The Royal Wolverhampton NHS Trust

The Royal Wolverhampton NHS Trust
Annual General Meeting

Wednesday 30 September 2026
Lecture Theatre
WMI Lecture Theatre New Cross Hospital

Time	Item Description	Lead
10:30-10:45	Arrivals and seating	
10:45-10:55	Chair's Welcome, Apologies & Confirmation of Quorum	Sr David Nicholson
10:55-11:00	Minutes of the Previous Annual General Meeting held on 16 September 2025 To receive for approval	Sir David Nicholson
11:00-11:35	The Annual Report Summary and Financial Position (Audited Accounts) 2025/26 Incl: • Video: Review of the Year 2025/26 • Community Voice (Testimonials)	Joe Chadwick-Bell Kevin Stringer Debra Hickman
11:35-11:55	Questions from the Public	Sir David Nicholson Joe Chadwick-Bell
11:55-12:00	Closing Remarks	Sir David Nicholson

The Royal Wolverhampton NHS Trust

Minutes of the Annual General Meeting of The Royal Wolverhampton NHS Trust
Held on 16 September 2025 at 4:30pm
Room 10, MLCC, 3rd Floor, Walsall Healthcare NHS Trust

Present:

Sir D Nicholson	Group Chair
Ms J Chadwick-Bell	Group Chief Executive Officer
Ms D Hickman	Chief Nursing Officer, RWT
Ms S Cartwright	Group Director of Place
Mr S Evans	Group Chief Strategy Officer
Dr B McKaig	Chief Medical Officer
Dr A Viswanath	Interim Chief Medical Officer
Mr K Bostock	Group Chief Assurance Officer
Mr A Duffell	Group Chief People Officer
Prof M Levermore	Non-Executive Director
Ms G Nuttall	Managing Director, RWT
Mr K Stringer	Group Chief Financial Officer
Ms S Banga	Senior Operations Coordinator for the Group Company Secretary
Ms O Powell	Senior Administrator (minute taker)

Apologies

Ms A Heseltine	Non-Executive Director
Mr J Dunn	Deputy Chair/Non-Executive Director
Ms J Jones	Non-Executive Director
Dr U Daraz	Associate Non-Executive Director
Prof L Toner	Joint Non-Executive Director, RWT and WHT
Ms T Palmer	Director of Midwifery
Ms L Cowley	Non-Executive Director

AGM001/25	**Chair's Welcome, Apologies and Confirmation of Quorum**
	Sir David welcomed everyone to the meeting and apologies were received and noted. He confirmed the Annual General Meeting as quorate.
AGM002/25	**Register of Declarations of Interest**
	Sir David confirmed there were no further declarations of interest pertaining to the agenda that had not already been received and published.
AGM003/25	**Minutes of the Annual General Meeting held on 24 September 2024**
	Sir David a confirmed there no revisions or changes to the minutes presented and confirmed them to be an accurate record. **Resolved: that the minutes of the previous meeting held on 24 September 2024 be received and APPROVED.**
AGM004/25	**Review of the Year 2024/25**
	Sir David introduced Group Chief Executive, Ms Chadwick-Bell. Ms Chadwick-Bell reflected on the past year, noting that she had not been in post during the first three quarters and therefore based her comments on the Annual Report and feedback received from colleagues. She highlighted a number of significant organisational developments, including the restructuring of the Trust Board and Executive Team, resulting in a leaner leadership structure. The introduction of Managing Director role was also noted, with Ms Nuttall appointed to this position. Ms Chadwick-Bell then outlined key achievements delivered through the Joint Trust Strategy between Walsall Healthcare Trust (WHT) and The Royal Wolverhampton NHS Trust. She mentioned Paul Boden from WHT and colleagues, joint leads for Cardiac Rehabilitation, became registered Clinical Exercise Physiologists. She said their work was recognised by Physiology through

	an independent charity, reflecting excellence in the field. She also reported that the Trust celebrated caring for its 1,000th paediatric virtual ward patient. She said this milestone demonstrated the success of providing safe, effective care in community and home settings, in line with the Trust's strategic ambitions. She advised that more than 1,800 staff across the Black Country completed training to promote safer sleeping for babies through a pilot programme. Ms Chadwick-Bell also acknowledged the implementation of *Sophie's Legacy*, established following the death of a 10-year-old patient with a rare cancer in 2020. The initiative reflected the Trust's commitment to learning from patient experiences and improving care and support for patients and families. Ms Chadwick-Bell highlighted the Trust's Endometriosis Centre achieved specialist centre status, enabling the delivery of complex surgical procedures and improving local access to advanced treatment. She said the first purpose-built Diabetes Centre in the Midlands opened at RWT, coinciding with the service's 30th anniversary and enhancing local diabetes care provision. She advised Emergency Departments at WHT and RWT implemented a national initiative providing access to specialist blood tests, supporting earlier diagnosis and improved patient outcomes. The Trust was among a limited number of organisations to achieve this rollout. She reported "The Beat" was launched within the Heart and Lung Centre to raise awareness of available services, supported by NHS Charity and the Arts & Heritage Group. She advised Angela Davies, Clinical Director for Pharmacy and Medicines Optimisation, received one of the highest national honours within the pharmacy profession. Ms Chadwick-Bell said RWT introduced minimally invasive direct artery bypass surgery, improving patient recovery times and clinical outcomes. She mentioned a new support programme for hip and knee replacement patients was launched, helping to reduce anxiety and promote inclusive care by involving carers and families in treatment planning. She reported that Martha's Rule was implemented across adult inpatient areas, further strengthening patient safety and advocacy. Looking ahead, Ms Chadwick-Bell said the Trust was preparing for the launch of a new Electronic Patient Record (EPR) system, representing a significant milestone in its digital transformation programme while maintaining a strong focus on patient safety throughout implementation. She also highlighted Wolverhampton's selection as one of nine sites participating in the national Frailty Accelerator Programme, creating opportunities for innovation, collaboration and shared learning. Ms Chadwick-Bell expressed her pride in the achievements of staff and their continued commitment to delivering the priorities set out in the NHS 10-Year Plan. She thanked colleagues for the warm welcome she had received and recognised the dedication and professionalism of staff in delivering high-quality services and improving patient experience. Ms Hickman presented a summary of the Quality Account, noting that the full report was available online. While acknowledging challenges during the year, she highlighted significant progress across a number of quality priorities. Key achievements included the successful implementation of Martha's Rule, with RWT acting as an early adopter in the national pilot alongside WHT. A recent national review recognised its positive impact on patient safety and staff confidence. She also mentioned there had been a reduction in

	Clostridium difficile (C. difficile) cases during the latter part of the year, supported by targeted, data-driven interventions. She advised improvements in outcomes for hospital-acquired pneumonia and sepsis through focused quality improvement programmes. She reported there had been continued work to maintain evidence-based staffing levels and address workforce vacancies to support safe, high-quality care. Finally, she mentioned ongoing alignment with the NHS 10-Year Plan, with a particular focus on patient engagement and reducing health inequalities. McKaig highlighted mortality as a key indicator of quality and noted that recent initiatives, including improvements in mouth care to reduce hospital-acquired pneumonia, had contributed to improved patient outcomes. He reported that the organisation now oversaw mortality reviews across both hospital and community settings, supporting transparency, learning and service improvement. He said significant progress had also been made in clinical effectiveness, particularly within cancer pathways, where performance had improved substantially through timely diagnosis and treatment. Improvements in referral-to-treatment performance were noted, although further work remained. Looking ahead, Dr McKaig noted that the implementation of the Electronic Patient Record (EPR) system would strengthen clinical services, data quality and reporting, supporting ongoing quality improvement and delivery of the NHS 10-Year Plan
AGM005/25	**The Annual Report Summary and Financial Position (Audited Accounts) 2024/25**
	Mr Stringer presented an update on The Royal Wolverhampton NHS Trust's financial position and organisational profile. He advised that the Trust had continued to grow significantly and now hosted a number of major services, including Black Country Pathology, with a turnover of approximately £90 million, and the West Midlands Research Network, with a turnover of around £37 million. He said when hosting arrangements and earned income were taken into account, the Trust's overall financial profile was approaching £1 billion. Mr Stringer outlined the Trust's expenditure profile, noting that staffing costs represented approximately 64% of total expenditure, which was in line with comparable NHS organisations. Workforce costs were concentrated within nursing (£165 million) and medical and dental staffing (£188 million), reflecting the specialist and tertiary nature of many of the Trust's services. He said other significant areas of expenditure included clinical supplies (12%), pharmaceuticals (8%) and premises costs (4%). He reported capital investment during the year totalled £49 million. Key projects included Decarbonisation Programme, the development of a solar farm supplying the New Cross Hospital site, capable of meeting up to 100% of the site's electricity requirements on optimal days and representing one of the largest solar initiatives within the NHS, Radio Pharmacy and Aseptics Development, Construction of a new facility at Wrekin House, which was approaching the commissioning stage and would support wider estate rationalisation plans and the Electronic Patient Record (EPR) Programme: Investment of £6 million during the year as part of a multi-year programme to deliver a significant digital transformation across the organisation. Looking ahead to 2025/26, Mr Stringer highlighted a number of financial challenges, including the requirement to deliver efficiency savings of 6.2%, manage increasingly volatile funding flows associated with the shift of care from acute to community settings, and reduce dependence on national deficit support funding. The Board acknowledged the scale of these challenges and the need for continued transformational change. However, expressed confidence in the Trust's ability to respond effectively, drawing on its strong track record of delivery and organisational capability.
	General Business (Section Heading)
AGM006/25	**Questions received from the Public, Staff and other Stakeholders**

	Question 1 **Given the Black Country's unique industrial heritage and diverse population, how would the new Integrated Care Board (ICB) cluster ensure that Wolverhampton's healthcare needs were not overshadowed by larger urban areas such as Birmingham?** **Response:** Ms Chadwick-Bell noted that the first part of the question was principally a matter for the ICB, as it related to the way resources and priorities would be managed across the newly aligned ICB areas. However, she emphasised the importance of maintaining strong partnership arrangements and collaborative working relationships to ensure that the organisation remained actively involved in decision-making across both Birmingham and the Black Country. Ms Cartwright highlighted the strength of the place-based partnerships established across the Black Country, which remained focused on responding to the specific needs of local populations. She explained that these partnerships were expected to develop further in line with NHS priorities, particularly through the expansion of neighbourhood-based models of care. She said while service delivery approaches may differ across localities, including Wolverhampton, Walsall, Sandwell and Dudley, this reflected the differing needs of their respective populations. Ms Cartwright reaffirmed the organisation's commitment to the neighbourhood agenda, ensuring that services continued to be tailored to local communities. She added that these developments should be viewed not as a risk, but as an opportunity to strengthen integrated and population-focused care. Sir David commented on the changing nature of system partnerships and noted that an increasingly important relationship would be with the West Midlands Combined Authority, particularly in areas such as innovation, economic development, health improvement and employment. He stressed the importance of moving away from viewing the ICB as a hierarchical structure and instead embracing more collaborative and flexible partnership arrangements. He said with the reduction in the ICB's traditional performance management role, there was an opportunity to establish a new model of partnership working, including closer alignment with the Combined Authority to support regional priorities and integrated health and economic development. **Question 2** **Considering the Trust's focus on innovation, how were research priorities being aligned with the specific health needs of the Black Country, and what mechanisms were in place to ensure meaningful community involvement in shaping those priorities?** **Response:** Dr McKaig outlined the Trust's unique role as host organisation for the West Midlands Research Delivery Network (RDN), which has been recognised nationally for its work in expanding research opportunities within community and primary care settings through innovative and agile workforce models. He reported that Wolverhampton, together with Walsall, Dudley and Sandwell & West Birmingham NHS Trusts, was developing a collaborative research network aimed at increasing the region's attractiveness for commercial research activity while broadening opportunities for local populations to participate in research. He said this was recognised as an important contributor to improving health outcomes across the Black Country. Dr McKaig explained that work was underway to enable participation in research across all professional groups and care settings, including acute, community and primary care services, thereby supporting the development of future clinical and academic researchers. He also highlighted the Trust's strong partnerships with higher education institutions and referenced advanced plans for the establishment of a Black Country Medical School at the University of Wolverhampton. He said this initiative would help widen participation in medical education and research, supporting the development of local clinical and research talent. He said collectively, these programmes demonstrated the Trust's ongoing commitment to advancing research, innovation and education for the benefit of local communities and the wider region.
AGM007/25	**Closing Remarks**

	Sir David highlighted the recent signing of a Memorandum of Understanding (MoU) with partner organisations in India, creating opportunities for collaboration in research, innovation, education and training. He also recognised the outstanding research being undertaken across the Trust and noted the value of the Black Country's diverse and stable population in supporting high-quality research and long-term studies. Sir David expressed confidence in the Trust's ability to respond to future NHS challenges while continuing to drive innovation and transformation. He thanked everyone for attending and extended his appreciation to the Executive Team, staff and volunteers for their commitment and contributions throughout the year. **The meeting was closed**