2023

Mrs Rawlings is formerly a Chartered Certified Accountant who has worked in the public, private and voluntary sector (last position: Finance and Development Director for Groundwork Black Country, an environmental charity).

For almost 20 years, up to 2020 she was joint director of the consultancy firm RHCS, a well-established, highly skilled consultancy firm working with a range of cross sector clients from the voluntary/community, charitable and public sectors. She has extensive experience in evaluating the effectiveness of public expenditure and has worked with the British Red Cross in various parts of the country, conducting needs assessments, developing performance monitoring and carrying out evaluations.

She 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 is also a Trustee of both Telford Christian Council Supported Housing Charitable Company and Telford Churches Together Charity.

**Board Attendances in 2023/24: 1/1**

**Declaration of interests**

- Trustee and Company Director of Telford Christian Council Supported Housing – STAY started
- Trustee and Director of Faith based Charity in Telford – Telford Christian Council



**John Dunn – Non-Executive Director and Deputy Chair**

From 30 May 2023. Originally appointed 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) Openreach. As MD, he was responsible for the delivery and repair of customer service and for the provision and maintenance of the local access network for the south of the UK. Away from the boardroom, he is a keen walker and cyclist and enjoys nothing better than hill walking with his dogs.

**Board Attendances in 2023/24: 6/6**

**Declaration of interests**

- None declared for 2023/2024



**Professor Louise Toner – Non-Executive Director**

From 1 November 2021, originally Associate Non-Executive Director appointed 1 October 2019

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 advising the faculties on our 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 is a member of the Birmingham and Solihull Education Partnerships Group 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. She is also a Non-Executive Director of Walsall Healthcare NHS Trust. In addition, she 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.

Professor Toner 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, she 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 our Professors in Wound Healing, undertaking product evaluations often in association with product manufacturers.

Professor Toner has experience of leading on 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, wound care, stoma care and maternity care.

In her role as NED she Chairs the Quality Committee and is a member of the Audit Committee. She says she continues to feel privileged to be part of such an innovative and forward-thinking Trust which places improving patient outcomes and development of staff firmly at the centre of everything it does.

**Board Attendances in 2023/24: 6/6**

**Declaration of interests**

- Birmingham Commonwealth Association - Member of Education Focus Group
- Member of The Royal College of Nursing UK
- Non-executive Director, Walsall Healthcare NHS Trust
- Trustee of Advance HE (Higher Education)
- Registration to practice Nursing and Midwifery Council
- Professional Advisor Birmingham City University
- Trustee of Wound Care Alliance UK
- Trustee at Birmingham Commonwealth Society
- Member Health Data Research UK
- Member of Greater Birmingham Chamber of Commerce Commonwealth Group





Martin Levermore – Non-Executive Director

From 15 August 2022, originally Associate Non-Executive Director appointed 7 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 for over the past 18 years to commercialise and bring to market innovative products and service ideas.

He 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).

Currently professor Levermore’s 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; he is a Chartered Member of the Chartered Institute of Securities and Investment and Fellowship of the Royal Society of Arts.

He is the Independent Person for Windrush Compensation Scheme reporting to the Home Secretary.

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

Board Attendances in 2023/24: 5/6

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 (non-paid)
- Interim Chair of New Roots Homelessness Charity (from 26/08/2020 to 31/07/2023)
- Chair of Trade and Business Birmingham Commonwealth Association (BCA)
- Executive Committee Member of the Greater Birmingham Commonwealth Chamber of Commerce
- Home Office Independent Adviser to Windrush Compensation Scheme
- Ordinary Shares at Medical Devises Technology International Ltd
- Chair of Black internship programme non-paid Charitable organisation- HDRUK
- Data research committee non-paid charitable to Cancer Research UK



Julie Jones – Non- Executive Director

From 15 August 2022, originally appointed Associate Non-Executive Director 7 February 2022

Ms Jones is a fellow of the Institute of Chartered Accountants in England & Wales who, after 15 years in external audit at a leading accounting firm, has spent the last 10 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.

She has more than 20 years’ experience as a Non-Executive Director in social housing and higher education and is currently a member of the Audit & Assurance Committee of Walsall Housing Group, and Trustee and Treasurer of two local charities. She was previously the Chair of Audit Committee at Birmingham and Solihull CCG.

Board Attendances in 2023/24: 6/6

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 – Non-Executive Director

From 25 May 2023, originally appointed Associate Non-Executive Director 7 February 2022

As a registered nurse having trained at St Bartholomew’s Hospital London, Allison 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 with NHS England as an Associate Director of Nursing and Quality, she supported the COVID-19 response with professional IPC/HCAI expertise, leadership, strategy, and challenge to NHS Trusts during the pandemic.

Prior to retirement Allison 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.

Allison was Chairman 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.

She now Chairs the People Committee and is a member of the Quality Committee and Audit Committee.

Board Attendances in 2023/24: 6/6

Declaration of interests

- Employee of NHS England and Improvement.(07/07/2020 to 31/03/2023)
- Friend works as Associate Director for KPMG (from 20/03/2022 to 14/10/2023)
- Son in law works for Hydrock South West as a Senior Electrical Engineer.



Lisa Cowley– Non-Executive Director

Appointed 1 February 2022

Ms Cowley brings 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.

Ms Cowley is Chief Executive Officer (CEO) of Beacon Vision having worked for the organisation since 2018, one of the region’s most established and well-known health and social care charities, where she has been in post for more than four 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, cooperative and progressive health and social care systems to support beneficiaries.

Previous roles have included Deputy CEO of the Black Country Living Museum, where she implemented significant change programmes and oversaw complex funding bids and projects of national heritage significance. Ms Cowley has also been involved in complex projects during her time at organisations such as the RSPB and The British Horse Society, 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.

She is originally from Wolverhampton, having returned after completing her degree at the University of Liverpool. Her personal interests include a passion for horses and horse riding.

Board Attendances in 2023/24: 6/6

Declaration of interests

- Healthy Communities Together Project Sponsor for Beacon Centre for the Blind
- Chief Executive for the Beacon Centre for the Blind
- Co-Owner of Ridge &Furrow Foods
- Co-Owner of Streetway House Farms
- Partner employed by Harris Allday EFG-Wealth Management arm of Private Bank
- Partner employed by HM Armed Forces





Lord Patrick Carter – Special  
Advisor to the Board

Appointed February 2023

Lord Carter was educated at Brentwood School and Durham University, from which he joined an investment bank as a trainee. In 1985 he founded Westminster Health Care, which he built into a leading provider of care to the elderly, those with special needs and radiology services.

Chair of Sport England from 2002-06, board member of the London 2012 Olympic bid, a Member of HM Treasury’s Productivity Panel and a non-executive member of the Home Office and Prison’s board, he has also chaired a number of challenging Government reviews, including Criminal Records Bureau, Offenders Management, the Procurement of Legal Aid, Commonwealth Games, Wembley Stadium, National Athletics, Public Diplomacy, Pathological Services and the HMRC Review of Online Services.

He has served on the Boards of the US and UK healthcare, insurance and technology companies and most recently as a Non-Executive Director on the Board for NHS Improvement.

Made a Life Peer in 2004, Lord Carter is on the Restoration & Renewal Sponsor Board in the House of Lords.

He is currently Chair of the Primary Insurance Group, Health Services Laboratories, Glenholme Healthcare Group and Freehold Corporation.

He is an active farmer in Hertfordshire.

Board Attendances in 2023/24: 3/6

Declaration of interests

- Director of JKHC Ltd (business services)
- Director of Glenholme Healthcare Group Ltd
- Director of Glenholme Wrightcare Ltd (Residential nursing care facilities)
- Director of The Freehold Corporation Ltd (property; real estate)
- Chair of Health Services Laboratories LLP
- Member of Scientific Advisory Board - Native Technologies Ltd (experimental development on natural sciences and engineering)
- Advisor of Bain & Co UK
- Advisor to Becton Dickinson &Co.
- Advisor of Primary UK Ltd
- Business Services for JKHC Ltd
- Management consultancy activities for Cafao Ltd
- Shareholder of Cafao Ltd
- Shareholder of The Freehold Corporation Ltd (property; real estate)
- Shareholder of JKHC Ltd (business services)
- Shareholder of The Glenholme Healthcare Group Ltd (care and rehabilitation centres)
- Shareholder of The Freehold Investment Corporation 1A Ltd
- Shareholder of The Freehold Investment Corporation 1B Ltd
- Shareholder of The Freehold Investment Corporation 2A Ltd
- Shareholder of The Freehold Investment Corporation 2B Ltd
- Shareholder of Adobe Inc (technology)
- Shareholder of AIA Group Ltd (insurance)
- Shareholder of Alphabet Inc (multinational conglomerate)

- Shareholder of Amazon.com Inc (retail)
- Shareholder of Amphenol Corp (manufacturing)
- Shareholder of Apple Inc (technology)
- Shareholder of ASML Holding NV (manufacturing)
- Shareholder of Berkshire Hathaway Inc (financial)
- Shareholder of Broadridge Financial Solutions Inc (financial)
- Shareholder of Canadian Pacific Kansas City Ltd
- Shareholder of Constellation Software Inc (software)
- Shareholder of Croda International Plc
- Shareholder of CSL Ltd (technology)
- Shareholder of Danaher Corp (science and tech)
- Shareholder of Discover Financial Services (financial)
- Shareholder of Essilor International
- Shareholder of Halma plc (tech)
- Shareholder of HDFC Bank Ltd (financial)
- Shareholder of IDEX Corp (manufacturing)
- Shareholder of Intuit Inc (science and tech)
- Shareholder of London Stock Exchange
- Shareholder of L’Oreal SA (manufacturing and retail)
- Shareholder of Meta Platforms Inc A
- Shareholder of Mettler Toledo (manufacturer of scales and analytical instruments)
- Shareholder of Microsoft Corp (tech)
- Shareholder of Nike Inc (retail)
- Shareholder of Roper Technologies Inc (manufacturing)
- Shareholder of ServiceNow Inc (technology)
- Shareholder of Sherwin Williams Co/The
- Shareholder of Taiwan Semiconductor Manufacturing Company Limited (science and tech)

- Shareholder of Tencent Holdings Ltd (science and tech)
- Shareholder of Thermo Fisher Scientific Inc (biotechnology)
- Shareholder of Topicus.com Inc
- Shareholder of UnitedHealth Group Inc (health)
- Shareholder of Visa Inc (financial)
- Shareholder of Copart Inc- automobile Industry
- Shareholder of Lymh more Hennessy Louis Vitton SE- Luxury goods
- Owner of Farms, farmland, residential and tourist activities in Hertfordshire
- Director of CAFAO Ltd
- Director of The Freehold Acquisition Corporation Ltd (property; real estate)
- Director of The Freehold Financing Corporation Ltd (property, real estate)
- Director of Glenholme Senior Living (Bishpam Gardens) Ltd nursing home



Dr Gill Pickavance – Associate Non-Executive Director

Appointed February 2021

Dr Pickavance qualified from Birmingham University in 1990 and has been practicing medicine as a General Practitioner in Wolverhampton since 1996 at Newbridge Surgery Wolverhampton. She also leads Wolverhampton Total Health (one of the Primary Care Networks in Wolverhampton). Her work involves trying to improve the Quality of Health and reduce Health Inequalities to 60,000 patients.

Board Attendances in 2023/24: 6/6

Declaration of interests

- Director Wolverhampton Total Health Limited
- Senior Partner at Newbridge Surgery Wolverhampton
- Member of Committee Tong Charities Committee (Unpaid)
- Daughter works as an architect for Johnson Design Partnership, a company which may be undertaking work at the Trust.



Angela Harding – Associate Non-Executive Director

Appointed February 2023

Ms Harding has a history degree from Durham University and has been a Fellow of the Chartered Institute of Personnel and Development (FCIPD) since 1998. She has held senior leadership positions in a variety of sectors and types of organisations including public, private and charity.

Angie has spent a large part of her career as an Executive in both HR and operations in the later living community arena and has run the largest portfolio of retirement villages in the UK. This involved being the Nominated Individual for CQC for 10 years, with an excellent record in ratings for regulated care and support services. She also led award winning approaches to wellbeing and dementia.

She currently works as Executive Operations Director for an Integrated Retirement Community (IRC) provider.

Board Attendances in 2023/24: 6/6

Declaration of interests

- Director of Naish Mews Management Company
- Executive Operations Director for Inspired Villages Group (from 21/08/2023)



Dr Umar Daraz – Associate Non-Executive Director

Appointed February 2023

Dr Umar Daraz, PhD is a Director of Innovation at Birmingham City University (BCU). Educated at Harvard University in Disruptive Innovation and Strategy, he holds a PhD in Polymer Chemistry and Engineering from Aston University funded by Exxon Mobil Chemicals, Baytown Texas (USA).

His expertise and extensive board level spans a 20+ years' career in senior investment and R&D roles across the Public, Private and UK Government sectors. He has a track record in shaping, influencing, and driving large scale disruptive research, innovation and growth transformation programmes in the UK, EU, Singapore, and China. He has led on developing large scale healthcare research and innovation programmes: Bio-innovation campuses, Materials Innovation Factory, Sensor City, and a Telemedicine Digital 5G Healthcare Test bed.

Dr Daraz holds various positions – he is the sole research and innovation advisor on the River Severn Partnership board, a £240m net zero infrastructure programme. He is also the Birmingham local Lead for the NASA Space Apps Challenge.

Prior to joining BCU, he worked at the University of Liverpool, UK Government - Department of Trade & Industry (DTI), and Venture Capital Investment. His skillsets are in advising on strategy and propositions in high growth sectors, artificial intelligence, cyber security, digital productivity, robotics, data, healthcare, life sciences, net zero energy and personalised medicine.

He is passionate about elevating research and innovation strategies that deliver service-oriented impact with demonstrable step change outcomes and reduce health inequalities.

Away from the boardroom he enjoys walking in the hills, tending to his garden, and playing tennis.

Board Attendances in 2023/24: 4/6

Declaration of interests

- Director of Getaria Enterprises Limited
- Director of Innovation at Birmingham City University



## Audit Committee

Members: L Toner (from February 2022), J Jones (Chair from May 2022), J Dunn (from May 2022), J Hemans (to May 2023), A Heseltine (from June 2023), and L Cowley (from February 2024)

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 Committee (QC), the Finance and Productivity Committee (F&P) and the Trust Management Committee (TMC).

The Committee received and discussed reports on:

- Annual Report for Trust Charitable Funds
- Trust Annual Report and Accounts
- Value for Money
- External audit findings
- Board Assurance Framework, Strategic Risk Register, and related governance processes
- Cyber risk management
- Security
- Single Tender Waivers and procurement exceptions
- Losses and special payments
- Cost Improvement Programme
- Freedom of Information Act Framework
- Key Financial Controls – Cash Management
- Workforce Planning: Retention
- Budgetary Control
- Care Quality Commission Actions
- Maternity and Neonatal Single Delivery Plan – Action Plan (Ockenden Report)
- IT Strategy Development
- Data Security Protection Toolkit
- Data Quality: 78+ week waits
- Procurement Framework

Most of the audits and reviews were completed to plan. Where not completed they were planned for completion early in 2024/25.

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

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

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

The Chair of the Quality Committee (QC) 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.

## Quality Governance Assurance Committee (QGAC)

NED Members: L Toner (Chair), A Heseltine, J Jones, G Pickavance

### Aims and objectives of the Committee

To provide assurance to the Board that patient care is of the highest achievable standard and in accordance with all statutory and regulatory requirements. To provide assurance of proactive management and early detection of risks across the Trust. During the period the Quality Committee had two primary objectives:

1. That the Trust will have developed metrics which will enable the Board to be assured that it can adequately assess the performance of all the divisions.
2. Mortality:
  - a. To understand the drivers for elevated mortality ratios
  - b. have a robust improvement plan, including target dates
  - c. To be able to demonstrate that we are providing reliable care

Committee metrics continue to be 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 linked to the BAF.

During 2023/24 the NEDs discussed the objectives Aligning with the Trust’s Strategic Objectives. It was felt essential that the Quality Committee consider equality of access to healthcare 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 2023/24, 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 items 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 – Biannually
- Cancer Recovery Action Plan – Monthly
- NPSA NRLS / LFPSE Organisational Feedback Report – Annual (LFPSE replace NRLS.
- Internal Audit Opinion – Annual
- Internal Audit Plan – Annual

### Assurance reporting

- External Reviews Registry report – Biannually
- CQC Compliance Report – Biannually
- Litigation and Inquests Report – Annually
- Clinical Audit Plan – Biannually
- Data Security & Protection Toolkit – Annually
- Health & Safety Assurance Report – Biannually
- Quality Account – Annual
- 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) – Biannually

The Quality Committee receives monthly 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 the Quality Committee issues and assurances they obtain from the groups reporting to them.

The Quality Committee raised items to the Board from groups reporting to QSAG concerning the following:

• Alerts

Diagnostics and in particular histopathology turnaround times have been particularly challenging during the period. Cancer metrics remains overall challenging in achieving the 62-day combined standard. Medicine storage and management required a rectification action plan to be developed, which included education and training for staff. There were challenges with Emergency Department attendances, delays, and ambulance waits and breaches, increase in maternity demand and acuity RTT performance and the number of patients waiting over 52 weeks. Action Plans have been put in place across radiology to address issues related to risk assessments being below expected standards.

• Advisories

C Difficile over trajectory and the trust achieved the 28-day faster cancer diagnosis target month on month. The Medicine Prescription Chart identified improvement required which were followed through by the Medicines Management Group. The trust commenced the new low intensity lung screening initiative in January 2024. Observations on time, whilst have been below target improved with additional support provided in areas under the set target. The Committee received, discussed and supported the Black Country Proposals for Neonatal leadership and management. The development of a Urology pathway across the trust and Walsall Healthcare NHS Trust has been developed and implemented.

• Assurances

A positive insight assessment with LMNS and NHSE which took place confirmed that maternity services are fully compliant with Ockenden 7 IEAs. The Trust is fully compliant with the 10 criteria set out in the Code of Practice regarding Infection Prevention and Control. Staffing has been within establishment in pharmacy with a low vacancy rate. The Trust has achieved all the CNST year 5 requirements with the supported evidence submitted as required.

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

The Board Assurance Framework provides a structure and process that enables the Board to focus on risks which might compromise achievement of the organisation’s strategic objectives. The BAF maps out the key controls which are in place to support delivery of those objectives and to mitigate risk and provide a framework of assurance which the Board can draw upon when considering the effectiveness of those controls. These controls and assurances have been set out in line with the HM Treasury “three lines of defence” model aiding the identification of areas of weakness.

The Board Assurance Framework is designed to provide the Board with a simple but comprehensive method for the effective and focused management of these key risks. The Board defines the principal risks and ensures that each is assigned to a Lead Director as well as to a Board committee:

- The Lead Director is responsible for assessing any principal risks assigned to them by the Board and for providing assurance as to the effectiveness of primary risk controls to the relevant Board committee
- The role of the Board committee is to review the Lead Director’s assessment of their principal risks, consider the range of assurances received as to the effectiveness of primary risk controls, and to recommend to the Lead Director any changes to the Board Assurance Framework to ensure that it continues to reflect the extent of risk exposure at that time
- The Audit Committee is responsible for reviewing the whole Board Assurance Framework to provide assurance to the Board that principal risks are appropriately rated and are being effectively managed, and for advising the Board as to the inclusion within the Board Assurance Framework of additional risks that are of strategic significance.

The Board approved a revised template for the Board Assurance Framework in 2021/2022 which provides for details of the “three lines of defence” for controls and assurance and enables the Trust Board to have oversight of the actions in place to mitigate and manage risk. This also enables the Trust to direct resources in a more targeted fashion.

The Trust Board has received and reviewed the full Board Assurance Framework six times during the year. In addition, it has received the extract from the Board Assurance Framework for each strategic objective, and analysis of mitigations and management, in the Executives’ monthly report to the Board. The Audit, Finance and Productivity, Quality and the People Committees have reviewed the Board Assurance Framework during the year, challenging the risk articulation, scoring and mitigation, together with controls and assurances.

Internal Audit identified a number of improvements required to the Board Assurance Framework, as reported in last year’s annual report. The recommended actions have been taken, and there is a re-audit of the BAF scheduled.

The internal audit opinion is rated as Substantial Assurance

The Trust is fully compliant with the registration requirements of the Care Quality Commission.

The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff within the past 12 months, 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’s rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations. Board biographies confirm if Board members are members of the NHS pension scheme or not.

The Trust monitored BAF risks 15 Finance Resources, SR16 Performance Recovery, SR17 Equality Diversity and SR18 Data and Systems Loss Prevention (new).

The Board sub-committees monitor 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 on the TRR. The Board Sub Committees continues to review and evolve a BAF and Trust Risk Register heatmap as a quick reference to highlight areas for Risk Management focus.

**Committee Non-executive Members**

Quality Committee exchanges information with other Committees, for example discussions with Finance & Performance regarding monitoring trends from complaints, incidents, and readmissions in respect of the impact on patients of implementing the restoration and recovery plans to meet set targets.

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



## Performance and Finance Committee

Members: J Dunn (Chair from July 2022), L Cowley (from May 2022), J Jones, M Levermore (from May 2022)

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 it also reviews the acute recovery plan 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 additional extra-ordinary meetings where necessary, which considered in detail:

- The Trust's financial position, reviewing the annual revenue and capital budget and reviewing performance against both on a monthly basis
- Approval for submission to Board of various procurement tender reports and appropriate business cases
- The impact of Covid-19 on performance and recovery
- The Acute Recovery Plan with a focus on longer waiting patients and cancer
- The performance aspects of the Trust Board's quality and performance report
- The Board Assurance Framework SR15, SR16 and SR18.

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
- The contracting and business development updates
- The annual budget/income expenditure plan
- The cash flow report
- The temporary staffing dashboard
- The procurement reports
- Appropriate business cases
- The five-year capital plan
- The backlog maintenance programme
- The winter plan
- The green plan
- 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.
- 2) The recovery plan for restoring services after Covid, especially for cancer referrals and long waiting patients.
- 3) The delivery of the cost improvement programme.
- 4) The impact of the industrial action on finances and performance.

### 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 effectiveness of the contract management of the PFI contract
- 3) Delivery of the Acute Recovery Programme targets, in particular the 104 week waits, 78 week waits, 65 week waits, and 52 week waits.

### Matters of achievement

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

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

### Committee Non-executive members

The Chair of the Committee is the Deputy Chair of the Trust and is also 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.

## People and organisational development (POD) committee

Members: Chair: A Heseltine (from May 2023), Angela Harding (from June 2023) and Umar Daraz (from June 2023)

### Aims of the Committee

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 and culture
- Staff engagement
- Wellbeing
- Productivity
- Equality, diversity and inclusion agenda

### Frequency of meetings and main focus

During 2023/24, the Committee met nine times (no meetings in April, August or December). The Committee considered progress updates on:

- Executive Workforce Report including update from Model Hospital
- National update on workforce including pay and industrial relations activity.
- Black Country Provider Collaborative workforce projects updates
- Workforce resourcing and 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
- Schwartz Round
- Digital Workforce Impacts Update
- Deep Dive Reports
- New Risks
- Board Assurance Framework Review

### The Committee approved:

- the Joint People Strategy across the two Trusts – The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust
- the Joint Behavioural Framework across the two Trusts – The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust

### Activity

The Committee received and discussed reports on:

- May:
  - o Annual Age profile
  - o Organisational development update including Civility, Respect and Culture
  - o Staff Surveys Update
- June:
  - o Update on the Recruitment of Hard to Fill Posts – The Diagnostic Pathway workforce
  - o The Annual Equalities Report
- July:
  - o NHS England's Long Term Workforce Plan
  - o Education, training, apprenticeships and leadership development update
  - o Civility and Respect Programme – update and rollout
  - o Digital Workforce Impacts Update
  - o NHS Equality, Diversity and Inclusion Improvement Plan
  - o Revalidation
- September:
  - o Retire and Return Data Analysis
  - o Black Country Provider Collaborative – Update on Workforce Initiatives
  - o Schwartz Rounds
- October:
  - o Black Country Provider Collaborative
  - o Employee Relations
  - o Health and Well Being
  - o Black Country Pathology Services
- November:
  - o Grip and Control – National Checklist
  - o WRES Annual Report and WRES Action Plan
- January:
  - o Grip and Control – National Checklist
- February:
  - o Update on Job Planning Round 2022/23
  - o NHS England Equality Delivery System Report 2023/24
  - o Annual Update on RWT Voluntary Services

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

The Committee also received regular reports from the Operational Workforce Group (OWG) and the People and OD Group (PODG).



Matters of note and assurance

Matters of concern

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

- September:
  - o Annual appraisals compliance
  - o Retention
  - o Sickness Absence monitoring
- November
  - o 2023 NHS National Staff Survey Response Rate
- January
  - o Mandatory Training Compliance
- February
  - o Workforce Plan Trajectory and Alignment of Reporting Data
  - o Rejection of Consultant pay offer in England
- March
  - o Industrial Relations – renewed Junior Doctors Strike Mandate

Matters of assurance

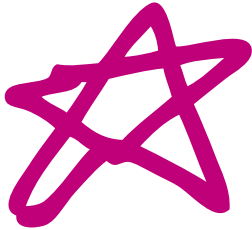
During the year, the Committee has noted the following matters of assurance:

- May
  - o Reviewed the Strategic objectives for the previous year
- June
  - o Update on the Recruitment of Hard to Fill Posts
- July
  - o Deep Dive on Sickness Absence
- September
  - o E-rostering – six weekly sign off targets
  - o Model health system update
- November
  - o Grip and Control check List (vacancy control process, bank sign off process)
- January
  - o Sexual Safety in Healthcare – Organisational Charter
  - o Grip and Control check List (vacancy control process, bank sign off process)
- February
  - o Voluntary services work
- March
  - o AHP strategic workforce supply plan
  - o Pharmacy achievements

Matters of achievement

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

- Civility and respect programme roll out
- Joint People Strategy
- Joint Behavioural Framework



Remuneration committee

Members: J Dunn (Chair) August 2022, J Hemans (to May 2023), S Rawlings (to June 2023), L Toner, L Cowley, M Levermore, J Jones and A Heseltine.

The purpose of this committee is to advise the Trust Board about appropriate remuneration and terms of service for the Group 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 Group Chief Executive (in his absence). The Chair appraised all the Non-Executive Directors and the Senior Independent Director (SID) appraised the Chair's performance.

Charitable Funds Committee

Members: S Rawlings (Chair) (to June 2023), M Levermore (Chair from July 2023), L Cowley

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 2023/2024, 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 were 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. Of note, the Acute Paediatric Mural Artwork that has received exceptional feedback from patients and carers on how the environment has been transformed for all the children and young people's experience.



## Integration Committee

Members: L Cowley (Chair), U Daraz, G Pickavance

The aim of the committee is to oversee the Trust's role in integration both within the Trust and in its role with partners across the Wolverhampton place and Black Country system. The committee plays a key role in ensuring the Trust maintains focus on the development of out of hospital care.

The committee was established in October 2023 and is still evolving in terms of its development. The committee benefits from the executive support of the Group Director of Place, and also the OneWolverhampton Partnership Director, who is also the Deputy Director of Operations for the Community division within the Trust.

The committee regularly reviews the development of the OneWolverhampton partnership, the Wolverhampton place performance including board metrics in relation to urgent community response and patients who are medically fit for discharge. The committee also focuses on the impact of wider place developments (outside of the Black Country system) and the context for the role of the Trust as a partner in both the local place and Black Country system.

Moving forward the committee will be held face to face, in a community location and will include a presentation from a community team from across the Wolverhampton partnership. The committee will also maintain oversight of the potential delegation that will be made from the Black Country ICB to place based partnerships over the next twelve months and beyond.



## Trust management committee

### Aims of the Committee

Chaired by the Deputy 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 2023/24, 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.

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:

- The ongoing workforce availability and recruitment challenges
- The emerging financial challenges
- Periods of strike action

#### Matters of assurance

Restoration and Recovery of Services, maintenance of comparatively low vacancy factor compared to other similar organisations.



## Freedom to Speak Up

The Royal Wolverhampton NHS Trust remains committed to its Freedom to Speak Up (FTSU) journey and the Guardian role as it has done 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

### FTSU updates

For the financial Year 2023/24, The FTSU Guardian Team has prioritised staff and patient safety and encouraged people to use the service without the fear of detriment or demeaning treatment. The service is advertised through our internal communications, the team have also continued to create more accessible ways for staff to access the service.

The FTSU team works closely with colleagues in the Human Resources (HR) and Organisational Development (OD) Teams to take a multidisciplinary approach to creating a healthy workplace culture that promotes compassionate leadership, restorative and just culture and civility and respect. Our OD Team has also created a managers essentials training package to support the Trust.



FTSU data

The Trust FTSU data has been recorded for the financial year 2022/23 and 2023/24 to allow a clear comparison. This data is reported to the 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 NHS England and Improvement. The table below shows total number of FTSU cases for 2023/2024 compared with total cases for 2022/2023.

	Q1 2022/23	Q1 2023/24	Q2 2022/23	Q2 2023/24	Q3 2022/23	Q3 2023/24	Q4 2022/23	Q4 2023/24	Total 2022/23	Total 2023/24
Total number of cases brought to FTSU	110	39	52	62	49	65	52	66	263	221
Total number of cases raised anonymously	16	9	17	24	6	22	11	32	50	87
Number of cases with an element of patient safety/quality	70	1	21	1	18	12	14	12	123	26
Number of cases relating to bullying/harassment	48	4	14	10	23	36	21	29	106	79
Number of cases where people indicate that they are suffering detriment as a result of speaking up	21	1	8	2	17	3	5	1	51	7
Number of cases with an element of worker safety or wellbeing	71	4	26	3	16	28	7	17	120	52
Number of cases related to inappropriate attitudes and behaviours of staff	96	27	27	50	42	35	38	42	203	154

There has been a 16 per cent decrease in the number of cases being reported to the FTSU Guardian Team compared with 2022/23. The team has taken a more proactive approach to staff engagement by offering regular drop-ins within departments and walk-arounds. This has provided greater opportunities for staff to speak up.

Whilst 221 new cases have been recorded this is reduction of 42 from the previous year. Staff often have concerns that fall into multiple categories, which is reflected in the data for each case category. The number of cases with an element of bullying and harassment has reduced throughout the year, however, inappropriate attitudes and behaviours remains high but still a reduction on the previous year of 2022/23.

Next Steps

We continue to work closely with key leaders and stakeholders has enabled the Trust to continue meeting our FTSU objectives. We will be looking to recruit more FTSU Champions across the Trust to help to share knowledge of the service and to ensure that we meet RWT’s locally set objectives and those of the National Guardians Office (NGO) and NHS England and Improvement (NHSEI).

We will continue to promote the FTSU training and there are different sessions for different levels of employee to ensure that people have the correct skills and knowledge to signpost people. The key priorities for this year will be to continue working closely with colleagues in HR, OD and EDI, with a focus on triangulating case themes to help address workplace culture issues. The FTSU Guardian Team will also work collaboratively with the FTSU Guardian Team at Walsall Healthcare NHS Trust to align our processes and procedures, helping to create a consistent FTSU offering across both Trusts.



Emergency preparedness, resilience and response (EPRR)

EPRR is a core function of the NHS and is a statutory requirement of the Civil Contingencies Act (CCA) 2004. Responding to emergencies is also a key function within the NHS Act 2006 and the Health and Care Act 2022.

The NHS needs to be able to plan for and respond to a wide range of incidents and emergencies which could affect health or patient care. These could be anything from extreme weather conditions, an infectious disease outbreak, a major transport accident, a cyber security incident or a terrorist act. In December 2022, the Government published the UK Resilience Framework which sets out an ambitious new vision and approach to the UK’s resilience up to 2030, and as such a full review of the Civil Contingencies Act 2004 is underway.

Nationally, there is a high level of focus with the increasing amount of guidance and expanding range of threats the Trust must be prepared for. It is essential that there is a continued focus on the Trust’s Emergency Preparedness and Business Continuity arrangements. It is important that the Trust maintains and continues to advance its reputation within the EPRR arena and contributes towards the Region’s Preparedness.

The Trust has been working in partnership with the ICB to ensure the delivery of these key challenges and the EPRR Core Standards.

For 2023/2024 the Trust underwent a thorough assessment of its EPRR core standards with the ICB and NHSE EPRR team and was assessed as being ‘partially compliant’ in meeting these standards, this being linked to the upgrade of the standards and new guidance.

Key activities in 2023/2024 with ongoing plans.

Establishment of a work programme to improve our compliance of the EPRR core standards.

We have been busy reviewing and, updating our emergency plans, business continuity plans including our response to cyber-attacks to improve our overall performance.

Reviewing the requirements for training of our health commanders, managers and staff responding to incidents as part of an incident management team in line with the Minimum Occupational Standards for EPRR (MOS) in order for them to be competent and effectively undertake their roles.

The Trust continues to focus on providing training for Trust on call managers face to face as well as providing support via e-learning, along with ensuring on call Directors undertaking an online interactive course for strategic leaders, ‘Principles of Health Command,’ led by NHSE EPRR. To date some of our directors have undertaken this training with more booked for 2024.

West Midlands Ambulance Service reviewed the readiness of the Trust on its Chemical, Biological, Radiological and Nuclear (CBRN) status to respond effectively to incidents involving contamination. A self-assessment tool was completed prior to a site visit, to undertake a challenge and confirm process on the Trust’s submitted response and to observe a practical demonstration of decontamination equipment on 23 October 2023. WMAS has confirmed the Trust has a strong cadre of trained staff in the use of RAM Genie.

Post their visit, WMAS confirmed the Trust as being ready and it was good to see new staff induction that CBRN and MI awareness is present, and they receive a simple but good four-page booklet each to remind them before they attend the “full” training.

EX RADCON – The Trust undertook a Radiological exercise in February 2024, to assess its response to this type of incident with our Emergency Department, which highlighted some improvements to be undertaken.

Critical business continuity incident occurred on the 22 September 2023. Failure of a four-inch heating main pipe that feeds the modular ward block C26/C14 caused steam to rise in a plant room, which triggered fire alarms, tripped IT and phones, along with affecting heating to all wards. No patients or staff harmed during incident.

EX 'LOCKED SHIELDS' was a cyber security tabletop exercise on 26 May 2023. The purpose of this exercise was to describe the design, delivery and outcomes of an incident that involved an inbound internet threat to the Trust. This was part of the Trust's statutory obligation under the General Data Protection Regulation (GDPR). The aim was to test the Trust's business continuity arrangements in response to a data security incident and to build on any lessons identified.

Junior Doctor Strikes continue to take place which the Trust is continuing to plan for and respond to.

Covid-19 continues to be prevalent but on a low basis.

## Health and safety at work

The Trust's Health and Safety risk profile has been maintained and shows compliance with relevant Health and Safety Executive (HSE) legislation. Work continues to identify gaps via the new (internal) Podium audit process and provide action plans to fill these gaps, giving the Board an improved assurance around compliance with the Regulations.

Health and Safety continue to support Estates and Facilities to work towards full compliance with the Premises Assurance Model (PAM) accreditation system, this will eventually add to the robustness of assurance received from Estates. During 2023/24 there has been a continuous focus on improving competence and assurance with training and auditing (via the new Podium audit process) being integral in managing and supporting the safety management system. All RIDDOR reportable incident are investigated by the Health & Safety team to ensure that lessons identified can be acted upon and learning acts as the catalyst for our continual improvement and our strategic approach remains progressive.

There has also been a pro-active focus on projects relating to improving security reporting and lone working management at the Trust. This system review has been undertaken by the Health and Safety Team in conjunction with Security colleagues and has resulted in the creation of a New Cross-functional Task and Finish group based at both Royal Wolverhampton NHS Trust and Walsall Healthcare Trust with an aim to reduce Violence and Aggression (VAAG) incidents.

The top four incident types relating to Health and Safety remain consistent and generally static with previous years. These are:

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

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 them in future. All outcomes will be reported via the Health and Safety reporting structure and ultimately the Health and Safety Steering Group (HSSG) for oversight. Assurance processes have been strengthened through meeting reviews, improvements to monitoring systems, key performance indicators including risk assessment status, reactive incident monitoring, RIDDOR reportable incidents, communications, and training. All of which are reported at either the monthly Health and Safety Operational Group or the quarterly Health and Safety Steering Group (HSSG) as appropriate, to Divisional Governance and through to Trust Board (via Quality Safety Assurance Group (QSAG), Quality Committee (QC) and Trust Management Committee (TMC).

## Compliance with NHS Provider Licence

In 2023/24, NHS Trusts have been required to make an annual statement of confirmation in relation to compliance with elements of the NHS Provider Licence as follows:

- G6 – Meeting the requirements of the licence and the NHS Constitution and having implemented effective arrangements for the management of risk.
- FT4 – Relates to corporate governance arrangements covering systems and processes of corporate governance being in place and effective, effective Board and committee arrangements, compliance with healthcare standards, effective financial decision making, sufficient capability and capacity at Trust Board and all levels in the organisation, accountability and reporting lines.

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



**Caroline Walker, Group Chief Executive**

25/06/2024



**Kevin Stringer, Group Chief Finance Officer**

25/06/2024



# Remuneration and staff report

## Staff report

The following tables summarise the numbers and categories of staff, sickness absence and exit packages made during 2023/24:

### 2023/24 exit packages

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	1	7	31	106	32	113	0	0
£10,000 - £25,000	0	0	2	23	2	23	0	0
£25,001 - £50,000	0	0	0	0	0	0	0	0
£50,001 - £100,000	0	0	0	0	0	0	0	0
£100,001 - £150,000	0	0	0	0	0	0	0	0
£150,001 - £200,000	0	0	0	0	0	0	0	0
Greater than £200,000	0	0	0	0	0	0	0	0
Total	1	7	33	129	34	136	0	0

### 2022/23 exit packages

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	1	9	21	62	22	71	0	0
£10,000 - £25,000	1	19	2	33	3	52	1	20
£25,001 - £50,000	0	0	0	0	0	0	0	0
£50,001 - £100,000	0	0	0	0	0	0	0	0
£100,001 - £150,000	0	0	0	0	0	0	0	0
£150,001 - £200,000	0	0	0	0	0	0	0	0
Greater than £200,000	0	0	0	0	0	0	0	0
Total	2	28	23	95	25	123	1	20



## Average staff numbers

	Total 2023/24 No.	Permanent 2023/24 No.	Other 2023/24 No.	Total 2022/23 No.
Medical and dental	1,309	1,206	103	1,191
Administration and estates	1,589	1,361	228	1,535
Healthcare assistants and other support staff	3,587	3,313	274	3,436
Nursing, midwifery and health visiting staff	3,008	2,863	145	2,729
Nursing, midwifery and health visiting learners	0	0	0	0
Scientific, therapeutic and technical staff	821	804	17	748
Healthcare Science Staff	525	515	10	513
Total Average Number	10,839	10,062	777	10,151
Of which	-	-	-	-
Number of employees (WTE) engaged on capital projects	5	5	0	5

## Staff sickness

Staff Sickness Absence	2023/24 No.	2022/23 No.
Total days lost	113,215	121,138
Total staff years	10,091	9,400
Average working days lost (per WTE)	11	13

## Consultancy Services

During 2023/24 we spent £0.0m on consultancy services (2022/23 £0.2m). The Trust employed 28 senior managers during the year ending 31 March 2024.



# Remuneration report and policy

The Royal Wolverhampton NHS Trust - Annual Accounts 2023/24

## Remuneration Report

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

Remuneration for the Trust’s Executive Directors is set by reference to job scope, personal responsibility and performance. This also takes into account the comparison with remuneration levels for similar posts, within the National Health Service, as well as taking into consideration the national guidance and benchmarking framework. Whilst performance is taken into account in setting and reviewing remuneration, there are currently no arrangements in place for “performance related pay”.

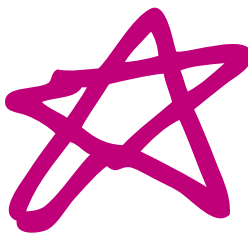
It is not the Trust’s policy to employ Executive Directors on “rolling” or “fixed term” contracts. All Directors’ contracts conform to NHS standard for directors, with arrangements for termination in normal circumstances by either party with written notice of six months.

During 2023/24, the Trust continues to engage 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 31 March 2024 is set out in the attached schedules.

*Caroline Walker*

**Caroline Walker, Group Chief Executive**  
25/06/2024





Name and Title	2023/2024								2022-23							
	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 - Group Chief Executive	320-325	0	0	225-227.5	545-550	(170-175) <sup>1 4</sup>	(15-20) <sup>1</sup>	330-335	305-310	0	0	0	305-310	(170-175) <sup>1</sup>	(15-20) <sup>1</sup>	105-110
A Cannaby - Group Chief Nurse and Lead Executive for Safeguarding (to 22/08/2023)	70-75	0	0	17.5-20	85-90	(35-40) <sup>1</sup>	(1-5) <sup>1</sup>	45-50	175-180	0	0	35-37.5	215-220	(100-105) <sup>1</sup>	(10-15) <sup>1</sup>	100-105
D Hickman - Chief Nursing Officer	155-160	0	0	0 <sup>11</sup>	155-160	0	0	155-160	125-130	0	0	15-17.5	140-145	0	0	140-145
B McKaig - Chief Medical Officer	165-170	65-70 <sup>2</sup>	0	0	230-235	0	0	230-235	160-165	60-65 <sup>2</sup>	0	0	225-230	0	0	225-230
G Nuttall - Chief Operating Officer	180-185	0	0	0 <sup>10</sup>	180-185	0	0	180-185	170-175	0	0	5-7.5	175-180	0	0	175-180
J Odum - Group Chief Medical Officer	175-180	80-85 <sup>2</sup>	0	0	260-265	(125-130) <sup>1 3</sup>	(1-5) <sup>1 3</sup>	130-135	175-180	80-85 <sup>2</sup>	0	42.5-45	295-300	(95-100) <sup>3</sup>	(5-10) <sup>3</sup>	190-195
K Stringer - Group Chief Financial Officer and Deputy Group Chief Executive	225-230	0	0	0 <sup>11</sup>	225-230	(140-145) <sup>1</sup>	(15-20) <sup>1</sup>	60-65	205-210	5-10 <sup>1</sup>	0	182.5-185	400-405	(140-145) <sup>5 1</sup>	(10-15) <sup>5 1</sup>	245-250
Non-Executive Directors																
Sir David Nicholson - Group Chairman (from 01/04/2023)	0	0	0	0	0	25-30	0	25-30 <sup>12</sup>	0	0	0	0	0	0	0	0
S Field - Group Chairman (to 31/03/2023)	0	0	0	0	0	0	0	0	75-80	0	0	0	75-80	0	0	75-80
L Cowley	10-15	0	0	0	10-15	0	0	10-15	10-15	0	0	0	10-15	0	0	10-15
U Daraz (from 01/02/2023)	10-15	0	0	0	10-15	0	0	10-15	0-5	0	0	0	0-5	0	0	0-5
J Dunn	15-20	0	0	0	15-20	0	0	15-20	30-35 <sup>6</sup>	0	0	0	30-35	0	0	30-35
R Dunshea - Non-Executive Director (to 31/08/2023)	0	0	0	0	0	0	0	0	5-10	0	0	0	5-10	0	0	5-10
A Harding (from 01/02/2023)	10-15	0	0	0	10-15	0	0	10-15	0-5	0	0	0	0-5	0	0	0-5
J Hemans - Non-Executive Director (to 24/05/23)	1-5	0	0	0	1-5	0	0	1-5	10-15	0	0	0	10-15	0	0	10-15
A Heseltine	10-15	0	0	0	10-15	0	0	10-15	10-15	0	0	0	10-15	0	0	10-15
J Jones	10-15	0	0	0	10-15	0	0	10-15	10-15	0	0	0	10-15	0	0	10-15
M Levermore	10-15	0	0	0	10-15	0	0	10-15	10-15	0	0	0	10-15	0	0	10-15
M Martin - Non-Executive Director (to 03/07/2022)	0	0	0	0	0	0	0	0	0-5	0	0	0	0-5	0	0	0-5
G Pickavince - 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
S Rawlings - Non-Executive Director (to 05/06/23)	1-5	0	0	0	1-5	0	0	1-5	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
Directors - Non Voting																
K Bostock <sup>7</sup> - Group Director of Assurance (from 01/01/2022)	0	0	0	0	0	65-70	10-15	75-80	0	0	0	0	0	70-75	10-15	80-85
Lord P Carter - Special Advisor to the Board (from 01/02/2023)	10-15	0	0	0	10-15	0	0	10-15	0-5	0	0	0	0-5	0	0	0-5
A Duffell - Group Chief People Office	175-180	0	0	102.5-105	280-285	(120-125) <sup>1</sup>	(15-20) <sup>1</sup>	135-140	165-170	0	0	72.5-75	235-240	(75-80) <sup>8 1</sup>	(5-10) <sup>8 1</sup>	150-155
S Evans - Group Director of Communications and Stakeholder Engagement	120-125	0	0	42.5-45	165-170	(60-65) <sup>1</sup>	(5-10) <sup>1</sup>	95-100	110-115	0	0	15-17.5	125-130	(50-55) <sup>1</sup>	(10-15) <sup>1</sup>	60-65
S Evans - Group Chief Strategy Officer	165-170	5-10 <sup>13</sup>	0	75-77.5	245-250	(85-90) <sup>1</sup>	(10-15) <sup>1</sup>	150-155	150-155	0	0	45-47.5	195-200	(55-60) <sup>1</sup>	(15-20) <sup>1</sup>	125-130
T Palmer <sup>8</sup> - Director of Midwifery	70-75	0	0	0	70-75	0	0	70-75	60-65	0	0	0	60-65	0	0	60-65
J Green - Director of Operational Finance (from 01/08/2023)	65-70	0	0	0	65-70	35-40	5-10	105-110	0	0	0	0	0	0	0	0
A Race - Director of HR & OD (from 01/09/2023)	70-75	0	0	0	70-75	0	0	70-75	0	0	0	0	0	0	0	0
S Cartwright <sup>7</sup> - Group Director of Place	0	0	0	0	0	45-50	5-10	5-55	0	0	0	0	0	0	0	0
M Sharon - Strategic Advisor to the Board (to 16/06/2022)	0	0	0	0	0	0	0	0	20-25	0	0	0	20-25	(15-20) <sup>1</sup>	0	5-10

During 2023/24, the Trust continues to engage 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 reflects any associated recharges with Walsall Healthcare NHS Trust.

<sup>1</sup> This Director works for Walsall Healthcare NHS Trust so an element of their salary is recharged.

<sup>2</sup> This relates to the Physician element of the Medical Director’s role.

<sup>3</sup> This relates to the Director’s recharge to the ICB for his additional role as the Medical Director Lead for Acute Collaboration.

<sup>4</sup> This relates to the Director’s recharge to the West Midlands Cancer Alliance & for their role at Walsall Healthcare NHS Trust.

<sup>5</sup> This Director has had their salary recharged for their role of IT Director at Walsall Healthcare NHS Trust and Interim Director of Finance at Dudley Group, the later of which commenced in June 2022 and finished December 2023.

<sup>6</sup> This Director was not paid in 2021/22 and received backpay in 2022/23.

<sup>7</sup> This Director is employed by Walsall Healthcare NHS Trust.

<sup>8</sup> This Director has covered the role of Interim Chief People Officer at The Dudley Group NHS Foundation Trust since June 2002.

<sup>9</sup> This Director retired and returned on a part time basis in April 2022.

<sup>10</sup> This Director is affected by the Public Services Pensions Remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 Scheme on 1 October 2023. Negative values are not disclosed in this table but are substituted for zero.

<sup>11</sup> This Director has retired and returned during the financial year.

<sup>12</sup> The Chair has a joint role across The Royal Wolverhampton NHS Trust, Walsall Healthcare NHS Trust, Dudley Group NHS Foundation Trust and Sandwell & West Birmingham NHS Trust. The Chair is recharged by Dudley Group NHS Foundation Trust for his share of the role at The Royal Wolverhampton NHS Trust.

<sup>13</sup> This Director received pay arrears relating to 2022/23 in 2023/24.

Total remuneration for senior managers in year ended 31 March 2024 was £1,622k 0.17% of income (31 March 2023 £1,324k 0.15% of income).

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

“those persons in senior positions having authority or responsibility for directing or controlling the meior 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 the real increase in pension multiplied by 20, less, the contributions made by the individual. The real increases 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 individed. It is 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 2024	Lump sum at pension age related to accrued pension at 31 March 2024	Cash Equivalent Transfer Value at 1 April 2023	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2024	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 <sup>1</sup> - Group Chief Executive	10-12.5	20-22.5	115-120	320-325	0	0	0	0
A Cannaby - Group Chief Nurse and Lead Executive for Safeguarding (to 22/08/2023)	0-2.5	0-2.5	65-70 <sup>5</sup>	155-160	1,274	58	1,572	0
A Duffell <sup>4</sup> - Group Chief People Officer	5-7.5	7.5-10	50-55	135-140	0	0	0	0
S Evans - Group Director of Communications and Stakeholder Engagement	0-2.5	25-27.5	20-25	50-55	217	131	383	0
S Evans - Group Chief Strategy Officer	2.5-5	45-47.5	40-45	105-110	569	246	894	0
D Hickman <sup>4</sup> - Director of Nursing	0	0	0-5	0	939	0	68	0
B McKaig - Chief Medical Officer	0	0	70-75	90-95	1,118	92	1,344	0
G Nuttall - Chief Operating Officer	0	22.5-25	65-70	185-190	1,468	25	1,661	0
J Odum <sup>1</sup> - Group Chief Medical Officer	0-2.5	0	75-80	210-215	0	85	107	0
T Palmer <sup>2</sup> - Director of Midwifery	0	0	0	0	0	0	0	0
J Green - Director of Operational Finance (from 01/08/2023)	0	25-27.5	60-65	165-170	1,060	120	1,368	0
K Bostock - Group Director of Assurance	0	0	0	0	0	0	0	0
A Race - Director of HR & OD (from 01/09/2023)	0	0	0	0	0	0	0	0
K Stringer <sup>4</sup> - Chief Financial Officer and Deputy Chief Executive	0	0	10-15	0	2,121	0	170	0

Please note:  
<sup>1</sup> The real increase in Cash Equivalent Transfer Value is not applicable to the Director given that they are now over pension age.  
<sup>2</sup> Relates to a Director that is in receipt of their pension.  
<sup>3</sup> Relates to a Director that was not in the pension scheme at any time in the financial year.  
<sup>4</sup> Relates to a Director that has retired and returned during the financial year.  
<sup>5</sup> Director left during 2023/24 - pension value is at the time of leaving.

CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2023. HM Treasury published updated guidance on 27 April 2023 - this guidance will be used in the calculation of 2023 to 24 CETV figures.

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 CETV has changed, to remove the adjustment for Guaranteed Minimum Pension (GMP) on 8 August 2019.



Fair pay disclosure

The Trust is required to disclose the relationship between the remuneration of the highest-paid director and the lower quartile, median and upper quartile remuneration of the workforce.

The banded remuneration of the highest paid director in the financial year 2023/24 was £180k-£185k (2022/23, £170k-£175k). When determining the highest paid director comparator, recharges to other organisations are taken into account. It is the cost to the Trust after recharges that determines the highest paid director.

Percentage change in remuneration of highest paid director:

	2023/24	2022/23
Percentage change from previous year in respect of highest paid director:		
Salary and Allowances	6%	3%
Performance pay and 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 and Allowances	2.1%	7.9%
Performance pay and bonuses	n/a	n/a
All taxable benefits	n/a	n/a

Pay ratio information

	2023/24	2022/23
25th Percentile Remuneration	£22,816	£23,425
Median Percentile Remuneration	£30,639	£29,384
75th Percentile Remuneration	£42,618	£42,739
25th Percentile Pay Ratio	8.0	7.4
Median pay Ratio	6.0	5.9
75th Percentile Pay Ratio	4.3	4.0

Total remuneration includes annualised basic 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.

In 2023/24, 14 employees (2022/23, 14) received remuneration in excess of the highest-paid director.

Remuneration ranged from £10.3k to £260.7k (2021-22 £9.4k to £250.3k).

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, and where applicable, employees have continued to make incremental progression within existing pay scales.

The 2023/24 salary values have been adjusted (where applicable) for the Consultant Pay Offer accepted in April and back dated to March 2024. Payment to employees is due to be paid retrospectively in May 2024.



Off payroll engagements

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

For all off-payroll engagements as of 31 March 2024, for more than £245 per day and that last longer than six months

Number of existing engagements as of 31 March 2024	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 off-payroll engagements between 1 April 2023 and 31 March 2024, for more than £245 per day and that last longer than six months

Number of temporary off-payroll workers engaged between 1 April 2023 and 31 March 2024	0
Of which, the number that have existed...	
number not subject to off-payroll legislation (see note)	
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 of Intermediaries legislation (IR35) or out-of-scope for tax purposes.

FFor any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2023 and 31 March 2024

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)	28

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 six 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.

C - Financial Statements

Forward and Financial Performance Overview

The summary financial statements are an extract of the information in the full annual Accounts. These include the Annual Governance Statement of the Trust for year ended 31 March 2024. 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 2023-2024 Department of Health and Social Care Group Accounting Manual (GAM). From 2009-2010 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 2023-2024 it achieved this, spending £41,979,000 (against a target of £41,979,000).

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 it spend at or below this level. For 2023-2024 the Trust met the CRL target of £47,756,000

Financial performance summary 23/24

	Target	Actual	Achieved
Income and Expenditure Break-even (£'000)	0	(25,320)	✗
Capital Cost Absorption Rate (%)	3.5%	3.5%	✓
External Financing Limit (£'000)	41,979	41,979	✓
Capital Resource Limit (£'000)	47,756	47,756	✓
*Target is adjusted control total as agreed with NHSi			

Income and expenditure position for each of the last five years

	2018/19 £000s	2019/20 £000s	2020/21 £000s	2021/22 £000s	2022/23 £000s	2023/24 £000s
Breakeven duty in-year financial performance	3,021	5,735	243	4,454	363	(25,320)
Breakeven duty cumulative position	54,143	59,877	60,121	64,574	64,937	39,617
Operating income	592,975	676,114	743,285	817,270	899,891	940,686
Cumulative breakeven position as a percentage of operating income	9.13%	8.86%	8.09%	7.90%	7.22%	4.21%

Cumulative Position

Table [above] shows that the trust did not achieve its statutory break-even duty in 2023/2024. However, the Trust still has a cumulative surplus position of £39,6917k. The deficit position amounted to £25,320k 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 1 April 2002 to 31 March 2032. Although the interest rate changes affect future performance, the impact to date has not been significant.

From 1 April 2023, the measurement principles of IFRS 16 has been applied to the Trust’s PFI liabilities where future payments are linked to a price index representing the rate of inflation. The PFI liability will be remeasured when a change in the index causes a change in future repayments and that change has taken effect in the cash flow. Such remeasurements will be recognised as a financing cost. Under existing accounting practices, amounts relating to changes in the price index are expensed as incurred.

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 per cent compliance, and, over the last two years, the Trust’s performance is shown in the table below.

Better payment practice code summary

	2023/24		2022/23	
	Number	£'000	Number	£'000
Total Invoices Paid In Year	132,192	556,583	131,558	512,097
Total Invoices Paid Within Target	125,136	532,240	118,930	478,003
Percentage of Invoices Paid Within Target	94.66%	95.63%	90.40%	93.34%

Prompt Payment Code

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

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 31 March 2024 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. Prior to 22/23, the valuation and the associated data was based on all in forecast Tender Price Index (TPI) as at 31 March. In 22/23 a change was made so the valuer considered both the BCIS All-in Tender Price Index (TPI), the General Building Cost Index (BCI), along with the PUBSEC TPI Index which is a smoothed version of the all-in TPI specifically referencing public sector construction projects. This was agreed with a number of consultancy firms, with an indexation factor of 3.39% utilised in 23/24 (7.5% 22/23). Future revaluations of the Trust’s property may result in further material changes to the carrying value of non-current assets.
- Additionally, the Trust is required to adopt accounting standard IAS27 which requires the Trust to consolidate its Charitable Funds into accounts if material. These were not consolidated as they are not considered material.





# Financing

## Auditors

The Trust’s external auditors are KPMG LLP. The total charge for audit work undertaken in 2023/24 was £170k excluding VAT (2022/23 £121k). Other auditors’ remuneration in 2023/24 was £0k (2022/23 £10k) and is in respect of non-audit services. As far as the directors are aware, there is no relevant audit information the Trust’s auditors are unaware of and the Directors have taken all steps that they ought to have taken, as Directors, to make themselves aware of any relevant audit information and to establish that the Trust’s Auditors are aware of that information. Non-audit work may be performed by the Trust’s external auditors where the work is clearly audit related and the external auditors are best placed to do that work. For such assignments the Audit Committee approved protocol is followed. This ensures that all such work is properly considered, and that the external auditor’s independence is not compromised through the Trust using them for other non-audit services.

The Trust is able to ensure this as:

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



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.

## Statement of comprehensive income for the year ended 31 March 2024

Note	2023-24 £000	2022-23 £000
Operating income from patient care activities	783,232	732,589
Other operating income	157,454	167,302
Operating expenses	(941,721)	(857,919)
<b>Operating surplus/(deficit) from continuing operations</b>	<b><u>(1,035)</u></b>	<b><u>41,972</u></b>
Finance income	2,975	1,991
Finance expenses	(7,300)	(2,723)
PDC dividends payable	(12,784)	(11,918)
<b>Net finance costs</b>	<b><u>(17,109)</u></b>	<b><u>(12,650)</u></b>
Other gains / (losses)	45	97
<b>Surplus / (deficit) for the year</b>	<b><u>(18,099)</u></b>	<b><u>29,419</u></b>

## Other comprehensive income for the year ended 31 March 2024

	2023-24 £000	2022-23 £000
<b>Will not be reclassified to income and expenditure:</b>		
Revaluations	5,027	13,060
Fair value gains/(losses) on financial assets mandated at fair value through OCI	(0)	(149)
<b>Total comprehensive income / (expense) for the period</b>	<b><u>(13,072)</u></b>	<b><u>42,330</u></b>

Financial performance for the year end 31 March 2024

	2023-24	2022-23
	£000	£000
Adjusted financial performance (control total basis):		
Retained surplus / (deficit) for the period	(18,099)	29,419
Impairments (excluding IFRIC 12 Impairments)	431	(788)
Adjustments in respect of donated gov't grant asset reserve elimination	(12,133)	(28,650)
Remove actual IFRIC 12 scheme finance costs	6,976	0
Add back forecast IFRIC 12 scheme interest on an IAS 17 basis	(410)	0
Add back forecast IFRIC 12 scheme contingent rent on an IAS 17 basis	(2,893)	0
Remove PDC dividend benefit arising from PFI liability remeasurement	(588)	0
Remove net impact of inventories received from DHSC group bodies for COVID-19 response	59	109
Adjusted financial performance surplus / (deficit)	<u>(26,657)</u>	<u>90</u>



Statement of financial position as at 31 March 2024

	31 March 24	31 March 23
	£000	£000
Non-current assets		
Intangible assets	7,473	5,860
Property, plant and equipment	504,646	427,740
Right of use assets	13,176	13,999
Other investments / financial assets	12	12
Trade and other receivables	2,710	6,049
Total non-current assets	<u>528,017</u>	<u>498,660</u>
Current assets		
Inventories	9,049	8,347
Trade and other receivables	44,893	59,603
Cash and cash equivalents	29,457	69,264
Total current assets	<u>83,399</u>	<u>137,214</u>
Current liabilities		
Trade and other payables	(94,741)	(114,267)
Borrowings	(7,316)	(6,047)
Provisions	(2,173)	(4,109)
Other liabilities	(8,892)	(10,424)
Total current liabilities	<u>(113,122)</u>	<u>(134,847)</u>
Total assets less current liabilities	<u>498,294</u>	<u>501,027</u>
Non-current liabilities		
Trade and other payables	(179)	(287)
Borrowings	(28,392)	(12,885)
Provisions	(1,436)	(1,780)
Total non-current liabilities	<u>(30,007)</u>	<u>(14,952)</u>
Total assets employed	<u>468,287</u>	<u>486,075</u>





Financed by

Public dividend capital	316,202	305,676
Revaluation reserve	114,224	109,197
Financial assets reserve	(1,418)	(1,418)
Other reserves	190	190
Income and expenditure reserve	39,089	72,430
<b>Total taxpayers' equity</b>	<b><u>468,287</u></b>	<b><u>486,075</u></b>

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

**Caroline Walker, Group Chief Executive**  
25/06/2024

Statement of changes in taxpayers' equity for the year ending 31 March 2024

	Public dividend capital	Revaluation reserve	Financial assets reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000	£000
<b>Taxpayers' and others' equity at 1 April 2023 - brought forward</b>	<b>305,676</b>	<b>109,197</b>	<b>(1,418)</b>	<b>190</b>	<b>72,430</b>	<b>486,075</b>
Surplus/(deficit) for the year	0	0	0	0	(18,099)	(18,099)
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023	0	0	0	0	(15,242)	(15,242)
Revaluations	0	5,027	0	0	0	5,027
Fair value gains / (losses) on financial assets mandated at fair value through OCI	0	0	0	0	0	0
Public dividend capital received	10,526	0	0	0	0	10,526
<b>Taxpayers' and others' equity at 31 March 2024</b>	<b><u>316,202</u></b>	<b><u>114,224</u></b>	<b><u>(1,418)</u></b>	<b><u>190</u></b>	<b><u>39,089</u></b>	<b><u>468,287</u></b>



Statement of changes in taxpayers' equity for the year ending 31 March 2023

	Public dividend capital	Revaluation reserve	Financial assets reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000	£000
<b>Taxpayers' and others' equity at 1 April 2022 - brought forward</b>	<b>286,653</b>	<b>96,137</b>	<b>(1,269)</b>	<b>190</b>	<b>43,011</b>	<b>424,722</b>
Surplus/(deficit) for the year	0	0	0	0	29,419	29,419
Revaluations	0	13,060	0	0	0	13,060
Fair value gains / (losses) on financial assets mandated at fair value through OCI	0	0	(149)	0	0	(149)
Public dividend capital received	19,023	0	0	0	0	19,023

Taxpayers' and others' equity at 31 March 2023

	<b><u>305,676</u></b>	<b><u>109,197</u></b>	<b><u>(1,418)</u></b>	<b><u>190</u></b>	<b><u>72,430</u></b>	<b><u>486,075</u></b>
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Information on reserves

Public Dividend

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.

Statement of cash flow for the year ended 31 March 2024

	2023/24	2022/23
	£000	£000
<b>Cash flows from operating activities</b>		
Operating surplus / (deficit)	(1,035)	41,972
<b>Non-cash income and expense:</b>		
Depreciation and amortisation	32,431	29,531
Net impairments	431	(788)
Income recognised in respect of capital donations	(12,775)	(29,253)
(Increase) / decrease in receivables and other assets	15,403	(24,900)
(Increase) / decrease in inventories	(702)	(94)
Increase / (decrease) in payables and other liabilities	(17,584)	7,208
Increase / (decrease) in provisions	(2,290)	(3,856)
<b>Net cash flows from / (used in) operating activities</b>	<b><u>13,879</u></b>	<b><u>19,820</u></b>
<b>Cash flows from investing activities</b>		
Interest received	2,975	1,991
Purchase and sale of financial assets / investments	0	0
Purchase of intangible assets	(3,095)	(610)
Purchase of property, plant, equipment and investment property	(53,527)	(64,114)
Sales of property, plant, equipment and investment property	54	185
Receipt of cash donations to purchase assets	12,702	29,166
<b>Net cash flows from / (used in) investing activities</b>	<b><u>(40,891)</u></b>	<b><u>(33,382)</u></b>
<b>Cash flows from financing activities</b>		
Public dividend capital received	10,526	19,023
Capital element of finance lease rental payments	(4,593)	(4,055)
Capital element of PFI, LIFT and other service concession payments	(3,761)	(1,905)
Interest paid on finance lease liabilities	(314)	(124)
Interest paid on PFI, LIFT and other service concession obligations	(1,477)	(2,589)
PDC dividend (paid) / refunded	(13,176)	(12,443)
<b>Net cash flows from / (used in) financing activities</b>	<b><u>(12,795)</u></b>	<b><u>(2,093)</u></b>
<b>Increase / (decrease) in cash and cash equivalents</b>	<b><u>(39,807)</u></b>	<b><u>(15,655)</u></b>
<b>Cash and cash equivalents at 1 April - brought forward</b>	<b><u>69,264</u></b>	<b><u>84,918</u></b>
<b>Cash and cash equivalents at 31 March</b>	<b><u>29,457</u></b>	<b><u>69,264</u></b>



1. 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 Chief Executive's responsibilities as Accountable Officer of the Trust

The Chief Executive of NHS England 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.

Caroline Walker, Group Chief Executive  
25/06/2024



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



**Caroline Walker, Group Chief Executive**  
25/06/2024



**Kevin Stringer, Group Chief Finance Officer**  
25/06/2024



Certificate 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 2023/24 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 NHS provider accounting policies issued by NHS England, 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.



**Kevin Stringer, Group Chief Finance Officer**  
25/06/2024

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 England.
2. I have reviewed the schedules and agree the statements made by the Director of Finance above.



**Caroline Walker, Group Chief Executive**  
25/06/2024



## 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。