

# The Royal Wolverhampton NHS Trust Annual General Meeting

**Sir David Nicholson KCB CBE,  
Chair**

**Working in partnership**

The Royal Wolverhampton NHS Trust  
Walsall Healthcare NHS Trust



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- Welcome
- Apologies received
- Declarations of interest
- Minutes of the previous Annual General Meeting held on 28 September 2022
- Matters arising from the Minutes of the Annual General Meeting held on 28 September 2022



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# Professor David Loughton CBE, Group Chief Executive

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# Welcome: another extraordinary year in the NHS

## Key successes 2022/23:

- Opening of the Ambulance Receiving Centre (ARC) at New Cross Hospital
- Care Co-ordination Team moved to 24-hour working
- Digital innovations such as Virtual Wards and myHeart app
- New £1m MRI scanner to improve diagnostic capacity
- Hundreds of patients supported through Virtual Wards
- Hosting Endoscopy training for the Midlands



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# Welcome: another extraordinary year in the NHS

## Key challenges 2022/23:

- Major changes to the NHS landscape with the establishment of Integrated Care Systems (ICSs) and Integrated Care Boards (ICBs) on 1 July
- Workforce – recruitment and retention – remains an area of focus, as does staff morale set against cost-of-living crisis
- Money – financial constraints within the system began to bite this year
- Continued backlog in elective services – after-effects of the pandemic still being felt and cancer performance a concern
- Growing demand on urgent and emergency care services – pressure to continually improve patient flow and create capacity



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# Our new joint strategy

- Our vision:

“To deliver exceptional care together to improve the health and wellbeing of our communities”

- Our new five-year strategy centres around four Cs

- Wolverhampton’s values remain as Safe and Effective, Kind and Caring, Exceeding Expectation



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# Our new joint strategy

## Excel in the delivery of Care

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

- We will embed a culture of learning and continuous improvement at all levels of the organisation
- We will prioritise the treatment of cancer patients, focused on improving the outcomes of those diagnosed with the disease
- We will deliver safe and responsive urgent and emergency care in the community and in hospital
- We will deliver the priorities within the National Elective Care Strategy
- We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our communities and populations

## Support our Colleagues

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

- Be in the top quartile for vacancy levels across the organisations, recruiting and retaining staff
- Deliver year on year improvements in the percentage of staff who consider the organisation has taken positive action on their health and wellbeing
- Improve overall staff engagement, addressing identified areas for improvement where groups are less well engaged
- Deliver year on year improvement in Workforce Equality Standard performance



## Improve the health of our Communities

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

- Develop a strategy to understand and deliver action on health inequalities
- Achieve an agreed, Trust-specific, reduction in the carbon footprint of clinical services by 1st April 2025
- Work together with PLACE based partners to deliver improvements to the health of our immediate communities

## Effective Collaboration

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

- Work as part of the provider collaborative to improve population health outcomes
- Improve clinical service sustainability by implementing new models of care through the provider collaborative
- Implement technological solutions that improve a patient's experience by preventing admission or reducing time in hospital
- Progress joint working across Wolverhampton and Walsall that leads to a demonstrable improvement in service outcomes
- Facilitate research that establishes new knowledge and improves the quality of care of patients



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# Strengthening partnerships

- Our RWT and WHT joint work going from strength to strength
- Efforts with system partners through ICB led to set up of:
  - Black Country Provider Collaborative
  - Place based partnerships – One Wolverhampton: Working together for better health and care
- Proud to host
  - The National Institute for Health Research (NIHR) Clinical Research Network for the West Midlands
  - Nine GP practices in our Primary Care network under vertical integration
  - Black Country Pathology Services



# Looking to the future...

- Reducing the waiting lists
- Focus on research and innovation – expanding commercial trials
- Reducing our carbon footprint
- Maintaining low vacancy rates
- Maximising partnership working to deliver innovation at scale –  
i.e. Mohs service
- Focus on reducing health inequalities



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# Quality Account 2022/23

**Debra Hickman, Chief Nursing Officer**  
**Dr Brian McKaig, Chief Medical Officer**

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**Quality  
Accounts  
2022/23**

The cover features a large blue circle on the right containing the title. The background is white with several smaller circular images of healthcare staff and patients, each surrounded by colorful, overlapping lines and dots in shades of blue, green, and pink.

# Introduction

The Royal Wolverhampton NHS Trust (RWT) welcomes the opportunity to be transparent and able to demonstrate how we are performing, considering the views of service users, carers, staff and the public. We use this information to make decisions about our services and to identify areas for improvement.

This Quality Account provides information on progress against the 2022/23 agreed key priorities, which include patient safety, clinical effectiveness and patient experience, and sets out priorities and plans for the upcoming year.



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# Key points

- Despite the challenges the Trust has either achieved or made good progress with the objectives set out in the 2022/23 Quality Account.
- The Quality Account objectives for 2023/24 have been set based on the priorities of the joint Trust strategy and key enabling strategies such as, the Quality and Safety Enabling Strategy and Patient Experience Enabling Strategy.
- We recognise, and have plans in place, to drive further improvements in the critical areas such as, Infection Prevention, diagnostics, cancer performance, Referral to Treatment, improvements in staff satisfaction and retention.



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# Quality priorities 2022/23 – looking back

## Patient Safety

- Infection Prevention activities
- Deteriorating Patient Quality Initiatives
- Embedded Mortality review process
- Workforce development – range of training activities
- Multi Disciplinary Mental Health strategy development

## Clinical Effectiveness

- Recruitment & workforce stability
- Increased training placement availability
- National review & support of our safe staffing methodology & application
- Continued success with our Certificate of Eligibility Registrar Programme

## Patient Experience

- Co – design work with our University colleagues and expert patient groups
- Utilisation of the 15 steps observation initiative
- Increased numbers of volunteer applications



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# Patient Safety – look forward 2023/24

- Transition to the new national Patient Safety Incident Review Framework
- Continue Improvements in the % of patients seen within 4hrs in A&E
- Reduce Adult bed occupancy to 92%
- Consistently meet the 70% 2hr urgent community response time
- Introduction of 10 Quality Improvement huddle boards across per annum
- Complete a gap analysis against the 4 components (planning, control, improvement and assurance) of the national quality management system



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# Clinical Effectiveness – look forward 2023/24

- To improve staff turnover by the end of 2023/24
- Reduction in the number of patients waiting more than 62 days for treatment and meeting the cancer faster diagnosis standard by March 2024.
- 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed, or have cancer ruled out, within 28 days
- Eliminate waits of over 65 weeks by the end of 2023/24
- Meet the 85% theatre utilisation expectation

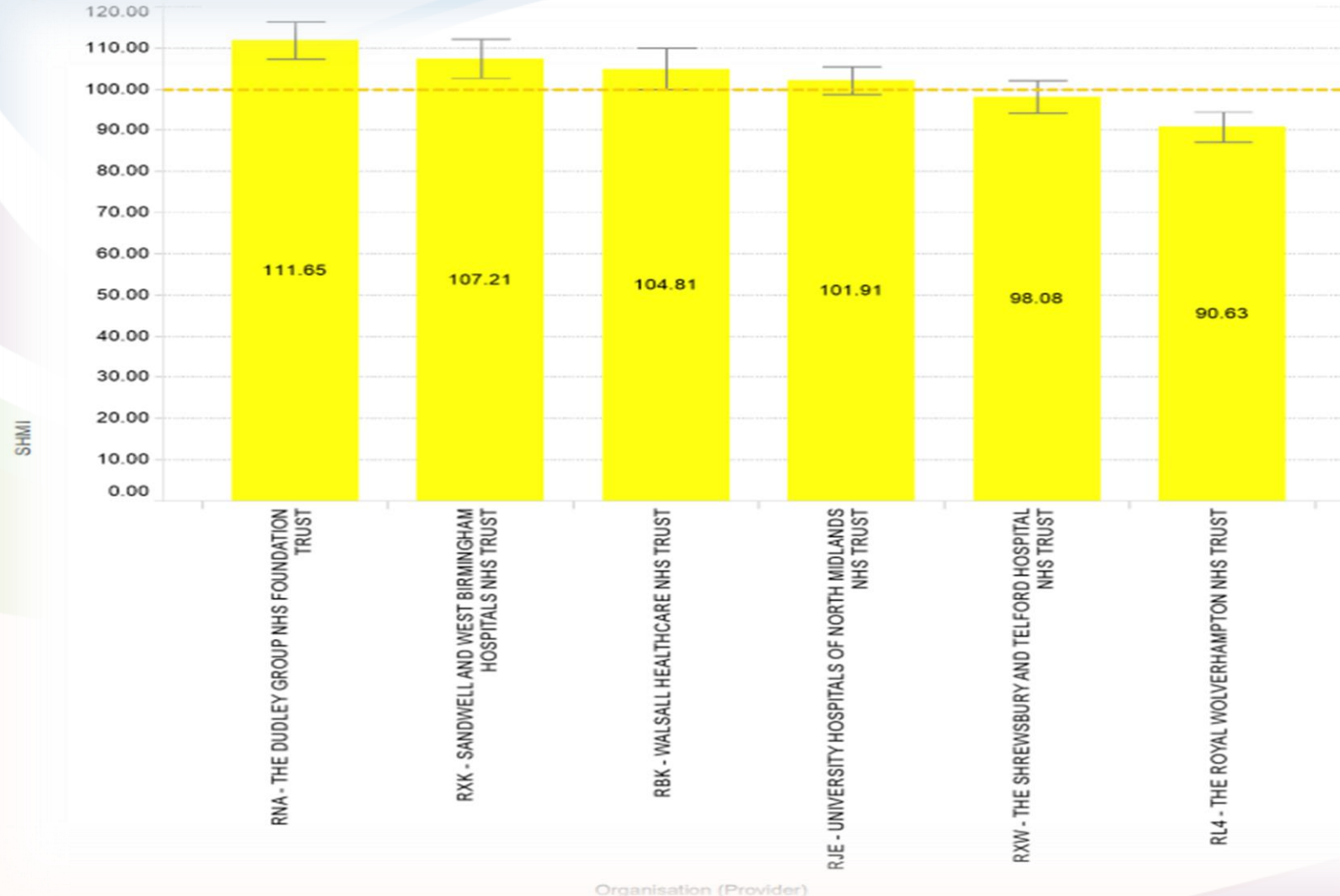


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# Quality Priorities – Standard Hospital Mortality Indicator

Figure 1.1: SHMI Overview



Trust	SHMI
The Royal Wolverhampton NHS Trust	90.63
Walsall Healthcare NHS Trust	104.81
Sandwell & West Birmingham NHS Trust	107.21
The Dudley Group NHS Foundation Trust	111.65



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# Patient Experience – look forward 2023/24

The key priorities are outlined within the joint Patient Experience Enabling Strategy (2022-2025). These include:

- We will involve patients and families in decisions about their treatment, care, and discharge plans.
- We will develop our Patient Partner programme and use patient input to inform service change and improvements across the organisation.
- We will support our staff to develop a culture of learning to improve care and experience for every patient.



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# Finance Report 2022/23

**Kevin Stringer,  
Group Chief Finance Officer**

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# Trust Finances 2022/23

- Annual Report
  - Financial Statements on pages 114 to 125
- Annual Accounts and notes
  - ‘Financial Performance Summary’ tables 24-26 (pages 115)
- Key messages
  - A challenging as the NHS recovers from the COVID pandemic. Resources becoming increasingly constrained, demand pressures growing, and underlying financial position deteriorating. However, the Trust delivered against its break-even duty.



# Trust Finances 2022/23

## Activity (Page 38)

- Recovery of elective services continued throughout the year
- Pressures in the Emergency Department have increased during 22/23 leading to investment in the Ambulance Receiving Centre
- An increase in the number of patients who have waited longer than 52 weeks for treatment
- Some deterioration in performance against the diagnostics waiting times

## Turnover (Page 115)

+10 per cent to £899m – includes:

- Block contract income agreed with ICS commissioners and NHS England (NHSE)
- Tariff based income for some elective care
- Income for Black Country Pathology Services from partners
- Research and Development funding
- Primary Care services
- Education and training

No significant accounting changes to the accounts resulting from the external audit



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# Financial performance

Income and expenditure	Actual £90k surplus (after technical changes)
Break-even performance (To break even 'year on year')	Increased cumulative position to £64.9m
External financing limit (Target = not to overshoot)	Achieved
Capital resource limit (Target = not to overshoot)	Target of £43.7million Spend of £43.7million
Closing cash balance	£69m
BPPC performance	90.4 per cent value and 93.3 per cent volume (Target 95 per cent)

Accounts were fully audited by KPMG and represent a true and fair view of the Trust's financial performance

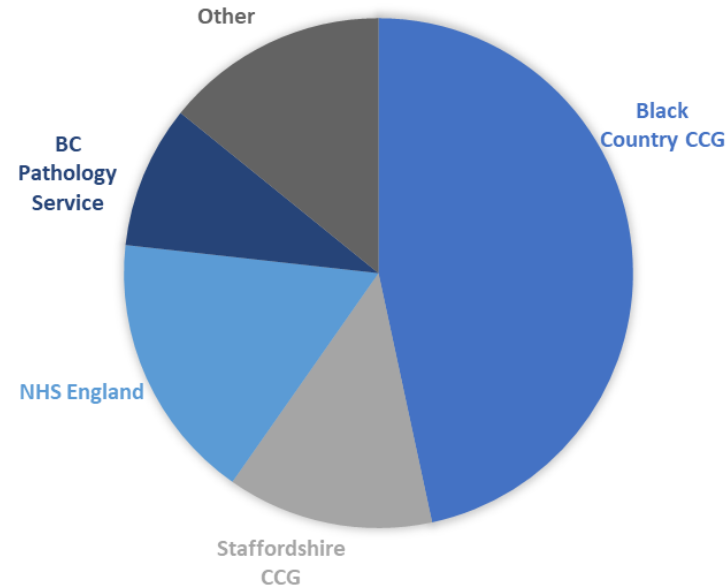
Thanks to the Board, our commissioners and our budget managers. Special thanks to local residents and businesses.

# Financial performance

## Income

### Key messages

- Patient income for 2022/23 was a fixed allocation agreed with ICBs, based on 2021/22 funding with inflation.
- The main commissioners of patient services are: the Black Country ICB, Staffordshire ICB, and NHS England (specialised services)
- The Trust received £17m to support the additional costs such as COVID-19



Commissioner	£m
Black Country ICB	367.9
Staffordshire ICB	120.2
NHS England	159.2
BC Pathology Service	76.6
Other	176.0
<b>Total Income</b>	<b>899.9</b>



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# Financial performance

## Expenditure

	£m
Purchase of Healthcare	9.9
Staffing Costs	551.6
Supplies & Services	106.4
Drugs	72.3
Premises & Transport	37.2
Capital Charges	28.7
CNST	17.4
Research & Development	19.5
Financing, Dividends, & Impairments	14.6
Other	14.9
<b>Total expenditure</b>	<b>872.5</b>

The Trust spent over £872.5m in 2022/23 delivering high-quality care to our patients.

Expenditure is recorded in our accounts across a number of categories.

Staffing costs are the single largest area of expenditure and accounts for over 63 per cent of our expenditure (£551.6m).



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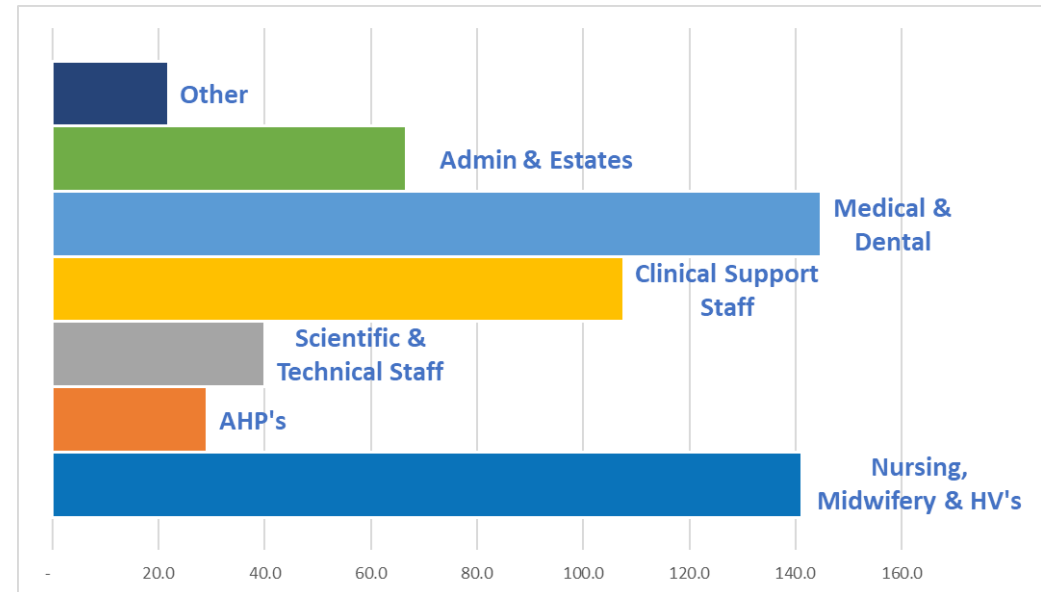


# Financial performance

## Expenditure – Staffing Costs

	£m
Nursing, Midwifery & HV's	141.2
AHP's	29.1
Scientific & Technical Staff	40.1
Clinical Support Staff	107.7
Medical & Dental	144.8
Admin & Estates	66.7
Other	21.9
<b>Total pay costs</b>	<b>551.5</b>

There are a broad range of staff groups, with Medical and Nursing staff accounting for over 50 per cent



# Financial performance

## Capital

Significant capital investments have been undertaken during 2022/23 covering a range of areas.



£1.5m  
Replacement  
medical equipment



£2m minor works,  
ward and theatre  
refurbishments



£2m Radio pharmacy  
/Aseptic development



£12.4m spent on air source heat pumps, an additional £7.0m investment in the new Solar Farm and £9m on other decarbonisation schemes.



£4.6m high risk  
backlog  
maintenance

# Looking forward to 2023/24 and beyond

The finances remain uncertain due to:

- Resources for 2023/24 being significantly constrained across the NHS.
- The Black Country ICS funding allocation remains above the fair share (funding formula) and therefore growth will be restricted.
- The planned and forecast deficit for 2023/24 will need to be recovered over future years.
- Inflation pressures will impact the cost of undertaking additional work to tackle the backlog of elective activity, and to deliver capital schemes within budget.
- Sufficient workforce availability to staff the additional capacity requirements
- The cost and provision of social care having an impact on fit to discharge patients



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# Questions

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