



Annual Report 2024/25



Care Colleagues
Collaboration Communities

The Royal Wolverhampton NHS Trust Annual Report

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Introduction

Statement from the Group Chair

Welcome to The Royal Wolverhampton NHS Trust's (RWT) Annual Report which, at the time of writing, sees us keenly awaiting the publication of the government's 10 Year Health Plan.



We know the plan will focus on delivering three big shifts in healthcare:

- Hospital to community
- Analogue to digital
- Sickness to prevention

And we know it comes on the back of members of the public, as well as NHS staff and experts, being invited to share their experiences, views and ideas for “fixing the NHS” as part of a huge engagement exercise.

Prior to this, the government commissioned an independent investigation led by former health minister Professor Lord Darzi and his findings have laid the foundations for the plan. He reported the NHS is in a ‘critical condition’ as it juggles the many challenges associated with meeting the needs of an ageing population, supporting those with complex needs, delivering timely care, maximising productivity and ensuring sustainability.

Add to this the Secretary of State for Health and Social Care’s announcement that NHS England is being abolished, our Integrated Care Boards (ICBs) must reduce by 50 per cent, and NHS Trusts must significantly reduce their headcount in order to achieve financial stability.

Unsurprisingly, this is an incredibly tough time for many who work within the NHS – it’s a time of uncertainty and worry as the cost-of-living crisis continues to have an impact and a host of other factors affect our economy and job security.

But it is also a time of anticipation and welcome innovation as we draw on our reserves of resilience, creativity and unwavering commitment to do our best for our patients.

We are proud to have the Black Country Provider Collaborative as a vehicle to drive these efforts and we are currently developing proposals to change breast cancer services, urology, bariatrics, and corporate services.

Staying closer to home, over the last 12 months RWT teams have been at the forefront of innovation in cardiac surgery while working to reduce emergency admissions, build on community services that support people to stay in their own homes to manage their conditions and forge even closer links with partnerships. Please take the time to read about some of these achievements in this report.

The collaboration with Walsall Healthcare NHS Trust has also been strengthened with invaluable learning shared across both organisations.

Once again, I’d like to place on record my sincere thanks to everyone who shows us daily how much they care and their willingness to make our organisation fitter for the future. They are what makes me proud to be part of the NHS.

Sir David Nicholson KCB CBE

Chair of the Board

A - Performance Report

A1 - Performance Overview

Statement from the Group Chief Executive

I joined The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust as Group Chief Executive in January 2025, taking the reins from interim Caroline Walker, so I'm still fairly new to the Black Country. But what I have been struck by is the warm welcome I've received and the "tell it like it is" philosophy that this area is known for!



The work of our teams here in Wolverhampton has certainly impressed me so far and I've been privileged to meet a number of them – I still have many more to see and look forward to doing so. This Annual Report gives a snapshot of some of the incredible ways our teams are making a difference to people's lives and I feel privileged to be able to share their achievements in this way.

As our Chair has stated, we are awaiting publication of the government's 10 Year Health Plan which is set against the backdrop of some extremely challenging financial pressures that need to be balanced with the continuous increase in demand for our healthcare services. And within these constraints we must, of course, press on with innovations and improvements, working with our communities to ensure our services are sustainable and effective.

We are halfway through the joint strategy we launched back in 2022 with Walsall Healthcare NHS Trust where we agreed four strategic aims, referred to as the four Cs.

These are:

Excel in the delivery of Care

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

Support our Colleagues

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

Improve the health of our Communities

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

Effective Collaboration

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

We pledged that everything we do across both organisations should contribute towards achieving goals within at least one of these priority areas. They also align to our overall vision which is to 'To deliver exceptional care together to improve the health and wellbeing of our communities'.

We are able to point to some successes in these four areas but in 2025/26 we will need to sharpen our focus further to bring this strategy to life and make sure it really resonates with our patients, their families and the staff who care for and support them.

Joe Chadwick-Bell,
Group Chief Executive

A snapshot of the last year

In **April** 2024, two of senior healthcare professionals who rehabilitate heart patients became the first in the Black Country to be accredited by a national organisation in their field.

Chris Scordis, Joint Lead for Cardiac Rehabilitation at The Royal Wolverhampton NHS Trust (RWT) and Paul Boden, from Walsall Heartcare, an independent charity commissioned by Walsall Healthcare, became registered Clinical Exercise Physiologists (CEPs) by Clinical Exercise Physiology UK (CEP-UK).

Demand for CEPs is at its highest because healthcare providers are facing unprecedented need for services post COVID-19.

May saw us celebrate the 1,000th Paediatric Virtual Ward patient.

Based at Wolverhampton Science Park in Bushbury, the service enables children to be nursed at home via app technology and appropriate devices, rather than be admitted to New Cross Hospital.

It was launched in 2022 by Amy Gidden, Paediatric Senior Sister, and Rebecca Taylor, Paediatric Clinical Nurse Specialist and followed the setting up of an Adult Virtual Ward that started in response to the COVID-19 pandemic.

A total of 410 children and young people were treated in its first year.



We celebrated the fact that Wolverhampton staff were among more than 1,800 working across the Black Country who have taken up training to promote safer sleeping for babies in **June**.

The free training, in partnership with The Lullaby Trust, was aimed at all who interact with children and families, both personally and professionally. It was funded by the Black Country Child Death Review Strategic Partnership and supported by the Black Country Local Maternity and Neonatal System.

Meal vouchers were made available for parents of children staying overnight at New Cross Hospital thanks to a pilot programme funded by Sophie's Legacy.

Sophie's Legacy was formed following the death of a ten-year-old, Sophie Fairall, who was diagnosed with a rare type of cancer back in 2020.

The pilot project, launched in **July**, is a collaborative effort between Sophie's Legacy and NHS England and aims to address the critical issue of providing meals to parents staying in hospitals with their children.

In **August**, the Trust was officially recognised as a special endometriosis centre offering complex surgery for the condition that affects around 1.5 million women across the UK.

RWT was given accreditation by the British Society of Gynaecological Endoscopy (BSGE) after the team had to prove the quality of care was up to the high standards it sets.

Yasmin Walker, the first Clinical Nurse Specialist for endometriosis at RWT introduced a weekly lifestyle clinic, a specialist endometriosis clinic where she sees new patients referred to the team, and a monthly TENS machine clinic.



The first purpose-built diabetes centre in the Midlands, housed at RWT, celebrated its 30th anniversary in **September**.

Originally built using charitable funds for a capacity of 6,000 patients, the centre has gone through a lot of changes over the years. It now sees an average of 16,000 patients a year.

The team has also expanded. Now there are 11 Consultants, 10 Diabetes Specialist Nurses, a Diabetes Educator, a Podiatry Team and six Secretaries plus Registrars.

In **October**, Emergency Departments (EDs) at New Cross and Walsall Manor Hospitals started to offer patients routine HIV, Hepatitis B and Hepatitis C blood tests.

The offer is made to anyone aged 18 and over who is already having bloods taken for another reason at the hospitals.

This automatic testing is part of a national NHS initiative to carry out testing in local areas where these infections have a high prevalence. Patients can choose to opt out if they do not wish to be tested.

Consultants have welcomed the initiative and say it will help earlier diagnosis and access to treatment, saving lives.

Face to face support for patients, staff and visitors to access vital services and explore new opportunities is now available at New Cross Hospital.

"The Beat" is a hub that was created in **November** at the hospital's Heart and Lung centre for people to find out more about a variety of services they can access as well as how to become more involved with The Royal Wolverhampton NHS Trust Charity and its Arts and Heritage Group.

As part of this, The City of Wolverhampton Council is running a new Customer Access Point where members of the council's Customer Services Team will be on hand every Tuesday, from 10am-2pm.

As The Beat becomes more established, the Trust will welcome more partners to highlight their support and services.



A leading Pharmacist was honoured with one of the highest national accolades in her field in **December** to recognise her distinguished career.

Angela Davis, Clinical Director of Pharmacy and Medicines Optimisation at RWT, is now a Fellow of the Royal Pharmaceutical Society (RPS) for Distinction in the Profession of Pharmacy.

Angela, leads more than 300 staff at the Trust, was one of 39 new Fellows in the RPS for 2024, and one of only 15 from a hospital setting.



In **January 2025** we celebrated Wolverhampton having one of the only hospitals in the country to perform less invasive heart bypass surgery.

Patients have now received Minimally Invasive Direct Coronary Artery Bypass (MIDCAB) in the Heart and Lung Centre at New Cross Hospital.

This procedure can be performed for a single heart artery vessel or as a hybrid for multiple heart artery narrowing.

This combines the best of treating heart artery blockages with coronary stents and coronary artery bypass graft surgery, but keeping the benefits of both, as well as minimal access surgery.

February saw us recognise a support programme designed to help patients feel less anxious and more prepared for hip and knee replacement surgery.

The team at RWT created twice weekly 'joint school' sessions for people awaiting hip and knee replacement surgery at Cannock Chase Hospital.

Up to 28 people per week, plus a friend or relative each, get the chance to meet the team face to face and find out what they can do to prepare for their operation and how they can contribute to their recovery. With the right support in place, many patients can even go home the same day.

We were proud to roll out the an important patient safety initiative in **March** – across adult inpatients areas at New Cross Hospital.

Martha's Rule Call for Concern, encourages people to raise concerns if they believe a loved one is deteriorating and their concerns have not been addressed when they've initially raised them with ward staff.

The initiative, developed following the death of teenager Martha Mills, was initially piloted at the hospital last November for step down patients who are discharged from the Integrated Critical Care Unit. The pilot was then extended to A12 (surgical) and C26 (medical) wards in January 2025.

The wider rollout excludes Maternity, Neonatal and the Emergency Department.



Statement of the purpose and activities of the organisation - who we are and who we serve

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. Its services cover the population of Wolverhampton, the wider Black Country, South Staffordshire, North Worcestershire and Shropshire. The Trust acts as a specialist centre for a number of different services including, but not limited to, cancer, stroke and heart and lung services. In addition to this, the Trust acts as a host for the Black Country Pathology Service (BCPS) – a single pathology service run by The Dudley Group NHS Foundation Trust, Sandwell and West Birmingham 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 Medical School. 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 10,000 staff. Services are provided from the following locations:

- New Cross Hospital - Secondary and tertiary services, Maternity, Accident & Emergency, Critical Care and Outpatients
- West Park Hospital - Rehabilitation, Inpatient and Day Care services, Therapy services, and Outpatients
- Community Services - More than 20 community sites providing services for children and adults, Walk-in Centres, and Therapy and Rehabilitation services
- Cannock Chase Hospital – an accredited Elective Hub that delivers orthopaedic activity and Community Diagnostic Centre (CDC) providing

a range of diagnostic tests including radiology, endoscopy and physiological sciences

- 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, resides in the heart of a diverse city with a registered population of around 264,000 people which is expected to grow to around 300,000 by 2043. Although the city of Wolverhampton is younger than the English average, it still has challenges from an ageing population with the '65+' age group expected to rise faster than younger groups. Recognising the close proximity to neighbouring areas, the wider population that we serve is closer to 450,000. This covers patients from across the Staffordshire ICB, other areas of the Black Country and Shropshire ICB.

Life expectancy, alongside how much time people spend living in good health, are key measures of a population's health status. We already know there is a large difference in life expectancy in our city, driven in part by deprivation. Healthy life expectancy in Wolverhampton for both men and women is worse than the national average. This means people in the city are likely to spend less years of their life in a state of 'good' general health in comparison to the rest of the country. This has significant implications for people's quality of life and demand on local health and social care services. We want to close this gap between different wards in the city, different populations in the city and between England and the city as a whole.

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.

Healthier Futures

Black Country and West Birmingham

Healthier Futures - Black Country Integrated Care System (ICS)

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 on 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.

Here at RWT we are proud to be part of the Black Country Integrated Care System (ICS) and are committed to working in collaboration and partnership with other health and care organisations to ensure the people we serve have improved life chances and health outcomes. This is in line with our strategic aims.

In the Black Country, in addition to our statutory organisations, our provider collaborative and our place-based partnerships, the two key elements of our ICS are the Black Country Integrated Care Partnership (ICP) and the Integrated Care Board (ICB):

1. 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.
2. The ICB is an NHS organisation responsible for planning health services for its 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.

Together we have four key aims:

1. Improving outcomes in population health and healthcare
2. Tackling inequalities in outcomes, experience and access
3. Enhancing productivity and value for money
4. Helping the NHS to support broader social and economic development

To find out more about the ICP and ICB, visit the ICS website



[About us :: Black Country ICS](#)

Our Vision and Values

In the autumn of 2022, the Trust launched its new, five-year strategy. This is a joint strategy with Walsall Healthcare NHS Trust which recognises the closer working taking place between the two organisations.

The development of the new strategy encompassed a new set of strategic objectives as well as a new vision.

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

A vision is more than a few words – it reflects our aspirations, helps to guide our planning, support our decision making, prioritise our resources and attract new colleagues.

Our Values:

Our values remain unchanged:

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

Our Strategic Objectives and the risks to achieving them

To support the achievement of our vision, we have developed a new set of Strategic Aims and Objectives

– practical goals we aim to achieve that will support us in the realisation of our vision.

Trust Strategic Aims and Objectives 2022/27

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 areas as those which need prioritising 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 achieving 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:

- The financial constraints within the system means that our ability to invest further to increase capacity and develop our services is limited
- Recruiting staff across specific areas of the Trust continues to pose a significant challenge at the same time as the financial constraints require us to reduce the cost of our workforce
- The number of patients awaiting planned treatment remains at around double the level that it did prior to the pandemic. Progress has been made in reducing the number of long waiters, however, a reduction in the overall size of the waiting list is needed to restore referral to treatment times
- Demand for urgent and emergency care continues to increase year on year giving rise to significant pressures on the flow of patients through our hospital
- Whilst we have a clear plan of how our services need to transform to meet our strategic objectives, the challenge remains in delivering these changes at the same time as managing the day-to-day operational pressures of the Trust

Key risks and issues – related to activity

Our waiting list for patients awaiting planned treatment has risen dramatically compared to pre-COVID-19 and remains at around double the level it did prior. 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.

Performance Analysis

Despite the continued increase in demand, our urgent and emergency care performance remains strong. Our performance against the 4-hour standard remains one of the best in the country.

We have also seen significant improvements in our cancer performance with an increase in the percentage of patients receiving treatment within 62 days. Our performance for the 28-day faster diagnosis standard remains above the national target.

The Trust no longer has anyone waiting for routine treatment over 78 weeks with this cohort being cleared earlier within the year and the cohort of patients waiting over 65 weeks has also largely been eradicated. Despite this, our waiting list remains high and our efforts into 2025/26 are focused on reducing this and beginning the journey towards recovery of the referral to treatment constitutional standard.

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 2024/25 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 2025.

One Wolverhampton

OneWolverhampton is a place-based partnership made up of health, social care, voluntary, and community organisations working together for better health and care. We work across organisations and with local communities to better understand their unique needs, using data and evidence to guide our actions and focus on changes that will make a real difference to people's lives.

Since the start of the partnership in 2021, significant improvements have been made in integrating health and social care services to enhance health and wellbeing outcomes and ensure fair and equal access to services for residents.

Our highlights for 2024/5:



Award Winning Joint Winter Plan The partnership scooped a prestigious Municipal Journal (MJ) Achievement Award in the health and social care category for its joint delivery of a winter plan. The project took a collaborative approach to funding, using it in innovative ways to test out new ways of working, such as having dedicated welfare rights and social workers within mental health settings and running bespoke training events with care homes.

As a result, there was a significant reduction in ambulance handover delays and hospital admissions and people were able to return home at the safest, earliest opportunity. The joint working was acknowledged by The King's Fund as an exemplar for resource sharing to drive improved outcomes and innovation.

Embracing Technology Enhanced Care

The partnership hosted its first Technology Enabled Care (TEC) Independent Living Week, uniting partners to celebrate the role of digital technology in enhancing health and promoting independent living in the city.

The week began with a half-day event for health and social care professionals to share best practices and discuss a more integrated approach to TEC. A marketplace featured TEC suppliers, showcasing the latest tools to help individuals manage their health and live independently.

Throughout the week, more than 120 attendees participated in webinars on topics like data protection, funding for digital records, and digital mental health support, culminating in a demonstration of advanced technologies supporting more than 300 adults with care needs.

Feedback collected during the week will inform how technology can be best utilised across Wolverhampton, improving care experiences, supporting staff, and enhancing overall quality of life.



Supporting independence through digital care technology

As part of efforts to integrate technology into adult social care pathways, including discharge to assess and reablement, the partnership delivered a 'test and learn' initiative featuring Ethel Care, a Digital Technology Enabled Care (TEC) solution.

Ethel Care provides an intuitive and user-friendly touchscreen device that enables:

- Enhanced communication - video calls with carers, family, and health professionals to reduce feelings of isolation and ensure ongoing support
- Remote health monitoring - easy tools to track vital indicators and share information on activity data with relevant care teams
- Interactive engagement - access to fun activities, reminders, and personalised prompts to encourage independence and daily routine management

The trial was free for participants and ran until March 2025. The work is helping the partnership understand how digital technology can transform care delivery while empowering individuals to take an active role in their care. It also supports our providers and staff to deliver more efficient and person-centred care.

The discharge to assess pathway is designed to help people transition safely from hospital to home, promoting recovery in a familiar environment. Ethel Care complements this by enabling ongoing monitoring and support remotely from carers, friends and family. Similarly, during reablement, the technology helps individuals regain independence by staying connected and supported.

The feedback we collect will shape the future of TEC services in Wolverhampton, ensuring our care offer reflects the real needs and aspirations of the people we support.

To see Ethel Care in action and the difference it is making in people's lives we have produced the following videos:

[Ethel Care Overview - https://www.youtube.com/watch?v=CHx49SDjb20](https://www.youtube.com/watch?v=CHx49SDjb20)

[Ethel Care in Reablement - https://youtu.be/z9PQS2LEAeA?si=SctZSFahpX3wxZAT](https://youtu.be/z9PQS2LEAeA?si=SctZSFahpX3wxZAT)

Welcome to Wolverhampton

Colleagues from across the partnership successfully organised the first 'Welcome to Wolverhampton' event aimed at improving the understanding of access routes to health and wellbeing support across the city.

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 on services including the NHS, understanding rights, pharmacy, GPs, vaccinations, cancer screening, diabetes, sexual health, domestic abuse, health visiting and maternity.



The Importance of the First 1,001 Days



To highlight the importance of the first 1,001 days of a child's development, OneWolverhampton and partners including the City of Wolverhampton Council and The Royal Wolverhampton NHS Trust, have developed a short video.

The video explains how the care given during the first 1,001 days, from when a baby is conceived until their second birthday, is a hugely important time for a baby's brain development. It also highlights what we can do as parents, caregivers, and a community to help our Wolverhampton babies thrive, recognising every moment is a chance to help build a child's brain.

Watch the video <https://youtu.be/iLcWQP2h0LE> and learn more at: <https://www.wolverhampton.gov.uk/health-and-social-care/children-social-care/start-life-offer>

Understanding the barriers to low uptake of bowel screening kits

An initiative was undertaken with Wolverhampton North Primary Care Network to investigate why bowel screening kit uptake remains low in the city. Recent data from the Wolverhampton Bowel Cancer Screening Programme revealed the highest number of non-responders are in the North, highlighting an opportunity to explore potential barriers preventing people from completing the kits. To gain insights, a survey was distributed, and more than 224 responses were received. A number of themes were identified including people find it hard to do the test on their own, they do not like the thought of doing the test or are embarrassed and some were scared of what the result may be and what might happen next.

As part of next steps, the bowel screening team will be collaborating with cancer navigators across the Primary Care Network (PCN) to tackle these barriers, while also addressing any myths or concerns raised by those hesitant to complete the home test. The team will also provide training for PCN staff and a number of pop-up engagement events to engage directly with patients.

Following an evaluation of the project, the aim is to expand this model across all Wolverhampton Primary Care Networks, ensuring wider access and support for everyone.



Bowel Cancer Screening Programme

Work placements giving hands on experience for local students

Students from the University of Wolverhampton have joined an exciting new workplace programme designed to provide hands-on experience and boost their career prospects in health and social care.

The initiative, developed by the partnership in collaboration with the university, offers level two health and social care students the chance to engage in a variety of activities and full-day placements at different partner organisations. The aim being to strengthen their professional development while expanding their skill sets in a work environment.

In addition to their placements, the students have the opportunity to attend a job application 'boot camp,' where they'll learn more about completing application forms, develop interview and presentation skills, and participate in mock interviews with professional feedback.

New toolkit will help give children healthy smiles

The City of Wolverhampton Council and the NHS teamed up to develop an online toolkit to help give every child the healthy smile they deserve.

The toolkit, available at www.wolverhampton.gov.uk/oralhealthtoolkit, was formally launched to mark World Oral Health Day, alongside a campaign which highlights simple ways parents can help keep children's teeth healthy.

Featuring key strategies and resources, it is aimed at a range of professionals working with children and young people in health and education settings and includes a section for councillors to help them promote good oral health in the city.

Since 2023 the council's Public Health Team, in partnership with The Royal Wolverhampton NHS Trust's Special Dental Care Team, have trained more than 100 early years professionals on key oral health improvement messages and distributed nearly 100,000 free tubes of toothpaste to children and vulnerable individuals through places such as food banks and community shops.

Some 15 early years settings like nurseries across the city have also adopted the supervised toothbrushing programme, Brilliant Brushers, ensuring that children brush their teeth in the setting once a day. Oral health workshops are also being run for families at Family Hub locations as part of the Henry good parenting programme.

Next steps:

As a partnership we are continuing to build on our achievements so far, as well as looking ahead to delivering our four high level board priorities over the next 12 months and beyond.

These have been developed to ensure alignment with, and address, key national objectives as outlined in the table below:

One Wolverhampton Priority	NHSE key shift	NHSE 2025-26 Priority
Integrated Neighbourhood Care Teams (INTs)	From hospital to community	Development of Neighbourhood Health Service models
Prevention	From treatment to prevention and from hospital to community	Addressing inequalities and shift towards secondary prevention
Community Activation	From treatment to prevention	Addressing inequalities and shift towards secondary prevention
Technology Enabled Care (TEC)	From analogue to digital	Making full use of digital tools

Integrated Neighbourhood Teams (INTs): The aim is to bring together different organisations from across health and social care to deliver more joined up care at a neighbourhood level. This will simplify and streamline services making sure residents get

the right care, at the right time, in the right place. It will also support reducing the use of acute and emergency services by focusing on population health and risk assessment approach, for those who need the most support, prevention of illness and promotion



of healthier lifestyles. The initial focus will be to define Wolverhampton's neighbourhoods and develop a clear understanding of the roles and responsibilities needed to ensure the right professionals are in place to deliver care closer to home.

Several workshops have already taken place with key stakeholders to ensure that any plans are fit for purpose for both service users and those delivering the service. The next step is to define the roles of Primary Care Networks (PCNs) within the INT model and ensure INTs align with the Integrated Care Board Primary Care Transformation Strategy and it can facilitate delivering care in a neighbourhood model. There's also consideration of linking INT areas to the Family Hubs model. Partner organisations are exploring service delivery options based on this approach.

Prevention: A partnership approach to prevention is currently being developed, focusing on the national shift towards prevention and early diagnosis. Recognising the wide range of approaches needed to support such an ambitious agenda several workstreams are being developed to support delivery including a focus on wider determinants such as supporting people back into employment. The suggested approach also includes a focus on a number Public Health indicators on a 'test and learn' basis, while also maintaining oversight of the broader range of preventative activities being undertaken within Wolverhampton Place.

Community Activation: A health champions model is being developed, based on the recruitment of peer support workers to work with local champions.

Initially, this programme will focus on diabetes, given its prevalence within the city.

Digital: As Technology-Enabled Care (TEC) has developed at pace, it is recognised that a more joined up approach is needed across the city to ensure a more streamlined approach for service users and to make better use of collective resources. The digital agenda will focus on TEC and delivery of a number of key objectives:

- Supporting adults with independent living
- Targeting individuals with a risk of escalating needs
- Supporting individuals recently discharged from hospital with a risk of readmission
- Building on existing partnership infrastructure, governance, and learning
- Ensuring sustainability
- Developing an organisational culture that supports TEC

A series of recommendations have now been made in the form of a draft business case with a focus on prevention and early support. The next steps will build on the learning from the two ongoing pilots, hosted by West Midlands 5G and WMCA.

For more information and updates on OneWolverhampton visit our website www.onewolverhampton.org.uk

CRN West Midlands / West Midlands RRDN - Highlights 2024/25

Regional Research Delivery Network

In October 2024, the Clinical Research Network West Midlands became the West Midlands Regional Research Delivery Network (WM RRDN). It is funded by the Department of Health and Social Care (DHSC)



to enable the health and care system to attract, optimise and deliver research across England, and is hosted by The Royal Wolverhampton NHS Trust.

Part of the National Institute for Health and Care Research (NIHR), the RDN consists of 12 Regional Research Delivery Networks (RRDNs) and a Co-ordinating Centre (RDNCC), working together as one organisation with joint leadership, contributing to NIHR's mission to improve the health and wealth of the nation through research.

The Network's mission is to enable the health and care system to attract, optimise and deliver research across England.

It has two primary purposes:

- to support the successful delivery of high quality research, as an active partner in the research system
- to increase capacity and capability of the research delivery infrastructure for the future

This will:

- enable more people to access health and social care research where they live

- Support changing population needs by delivering a wider range of research and deliver research in areas of most need
- Provide support to the health and care system through research
- Encourage research to become a routine part of care
- Support economic growth by attracting investment to the UK economy

A large part of 2024/25 was devoted to ensuring the work needed to transition to the new arrangements was carried out in a timely fashion across all teams and in consultation with stakeholders and staff.

Research activity

In 2024/25 the WM RRDN recruited 75,411 participants to 888 research studies. This is just 0.2% less in overall recruitment, although to 9% fewer individual studies.

The Participant Research Experience Survey, which seeks feedback from those taking part in research studies, exceeded its target number of responses (1,533) for the year with 2,322 surveys returned. This total also exceeded the stretch target of 2,000 and was the highest ever number of surveys completed."

Find out what trials are available to take part in at www.bepartofresearch.nihr.ac.uk.

2024 Health & Care Research Scholar Programme

The focus for successful applicants was to lead projects which supported the then CRN West Midlands' priority areas; projects which were likely to enhance NIHR Portfolio recruitment and their level of previous engagement with the NIHR and CRN West Midlands.

Ten scholars were appointed in April 2024 and two of our Delivery Organisations were able to co-fund their Scholars. We also appointed three people to the Personal Development Award programme aimed at Nurses, Midwives and Allied Health Professionals, funded one day a week over two years. The programme is now on hold for 2025 appointments due to the transition to the RDN.

Integrated Care Research Delivery Team

This team of Research Facilitators has established a Research Network of 95 primary and secondary schools across the West Midlands, plus a 69-strong network of dental practices.

It also supported the HENRY study (Heath, Exercise, Nutrition for the Really Young), recruiting 109 participants and exceeding the target. This evaluation of a sustainable obesity prevention programme will be integrated into Local Authority community centres.

In addition, the team has supported three Local Authority research studies, 13 Schools studies, 28 Care Home studies, and 10 Dental Practice studies.

The team has also presented a number of webinars to promote its work and developed a number of resources to support engagement with schools and care homes.

Communications/Patient and Public Involvement and Engagement

Highlights include:

- Public and Partner engagement events - we attended Walsall Pride, Birmingham Pride, the Shrewsbury Flower Show and the Kington Show with a research information stand. These events combined have more than 100,000 visitors. The Network also had a presence at a number of Delivery Organisations' Research Showcase events with the aim of raising awareness of the benefits of taking part in research
- Social media campaigns included 12 staff stories from around the region for International Day of the Midwife, three patient stories highlighting respiratory syncytial virus research, and a researcher story for the national campaign celebrating the 10th anniversary of Join Dementia Research. These were all published on the https://rdn.nihr.ac.uk/stories?f%5B%5D=internal_taxonomy_term_name%3AWest+Midlands
- Content was migrated from the CRN website to the new RDN site (see above), and the new RDN intranet was also populated

Learning and Workforce Development

Due to the management of change across the Network in 2024, the focus for the workforce team from April to October was to support the management team with workforce data informing the change process. From October onwards there was a new team in place with a change in function, which has resulted in a renewed focus on learning and development with both a learning facilitator and clinical educator in post to support workforce development across the RRDN. During this time, initiatives have continued to focus on building capacity and capability for research through the ongoing delivery of Good Clinical Practice, Informed Consent, and Principal Investigator Essentials courses, and a full review and refresh of our online training platform, NIHR Learn. More recently, work has begun to undertake a skills analysis to inform a strategy for ongoing development for our Network clinical teams.

The CRN West Midlands hosted four highly successful face-to-face events between April and October 2024, alongside eight online webinars covering various health and care specialties, including dental and wider care settings.

All events received an outstanding response, with over 99% positive feedback from approximately 300 face to face and 200 online attendees.

Strategic support and expertise have been given to the development of a national induction programme as well as shaping behaviours and culture for the new RDN.

Employee Engagement Committee (EEC)

The second cohort was introduced in January 2024 and currently operates with 13 members.

It continues to provide insight, feedback, ideas, solutions, and improvements to engagement activities to the West Midlands Regional Research Delivery Network (WM RRDN) Management Group. The members represented their own, and colleagues' perspectives on staff engagement initiatives, processes and guidelines, communications and the staff management of change.

They continue to help shape the culture through representation, collaboration and the development of innovative and diverse perspectives on the organisation's activities, ways of working and

objectives. The committee has greatly contributed to building and supporting transitional resilience during a very challenging 12 month period.

Primary Care

To ensure that research is reaching our population, engagement with the Primary Care setting remains important. The WM RRDN is contributing to a high number of practices (240 out of 750) as part of the RDN engagement. The core team continues to provide study support, business intelligence, engagement, and delivery functions that support the RRDN primary care practices.

A pilot scheme with three Primary Care Networks (PCNs) in areas of deprivation to ensure we reach underserved communities was launched last financial year. During 2024/25 the three PCNs schemes continue to work well and the number of practices, and therefore participants in underserved/deprived areas having access to and being offered research opportunities, continues to increase, with practices that were previously not active at all running at least one, if not two or three studies. The PCNs are also working with study teams to identify very hard to reach participants and how to work at scale in these areas.

Research Delivery GPs

This Primary Care pilot scheme set up to respond to the challenge of increasing capacity and capability in the wider primary care research setting, at a time when there are negatively spiralling service pressures, continued in 2024/25. The Research Delivery GPs have continued to make an impact, supporting practices to run research studies when clinical time is not available, reviewing commercial studies and offering clinical advice to our study teams.

Hosted Service

The team delivered two important ongoing secondments on a national basis, 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 and Follow-up service designed to explain and promote data services to sponsors and researchers that support research delivery. In the West Midlands we also provide the national co-ordination of ENabling

Research In Care Homes (ENRICH) through one of our Delivery Managers, who is National ENRICH Co-ordinator and National Settings Lead for Residential Settings, who has now also been appointed as National Settings Lead for Residential Care.

Progression Plan (learning from COVID-19 and addressing strategic issues)

With the introduction of the West Midlands Regional Research Delivery Network, the Progression Plan Programme Board agreed the time was right to close down the Progression Plan and to stand down the associated Programme Board.

The very small number of ongoing projects, where possible, have been taken forward by the responsible project facilitators, which are led not only by the Network but by peers and colleagues across the regional research system.

For those projects that are completed, close down reports to capture successes and lessons learned are to be collated to inform future learning and improvement. These learnings will be used to inform national and local strategy within the RDN.

In total, the Progression Plan facilitated the completion of 17 projects, all designed to support the West Midlands to become the best possible place to live, work and receive health and social care, where research and innovation thrive. The plan initially saw the coming together of region-wide partners in the midst of the COVID-19 pandemic to support this piece of work.

Industry

The Industry Team has maintained a strong focus on sponsor engagement, actively encouraging placement of commercial studies within clinical areas of regional health inequalities including weight management, dementia, respiratory diseases and cardiovascular health. To foster greater collaboration, the team has been able to bridge the gap between Industry and delivery organisations via engagement meetings, attendance at Trust Research and Development events and local specialty-based meetings. The strategic partnership with Roche has enabled our region to take a more inclusive approach to recruitment planning and delivery with live studies taking

place within the region in areas such as Oncology, Ophthalmology and Inflammatory Bowel Disease.

The team has adeptly navigated the transition from CRN to RDN which has enabled greater involvement in driving changes in the NIHR Industry Service offering, to improve our global positioning on clinical trials delivery. This has included participation in the DHSC Industry Engagement Review, developing and delivering an induction plan for Life Sciences Key Account Managers across the country, and acting as national Key Accounts for our key Life Sciences companies which have the potential to bring a high volume and breadth of studies to the UK.

The team has been instrumental in the implementation of technical and digital advances in commercial study placement and delivery including National Contract Value Review and a new Feasibility Tool.

Study Support Service (SSS)

The Study Support Service team has made good progress in 2024/25 during the transition from the CRN to the RDN. It has continued to provide a valued service to study teams, evident from the high scoring reviews (23 responses received from April 2024 to February 2025 with 19 responses scoring 10/10 and the remainder scoring above eight).

The team supported more than 100 study teams with their research grant applications and delivered the new Study Delivery and Performance Service to study teams, as well as developing national case studies to highlight the impact and benefit of engaging with the Study Support Service.

The team has embedded new ways of working while contributing to the development of national guidance through a project called Springboard, which was a pilot of how we change to a nationally consistent approach. For example, this has transferred tasks to the organisations responsible for these rather than the RDN supporting these in variable ways across the country, as set out in the new Terms and Conditions (Ts & Cs) for sponsors. The team continues to deliver external training to study teams and research delivery organisations identifying the various costs involved in research, which has been well attended with excellent feedback.

The Study Support Service team has also contributed to national Standard Operating Procedures, influenced the national RDN Terms and Conditions (Ts & Cs) and Sponsor Engagement Tool processes, whilst engaging with our sponsors to provide support and guidance to ensure the Ts & Cs are met.

Wellbeing

Due to the transition from the CRN to the RRDN the wellbeing team displayed agility in adapting to the needs of the workforce, offering drop-in sessions facilitated by Mental Health First Aiders to support colleagues' mixed emotions about the changes. They were pivotal in supporting the design and implementation of support sessions with a Clinical Psychologist to prepare colleagues to navigate the uncertainty.

The programme for the health and wellness of staff continues to be delivered in collaboration with a number of partners, developing a particularly strong link with RWT Occupational Wellbeing Team, Organisational Development Team, employee voice groups and colleagues from across the RDN.

<http://www.rdn.nihr.ac.uk/>



Black Country Pathology Services

Black Country Pathology Services (BCPS) was formed as a partnership of four Trusts to maximise resources and improve service efficiency. These Trusts are: The Dudley Group NHS Foundation Trust, (DGFT), The Royal Wolverhampton NHS Trust, (RWT), Sandwell and West Birmingham Hospitals 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 in excess of 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 the benefit of patients and a supportive and innovative environment for staff.

This network of Trusts also means that there are unique and 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.

Black Country Provider Collaborative

The Black Country acute providers (Dudley Group NHS FT, Sandwell and West Birmingham Hospitals NHS Trust, The Royal Wolverhampton NHS Trust, and Walsall Healthcare NHS Trust) have formed the Black Country Provider Collaborative (BCPC).

The collaborative works together in formal agreement for the benefit of all. The Boards jointly agreed a shared workplan and priorities with the associated delegations. The governance and oversight remain the direct responsibility of each Board. The Boards receive regular reports to ensure effective monitoring and accountability.

Over the course of 2024/25 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 and progressing opportunities for consolidation and delivery at scale resulting in better service productivity and efficiency
- **System & Transformation Priorities** – a focus on identifying and progressing priorities at scale which would support and enable better service delivery and / or transformation

We have continued to identify and 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 has been outlined in the 18-month BCPC Annual Report due to be published in summer. Some of our notable successes this year are as follows:

- **Quality** – improvements made across critical care, orthopaedics, and skin networks by establishing consistent guideline for use across the system, in addition to improving access to care through 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 including the creation of elective hubs, ENT, general surgery, ophthalmology, and urology with plans being developed for progression very shortly.

- **Strategic Developments** – As part of our collaborative efforts across the Black Country, we are actively exploring opportunities to repatriate services, enabling patients to receive care closer to home and eliminating the need for out-of-area travel. This initiative aims to enhance accessibility, improve patient experience, and optimise resource utilisation within our regional healthcare network
- **Engagement** – continued active engagement with our clinical and service leadership teams through Clinical Summits and dedicated away days for our Clinical Networks

Our collaborative success stems from a strong focus on inclusion, engagement, and empowerment through partnerships. By building trust and relationships, we're transforming the long-standing culture of competition in our evolving healthcare environment.

The BCPC continues to grow and mature. This partnership enables us to pursue strategic priorities at scale, use system-wide resources more effectively, and make faster decisions—leading to quicker benefits realisation. We look forward to showcasing more positive impacts from our collaborative work in the coming months.

Key risks and issues - related to activity

A2 - Performance Analysis

Performance against the National Operational Standards

Indicator	Target (2024/25)	Performance		
		2024/25	2023/24	2022/23
Cancer two week wait from referral to first seen date	93%	90.12%	81.39%	80.91%
Cancer two week wait for breast symptomatic patients	93%	79.51%	84.21%	84.29%
Cancer 31 day wait for first treatment	96%			75.83%
Cancer 31 day wait for second or subsequent treatment - Surgery	94%			54.67%
Cancer 31 day wait for second or subsequent treatment - Anti cancer drug	98%			82.36%
Cancer 31 day wait for second or subsequent treatment - Radiotherapy	94%			82.32%
Cancer 31 day Combined	96%	89.43%	84.40%	
Cancer 62 day wait for first treatment	85%			38.22%
Cancer 62 day wait for treatment from Consultant screening service	90%			37.17%
Cancer 62 day wait- Consultant upgrade (local target)	88%			54.96%
Cancer 62 day Combined	70%	60.58%	42.58%	
28 Day FDS (all routes)	77%	78.68%	74.37%	69.16%
Emergency Department - total time in ED	78%	80.86%	77.43%	76.51%
Referral to treatment - incomplete pathways	92%	52.62%	55.13%	59.85%
Cancelled operations on the day of surgery as a % of electives	<0.8%	0.56%	0.27%	0.29%
Mixed sex accommodation breaches	0	0	0	0
Diagnostic tests longer than 6 weeks	<5%	5.24%	40.55%	45.93%

Performance against other National and Local Quality Requirements

		Performance		
Indicator	Target (2024/25)	2024/25	2023/24	2022/23
Clostridium Difficile	58	126	80	72
MRSA	0	4	3	2
Duty of Candour	0	6	0	0
Ambulance handover <15 minutes	>65%	44.67%	52.63%	40.05%
Ambulance handover <30 minutes	>95%	74.46%	82.91%	75.71%
Ambulance handover >60 minutes	0%	13.61%	7.57%	10.82%
ED waits >12 hours	<2%	10.86%	8.52%	7.82%
Referral to treatment - no one waiting longer than 52 weeks	0	2,090	2,570	3,653
Referral to treatment - no one waiting longer than 65 weeks	0	2		
Referral to treatment - no one waiting longer than 78 weeks	0	0	0	85



Sustainability/greener NHS programme

Commitment to Climate Change and Sustainability

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 becoming the world's first 'net zero' National Health Service by setting two targets. For emissions it directly controls (the NHS Carbon Footprint), net zero will be reached by 2040, with an ambition to achieve an 80% reduction between 2028 and 2032. For emissions it can influence (the NHS Carbon Footprint Plus), net zero will be reached by 2045, with an ambition for an 80% reduction between 2036 and 2039.

The October 2020 Delivering a Net Zero National Health Service report sets out a clear plan with milestones to achieve these targets, covering both direct care delivery and the entire scope of NHS emissions. It includes an expectation that all NHS organisations will appoint a Board-level lead responsible for net zero and the broader green NHS agenda.

The Trust recognises sustainable development is essential to deliver safe, effective, kind, and caring healthcare for future generations. In line with updated national methodology, the Trust's carbon footprint has been refreshed using data provided by Greener NHS. Based on the latest national estimate for 2019/20, the Trust's total carbon footprint (NHS Carbon Footprint Plus) was calculated at 128,674 tCO₂e, comprising both direct and indirect emissions. Direct emissions (NHS Carbon Footprint) accounted for 24,717 tCO₂e, primarily arising from building energy (18,990 tCO₂e), anaesthetic gases (1,988 tCO₂e), business travel and fleet (2,679 tCO₂e), waste (598 tCO₂e), and water (326 tCO₂e). Indirect emissions included medicines, medical equipment, and other supply chain activities (90,137 tCO₂e); personal travel (staff commuting, patient travel, and visitor travel combined, totalling 13,535 tCO₂e); and commissioned health services outside the NHS (284 tCO₂e).

The Trust Board approved its Green Plan in March 2021, reaffirming its commitment to sustainability. The Green Plan sets out the Trust's sustainable vision, interim targets, and actions required to deliver a transition towards net zero, aligned with the NHS Long Term Plan and national Greener NHS ambitions.

Progress: RWT Green Plan Implementation (1 April 2024 to 31 March 2025).







Progress has been achieved across multiple domains of the Green Plan implementation during the reporting period (See Figure 1).

In terms of anaesthetic gases, the Anaesthetic Department eliminated Desflurane usage entirely by March 2025, delivering a carbon emissions reduction of 242 tCO₂e compared to the 2019/20 baseline. Overall emissions from volatile anaesthetic gases decreased from 385 tCO₂e in 2019/20 to 148 tCO₂e in 2024/25, representing a 62% reduction. Nitrous oxide usage increased from 1,299,600 litres to 1,500,400 litres, leading to a 16% rise in associated emissions from 636 tCO₂e to 735 tCO₂e. Entonox consumption decreased from 4,005,300 litres to 2,938,048 litres, contributing to a 27% reduction in emissions, from 994 tCO₂e to 730 tCO₂e.






Figure 1: Green Plan Implementation Actions Delivered

	The Anaesthetic department reduced the use of Desflurane from 64 litres in March 2019 to 0.0% in March 2025 . A reduction of 242tCO ₂ e from 2019/20 baseline. Recurrent cost avoidance of £5,000+/annum . Emissions from all volatile anaesthetic gases used by the Trust have reduced from 385tCO₂e in 2019/20 to 148tCO₂e in 2024/25. A 62% reduction from 2019/20 baseline.		Nitrous oxide usage has increased from 1,299,600 litres in 2019/20 baseline year to 1,500,400 litres in 2024/25. Carbon emissions increased from 636tCO₂e in 2019/20 baseline year to 735tCO₂e in 2024/25 . A 16% increase from baseline .
	Energy usage from all sources has reduced from 82,381 MWh in 2019/20 baseline year to 78,901 MWh in 2024/25 despite the 12% increase in the size of the Trust estate. We saved 3,480MWh of energy from baseline with an equivalent carbon emission reduction of 1,559 tCO₂e .		Nitrous Oxide and Gas usage decreased from 4,005,300 litres in 2019/20 baseline year to 2,938,048 litres in 2024/25. Carbon emissions from Entonox have reduced from 994tCO₂e in 2019/20 to 730tCO₂e in 2024/25 . A 27% reduction of carbon emissions from 2019/20 baseline .
	216,396 outpatient appointments were conducted virtually saving 493 tCO₂e . 2,955,279 patient travel miles saved. Equivalent to 120 roundtrips around the world . A total of 8,932 patient appointments and journeys avoided due to implementation of Patient Initiated Follow Up (PIFU) scheme saving 121,983 patient travel miles and 20.4 tCO₂e .		1,040tCO₂e saved by Digital Technology Services and Health Records Division through system integration, server decommissioning, Trust eForms, Pathology digital IT solution, IT hardware recycling and repurposing, digitalisation of health records and deployment of electronic forms.
	228 staff took up free travel benefit from Transport for West Midlands (TfWM) NHS Staff Travel Support Scheme switching from car to public transport which saved 6.23tCO₂e . Those who used the Trust Discounted Travel Card Scheme saved 115tCO₂e . A total of 168 patients used free bus tickets from the TfWM Patient Travel Support Scheme.		RWT PCN reduced the average carbon emissions of SABA inhalers from 23.23kgCO₂e in 2019/20 to 16.78kgCO₂e in 2024/25. Average carbon emissions of non-SABA inhalers have reduced from 10.11kgCO₂e in 2019/20 to 9.63kgCO₂e in 2024/25.
	1,279 tonnes of domestic waste from all Trust sites were diverted from landfills achieving Zero landfill disposal. The average domestic recycling rate is 36%.		2,020 Walking Aids including Orthoses have been reused and recycled under the Walking Aids Reuse and Recycling Scheme.
	2.7tCO₂e saved through the Furniture and Equipment Reuse Scheme. Saving £5,963 .		Orthoptic Services delivered 18tCO₂e by implementing virtual clinic, switching to digital systems, reducing printing, waste segregation and recycling.

	12.3 tCO₂e savings realised by the Catheter Department switching to remanufactured catheters. £30,000 saving realised.		0.91 tCO₂e saving from confidential and paper recycling and £20,000+ cost avoidance realised.
	438 staff availed of 468 ZEV and ULEV emissions vehicles. Delivering tax/NI savings £533,507 and 343tCO₂e .		44 staff used the Trust Cycle to Work Scheme saving 10tCO₂e .
	246tCO₂e was saved by switching plastic Pharmacy bags to paper bags. 42tCO₂e saved and £274,480 CIP realised through return and reuse of medicines. 4tCO₂e saved and £8,410 CIP realised by switching from Ethyl Chloride to Cool Stick. £422,187 cost savings from reduced readmission through optimised DMS.		
	Clinical sustainability initiatives saved 32.3tCO₂e and recurrent cost improvement of more than £5,000 annually .		

Green Plan Implementation – Other initiatives

	Solar farm – the solar farm started generating electricity in July 2024 which contributed to an increase of the Trust onsite renewable energy generation from 86MWh in 2022/23 to 3,210MWh in 2024/25. This allowed the Trust to save 883tCO₂e of carbon emissions.
	Public Sector Decarbonisation Schemes – anticipated to deliver savings of 6,100kgs of CO₂e annually for schemes currently in implementation .
	Greening clinical services – includes inhaler recycling scheme, rationalisation of gloves use, reduction of nitrous oxide use and making surgical packs lean .

Waste management also demonstrated positive outcomes. A total of 1,279 tonnes of domestic waste was diverted from landfill across all Trust sites, achieving zero landfill disposal and maintaining a 36% average recycling rate. Reuse schemes, including the Walking Aids Recycling Programme and the Furniture and Equipment Reuse Scheme, contributed additional carbon savings and resource efficiencies.

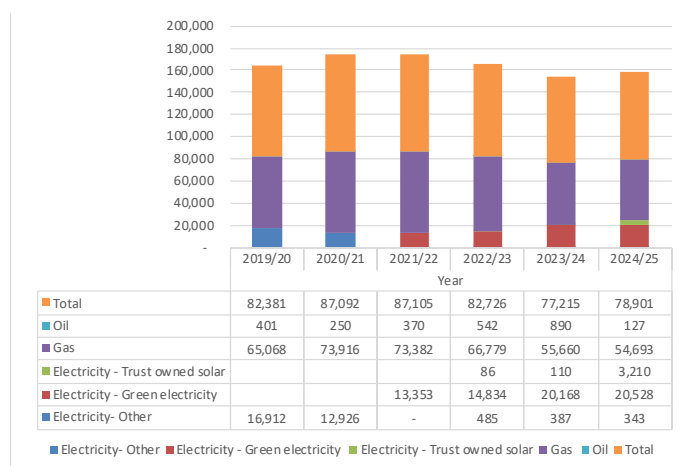
Digital transformation initiatives delivered a saving of 1,040 tCO₂e through system integration, server decommissioning, deployment of electronic forms, and digitisation of health records. Meanwhile, virtual outpatient appointments (216,396 appointments) and the Patient Initiated Follow Up (PIFU) model saved approximately 493 tCO₂e by eliminating an estimated 2.95 million patient travel miles.

Procurement-related initiatives also contributed significantly to emission reductions. Switching from plastic to paper Pharmacy bags saved 246 tCO₂e, while optimising medicines returns and reuse programmes delivered further savings, alongside financial efficiencies.

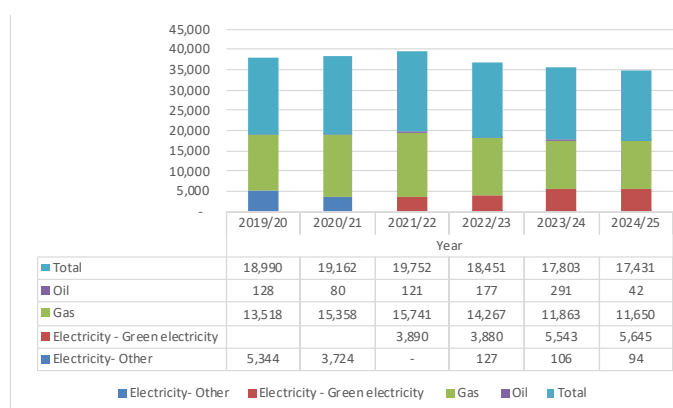
Substantial progress was made in energy and carbon management. Despite a 12% expansion in the size of the Trust's estate, total energy consumption reduced from 82,381 MWh in 2019/20 to 78,901 MWh in 2024/25, achieving an energy saving of 3,480 MWh and avoiding 1,559 tCO₂e. This success reflects a broader transformational shift towards cleaner energy sources. "Electricity – Other" consumption reduced significantly from 16,912 MWh to just 343 MWh, while green electricity purchasing increased from zero to 20,528 MWh by 2024/25. Trust-owned solar generation also expanded from 86 MWh in 2022/23 to 3,210 MWh in 2024/25, enabled by the commissioning of the Trust's new solar farm in July 2024, contributing an additional saving of 883 tCO₂e.

Gas consumption, which peaked at 73,916 MWh in 2020/21, declined steadily to 54,693 MWh in 2024/25. Oil usage, while initially increasing, dropped from 890 MWh in 2023/24 to 127 MWh in 2024/25. These reductions in fossil fuel use underline the Trust's ongoing decarbonisation efforts and its commitment to achieving a low-carbon, resilient energy profile.

RWT Annual Energy Consumption (MWh)



Annual Energy Carbon Emissions (tCO2e)



Green Plan Refresh

In line with NHS England guidance, the Trust is refreshing its Green Plan to ensure alignment with updated national targets and priorities. The refreshed Green Plan will set SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) actions and associated KPIs across all focus areas, underpinned by robust governance and monitoring arrangements. Engagement with key stakeholders, including clinical and operational staff groups, will inform the refresh.

Key areas of focus for the refreshed Green Plan will include workforce and leadership development, promoting core and specialist sustainability training for staff across the organisation. Net zero clinical transformation will be prioritised by appointing a clinical lead and targeting key areas such as critical and perioperative care, mental health services, urgent and emergency care, diagnostic services, and medical pathways. Digital transformation efforts will embed sustainability within digital service design, IT hardware lifecycle management, and hosting practices. Medicines management actions

will include progressing the updated Nitrous Oxide Waste Mitigation Toolkit and promoting high-quality, lower-carbon respiratory care. In terms of travel and transport, a sustainable travel plan will be developed, promoting active travel, public transport, and zero-emission vehicles, alongside zero-emission vehicle options in staff benefits schemes.

Estates and facilities work will focus on developing a Heat Decarbonisation Plan and expanding renewable energy generation onsite. In addition, the Trust will update its Estates Strategy to ensure that the estate fully supports the delivery of the Trust's clinical strategy while enabling the transition to a net zero and climate-resilient estate. As part of this, the Trust will prioritise investment in high-risk critical infrastructure to reduce backlog liabilities and ensure that capital investment decisions contribute to both operational resilience and the net zero transition. Food and nutrition initiatives will measure food waste and encourage seasonal, healthier, lower-carbon menus within catering services.

The refreshed Green Plan will be presented to the Trust Board for approval and will be published by 31 July 2025.





Task Force on Climate-Related Financial Disclosures (TCFD) Compliance Disclosure

The Trust acknowledges the significant impact of climate change on public health, healthcare resilience, and service delivery sustainability. In alignment with NHS England's guidance and the TCFD framework, the Trust's reporting on governance, risk management, and metrics and targets has been strengthened in compliance with the Department of Health and Social Care Group Accounting Manual (GAM) 2024/25.

In terms of governance, leadership is provided by the Trust Group Strategy Officer, supported by the Sustainability Group, the Head of Sustainability, and the Clinical Lead for Sustainability. Oversight is maintained through regular reporting to the Productivity and Finance Committee, the Trust Management Committee, and the Trust Board. Climate-related risks and opportunities have been incorporated into monthly governance meetings.

Regarding risk management, a climate risks and impact assessment has been completed, informing the development of the Climate Change Mitigation and Adaptation Plan. Sustainability impact assessments are now embedded into business case processes, and the risk categorisation matrix is being updated to formally incorporate climate-related risks.

The Trust's Green Plan set an interim target to achieve a 25% reduction in carbon emissions from the 2019/20 baseline by April 2025. Full-year validation of 2024/25 emissions data will determine progress against this target, which will be reported in the next annual cycle. In accordance with the Department of Health and Social Care Group Accounting Manual (GAM) 2024/25, Chapter 3, Annex 5 on TCFD recommended disclosures, NHS bodies are not required to develop or disclose Scope 1, Scope 2, or Scope 3 emissions estimates independently. Emissions estimates for the NHS in England will be provided centrally by NHS England.

Patience experience and engagement

Formal complaints, Informal complaints (PALS concerns) and compliments

There were 563 complaints compared to 460 for year 2023/24. This represents an increase of 22%. The Directorates where the greatest volume of complaints have been received when compared to the previous year are Older Adult Medicine (74% increase) and General Surgery (71% increase).

Safeguarding concerns which 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 59 in 2023/24 to 79 in 2024/25. These numbers are included in the overall figures of 563 for the financial year.

During the year 2024/25, from 471 cases which were closed, the Trust determined that 32% of cases were not upheld, (an increase of 15%), 47% were partially upheld (an increase of 5%), and 18% (an increase of 6%) were upheld. As with the previous year, the Trust's performance measured for complaint outcomes for cases upheld was significantly lower than the national average of 26.4% (as recorded by NHS Digital for 2023/24).

The Patient Experience Team continues to adopt a proactive early intervention approach working with complainants to achieve local resolution on concerns. These cases are resolved negating the need to escalate to operational teams, whether this be for formal or informal complaints.

For this financial year, 1920 cases were assessed and resolved. This is notable increase from 770 in the previous year. The main theme of these cases remains consistent and relates to communication and information. Not all cases are able to be considered for early resolution and are considered on an individual case basis. Several factors contribute to this decision including co-operation of the complainant and complexity of complaint or concern raised.

- There is little variation between the key themes of complaints year on year. Clinical treatment, patient discharge, general care of patient, attitude and communication, feature highly for formal complaints with the last three featuring in informal complaints along with delay and cancellation.

Parliamentary Health Service Ombudsman (PHSO)

For this financial year a summary of PHSO activity is as follows:

- Five cases assessed with no escalation to formal investigation. One of which resulted in an apology and £100 financial remedy
- Three cases accepted for mediation. One of which has been concluded with no requirement for escalation

- Five cases subjected to full investigation. One outcome available, case partially upheld

2024/25 Priorities achieved for Complaint Management:

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 informal complaints (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. More cases have been considered for mediation thus reducing need for complex and lengthy investigation.

We have supported 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 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



Looking forward:

Strategic Priority: Embedding the PHSO Complaint Standards and Learning from Excellence

Action 1: Ensure the PHSO Complaints Standards are fully embedded across all services, shifting from a reactive approach to one that prioritises learning from complaints, compliments, and excellence in care. Strengthen feedback loops to demonstrate transparency, accountability, and continuous improvement.

Action 2: Introduce improved performance indicators for complaint handling including the number of re-opened complaints, and the number of complaints referred to the Parliamentary Health Service Ombudsman (PHSO).

Action 3: Consider and implement recommendations from the Healthwatch report published January 2025 'A Pain to Complain' - <https://www.healthwatch.co.uk/report/2025-01-27/pain-complain-why-its-time-fix-nhs-complaints-process>. This involves three distinct categories:

- Make the complaints process easier for patients and their families to navigate
- Monitor and improve the performance of organisations that handle complaints
- Develop a culture of listening and learning from complaints

Measurable Outcomes:

- Percentage of complaints resolved within the PHSO response timeframe
- Evidence of service improvements resulting from complaint themes including triangulation against other patient experience metrics
- Increase in the number of shared learning cases from both complaints and compliments
- Percentage of staff trained in complaints handling and learning from excellence
- Improved patient and staff confidence in the complaints process (measured via surveys after complaint cases are closed and periodic feedback surveys)
- Percentage of complaint responses that explicitly outline changes made because of patient feedback
- Higher percentage of wider data collection on complaints, such as gender, ethnicity and disability etc in line with protected characteristics groups as defined under equalities legislation



Friends and Family Test (FFT)

The Friends and Family Test (FFT) is a mandatory patient feedback tool in the NHS in England. It was introduced in 2013 to help providers understand patients' experiences and drive improvement. Here's a summary of the mandated requirements as of the most recent NHS England guidance (April 2020 onwards).

The FFT must be offered in all NHS-funded services, including:

- Acute inpatient and day case services
- Accident and Emergency (A&E)
- Maternity (antenatal, birth, postnatal)
- Community services
- GP practices
- Outpatients
- Mental Health services

	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
A&E	71%	72%	72%	70%	78%	75%	75%	68%	66%	72%	69%	70%
Community	90%	91%	92%	93%	94%	92%	91%	90%	93%	95%	93%	92%
Inpatients and Daycases Combined	93%	94%	94%	94%	94%	95%	94%	94%	91%	92%	94%	81%
Maternity Antenatal	76%	69%	74%	90%	82%	62%	80%	62%	70%	63%	82%	82%
Maternity Births	95%	93%	91%	98%	85%	98%	92%	90%	96%	88%	95%	95%
Maternity Postnatal Ward	67%	88%	82%	89%	76%	85%	86%	85%	78%	93%	94%	88%
Maternity Postnatal Community	93%	94%	80%	82%	94%	87%	89%	83%	91%	76%	95%	74%
Outpatients	93%	93%	94%	93%	94%	94%	93%	93%	94%	95%	93%	93%

FFT Overview: April 2024 – March 2025

A&E

- **Range:** 66% – 78% (71.5% year-end average)
- **Trend:** Fluctuating performance, with a **notable dip in December (66%)** and a **peak in August (78%)**. Results have not consistently exceeded 75%, indicating a need for targeted improvement in patient experience, particularly around communication and wait times

Community Services

- **Range:** 90% – 95%
- **Trend:** **Consistently strong performance**, peaking in **January (95%)**. Community feedback remains positive, reflecting effective engagement and service continuity

Inpatients and Day Cases (Combined)

- **Range:** 81% – 95% (92.2% year-end average)
- **Trend:** Stable high ratings until a **sharp drop in March (81%)**

Maternity – Antenatal

- **Range:** 62% – 90% (74.3% year-end average)
- **Trend:** **Highly variable**, with **low points in September and November (62%)**, contrasting with a **peak in July (90%)**. Indicates inconsistency in experience

Maternity – Birth

- **Range:** 85% – 98% (93% year-end average)
- **Trend:** **Strong and steady**, with consistently high satisfaction and a **peak in July (98%)**, demonstrating good care during delivery

Maternity – Postnatal Ward

- **Range:** 67% – 94% (84.2% year-end average)
- **Trend:** **Improving trajectory**, rising significantly from **67% in April to 94% in February**

Maternity – Postnatal Community

- **Range:** 74% – 95% (86.5% year-end average)
- **Trend:** Generally strong, with a **dip in March (74%)** following a **peak in February (95%)**

Outpatients

- **Range:** 93% – 95% (93.5% year-end average)
- **Trend:** Stable and consistently high throughout the year, with a slight **peak in January (95%)**

Patient Experience Enabling Strategy 2022-2025

The Patient Experience Enabling Strategy outlines our key priorities for enhancing patient experience over a three-year period ending during 2025. Our approach is built around three core pillars: Involvement, Engagement, and Experience.

These pillars are shaped and driven by the voices of our patients, families, and carers—gathered through national and local surveys, the Friends and Family Test, compliments, concerns, and formal complaints.

We have identified specific priorities under each pillar to support meaningful improvements. The following outlines the progress we are making in delivering these priorities.

Pillar One – Involvement

- **Complaint Resolution:** Continued local resolution of complaints to ensure prompt action and improve patient satisfaction
- **Failed Discharges:** Daily monitoring of failed discharges from Capacity, with a focus on addressing issues quickly
- **Surgical Flow:** Additional surgical huddles were introduced to facilitate early flow and meet ED offload targets
- **Surgical Pathway Enhancements:** Regular meetings with Gynaecology and Urology to streamline the patient journey through surgery

Pillar Two – Engagement

- **Surgical Virtual Ward:** Continued development of the Surgical Virtual Ward to facilitate early discharges and improve bed management
- **VTE and eDischarge Compliance:** Regular clinical team meetings to improve VTE compliance and maintain eDischarge adherence
- **LOS Monitoring:** Ongoing monitoring of Length of Stay in Surgery to identify and address delays in discharge
- **Elective Cancellations:** Close monitoring of elective patient cancellations, with escalation as needed to minimise delays
- **Elective Recovery and Pathways:** Focus on elective recovery, particularly patients on 65-week waits and 62-day pathways

- **PSIRF Engagement:** Participation in the Patient Safety Incident Response Framework (PSIRF) when needed

Pillar Three – Experience

- **Feedback and Trends:** Continuous sharing of feedback, trends, and lessons learned with all staff to improve patient outcomes
- **Nursing KPIs:** Ongoing monitoring of nursing Key Performance Indicators (KPIs) to identify and act on areas of improvement
- **Patient Feedback:** Regular review of FFT, PALS, and complaints data, ensuring both the sharing of positive feedback and lessons learned from complaints

The Patient Voice team has in line with the Patient Experience Enabling Strategy (2022/25), has introduced several key developments across our three pillars of Involvement, Engagement, and Experience to meet the 2024/25 ambitions.

Under Pillar One – Involvement, we have strengthened patient and family participation in treatment, care, and discharge planning through programmes such as The Beat, Mealtime Mates, Patient Involvement Partners, and targeted volunteer support. These roles help embed lived experience into care, encouraging better outcomes and shared decision making.

Under Pillar Two – Engagement has seen the expansion of the Patient Partner programme and the formation of a QI Working Group for Patient Involvement and Engagement, enabling patient voice to be actively embedded in service transformation and quality improvement. The launch of Mystery Patients in April and regular Patient Voice Reports and Dashboards ensure real-time insights inform change. Our Volunteer Role Database has supported local recruitment, increasing community representation and participation across wards and services. Meanwhile, our Volunteering for Health, VIP (Volunteering in Partnership), and RWT Volunteer in Education programmes support inclusive engagement across demographics, reinforcing our commitment to non-discriminatory, equitable services.

Under Pillar Three – Experience, we continue to promote a culture of learning and service improvement through systematic use of FFT hierarchy and scheduled reports, complaint learning, and ward-level feedback.

Our Patient and Partner Experience Group meets regularly to monitor, review, and provide assurance on experience-related work.

We are progressing implementation of a real-time feedback dashboard for directorates to proactively respond to concerns and celebrate positive practice. Together, these initiatives reinforce our commitment to reducing complaints, improving staff attitudes, and ensuring equitable, patient-centred care for all communities across our Trusts.

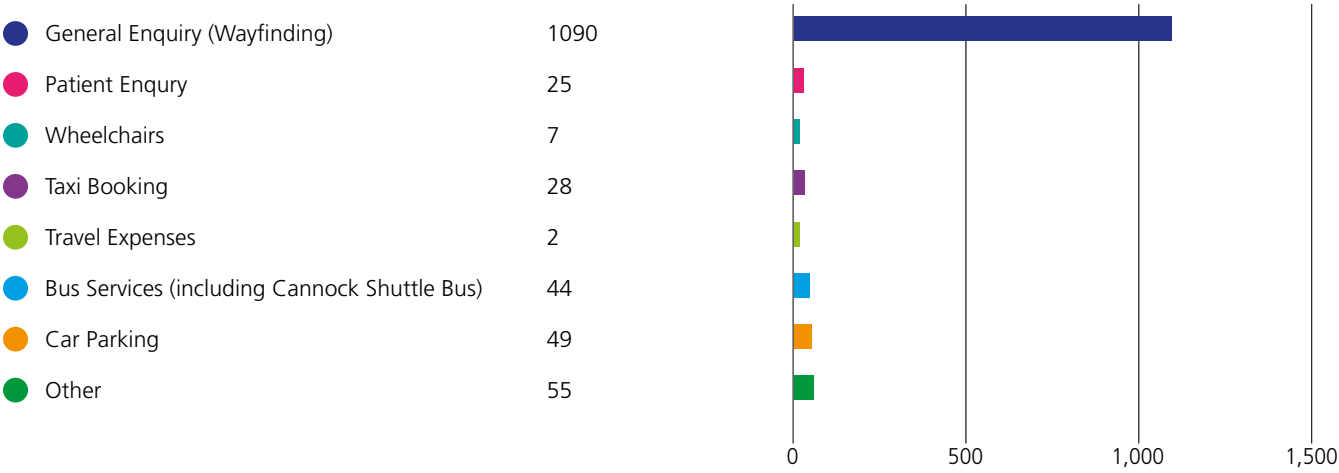
The Beat – Face-to-Face Support at Wolverhampton’s New Cross Hospital

The Beat, a new hub located within the Heart and Lung Centre at New Cross Hospital opened in November 2024. It offers face-to-face support for patients, staff, and visitors to access essential services and explore new opportunities. This initiative includes a new Customer Access Point, operated by The City of Wolverhampton Council, where the council’s Customer Services Team will be available every Tuesday from 10am to 2pm. The hub also provides information on how to get involved with The Royal Wolverhampton NHS Trust Charity and its Arts and Heritage Group. As The Beat grows, the Trust looks forward to welcoming more partners to showcase their support and services.



- The Beat started recording patient enquiries on an iPad from 24 January 2025
- 1300 responses have been recorded to date
- Wolverhampton City Council’s Customer Services Team is available every Tuesday from 10am – 2pm
- A Welfare Rights Officer (council) now attends every other Tuesday to assist patients and visitors with benefits assessments, application forms, entitlement guidance, and signposting to additional services
- Volunteers support The Beat every day, except Friday afternoons. A previous volunteer mentioned that Fridays are quieter, and a replacement volunteer has not yet been found

Next steps: Now The Beat is operational, the next step is to create a monthly schedule for visitors from other organisations and internal teams. A promotional and communications plan will be developed to raise awareness both internally and externally about The Beat and its partners.



'It's OK to Ask'

The 'It's OK to Ask' initiative aims to empower patients by encouraging them to ask key questions about their care, enhancing communication and understanding.

Patients are prompted to consider:

1. What is my main problem?
2. What do I need to do?
3. Why is it important I do this?

Launched in January 2025, the initiative emphasises the intent to foster positive conversations between healthcare staff and patients. The campaign promotes

open communication, ensuring patients feel confident in their care decisions, with additional support for those with sensory challenges or non-English speakers. This initiative aims to improve patient understanding, build confidence, and ultimately enhance health outcomes.





Volunteer services

Total Volunteer Hours Per Area					
Area	Q1	Q2	Q3	Q4	YTD
New Cross Hospital	2959	2018	2572	2887	10436
Cannock Chase Hospital	469	314	515	531	1829
West Park Hospital	83	71	27	31	212
PIPs	15	11	19	0	45
Community	82	67	87	28	264
The Maltings	x	x	49	48	97
Breastfeeding Support Group	x	x	234	207	441
Arts and Heritage - Charity	x	x	274	154	428
Trust Total	3608	2481	3777	3886	13752
Total cost (B2 equivalent)	£38,777	£27,043	£45,626	£46,943	£158,389

Recruitment Numbers

Q1	4	Q2	41	Q3	23	Q4	81
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The above tables illustrate the volunteer activity for 2024/25. This year the Trust has recruited 149 volunteers and was supported by 411 active volunteers, returning a combined total of 13752 volunteering hours.

The Trust has welcomed the first Volunteering In Education programme, a partnership with Wolverhampton College, supporting our workforce of the future through volunteering opportunities.

Workforce

Headcount, gender, disability, and ethnicity

Table 11 – Gender

Headcount and Headcount % by Gender

Gender Status	Headcount	
Female	9263	78.45%
Male	2544	21.55%
Grand Total	11807	100.00%

Headcount % by Gender and Banding Group

Banding Grouped For Gender	Headcount			
	Female	Male	Female	Male
AfC Bands 1-4	3888	759	32.93%	6.43%
AfC Bands 5-7	4303	859	36.44%	7.28%
AfC Bands 8a-9	496	187	4.20%	1.58%
Apprentices	12	14	0.10%	0.12%
Execs	4	9	0.03%	0.08%
Kickstarters	1	1	0.01%	0.01%
M&D	557	712	4.72%	6.03%
VSM	2	3	0.02%	0.03%
Grand Total	9263	2544	78.45%	21.55%

Table 12 Ethnicity

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

Ethnic Status	Headcount	
BAME	4470	37.86%
White	7110	60.22%
Unknown	227	1.92%
Grand Total	11807	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	134	204	4	1.13%	1.73%	0.03%
Additional Clinical Services	787	1324	30	6.67%	11.21%	0.25%
Administrative and Clerical	582	1933	31	4.93%	16.37%	0.26%
Allied Health Professionals	215	495	13	1.82%	4.19%	0.11%
Estates and Ancillary	151	690	3	1.28%	5.84%	0.03%
Healthcare Scientists	209	343	11	1.77%	2.91%	0.09%
Medical and Dental	868	305	98	7.35%	2.58%	0.83%
Nursing and Midwifery Registered	1513	1794	36	12.81%	15.19%	0.30%
Students	11	22	1	0.09%	0.19%	0.01%
Grand Total	4470	7110	227	37.86%	60.22%	1.92%

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

Row Labels	Headcount	
Asian	2420	20.50%
Black	1408	11.93%
Mixed	348	2.95%
Other	294	2.49%
Unknown	227	1.92%
White	7110	60.22%
Grand Total	11807	100.00%

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 11,807 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 78.45% of the workforce, in line with the NHS gender profile.

The ethnic demographic of the Trust’s workforce as of 31 March 2025 is 37.86% (compared to 37.43% last year and is in line with the Black Asian Minority Ethnic (BAME) profile of Wolverhampton of 39.4% (Census 2021). The largest ethnic group in Wolverhampton is Asian or Asian British at 21% followed by Black or Black British at 9%.

Table 13 Disability
Headcount and Headcount % by Disability Declaration

Disability Status	Headcount	
No	9208	77.99%
Not Declared	1744	14.77%
Prefer Not To Answer	51	0.43%
Unspecified	244	2.07%
Yes	560	4.74%
Grand Total	11807	100.00%

Table 14 - Sexual Orientation
Headcount and Headcount % by Sexual Orientation Declaration

Sexual Orientation Status	Headcount	
Not stated (person asked but declined to provide a response)	2614	22.14%
Heterosexual or Straight	8739	74.02%
Bisexual	99	0.84%
Gay or Lesbian	140	1.19%
Undecided	15	0.13%
Other sexual orientation not listed	16	0.14%
Unknown/Null	184	1.56%
Grand Total	11807	100.00%

Table 15 - Staff numbers by Proportion

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

Staff Type	Female	Male	Grand Total
Apprentice	13	15	28
Other	8174	1618	9792
Student Nurse	17		17
Trust Board - Execs	3	5	8
Medical and Dental	557	712	1269
VSM/Band 8a+	499	194	693
Grand Total	9263	2544	11807

The proportion of employees disclosing a disability on their Employee Service Record (ESR) has increased from 4.35% in 2024 to 4.74% in 2025.

The Trust collects data on the sexual orientation status of employees. A total of 2.02% of the workforce has declared it is Lesbian, Gay, or Bi-sexual. A total of 22.14% of the workforce has not stated this information.

At the end of the financial year March 2025, 60% 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.

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

The 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 2024/25 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 2025/26. 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 2024 to 31 March 2025 inclusive. The NHS Counter Fraud Authority will provide an overall assessment of the Trust's counter fraud arrangements in due course.

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

Staff engagement

The 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 two themes of staff engagement and morale. The results for 2024 show we have improved our staff response rate by 7%, we have scored higher than the sector average for 'we work flexibly', and we have remained the same as the sector average for 'we are safe and healthy'. All People Promise indicators have declined since 2023 and staff recommending the Trust as a place to work (60.14%) and to receive care (60.84%), have declined and fallen below the sector average. We remain committed to creating a great staff

experience and intend to address the scores decline by aligning priority actions to the People Enabling Strategy, which focuses on 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 developed a Joint Behavioural Framework: Caring for All, which has been embedded within our people processes and policies. In addition, the Trust has delivered a Managers' Essentials Programme, which aims to support managers with their day-to-day activities and developing themselves and others. An additional cultural awareness programme will be introduced to help teams and departments across the Trust create a listening, kind, inclusive and professional organisation where staff can thrive.

Diversity and inclusion in the workforce

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

The Royal Wolverhampton NHS Trust is 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 on Equality Diversity and Inclusion and work continues to improve the standards across the Trust.

Through engagement with Employee Voice Groups and Executive sponsors the Trust has been working towards the renewal of the Race Code which will complete in March 2025. Additionally, the Trust has become the first joint submission with Walsall Healthcare NHS Trust to gain the Veteran Aware accreditation. The Royal Wolverhampton NHS Trust has also joined the Hidden Disabilities Sunflower scheme to support both colleagues and patients. A new employee voice group has been established for our neurodiverse colleagues where they can work together to support each other, work on projects to improve awareness and many other initiatives, this is a joint group with colleagues from Walsall Healthcare.

The Trust continues to use 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.

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
54	1

Percentage of time spent on facility time

Percentage of time	Number of employees
0%	53
1-50%	1
51%-99%	
100%	1

Percentage of time spent on facility time

Provide the total cost of facility time	£66,767.50
Provide the total pay bill	£672,594,962.75
Provide the percentage of the total pay bill spent on facility time, calculated as: (Total cost of facility time / total pay bill) x 100	0.009%

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

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

Falls

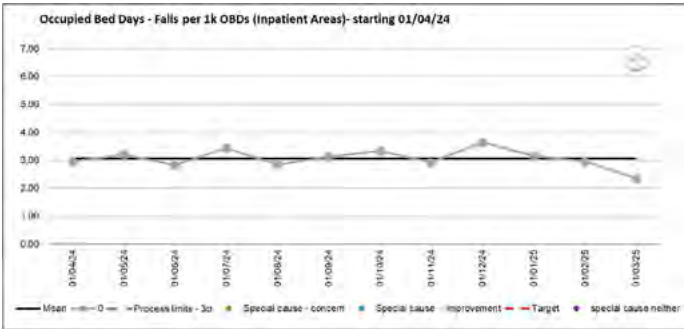
The Nursing Quality Team across The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust have a shared overarching falls prevention and management ambition. The delivery of the aims of the ambition focuses on embedding a culture of learning from patient safety incidents and continuous improvement in falls prevention and management.

A key element of this work throughout 2024 and into 2025 has been to support the drive towards the prevention of deconditioning in our patients. These workstreams focus on activities for patients and education of staff with wider work across the health economy in falls prevention with the ICB and Public Health Teams to support prevention of hospitalisation associated with community falls.

Further Quality Improvement projects have been identified for focus in the new financial year, including the use of appropriate footwear in replacement of anti-slip socks and the offer of decaffeinated drinks.

The bi monthly Safer Mobility Group continues to meet and oversee the joint strategic falls ambition plan.

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



Tissue Viability

The three-year Wound Prevention and Management Ambition Plan has achieved a wide range of quality improvements to prevent avoidable wounds and reduce the number of patients living with a chronic wound.

Firstly, the Ambulatory Nurse-Led Clinics are supporting the assessment of patients managed in primary care, by optimising leg ulcer therapy. The service has also introduced a “Well Leg” assessment process to prevent people developing recurrent leg ulcers. It works collaboratively with vascular, dermatology, vascular and tissue viability services to support the more complex patients.

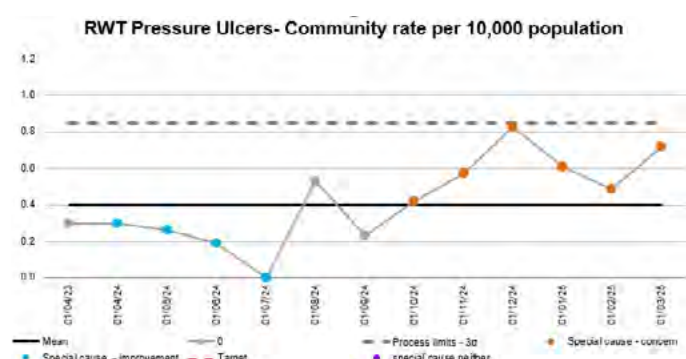
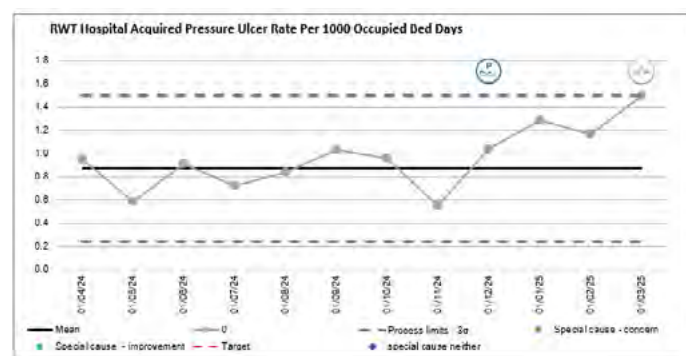
New pathways have been introduced to reduce the risk of surgical site infection and associated complications.

A skin care process has successfully sustained prevention of moisture associated skin damage wounds, which also supports prevention of pressure ulcers. With regards to pressure ulcers, a compassionate engagement process has been launched to welcome feedback from patients and families regarding incidents. This is used in combination with audit, clinical accreditation process and rapid improvement facilitation, to proactively support ongoing education and improvement.

The winter has been challenging in hospital due to increased pressure within emergency services. Tissue Viability mitigations to reduce the risk of harm were revised for these areas including the Longer Stay in Emergency Department Risk Assessment/Care Plan. Community services also experienced a rise of incidents in the winter due to complex patient challenge also associated with interventions to support patients staying in the community.

The ambition plan will be reviewed in 2025 to agree the plan for the next three years.

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



Sepsis and Management of Acute Deterioration

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.

An interactive Sepsis Dashboard has been developed and introduced with a suite of resources to support areas of improvement with sepsis screening. The Sepsis Team continues to undertake further audit of sepsis performance, including antibiotics within one hour. The combination of audit with the rich data set of the dashboard enables identification of key areas for local improvements.

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 Critical Care Outreach Team has been leading on workstreams associated with the delivery of Martha's Rule, as one of the national pilot sites. This has included an initial pilot of the "Call for Concern" process within a specific group of patients at the New Cross Hospital site, followed by implementation in all adult inpatient and paediatric inpatient areas in March 2025.

The collaborative Trust has also started work on component one of Martha's Rule: "Patients will be asked, at least daily, about how they are feeling, and if they are getting better or worse, and this information will be acted on in a structured way." Pilot areas were identified in March 2025 to test a structured tool prior to wider roll out and digital solutions during 2025.

Observations on Time continue to be monitored through a live dashboard to identify areas for improvement, with support from the Nursing Quality Team.

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.

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

- Clinical Accreditation has been undertaken for all inpatient ward environments
- Development of specialist tools with key stakeholders, including Specialist Practitioners, Community, Maternity, Neonatal and Paediatrics
- From the Clinical Accreditation reports completed in this financial year, one area successfully achieved Sapphire Status, three achieved Emerald Status and six achieved Ruby Status
- Accreditation certificates are awarded by the Chief Nursing Officer
- Thematic review of the Accreditation programme to support key areas of intervention as part of the “Back to the Floor” model
- A plan for 2025/26 includes a focus on themes for Trust improvement and signposting areas with “Working Towards Accreditation” in their overall report to areas that have demonstrated a jewel rating



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 two years across both The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust.

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. Key successes of the framework delivery have included, but are not limited to, the development of a Clinical Accreditation Model in inpatient settings, launch of the Eat, Drink, Dress, Move to Improve Initiative, launch of the Wound Healing Ambition Plan, Improvement Plan for Saving Babies Lives Care Bundles, Recruitment of the Digital Team, Updated Nursing Risk Assessment Documentation, improvements in Observations on Time, National awards in Patient Experience, Healthcare Support Worker, Band 5 and Leadership development programmes and delivery of Group Annual Research Conferences.

The new, three-year Quality Framework will be launched in the financial year 2025/26, which will prioritise interventions based on our Quality Metrics, themes from Clinical Accreditation and following feedback from a range of stakeholders.

Quality and Safety Enabling Strategy

In April 2023, the first joint Quality and Safety Enabling Strategy 2023/26 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
 - Prevention and management of patient deterioration
 - Timely sepsis recognition and treatment
 - Medicines management
 - Adult and Children Safeguarding Infection Prevention and Control
 - Eat, Drink, Dress, Move to Improve Patient Discharge Maternity and Neonates
 - Mental Health
 - Digitalisation
 - Deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our communities and populations

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



Digital innovation

Digital Transformation of Preoperative Services

By supporting the safe implementation of a new digital preoperative assessment, we have been able to digitally activate patients, empowering them to complete preoperative questionnaires within a day of a decision to offer surgery, and disrupting the preoperative pathway by enabling patients to be assessed more rapidly. This creates the potential opportunity to optimise patients, reduce on the day surgical cancellations and helps to contribute towards elective recovery.

We are also leading the ICS with an NHSE-funded pilot of a conversational Artificial Intelligence (AI) tool in Consultant anaesthetic preoperative clinics which listens to Doctor-patient conversations and automatically generates a structured discussion summary. The goal is to understand the accuracy and safety of this technology, how it can demonstrably improve efficiency and productivity, and its potential for wider adoption.

Clinical AI Fellow Recruitment

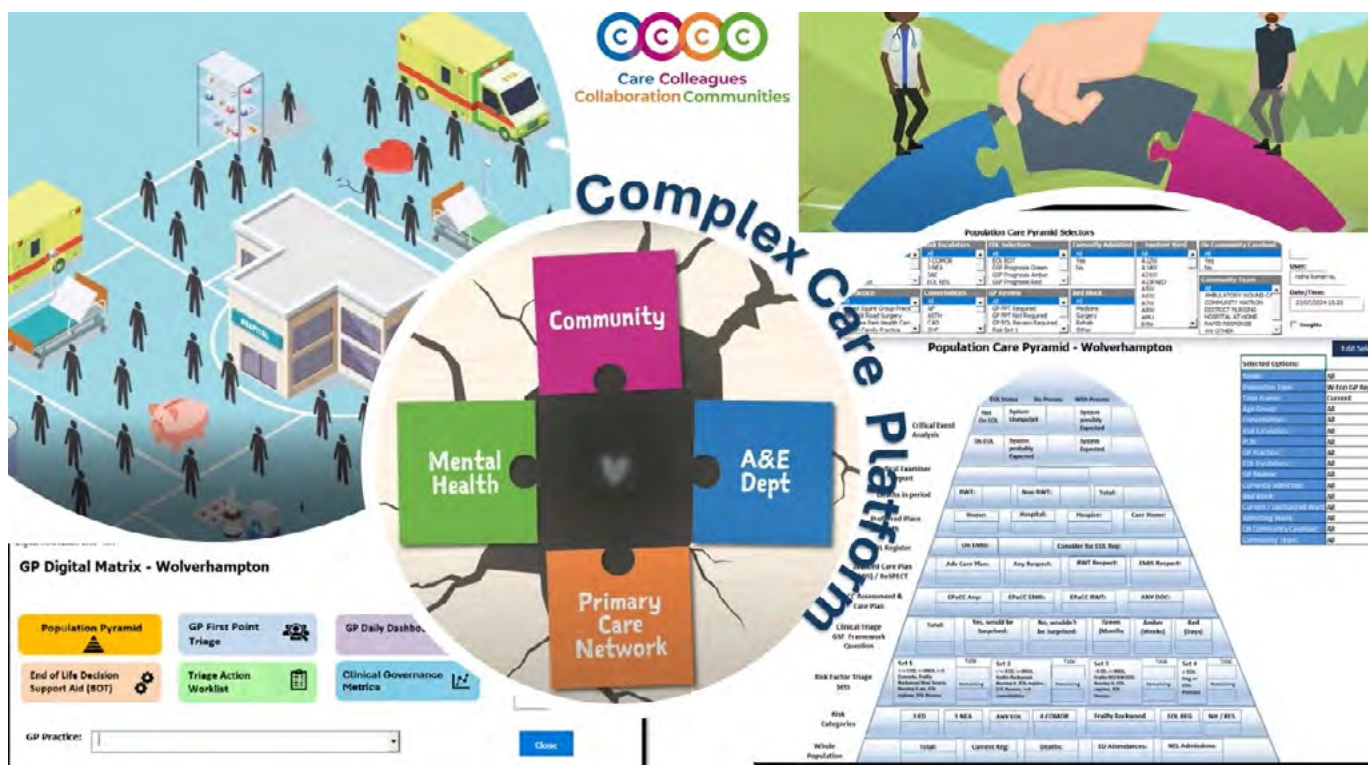
Our support of innovative clinical AI projects and technologies has enabled us to develop a framework for the use of AI in clinical practice, create research and partnership opportunities, and to recruit a fellow from the NHS Fellowship in Clinical AI. The work of the fellow is currently aligned to a new research project examining the diagnostic accuracy of AI in echocardiography which is currently in the final stages of research approval.

It is anticipated that with current and future clinical AI projects we will continue to support the NHS Fellowship programme and continue to safely drive our ambitions with this new and rapidly evolving technology.

Digital Complex Care Platform

The Community Matrix has streamlined processes and reduced repetitive tasks in community services, while the Complex Care initiative has provided primary care clinicians with a versatile platform to manage high-risk patients effectively.

These projects have collectively created a digital safety net that supports seamless care transitions and improves patient outcomes.



Advancing Digital Innovation Through Predictive Analytics: Publications

Our commitment to pioneering digital innovation has been reflected in a series of publications that showcase our advancements in predictive analytics. We have focused on harnessing cutting-edge machine learning techniques and big data analytics to drive smarter decision-making and enhance operational efficiency.

Key publications have explored novel approaches to predictive modelling, including the integration of real-time data streams and creation of a Robotic Process Automation BOT to improve transparency and trust in automated decision making. These contributions have provided actionable insights which we have utilised to improve patient care.

Our work has been featured in top-tier academic journals such as the Royal College of General Practitioners, BioMed Central, British Medical Journal and the Lancet eBioMedicine, underscoring our dedication to research and impactful knowledge

dissemination. Moving forward, we will continue to push the boundaries of predictive analytics, collaborating with industry and academic partners to translate research into real world applications that drive meaningful change



National Recognition

As an organisation, we recognise the importance of investing in digital innovation to support the transformation of services to benefit our patients and workforce. This year we have been shortlisted at the prestigious HSJ Digital Awards in the categories of:



Digital Perioperative transformation



Assisting elective recovery through digital perioperative transformation



PRADA Proactive Risk Based Data Driven Assessment in End of Life

For the focused efforts of our clinical and non-clinical digital, innovation and perioperative medicine colleagues to be acknowledged demonstrates the value these digital innovations bring to our patients and can bring to the wider NHS.

What's next?

We will be launching our Group Digital Innovation three-year Roadmap in 2025 which will outline how we will continue on our mission of revolutionising and transforming patient care through the innovative use of data, digital methodologies and digital solutions.

We will also be launching our Digital Innovation Hub which will be our Group Digital Front Door, where we aim to provide access to a centralised gateway to:

- A single point for digital innovation requests across the group
- A structured repository of potential solutions to relevant identified challenges
- Provide advice and guidance for teams to innovate within a clear governance pathway
- The provision of ongoing support for staff who would like to take forward a digital innovation solution in their area
- A network of confident Digital Innovation Ambassadors who have the skills to lead digital innovation projects
- Provide a forum for sharing skills, knowledge and digital updates



Our Charity year

Generous fundraisers and supporters have once again helped The RWT Charity enjoy another successful year – with a host of donations to boost patients’ experience in the Trust’s hospitals and community services.

Highlights from the last 12 months include:

A hospital garden has been overhauled and brought back to life with new planters and colourful decorations in a £3,000 makeover thanks to the kindness of the local community.

Employees from The Mander Shopping Centre in Wolverhampton joined forces with patients and staff from RWT to spend the day revamping the green space outside the Neurological Rehabilitation Unit) at West Park Hospital.

They planted new flowers, tidied up the flower beds, built wooden troughs for vegetables to be grown in, painted the pagoda and installed a new table and chairs.

The volunteers also installed new solar lighting so the garden can be enjoyed at all times of the day.



Children attending New Cross Hospital are now greeted by an “amazing” magical underwater sea world plus a display of unicorns and dinosaurs thanks to a £15,000 transformation which has become a TikTok sensation.

Where there were once dull and drab walls, bright colourful murals now dominate two lift areas approaching the Children’s Ward, A21/Paediatric Assessment Unit and A22/A23.

Artists Daniel Russell-Ahern and Simon Greenaway, aka Mural Trader, are responsible for the transformation thanks to The RWT Charity, which has funded the artwork.



Selfless volunteers who support the Trust in its hospitals and community were “absolutely thrilled” after receiving The King’s Award for Voluntary Service.

The accolade is the highest award a local voluntary group can receive in the UK and is equivalent to an MBE.

The Royal Wolverhampton NHS Trust (RWT) Charity and Volunteering Service were among 281 local charities, social enterprises and voluntary groups to receive the prestigious award this year.

The King’s Award for Voluntary Service aims to recognise outstanding work by local volunteer groups to support their communities.

Kind-hearted former Goodyear factory workers, whose donations to support patients at Wolverhampton’s New Cross and West Park Hospitals total almost £500,000, ended an impressive run with another handover.

Thanks to the efforts of members of the 5/344 Branch of the Transport and General Workers Union Benevolent Fund, anaesthetic machines have been bought for The Royal Wolverhampton NHS Trust’s Theatres, wheelchair accessible exercise bikes are being used by those undergoing rehabilitation and rooms have been transformed for young cancer patients.

The fund also donated £50,150 for machines to help skin cancer patients in the Black Country.

Chair and Trustee Cyril Barrett joined supporters at New Cross Hospital last summer to see an ECG machine for paediatric patients handed over on the Children’s Ward.

RWT Charity’s Annual Report is due to be published later this year.



B - Accountability Report

B1 - Corporate Governance Report

Annual Governance Statement

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 2025 and up to the date of approval of the annual report and accounts.

The Trust Board

In May 2024 the Board delegated most of its responsibilities to a Joint Committee (henceforth referred to as the Group Board) with Walsall

Healthcare NHS Trust. The first Group Board took place in July 2024. The individual Boards now meet twice a year to approve the Annual Report, Accounts and Quality Report, and to present these at a public Annual General Meeting.

The Group Trust Board

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

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 and the Chair of Audit is not the Deputy Chair or SID.

The Deputy Chair and Company Secretary regularly review the Chair and Non-Executive membership of the Board Committees, ensuring relevant experience where applicable.

The Group Trust Board met seven times in public in 2024/25, with the agenda and papers available on the Trust website ahead of each meeting. Meetings were held virtually via Microsoft Teams in April and May 2024 and in person from July 2024. Recognising the partnership working with Walsall Healthcare NHS Trust, the Trust agreed to hold Trust Board meetings as joint meetings with Walsall and held its inaugural Joint (Group) Trust Board meeting with Walsall Healthcare NHS Trust in July 2024.

In addition, the Group Trust Board took part in three development sessions which included discussions and presentations on the Forward Look and Planning for 2025/28, Community First, equality and diversity, finance plan and year end positions; Safeguarding training and updates, risk appetite, risk register and board assurance framework training and reviews, Strategic Vision and 2025/26 planning, Integrated Care and Partnership Strategy discussions and Joint forward planning across the ICB.

Externally Facilitated Well-led Review

The Trust carried out its most recent externally facilitated leadership, and developmental review using the well-led framework which pre-dates the period of this Annual Report. The next one is scheduled to be carried out in 2026/27.

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.

The Trust Board held its Annual General Meeting virtually on 24 September 2024.

The Trust Board has met 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 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 2025 the Board comprised five female and six male Executive Directors (Chief Officers), none from a minority ethnic background and five 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)
- Strategic Planning
- Workforce

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 2024/25 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 Council 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
- 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).

Trust Board Composition

Sir David Nicholson KCB CBE was appointed as the Joint Chair of Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust on 1 April 2023 for two years. His tenure was extended in January 2025 for a further two years from April 2025.

Professor David Loughton retired in April 2024, following which Ms Caroline Walker was appointed as Interim Chief Executive from 1 May 2024 to 31 December 2024. Ms Joe Chadwick-Bell was appointed as Chief Executive Officer and Accountable Officer to Parliament on 1 January 2025.

The voting membership of the Trust Board is comprised of the Chair, six Non-Executive Directors including the Deputy Chair and five Executive Directors including the Chief Executive. Each voting member has equal voting rights. The Trust Board is currently supported by three Associate Non-Executive Directors and five Executive Directors who are non-voting but fully participate in discussion and debate.

Voting Non-Executive Directors are not employees of the Trust and are appointed to provide independent support and challenge to the Trust Board. Executive Directors are responsible to the Trust Board for the delivery and performance of services within their portfolios. All Executive Directors are required to comply with the Trust's conflict of interest policy and declare any actual or potential conflicts of interest.

The names of the Directors of the Trust from 1 April 2024 to 31 March 2025, together with their biographies, tenure, board attendance and interests on the register of interests appear in this Accountability Report with each biography. They form the Trust Board and have authority and/or responsibility for directing or controlling the major activities of the Trust during the year.

The Royal Wolverhampton NHS Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to the guidance) within the past twelve months as required by the Managing Conflicts of Interest in the NHS26 guidance.

The register is updated as interests are declared at least annually and its operation is reviewed by the Audit Committee and the Group Trust Board.

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 NEDs who are independent
- Appropriate blend of NEDs from the public, private and voluntary sectors
- Two NEDs have clinical healthcare experience
- Directors are now mainly those who have served for longer
- Majority of the Trust Board is experienced Board members
- Chair and Deputy Chair have 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

Risk Management Leadership:

The Board has overall responsibility for ensuring systems and controls are in place, sufficient to mitigate risks which may threaten the achievement of the Trust's objectives. The Board achieves this primarily through:

- The work of its committees
- Use of Internal Audit and other independent inspections
- Systematic collection and scrutiny of performance data to evidence the achievement of the objectives
- Robust oversight of the risks to achievement of the objectives

The Board has the ultimate responsibility for risk management and must be satisfied that appropriate policies and strategies are in place and that systems are functioning effectively.

The Board has an established Audit Committee, which assists the Board in this process by performing an annual review of the effectiveness of the risk management activities supported by the Chief Internal Auditor's annual work, report and opinion on the effectiveness of the system of internal control.

The Trust Board is supported by the Board committees that scrutinise and review assurances on internal control. Individual committees have responsibility for a specific portfolio:

- Group Finance and Productivity Committee - Financial matters and restoration and recovery of elective services
- Quality Committee – Clinical quality, Patient Safety and Experience matters
- Group People Committee - Workforce matters including staff wellbeing

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.

Data Quality and Governance

The Trust recognises the importance of having effective data collection and analysis, in order to understand the operation of the services and enable the Board to effectively judge what actions are needed to improve performance. It has in place several systems and services for the collection of data regarding the operation of services, including the Data Quality and Data Solutions Teams, the Information and Performance Team and the Trust's Validation Team. Meetings take place regularly and provide a forum to discuss changes in data standards, facilitate data quality measures and escalate concerns. Existing systems and platforms are continuously reviewed to ensure they meet both national and local Data Quality Standards. Systems are automated where possible in order to reduce the possibility of human error. The Executive Team regularly receives a full suite of performance data from across the Trust which is reviewed to identify and address any areas of concern. This suite of performance data is used as part of the Trust's Performance Review Process with Divisional and Corporate teams. The Board and its committees review a more selective set of data which enables them to focus on the key areas of strategic performance, together with exception reporting to identify the underlying cause of underperformance and the steps being taken to bring performance back to the required standard.

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 2024/25 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 Appetite

The assessment of each risk includes an assessment of the related risk appetite, which seeks to identify the Trust's willingness to accept risk in that area and a target score is set, which identifies the optimal risk rating associated with the activity (the point where the decision becomes to accept the risk or cease the activity). Risk appetite levels have been determined by the Board around the Trust's strategic objectives. The risk appetite statements will continue to be developed as our risk management processes continue to mature.

Board Assurance Framework

The Board maintains a Board Assurance Framework (BAF), reflecting the risks identified to the achievement of the Trust's strategic objectives and how they are managed. The Board and Board committees regularly review the BAF and high rated corporate risks, as well as future opportunities and risks for each strategic objective. This allows the Trust Board to scan the horizon for emergent opportunities or threats and consider the nature and timing of the response required in order to ensure risk is kept under prudent control at all times. The BAF has matured to include future threats and opportunities to allow the Board and the Board Committees particular focus in this area.

Operationally, all staff have both the opportunity and expectation of reporting risks within their area of operation, which are then subject to a process of review, validation and, where appropriate, scoring and management. Management of risk is undertaken at a level appropriate to the potential impact of the risk, including departments, care groups, divisions and on a cross-divisional basis. The Risk Management Executive Group focuses on all high or significant risk exposures and oversees risk treatment to ensure: (a) the correct strategy is adopted for managing risk; (b) controls are present and effective; and (c) action plans are robust for those risks that remain intolerant.

In 2024/25 the Risk Management Executive Group (RMEG) was chaired by the Chief Nursing Officer and was comprised of all Executive Directors and Divisional Directors. The output of the Risk Management Executive Group work is reported to the Audit Committee and Trust Board.

Training and education are key elements of the development of a positive risk management culture. Risk management forms a fundamental aspect of many training activities throughout the Trust, where staff are provided with the necessary awareness, knowledge and skills to work safely and to minimise risks at all levels. Risk management awareness training is delivered to all members of staff through our induction programme and to existing staff through mandatory training programmes.

Risk descriptors were updated during the year with the Board committees and Executive Director Leads.

Principle risks identified and monitored through the Board Assurance Framework in 2024/25 were:

BAF NSR101: Excel in the Delivery of Care – Cyber security: If the Trust suffers a successful cyber-attack via any one of several access points and vulnerabilities, there is the potential denial of access (Ransomware) and/or compromise of data which could result in a data breach, denial of access to critical systems and impact on access to patient information and clinical care systems with consequential denial of care, potential harm and/or delay in patient care with reputational loss, financial risk of fines from the Data Commissioner.

BAF NSR102: Excel in the Delivery of Care – If the Trust is unable to implement a positive culture of inclusion, innovation, behaviour change, radical and continuous improvement then the culture and leadership will be unable to address critical workforce gaps, improve services and provide value for money, resulting in staffing gaps in critical areas, poor staff morale, managers and leaders who are unable to practice compassionate and inclusive leadership, leading to a negative impact on patient care, reputational damage, increased costs, and poor-quality services.

BAF NSR103: Support our Colleagues – If there is a failure to attract, recruit and retain staff, and offer improved positive action on health and wellbeing, EDI, workplace culture, and leadership at all levels, then there is the risk of critical workforce gaps, including key clinical and support areas resulting in workforce exhaustion and burnout, poor staff morale, inability of managers and/or leaders practicing compassionate and inclusive leadership behaviours with the negative impact on patient care, staff morale and organisational reputation.

BAFNSR104: Excel in the Delivery of Care – If there is a failure to maintain consistent standards of patient safety and quality of care then there is the risk of increased incidence of harm resulting in potential regulatory investigation and action, negative impact on Trust reputation, and adverse impact on recruitment and safety.

BAFNSR105: Excel in the Delivery of Care – If the future funding flows for the Trust are insufficient to

fund the levels of service and activity undertaken, then the Trust will be in an increasing underlying deficit position resulting in significant financial challenge to viability with system pressures, external inspection and potential adverse reputational impact.

BAFNSR106: Support our Colleagues – If staff, patients and population health related Equality, Diversity and Inclusion indicators do not improve, and actions to provide equity are insufficient then staff, patient and population health provision and experience may not be improved resulting in inequalities in health outcomes, sub-optimal attraction, retention and engagement of staff from diverse backgrounds and damage to the Trust reputation in the community.

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 £13.1m. However, the Trust still has a cumulative surplus position of £26.5m. The Trust did deliver the Capital Programme within its Capital Resource

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

Data quality and governance

Summary of serious incident requiring investigations involving personal data as reported to the information commissioner's office in 2024/25.

The table below details the incidents reported on the NHS England incident reporting tool via the Data Security and Protection Toolkit (DSPT) and to the Information Commissioners Office (ICO), within the financial year 2024/25. Any incidents that are still being investigated for the period 2024/25 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
Jan 2025	Unauthorised access	1	Staff member is alleged to have accessed a patient's record 16 times with no valid reason. Patient is ex-partner of staff member's current partner.	Reported to regulator and investigation is underway.
November 2024	Unauthorised access	9	Staff member has admitted accessing medical records of staff that are known to them.	Reported to regulator and investigation is underway.
July 2024	Unauthorised access	1	Patient has raised concerns that they believe a family member of ex-partner has accessed their record.	Reported to regulator and investigation is underway.
June 2024	Unauthorised access	6	Following a routine audit on notes viewed it has been highlighted that a member of staff accessed notes on system for a number of patients when not directly involved in the patients' care, or the patient isn't an inpatient at the time of viewing	Reported to regulator and investigation is underway.
May 2024	Unauthorised access	1	Patient contacted Trust to ascertain whether a member of their family had accessed their records as there was information that was known about a diagnosis that was not shared.	Audit of record revealed access had taken place. Patient informed that investigation is underway. ICO notified.

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 incidents scored level one and below against the below listed categories:

Summary of other personal data related incidents in 2024/25		
Category	Breach Type	Total
A	Corruption or inability to recover electronic data	0
B	Disclosed in Error	29
C	Lost in Transit	1
D	Lost or stolen hardware	0
E	Lost or stolen paperwork	7
F	Non-secure Disposal – hardware	0
G	Non-secure Disposal – paperwork	0
H	Uploaded to website in error	0
I	Technical security failing (including hacking)	1
J	Unauthorised access/disclosure	7
		45

Data Protection and Security Toolkit Return 2023 - 2024 – final submission (June 2024)

RL4 submission currently has 108 completed mandatory elements with 0 outstanding. For GP practices 28 completed with 0 outstanding meaning that at this stage the Trust and GPs will be submitting as 'Standards Met' for the submission.

- The Royal Wolverhampton NHS Trust RL4
- Thornley Street M92028
- Coalway Road M92006
- Penn Manor M92011
- Alfred Squire
- West Park Surgery
- Lea Road
- Warstones
- Oxley Surgery
- Tettenhall Road Medical Practice

An internal audit of the DSP toolkit in 2023/24 detailed the overall assurance that was provided for the standards as an overall confidence rating of HIGH.

Looking forward to Data Protection and Security Toolkit (DPST) with Cyber Assessment Framework (CAF) overlay - submission 2024/25 (June 2025 Submission date).

Background to the changes to the DSPT

In 2023 the health and care cyber security strategy committed to adopt the CAF as the principal cyber standard. This was with a view to:

- Emphasise good decision-making over compliance, with better understanding and ownership of information risks at the local organisation level, where those risks can most effectively be managed
- Support a culture of evaluation and improvement, as organisations will need to understand the effectiveness of their practices at meeting the desired outcomes – and expend effort on what works, not what ticks a compliance box
- Create opportunities for better practice, by prompting and enabling organisations to remain current with new security measures to meet new threats and risks

The DSPT for 2024/25 has changed to adopt the National Cyber Security Centre's Cyber Assessment Framework (CAF) as its basis for cyber security and IG assurance. NHS Trusts, CSUs, ALBs and ICBs will now be working to a more detailed set of prescriptive standards, which sets out CAF-aligned requirements in terms of Objectives, Principles and Outcomes.

The Trust will aim to self-assess its level of compliance against each outcome using the indicators of good practice as a guide. The process of submitting assessments to NHS England will not change. National assurance will continue to be based on organisations commissioning independent audits of their self-assessments, complemented by national sampling audits.

The indicators of good practice are not prescriptive, and in most cases, the Trust will have flexibility to determine how to meet each outcome. For a small number of outcomes, where we deem the national risk to be too great to permit that flexibility, we will constrain organisations by issuing directive national policy that requires them to take (or not to take) certain approaches as part of that outcome. The first submission of the new DSPT is due in June 2025 and results will be detailed in next year's Annual Report.

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.

In describing the process that had been applied in maintaining and reviewing the effectiveness of the system of internal control, I have set out below some examples of the work undertaken and the roles of the Trust Board and committees in this process:

- The Board has met in public session on six occasions and each meeting has been both well attended and quorate. Public access to the meetings continued throughout the year and Board materials were available on the website and the public were able to send questions to the Trust Secretary
- The committees of the Board operate to formal terms of reference that the Board has approved and carry out a range of Board work at a level of detail and scrutiny that is not possible within the confines of a Board meeting. The committees each reviewed their effectiveness in 2024/54 and provided an annual report and amended terms of reference to the Board for approval. Their cycles of business were updated to reflect the revised terms of reference

- Each of the committees provides assurance to the Board in relation to the activities defined within its terms of reference; this is reported to the next meeting of the Board in the form of a highlight report to ensure that necessary issues are highlighted in a timely way. The minutes of the meetings of each of the committees once approved are made available to the Board Members
- The work that has been undertaken by the committees include:
 - Scrutiny and approval of the annual financial statements, annual report and quality account
 - Receiving all reports prepared by the Trust's Internal and External Auditors and tracking of the agreed management actions arising
 - Monitoring the Clinical Audit Programme, significant events, risk is effectively and efficiently managed and that lessons are learned and shared
 - Monitoring of compliance with external regulatory standards including the Care Quality Commission and the Data Security and Protection Toolkit
 - Monitoring of the Improvement Programme and the delivery of strategic objectives
 - Ensuring the adequacy of the Trust's Strategic Financial Planning
- Taking account of national and local context, the strategic direction for the Trust has been reviewed by the Trust Board. Areas key to the delivery of the Trust's business strategy are managed and monitored by the Trust Board and the committees of the Board
- The Trust Board recognises the importance of ensuring that it is fit for purpose to lead the Trust and a programme of Board Development activity has taken place during the year through a programme of Board Development. Non-Executive Directors have also carried out Board walks, visiting wards and services to obtain first-hand accounts of the issues that colleagues are dealing with. Regular newsletters and communications have been shared with all staff on behalf of the Chief Executive, Chair and the Board including the Non-Executive Directors
- The Audit Committee has primary responsibility for oversight of the controls systems for the Trust, including financial and governance, and for advising the Board as to the available levels of assurance. It is supported in this work by the internal and external audit providers, the Local Counter Fraud Service, and work undertaken by other committees. Key functions that it undertakes which enable it to judge the amount of available assurance include:
 - The regular reports of the Internal Audit service, which provide specific advice on the level of assurance available in relation to the area reviewed. These also enable the Audit Committee to review management's response and proposed actions to the review's findings, and to form a view about the level of assurance those responses provide
 - Advice from both the internal and external audit providers on the environment in which the Trust is operating
 - The work of the Local Counter Fraud Service which provides evidence for the committee to judge the available assurance for systems to detect and prevent fraud and misappropriation on the public funds made available to the Trust
- Regular review of the main documentation related to the Trust's control systems - this will usually cover the Standing Financial Instructions, the Schedule of Delegations, and the Schedule of Matters Reserved to the Board of Directors
- The Trust Board is required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended in 2011 and 2012) to prepare a Quality Account for each financial year
- The Quality Committee also has oversight on behalf of the Board of clinical audit activities, which form an important part of the Trust's work. A plan for clinical audits is agreed at the start of every year, and progress is monitored through the course of the year to ensure that the work plan is being appropriately prosecuted. The majority of the programme reflects national audit programmes and similar, which the Trust is expected to participate in, and details of which are provided in the Quality Report. The Trust

does seek to ensure that it obtains learning and implements change as a result of the work of clinical audit, and the Quality Committee is responsible for assessing the assurance available and reporting to the Board

- Performance and Finance Committee has provided a forum for the Trust Board to seek additional assurance in relation to all aspects of financial and general performance, including performance against nationally set and locally agreed targets
- The People Committee is the forum which seeks assurance in relation to organisational development and workforce strategy, and the support of staff in the provision and delivery of safe, high-quality care
- The internal audit plan, which is risk based, is approved by the Audit Committee at the beginning of each year. Progress reports are then presented to the Audit Committee at each meeting with the facility to highlight any major issues. The Chair of the Audit Committee can, in turn, quickly escalate any areas of concern to the Trust Board via a Highlight Report and produces an annual report on the work of the committee and a self-evaluation of its effectiveness. The plan also has the flexibility to change during the year

The Royal Wolverhampton NHS Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to the guidance) within the past twelve months as required by the *Managing Conflicts of Interest in the NHS*²⁶ guidance.

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

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

The Royal Wolverhampton NHS 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 effective and efficient use of resources is managed by the following key policies:

Standing Orders. The Standing Orders are contained within the Trust's legal and regulatory framework and set out the regulatory processes and proceedings for the Trust Board and its committees and working groups including the Audit Committee, thus ensuring the efficient use of resources.

Conclusion

The Trust has made significant improvements to internal control systems during the financial year 2024/25, however we acknowledge that there are still weaknesses that require improvement.

A number of control issues classified as minimal assurance by core internal audit processes were noted during the year specifically cyber security. Control improvements and management actions have been agreed to address these. It is worth noting that the Key Financial Controls: Cash and Working Capital internal audit received 'substantial assurance'.

Eleven internal audit reports were planned / issued in 2024/25 of which four reports resulted in positive assurance opinions (substantial / reasonable), two issued with partial assurance / minimal assurance, one advisory, four reports currently in progress with two follow up reports. No significant internal control issues have been identified via the Head of Internal Audit Opinion report.



**Accountable Officer: Joe Chadwick-Bell,
Group Chief Executive Officer**

**Organisation: The Royal Wolverhampton
NHS Trust**

Date: 24 June 2025

Directors' report – The Directors of the Trust

During the year 2024/25 and up to the signing of the Annual Report and Annual Accounts, the Accountable Officer at the end of the year for the Trust was Ms Joe Chadwick-Bell, and the Trust Chair was Sir David Nicholson. The Trust Board comprised Professor Loughton, Ms Caroline Walker, Joe Chadwick-Bell and Sir David Nicholson.

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

During 2024/25 the Trust Board met once in May 2025 where it delegated the majority of its responsibilities to a joint Group Board (joint Committee) with Walsall Healthcare NHS Trust (WHT). The Group Board met five times.

The Trust Board comprised the Group Chair, the Group Chief Executives, 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.

Following a comprehensive review the Non-Executive body comprised of the Deputy Chair, Chair of Audit and four joint voting Non-Executive Directors (NEDs) plus three joint Associate NEDs from February 2025 onwards.

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 provide a balance of skills to provide a level of challenge across the range of activities of the Trust Board. The Chief Executive Officer is the Accountable Officer to Parliament.

During 2024/25 the Board and then Group Board, conducted most of its business in public allowing time for the Press, public and other observers to lodge questions to be asked of the Directors at or after each meeting. In addition, the Group Board undertook bi monthly development sessions and monthly Non-Executive Briefings.

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

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

Angela Harding ended her term as Associate Non-Executive Director on 31 January 2025. Dawn Brathwaite started her term as Joint Non-Executive Director on 1 February 2025, Rachel Barber started her term as Joint Associate Non-Executive Director on 1 February 2025 and Allison Heseltine started her term as a Joint Associate Non-Executive Director on 1 February 2025.



Board membership

Sir David Nicholson KCB CBE - Group Chair of the Board

Appointed: 1 April 2023

Current Term: April 2023 – March 2027

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 – Walsall Healthcare NHS Trust, The Dudley Group NHS Foundation Trust, The Royal Wolverhampton NHS Trust and Sandwell and West Birmingham NHS Trust.



Sir David'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 2006-2013 and then, following a major national restructure, became the first Chief Executive of the organisation now known as NHS England from 2013-2014.

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 also the Chair of the Metropolitan Group of Hospitals, Nairobi. He has also been Chair of the Universal Health Coverage Forum of the World Innovation Summit for Health and advisor to the British Association of Physicians of Indian Origin and Lancet Commissioner to Global Surgery.

He is adjunct Professor of Global Health at the Institute of Global Health Imperial College.

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

Board Attendances in 2024/25: 7/7

Declarations as at end March 2025:

- Chair, Sandwell and West Birmingham NHS Trust
- Visiting Professor, Global Health Innovation, Imperial College
- Spouse, National Director of Urgent and Emergency Care and Deputy Chief
- Chair, The Royal Wolverhampton NHS Trust
- Chair, Walsall Healthcare NHS Trust
- Chair, The Dudley Group NHS Foundation Trust
- Sir David is not a member of the NHS Pension Scheme

Joe Chadwick-Bell - Group Chief Executive

Appointed: 1 January 2025

Joe became Group Chief Executive on 1 January 2025, joining Walsall Healthcare and The Royal Wolverhampton NHS Trusts from East Sussex Healthcare NHS Trust. There, she had been Chief Executive for just over four years and previously the Chief Operating Officer for the previous four years.

She started her NHS career working in Pharmacy at Eastbourne District General Hospital in 1989, building up vast NHS experience in Ambulance, Acute and Community Provider Trusts along with a period of time at the Strategic Health Authority in Kent, Surrey and Sussex. She also spent three years as the Regional Director for London and South and East at Care UK, the UK's largest independent provider of health and social care, overseeing a range of urgent care services including 111 and primary care.

Joe has also been Board Director at Surrey and Sussex Healthcare NHS Trust, Maidstone and Tunbridge Wells NHS Trust and Sussex Ambulance Service.

Board Attendances in 2024/25: 2/2

Declaration of Interests as at end March 2025:

- Group Chief Executive, The Royal Wolverhampton NHS Trust

Joe is a member of the NHS Pension Scheme



Caroline Walker

**Interim Chief Executive
Officer from 1 May 2024 to 31
December 2024**



Professor David Loughton CBE CIHSCM - Group Chief Executive

**Appointed as Interim Chief
Executive: April 2021**

**Appointed as Group Chief
Executive: 23 March 2022 to
30 April 2024**



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

Appointed as Group Chief Finance Officer December 2022

Appointed as Group Chief Executive July 2023

Kevin is a qualified accountant with the Chartered Institute of Management Accountants (CIMA) and holds a master's qualification in Business Administration (MBA). With more than 35 years of experience in the NHS, 22 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 Chair of the West Midlands Branch where he is now the Treasurer.

Board Attendances in 2024/25: 7/7

Declaration of interests

- Treasurer, West Midlands Branch – Healthcare Financial Management Association
- Member of CIMA (Chartered Institute of Management Accountants)
- Group Chief Financial Officer at The Royal Wolverhampton NHS Trust
- Group Chief Financial Officer at Walsall Healthcare NHS Trust
- Daughter works part time for National Institute of Health Research
- Trust of Gayton Village Hall Charity

Kevin was an active member of the NHS Pension Scheme for part of the year 2024/25 but stopped contributing and became a deferred member at the end of the year.

Alan Duffell – Group Chief People Officer

Appointed April 2017

Appointed as Group Chief People Officer December 2022



Alan has a wide experience within the NHS, incorporating organisational development, learning and development, leadership and management development, as well as other HR-related roles.

He was appointed as the Group Chief People Officer in December 2022 following the grouping of Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust. He joined the board of The Royal Wolverhampton NHS Trust in April 2017 as the Director of Workforce and is also currently the SRO for Workforce, HR & OD for the Black Country Provider Collaborative.

Previously, Alan has held the position of Director of HR and Organisational Development 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 within the Black Country Partnership NHS Foundation Trust and at that time was also a Director for Skills for Care, representing the NHS. Prior to joining the NHS, Alan was in the Royal Air Force spanning a range of roles including avionics engineer, training and development, and leadership development. He holds membership of the Chartered Institute of Personnel and Development, Chartered Management Institute and holds an MSc in human resource development.

Board Attendances in 2024/25: 7/7

Declaration of interests

- Member of Chartered Management Institute
- Member of the CIPD (Chartered Institute for Personnel and Development)
- Member of NHS Employers Policy Board
- Group Chief People Officer Walsall Healthcare NHS Trust
- Provider Collaborative HR & OD Lead for Black Country Provider Collaborative

Alan is a member of the NHS Pension Scheme

Gwen Nuttall - Chief Operating Officer and Deputy Chief Executive Officer

Appointed 2012

Appointed as Deputy Chief Officer 15 July 2023

Gwen has more than 20 years' experience working across a diverse range of acute hospitals, having previously worked for local Government in Suffolk.



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

Board Attendances in 2024/25: 7/7

Declaration of interests

- Trustee of Calabar Vision 2020 Link

Gwen is a member of the NHS Pension Scheme

Dr Jonathan Odum – Group Chief Medical Officer

Appointed 2011

Appointed as Group Chief Medical Officer 2022

Jonathan 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 Wolverhampton in 1993. His clinical interests include diagnosis and management of hypertension and pathophysiological mechanisms underlying and treatment of glomerular disease.

Jonathan 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 Manor Hospital and Cannock Chase Hospital.

Jonathan has held several senior medical managerial positions in the Trust including Clinical Director of Medicine and Divisional Medical Director posts from 2003-2011. He was appointed into and held the post of Chief Medical Officer for The Royal Wolverhampton NHS Trust from April 2011- 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 NHS Trust and Walsall Healthcare NHS Trust, Jonathan was appointed into the Group Chief Medical officer post in December 2022.

At ICS level, Jonathan is Chair 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 2024/25: 7/7

Declaration of interests

- Private outpatient consulting and general medical/hypertension and nephrological conditions at Wolverhampton Nuffield Hospital
- Chair of Black Country and West Birmingham ICS Clinical Leaders Group
- Fellow of the Royal College of Physicians of London
- Group Chief Medical Officer at Walsall Healthcare NHS Trust
- Group Chief Medical Officer for The Royal Wolverhampton NHS Trust

Jonathan is a member of the NHS Pension Scheme.



Brian McKaig– Chief Medical Officer

Appointed July 2021

Brian qualified from Glasgow University in 1991 and undertook postgraduate training as a gastroenterologist in the East



Midlands. He carried out a period of research at the University of Nottingham (1997-2001) leading to the award of a PhD. He was elected as a Fellow of 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 PGCME from the University of Wolverhampton in 2003 and developed the regional endoscopy training centre based at RWT. He has held regional deanery roles as Training Programme Director and Specialist Advisory Committee Chair for Gastroenterology and national posts supporting the British Society of Gastroenterology, The Joint Advisory Group for Endoscopy (JAG) and the English Bowel Cancer Screening Programme.

Brian has held several managerial roles within RWT including Clinical Director for Gastroenterology, Associate Medical Director for Revalidation (2012/17) and Deputy Medical Director (2017/21). 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 2024/25: 7/7

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

Brian is a member of the NHS Pension Scheme.

Sally Evans – Group Director of Communications and Stakeholder Engagement

Appointed January 2021

Appointed as Group Director December 2022



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

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

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

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

Board Attendances in 2024/25: 7/7

Declaration of interests

- Group Director of Communications and Stakeholder Engagement – Walsall Healthcare NHS Trust
- Group Director of Communications and Stakeholder Engagement for The Royal Wolverhampton NHS Trust

Sally is a member of the NHS Pension Scheme.

Simon Evans – Group Chief Strategy Officer

Appointed October 2020

**Appointed as Group Chief
Strategy Officer August 2022**

Simon has worked in the health and care sector for more than 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 master's 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.

Simon 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 2024/25 : 7/7

Declarations of Interest as at end March 2025

- Group Chief Strategy Officer at Walsall Healthcare NHS Trust
- Unpaid Governor at City of Wolverhampton College

Simon is a member of the NHS Pension Scheme.



Tracy Palmer – Director of Midwifery

Appointed January 2021

Tracy has been a practising Midwife for 38 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 the Emergency Department and as a Paediatric Nurse at Walsall Healthcare NHS 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.

Tracy has led on many successful service developments, including introducing and implementing an alongside Midwifery-led Service at the Trust, 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 2024/25: 4/7

Declaration of interests

- None declared for 2024/25

Tracy is a member of the NHS Pension Scheme.



Kevin Bostock – Group Director of Assurance

Appointed November 2021

Kevin 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. This achieved a CQC overall rating of at least Good in 100% of hospitals/services ensuring that the group was one of only two Acute hospital groups with 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.

Kevin 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 led a patient recall of more than 600 patients.

He possesses excellent interpersonal, communication and facilitation skills and is a creative thinker, skilled in the management of change with up-to-date knowledge of leading-edge practice. He 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 was a retained lecturer on the Health MBA at Nottingham University Business School.

Board Attendances in 2024/25: 7/7

Declaration of interests

- Sole Director of two Limited Companies Libra Healthcare Management Limited trading as Governance Risk Compliance Solutions and Libra Property Development Limited
- Trustees of a Health and Social Care Charity
- Group Director of Assurance at The Royal Wolverhampton NHS Trust

Kevin is a member of the NHS Pension Scheme.



Debra Hickman – Chief Nursing Officer

Appointed November 2021

Appointed Chief Nursing Officer 15 July 2023

Debra started her Nursing career in Wolverhampton, she then went on to train as a Midwife. She has more than 30 years of clinical experience – more than 10 years have been in Senior Leadership positions committed to high quality service provision and professional standards.

She has worked across the Black Country and 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 which have delivered benefits for patients, services users, carers and staff in accessing services.

Board Attendances in 2024/25: 6/6

None declared for 2023/24

Debra is a member of the NHS Pension Scheme.

Stephanie Cartwright - Group Director of Place

Appointed July 2023

Stephanie 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 place development. 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, neighbourhood health 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. Stephanie is passionate about enabling environments where patients and staff can flourish and is focused 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, ensuring that all voices are heard.

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

Board Attendances in 2024/25: 7/7

Declaration of interests

- Group Director of Place for Walsall Healthcare NHS Trust
- Spouse is a Senior Advisor for Primary Care Delivery
- Spouse is a Non-Executive Director Robert Jones and Agnes Hunt NHS Foundation Trust

Stephanie is a member of the NHS Pension Scheme.

Joe Chadwick-Bell reviewed the attendance and membership of the Group Board Executives and from April 2025 the Group Board Executives comprise Group Chief Executive, Group Deputy Chief Executive and Chief Strategy Officer, Group Chief Finance Officer, Group Chief People Officer, Group Director of Place, Chief Medical Officer, Chief Nursing Officer and Managing Director along with the Group Company Secretary (in attendance).

John Dunn - Non-Executive Director and Deputy Chair

Appointed: February 2021

Current Term: to February 2027

John'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 2024/25: 6/7

Declaration of interests

- None declared for 2024/25

John is not a member of the NHS Pension Scheme.

Professor Louise Toner – Joint Non-Executive Director

Appointed: February 2021

Current Term: to October 2027



Louise 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.

Louise retired from her role as Professional Advisor at Birmingham City University (BCU) at the end of September 2024, where she had responsibility for advising on the academic portfolio ensuring the right offering to meet the workforce needs of employers and the personal and professional development needs of qualified health and social care professionals. In addition, she is a member of the British Commonwealth Association Board and a Trustee of the Birmingham Commonwealth Society. Louise was previously a member of the Birmingham Commonwealth Association where she chaired the Education sub group and represented the Association on the Greater Birmingham Commonwealth Chamber, now the Global Chamber.

Louise 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 master's degree awarded by the University of Glasgow. Her interest in wound care led to her establishing BCU'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. Since retiring, Louise has maintained her role as part time Director of the unit, funded by

Pioneer Wound Healing and Lymphoedema Centres to progress research and other activity to improve patient outcomes.

Louise 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.

Louise is also a Non-Executive Director of Walsall Healthcare NHS Trust and in her group role across both Trusts, she chairs the Quality Committee, is the Maternity Safety Champion and a member of the Audit Committee. She says she continues to feel privileged to be part of such innovative and forward-thinking Trusts which places improving patient outcomes and the development of staff firmly at the centre of everything it does.

Board Attendances in 2024/25: 7/7

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 – Joint Non-Executive Director

Appointed: February 2022

Current Term: to January 2027

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), and has been working with the NHS regionally and nationally for 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 Martin'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 and 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.

Martin 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 2024/25: 7/7

Declaration of interest

- Unpaid Director of non-profit Residential Tenance Management Company Beacon Mews RWM Company Ltd
- Unpaid Trustee and NED responsible for the implementation and the delivery of the Birmingham Invictus Games 2027
- Chairs of Health Data Research UK advisory Board on the Black Internship Program
- Non Executive Director of WM Health Technologies Cluster
- Life Science Champion on West Midlands Combined Authority Innovation Board
- Data advisory board member of Cancer Research UK
- Visiting Professor in Faculty of Health, Education and Life Sciences for Birmingham City University
- Executive non paid member of Global Chamber of Commerce
- Chief Executive Officer of Medical Devices Technology International Ltd
- Independent Adviser to His Majesty's Home Office Windrush Compensation Scheme
- Ordinary share holder of Medical Devices Technology International Ltd

Martin is not a member of the NHS Pension Scheme.

Julie Jones – Non-Executive Director

Appointed February 2022

Current term to January 2027

Julie is a Fellow of the Institute of Chartered Accountants in England and Wales who, after 15 years in external audit at a leading accounting firm, has spent the last 15 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 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 Trustee of two local charities. She was previously the Chair of Audit Committee at Birmingham and Solihull CCG.

Board Attendances in 2024/25: 7/7

Declaration of interest

- Associate Director of Academy Advisory
- Trustee of Solihull School Parents' Association
- Director of Leasehold Management Company Cranmer Court Residents Wolverhampton Limited
- Chief Financial Officer of Heart of England Academy

Julie is not a member of the NHS Pension Scheme.



Allison Heseltine - Joint Non-Executive Director

Appointed February 2022

Current term to May 2027

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

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

Board Attendances in 2024/25: 7/7

Declaration of interest

- Son in law works for Hydrock Southwest as a Senior Electrical Engineer.

Allison is not a member of the NHS Pension Scheme.



Lisa Cowley – Joint Non-Executive Director

Appointed February 2022

Current term to April 2027

Lisa 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.

Lisa 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. She has brought many positive improvements to the charity and is passionate about making a difference to the lives of people living with sight loss across the West Midlands. In addition to her unwavering dedication to Beacon's charitable objectives, she is committed to building long-term sustainability, actively seeking new ways to improve and develop increased integrated, co-operative and progressive health and social care systems to support beneficiaries.

Previous roles have included Deputy CEO of the Black Country Living Museum, where she implemented significant change programmes and oversaw complex funding bids and projects of national heritage significance.

Lisa 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 farming and the countryside and horse riding.

Board Attendances in 2024/25: 7/7

Declaration of interest

- 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
- Joint Non-Executive Director Walsall Healthcare NHS Trust

Lisa is not a member of the NHS Pension Scheme.



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 additional needs and Radiology services.

He was 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 Prisons 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 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 has sat on a wide variety of committees 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 2024/25: 3/7

Declaration of interest

- Lord Carter is a shareholder and Director of many companies see the Trust online declaration of interest for details.



Dr Gill Pickavance - Associate Non-Executive Director

Appointed February 2021

Current term to May 2025

Gill qualified from Birmingham University in 1990 and has been practicing medicine as a General Practitioner in Wolverhampton since 1996 at Newbridge Surgery.

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 for the 60,000 patient population in the area.

Board Attendances in 2024/25: 6/7

Declaration of interest

- Director Wolverhampton Total Health Limited
- Senior Partner at Newbridge Surgery Wolverhampton
- Member of Committee Tong Charities Committee (Unpaid)



Ms Angela Harding - Associate Non-Executive Director

Appointed February 2023

Term ended 31 January 2025

Angela 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 organisations including public, private and charity.

She 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.

Board Attendances in 2024/25: 4/6

- Declaration of interest
- Director of Naish Mews Management Company
- Executive Operations Director for Inspired Villages Group



Dr Umar Daraz – Joint Associate Non- Executive Director

Appointed February 2023

Current term to January 2027

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 plus year career in senior investment and Research and Development 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.

Umar holds various positions - he is the sole research and innovation adviser 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 skill sets 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 2024/25: 6/7

Declaration of interest

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

Umar is a member of the NHS Pension Scheme.

Ms Rachel Barber - Joint Associate Non-Executive Director

Appointed: 1 February 2023

Current Term to January 2027



Rachel has considerable board experience in the public and private sector and holds several Non-Executive Director and advisor roles within the housing and police sectors. She has experience within the NHS as lay member at Walsall LCB, part of the Black Country ICB, and was formerly lay member at Walsall CCG.

She has held senior executive positions within the water sector with a service delivery focus, achieving successful transformation, linking strategic direction to insight, improving services, achieving high customer satisfaction and continuous improvement across a diverse base.

Board Attendances in 2024/25: 6/7

Declaration of Interests as at end March 2025:

- Joint Associate Non-Executive Director, The Royal Wolverhampton NHS Trust
- Non-financial professional member, OPCC NWP Join Audit Committee
- Magistrate, Ministry of Justice
- Sister-in-law, employed at The Royal Wolverhampton NHS Trust
- Independent Member – Misconduct Panel at West Midlands Police
- Non Financial Professional – NED, Audit and Risk Chair, Magenta Living
- NED, Chair of Customer Experience Committee for BPHA
- Independent Member, Joint Audit Committee of West Midlands Police

Rachel is not a member of the NHS Pension Scheme.

Dawn Brathwaite - Joint Non-Executive Director

Appointed: 2 February 2022

Current Term: 1 February 2025-31 January 2027



Dawn is a solicitor and former partner in a national law firm. For the past 20 years she has advised NHS bodies including commissioners, providers, and healthcare regulators.

She retired from legal practice in May 2021 but continues as a consultant in a non-legal role with her firm.

Dawn is passionate about diversity and inclusion and has led many initiatives to increase the number of individuals from diverse and socially disadvantaged backgrounds within the legal profession, for which she has received several awards.

She is a former Trustee of Navigators UK and is a current member of the General Synod of the Church of England.

She is a member of the Trust's Finance & Productivity Committee, People Committee and the Non-Executive Director Lead for Freedom to Speak Up.

Board Attendances in 2024/25: 6/7

Declaration of Interests as at end March 2025:

- Consultant/Former Partner, Mills & Reeve LLP
- Trustee, British Foundation of the University of the West Indies
- Non-Executive Director, The Royal Wolverhampton NHS Trust

Dawn is not a member of the NHS Pension Scheme.



Fit and Proper Person

In 2024/25, the Directors individually updated their declarations to confirm continuing compliance with the Fit and Proper Person Test. The Trust has implemented the current required standards for Fit and Proper Persons checks, including declarations, periodic DBS, periodic fit and wellness checks, appraisals and cross-checking with other information in the public domain, eg. Company Directors et al.

Accountability

NHS England is responsible for appointing Trust Chairs and other Non-Executive Directors. All these appointments have been subject to annual review and appraisal as well as fit and proper person requirements. The remuneration of Non-Executive Directors is determined nationally.

All substantive Executive Directors are appointed through national advertisement on permanent contracts. All Interim and Acting positions appointed

during the year for Executive Directors were approved by the Nominations and Remuneration Committee. Performance of the Chief Executive was evaluated by the Chair and is reported to the Nominations and Remuneration Committee. The performance of other Executive Directors and senior managers was evaluated by the Chief Executive or his nominated deputy. Any changes in remuneration for Executive Directors have been agreed by the Nominations and Remuneration Committee.

Statement of Disclosure to Auditors

Each individual who is, or was, a member of the Trust Board in the year covered by this report confirmed that, as far as they are aware, there is no information which would be relevant to the auditors for the purposes of their audit report, and of which the auditors are not aware, and have taken all the steps that they ought to have taken to make themselves aware of any such information and to establish that the auditors are aware of it.





Freedom to Speak Up

There are n=2 full time Freedom to Speak Up (FtSU) Guardians at the Royal Wolverhampton NHS Trust (RWT) with ring fenced time. The Guardians role commenced in October 2016 as part of a national mandate and continues as an essential part of the organisational 'Speak up Culture'. The Guardians are supported by a group of over n=14 Champions across various specialities.

RWT remains steadfast in its support and continues to work collaboratively with its Freedom to Speak Up (FtSU) Guardians and Champions. The FtSU Guardian is an independent role and focuses on creating an open, honest and psychologically safe reporting culture, enabling staff to talk about anything that could compromise delivery of safe and effective patient care. The Trust Board has shown tenacity and continue to work alongside the guardians with a high level of commitment and support which re-iterates the importance of the FtSU service whilst ensuring the ethos remains rooted in respect, diversity, equality and accountability without detriment or retribution.

FtSU Objectives

RWT set out the below five objectives to achieve a well led and psychologically safe 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 2024/25, the FtSU Guardian Team has continued to prioritise staff's wellbeing and patient safety and encouraged the workforce to use the service without the fear of retribution or demeaning treatment. Should detriment occur there is zero tolerance, and support is available as per the detriment policy. We have with the assistance of medical illustration produced and promoted our new 'Meet your Guardians Video'. The service is advertised through our internal and external communications, including screen savers, staff walkabouts, drops-ins, presentations in staff forums and joint Trust inductions, we use social media to help raise the profile of the service as well as to raise awareness, the Freedom to Speak up month which is observed yearly in October, saw the facilitation of a joint conference with our FtSU colleagues and execs at Walsall.

The team have also continued to create more innovative ways for staff to have accessibility to the FtSU service by providing more listen up sessions and a new feedback QR code. The FtSU team works closely with colleagues in the Human Resources (HR), Organisational Development (OD) Teams where we provide 'Speak Up, Listen Up, Follow Up' and close the loop sessions within the managers essentials training. We also work alongside RWT's Employee Voice Groups which enables a multidisciplinary approach to creating a healthy workplace culture that promotes compassionate leadership, with a restorative and just culture, underpinned by civility and respect.

The Trust FtSU data has been recorded for the financial year 2024/25 and we also discuss 2023/24 to show 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 Care and Quality Commission (CQC) and NHS England and Improvement (NHSE/i). The table below shows total number of FtSU cases for 2024/25.

Q1 - Q4 2024-2025 Prominent Themes and number of complaints

	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25
Attitudes & Behaviours	13	34	35	17
Bullying and harassment directed at me	12	10	6	6
Bullying directed at others	1	0	2	1
Staff Safety in relation to staffing levels	8	3	1	23
Feedback on Policies, procedures and processes	10	7	8	9
Concerns about capability	2	0	2	1
Concerns about Patient Quality and safety	5	4	4	8
Concerns about impact on service	1	2	2	0
Concerns about equipment	1	0	0	0
Concerns about patient experience	0	0	0	1
Staff Safety in relation to something else	2	0	0	0
Unknown	0	2	1	2
Detriment			1	0
Total	55	62	62	68

Numbers of concerns received in 2024/25 (247)
by quarter:

Q1	Q2	Q3	Q4
55	62	62	68

Number of concerns received in 2023- 2024 (225)
by quarter:

Q1	Q2	Q3	Q4
38	61	60	66

There has been a 10% per cent increase in the number of cases being reported to the FtSU Guardian Team compared with 2023/24.

The team continues to proactively engage with staff by offering regular drop-ins within departments and walk-arounds, with details below. This has provided greater opportunities for staff to speak up. The number of cases with an element of bullying and harassment has reduced throughout the year, however, inappropriate attitudes and behaviours remains high, with an increase seen on the previous year. We also see a high number of cases recorded for the last quarter around staffing levels.

Drop-in sessions and Staff Presentations.

By Staff/management request drop-in sessions are arranged where there are reported or perceived challenges/issues via both anonymous and identified routes.

In the last year we delivered n=34 drop-in sessions for staff resulting in n=225 staff attending all and of these, n=62 have spoken up.

In the last year, we have delivered n=26 presentation sessions to staff around FtSU and how they can be supported through the process the FtSU team has been able to reach n=674 staff.

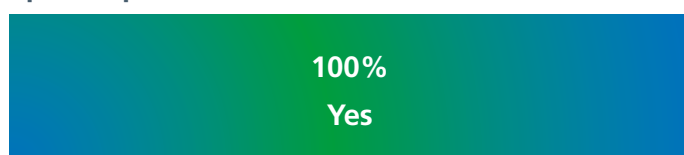
Staff Feedback 2023/24

Due to feedback from the executive board 2023/24, which highlighted the lack of staff feedback for the FtSU service, we then devised and implemented a tool- QR code 'Have Your Say Staff Survey'.

Have you used the Freedom to Speak Up service?



Do you know how to access Freedom to Speak Up?



What is your experience of using the Freedom to Speak Up service?



Recommendations/ Action Plans

- Continue to work and enhance relationships and collaborative working with key leaders and stakeholders in line with the FtSU objectives locally and nationally in correlation with the National Guardian Office
- Joint working with our FtSU Guardians/Team at Walsall Healthcare, alignment of policies and procedures
- Recruitment of more FtSU Champions across the Trust and multi-disciplinary teams, to help with our mission to raise awareness and share knowledge of the service
- More Executive Walk arounds across all services
- More collaborative presentations with Multi-Disciplinary Teams
- Joint RWT and WHT Speak Up Conference in October 2025, with a focus on this year's NGO's initiative 'Organisational Culture'

Emergency preparedness, resilience and response (EPRR)

Emergency preparedness, resilience, and response (EPRR) remains a core function of the NHS and is a statutory requirement of the Civil Contingencies Act (CCA) 2004. The Trust must plan and respond to potentially disruptive threats ranging from extreme weather conditions to infectious disease outbreaks, a major incident or cyber threat.

Over the last 12 months, the Trust has made great progress in preparedness activities to ensure arrangements are robust and current to the risks outlined in the National Risk Register. With increased national guidance requirements and potential threats, the Trust continues to work towards aligning its plans, which are reviewed at least annually. A new Adverse Weather and Health Plan has been launched for staff as well as updated Chemical, Biological, Radiological and Nuclear (CBRN) Plan. The Trust is currently developing a new High Consequence Infectious Disease (HCID) plan for the management of infectious diseases which may have a high case fatality rate. It is paramount that the Trust maintains and continues to advance its resilience activities to ensure preparedness to such events.

The Trust submitted its annual NHS Core Standards assurance for EPRR, in August 2024.



Following an in-depth review against 62 standards, the Trust was fully compliant with 54 standards and partially compliant with eight standards. A work programme has been established to improve overall compliance for the next 2025 submission. This includes further development of Trust emergency plans, training and exercising as well as business continuity planning.

More training opportunities have been put in place to support commanders in responding to incidents. This includes the 'Principles of Health Command' led by the NHS England EPRR team; staff uptake from Directors and senior managers has been good.

As part of the NHS Core Standards review, a deep dive was conducted which looked at cyber security, which highlighted more needs to be done in responding to a cyber incident. In line with the changing risk landscape. The Trust therefore placed greater emphasis on ensuring resilience to cyber threats and data protection. In supporting this, a new workstream has been established looking at the Trust's essential functions in more detail. This looks at the critical activities and operations that must be maintained across the Trust's portfolio, for example links to patient care, medication administration and surgical procedures. This will run alongside business continuity to ensure their sustainability and ability to continue to operate during and after a disruption has

occurred. This work underpins requirements of the Data Security and Protection Toolkit (DSPT).

A tabletop exercise to rehearse business continuity plans was forecasted to take place in April 2025. This was to provide an excellent opportunity for staff to practice responding to disruptive incidents which may impact service provision and identify learning to enable continuous improvement.

Following another outcome from the NHS EPRR Core Standards, the Trust is focusing on improving business continuity management arrangements. As part of this an audit has taken place with service areas to review effectiveness against the national ISO standard. A new checklist has been developed to support staff in ensuring plans remain fit for purpose and are regularly reviewed. Moving forward, the Trust aims to expand BC plans to incorporate digital access failures and undertake further testing of plans with service areas. With the 'go-live date' of the new Blueprint EPR system on the horizon, the Trust is currently engaged with preparedness activities to ensure effective business continuity arrangements are in place.

With lots of work underway to support readiness for the next Core Standards, the Trust continues to work in partnership with the Black Country Integrated Care Board (ICB) to ensure delivery of these EPRR Core Standards and regional preparedness.

Health and Safety at Work

Health and Safety continues to be an integral and essential aspect of all roles within the Trust. The Trust's commitment to the health, safety and wellbeing of staff, patients, visitors and contractors remains central to our strategic objectives and statutory obligations under the Health and Safety at Work Act 1974.

During the 2024/25 financial year, the Trust further strengthened its safety management arrangements, consolidating progress made in previous years while responding proactively to external regulatory focus and internal performance intelligence. Significant efforts continued to embed a risk-led, preventative safety culture across all areas of the Trust.

The Health and Safety Steering Group (HSSG), chaired by the Deputy Director of Assurance and the Health and Safety Operational Group (HSOG), chaired by the Group Specialist Head of Health & Safety (who is the Trust competent person for Health & Safety) continued to serve as the Trust's principal consultative forum on all work-related health and safety matters. The group convened on all four scheduled occasions during the year, maintaining full quoracy and representation from divisional leaders, staff-side colleagues and subject matter experts, as required. Meeting records were published and made accessible via the Trust intranet.

In response to the Health and Safety Executive's (HSE) national programme of inspection activity across multiple NHS Trusts, although our Trust was not inspected during this period, we proactively undertook an extensive internal review of our arrangements in relation to ensuring a suitable and sufficient health and safety risk assessment process is in place; this was in response to the HSE's published report on inspections carried out. This review included updates to the Trust's Prevention and Management of Violence and Aggression procedures and improvements to our Health and Safety Risk Assessment Process, with a specific focus on high-risk subjects such as prevention of work-related stress, Prevention of Violence and Aggression, Prevention of Inoculation Injuries, Prevention of Manual Handling and Slips, Trips, & Falls injuries.

In alignment with our commitment to continual improvement, the Health and Safety Team also

reviewed its Health and Safety Auditing System, developing an Internal health and safety auditing Standard Operating Procedure (SOP). This SOP clarified expectations around the audit scope, rating criteria and feedback processes. It was supported by a refreshed suite of tools and the introduction of a new self-assessment tool to generate automated action plans for areas of non-compliance as well as promoting consistency across the Trust. These changes aim promote Divisional engagement and ownership



of safety compliance and remedial action.

Throughout 2024/25, the Health and Safety Team continued to apply both reactive and proactive measures to monitor and improve performance. The Health and Safety Podium Audit, now known as the Health & Safety Self-Assessment (HSSA), is supported by face-to-face Health & Safety Quality Assurance (HSQA) audit. These tools remain the cornerstone of our proactive assurance approach.

In addition, the Trust introduced a proactive Safety Assurance Walkabout (SAW) inspection process to complement monthly departmental workplace inspections. SAWs are conducted weekly by the Trust Health and Safety Team across numerous Trust sites.

A Group Health and Safety policy development remain a key workstream. Several policy documents are scheduled for review and redevelopment into a group structure, aligning with the Trust's ongoing collaboration with Walsall Healthcare NHS Trust. Further procedural development will continue into

2025/26 to ensure implementation of consistent group-wide policies and procedures.

Ensuring the workforce is appropriately trained remains a core priority. The Trust maintained good (over 95%) levels of compliance with mandatory Health and Safety training and will continue to pursue improved compliance in other training areas. The Health and Safety Team developed a tailored training provision for non-unionised Department Safety Representatives to ensure all departments are well supported and capable of meeting compliance requirements. Further training developments such as Health and Safety for Manager/Leaders etc, are scheduled in the work plan for 2025/26, the Health and Safety Team will continue to pursue improved compliance in these areas.

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, the Trust reported 35 RIDDOR-reportable incidents during 2024/25. These incidents were predominantly associated with slips, trips and falls (15 reports) and people moving and handling (8 reports). The types of incidents associated with RIDDOR reports remained consistent with previous years. All reportable events were investigated, with findings shared to inform local and Trust-wide prevention strategies.

The Trust remains committed to reducing preventable harm to staff, patients, visitors, contractors and anyone affected by our work activities. In the coming year, the Health and Safety Team will maintain its focus on:

- Strengthening divisional accountability and ownership of risk controls
- Reducing and preventing incidents related to violence and aggression, manual handling, inoculation activities, and slips, trips and falls
- Enhancing incident reporting and investigation processes
- Driving improvements through data-led assurance and audit findings
- Improving staff health and safety competence, understanding, and application of health and safety responsibilities and processes
- Supporting the development of a Just Culture that promotes openness, learning and continuous improvement

Establish and maintain safe, sustainable staffing

NHS Improvement (NHSI) published 'Developing Workforce Safeguards' document in October 2018. It is used to assess Trusts compliance with the triangulated approach to staffing planning for all clinical staff in accordance with the National Quality Board guidance (NQB). This combines evidence-based tools with professional judgement and outcomes to ensure the right staff, with the right skill are in the right place and time.

The Trusts compliance with these safeguards is assessed annually through the Single Oversight

Framework and specific inclusions within the annual governance statements and compliance against these standards was presented to the Trust Board in 2024/25.

Figure 1: Principles of safe staffing



There remains no single guidance or standard approach to inform staffing levels required for services provided by Allied Health Professionals (AHPs). Each AHP group has profession specific information and guidance available to support staffing levels of a particular type of service/speciality. AHP staffing levels are generally determined via a range of methods which include the use of demand and capacity data, data collected on patient and non- patient related activity, patient outcomes, patient complexity, patient acuity and patient need. In addition, guidance that is nationally available for specific clinical services and/or conditions is also used e.g. stroke services, critical care and cancer services.

A review of Acuity and Dependency across all ward areas, utilising the nationally recognised Safer Nursing Care Tool, was undertaken in 2024/25. A triangulated



approach was utilised which included collection of activity data inclusive of Acuity / Dependency data per patient within a given census period, appropriate Nurse Sensitive Indicators and Professional Judgment from the Senior Nursing teams which consider wider contextual factors that can impact quality, safety and/or effectiveness of care delivery. This was supported by a Confirm and Challenge model with the Chief Nurse ahead of presentation to the Trust Board.

Subsequently, the Trust Board approved the establishment review presented in 2024, and no change was required in overall establishments. As per national best practice, the Trust undertakes this bi-annual Inpatient areas skill mix review in January and June every year which is reported to Board. As a Black Country system, we have aligned the commitment to Safer Staffing with an agreed annual schedule of Workforce skill mix reviews for all Nursing and Midwifery Services.

During 2024/25 The Trust has continued its partnership with the Princes Trust , ' Get into Hospital services Programme' offering eligible 18-30 year olds the opportunity to take part in four weeks of classroom-

based training and hands on work experience with the outcome being a role within the Trust. We have further programmes planned for 2025/26 to support the recruitment pipeline.

In 2024/25 The Trust continues to recruit Doctors to the Clinical Fellowship Programme, providing valuable flexible support across clinical services.

Oversight of Nursing Workforce Metrics is maintained through the monthly Workforce Oversight Group chaired by the Chief Nurse which continues to monitor Nurse-sensitive indicators and other quality data to ensure Patient Safety and action as appropriate. A raised Senior Nurse level approval and oversight of Bank spend continued in 2024/25 and we deploy temporary Bank staff to areas that are evidencing combinations of short-term sickness, vacancies, maternity leave and increased acuity and dependency. Agency is used solely for Mental Health Specialists following completion of an Enhanced Care Scoring Tool, review by the Mental Health Team and Head of Nursing level approval to maintain patient safety.

The Sub-board Quality Committee receives a monthly Chief Nurse report demonstrating our ongoing commitment to sustaining the Nursing and Midwifery workforce whilst giving equal importance to financial performance and Safe staffing. A detailed integrated quality and performance report, which includes performance data for all significant areas of activity relevant to the Trust's strategic objectives is also received. Areas that are an outlier for the agreed



or nationally set performance targets are subject to exception reporting including the steps being taken by management to bring performance back to target

Performance information produced through data systems is regularly triangulated against the quality elements of care, using qualitative information from sources such as complaints and compliments, national and local surveys of patients' experience (including the Friends and Family Test), and visits from Board members (with Board walkabouts to wards and departments), external visits and reviews.

The sub-board Group People Committee receives Trust wide Workforce data metrics each month. The Committees have the opportunity to receive the information, challenge approaches and request further or different actions to be taken in order to address any challenges.

At the end of March 2025 three of the six workforce indicators meet the agreed targets/ thresholds: 12-month turnover, 12-month retention and mandatory training. Appraisal compliance and sickness rates are rated amber, while the vacancy rate is red.

- The normalised 12-month turnover rate is 8.80% and remains on target
- The retention rate is meeting the target at 91.19%. For the 24/25 financial year, this metric is reported based on a 12-month rolling period

- The vacancy rate has increased to 7.68%, remaining above the target of 6.00%

Vacancy rates should be viewed within the context of the enhanced workforce controls and alignment with the 24/25 Workforce plan.

Compliance with NHS Provider Licence

In 2024/25, 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



B2 – Remuneration and Staff Report

Staff Report

The Following tables (tables marked with an (*)) have been subject to external audit) summarise the numbers and categories of staff, sickness absence and exit packages made during 2024-2025:

2024-2025 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	2	15	23	79	25	94	0	0
£10,000 - £25,000	4	64	0	0	4	64	0	0
£25,001 - £50,000	3	103	0	0	3	103	0	0
£50,001 - £100,000	3	226	0	0	3	226	0	0
£100,001 - £150,000	1	106	0	0	1	106	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	13	514	23	79	36	593	0	0

Note the majority of compulsory redundancies made in 2024/25 were due to restructure of Clinical Research Network to Delivery Network.

2023-2024 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

Exit packages: other (non-compulsory) departure payments*

	2024/25		2023/24	
	Payments agreed	Total value of agreements	Payments agreed	Total value of agreements
	Number	£000	Number	£000
Contractual payments in lieu of notice	23	79	33	129
Total	23	79	33	129
Of which:				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12months of their annual salary	0	0	0	0

Staff Costs*

	Permanent £000	Other £000	2024/25 Total £000	2023/24 Total £000
Salaries and wages	492,329	31,357	523,686	473,238
Social security costs	48,893	3,102	51,995	49,156
Apprenticeship levy	1,868	0	1,868	2,435
Employers contributions to NHS pension scheme	88,989	5,646	94,635	75,938
Temporary staff	0	5,710	5,710	8,685
Total gross staff costs	632,079	45,815	677,894	609,452
Recoveries in respect of seconded staff	(2,436)	0	(2,436)	(2,341)
Total staff costs	629,643	45,815	675,458	607,112
Of which				
Costs capitalised as part of assets	2,863	0	2,863	1,504

Average Staff Numbers*

	Total 2024/25 No.	Permanent 2024/25 No.	Other 2024/25 No.	Total 2023/24 No.
Medical and dental	1,357	1,272	85	1,309
Administration and estates	1,569	1,367	202	1,589
Healthcare assistants and other support staff	3,603	3,362	241	3,587
Nursing, midwifery and health visiting staff	3,047	2,920	127	3,008
Nursing, midwifery and health visiting learners	0	0	0	0
Scientific, therapeutic and technical staff	861	841	20	821
Healthcare Science Staff	527	518	9	525
Total average numbers	10,964	10,280	684	10,839
Of which				
Number of employees (WTE) engaged on capital projects	31	31	0	5

Staff Sickness Absence

	2024/25 Number	2023/24 Number
Total days lost	123,524	113,215
Total staff years	10,449	10,091
Average working days lost (WTE)	12	11

Consultancy Services

During 2024-2025 we spent £0.5m on consultancy services (2023-2024 £0.0m). The Trust employed 28 senior managers during the year ending 31 March 2025.

Remuneration Report

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

Remuneration for the Trust's Executive Directors is set by reference to job scope, personal responsibility, and performance. This also considers 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 considered 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 2024/25, 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 2025 is set out in the attached schedules.



Joe Chadwick-Bell, Group Chief Executive

24 June 2025

7. Remuneration*

Name and Title	2024-25					2023-24				
	Salary	Other Remuneration	Expense Payments (taxable)	All pension related benefits	Total Remuneration	Salary	Other Remuneration	Expense Payments (taxable)	All pension related benefits	Total Remuneration
	(bands of £5,000) £000	(bands of £5,000) £000	(Rounded to the nearest £100) £000	(bands of £2,500) £000	(bands of £5,000) £000	(bands of £5,000) £000	(bands of £5,000) £000	(Rounded to the nearest £100) £000	(bands of £2,500) £000	(bands of £5,000) £000
Executive Directors										
D Loughlin - Group Chief Executive (to 30/04/2024) ⁴	35-40	0	0	0	35-40	145-150	0	0	225-227.5	375-380
C Walker - Group Chief Executive (01/05/2024 to 31/12/2024) ¹	95-100	0	0	70-72.5	165-170	0	0	0	0	0
J Chadwick-Bell - Group Chief Executive (from 01/01/2025) ¹	30-35	0	0	157.5-160	190-195	0	0	0	0	0
D Hickman - Chief Nursing Officer ⁸	160-165	0	0	27.5-30	190-195	155-160	0	0	0	155-160
B McKaig - Chief Medical Officer ^{2 12}	40-45	70-75	0	0	115-120	165-170	65-70	0	0	230-235
G Nuttall - Chief Operating Officer ⁸	190-195	0	0	0	190-195	180-185	0	0	0	180-185
J Odum - Group Chief Medical Officer ³	55-60	90-95	0	245-247.5	395-400	50-55	80-85	0	0	135-140
K Stringer - Group Chief Financial Officer and Deputy Group Chief Executive ^{1 5 9}	115-120	0	0	0	115-120	75-80	0	0	0	75-80
A Cannaby - Group Chief Nurse and Lead Executive for Safeguarding (to 22/08/2023)	0	0	0	0	0	35-40	0	0	17.5-20	50-55
Non-Executive Directors										
Sir David Nicholson - Group Chairman (from 01/04/2023) ¹⁰	25-30	0	0	0	25-30	25-30	0	0	0	25-30
I Cowley - Non-Executive Director (to 31/01/2025)	10-15	0	0	0	10-15	10-15	0	0	0	10-15
U Daraz - Associate Non-Executive Director	10-15	0	0	0	10-15	10-15	0	0	0	10-15
J Dunn - Non-Executive Director	30-35	0	0	0	30-35	15-20	0	0	0	15-20
A Harding - Non-Executive Director (to 31/01/2025)	10-15	0	0	0	10-15	10-15	0	0	0	10-15
J Hemans - Non-Executive Director (to 24/05/23)	0	0	0	0	0	1-5	0	0	0	1-5
A Heselbine - Non-Executive Director	10-15	0	0	0	10-15	10-15	0	0	0	10-15
J Jones - Non-Executive Director	10-15	0	0	0	10-15	10-15	0	0	0	10-15
IM Levermore - Non-Executive Director	10-15	0	0	0	10-15	10-15	0	0	0	10-15
G Pickavance - Non-Executive Director	10-15	0	0	0	10-15	10-15	0	0	0	10-15
S Rawlings - Non-Executive Director (to 05/06/2023)	0	0	0	0	0	1-5	0	0	0	1-5
I Toner - Non-Executive Director	10-15	0	0	0	10-15	10-15	0	0	0	10-15
D Braithwaite - Non-Executive Director (from 01/02/2025) ¹³	0	0	0	0	0	0	0	0	0	0
R Barber - Associate Non-Executive Director (from 01/02/2025) ¹³	0	0	0	0	0	0	0	0	0	0
Directors - Non Voting										
K Bostock - Group Director of Assurance ⁷	70-75	0	0	0	70-75	65-70	0	0	0	65-70
Lord P Carter - Special Advisor to the Board	10-15	0	0	0	10-15	10-15	0	0	0	10-15
A Duffell - Group Chief People Officer ^{1 11}	90-95	0	0	0	90-95	50-55	0	0	102.2-105	155-160
S Evans - Group Director of Communications and Stakeholder Engagement ¹	60-65	0	0	7.5-10	70-75	60-65	0	0	42.5-45	100-105
S Evans - Group Chief Strategy Officer ^{1 8}	85-90	0	0	0	85-90	80-85	5-10	0	75-77.5	160-165
T Palmer - Director of Midwifery	70-75	0	0	0	70-75	70-75	0	0	0	70-75
J Green - Director of Operational Finance (from 01/08/2023)	160-165	0	0	0	160-165	100-105	0	0	0	100-105
A Race - Director of HR & OD (from 01/09/2023 to 24/06/24)	35-40	5-10	0	0	35-40	95-100	0	0	0	95-100
S Cartwright - Group Director of Place ⁷	45-50	0	0	0	45-50	45-50	0	0	0	45-50
E Ballinger - People Director (from 07/06/2024)	85-90	0	0	27.5-30	115-120	0	0	0	0	0

During 2024/25, 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.

Please note:-

¹ This Senior Manager has a dual role shared with Walsall Healthcare NHS Trust, salary costs disclosed in table above are those costs incurred by this Trust. The full salary cost bands for the individual would be as follows:

C Walker £190,000-£195,000 (2023/24: £0)
J Chadwick-Bell £65,000 - £70,000 (2023/24: £0)
K Stringer £235,000 - £240,000 (2023/24: £225,000 - £230,000)
S Evans £125,000 - £130,000 (2023/24: £120,000 - £125,000)
S Evans £175,000 - £180,000 (2023/24: £165,000 - £170,000)
A Duffell £185,000 - £190,000 (2023/24: £175,000 - £180,000)

² This Senior Manager's other remuneration relates to the Physician element of the Medical Director's role

³ This Senior Manager has a role shared with Walsall Healthcare NHS Trust and Black Country ICB recharge to the ICB for his additional role as the Medical Director Lead for Acute Collaboration. Salary costs disclosed in table above are those costs incurred by this Trust. The full salary cost bands for the individual would be £195,000 - £200,000.

⁴ This Senior Manager has a shared role with Walsall Healthcare NHS Trust and West Midlands Cancer Alliance, salary costs disclosed in table above are those costs incurred by this Trust. The full salary cost bands for the individual would be £70,000 - £75,000 (2023/24 £320,000 - £325,000). Salary in 2024/25 included a payment of Lieu of Annual Leave.

⁵ This Senior Manager has had an element of their salary recharged for their role at Interim Finance Director at Dudley Group NHS Foundation Trust, which commenced in June 2022 and finished December 2023. Salary costs disclosed in the table above are those costs incurred by this Trust. The full salary band for this individual for 2023/24 was £225,000 - £230,000.

⁶ This Senior Manager received pay arrears relating to 2022/23 in 2023/24.

⁷ This Senior Manager is employed by Walsall Healthcare NHS Trust - Mr K Bostock and Mrs S Cartwright are recharged 50% from Walsall Healthcare NHS Trust and their full salary cost bands were £140,000 - £145,000 and £90,000 - £95,000 respectively.

⁸ This Senior Manager is affected by the Public Service 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 a zero.

⁹ This Senior Manager has retired and returned in the 2023/24 financial year.

¹⁰ The Chair has a joint role across The Royal Wolverhampton NHS Trust, Walsall Healthcare NHS Trust, Dudley Group NHS Foundation Trust & 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. Their full salary is £111,290.

¹¹ This Senior Manager has had an element of their salary recharged for their role at Interim Chief People Officer at Dudley Group NHS Foundation Trust, which commenced in June 2022 and finished April 2024.

¹² This Senior Manager has had an element of their salary recharged for their role as Interim Chief Medical Officer at Walsall Healthcare NHS Trust, which commenced on 1 July 2024 until 9 December 2024. Salary costs disclosed in the table above are those costs incurred by this Trust. The full salary band for this individual for 2024/25 was £105,000 - £110,000

¹³ This Non-Executive Director is employed by Walsall Healthcare NHS Trust and their full salary band is £10,000 - £15,000.

Total remuneration for senior managers in year ended 31 March 2025 was £1,619k 0.16% of income (31 March 2024 £1,622k 0.17% of income).

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

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

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less, the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights. This value does not represent an amount that will be received by the individual. It is a calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of the pension scheme could provide. The pension benefit table provides further information on the pension benefits accruing to the individual.

Pension Benefits*

Name and title	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 2025	Lump sum at pension age related to accrued pension at 31 March 2025	Cash Equivalent Transfer Value at 1 April 2024	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2025	Employer's Contribution to Stakeholder Pension
	(bands of £2500)	(bands of £2500)	(bands of £5000)	(bands of £5000)	£000	£000	£000	£000
D Loughton ^{1,4,6} - Group Chief Executive (to 30/04/2024)	0	0	75-80	200-205	0	0	0	0
C Walker ⁶ - Group Chief Executive (01/05/2024 to 31/12/2024)	0	0	0-5	0	0	38	58	0
J Chadwick-Bell ⁶ - Group Chief Executive (From 01/01/2025)	0-2.5	0-2.5	80-85	210-215	1,618	34	1,900	0
A Duffell ^{1,5,6} - Group Chief People Officer	0	0	10-15	0	105	45	177	0
S Evans ⁶ - Group Director of Communications and Stakeholder Engagement	0-2.5	0	20-25	50-55	383	1	422	0
S Evans ⁶ - Group Chief Strategy Officer	0-2.5	0	45-50	105-110	894	0	972	0
D Hickman ⁶ - Director of Nursing	0-2.5	0	5-10	0	68	21	107	0
B McKaig ⁶ - Chief Medical Officer	0	85-87.5	70-75	185-190	1,344	234	1,687	0
G Nuttall - Chief Operating Officer	0	0	70-75	185-190	1,661	0	1,742	0
J Odum ⁷ - Group Chief Medical Officer	10-12.5	25-27.5	95-100	250-255	107	42	181	0
T Palmer ² - Director of Midwifery	0	0	0	0	0	0	0	0
K Stringer ^{5,6} - Group Chief Financial Officer and Deputy Group Chief Executive	0-2.5	0	10-15	0	170	0	185	0
J Green - Operational Director of Finance	0	0	65-70	165-170	1,368	0	1,449	0
A Race - Director of HR & OD (to 24/06/24)	0	0	20-25	55-60	362	0	402	0
E Ballinger - People Director (from 07/06/2024)	0-2.5	0	5-10	0	82	8	113	0

¹ The real increase in Cash Equivalent Transfer Value is not applicable to the Senior Manager given that they are now over pension age.

² Relates to a Senior Manager that is in receipt of their pension.

³ Relates to a Senior Manager that as not in the pension scheme at any time in the financial year.

⁴ Senior Manager left during 2024/25 - pension value is at the time of leaving

⁵ Relates to a Senior Manager that has retired and returned in 2023/24 financial year

⁶ Relates to a Senior Manager who is in a staff sharing arrangement with Walsall Healthcare NHS Trust. Pension scheme members benefits are not split by the NHS Pension agency in staff sharing arrangements. Therefore the values represent the full accrued benefit.

⁷ Relates to a Senior Manager who is in a staff sharing arrangement with Walsall Healthcare NHS Trust and Black Country ICB. Pension scheme members benefits are not split by the NHS Pension agency in staff sharing arrangements. Therefore the values represent the full accrued benefit.

K Bostock and S Cartwright are not included in the table above as they are recharged as part of a staff sharing arrangement with Walsall Healthcare NHS Trust. Pension scheme members benefits are not split by the NHS Pension agency in staff sharing arrangements. Therefore their values are including in Walsall Healthcare NHS Trust Annual Report.

The factors used to calculate a CETV decreased on 30 March 2024. This has affected the calculation of the real increase in CETV. Negative values are not disclosed in this table but are substituted for a zero.

CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2025.

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

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

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

Percentage change in remuneration of highest paid director & average salary of employees.

	2024/25	2023/24
Percentage change from previous year in respect of highest paid director:		
Salary & Allowances	5%	6%
Performance pay & bonuses	n/a	n/a
All taxable benefits	n/a	n/a
Percentage change from previous year in respect of employees of the Trust:		
Actual Average Salary	£40.7k	£37.7k
Salary & Allowances	8.0%	2.1%
Performance pay & bonuses	n/a	n/a
All taxable benefits	n/a	n/a

In 2024/25, 18 employees (2023/24 14) received remuneration in excess of the highest-paid director.

The banded remuneration of the highest paid director in the financial year 2024/25 was £190k-£195k (2023/24, £180k-£185k). In 2024/25 and 2023/24 the highest paid Director is the Chief Operating Officer.

Remuneration ranged from £12.5k to £281.6k (2023/24 £10.3k to £260.7k).

Total remuneration includes salary, non-consolidated performance-related pay and benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

The Remuneration Committee agrees remuneration packages for Executive Directors. The notice period and termination payments are defined within the NHS Agenda for Change payment model as for all employees. No performance bonus payments were made to Directors during the financial year.

The information contained within summary financial statements has been subject to external audit scrutiny. In addition, the Directors' remuneration tables have been audited for compliance with Statutory Instrument 2008 No 410.





Pay Multiples

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid Director in their organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation’s workforce. Total remuneration of the employee at the 25th percentile, median and 75th percentile is further broken down to disclose the salary component. The remuneration of the organisation’s workforce is disclosed in the below table

	2024/25	2023-24	Percentage Change (%)
25th Percentile Remuneration	£24,071	£22,816	6%
Median Percentile Remuneration	£32,324	£30,639	5%
75th Percentile Remuneration	£44,962	£42,618	6%
25th Percentile Pay Ratio	8.0 : 1	8.0 : 1	
Median pay Ratio	6.0 : 1	6.0 : 1	
75th Percentile Pay Ratio	4.3 : 1	4.3 : 1	

The banded remuneration of the highest paid director in the financial year 2024/25 was £190k-£195k (2023-24, £180k-£185k). 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.

The pay multiple has remained the same at 5.96 times the median salary (in 2023/24 it was also 5.96 times).

It should be noted that the calculation is based on basic pay for all staff including bank staff and agency staffing as of 31 March 2025. It is costed at an average cost FTE. This excludes overtime and enhancements due to the level of distortion that would arise from these arrangements.

Off Payroll Engagements

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

For all off-payroll engagements as of 31 March 2025, for more than £245 per day and that last longer than 6 months

Number of existing engagements as of 31 March 2025	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 three 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 2024 and 31 March 2025, for more than £245 per day and that last longer than 6 months

Number of temporary off-payroll workers engaged between 1 April 2024 and 31 March 2025	0
Of which	
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	
Of which, 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.

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2024 and 31 March 2025

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 if 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 many cases where individuals are included within the first row of this table the departments 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

Financial Statement

Forward and Financial Performance Overview

The summary financial statements are an extract of the information in the full annual Accounts. These include the Annual Governance Statement of the Trust for year ended 31 March 2025. 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 2024-2025 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 three 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.
- **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 2024-2025 the Trust were slightly under the CRL target of £49,122,000, by £1,000.

Financial performance summary 2024/25

	Target	Actual	Achieved
Income and Expenditure Break-even (£'000)	0	(13,103)	X
Capital Cost Absorption Rate (%)	3.5%	3.5%	✓
Capital Resource Limit (£'000)	49,122	49,121	✓

*Target is adjusted control total as agreed with NHSE

Income and Expenditure position for each of the last five years:

	2019/20 £'000	2020/21 £'000	2021/22 £'000	2022/23 £'000	2023/24 £'000	2024/25 £'000
Breakeven duty in-year financial performance	5,735	243	4,454	363	(25,320)	(13,103)
Breakeven duty cumulative position	59,877	60,121	64,574	64,937	39,617	26,514
Operating income	676,114	743,285	817,270	899,891	940,686	1,041,391
Cumulative breakeven position as a percentage of operating income	8.86%	8.09%	7.90%	7.22%	4.21%	2.55%

Cumulative Position

Table above shows that the Trust did not achieve its statutory break-even duty in 2024-2025. However, the Trust still has a cumulative surplus position of £26,514k. The deficit position amounted to £13,103k 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% compliance, and, over the last two years, the Trust's performance is shown in table below.

Better Payment Practice Code Summary

	2024/25		2023/24	
	Number	£'000	Number	£'000
Income and Expenditure Break-even (£'000)	125,790	587,684	132,192	556,583
Capital Cost Absorption Rate (%)	110,676	542,808	125,136	532,240
Capital Resource Limit (£'000)	87.98%	92.36%	94.66%	95.63%

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 Resolution 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 2025 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 2.31% utilised in 24/25 (3.39% 23/24). 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

Auditors

The Trust's external auditors are Grant Thornton UK LLP (2023-24 KPMG LLP). The total charge for audit work undertaken in 2024/25 was £200k excluding VAT (2023-24 £170k). Other auditors' remuneration in 2024/25 was £0k (2023-24 £0k) 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%.

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 2025

	2024-25 £000s	2023-24 £000s
Operating Income from patient care activities	874,224	783,232
Other operating income	167,167	157,454
Operating expenses	<u>(1,039,868)</u>	<u>(941,721)</u>
Operating surplus/(deficit) from continuing operations	1,523	(1,035)
Finance income	2,438	2,975
Finance expenses	(3,292)	(7,300)
PDC dividends payable	<u>(13,099)</u>	<u>(12,784)</u>
Net finance costs	(13,953)	(17,109)
Other gains / (losses)	<u>32</u>	<u>45</u>
Surplus / (deficit) for the year	<u>(12,398)</u>	<u>(18,099)</u>

Other Comprehensive Income for the Year Ended 31 March 2025

	2024-25 £000s	2023-24 £000s
Will not be reclassified to income and expenditure:		
Revaluations	<u>6,419</u>	<u>5,027</u>
Total comprehensive income / (expense) for the period	<u>(5,979)</u>	<u>(13,072)</u>

Financial Performance for the Year Ended 31 March 2025

	2024-25 £000s	2023-24 £000s
Retained surplus / (deficit) for the year	(12,398)	(18,099)
Impairments (Excluding IFRIC 12 Impairments)	2,594	431
Adjustments in respect of donated gov't grant asset reserve elimination	(3,406)	(12,133)
Remove PFI revenue costs on an IFRS 16 basis	6,806	6,976
Add back forecast IFRIC 12 scheme contingent rent on an IAS 17 basis	0	(3,891)
Add back PFI revenue costs on a UK GAAP basis	(6,714)	0
Remove net impact of inventories received from DHSC group bodies for COVID response	<u>15</u>	<u>59</u>
Adjusted retained surplus / (deficit)	<u>(13,103)</u>	<u>(26,657)</u>

Statement of Financial Position as at 31 March 2025

	31 March 2025	31 March 2024
	£000s	£000s
Non-current assets		
Intangible assets	9,351	7,473
Property, plant and equipment	521,391	504,646
Right of use assets	18,233	13,176
Other investments / financial assets	16	12
Trade and other receivables	3,073	2,710
Total non-current assets	552,064	528,017
Current assets		
Inventories	9,766	9,049
Trade and other receivables	38,389	44,893
Cash and cash equivalents	50,886	29,457
Total current assets	99,041	83,399
Current Liabilities		
Trade and other payables	(104,725)	(94,741)
Borrowings	(8,731)	(7,316)
Provisions	(8,072)	(1,416)
Other liabilities	(12,138)	(8,892)
Total current liabilities	(133,666)	(112,365)
Total assets less current liabilities	517,439	499,051
Non-current liabilities		
Trade and other payables	0	(179)
Borrowings	(31,567)	(28,392)
Provisions	(1,980)	(2,193)
Total non-current liabilities	(33,547)	(30,764)
Total assets employed	483,892	468,287
Financed By		
Taxpayers' equity		
Public dividend capital	337,782	316,202
Revaluation reserve	120,643	114,224
Financial assets reserve	(1,414)	(1,418)
Other reserves	190	190
Income and expenditure reserve	26,691	39,089
Total taxpayers' equity	483,892	468,287

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



Joe Chadwick-Bell, Group Chief Executive

Date: 24 June 2025

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 2025

	2024-25 £000s	2023-24 £000s
Cash flows from operating activities		
Operating surplus / (deficit)	1,523	(1,035)
Non-cash income and expense:		
Depreciation and amortisation	33,489	32,431
Net impairments	2,594	431
Income recognised in respect of capital donations	(4,223)	(12,775)
(Increase) / decrease in receivables and other assets	5,529	15,403
(Increase) / decrease in inventories	(717)	(702)
Increase / (decrease) in payables and other liabilities	12,784	(17,584)
Increase / (decrease) in provisions	6,434	(2,290)
Net cash generated from / (used in) operating activities	57,413	13,879
Cash flows from investing activities		
Interest received	2,438	2,975
Purchase and sale of financial assets / investments	0	0
Purchase of intangible assets	(3,312)	(3,095)
Purchase of property, plant, equipment and investment property	(38,202)	(53,527)
Sales of property, plant, equipment and investment property	32	54
Receipt of cash donations to purchase capital assets	4,204	12,702
Net cash generated from / (used in) investing activities	(34,840)	(40,891)
Cash flows from financing activities		
Public dividend capital received	21,580	10,526
Capital element of finance lease rental payments	(4,503)	(4,593)
Capital element of PFI, LIFT and other service concession payments	(3,974)	(3,761)
Interest paid on finance lease liabilities	(635)	(314)
Interest paid on PFI, LIFT and other service concession obligations	(1,448)	(1,477)
PDC dividend (paid) / refunded	(12,164)	(13,176)
Net cash generated from / (used in) financing activities	(1,144)	(12,795)
Increase / (decrease) in cash and cash equivalents	21,429	(39,807)
Cash and cash equivalents at 1 April - brought forward	29,457	69,264
Cash and cash equivalents at 31 March	50,886	29,457

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 the chief executive's responsibilities as the 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.



Joe Chadwick-Bell, Group Chief Executive

24 June 2025

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.

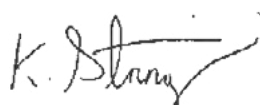
The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS trust's performance, business model and strategy

By order of the Board



24 June 2025

Joe Chadwick-Bell, Group Chief Executive



24 June 2025

Kevin Stringer, Group Chief Financial Officer

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 2024/25 have been completed and this certificate accompanies them.

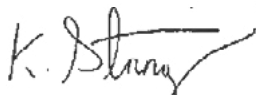
Finance Director Certificate

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 Financial Officer

24 June 2025

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.



Joe Chadwick-Bell, Group Chief Executive

24 June 2025

