



# Annual Report 2025-26



Care Colleagues  
Collaboration Communities

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## Chair and Chief Executive's Welcome

Welcome to The Royal Wolverhampton NHS Trust's Annual Report and Accounts for 2025/26. Here, you will be able to see how our organisation has performed against a range of national and local standards, and how we measure the quality of care we provide to our communities alongside our financial accounts.

The last 12 months have seen us focus our efforts on the national NHS priorities which include reducing the time people wait for elective care and improving A&E waiting times and ambulance response times.

This has been against a backdrop of rising costs and demand as well as unprecedented industrial action while we try to meet the growing needs of our ageing population and address health inequalities. And managing our finite resources is an ongoing challenge.

Digital technology is moving at a breathtaking pace, and we also need to make sure we're exploring the transformational opportunities that innovations such as Ambient Voice Technology bring.

Meanwhile, our Black Country Provider Collaborative continues to work in partnership across multiple sites, to provide better, faster and safer care to the population of the Black Country and beyond.

This time last year, all of us in the NHS were eagerly awaiting the publication of the government's 10 Year Health Plan

The plan was released last summer, and we now know, as predicted, that it focuses on three key shifts in healthcare:

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

These three shifts are very much in line with our own ambitions for The Royal Wolverhampton NHS Trust and were key drivers for us as we developed a refreshed joint strategy with Walsall Healthcare NHS Trust earlier this year.

We know the challenges that healthcare services face when meeting the varied – and often complex - needs of the people they serve are not going to suddenly reduce. Add into this the necessity of managing our finances efficiently and using our resources in the most effective way possible and it's clear the NHS cannot continue to operate in the way it traditionally has done for so many years.

We're proud that Transforming Care Together, our refreshed strategy, encourages a strengthening of community services, development of neighbourhood teams, expansion of elective capacity, modernised outpatient care and improved access to diagnostics, ensuring patients receive timely, co-ordinated and convenient care.

Our pledge is that by 2031 patients will experience faster access to care in their communities, staff will work in a digitally enabled and supportive environment, our organisations are fit for the future and patients will benefit from improved ways of communicating with our clinical teams.

The strategy is undoubtedly ambitious, but it is shaped by the voices we all need to listen to. Our colleagues, our patients and the public are at its heart and their feedback, which is continuing, has been essential.

Together, we are creating the foundation for a healthier future - one that ensures our hospitals can focus on those who need them most, whilst empowering people to live well in their communities.

Staff have also told us they'd like a smaller number of clear priorities that don't keep changing. We're more likely to address our most pressing challenges if we work together, all contributing towards a bigger aim that is well understood by everyone.

Our aim remains to ensure we deliver exceptional care to improve the health and wellbeing of our patients and communities.

We want every colleague to understand how their role contributes to our collective success. To help, we have set three key priorities for the coming year:

- We want our colleagues to feel cared about
- We want to reduce the time patients wait
- We want to deliver our services efficiently

Looking back over the last 12 months, there is much to celebrate and feel proud of and our innovative teams are certainly making a meaningful difference to people's lives, as you will see from this Annual Report.

We were thrilled that NHS England, the ICB and Health Innovation West Midlands were so impressed at our Wellness Rounds which have seen deteriorating patient numbers fall across New Cross and Walsall Manor Hospitals as part of the Martha's Rule initiative, they came to visit to learn more and highlight this positive impact.

We rolled these out across all inpatient wards on 30 March this year.

And last September we unveiled a partnership to develop cutting-edge treatment through clinical research and education with India healthcare leaders.

The Trust, the University of Wolverhampton and the Rajeev Gandhi Institute of Medical Education (Karnataka) each signed a Memorandum of Understanding formalising the agreement which will allow opportunities for joint curriculum design, faculty exchanges, collaborative research, enhanced medical education, clinical trials, and sharing best practices.

But there is, of course, always room for improvement. An unannounced visit by the Care Quality Commission to New Cross Hospital's Urgent and Emergency Care services last November highlighted some areas where we had to take immediate action to address the concerns raised.

As a result of the inspection, the CQC downgraded its rating for urgent and emergency services at New Cross Hospital from good to requires improvement, with the safe domain rated as inadequate

The key areas of concern were around triage delays, poor front door oversight and flow, insufficient staffing levels, maintenance of safe care, timely medication, dignity and our safety culture.

Following feedback from the visit and the receipt of the report, action has been taken. This has included strengthening clinical oversight in ED and SDEC, putting additional staff in place and moving staff across the Trust and Department as appropriate, reviewing our chest pain pathway and reinforcing our governance.

The overall rating for the New Cross Hospital site was downgraded to requires improvement.

The overall rating for the Royal Wolverhampton NHS Trust remains good.

While it is disappointing for New Cross Hospital and its dedicated and committed teams, together we can make sure the CQC has a different story to tell when it re-inspects the service.

And we have also been disappointed that our NHS Staff Survey results showed urgent needs around wellbeing, inclusion, discrimination, safety, advocacy, morale and retention,

While these conversations are tough to hear, we have promised to make even more time to speak to staff through listening and engagement opportunities at divisional and team level. We want them to feel cared about at work and we must understand how leaders, teams and individuals can collectively help us to empower colleagues and show them they are valued.

Whilst there is always more to do, the Trust has made significant improvement to waiting times for patients across its services, for outpatient and inpatient / same day care treatments. The Trust was in the top quartile for the most improvement in waiting times and the same is true for its diagnostic services.

Finally, we want to thank everyone who comes to work each day, night or weekend to either deliver compassionate, high-quality care to the people of all ages who need it most or play a part in supporting others to do so, including our volunteers and partners.

Whatever the next 12 months bring, their unwavering commitment, pride and determination to make us the best we can be will stand us in good stead.



Sir David Nicholson CBE KCV  
Chair

A handwritten signature in black ink, appearing to be 'D Nicholson'.



Joe Chadwick-Bell  
Chief Executive

A handwritten signature in black ink, appearing to be 'Joe Chadwick-Bell'.

## A. Performance Report and Performance Overview

### Performance against the National Operational Standards

| Indicator                                                      | Target (2025-26) | Performance |         |         |
|----------------------------------------------------------------|------------------|-------------|---------|---------|
|                                                                |                  | 2025/26     | 2024/25 | 2023/24 |
| Cancer 31 day Combined                                         | 96%              | 92.75%      | 89.43%  | 84.40%  |
| Cancer 62 day Combined                                         | 75%              | 71.52%      | 60.58%  | 42.58%  |
| 28 Day FDS (all routes)                                        | 80%              | 80.15%      | 78.68%  | 74.37%  |
| Emergency Department - total time in ED                        | 78%              | 79.81%      | 80.86%  | 77.43%  |
| Referral to treatment - incomplete pathways                    | 60%              | 55.32%      | 52.62%  | 55.13%  |
| Cancelled operations on the day of surgery as a % of electives | <0.8%            | 0.52%       | 0.56%   | 0.27%   |
| Mixed sex accommodation breaches                               | 0                | 0           | 0       | 0       |
| Diagnostic tests longer than 6 weeks                           | <5%              | 3.94%       | 5.24%   | 40.55%  |

### Performance against other National and Local Quality Requirements

| Indicator                                                   | Target (2025-26) | Performance |         |         |
|-------------------------------------------------------------|------------------|-------------|---------|---------|
|                                                             |                  | 2025/26     | 2024/25 | 2023/24 |
| Clostridium Difficile                                       | 58               | 74          | 126     | 80      |
| MRSA                                                        | 0                | 8           | 4       | 3       |
| Duty of Candour                                             | 0                | 16          | 6       | 0       |
| Ambulance handover <15 minutes                              | >65%             | 43.12%      | 44.67%  | 52.63%  |
| Ambulance handover <30 minutes                              | >95%             | 69.29%      | 74.46%  | 82.91%  |
| Ambulance handover >60 minutes                              | 0%               | 20.33%      | 13.61%  | 7.57%   |
| ED waits >12 hours                                          | <2%              | 12.44%      | 10.86%  | 8.52%   |
| Referral to treatment - no one waiting longer than 52 weeks | 0                | 1,642       | 2,090   | 2,570   |
| Referral to treatment - no one waiting longer than 65 weeks | 0                | 0           | 2       |         |
| Referral to treatment - no one waiting longer than 78 weeks | 0                | 0           | 0       | 0       |

## Looking Back at our Year

### April

A Trust cancer team won a regional award for its “massive” support to 200 prisoners.

The Living With and Beyond Cancer (LWBC) Team won Healthier Futures’ Wolverhampton Team of the Year award.

The team collaborated with cancer support charity Macmillan and HMP Oakwood at Featherstone to improve access to healthcare and information, and appointment attendance rates.

It means more than 2,130 inmates now have access to trained cancer champions.

### May



In this month, more than 1,000 patients had been supported by a programme designed to help them prepare for hip and knee replacements at Cannock Chase Hospital.

Joint School, which celebrated its first anniversary, is an educational session that hip and knee replacement patients are invited to before they have surgery.

The sessions are run by Kirsty Elson, Clinical Nurse Specialist for Enhanced Recovery, Sian Cadman, Enhanced Recovery Nurse, and the Therapy Team at the Trust.

### June



Wolverhampton NHS staff, along with their Walsall colleagues, were thanked and celebrated at Long Service Awards.

Award recipients were presented with a certificate and badge by Joe Chadwick-Bell, Group Chief Executive, as recognition for their continued dedication and commitment.

They included Catering Assistant Rukman Kaur who had given 50 years’ service.

### July



Healthcare staff in Wolverhampton were recognised for their efforts to support members of the Armed Forces community.

The Trust first won the Defence Employer Recognition Scheme (ERS) Gold Award back in 2020 – a prestigious national award presented by the Ministry of Defence (MOD).

And in July last year the Trust’s Gold status has been revalidated by the scheme that looks at support given to those who serve or have served, alongside their families, to ensure they are treated fairly and not disadvantaged in their day-to-day lives.

### August



Our Chair was awarded an honorary doctorate by Aston University in recognition of his outstanding contributions to the NHS and global healthcare over the last 40 years.

Sir David Nicholson joined Walsall Healthcare as Chair in April 2023, later becoming Group Chair across Sandwell and West Birmingham NHS Trust, The Royal Wolverhampton and Dudley Group NHS Foundation Trust.

After the ceremony, he said: "I feel very privileged to receive this honorary doctorate and to have my many years within healthcare recognised."

## September



An innovative £10 million patient record system was launched at the Trust.

The new CareFlow EPR (Electronic Patient Record) system, supplied by digital healthcare provider System C, marked a significant step forward in the Trust's ongoing digital transformation.

The state-of-the-art technology is being used to improve patient safety and streamline care across its hospitals and community services.

## October



A Wolverhampton GP practice and two of its Doctors were recognised for their outstanding commitment to end-of-life care, receiving three prestigious accolades.

Lea Road Medical Practice, Dr Mona Sidhu and Dr Amy Thompson were all recognised at the 2025 Daffodil Standards Awards.

The Daffodil Standards, designed by the Royal College of General Practitioners (RCGP) in partnership with Marie Curie, help practice teams to spot areas for improvement and build on the quality of care they provide.

## November



A leading Wolverhampton breast surgeon and academic was appointed Honorary Secretary of the Association of Breast Surgeons (ABS) UK — recognising her outstanding leadership, research, and dedication to improving patient care.

Dr Raghavan Vidya MS, MD, FRCS, Consultant Oncoplastic Breast Surgeon at The Royal Wolverhampton NHS Trust and Senior Lecturer at the University of Birmingham, said she was "proud" to take on the role with the organisation, which promotes excellence in breast surgery, education, and research across the UK.

## December



A pioneering solar farm project that helps power a city hospital won a major national award.

The Royal Wolverhampton NHS Trust's solar farm—built on a former landfill site covering the equivalent of 22 football pitches—now provides New Cross Hospital with its own self-generated renewable energy for around 288 days a year, or roughly three-quarters of its annual electricity demand.

The project was named Best Sustainability Project at the Government Commercial Function (GCF) Awards. More than 230 applications were submitted to the Cabinet Office seeking recognition.

## January



Stroke patients across Wolverhampton and Walsall will be able to receive high-quality rehabilitation in their own homes and communities – helping them towards better recovery – following approval of a transformation of the service.

Patients will benefit from a specialist, seven-day stroke rehabilitation service delivered at home or as close to home as possible, supporting a quicker return to independence and better long-term outcomes.

While bed-based rehabilitation will still be available for those who need it from the West Park Rehabilitation Hospital in Wolverhampton, this will be for shorter periods, with more patients continuing their recovery in their usual place of residence.

## February



A Wolverhampton patient became one of the first in the country to receive a new type of implantable cardioverter-defibrillator designed to treat abnormal heart rhythms and prevent sudden cardiac arrest.

Bradley Ferguson, 31, was diagnosed with Hypertrophic Cardiomyopathy (HCM) at the age of 19 — a condition where the heart muscle wall becomes thickened, making it harder for the heart to pump blood effectively.

He underwent a groundbreaking EV-ICD (Extravascular Implantable Cardioverter Defibrillator) procedure at The Royal Wolverhampton NHS Trust's Heart and Lung Centre.

## March



Wellness Rounds which have seen deteriorating patient numbers fall in pilot schemes across Walsall Manor and New Cross Hospitals as part of the Martha's Rule initiative, were rolled out fully from 30 March.

Wellness Rounds see patients asked, at least daily, how they are feeling, and if they are getting better or worse, with the information acted on in a structured way and speedily.

Teams across Walsall Healthcare and The Royal Wolverhampton NHS Trusts will be continuing to implement this element of the patient safety initiative fully across all adult inpatient areas at New Cross and The Manor Hospitals.

The Wellness Rounds prompt a range of questions to check patients' health and wellbeing – ranging from how they feel compared to the day before, to any appetite changes, physical deterioration such as a cough or breathlessness, and any mood changes or anxiety.

## Statement of the Purpose and the activities of the organisation – who we are and who we serve

The Royal Wolverhampton NHS 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.

It is 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, is 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.

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.

## Delivering Healthier Futures – Black Country Integrated Care System (ICS)

Over the past year, the Black Country Integrated Care System (ICS) has continued to strengthen collaboration across health, care, local government and community partners to deliver the ambitions set out in the Healthier Futures Integrated Care Strategy. The strategy provides a shared framework to improve population health, reduce inequalities and create a sustainable, integrated health and care system for the 1.2 million people who live and work across the Black Country.

Established under the Health and Care Act 2022, the ICS brings together NHS organisations, local authorities, the voluntary sector and wider partners to plan joined-up services and improve outcomes. The system operates through two statutory bodies:

the NHS Black Country Integrated Care Board (ICB), responsible for NHS planning and resource allocation, and the Integrated Care Partnership (ICP), which brings partners together to oversee delivery of the strategy.

At The Royal Wolverhampton NHS Trust we are proud to play an active role in this partnership, working collaboratively to improve health outcomes and life chances for the communities we serve.

### A shared vision

The Healthier Futures strategy continues to provide the long-term vision for improving outcomes, reducing inequalities and supporting economic prosperity. Recently refreshed alongside the Joint Forward Plan, it strengthens the focus on prevention, population health and the wider determinants of health. Key priorities include:

- Improving population health through prevention and early intervention
- Reducing health inequalities, particularly for under-served communities
- Supporting employment and prosperity as key drivers of health
- Strengthening partnership working across organisations
- Using data and insight to inform commissioning decisions
- Maximising the role of anchor institutions to deliver social value

These priorities reflect ongoing challenges including deprivation, lower healthy life expectancy and high levels of long-term conditions, reinforcing the importance of prevention, integration and partnership working.

## Black Country Integrated Care Partnership

During the year, the ICP continued to provide system leadership, bringing together senior representatives from health, local government, public services and the VCSE sector to support delivery of shared priorities.

Following national policy changes regarding ICP arrangements, partners have begun reviewing future governance arrangements to ensure collaborative working continues. This includes engagement with the West Midlands Combined Authority through the Strategic Health Partnership Board to maintain focus on employment, prevention and health inequalities. Despite these changes, strong partnership working continues to support:

- Collaborative action to reduce health inequalities
- Delivery of prevention and population health programmes
- Alignment of commissioning and population health plans
- The ICB's role as an anchor organisation

Progress this year includes expanded prevention programmes, improved use of population data to target interventions, and strengthened support for under-served groups including refugees, migrants and people experiencing homelessness. Engagement with VCSE partners has also continued to grow, recognising their vital role in improving community outcomes.

### Progress towards an integrated system

Partners have continued to strengthen integration at both system and place level, with place-based partnerships in Wolverhampton, Walsall, Dudley and Sandwell ensuring services reflect local needs. Key areas of progress include:

- Care closer to home – expanding community-based models and strengthening collaboration between primary, community and voluntary services
- Prevention and inequalities – increasing focus on early intervention and addressing the wider determinants of health
- Children and families – improving early support and access to services for children and young people
- Workforce – supporting the 60,000 staff across the Black Country through workforce planning, recruitment and retention initiatives

### Working with communities

Partnership with communities remains central to improving health outcomes. Engagement through community forums and voluntary sector partnerships continues to help shape services, improve access and address the wider determinants of health.

### Looking ahead

While progress continues, significant challenges remain. The next phase of delivery will focus on strengthening prevention, expanding integrated community services and continuing to address health inequalities. Through strong partnership working, the Black Country ICS remains committed to building a more joined-up, sustainable and equitable health and care system for the future.

## Our Vision and Values

As our previous joint The Royal Wolverhampton and Walsall Healthcare and NHS Trusts' strategy was coming to an end we have taken the opportunity to co-design a new five-year strategy.

This aligns with the NHS 10 Year Health Plan priorities:

- Analogue to digital
- Illness to prevention
- Acute to community

It also takes advantage of the opportunities of our integrated Group model and recognises the national challenges around productivity.

Our new strategy for 2026/31 is Transforming Care Together.

Our vision remains: To deliver exceptional care together to improve the health and wellbeing of our communities. And the four Cs from our previous strategy – Care, Colleagues, Collaboration and Communities – are still the strategic aims that guide us.

Our Values also remain:

**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

At the heart of Transforming Care Together is our “wheel” which details our ten objectives.

### Strategic Objectives

We want every colleague to understand how their role contributes to our collective success, making us proud to be part of this organisation. To help, we have set three key priorities for this year:

- We want our colleagues to feel cared about
- We want to improve safety by reducing the time patients wait
- We want to deliver our services efficiently

By 2031, we will have transformed into digitally-enabled, community-focused organisations that deliver exceptional quality of care closer to home, where clinically appropriate. We will operate within our means and empower our staff to innovate and excel.

We will have transformed our services, so care is delivered in communities, hospitals focus on emergency and complex care, and digital innovation empowers both patients and staff to achieve better outcomes.

We will work effectively with primary care and our partners across integrated neighbourhood health teams to provide co-ordinated, person-centred care that keeps people healthy and independent in their communities.



## Our strategic aims and objectives and the risk of achieving them

### Our risks to achievement

Our risk and assurance framework is more fully described in the Annual Governance statement. Before and following the delegation of most Group Trust Board functions to the Group Board, each Group Trust Board maintained a Board Assurance Framework (BAF). Following formation of the Group Board in July 2024, the separate BAFs have been maintained and any common elements identified. The BAF is reviewed at year-end and a new refreshed version approved. At this time, any strategic future potential risks to the Group are also considered which have resulted in a Group BAF.

The Group Trust Board identified a number of key risks in 2025/26 to the achievement of its strategic objectives in 2025/26.

## Performance analysis and going concern

After making enquiries, the Directors have a reasonable expectation 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 regarding the 2026/27 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 for this reason, the Directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual. This is reaffirmed by the Trust's Statement of Financial Position as at 31 March 2026.

### One Wolverhampton

The One Wolverhampton partnership is responsible for improving local health and care services in Wolverhampton. Its goal is to support people in their communities, so they do not always need to go to hospital.

The Royal Wolverhampton NHS Trust works with other NHS organisations, Wolverhampton Council and the voluntary, community faith and social enterprise sector, to lead this work. Together, they aim to support the whole person and their household. This approach is part of the 10 Year Health Plan (2025) and the Neighbourhood Health Framework (2026).

Neighbourhood Health is a big change for how public sector organisations work. Over the next three years, services will work more closely together at a local level. More care will be provided in the community, with a focus on preventing illness. Organisations will also plan services together and work closely with local health and wellbeing boards.

Organisations are expected to work together to improve overall health and wellbeing outcomes, make it easier to access GP services, and improve people's experience of planned and urgent care. They are also expected to increase satisfaction for both patients and staff. From 2026, all areas must provide a set of neighbourhood services, with further changes continuing until 2029.

In Wolverhampton, there are four integrated neighbourhood teams that are already working more closely together. They are building stronger links with housing services and voluntary organisations. They are also developing ways to support groups of people with similar needs. Work is also ongoing to improve buildings, share digital systems, listen more to local people, and improve public communication.

Key highlights from 2025/26 include:

### Developing Integrated Neighbourhood Teams

Engagement with residents, community groups, primary care and local authority teams has been underway to understand the challenges people face locally and shape the design of Integrated Neighbourhood Teams (INTs). The aim is to make it easier for people to access the support they need, not only for health issues but also for wider factors affecting everyday life. Feedback highlighted mental health pressures across all age groups, support for long-term conditions, social isolation among older residents, language and cultural barriers, financial pressures, and a desire for more visible, neighbourhood-based support.

Each neighbourhood has a Clinical Lead who will help drive and deliver the INT model, providing leadership and supporting a more integrated, multidisciplinary approach. Working alongside the One Wolverhampton INT programme team, Clinical Leads help translate community insight into practice, strengthen collaboration across health, care and the voluntary sector, and ensure strong clinical governance as INTs continue to develop.

## Black Country Lead in National Frailty Collaborative

Wolverhampton is at the forefront of the Black Country's role in the National Frailty Collaborative, a 12-month programme focused on improving care for people living with frailty across Wolverhampton and the wider health and care partnership. Supported by national experts in data, measurement and behavioural insights, the programme builds on strong local work to enhance independence, wellbeing and quality of life.

Local initiatives already making an impact include Proactive Frailty Clinics, Healthy Ageing Co-ordinators, Age UK community activities, and hydration training in care homes, all helping to reduce isolation, optimise care and prevent unnecessary hospital admissions.

The collaborative uses six national frailty care bundles, with Wolverhampton focusing on Hospital Discharge and Acute Hospital Care. A dedicated core team ensures care is aligned with the Home First approach, supporting people to return safely to their homes while avoiding unnecessary time in hospital.

Through collaborative learning and partnership working, the programme is helping shift care from reactive, hospital-based approaches to proactive, community-focused support, setting the foundation for stronger, sustainable frailty care in Wolverhampton.

## Technology Enabled Care Empowers Residents to Live Independently

Technology Enabled Care (TEC) is helping residents across Wolverhampton stay safe and independent in their own homes. Delivered by One Wolverhampton partners, including the City Council and The Royal Wolverhampton NHS Trust, alongside WM5G, the programme integrates digital tools such as sensors, GPS-enabled devices, video care phones, and virtual care calls into everyday social care, helping residents stay safe and independent at home.

Nearly 1,000 residents are taking part, with 78% reporting increased independence and 66% improved quality of life. Digital Care Navigators support staff training, care planning, and cultural change, ensuring the technology enhances care while reducing avoidable hospital admissions.

The programme demonstrates how collaborative, technology-enabled care can transform lives, strengthen independence, and provide a sustainable model for the future of adult social care.

## Delivering Speech and Language support in Family Hubs

The Speech and Language Therapy service has been delivering early support within Wolverhampton's Family Hubs, embedding a balanced universal, targeted and specialist approach to improve outcomes for children with speech, language and communication needs. By joining stay and play sessions, therapists provided immediate reassurance, advice and assessment in a familiar community setting.

More than 200 families engaged with the project. Parental concern reduced across all groups, and confidence in supporting communication increased significantly after receiving brief, practical input. Around one in five children were assessed directly in the hubs, with most not previously known to the service—demonstrating strong early identification impact.

Close partnership with Universal Service Practitioners strengthened signposting and enabled many families, including those less likely to access traditional clinic pathways, to receive rapid support. SLT led drop ins further increased accessibility and helped reduce waiting times for specialist services.

The project has improved parental capability, increased community level support and allowed specialist services to focus on children with the greatest needs. Building on these outcomes, SLT group assessments have continued to be delivered within Family Hubs, and a proposal has been submitted to secure longer term funding for this effective community based model.

## Shaping Peer Support in Wolverhampton

A Peer Support Workshop, hosted by One Wolverhampton, working alongside the City of Wolverhampton Council and partners including the Good Shepherd, the Service User Involvement Team (SUIT), and The Sanctuary Hub Rethink Wolverhampton, brought together 40 participants, including people with lived experience of homelessness and mental health challenges, and health professionals.

The event provided a platform to explore priorities and strategies for improving peer mentoring programmes, focusing on engaging complex service users, overcoming barriers to support, and enhancing the quality and experience of peer support initiatives.

Building on the success of the workshop, this collaboration has now developed into a monthly forum, enabling continued partnership working, shared learning, and co-designed improvements to peer support services across Wolverhampton.

## Improving Physical Health Checks for People with Severe Mental Illness

An involvement event was held to support a programme focused on improving the uptake and experience of annual physical health checks for people living with severe mental illness (SMI). The initiative aims to enhance accessibility and quality while addressing inequalities in access to wider lifestyle services.

The event brought together individuals with lived experience of SMI, healthcare professionals, and support staff to discuss what matters most throughout the health check journey. Key themes included training needs, communication, person-centred care, signposting, and reasonable adjustments. Feedback will inform improvements across primary and secondary care, ensuring people with SMI receive the right support, in the right place, at the right time.

## Work Well in Wolverhampton

Work Well continues to support residents across Wolverhampton to improve their health, wellbeing, and prospects for employment. The service, led by Black Country Healthcare NHS Foundation Trust, provides tailored one-to-one support for people facing barriers to work due to health conditions or disabilities.

By creating a welcoming, person-centred environment, Work Well helps individuals build confidence, manage their health, and explore routes into employment or training. Through its compassionate, community-rooted approach, the service empowers residents to take positive steps toward a healthier and more fulfilling future.



## CRN West Midlands/West Midlands RRDN Regional Research Delivery Network overview

Since becoming the West Midlands Regional Research Delivery Network (WM RRDN) in October 2024, teams throughout the region have been working with stakeholders and Delivery Organisations to contribute to and implement new working arrangements across all RDN functions.

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 RDN 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.

During 2025/26, the Network continued work on transitioning to the new arrangements, with representation on national Delivery Groups and Management of Change for staff.

In August, more than £1M of NIHR strategic funding was allocated by the Network, covering a wide range of specialties and settings including mental health, midwifery and primary care.

Research activity - The number of clinical trials and research studies that took place was down by 151 year on year.

Research teams based at health and care organisations in the West Midlands enrolled 54,967 participants to 887 NIHR-funded and supported clinical research trials, down from 80,498 the previous year. These figures reflect downward trends across all regions, back to pre-pandemic levels.

Find out what trials are available to take part in at [www.bepartofresearch.nihr.ac.uk](http://www.bepartofresearch.nihr.ac.uk)

## Agile Research Delivery Team

Our Agile Research Delivery Team is a group of dedicated staff based in the WM RRDN. This is consistent with the 11 other RRDNs across England.

They are skilled, multi-disciplinary staff who can work flexibly across a variety of different locations to support research delivery in health and social care.

Our regional teams can support studies at various stages as needed, across all specialties and settings. Examples include:

- Supporting the set-up of research
- Helping with screening, consent and the recruitment of participants
- Delivering participant facing activities such as baseline and follow up visits
- Data management
- Supporting Delivery Organisations' Pharmacy teams in delivering research involving medicines
- Supporting Delivery Organisations R&D teams with the set-up and governance processes required before research can start
- Further engaging with general practices, care homes, schools, hospices, prisons, dentists and learning disability services so more of the West Midlands population can access research opportunities relating to these settings

Wider Care Settings Team - this team of Research Facilitators supports 150 care homes, 155 schools, and 90 dental practices across the West Midlands in accessing and collaborating on research.

In addition, the team has supported a Local Authority research study, 12 Schools studies, 20 Care Home studies, three Hospice studies, and three Dental Practice studies.

The team has also presented several webinars to promote its work and developed a number of resources to support engagement across wider care settings.

## Communications

- A new Communications Officer was recruited, starting in post in April 2025
- Public and Partner engagement events - the team attended Walsall Pride, Birmingham Pride, and Birmingham Mela 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
- A number of news stories (seven) and case studies (six) were published on the RDN website with coverage achieved in local media
- Working groups - between them the Communications Team contributed to the following groups:
  - Social Media
  - Staff Engagement and Communications
  - Internal Communications - including input into the creation of a new NIHR intranet called The Bridge
  - Content Management

## Research Engagement and Inclusion

- The Participant in Research Experience Survey (PRES), which provides those taking part in research the opportunity to give feedback on their experience, has continued to be delivered. In October 2025 a new digital platform for PRES was introduced. The number of responses received, as of 20 March, was 1,709, exceeding the target of 1,533
- There are now 23 Public Partners, eight adults and 15 children and young people, who are involved in the work of the Network. Activities have included reviewing Strategic Funding Bids, sitting on national groups e.g. PRES Advisory Group and local groups e.g. WM RRDN Stakeholder Group and Contractor Internal Governance Group
- The Research Ready Communities Programme is being delivered with two Community Organisations, Dream Chaser (Birmingham) and Dostia (Wolverhampton). Community Champions have been identified in each organisation, trained, and are now starting to identify actions to help raise the profile of research and research opportunities. Some of these actions include visiting local faith establishments, Gurdwaras and Mosques, to promote research opportunities and NIHR research registries

## Employee Engagement Committee (EEC)

Across the past year, Cohort Two focused on strengthening staff voice, clarifying organisational processes, and developing the role of EEC members as trusted advocates. The group explored how to maintain psychological safety while addressing issues such as civility, reduced engagement, and barriers created by the transition. Several meetings highlighted the need to challenge inappropriate behaviours and reinforce expectations through the Staff Handbook and Behaviour Framework, with updates under consideration.

Wellbeing and culture remained central themes. The group agreed to refresh the wellbeing time framework, continued to monitor resilience needs, and discussed flexibility within roles. Cultural commitments work progressed, including psychological safety, behaviour workshops, and national initiatives such as Connected Cuppas and Lunch and Learns.

Planning for a potential all staff event was initiated, with an emphasis on staff led agenda setting.

## Hosted Services

Due to WM RRDN's pioneering work by its Recruitment Optimisation Support Team (ROST), following a competitive process, it now provides the national service. This national service is called Primary care Research Informatics & Digital Environment Solutions (PRIDES), which offers researchers and GP practices support and advice on how best to use digital solutions to deliver studies in primary care settings. It works closely with key stakeholders to support the development of research solutions and tools for use in GP Practices.

WM RRDN has a skilled and experienced team providing the R&D function to wider care settings such as primary care and social care. As part of our vision to work closely across all NIHR infrastructure in the West Midlands, we have put a Service Level Agreement in place to provide this service for the NIHR Commercial Research Delivery Centre.

## Industry

The Industry Team has been instrumental in driving the NIHR Joint Acceleration Programme, a strategic initiative aligned with the government's mandate to reduce clinical study setup durations to fewer than 150 days.

Regional business development remained a priority, as we collaborated with a number of Delivery Organisations to identify opportunities for growth in their portfolios and established targeted links with commercial sponsors to address these gaps. Notably, our partnership with Roche has flourished through a shared commitment to research diversity. By championing the West Midlands' exceptionally diverse demographic profile, we have ensured the region remains a focal point for inclusive research design and equitable patient recruitment.

## Study Support Service (SSS)

1. Identification Research Location app - All West Midlands Trusts are actively using the app to attract commercial research and have up to date profiles.
2. 150-Day Metric/Acceleration Plan: with RDN support, six of 11 studies met the metric, with an average time of 101 days. We collaborate closely with CRDC C&NWM and submitted impact studies (e.g., CLARITY, SERENITY) to the national team.
3. National Working Groups: We support eight national working groups:
  - Portfolio Eligibility
  - Terms and Conditions
  - Data Entry
  - NIHR Joint Acceleration programme
  - External Relations (Stakeholder Engagement and Delivery Group)
  - Study Support Services and Specialist Commercial Services Delivery Group (Co-Lead for Access to Expertise)
  - Study Set-up and Delivery Sub-group
4. National Feedback Survey: 26 responses received since July 25; 23 scored 5/5 and 3 scored 4/5. Comments highly praised the team's expertise and effectiveness.

## Workforce, OD and Wellbeing

A Workforce and People Delivery Group has been formed to deliver on the organisational strategy, consisting of a Functional Leadership Team and Workforce and People Managers across all regions. The West Midlands is represented in the following sub groups; Organisational Development and Workforce and Structure.

Alongside the national RDN culture programme, the West Midlands identified several region specific priorities to strengthen transparency, identity and reflective practice. A key focus is improving understanding and consistent use of core organisational frameworks, including the Staff Handbook, Behavioural Framework and reflection models.

Improving communication and visibility emerged as a significant theme. Staff feedback highlighted limited awareness within Trusts of the wider team's work since the transition to the RDN. Internally, a Communications working group was set up to review all communication channels to streamline information flow and ensure staff feel better informed.

In early 2026, we introduced "Time for YOU", a well-being initiative encouraging staff to prioritise themselves. It consists of 15-minute online sessions, available one week each month. The aim is to help staff create and maintain healthy personal habits. The programme emphasises individual responsibility for personal happiness and health. [www.rdn.nihr.ac.uk](http://www.rdn.nihr.ac.uk)

## Black country Pathology Services

### Hailed as 'World-Class' following a record-breaking 2025/26 Year of Innovation

Black Country Pathology Services (BCPS) are celebrating a landmark 2025/26 year, proving that cutting-edge innovation and operational brilliance can radically transform NHS diagnostics. Processing 60 million tests annually for 1.34 million patients across Wolverhampton, Walsall, Dudley, and Sandwell and West Birmingham, BCPS is actively setting the national gold standard.

Officially recognised as one of only three fully thriving pathology networks in the country, BCPS recently earned explicit praise from NHS England. During his visit, Lord Carter commended the network as a truly "world-class service," highlighting its relentless aptitude for consistently pursuing clinical innovation to raise the bar on patient care.

BCPS adopted an all-out attitude this year to completely revolutionise how manual disciplines operate. This year's standout achievements highlight a diagnostic service firing on all cylinders:

- **Histology Modernisation and Digital Revolution:** BCPS invested circa £2 million in modernising Histology with state-of-the-art automated platforms. This is a real first for Histology, designed to drive considerable time out of manual processes. Alongside this, the aggressive rollout of high-throughput digital scanning allows Pathologists to instantly share complex cases across the network, enabling rapid remote reporting and faster diagnoses
- **Unprecedented referral service growth:** The specialist referral service, operating out of the Sandwell Laboratories, continues to show phenomenal growth on top of growth in both income and innovation. Cementing its reputation for excellence, BCPS now boasts a diverse and expanding roster of clients spanning from healthcare providers in Ireland to professional football clubs and large government agencies
- **Pioneering AI and Digital-First IT:** Driving a complete transition to a single Laboratory Information Management System (LIMS), BCPS is aggressively pushing towards a 95% target for electronic Pathology requesting. The network is also validating artificial intelligence for clinical use, supporting Rapid AI for stroke diagnostics and joining groundbreaking clinical trials for AI-assisted prostate cancer prognosis.
- **The UK's best Cervical Screening turnaround:** BCPS achieved an outstanding 98% national standard for 14-day turnaround times, standing proud as the only cytology laboratory in the country consistently hitting this vital metric for Primary HPV testing
- **Award-Winning Sustainable Healthcare:** Highly commended by the Royal College of Pathologists, the implementation of the Indexor tracking system eliminated single-use plastic bags for 15,000 daily samples. This prevented 27.9 tonnes of plastic from entering clinical waste streams, saving £50,000 annually
- **Unmatched financial efficiency:** In addition to the £60 million in savings primed by the initial hub consolidation over a decade, BCPS has been consistently delivering its Cost Improvement Programme (CIP) targets every single year. Needless to say, the network successfully delivered its £3.3 million CIP target for 25/26, proving its capacity for rigorous financial stewardship

BCPS continues to serve as a working blueprint for the future of British Pathology, delivering faster, safer, and greener care.

## Black Country Provider Collaborative

The four partners of the Black Country Provider Collaborative have continued to work positively together during 2025/26 on the agreed range of priorities best pursued at scale once.

Supported by a small central team and complemented by many Executive and clinical leaders from across the system, several programmes of work were agreed for progression with a summary of the positive progress made as follows:

### 1. Clinical Improvement Programme

Driven by our clinical leads through 14 Clinical Networks, the focus of their work has been to improve the quality of care, by 'levelling up' service standards consistently across all four partners.

There has been a focus on meeting and exceeding best practice standards such as (Getting it Right First Time) GiRFT, in addition to developing guidelines, patient care pathways, service protocols, and standard operating procedures.

Examples include the implementation of the FIT pathway and development of early rectal cancer management within the colorectal network, in parallel to many guidelines and pathways being developed in Critical Care, Dermatology, Gynaecology and Ophthalmology clinical networks.

### 2. Clinical Service Transformation Programme

A parallel programme of work has centred on making best use of our resources (financial, workforce, materials and estate) to develop and establish new models of care which deliver 'better, faster and safer' care to our local population.

We have made positive strides in establishing a Black Country Elective Hub at Sandwell Health Campus, a new system-wide breast reconstruction service at Dudley, the development of a dual site gynae-oncology service at Wolverhampton and Sandwell and West Birmingham NHS Trusts, and the continued pursuit of urology cancer care transformation across the Black Country.

The impact of these service changes should see patients access care in a timelier manner, with significant improvements in both health outcomes and patient experience over the next few years.

### 3. Corporate Service Transformation Programme

Steady progress has been made across three phases of a corporate service transformation programme which seeks to maximise working at scale through the key benefits of productivity, improvement, resilience and efficiency.

An early phase of work has seen the streamlining of some corporate functions at a Group level, consistent with meeting key national targets.

Work has also centred on a small range of sub-functional areas to determine an optimal model for service delivery at scale. These have included Collaborative Bank, Occupational Health Services, Recruitment, and Research and Development, with proposed options being reviewed imminently for subsequent progression.

And finally, the programme has explored with an external partner further opportunities to achieve benefits at scale with a focus in DDaT, Finance, Estates and Facilities, People Services, and Procurement which will be progressed in 2026/27.

Looking ahead and recognising an emerging operating model across a new NHS, the BCPC will continue to work on behalf of its partners, providing key leadership in driving delivery of agreed system-wide priorities best pursued at scale, which support our goal of working as 'one hospital across multiple sites providing better, faster, and safer care to our local population and beyond.'

The four partners of the Black Country Provider Collaborative have continued to work positively together during 2025/26 on the agreed range of priorities best pursued at scale once.

Supported by a small central team and complemented by many Executive and clinical leaders from across the system, several programmes of work were agreed for progression with a summary of the positive progress made as follows:

## Key Risks and Issues relating to activity

The impact of the Covid-19 pandemic is still evident from the size of our waiting list of patients awaiting routine treatment. Whilst it has reduced since last year, it remains much higher than it was before the pandemic and the Trust remains focused on reducing this to 'normal' levels across the next few years. Our focus is on increasing the proportion of patients being treated within 18 weeks of referral with a plan for 92% of patients to be seen within this timeframe by March 2029.

Emergency activity remained at high levels throughout the year which places pressure on our bed base – one of our key ambitions is to improve the provision of community services to avoid so many of these patients being admitted.

## Performance Analysis

Despite demand remaining high, our performance against the 4 hour, Urgent and Emergency care standard remains strong and one of the best in the country. We remain committed to reducing ambulance handover times further, particularly those over 45 minutes.

We have sustained the improvements in our cancer performance made last year. The percentage of patients receiving treatment within 62 days is in line with the country as a whole although it falls short of the national year-end target of 75%. Our performance for the 28-day faster diagnosis standard remains above the national target.

The number of patients awaiting planned care has fallen considerably within the year and the Trust no longer has anyone waiting for routine treatment over 65 weeks with this cohort being cleared earlier within the year. Despite this, our waiting list still remains high and the percentage of patients being treated within 18 weeks is comparatively low. Our efforts into 2026/27 are focused on reducing the waiting list further and improving the timeliness of treatment.

## Sustainability/Greener NHS Annual Sustainability Report 2025/26

### 1. Executive Summary

The Royal Wolverhampton NHS Trust continues to make measurable progress in reducing the environmental impact of healthcare delivery while maintaining its commitment to high-quality care, population health, operational resilience, and the NHS ambition to achieve net zero.

The strongest verified progress is in direct energy-related emissions. Total annual energy consumption reduced from 82,381 MWh in 2019/20 to 77,397 MWh in 2025/26, a reduction of 4,984 MWh, or 6.0%. Over the same period, energy-related carbon emissions fell from 18,990 tCO<sub>2</sub>e to 13,450 tCO<sub>2</sub>e, a reduction of 5,540 tCO<sub>2</sub>e, or 29.2%. This improvement reflects reduced gas use, lower grid electricity demand, improved operational control and increased renewable generation.

The 6.9 MWp solar farm at New Cross Hospital, commissioned in July 2024, has strengthened this position. Trust-owned solar generation increased from 3,231 MWh in 2024/25 to 5,274 MWh in 2025/26, reducing reliance on grid electricity and supporting energy resilience. However, gas remains the Trust's largest energy source, accounting for approximately 68.7% of energy consumption and 72.3% of reported energy emissions in 2025/26. Future reductions will therefore depend on sustained action to reduce heat demand, improve building efficiency, optimise plant performance, and progress heat decarbonisation across the estate.



Clinical sustainability remains an important area of progress. The Trust has eliminated desflurane, preventing approximately 242 tCO<sub>2</sub>e each year. Nitrous oxide and Entonox emissions also show signs of improvement, although 2025/26 data currently cover quarters 1-3 only and should therefore be treated as provisional. The Trust-wide programme to replace piped nitrous oxide with smaller cylinder systems is expected to reduce emissions by a further 625 tCO<sub>2</sub>e per year once fully implemented.

Reported Scope 3 emissions reduced from approximately 117,098 tCO<sub>2</sub>e in 2024/25 to 85,922 tCO<sub>2</sub>e in 2025/26, a decrease of 31,176 tCO<sub>2</sub>e, or 26.6%. This reduction is mainly associated with lower reported emissions from medical equipment, capital, and medical instruments and devices. As these figures are calculated using a spend-based methodology however, they should be interpreted with caution. Changes may reflect inflation, price variation, procurement cycles, capital investment patterns, or improved data capture, as well as genuine reductions in carbon-intensive activity. Pharmaceuticals remain the largest reported Scope 3 category at 44,701 tCO<sub>2</sub>e, followed by supply chain emissions at 17,566 tCO<sub>2</sub>e.

Digital transformation has delivered robust, activity-based sustainability benefits. Digital forms and mobile working enabled 392,893 forms to be completed electronically, saving approximately 1.8 million sheets of paper, 18 million litres of water, 2.5 million travel miles and 1,038 tCO<sub>2</sub>e. The reuse and recycling of

832 IT devices saved a further 121 tonnes of CO<sub>2</sub> and 268 MWh of energy, while the digitisation of 9.2 million health record pages saved 39.5 tonnes of CO<sub>2</sub> and 184 million litres of water.

The principal priorities for 2026/27 are to complete the Estates Strategy, progress heat decarbonisation, deliver the nitrous oxide reduction programme, strengthen sustainable prescribing, deploy the CareFlow Electronic Patient Record, update the Sustainable Travel Plan, improve clinical waste segregation, and reduce the environmental impact of food, catering, and procurement.

## 2. Scope 1 and 2: Estate, energy, and medical gases

The Trust's estate-related energy performance shows a clear reduction in both consumption and emissions since the 2019/20 baseline. Total annual energy consumption fell from 82,381 MWh in 2019/20 to 77,397 MWh in 2025/26. Consumption peaked at 87,105 MWh in 2021/22 and has since declined, suggesting that energy demand is being managed more effectively despite ongoing service and estate pressures.

The most significant reduction has been in gas consumption, which fell from 65,068 MWh in 2019/20 to 53,185 MWh in 2025/26, an 18.3% decrease. Grid electricity use also reduced in 2025/26, while Trust-owned solar generation increased substantially following the commissioning of the New Cross Hospital solar farm.



**Table 1: Annual energy consumption, 2019/20-2025/26**

| Year    | Electricity - other | Electricity - green | Trust-owned solar | Gas    | Oil | Total  |
|---------|---------------------|---------------------|-------------------|--------|-----|--------|
| 2019/20 | 0                   | 16,912              | 0                 | 65,068 | 401 | 82,381 |
| 2020/21 | 0                   | 12,926              | 0                 | 73,916 | 250 | 87,092 |
| 2021/22 | 0                   | 13,353              | 0                 | 73,382 | 370 | 87,105 |
| 2022/23 | 485                 | 14,834              | 86                | 66,779 | 542 | 82,726 |
| 2023/24 | 387                 | 20,168              | 110               | 55,660 | 890 | 77,215 |
| 2024/25 | 360                 | 19,546              | 3,231             | 54,880 | 127 | 78,144 |
| 2025/26 | 0                   | 18,629              | 5,273             | 53,185 | 309 | 77,397 |

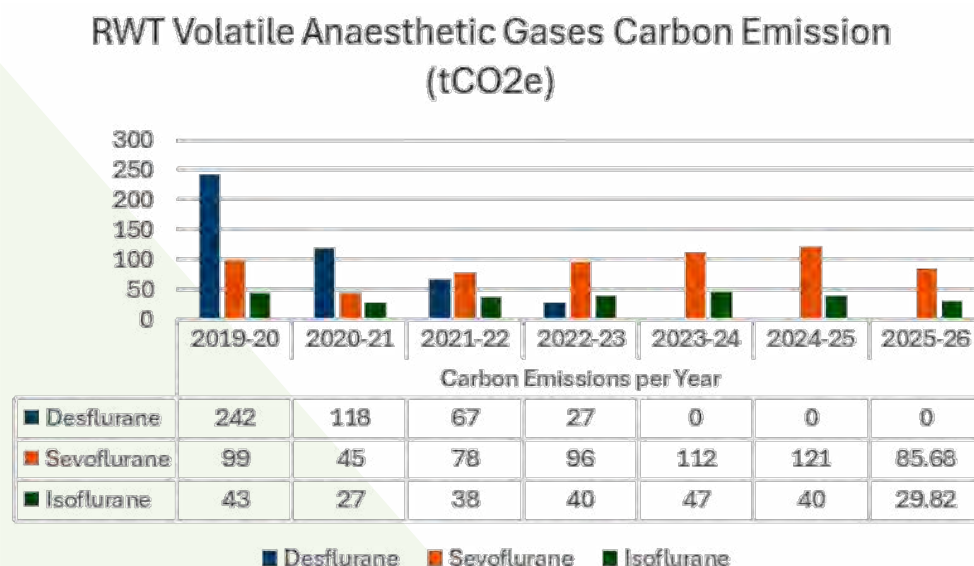
Energy-related carbon emissions reduced from 18,990 tCO<sub>2</sub>e in 2019/20 to 13,450 tCO<sub>2</sub>e in 2025/26, a 29.2% reduction. This exceeds the reduction in energy consumption and reflects the combined effect of lower demand, reduced gas use and increased zero-emission solar generation. The Trust has remained compliant with its UK-ETS Small Emitters carbon emissions limit since 2023. Gas remains the dominant source of direct energy emissions; further reductions will therefore depend on reducing heat demand, improving building efficiency, optimising plant performance, and progressing heat decarbonisation across the estate.

**Table 2: Annual energy carbon emissions, 2019/20-2025/26**

| Year    | Electricity - other | Electricity - green | Gas    | Oil | Total  |
|---------|---------------------|---------------------|--------|-----|--------|
| 2019/20 | 0                   | 5,344               | 13,518 | 128 | 18,990 |
| 2020/21 | 0                   | 3,724               | 15,358 | 80  | 19,162 |
| 2021/22 | 0                   | 3,890               | 15,741 | 121 | 19,752 |
| 2022/23 | 127                 | 3,880               | 14,267 | 177 | 18,451 |
| 2023/24 | 106                 | 5,543               | 11,863 | 291 | 17,803 |
| 2024/25 | 99                  | 5,379               | 11,695 | 42  | 17,215 |
| 2025/26 | 0                   | 3,643               | 9,731  | 76  | 13,450 |

### Volatile Anaesthetic Gases

The Trust has made significant progress in reducing emissions from anaesthetic and medical gases. Desflurane use reduced from 64 litres in 2019/20 to seven litres in 2022/23 and was eliminated from 2023/24, preventing approximately 242 tCO<sub>2</sub>e annually. Sevoflurane use fluctuated over the period, falling from 447 litres in 2019/20 to 200 litres in 2020/21, rising to 524 litres in 2024/25, then reducing to 385 litres in 2025/26. Isoflurane use also reduced overall, from 55 litres in 2019/20 to 38.5 litres in 2025/26.

**Figure 1: Annual volatile anaesthetic gases carbon emissions, 2019/20-2025/26**

Nitrous oxide and Entonox emissions have fluctuated since 2019/20, but the latest interim data indicates potential improvement. Nitrous oxide emissions increased from 636 tCO<sub>2</sub>e in 2019/20 to a peak of 947 tCO<sub>2</sub>e in 2021/22, before reducing to 809 tCO<sub>2</sub>e in 2024/25. The current 2025/26 position is 517 tCO<sub>2</sub>e, based on quarters 1–3 only. Entonox emissions fell from a peak of 1,005 tCO<sub>2</sub>e in 2022/23 to 807 tCO<sub>2</sub>e in 2024/25, with an interim 2025/26 position of 582 tCO<sub>2</sub>e.

**Table 3: Nitrous oxide and Entonox emissions**

| Year           | Nitrous oxide | Entonox | Total |
|----------------|---------------|---------|-------|
| 2019/20        | 636           | 994     | 1,630 |
| 2020/21        | 638           | 878     | 1,516 |
| 2021/22        | 947           | 972     | 1,919 |
| 2022/23        | 662           | 1,005   | 1,667 |
| 2023/24        | 722           | 883     | 1,605 |
| 2024/25        | 809           | 807     | 1,616 |
| 2025/26 Q1- Q3 | 517           | 582     | 1,099 |

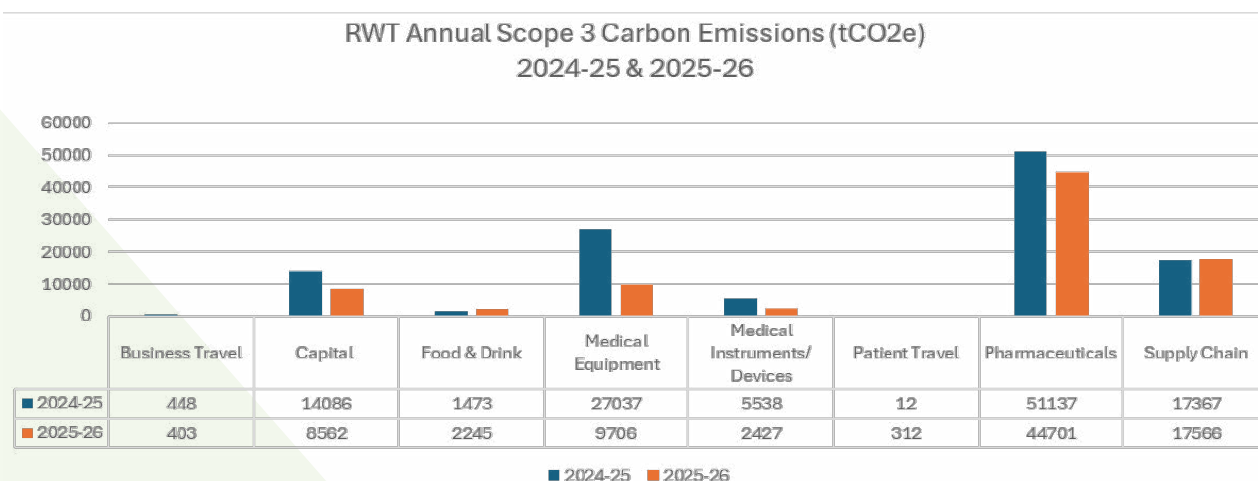
Overall, the data indicates progress in reducing medical gas emissions, particularly for Entonox. Maintaining this trajectory will require continued focus on leak reduction, effective medical gas management, appropriate clinical use, and lower-carbon alternatives where clinically suitable.

### 3. Scope 3 emissions including business travel

Reported Scope 3 emissions reduced from approximately 117,098 tCO<sub>2</sub>e in 2024/25 to 85,922 tCO<sub>2</sub>e in 2025/26, a decrease of 31,176 tCO<sub>2</sub>e, or 26.6%. The largest reductions were reported in medical equipment, capital, and medical instruments and devices, suggesting progress in areas linked to equipment procurement and capital investment.

Despite this overall reduction, the Trust's Scope 3 emissions profile is now concentrated in fewer, more complex categories. Pharmaceuticals remain the largest reported source, reducing from 51,137 tCO<sub>2</sub>e in 2024/25 to 44,701 tCO<sub>2</sub>e in 2025/26, but still accounting for just over half of total reported Scope 3 emissions. Supply chain emissions remained broadly stable, increasing marginally from 17,367 tCO<sub>2</sub>e to 17,566 tCO<sub>2</sub>e. Together, pharmaceuticals and supply chain emissions account for more than 70% of the reported total, indicating that future reductions will require targeted action across prescribing, procurement and supplier engagement.

**Figure 2: Reported Scope 3 emissions by category**



These results should be interpreted with caution because they are based on spend rather than direct activity data. Reported changes may therefore reflect inflation, price variation, procurement cycles, capital expenditure, or improved coding, as well as genuine reductions in carbon-intensive activity. This is particularly relevant for categories showing notable movement, including food and drink emissions, which increased from 1,473 tCO<sub>2</sub>e to 2,245 tCO<sub>2</sub>e, and patient travel emissions, which increased from 12 tCO<sub>2</sub>e to 312 tCO<sub>2</sub>e. The latter is likely to reflect improved data capture from a low baseline rather than a substantive increase in journeys. The Trust's participation in the WMCA-funded Free Patient Travel initiative provides a stronger foundation for improving future patient travel data and reducing avoidable travel emissions.

#### 4. Medicines and sustainable prescribing

Medicines remain the Trust's largest source of indirect emissions and one of its most material sustainability challenges. Pharmaceutical emissions were reported at 44,701 tCO<sub>2</sub>e in 2025/26. Although this represents a reduction from 51,137 tCO<sub>2</sub>e in 2024/25, the category remains the single largest component of the reported Scope 3 footprint.

The Trust has made progress in reducing inhaler-related emissions and has maintained a long-running medicine reuse programme. Inhaler-related emissions have reduced by 32.28%, while the medicine reuse programme has saved approximately £1 million and avoided 624 tCO<sub>2</sub>e over five years. These programmes remain important because they support carbon reduction, waste avoidance, clinical optimisation, and financial stewardship.

#### 5. Digital Transformation

Digital transformation has made a substantial contribution to the Trust's sustainability agenda. Digital forms and mobile working enabled 392,893 forms to be completed electronically, saving approximately 1.8 million sheets of paper, 18 million litres of water, 2.5 million travel miles and 1,038 tCO<sub>2</sub>e.

Further benefits were delivered through asset management and digitisation. The reuse and recycling of 832 IT devices saved 121 tonnes of CO<sub>2</sub> and 268 MWh of energy. The digitisation of 9.2 million health record pages saved 39.5 tonnes of CO<sub>2</sub> and 184 million litres of water. These benefits are based on activity data and therefore provide a more direct measure of environmental improvement than spend-based Scope 3 estimates.

**Table 4: Digital transformation impacts**

| Initiative                       | Activity                 | Reported impact                                                                                                      |
|----------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------|
| Digital forms and mobile working | 392,893 electronic forms | 1.8 million sheets of paper, 18 million litres of water, 2.5 million travel miles and 1,038 tCO <sub>2</sub> e saved |
| IT asset reuse and recycling     | 832 IT devices           | 121 tonnes of CO <sub>2</sub> and 268 MWh of energy saved                                                            |
| Health record digitisation       | 9.2 million pages        | 39.5 tonnes of CO <sub>2</sub> and 184 million litres of water saved                                                 |
| Legacy server decommissioning    | Server optimisation      | 20.53 tCO <sub>2</sub> e saved per year                                                                              |

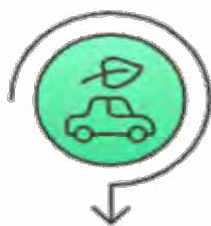
#### 6. Sustainable travel and transport

The Trust's sustainable travel initiatives delivered an estimated carbon impact of approximately 600 tCO<sub>2</sub>e. NHS Fleet Solutions accounted for most of this impact, with 593 tCO<sub>2</sub>e, 726 staff participating and 809 vehicles either on order or on the road. The scheme supports access to ultra-low emission and zero-emission vehicles and has delivered reported tax and National Insurance savings of £955,557.86.

Cycle-to-work schemes make a smaller contribution but remain important in supporting active travel. Cycle Solutions supported 24 staff and generated an estimated 5 tCO<sub>2</sub>e saving, while the former Cyclescheme supported seven staff and generated an estimated 2 tCO<sub>2</sub>e saving. In addition, 558 existing and new staff took up the WMCA-funded free travel offer.

Patient-related travel remains a key priority. Non-emergency patient transport accounted for 330,547 miles and 92.2 tCO<sub>2</sub>e in 2024/25, reducing to 242,011 miles and 64.1 tCO<sub>2</sub>e in 2025/26, demonstrating strong progress in lowering emissions. The Trust is working in alignment with the NHS national target to reduce patient travel emissions by 15% by 2027. Achieving this will require continued expansion of virtual care, improved access to public and community transport options, strengthened patient travel initiatives, and delivery of an updated Sustainable Travel Plan.

## Sustainable Travel Initiatives



### NHS Fleet Solutions

Accounts for 593 tCO<sub>2</sub>e, almost the entire reported reduction. Supports ultra-low emission and zero emission vehicles.



### Cycle Solutions

Supports 24 staff and generates an estimated 5 tCO<sub>2</sub>e.



### Cyclescheme

Supported 7 staff and generated an estimated 2 tCO<sub>2</sub>e.



### WMCA Free Travel

558 existing and new staff have taken up the WMCA-funded free travel offer.

## 7. Waste, recycling and food sustainability

The Trust maintained zero landfill status for domestic waste and achieved a 36% recycling rate, supported by the segregation of 1,279 tonnes of waste. Full food waste recycling has also been implemented in line with national requirements.

Food and drink emissions increased from 1,473 tCO<sub>2</sub>e in 2024/25 to 2,245 tCO<sub>2</sub>e in 2025/26. This increase should be reviewed alongside catering activity, menu composition, procurement changes, food waste volumes, and data methodology. Continued work on portion control, plant-based options, food waste reduction and reduced single-use plastics will be important to improving future performance.

## 8. Priorities for 2026/27

The Trust's sustainability priorities for 2026/27 focus on advancing estates decarbonisation and efficiency, delivering the nitrous oxide reduction programme, and accelerating sustainable prescribing, particularly in pharmaceuticals and inhalers. Alongside deploying the CareFlow Electronic Patient Record to capture digital benefits, the Trust will refresh the Sustainable Travel Plan, expand travel initiatives, and improve data quality. Further priorities include improving waste segregation and recycling performance, enhancing sustainable catering through more plant-based options and reduced food waste, and strengthening supplier engagement and procurement controls to address supply chain and capital emissions.

## Task Force on Climate-related Financial Disclosures (TCFD)

### 1. Executive Summary

The Royal Wolverhampton NHS Trust presents this Task Force on Climate-related Financial Disclosures (TCFD) annex in alignment with NHS England guidance, setting out how climate-related risks and opportunities are governed, managed, and embedded within organisational strategy. During the reporting year 2025/26, the Trust has made measurable progress in reducing its environmental impact, achieving a 29.2% reduction in Scope 1 and 2 emissions and a 26.6% reduction in Scope 3 emissions relative to baseline. Key drivers include improved energy efficiency, expanded on-site renewable generation, elimination of high-impact anaesthetic gases, and the continued development of digital and low-carbon care pathways.

Despite this progress, emissions are increasingly concentrated in hard-to-abate areas, particularly heat and pharmaceuticals within Scope 3. These challenges inform the Trust's forward strategy, which prioritises estate decarbonisation, sustainable prescribing, supplier engagement, and climate adaptation to enhance organisational resilience. The Trust maintains compliance with UK ETS small-emitter requirements and aligns with NHS net zero targets.

### 2. Governance

Climate-related risks are overseen at Board level by the Group Chief Financial Officer as Executive Lead for Sustainability. Performance, risks, and delivery progress are reported bimonthly through the Group Finance & Productivity Committee, the Trust Management Committee, and the Group Trust Board. This ensures integration into strategic decision-making within the Trust's corporate governance framework.

Operational delivery is led by the Head of Sustainability, with clinical leadership via the Clinical Lead. A multidisciplinary Sustainability Group supports delivery across Estates, Digital, Procurement, Pharmacy, Travel, Waste, Finance and EPRR.

Climate considerations are embedded in business cases, capital planning, estates strategy, procurement, and clinical transformation, ensuring alignment between sustainability objectives and operational delivery.

The Climate Change Adaptation Plan (Board approved, October 2022) follows the same governance arrangements as the Green Plan, with defined accountabilities across Estates, Facilities and EPRR.

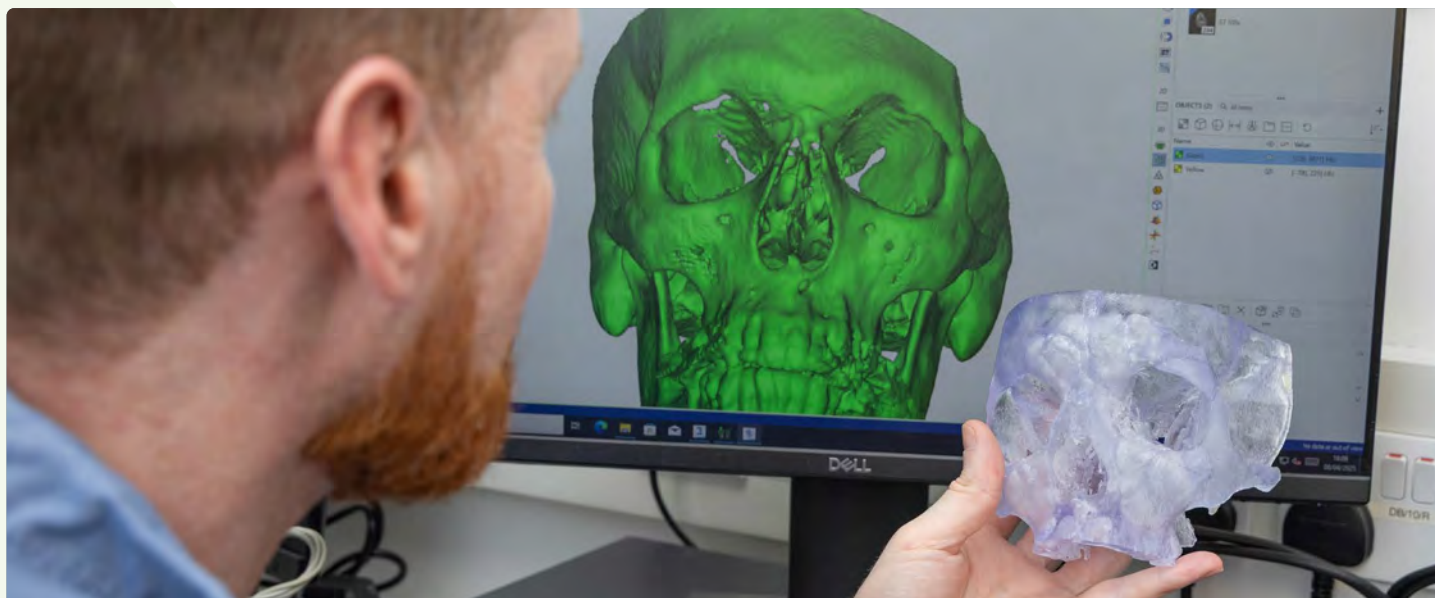
### 3. Strategy

#### a) Climate-related Risks and Opportunities

Short-medium term risks include energy price volatility, reliance on gas-fired heat, and physical hazards such as heatwaves and flooding, alongside increasing Scope 3 pressures from pharmaceuticals and supply chains. Over the longer term, UKCP18 projections indicate hotter, drier summers and warmer, wetter winters, with more frequent extreme weather events impacting infrastructure resilience and service delivery.

#### b) Impact on Strategy and Financial Planning

A comprehensive programme of mitigation and adaptation underpins strategy. Energy consumption is 77,397 MWh (−6.0% vs 2019/20) and emissions are 13,450 tCO<sub>2</sub>e (−29.2%). On-site solar generates 5,274 MWh/year, enhancing resilience and reducing grid dependence, though gas remains predominant (68.7% of energy; 72.3% of emissions), reinforcing the need for heat decarbonisation.



Adaptation actions include drainage and attenuation, overheating mitigation (solar shading, ventilation, passive cooling), and strengthened electrical resilience. Clinical transformation includes elimination of desflurane (~242 tCO<sub>2</sub>e/year avoided) and programmes to reduce nitrous oxide/Entonox (~625 tCO<sub>2</sub>e/year potential). Inhaler emissions have reduced by 32.28%.

Digital transformation delivers savings of ~1,038 tCO<sub>2</sub>e (e-forms), 121 tCO<sub>2</sub>e (device reuse), and 39.5 tCO<sub>2</sub>e (records digitisation). Scope 3 is 85,922 tCO<sub>2</sub>e (-26.6%), with pharmaceuticals 44,701 tCO<sub>2</sub>e. Patient travel emissions have reduced to 64.1 tCO<sub>2</sub>e.

### c) Scenario Analysis

The Trust applies ≥2°C to 4°C scenarios using UKCP18. Formal financial scenario modelling will be developed during 2027/28.

## 4. Risk Management

The Trust undertakes structured assessments of physical (overheating, flooding, extreme weather, utility disruption) and transition risks (heat decarbonisation, procurement requirements, energy price volatility, and Scope 3 concentration in pharmaceuticals).

Mitigation is delivered via co-ordinated infrastructure upgrades, clinical pathway changes, digital demand reduction, and supplier engagement.

Risks are recorded in the Sustainability Risk Register and escalated through committees to the Group Trust Board, aligning with the corporate risk framework.

## 5. Metrics and Targets

Energy consumption is 77,397 MWh; energy emissions are 13,450 tCO<sub>2</sub>e. Solar generation is 5,274 MWh/year. Desflurane is eliminated; nitrous oxide and Entonox are 517 and 582 tCO<sub>2</sub>e respectively (partial year).

Scope 3 emissions are 85,922 tCO<sub>2</sub>e with pharmaceuticals 44,701 tCO<sub>2</sub>e. Digital programmes save >1,038 tCO<sub>2</sub>e annually. Patient travel emissions are 64.1 tCO<sub>2</sub>e. Zero landfill is maintained with 36% recycling; food emissions are 2,245 tCO<sub>2</sub>e.

Targets: net zero Scopes 1–2 by 2040 and Scope 3 by 2045.

Performance: -29.2% Scope 1–2 and -26.6% Scope 3 vs baseline; residual emissions are concentrated in heat and pharmaceuticals.

## 6. UK ETS Compliance

The Trust has remained within UK ETS small-emitter thresholds for three consecutive years and avoided penalties.

## 7. Forward Look (2026/27 Priorities)

Priorities include heat decarbonisation, nitrous oxide reduction, sustainable prescribing, CareFlow EPR deployment, travel plan refresh, waste, and food improvements, and strengthened supplier engagement.

## Patient Experience, Engagement, Complaints, Compliments and Volunteering

The Patient Experience and Relations function sits at the heart of the Trust's Patient Voice portfolio, bringing together a range of services that ensure the experiences, feedback, and voices of patients, families, and carers inform quality, safety, and improvement across the organisation. The portfolio comprises the following interconnected teams:

- Patient Experience
- Voluntary Services
- Welcome Hub and Visiting
- Family and Carers Support
- Patient Relations (including PALS and Complaints)
- Spiritual, Pastoral and Religious Care, including Bereavement

Together, these teams support the Trust to listen, respond, learn, and improve, ensuring that patient and carer voice is embedded in both day to day practice and longer term service development. Through structured feedback, lived experience insight, and compassionate support, the portfolio enables patients, families, and carers to share what matters most to them and to influence the care they receive. Through this portfolio, the Trust demonstrates its commitment to placing patient voice at the centre of care, ensuring experiences are not only heard, but translated into meaningful learning and improvement.

### Patient recommendation to friends and family

- During 2025/26, Friends and Family Test results showed variation across services, as illustrated in the charts below. Inpatient and Outpatient services recorded lower recommendation scores compared to 2024/25, with a reduction evident across most quarters
- Community services continued to achieve consistently high recommendation scores throughout the year, despite reduced data availability in Quarter 4

- Emergency Department FFT scores remained variable across the year, with Quarter 4 showing improvement compared to Quarter 3
- FFT results across Maternity services demonstrated variation between touchpoints. Antenatal and Birth maintained higher recommendation scores across the year, while Postnatal Ward and Postnatal Community showed lower scores in several quarters compared to the previous year
- A reduction in FFT response volumes was observed in Quarter 4, coinciding with the implementation of a new PAS system and associated system issues, which impacted the capture and submission of FFT responses during this period
- When benchmarked against national averages, the Trust performed below average across most services, with Community and Birth aligning or exceeding national performance

Compared with the Black Country ICB, performance was below average in most areas, while Community and Birth services outperformed the ICB, and Antenatal aligned with local performance.

### Table: Friends and Family Recommendations

| Friends and Family Test | Inpatients |      |     |     | Outpatients |      |      |     | ED   |      |      |      | Community |     |     |    |
|-------------------------|------------|------|-----|-----|-------------|------|------|-----|------|------|------|------|-----------|-----|-----|----|
|                         | Q1         | Q2   | Q3  | Q4  | Q1          | Q2   | Q3   | Q4  | Q1   | Q2   | Q3   | Q4   | Q1        | Q2  | Q3  | Q4 |
| 2025-26                 | 87         | 90   | 77  | 83  | 93          | 93   | 88   | 75  | 72   | 69   | 51   | 73   | 93        | 94  | 96  | x  |
| Difference              | -7         | -4   | -16 | -6  | 0           | -1   | -5   | -19 | 0    | -5   | -19  | 3    | 2         | 1   | 5   | x  |
| 2024-25                 | 94         | 94   | 93  | 89  | 93          | 94   | 93   | 94  | 72   | 74   | 70   | 70   | 91        | 93  | 91  | 93 |
| Number of responses     | 1709       | 2233 | 649 | 797 | 4820        | 4593 | 3348 | 610 | 6285 | 5957 | 2963 | 5111 | 953       | 977 | 422 | 0  |

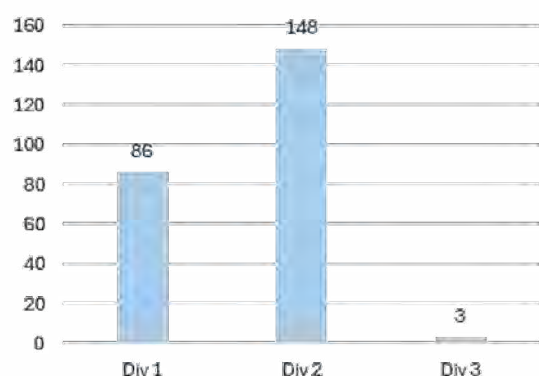
| Friends and Family Test | Antenatal |    |    |    | Birth |     |     |     | Postnatal Ward |     |    |    | Postnatal Community |    |    |    |
|-------------------------|-----------|----|----|----|-------|-----|-----|-----|----------------|-----|----|----|---------------------|----|----|----|
|                         | Q1        | Q2 | Q3 | Q4 | Q1    | Q2  | Q3  | Q4  | Q1             | Q2  | Q3 | Q4 | Q1                  | Q2 | Q3 | Q4 |
| 2025-26                 | 90        | 81 | 89 | 82 | 94    | 95  | 95  | 96  | 86             | 82  | 81 | 84 | 89                  | 83 | 84 | 88 |
| Difference              | 17        | 3  | 18 | 6  | 1     | 1   | 2   | 3   | 7              | -1  | -2 | -8 | 0                   | -5 | -4 | 6  |
| 2024-25                 | 73        | 78 | 71 | 76 | 93    | 94  | 93  | 93  | 79             | 83  | 83 | 92 | 89                  | 88 | 88 | 82 |
| Number of responses     | 58        | 52 | 60 | 64 | 133   | 119 | 116 | 132 | 73             | 112 | 75 | 88 | 106                 | 83 | 81 | 43 |

| Regional and National Comparison | Inpatients | Outpatients | ED  | Community | Antenatal | Birth | Postnatal Ward | Postnatal Community |
|----------------------------------|------------|-------------|-----|-----------|-----------|-------|----------------|---------------------|
| National                         | -11        | -7          | -13 | 0         | -6        | 3     | -9             | -7                  |
| Black Country ICB                | -5         | -3          | -5  | 1         | 0         | 6     | -2             | -1                  |

### Mystery Patient Feedback

The Mystery Patient programme provides an independent assessment of patient experience across five key touchpoints: Inpatient, Outpatient, Emergency Department, Maternity and Community. Feedback was collected across multiple divisions, with the highest levels of activity recorded within Division 2 and the greatest volume of responses from Inpatient and Emergency Department services, as shown in the charts below. The tables below summarise findings for each touchpoint and support triangulation with other patient experience feedback.

Mystery Patients Feedback - Divisions



Mystery Patients Feedback - Touchpoints

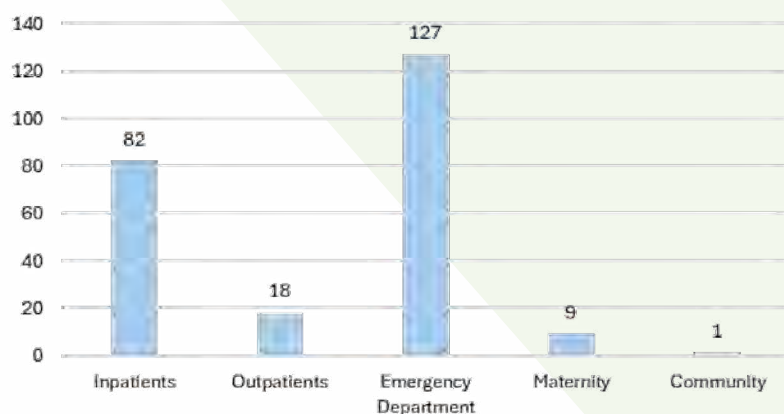


Table – Mystery Patient Summary by touchpoint

| Inpatients                                 | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 | Dec-25 | Jan-26 | Feb-26 | Mar-26 |
|--------------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Inclusion in care conversations            | 8.2    | 7.8    | 8.6    | 8.3    | 7.0    | 5.0    | 8.3    | 6.3    | 10.0   | 7.5    |
| Information about medicines on discharge   | 4.4    | 2.5    | 5.0    | 2.1    | 3.4    | 3.8    | 2.5    | 2.5    | 4.0    | 2.5    |
| Ability to take own medication when needed | 6.1    | 3.3    | 6.7    | 3.3    | 6.3    | 5.0    | 5.0    | 0.0    | 5.0    | 7.5    |
| Help with eating meals                     | 8.0    | 5.0    | 8.0    | 5.0    | 6.4    | 6.7    | 0.0    | 7.5    | 10.0   | 10.0   |
| Help with washing and personal care        | 8.8    | 6.0    | 8.0    | 7.1    | 5.0    | 7.0    | 3.3    | 0.0    | 10.0   | 10.0   |
| Explanation for ward moves                 | 8.9    | 7.5    | 7.5    | 7.5    | 4.3    | 6.7    | 1.7    | 5.0    | 10.0   | 10.0   |
| Confidence and trust in staff              | 9.2    | 7.2    | 9.3    | 6.7    | 6.5    | 6.0    | 4.0    | 5.0    | 10.0   | 8.8    |
| Kindness and compassion                    | 8.9    | 6.1    | 9.3    | 6.1    | 6.0    | 6.0    | 5.0    | 6.3    | 10.0   | 8.8    |
| Responses                                  | 19     | 10     | 7      | 9      | 10     | 5      | 6      | 6      | 6      | 4      |

| Outpatients                        | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 | Dec-25 | Jan-26 | Feb-26 | Mar-26 |
|------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Staff courtesy                     | 2.5    | 7.5    | 9.4    | 3.3    | 2.5    | 2.5    | 3.8    | 10.0   | X      | 10.0   |
| Environment and facilities         | 5.0    | 2.5    | 5.0    | 2.5    | 0.0    | 2.5    | 2.5    | 5.0    | X      | 8.8    |
| Finding the Outpatients Department | 5.0    | 10.0   | 10.0   | 6.7    | 5.0    | 0.0    | 5.0    | 10.0   | X      | 10.0   |
| Kindness and compassion            | 5.0    | 10.0   | 7.5    | 6.7    | 0.0    | 5.0    | 5.0    | 5.0    | X      | 10.0   |
| Confidence and trust in staff      | 5.0    | 10.0   | 5.0    | 3.3    | 0.0    | 5.0    | 10.0   | 10.0   | X      | 7.5    |
| Clarity of appointment information | 5.0    | X      | 10.0   | 6.7    | 5.0    | 5.0    | 5.0    | 10.0   | X      | 10.0   |
| Information about clinic delays    | 0.0    | 0.0    | 5.0    | 1.7    | 0.0    | 5.0    | 0.0    | 0.0    | X      | 7.5    |
|                                    | 0.0    | X      | 10.0   | 6.7    | 0.0    | X      | 10.0   | 0.0    | X      | 10.0   |
| Responses                          | 1      | 1      | 4      | 4      | 1      | 2      | 2      | 1      | 0      | 2      |

| Emergency Department                                        | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 | Dec-25 | Jan-26 | Feb-26 | Mar-26 |
|-------------------------------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Being listened to by staff                                  | 5.0    | 7.5    | 4.6    | 5.0    | 4.7    | 5.0    | 2.5    | 6.1    | 5.0    | 3.1    |
| Opportunity for family, friends or carers to speak to staff | 5.0    | 5.0    | 3.3    | 3.7    | 5.9    | 5.0    | 2.3    | 5.0    | 0.6    | 5.0    |
| Pain control and management                                 | 3.3    | 4.0    | 1.9    | 1.9    | 3.8    | 3.0    | 2.8    | 2.5    | 3.3    | 1.9    |
| Clear explanation of condition and treatment                | 5.5    | 7.5    | 4.3    | 3.8    | 5.4    | 5.0    | 2.3    | 5.0    | 2.8    | 3.1    |
| Confidence and trust in staff                               | 5.0    | 7.2    | 5.0    | 4.5    | 5.6    | 5.0    | 3.3    | 5.4    | 1.5    | 4.4    |
| Explanation of tests                                        | 9.0    | 5.6    | 3.5    | 4.7    | 5.4    | 6.3    | 2.3    | 4.2    | 1.3    | 3.8    |
|                                                             | 4.4    | 6.3    | 3.3    | 2.8    | 6.0    | 3.3    | 3.6    | 2.7    | 3.3    | 4.3    |
| Kindness and compassion                                     | 5.0    | 6.7    | 4.3    | 4.1    | 5.3    | 4.2    | 3.8    | 4.6    | 3.0    | 4.4    |
| Responses                                                   | 10     | 11     | 15     | 23     | 18     | 6      | 12     | 14     | 10     | 8      |

| Maternity                                            | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 | Dec-25 | Jan-26 | Feb-26 | Mar-26 |
|------------------------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Support for mental health during pregnancy           | X      | 5.0    | X      |        | 10.0   | 10.0   | X      | X      | 10.0   | 0.0    |
| Partner or companion staying with you                | X      | X      | X      |        | 10.0   | 10.0   | X      | X      | X      | X      |
| Partner or companion involvement in labour and birth | X      | X      | X      |        | X      | 10.0   | X      | X      | X      | X      |
| Not being left alone when worried                    | X      | X      | X      |        | 10.0   | 10.0   | X      | X      | X      | X      |
| Information about induction risks                    | X      | X      | X      |        | X      | 10.0   | X      | X      | X      | X      |
| Pain management during labour and birth              | X      | X      | X      |        | X      | 10.0   | X      | X      | X      | X      |
| Kindness and compassion                              | 10.0   | 8.3    | 10.0   |        | X      | 5.0    | X      | X      | 5      | 5.0    |
| Responses                                            | 1      | 3      | 1      |        | 1      | 1      | 0      | 0      | 1      | 1      |

| Community                              | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 | Dec-25 | Jan-26 | Feb-26 | Mar-26 |
|----------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Involvement in care decisions          | X      | X      | X      | 10.0   | X      | X      | X      | X      | X      | X      |
| Understanding of care plan or goals    | X      | X      | X      | 10.0   | X      | X      | X      | X      | X      | X      |
| Understanding of treatment purpose     | X      | X      | X      | 10.0   | X      | X      | X      | X      | X      | X      |
| Understanding of prescribed medication | X      | X      | X      | X      | X      | X      | X      | X      | X      | X      |
| Respect for home or living space       | X      | X      | X      | 0.0    | X      | X      | X      | X      | X      | X      |
| Involvement of family or carers        | X      | X      | X      | 0.0    | X      | X      | X      | X      | X      | X      |
| Kindness and compassion                | X      | X      | X      | 10.0   | X      | X      | X      | X      | X      | X      |
| Responses                              | 0      | 0      | 0      | 1      | 0      | 0      | 0      | 0      | 0      | 0      |

## Complaints

There were 847 formal complaints received compared to 563 for year 2024/25. This represents an increase of 50%. The directorates where the greatest volume of complaints have been received when compared to the previous year are Emergency Department (58% increase) and General Surgery (38% increase). It is noted while General Surgery features highly, when compared to the previous year it has been subject to a 46% decrease in volume

| Contact Type                                       | 2023/24     | 2024/25     | 2025/26     |
|----------------------------------------------------|-------------|-------------|-------------|
| Formal Complaint                                   | 460         | 563         | 847         |
| Escalated from a PALS Concern                      | 23          | 26          | 21          |
| Informal complaints, queries and early resolutions | 1412        | 2571        | 4775        |
| Comments                                           | 24          | 24          | 12          |
| Compliments                                        | 2549        | 2418        | 1880        |
| NHS Choices 'Patient Opinion / Feedback'           | 289         | 305         | 173         |
| <b>Totals:</b>                                     | <b>4757</b> | <b>5907</b> | <b>7708</b> |

Safeguarding concerns which do not meet the criteria for a Section 42 investigation are processed through the complaints procedure if submitted by a member of the public and are included in the total number of complaints received for the financial year. Those cases which are from professionals (e.g. Ambulance Service, Care Home, Social Workers) will be subject to investigation and response by the Quality Matters Team.

Safeguarding concerns decreased from 79 in 2024/25 to 61 in 2025/26. A review of the criteria and management of these complaints are a contributory factor for the decrease.

The Patient Relations 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.

1B: Timeframe for responding



Complaint compliancy is measured on the adherence to policy (30 working days) and gaining consent for an extension for completion. The Trust has seen a decrease in compliance with this timeframe, only attaining 100% for two months.

The non-compliance of 43 cases throughout the year was the contributory factor in the decrease in performance and failure to achieve 100%. The increase in volume and amended Quality Assurance process are noted as contributory factors.

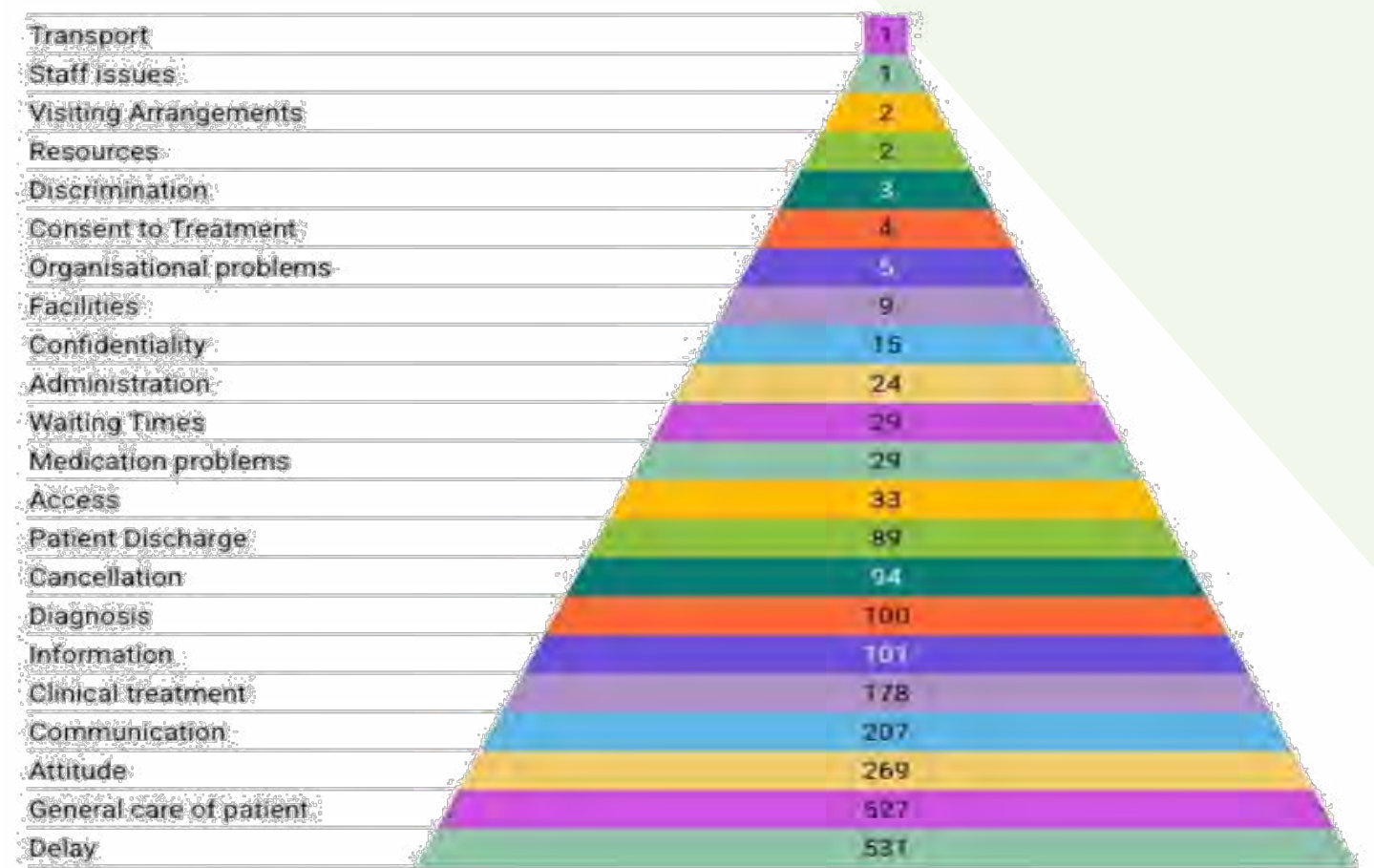
Whilst the Trust continues to measure performance against the local 30 working day timescales, it also measures its compliance to timescales against the PHSO standards.

In line with these standards, for the year 2025/26 the Trust achieved 86% completed within three months in comparison to 96% during 2024/25 and 99% within six months for both 2024/25 and 2025/26. There were six cases in 2025/26 which exceeded the six month completion timeframe. The average response rate within an agreed timeframe during 2025/2026 was 94%.

| Division               | Average days to respond |
|------------------------|-------------------------|
| Division 1             | 38                      |
| Division 2             | 39                      |
| Division 3             | 29                      |
| Estates and facilities | 19                      |
| Corporate Division     | 29                      |

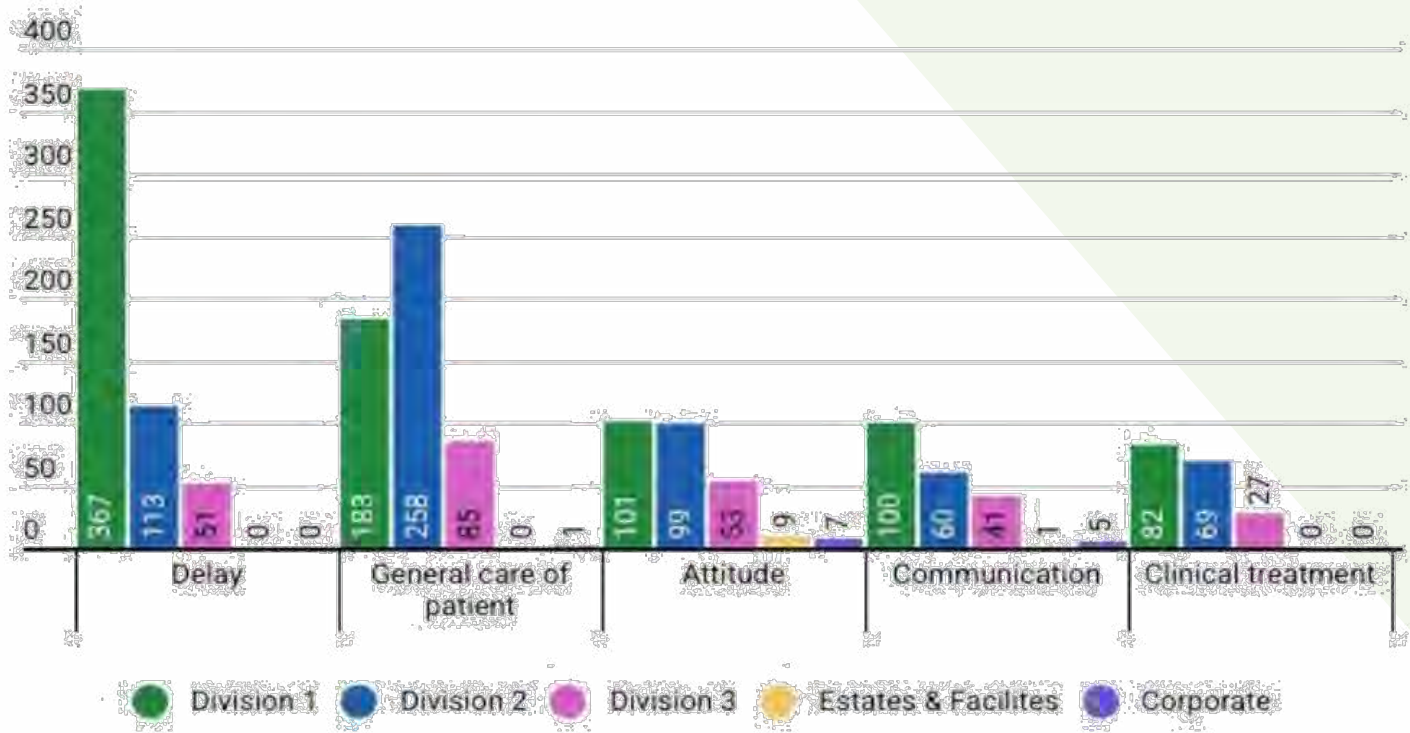
1C: Trend analysis

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.



# Top Trust-wide themes for formal and informal complaints

## Top 5 Themes by Division



The highest number of contacts for Division 1 was categorised as Delay with 367 contacts received. The majority were in relation to Delay in Receiving Outpatient Appointment with 162 contacts followed by Delay in Receiving Treatment (119). Overall, it is noted that Gynaecology received the majority of contacts (90) in relation to this category.

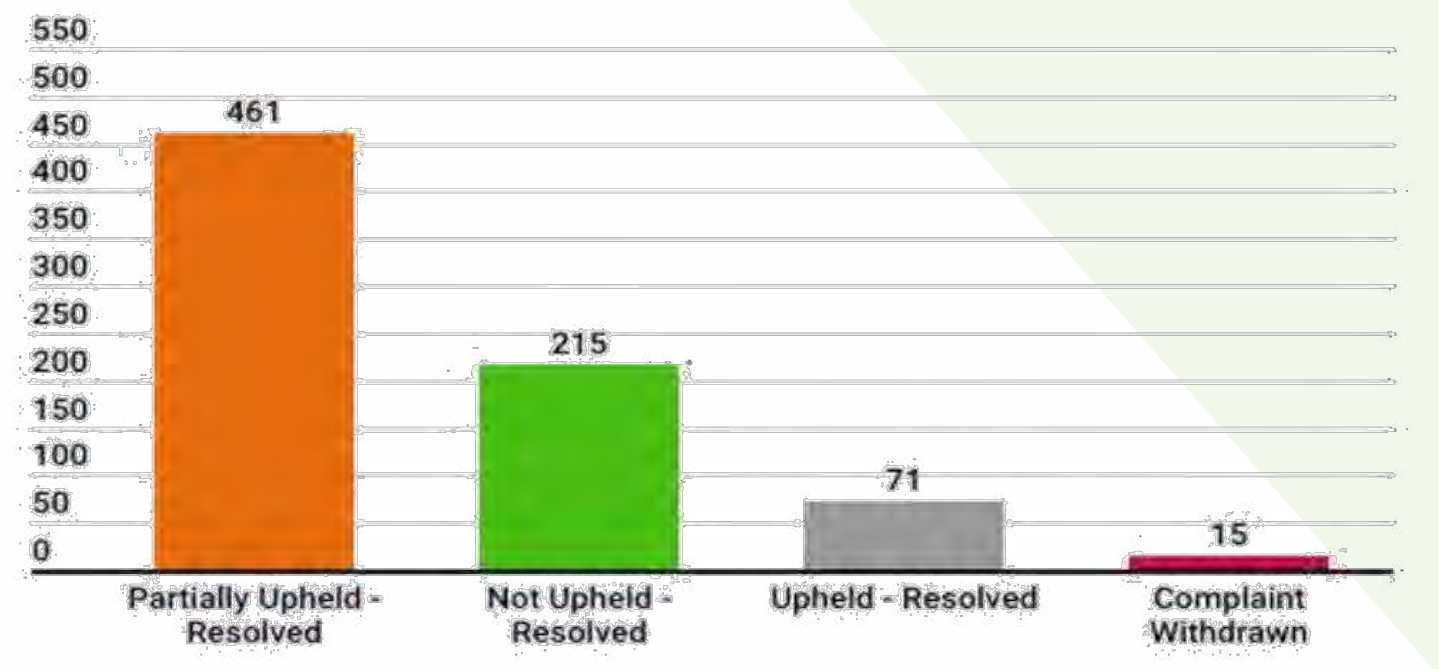
The highest number of contacts for Division 2 was categorised as General Care of Patient with 258 contacts received; consistent with the previous year. From these 258 contacts, there were 185 relating to General Lack of Care. The Emergency Department received the most contacts overall (115) in this category. The Emergency Department received the most contacts in relation to Attitude (65 from 99).

The highest number of contacts for Division 3 was categorised as General Care of Patient with 85 contacts received. Sixty nine of these contacts related specifically to General Lack of Care, of which there were six contacts relating to Co-ordination of Care. Children's Services received the greatest volume of contacts in relation to General Lack of Care with 18 received.

### 1D: Complaint Outcomes

During the year 2025/26, from 762 cases which were closed, the Trust determined that 28% of cases were not upheld, (a decrease of 4%), 60% were partially upheld (an increase of 13%), and 9% were upheld (a decrease of 9%).

As with the previous year, the Trust’s performance measured for complaint outcomes for cases upheld was significantly lower than the national average of 25% (as recorded by NHS Digital [1] for 2024/25).



1E: Parliamentary Health Service Ombudsman (PHSO)

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

- Six cases assessed with no escalation to formal investigation - one of which resulted in an apology and £1000 financial remedy
- A further 11 cases currently being assessed for possible escalation to detailed investigation
- No cases accepted for mediation
- Five cases subjected to full investigation
  - One case was upheld; recommendations included a letter of apology and action plan
  - One case was not upheld
  - The other three cases are still under investigation and awaiting final outcome

The cases closed during the period may not necessarily correlate with the cases received due to the receipt date or completion dates falling outside of the respective reporting periods.

1F: Compliments

In 2025/26 there has been a reduction in the volume of compliments received with 1880 received (decrease of 22% on the previous year (2418)). Compliments account for 24.40% of all contacts received in 2025/26.

|         | Division 1 | Division 2 | Division 3 | Estates and Facilities | Corporate |
|---------|------------|------------|------------|------------------------|-----------|
| 2024/25 | 968        | 580        | 715        | 3                      | 24        |
| 2025/26 | 928        | 376        | 531        | 6                      | 18        |

A very heartfelt and special thank you to everyone from housekeeping to Consultant, for the love, care, compassion, friendship and many cups of tea! Keep doing the amazing job you do.

I had the privilege of being looked after by a true professional team of staff. The dedication and professionalism stood out.

I could not have asked for better care, in fact all day and night staff to cleaners and dinner ladies were all absolutely dedicated to their jobs and very caring and professional.

Thank you so much for all your care and support. You help us to keep positive and relaxed; we are so grateful that you are helping us to navigate our way on this journey.

## 1G: Learning Matters

Each quarter, a summary of all actions is provided to the divisional management teams to assist in promoting an ethos of reflection and learning Trust wide and to ensure accountability at divisional level is customary.

**Some examples of key learning throughout the year are as follows:**

**Medication** - Concerns relate to lack of communication and information with the complainant re medication and a lack of appropriate discharge arrangements. Enhanced communication included in departmental huddle to highlight the importance of ensuring the correct information is noted on any medication prescribed to ensure patient safety and reduce the risk of confusion.

**Oncology Concerns** - Concerns relate to the delays in diagnosis and treatment and care provided. Further bespoke training on paracentesis care to be delivered by the Ward Practice Education Facilitator for learning and assurances to prevent reoccurrence.

**Allergy Status** - Formal complaint received regarding non checking of allergy status resulting in patient being wrongly prescribed penicillin. Ongoing audit of the confirmation and documentation of allergy status to identify areas of poor compliance, to enable learning and actions to be identified and implemented.

**Patient Discharge** - Complaint raised regarding assessment and inadequate Care Home placement. Working group implemented to develop and produce patient leaflet re D2A service.

## 1H: The NHS Complaint Standards

The Trust continues to implement the PHSO NHS Complaint Standards model complaint handling procedure and guidance, which set out how organisations providing NHS services should approach complaint handling. This applies to NHS organisations in England and independent healthcare providers which deliver NHS-funded care.

We are continuing to work towards these standards, with our focus moving towards how we communicate with service users during the investigation process and working with divisions to improve local resolution. This has been evidenced in an increase in the volume of cases not being considered for full investigation but resolved locally.

## Implementing the standards at Wolverhampton

Tailored training sessions are held with operational teams around the complaint process and the importance of local resolution.

There is continued participation in the implementation of mediation between the PHSO, the Trust and complainants.

## 11: Key achievements for Complaint Management

We have produced a joint Group Complaint Handling updated policy to ensure standardisation and consistency across both Walsall Healthcare and The Royal Wolverhampton NHS Trusts.

We have updated our literature to ensure our complaints and PALS process is accessible.

In addition, we have:

- Launched several E-learning packages across both organisations, including formal complaint investigation and language services modules
- Developed an updated formal complaint investigation toolkit for complaint handlers
- Promoted early contact as a standard approach within the formal complaints process, thus providing the opportunity for early resolution and resulting in the downgrading of formal complaints
- Implemented a real time weekly dashboard in addition to the monthly dashboards for directorates to support a more proactive approach to patient feedback
- Increased the use of virtual interpreting services Trust wide, including launching video interpreting throughout the outpatient's department. This allows equal access to services and ensures patients have better understanding of care delivery and clinical interaction
- Piloted and expanded the use of virtual interpreting services Trust wide
- Designed a Complaints Forecasting tool which is proving to be insightful in workforce planning. This has been 'peer reviewed' by data analysts for accuracy and methodology
- Redesigned real time interactive dashboards for monthly real time overview of complaints compliancy. This included an introduction of an Executive-led dashboard with weekly data of activity at operational level

- Introduced new risk matrix for determining complex complaints. Reviewed final complaint sign off process for more operational approval based on risk matrix and methodology. This enables more efficiency in complaint handling timescales providing a greater degree of patient satisfaction
- Reviewed complaints management for Non-section 42 complaints and implemented a more proactive approach in collaboration with Local Authority and Quality Matters teams

## Involvement and Engagement Hear, Learn, Change' The Patient Experience Enabling Strategy 2025/28

In November 2025, we published 'The Patient Experience Enabling Strategy 2025/28' which sets out the shared ambition of The Royal Wolverhampton and Walsall Healthcare NHS Trusts to make patient experience a consistent, visible, and measurable part of high-quality care. The strategy is built around the refreshed commitment:

**Hear it. Learn it. Change it.**

### Our Vision

The strategy commits to:

- Hearing patient, carer, family and community feedback more easily and more often
- Learning from what people tell us through insight, evidence, and lived experience
- Changing services, behaviours, and systems in response to what we learn
- This vision aligns with the NHS 10-Year Health Plan, embedding priorities such as digital access, neighbourhood care, health inequalities, and transparent performance reporting

## Our Strategic Priorities (2025/28)

### Embedding Patient and Community Voice

Patients become active partners through co production workshops, outreach, advisory panels and targeted engagement of seldom heard groups.

### Strengthening Response to National Surveys

- Survey results will directly shape changes, underpinned by a public facing annual improvement dashboard

### Embedding PHSO Complaint Standards

- Complaints to be clearer, timely, and transparently managed

### Integrating Volunteering at Key Touchpoints

- Volunteers enhance experience in mealtimes, discharge, and navigation

### Delivering the Three Improvement Pillars

The strategy is delivered through three pillars:

- 1. Involvement – Patients as Active Partners** (e.g., personalised care plans, Core20PLUS5 representation).
- 2. Engagement – Patients as Co Designers** (e.g., training in compassionate communication; real time feedback).
- 3. Experience – Every Interaction Matters** (e.g., escalation support through Martha's Rule; rapid responses and staff recognition).

The Patient Experience Enabling Strategy 2025/28 represents a collective pledge to embed patient voice at the heart of everything we do. It reinforces that every voice matters, every interaction counts, and every action must lead to improvement. Through listening, learning and acting, both Trusts commit to delivering care that is inclusive, co designed, transparent, and continually improving.

### Patient Involvement Partners

Patient and public involvement continues to play a vital role in shaping services across the Trust. Through our Patient Involvement Partners (PIPs) and Readership Panel, people with lived experience have contributed insight, challenge and assurance to service improvement, communications and strategic development.

PIPs use their lived experience to help improve care for others by influencing quality improvement activity, service redesign and organisational decision making. Their contribution ensures that the patient

voice remains central to how services are developed and delivered.

### How patients and carers have been involved

During 2024/25, Patient Involvement Partners supported the Trust by:

- Contributing lived experience insight to quality improvement and service design
- Challenging assumptions about safety, quality and experience
- Representing patient and community perspectives
- Supporting co design activity and involvement initiatives

PIPs have also helped shape the future direction of patient involvement, including discussions on:

- Merging involvement groups across Trusts to strengthen collective voice
- Developing clearer roles and pathways for involvement
- Expanding opportunities for people to contribute at different levels

### Readership Panel – improving patient information

The Readership Panel continues to be an important and practical way for patients to influence experience. During the year, partners reviewed a wide range of patient-facing materials, including:

- Appointment letters and SMS reminders
- Emergency department and bereavement information
- Tobacco dependency, PIFU and community patient communications
- Clinic passports and procedure letters

Feedback focused on clarity, tone, accessibility and usability, and was routinely shared with clinical and corporate teams. This has helped ensure information is clearer, more compassionate and easier for patients and families to understand.

### Strategic influence and partnership working: Patient Experience Summit

Patient Involvement Partners played a direct role in shaping the Patient Experience Summit, including participation in panel discussions. Their contribution brought lived experience into strategic conversations and helped ground improvement discussions in real patient insight.

## Patient Voice Enabling Strategy

Patients and carers also contributed to the development of the Patient Voice Enabling Strategy, helping to shape:

- The principles of meaningful involvement
- Expectations of partnership working
- A clearer link between patient insight and improvement action

This partnership approach has strengthened the Trust's commitment to co production rather than consultation.

## Looking ahead: evolving our approach to lived experience

In 2025/26, the Trust will refresh and strengthen its approach to involvement by rebranding Patient Involvement Partners as "Lived Experience Partners". This change reflects a clearer emphasis on partnership, equality and the value of lived experience in improving care.

Planned developments include:

- Recruiting additional Lived Experience Partners to broaden representation
- Offering a suite of involvement options, from document review and project support to governance and co design roles
- Providing structured training, development and support, enabling partners to contribute confidently and effectively
- Strengthening links between lived experience, quality improvement and strategic decision making

Patient involvement at the Trust continues to mature and strengthen. Through the contribution of Patient Involvement Partners and the Readership Panel, patients and carers are helping to shape services, influence strategy and improve experience for others. As we move toward a Lived Experience Partner model, the Trust remains committed to meaningful, inclusive and impactful partnership working.

## The Beat – Annual Summary 2025/26

During 2025/26, 'The Beat' in the Heart and Lung Centre continued to act as a key point of contact for patients and visitors attending The Royal Wolverhampton NHS Trust, providing practical guidance, reassurance and support from its base there. Across the year, the service managed 3,941 enquiries, demonstrating sustained demand and its importance in supporting access and navigation around the hospital site.

Wayfinding and general enquiries consistently accounted for most contacts in every quarter, reflecting the complexity of the hospital environment and the value of a visible, approachable support point. Enquiry volumes peaked in Quarter 2 and reduced in Quarter 3, largely reflecting seasonal variation over the Christmas and New Year period, before increasing again in Quarter 4.

Car parking and transport related enquiries, including bus services and the Cannock Shuttle Bus, were the next most common themes, highlighting the ongoing importance of travel and access support for patients and visitors. Overall, The Beat played a vital role in improving first impressions, reducing anxiety and supporting a positive patient and visitor experience throughout the year.

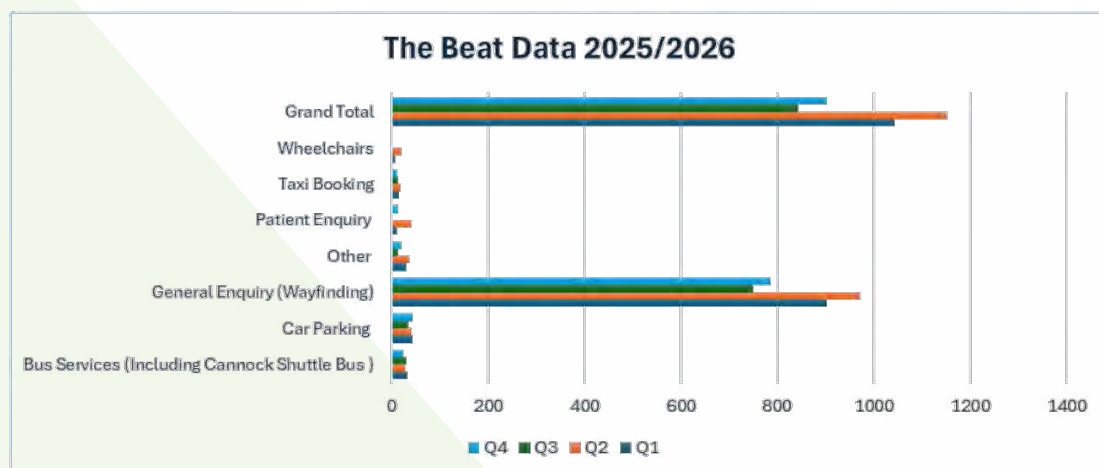


Chart: Enquiries by type – The Beat

## Voluntary Services

The table below illustrates volunteer activity during 2025/26. Across the year, volunteers continued to support services across the Trust, contributing in both hospital-based and charitable roles. Total volunteer activity during the year equated to a B2 financial equivalent value of £115,298.08, demonstrating the ongoing contribution of volunteers.

Volunteer activity was primarily concentrated at New Cross Hospital, with additional support provided at Cannock Chase Hospital, alongside contributions to breastfeeding support and arts and heritage charity roles. Activity levels varied across the year, with higher engagement recorded earlier in the reporting period. Volunteer opportunities during 2025/26 included:

- Breastfeeding Support Volunteer
- Arts and Heritage
- Enhancing the Ward Experience (EWE) Volunteers
- The Beat
- Charity Wellbeing Hub
- Community Volunteers

During 2025/26, the Trust launched its Volunteer in Education (VIE) programme, mirroring the offer at Walsall Healthcare, in partnership with Wolverhampton College. This new programme supports the development of the future workforce by providing students with meaningful volunteering experience within healthcare settings.

|                                   | Q1                 | Q2                | Q3                | Q4                |
|-----------------------------------|--------------------|-------------------|-------------------|-------------------|
| New Cross Hospital                | 2697               | 1562              | 1089              | 980               |
| Cannock Chase Hospital            | 529                | 452               | 180               | 298               |
| West Park Hospital                | 14                 | 4                 | 0                 | 0                 |
| Breast Feeding Support Group      | 199                | 231               | 198               | 174               |
| Arts and Heritage - Charity       | 122                | 26                | 74                | 95                |
| Trust total                       | 3561               | 2275              | 1541              | 1547              |
| <b>Total cost (B2 equivalent)</b> | <b>£46,008.12</b>  | <b>£29,393.00</b> | <b>£19,909.72</b> | <b>£19,987.24</b> |
|                                   | <b>£115,298.08</b> |                   |                   |                   |

## Volunteering Social Impact Report

As part of the Volunteering For health project, an independent Social Impact Report, commissioned jointly by Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust, was completed during 2025/26 to assess and evidence the impact of volunteering activity across both organisations.

Using a recognised social value methodology, the assessment estimated that volunteering activity generates an annual social value of approximately £2.4 million, reflecting the combined wellbeing, confidence, skills development and economic benefits associated with regular volunteering and structured development programmes.

The report described volunteers as a “golden thread” running through services, making a significant contribution to patient experience, staff capacity and community connection.

The report also highlighted a strong culture of appreciation and recognition, with volunteers feeling highly valued by both staff and leaders.

# Accessibility, Inclusion and Equality

## Patient Experience

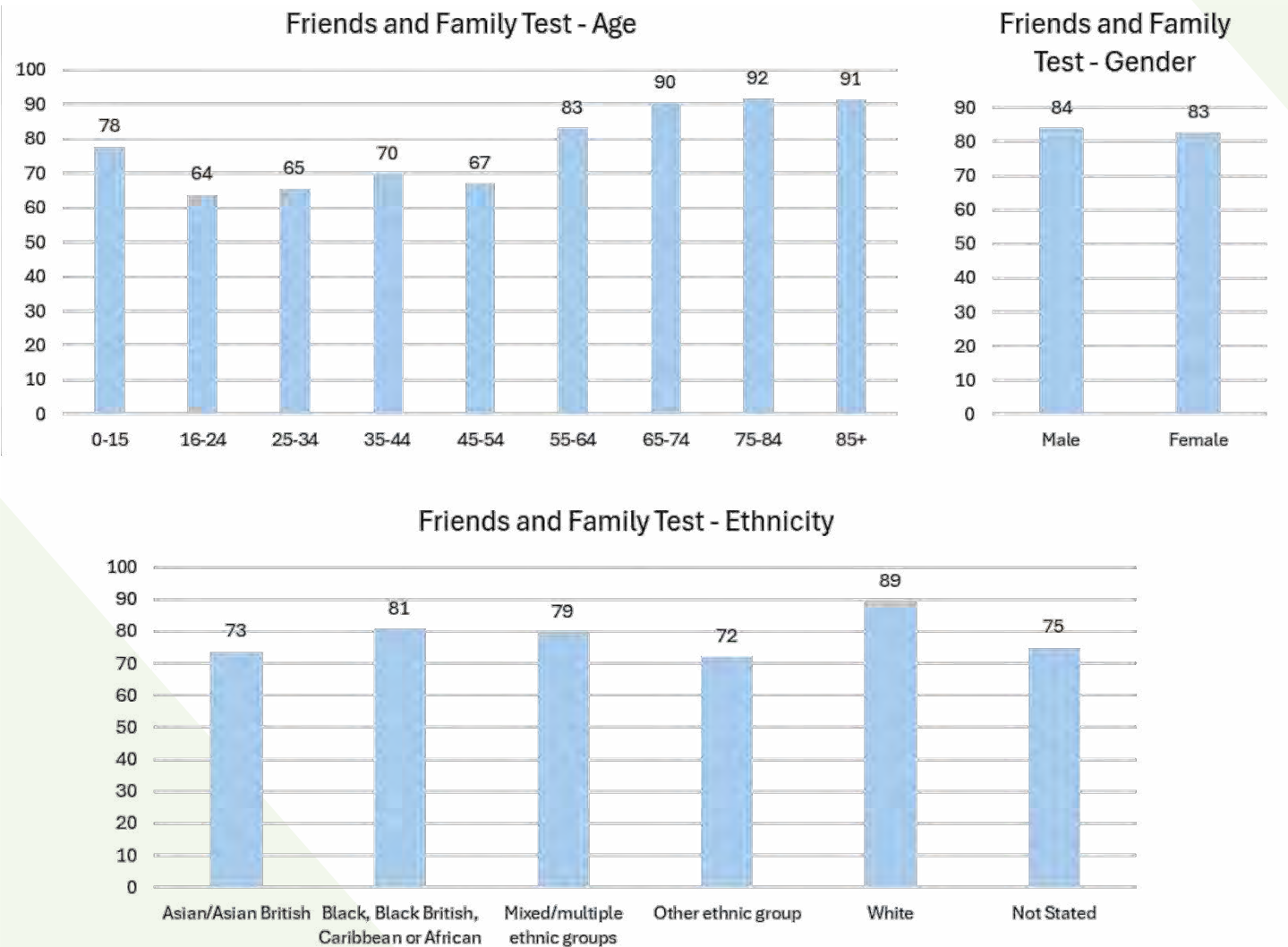
The charts below present the average FFT recommendation results for 2025/26, broken down by age, gender and ethnicity.

Gender does not appear to have a significant impact on recommendation results, with similar levels of feedback reported by both males and females.

FFT results by age shows a clear pattern. Younger age groups report lower recommendation scores than older patients, with results increasing steadily from mid-life onwards. The highest levels of recommendation are reported by those aged 65 and over, highlighting an ongoing variation in experience across age groups.

When examined by ethnicity, variations in recommendation scores are evident. White patients report the highest overall experience, while lower scores are observed among several minority ethnic groups, including Asian or Asian British and Other ethnic groups. Patients recorded as Black, Black British, Caribbean or African, and those from mixed or multiple ethnic groups, report mid-range experiences. These differences underline the importance of continuing to understand and address variation in patient experience across different population groups.

Table: Equality Monitoring Friends and Family



Core20PLUS5

- Younger adults are often over represented within Core20 populations (most deprived) and may experience additional barriers related to access, communication and expectations of care. This insight reinforces the need for targeted improvement activity focused on engaging and responding to the needs of younger patients
- In relation to ethnicity, the figures demonstrate continued experience gaps for PLUS populations, particularly people from ethnically diverse communities. This aligns with equality monitoring and national evidence showing that communication, cultural understanding, language needs and access to information can significantly influence experience

Taken together, FFT and equality monitoring data suggest that while many patients report positive experiences, experience is not uniform across all population groups. Younger patients and some ethnic minority groups experience care differently and are also under represented in some feedback channels.

This reinforces the importance of:

- Targeted engagement with Core20 and PLUS populations
- Culturally competent communication and accessible information
- Continued use of triangulated data to identify and reduce inequalities in experience

These insights directly inform the Trust’s approach to reducing health inequalities and support ongoing delivery of the Patient Experience Enabling Strategy 2025/28.

Staff engagement

The National Staff Survey provides an opportunity for organisations to understand the staff experience. The survey questions map to the NHS People Promise, which has seven key elements, and to the themes of staff engagement and morale. The results for 2025 show we have scored below the sector average and declined since 2024 across all People Promise indicators. We are committed to, and continuously strive to, provide the right conditions for our staff, so they in turn can deliver excellent care to our patients. Staff recommending the Trust as a place to work has declined to 49.82% and staff recommending the organisation as a place to receive care has also declined to 54.46%, which both score below the sector average.

We will address this notable decline by taking a new approach to staff engagement and involvement, aligned to the new Trust strategy. The Trust will continue to adopt a Caring for All approach, which underpins our standards of behaviour. This will help the Trust create a listening, kind, inclusive and professional organisation where staff can thrive and feel cared for.

Staff Composition

During 2025/2026, the average full-time equivalent (FTE) workforce total 11610. The following table provides a snapshot of the workforce composition during this period:

Table 11 - Gender

Headcount and Headcount % by Gender

| Gender Status | Headcount |         |
|---------------|-----------|---------|
| Female        | 9111      | 78.48%  |
| Male          | 2499      | 21.52%  |
| Grand Total   | 11610     | 100.00% |

## Headcount % by Gender and Banding Group

| Banding Grouped For Gender | Headcount   |             |               |               |
|----------------------------|-------------|-------------|---------------|---------------|
|                            | Female      | Male        | Female        | Male          |
| AfC Bands 1-4              | 3758        | 746         | 32.37%        | 6.43%         |
| AfC Bands 5-7              | 4206        | 824         | 36.23%        | 7.10%         |
| AfC Bands 8a-9             | 501         | 195         | 4.32%         | 1.68%         |
| Apprentices                | 48          | 11          | 0.41%         | 0.09%         |
| Execs                      |             | 1           | 0.00%         | 0.01%         |
| M&D                        | 589         | 714         | 5.07%         | 6.15%         |
| Non-Execs                  | 4           | 3           | 0.03%         | 0.03%         |
| VSM                        | 5           | 5           | 0.04%         | 0.04%         |
| <b>Grand Total</b>         | <b>9111</b> | <b>2499</b> | <b>78.48%</b> | <b>21.52%</b> |

**Table 12 Headcount and Headcount % by Ethnicity Group (BAME/White/Unknown)**

| Ethnic Status      | Headcount    |                |
|--------------------|--------------|----------------|
| BAME               | 4514         | 38.88%         |
| White              | 6806         | 58.62%         |
| Unknown            | 290          | 2.50%          |
| <b>Grand Total</b> | <b>11610</b> | <b>100.00%</b> |

## 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 Technical | 130         | 201         | 8          | 1.12%         | 1.73%         | 0.07%        |
| Additional Clinical Services      | 826         | 1259        | 38         | 7.11%         | 10.84%        | 0.33%        |
| Administrative and Clerical       | 577         | 1832        | 42         | 4.97%         | 15.78%        | 0.36%        |
| Allied Health Professionals       | 210         | 470         | 14         | 1.81%         | 4.05%         | 0.12%        |
| Estates and Ancillary             | 157         | 678         | 4          | 1.35%         | 5.84%         | 0.03%        |
| Healthcare Scientists             | 214         | 326         | 11         | 1.84%         | 2.81%         | 0.09%        |
| Medical and Dental                | 875         | 293         | 131        | 7.54%         | 2.52%         | 1.13%        |
| Nursing and Midwifery Registered  | 1515        | 1732        | 41         | 13.05%        | 14.92%        | 0.35%        |
| Students                          | 10          | 15          | 1          | 0.09%         | 0.13%         | 0.01%        |
| <b>Grand Total</b>                | <b>4514</b> | <b>6806</b> | <b>290</b> | <b>38.88%</b> | <b>58.62%</b> | <b>2.50%</b> |

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

| Ethnicity          | Headcount    |                |
|--------------------|--------------|----------------|
| Asian              | 2581         | 22.23%         |
| Black              | 1423         | 12.26%         |
| Mixed              | 348          | 3.00%          |
| Other              | 157          | 1.35%          |
| Unknown            | 295          | 2.54%          |
| White              | 6806         | 58.62%         |
| <b>Grand Total</b> | <b>11610</b> | <b>100.00%</b> |

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 11,610 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 78.48% of the workforce, in line with the NHS gender profile. The ethnic demographic of the Trust's workforce as of 31 March 2026 is 38.88% (compared to 37.86% 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                   | 9082         | 78.23%         |
| Not Declared         | 1896         | 16.33%         |
| Prefer Not To Answer | 53           | 0.46%          |
| Yes                  | 579          | 4.99%          |
| <b>Grand Total</b>   | <b>11610</b> | <b>100.00%</b> |

### 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) | 2615         | 22.52%         |
| Heterosexual                                                 | 8708         | 75.00%         |
| Bisexual                                                     | 108          | 0.93%          |
| Gay or Lesbian                                               | 148          | 1.27%          |
| Undecided                                                    | 13           | 0.11%          |
| Other sexual orientation not listed                          | 18           | 0.16%          |
| <b>Grand Total</b>                                           | <b>11610</b> | <b>100.00%</b> |

### Table 15 - Staff numbers by Proportion

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

| Staff Type                    | Female      | Male        | Grand Total  |
|-------------------------------|-------------|-------------|--------------|
| Apprentice                    | 10          | 4           | 14           |
| Other                         | 7984        | 1575        | 9559         |
| Student Nurse                 | 18          | 2           | 20           |
| Group Trust Board - Execs     | 5           | 5           | 10           |
| Group Trust Board - Non Execs | 4           | 3           | 7            |
| Medical and Dental            | 589         | 714         | 1303         |
| VSM / Band 8a+                | 501         | 196         | 697          |
| <b>Grand Total</b>            | <b>9111</b> | <b>2499</b> | <b>11610</b> |

The proportion of employees disclosing a disability on their Employee Service Record (ESR) has increased from 4.74% in 2025 to 4.99% in 2026. The Trust collects data on the sexual orientation status of employees. A total of 2.20% of the workforce has declared it is Lesbian, Gay, or Bi-sexual. A total of 22.52% of the workforce has not stated this information. At the end of the financial year March 2026, 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.

## Staff Turnover Percentage

The NHS Digital publication of NHS staff turnover rates can be found following this link:

<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-vacancies-survey/>

## Sickness Absence Data

The NHS Digital publication of NHS sickness absence rates can be found by following this link:

<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates/>

## Modern Slavery Act 2015

### Transparency in Supply Chains

The Modern Slavery Act 2015 established a duty for commercial organisations to prepare an annual slavery and human trafficking statement of the steps it has taken during the financial year to ensure that slavery and human trafficking is not taking place in any of its supply chains or in any part of its own business. The Department of Health and Social Care and the Home Office have established that NHS bodies are not considered to be carrying on a business where they are engaged in publicly funded activities and that it was not intended that such activities should be within the scope of the Act. Income earned by NHS providers like the Trust from government sources, including Integrated Care Boards and local authorities, is considered to be publicly funded for this purpose so the Trust does not meet the threshold for having to provide a statement. Nevertheless, the Trust undertakes its procurement from suppliers in line with NHS standards and includes standard NHS terms. In relation to its own activities, the Trust has employment, identity and employee welfare arrangements in place to combat any exploitation of people. In accordance with the Modern Slavery Act 2015, the Trust ensures that Modern Slavery i.e. slavery and human trafficking, is not taking place in any part of its own business or any of its supply chains. This is achieved through ensuring that services are procured through approved providers only or tendered through robust procurement processes.

## Digital Innovation

During 2025/26, the Group's clinically-led focus has been on scaling proven innovations, testing emerging technologies safely, and building the workforce capability required to sustain transformation. This has enabled us to deliver a diverse portfolio of programmes spanning artificial intelligence (AI), automation, digital pathways, and workforce development.

## Strengthening our approach through the Digital Innovation Framework

The Group has formally established its Digital Innovation Framework, providing a clear, structured and sustainable approach to delivering innovation at scale.

The framework marks a significant shift from individual, time-limited pilots to a co-ordinated, principles-led model, ensuring that all digital innovation activity is strategically aligned to the Group priorities enabling it to:

- Identify high-impact opportunities through data and frontline insight
- Develop and safely test new digital and AI-enabled solutions
- Support adoption through workforce capability and engagement
- Scale and embed innovations that demonstrate measurable benefit

This approach recognises that digital innovation is no longer a discreet function, by aligning innovation with clinical, operational and workforce priorities, the framework ensures digital innovation is fully integrated into how the Group delivers transformation, rather than operating in isolation.

### Digital Front Door (DFD)

The Digital Front Door (DFD) launched in July 2025 to provide a single, streamlined entry point as a key enabler of digital transformation, supporting a more co-ordinated, efficient and scalable approach to transformation. It ensures new initiatives are aligned and appropriately governed while reducing duplication by identifying existing solutions.

The DFD has strengthened collaboration across key stakeholders, bringing clinical, digital, operational and governance expertise together earlier in the process.

Since launch, it has established a strong and diverse pipeline of applications across clinical, operational and strategic priorities, demonstrating clear organisational appetite for digital transformation.

By standardising how proposals are assessed and developed, the DFD is improving the quality of business cases, reducing duplication and enabling a more consistent pipeline from idea to implementation supporting the shift from isolated pilots to scalable high impact innovation.

## Ambient Voice Technology (AVT) and developing a scalable blueprint

The Group has played a leading role in the evaluation and adoption of AI technologies, including piloting Ambient Voice Technology. This work has established a validated blueprint for the safe and scalable deployment of AI-supported clinical documentation across multiple specialties.

The pilots to date have demonstrated measurable benefits such as:

- 60–70% reduction in documentation time per consultation
- Measurable reduction in administrative burden and improved clinician wellbeing scores.
- 15.5-minute reduction in Nursing consultation time
- 23.8% increase in consultant review capacity
- 82% clinician adoption and very high user satisfaction (98%)
- 100% clinical staff support for wider adoption

Learning from these pilots has been shared at national forums including the Royal College of Physicians, NHS England networks, Institute of Government & Public Policy (IGPP) and Rewired, contributing to the wider NHS evidence base for safe AI adoption and the National Commission for AI Regulation.

This work has been further strengthened through a successful Health Innovation West Midlands (HIWM) funding bid. This investment enables the Group to scale innovation, validate impact across multiple settings, and develop replicable models for wider adoption.

## Enhancing care through data, analytics and digital platforms

The Group has continued to expand the use of data-driven platforms and predictive analytics to improve patient outcomes and system efficiency.

Following a successful bid to Health Innovation West Midlands, additional funding has been secured to expand proactive complex care management implemented in Wolverhampton to Walsall, further increasing scale and impact.

The PRADA (Proactive Risk-Based Data-Driven Assessment) programme is being scaled across Walsall to support integrated end-of-life care, enabling:

- Improved identification of high-risk patients
- Better co-ordination across primary, community and acute settings
- Reduction in avoidable admissions and inequalities in care

The team's work has received national recognition, including winning the HSJ Digital Award 2025 for Driving Prevention and Early Intervention through Digital. This is further supported by a growing body of published research demonstrating the Trust's leadership in clinically validated digital innovation, including work on robotic process automation in palliative care and validation of the PRADA digital care system.

This builds on our earlier work to establish digital complex care platforms that create a "digital safety net" for patients with complex needs.

## Building workforce capability and safe adoption of AI

Alongside technological innovation, progress has been made in building the capability and confidence of the workforce.

The launch of the Group Digital Workforce Capability Programme has established a structured approach to digital skills development, including:

- Digital Quality Improvement Projects (QIPs), engaging clinicians in frontline innovation and increasing digital literacy
- Expanded placement opportunities, including Nursing students, to embed digital skills early in training
- An organisation-wide AI and digital literacy survey to assess capability and inform targeted upskilling

In parallel, guidance has been introduced to support the safe and effective use of emerging tools such as Microsoft Copilot Chat, ensuring staff are able to adopt generative AI within clear governance and acceptable use frameworks.

The Group has also continued its commitment to developing future digital leaders, hosting a second National Clinical AI Fellow, further strengthening clinical leadership in digital innovation.

## Embedding digital quality improvement and clinical engagement

A new programme of Digital Quality Improvement Projects (QIPs) has been launched, engaging more than 25 Foundation Doctors in innovation activity and benefits realisation.

These projects are focused on:

- Increasing adoption of core digital systems such as CareFlow Connect
- Improving electronic prescribing safety
- Enhancing elective care pathways
- Evaluating emerging technologies such as AVT

This approach is strengthening multidisciplinary clinical engagement in digital transformation and adoption while building future digital leadership capability across the workforce.

## Recognition, partnerships and national leadership

During 2025/26, the Group's digital innovation programme has continued to gain regional and national recognition.

The Group was shortlisted for multiple national awards, including Health Service Journal (HSJ) and Health Tech Newspaper (HTN) categories. In addition, the PRADA programme was recognised nationally with an award for its contribution to prevention and early intervention through data-driven care.

## Influencing national policy and leadership

The Group continues to play an active role in shaping the national digital and AI agenda.

This has included engagement with national bodies and programmes such as the Medicines and Healthcare products Regulatory Agency (MHRA) AI regulation work and national advisory forums, alongside representation on Department of Health and NHS clinical advisory panels. These contributions ensure that the Group is not only adopting innovation, but actively influencing how digital and AI technologies are safely implemented across the NHS.

This leadership has been further recognised through high-profile engagement, including a visit from the Secretary of State for Health and Social Care, showcasing the Group's work in digital innovation and AI-enabled transformation.

## What's next

Looking ahead, the Group will continue to accelerate its digital transformation through several key initiatives focused on scale, sustainability and workforce empowerment.

A key priority will be the Group-wide implementation of Ambient Voice Technology (AVT), building on successful pilot programmes across both Trusts. This will see the expansion of AI-enabled clinical documentation across multiple specialties, reducing administrative burden, improving productivity, and enhancing patient-clinician interaction. This rollout will be supported by the established blueprint for safe adoption, ensuring robust governance, clinical safety and measurable benefit realisation at scale.

In parallel, the Group will progress the procurement of a Strategic Digital Innovation Partner, enabling a more co-ordinated, long-term approach to innovation, aligned to the Digital Innovation Framework. This will support the rapid adoption of proven solutions and structured prioritisation of opportunities and positions the Group to become a "lighthouse" site for NHS digital innovation, demonstrating how digital technologies, data and partnerships can be harnessed to deliver meaningful, system-wide transformation.

To further embed a culture of innovation across the Group, we will re-introduce a "Dragons' Den"-style innovation forum, which will act as an extension to the Digital Front Door. This will provide a structured forum for staff to pitch ideas to a multidisciplinary panel. Open to all forms of innovation including digital, service improvement, invest-to-save initiatives and pathway redesign, this will strengthen frontline engagement, accelerate decision making, and ensure the most promising innovations are prioritised and progressed.

We will establish a Digital Champions Network, creating a community of trained and empowered staff across clinical and operational areas to lead and support digital adoption locally. This network will play a key role in building digital confidence, supporting change at pace, and ensuring innovations are effectively embedded into day-to-day practice.

Together, these initiatives will support a more inclusive, bottom-up approach to innovation, enabling staff at all levels to contribute to transformation while strengthening the Group's capability to scale and sustain digital change.

Alongside this, we will launch a Digital Skills Hub, aligned to the Group Digital Workforce Capability Programme, providing a centralised platform for digital learning, AI literacy, and role-based training pathways. This will support the continued upskilling of staff, improve digital confidence, and ensure the workforce is equipped to safely adopt and maximise the benefits of emerging technologies.

Together, these initiatives will strengthen the Group's position as a leader in digital innovation, enabling the delivery of safer, more efficient and more personalised care, while building the internal capability required to sustain transformation over the long term.

Our priorities for 2026/27 focus on scaling innovation, empowering our workforce, strengthening partnerships, and improving outcomes for our communities.

## Our charity year

This year, Your RWTC has continued to demonstrate the extraordinary power of community generosity in enhancing patient care across The Royal Wolverhampton NHS Trust. Thanks to the kindness of individuals, families, local businesses and staff, the charity has delivered meaningful improvements that support patients and families throughout their healthcare experience.

A major focus has been the £100,000 Swan Room Appeal, which will create a dedicated haven for families whose loved ones are receiving end of life care at New Cross Hospital. Early fundraising, including a Mount Snowdon climb and a staff bake sale, raised just under £12,000. We launched our first Swan Ball, uniting supporters and businesses to champion compassionate end of life care and raise essential funds.

Beyond this appeal, the year has been filled with inspiring community stories. Families have taken on major challenges in memory of loved ones, including one family who raised £9,000 for the Neonatal Unit and are now working toward an even bigger target for their late son's 10th birthday. Local businesses have also stepped forward, including a £9,000 donation that ensured children at New Cross Hospital enjoyed a magical Christmas.



We completed the Children's Ward garden, giving young patients a bright, therapeutic outdoor space for fresh air and play, an important part of rehabilitation. Young fundraisers have also made a remarkable impact.

Performances from groups such as Music4Schools, D&B Productions, Nature Makers and Dizzy Kizzy brought joy to wards, while Wolverhampton Grammar School students raised £11,500 by running 170 miles in 24 hours for the Neonatal Unit.

The Wolves FC Lottery selected Your RWTC as a chosen charity, guaranteeing £10,000 annually, and is supporting the transformation of four oncology rooms with artist Mr Mural.

## B1 - Accountability Report

### Corporate Governance Report

#### Directors' Report

## Our Board of Directors

### Sir David Nicholson KCB CBE – Group Chair

Sir David joined the Trust as Chair on 1 April 2023. This appointment saw him become Chair of all four acute Trusts in the Black Country – The Dudley Group NHS Foundation Trust, The Royal Wolverhampton NHS Trust, Walsall Healthcare 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 2006/13 and then, following a major national restructure, became the first Chief Executive of the organisation now known as NHS England from 2013/14.

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.

### Joe Chadwick-Bell – Group Chief Executive

Joe Chadwick-Bell became Group Chief Executive on 1 January 2025, joining The Royal Wolverhampton and Walsall Healthcare NHS Trusts from East Sussex Healthcare NHS Trust.



There, she had been Chief Executive for just over four years previously being the Chief Operating Officer.

Joe is Chair of the West Midlands Children's Network which looks at service provision with a view to improving service delivery across the West Midlands. 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, one of the UK's largest independent providers 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.

### Paul Assinder – Vice Chair

Paul is a former NHS Chief Executive Officer and Chief Finance Officer. He has enjoyed a long career as one of the most respected finance professionals working in healthcare in the UK and internationally.



He was elected as National President of the Healthcare Financial Management Association (HfMA), the leading professional body for finance staff working in UK healthcare, in December 2009 and has more than 30 years' experience at Board level in both the public and commercial sectors. Doubly qualified as an accountant, with a university background in both economics and management, he trained and worked with Ernst & Young Co in the UK after graduation, before specialising in the healthcare and technology sectors.

Paul is a graduate of the Senior Managers Course at Insead (French Business School) and was one of the first Finance Directors to be selected to join the elite NHS Top Leaders Programme in 2010. Paul has a broad portfolio of financial and business experience - most recently as European Chief Finance Officer of the US transformational genomics provider Nant Health Inc. In the NHS, he most recently served as Chief Executive Officer of Dudley Integrated Health and Care NHS Trust. He is committed to the development of the next generation of healthcare leaders and has held the position of Senior lecturer at the University of Wolverhampton Business School founding, with others, the MBA qualification in Business and Finance for the HfMA Academy, in 2017. He is currently Chair of Solihull College and University Centre.

### Rachel Barber – Group Associate Non-Executive Director

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



Holding two Chair roles for Audit Committees and a Chair role for Customer Experience Committee, Rachel is passionate about excellent service delivery and value for money with a focus on good governance.

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.

### Dawn Brathwaite – Group Non-Executive Director

Dawn is a former solicitor/partner of a national law 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 the current Chair of the West Midlands Racial Justice Board which oversees the Church of England's Racial Justice Initiative in the West Midlands. She is a member of the General Synod of the Church of England and was made a Canon of St Philip's Cathedral, Birmingham in November 2025. She is also a Trustee of The British Foundation of the University of the West Indies.

Dawn chairs the Group People Committee, she is a member of the Quality, Audit and Remuneration committees and the Non-Executive Director Lead for Freedom to Speak Up (Walsall Healthcare NHS Trust).

### **Umar Daraz – Joint Associate Non-Executive Director**

Umar 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 25+ years' career in senior investment, commercial 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 - AI Chips manufacturer, Bio-innovation campuses, Materials Innovation Factory, Sensor City, and a Telemedicine Digital 5G Healthcare Test bed.

Umar is the sole research and innovation advisor on the River Severn Partnership Board, a £240m net zero infrastructure programme. He is 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.

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

### **Allison Heseltine – Group Associate Non-Executive Director**

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.

### **Professor Elizabeth Hughes – Associate Non-Executive Director**

Elizabeth was appointed as Group Associate Non-Executive Director on 2 March 2026.

She is Director of Research and Development at Sandwell and West Birmingham Hospitals NHS Trust where she is also a Consultant in Metabolic Medicine. She is an acknowledged national and international expert in the management of lipid disorders in which she also has undertaken extensive academic research.

Elizabeth has held many national roles, most recently Medical Director in NHS England, with responsibility for undergraduate medical and dental education and clinical academic training.

She holds a number of academic appointments including Visiting Professor at Worcester University and has held roles as a Non-Executive Director on the Board of The Dudley Group of Hospitals NHS Foundation Trust and on the Birmingham and Solihull Integrated Care Board,

Elizabeth was a founder member of the national charity HEARTUK of which she remains a Trustee. She was recently appointed as Medical Director for the charity.



### **Professor Martin Levermore MBE DL – Group Non-Executive Director**

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

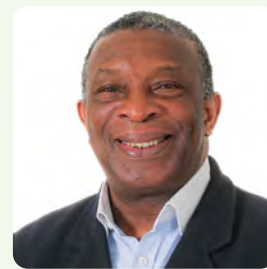
He is a founder and Chief Executive of Medical Devices Technology International Ltd (MDTi), and has been working with the NHS regionally and nationally for over the past 23 years to commercialise and bring to market innovative products and service ideas.

He has more than 23 years' experience 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). In addition, he chairs Medilink Midlands that includes the region's Health Technology Cluster (HTC) to which the WMCA has oversight.

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

He holds a Senior Associateship with the Royal Society of Medicine, whilst also being a Chartered Member of the Chartered Institute of Securities and Investment and Fellow of the Royal Society of Arts.

Martin was appointed in 2018, as his Lord-Lieutenant's Deputy Lieutenant (DL) to the West Midlands and leads for Wolverhampton.



### **Lisa Sadler-Todd (nee Cowley) – Group Non-Executive Director**

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.



### **Julie Jones – Non-Executive Director - Chair of Audit Committee**

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.



### Professor Louise Toner – Group Non-Executive Director

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. Prior to retiring in September 2024, Louise was an Associate Dean and thereafter Professional Advisor with responsibility for advising on the faculty's academic portfolio, collaborative course provision and international activities ensuring it is the right offering to meet the workforce needs of employers and the personal and professional development needs of qualified health and social care professionals.

She is a member of the Birmingham Commonwealth Association's (BCA) Board and a trustee of its Charitable arm, the Birmingham Commonwealth Society, having previously been Chair of the Education Sub Group representing the BCA on the then Greater Commonwealth Chamber of Commerce in Birmingham/West Midlands.

A Group Non-Executive Director in the NHS, Louise chairs the Trusts' Group Quality Committee, is the Senior Independent Director, member of the Trust's Audit Committee and NED Maternity Safety Champion across the Group.

Louise has also worked for a hugely successful charity in the UK – Macmillan Cancer Support - where she was responsible for an Education Development Programme for specialist Nurses in Cancer and Palliative Care. She was previously Chair but is now Trustee of the Wound Care Alliance UK a charitable organisation which provides education and training for non-specialist healthcare staff both qualified and unqualified in the field of Tissue Viability. Her interest in wound care led to her establishing the faculty's Wound Healing Practice Development Unit (WHPDU) of which she is the Director. This unit delivers specialist workshops by Professors in wound healing, undertaking product evaluations often in association with product manufacturers. Since her retirement, Louise continues work as the Director of the WHPDU one day a week, funded by Pioneer Wound Healing and Lymphoedema Centre. Her PhD focused on pressure ulcers and her Masters degree relates to her special interest in cancer care.



### Kevin Bostock – Group Chief Safety and Assurance Officer

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 that achieved a CQC overall rating of at least good in 100% of hospitals/services. This ensured the group was one of only two acute hospital groups with the 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 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 & 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 is skilled in the management of change with up-to-date knowledge of leading-edge practice, demonstrating 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.



### Stephanie Cartwright – Group Chief Community and Partnerships Officer

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, Community First 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 needs 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 empowering individuals and teams, and working together as a system and place, is something which enables her to strive for continual improvement and ensuring that all voices are heard.

Stephanie's role as Group Chief Community and Partnerships Officer spans both Wolverhampton and Walsall, with responsibility to lead the work and development of both areas' place-based partnerships. She has undertaken the role of Executive lead for both the Neighbourhood Health and Community First agendas.



### Simon Evans – Group Deputy Chief Executive/Group Chief Strategy Officer

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 Masters Qualification in Business (MBA) from Aston Business School along with an Honours Degree in Business Studies.

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

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.



### Debra Hickman – Chief Nursing Officer

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



She has worked across the Black Country in a variety of senior leadership roles 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

### Brian McKaig - Chief Medical Officer

Brian qualified from Glasgow University in 1991 and did his postgraduate training as a gastroenterologist in the East Midlands. He undertook a period of research at the University of Nottingham (1997/01) 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.

### **Gwen Nuttall - Managing Director**

Gwen has more than 25 years' experience working across a diverse range of acute hospitals in London and Suffolk. She has previous experience of working for local government in Suffolk.



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

Gwen was appointed as the Managing Director for the Royal Wolverhampton NHS Trust in April 2025 and started in the role fully in September 2025.

### **Claire Radley – Group Chief People, Culture and Improvement Officer**

Appointed 30 March 2026.

Claire's previous roles include Director for People and Organisational Development (OD) at Gloucestershire Hospitals NHS Foundation Trust, Director for People at the Royal United Hospitals Bath NHS Foundation Trust and the Assistant Director of OD at Cardiff and Vale Health Board.

Claire has also worked in Policing in local and national roles spanning research, performance, culture change, and OD. She has a PhD in organisational culture and is a Fellow of the Chartered Institute of Personnel and Development.

She has experience in leading large scale culture change work that has improved both staff and patient experiences.



### **Kevin Stringer – Group Chief Financial Officer**

Kevin is a qualified accountant with the Chartered Institute of Management Accountants (CIMA) and holds a Masters qualification in Business Administration (MBA). With more than 36 years of experience in the NHS, 23 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.

## Directors who left during the financial year 2025/26

- John Dunn, Non-Executive Director
- Gillian Pickavance Associate Non-Executive Director
- Angela Harding, Associate Non-Executive Director
- Alan Duffell, Group Chief People Officer
- Sally Evans, Director of Communications and Stakeholder Engagement

The Board of Directors is established and constituted to meet the legal requirements of the National Health Service Act 2006 (as amended) and the provisions of the Code of Governance for NHS Provider Trusts.

It is accountable for setting the Trust's strategic direction, vision and values, monitoring performance against annual objectives, ensuring high standards of corporate governance and helping to promote links between the Trust and its partnership working with RWT and the local community.

The Board consists of the shared Chair (The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust, Dudley NHS Foundation Trust and Sandwell and West Birmingham NHS Trust), shared Vice-Chair (with WHT) shared Chief Executive (with WHT). There are nine Executive Directors which include Group Chief Officers (with WHT) and RWT Chief Officers and six Non-Executive Directors (incl. Vice-Chair) – all shared posts with WHT except for the Chair of the Audit Committee who is an RWT post only. There are four Associate Non-Executive Directors (all shared posts with WHT) who attend Board meetings in a non-voting capacity. Prof Louise Toner was the Senior Independent Director during 2025/26.

As at 31 March 2026, there were no Executive or Non-Executive Director vacancies.

The Group Trust Board meets regularly in public to discharge its duties and met six times in public during 2025/26, excluding the Annual General Meeting.

Non-Executive Director appraisals for 2025/26 were conducted by the Chair and the Vice-Chair on a one-to-one basis and Executive appraisals were conducted by the Chief Executive on a one-to-one basis.

The Trust is committed to maintaining the highest standards of corporate governance and ensuring that decisions are taken transparently and in the best interests of patients and the public.

## Fit and Proper Person

In 2025/26, 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, e.g. 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.

## 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 2026 and up to the date of approval of the annual report and accounts.

Group Trust Board (Board of Directors Meetings) and Committees of the Board (As at 31 March 2026)

Group Trust Board Composition

Sir David Nicholson was appointed as the Joint Chair of WHT and RWT on 1 April 2023 for two years. His tenure was extended in January 2025 for a further two years from April 2025.

Ms Joe Chadwick-Bell was appointed as Chief Executive Officer and Accountable Officer to Parliament on 1 January 2025.

Group Trust Board meetings are held in public, and the papers are made available on the Trust website in advance of each meeting. The Board regularly reviews performance against national standards and regulatory requirements via an Integrated Performance Report and a focus on a key set of Board Level Metrics, each of which is aligned to a strategic objective.

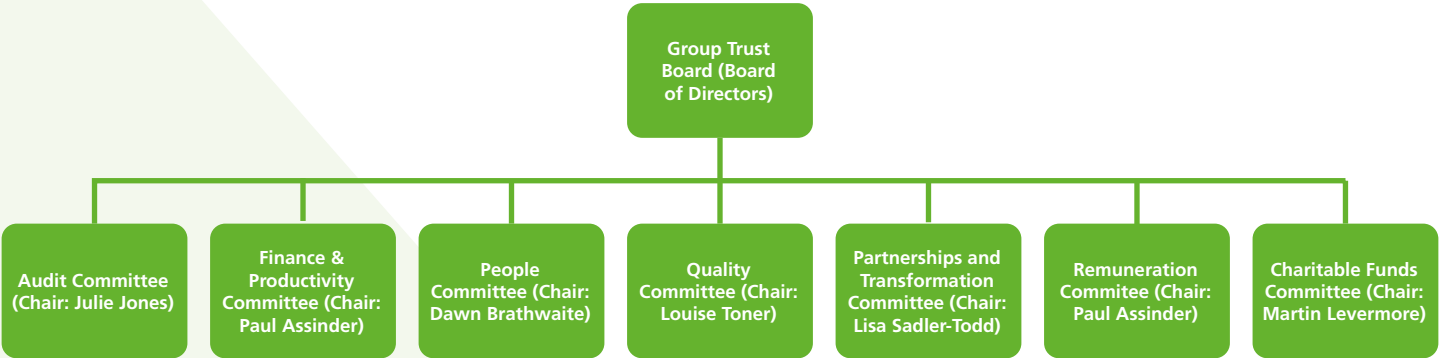
The Board places a strong emphasis on the quality and safety of patient care and, in addition to performance reports, regularly hears directly from patients, carers and staff including through patient and staff stories.

It is supported by committees with particular oversight for the provision of safe, high-quality care, the effective use of resources, the value we place on our colleagues, our provision of care at home in partnership with others, our charity and our governance, risk and internal controls.

Exception reports are provided to the Group Trust Board (based on use of a standard proforma reporting template) by each of the Board committees Chairs following their meetings.

The committees of the Board undertook effectiveness reviews in 2025/26 to ensure continued review of their terms of reference and cycles of business. As part of the implementation of the Partnership agreement with WHT, the Board committees embarked on a programme of joining together across the two organisations. As a result, there is now a single joint Finance and Productivity Committee, People Committee, Partnerships and Transformation Committee and Quality Committee. The Charitable Funds Trust Committee and Audit Committee remain sovereign committees and the Remuneration Committee is being held as a Committee in Common with appropriate Terms of Reference in place.

The committees are chaired by a Non-Executive Director and report to the Group Board in public by way of a highlight report following each meeting.



The Group Trust Board elects to establish committees of the Board to assist it to carry out its functions, which can include the implementation of time-limited board committees or board committee sub-groups.

## The Group 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.

## Externally Facilitated Well-Led Review

An externally facilitated well-led review was started during 2025/26, with the results expected during 2026/27. The Trust is committed to delivering high-quality, safe, and effective care through strong leadership, robust governance, and a positive organisational culture. The Board has regard to the Care Quality Commission (CQC) Well-led framework, which considers whether organisations are effectively led, managed, and governed to support the delivery of high-quality care, continuous learning, and innovation.

During 2025/26 the Trust continued to assess its effectiveness against the Well-led domains, focusing on:

- Leadership capacity, capability, and culture
- Vision and strategy
- Governance, risk management, and internal control
- Engagement with staff, patients, and partners
- Use of data and insight to drive improvement
- Continuous learning and improvement

The Trust recognises the value of independent scrutiny and external challenge.

During the year:

- The Trust has engaged with regulators, including the Care Quality Commission (CQC), as part of ongoing oversight and assessment
- External reviews and benchmarking have been used to inform improvement priorities

The Trust continues to align its governance practices with NHS England guidance and emerging best practice.



## Board Evaluation

The Group Trust Board submitted its Provider Trust Capability Self-Assessment to NHSE in October 2025.

The Royal Wolverhampton NHS Trust Board held its Annual General Meeting, in person, on 16 September 2025.

Board of Directors' attendance – 2025/26

There were six Board of Directors Meetings held in Public

| Name                             | Role                                                          | Commencing<br>(inclusive of terms<br>prior to Group roles) | End          | Attendance |
|----------------------------------|---------------------------------------------------------------|------------------------------------------------------------|--------------|------------|
| Sir David Nicholson              | Group Chair                                                   | April 2023                                                 | March 2027   | 6/6        |
| John Dunn                        | Deputy Chair                                                  | February 2021                                              | January 2026 | 5/6        |
| Louise Toner                     | Group Non-Executive Director                                  | November 2021                                              | October 2027 | 6/6        |
| Dawn Brathwaite                  | Group Non-Executive Director                                  | February 2022                                              | January 2027 | 4/6        |
| Lisa Sadler-Todd<br>(nee Cowley) | Group Non-Executive Director                                  | February 2022                                              | April 2027   | 6/6        |
| Martin Levermore                 | Group Non-Executive Director                                  | February 2022                                              | January 2027 | 6/6        |
| Rachel Barber                    | Group Associate<br>Non-Executive Director                     | February 2023                                              | January 2027 | 6/6        |
| Allison Heseltine                | Group Associate<br>Non-Executive Director                     | February 2022                                              | May 2027     | 4/6        |
| Umar Daraz                       | Group Associate<br>Non-Executive Director                     | February 2023                                              | January 2027 | 3/6        |
| Julie Jones                      | Non-Executive Director                                        | February 2022                                              | January 2027 | 6/6        |
| Elizabeth Hughes                 | Group Associate<br>Non-Executive Director                     | March 2026                                                 | March 2028   | 1/1        |
| Joe Chadwick-Bell                | Group Chief Executive                                         | 2 March 2025                                               |              | 6/6        |
| Simon Evans                      | Deputy Group Chief Executive/<br>Group Chief Strategy Officer | October 2021                                               |              | 6/6        |
| Kevin Stringer                   | Group Chief Financial Officer                                 | December 2022                                              |              | 6/6        |
| Kevin Bostock                    | Group Chief Safety and<br>Assurance Officer                   | November 2021                                              |              | 3/3        |
| Stephanie Cartwright             | Group Chief Officer for<br>Community and Partnerships         | July 2023                                                  |              | 6/6        |
| Claire Radley                    | Group Chief People Officer                                    | 30 March 2025                                              |              | 0/0        |
| Brian McKaig                     | Chief Medical Officer                                         | July 2021                                                  |              | 6/6        |
| Gwen Nuttall                     | Managing Director                                             | 2012                                                       |              | 6/6        |
| Debra Hickman                    | Chief Nursing Officer                                         | November 2021                                              |              | 6/6        |

RWT has applied the principles of the NHS Trust Code of Governance on a comply or explain basis.

## Board Committees

### Remuneration Committee – Non-Executive Director/Vice-Chair: Paul Assinder (Chair)

The purpose of this committee is to advise the Board about appropriate remuneration and terms of service of the Chief Executive and other Executive Directors. The Remuneration Committee met twice during 2025/26 to approve recommendations for Group roles, Executive Director remuneration and appraised performance of the Chief Executive and Executive Directors. The Chair has appraised all the Non-Executive Directors and will appraise the Vice-Chair and the Senior Independent Director will appraise the Chair's performance.

Non-Executive Director Members: Paul Assinder (Chair), Julie Jones, Dawn Brathwaite, Martin Levermore, Louise Toner (SID at RWT and is invited if no conflict of interest is pertaining to item on the agenda), Lisa Sadler-Todd (SID at WHT and is invited if no conflict of interest is pertaining on the agenda).

## Audit Committee – Non-Executive Director: Julie Jones (Chair)

Committee Members:

Members: J Jones (Chair), Paul Assinder, Louise Toner, Lisa Sadler-Todd and Dawn Brathwaite

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

Each meeting received an update on any new risks or assurance concerns from the Chairs of the Quality Committee (QC), the Finance and Productivity Committee (F&P) and the Trust Management Committee (TMC).

The committee received and discussed reports on:

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

Most of the audits and reviews were completed to plan. Where not completed they were planned for completion early in 2026/27.

These matters featured in the committee's reports to the Group Trust Board, including a high-level summary of the Internal Audit reports received at each meeting.

The Group Trust Board has been kept informed of when audit reports showed high or medium risk recommendations requiring management attention and has been assured that mitigating actions are being taken in accordance with the agreed timeframes.

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

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

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

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



## Charitable Funds Committee

### Members: M Levermore (Chair) Julie Jones (Vice Chair)

RWT Charity Committee plays a crucial role in overseeing and guiding the charitable activities and initiatives of Your RWTC.

The committee sets the strategic direction for the charity's activities, ensuring they align with the overarching goals and mission of the RWT

The committee develops and reviews policies and guidelines related to charitable programs. The aim of the committee is to administer the Trust's Charitable Funds in accordance with any statutory or other legal requirements or best practice required by the Charities Commission.

The committee initiates and supports the development of programmes and projects that serve the needs of the community and beneficiaries, whilst monitoring and evaluating the effectiveness of programs, assessing their impact and making recommendations for improvements.

During 2025/26, the committee continued to benefit from the dedicated support of an in-house Charity Manager and the Community and Events Fundraiser.

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

A wide range of projects were supported during the year for the benefit of the welfare and comfort of our patients and staff as well as some capital items – going over and above that which can be provided by the Trust itself. Of note, Your RWTC's volunteers were voted "Black Country Heroes" with the charity volunteers described as "the heartbeat" of RWT for their dedication to helping patients, staff and the wider community. This was tangibly manifested in the opening of the paediatric garden that transformed a once-tired outdoor space at the Trust into a vibrant and sensor rich environment for young Wolverhampton patients and their families.

## Group Finance and Productivity Committee 2025/26

Committee Members:

Non-Executive Director J Dunn Joint Chair (RWT) until January 2026

Non-Executive Director P Assinder Joint (WHT) sole Chair from January 2026

Non-Executive Director M Martin (WHT)

Non-Executive Director J Jones (RWT)

Associate Non-Executive Director Prof. M Levermore (RWT)

The aims of the committee are to provide the Group Trust Board with assurance on the effective financial and external performance targets of the organisation. It also supports the development, implementation, and delivery of the Medium-Term Financial Plan (MTFP) and it reviews the acute recovery plan and the efficient use of financial resources in order to support the Trust's financial strategy, performance and business development.

The committee met monthly during the year and additional extra-ordinary meetings where necessary, which considered in detail:

- The Trust's financial position, reviewing the annual revenue and capital budget and reviewing performance against both on a monthly basis
- Approval for submission to Board of various procurement tender reports and appropriate business cases
- The Acute Recovery Plan with a focus on longer waiting patients and cancer
- The performance and productivity aspects of the Group Trust Board's Quality and Performance Report
- The workforce reports and focus on reducing WTE numbers
- The Board Assurance Framework

The committee also considered:

- Group Financial Recovery Plan and Use of Resources Reports which provide an update on CIP
- Capital Report
- Group Contracting and Business Development Update (which split into separate updates from January 2026 onwards)
- Group Sustainability Programme
- Group Temporary Staffing and Temporary Medical Staffing
- Procurement reports
- Appropriate Business Cases
- Other matters associated with operational finance and budgeting (inc Group National Cost Collection Assurance)
- Review of several projects (inc EPR Upgrade, Solar Farm Review).
- New 3 Year Operational Plan and 5 Year Planning Narrative Update (SE)

The business of the committee is managed on an annual plan/cycle of work with upward reporting to committees and Board. The committee communicates issues for redress via the Chairs Report.

During 2025/26, the committee noted the following matters of concern:

- The delivery of the Cost Improvement Programme
- Financial challenges across both Trusts throughout the year
- Alignment of workforce plan against the financial plan (inc. enhanced vacancy protocols and workforce reductions)
- Financial impact of Industrial Action
- Continued UEC pressures and high attendance levels
- RTT performance challenges
- Monitoring impact of opening of Midland Metropolitan University Hospital
- High Risk Winter Plan due to lack of additional funding
- Capital review/re-phase
- Audiology review of back log patients (PA)

The committee has noted the following matters of assurance:

- Good delivery of acute performance across both Trusts
- Despite increased ambulance handovers both Trusts continued to be ranked highly in terms of performance
- Winter Plans were endorsed to Group Trust Board
- EPR Upgrade was successfully completed

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

- Engagement of Deloitte to assist with financial recovery
- The Group delivered challenging cost reduction targets and is likely to hit target performance for the year (PA)
- Good performance regionally and nationally
- Good performance across cancer metrics
- The Emergency Department performance has experienced pressures, however, the Trust performance remains above the national average for both Trusts (upper quartile RWT and 2nd quartile WHT)
- Green Plan approved
- The Trusts undertook significant workforce cost reductions (especially for temporary staff) in the year (PA)

The Joint Chairs of the committee were previously Deputy Chairs of both Trusts and reverted to a single post in January 2026. The Chair is also a member of the Audit Committee, which helps to maintain the flow of information/understanding and risk management between the committees, particularly on financial risks.

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

## Group Quality Committee

NED Members:– L Toner (Chair), A Heseltine, Dawn Braithwaite

### Aims of the committee

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

From its April 2025 meeting, the Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust Quality Committee meetings became a Group Quality Committee meeting with the aim of providing consistency in reporting quality and patient safety oversight across both trusts. This required the revision of the existing Terms of Reference, the annual cycle of business and agreements regarding the underpinning committee structures; these are now in place.

The committee reports to Group Trust Board had been in the form of Chair's reports with associated minutes. This was modified in July 2025 with the development of a Joint Group Board Committee.

The Group Trust Board receives the Group Quality Committee Chair's Report, the Joint Group Chair's report and the committee minutes.

A Group Integrated Chairs' Report is provided to the Board which incorporates the Chair reports from each of the Committees of the Board.

This produces a report that aligns themes to the Board Assurance Framework Risks with an assure, advise and alerts section provided to Board bi-monthly.

### Frequency of meetings and main focus

During 2025/2026, the committee met virtually on 12 occasions, with no meetings cancelled.

### Activity and areas of activity

At each meeting, the committee received an update on reports in line with its terms of reference (including items below, some of which have changed since the start of the Group Quality Committee meeting). It escalated risks and assurances to the Board via the Chair's and joint Chair's report and minutes to the Group Trust Board. The list of reports is managed on an annual plan/cycle of work with upward reporting, the committee maintains an issues log to communicate items for redress and record actions taken.

Routine reporting:

- Board Assurance Framework (BAF) –Monthly
- Trust Risk Registers (TRR) – Monthly
- Group Performance Report – Monthly
- Performance Constitutional Standards Report Community (WHT)
- Chief Nursing Officers Reports – Monthly

Subgroup Reports:

- Quality and Safety Oversight Group (QSOG) - Monthly  
This was previously the Quality and Safety Assurance Group (RWT) and the Patient Safety Group (WHT) but was renamed QSOG for standardisation from September 2025.

### Assurance reporting

- Perinatal Services Report - Monthly
- Response to Patient Safety Events Report – Monthly
- Regulatory Report - Monthly
- Continuous Quality Improvement Report – Bi Annually
- Cancer Recovery Action Plan – during Tier 2 and 1 scrutiny ceased in
- NPSA NRLS / LFPSE Organisational Feedback Report – Annual (LFPSE replace NRLS.
- Internal Audit Opinion – Annual
- Internal Audit Plan - Annual
- External Reviews Registry Report – Biannually
- Litigation and Inquests Report – Annually
- Clinical Audit Plan – Biannually
- Data Security & Protection Toolkit – Annually
- Health and Safety Assurance Report – Bi-Annually
- Quality Account – Annual
- Infection Prevention BAF – Quarterly
- Maternity Services Governance Report - incorporated into the Perinatal Services Report
- Perinatal mortality – Quarterly - - incorporated into the Perinatal Services Report

## Themed Review/Information Only

Examples include

- Riddor Report - Monthly
- Learning from Deaths update report – Quarterly
- Safeguarding Assurance Report (Adults and Children) – Biannually
- Health Records Improvement Plan

The Group Quality Committee escalated the following items to the Board

### Alerts:

The Care Quality Commission (CQC) undertook an unannounced visit to the Emergency Department at New Cross Hospital in November 2025. An extensive range of actions are in place to address the areas for improvement required.

As a result of the aged design of some of the estate, challenges have been identified regarding the level of occupational exposure from Entonox use within the delivery suites at both Trusts. The situation is being monitored and destruction units have been put in place at WHT, with ongoing monitoring continuing across both Trusts to ensure that the Workplace Exposure Limit (WEL) is complied with. Block 32 at New Cross Hospital – the Maternity Unit, including Neonates - has been subject to fire safety enforcement notices that have resulted in ongoing discussions with West Midlands Fire Service and NHS England to agree long term compliance plans. Other fire safety enforcement notices in relation to the RWT estate are being actively managed with ongoing discussions with the relevant fire authorities. The plans are on track to deliver compliance.

### Advisories:

RWT continued to be an outlier in for Stroke mortality in April 2025. Following reviews by the Royal College of Physicians and other key stakeholders, together with the implementation of a detailed action plan, the Trust has significantly reduced stroke mortality. The stroke team has developed and is implementing a clear vision for future stroke services.

Cancer Performance across both RWT and WHT has been challenging as result of staffing, diagnostics and other issues. A range of mitigating actions are in place including, mutual aid, insourcing and recruitment which has improved the situation. Both Trusts are working to achieve the national targets with RWT's performance in Diagnostics exceeding the target.

Nurse Sensitive Indicators which include oversight of falls, pressure ulcers and observations on time demonstrate different variable levels of performance often associated with caring for patients with complex needs.

A range of interventions are in place within an overarching Quality Framework that recognises and promotes the need for patients to eat, drink and move to improve.

Ambulance handover times across both Trusts have been variable across the year with very good performance in respect of national metrics and other periods of poorer performance given the volume of patients attending ED and an increase in patient acuity. Long waits to be seen in the Emergency Departments at both Trusts are a challenge ongoing work to further develop services to avoid hospital admission and the use of virtual wards continue to improve patient flow through the hospitals and facilitate timely discharge. At WHT Corridor care is in use, however, this is a last resort and when it is required patients are carefully selected and care provided, as required, by staff allocated to the corridor to care for patients.

Patients with mental health issues attending ED departments across both Trusts are sometimes subject to long waits to be seen and assessed by the mental health services provided by other organisations to facilitate receipt of the care they require. Discussions are ongoing between both Trusts and the providers of mental health services.

The CQC report from the inspection of the Critical Care Unit at Walsall Manor Hospital in February and March 2025 was published in June 2025. A detailed action plan is in place to address the improvements required.

The CQC report of the unannounced visit to Walsall Manor Hospital in January 2025 focusing on medical care, older adults, pressure damage and medication management was published in January 2025.

WHT re-earned Level 3 Baby Friendly accreditation for the healthy child 0 -19 Service.

### Assurances:

Both Trusts achieved the requirements for the Maternity Clinical Negligence Scheme for Trusts (CNST) Year 6 and received Group Trust Board approval for the review of staffing requirements following new Birth Rate Plus guidance.

The report of the CQC visit to Maternity Services at RWT in October 2025 was published in May 2025. The Trust was rated Good for all domains, with caring deemed to be Outstanding with and Effective moving from Requires improvement at the last inspection to Good.

Martha's Rule has been implemented across both Trusts with work continuing in respect of further implementation across Paediatrics and Maternity.

## Group Partnerships and Transformation Committee

Chair – Lisa Sadler-Todd

Executive Director Lead – Stephanie Cartwright

Non-Executives – Martin Levermore, Rachael Barber, Umar Daraz and John Dunn

The committee was initially established as the 'Integration Committee' to cover RWT only. The committee meets on a face-to-face basis across Walsall and Wolverhampton to enhance discussion topics and to provide committee members with the opportunity to visit various community-based venues.

The committee enables focus on care closer to home. Within its renewed focus, the committee has responsibility for monitoring the progress of the transformational elements of the Trust's Strategic Planning Framework. This includes regular monitoring of strategic priorities including Community First, Outpatients' transformation, Elective Hub and Community Diagnostic Centre service development and Strategic Service Reviews. The committee also receives regular updates on key developments within the OneWolverhampton and Walsall Together place-based partnerships, and on the role of the Black Country Provider Collaborative.

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

## Group People Committee

Chair: Dawn Brathwaite - Joint Non-Executive Director

NED members: Lisa Sadler-Todd and Rachel Barber - Joint Associate Non-Executive, Mary Martin - Non-Executive Director, WHT

### Aims of the committee

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

- There is an effective People Strategy in place underpinned by structures, systems and processes to support colleagues in the provision and delivery of high quality, safe patient care
- The outcomes set out in the People Strategy, approved by the Board are delivered
- The Trusts are meeting their legal and regulatory duties in relation to employees
- Where there are people risks and issues that may jeopardise the Trust's ability to deliver its strategic objectives, these are being managed in a controlled way through the Trust Management Committee

To provide assurance on the following key areas as set out in the People Strategy:

- Leading by putting our people first to include:
  - Leadership
  - Organisational Development and Culture
  - Staff Engagement
- Ensuring equality, diversity and inclusion on all that we do, to include:
  - Equality, Diversity and Inclusion
  - RACE Equality Code
- Ensuring a safe and healthy place to work to include:
  - Wellbeing
  - Sexual Safety
  - Speaking up
- Recruiting and retaining the workforce of today and for the future
  - Resourcing, attraction and retention
  - Knowledge, skills and behaviours
  - Workforce Planning

### Frequency of Meetings

During 2025/26, the committee met 12 times.

The committee approved:

- Group People Committee Terms of Reference
- Group People Committee Programme of Work for 2025/26
- Workforce Targets and Thresholds for 2025/26

### Activity

The committee considered progress updates on:

- Executive Workforce Report focusing on key people metrics
- Workforce Plan Performance
- National, regional and local updates on workforce
- Black Country Provider Collaborative Workforce Projects
- The People Enabling Strategy
- Leading by Putting our People First
- Staff Engagement and Surveys
- Employee Relations
- Attendance
- Organisational Developments

- Ensuring Equality, Diversity and Inclusion in all that we do
- Being a Safe and Health Place to Work
- Recruitment and Retaining the Workforce of Today and for the Future
- Improving Working Lives of Resident Doctors (10 Point Plan)
- New Risks and Board Assurance Framework

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

### **Matters of note and assurance**

#### **Matters of concern:**

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

- Impact of the workforce plans
- Impact of industrial action by Resident Doctors
- Sickness absence
- Appraisal compliance
- Workforce data triangulation

#### **Matters of assurance:**

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

- The Annual Freedom to Speak Up Reports
- Sickness Absence Plans
- EDI Action Plans
- Race Code renewal

#### **Matters of achievement:**

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

- E-Roster Expansion
- Joint Events – Long Service Awards and Caring for All Awards
- Partnership Working with Staff Side for the Band 2/3 Clinical Support Worker Reviews
- Race Code Re-accreditation
- SEQOHS Re-accreditation

## **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 Group 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.

## Conflicts of Interest

The Trust has in place a Register of Interests for members of the Board of Directors and senior staff. All relevant individuals are required to declare any interests which may conflict, or could be perceived to conflict, with their duties to the Trust.

Declarations include financial interests, employment, directorships, shareholdings, and other relevant positions.

Declarations of interest are:

- Reviewed at least annually, and updated as necessary throughout the year
- Declared at the start of Board and committee meetings, with any conflicts appropriately managed in line with the Trust's policy
- Recorded in formal registers, which are maintained centrally

During the year 2025/2026 the Trust has complied with its policy on managing conflicts of interest. Where a potential conflict has been identified, appropriate action has been taken, including exclusion from discussions or decision-making where required.

The 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' guidance.

The Trust's Register of Interests is publicly available via <https://royalwolverhampton.mydeclarations.co.uk/> ensuring transparency and accountability.

The Board is satisfied that effective systems are in place to identify, record, and manage conflicts of interest, and that these arrangements operate effectively in practice.

## 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 under performance and the steps being taken to bring performance back to the required standard.

## The risk and control framework

The Risk Management Strategy provides a framework for managing risks across the Trust and is consistent with best practice and Department of Health and Social Care guidance. The Risk Management Strategy provides a clear, structured and systematic approach to the management of risks to ensure that risk assessment is an integral part of clinical, managerial and financial processes across the organisation. The Risk Management policy sets out the role of the Group Trust Board and its committees, together with the individual responsibilities of the Chief Executive Officer, Executive Directors and all staff, in managing risk.

The Board recognises that, working in a healthcare environment, many of its day-to-day activities will carry relatively high risks that are not susceptible to effective reduction. This arises from the specialist nature of many medical procedures, and also the need to provide care and treatment for individuals who are undergoing acute health challenges. The risk management policy ensures that risks are managed at the level appropriate to the identified impact and likelihood of the risk eventuating, including departmental, Divisional and Trust-wide structures.

## Risk Appetite

The assessment of each strategic 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 the 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 Group 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/directorates, 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.

|              |                                                                                                                                                                                                                                                                                  |                                                                                                                                        |                                                                                                                                                                                                                                                                                |
|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>GBR 1</b> | If the Trusts in the Group are individually and collectively unable to achieve financial break-even by year end 2027/28.                                                                                                                                                         | <b>Then</b><br>The Trusts and the system will be non-compliant with NHSE/DH+ NHS Provider License requirements.                        | <b>Resulting in</b><br>Special measures regime imposition and reputational damage and vulnerability as non-financially viable organisations.                                                                                                                                   |
| <b>GBR 2</b> | If the Trusts in the Group are individually and/or collectively unable to meet the in-year access standards over the next 3-5 years (e.g. RTT).                                                                                                                                  | <b>Then</b><br>The Trusts individually and/or collectively will be non-compliant with future contract and regulatory requirements.     | <b>Resulting in</b><br>Potential special measures regime imposition and reputational damage.                                                                                                                                                                                   |
| <b>GBR 3</b> | If the Group Trusts are unable to optimise the Group Structure (from the Corporate Services Review) (including potential use of a Subsidiary vehicle) including the scale of efficiencies and cost-reduction required whilst maintaining or improving standards and performance. | <b>Then</b><br>The Trusts/Group would be unable to meet future corporate governance needs, financial and staff reduction requirements. | <b>Resulting in</b><br>Inability to achieve financial recovery, special measures regime imposition, reputational damage and vulnerability as non-financially viable organisations.                                                                                             |
| <b>GBR 4</b> | If the Trusts/Group workforce transformation plan (reduced staffing, use of new technology, culture and behaviour) is not achieved.                                                                                                                                              | <b>Then</b><br>There may be a disconnect between the corporate aspirations, targets and requirements.                                  | <b>Resulting in</b><br>An increasingly disengaged and disenfranchised workforce (staff survey) (and regulatory expectations/requirements e.g. CQC safe staffing) that slows, halts or reverses the transformation programme including greater efficiencies and service change. |
| <b>GBR 5</b> | If the Trusts/Group clinical service transformation plan is unable to achieve its aims and objectives and/or maintain or improve quality & safety.                                                                                                                               | <b>Then</b><br>Quality and safety standards may fall and/or become compromised                                                         | <b>Resulting in</b><br>Increased claims, low staff morale (staff survey), declining reputation (F&FT) and increased scrutiny/inspection and/or declining ratings (CQC et al).                                                                                                  |

## Review of Economy, Efficiency and Effectiveness of the Use of Resources

I and the Trust recognise that Parliament has set out a requirement for the Trust to ensure that the services that are provided have due regard to the economy, efficiency and effectiveness of the use of public resources. The Trust undertakes a number of activities to seek to ensure its activities deliver all three of these requirements, each of which Parliament has given an equal weighting.

Ultimate responsibility for ensuring the Trust complies with this legal duty rests with the Board, through setting the strategic direction of the Trust, together with monitoring and oversight of performance. This work is supported by the Boards Committees, which look more closely at both performance and strategic direction and provide advice and recommendations to the Board. In particular, the Finance and Productivity Committee provides scrutiny and review in respect of Trust performance relating to a number of areas including efficient and effective use of resources. The committee has oversight of the improvement projects. The Quality Committee oversees the impact of quality improvement work.

The Trust's Executive leadership is aware of the need to ensure that the provision of services meets the requirements of the local population. With service developments, consideration is given as to how the proposals will impact on patients, local community, staff and partner organisations. Each change requires a quality impact assessment and sign off by the responsible Directors. When reviewing implementation, consideration is given to how well the project or development has advanced these requirements, and where further improvements might give better achievement of them. The Quality Committee has oversight of the quality impact assessment.

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

The Trust did deliver all of its statutory financial targets due to delivering an end of year surplus of £4.2m and delivered the Capital Programme within its Capital Resource Limits.

## Anti-fraud, bribery and corruption

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. This is supported by the Trust's Anti-Fraud, Bribery and Corruption Policy.

Throughout 2025/26 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 2026/27. 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. Overall for 2025/26, the level of referrals has remained strong, which reflects the confidence of staff to report fraud and the embeddedness of reporting procedures across the Trust.

We have continued to actively identify and prevent fraud, undertaking proactive reviews and working alongside Internal Audit, as well as assisting with the implementation and review of key policies and procedures, utilising intelligence, best practice and guidance from the NHS Counter Fraud Authority. Detection exercises are undertaken where a known area is at high risk of fraud and the National Fraud Initiative (NFI) data matching exercise is conducted bi- annually.

We have an annual counter fraud plan which will continue to raise the awareness of fraud and bribery and respond to emerging issues identified both nationally and locally by the NHS Counter Fraud Authority, so that appropriate controls are implemented to safeguard public funds as well as meeting the Government Functional Standard GovS 013: Counter Fraud.

The Chief Finance Officer oversees this process as the nominated Executive lead for counter fraud and is responsible for the strategic management of all anti-fraud, bribery and corruption work. All reports on activity are submitted to the Audit Committee.

## Standing Financial Instructions

The Standing Financial Instructions detail the financial responsibilities, policies and principles adopted by the Trust in relation to financial governance. They are designed to ensure its financial transactions are carried out in accordance with the law and government policy in order to achieve probity, accuracy, economy, efficiency and effectiveness.

They do this by laying out clearly who has responsibility for all the key aspects of policy and decision making in relation to the key financial matters. This ensures that there are clear divisions of duties, very transparent policies in relation to competitive procurement processes, effective and equitable recruitment and payroll systems and processes. The budget planning and allocation process is clear and robust and ensures costs are maintained within budget or highlighted for action.

The Standing Financial Instructions are to be used in conjunction with the Trust's Standing Orders and the Scheme of Reservation and Delegation and the individual detailed procedures set by Directorates.

## Scheme of Reservation and Delegation

This sets out those matters that are reserved to the Group Trust Board and the areas of delegated responsibility to Board committees and individuals. The document sets out who is responsible and the nature and purpose of that responsibility. It assists in the achievement of efficient and effective resources by ensuring decisions are taken at an appropriate level within the organisation by those with the experience and oversight relevant to the decision being made. It ensures the focus and rigour of the decision-making processes are aligned with the strategic priorities of the Trust and ensures that the Trust puts in place best practice in relation to its decision making.

## 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 Group Trust Board, the Audit Committee, Quality Committee, Group Finance and Productivity Committee, Financial statements, 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 Group 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. Meetings were held in person

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 2025/26 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, serious events and never events and ensuring that 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 Group Trust Board. Areas key to the delivery of the Trust's business strategy are managed and monitored by the Group Trust Board and the committees of the Board

The Group 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 Director

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 Group 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.

Finance and Productivity Committee has provided a forum for the Group 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 Group 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.

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 Group Trust Board and its committees and working groups including the Audit Committee, thus ensuring the efficient use of resources.

## Establish and maintain safe, sustainable staffing

The Trust maintains a comprehensive and integrated approach to workforce planning and staffing systems to ensure that services are delivered safely, sustainably and effectively across the short, medium and long term.

It operates a Workforce Strategy that is aligned to the strategic objectives, clinical strategy, operational priorities and financial plans. This incorporates detailed workforce modelling to anticipate current and future staffing requirements, taking into account demographic trends, service transformation, national policy, and local population needs. Medium and long-term workforce plans are supported by scenario planning and pipeline development, including education partnerships, apprenticeships and international recruitment where appropriate.

Safe staffing is supported through established evidence-based staffing models, including the use of recognised workforce tools, Safer Nurse Care Tool, and benchmarks. The Trust regularly reviews nurse staffing levels in line with national guidance and ensures that safer staffing indicators are triangulated with quality metrics such as patient outcomes, incidents and patient experience. Staffing levels are reviewed daily through operational management processes, with escalations in place to respond to risks. The Trust utilises e-rostering and workforce management systems to ensure effective deployment of staff, optimise skill mix and monitor staffing gaps in real time.

The Board receives regular reporting on workforce metrics, including vacancy rates, turnover, sickness absence, staff engagement, and compliance with safe staffing requirements. This information is triangulated with quality and performance data to provide assurance that staffing processes are safe and effective. Workforce risks are captured on the Trust's risk register and are subject to ongoing scrutiny through Board committees, including the People Committee and Quality Committee.

The Trust is committed to continuous improvement in workforce planning and staffing systems. This includes learning from internal audits, benchmarking against peer organisations, and adopting national best practice guidance. The Trust actively engages with staff, professional bodies and system partners to refine its approach and ensure that staffing remains responsive to changing needs.

## Freedom To Speak Up

There are two full time Freedom to Speak Up (FtSU) Guardians at the Trust with ring fenced time. The Guardians role started 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 more than 16 Champions across various specialities.

The Trust remains steadfast in its support and continues to work collaboratively with its 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 Group Trust Board has shown tenacity and continues 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

The Trust set out the below five objectives to achieve a well-led and psychologically safe speaking up organisation:

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

For the financial Year 2025/26, the FtSU Guardian Team has continued to prioritise staff 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. Our service is advertised through our internal and external communications, including screen savers, staff walkabouts, drop-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 week which is observed yearly in October, saw us undertake several visits and drop-ins to working areas accompanied by member of the Executive Team and the Chair of the BAME Employee Voice Group.

The team has also continued to create more innovative ways for staff to have accessibility to the FtSU service by providing additional drop-in sessions and attendance at many staff forums, awareness sessions and inductions. The FtSU team works closely with colleagues in the Human Resources (HR) and 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 the 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 2025/26 and we also discuss 2024/25 to show a clear comparison. This data is reported to the Group 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 Quality Commission (CQC) and NHS England. The table below shows the total number of FtSU cases for 2025/2026.

### Q1 -Q4 2025-2026 Prominent Themes and number of complaints

|                                                | Q1<br>2025/2026 | Q2<br>2025/2026 | Q3<br>2025/2026 | Q3<br>2025/2026 |
|------------------------------------------------|-----------------|-----------------|-----------------|-----------------|
| Attitudes & Behaviours                         | 29              | 12              | 22              | 20              |
| Bullying and harassment directed at me         | 7               | 10              | 12              | 12              |
| Bullying directed at others                    | 2               | 0               | 1               | 2               |
| Staff Safety in relation to staffing levels    | 0               | 12              | 1               | 2               |
| Feedback on Policies, procedures and processes | 11              | 15              | 12              | 20              |
| Concerns about capability                      | 1               | 1               | 1               | 0               |
| Concerns about Patient Quality and safety      | 0               | 4               | 7               | 7               |
| Concerns about impact on service               | 2               | 7               | 2               | 0               |
| Concerns about equipment                       | 0               | 0               | 0               | 0               |
| Concerns about patient experience              | 0               | 0               | 0               | 0               |
| Staff Safety in relation to something else     | 1               | 1               | 2               | 1               |
| Unknown                                        | 2               | 1               | 1               | 0               |
| Detriment                                      | 1               | 1               | 0               | 2               |
| <b>Total</b>                                   | <b>56</b>       | <b>64</b>       | <b>61</b>       | <b>66</b>       |

### Numbers of concerns received in 2025/26 (247) by quarter:

| Q1<br>2025/2026 | Q2<br>2025/2026 | Q3<br>2025/2026 | Q3<br>2025/2026 |
|-----------------|-----------------|-----------------|-----------------|
| 56              | 64              | 61              | 66              |

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

| Q1<br>2024/2026 | Q2<br>2024/2026 | Q3<br>2024/2026 | Q3<br>2024/2026 |
|-----------------|-----------------|-----------------|-----------------|
| 55              | 62              | 62              | 68              |

There were exactly the same number of cases being reported to the FtSU Guardian Team in 2025/26 compared with 2024/25.

We continue our proactive approach to staff engagement by offering regular drop-ins within departments and walk-arounds, with details below. This has provided greater opportunities for staff to speak up. Inappropriate attitudes and behaviours remain high, with a slight decrease seen on the previous year. We have also seen a consistently high number of cases recorded for this year around Policies and Procedures.

Drop-in sessions, staff presentations and engagement.

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 have had 12 drop ins (177 attendees; 26 spoke up) and 40 awareness sessions reaching 1,042 staff from all activity. Activities span from 17 MDT inductions, forums, and ward/unit walkarounds and accreditation team visits (11 staff interviews).

Additionally, four Trust staff events were attended resulting in 151 staff attending to receive information. Three Executive and EVG (BAME) Walkabouts took place in Speak Up Week 2025, attending eight clinical areas.

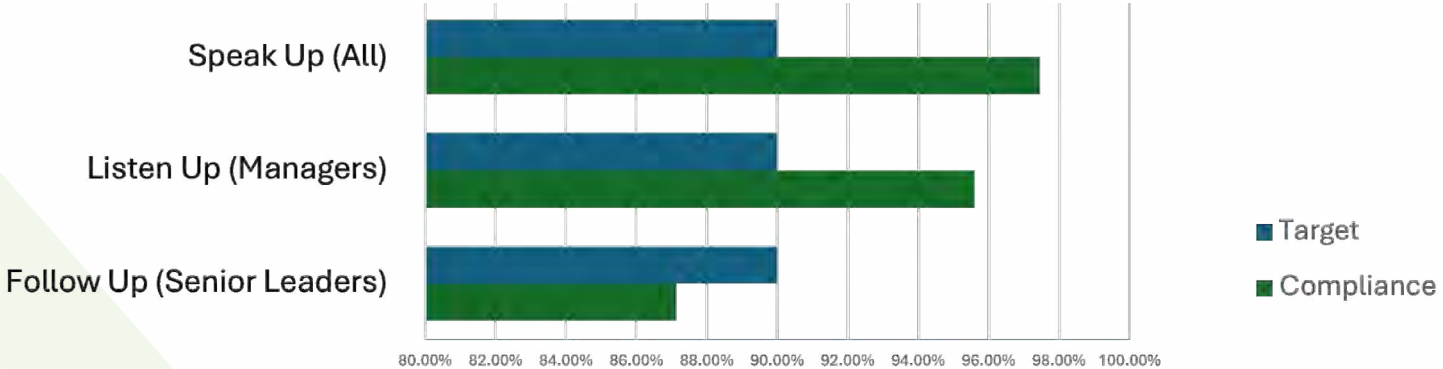
During 2025/26, the Black Country ICB network also hosted two FtSU events in June 2025 for senior leaders and Executives, and an in-person event was held. In October 2025 an online FtSU event called ‘Not Just a Tick Box Exercise’ was also held for all healthcare staff across the system as part of the national Speak Up week activities.

We saw a number of high-profile events and collaborative ventures facilitated by the FtSU Guardians and Champions.

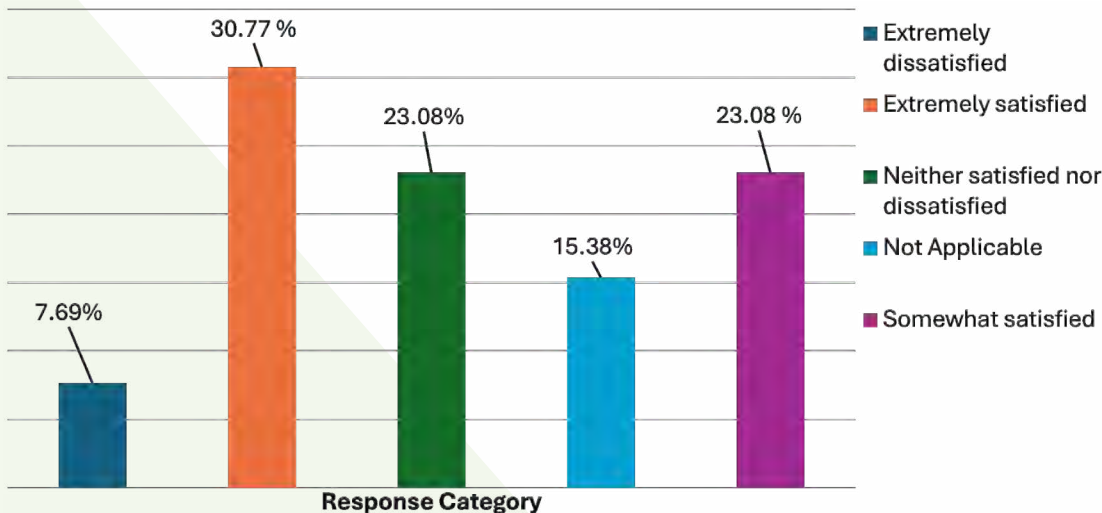
Training and Compliance 2025/26

- Speak Up (All): 98.3%
- Listen Up (Managers): 95.3%
- Follow Up (Senior Leaders): 87.12%

Consistent high compliance across FtSU training modules in 2024/25 and 2025/26



Have your Say FtSU specific staff feedback



## Future ambitions

- Remain a highly collaborative, visible and impartial service that support staff Increase visibility via Trust social platforms and expand Champion recruitment across under-represented groups.
- Continue working collaboratively with Staff, Organisational Colleagues, Senior Management, Executives and Non-Executives.
- Align policies and systems with WHT and strengthen cross-site collaboration.
- Deepen triangulation with OD, Quality and Assurance teams (e.g., exit interviews, retention, policy feedback).
- Continue to support with the reduction of attitude and behaviour-related concerns via compassionate leadership and early intervention, raising awareness of the Behavioural Framework and how it can be utilised to help enhance.
- Maintain vigilance for patient safety and use assist with a culture of feedback and learning for all involved.
- Progress a modernised FtSU data system.



## Information Governance

### Summary of serious incident requiring investigations involving personal data as reported to the Information Commissioner's Office in 2025-2026.

The table below details the incidents reported on the NHS England incident reporting tool and to the Information Commissioners Office (ICO), within the financial year 2025/26. Any incidents that are still being investigated for the period 2025/26 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                                                             |
|--------------------------------|---------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| March 2026                     | Unauthorised access | 1                    | Medic currently assigned to the Trust has accessed the records of relative who was receiving care at the Trust.                                                                                                                                                            | ICO reported<br>Investigation underway                                                         |
| March 2026                     | Unauthorised access | 1                    | Concern raised from clinician that it appears a staff member who is a parent of a patient has been accessing the EPR.                                                                                                                                                      | Investigation underway                                                                         |
| November 2025                  | Unauthorised access | 6                    | Staff member when accessing patient record noticed that it was locked by someone with same surname. Review of audit shows access and no legitimate reason.                                                                                                                 | ICO reported<br>Investigation underway                                                         |
| September 2025                 | Unauthorised access | 1                    | Staff member has been looking at family members which was found by a review of audit logs.                                                                                                                                                                                 | ICO reported<br>Investigation underway                                                         |
| September 2025                 | Unauthorised access | 1                    | Patient raised concerns that their sensitive health data has been accessed. Audit review showed one access attempt that was not authorised.                                                                                                                                | ICO reported<br>Investigation underway                                                         |
| April 2025                     | Unauthorised access | 4                    | The NMC contacted the Trust seeking assurances following a complaint the received from someone with regards to a Nurse that had inappropriately accessed records. A review of a staff Nurse audit shows that records of family members have been inappropriately accessed. | ICO reported. Trust provided NMC with audit data and NMC have taken forward the investigation. |

## Overview of incidents classified at lower severity level

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

| Category | Breach Type                                        | Total |
|----------|----------------------------------------------------|-------|
| A        | Corruption or inability to recover electronic data | 0     |
| B        | Disclosed in Error                                 | 132   |
| C        | Lost in Transit                                    | 1     |
| D        | Lost or stolen hardware                            | 0     |
| E        | Lost or stolen paperwork                           | 16    |
| F        | Non-secure Disposal – hardware                     | 0     |
| G        | Non-secure Disposal – paperwork                    | 5     |
| H        | Uploaded to website in error                       | 1     |
| I        | Technical security failing (including hacking)     | 35    |
| J        | Unauthorised access/disclosure                     | 18    |
|          |                                                    | 208   |

## Data Protection and Security Toolkit Return 2024 – 2025 – final submission from last year.

The Royal Wolverhampton NHS Trust submission for RL4 against the new CAF aligned DSPT was - STANDARDS NOT MET – IMPROVEMENT PLAN AGREED. Out of the 47 mandated outcomes 36 were achieved and 11 did not meet the expected standard. Actions plans are in place and have been signed off by NHS England to ensure the Trust is managing any risk and working towards a compliant position.

For the RWT GP practices, all submitted against the 10 data standards and were all STANDARDS MET.

| RWT GP practices                 | Data standards |
|----------------------------------|----------------|
| Thornley Street                  | M92028         |
| Coalway Road                     | M92006         |
| Penn Manor                       | M92011         |
| Alfred Squire                    | M92011         |
| West Park Surgery                | M92011         |
| Lea Road                         | M92011         |
| Warstones                        | M92011         |
| Oxley Surgery                    | M92011         |
| Tettenhall Road Medical Practice | M92011         |

An internal audit of the DSP Toolkit in 2024/25 resulted in an overall High Risk rating. Of the 12 outcomes assessed, three were found to be not meeting the required standard. Action plans have been put in place to address any gaps in assurance.

## Looking forward to 2026/27 Data security and Protection work programme

The Trust continues to actively monitor patterns and trends in data security incidents and to implement proportionate measures to reduce these to the lowest level practicable. Current risks include a continued and increasing external cyber security threat, particularly relating to email based phishing attacks and other forms of social engineering. The Trust also recognises the growing cyber and information security risks associated with the supply chain, including reliance on third party systems and services, and continues to strengthen assurance and due diligence arrangements in this area.

Additional risks to data security include the potential for disclosure in error through a variety of means. These risks are influenced by the operational realities of healthcare delivery, including increased remote and hybrid working practices and greater use of digital tools.

In addition, the Trust is actively delivering the actions set out within the DSP Toolkit improvement plan, developed in response to areas of non compliance identified in the 2024/25 submission. This programme of work is focused on strengthening cyber resilience, incident response and recovery arrangements, and associated governance and assurance processes, in line with the CAF aligned DSPT requirements, including RL4.

Progress against the improvement plan is being closely monitored through established Information Governance and Digital assurance forums, with clear ownership, defined milestones, and regular reporting to senior leadership and the Group Trust Board. Key actions include strengthening incident management processes, improving documentation and testing of response and recovery arrangements, enhancing assurance over third party and supply chain cyber risks, and embedding learning from incidents and exercises into operational practice.

This targeted work is designed to ensure that identified gaps are fully addressed and embedded ahead of the 2025/26 DSPT submission, with the aim of improving the Trust's overall assurance position, reducing residual information and cyber risk, and demonstrating sustained compliance with national data security and protection standards.

The Trust remains focused on embedding the principles of privacy by design and by default across all Trust processes, including procurement, digital innovation, and service redesign.

This includes the increasing adoption of artificial intelligence (AI) and advanced digital solutions,

with appropriate governance, risk assessment, and assurance mechanisms in place to ensure lawful, ethical, and secure use of data. AI initiatives are subject to proportionate assessment to ensure compliance with data protection, cyber security, and clinical safety requirements.

This programme of work continues to be monitored through established governance structures, including the committees outlined below.

- The Trust has several committees that provide assurance in relation to compliance with the Data Security and Protection Toolkit (DSPT) and UK GDPR, chaired by senior Board members
- The Chief Medical Officer, as the Trust's trained Caldicott Guardian, is responsible for protecting the confidentiality of patient and service user information while enabling appropriate information sharing and chairs the Information Governance Steering Group
- The Chief Financial Officer, as Senior Information Risk Owner (SIRO), is accountable for overseeing the Trust's overall information risk profile, including cyber and supply chain risks, and for ensuring robust incident reporting and escalation to the Group Trust Board
- The Trust's Data Protection Officer (DPO) operates independently to monitor GDPR compliance and reports through the Caldicott Guardian to the Group Trust Board
- The Trust is progressing implementation of a robust information asset management system and clarifying responsibilities for Information Asset Owners (IAOs) to support effective identification, management, and escalation of information risks
- All Trust staff receive mandatory annual data security and information governance training, and the Trust continues to provide specialist and role based training to ensure awareness remains current and aligned with emerging threats and regulatory expectations
- Mandatory cyber security training, including phishing awareness, has been implemented for all staff and is kept under regular review to ensure ongoing relevance. This is alongside cyber security briefings and training to maintain informed oversight, particularly in relation to emerging technologies, AI related risks, and supply chain dependencies

## Emergency Preparedness, Resilience and Response

The Royal Wolverhampton NHS Trust has a statutory duty under the Civil Contingencies Act (2004) to maintain robust Emergency Preparedness, Resilience and Response (EPRR) and Business Continuity arrangements. During 2025/26, the Trust has continued to strengthen its organisational resilience, demonstrating measurable progress across planning, training, exercising, and assurance.

### Business Continuity

Business Continuity remains a critical component of organisational resilience. During 2025/26, the Trust strengthened its capability through the introduction of improved Business Impact Analysis (BIA) and Business Continuity Plan (BCP) templates and increased engagement across divisions.

## Health and Safety at Work

The Trust remains firmly committed to creating and maintaining a safe environment for patients, staff, visitors, contractors and all who may be affected by our activities. During 2025/26, Health and Safety continued to be embedded as a core organisational responsibility, supporting the delivery of safe, effective and compassionate care, and fulfilling the Trust's legal duties under the Health and Safety at Work etc. Act 1974.

Throughout the year, the Trust sustained a strong focus on prevention, learning and continuous improvement, ensuring that health and safety arrangements remained proportionate, risk based and responsive to both operational pressures and regulatory expectations. This approach recognises the complexity of service delivery while maintaining clear accountability for managing risk and reducing avoidable harm.

Health and Safety governance continued to be overseen through the Trust Health and Safety Steering Group, chaired by the Group Chief Safety and Assurance Officer under delegated authority from the Group Chief Executive Officer. The Group met quarterly during the year, with meetings quorate and providing effective oversight of performance, compliance, risk and improvement activity. Membership included divisional leaders, professional and staff side representatives, and specialist advisors, ensuring that discussion and decision making were well informed, inclusive and aligned with wider organisational objectives.

The Trust retained a strong focus on proactive safety management. A comprehensive programme of training, audits, inspections and assurance activity was

undertaken to support services in identifying risks and implementing appropriate controls. Structured self-assessment and quality assurance processes enabled Divisions to assess compliance against regulatory and Trust standards and provided senior leaders with visibility of areas requiring additional focus. While performance varied across the organisation, there was evidence of improving maturity and learning. High compliance with mandatory Health and Safety training was maintained across the year.

The Trust continued to complement its formal audit programme with Safety Assurance Walkabout Inspections, providing visible assurance over environmental, fire and workplace safety standards. These inspections supported early identification of hazards and reinforced expectations around good housekeeping, safe storage and fire safety. Feedback from inspections was shared with local teams and used to support timely remedial action, reinforcing a proactive and learning focused safety culture.

Incident reporting during 2025/26 remained stable, which provides reassurance of a sustained culture of openness and reporting. This enables the Trust to understand where risks are occurring and take action to reduce harm. Violence and aggression (V&A) continued to be a significant challenge, reflecting wider societal pressures and the nature of delivering care in high acuity environments. Encouragingly, the overall number of incidents reduced compared with the previous year, although the Trust remains mindful of the impact such events have on staff wellbeing and continues to prioritise prevention and support measures.

Targeted programmes of work continued throughout the year to strengthen prevention and learning. Improvements in V&A data analysis, investigation quality, risk assessment processes and organisational learning were evident, supporting the Trust's commitment to reducing repeat incidents and supporting staff safety and wellbeing. The Trust also continues to promote close working between specialist teams across patient safety, workforce wellbeing, estates and security to ensure a co-ordinated approach to risk management.

RIDDOR reportable incidents increased slightly during the year, from 35 to 40; these incidents remained low in number relative to the size and activity of the organisation and were thoroughly investigated. The Trust continues to strengthen arrangements to support reduction and continues to engage openly with regulators and to use regulatory feedback to strengthen internal systems and processes. No Health & Safety Executive (HSE) regulatory inspection was undertaken during the year.

The Trust recognises the importance of maintaining resilience within its Health and Safety arrangements, particularly during periods of significant operational change across the NHS. A risk-based approach continues to be applied to prioritise activity, ensuring that resources are focused on the areas of greatest foreseeable risk while maintaining appropriate wider assurance and oversight.

Looking forward, the Trust remains committed to building on the progress made during 2025/26. Priorities for the coming year include further strengthening of local divisional ownership of Health and Safety risks, continuing to reduce incidents related to violence and aggression, sharps, manual handling and environmental hazards, improving training and competence, particularly for those with managerial responsibilities, and promoting a just and learning focused culture that supports openness, improvement and shared accountability.

Through these actions, the Trust continues to demonstrate its commitment to protecting the safety of its patients and workforce while supporting high quality care delivery now and in the future.

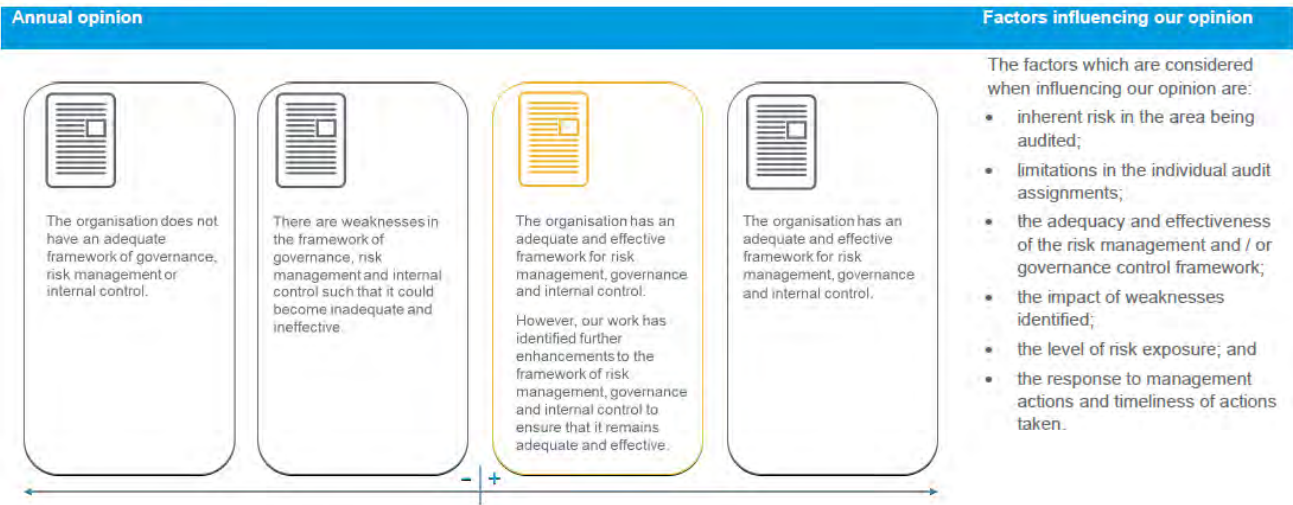
## Compliance with NHS Provider Licence

The Trust holds an NHS Provider Licence issued by NHS England. During the year, the Board has undertaken a review of compliance with the conditions of the licence. Based on the assurance provided, the Board is satisfied that the Trust has maintained appropriate systems and processes to support compliance with the licence, the NHS Acts, and the NHS Constitution.

No material breaches of the provider licence have been identified during 2025/26. Compliance with licence conditions is supported through the Trust’s governance framework, risk management processes, and internal control systems as described in this Annual Governance Statement.

## Annual Internal Audit Opinion

The annual internal audit opinion is based upon, and limited to, the work performed on the overall adequacy and effectiveness of the organisation’s risk management, control and governance processes. For the 12 months ending 31 March 2026 the head of internal audit opinion for Royal Wolverhampton NHS Trust is:



### Opinion

Reasonable Assurance: The Trust has an adequate and effective framework for risk management and internal control. However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective.

While systems are generally established and operating effectively, a number of areas require improvement to strengthen the overall control environment.

## Basis for Opinion

The opinion is based on work performed as part of the 2025/26 risk-based internal audit plan, which was agreed with management and approved by the Audit Committee.

The audit programme included coverage of:

- Authorised Engineer
- Key financial controls
- Shared Business Services – Accounts Payable and Accounts Receivable
- Charitable Funds
- Workforce Planning – Nurse Rostering and Bank Usage
- Data Quality – Cancer Waits
- Board Assurance Framework and risk management
- Advisory - Clinical Coding – Diabetic and Respiratory Outpatients

The opinion reflects:

- The assurance opinions assigned to individual audits
- Follow-up activity on agreed management actions
- The impact and significance of identified control weaknesses
- Management's responsiveness to audit findings

## Key Findings Informing the Opinion

Audit work during the year resulted in a mixed assurance profile:

Areas of lower assurance (Partial Assurance)

- Authorised Engineer arrangements
- Key Financial Controls – system implementation
- Shared Business Services (Accounts Payable and Receivable)

Key themes identified:

- Gaps in governance oversight and formal reporting structures
- Weaknesses in system implementation controls and programme management
- Reliance on manual workarounds and incomplete system functionality
- Need for improved assurance over third-party service delivery

Areas of stronger assurance (Reasonable Assurance)

- Charitable funds
- Workforce planning, including nurse rostering and bank usage
- Data quality (cancer waits)
- Board Assurance Framework and risk management

These findings demonstrate that core governance and risk management frameworks are embedded and operating effectively in key areas, although further enhancements are recommended.

## Progress on Management Actions

Management has:

- Agreed actions to address all internal audit findings
- Made good progress in implementation, particularly in higher-risk areas
- Established improved action tracking arrangements during the year (transitioning to the 4action system)

This reflects a positive and constructive approach to strengthening the control environment.

## Significant Issues for Consideration

Based on the work undertaken:

No issues have been identified that are considered significant enough to be reported as material control weaknesses in the Annual Governance Statement.

Scope and Limitations

The opinion is derived from a risk-based programme of audit work and is therefore subject to inherent limitations, including:

- Not all risks and systems have been reviewed
- Audit testing is selective and cannot provide absolute assurance
- Control weaknesses may exist that were not identified during the audit process

No significant limitations or conflicts of interest were identified that would impact this opinion.

## Conclusion

The Board of The Royal Wolverhampton NHS Trust is satisfied that, for the year ended 31 March 2026, the organisation has maintained generally effective systems of governance, risk management and internal control that are consistent with the requirements of the NHS Act 2006, the NHS Provider Licence and the NHS Code of Governance.

The Trust has continued to operate within a robust governance framework, strengthened through the establishment of the Group Board in July 2024, supported by well established Board Committees and clear lines of accountability. The Board Assurance Framework and supporting risk management processes have enabled the identification, monitoring and mitigation of the Trust's principal risks, aligned to strategic objectives.

Internal audit has provided a reasonable assurance opinion, confirming that the core elements of governance and control are in place and operating effectively, although, as expected in a complex organisation, further improvements are required in specific areas. The Trust has demonstrated continued compliance with its statutory duties, including maintaining its NHS Provider Licence and meeting key financial reporting requirements, with a year-end surplus delivered and financial duties achieved.

However, the Board recognises that significant challenges remain, and that areas of control require continued strengthening. In particular:

- The Care Quality Commission inspection identified concerns within Urgent and Emergency Care at New Cross Hospital, resulting in a downgrade to Requires Improvement, with the safety domain rated Inadequate
- Operational pressures, including high demand, ambulance handover delays and extended waiting times, continue to impact performance against some constitutional standards
- The NHS Staff Survey results highlight important issues relating to wellbeing, inclusion, morale and retention, indicating the need for sustained cultural and organisational development
- Patient experience and complaints activity have shown areas where further improvement is required to ensure consistent, high-quality care

The Board has taken decisive action to address these matters, including strengthening clinical governance oversight, increasing staffing and leadership presence in key services, enhancing risk management arrangements, and prioritising staff engagement and organisational culture through the Trust's refreshed strategy.

The Trust continues to embed a culture of learning, openness and continuous improvement, supported by Freedom to Speak Up arrangements, patient feedback mechanisms, and structured quality improvement programmes.

Based on the evidence available, including reports from internal audit, external audit, Board committees and executive management, the Board is assured that:

- There are no significant internal control issues that would undermine the overall effectiveness of the system of governance
- Identified weaknesses are understood, actively managed and subject to clear improvement plans
- The Trust has appropriate plans in place to continue strengthening governance, improving quality and addressing its key risks during 2026/27

The Board therefore concludes that the Trust's governance framework is fit for purpose, but acknowledges that continued focus and delivery are required to ensure sustained improvement in quality, performance, workforce experience and patient outcomes.

Signed: *Joe Chadwick-Bell*

Accountable Officer: Joe Chadwick-Bell,  
Group Chief Executive Officer  
Organisation: The Royal Wolverhampton NHS Trust  
Date: 23 June 2026

## 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 2025/26:

#### 2025/26 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                                                    |
| <£10,000                                                       | 4                                 | 28                              | 47                                | 194                             | 51                            | 222                         | 0                                                          | 0                                                         |
| £10,000 -£25,000                                               | 3                                 | 51                              | 14                                | 210                             | 17                            | 261                         | 0                                                          | 0                                                         |
| £25,001 - £50,000                                              | 1                                 | 47                              | 5                                 | 167                             | 6                             | 214                         | 0                                                          | 0                                                         |
| £50,001 - 100,000                                              | 0                                 | 0                               | 4                                 | 297                             | 4                             | 297                         | 0                                                          | 0                                                         |
| £100,001 - £150,000                                            | 2                                 | 237                             | 0                                 | 0                               | 2                             | 237                         | 0                                                          | 0                                                         |
| £150,001 - £200,000                                            | 0                                 | 0                               | 0                                 | 0                               | 0                             | 0                           | 0                                                          | 0                                                         |
| >£200,000                                                      | 0                                 | 0                               | 0                                 | 0                               | 0                             | 0                           | 0                                                          | 0                                                         |
| <b>Total</b>                                                   | <b>10</b>                         | <b>363</b>                      | <b>70</b>                         | <b>868</b>                      | <b>80</b>                     | <b>1231</b>                 | <b>0</b>                                                   | <b>0</b>                                                  |

There have been 10 redundancies in 2025/26. They have been based on contractual obligations to include pay in lieu of notice. Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS Pension Scheme. Ill-health retirements are met by the NHS Pensions Scheme and are not included in the above table.

#### 2024/25 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                                                    |
| <£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                                                         |
| >£200,000                                                      | 0                                 | 0                               | 0                                 | 0                               | 0                             | 0                           | 0                                                          | 0                                                         |
| <b>Total</b>                                                   | <b>13</b>                         | <b>514</b>                      | <b>23</b>                         | <b>79</b>                       | <b>36</b>                     | <b>593</b>                  | <b>0</b>                                                   | <b>0</b>                                                  |

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

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

|                                                                                                                                             | 2025/26         |                           | 2024/25         |                           |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------|-----------------|---------------------------|
|                                                                                                                                             | Payments agreed | Total value of agreements | Payments agreed | Total value of agreements |
|                                                                                                                                             | Number          | £000                      | Number          | £000                      |
| Voluntary redundancies including early retirement contractual costs                                                                         | 0               | 0                         | 0               | 0                         |
| Mutually agreed resignations (MARS) contractual costs                                                                                       | 30              | 681                       | 0               | 0                         |
| Early retirements in the efficiency of the service contractual costs                                                                        | 0               | 0                         | 0               | 0                         |
| Contractual payments in lieu of notice                                                                                                      | 38              | 174                       | 23              | 79                        |
| Exit payments following Employment Tribunals or court orders                                                                                | 2               | 13                        | 0               | 0                         |
| Non-contractual payments requiring HMT approval                                                                                             | 0               | 0                         | 0               | 0                         |
| <b>Total</b>                                                                                                                                | <b>70</b>       | <b>868</b>                | <b>23</b>       | <b>79</b>                 |
| <b>Of which:</b>                                                                                                                            |                 |                           |                 |                           |
| Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary | 0               | 0                         | 0               | 0                         |

A Mutually Agreed Resignation Scheme (MARS) is a scheme whereby organisations may offer a severance payment to an employee to leave their employment voluntarily. The scheme has been developed to assist employers in addressing some of the financial challenges facing the NHS and its key purpose is to create job vacancies for colleagues facing redundancy. The scheme is time limited and has HM Treasury approval. There have been 30 MARS agreements in the financial year.

## Staff Costs\*

|                                                | Permanent<br>£000 | Other<br>£000 | 2025/26<br>Total<br>£000 | 2024/25<br>Total<br>£000 |
|------------------------------------------------|-------------------|---------------|--------------------------|--------------------------|
| Salaries and wages                             | 494,154           | 29,725        | 523,879                  | 523,686                  |
| Social security costs                          | 63,289            | 3,793         | 67,082                   | 51,995                   |
| Apprenticeship levy                            | 1,868             | 0             | 1,868                    | 1,868                    |
| Employer's contributions to NHS pension scheme | 94,192            | 5,644         | 99,836                   | 94,635                   |
| Pension cost - other                           | 0                 | 0             | 0                        | 0                        |
| Other post employment benefits                 | 0                 | 0             | 0                        | 0                        |
| Other employment benefits                      | 0                 | 0             | 0                        | 0                        |
| Termination benefits                           | 0                 | 0             | 0                        | 0                        |
| Temporary staff                                | 0                 | 4,375         | 4,375                    | 5,710                    |
| <b>Total gross staff costs</b>                 | <b>653,503</b>    | <b>43,537</b> | <b>697,040</b>           | <b>677,894</b>           |
| Recoveries in respect of seconded staff        | (1,810)           | 0             | (1,810)                  | (2,436)                  |
| <b>Total staff costs</b>                       | <b>651,693</b>    | <b>43,537</b> | <b>695,230</b>           | <b>675,458</b>           |
| Of which                                       |                   |               |                          |                          |
| Costs capitalised as part of assets            | 2,806             | 0             | 2,806                    | 2,863                    |

## Average Staff Numbers\*

|                                                       | Total<br>2025/26<br>No. | Permanent<br>2025/26<br>No. | Other<br>2025/26<br>No. | Total<br>2024/25<br>No. |
|-------------------------------------------------------|-------------------------|-----------------------------|-------------------------|-------------------------|
| Medical and dental                                    | 1,366                   | 1,264                       | 102                     | 1,357                   |
| Administration and estates                            | 1,560                   | 1,358                       | 203                     | 1,569                   |
| Healthcare assistants and other support staff         | 3,527                   | 3,346                       | 181                     | 3,603                   |
| Nursing, midwifery and health visiting staff          | 2,861                   | 2,752                       | 109                     | 3,047                   |
| Nursing, midwifery and health visiting learners       | 0                       | 0                           | 0                       | 0                       |
| Scientific, therapeutic and technical staff           | 818                     | 810                         | 7                       | 861                     |
| Healthcare Science Staff                              | 487                     | 485                         | 2                       | 527                     |
| <b>Total average numbers</b>                          | <b>10,620</b>           | <b>10,016</b>               | <b>604</b>              | <b>10,964</b>           |
| Of Which:                                             |                         |                             |                         |                         |
| Number of employees (WTE) engaged on capital projects | 44                      | 44                          | 0                       | 31                      |

## Staff Sickness Absence

| Staff Sickness Absence              | 2025/26 Number | 2024/25 Number |
|-------------------------------------|----------------|----------------|
| Total days lost                     | 126,678        | 123,524        |
| Total staff years                   | 10,226         | 10,449         |
| Average working days lost (per WTE) | 12             | 12             |

## Consultancy Services

During 2025-2026 we spent £4.1m on consultancy services (2025-2026 £0.5m). The Trust employed 30 senior managers during the year ending 31 March 2026.

## 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 Chair and all Non-Executive Directors.

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

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

During 2025/26, 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 to/from Walsall Healthcare NHS Trust.

There have been no performance pay and bonuses either short or long term to any Executive Director during the financial year.

Remuneration for the Trust's Executive and Non-Executive Directors during the financial year ended 31 March 2026 is set out in the attached schedules.

*Joe Chadwick-Bell*

Joe Chadwick-Bell, Group Chief Executive  
Date: 23 June 2026

7. Remuneration\*

| Name and Title                                                                                      | 2025-26                             |                                              |                                                                                    |                                                              |                                                 | 2024-25                             |                                              |                                                                                    |                                                              |                                                 |
|-----------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------|-------------------------------------|----------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------|
|                                                                                                     | Salary<br>(bands of<br>£5,000) £000 | Other Remuneration<br>(bands of £5,000) £000 | Expense Payments<br>(taxable) Benefits<br>in Kind (Rounded to<br>the nearest £100) | All pension<br>related benefits<br>(bands of<br>£2,500) £000 | Total Remuneration<br>(bands of<br>£5,000) £000 | Salary<br>(bands of<br>£5,000) £000 | Other Remuneration<br>(bands of £5,000) £000 | Expense Payments<br>(taxable) Benefits<br>in Kind (Rounded to the<br>nearest £100) | All pension<br>related benefits<br>(bands of<br>£2,500) £000 | Total Remuneration<br>(bands of<br>£5,000) £000 |
| <b>Senior Managers</b>                                                                              |                                     |                                              |                                                                                    |                                                              |                                                 |                                     |                                              |                                                                                    |                                                              |                                                 |
| J Chadwick-Bell - Group Chief Executive (from 01/01/2025) <sup>16</sup>                             | 135-140                             | 0                                            | 9,900                                                                              | 180-182.5                                                    | 310-315                                         | 30-35                               | 0                                            | 0                                                                                  | 157.5-160                                                    | 190-195                                         |
| D Loughton - Group Chief Executive (to 30/04/2024) <sup>4</sup>                                     | 0                                   | 0                                            | 0                                                                                  | 0                                                            | 0                                               | 35-40                               | 0                                            | 0                                                                                  | 0                                                            | 35-40                                           |
| C Walker - Group Chief Executive (01/05/2024 to 31/12/2024) <sup>1</sup>                            | 0                                   | 0                                            | 0                                                                                  | 0                                                            | 0                                               | 95-100                              | 0                                            | 0                                                                                  | 70-72.5                                                      | 165-170                                         |
| S Evans - Group Chief Strategy Officer and Deputy Group Chief Executive <sup>1</sup>                | 90-95                               | 0                                            | 0                                                                                  | 85-87.5                                                      | 175-180                                         | 85-90                               | 0                                            | 0                                                                                  | 0                                                            | 85-90                                           |
| J Odum - Group Chief Medical Officer <sup>3</sup>                                                   | 25-30                               | 60-65                                        | 0                                                                                  | 32.5-35                                                      | 120-125                                         | 55-60                               | 90-95                                        | 0                                                                                  | 245-247.5                                                    | 395-400                                         |
| K Stringer - Group Chief Financial Officer <sup>19</sup>                                            | 120-125                             | 0                                            | 0                                                                                  | 0                                                            | 120-125                                         | 115-120                             | 0                                            | 0                                                                                  | 0                                                            | 115-120                                         |
| A Duffell - Group Chief People Officer (to 16/12/2025) <sup>1</sup>                                 | 65-70                               | 0                                            | 0                                                                                  | 0                                                            | 65-70                                           | 90-95                               | 0                                            | 0                                                                                  | 0                                                            | 90-95                                           |
| C Radley - Group Chief People, Culture and Improvement Officer (from 30/03/2026) <sup>1</sup>       | 0-5                                 | 0                                            | 0                                                                                  | 0-2.5                                                        | 0-5                                             | 0                                   | 0                                            | 0                                                                                  | 0                                                            | 0                                               |
| S Evans - Group Director of Communications and Stakeholder Engagement (to 31/10/2025) <sup>15</sup> | 35-40                               | 50-55                                        | 0                                                                                  | 22.5-25                                                      | 110-115                                         | 60-65                               | 0                                            | 0                                                                                  | 7.5-10                                                       | 70-75                                           |
| K Bostock - Group Chief Safety and Assurance Officer <sup>7</sup>                                   | 70-75                               | 0                                            | 0                                                                                  | 0                                                            | 70-75                                           | 70-75                               | 0                                            | 0                                                                                  | 0                                                            | 70-75                                           |
| S Cartwright - Group Chief Community and Partnerships Officer <sup>7</sup>                          | 70-75                               | 0                                            | 0                                                                                  | 0                                                            | 70-75                                           | 45-50                               | 0                                            | 0                                                                                  | 0                                                            | 45-50                                           |
| G Nuttall - Managing Director                                                                       | 195-200                             | 0                                            | 0                                                                                  | 75-77.5                                                      | 270-275                                         | 190-195                             | 0                                            | 0                                                                                  | 0                                                            | 190-195                                         |
| Lord P Carter - Special Advisor to the Board                                                        | 10-15                               | 0                                            | 0                                                                                  | 0                                                            | 10-15                                           | 10-15                               | 0                                            | 0                                                                                  | 0                                                            | 10-15                                           |
| D Hickman - Chief Nursing Officer                                                                   | 170-175                             | 0                                            | 0                                                                                  | 27.5-30                                                      | 200-205                                         | 160-165                             | 0                                            | 0                                                                                  | 27.5-30                                                      | 190-195                                         |
| B McKaig - Chief Medical Officer <sup>28</sup>                                                      | 185-190                             | 70-75                                        | 0                                                                                  | 52.5-55                                                      | 315-320                                         | 40-45                               | 70-75                                        | 0                                                                                  | 0                                                            | 115-120                                         |
| K Shaw - Chief Operating Officer (from 01/09/2025)                                                  | 80-85                               | 0                                            | 0                                                                                  | 22.5-25                                                      | 100-105                                         | 0                                   | 0                                            | 0                                                                                  | 0                                                            | 0                                               |
| T Palmer - Director of Midwifery                                                                    | 75-80                               | 0                                            | 0                                                                                  | 0                                                            | 75-80                                           | 70-75                               | 0                                            | 0                                                                                  | 0                                                            | 70-75                                           |
| J Green - Director of Operational Finance                                                           | 165-170                             | 0                                            | 0                                                                                  | 62.5-65                                                      | 230-235                                         | 160-165                             | 0                                            | 0                                                                                  | 0                                                            | 160-165                                         |
| A Race - Director of HR & OD (from 01/09/2023 to 24/06/2024)                                        | 0                                   | 0                                            | 0                                                                                  | 0                                                            | 0                                               | 35-40                               | 5-10                                         | 0                                                                                  | 0                                                            | 35-40                                           |
| E Ballinger - People Director (from 07/06/2024)                                                     | 125-130                             | 0                                            | 0                                                                                  | 32.5-35                                                      | 155-160                                         | 85-90                               | 0                                            | 0                                                                                  | 27.5-30                                                      | 115-120                                         |
| <b>Non-Executive Directors</b>                                                                      |                                     |                                              |                                                                                    |                                                              |                                                 |                                     |                                              |                                                                                    |                                                              |                                                 |
| Sir David Nicholson - Group Chairman <sup>12</sup>                                                  | 25-30                               | 0                                            | 0                                                                                  | 0                                                            | 25-30                                           | 25-30                               | 0                                            | 0                                                                                  | 0                                                            | 25-30                                           |
| P Assinder - Group Vice-Chair (from 01/04/2025) <sup>10</sup>                                       | 10-15                               | 0                                            | 0                                                                                  | 0                                                            | 10-15                                           | 0                                   | 0                                            | 0                                                                                  | 0                                                            | 0                                               |
| U Daraz - Group Associate Non-Executive Director <sup>9</sup>                                       | 5-10                                | 0                                            | 0                                                                                  | 0                                                            | 5-10                                            | 10-15                               | 0                                            | 0                                                                                  | 0                                                            | 10-15                                           |
| A Heseltine - Group Associate Non-Executive Director <sup>9</sup>                                   | 5-10                                | 0                                            | 0                                                                                  | 0                                                            | 5-10                                            | 10-15                               | 0                                            | 0                                                                                  | 0                                                            | 10-15                                           |
| M Levermore - Group Non-Executive Director <sup>9</sup>                                             | 5-10                                | 0                                            | 0                                                                                  | 0                                                            | 5-10                                            | 10-15                               | 0                                            | 0                                                                                  | 0                                                            | 10-15                                           |
| L Toner - Group Non Executive Director <sup>9</sup>                                                 | 5-10                                | 0                                            | 0                                                                                  | 0                                                            | 5-10                                            | 10-15                               | 0                                            | 0                                                                                  | 0                                                            | 10-15                                           |
| E Hughes - Group Associate Non-Executive Director (from 01/03/2026) <sup>9</sup>                    | 0-5                                 | 0                                            | 0                                                                                  | 0                                                            | 0-5                                             | 0                                   | 0                                            | 0                                                                                  | 0                                                            | 0                                               |
| L Sadler-Todd - Group Non-Executive Director <sup>11</sup>                                          | 5-10                                | 0                                            | 0                                                                                  | 0                                                            | 5-10                                            | 10-15                               | 0                                            | 0                                                                                  | 0                                                            | 10-15                                           |
| R Barber - Associate Non-Executive Director (from 01/02/2025) <sup>11</sup>                         | 5-10                                | 0                                            | 0                                                                                  | 0                                                            | 5-10                                            | 0                                   | 0                                            | 0                                                                                  | 0                                                            | 0                                               |
| D Braithwaite - Group Non Executive Director (from 01/02/2025) <sup>11</sup>                        | 5-10                                | 0                                            | 0                                                                                  | 0                                                            | 5-10                                            | 0                                   | 0                                            | 0                                                                                  | 0                                                            | 0                                               |
| J Dunn - Non-Executive Director (to 31/01/2026)                                                     | 20-25                               | 0                                            | 0                                                                                  | 0                                                            | 20-25                                           | 30-35                               | 0                                            | 0                                                                                  | 0                                                            | 30-35                                           |
| A Harding - Non-Executive Director (to 31/01/2025)                                                  | 0                                   | 0                                            | 0                                                                                  | 0                                                            | 0                                               | 10-15                               | 0                                            | 0                                                                                  | 0                                                            | 10-15                                           |
| J Jones - Non-Executive Director                                                                    | 15-20                               | 0                                            | 0                                                                                  | 0                                                            | 15-20                                           | 10-15                               | 0                                            | 0                                                                                  | 0                                                            | 10-15                                           |
| G Pickavance - Non Executive Director (to 30/05/2025)                                               | 0-5                                 | 0                                            | 0                                                                                  | 0                                                            | 0-5                                             | 10-15                               | 0                                            | 0                                                                                  | 0                                                            | 0                                               |

During 2025/26, 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 £0 (2024/25: £190,000-£195,000 )  
J Chadwick-Bell £275,000 - £280,000 (2024/25: £65,000 - £70,000)  
K Stringer £245,000 - £250,000 (2024/25: £235,000 - £240,000)  
S Evans £75,000 - £80,000 (2024/25: £125,000 - £130,000)  
S Evans £185,000 - £190,000 (2024/25: £175,000 - £180,000)  
A Duffell £135,000 - £140,000 (2025/26: £185,000 - £190,000)  
C Radley £0 - £5,000 (2024/25: £0)
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 as the Group CMO. From 1st July 2025 this role was fully seconded to the Dudley Group Foundation Trust. Salary costs disclosed in table above are those costs incurred by this Trust. The full salary cost bands for the individual would be £200,000 - £205,000 and other remuneration £90,000 - £95,000.
4. This Senior Manager used to have a shared role with Walsall Healthcare NHS Trust and West Midlands Cancer Alliance, salary costs disclosed in table above in prior year are those costs incurred by this Trust. The full salary cost bands for the individual would be £0 (2024/25 £70,000 - £75,000). Salary in 2024/25 included a payment of Lieu of Annual Leave.
5. This Senior Manager has received contractual termination payments for loss of office and leaving the Trust in the salary band £120,000 - £125,000 of which £30,000 was non-taxable. 50% of this payment was recharged to Walsall Healthcare NHS Trust.
6. This Senior Manager has received removal expenses during the financial year of which £8,000 were non-taxable and £19,800 were taxable.
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 £145,000 - £150,000 and £140,000 - £145,000 respectively.
8. 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.
9. This Non-Executive Director 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 band would be £15,000 - £20,000.
10. This Non-Executive Director is employed by Walsall Healthcare NHS Trust and their full salary band is £20,000 - £25,000.
11. This Non-Executive Director is employed by Walsall Healthcare NHS Trust and their full salary band is £15,000 - £20,000.
12. 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 cost band is £110,000 - £115,000.

Total remuneration for senior managers in year ended 31 March 2026 was £1,904k 0.18% of income (31 March 2025 £1,631k 0.16% of income).

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

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

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

## Pension Benefits\*

| Name and title                                                                            | Real increase in pension at pension age (bands of £2500) | Real increase in pension lump sum at pension age (bands of £2500) | Total accrued pension at pension age at 31 March 2026 (bands of £5000) | Lump sum at pension age related to accrued pension at 31 March 2026 (bands of £5000) | Cash Equivalent Transfer Value at 1 April 2025 £000 | Real Increase in Cash Equivalent Transfer Value £000 | Cash Equivalent Transfer Value at 31 March 2026 £000 | Employer's Contribution to Stakeholder Pension £000 |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------|
| J Chadwick-Bell - Group Chief Executive (from 01/01/2025) 5                               | 10-12.5                                                  | 12.5-15                                                           | 95-100                                                                 | 225-230                                                                              | 1,900                                               | 196                                                  | 2,163                                                | 0.0                                                 |
| S Evans - Group Chief Strategy Officer and Deputy Group Chief Executive 5                 | 5-7.5                                                    | 5-7.5                                                             | 50-55                                                                  | 115-120                                                                              | 972                                                 | 83                                                   | 1,094                                                | 0.0                                                 |
| J Odum - Group Chief Medical Officer 6                                                    | 0-2.5                                                    | 2.5-5                                                             | 100-105                                                                | 265-270                                                                              | 181                                                 | 12                                                   | 259                                                  | 0.0                                                 |
| K Stringer - Group Chief Financial Officer 3 5                                            | 0                                                        | 0                                                                 | 0                                                                      | 0                                                                                    | 0                                                   | 0                                                    | 0                                                    | 0.0                                                 |
| A Duffell - Group Chief People Officer (to 16/12/2025) 1 4 5                              | 0-2.5                                                    | 0                                                                 | 10-15                                                                  | 0                                                                                    | 177                                                 | 0                                                    | 0                                                    | 0.0                                                 |
| C Radley - Group Chief People, Culture and Improvement Officer (from 30/03/2026) 5        | 0-2.5                                                    | 0                                                                 | 25-30                                                                  | 0                                                                                    | 352                                                 | 0                                                    | 411                                                  | 0.0                                                 |
| S Evans - Group Director of Communications and Stakeholder Engagement (to 31/10/2025) 4 5 | 0-2.5                                                    | 0                                                                 | 25-30                                                                  | 55-60                                                                                | 422                                                 | 12                                                   | 463                                                  | 0.0                                                 |
| G Nuttall - Managing Director                                                             | 2.5-5                                                    | 2.5-5                                                             | 75-80                                                                  | 190-195                                                                              | 1,742                                               | 98                                                   | 1,888                                                | 0.0                                                 |
| D Hickman - Chief Nursing Officer                                                         | 0-2.5                                                    | 0                                                                 | 5-10                                                                   | 0                                                                                    | 107                                                 | 22                                                   | 145                                                  | 0.0                                                 |
| B McKaig - Chief Medical Officer                                                          | 2.5-5                                                    | 0-2.5                                                             | 75-80                                                                  | 190-195                                                                              | 1,687                                               | 70                                                   | 1,807                                                | 0.0                                                 |
| K Shaw - Chief Operating Officer (from 01/09/2025)                                        | 0-2.5                                                    | 0                                                                 | 30-35                                                                  | 20-25                                                                                | 522                                                 | 19                                                   | 581                                                  | 0.0                                                 |
| T Palmer - Director of Midwifery 2                                                        | 0                                                        | 0                                                                 | 0                                                                      | 0                                                                                    | 0                                                   | 0                                                    | 0                                                    | 0.0                                                 |
| J Green - Operational Director of Finance                                                 | 2.5-5                                                    | 2.5-5                                                             | 70-75                                                                  | 170-175                                                                              | 1,449                                               | 73                                                   | 1,567                                                | 0.0                                                 |
| E Ballinger - People Director                                                             | 0-2.5                                                    | 0                                                                 | 10-15                                                                  | 0                                                                                    | 113                                                 | 15                                                   | 146                                                  | 0.0                                                 |

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 who choose not to be covered by the pension arrangements during the reporting year.

4. Senior Manager left during 2025/26 - pension value is at the time of leaving, with no CETV value available.

5. 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.

6. Relates to a Senior Manager who is in a staff sharing arrangement with Walsall Healthcare NHS Trust and Dudley Group Foundation 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.

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 2025. 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 2026.

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 and average salary of employees.

|                                                                                   | 2025-26 | 2024-25 |
|-----------------------------------------------------------------------------------|---------|---------|
| <b>Percentage change from previous year in respect of highest paid director:</b>  |         |         |
| Salary & Allowances                                                               | 3%      | 5%      |
| Performance pay & bonuses                                                         | n/a     | n/a     |
| All taxable benefits                                                              | n/a     | n/a     |
| <b>Percentage change from previous year in respect of employees of the Trust:</b> |         |         |
| Actual Average Salary                                                             | £42.7k  | £40.7k  |
| Salary & Allowances                                                               | 5.0%    | 8.0%    |
| Performance pay & bonuses                                                         | n/a     | n/a     |
| All taxable benefits                                                              | n/a     | n/a     |

In 2025/26, four employees (2024/25 18) received remuneration in excess of the highest-paid Director.

The banded remuneration of the highest paid Director in the financial year 2025/26 was £195k - £200k (2024/25, £190k-£195k). In 2025/26 and 2024/25 the highest paid Director is the Managing Director (formerly Chief Operating Officer in 2024/25).

Remuneration ranged from £14.7k to £278.8k (2024/25 £12.5k to £281.6k).

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.

|                                | 2025-26 | 2024-25 | Percentage Change (%) |
|--------------------------------|---------|---------|-----------------------|
| 25th Percentile Remuneration   | £26,598 | £24,071 | 10%                   |
| Median Percentile Remuneration | £37,796 | £32,324 | 17%                   |
| 75th Percentile Remuneration   | £46,580 | £44,962 | 4%                    |
| 25th Percentile Pay Ratio      | 7.4 : 1 | 8.0 : 1 |                       |
| Median pay Ratio               | 5.2 : 1 | 6.0 : 1 |                       |
| 75th Percentile Pay Ratio      | 4.2 : 1 | 4.3 : 1 |                       |

The banded remuneration of the highest paid Director in the financial year 2025/26 was £195k-£200k (2024/25, £190k - £195k). 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 reduced slightly to 5.23 times the median salary (in 2024/25 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 2026. 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 2026, for more than £245 per day and that last longer than 6 months

| Number of existing engagements                        | 0 |
|-------------------------------------------------------|---|
| Number of existing engagements as of 31 March 2026... |   |
| For less than one year at time of reporting           |   |
| For between one and two years at time of reporting    |   |
| For between two and three years at time of reporting  |   |
| For between three and four years at time of reporting |   |
| For four or more years at time of reporting           |   |

### For all off-payroll engagements between 1 April 2025 and 31 March 2026, for more than £245 per day and that last longer than six months

| Number of temporary off-payroll workers engaged between 1 April 2025 and 31 March 2026      | 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 2025 and 31 March 2026.

|                                                                                                                                                                                                                                                                              |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year. (see note 1)                                                                                                                |    |
| Total number of individuals on payroll and off-payroll that have been deemed 'board members, and/or senior officials with significant financial responsibility', during the financial year. The figure must include both on payroll and off-payroll engagements (see note 2) | 30 |

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

Note 2: As both on payroll and off-payroll engagements are included in the total figure, no entries here should be blank or zero. In any cases where individuals are included within the first row of this table the department should set out:

Details of the exceptional circumstances that led to each of these engagements.

Details of the length of time each of these exceptional engagements lasted.

# Financial Statements

## Forward and Financial Performance Overview

The summary financial statements are an extract of the information in the full annual Accounts. These include the Annual Governance Statement of the Trust for year ended 31 March 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 2025/26 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 its spend at or below this level. For 2025-2026 the Trust met their CRL target of £31,050,000.

## Financial performance summary 2025/26

|                                           | Target | Actual | Achieved |
|-------------------------------------------|--------|--------|----------|
| Income and expenditure break-even (£'000) | 0      | 5,953  | ✓        |
| Capital Cost Absorption Rate (%)          | 3.5%   | 3.5%   | ✓        |
| Capital Resource Limit (£'000)            | 31,050 | 31,050 | ✓        |

\*Target is adjusted control total as agreed with NHSE

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

|                                                                   | 2021/22<br>£000s | 2022/23<br>£000s | 2023/24<br>£000s | 2024/25<br>£000s | 2025/26<br>£000s |
|-------------------------------------------------------------------|------------------|------------------|------------------|------------------|------------------|
| Breakeven duty in-year financial performance                      | 4,454            | 363              | (25,320)         | (13,103)         | 5,953            |
| Breakeven duty cumulative position                                | 64,574           | 64,937           | 39,617           | 26,514           | 32,468           |
| Operating income                                                  | 817,270          | 899,891          | 940,686          | 1,041,391        | 1,080,182        |
| Cumulative breakeven position as a percentage of operating income | 7.90%            | 7.22%            | 4.21%            | 2.55%            | 3.01%            |

## Cumulative Position

Table above shows that the trust achieved its statutory break-even duty in 2025/26 by making a surplus. The Trust has a cumulative surplus position of £32,468k. The surplus position amounted to £5,953k 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

|                                           | 2025/26 |         | 2024/25 |         |
|-------------------------------------------|---------|---------|---------|---------|
|                                           | Number  | £'000   | Number  | £'000   |
| Total Invoices Paid In Year               | 115,490 | 575,917 | 125,790 | 587,684 |
| Total Invoices Paid Within Target         | 94,331  | 515,447 | 110,676 | 542,808 |
| Percentage of Invoices Paid Within Target | 81.68%  | 89.50%  | 87.98%  | 92.36%  |

## 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 full valuation (excluding assets under construction/work in progress) was carried out as at 31 March 2026 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 2.76% utilised in 25/26 (2.31% 24/25). 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. The total charge for audit work undertaken in 2025/26 was £200k excluding VAT (2024/25 £200k). Other auditors' remuneration in 2025/26 was £3k (2024/25 £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

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.



# Financial statements

## Statement of comprehensive income for the year ended 31 March 2026

|                                                               | 2025/26         | 2024-25         |
|---------------------------------------------------------------|-----------------|-----------------|
|                                                               | £000s           | £000s           |
| Operating Income from patient care activities                 | 912,315         | 874,224         |
| Other operating income                                        | 167,867         | 167,167         |
| Operating expenses                                            | (1,063,060)     | (1,039,868)     |
| <b>Operating surplus/(deficit) from continuing operations</b> | <b>17,122</b>   | <b>1,523</b>    |
| Finance income                                                | 2,592           | 2,438           |
| Finance expenses                                              | (2,159)         | (3,292)         |
| PDC dividends payable                                         | (13,371)        | (13,099)        |
| <b>Net finance costs</b>                                      | <b>(12,938)</b> | <b>(13,953)</b> |
| Other gains / (losses)                                        | 2               | 32              |
| <b>Surplus / (deficit) for the year</b>                       | <b>4,186</b>    | <b>(12,398)</b> |

## Other Comprehensive Income for the Year Ended 31 March 2026

|                                                              | 2025/26       | 2024-25        |
|--------------------------------------------------------------|---------------|----------------|
|                                                              | £000s         | £000s          |
| <b>Will not be reclassified to income and expenditure:</b>   |               |                |
| Revaluations                                                 | 13,421        | 6,419          |
| <b>Total comprehensive income / (expense) for the period</b> | <b>17,607</b> | <b>(5,979)</b> |

## Financial Performance for the Year Ended 31 March 2026

|                                                                                     | 2025/26      | 2024-25         |
|-------------------------------------------------------------------------------------|--------------|-----------------|
|                                                                                     | £000s        | £000s           |
| Retained surplus / (deficit) for the year                                           | 4,186        | (12,398)        |
| Impairments (Excluding IFRIC 12 Impairments)                                        | 1,250        | 2,594           |
| Adjustments in respect of donated gov't grant asset reserve elimination             | 517          | (3,406)         |
| Remove PFI revenue costs on an IFRS 16 basis                                        | 5,674        | 6,806           |
| Add back forecast IFRIC 12 scheme contingent rent on an IAS 17 basis                | (6,698)      | (6,714)         |
| Add back PFI revenue costs on a UK GAAP basis                                       | 1            | 15              |
| Remove net impact of inventories received from DHSC group bodies for COVID response | 0            | 0               |
| <b>Adjusted retained surplus / (deficit)</b>                                        | <b>4,929</b> | <b>(13,103)</b> |

## Statement of financial Position as at 31 March 2026

|                                              | 31 March<br>2026 | 31 March<br>2025 |
|----------------------------------------------|------------------|------------------|
|                                              | £000s            | £000s            |
| <b>Non-current assets</b>                    |                  |                  |
| Intangible assets                            | 13,073           | 9,351            |
| Property, plant and equipment                | 532,610          | 521,391          |
| Right of use assets                          | 13,338           | 18,233           |
| Other investments / financial assets         | 16               | 16               |
| Trade and other receivables                  | 3,953            | 3,073            |
| <b>Total non-current assets</b>              | <b>562,990</b>   | <b>552,064</b>   |
| <b>Current assets</b>                        |                  |                  |
| Inventories                                  | 10,430           | 9,766            |
| Trade and other receivables                  | 55,177           | 38,389           |
| Cash and cash equivalents                    | 42,739           | 50,886           |
| <b>Total current assets</b>                  | <b>108,346</b>   | <b>99,041</b>    |
| <b>Current Liabilities</b>                   |                  |                  |
| Trade and other payables                     | (105,917)        | (104,725)        |
| Borrowings                                   | (9,102)          | (8,731)          |
| Provisions                                   | (2,855)          | (8,072)          |
| Other liabilities                            | (11,141)         | (12,138)         |
| <b>Total current liabilities</b>             | <b>(129,015)</b> | <b>(133,666)</b> |
| <b>Total assets less current liabilities</b> | <b>542,320</b>   | <b>517,439</b>   |
| <b>Non-current liabilities</b>               |                  |                  |
| Trade and other payables                     | 0                | 0                |
| Borrowings                                   | (26,601)         | (31,567)         |
| Provisions                                   | (1,336)          | (1,980)          |
| <b>Total non-current liabilities</b>         | <b>(27,936)</b>  | <b>(33,547)</b>  |
| <b>Total assets employed</b>                 | <b>514,384</b>   | <b>483,892</b>   |
| <b>Financed By</b>                           |                  |                  |
| Taxpayers' equity                            |                  |                  |
| Public dividend capital                      | 350,852          | 337,782          |
| Revaluation reserve                          | 133,711          | 120,643          |
| Financial assets reserve                     | (1,414)          | (1,414)          |
| Other reserves                               | 190              | 190              |
| Income and expenditure reserve               | 31,045           | 26,691           |
| <b>Total taxpayers' equity</b>               | <b>514,384</b>   | <b>483,892</b>   |

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

*Joe Chadwick-Bell*

Joe Chadwick-Bell, Group Chief Executive  
Date: 23 June 2026

## Statement of changes in Taxpayers' Equity for the year ending 31 March 2026

|                                                                                  | Public dividend capital | Revaluation reserve | Financial assets reserve | Other reserves | Income and expenditure reserve |
|----------------------------------------------------------------------------------|-------------------------|---------------------|--------------------------|----------------|--------------------------------|
|                                                                                  | £000s                   | £000s               | £000s                    | £000s          | £000s                          |
| <b>Taxpayers' equity at 1 April 2025 - brought forward</b>                       | <b>337,782</b>          | <b>120,643</b>      | <b>(1,414)</b>           | <b>190</b>     | <b>26,691</b>                  |
| Surplus / (deficit) for the year                                                 | 0                       | 0                   | 0                        | 0              | 4,186                          |
| Revaluations                                                                     | 0                       | 13,068              | 0                        | 0              | 168                            |
| Fair value gains/(losses) on financial assets mandated at fair value through OCI | 0                       | 0                   | 0                        | 0              | 0                              |
| Public dividend capital received                                                 | 13,070                  | 0                   | 0                        | 0              | 0                              |
| <b>Taxpayers' equity at 31 March 2026</b>                                        | <b>350,852</b>          | <b>133,711</b>      | <b>(1,414)</b>           | <b>190</b>     | <b>31,045</b>                  |

## Statement of changes in Taxpayers' Equity for the year ending 31 March 2025

|                                                                                  | Public dividend capital | Revaluation reserve | Financial assets reserve | Other reserves | Income and expenditure reserve | Total          |
|----------------------------------------------------------------------------------|-------------------------|---------------------|--------------------------|----------------|--------------------------------|----------------|
|                                                                                  | £000s                   | £000s               | £000s                    | £000s          | £000s                          | £000s          |
| <b>Taxpayers' equity at 1 April 2024 - brought forward</b>                       | <b>316,202</b>          | <b>114,224</b>      | <b>(1,418)</b>           | <b>190</b>     | <b>39,089</b>                  | <b>468,287</b> |
| Surplus / (deficit) for the year                                                 | 0                       | 0                   | 0                        | 0              | (12,398)                       | (12,398)       |
| Revaluations                                                                     | 0                       | 6,419               | 0                        | 0              | 0                              | 6,419          |
| Fair value gains/(losses) on financial assets mandated at fair value through OCI | 0                       | 0                   | 4                        | 0              | 0                              | 4              |
| Public dividend capital received                                                 | 21,580                  | 0                   | 0                        | 0              | 0                              | 21,580         |
| <b>Taxpayers' equity at 31 March 2025</b>                                        | <b>337,782</b>          | <b>120,643</b>      | <b>(1,414)</b>           | <b>190</b>     | <b>26,691</b>                  | <b>483,892</b> |

## 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 2026

|                                                                     | 2025-26<br>£000s | 2024-25<br>£000s |
|---------------------------------------------------------------------|------------------|------------------|
| <b>Cash flows from operating activities</b>                         |                  |                  |
| Operating surplus / (deficit)                                       | 17,122           | 1,523            |
| <b>Non-cash income and expense:</b>                                 |                  |                  |
| Depreciation and amortisation                                       | 33,856           | 33,489           |
| Net impairments                                                     | 1,250            | 2,594            |
| Income recognised in respect of capital donations                   | (866)            | (4,223)          |
| (Increase) / decrease in receivables and other assets               | (14,613)         | 5,529            |
| (Increase) / decrease in inventories                                | (664)            | (717)            |
| Increase / (decrease) in payables and other liabilities             | 6,469            | 12,784           |
| Increase / (decrease) in provisions                                 | (5,871)          | 6,434            |
| <b>Net cash generated from / (used in) operating activities</b>     | <b>36,684</b>    | <b>57,413</b>    |
| <b>Cash flows from investing activities</b>                         |                  |                  |
| Interest received                                                   | 2,592            | 2,438            |
| Purchase and sale of financial assets / investments                 | 0                | 0                |
| Purchase of intangible assets                                       | (4,988)          | (3,312)          |
| Purchase of property, plant, equipment and investment property      | (32,182)         | (38,202)         |
| Sales of property, plant, equipment and investment property         | 2                | 32               |
| Receipt of cash donations to purchase capital assets                | 866              | 4,204            |
| <b>Net cash generated from / (used in) investing activities</b>     | <b>(33,710)</b>  | <b>(34,840)</b>  |
| <b>Cash flows from financing activities</b>                         |                  |                  |
| Public dividend capital received                                    | 13,070           | 21,580           |
| Capital element of finance lease rental payments                    | (4,769)          | (4,503)          |
| Capital element of PFI, LIFT and other service concession payments  | (4,433)          | (3,974)          |
| Interest paid on finance lease liabilities                          | (626)            | (635)            |
| Interest paid on PFI, LIFT and other service concession obligations | (1,241)          | (1,448)          |
| PDC dividend (paid) / refunded                                      | (13,121)         | (12,164)         |
| <b>Net cash generate from / (used in) financing activities</b>      | <b>(11,120)</b>  | <b>(1,144)</b>   |
| <b>Increase / (decrease) in cash and cash equivalents</b>           | <b>(8,146)</b>   | <b>21,429</b>    |
| <b>Cash and cash equivalents at 1 April - brought forward</b>       | <b>50,886</b>    | <b>29,457</b>    |
| <b>Cash and cash equivalents at 31 March</b>                        | <b>42,739</b>    | <b>50,886</b>    |

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

## Statement of the Chief Executive's Responsibilities as Accountable Officer

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*

Joe Chadwick-Bell, Group Chief Executive

Date: 23 June 2026



## 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



Joe Chadwick-Bell, Group Chief Executive  
Date: 23 June 2026



Kevin Stringer, Group Chief Finance Officer  
Date: 23 June 2026

## Certificates 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 2025/26 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

Date: 23 June 2026

## 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

Date: 23 June 2026

## English

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

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

## Lithuanian

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

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

## Polish

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

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

## Punjabi

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

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

## Romanian

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

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

## Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。

