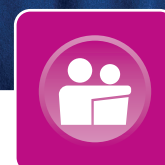


# ANNUAL REPORT

2019/2020



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# Introduction

## Statement by the Chairman

It is a privilege to introduce the annual report and annual accounts for the period 1 April 2019 to 31 March 2020. This year has been one of change, continuity and continued progress for the Trust working together with its many and varied partners.

I joined the Trust at the start of the year this report covers and I can testify to the integrity and commitment of all the staff at RWT whether they are in the hospital, the community or general practice. In this year there has been further progress in how we have worked as an integrated Trust, including primary care, and with enhancements to the joint Pathology service to expand its capability and capacity. The second multi-storey car park has commenced along with the replacement of the cladding on the Heart and Lung Centre post-Grenfell.

Then toward the end of the year reported we, alongside the rest of the NHS and society, began the challenge of dealing with the outbreak of COVID-19. As we are still in the midst of this at the time of reporting, next year's annual report will provide the detail and overview of the pandemic. As always, our magnificent staff and leaders have risen to the challenge under very difficult circumstances.

Previous chairs have included examples of the Trust's drive and desire for innovation and the use of technology – and this year that is even more so. Technology partnerships abound to improve patient care both in hospital, in the community and in primary care. In addition, and working alongside key partners like Healthwatch Wolverhampton, City of Wolverhampton Council, West Midlands Ambulance Service, Wolverhampton Clinical Commissioning Group and a host of others in Staffordshire and the Black Country, we have enhanced community based services for those at the end of life so, they may die with dignity in the place of their choosing with those who care for them with them.

The Trust has also undergone a major inspection by the CQC whilst focussing on recruiting staff and maintaining the quality of services in the face of continuing demand and patient numbers across all areas and specialities. At the same time, the Trust has continued to expand its academic alliances and partnerships particularly in training and research. In some cases these have resulted in public declarations of future co-operation and development.

A key requirement is that the Trust remains well-led and well-governed – to that end the Trust Board met ten times this year, held a public Annual General Meeting and discharged its responsibilities and accountabilities to the public and the regulators for the strategy, performance and culture of the Trust. On behalf of the Trust Board I would personally like to thank every member of staff, whatever their role and contribution, for enabling the delivery of safe, effective and efficient care with the utmost compassion and professionalism.

**Professor Steve Field - Chairman**

# A-Performance Report

## A1 - Performance Overview

Statement from the Chief Executive - his perspective on performance over the period.

During 2019/20, the Trust has continued to build upon its successful integrated care model in order to provide seamless care for our patients, at the right time and in the right place.

The Trust has worked collaboratively with its partners, including NHS Wolverhampton Clinical Commissioning Group, the Local Authority and General Practices to capitalise on our strengths and reduce care variation. Our vertical integration model has further expanded and we welcomed two new General Practices, Dr Bilas and Dr Fowler.

Workforce has continued to be one of our greatest challenges. However, persistent focus on recruiting to the nursing workforce has resulted in a significant reduction in vacancies across the board. Our nationally recognised clinical fellowship programme for doctors has been successfully expanded to the nursing profession and subsequently the Trust won a national award for the Best Workplace for Learning and Development at the Nursing Times Awards. The Trust has also continued to invest in enriching its workforce by embedding specialist roles.

The Continuous Quality Improvement (CQI) model has continued to embed, with 143 staff having attended the Quality Service Improvement and Re-design (QSIR) fundamental training, nine staff becoming QSIR trainers and ten staff becoming QSIR practitioners. Having embedded the model of key trainers and practitioners, the Trust is now cascading this training across the organisation to ensure that the CQI approach is part of the culture, improvement and innovation across the organisation.

The Trust has continued to drive improvements with regards to a variety of safety indicators such as infection prevention, patient falls, sepsis, response to the deteriorating patient and pressure ulcers and these will remain as the areas of focus for 2020/21. The

mortality improvement agenda has continued to be progressed, with the Trust working collaboratively with NHS Wolverhampton Clinical Commissioning Group, to ensure that any learning is addressed across the system. As a result of this work, the Trust has seen the Summary Hospital-level Mortality Indicator (SHMI) reduce to an expected range.

The Trust welcomed the Care Quality Commission (CQC) during the summer 2019/20. As well as the Use of Resources and well-led inspections, seven core services were inspected and the Trust received a 'Good' overall as well as achieving an 'Outstanding' rating for the 'caring' domain.

There were also a number of examples of outstanding practice in urgent and emergency care, critical care, services for children and young people and community services for adults.

As you will know, COVID-19 arrived with us at the start of the calendar year, with the lockdown and major incident response for the NHS from mid to late March 2020 onwards.

For the final two weeks of the period covered by this report, the COVID-19 induced changes had (and continue to have) a massive impact on all aspects of the work of the Trust.

You will see therefore that for some areas of activity and reporting things change toward year end. Please bear this in mind when reading the report and appreciate that it has been produced in the midst of the major lockdown period. As a result, some of the analysis and commentary may be briefer than in previous reports.

More than ever I, along with the rest of the Trust Board, would just like to say thank you to all our outstanding staff, working flexibly, being adaptable and with great courage and care throughout this period.

We all appreciate the incredible efforts that you go to make this organisation such a special place to work.



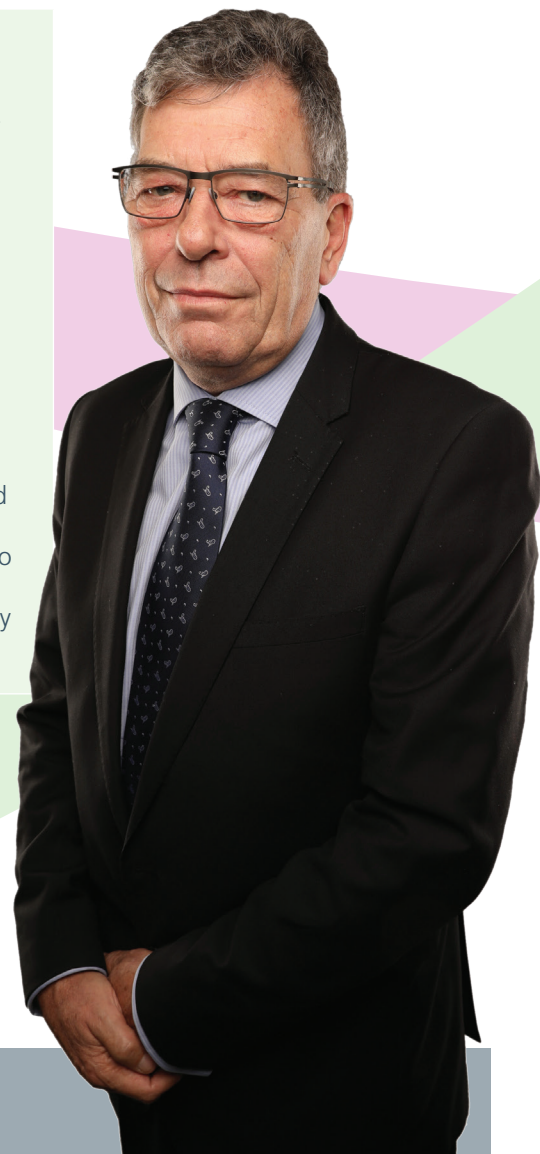


## COVID-19

Towards the end of 2019 the world saw its first case of COVID-19, a disease that has gone on to have a profound impact on the NHS and RWT on a scale that most of us will never experience again.

The Trust diagnosed its first case on 7th March 2020 which marked the start of a period of significant and unrivalled pressure which we are now only starting to emerge slowly from. The impact of the crisis is being lived and breathed by everyone throughout the country. The reader will note its relevance to many of the sections covered in this report, namely our operational and financial performance. It is clear that the impact of COVID-19 is going to remain with us for some time to come and will feature heavily in next year's annual report.

While there is no doubt COVID-19 has challenged the Trust like nothing before, we have also seen many examples where our brilliant staff adapted to enable the organisation to meet this huge challenge. I am immensely proud of our organisations response to the crisis and want to pay tribute to our staff for the dedication, courage and tireless effort they have shown. Finally, and most importantly, I want to pay tribute to those who have sadly lost their lives to the disease.



David Loughton, CBE  
Chief Executive

# Statement of the Purpose and Activities of the Organisation – what we do

The Royal Wolverhampton NHS Trust is a statutory body which came into existence on 1st April 1994 under The NHS Trust (Establishment) Order 1993 (No 2574).

The Trust is one of the largest providers of healthcare in the West Midlands covering acute, community and primary care services. The Trust's services cover the population of Wolverhampton, the wider Black Country, South Staffordshire, North Worcestershire and Shropshire.

The 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 & West Birmingham Hospitals NHS Trust, Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust.

The Trust embarked on its Vertical Integration programme on 1st April 2016, with nine GP practices (as at April 2020) part of the Trust. Being directly responsible for the delivery of primary care for this population offers the Trust a unique opportunity to redesign services across the full patient pathway.

We are the largest teaching hospital in the Black Country providing teaching and training to more than 130 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. During 2014 the Trust was established as the Host for the Clinical Research Network: West Midlands.

The Trust is the largest employer in Wolverhampton with more than 9,800 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 - General Surgery, Orthopaedics, Breast Surgery, Urology, Dermatology, and Medical Day Case investigations and treatment (including Endoscopy).
- Primary Care - Nine GP practices across Wolverhampton and Staffordshire.
- BCPS - The centre carries out tests such as; fertility tests, blood/urine analysis, tests for infection and detecting cancer.





# Our Local Population – some public health indicators'

The Trust's main site, New Cross Hospital, resides in the heart of a diverse city with a CCG registered population of 262,000 people. Recognising the close proximity to neighbouring areas, the wider population that we serve is closer to 470,000. This covers patients from across the three Staffordshire CCGs (South East Staffordshire and Seisdon Peninsula, Cannock Chase and Stafford & Surrounds), Walsall, and, to a lesser extent, patients from other areas of the Black Country and Shropshire.

The Office of National Statistics (ONS) estimates that the population of Wolverhampton will grow by approximately 2.9% over the course of the next five years - more than the anticipated growth across the rest of England (2.4%). The current age profile shows Wolverhampton to have a younger average population than England but with lower than average health indicators. Life expectancy in both males and females is lower than the national average (77.2 versus 79.6 in males and 81.4 versus 83.2 in females) and higher than average mortality rates. This is likely attributable to the lower than average determinants of health in the area, as shown below.

Compared to benchmark

● Better

● Similar

● Worse

○ Not compared

Recent trends

- Could not be calculated

→ No significant change

↑ Increasing / getting worse

↑ Increasing / getting better

↓ Decreasing / getting worse

↓ Decreasing / getting better

↑ Increasing

↑ Decreasing

Indicator	Period	Wolves					Region		England		
		Recent Trend	Count	Value	Value	Value	Value	Worse	England		Best
									Range		
Life expectancy at birth (Male)	2016-18	-	-	77.2	78.9	79.6	74.5			83.9	
Life expectancy at birth (Female)	2016-18	-	-	81.4	82.7	83.2	79.5			87.0	
Under 75 mortality rate from all causes	2016-18	-	2,639	432	354	330	544			223	
Under 75 mortality rate from all cardiovascular diseases	2016-18	-	649	108.5	78.4	71.7	124.6			41.8	
Under 75 mortality rate from cancer	2016-18	-	939	156.8	138.3	132.3	190.3			94.8	
Suicide rate	2016-18	-	60	9.0	9.7	9.6	19.5			5.1	
Children in low income families (under 16s)	2016	↓	13,860	26.3%	20.3%	17.0%	31.8%			6.4%	
Average attainment 8 score	2018/19	-	130,874	45.1	45.7	46.9	39.0			57.5	
Percentage of people aged 16-64 in employment	2018/19	→	108,900	66.8%	73.8%	75.6%	61.7%			84.3%	
Statutory homelessness - Eligible homeless people not in priority need	2017/18	↑	229	2.2	1.1	0.8	8.1			0.1	
Violent crime - hospital admissions for violence (including sexual violence)	2016/17 - 18/19	-	650	75.3	42.9	44.9	127.6			12.1	
Deprivation score (IMD 2015)	2015	-	-	33.2	-	21.8	42.0			5.7	
Smoking Prevalence in adults in routine and manual occupations (18-64) - current smokers (APS)	2018	-	-	26.8%	23.4%	25.4%	46.5%			13.6%	
Inequality in life expectancy at birth (Male)	2016-18	-	-	7.8	9.7	9.5	15.2			3.8	
Inequality in life expectancy at birth (Female)	2016-18	-	-	6.3	7.2	7.5	13.8			1.8	

# Activity overview 2019/2020

## Table 1 - Admissions

Admissions					Percentage difference		
Year	2016/ 2017	2017/ 2018	2018/ 2019	2019/ 2020	2016/2017 - 2017/2018	2017/2018 - 2018/2019	2018/2019 - 2019/2020
<i>Admission Method</i>							
Emergency	39,902	38,577	39,206	37,813	-3.3%	1.6%	-3.6%
Planned Overnight Stays	7,597	7,193	7,392	7,016	-5.3%	2.8%	-5.1%
Planned Day Admissions	61,252	61,469	61,338	61,751	0.4%	-0.2%	0.7%
Regular Day Admissions*	45,008	45,962	49,371	48,137	2.1%	7.4%	-2.5%
Transfers (in)	550	599	418	493	8.9%	-30.2%	17.9%
Maternity**	11,356	11,458	11,064	11,556	0.9%	-3.4%	4.4%
Births	5,066	5,311	5,059	4,904	4.8%	-4.7%	-3.1%
<b>Total</b>	<b>170,731</b>	<b>170,569</b>	<b>173,848</b>	<b>171,670</b>	<b>-0.1%</b>	<b>1.9%</b>	<b>-1.3%</b>

## Table 2 - Emergency Activity

Emergency Activity					Percentage difference		
New Cross A&E (Type1)	131,134	133,328	138,906	145,141	1.7%	4.2%	4.5%
GP Urgent Care Centre	31,131	48,690	48,583	48,768	56.4%	-0.2%	0.4%
Phoenix Walk in Centre Attendances	38,975	40,225	37,485	38,344	3.2%	-6.8%	2.3%
Cannock Minor Injuries Unit	14,207	15,345	15,722	15,766	8.0%	2.5%	0.3%
<b>Total</b>	<b>215,447</b>	<b>237,588</b>	<b>240,696</b>	<b>248,019</b>	<b>10.3%</b>	<b>1.3%</b>	<b>3.0%</b>

## Table 3 - Referrals

Referrals					Percentage difference		
New	373,881	376,556	381,283	370,928	0.7%	1.3%	-2.7%
<b>Total</b>	<b>373,881</b>	<b>376,556</b>	<b>381,283</b>	<b>370,928</b>	<b>0.7%</b>	<b>1.3%</b>	<b>-2.7%</b>

## Table 4 - Outpatient Attendances

Outpatient Attendances					Percentage difference		
<i>Patient Type:</i>							
New	258,287	252,738	252,295	243,821	-2.1%	-0.2%	-3.4%
Review	542,279	520,585	524,754	526,709	-4.0%	0.8%	0.4%
<b>Total</b>	<b>800,566</b>	<b>773,323</b>	<b>777,049</b>	<b>770,530</b>	<b>-3.4%</b>	<b>0.5%</b>	<b>-0.8%</b>

## Table 5 - Community Contacts

Community Contacts					Percentage difference		
First	59,660	53,203	55,766	55,010	-10.8%	4.8%	-1.4%
Subsequent	447,860	428,370	421,288	419,524	-4.4%	-1.7%	-0.4%
<b>Total</b>	<b>507,520</b>	<b>481,573</b>	<b>477,054</b>	<b>474,534</b>	<b>-5.1%</b>	<b>-0.9%</b>	<b>-0.5%</b>

# Key Risks and Issues – related to activity

## COVID-19 Impact on activity

There has been an impact on activity during March due to COVID-19 outbreak. This can be summarised as follows:

**Emergency Admissions** - if average monthly activity from previous months (excl. March) is used, activity would still be slightly lower in 2019/20 than in 2018/19.

**Elective Admissions** - there are approx. 200 less overnight elective admissions in March 2020 compared to previous months.

**Elective Day Case Admissions** - there are approx. 1,100 less day case admissions in March 2020 compared to previous months.

**New Outpatient Attendances** - there are approx. 4,000 less new outpatient attendances in March 2020 compared to previous months.

**Follow up Outpatient Attendances** - there are approx. 9,000 less follow-up outpatient attendances in March 2020 compared to previous months.

**Referrals** - on average in March 2018 to January 2020 there were approximately 32000 referrals each month, this drops to 22,100 in March 2020.

**Emergency Activity** - there is a significant reduction in activity seen at New Cross and the Phoenix Centre in March 2020.

\*Regular Day Admissions have been rebased for all years to now include renal activity from clinical database

\*\* Maternity cap was in place from April 2019 - Sep 2019



## Our Vision and Values

The Trust has a strategy covering the period 2018-21 and whilst planning is taking place for the refresh of this; our vision and values are not bound by time.

### Our vision

"To be an NHS organisation that continually strives to improve the outcomes and experiences for the communities we serve" reflects our relentless pursuit of continuous improvement. Our values are the beliefs that we hold that guide our behaviour in achieving this vision.

### Our values:

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

## Our Strategic Objectives and the risks to achieving them

To support the achievement of our vision, we have developed a set of Strategic Objectives – practical goals we aim to achieve that will support us in the realisation of our vision.

### Trust Strategic Objectives 2018-2021:

To have an effective and well integrated health and care system that operates efficiently.

Proactively seek opportunities to develop our services.

Create a culture of compassion, safety and quality.

Attract, retain and develop our staff and improve employee engagement.

Maintain financial health – appropriate investment to patient services.

Our risk and assurance framework is more fully described in the Annual Governance statement.

# Key Risks and Issues

## Board Assurance Framework

The Trust Board has identified a number of key risks to the achievement of its strategic objectives in 2019/20:

- Workforce—recruitment and retention of staff across the Trust and in particular the future pipeline of nursing and medical staff
- That there is a failure to deliver recurrent CIP's
- That the deficit plan (before Sustainability and Transformation Funds) for 2018/2019 is not achieved and the medium term financial plan fails to bring the Trust back to surplus
- The high SHMI could reduce the confidence in the quality of care the Trust provides
- That the Trust cancer performance metrics place RWT in the bottom quartile nationally.

## Going Concern

It is clear that the Trust should account on a going concern basis as there is no case for the Trust ceasing the provision of services, evidenced by published documents with regard to the 2019/2020 Financial and Performance Plan, as well as other strategic documentation.

As an existing trading entity, the Trust is not likely to be wound up and as such, it can be concluded that the Trust is a going concern. This is reaffirmed by the Trust's Statement of Financial Position as at 31 March 2020.

# What We Achieved

## Performance Summary 2019/2020

We recognise that maintaining excellent clinical care is a reflection of the support and commitment of all our colleagues from our doctors and nurses to support staff. Taken together, it is the combined effort of every member of staff, whatever their role, which enables the Trust to provide high quality and effective services.

## Some of our key achievements over the past 12 months are:

The Royal Wolverhampton NHS Trust has been rated 'Good' by the Care Quality Commission (CQC) for the second time in a row. The CQC published their report in February 2020 having previously visited the Trust in August and September 2019. As well as receiving 'Good' overall, the Trust achieved an 'Outstanding' rating for the 'Caring' domain and there were a number of examples

of outstanding practice in urgent and emergency care, critical care, services for children and young people and community services for adults.

The CQC has also rated Cannock Chase Hospital as 'Good' across all ratings, an improvement since their last inspection. Inspectors said that they consistently heard of a highly regarded and inspirational chief executive supported by a capable, dynamic and forward thinking board, ensuring balance of focus on quality and safety whilst striving to innovate. At all levels of the Trust there was a positive culture that supported and valued staff, and focused on delivering the best care and experiences for patients every day.

The report emphasises just how 'dedicated, kind, caring and patient focused' staff were and how 'proud staff' demonstrated an organisation that continually strives to improve the outcomes and experiences for the communities served. Eight of the ten GP practices that have been inspected since joining RWT have also been rated as Good. The remaining two have yet to be inspected by the CQC.

Two more GP practices joined our Primary Care Network which aims to provide more integrated care through the operation of primary, community and secondary care services under one organisation. By investing in GP practices, the Trust can redesign services, improve the health and wellbeing of the local population and prevent unnecessary admissions to hospital.

The Trust's Heart and Lung Centre was shown to have one of the lowest death rates in the country based on recently published figures. The centre which treats patients from across the region has the third best survival rates in the UK with the team completing around 900 operations per year. The survival rate, published on the SCTS website, was 98.67% for the three year period 2014-2017.

The Trust has taken the lead in ensuring early recognition and treatment of sepsis. Sepsis, also known as blood poisoning, occurs when there is a serious complication of an infection. It leads to shock, multiple organ failure and death, especially if not recognised early and treated promptly. The Trust has recently strengthened its sepsis team by appointing two medical leads and two sepsis specialist nurses, to increase awareness of sepsis, provide training and monitor performance. With early identification of patients with symptoms of sepsis routinely highlighted in the ward areas using a new electronic trigger system, the Trust has been able to improve its mortality indicator for sepsis by eight per cent (since 2015).

The Trust received a silver award under the Employer Recognition Scheme (ERS) for its work supporting the Armed Forces community. The ERS was launched to reward employers for their support of personnel, veterans and their families. The Trust were congratulated for initiatives such as employing veterans, supporting individuals transitioning out of the armed forces into a new career and providing flexibility for reservists.

The University of Wolverhampton and The Royal Wolverhampton NHS Trust formed a new partnership formalising the relationship already in place between the organisation and paving the way to expand existing links and form closer working across a number of strategic areas. The University is the largest health, nursing and midwifery provider in the region and is at the forefront of health related education and research while the Trust has a long-standing commitment to research, development, learning and innovation. The partnership will look at the potential for future research links and joint projects as well as developing collaborative activity around student recruitment, placements, clinical fellowships, combined training and facilities, joint staff appointments and exchanges, apprenticeships and ongoing continuous professional development.

The Trust was delighted that it was short-listed for The Clinical Fellowship Programme (Nursing and Medical) at the HSJ Partnership Awards 2020, recognising their outstanding dedication to improving healthcare.

The judging panel comprised a diverse range of highly regarded figures across the NHS and wider healthcare sector. To be short-listed as a finalist for these awards, with tough competition from hundreds of brilliant applicants, is a mark of real achievement for The Royal Wolverhampton NHS Trust and The University of Wolverhampton. The Clinical Fellowship team were selected based on their diligence, ambition and the positive impact that the project has had on both practitioners and patients within the health care industry.

The year also saw a couple of significant technological partnerships announced which demonstrate our innovation.

The Trust has entered in to a 10-year partnership with Babylon to deliver joined-up care to the entire population of the city of Wolverhampton. The partnership brings the following benefits:

- Convenient, remote access to GPs and hospital specialists at times that suit patients
- Live monitoring of patients with chronic conditions, and personalised care plans underpinned by Babylon's Artificial Intelligence
- All available through a single, free app for maximum convenience and to avoid unnecessary travel.

Patients will get greater control over their own health, faster treatment, fewer trips to hospital, treatment from their own home and greater access to their own data. Staff will have time freed-up for patients with the most urgent and complex issues, avoid duplication, and improve information-sharing.

In addition, RWT has partnered with Zesty to deliver a patient portal as part of their ambitious digital plans over the next five years. Launching mid-2020, the Zesty patient portal will be introduced across all outpatient services as part of a long term partnership enabling patients to play a more active role in their care, create operational efficiencies and unlock significant cost savings.

Overall we are pleased to have delivered an increasing range of high quality services within a financially constrained environment. This has been achieved against a number of challenges faced over the year. These are notably:

- Ensuring we had the right numbers of staff with the necessary qualifications and experience
- The need to identify and deliver a cost improvement programme with no detrimental impact on the quality of service delivery
- Increasing numbers of ambulance journeys and attendances at our Emergency Department
- The continuance of high levels of cancer referrals which in turn impact on a number of different areas of the Trust including surgery, diagnostics, radiotherapy and chemotherapy
- The continued rise in diagnostic demand without limited staffing and physical capacity to support this increase.

## EU Exit preparations 'Brexit'

The focus of The Royal Wolverhampton NHS Trust's preparations following EU Exit has been to ensure minimal disruption to effective patient care. The Trust has continued to follow the Government planning assumptions and instructions to date, using:

- Operational guidance issued by the Department of Health and Social Care (DHSC)
- Supporting staff to ensure that they are prepared for any impacts
- Supporting EU nationals in our organisation who wish to continue living and working here
- Supporting national planning with the NHS England and NHS Improvement programme by participating in regional work, responding to guidance and information, and providing assurance and situational reports in line with national guidance
- Working across our local health economy to ensure system wide readiness
- This includes maintaining the ability to enact no deal plans if required.

# A2–Performance Analysis

## Performance Analysis

We have a comprehensive performance reporting framework in place across the Trust that enables us to monitor, manage and report progress against a range of indicators. The Trust Board, sub committees, and Executive Director level groups receive monthly performance reports which present quality and performance indicators.

The reports adopt an SPC (Statistical Process Control) approach so that statistically significant variations in performance can be easily identified as well as a level of assurance over achievement.

The NHS is facing significant challenges and The Royal Wolverhampton Trust is no exception to this. Whilst this is the case, some highlights of our performance against key performance indicators include:

- Percentage of stroke patients that have spent 90% or more of their stay in hospital on HASU = 94.08% (target 80%)
- Percentage of higher risk TIA patients seen within 24 hours of referral = 85.02% (target 60%)
- Where possible patients will not have their operation cancelled at short notice = 0.65% (target <0.8%)
- The percentage of occupied bed days classified as a 'delayed transfer of care' = 3.19% (target 4.0%)
- Electronic discharge summary completed and dispatched within 24 hours of patient discharge for Base Wards = 95.24% (target 95%).

Other areas within the Trust have faced significant challenges this year, and these include:-

- 18 weeks referral to treatment incomplete pathways = 84.32% (target 92%)
- Patients treated/admitted from A&E with 4 hours = 85.91% (target 95%)
- Ambulance handover = 1,547 (30-60 minute) breaches and 221 (>60 minute) breaches
- Patients with a diagnosis of cancer will wait no longer than 62 days = 59.17% (target 85%); the Trust has a detailed recovery plan in place to address this performance.

### Cancelled Operations at Short Notice

The Trust achieved this target with a year-end performance of 0.65% against a target of <0.8%. The single biggest reason for cancelled operations on the day of surgery during the year was due to running out of theatre time, this is largely due to complex cases in theatre taking longer than anticipated thus leaving no time to finish the scheduled list this represented 33% of the total cancellations for the year. The second highest reason for cancellations was lack of bed/HDU capacity and this represented 20% of the total cancellations for the year.

## Patients treated/admitted from Emergency Department (ED) within 4 hours

We saw increased numbers through the Emergency Department during 2019/20, with an additional 5,544 (3.99%) attendances at the New Cross site, 375 (2.39%) at Cannock Minor Injuries Unit, and a decrease in numbers at the Phoenix Walk in Centre of -2,746 (-7.33%) and Vocare (Urgent Care Centre) -53 (-0.11%). On an average basis, this equates to an overall additional average of 260 attendances per month across all sites during the year.

There were seven patients who breached the 12 hour decision to admit target during the year:-

- Six were mental health patients awaiting specialist inpatient beds
- One was a child waiting for a Paediatric Intensive Care bed.

It should be noted that whilst we did not achieve the overall ED standard, our performance was still significantly better than average and ranked RWT in the top quartile of all ED performance across the country and 2nd best performing Trust across the West Midlands.

## Ambulance Handover

The Trust saw an increase in ambulance conveyance numbers during the year with an additional 3,516 (6.97%) ambulances. In addition to this we saw a very slight increase in handover breaches for 30-60 minutes (+5 from previous year) however, significant decrease in handover breaches over 60 minutes (-64 compared with previous year). With the opening of the new stroke unit in 2018/19 the Trust has experienced a rise in ambulances for this condition and these equate to 5% of the overall ambulance numbers during the year.

## 18 weeks Referral to Treatment – Incomplete

The Trust was unable to deliver the Referral to Treatment target of ensuring that 92% of patients receive treatment within 18 weeks of referral. This is primarily due to capacity pressures experienced within a number of key specialties. In particular there is a backlog of patients waiting for ophthalmology treatment and during the year, waits had been longer than planned in dermatology. In addition to this we have seen the increase in two-week wait referrals during 2018/19 sustained in 2019/20. The Trust had no patients waiting longer than 52 weeks during 2019/20.

## Patients with a Diagnosis of Cancer will wait no longer than 62 days

Similar to the national position, the Trust has not been able to deliver on the cancer standard to ensure that 85% of patients with a diagnosis of cancer will wait no longer than 62 days. This is an on-going issue for the Trust where we have sought external support from the Intensive Support Team to try and identify opportunities for improvement.

Certain factors continue to impact on the Trust: the continued late receipt of tertiary referrals, patient choice for specified surgery (Urology) and increased referrals in identified specialties, particularly Breast (11%), Upper GI (8%) and Colorectal (5%).

## Infection Prevention

The Trust has a strong track record for promoting and pioneering innovative solutions around infection prevention. Although we saw a slight increase in numbers during 2019/20 the Trust remained within the yearly target; 31 against a target of 34. However, two patients were identified as MRSA positive against a zero threshold.

# Key Financial Performance Information

The following summary of financial performance during 2019/2020 is drawn from the Annual Accounts.

The Department of Health assesses the Trust's financial performance against the following four targets, all of which have been achieved:

## Income and Expenditure:

As a minimum, the Trust is required to break even each year. In 2019/2020 the Trust made a surplus of £5,735,000 after impairment and allowing for accounting adjustments.

## Capital Cost Absorption Rate:

Within its overall expenditure, the Trust is required to pay the Department of Health a sum equivalent to 3.5% of average net relevant assets. This payment is known as the Public Dividend Capital payment. We paid a sum equivalent to 3.5%.

## External Financing Limit:

This refers to the agreed amount of cash that the Trust is allowed by the Department of Health to consume over and above the amount it generates through its normal activities in year. This may be through a reduction in its own cash balances or receiving cash from external sources. The Trust is expected to not exceed its External Finance Limit (EFL) and in 2019-2020 it achieved this, spending £15,420,000 (£3,414,000 2018-2019) against a limit of £18,046,000 (limit of £3,494,000 in 2018-2019).

## Capital Resource Limit

This is a limit, imposed by the Department of Health, on the level of capital expenditure which the Trust can incur in the year. The Trust should maintain its' spending at or below this level. We spent £29,431,000 (£22,628,000 in 2018-2019) against a limit of £29,431,000 (£22,693,000 in 2018-19).

## Valuation of Trust's Land and Buildings

The Value of the Trust's land and buildings has been assessed by an independent professional valuer. It is based on an alternative site MEA valuation, undertaken specifically in accordance with the HM Treasury guidance which states that such valuations are an option if the Trust's service requirements can be met from the alternative site. The value of the Trust's land and buildings at 31 March 2020 has been subject to revaluation using

indices provided by the professional valuer. New additions and refurbishments completed in year were valued by the same independent valuer on a modern equivalent asset basis.

Other key financial information includes the following:

- 117,329 invoices received during the year, 46,585 (39.7%) were paid within 30 days of receipt of goods or a valid invoice (whichever is the latter)
- Against a turnover of £676,114,000, the break-even in-year position was £5,735,000, with a break-even cumulative position of £59,877,000
- The accounts for the Trust were produced in line with the Department of Health's Group Accounting Manual, with particular judgement being exercised this year in regard to provisions, leases and useful economic lives of assets.

# Sustainable Development

Sustainability is the ability to achieve sustainable development and is defined as "Development which meets the present without compromising the ability of future generations to meet their needs" (World Commission for Environment and Development WCED 1987).

We are committed to the principles of sustainable development and are developing a comprehensive Sustainable Development Management Plan (SDMP). This plan incorporates a carbon reduction strategy identifying practical solutions to achieving NHS targets in carbon reduction. The Sustainable Development Management Plan incorporate objectives for transport, procurement, energy consumption, waste, and design of the built environment. Sustainable Development Management Plan – SDMP.

Following the approval of the Trust Management Committee on 26th October 18 the formation of a Sustainability Group was confirmed and associated Terms of Reference agreed, this set out the Trust's vision for sustainability; the establishment of an action plan for delivering the organisation's sustainability objectives and a need to review progress accordingly in line with Government guidance and best practices.

Since the confirmation of the group, many influencing factors have come into play within the past year as the Government looks to move away from carbon management towards a fuller de-carbonisation agenda.

The de-carbonisation of NHS activities and Government led agendas may be a great opportunity to reshape our estate in how we look to use our buildings, how we construct, refurbish, redevelop and dispose of them. At the time of writing there are plans in place to give access to specific lines of DoH funding to allow investment to take place in Sustainability and Carbon Neutral programmes to which further research is taking place.

In the wider environment, the UNFCCC COP 26 (United

Nations Climate Change Conference – Conference of the Parties) set to take place in Glasgow in November 2020 will be a key driver upon taking forward measures to look to achieve World Carbon Neutrality. Current targets for the UK note that we must be Carbon Neutral (taking as much action to remove the amount of carbon dioxide from the atmosphere as our activities have generated) by 2050. We must look to plot a course to achieve this following the 2015 success of the Trust in reducing our Carbon Footprint by 16% from the 1990 baseline. Activities are building on this via the Sustainable Development Group that is already embedded within the Trust. Indeed NHSE&I require NHS Trusts to have achieved 34% reduction from the 1990 baseline by the end of 2020. Central Government focus is to be Carbon Neutral by 2050 and this is something that can bring with it significant compliance challenges where constant review will be needed if we are to be successful in meeting this need.

In looking towards potential Carbon Neutrality by 2050, this will supersede the UK's previous target to reduce emissions by 80%, which was agreed by MPs under the Climate Change Act in 2008. If enough progress is made in the coming years, the NHS could become carbon neutral without having to undertake more-drastic forms of carbon rationing as we approach 2050. Therefore, we must recognise that under such new proposed plans this will be a much-tougher goal to achieving a 'net zero' level of greenhouse gases by 2050.

The NHS currently accounts for around 4% of all UK greenhouse gas emissions – similar in scale to the airline industry – so will be a major focus point for improvements. The Government's advisory Committee on Climate Change recommended the new target in May 2019 and Britain is the first major nation to make it official. The committee's report said that if other countries followed the UK, there was a 50-50 chance of staying below the recommended 1.5C temperature rise by 2100.



A 1.5C rise is considered the threshold for dangerous climate change. Scotland has already committed to reducing greenhouse gas emissions to net-zero by 2045, five years ahead of the UK Government's target and the Committee on Climate Change (CCC) recommended Wales should aim to cut emissions by a lower target of 95% by 2050 due to the importance of the farming industry to rural communities. The Welsh Government has since said it wants to go further, and will commit to net-zero by 2050 like the rest of the UK. Northern Ireland is the only devolved administration which does not have its own climate change legislation and emissions targets as of yet.

In understanding the cost of compliance, the Government is set to attempt to make the clean revolution as painless as possible, with technology improvements like LED lighting, for instance, saving emissions without people noticing. It is recognised that there will need to be massive investment in clean energy generation, and that has to be funded by someone, with the Chancellor warning the potential cost could be in excess of £1trillion by the target date.

There are plenty of opportunities for carbon reduction to go hand-in-hand with efforts to improve the health of the population and increase the efficiency of health services. However, it is thought that costs would amount to between 1% and 2% of the UK's GDP – which was the same amount factored in to reach the previous 80% reduction target.

The Government believe that the green economy will generate jobs and that the cost of green technologies was coming down all the time. Chris Naylor, a senior fellow in health policy at the King's Fund, noted that there are indeed good reasons to believe that within the NHS, given sufficient time, the NHS carbon footprint could be reduced – even to zero – without undermining the principles and goals of the NHS. To achieve this greater focus must be emphasised in the following areas:

- Environmental costs will need to increasingly be reflected in the amount the NHS pays for energy, drugs, food and other resources;
- How staff and patients travel is a focus of concern. Patient and staff travel is understood to account for around 16% of the NHS carbon footprint, so increased use of digital technologies, including telehealth and electronic medical records, will be crucial. Where people do not need to use cars, walking and cycling should be encouraged;
- More than half the NHS carbon footprint comes from procured goods and services; pharmaceutical products costing £15 billion a year account for a fifth of the total NHS carbon footprint; the NHS will need to use its collective purchasing power much more assertively to drive change throughout supply chains;
- There will need to be a continued focus on reducing waste and maximising value, for example by reducing the provision of treatments with limited clinical value, improving communication and co-ordination between different parts of the system, and ensuring drugs are prescribed and taken appropriately;

- There is a need for a shift away from cure towards prevention. In a time of rising budget deficits and mounting pressures, climate change might seem to be a distant priority for the NHS, but it is one that will need to be tackled if access to comprehensive health care is to be sustainable in the future;

If enough progress is able to be made in these areas, the NHS could become carbon neutral without having to undertake more-drastic forms of carbon rationing. If top priority is given to steps that can improve health today as well as in the future.

For example, reducing fossil fuel usage can improve air quality now and also mitigate climate change over the decades to come.

We need to act now and seize these opportunities. In times of rising budget deficits and mounting pressures, climate change might seem to be a distant priority for the NHS but it is one that will need to be tackled if access to comprehensive health care is to be sustainable in the future.



These factors are now the focus of the Group and how the Trust looks to adapt to meet new Government Targets will be the focus of the Group over the coming years.

In light of the new Government Targets the SDMP original aims & objectives – The Royal Wolverhampton NHS Trust vision will continue to apply the below principles:

1. Energy and Carbon Management – Review energy and carbon management at board level, develop better use of renewable energy where feasible, measure and monitor on a whole life cycle cost basis and ensure appropriate behaviours are encouraged in individuals as well as across the organisation.
2. Procurement and Food – Consider minimising wastage at the buying stage, work in partnership with suppliers to lower the carbon impact of all aspects of procurement, make decisions based on whole life cycle costs and promote sustainable food throughout its business.
3. Travel and Transport – Routinely and systematically review the need for staff, patients and visitors to travel, consistently monitor business mileage, provide incentives for low carbon transport and promote care closer to home, telemedicine and home working opportunities.
4. Waste – Endeavour to efficiently monitor report and set achievable targets on the management of domestic and clinical waste including minimising the creation of waste in medicines, food and information technology (IT) and review its approach to single items versus decontamination options.
5. Water – Ensure efficient use of water by measuring and monitoring its usage by incorporating waste saving schemes into building developments, by quick operational responses to leaks, by using water efficient technologies and by avoiding the routine purchasing of bottled water.
6. Designing the Built Environment – Aim to address sustainability and low carbon usage in every aspect of the design process and operations. This includes resilience to the effects of climate change, energy management strategies and a broader approach to sustainability including transport, service delivery and community engagement.
7. Organisational and Workforce Development – Encourage and enable all members of the NHS workforce to take action in their workplace to reduce carbon. Staff will be supported by promoting increased awareness, conducting behavioural change programmes, facilitating home working, encouraging low carbon travel, the use of ICT and ensuring sustainable development is included in every job description.
8. Partnerships and Networks – Consolidate partnership working and make use of its leverage within local frameworks including Local Area Agreements and Local Strategic Partnerships.
9. Governance – Adhere to the Good Corporate Citizenship Assessment Model and produce a board approved Sustainable Development Management Action Plan, whilst also setting further interim targets to meet the provisions of the Climate Change Act 2008. The Royal Wolverhampton NHS Trust is also aware that carbon reduction and sustainable development are corporate responsibilities and should be core to each Trust's performance and governance mechanisms.
10. Finance – Become carbon literate, carbon numerate and ensure appropriate investment to meet the commitments required to become part of a low carbon NHS and in preparation for a carbon tax regime. Working in partnership will be essential to deliver relevant incentives, economies and training to support the shift in culture for the local economy.

## Energy use:

Please find below a table outlining the amount of energy recorded used across the Trust Estate (2018/19).

Energy	Unit	Community	New Cross	West Park	Cannock	Carbon Conversion
Electricity consumed	kWh	332,746	7,247,404	571,061	2,575,862	0.449
Gas consumed	kWh	541,048	60,494,927	2,270,778	8,710,410	0.184
Oil consumed	kWh	0	398,346	14,817	15,875	0.268
<b>Total</b>	<b>kWh</b>	<b>873,794</b>	<b>68,140,677</b>	<b>2,856,656</b>	<b>11,302,147</b>	

Carbon conversion factors vary each year and have reduced in 2018/19 as energy providers deliver greener energy via the increased use of renewable energy (primarily wind and solar power). The annual consumption has dropped on the New Cross site since the previous year by around 3000 kWh.

## Carbon Tonnage:

Please find below table 6 outlining the total amount of recorded CO<sub>2</sub>e (carbon equivalent) used in operating the Trust Estate (2018/19).

Tons of CO <sub>2</sub> e	Community	New Cross	West Park	Cannock	Total
Electricity	150	3,256	257	1,157	4,820
Gas	100	11,131	418	1,603	13,251
Oil	0	107	4	4	115
<b>Total</b>	<b>249</b>	<b>14,494</b>	<b>678</b>	<b>2,764</b>	<b>18,186</b>

In looking towards further plans to support the reduction of energy consumption, the Trust are considering further measures, such measures include:

- Continued roll out of LED lighting where possible
- The establishment of a Solar Farm in conjunction with SALIX and the Local Authority
- A review of the existing Building Energy Management systems (BEMS).

# Engagement with Public, Patient and Stakeholders

## Patient and Public Engagement and Co-production

During 2019/20, the Trust published a three year strategy for Patient Experience, Engagement and Public Involvement, which outlined the benefits of local engagement and provided a framework to achieve our objectives. The Patient Experience Team review progress on a monthly basis and report quarterly on achieving milestones within the strategy, to demonstrate their accountability with delivering the strategy.

The Trust is committed to the people of Wolverhampton, Cannock and the Black Country in them being involved at the heart of our work and decision making. The Trust will continue to listen and act upon individual and carer feedback to help inform and shape the services we provide and the experiences and aspirations of our patients.

## Key initiatives during 2019/20 included:

**Engagement Champions** - This included the development of Patient Experience and Engagement Champions at divisional level and the implementation of a training programme and toolkit for engagement activities.

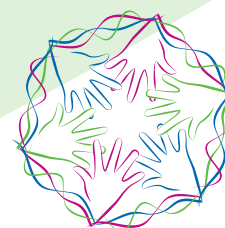
**Bereavement Hub** - The Trust has worked in collaboration with Compton Hospice to introduce a bereavement hub on site at New Cross Hospital. This invaluable service is run by volunteers with support from both stakeholders to offer support to those who have lost their loved ones.

**Patient Stories** - Patients and carers were again encouraged to express how it feels to receive care from the Trust by the sharing their 'Patient Stories'. Such

stories provided the Trust with an opportunity to learn as an organisation, bringing experiences to life and making them accessible to other people. They can, and do, encourage the Trust to focus on the patient as a whole person rather than just a clinical condition or as an outcome. Patient stories are shown at Senior Managers Briefings and Trust Board sessions. During 2019/20, the stories shared included experiences of accessing hospital services for patients who are deaf; a child's experience of accessing speech and language therapy; a patient of maternity services with ongoing mental health issues and a mother's experience of having a child on the neonatal unit.

**Council of Members** - The Council of Members, established in 2017, has continued to make strides by working together more effectively as a group and as individuals contributing to initiatives and meetings at the Trust. This group of committed individuals from our local community, have provided a patient perspective to the Trust on a range of important topics.

During 2019/20, the Chair and Vice Chair took up their appointment and the Council held 6 meetings. Members have also been active outside of the Council meetings.



## Council of Members

Safe & Effective | Kind & Caring | Exceeding Expectation

## Serious incidents (Table 7)

01/04/2019 to 31/03/2020

Category	01/04/19 to 31/03/20
Accident	1
Actual Self Inflicted Harm	2
Confidential Breach	3
Diagnostic	18
Infection	10
(C.Diff)	(3)
(CPE)	(1)
(MRSA)	(5)
(Norovirus)	(1)
Major Incident	1
Never Event	2
(Retained Foreign Object)	(1)
(Wrong Site Surgery)	(1)
Sub Optimal Care	6
Surgical/Invasive Procedure	4
Treatment Delay	13
Unexpected Death (coded as pending at this time)	3
VTE	1
<b>TOTAL</b>	<b>64</b>

Category	01/04/19 to 31/03/20
Maternity	5
Pressure Injuries	15
(Community)	(2)
(Hospital)	(13)
Slip/Trip/Fall (with serious harm)	5
<b>TOTAL</b>	<b>25</b>

Overall Total = 89

The figures above do not include any agreed removals. All above data is true and correct as of this date and time

## Workforce

We are the largest employer within the local community, with ca. 9,800 substantive staff at end of March 2020, and have a responsibility and intention to recruit a workforce which is representative of the diversity of the local community. The Trust employs a significant proportion of our workforce from the Wolverhampton postcode and we continue to be committed to and have made much progress in strengthening our networks with local partner organisations, schools, colleges and universities to provide a range of opportunities for employment at all levels including apprenticeships, entry level roles and healthcare career pathways.

We continue to make progress towards developing a more inclusive workforce and culture, increasing levels of engagement with staff, and raising awareness of equality issues and this is reflected in our latest staff survey results.

## Headcount (Tables 8, 9, 10 & 11)

### Headcount 31 March 2020

Staff Type	Female	Male	Grand Total
Apprentice	40	19	59
Medical & Dental	420	586	1006
Other Staff	6934	1275	8209
Student Nurse	22	3	25
Trust Board – Execs	2	8	10
Trust Board - Non Execs	5	3	8
VSM/Band 8a+	326	138	464
<b>Grand Total</b>	<b>7749</b>	<b>2032</b>	<b>9781</b>

### Staff numbers by Proportion (Trust Board, Senior Managers and Other Staff)

Staff Type	Female	Male
Apprentice	67.80%	32.20%
Medical & Dental	41.75%	58.25%
Other Staff	84.47%	15.53%
Student Nurse	88.00%	12.00%
Trust Board – Execs	20.00%	80.00%
Trust Board - Non Execs	62.50%	37.50%
VSM/Band 8a+	70.26%	29.74%
<b>Grand Total</b>	<b>79.23%</b>	<b>20.77%</b>

## Disability

The proportion of employees recorded on ESR, having declared that they have a disability has increased slightly by 0.07% (1.29% in 2019). We have continued to encourage staff members to declare their status through awareness sessions, at induction and employee voice forums that target areas such as disability reporting and guidance.

Disability	%
No	68.15%
Not Declared	29.82%
Prefer Not To Answer	0.64%
Undefined	0.02%
Yes	1.36%
<b>Grand Total</b>	<b>100.00%</b>

## Ethnicity

The proportion of BAME/Non-White staff within the Trust's workforce, as at 31 March 2020, is 30.75% (compared to 28.86% in 2019); the proportion of White staff is lower compared to the previous year (reported as 71.14% in 2019).

Ethnicity	%
African	3.31%
Asian	3.20%
Bangladeshi	0.40%
Caribbean	3.12%
Chinese	0.52%
Indian	11.71%
Mixed White	2.08%
Other Black	0.61%
Other Mixed	0.45%
Other/Not Known	3.11%
Pakistani	2.25%
White	69.25%
<b>Grand Total</b>	<b>100.00%</b>

## Staff catchment area

At the end of the financial year March 2020, 59.05% of the Trust's workforce reside within a WV postcode (Source: Electronic Staff Record system); compared to 58.93% in March 2019.

## Sickness absence

[Sickness absence – also applies to Section C Financial Statements]

The rolling sickness figure for the Trust between 01/04/2019 – 31/03/2020 is 4.26%

## Human Rights

The Trust sources its procurement function the Integrated Supplies & Procurement Department (ISPD) based at University Hospitals North Midlands which is committed to:

- Utilise the Sustainable Procurement Flexible Framework (SPFF) to facilitate the procurement of goods and services in a more innovative, sustainable manner.

This self-assessment mechanism allows each Trust to measure and monitor progress on sustainable procurement over time. All Trusts are aiming for year on year improvements to achieve and work through the actions in the SPFF, working through the levels from Foundation Level 1 to achieve Lead Level 5 by 2021/22.

- Purchase more goods from sustainable sources, with a focus on those from local, ethical and Fair Trade Suppliers

Reducing carbon emissions and improving labour standards are very important areas for the health and social care sector as a whole. All Trusts have an ethical duty to protect and promote health and wellbeing and contract with suppliers of goods and services that operate in a socially responsible way with good environmental practices and employment practices. The Trusts will use Ethical Procurement for Health (EPH) to support this. Products used will have sustainable specifications using Government Buying standards and Green Public Procurement criteria. The Trusts aim to use their buying power to generate social benefits and consider economic, social and environmental wellbeing when negotiating public service contracts as enshrined in the Public Services (Social Value) Act 2012.

In addition the NHS Terms & Conditions of Contract for goods & services specify the following terms for suppliers to adhere to in relation to Equality & Human Rights:

- Ensure that (a) it does not, whether as employer or as provider of the Services, engage in any act or omission that would contravene the Equality Legislation, and (b) it complies with all its obligations as an employer or provider of the Services as set out in the Equality Legislation and take reasonable endeavours to ensure its Staff do not unlawfully discriminate within the meaning of the Equality Legislation;
- In the management of its affairs and the development of its equality and diversity policies, cooperate with the Authority in light of the Authority's obligations to comply with its statutory equality duties whether under the Equality Act 2010 or otherwise. The Supplier shall take such reasonable and proportionate steps as the Authority considers appropriate to promote equality and diversity, including race equality, equality of opportunity for disabled people, gender equality, and equality relating to religion and belief, sexual orientation and age; and the Supplier shall impose on all its Sub-contractors and suppliers, obligations substantially similar to those imposed on the Supplier.

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

This 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 our 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 as appropriate. We adopt best practice procedures to tackle fraud, bribery and corruption, as recommended by the NHS Counter Fraud Authority.

The Trust has implemented a range of policies, procedures and work programmes that are designed to reduce the likelihood of fraud and corruption and detect fraud plus we annually assess the Trust's risk exposure to both internal and external fraud. Throughout 2019/20 awareness of fraud and bribery and those policies in place has been raised across the Trust and this work will be ongoing in 2020/21. All referrals of fraud, bribery and corruption were investigated and where appropriate, cases were referred for disciplinary consideration.

The NHS Counter Fraud Authority's Self-Review assessment for provider health bodies was undertaken by the LCFS on behalf of the Trust for the anti-fraud, bribery and corruption work conducted during the period 1 April 2019 to 31 March 2020, inclusive, which provided the Trust with an overall rating of green. This confirms that the Trust assessment met the required standard set by the NHS Counter Fraud Authority.

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

## Staff Engagement

The Trust's staff engagement levels remain steady and better than the average national comparator, as shown in the 2019 NHS Staff Survey results this is consistent across the majority of the staff survey themes. We are committed to and continuously strive to provide the right conditions for our staff and in turn improve patient experience and outcomes and this is confirmed through an increase in staff responding that they would recommend the Trust as a place to work (73%) and as a place to receive treatment (82%). To further strengthen our approach to staff engagement, we have put in place a Staff Survey Oversight group with representation from each Division, where results are discussed and progress against action plans is reviewed; in addition to providing a forum to share and learn.

We continue to make positive progress in areas of recruitment and staff retention, and have implemented new workforce systems during the year which has also resulted in process improvements and improved reporting the ability to respond to workforce metrics and trends, in employee relations and policy development. Much has been achieved during the year, however we fully recognise that there is more that we can and will need to do to further improve on staff engagement and development and diversity and inclusion; and we continue to work on the development of action planning and deliverables for this coming year





## Regulation 8, Schedule 2 2017/328 Declaration of Facility Time (Table 12)

### Relevant union officials

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
2	1

### Percentage of time spent on facility time

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

### Percentage of pay bill spent on facility time

Provide the total cost of facility time	£36,545
Provide the total pay bill	£418,489
Provide the percentage of the total pay bill spent on facility time, calculated as: (Total cost of facility time ÷ total pay bill) x 100	0.01%

### Paid trade union activities

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100 = 0%.

# Volunteer Services

The Trust is fortunate to have the support of volunteers, who are unpaid members of our local community who offer their time willingly to help. We hold provision of a positive patient experience at the forefront of our volunteering activity and we aim to place volunteers into roles which complement, but do not replace, paid members of staff. Volunteers add an important 'extra' factor to helping us provide a positive patient and visitors experience at the Trust.

Volunteer services have seen a successful year achieving its objectives and again, a busy period for volunteer recruitment with new volunteers joining the organisation this year in a variety of roles.

A three year volunteer plan was produced in 2019, which outlined key priority areas for recruitment within the Trust. The plan has been focusing heavily on recruitment of volunteers primarily into patient and ward support type roles. The Trust has also continued to recruit new volunteers into other well established services such as Chaplaincy, hospital radio, breastfeeding peer support, community services and charities which are aligned to the Trust.

- Number of volunteers interviewed in the Trust 2019/20: 136
- Number of volunteers started 2019/20: 70
- Number of volunteer who have left the Trust 2019/20: 14
- Total number of volunteers in place at end of financial year 2019/20: 357

Breakdown of roles (services) new starters commenced into 2019/20:

Service/ Role	Number of volunteers employed
Breastfeeding peer support (maternity services)	11
Cancer Services (Information Assistants)	3
Chaplaincy	8
Dementia Outreach	3
Hospital ward/ patient support	24
Hospital Radio	2
League Of Friends	6
Miscellaneous	5
Therapy Services	5
Patient Experience (Friends and Family test, scooter service, wayfinding)	3



## Volunteer activity during the COVID-19 Pandemic

As the COVID-19 pandemic reached the UK in March 2020, clear guidance was issued by the UK Government recommending that those who were more vulnerable due to health and age, were recommended to stay at home as much as possible and in some cases, shield entirely for 12 weeks. In addition, many volunteers wished to take a more cautious approach in terms of their volunteering and chose to suspend their volunteer placements during the pandemic.

This meant that the Trust's volunteer numbers reduced dramatically to very minimal numbers. At the same time, the Trust was being contacted by members of the public keen to provide their assistance. This ran parallel with many schools and colleges closing and students wishing to find something helpful to do and workers having non-essential work suspended meaning that they also had time to offer.

The Trust had therefore taken forward recruitment of new volunteers and at the end of March 2020, it received 350 applications from members of the public wishing to volunteer. As part of the recruitment process, as well as ensuring that all essential statutory recruitment requirements were adhered to, these new volunteers received generic training to prepare them for the role.



The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year.

Guidance for Quality Accounts remains in place nationally, which outlines the requirements with respect of the format, content and reporting arrangements for the annual Quality Accounts. The Trust used this guidance to ensure that its requirements were included in the Trust's Quality Account 2019/2020.

The Trust's quality priorities for 2019/2020 were selected as part of a consultation process with our staff and external stakeholders. In addition, the Trust reviewed what patients and members of the public said about us through national and local surveys, in-patient feedback received through complaints, compliments and the Friends and Family Test. In addition, various national and local guidance and feedback from the Care Quality Commission were considered.

A variety of data reporting systems remained the source of information for the Quality Account 2019/20. For example, the incident and complaints data was extracted from Datix (incident reporting system). In addition,

information was validated with individual leads, for example, the governance team, patient experience team, infection prevention and control lead, performance team. In terms of the elective waiting time data, the Trust has continued to employ a robust process of validation prior to submission. This involves an automated process which produces a data extract from Patient Administration System (PAS) to outline patients that have been listed for surgery, which is validated for duplicates and anomalies for investigation and correction. Following this, the data is reviewed further by a validation team to ensure patient records are accurate, up to date and reflect individual patient journeys and pathways. This process is repeated up until the point of submission to ensure any data lag issues are resolved in a timely manner.

Each year, a draft version of the Quality Account is approved by directors via the internal governance processes prior to being shared with the Local Authority's Overview and Scrutiny Committee, Wolverhampton Healthwatch and Clinical Commissioning Group. In addition, the Quality Account is subject to a limited assurance review by the Trust's independent auditors prior to the final version being shared with the Trust Board for approval and subsequently published.



# The Trust Charity

Our Charity makes a real difference to our patients, their families and the staff that treat them above and beyond the services provided by the NHS.

We aim to support the Trust to realise its vision to be an NHS organisation striving to continuously improve patients' experiences and outcomes.

We support the Trust's work by providing:

- Additional facilities and an improved environment
- Additional equipment that can make a real difference to patient care
- Opportunities for staff training above and beyond their mandatory training
- Opportunities to further medical knowledge through research.

In March we saw a very challenging and unprecedented time within the NHS; the fight against COVID-19. Many of our supporters came together to help raise vital funds that would make things easier for our patients and staff. We are truly grateful for all of their support. Details of these donations will feature in the annual report of the Trust Charity in 2020-2021.



## The Royal Wolverhampton NHS Trust Charity

Purchases from charitable funds donated to the charity during 2019/2020 include the following items:

- Refurbishment of day rooms at West Park Hospital
- Work Place Wellbeing Meditation sessions for staff
- Guest beds for the use of relatives of patients who are in end of life
- Gel cushions for neonatal care
- Physio Assessment Tools to enhance patients rehabilitation
- Deaf Awareness sessions for staff.

The annual report of the Trust Charity will be published in the late summer 2020 and will contain more information about this aspect of our work.



# B – Accountability Report

## B1 – Corporate Governance Report

During the year 2019-2020 and up to the signing of the Annual Report and Annual Accounts, the Accountable Officer for the Trust was David Loughton, CBE and the Trust Chairperson was Professor Steve Field CBE. The Trust Board comprised Mr Loughton and Prof. Field and the following Directors (any with less than a full year of Board membership are denoted accordingly):

<b>Prof. A-M Cannaby</b>	Chief Nursing Officer (v)
<b>A Duffell</b>	Director of Workforce
<b>R Dunshea</b>	Non-Executive Director, Senior Independent Director, Chair of Audit Committee
<b>R Edwards</b>	Non-Executive Director, Chair of Quality Governance Committee
<b>S Evans</b>	Acting Director of Strategic Planning and Performance (from 1 October 2019 to 31 March 2020)
<b>Prof. S Field</b>	Chair, Non-Executive Director (from 1 April 2019)
<b>J Hemans</b>	Non-Executive Director, Chair of Workforce Committee
<b>D Loughton CBE</b>	Chief Executive Officer (v)
<b>S Mahmud</b>	Director of Innovation, Integration and Research (Innovation and Research from 1 November 2019)
<b>M Martin</b>	Non-Executive Director, Chair of Finance Committee
<b>G Nuttall</b>	Chief Operating Officer (v)
<b>Dr J Odum</b>	Medical Director (v)
<b>D Oum</b>	Non-Executive Director (from 1 September 2019)
<b>Prof. A Pandyan</b>	Associate Non-Executive Director (from 1 November 2019)
<b>S Rawlings</b>	Non-Executive Director, Chair of Trust Charity
<b>M Sharon</b>	Director of Strategic Planning and Performance (to 30 September 2019) then Strategic Advisor to the Board (from 1 October 2019)
<b>K Stringer</b>	Chief Financial Officer/Deputy Chief Executive (v)
<b>Prof. L Toner</b>	Associate Non-Executive Director (from 1 October 2019)

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

During 2019/2020 the Trust Board comprised the Chairman; the Chief Executive; four Executive Directors; seven Non-Executive Independent Directors; and was supported by three additional Directors, a Strategic Advisor and two Associate Non-Executive Directors.

Each Executive Director and Independent Non-Executive Director has an equal vote on the Trust Board. Executive Directors are responsible to the Trust Board for the delivery and performance for services within their portfolios.

Independent Non-Executive Directors provide challenge and a level of independent scrutiny to decision-making, implementation and reviewing organisational performance.

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

During 2019/2020 the Trust Board met monthly, except in August 2019 and January 2020 (as scheduled in the Trust Board Timetable), conducting most of its business in public and allowing time for the press, public and other observers to ask questions of the Directors at each meeting. In addition, the Trust Board undertook monthly development sessions except in January and March 2020.

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

The Appointment of new Non-executive Director and Associate Non-Executive Directors

Danielle Oum joined the Trust Board as Non-Executive Director with effect from 1 September 2019 Prof. Louise Toner joined the Trust Board as Associate Non-Executive Director with effect from 1 October 2019 Prof. Anand Pandyan joined the Trust Board as Associate Non-Executive Director with effect from 1 November 2019.

# Board Membership



**David Loughton CBE -  
Chief Executive**

**Appointed 2004**

Mr Loughton joined our Trust in 2004 having had extensive experience as a Chief Executive within the NHS. During his career he has developed a new Medical School with Warwick University and achieved financial close on a £400 million new hospital Private Finance Initiative (PFI). He has now turned around one of the 17 most financially challenged Trusts in the NHS, whilst improving the quality of care provided to patients.

Mr Loughton is a member of the National Institute for Health Research Advisory Board and West Midlands Chief Executive representative for the NHS Confederation Council.

**Board Attendances in 2019/2020: 10/10**

## Declaration of interests

- Health policy adviser to the Labour and Conservative Parties
- Dementia Health and Care Champion Group – Member
- National Institute for Health Research – Member of Advisory Board
- Chair of West Midlands Cancer Alliance (from 06/06/2018)



**Professor Steve Field CBE -  
Chairman of the Board**

**Appointed 1 April 2019**

Professor Field holds a number of roles at various organisations including Trustee at Nishkam Healthcare Trust and Non-Executive Director at University College London Partners Academic Health Science Partnership Board.

Prior to his role of chair, he was Chief Inspector of General Practice, Primary Medical Services and Integrated Care at the Care Quality Commission (CQC). He has held several board positions in the NHS including, Deputy National Medical Director at NHS England, Regional Postgraduate Dean for NHS West Midlands and Chairman of the NHS Inclusion Health Board at the Department of Health. He also held the position of Chairman of The Royal College of GPs, and has been a faculty member at the Harvard Macy Institute of Harvard University in the USA.

He has been awarded a number of honorary degrees and also holds academic appointments at the University of Birmingham and the University of Warwick.

**Board Attendances in 2019/2020: 9/10**

## Declaration of interests

- University College London Partners–Non Executive Director
- Nishkam Healthcare Trust Birmingham–Trustee



### Professor Ann-Marie Cannaby - Chief Nurse

**Appointed April 2018**

Professor Cannaby joined the Board at Wolverhampton in April 2018. Ann-Marie is a Professor at Birmingham City University, who has amassed extensive experience working both nationally and internationally in senior nursing leadership roles.

She spent five years as Chief Nursing Officer at Hamad Medical Corporation, the main healthcare provider in Qatar. She was responsible for the organisation's 10,000 nursing and midwifery staff across eight hospitals, a number of community health facilities and the national ambulance service. Before her move to the Middle East, Ann-Marie spent over seven years at University Hospitals Coventry and Warwickshire NHS Trust, a 1,300 bed acute provider spread across two sites with a budget of £640m, where she progressed to the dual role of Chief Nursing Officer and Chief Operating Officer.

Prior to this she spent a number of years at University Hospitals of Leicester NHS Trust in a variety of frontline nursing and leadership posts. Ann-Marie has successfully transitioned into different health systems and environments throughout her career. She has extensive experience in working in Accountable Care Systems (ACS), most recently the Canterbury ACS in New Zealand.

Ann-Marie offers an extensive professional, operational and executive background combined with a strong academic portfolio, she is actively involved in research and education holding a Masters and a PhD, with deep experience in curriculum development.

**Board Attendances in 2019/2020: 10/10**

#### Declaration of interests

- Birmingham City University – Professor of Nursing Sciences
- Royal College of Nursing – Member
- Warwick University – Research fellow (Honorary)
- Higher Education Academy – Teaching Fellow
- Ann-Marie Cannaby Ltd. – Director
- Leicester and Leicestershire Photographic Society – Member
- La Trobe University, Victoria, Australia – Honorary Visiting Fellow
- Visiting Professor Staffordshire University



### Alan Duffell - Director of Workforce

**Appointed April 2017**

Alan has wide experience within the NHS, incorporating OD, learning & development, leadership & management development, as well as other HR related roles. He joined the board of Wolverhampton in April 2017 after previously holding the position of Director of HR & OD at Leicestershire Partnership NHS Trust, where he had been for five years, with board level responsibility for a wide ranging workforce portfolio, as well as H&S and Business Continuity. Prior to this, he was the Director of Workforce and Learning within the Black Country Partnership NHS Foundation Trust and at that time was also a director for Skills for Care, representing the NHS. Prior to joining the NHS, Alan was in the Royal Air Force spanning a range of roles including avionics engineer, training & development, and leadership development. He holds membership of the Chartered Institute of Personnel & Development (CIPD), Chartered Management Institute (CMI) and holds an MSc in Human Resource Development.

**Board Attendances in 2019/2020: 10/10**

#### Declaration of interests

- Member of Chartered Management Institute
- Member of the CIPD (Chartered Institute for Personnel and Development)
- Member (unpaid) of the UK & Ireland Healthcare Advisory Board for Allocate Software (Trust Supplier)



**Sultan Mahmud -  
Director of Innovation,  
Integration and Research**

**Appointed September 2014**

Mr Mahmud has been in the NHS for 15 years and joins the Trust from NHS England where he was the Director of Commissioning for the Shropshire and Staffordshire Area Team. He has undertaken senior management roles in both provision and commissioning arms of the NHS including clinical and business informatics, programme management, performance management, primary and secondary care commissioning. Sultan has also enjoyed a spell in the pharmaceutical industry working in medical regulatory affairs.

**Board Attendances in 2019/2020: 8/10**

**Declaration of interests**

- Member of the Advisory Board for the Centre for Health and Social Care Leadership, HSMC, University of Birmingham



**Gwen Nuttall -  
Chief Operating Officer**

**Appointed 2012**

Ms Nuttall has over 20 years' experience working across a diverse range of Acute Hospitals, having previously worked for Local Government.

Gwen has worked in various management roles at The Chelsea & Westminster Hospital, Bart's and The London NHS Trust and more recently she was the Chief Operating Officer at West Suffolk Foundation Trust Hospital for eight years.

**Board Attendances in 2019/2020: 9/10**

**Declaration of interests**

- Calabar Vision 2020 Link – Trustee (from 03/12/2018)



## Dr Jonathan Odum - Medical Director

**Appointed 2011**

Dr Odum qualified from Birmingham University in 1984 and his post graduate training and studies were undertaken in the West Midlands (1984-91) and Adelaide, South Australia (1991-93). He was awarded a Sheldon Research Fellowship by the West Midlands Regional Health Authority in 1988 and following completion of the research his thesis was awarded an MD by the University of Birmingham in 1993.

He took up post as a Consultant in General Internal Medicine and Nephrology at New Cross Hospital Wolverhampton in 1993. His clinical interests include diagnosis and management of hypertension and pathophysiological mechanisms underlying and treatment of glomerular disease.

Dr Odum was elected as a fellow of the Royal College of Physicians (RCP) in 1999 and has been an MRCP PACES examiner from 1999 to the present day.

He has a significant interest in service development and as Clinical Director for Renal Services (1995-2005) was responsible for the expansion of renal services at Wolverhampton into Walsall and Cannock and the opening of the satellite Haemodialysis units at Walsall and in Cannock Chase Hospital.

Dr Odum has held several medical managerial positions in the Trust including Clinical Director of Medicine, Divisional Director posts from 2003-11 and was appointed into the post of Medical Director from April 2011.

Within The Royal Wolverhampton NHS Trust, Dr Odum is the Responsible Officer for revalidation of doctors, the Caldicott Guardian and the Medical Director of the West Midlands LCRN.

**Board Attendances in 2019/2020: 10/10**

### Declaration of interests

- Private out-patient consulting and general medical/hypertension and nephrological conditions at Wolverhampton Nuffield average time spent 1-2 hours per week maximum (from 21/01/2020)



## Kevin Stringer - Chief Financial Officer and Deputy Chief Executive

**Appointed April 2009**

Mr Stringer is a qualified accountant with the Chartered Institute of Management Accountants (CIMA) and holds a Masters qualification in Business Administration (MBA). With over 25 years of experience in the NHS, with 13 of those years 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 Care (Birmingham Children's Hospital Foundation Trust where he helped the Trust secure FT status)
- Regional NHS Planning and Oversight (West Midlands Regional Health Authority)

His role is to provide professional advice to the Board and wider Trust to ensure delivery of the Board's financial strategy, key statutory financial targets and ensure good internal control. He is a member and advocate for Healthcare Financial Management (HFMA) having been a past Chairman of the West Midlands Branch where he is now the Treasurer.

**Board Attendances in 2019/2020: 10/10**

### Declaration of interests

- Healthcare Financial Management Association–Chairman of Governance and Audit Group (ceased 2019)
- Treasurer, West Midlands Branch–Healthcare Financial Management Association
- Member of CIMA (Chartered Institute of Management Accountants)
- Midlands and Lancashire Commissioning Support Unit–brother in law is the Managing Director



**Michael Sharon -  
Strategic Advisor to the Trust  
Board**

**Appointed 1 January 2016, revised role  
from 1 October 2019.**

Mr Sharon commenced his working life as a hospital porter. What has stayed with him is a firm belief in the difference we can all make as individuals, no matter what our role, to the wellbeing of patients. After a long spell at Guy's and St Thomas' in operational management and in strategy, Mike became CEO of a GP company providing services to practices, followed by time as a PCT CEO.

Subsequently Mike has been a Director at University Hospital Birmingham FT and at Sandwell and West Birmingham Trust where he was acting CEO for a short time. Between these roles Mike has spent a year working in a teaching hospital in Chicago, supported 37 GP practices to create a Federation, set up the Birmingham and Solihull Lift Company, and led two large health economy wide strategic change programmes.

**Board Attendances in 2019/2020: 9/10**

**Declaration of interests**

- Member of the Liberal Democratic Party
- Wife works as an independent trainer, coach and councillor. Some of the work is for local NHS bodies (excluding RWT)



**Roger Dunshea -  
Non-Executive Director**

**Appointed April 2014**

Mr Dunshea has worked in the NHS in Scotland, Wales and England in a variety of positions including Staff Nurse, Project Manager, Clinical General Manager and Executive Director roles. Between 1997 and 2013 he was a Director with OFWAT (the economic regulator of the water sector in England and Wales) with responsibilities covering finance, information systems, human resources and procurement. He has been the chair of governors at a central Birmingham high school and a Non-Executive Director with the Shrewsbury and Telford NHS Trust.

He is a member of the General Chiropractic Council, an independent member of the Medical Research Council's Audit and Risk Committee, an independent member of the Equality and Human Rights Commission's Audit and Risk Committee and a member of the Geological Society's Audit Committee. He is a volunteer field worker with Natural England and a community bus driver in north Shropshire. He is a Chartered Public Finance Accountant and Fellow of the Geological Society. He was a Registered General Nurse between 1982 and 1996.

**Board Attendances in 2019/2020: 8/10**

**Declaration of interests**

- General Chiropractic Council—Lay member (from 03/12/2018)
- Equality and Human Rights Commission—independent member of Audit and Risk Committee (ceased 31/03/2019)
- Geological Society of London—Member of Audit Committee (from 14/12/2018)
- Independent member of the Welsh Government Audit and Risk Committee for Education and Public Services





### Rosi Edwards - Non-Executive Director

Appointed as an Associate Non-Executive Director in July 2013, and became a Non-Executive Director with effect from November 2013

Appointed as an Associate Non-Executive Director in July 2013, and became a Non-Executive Director with effect from November 2013

Before joining the Board, Ms Edwards was the Regional Director for Wales, Midlands and the South West in the Health and Safety Executive. A senior manager with over 20 years' experience of working in a large well established regulatory body, managing leaders of operational and specialist teams and overseeing investigations into deaths, injuries and occupational ill-health and subsequent legal action. Over 30 years' in regulating businesses and assessing their risk management abilities and failings and identifying practical measures to enable them to perform adequately.

#### Board Attendances in 2019/2020: 10/10

##### Declaration of interests

- Labour Party member
- Lay member of West Midlands ACCEA
- Daughter is an employee of Unite the Union takes part in union campaigning, including on the NHS
- President of Birmingham Health Safety and Environment Association
- Care Quality Commission Inward Secondment undertaking the role of Executive Reviewer (from 28/09/2018)
- OECD work for the Italian National Government, the Autonomous Province of Trentino, and Lombardy Regional government, as consultant advising on their systems for regulating occupational health and safety



### Simon Evans - (Acting) Director of Strategic Planning and Performance

Acting from 1 October 2019, appointed from 1 February 2020

Mr Evans has worked in the Health sector for 12 years and has held a number of senior management positions. His roles have covered: strategic and business planning, performance management, business development, transformation and programme management.

He holds a Masters Qualification in Business Administration (MBA) 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 planning and scrutiny for Walsall Council 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 and 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 and has a post-graduate diploma in Human Resource Development. He has lectured on Organisational Behaviour and Organisational Change for Staffordshire University and is a regular guest lecturer for the University of Wolverhampton.

#### Board Attendances in 2019/2020: 6/7

##### Declaration of interests

- None declared for 2019-2020



**Junior Hemans -  
Non-Executive Director**

**Appointed May 2015**

Mr Hemans has significant years of experience within the public and voluntary sectors. He previously worked for the Housing Corporation for 10 years as a regulation manager and as a consultant for PricewaterhouseCoopers for ten years.

Junior was a founding member and the first treasurer of the African Caribbean Community Initiative Mental Health Project, which provides support to individuals and families that are experiencing mental health issues. He has also served as treasurer to the West Midlands Caribbean Parents & Friends Association and to the Heath Town Senior Citizens Welfare Project.

Junior currently runs his own small consultancy and is a property developer / landlord. He specialises in governance, business start-up, business development and social housing and regeneration. Junior is also a visiting lecturer at the University of Wolverhampton Business School, lecturing in strategic management, marketing, leisure and operations.

**Board Attendances in 2019/2020: 9/10**

**Declaration of interests**

- Libran Enterprises (2011) Ltd–Director
- Tuntum Housing Association (Nottingham)–Chair of the Board
- Wolverhampton Cultural Resource Centre–Chair of the Board
- Prince’s Trust–Business Mentor
- Kairos Experience Ltd–Company Secretary
- Member of Labour Party
- Wolverhampton University–visiting lecturer
- University College Birmingham–visiting lecturer



**Mary Martin -  
Non-Executive Director**

**Appointed July 2013**

Ms Martin has senior executive experience in both the public and private sectors. Her business focus has included strategy, business risk assessment, team building, change management, quality management, investigations, controls and reporting. Financing activities cover bank refinancing, private equity, acquisitions and disposals of business and major assets and exit planning.

She currently runs her own small consultancy business having for four years been Pro-Vice Chancellor of Birmingham City University. Prior to this her career has included working with Advantage West Midlands; a private venture fund manager focused on technology start-ups and she was a Partner with Arthur Andersen, one of the largest international accounting practices. Mary is a Trustee of three major Midlands based charities – The ExtraCare Charitable Trust, Performances Birmingham and Midlands Art Centre.

She is a Fellow of the Institute of Chartered Accountants and Oxford University engineering graduate.

**Board Attendances in 2019/2020: 8/10**

**Declaration of interests**

- Martin Consulting (West Midlands) Ltd – Director / owner of business
- Performances Birmingham Ltd – Trustee / Director, Non-Executive member of Board for the charity
- Midlands Art Centre – Trustee / Director, Non- Executive member of the Board for the charity
- Friday Bridge Management Company Limited (residential property management company)
- Extracare Charitable Trust – Trustee / Director, Non-Executive member of Board for the charity
- Guardian of the Standard of the Wrought Plate for Birmingham Assay Office (ceased 27/03/2019)



**Sue Rawlings -  
Non-Executive Director**

**Appointed July 2013 (Served as an Associate Non-executive Director from October 2012)**

Mrs Rawlings is a Chartered Certified Accountant who has worked in the public, private and voluntary sector (last position: Finance and Development Director for Groundwork Black Country, an environmental charity). For the past 18 years she has been partner of the consultancy firm RHCS, a well-established, highly skilled consultancy firm working with a range of cross sector clients from the voluntary/ community / charitable and public sectors. Sue has extensive experience in evaluating the effectiveness of public expenditure and has worked with the British Red Cross in various parts of the country, conducting needs assessments, developing performance monitoring and carrying out evaluations. She works with voluntary and community sector organisations to develop their business planning, their future sustainability and identifies their impact.

Previously a local improvement advisor appointed via IDeA to the Regional Improvement Efficiency Partnership in the West Midlands, she is also a Trustee of both the Beacon Centre for the Blind and a Director of Beacon4Life CIC.

**Board Attendances in 2019/2020: 8/10**

**Declaration of interests**

- Rawlings Heffernan Consultancy Services Ltd (RHCS Ltd)– Director / Company Secretary
- Beacon Centre for the Blind–Trustee (ceased 01/03/2020)
- Beacon4Life Community Interest Company–Director (ceased 09/03/2020)



**Danielle Oum -  
Non-Executive Director**

**Appointed 1 October 2019**

Danielle has more than 10 years' experience of leading public service business improvement and programme management and has also worked extensively in the private sector, building and leading international teams.

Danielle's professional expertise is in stakeholder engagement and transformational change. Her other professional interests are socio-economic inclusion, cross-sector partnerships and regeneration. She has held a number of non-executive roles, including within the housing sector at Optima-Family, WM Group and Wrekin Housing Trust. Danielle was appointed chair of Walsall Housing Group in February 2019.

Alongside her continued interest in housing, Danielle has held non-executive roles in the NHS. She is chair of Healthwatch Birmingham and of Audit for Healthwatch England.

She has previously held non-executive/chair roles at Dudley Primary Care Trust and Dudley and Walsall Mental Health Trust. In 2016, she was asked to become the chair at Walsall Healthcare NHS Trust.

Danielle holds an MA in Equal Opportunities from Birmingham City University and a BA in Humanities from University of Greenwich.

**Board Attendances in 2019/2020: 5/5**

**Declaration of interests**

- Chair: Healthwatch Birmingham
- Committee Member: Healthwatch England
- Chair: Midlands Landlord, whg
- Co - Chair, Health and Social Care Leadership Centre, University of Birmingham
- Chair: Walsall Healthcare NHS Trust
- Chair: Walsall Housing Group



## Professor Louise Toner - Associate Non-Executive

Appointed 1 October 2019

Professor Louise Toner is a nurse, midwife and academic by professional background; she has a wealth of experience working with the NHS in England, Scotland, Wales and Northern Ireland and within the higher education sector again across all countries, bar Northern Ireland. Since moving into higher education, she has maintained strong partnership working with colleagues within health and social care across all sectors; she is a member of the UK Universities Council of Deans.

In her current role Louise has responsibility for the faculty's academic portfolio ensuring it is the right offering to meet the workforce needs of employers and the personal and professional development needs of qualified health and social care professionals. She represents the university on the Birmingham and Solihull Local Workforce Action Board and she is a member of their Education Partnerships Sub Group established to enable universities, NHS Trusts and other healthcare providers to work together to recruit and retain students to facilitate sufficient qualified staff entering the workforce. In addition, she is a member of the British Commonwealth Association (BCA), chairing their Education Sub Group and representing the BCA on the Greater Commonwealth Chamber of Commerce in Birmingham/West Midlands.

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 who provide education and training for non-specialist healthcare staff both qualified and unqualified in the field of Tissue Viability.

As a surgical ward sister in practice Louise has a special interest in cancer care – the subject of her Masters degree awarded by the University of Glasgow. Her interest in Wound Care led to her establishing the faculty's Wound Healing Practice Development Unit of which she is the Director. This Unit delivers specialist workshops by our Professors in Wound Healing, undertaking product evaluations often in association with product manufacturers.

Louise's remit within the faculty includes leading overseas activities as a result of which she has been privileged to visit a number of countries meeting with government officials, leading academics and professionals. Along with other colleagues, she is in the process of securing funds to assist developing countries in terms of their healthcare education needs that include caring for older people, primary care, stoma care and wound care.

Louise says she feels privileged to be associated with such an innovative and forward thinking Trust, keen to embrace the ways in which academia, research and clinical practice can all work together to improve the care of our patients and provide development opportunities for our staff.

### Board Attendances in 2019/2020: 4/4

#### Declaration of interests

- Associate Dean Faculty of Health, Education and Life Sciences at Birmingham City University
- Member Birmingham and Solihull Local Workforce Action Board and Education Reform Workforce Group
- Member Greater Birmingham Chamber of Commerce Commonwealth Group
- Chair Birmingham Commonwealth Association–Education Focus Group
- Visiting Professor/Advisory Board Member–Lovely Professional University India
- Higher Education Academy–Teaching Fellow



## Professor Anand Pandyan - Associate Non-Executive Director

**Appointed 1 November 2019**

Professor Pandyan is the Professor of Rehabilitation Technology at Keele University and a founder member of The Central England Rehabilitation Network (CEReN). He was previously the Head of the School of Allied Health Profession (at Keele University) with substantial experience in curriculum development and implementation. He has led the transformation of a single programme School into a multi-programme School of Allied Health Professions (doubling the number of students being trained for the NHS) with a substantial research portfolio that will contribute to the 2025 REF submission.

Prior to this he was responsible for developing the Neurological Rehabilitation Research at Keele and the local research network between the School and the NHS. His personal research aims to:

1. Develop optimal rehabilitation programmes (in particular for people with severe levels of disability) and exercise programmes to maintain health and wellbeing.
2. Measuring patient ability and then modelling the relationship between ability and patient outcomes.
3. Injury prevention in elite athletes and improving well-being in a working population by drawing on the knowledge we have gained from our research in people with disabilities.

Prof. Pandyan has attracted research income in excess of £4 million and authored more than 50 major academic journal articles. Anand has presented his research findings at more than 100 national and international conferences and is a highly regarded and engaging keynote speaker. He advises international and national grant awarding bodies and is an expert consultant to several pharmaceutical companies. He has experience of managing franchise activities and partnership development with both academia and industry.

### **Board Attendances in 2019/2020: 3/3**

#### **Declaration of interests**

- Member Royal College of Nursing - UK
- Provided consultancy or received honorarium for Allergan
- Provided consultancy or received honorarium for Ipsen
- Provided consultancy or received honorarium for Merz
- Provided consultancy or received honorarium for Digitimer
- Provided consultancy or received honorarium for Biometrics Limited
- Obtained unrestricted educational support from Allergan
- Obtained unrestricted educational support from Merz
- Obtained unrestricted educational support from Biometrics Limited

# Personal data incidents 2019/2020

Summary of serious incidents requiring investigation involving personal data as reported to the Information Commissioner's office in 2019/2020.

This information can be found in the Governance Statement.

## Statement on disclosure to the Auditors

Each Executive Director has given a formal statement to the effect that s/he knows of no information which would be relevant to the auditors for the purpose of their audit report and of which the auditors are not aware and has taken all the steps which s/he ought to have taken to make himself / herself aware of any such information and to establish that the auditors are aware of it.

## Statement of Accountable Officers responsibility

The Chief Executive of NHS Improvement has designated that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Chief Executive of NHS Improvement. These include ensuring that:

- There are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- Value for money is achieved from the resources available to the Trust
- The expenditure and income of the Trust has been applied to the purpose intended by Parliament and conform to the authorities which govern them
- Effective and sound financial management systems are in place and
- Annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

I confirm that the Annual Report and Accounts are as a whole fair, balanced and understandable. I take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

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

Signature:



David Loughton, CBE  
Chief Executive

Date: 11/06/2020

Signature:



Kevin Stringer  
Chief Financial Officer

Date: 11/06/2020

# Governance Statement 2019/2020

**Organisational 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.

## Partnership

I acknowledge that I must discharge my duty of partnership, and have undertaken this in a number of ways. As Chief Executive, I attend the Wolverhampton City Council Overview and Health Scrutiny Panel where a range of topics have been discussed with local authority elected members. Reflecting our footprint in Staffordshire, I have also engaged with Overview and Scrutiny Panels and Healthwatch within the County of Staffordshire. During the year a proportion of my time, and that of Director Colleagues, has included continued involvement in the development of Sustainability and Transformation Plans (STP) in both the Black Country and Staffordshire.

There has continued to be close contact with commissioning organisations, and members of my Executive Team and I have attended meetings with Wolverhampton Healthwatch, and the Wolverhampton Health and Wellbeing Board.

Close links have been maintained with NHS England and NHS Improvement (NHSI) through a range of group, individual, formal and informal meetings. I have continued to participate in the meetings of West Midland NHS Provider Trust Chief Executives meetings. All my Executive Directors are fully engaged in the relevant networks, including finance, nursing, medical, operations and human resources.

I am supported in my engagement with partner organisations by the Chairman of the Board, who this year has met with his counterparts at The Dudley Group NHS Foundation Trust, Walsall Healthcare NHS Trust, University Hospital of Birmingham/Heart of England NHS Foundation Trusts, Sandwell and West Birmingham Hospital NHS Trust, The Shrewsbury and Telford Hospital NHS Trust, the University Hospital of North Midlands NHS

Trust, Black Country Partnership NHS Foundation Trust, West Midlands Ambulance Service NHS Foundation Trust, as well as regular meetings with local authority members and officers, and other key players in the city's business and third sector communities. He too has taken part in discussions towards further developing the sustainability and transformation plans (STPs).

I have met periodically with the local Members of Parliament and senior members of the national NHS team present and past.

Whilst the detailed provisions of the UK Corporate Governance Code are not mandatory for public sector bodies, compliance with relevant principles of the Code is considered to be good practice. This Governance Statement is intended to demonstrate how the Trust had regard to the principles set out in the Code considered appropriate for the Trust for the financial year ended 31 March 2020.



## 1.2 Black Country and West Birmingham Healthier Futures Partnership (previously STP) ANNUAL REPORT STATEMENT

In total, around 1.5 million people live in the five places of Wolverhampton, Walsall, Dudley, Sandwell and West Birmingham. There are a number of challenges for our local populations, including healthy life expectancy being lower than the national average by more than 6 years, higher numbers of people with mental health problems, high levels of infant mortality, plus high levels of child and adult obesity and many people living with multiple long term health conditions.

The Healthier Futures Partnership, previously known as the Black Country and West Birmingham STP, is the collaboration between 18 organisations across local authorities, NHS bodies and the voluntary and community sectors that has been established to address these challenges.

The aims of the Healthier Futures Partnership are:

- a) To improve the health of our population by reducing inequalities in health outcomes and improving the quality of and access to services
- b) To attract more people to work in health and care in our region through new ways of working, better career opportunities, support and the ability to balance work and home lives
- c) To work together to build a sustainable health system that delivers safe, accessible care and support in the right locations, in order to get the greatest value from the money we spend.

There is much work to do in order to achieve our aims. However, progress has started, with closer collaboration already leading to stroke services having been reconfigured, pathology services consolidated to improve efficiency and turnaround times, advances made in personalised care arrangements and a new perinatal mental health community service.

## Key Highlights

This year saw the creation of our strategic plan, which sets out how health and care services in our local areas will be improved over the next five years. Services need to be designed and delivered for the benefit of the people who live and work within the Black Country and West Birmingham and so we engaged extensively with patients, public and staff in developing our plan, plus took account of feedback from staff, GPs, Health and Wellbeing Boards and governing bodies, as well as from all of the organisations in our partnership.

Other key highlights included:

- The development of our clinical strategy covering twelve priority areas, alongside a primary care strategy focusing on GP and general practice nurse recruitment and retention and also a digital enabling strategy
- The pilot of a rapid cancer diagnostic centre in Dudley from January 2020 with the aim of rolling this out across the partnership by July, as well as a plan to improve urology services across the system
- A local maternity and neonatal system plan which has already resulted in a significant reduction in smoking rates during pregnancy and has seen this system be the first, nationally, to implement one shared care record across individual maternity units
- The development of a digital app that will increase access to health and care services and offer our population alternative pathways via mobile phones, tablets and PCs
- Another development was the creation of our Healthier Futures website, giving us an online presence to update people on our aims, projects, achievements and challenges. [www.healthierfutures.co.uk](http://www.healthierfutures.co.uk)





# People

I would like to thank all health and care colleagues throughout our system of care for their commitment, dedication and hard work during the past year. I'd also like to say a special thank you to Dr Helen Hibbs MBE, who will retire in April, having been the partnership lead for the past two years. Helen has made an invaluable contribution to the progress and success of the partnership and on behalf of everyone across the partnership, I'd like to wish her all the best for the future.

I would also like to recognise all of the hard work and effort on the part of Sandwell and West Birmingham Hospital NHS Trust to reach agreement on the completion of the Midland Metropolitan Hospital, due to open in 2022 and key to the transformation of care in the local communities and to the redevelopment and regeneration of the surrounding area.

Our partnership exists to benefit local people, and through our continued collaboration and working together, I am confident we can deliver truly integrated health and care services of which everyone in the Black Country and West Birmingham can be justifiably proud.

Jonathan Fellows

Independent Chair

Black Country and West Birmingham Healthier Futures Partnership

Sub Trust Board assurance committees are constituted to ensure the delegated operation of effective risk management systems, processes and outcomes. These committees inform and assure the Trust Board through the functioning and reporting of sub-groups and specialist working groups defined in their terms of reference.

In March 2020 internal audit reviewed the design and operation of the Trust's Risk Management Assurance Strategy and arrangements, which is underpinned by the Risk Management and Patient Safety Reporting Policy (OP10). The report conclusion is awaited at the time of this Report. Previous and future recommendations are formed into an action plan that is regularly monitored by the Audit Committee.

The Trust has appointed a 'Freedom to speak up' (FTSU) Guardian and the Trust is taking a number of actions to support a positive, speaking up culture.

To support the commitment to an open and transparent culture where speaking up is the norm and where employees feel safe to raise concerns, the Trust has revised its Raising Concerns Policy, started to build a network of Speak Up Contact Links and the work for the FTSU Guardian. The number of concerns reported can be found in this report.

## 2. 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 2020 and up to the date of approval of the annual report and accounts.

## 3. The Governance Framework of the Organisation

We have a well-established framework for governance to inform the Trust Board of operational and strategic risks as well as to provide assurance on business performance and compliance. The framework sets in place under the Trust Board a high level committee and management structure for the delivery of assured governance.



### 3.1 Trust Board

The Trust Board has met monthly (except in August 2019 and January 2020). Other than for matters requiring commercial confidence or having sensitive human resources implications it has conducted its business in public and allowed time for the press, public and other observers to ask questions of the Directors at each meeting. A high attendance rate by Directors was recorded during the year. The Chairman's term of office commenced from April 2019. At 31 March 2020 the Board comprised 2 female and 6 male Executive Directors; 1 from a minority ethnic background; and 5 female and 4 male Non-Executive and Associate Non-Executive Directors, 3 from a minority ethnic background.

At each meeting the Trust Board considered reports on:

- Quality and safety
- Serious incidents
- Operational performance
- Financial issues and performance
- The progress of the Financial Recovery Board
- GP Vertical Integration, Innovation and Research
- Reports and minutes from the Trust Board's standing committees
- Cost improvement programme (financial and qualitative delivery – within the Finance Report)
- Mortality (within the Integrated Quality and Performance Report)



The Trust Board receives a monthly Integrated Quality and Performance Report (IQPR) (including national performance measures and 12 month trends). This report includes workforce data such as staff turnover and appraisal rates, metrics relevant to patient experience (such as medication incidents, infection prevention, friends and family test scores and safety thermometer), and those relating to operational performance (such as targets for referral to treatment times, time spent in the Emergency Department, ambulance handover times, cancelled operations and cancer waiting times). The indicators within the report are reviewed annually and approved by the Trust Board. This is added to by the Report of the Director of Workforce.

The Trust Board strives to maintain an appropriate balance between strategic matters and supervising the management of the Trust. Among the former in 2019-2020 were:

- The recruitment of key staff particularly doctors and nurses,
- The development of innovation programmes and exploration of the use of artificial intelligence, data and technology in improving healthcare,
- The development of a clinical quality improvement programme,
- The 5-year capital programme revisions,
- The continued development of the University of Wolverhampton Postgraduate Academic Institute of Medicine and
- The Trust's own clinical fellowship programme,
- The continued vertical integration of GP practices,
- The development of an accountable care organisation,
- The contributions to the development of the sustainability and transformation plans, and the ongoing financial challenges within the NHS.

The Trust Board maintains strong relations with stakeholders, including local commissioners, Healthwatch, and local authority overview and scrutiny committees.

The Non-Executive Directors (NED) are committed to self-development and learning, as evidenced by frequent attendance at events arranged by NHS Improvement (NHSI), NHS Providers, Healthcare Financial Management Associate (HFMA) NED forum, Chair and NED events put on by the Health Services Management Centre, and networking via private firms (particularly legal firms specialising in healthcare law).



**Table 13 – Board Composition and Commitment / Experience**

## Board Governance

All voting positions substantively filled

Senior Independent Director in position

Clarity over who is entitled to vote at Trust Board meetings

At least half of the voting Board of Directors comprises Non-Executive Directors who are independent

Appropriate blend of NEDs from the public, private and voluntary sectors

One NED has clinical healthcare experience

Appropriate balance between Directors who are new to the Trust Board and those who have served for longer

Majority of the Trust Board are experienced board members

Chairman has had previous non-executive director experience

Membership and terms of reference of Trust Board committees reviewed during the year

Two members of the Audit Committee have recent and relevant financial experience

Trust Board members have a good attendance record at all formal board and committee meetings, and at other board events.

A positive result from the independent external review of governance reported in year.

As well as meeting formally, the whole Trust Board meets every month for a development session, this programme has covered a mixture of informal presentations around strategic and operational matters, as well as informal briefings and discussions, such as on financial pressures and service development opportunities in the Black Country. The Trust Board has also held two away days during the year.

## Audit Committee

### Members: R Dunshea, M Martin, and R Edwards

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

During 2019-2020 the Audit Committee met quarterly, and at each meeting considered progress updates on: risk management and assurance, internal audit, external audit, fraud prevention, security management and tracking of the implementation of auditors' recommendations across the Trust.

Each meeting received an update on any new risks or assurance concerns from the chairs of the Quality Governance Assurance Committee (QGAC), the Finance and Performance Committee (F&PC) and the Trust Management Committee (TMC). One joint meeting was held with QGAC.

The Committee received and discussed reports on the:

- Annual Report for Trust Charitable Funds 2019/2020
- Trust Annual Report 2019/2020
- Quality Account and Annual Accounts 2019/2020
- Board Assurance Framework, Strategic Risk Register and related governance processes
- Theatre Productivity
- Waiting List Initiatives
- Consultant Job Planning

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

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

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

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

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

## Quality Governance Assurance Committee (QGAC)

### Members: R. Edwards, M. Martin (replaced by Prof. L. Toner in year)

The Trust has established the QGAC to assure the Board of the effective functioning of risk management systems through a reporting framework. The framework reviews care standards and targets, monitors quality and safety performance, identifies risks and escalates as appropriate to the Board.

Within the reporting year period 19/20 the Trust has sustained reporting and escalation through its Committee and subgroup structure. It has reviewed the format of the BAF and lead for maintenance of the BAF was transferred to the Company Secretary (as BAF custodian). BAF risks were reduced from 7 (as at Mar 19) to 4 (as at Mar 20), all risks have had regular updates by Exec leads.

The Trust assesses ongoing CQC Compliance via Quality Review Visits (QRV) and lead assessment against the Fundamental standards of care, and self-assessment against Core service frameworks.

The Trust has completed a programme of quality review visits throughout 19/20 to assess on-going compliance with Care Quality Commission (CQC) regulations. QRVs are now well embedded and included a programme of review follow up delivered in 2019/2020. An annual report on the 19/20 visit programme will be presented in May 2020.

The QGAC have reviewed reports in line with its terms of reference (including items below) and escalated risks and assurances to the Board via monthly chairman reports and minutes to the Trust Board.

- Board Assurance Framework (BAF)–Monthly
- Trust Risk Register (TRR)–Monthly
- Integrated Quality and Performance Report–Monthly
- Mortality Quality Improvement plan–Monthly
- External review Compliance–6 monthly
- CQC Compliance–Monthly
- Clinical Audit–Annually
- Claims and Litigation–Annually
- Health & Safety–Annually
- Safeguarding–Annual

The Committee maintains links with the Audit Committee through a standing agenda item ('issues of significance from Audit Committee') which ensures a two way feed of information between the committees. There is also attendance overlap by a non-executive director to both committees. QGAC has seen a change in NED membership with Prof. L. Toner replacing Mary Martin as the QGAC NED member.

To inform the Committee, the QSIG and COG sub groups have conducted detailed reviews of compliance and risk status on the following key areas:

- Compliance with the use of the safer surgical checklist
- Policy audit reports e.g. Risk management and integrated Governance strategy, Being Open Policy
- Safety alert compliance e.g. NPSA, MHRA, MDA
- SUI management (process, investigation outcomes and action tracking)
- CQC standard Compliance
- National Clinical guidelines/standards e.g. NICE, NCE, Royal College reports
- National and Local audit performance for a number of clinical services
- External assessment and validation for a number of clinical services
- Health and Safety Management
- Approval and review of new [clinical] procedure applications
- Safeguarding performance
- Radiation protection
- Information Governance
- Organ Donation
- Medicines management
- Patient and Staff survey reports
- Creating best practice group
- End of Life group
- Complaints, Litigation, Incidents and PALs (CLIP) group
- Clinical Product Evaluation group
- Continuous Quality Improvement Report: first received in July 2019, and periodically thereafter.

The non-exhaustive list above is managed on an annual plan of work for the QSIG / COG subgroups with upward reporting to QGAC through chairman reports and minutes. An issues log is shared with QSIG members to communicate issues for redress from oversight/assurance reports reviewed at COG.

The current structure implemented in 2018/19 is well embedded and feedback on the new process has been good.

**Vertical Integration of Primary care** - The Trust continues to manage GP practices as part of Vertical Integration (VI). During 2019/20 reports pertaining to VI quality/safety compliance and performance have been integrated within the Trust reporting structure e.g. QSIG dashboard, IQPR indicators etc.

**Black Country Pathology Services** - The Trust is host to a new Black Country Pathology Service (BCPS) which went live on the 1st Oct 18. BCPS, is a partnership across the four providers of the Black Country, Dudley Group Foundation Trust (DGFT), Sandwell and West Birmingham Hospitals (SWBH), Royal Wolverhampton Trust (RWT) and Walsall Healthcare Trust (WHT). A partnership agreement and governance structure is established with detailed transitional arrangement in progress to align with RWT policies, processes and assurance framework.

**Risk management assurance** - The Trust Annual Risk management audit is awaited at the time of this report. The Trust takes a continuous improvement approach to its Risk Management arrangements and will action the recommendations and opinion of its internal auditors (Grant Thornton) to progress its Governance and risk management arrangements. The new divisional structure, now comprising three divisions has a well embedded reporting structure. The review of Governance infrastructure and functions for the Trust will reinforce and enhance a future for future Governance service.

**Risk Management training** - Maintaining compliance with mandatory Risk Management training for senior managers and all staff will be a key focus in 20/21. During 2018/19 the Trust sustained improvement in the update of the TRR, aided by the set-up of a new monthly Risk Register Review Meeting. The timeliness of risk escalation to Trust TRR level has been a focus of the group and improvements made in year in 2019-2020.

**Clinical Quality Improvement Team** - The Continuous Quality Improvement (CQI) model has continued to embed, with 143 staff having attended the Quality Service Improvement and Re-design (QSIR) fundamental training, 9 staff becoming QSIR trainers and 10 staff becoming QSIR practitioners. Having embedded the model of key trainers and practitioners, the Trust is now cascading this training across the organisation to ensure that the CQI approach is part of the culture, improvement and innovation across the organisation. There is further information on the work of the CQI Team in the Trust Quality Account 2019-2020.

## Assurance Priorities 2020/21

- Further develop and sustain governance arrangements for acquired services e.g. BCPS, GP practices etc.
- Review structures, resources, functions and arrangements for governance department
- Review and align Quality assurance frameworks for QRV, Leadership Walkabouts and Quality audits
- Develop Positive reporting, Learning from Excellence and the Trust Clinical Quality Improvement team and methodology
- Progress the implementation of national guidance on Learning from Deaths, Mortality Quality Improvement plan; monitoring the impact on patient outcomes and alerts
- Further embed systems, processes and resources for Local Policy governance
- Target learning themes identified from Serious Incident Investigations.

## Challenges 2019/20

The Trust continues to progress its ambition to become an organisation providing an integrated care system. This will present new challenges as well as opportunities to streamline and evolve primary and secondary care pathways. A priority will also be to stabilise and embed RWT processes within BCPS creating a high quality and seamless service across partner organisations.

As well as developing systems, processes and assurance structure, the Trust also intends to demonstrate improvement. The development of a Clinical Improvement Team and strategy continues to be component in the Trust continuous improvement journey. Within Governance and risk management, audit and evaluation tools will support the assessment of sustained improvement in key areas.

**Committee objectives** - During the year ahead QGAC has agreed two primary objectives:

1. That the Trust will have developed during the year metrics which will enable the Board to be assured that it can adequately assess the performance of all the divisions including in particular the new Community and Primary Care Division 3.
2. Mortality:
  - To understand the drivers for elevated mortality ratios
  - To have a robust improvement plan, including target dates
  - To be able to demonstrate that we are providing reliable care.

QGAC has monitored progress with these using the Integrated Quality and Performance report and the Mortality Report and BAF updates as the basis for questioning and discussion.

**Committee Self-Assessment** - QGAC assessed its competence and capability using a questionnaire based on one adapted by Finance and Performance from a questionnaire assessment tool developed by HFMA. The results were generally positive and were reported back to the committee with comments from the chair. The assessment will be repeated in 2020/21.

## 4.1 Finance and Performance Committee

### Members: M Martin, S Rawlings, and J Hemans.

The F&PC provides assurance to the Trust Board 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, and the efficient use of financial resources.

The Committee meets monthly and considers in detail, among other things, the Trust's financial position, the Financial Recovery Board report which includes progress on the Cost Improvement Programme, the progress of the capital programme, and performance aspects of the Trust Board's quality and performance report.

It also considers Group, Service Line Reporting, Sustainability and Transformation Programme (STP), contractual performance against contractual standards, Local Clinical Research Network (LCRN) finance report, the procurement strategy and other matters associated with operational finance and budgeting.

The Committee had oversight of two risks highlighted on the BAF and ensured that it reviewed progress with the mitigations against each of the risks assigned.

The Committee meetings have always been quorate and well attended. As with the other Committees, the Chair submits a report on each meeting to the next available Board and highlights pertinent issues. This is done in a timely fashion as the Committee meets 10 days before the Board. In addition, the minutes are submitted to the Board for information.

The Committee had set itself two objectives for the year. The first was to support the development of the Medium Term Plan for inclusion in the STP wide plan which has been achieved. The second was to monitor the progress on the programme to reduce the number of Stranded Patients (those who have been an in-patient for over 20 days). This programme is still being developed and monitored.

## 4.2 Workforce & Organisational Development (WOD) Committee

**Chair: Junior Hemans, Member: Roger Dunshea + one 'floating' Member**

One of the Trust Strategic Objectives was and is to attract, retain and develop all employees and improve employee engagement year on year. This links to the Board Assurance Framework risk relating to the requirement for Recruitment and Retention of staff across the Trust and in particular the future pipeline of nursing and medical staff.

The Committee was established as a Committee of the Trust Board with its Terms of Reference being approved in September 2017 and it commenced operation in October 2017.

The Committee was formed to give greater emphasis and assurance on workforce governance relating to Resourcing, Skills, Leadership & Organisational Effectiveness, Engagement and Productivity.

The outline remit of the committee is as follows:

- The organisational development and workforce strategy, structures, systems and processes are in place and functioning to support employees in the provision and delivery of high quality, safe patient care
- Processes are in place to support optimum employee performance to enable the delivery of strategy and business plans in line with the Trust's values
- The Trust is meeting its legal and regulatory duties in relation to its employees
- Where there are human resource risks and issues that may jeopardise the Trust's ability to deliver its objectives, that these are being managed in a controlled way.

In order to meet the requirements of the committee, the following points are key areas of focus:

1. The implementation of an overarching organisational development and human resources strategy that enables the Trust to deliver its strategy, vision and values
2. Effective identification and mitigation of Human Resources risks within the supporting infrastructure of the Board Assurance Framework and Risk Register
3. Robust workforce planning and recruitment processes are in place, supported with attraction & retention approaches, to ensure that the Trust has a workforce to deliver its strategy and annual plan
4. Mechanisms in place and effective to communicate with and inform the workforce in relation to strategy as well as constitution, values and ethos
5. The monitoring of staff engagement and experience, reviewing staff surveys (national & local) and delivering its plans to achieve a highly motivated and engaged workforce to enhance the quality of patient care

6. The monitoring of processes in place to identify and develop organisational structures, leadership and management capability to ensure the delivery of the Trust's strategy
7. Arrangements for the effective training and education of the workforce in all professions and disciplines
8. The Trust is delivering its ambition and legal obligations in relation to the Diversity/Equal opportunity of the workforce
9. Processes & resources are in place, to ensure the development of healthy teams and indicators of poor team health are acted upon, as well as support the wider Trust Health & Well-Being agenda
10. Performance management reports are reviewed.

## 4.3 Remuneration Committee

**Members: R Dunshea, R Edwards, J Hemans, M Martin, S Rawlings**

The purpose of this Committee is to advise the Trust Board about appropriate remuneration and terms of service for the Chief Executive and other Executive Directors. The Remuneration Committee met several times during the year and reviewed Executive Director Remuneration and appraised the performance of the Chief Executive (in his absence). The Chairman appraised all of the Non-Executive Directors.



## 4.4 Charitable Funds Committee

### Members: S Rawlings, R Dunshea

The aim of the Committee is to administer the Trust's Charitable Funds in accordance with any statutory or other legal requirements or best practice required by the Charities Commission.

During 2019/2020, the Committee has continued to benefit from the dedicated support of an in-house fundraising coordinator and appointed a community fundraiser to support events and work in/with the community. These staff members are ably supported by the head of communications and her team, as well as the on-going help of the finance team and external investment adviser. The newsletter and increased use of social media has raised further awareness of the charity and our work.

A wide range of projects have been supported during the year, supporting staff, patients and their families with both equipment, consumables and some capital items – going over and above that which can be provided by the Trust itself.

## 4.5 Trust Management Committee

The Trust Management Committee (TMC) provides a formal platform for the major decision-making process for clinical and non-clinical operations, and as such is not attended by Non-Executive Directors, but all of the Executives attend, along with Divisional Medical Directors and Heads of Service. High attendance rates were recorded at all of these meetings.

The Committee, chaired by the Chief Executive, receives monthly reports from the Divisions on governance, nursing and quality issues, as well as business cases above a certain value. The Committee also receives monthly updates on finance, human resources, the capital programme, vertical integration, nursing and midwifery professional issues, policies, the IQPR, and the Trust efficiency programme.

Quarterly updates are presented on cancer services, infection prevention, research and development, information governance and the integrated electronic patient record project. Reports on other matters, such as education and training, are also submitted periodically. During the year, the Committee started to include on its agendas a strategic matter for discussion, in order to engage the members in considering and debating together some of the bigger issues facing the organisation going forward.

It approves in line with Standing Financial Instructions, some Business Cases and all new or significantly changed Policies and Procedures.

## 4.6 Freedom to Speak Up - concerns raised

The Royal Wolverhampton NHS Trust has worked to progress the Trust's Freedom to Speak Up objectives over these last 12 months and continues its journey towards creating a culture of speaking up within a safe environment, ensuring that speaking up is business as usual.

The Trust Board have devised a Freedom to Speak Up Vision which comprises of five strategic objectives, and below are some of the achievements accomplished towards these objectives.



- The Trust now has 13 Contact Links recruited to the staff volunteer scheme, including a Junior Doctor
- FTSU Guardian has delivered Managers & Staff FTSU Training Sessions, which has received excellent feedback
- A Managers Guide to Speaking Up has been created to support managers in creating a safe speak up environment
- There has been a positive increase in the number of staff speaking up to the FTSU Guardian (see table below)
- A successful FTSU Primary Care campaign was launched in October 2019
- The Trust hosted the National Guardian visit during the October Speak Up month
- The FTSU Guardian led a successful Speaking Up campaign for the Trust, recording the highest return on the FTSU Survey to date, over 1500 responses to the RWT FTSU Poll
- Successful outcomes of concerns raised via Freedom to Speak Up and as presented during the October Speak Up month this includes, of staff feeling very supported, they have felt listened to and have been grateful for the dedicated, individualised support from the FTSU Guardian
- Neighbouring Trust and Non-executive directors have looked towards our FTSU Guardian to support, advise on recruitment of FTSU Guardians and support to develop their FTSU Plans
- We have been able to offer FTSU Support during the COVID-19 crisis to all staff.



Here is the Trust Freedom to Speak Up data recorded for the Financial year 2019/2020 and reported to the our Trust Board, as well as our national requirement to report this data to the National Guardian Office; an independent, non-statutory body with the remit to lead culture change in the NHS so that speaking up becomes business as usual. The office is not a regulator, but is sponsored by the CQC, NHS England and NHS Improvement.

Table 14

Year 2019/2020	Total number of cases brought to Freedom to Speak Up Guardians, Champions and Ambassadors in our Trust	#Cases raised anonymously	# of cases with an element of patient safety/ quality	# of cases with an element of bullying or harassment	# of cases where people indicated suffering detriment from speaking up
Q1	14	0	2	11	1
Q2	28	0	4	25	11
Q3	22	2	3	17	8
Q4	28	4	6	17	2

Freedom to Speak Up at The Royal Wolverhampton NHS Trust has taken a successful journey and already we have begun to see some positive outcomes as a result of Freedom to Speak Up interventions. There was an internal audit review that provided significant assurance in respect of the FTSU process.

## 4.7 Capacity to handle risk

### 4.7.1 Risk Assessment

The Trust Board has approved a Risk Management Assurance Strategy, which identifies that the Chief Executive has overall responsibility for risk management within the Trust. Within the strategy (and supporting policies) all managers and staff have delegated responsibility identified for the management of risk as part of their core duties. Training is provided to equip staff with appropriate knowledge and skills via a combination of e- training packages and handbook resources. The risk management training for senior managers and all staff is available via e-training packages and will be considered for mandatory status in 20/21.

We manage risk through a series of processes that identifies risks, assesses their potential impact, and implements action to reduce / control that impact.

In practice this means:

- Interrogating internal sources of risk intelligence and activity to inform local and Trust level risk registers and assurance frameworks (e.g. incident, complaint, claim, audit, and compliance)
- Using committee / subgroup reporting to inform the risk registers
- Reviewing external / independent accounts of our performance to inform risk status (e.g. CQC standards, national benchmarks, external reviews and internal audit reports)

- Integrating functions (strategic and operational) at all levels of the Trust to feed a risk register and escalation process
- Using a standardised approach to risk reporting, grading and escalation. Our categorisation matrix supports a standard approach to risk tolerance
- Monitoring controls through positive and negative assurance and treatment actions for each risk, to mitigate and manage residual risks
- Developing and implementing a risk management and patient safety reporting policy (OP10) across the Trust
- Refinement of risk management training made available to all staff (including senior managers).

### 4.7.2 Management of the Risk Register within the Trust:

Risk registers are managed at the following levels:

- Divisional / Directorate / Departmental – operational risks that include clinical, business / service, financial, reputational, and patient / staff / stakeholders
- Trust Risk Register (TRR) – Any risks graded as 12 or above are escalated to the TRR for consideration by Directors. This has the purpose to inform Directors and the Trust Board of operational risks which may adversely impact the BAF and strategic objectives. Risks / elements of controls may also be delegated from the BAF to operational risk registers for management
- Board Assurance Framework (BAF) – Contains all risks which impact on our strategic objectives

Each risk on the BAF and TRR has an identified Director and operations lead to manage the risk.

The TRR and BAF are reviewed by Directors, the Board and management at the following frequencies:

- QGAC – Monthly
- Trust Board–TRR (Monthly), BAF (Bi Monthly)
- Finance & Performance Committee–Monthly
- Delegated Committees–Monthly
- TMC review TRR–monthly
- Divisional Governance–monthly

During the year we have maintained focus on the quality of controls assigned to risks at all levels, monitoring of assurances and the progression of actions to address the risk.

As at 31st March 2020 a total of 38 risks on the BAF and TRR were being managed, five risks on the BAF and 33 risks on the TRR. The risks comprised of the following categories:

- Five red BAF risks (red being the highest risk rating),
- Six red TRR risks
- 27 amber TRR risks.

A summary of five BAF risks is listed below:

- SR1–Workforce–Recruitment and Retention of staff across the Trust and in particular the future pipeline of nursing and medical staff
- SR8–That there is a failure to deliver recurrent CIP's
- SR9–That the underlying deficit that the Trust has (in 2018/19) is not eliminated in medium term to bring the Trust back to financial surplus
- SR12–Mortality rates – reputational risk
- SR13–Cancer performance metrics place RWT in the bottom quartile nationally.



A breakdown of risks on the TRR against strategic objectives is below:

Strategic Objective	TRR			
	R	A	Y	G
1) Create a culture of compassion, safety & quality	3	20		
2) Proactively seek opportunities to develop our services		1		
3) To have an effective & well integrated health and care system that operates efficiently		3		
4) Attract, retain & develop our staff & improve employee engagement	1	2		
5) Maintain financial health – Appropriate investment to patient services	1	1		
6) Be in the top 25% of all key performance indicators	1			

#### 4.1 The Risk and Control Framework

The Board-approved Risk Management Assurance Strategy includes the following:

- The aims and objectives for risk management in the organisation, aligned to our vision and strategic objectives
- A description of the committee arrangements and reporting relationships between various corporate committees and subgroups
- The BAF and process for management of risk registers
- The identification of the roles and responsibilities of all staff with regard to risk management, including accountability and reporting structures
- The promotion of standard risk management systems as an integral part of assurance provision
- A description of the risk management process and a requirement for all risks to be recorded in a risk register prioritised (i.e. graded) and escalated using a standard scoring methodology.

We seek to identify risks through all available intelligence sources including independent review, external review and assessment. The risk management process is supported by a number of policies which direct risk assessment, incident reporting and investigation, mandatory training, health and safety, conflict resolution, violence and aggression, complaints, infection prevention, fire safety, human resources management, consent, manual handling and security. All policies have identified audit, monitoring and training arrangements.

The BAF identifies the risks to our strategic objectives, the key controls in place to manage these risks and the effectiveness of the controls shown in positive and negative assurance. The Internal Audit of BAF (April 2020) reported significant assurance on the processes and controls for the BAF and four low level improvement actions, one being to make more explicit the relationship between operational and strategic risks.

The latest audit report of the Risk Management Reporting Policy (OP10) showed the overall position of the Trust remains unchanged, there has been no significant improvement or deterioration noted when compared to the last report. However the audit report has made some recommendations: In summary to ensure completeness a few actions identified in the last report which have not resulted in the required improvement have also been included in the latest audit report action plan.

The audit recommended that the Datix Project Group reviews incident classifications and the when the Risk Management Reporting Policy is next reviewed it includes instructions on how Divisions / Directorates are expected to respond to Making it Better Alerts. Each of these recommendations have been included in the audit report action plan which will be audited again in twelve months-time.

All Committees of the Trust Board (excluding TMC) are chaired by Non-Executive Directors to reflect the need for independence and objectivity, ensuring that effective governance and controls are in place. This structure facilitates appropriate scrutiny and challenge of the performance of the organisation. The Committees met regularly throughout the year, and reported to the Trust Board following their meetings.

We have a well-developed framework for assessing on-going compliance with CQC Fundamental standards of care (and 5 key questions of Safe, Caring, Effective, Responsive and Well Led) known as Quality Review Visits (QRV's). The assessment of compliance uses a combination of quality performance indicators, clinical audits and observational ward and department visits to measure on-going compliance with care standards. Following each QRV we use the CQC rating characteristics to make judgements about compliance with the fundamental standards of care and judgments are cross checked and challenged at Divisional Management Performance & Quality meetings and by Executives at Trust groups. This approach allows for information to be triangulated between performance results and observation of care standards and allows for assurance to be reported from ward to Board.

### The QRV programme aims to:

- Create a positive and proactive approach to observational assessment and external reviews.
- Ensure robust / reliable compliance reporting: ward to Trust Board.
- Support continuous quality improvement and patient safety.
- Highlight good practice and areas of excellence.

During 2019 we conducted six QRVs identifying areas of good and excellent practice to be shared, as well as areas for improvement for local follow up. The QRVs are well embedded within the Trust with positive feedback and quality benefits being reported by both the clinical areas visited and those conducting the inspections.

A follow-up visit process commenced 2017 where areas requiring improvements are followed up. One has been completed which showed improvements.

In areas not currently undertaking the QRV programme, self-assessments have been completed against CQC requirements with local improvement actions taken forward. The 2019/20 programme included community areas and 2020/21 programme will include GP Practices.

## The Risk and Control Framework - Looking Forward to 2020-2021

The key strategic risks identified as we go into the new financial year are:

- Workforce—Recruitment and Retention of staff across the Trust and in particular the future pipeline of nursing and medical staff
- That there is a failure to deliver recurrent CIP's.
- That the underlying deficit that the Trust has (in 2018/19) is not eliminated in medium term to bring the Trust back to financial surplus.
- Mortality rates – reputational risk.
- Cancer performance metrics place RWT in the bottom quartile nationally.

The Trust has developed a learning framework to broaden its capacity to share learning and support improvement. A Learning from Experience webpage is developed on the Trust intranet to publish lessons for improvement and/or awareness for staff. A learning portal and log is used to capture learning from serious incident investigations, complaints, claims, mortality review etc. on an ongoing basis. With the development of the Quality Improvement Programme at the Trust, this intelligence will also inform improvement projects based on Trust learning and intelligence.

## 4.2 Compliance Summary

The Trust is fully compliant with the self-assessment, declaration and registration requirements of the Care Quality Commission.

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 Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

## Developing Workforce Safeguards and Workforce Planning

We have considered the guidance and requirements set out within 'Developing Workforce Safeguards' published by NHS Improvement in October 2018. The Trust established Role Development Group focusing on new or expanded roles responding to service challenges and needs. This links into workforce planning and we are reviewing our approach to this to ensure engagement and integration. As part of improved workforce planning, Trusts are expected to make use of the Operational workforce planning self-assessment tool, which we undertook in early Autumn 2018 which highlighted engagement and integration at service levels as an area of focus and we have started to make good progress in this area.

The Trust's ambition is that we will enable our staff to be the best they can be in their chosen career. We will continue to explore and develop new roles, including widening our offer of Apprenticeships across the organisation, which will support care delivery that will be required by our patients in the future.

In terms of the nursing and midwifery workforce, a gap analysis of the compliance with the Developing Workforce Safeguards has been undertaken which has identified some areas the Trust requires to strengthen. A resultant action plan has been developed in order to progress these areas and achieve full compliance. Allied Health Professionals are currently in the process of completing a gap analysis and will develop an action plan as necessary.



## 5. Review of economy, efficiency and effectiveness of the use of resources

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

The Trust has achieved all of its statutory financial targets, achieving an end of year surplus of £3.0m, delivering the Capital Programme within its Capital Resource Limit and achieving its External Funding Limit. The Trust has arrangements in place for setting objectives and targets on a strategic and annual basis. These arrangements include ensuring the financial strategy is affordable and scrutiny of cost savings plans to ensure achievement, with regular monitoring of performance against the plans.

This is done through:

- Approval of the annual budget by the Trust Board
- Monthly reporting to the Trust Board on key performance indicators covering finance, activity, governance, quality and performance
- Monthly reporting to the F&PC
- Regular reporting at Operational and Divisional meetings on financial performance
- Finance Recovery Board meetings to oversee the Lord Carter economies work streams, and the Cost Improvement Programme.

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

## 6. Information Governance & Data Security

### SUMMARY OF SERIOUS INCIDENT REQUIRING INVESTIGATIONS INVOLVING PERSONAL DATA AS REPORTED TO THE INFORMATION COMMISSIONER'S OFFICE IN 2019-20

The next table details the incidents reported on the NHS Digital incident reporting tool and to the Information Commissioners Office (ICO), within the financial year 2019/20. Any incidents that are still being investigated for the period 19/20 are not included. The incidents listed below are for the Royal Wolverhampton NHS Trust and for the Vertical Integration GP partnerships that have joined the Trust as listed below.

Table 15

Date incident occurred (Month)	Nature of incident	Number of data subjects potentially affected	Description/ Nature of data involved	Further action on information risk
June 2019	<p>Uploaded to website in error.</p> <p>A member of the Trust's staff accidentally uploaded an interview pack of 8 applicants to a link to a job description online for another vacancy. This was discovered by another member of staff and reported immediately.</p>	8	Full employee application data	The website was taken down so the advert could not be accessed and information removed with 24 hours of upload. All affected applicants were contacted.
December 2019	<p>System outage disruption to services.</p> <p>A planned downtime to migrate the existing IT network to a new infrastructure took place with the expected downtime for IT systems and switchboard to be approximately 10 minutes. Following initial downtime it was clear IT systems and switchboard were experiencing issues and were not back up and running.</p>	0	N/A	<p>Issues with systems and switchboard have the potential to affect patient care.</p> <p>No reports of any patient harm have been reported.</p> <p>Patient Admin System unavailable during clinical time.</p>
December 2019	<p>Lost or Stolen Paperwork</p> <p>Van was stolen from outside a patient's house. The vehicle contained continence pads with delivery notes with patient's names and addresses on.</p>	30	Name, address	Area reported the theft immediately. Van recovered same day a few hours later. All patients at risk were contacted to advise of incident.

**Table 16 Incidents classified at lower severity level**

Incidents classified at severity level 1 are aggregated and provided in table below:

## SUMMARY OF OTHER PERSONAL DATA RELATED INCIDENTS IN 2019-20

Category	Breach Type	Total
A	Corruption or inability to recover electronic data	0
B	Disclosed in Error	60
C	Lost in Transit	4
D	Lost or stolen hardware	0
E	Lost or stolen paperwork	20
F	Non-secure Disposal – hardware	0
G	Non-secure Disposal – paperwork	4
H	Uploaded to website in error	1
I	Technical security failing (including hacking)	3
J	Unauthorised access/disclosure	5
		97

## Data Protection and Security Toolkit Return 2019/ 2020

Due to the current situation relating to COVID-19, NHSX recognises that it will be difficult for many organisations to fully complete the toolkit without impacting on their COVID-19 response. NHSX has therefore taken the decision to push back the final deadline for DSPT submissions to 30 September 2020. Therefore the following toolkit submissions will be delayed. This would normally be Table 17.

The Royal Wolverhampton NHS Trust	RL4
Alfred Squire	M92002
West Park Surgery	M92042
Thornley Street	M92028
Lea Road	M92007
Penn Manor	M92011
Coalway Road	M92006
Warstones	M92044
Lakeside	M83132
Dr Bilas Surgery	M92026

## 6.2 Looking forward to 2019/20 Data security and Protection

Due to the current COVID-19 response the implementation of the national data opt out had also been delayed until 30 September 2020. The Trust however continue to work towards achieving compliance with the national data opt-out for later this year.

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

The Trust are continuing to embed the requirements of the General Data Protection Regulation 2016 (GDPR ) into Trust practices, monitored via the GDPR implementation group ensuring data privacy is at the forefront of the care that we provide and the information that is captured. The Trust is also working closely with GP Partnerships that have joined the organisation to align practices and share good practice.

The Trust remains focused on areas of business continuity in relation to data security, assurance around access to key information assets and how this is monitored as well as how data flows are mapped and monitored. This program of work will be monitored through the committees below.

The Trust has several committees dedicated to reviewing assurance in relation to DSPT and GDPR, chaired by senior board members.

The Medical Director is the Trust's trained Caldicott guardian, and is responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing. The Guardian plays a key role in ensuring that Trust satisfies the highest practical standards for handling patient identifiable information, and Chairs the IG Steering group and GDPR implementation group.

The Chief Financial Officer is the Trust's Senior Information Risk Officer (SIRO) and is responsible for monitoring the Trust's overall information risk, ensuring we have a robust incident reporting process for information risks. The SIRO reports to the Trust Board and provides advice on the matter of information risk. The SIRO is also a member of the IG steering Group and co-chair of the GDPR implementation group.

The Trust has appointed a Data Protection Officer who acts independently to ensure compliance with the GDPR as well as monitoring its application across the Trust. The DPO has a reporting line into the Caldicott Guardian through to the Trust board.

The Trust is in the process of establishing clear responsibilities for Information Asset Owners across the Trust to facilitate robust and timely escalation of information risk escalation to the SIRO.

Regular reports are provided to the Trust Board during the year to ensure that they are sighted on and support the Trust's plans in relation to data security and protection. To support this each toolkit assertion is aligned to a director responsible on the board.

All Trust board members received NHS Digital approved GCHQ cyber and data security training, and will receive updates and briefings in relation to the Trust performance in this area.

## 7. Annual Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year.



Guidance for Quality Accounts remains in place nationally, which outlines the requirements with respect of the format, content and reporting arrangements for the annual Quality Accounts. The Trust used this guidance to ensure that its requirements were included in the Trust's Quality Account 2019-2020.

The Trust's quality priorities for 2019-2020 were selected as part of a consultation process with our staff and external stakeholders. In addition, the Trust reviewed what patients and members of the public said about us through national and local surveys, in-patient feedback received through complaints, compliments and the Friends and Family Test. In addition, various national and local guidance and feedback from the Care Quality Commission were considered.

The Quality Account outlines the progress made against the 2019/20 objectives together with details of the key objectives for the forthcoming year. These objectives have been set based on the priorities of the Trust, considering external accreditation, variety of surveys, CQC inspection outcomes, key improvement priorities and views of the staff, patients, public and our key stakeholders.

The following information has been included in the Quality Account as per the 2019/20 requirement outlined in the letter received by NHS England and Improvement in January 2020:

A statement regarding progress in implementing the priority clinical standards for seven day hospital services.

In its response to the Gosport Independent Panel Report, the Government committed to legislation requiring all NHS Trusts and NHS foundation Trusts in England to report annually on staff who speak up (including whistleblowers). Ahead of such legislation, NHS Trusts and NHS foundation Trusts are asked to provide details of ways in which staff can speak up (including how feedback is given to those who speak up), and how they ensure staff who do speak up do not suffer detriment. This disclosure should explain the different ways in which staff can speak up if they have concerns over quality of care, patient safety or bullying and harassment within the Trust.



Organisations have also been reminded that schedule 6, paragraph 11b of the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 requires "a consolidated annual report on rota gaps and the plan for improvement to reduce these gaps shall be included in a statement in the Trust's Quality Account".

Despite the assurance audit being ceased for the 2019/20 Quality Account, updates against the actions agreed following the last year's audit have been provided.

The draft Quality Account shared internally contains information relating to the National Inpatient Survey results for 2019. However, these results are currently embargoed and as such cannot be shared externally.

Final data is awaited for a number of data sets, which will be included in the final version of the Quality Account.

The Quality Account must be published by no later than 30th June 2020 and as a result, the final version will be presented to Trust Board on 2nd June 2020. However, please note the caveat with regards to the National Inpatient Survey 2019 as explained in the alert section of this cover page. In addition, NHS England and Improvement have indicated that due to the significant pressures associated with COVID-19 (coronavirus) pandemic, the publication date may be deferred to later in the year.

## 8. Operational Performance

The Trust is committed to delivering the national requirements and operational performance standards. These are robustly monitored and managed to ensure patients receive the most appropriate levels of care. A comprehensive performance management process exists across the Trust to monitor delivery against these standards alongside Trust wide organisational efficiency metrics and other quality based indicators of effective standards of care.

The framework we employ is multi-faceted and covers many levels across the organisation. This includes weekly review at the Chief Operating Officer's performance meeting and through subsequent meetings across the Divisions. A detailed Integrated Quality and Performance Report (IQPR) is produced monthly; performance is discussed in-depth at the monthly Finance and Performance Committee, which is chaired by a Non-executive Director, with further scrutiny taking place at the full Trust Board. Specific details of the Trust performance against the key operating standards can be found in section "What We Achieved – Performance Summary 2019-2020".

### 8.1 Emergency Planning / Resilience

The Trust has undertaken a great deal of work in the last 12 months' period to March 2020 to ensure the Trust's compliance against NHS England's core standards for EPRR. The Trust's self-assessment resulted in the Trust being 'Fully compliant' for Emergency Preparedness Response Resilience (EPRR) 2019/2020. External assurance for this assessment was provided by the Local Health Resilience Partnership and internally by the Trust's Trust Board.

The Trust's emergency planning systems and processes have been reviewed and updated to ensure they are still fit for purpose and the Trust is able to respond appropriately to a major accident, infectious disease or other major disaster.

A series of policies and plans have been updated. The Trust has a new EPRR policy, previously a strategy which has been approved at the Trust's Trust Management Committee in September 2019 and provides a more robust framework for how the Trust will meet its legal duty to be prepared, and respond to sudden incidents and emergencies.

As part of ongoing delivery for business continuity management the Trust has updated its business continuity review process to ensure compliance with the Trust's Business Continuity Policy. This was launched in May 2019 and includes a response to data security threats, such as significant data breaches and cyber-attacks. This is in line with the General Data Protection Regulation (GDPR) regulation and the Trust's information Governance toolkit requirements.

The Trust has continued to train and exercise, with the last exercise being 'Exercise Replevin' July 2019. This exercise was designed to test the Trust's business continuity arrangements in response to a data security incident. Several lessons were learnt, an action plan was developed to improve our response to this type of incident.

During the year the Trust has been preparing for the UK exit from the European Union (EU), with an exit 'without' a deal on the 31 March 2019. This was subsequently delayed initially until 31 October 2019 and more recently 31 January 2020. In preparation for a potential 'no deal' scenario the Trust undertook appropriate contingency planning to ensure minimal disruption to service provision. From the 1 February 2020 the UK entered a transition period which starts the withdrawal process from the EU until 31 December 2020. The Trust continues to plan for when the UK ultimately comes out of the EU.

COVID-19 started on the 30 January 2020 when the World Health Organisation declared a Public Health Emergency of International Concern to COVID-19, an infectious disease outbreak. During this period the Trust has and continues to put plans in place to respond to this evolving incident. The Trust has been working actively, engaging and co-operating with partners in responding to this incident. This has been undertaken on a multi-agency level, working with the Black Country and West Birmingham Sustainability Transformation Partnership (STP) and at a regional level.

Due to the rapid pace in response the Trust in line with national government guidance has implemented a number of temporary service changes. The Trust continues to review organisational emergency planning arrangements.

An Emergency Preparedness Response & Resilience annual report has been produced identifying the Trust's resilience and key priorities for the forthcoming year.



## 8.2 Health and Safety at Work

The Trust health and safety risk profile has been maintained and shows the Trust's level of compliance with the relevant Health and Safety Executive (HSE) legislation. Work continues to identify gaps and provide action plans to fill these gaps giving the Board an improved assurance around compliance with the Regulations. Estates and Facilities continue to work towards compliance with the Premises Assurance Model (PAM) accreditation system, this is adding to the robustness of assurance received from Estates. Estates Facilities are also maintaining their accreditation for CHAS (Contractors Health & Safety Assessment Scheme) allowing them to use the logo on their letterheads as approved contractors.

The Trust's Health and Safety Strategy is in the final year of implementation with a review due in the Autumn.

It is pleasing to report that during the 5 years life span of the strategy the Trust has seen a 12% decrease in the total number of health and safety incidents reported. In the period 2018/19 v 2019/20 there is a 5.4% reduction in overall incidents reported.

The top five reported health and safety related incidents for the year are:

- Sharps incidents (14% increase)
- Personal Contact Injury (5% increase)
- Violence and Aggression (5% decrease)
- Manual Handling (14% decrease overall) (patient handling 11% decrease; objects 14% increase)
- Slips, trips & falls (22% decrease).

There is a Trust inoculation's group that monitors sharps incidents and supports the implementation of safer sharps mechanisms. The Group and Health and Safety Officers

work with the high incident reporting areas to address issues and manage sharps incidents. A sharps awareness programme has been undertaken along with additional training on the use of sharps by the suppliers and this work continues.

Over the past 12 months there has been a lot of focused work on the Ligature risk assessment and COSHH (control of substances hazardous to health) risk assessments to further ensure quality and regulatory requirements are met. Improvements to assessment and managing risks associated with mobile working, in particular in the community services has been implemented and this work continues.

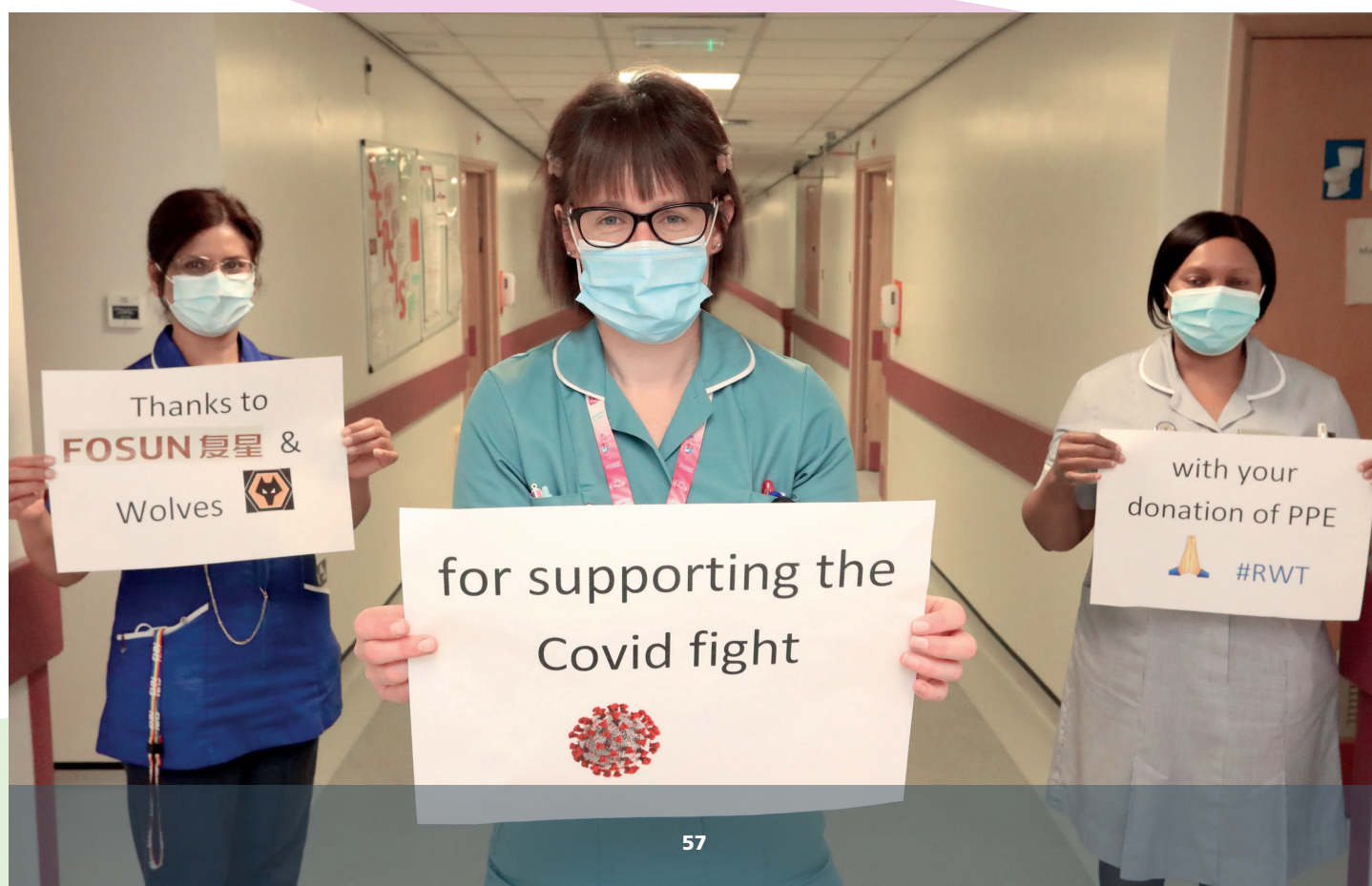
Mandatory health and safety training at year end was 99.5% compliant across the Trust which exceeded the Trust mandated target of 95%. Manual handling inanimate objects training is at 98.4% compliance across the Trust with people handling training is at 93.2%.

The Health & Safety Team are committed to providing support and advice to areas to improve the Health and Safety of staff and patients.

Learning identified through the investigation and support provided is shared across the Trust, using various forums and reports.

### Data Caveat

Due to the current COVID 19 Pandemic pressures and the resulting impact to clinical staff and services, some of the data provided could be subject to delayed update and subsequent refresh. This data could include incident reports and clinical audit figures that may be subject to update/refresh from clinical staff who are currently unable to update the respective systems.



### 8.3 Social Economic Responsibilities: Modern Slavery and Forced Labour

The Trust sources its procurement function the Integrated Supplies & Procurement Department (ISPD) based at University Hospitals North Midlands which is committed to:

- Utilise the Sustainable Procurement Flexible Framework (SPFF) to facilitate the procurement of goods and services in a more innovative, sustainable manner.
- This self-assessment mechanism allows each Trust to measure and monitor progress on sustainable procurement over time. All Trusts are aiming for year on year improvements to achieve and work through the actions in the SPFF, working through the levels from Foundation Level 1 to achieve Lead Level 5 by 2021-22.
- Purchase more goods from sustainable sources, with a focus on those from local, ethical and Fair Trade Suppliers.
- Reducing carbon emissions and improving labour standards are very important areas for the health and social care sector as a whole. All Trusts have an ethical duty to protect and promote health and wellbeing and contract with suppliers of goods and services that operate in a socially responsible way with good environmental practices and employment practices. The Trusts will use Ethical Procurement for Health (EPH) to support this. Products used will have sustainable specifications using Government Buying standards and Green Public Procurement criteria. The Trusts aim to use their buying power to generate social benefits and consider economic, social and environmental wellbeing when negotiating public service contracts as enshrined in the Public Services (Social Value) Act 2012.
- In addition the NHS Terms & Conditions of Contract for goods & services specify the following terms for suppliers to adhere to in relation to Equality & Human Rights:
- Ensure that (a) it does not, whether as employer or as provider of the Services, engage in any act or omission that would contravene the Equality Legislation, and (b) it complies with all its obligations as an employer or provider of the Services as set out in the Equality Legislation and take reasonable endeavours to ensure its Staff do not unlawfully discriminate within the meaning of the Equality Legislation;
- In the management of its affairs and the development of its equality and diversity policies, cooperate with the Authority in light of the Authority's obligations to comply with its statutory equality duties whether under the Equality Act 2010 or otherwise. The Supplier shall take such reasonable and proportionate steps as the Authority considers appropriate to promote equality and diversity, including race equality, equality of opportunity for disabled people, gender equality, and equality relating to religion and belief, sexual orientation and age; and the Supplier shall impose on all its Sub-contractors and suppliers, obligations substantially similar to those imposed on the Supplier.

### Annual Declarations

1. The Royal Wolverhampton NHS Trust is required to register with the CQC and its current registration status is active. The Royal Wolverhampton NHS Trust has no conditions with its continued registration.
2. The CQC has not taken enforcement action against The Royal Wolverhampton NHS Trust during 2019-2020.
3. 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.
4. 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.
5. Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.
6. The Trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.
7. The Trust made its annual self-assessment submission to the Department of Health by the 31st March 2020 on the Information Governance Toolkit. (see Data Protection and security Toolkit Return section of this report).
8. The Trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

## 10. Head of Internal Audit Opinion

“Our overall opinion for the period 1 April 2019 to 31 March 2020 is that based on the scope of reviews undertaken and the sample tests completed during the period, Significant assurance with improvement required can be given on the overall adequacy and effectiveness of the organisation’s framework of governance, risk management and control.

The level of non-compliance in certain areas puts some system objectives at risk. We identified weaknesses which put system objectives at risk in relation to the CIP Identification and Conflicts of Interest Audits. Otherwise, there are only minor weaknesses in the risk management activities and controls designed to achieve the risk management objectives required by management.

Those activities and controls that we examined were operating with sufficient effectiveness to provide reasonable assurance that the related risk management objectives were achieved during the period under review.”

## 11. Review of effectiveness of Risk Management and Internal Control

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 board, the audit committee and governance & quality committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

My review is informed by reports from external inspecting bodies including external audit and the Patient-Led Assessments of the Care Environment (PLACE) inspections (the system for assessing the quality of the patient environment). It is also informed by comments made by the External Auditors in their report to those charged with governance (ISA 260) and other reports. I have been advised on the implications of the result of my review of effectiveness of the system of internal control by the Trust Board, the Audit Committee, and the QGAC and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Board has continued to undertake regular Development meetings throughout the year and has recently commenced a review to inform future Board development. It has monitored the performance and effectiveness of the Trust Board Committee’s including the Audit Committee, Finance and Performance Committee, the Quality Governance Assurance Committee and the Workforce and Organisational Development Committee all of which have key roles in the assessment of assurance and effectiveness of the Trust and in the identification of and mitigation of any identified risks.

The Audit Committee has managed on behalf of the Trust Board the agreed programme of Audit including internal audit, external audit and clinical audit (alongside the Quality Governance Assurance Committee). The Board receives the presentation of examples of clinical audit work.

In relation to the Well-led Framework – the Trust undertakes continuous monitoring and self-assessment against the framework alongside the outcomes of inspections.

I have not identified any significant internal control issues or gaps in control from the work and assurances provided to me and to the Trust Board.

## 12. Conclusion

No significant internal control issues have been identified during 2019-2020.



Accountable Officer: David Loughton CBE

Organisation: The Royal Wolverhampton NHS Trust

Date: 11 June 2020

# B2 - Remuneration and Staff Report



# Staff Report

The Following tables summarise the numbers and categories of staff, sickness absence and exit packages made during 2019-2020:

**Table 18 Exit Package Cost Banding 2018-2019**

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	£s	Number	£s	Number	£s	Number	£s
<£10,000			40	112,811.75			1	1500
£10,000 - £25,000								
£25,001 - £50,000								
£50,001 - 100,000								
£100,001 - £150,000								
£150,001 - £200,000								
>£200,000								
<b>Total</b>	<b>0</b>	<b>£0.00</b>	<b>40</b>	<b>£112,811.75</b>	<b>0</b>	<b>£0.00</b>	<b>1</b>	<b>£1,500.00</b>

The Trust had nil non-contracted payments in lieu of notice in 2019/20. The Trust had one special payment approved with HM Treasury in 2018/19 for £1,500.

**Table 19 Exit Package Cost Banding 2019-2020**

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	£s	Number	£s	Number	£s	Number	£s
<£10,000	3	4,928	19	67,394	22	82,322		
£10,000 - £25,000	5	97,880	1	14,034	6	111,914		
£25,001 - £50,000	9	329,643			9	329,643		
£50,001 - 100,000	6	404,897			6	404,897		
£100,001 - £150,000	1	145,752			1	145,752		
£150,001 - £200,000					0	0		
>£200,000					0	0		
<b>Total</b>	<b>24</b>	<b>993,100</b>	<b>20</b>	<b>£81,428</b>	<b>44</b>	<b>£ 1,074,528</b>	<b>0</b>	<b>£ 0</b>

## Table 20 Average Staff Numbers

### Average number of employees (WTE basis)

	Total 2019/20 No.	Permanent 2019/20 No.	Other 2019/20 No.	Total 2018/19 No.
Medical and dental	1,051	982	69	966
Administration and estates	1,237	1,114	123	1,178
Healthcare assistants and other support staff	3,035	2,824	211	2,746
Nursing, midwifery and health visiting staff	2,364	2,282	82	2,296
Scientific, therapeutic and technical staff	658	649	9	646
Healthcare Science Staff	492	485	7	371
<b>Total average numbers</b>	<b>8,838</b>	<b>8,337</b>	<b>501</b>	<b>8,203</b>
Of which:				
Number of employees (WTE) engaged on capital projects	0			0

## Table 21 Staff Sickness Absence

Staff Sickness Absence	2019/20 Number	2018/19 Number
Total days lost		70,119
Total staff years		7,524
Average working days lost (per WTE)		9

This data has been taken out of our NHSI return, with the below guidance;

For 2019/20 staff sickness absence data is not required by the FT ARM or DHSC GAM to be disclosed in annual reports. This disclosure may be replaced with a link to where information is published by NHS Digital:

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

## Consultancy Services

During 2019/20 we spent £1.4m on consultancy services (2018/19 £1.6m). The Trust employed 9 senior managers during the year ending 31 March 2020.





## Remuneration Report and Policy

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

Remuneration for the Trust's Executive Directors is set by reference to job scope, personal responsibility and performance. This also 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 & benchmarking framework. Whilst performance is taken into account in setting and reviewing remuneration, there are currently no arrangements in place for "performance related pay".

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

Remuneration for the Trust's Executive and Non-Executive Directors during the financial year ended 31 March 2020 is set out in the attached schedules.

Signature:

David Loughton, CBE

Date: 11 June 2020

## Remuneration

Name and Title	2019/2020					2018/2019				
	Salary	Other Remuneration	Expense Payments (taxable) Benefits in Kind	All pension related benefits	Total	Salary	Other Remuneration	Expense Payments (taxable) Benefits in Kind	All pension related benefits	Total
	(bands of £5000)	(bands of £5000) £000	Rounded to the nearest £100	(bands of £2,500)	(bands of £5,000)	(bands of £5000)	(bands of £5000) £000	Rounded to the nearest £100	(bands of £2,500)	(bands of £5,000)
<b>Executive Directors</b>										
D Loughton - Chief Executive	250-255	0	0	0	250-255	245-250	0	0	0 <sup>1</sup>	245-250
A Cannaby - Chief Nursing Officer (from 3/04/2018)	145-150	0	0	107.5-110	250-255	140-145	0	0	15-7.5	155-160
G Nuttall - Chief Operating Officer	150-155	0	0	10-12.5	160-165	150-155	0	0	0-2.5	150-155
J Odum - Medical Director	155-160	75-80 <sup>2</sup>	0	0-2.5	230-235	155-160	75-80 <sup>2</sup>	0	0	230-235
K Stringer - Chief Financial Officer and Deputy Chief Executive	155-160	15-20 <sup>3</sup>	0	0	175-180	155-160	0	0	0-2.5	155-160
<b>Non-Executive Directors</b>										
S Field - Chairman (from 01/04/2019)	35-40	0	0	0	35-40	0	0	0	0	0
J Vanes - Chairman (to 31/03/2018)	0	0	0	0	0	35-40	0	0	0	35-40
J Darby - Non Executive Director (to 31/11/2018)	0	0	0	0	0	0-5	0	0	0	0-5
R Dunshea - Non-Executive Director	5-10	0	0	0	5-10	5-10	0	0	0	5-10
D Edwards - Non-Executive Director	5-10	0	0	0	5-10	5-10	0	0	0	5-10
J Hemans - Non-Executive Director	5-10	0	0	0	5-10	5-10	0	0	0	5-10
M Martin - Non-Executive Director	5-10	0	0	0	5-10	5-10	0	0	0	5-10
D Oum - Non-Executive Director (from 01/10/2019)	0-5	0	0	0	0-5	0	0	0	0	0
A Pandyan - Non-Executive Director (from 01/12/2019)	0-5	0	0	0	0-5	0	0	0	0	0
S Rawlings - Non-Executive Director	5-10	0	0	0	5-10	5-10	0	0	0	5-10
J Small - Non Executive Director (from 01/08/2017 to 03/12/2018)	0	0	0	0	0	0-5	0	0	0	0-5
L Toner - Non-Executive Director (from 01/11/2019)	0-5	0	0	0	0-5	0	0	0	0	0
<b>Directors - Non Voting</b>										
A Duffell - Director of Workforce	130-135	0	0	12.5-15	145-150	125-130	0	0	102.5-105	230-235
S Evans - Director of Strategic Planning and Performance (from 01/10/2019)	55-60	0	0	97.5-100	150-155	0	0	0	0	0
S Mahmud <sup>4</sup> - Director of Innovation, Integration and Research	130-135	0	0	0	130-135	120-125	0	0	0	120-125
M Sharon <sup>5</sup> - Strategic Advisor to the Board	115-120	0	0	0	115-120	130-135	0	0	0	130-135

Please note:-

1. This Director's prior year's pension figures have been restated following advice from NHS Pensions.
2. This relates to the Medical Director's role as a Renal Physician
3. This relates to pension contribution payments received, where payments are linked to national guidance and have been approved by the Trust's remuneration committee.
4. This Director opted out of the Pension Scheme and their prior years benefit was also withdrawn.
5. This Director retired and returned in April 2018 and is now in receipt of their pension. From October 2019 this Director is now working part time.

Total remuneration for senior managers in year ended 31 March 2020 was £1,505,408 0.22% of income (31 March 2019 £1,394,853, 0.24% of income).

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

“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

	Real increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension at pension age at 31 March 2020	Lump sum at pension age related to accrued pension at 31 March 2020	Cash Equivalent Transfer Value at 1 April 2019	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2020	Employer's Contribution to Stakeholder Pension
Name and title	(bands of £2500)	(bands of £2500)	(bands of £5000)	(bands of £5000)	£000	£000	£000	£000
D Loughton <sup>1</sup> - Chief Executive	0-2.5	2.5-5	85-90	255-260	0 <sup>1</sup>	0 <sup>1</sup>	0 <sup>1</sup>	0
A Cannaby <sup>2</sup> - Chief Nursing Officer	5-7.5	10-12.5	45-50	130-135	960	18	1,024	0
A Duffell - Director of Workforce	0-2.5	2.5-5	30-35	90-95	667	32	735	0
S Evans <sup>2</sup> - Director of Strategic Planning and Performance	2.5-5	2.5-5	20-25	40-45	265	36	358	0
S Mahmud <sup>3</sup> - Director of Innovation, Integration and Research	0	0	0	0	0	0	0	0
G Nuttall <sup>2</sup> - Chief Operating Officer	0-2.5	0	60-65	145-150	1,170	20	1,239	0
J Odum - Medical Director	0-2.5	2.5-5	55-60	175-180	1,336	35	1,425	0
M Sharon <sup>4</sup> - Strategic Advisor to the Board	0	0	0	0	0	0	0	0
K Stringer <sup>3</sup> - Chief Financial Officer and Deputy Chief Executive	0	0	65-70	200-205	1,522	8	1,567	0

1. The real increase in Cash Equivalent Transfer Value is not applicable for D Loughton given that he is over pension age.
2. The Director has changed pension scheme membership and as a result the benefits have been calculated as the aggregate of the new scheme and previous schemes.
3. Relates to Directors that opted out of the Pension scheme and their prior years benefit was also, withdrawn.
4. Relates to Directors that are in receipt of their pension.

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

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid director in the Trust in the financial year 2019/20 was £252.5k (2018/19 £247.5k). This was 9.6 times (2018/19, 9.9 times) the median remuneration of the workforce, which was £26.2k (2018/19, £24.9k).

In 2019/20, 1 (2018/19, 2) employees received remuneration in excess of the highest-paid director. Remuneration ranged from £5.8k to £252.5k [mid-point banded] (2018/19 £5.1k to £247.5k [mid-point banded]).

Remuneration as quoted above is based on basic salary of staff in post as at 31st March 2020 including bank and agency staff. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

Annualised remuneration may not reflect actual remuneration in year, for example where an individual was in post for only part of the year. The Executive Director payments are variable and may change from one year to another, subject to approval through the Trust Remuneration Committee to the Board. The vast majority of Trust employees are subject to national pay settlements and have, in accordance with those national settlements, received an inflationary increase in pay in 2019/20 and where applicable, employees have continued to make incremental progression within existing pay scales.

## 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 2020, for more than £245 per day and that last for longer than six months**

<b>Number of existing engagements as of 31 March 2020</b>	
Of which, the number that have existed...	
for less than one year at time of reporting.	
for between one and two years at time of reporting.	
for between 2 and 3 years at time of reporting.	1
for between 3 and 4 years at time of reporting.	
for 4 or more years at time of reporting.	

For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020, for more than £245 per day and that last for longer than six months

No. of new engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020	
Of which...	
No. assessed as caught by IR35	
No. assessed as not caught by IR35	1
<b>No. engaged directly (via PSC contracted to department) and are on the departmental payroll</b>	
No. of engagements reassessed for consistency / assurance purposes during the year.	
No. of engagements that saw a change to IR35 status following the consistency review	

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2019 and 31 March 2020

Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	
Total number of individuals on payroll and off-payroll that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year. This figure should include both off-payroll and on-payroll engagements.	18

## Staff Sharing arrangements

The Trust has no staff subject to such arrangements.

# C - Financial Statement

## Forward and Financial Performance Overview

The summary financial statements are an extract of the information in the full annual Accounts. These include the Annual Governance Statement of the Trust for year ended 31 March 2020. 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 2019/20 Department of Health Group Accounting Manual (GAM). From 2009/10 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 against four targets.

These are:

### Income and Expenditure

As a minimum, the Trust is required to break even each year. Where a deficit is incurred, the Trust is required to achieve surpluses in subsequent years until break-even, taking one year with another, is achieved.

### Capital Cost Absorption Rate

Within its overall expenditure, the Trust is required to pay the Department of Health a sum equivalent to 3.5% of average net relevant assets. This payment is known as the Public Dividend Capital payment.

### External Financing Limit:

This refers to the agreed amount of cash that the Trust is allowed by the Department of Health to consume over and above the amount it generates through its normal activities in year. This may be through a reduction in its own cash balances or receiving cash from external sources. The Trust is expected to not exceed its External Finance Limit (EFL) and in 2019/20 it achieved this, spending £15,420,000 (against a target of £18,046,000).

### Capital Resource Limit

This is a limit, imposed by the Department of Health, 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.

## Table 22 Financial Target Performance

	Target	Actual	Achieved
Income & Expenditure Break-even (£'000)	4,964	5,143	✓
Capital Cost Absorption Rate (%)	3.50%	3.50%	✓
External Financing Limit (£'000)	18,046	15,420	✓
Capital Resource Limit (£'000)	29,431	29,431	✓

\* Target is adjusted control total as agreed with NHSi

## Table 23 The Income and Expenditure position for each of the last five years:

	2015/16 £000s	2016/17 £000s	2017/18 £000s	2018/19 £000s	2019/20 £000s
Breakeven duty in-year financial performance	153	8,542	4,327	3,021	5,735
Breakeven duty cumulative position	38,253	46,795	51,122	54,143	59,877
Operating income	509,405	536,028	548,538	592,975	676,114
Cumulative breakeven position as a percentage of operating income	7.51%	8.73%	9.32%	9.13%	8.86%

## Cumulative Position

Table 23 shows that the Trust achieved its statutory break-even duty in 2019/20. In 2019/20 the Trust achieved a surplus for the 14th consecutive year. This surplus amounted to £5,735k after impairment and adjustments for changes in accounting treatment

## COVID-19

As outlined in the Chief Executives Overview, Coronavirus has had a significant impact on the performance of the organisation towards the end of 2019/20. Whilst its impact will be most apparent in 2020/21, this was triggered by the start of the crisis in March 2020. The Trust, in line with guidance from NHS England, suspended all routine planned surgery and the vast majority of face to face outpatient appointment which has led to an increase in our waiting times.

Similarly even some urgent and cancer work has had to be put on hold until it is clinically appropriate to undertake this activity. Whilst, at the time of writing, the NHS has moved into Phase 2 of its response to Coronavirus – Restoration and Recovery, the world in which we are living has changed and with the impact of social distancing we are restricted to the numbers of patients we are able to treat compared to before the crisis.

The Trust has considered a number of potential accounting issues with regard to COVID-19 income and costs and determined there were no material issues that required accounting policies to be changed.

## Private Finance Transactions

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.

## Better Payment Practice Code

The Department of Health 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 24.

**Table 24 Better Payment Practice Code Summary**

	2019/20		2018/19	
	Number	£'000	Number	£'000
Total Invoices Paid In Year	117,329	361,375	117,256	338,217
Total Invoices Paid Within Target	46,585	218,165	38,980	203,236
Percentage of Invoices Paid Within Target	39.70%	60.37%	33.24%	60.09%

## Prompt Payment Code

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

## Staff Sickness Absence

The following table provides details of the Trusts Sickness Absence

**Table 25 Staff Sickness Absence**

Staff Sickness Absence	2019/20 Number	2018/19 Number
Total days lost		70,119
Total staff years		7,524
Average working days lost (per WTE)		9
Number of persons retired early on ill health grounds	2	2
Total additional pensions liabilities accrued in the year (£000s)	65	50

This data has been taken out of our NHSI return, with the below guidance;

For 2019/20 staff sickness absence data is not required by the FT ARM or DHSC GAM to be disclosed in annual reports. This disclosure may be replaced with a link to where information is published by NHS Digital:

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

## Pension Liabilities

Past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at [www.nhsba.nhs.uk/pensions](http://www.nhsba.nhs.uk/pensions). The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS Body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FRem requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". Further details can be found in the full set of accounts available on request.

## Accounting Policies

The accounts for the Trust were produced in line with the Department of Health Group Accounting Manual. Full details of the accounting policies are included within the Trust Annual Accounts which are available on request. Particular areas where judgement has had to be exercised are:

- Useful economic lives of assets – The Trust estimates the useful economic lives of its non-current assets. Every care is taken to ensure that estimates are robust; however factors such as unforeseen obsolescence or breakdown may impact on the actual life of the asset held. It should be noted that in 2015/16 the Trust changed the asset life methodology for Buildings to a Single Residual Life Methodology, resulting in a reduction to annual depreciation.
- Provisions – When considering provisions for events such as pension payments, NHSLA claims and other legal cases the Trust uses estimates based on expert advice from agencies such as the NHS Litigation Authority and the experience of its managers.
- Leases – The Trust applies the tests contained in IAS17 to all of its present and proposed leases in order to ascertain if they should be classed as operating or finance leases. Often the information available may be inconclusive and therefore judgement is made regarding the transfer of the risks and rewards of ownership of the associated assets in order that a decision may be made. There have been no major policy changes that have impacted on the position of the Trust. Additionally the Trust is required to adopt accounting standard IAS27 which requires the Trust to consolidate its Charitable Funds into accounts if material. These were not consolidated as they are not considered material..

## Financing

### Auditors

The Trust's external auditors are KPMG LLP. The total charge for audit work undertaken in 2019/20 was £63k excluding VAT (2018/19 £59k). Other auditors remuneration in 2019/20 was £6k (2018/19 £9k) and is in respect of non-audit services. As far as the directors are aware, there is no relevant audit information the Trust's auditors are unaware of and the Directors have taken all steps that they ought to have taken, as Directors, to make themselves aware of any relevant audit information and to establish that the Trust's Auditors are aware of that information. Non-audit work may be performed by the Trust's external auditors where the work is clearly audit related and the external auditors are best placed to do that work. For such assignments the Audit Committee approved protocol is followed. This ensures that all such work is properly considered and that the external auditor's independence is not compromised through the Trust using them for other non-audit services.

The Trust is able to ensure this as:

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



**Table 26 Statement of Comprehensive Income for the Year Ended 31 March 2020**

	<b>2019-20</b>	2018-19
	<b>£000s</b>	£000s
Operating Income from patient care activities	<b>549,223</b>	489,963
Other operating income	<b>126,891</b>	103,012
Operating expenses	<b>(656,732)</b>	(579,390)
<b>Operating surplus/(deficit) from continuing operations</b>	<b>19,382</b>	13,585
Finance income	<b>186</b>	127
Finance expenses	<b>(2,126)</b>	(2,074)
PDC dividends payable	<b>(10,589)</b>	(10,316)
<b>Net finance costs</b>	<b>(12,529)</b>	(12,263)
Other gains / (losses)	<b>53</b>	60
<b>Surplus / (deficit) for the year</b>	<b>6,906</b>	1,382

**Table 27 Other Comprehensive Income for the Year Ended 31 March 2020**

	<b>2019-20</b>	2018-19
	<b>£000s</b>	£000s
<b>Will not be reclassified to income and expenditure:</b>		
Revaluations	<b>3,561</b>	(2,880)
<b>Total comprehensive income / (expense) for the period</b>	<b>10,467</b>	(1,498)

**Table 28 Financial Performance for the Year Ended 31 March 2020**

	<b>2019-20</b>	2018-19
	<b>£000s</b>	£000s
Retained surplus / (deficit) for the year	<b>6,906</b>	1,382
Impairments (Excluding IFRIC 12 Impairments)	<b>(1,408)</b>	1,731
Adjustments in respect of donated gov't grant asset reserve elimination	<b>156</b>	(92)
Remove 2018/19 post audit PSF reallocation (2019/20 only)	<b>(511)</b>	0
<b>Adjusted retained surplus / (deficit)</b>	<b>5,143</b>	3,021

**Table 29 Statement of Financial Position as at 31 March 2020**

	31 March 2020	31 March 2019
	£000s	£000s
<b>Non-current assets</b>		
Intangible assets	2,609	2,625
Property, plant and equipment	348,384	334,455
Trade and other receivables	6,532	4,002
<b>Total non-current assets</b>	<b>357,525</b>	341,082
<b>Current assets</b>		
Inventories	6,901	6,607
Trade and other receivables	60,820	36,180
Cash and cash equivalents	12,045	15,988
<b>Total current assets</b>	<b>79,766</b>	58,775
<b>Current Liabilities</b>		
Trade and other payables	(68,910)	(56,811)
Borrowings	(2,032)	(2,013)
Provisions	(5,084)	(4,612)
Other liabilities	(3,300)	(3,009)
<b>Total current liabilities</b>	<b>(79,326)</b>	(66,445)
<b>Total assets less current liabilities</b>	<b>357,965</b>	333,412
<b>Non-current liabilities</b>		
Trade and other payables	(68)	0
Borrowings	(7,223)	(7,982)
Provisions	(1,859)	(542)
<b>Total non-current liabilities</b>	<b>(9,150)</b>	(8,524)
<b>Total assets employed</b>	<b>348,815</b>	324,888
<b>Financed By</b>		
Taxpayers' equity		
Public dividend capital	250,646	237,185
Revaluation reserve	64,384	60,892
Other reserves	190	190
Income and expenditure reserve	33,595	26,621
<b>Total taxpayers' equity</b>	<b>348,815</b>	324,888

The financial statements were approved by the Board on 11 June 2020 and signed on its behalf by:



David Loughton CBE, Chief Executive:  
Date: 11 June 2020



**Table 30 Statement of Changes in Taxpayers' Equity For the year ending 31 March 2020**

	Public dividend capital £000s	Revaluation reserve £000s	Other reserves £000s	Income and expenditure reserve £000s	Total £000s
<b>Taxpayers' equity at 1 April 2019 - brought forward</b>	<b>237,185</b>	<b>60,892</b>	<b>190</b>	<b>26,621</b>	<b>324,888</b>
Surplus / (deficit) for the year	0	0	0	6,906	6,906
Revaluations	0	3,561	0	0	3,561
Transfer to retained earnings on disposal of assets	0	(69)	0	69	0
Public dividend capital received	13,461	0	0	0	13,461
<b>Taxpayers' equity at 31 March 2020</b>	<b>250,646</b>	<b>64,384</b>	<b>190</b>	<b>33,595</b>	<b>348,815</b>

### Information on Reserves Public Dividend Capital

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. A charge, reflecting the cost of capital utilised by the NHS Trust, is payable to the Department of Health 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.

**Table 31 Statement of Cash Flow for the Year Ended 31 March 2020**

	2019-20 £000s	2018-19 £000s
<b>Cash flows from operating activities</b>		
Operating surplus / (deficit)	19,382	13,585
<b>Non-cash income and expense:</b>		
Depreciation and amortisation	20,508	14,575
Net impairments	(1,327)	1,731
Income recognised in respect of capital donations	(102)	(289)
(Increase) / decrease in receivables and other assets	(26,314)	(44)
(Increase) / decrease in inventories	(294)	(250)
Increase / (decrease) in payables and other liabilities	14,826	4,261
Increase / (decrease) in provisions	1,792	(1,648)
<b>Net cash generated from / (used in) operating activities</b>	<b>28,471</b>	<b>31,921</b>
<b>Cash flows from investing activities</b>		
Interest received	186	127
Purchase of intangible assets	(646)	(1,877)
Purchase of property, plant, equipment and investment property	(31,223)	(21,571)
Sales of property, plant, equipment and investment property	53	860
Receipt of cash donations to purchase capital assets	102	289
<b>Net cash generated from / (used in) investing activities</b>	<b>(31,528)</b>	<b>(22,172)</b>
<b>Cash flows from financing activities</b>		
Public dividend capital received	13,461	4,432
Capital element of finance lease rental payments	(165)	(227)
Capital element of PFI, LIFT and other service concession payments	(1,818)	(1,785)
Interest paid on finance lease liabilities	(13)	(17)
Interest paid on PFI, LIFT and other service concession obligations	(2,116)	(2,056)
PDC dividend (paid) / refunded	(10,234)	(11,090)
<b>Net cash generated from / (used in) financing activities</b>	<b>(886)</b>	<b>(10,743)</b>
<b>Increase / (decrease) in cash and cash equivalents</b>	<b>(3,943)</b>	<b>(994)</b>
<b>Cash and cash equivalents at 1 April - brought forward</b>	<b>15,988</b>	<b>16,982</b>
<b>Cash and cash equivalents at 31 March</b>	<b>12,045</b>	<b>15,988</b>

## Glossary of Terms

1. Public Dividend Capital dividend – this is a payment made to the Department of Health, 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 Responsibility as the Accountable Officer of the Trust

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, 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, recognised gains and losses 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.

Signature:



David Loughton, CBE  
Chief Executive

Date: 11/06/2020

Signature:



Kevin Stringer  
Chief Financial Officer

Date: 11/06/2020

# 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, recognised gains and losses 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.
- 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.

Signature:



David Loughton, CBE

Chief Executive

Date: 11/06/2020

Signature:



Kevin Stringer

Chief Financial Officer

Date: 11/06/2020

# Trust Accounts Consolidation (TAC) Summarisation Schedules for The Royal Wolverhampton NHS Trust

Summarisation schedules numbers TAC01 to TAC34 and accompanying WGA sheets for 2019/20 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 accounting policies for NHS Trusts issued by NHS Improvement, 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,  
Chief Finance Officer (Director of Finance)

Date: 11/06/2020

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



David Loughton, CBE  
Chief Executive

Date: 11/06/2020

## 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。