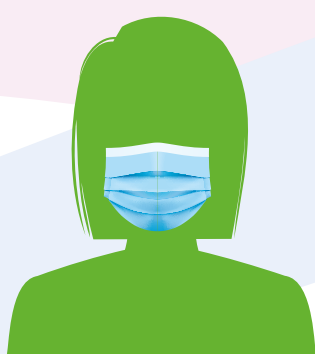


Annual Report 2020/21



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Introduction statement by the Chairman



It has been a year like no other for The Royal Wolverhampton NHS Trust. Our Trust, like the rest of the NHS, were hit by COVID-19. From the start we became a hot spot for rising COVID-19 numbers and made very difficult decisions such as suspending visiting, postponing non-urgent activity and redeploying staff so we could look after the increased number of patients who needed our care. Sadly, we have lost many patients to this awful virus, as well as some of our own staff, however without the dedicated care of our workforce we would have lost many more.

There have been so many examples of our staff going above and beyond their job roles and this has been recognised locally as well as nationally. To support our staff, we have introduced a whole host of materials to help support their health and wellbeing. Some of the support included a pop-up shop dedicated for staff who were unable to go to the supermarket before or after their shift, and dedicated support rooms staff could go for a rest and refreshments. We are continuing to add to this resource as this will be a major focus this coming year.

COVID-19 has changed the way we are all working forever. We have managed to tackle the pandemic head on due to the support of the local health system. I would like to say thank you for the support given from our colleagues in neighbouring trusts, Local Authorities, Clinical Commissioning Groups as well as nationally; we were able to work as a team and support each other.

We have also been very lucky to have a strong leadership team, which has been invaluable to guiding us through this pandemic. Our Chief Executive and Executive Directors have worked tirelessly to provide staff with the support and tools that they need to get through this challenging period.

2020/21 has seen some additions to our board including Tracy Palmer as Director of Midwifery, and Sally Evans as Director of Communications and Stakeholder Engagement. We have also welcomed two new non-executive directors - Professor Anand Pandyan and John Dunn. All bringing with them a wealth of experience in their specialist fields. Welcome all.

We have built two new respiratory wards this year, scaling a combined total of 1,744 square metres. During the height of the COVID-19 pandemic, C14 was identified as a 'green' or COVID-19 negative ward for respiratory / medical patients and C26 as the 'red' (COVID-19 positive) ward. On both wards, bed space areas are greater to accommodate enhanced infection prevention for all practices. This year we were also awarded more than £1 million to help prepare for winter and improve facilities for patients. We used the input to further strengthen our A&E department.

It has been another successful year for our staff in regards to national awards. Jo Weekes, our radiographer, has become the first from the Trust in her role to receive European recognition. In January Dr Paul Harrison, Clinical Director for Black Country Pathology Services (BCPS), was awarded an MBE in the Queen's New Year Honours List for services to pathology. The award recognises Dr Harrison's commitment to pathology services within the Black Country and nationally.

Our Trust has also featured in the top ten hospital trusts in the UK for the highest number of participants involved in COVID-19 studies researching the virus. The organisation has recruited a total of 793 patients to participate across a series of nine research studies, from a total of 9,742 patients involved in 20 such studies across the West Midlands. In July we were given the top award for our commitment to supporting the Armed Forces, by being awarded an Employer Recognition Scheme Gold Award.

Everything I have highlighted here would not have been possible without the unfaltering efforts of our staff across the Trust and we are continually taken aback by what they do on a daily basis.

I would like to take this opportunity to say thank you again to them for their hard-work and dedication.

Take care,

Steve.

Professor Steve Field Chairman

A - Performance report



A1 - Performance overview

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

This year has been one nobody will forget. I will never forget March 7th 2020 when I received a call saying we had our first COVID-19 positive patient in the Trust - it is a day that will stay with me forever. Even then I could not imagine the challenges that would face us.

It has been relentless, with limited respite, intense pressures and many unknowns. Hundreds of our staff have been redeployed to different roles to urgently support other departments and staff. Throughout it all, I have been overwhelmed by the dedication, professionalism and kindness of our staff. They continue to perform their best in the most challenging circumstances - and that is what makes RWT great.

I was very glad to see us score higher scores than other trusts in nine out of 10 core themes in this year's staff survey - reflecting the overall satisfaction of our workforce along with a year-on-year increase in staff satisfaction levels. Overall, when compared to last year's results, the core themes of 'Health and Wellbeing', along with 'Morale' both demonstrated significant improvements for RWT, as well as a higher than average score. This bodes well for the Trust, as we are working closely with staff to support them in relation to the ongoing intensity of the COVID-19 pandemic, and beyond.

I am proud to lead RWT and it's the commitment, perseverance, enthusiasm and compassion our staff display - day in, day out - that sets us apart from others and makes us a great place to work.

There have been some brilliant examples of our staff dedication this year including the set-up of an in-house production line making protective visors for staff, which made 250,000 and the organisation of a pop-up shop for staff.

I have also been overwhelmed by the support of the local community throughout this year. Our Trust, like many others, has been humbled by the huge amounts of donations of food and other items received for our staff. There has also been so much fundraising for us, something we will be forever be grateful for. A special thank you to Sir Captain Tom Moore for his fundraising efforts during the first lockdown. Captain Tom was an incredible inspiration to us here at the Trust and we would like to pay tribute to his amazing spirit and outlook, and to thank him for his incredible contribution to the NHS.

This year, more than ever, we have all pulled together with our usual skill, compassion and spirit and, alongside our partners in primary care, local authorities, social care, public health and nursing homes, we have gone above and beyond the call of duty to deal with the increasing demands on our services.

Finally, I would like to say thank you to each and every one of our staff for the passion and commitment they continue to show for our patients. They are a credit to our Trust and the wider NHS.

A handwritten signature in black ink, appearing to read 'David Loughton'.

Prof. 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 1 April 2016, with nine GP practices (as at April 2021) becoming 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 10,000 staff. Services are provided from the following locations:

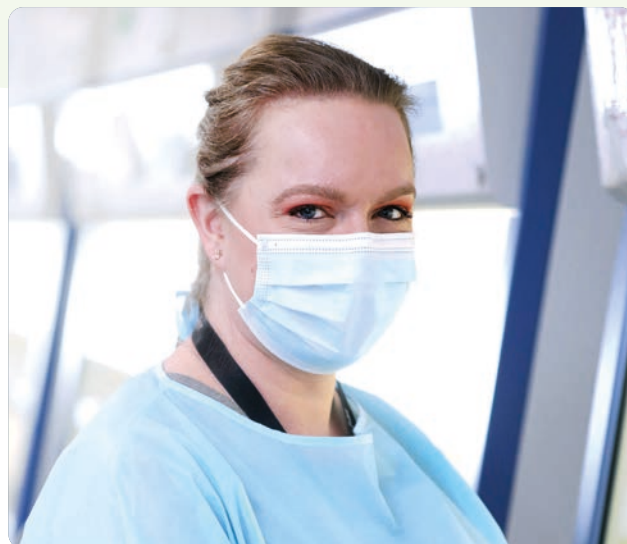
- New Cross Hospital - Secondary and tertiary services, Maternity, Accident & Emergency, Critical Care and Outpatients.
- West Park Hospital - Rehabilitation, Inpatient and Day Care services, Therapy services, and Outpatients.
- Community Services - More than 20 community sites providing services for children and adults, Walk-in Centres, and Therapy and Rehabilitation services.
- Cannock Chase Hospital - General Surgery, Orthopaedics, Breast Surgery, Urology, Dermatology, and Medical Day Case investigations and treatment (including Endoscopy).
- Primary Care - nine GP practices have now joined us 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 Trusts' 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 450,000. 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 4% by 2025 with a current age profile broadly in line with that of the country as a whole. A key challenge for the Trust is the diversity of the communities we serve. Wolverhampton is characterized by high levels of deprivation whereas South Staffordshire is typically more prosperous and less ethnically diverse.

As a Trust, we work closely with colleagues in Commissioning and the Local Authority to develop the Health and Wellbeing Strategy. We also contribute to the Joint Strategic Needs Assessment (JSNA) that defines the health considerations across our communities. We know that high levels of deprivation are a determining factor in the health of a population. Life expectancy in Wolverhampton is lower than for England as a whole and the mortality rate across all causes is higher than for England as a whole. In terms of behavioural risk factors, Wolverhampton has a lower percentage of physically active adults than the country and a higher percentage classified as overweight or obese. Smoking prevalence is however slightly below the English average. Finally, males experience a health inequality at birth of 7.8 years and females, 6.3. Both are higher than the national average.



Our local population

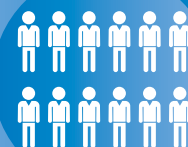


Table 1

	Wolverhampton	South Staffordshire
Population	¹ c263k	³ c112k
Ethnic Background	² White: 64.5% BME: 35.5%	³ White: 96.5% BME: 3.5%
Life Expectancy	¹ Males: 77.3 Females: 81.9 Below national average	³ Males: 80.3 Females: 84.3 Above national average
Quality of Life (Disability free life expectancy)	¹ Males: 58 years (lower than national average) Females: 61 years (lower than national average)	⁵ Males: 71 years (higher than national average) Females: 73 years (higher than national average)
Deprivation	¹ 17th most deprived LA 51.3% of population amongst the 20% most deprived nationally	⁵ 250th most deprived district 9% of population amongst the 20% most deprived nationally
Morbidity	¹ 67.3% of adults (18+) classified as over weight or obese ² 27.7% suffer from one or more LTCs Single greatest cause of years of life lost: Cardiovascular Disease	³ 62.7% of adults (18+) classified as over weight or obese ⁴ 18.7% suffer from one or more LTCs Single greatest cause of years of life lost: Cardiovascular Disease

Taken from:

¹ Health Profile 2017-19, Public Health England

² Wolverhampton JSNA 2019

³ Health Profile 2017-19, Public Health England

⁴ Health & Wellbeing Profile 2015 for South Staffordshire

⁵ South Staffordshire E-JSNA



Activity overview 2020-2021



Table 2
Performance against the National Operational Standards

Indicator	Target (2020/21)	Performance	
		2020/21	2019/20
Cancer two week wait from referral to first seen date	93%	86.71%	82.11%
Cancer two week wait for breast symptomatic patients	93%	51.14%	35.19%
Cancer 31 day wait for first treatment	96%	85.66%	87.14%
Cancer 31 day wait for second or subsequent treatment - Surgery	94%	75.15%	84.84%
Cancer 31 day wait for second or subsequent treatment - Anti cancer drug	98%	97.58%	99.66%
Cancer 31 day wait for second or subsequent treatment - Radiotherapy	94%	92.51%	90.87%
Cancer 62 day wait for first treatment	85%	55.30%	58.07%
Cancer 62 day wait for treatment from Consultant screening service	90%	58.57%	60.18%
Cancer 62 day wait- Consultant upgrade (local target)	88%	68.68%	74.49%
Emergency Department - total time in ED	95%	85.56%	85.91%
Referral to treatment - incomplete pathways	92%	65.26%	84.31%
Cancelled operations on the day of surgery as a % of electives	<0.8%	0.34%	0.65%
Mixed sex accommodation breaches	0	0	0
Diagnostic tests longer than 6 weeks	<1%	45.27%	3.16%

Table 3
Performance against other National and Local Quality Requirements

Indicator	Target (2020/21)	Performance	
		2020/21	2019/20
Clostridium Difficile	40	46	31
MRSA	0	2	2
VTE Risk Assessment	95%	93.57%	94.48%
Duty of Candour*	0	1	0
Stroke - 90% of time spent on an acute stroke ward	80%	91.88%	94.08%
TIA - assessed and treated within 24 hours	60%	54.58%	85.02%
Ambulance handover breaches - 30-60 minutes	0	1,526	1,547
Ambulance handover breaches - 60 minutes or more	0	1,119	221
Trolley waits in A&E - no more than 12 hours	0	169	38
Referral to treatment - no one waiting longer than 52 weeks	0	2,409	0

*The Duty of Candour disclosure is subject to the appropriate investigation and reporting.

Our vision and values



The Trust has a strategy covering the period 2018-21 and whilst this will be refreshed for 2021 onwards; 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:

1. To have an effective and well-integrated health and care system that operates efficiently
2. Pro-actively seek opportunities to develop our services
3. Create a culture of compassion, safety and quality
4. Attract, retain and develop our staff and improve employee engagement
5. To be in the top 25% of key performance indicators
6. Maintain financial health – appropriate investment to patient services

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

The Trust Board has identified a number of key risks to the achievement of its strategic objectives in 2020/21:

- 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 Cost Improvement Programmes (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 Summary Hospital Level - Mortality Indicator 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 2020/21 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 2021.

Key risks and issues – related to activity

Evident from the table on page nine is the impact that the pandemic has had on our ability to undertake our normal planned care programme. During the first and third waves of the virus, the Trust was forced to suspend large elements of our planned programme in order to care for patients admitted with COVID-19. This has led to a backlog of patients, like across the rest of the country, awaiting treatment. With finite physical and workforce capacity, the key risk going into 2021 is our ability to recover this backlog and minimise the indirect harm that the virus has on patients.

What we achieved – Performance summary 2020-2021

We recognise that maintaining excellent clinical care is a major indication 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.

The circumstances to achieving this have never been more challenging with the emergence of the COVID-19 disease. The year of 2020/21 has been truly unprecedented and has significantly affected the running of the hospital's normal operation (as reflected in the performance analysis later on in the report).

Some of 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 10 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.

The Trust's vertical integration programme continues to evolve with the Trust now having its own 'Primary Care Network' the group of vertically integrated practices working more closely

together to improve patient outcomes and reduce duplication. As of April 2021, nine GP Practices are now part of the Trust. This means that we are directly responsible for the delivery of primary care. This vertical integration offers a unique opportunity to redesign services from initial patient contact, through ongoing management to end of life care. As a single organisation, the issues of scope of responsibility, funding, differing objectives and drivers will be removed, and clinicians will be in a position to design effective, high quality clinical pathways which will improve appropriate access and positively impact on patient outcomes.

We have developed a huddle tool to improve the flow of patients throughout our hospital. Trusts across the country are facing the challenge of having to maximise the through put of patients within the hospital. In order to do this visibility is needed on what patients are waiting for on a day by day basis. The Trust has invested in a Continuous Improvement Team who have developed the 'huddle' tool. A live and interactive tool showing what patients are awaiting next in their stay. Developed internally, the tool is the only one of its kind in England and allows for greater transparency on the reasons for delay.

The Trust continues to bolster its reputation for innovation and, with Babylon, have launched a 10-year partnership to develop a new healthcare delivery model of 'Digital-First Integrated Care', for 300,000 people across Wolverhampton and its surrounding areas. 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.

All of the above were achieved in the midst of a global pandemic, making the achievements even more remarkable. A success in itself is the way in which the Trust has responded to the pandemic. During the heights of the pandemic, over 800 staff were redeployed across the Trust. Whilst most were redeployed to offer direct clinical care, others were released to supporting roles. The Trust developed its own PPE factory with 250,000 visors hand made by staff. A staff pop up shop was created to support staff who could not get to a supermarket – 21,000 items being sold in the process. Two new wards were also built in a matter of weeks. In fighting the disease, we have developed our own vaccination hub and just under 7,000 staff have been vaccinated at the time of writing.



A2 – Performance analysis



Performance analysis

A summary of our performance against the key national standards is shown in the previous section. The impact of the COVID-19 pandemic is seen across all of the standards. During the first and third waves of the virus, the Trust was forced to suspend large elements of our planned programme which led to an increase in both the number of patients waiting and also their respective waiting time. Following these waves, the Trust worked to restore services as quickly as possible but the impact of staff sickness, shielding, the inherent productivity constraints of working in a COVID environment and the sheer scale of the challenge, has constrained our ability to recover further. During all of this time, the Trust has focused on prioritising those patients most at need of treatment which includes those patients on a cancer pathway.

In 2021/22, the Trust will continue to follow the recovery and restoration priorities determined by NHS England/Improvement. These priorities from a performance perspective are focused on maximising activity undertaken in order of clinical priority. We expect COVID-19 to have a continued bearing on our performance.

Equality of service delivery

Given the diversity of the population that we serve, the Trust is very mindful of the health inequalities that exist. That is why we are committed to ensuring that we treat all of our patients equally and based solely on clinical priority. We are working with partners across the system to understand the complexities behind these health inequalities, why they exist and how they can be removed.

Key financial performance information

The following summary of financial performance during 2020/21 is drawn from the annual accounts.

The Department of Health and Social Care 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 2020-2021 the Trust made a surplus of £243,000 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 and Social Care 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 and Social Care 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 2020-2021 it achieved this, spending (£12,982,000) (£15,420,000 in 2019-2020) against a limit of (£7,370,000) (limit of £18,046,000 in 2019-2020).

Capital resource limit:

This is a limit, imposed by the Department of Health and Social Care, 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 £49,900,000 (£29,431,000 in 2019-2020) against a limit of £50,701,000 (£29,431,000 in 2019-20). For 2020/2021 there is an underspend against CRL of £801,000 which was expected from NHSI/E. This underspend is PDC paid to the Trust (in June 20) in respect of costs the Trust incurred in 2019/2020 and self-funded. The PDC paid over in 2020/2021 was a 'cash top-up' and the Trust has prudently used the PDC to reimburse its cash balances.

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 Modern Equivalent Asset (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 2021 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:

- 117,367 invoices received during the year, 90,945 (77.5%) were paid within 30 days of receipt of goods or a valid invoice (whichever is the latter).
- Against a turnover of £743,285,000, the break-even in-year position was £243,000, with a break-even cumulative position of £60,121,000.
- The accounts for the Trust were produced in line with the Department of Health and Social Care's Group Accounting Manual, with particular judgement being exercised this year in regard to provisions, leases and useful economic lives of assets.

Sustainability

The UK has a legal obligation under the Climate Change Act of 2008 to reduce carbon emissions by 80% by 2050. This will positively affect the health of patients, the population and the health system including the NHS, with increased air quality and lower levels of high carbon travel, whilst also working to mitigate the effect of climate change.

The Department of Health and Social Care acknowledges that the health and care system in England is responsible for an estimated 4-5% of the country's carbon footprint and has a major role to play in achieving the UK carbon reduction target. The NHS has therefore committed to being the world's first 'net zero' National Health Service by setting two targets:

For the emissions we control directly (the NHS Carbon Footprint), we will reach net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032;

For the emissions we can influence (our NHS Carbon Footprint Plus), we will reach net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

The Trust has made significant progress in this area over the last 12 months. We now have in place a "Green Plan" as per the requirements of NHSEI and in line with meeting the Greener NHS Net Zero Plan. The key target areas focus on Carbon Emissions; Air Pollution and Single-use Plastics and we have tailored our plan to meet the required NHSEI Commitments accordingly.

The Head of Estates Development has continued to grow the membership, targets and workstreams of the Trust Sustainability Group and plans are in place to recruit a Head of Sustainability to help to drive forward the requirements of the Greener

NHS Programme. Clinical representation to the Sustainability Group has been invaluable. In the coming years this area will grow across the Trust as we look to shape our services with sustainability and carbon reduction playing a central part to our thinking.

The Trust Green Plan was developed to reiterate our commitment to sustainability and to build upon previous work undertaken to reduce the environmental impact of our operational activities whilst supporting the NHS aim to sustainable healthcare delivery and becoming a Net Zero Carbon organisation. As a public funded organisation, we have an obligation to operate in a way that impacts the communities we serve in a positive manner. The Trust is committed to ensuring effective and efficient use of resources to support building healthy and resilient communities.

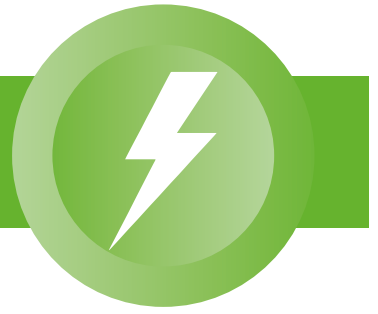
The Trust is currently recalculating its carbon footprint in line with new NHS requirements and we are set to continue to work alongside the Carbon Trust, the Carbon Energy Fund and other specialist service providers. The Trust is also helping to shape regional strategy within the Black Country and play a key role in supporting the STP Sustainability Network.

The NHS is well placed to set an example on carbon reduction and the adoption of sustainable best practices. Improved carbon efficiency will not only lead to financial savings but will produce far reaching environmental benefits on a global scale. The Trust is committed to the ideals of protecting and improving the environment and reducing carbon to improve our community's health.

The Trust will further develop its approach to embedding sustainable practices and where possible act as an exemplar to its community, other NHS Trusts, and partners.



Energy use:



Please find below a table outlining the amount of energy recorded used across the Trust Estate (2019/20).

Table 4

Energy	Unit	Community	New Cross	West Park	Cannock	Carbon Conversion
Electricity consumed	kWh	306,389	12,340,788	549,989	3,715,199	0.449
Gas consumed	kWh	528,285	54,767,773	2,543,365	7,228,110	0.184
Oil consumed	kWh	0	346,384	12,960	42,120	0.268
Total	kWh	834,674	67,454,945	3,106,314	10,985,429	

The annual imported energy consumption has dropped overall since the previous year by around 790,000 kWh. We also need to recognise that as we continue to develop the Trust estate we increase the use of energy in the provision of additional services – most notably our electricity demands. This is one of the reasons why the Trust is looking to alternative sources of green power, for example, the proposed Solar Farm development to which we are seeking associated external capital funding.

Carbon tonnage:

Please find below a table outlining the total amount of recorded CO₂e (carbon equivalent) used in operating the Trust Estate (2019/20).

Table 5

Tons of CO ₂ e	Community	New Cross	West Park	Cannock	Total
Electricity	138	5541	247	1668	7594
Gas	97	10077	468	1330	11972
Oil	0	93	3	11	108
Total	235	15711	718	3009	19674

The total annual carbon calculation has noted an increase of around 8% since last year due to an increase in electricity usage. There are many factors that can influence this, in particular with increasing the estate floor space and the provision of new services from the New Cross site, for example the Black Country Pathology Services. We would hope to see a return to normalised carbon usage in the next year, but again this will be subject to any increase/additional services and also any impact from the solar farm proposal. The Trust continues to look to investing in plans to support the reduction of energy consumption and the Sustainability Group will hope to shape this even further moving into the future to aid in meeting the NHS carbon targets.



Engagement with public, patient and stakeholders



Patient and public engagement and co-production

Despite the impact of COVID-19, throughout 2020/21 the Trust has continued to progress the three-year Patient Experience, Engagement and Public Involvement Strategy (2019-2022). This strategy sets out how the Trust would aspire to further improve patient experience, engagement and public involvement. Several initiatives had been implemented this year which focused on improved processes, co-production and continuous improvement.

Examples include:

- The ability to receive real-time patient experience feedback and monitoring across all Trust areas including in community/acute settings
- The publication of a quarterly newsletter 'Listen, Learn, Share' which provides information of actions taken and learning outcomes as a result of feedback received
- The development and maintenance of a community stakeholder database
- A refresh of the self-assessment against the NHS Improvement Patient Experience Improvement Framework to identify areas for improvement
- Piloted the NHS England Initiative of 'Always Events' within Paediatrics and designed key always events as part of a co-production approach with patients
- Ensured triangulation of patient experience with wider quality, safety, workforce and performance metrics – now visible on ward entrances of all inpatient areas
- Included stakeholders, patients and/or their carers to contribute and co-produce documents and initiatives to improve the patient experience
- Increased the ways and means of how patient feedback is obtained by ability to complete Friends and Family Surveys electronically and by scanning onto a QR Code
- **Observe and Act**, a critical-friend service improvement tool involving non-medical supporters, has been revised. The introduction of the Observe and Act initiative has been implemented as an e-learning package
- In terms of complaint outcomes, the Trust has continued to demonstrate a notable percentage increase on closed complaints not upheld and same notable reduction for closed complaints partially or fully upheld, when compared nationally. This data is supported by subsequent low numbers of our own complaint investigations being successfully appealed and upheld by PHSO
- Following the implementation of a specific volunteer services improvement plan, cohorts of community clinical volunteers supported the Trust throughout the year, some gaining paid employment as a result of volunteering

- The Patient Engagement Toolkit has been reviewed and updated to make it more accessible and visually engaging. Co-Production has been given more emphasis and a new appendix has been added on digital engagement which has become a key tool in the COVID-19 environment. The engagement champions have continued to meet virtually
- **Always Events**, a co-production and design framework, have now been introduced to a second team at West Park with others planned.

The Patient Experience Team has continued to work on EDS2 (Equality and Diversity Systems). Information has been collated from across the Trust about the engagement that has taken place. Examples of this are:

- The Neuro-Rehab Team at West Park: Worked with patients to run an 'inclusivity' programme to ensure that patients' specific needs across all protected categories are being met
- The Accessible Information Working Group: Similarly examined communication protocols to ensure that communication barriers to engagement are minimised to maximise patient and public participation
- The Sexual Health Team: Following patient comments the Sexual Health Team has desegregated patient waiting areas and adapted forms to be more reflective of the wide range of gender identities
- Learning Disability Team: Now offers an open referral system to patients and carers to access the team more readily
- Colorectal Team: Responded to stated patient sensitivities around awareness of their 'stoma' status. This resulted in procedures, policies and protocols being changed to ensure even greater confidentiality and 'sensitive signposting' contacts being identified
- Children's Services: Introduced a 'Health Passport' to enable patients to participate in and contribute to greater care planning, with the passport informing the full range of health professionals to enable them to provide patient-centred care
- Trust magazine entitled 'Engagement Under Lockdown' to guide staff to explore alternative ways engaging with patients and community groups.

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 2020/21, the stories shared included experiences of accessing stoke services, participating in a clinical trial for breast cancer and long-term recovery following treatment for ulcerative colitis.

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 2020/21, the impact of COVID-19 meant that progress of the Council was paused and the level of active involvement in Trust work streams and external events was limited, although members have been active where possible, however we are happy to say that from July 2020 onwards we were able to pick up work again and resume meetings virtually.

Due to the COVID-19 situation we decided to also pause new elections for this year and are glad to say the existing Chair and Vice Chair were happy to stay in their roles to support us re-establishing the important work of the Council. Members have also been active outside of the Council meetings. The overall activity is summarised as follows:

Key Topics Covered by Council Meetings

- Sexual Health Services and patient engagement
- Trust response to COVID-19
- Equality Delivery System 2
- Trust Dementia Services

In relation to some of these topics, the Council received a number of presentations, followed by discussion and feedback to lead officers. Whilst these were the major items for consideration, the Council was routinely approached for its views on a whole range of day to day service delivery issues such as revision of patient obstetrics leaflets.

Member involvement in Trust work streams

Council members have participated in a range of Trust work groups and initiatives to provide a patient perspective in areas such as:

- Equality, Diversity and Inclusion Steering Group
- Complaints Review Panel
- Trust Research and Development Projects
- Trust Policy Group meetings
- Infection Control Committee
- Patient Information Boards
- Digital Innovation Group
- Reviewing patient leaflets
- Contributing to RWT research projects.

Membership base

Throughout the year, the Council have continued to attract interest from new members. During 2020-21 we have recruited an additional four members, and have had one member resign due to a new employment opportunity.

Serious incidents

Table 6

01/04/2020 to 31/03/2021

Category	01/04/2020 to 31/03/2021
Confidential Breach	4
Consent	1
Diagnostic	9
Infection (C.Diff)	5
(COVID-19 related)	59
(CPE)	1
(MRSA)	2
(MSSA)	1
Maternity	4
Never Event (Oxygen related)	1
Pressure Ulcers (Community acquired)	3
(Hospital acquired)	12
(Corporate acquired)	1
(Trust acquired)	2
Slip / Trip / Fall (resulted in serious harm)	5
Sub Optimal Care	3
Treatment Delay	14
Unexpected Death (coded as pending at this time)	1
VTE	129
Total	235

The Trust reviews serious incidents to identify themes for redress and improvement. Over 2020/21 top reported categories were diagnosis, infection control-related, pressure ulcers and treatment delay. Within these categories some themes identified included communication, policy and human factors. The Trust will undertake further reviews where appropriate in order to develop a targeted action plan for continuous improvement.

Workforce



The Royal Wolverhampton NHS Trust is one of the largest NHS Trusts in the West Midlands, and the largest employer within the local community, employing ca. 10,300 substantive staff providing primary, acute and community services and we are incredibly proud of the diversity of both our staff and the communities we serve. We are building a workforce that can help us to fulfil our values, improve quality of care for patients, and solve the health care problems of tomorrow. We are passionate about the value that diversity of thinking and lived experience brings in enabling us to become a learning organisation and leader in delivering compassionate care for our patients. This is reflected in our latest staff survey results. We have achieved numerous awards including The Nursing Times Best Diversity and Inclusion Practice, Best UK Employer of the Year for Nursing Staff in 2020 and achieved Gold standard for the Defence Employer Recognition Scheme as well as being shortlisted as a finalist in the 'Leading the way as an employer' Step into Health awards.

The Trust is a supportive working environment committed to creating flexible working arrangements that suit your needs and as such will consider all requests from applicants who wish to work flexibly. Our latest staff survey results show that we have maintained our positive staff engagement levels over the last five years together with an increase in staff advocacy rates.

The Trust employs a significant proportion of our workforce from the Wolverhampton postcode and we continue to be committed to 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.

Headcount, gender, disability and ethnicity

(Tables 8, 9, 10 & 11)

Headcount 31 March 2021

Staff type	Female	Male	Grand Total
Apprentice	20	7	27
Other Staff	7969	1438	9407
Student Nurse	67	4	71
Trust Board - Execs	3	7	10
Trust Board - Non Execs	4	5	9
Medical and Dental	483	674	1157
VSM / Band 8a+	399	165	564
Grand Total	8945	2300	11245

Staff numbers by proportion

(Trust board, senior managers and other staff)

Staff type	Female	Male
Apprentice	74.07%	25.93%
Other Staff	84.71%	15.29%
Student Nurse	94.37%	5.63%
Trust Board - Execs	30.00%	70.00%
Trust Board - Non Execs	44.44%	55.56%
Medical and Dental	41.75%	58.25%
VSM / Band 8a+	70.74%	29.26%
Grand Total	79.55%	20.45%

Disability



The proportion of employees recorded on ESR, having declared that they have a disability has further increased by 0.08% (1.36% in 2010). Our Disability and Long-Term Conditions Employee Voice Group has become more established in this last year and one of the objectives of the group is to look at ways of engaging with and encouraging more individuals to declare status; this will be through various channels of communication and engagement sessions and story boards to demonstrate the value of sharing more information with the Trust, e.g. improved reporting, training, policies and procedures.

Declaration Status	%
No	70.70%
Not Declared	27.21%
Prefer Not To Answer	0.56%
Unspecified	0.09%
Yes	1.44%
Grand Total	100.00%



Ethnicity

The ethnic demographic of the Trust's workforce as at 31 March 2021 is 32.65% (compared to 30.75% in the previous year); the proportion of White ethnic staff is lower compared to the previous year (reported as 69.25%).

Ethnicity	%
African	4.23%
Asian	3.48%
Bangladeshi	0.43%
Caribbean	3.17%
Chinese	0.49%
Indian	11.80%
Mixed White	2.11%
Other Black	0.63%
Other Mixed	0.45%
Other/Not Known	3.59%
Pakistani	2.22%
White	67.35%
Nigerian	0.05%
Grand Total	100.00%



Staff catchment area

At the end of the financial year March 2021, 59% of the Trust's workforce reside within a WV postcode (Source: Electronic Staff Record system); there has been no change to this from the previous year.

Sickness absence

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

Ethical procurement, human rights (anti-slavery) in contracted services

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, including consideration of criminal sanction, as appropriate. We adopt best practice procedures to tackle fraud, bribery and corruption, as recommended by the NHS Counter Fraud Authority.

The Trust has implemented a range of policies, procedures and work programmes that are designed to reduce the likelihood of fraud and corruption and detect fraud plus we annually assess the Trust's risk exposure to both internal and external fraud.

Throughout 2020/21 awareness of fraud and bribery and those policies in place has been raised across the Trust and this work will be ongoing in 2021/22. All referrals of fraud, bribery and corruption were investigated and where appropriate, cases were referred for disciplinary consideration and criminal sanction if proportionate.

The NHS Counter Fraud Authority's Counter Fraud Function Standard Return Self-Review assessment for provider health bodies was undertaken by the LCFS on behalf of the Trust for the anti-fraud, bribery and corruption work conducted during the period 1 April 2020 to 31 March 2021, inclusive. The NHS Counter Fraud Authority will provide an overall assessment of the Trust's counter fraud arrangements in due course.

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

Staff engagement



The Trust's staff engagement levels have remained fairly consistent and continue to be above the national average of comparator organisations (as shown in the latest NHS Staff Survey results) and 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 a further notable increase in staff responding that they would recommend the Trust as a place to work (75.5%) and as a place to receive treatment (84.4%). In addition, we have seen notable improvements in the staff survey for the areas of health and wellbeing and morale, which is particularly positive during the COVID-19 pandemic and is a result of the additional support, communication and engagement provided across the whole workforce.

The Trust's commitment to delivering high quality patient care is dependent on having healthy staff who feel supported. We believe that supporting staff wellbeing in the workplace is an important shared responsibility, which is enabled through the Trust's strategic approach to workplace health and wellbeing and covers the following five wellbeing themes: career, mental and emotional wellbeing, physical, financial and community and social wellbeing. This is underpinned by a high-level action plan with a number of key priorities particularly in relation to physical and emotional wellbeing.

The key objective during 2020/21 was to continue to further embed the Trust's health and wellbeing agenda and progress a variety of approaches. Protecting the health and wellbeing of our staff has been a top priority throughout the COVID-19 pandemic, during which everyone has been continuously challenged and tested - both physically and emotionally. Our 2020 staff survey results have shown a further increase in the number of staff who have stated that the Trust takes positive action on health and wellbeing (a 4% increase compared to 2019).

In supporting our staff wellbeing, the Trust put in place a dedicated website accessible for all staff with a variety of information and resources to help individuals at work and at home. Additionally, a suite of information for managers/leaders providing techniques and guidance on how to best support their teams was implemented. Our trained mental health first aiders and health and wellbeing champions continue to be a crucial resource across the organisation.

To further strengthen our approach to staff engagement, we are continuing to move forward this year with the 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.

Diversity and inclusion in the workforce

The importance and focus on equality, diversity and inclusion has been brought to the forefront during the COVID-19 pandemic and there has been a long-standing national commitment to reduce ethnic disparities across the NHS workforce pipeline as highlighted through the national Workforce Race Equality Standard (WRES) data. Improving the experiences and representation of Black, Asian and Minority Ethnic Staff (BAME) is a key feature within the NHS People Plan and Model Employer directive.

As a Trust, we have put much focus on staff engagement and wellbeing and equality, diversity and inclusion over this last year; this has included continuing engagement with the Employee Voice Groups, listen and learn sessions with members of the Executive team and senior leaders across the organisation and marking key events.

The Royal Wolverhampton NHS Trust is taking further proactive measures to meet its workforce and equality challenges and we have developed a refreshed two-year Equality, Diversity and Inclusion (EDI) Delivery Plan focusing on around six key strands which have been identified as priorities to ensure success:

1. Inclusive recruitment and selection
2. Compassionate and Inclusive learning culture
3. Talent management with an EDI focus
4. Tackling the ethnicity disciplinary gap
5. Alignment with the STP leadership and culture work stream
6. Employee Voice Groups are active and growing in membership



Regulation 8, schedule 2 2017/328

Declaration of facility time

Relevant union officials

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

Percentage of time spent on facility time

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

*There are 2 part-time employee's spending 100% of their part-time hours on Union work.

Percentage of pay bill spent on facility time

Provide the total cost of facility time	£40,131
Provide the total pay bill	£462,321
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.

As always, 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 visitor experience at RWT.

2020/21 certainly was a year of huge change within voluntary services, our existing voluntary workforce prior to the COVID-19



pandemic, were stood down due to a combination of factors. As a result, the Trust decided to hold recruitment for a COVID-19 specific 'Community Clinical Volunteer' role to provide much needed support to our clinical area.

We successfully managed to recruit 120 volunteers by May 2020 an allocated people to ward areas. Volunteers were provided with training in bed making, nutrition and serving refreshments, dementia, and infection prevention.

The role of the volunteers was extremely successful. While volunteers were deployed initially into areas of greatest need to perform essential tasks such as bed making, volunteers also got involved with examples of truly enhancing the patient experience, including helping set up a new patient lounge, helping to create and facilitate a VE Day socially distanced tea party celebration, and helping patients undertake video calls with loved ones. Later we expanded the roles to include supporting the COVID-19 swab hub, internal vaccination hubs, virtual COVID-19 ward, a discharge follow up call scheme, and an activity programme at our rehabilitation hospital.

During recruitment, we particularly increased the number of younger volunteers supporting the Trust by linking in with local schools and colleges.

A further recruitment for clinical volunteers took place in late 2020 and we received a further 100 applications. Our successful volunteers program has gained national attention.

Quality Account



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 2020/2021.

The Trust's quality priorities for 2020/2021 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 2020/21. 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 patient that have been listed for surgery, which

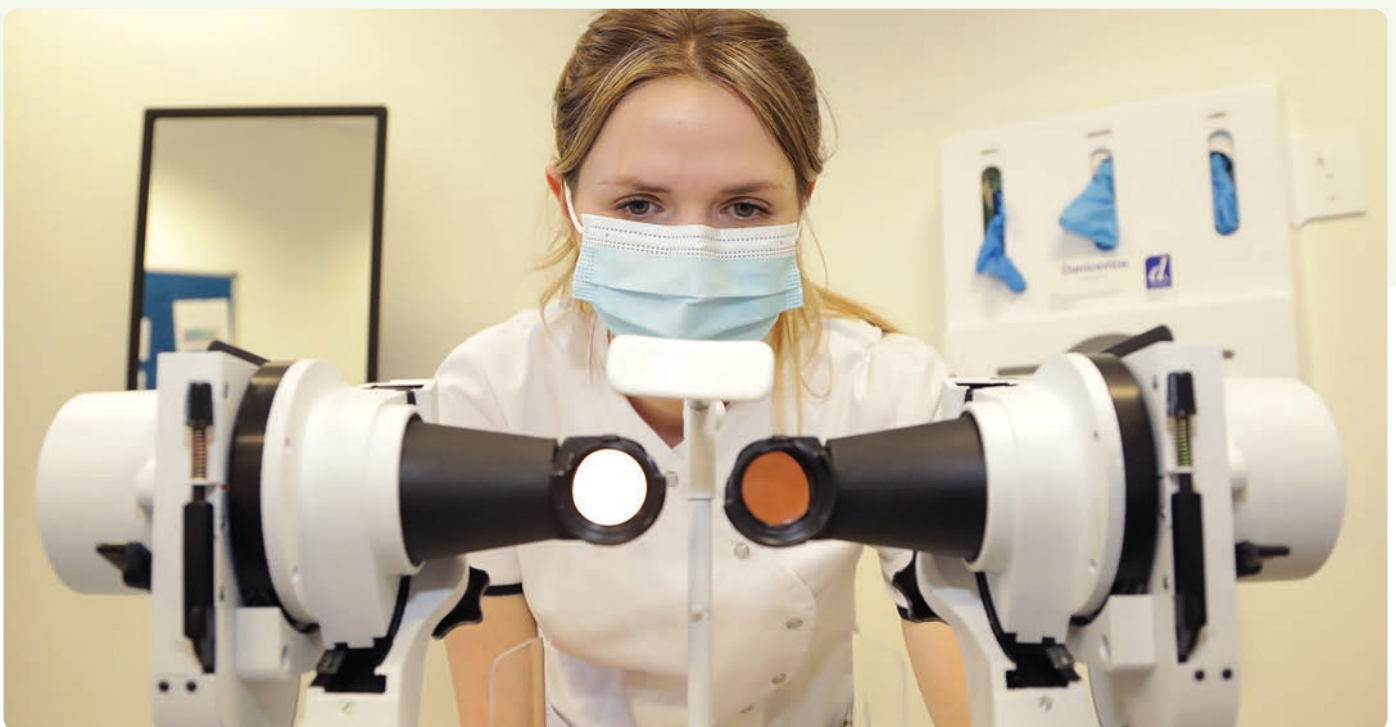
is validated for duplicates and anomalies for investigation and correction. Following this, the data is reviewed further by a validation team to ensure patient records are accurate, up to date and reflect individual patient journeys and pathways. This process is repeated up until the point of submission 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 Quality Account outlines the progress made against the 2020/21 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.

Note:

The Quality Account was to be published by no later than 30 June 2021 and as a result, the final version presented to Trust Board on 1 June 2021. However, please note the caveat with regards to the National Inpatient Survey 2020.



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 that continually strives to improve the outcomes and experiences of the communities we serve.

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.

As a charity we have done our very best to respond positively to the impact of COVID-19 on our patients and staff. We have been able to pass on the benefits of significantly increased funding and gifts directly to those needing support.

Purchases from charitable funds donated to the charity during 2020-2021 include the following items:

Comfort packs for patient welfare due to restricted visiting

- iPads to assist patient communication with their loved ones
- Special thank you card, £25 voucher and pin badge for all staff and volunteers for their amazing hard work and dedication throughout the pandemic
- Picnic benches so our hardworking staff can enjoy their breaks in the fresh air after wearing their PPE.

The annual report and accounts of the Trust Charity will be published in the late summer 2021, where you can find further information and you can find out more about our work.



**The Royal Wolverhampton
NHS Trust Charity**

Registered Charity No. 1059467



B – Accountability report

B1 – Corporate governance report

Directors report

The Directors of the Trust

During the year 2020/21 and up to the signing of the Annual Report and Annual Accounts, the Accountable Officer for the Trust was Prof. David Loughton, CBE and the Trust Chairperson was Professor Steve Field. The Trust Board comprised Prof. Loughton and Prof. Field and the following Directors (any with less than a full year of Board membership are denoted accordingly):

Prof. A-M Cannaby	Chief Nursing Officer (v)
Mr A Duffell	Chief People Officer
Mr J Dunn	Non-Executive Director (from 17 February 2021)
Mr R Dunshea	Non-Executive Director, Senior Independent Director, Chair of Audit Committee Chair of Innovation & Research Committee
Ms R Edwards	Non-Executive Director, Chair of Quality Governance Assurance Committee
Mr S Evans	Chief Strategy Officer
Ms S Evans	Director of Communication and Stakeholder Engagement (from Jan 2021)
Prof. S Field	Chair, Non-Executive Director
Mr J Hemans	Non-Executive Director, Chair of Workforce Committee
Prof. D Loughton CBE	Chief Executive Officer (v) Chair of Management Committee
Prof. S Mahmud	Chief Innovation, Integration and Research Officer
Ms M Martin	Non-Executive Director, Chair of Finance and Performance Committee Chair of Remuneration Committee
Ms G Nuttall	Chief Operating Officer (v)
Dr J Odum	Chief Medical Officer
Ms D Oum	Non-Executive Director (to 3 October 2020)
Ms T Palmer	Director of Midwifery (from Jan 2021)
Prof. A Pandyan	Associate Non-Executive Director
Ms S Rawlings	Non-Executive Director, Chair of Trust Charity
Mr M Sharon	Strategic Advisor to the Board
Mr K Stringer	Chief Financial Officer/Deputy Chief Executive (v)
Prof. L Toner	Associate Non-Executive Director Chair of Clinical Ethics Committee

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

During 2020/21 the Trust Board comprised the Chairman; the Chief Executive; four Executive Directors (Chief Officers) voting and three non-voting; five voting and two non-voting Non-Executive Independent Directors; and was supported by three additional Directors (two attending the Board) and a Strategic Advisor.

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

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

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

During 2020-2021 the Trust Board met monthly and virtually, except in September 2020 and January 2021 (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 lodge questions to be asked of the Directors at or after each meeting. In addition, the Trust Board undertook monthly development sessions and twice monthly Non-executive Director Briefings.

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

John Dunn, a Non-executive Director at Walsall Healthcare NHS Trust, was appointed (as replacement for Danielle Oum, Chair at Walsall Healthcare NHS Trust to 1 March 2021 resigning as of 3 October 2020) and joined the Trust Board as Non-Executive Director with effect from 17 February 2021.

The appointment of new Directors (attending and non-attending) and the shared Chief Medical Officer role

The Chief Executive appointed to three Director roles – Ms Sally Evans as Director of Communications and Stakeholder Engagement (attending Board) from Jan 2021, Ms Tracy Palmer as Director of Midwifery (attending Board) from January 2021 and Ms Louise Nickell as Director of Education (non-attending) from January 2021.

Board membership



**Prof. David Loughton CBE -
Chief Executive**

Appointed 2004

Professor 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. Professor Loughton is a member of the National Institute for Health Research Advisory Board.

Board Attendances in 2020-2021: 9/10

Declaration of interests

- Health policy adviser to the Labour and Conservative Parties ended 01/12/2020
- Dementia Health and Care Champion Group – Member ended 01/12/2020
- National Institute for Health Research – Member of Advisory Board
- Chair of West Midlands Cancer Alliance (from 06/06/2018).



**Prof. Steve Field CBE -
Chairman of the Board**

Appointed 1 April 2019

Professor Field holds a number of roles at various organisations including Chair at Walsall Healthcare NHS Trust, Trustee at Nishkam Healthcare Trust and a Trustee for Pathway Healthcare for Homeless People.

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 2020-2021: 10/10

Declaration of interests

- Nishkam Healthcare Trust Birmingham – Trustee
- Chair, Walsall Healthcare NHS Trust
- Honorary Professor - University of Birmingham
- Honorary Professor – University of Warwick
- Director of EJC Associates
- Trustee for Charity, Pathway Healthcare for Homeless People.



Professor Ann-Marie Cannaby - Chief Nurse and Lead Executive for Safeguarding

Appointed April 2018

Ann-Marie joined the Board at Wolverhampton in April 2018. Ann-Marie is a visiting 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 2020-2021: 9/10

Declaration of interests

- Birmingham City University – Professor of Nursing Sciences (to December 2020)
- Visiting Professor of Nursing Sciences - Birmingham City University (from January 2021)
- Royal College of Nursing – Member
- Warwick University – Research fellow (Honorary) ceased 01/04/20
- Higher Education Academy – Teaching Fellow
- Ann-Marie Cannaby Ltd. – Director
- Leicester and Leicestershire Photographic Society – Member ceased 07/02/20
- La Trobe University, Victoria, Australia - Honorary Visiting Fellow
- Visiting Professor Staffordshire University.



Alan Duffell - Chief People Officer

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 2020-2021: 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)
- System Workforce Lead BC&WB System Workforce lead (from 01/01/21).



**Prof. Sultan Mahmud -
Chief Innovation, Integration and
Research Officer**

Appointed September 2014

Sultan Mahmud has been in the NHS for 19 years and has been an NHS board director for eight years. He has undertaken senior roles in both provision and commissioning arms of the NHS including clinical and business informatics, programme management, performance management, primary and secondary care commissioning. A keen technologist and innovator Sultan lectures part time at various universities, nationally and internationally on healthcare innovation, information management and value in healthcare. Sultan has also enjoyed a spell in the pharmaceutical industry working in medical regulatory affairs.

Board Attendances in 2020-2021: 9/10

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 2020-2021: 8/10

Declaration of interests

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



**Dr Jonathan Odum -
Chief Medical Officer**

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 2020-2021: 9/10

Declaration of interests

- Private out-patient consulting and general medical/hypertension and nephrological conditions at Wolverhampton Nuffield average time spent 1-2 hours/week maximum
- Chair of ICS People Board (from 01/01/21).



**Kevin Stringer -
Chief Financial Officer**

Appointed 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 2020-2021: 10/10

Declaration of interests

- 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.**

Mike 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 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. Mike really does enjoy spending time with his teenage children and also walking in the Lake District.

Board Attendances in 2020-2021: 10/10

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.

His other current roles are independent member of the Welsh Government's Education and Public Services audit and risk assurance committee and chair of the audit committee of the Geological Society. He is volunteer warden with Natural England. He is a Chartered Public Finance Accountant and Fellow of the Geological Society.

Board Attendances in 2020-2021: 10/10

Declaration of interests

- 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

Rosi's experience has been in the public sector, in enforcement of health and safety legislation and promoting improved management of risk. She started her career as HM Inspector of Factories in South Yorkshire and moved to the West Midlands in 1987 to take up a post as operational policy lead for Robotics and Automation.

She has held a variety of senior management posts in the Health and Safety Executive including head of a regional team of specialist inspectors, occupational health physicians and scientists, head of Operational Policy for Engineering and Utilities, Operations Manager in the Construction Inspectorate, and finally Regional Director for Midlands, Wales and the South West.

Her career in HSE has given her extensive experience of assessing organisations' ability to manage risk. Since joining the Board, she has been appointed by the Care Quality Commission as an Executive Reviewer, taking part in Well-Led inspections of NHS Trusts. She is a consultant on Occupational Health and Safety for the Organisation for Economic Co-operation and Development, currently working on improving the Italian health and safety system.

Board Attendances in 2020-2021: 10/10

Declaration of interests

- Labour Party member
- Lay member of West Midlands ACCEA ceased 09/2019
- Daughter as 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
- 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.



**Sally Evans –
Director of Communications and
Stakeholder Engagement**

Appointed January 2021

Sally joined the Trust as Head of Communications in October 2017 from NHS South Worcestershire Clinical Commissioning Group (CCG) after a decade working in communications in the NHS. Having worked across a range of NHS organisations including acute, mental health, community and commissioning in various communications roles, Sally brings a wealth of experience in the public sector.

Joining the NHS in 2007 as a Communications Assistant at The Dudley Group NHS FT, Sally moved to the Black Country Partnership NHS FT, then progressed to NHS South Worcestershire CCG in April 2015 as Communications Manager, heading up three CCGs – South Worcestershire, Redditch and Bromsgrove, and Wyre Forest. Sally is qualified with a Post-Graduate Diploma in Public Relations, awarded by the Chartered Institute of Public Relations. Her portfolio includes crisis communications, reputational management, stakeholder engagement and the Trust's charity.

Board Attendances in 2020-2021: 2/2

Declaration of interests

- None declared for 2019-2021.



**Simon Evans –
Chief Strategy Officer**

**Acting from 1 October 2019, appointed
from 1 February 2020**

Simon has worked in the health and care sector for over 17 years and has held a number of senior management positions. His roles have covered: strategic and service-level planning, performance management, business development, transformation and programme management. He holds a Masters Qualification in Business (MBA) from Aston Business School along with an Honours Degree in Business Studies.

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

Simon spent nearly eight years working in various locations across the UK as a senior manager for Marks 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 2020-2021: 9/10

Declaration of interests

- None declared for 2020-2021.



**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.

In February 2021, Junior was appointed as a NED of Walsall Healthcare, serving as a joint NED to both Trusts as they develop a closer strategic collaboration. Junior is now Chair of both Royal Wolverhampton NHS Trust and Walsall Healthcare Trust People & Organisation Development Committees.

Board Attendances in 2020-2021: 8/10

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 ceased 28/09/20
- Non-executive Director, Walsall Healthcare NHS Trust commenced 01/02/21.



**Mary Martin -
Non-Executive Director**

Appointed July 2013

Mary Martin is an experienced Non-Executive Director having served on the boards of commercial organisations, charities and NHS Trusts. Her business focus is to concentrate on the strategic issues; engagement with stakeholders; the development of new ways of working and the efficient management of funds, people and assets. Mary is also a Non-Executive Director of Walsall Healthcare NHS Trust and a trustee of The ExtraCare Charitable Trust and two major Midlands based arts charities – B:Music and Midlands Art Centre.

She worked for twenty-five years in the accountancy profession and was a Partner with Arthur Andersen, one of the largest international accounting practices. She then held a variety of executive positions including working with Advantage West Midlands; a private venture fund manager focussed on technology start-ups and finally as Pro-Vice Chancellor of Birmingham City University. She is a Fellow of the Institute of Chartered Accountants and an Oxford University engineering graduate.

Board Attendances in 2020-2021: 10/10

Declaration of interests

- Martin Consulting (West Midlands) Ltd – Director / owner of business
- B:Music Limited – 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
- Non-executive Director, Walsall Healthcare NHS Trust commenced 01/04/21.



**Danielle Oum -
Non-Executive Director**

**Appointed 1 October 2019,
resigned 3 October 2020**

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 2020 up to date of
resignation: 4/5**

Declaration of interests up to date of resignation

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



**Tracy Palmer –
Director of Midwifery**

Appointed January 2021

Tracy Palmer has been a practising midwife for 33 years and has gained national and international experience in her field. She qualified as a nurse in 1986 and worked as a staff nurse in Emergency Department and Paediatrics at Walsall Healthcare Trust before starting her midwifery training at the Sister Dora College of Midwifery in Walsall.

Having joined the Trust in 2004 as the Clinical Lead Midwife for Delivery Suite and Intrapartum Services, Tracy has held several senior leadership positions within Maternity and Neonates, including Matron for Obstetrics and Gynaecology, Deputy Head of Midwifery, Head of Nursing and Midwifery and finally Director of Midwifery.

Tracy has led on many successful service developments, including introducing and implementing a midwifery-led service at the Trust, maternity triage and induction of labour units. As part of her role, Tracy leads on the national transformational programmes of work for midwifery services for the organisation. As one of the first midwives in the country to acquire Neonatal Life Support Instructor status with the Resuscitation Council UK, she has relished the opportunity to teach in a number of hospitals across the UK and internationally as part of a faculty to teach on the first Asian Neonatal Life Support Provider Course.

Board Attendances in 2020-2021: 1/2

Declaration of interests

- None declared for 2020/2021.



**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. For the past 20 years, until 2020, she was a 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, for example, with the British Red Cross in various parts of the country, conducting needs assessments, developing performance monitoring and carrying out evaluations.

She worked with voluntary and community sector organisations to develop their business planning, their future sustainability and identify their impact. Previously a local improvement advisor appointed via IDeA to the Regional Improvement Efficiency Partnership in the West Midlands, she was, until recently, a Trustee of both the Beacon Centre for the Blind and a Director of Beacon4Life CIC and is now a trustee for Stay – a supported housing charity based in Telford.

Board Attendances in 2020-2021: 10/10

Declaration of interests

- Rawlings Heffernan Consultancy Services Ltd (RHCS Ltd) - Director / Company Secretary ceased 31/07/20
- Trustee and Company Director of Telford Christian Council Supported Housing – STAY commenced 23/02/21
- Board member of Healthwatch Telford and Wrekin commenced 11/05/20 ceased 1/08/20
- Trustee of Beacon Centre of the Blind ceased 01/03/20.



**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 Master's 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 2020-2021: 10/10

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
- Member of The Royal College of Nursing UK.



**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.

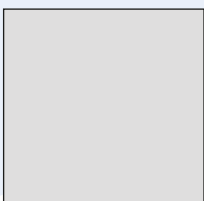
Prior to this he was responsible for developing both developing the Neurological Rehabilitation Research at Keele and developing local research network between the School and the NHS. His personal research aims to: Develop optimal rehabilitation programmes (in particular for people with severe levels of disability) and exercise programmes to maintain health and wellbeing; Measuring patient ability and then modelling the relationship between ability and patient outcomes; and 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 2020-2021: 9/10

Declaration of interests

- 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
- Professor of Rehabilitation – University of Keele
- Visiting Professor – Staffordshire University commenced 01/07/20
- Had a PhD student working with University Hospital South Manchester and OpCare-University Hospital South Manchester and OpCare
- Received a research grant from the Stoke Association on Medcity to work with Vitruve to develop and App/system to monitor exercise performance and compliance with the Community.
- Developing a research project with a company called Aparito on an App Development for monitoring stroke patients in the community



**John Dunn -
Non-Executive Director**

Appointed 2 February 2021

John’s professional life was spent almost exclusively in the Telecoms sector and he has extensive experience in the field of operations, and customer service. His career includes 20 years’ experience at divisional board level in a variety of executive and non-executive roles and his last position with BT was as Managing Director (MD) Openreach. As MD, he was responsible for the delivery and repair of customer service and for the provision and maintenance of the local access network for the south of the UK. Away from the boardroom, John is a keen walker and cyclist and enjoys nothing better than hill walking with his red setter.

Board Attendances in 2020-2021: 2/2

Declaration of interests

- Non-executive Director, Walsall Healthcare NHS Trust

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 Officer's 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:



Prof. David Loughton CBE, Chief Executive

Date: 9 June 2021

Signature:



Kevin Stringer, Chief Finance Officer

Date: 9 June 2021

Governance statement 2020-2021

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. During this year the majority of the contacts and meetings described in this statement and the Trust Annual Report have taken place virtually, using video and voice conferencing due to the restrictions placed on us all by the pandemic. Despite this, good contact and relationships have been maintained, fostered and enhanced throughout the year.

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 2021.

Black Country and West Birmingham Healthier Futures Partnership (previously STP) Annual Report Statement from the Independent Chair

Serving a population of around 1.5 million people, our partnership is the collaboration across local authorities, NHS bodies and the voluntary and community sector to:

- Improve the health of our population by reducing inequalities in health outcomes and improving the quality of and access to services
- 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
- 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.



After an unprecedented year, my biggest reflection is of pride in our health and care workforce, together with gratitude for all those who have gone above and beyond to care for people at their most vulnerable and protect many more from the impact of COVID-19. Through the challenges of the last 12 months the strength, the compassion, commitment and determination of our people has been outstanding. On behalf of our partnership, thank you for all that you have done and continue to do.

As COVID-19 pressures start to ease, NHS organisations will face the new challenge of restoring services. Whilst we need to ensure people are seen for the care they need in as timely a way as possible, we also have to guarantee that our NHS workforce are supported to rest, decompress and recover from a year of unprecedented demands placed upon them physically and emotionally. Our People Board is focusing on the wellbeing support required to ensure help and assistance are provided for those who were there for so many people when they were needed most.

For local government partners the challenge of enabling communities and people to safely go about their daily lives is key. Testing capacity and support for local businesses will play a vital part in this, as will support for people and families who need extra help to manage their new circumstances. This year, more than ever, the voluntary and community sector has played a really important role, helping people to stay connected to communities and building resilience in the darkest of times. The kind spirit of a few has shone through our communities and been a lifeline for many.

Perhaps the greatest example of our partnership working has been our vaccination programme which continues at pace. Operating from over 30 vaccination locations we rapidly moved through the cohorts of eligibility, starting with those most vulnerable. Whilst uptake has been generally high, we have seen some areas of concern. We know the lower uptake in some areas will be due to a number of factors, including confidence in the vaccine, convenience of access and also complacency with regard to whether people feel the need to be vaccinated. We also know that COVID-19 has disproportionately impacted on our Black, Asian and Minority Ethnic communities and that worryingly, the uptake of the vaccine is also much lower amongst these groups.

To respond to these challenges, we are increasing our efforts to get the right information to people and have where necessary changed the mode of vaccine delivery to improve accessibility. Working with Public Health in each place, we have also created a network of community champions, as well as working with community and faith leaders and also trusted community voices, to help deliver the right messages.

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. I would like to thank all health and care colleagues throughout our system for their commitment, dedication and hard work during the past year and for their help in bringing this ambition closer to being realised.

Jonathan Fellows, Independent Chair

Black Country and West Birmingham Integrated Care System



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 2021 and up to the date of approval of the annual report and accounts.

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.

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.

The Trust maintained risk management processes throughout the year although during the 1st and 2nd wave of the COVID-19 pandemic there was some adverse impact on meetings and some routine processes as activity pressures increased and staff were redeployed into needed roles.

Some processes were paused for example action follow up, low level risk update, external visit follow up and audits. Focus was maintained on the escalation of risks from service areas, the update of high-level risks and the monitoring and investigation of COVID-19 and other reported incidents.

In May 20 internal audit of risk management included review of 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 concluded partial assurance with three medium and two low recommendations which included review of risk recording in line with Trust format and strengthening of local minute taking of risk activity. The recommendations are formed into an action plan that is regularly monitored by the Audit Committee.



Trust Board

The Trust Board has met virtually and monthly as planned (except in September 2020 and January 2021, also as planned). Other than for matters requiring commercial confidence or having sensitive patient identifiable or staff identifiable human resources implications, it has conducted its business in public and as soon as was possible, it has made the virtual public Board meeting available to the press, public and other observers. It has been open to questions posted for the Directors at each meeting with responses provided either in or post-meeting.

A high attendance rate by Directors was recorded during the year. The Chairman's term of office commenced from April 2019 and was renewed before the end of the term. At 31 March 2021 the Board comprised two female and six male Executive Directors (Chief Officers); one from a minority ethnic background; and four female and five male Non- Executive and Associate Non-Executive Directors, two from a minority ethnic background.

At each meeting the Trust Board considered reports on:

- Quality and safety
- Serious incidents
- Operational performance
- Financial issues and 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)
- Development of a potential acute collaborative arrangement
- Development of the Wolverhampton Place, the Black Country and South-West Staffordshire Integrated Care Systems (ICS)

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 Chief People Officer.

The Trust Board strives to maintain an appropriate balance between strategic matters and supervising the management of the Trust. Among the former in 2020-2021 were:

- The operational impact and strategic potential impact of the COVID-19 pandemic
- The medium to long term implications of the COVID-19 pandemic, recovery and restoration on the services and staff of the Trust
- The support of the senior team operationally managing the pandemic impact and the support for schemes and investment required as part of the Trust response to the pandemic
- The support for and recognition of closer working relationships with a wide range of stakeholders and partner organisations as part of the pandemic response including the City of Wolverhampton local authority and colleagues in the local Public Health team, commissioners and provider partners
- The continued focus on recruitment of key staff particularly doctors and nurses,
- The continued development of innovation programmes and exploration of the use of artificial intelligence, data and technology in improving healthcare,

- The pause and continuation of the development of a clinical quality improvement programme,
- The five year capital programme revisions and agile responses to changing capital expenditure priorities,
- The continued development of the University of Wolverhampton Postgraduate Academic Institute of Medicine and partnerships with a range of other academic institutions
- The extension of the Trust's own clinical fellowship programme,
- The continued vertical integration of GP practices and development of the Primary Care Networks and Wolverhampton Place,
- The development of an accountable care organisation,
- The contributions to the development of the sustainability and transformation plans, and the ongoing financial challenges within the NHS.

The Trust Board has continued to build on strong relations with stakeholders, including local commissioners, Healthwatch, Public Health and local authority overview and scrutiny committees.

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

- 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
- Four NEDs have 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 NEDs also have a programme of executive briefings from Chief Officers and senior staff on a variety of matters and from the Chief Executive at least monthly in addition to Board, Board Committee and development sessions.

Throughout the COVID-19 pandemic, the Board and Board Committee's, development sessions and briefings have continued as planned using virtual video conferencing and the shared papers system already in place. On occasion, the length and business have been reduced appropriate to operational pressures and meeting requirements. Information and consultation have also been carried out by email where required and appropriate.

Table 13 – Board composition and commitment / experience

Board governance

- All voting positions substantively filled with considerable experience and continuity of Board members
- Senior Independent Director in position
- Clarity over who is entitled to vote at Trust Board meetings



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.

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 2020-2021
- Trust Annual Report and accounts 2020-2021
- Board Assurance Framework, Strategic Risk Register and related governance processes
- Data security and protection
- Management of sepsis recording
- Radiotherapy case investigation
- Human Tissue Authority procedure compliance
- Consultant Job Planning

Most of the audits and reviews were completed to plan against the constraints caused by the COVID-19 pandemic. Where not completed they were planned for completion early in 2021-22.

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: Chair - R. Edwards, L. Toner, A Pandyan (from November 2020)

Aims and objectives of the committee (from ToR)

The aims of the committee are to provide assurance to 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.

Committee objectives - During the period QGAC had 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.
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.

Metrics have been steadily developed and refined. Mortality, which has been the subject of monthly reports, and has been scrutinised as a BAF Risk (SR 12) has now been removed from the BAF, the SHMI having been within expected levels for a sufficient length of time and the reports showing good progress with the action plan.

During 2021 NEDs have discussed future objectives. Linking in with the Trust's Strategic Objectives, QGAC will be considering for 2021-22 objectives featuring: equality of access to health care and equality of outcome; and returning to normal levels of activity in a clinically sound and equitable way.

Frequency of meetings and main focus

During 2020-2021, the committee met virtually on nine occasions, with one meeting (January 2021) cancelled. During peak COVID-19, meetings were reduced to one hour's duration.



Activity and areas of activity

At each meeting the committee received an update on reports in line with its terms of reference (including items below). It escalated risks and assurances to the Board via the chair's report of each meeting and minutes to the trust Board. The list of reports is managed on an annual plan/cycle of work with upward reporting groups and the committee maintains an issues log to communicate issues for redress and record action taken.

- Board Assurance Framework (BAF) – Monthly
- Trust Risk Register (TRR) – Monthly
- Integrated Quality and Performance Report – Monthly
- Learning from Deaths – Monthly, up to and including January 2021.
- Information Governance Toolkit
- Continuous Quality Improvement Reports – Annual Update and Q1 Report
- National Reporting and Learning Systems Report – 6 monthly
- External Reviews Report – Annually
- CQC Well-led Inspection report and actions
- Clinical Audit – Annually
- Litigation and Inquests – Annually
- Health & Safety – Annually

QGAC also received the Cancer Recovery Plan, monthly, to inform its assessment of the BAF risk assigned to it.

In April 2020 the committee agreed the draft Quality Account for the Trust. In November 2020 QGAC received a verbal report on the Trust Strategy and the development of strategic objectives for 2021/22.

In March 2021 QGAC received a verbal report on the prioritisation of patients on waiting lists and how to reduce these in a fair and clinically justified way and asked that the criteria used be made public in an easy-to-understand way. QGAC was also concerned that those who chose not to go ahead with a procedure might be more vulnerable patients, less able to balance the risk from COVID-19 with the risk of not proceeding, and sought assurance that they did receive sufficient advice, and that an analysis would be carried out to see if such groups disproportionately declined treatment.

QGAC receives reports from the Chairs of the Compliance Oversight Group (COG) and the Quality Standards Improvement Group (QSIG), and the minutes of these meetings, which provide assurance through detailed reviews of compliance and risk. The chairs of QSIG and COG escalate to QGAC issues and assurances they obtain from the groups reporting to them. QSIG and COG normally meet each month, but during peak COVID-19 periods these meetings were suspended. QGAC did not receive their Chairs' reports at the meetings in April, May, January and February.

There are plans to merge COG and QSIG into a single committee which was intended to be completed by autumn 2020. These have been delayed by COVID-19, but should take place during summer 2021.

QGAC raised items to the Board from groups reporting to QSIG and COG concerning the following:

Alerts – Resuscitation Group Report - alert relating to audits of resuscitation trolleys, Medicines Management Group - alert relating to delayed antibiotic treatment for patients with sepsis, assure relating to overall management of medicines during COVID-19, Trust Safeguarding Group.

Advisories – National Laparotomy Audit, Cancer 104-day Harm reviews, Pleural Services Group Report, External Reviews Oversight Report, Learning from Experience Group, Equality, Diversity and Inclusion, Infection Prevention and Control.

Assurances – Quality Review Visits, Serious Untoward Incident Report, Radiation Safety Group, Audit of Duty of Candour Compliance, Organ Donation Group, End of Life (Swan) Group, Falls Prevention Group.



Board Assurance Framework (BAF) and Trust Risk Register (TRR)

The committee monitored BAF risks SR12 - Mortality, SR13 – Cancer and SR14 – COVID-19 recovery. QGAC debated the definition of SR14 and the reformulation of SR13. During the year it was decided that SR12 could be removed from the BAF, as the target level for SHMI had been met and maintained.

The committee monitors the Trust Risk Register and advised or alerted the Board regarding new risks or developments in risks as well as requesting improvements in the articulation of risks and questioning risk ratings and the need for some risks to continue on the TRR. The committee was pleased to discuss drafts of the BAF and TRR Heat Map at its meetings in February and March, with a view to having a summary document which enables the meeting to assess the adequacy and completeness of the articulation of risks on the BAF and TRR as well as providing a useful quick reference for the Board.

Matters of note and assurance

Matters featuring in the committee's reports to the Trust Board, included:

Matters of concern – during the year the Chair's report to the Board included:-

Cancer performance and the impact of COVID-19 (April 20); suspension of harm review process and disruption to service (May); increase number of patients waiting over 104/62 days (June). Reduction in Breast screening, with 5000 patients waiting (October).

Suspension impact on elective operations from 11 January 21 due to COVID-19 pressures in order to secure enough staff for the required 200% increase in ICU beds (January 21). Drop in Breast Cancer referrals 2 week wait performance (19.74% in November, 6.25% in December) (January).

During COVID-19, the committee noted the use of private sector providers for urgent cases the redeployment of staff from the theatres at Cannock to ICCU, the adverse impact on Cancer metrics with support sought from other Black Country Trusts (February 21). Restoration of pre-COVID-19 clinics and reductions in waiting times, use of fast track clinics in line with normal levels; breast referral numbers the biggest concern with bookings at day 28 and 170 patients waiting over 14 days. Additional sessions working through the backlog of patients and additional support from one other Trust (March 21).

Other COVID-19 impacts – flow through Emergency Department resulting in long waits and delayed ambulance handovers due to need to keep patients segregated (November 20) with 364 urgent care ambulance handover breaches over 60 minutes in December. Additional measures in place to address off-loading issues and required safety measures concentrating on flow and routing patients to the right ward to reflect their COVID-19 status (January 21).

COVID-19 impact on waiting lists: patients waiting for over 52 weeks for treatment were 10 in April (May 2020), 842 (November), 997 (December), 1443 (January 21) and 2054 in February (March 21).

COVID-19 impact on referral to treatment – The number of patients waiting over 18 weeks deteriorated during February reaching 42,235 (target is below 40,000) due to the impact of COVID-19 related suspension of routine elective inpatients and outpatient clinics. (March 21)

Other COVID-19 and related matters – Medicines: storage, prescribing and use – deep and detailed review carried out in response to issues raised by CQC visit revealed significant issues with a comprehensive action plan (July 20). Shortage of reagents for COVID-19 testing (September 20) escalated nationally. Mental Capacity Act and Deprivation of Liberty Safeguards Assessments: examples of MCA testing not implemented or documented and of omissions/absence of DoLS in some areas with actions to address (October 20). C-Section Rates: emergency C sections at 28% were higher than expected with a combined emergency and elective rate just under 40%.

Proportionately more women required intervention and subsequent C-section including those in premature labour and those seriously ill with COVID-19 (February 21). C sections reduced to 34% by March 21 as COVID-19 levels declined.

Stroke assessment within 24 hours percentage below target due to stroke patients being dispersed to other wards due to COVID-19 with assurances that patients continued to receive appropriate treatment within the 24-hour window. (February 21).



Black Country Pathology Service:

Microbiology at Wolverhampton UKAS accreditation suspended following a virtual inspection with some significant issues including slippage of the audit plan. The assessment report received and action plans in place with review expected in May 21. The Board accepted the recommendation that the highlighted cultural and quality issues be covered in greater depth at a board development session. (March 21)

Clinical Audit: Audit activity was suspended across the Trust for Q1 and 2 2020/21 due to the COVID-19 pandemic and again in January 2021 to end of 2020/21. On 16 March 2020 NHSE confirmed that national audits and some national registries were also suspended with expected reduced levels of completion: 56% in Division 1, 37% Division 2, 35% Division 3. (March 21)

Never events:

Unintentional connection of a patient requiring oxygen to an air flowmeter. Actions included reminder to all matrons of the three barriers that reduce the risk of oxygen tubing being connected to air flow meters and immediate review to ensure air flow meters are not in-situ unless explicitly required. (March 21)

Matters of assurance

During the year the Chair's report included the following -

Mortality: the Learning from Deaths Report and the Mortality Action Plan showed a wealth of actions being taken to improve care and the Trust's understanding of care pathways. This and the steadily reducing SHMI resulted in the Mortality BAF risk SR12 being removed (July 20).

Evidence of learning from deaths through sharing of knowledge gained through SJRs (October)

Information Governance: Trust submission that all conditions were met (September)

Audit of Duty of Candour showed very good levels of compliance in all divisions.

CQI Report showed work had continued including online training materials, development of Outpatient Futures, the Huddle Tool, and a single referral form in Community - staff's own initiative supported by the CQI team. (October)

Discharges: QGAC heard that excellent co-operation between the Trust and Wolverhampton Social Services had enabled patients to be discharged swiftly and safely, maintaining flow out of the hospital and freeing up beds. (March)

Matters of achievement

During the year the Chair's report included the following:

Quality Review Visits to South East District Nurses based at Bilston Health Centre – two domain good and three outstanding - and to Durnall Unit, September 2019 – all domains good, with Caring outstanding, and all actions implemented.

COG: Patient Experience Report: There has been considerable and increased volunteering activity, the Trust's success being reported on the national news relating to the recruitment of Community Clinical Volunteers.

Organ Donation: Despite all the difficulties of COVID-19, RWT's performance has been good, and from being in the bottom tier (tier 4) for performance in 2016 the trust is now in line to be in the top tier. (November)



Committee non-executive members

QGAC exchanges information with other committees, for example agreeing to take on the follow-up of one of the Internal Audit reports (Radiography in the Radiotherapy Department) and passing on one issue concerning digital innovation to the Innovation Committee. The Chair of the QGAC attends the Audit Committee, which helps to maintain the flow of information between the committees, particularly on clinical audit matters.

Audit was informed of the self-assessment QGAC carried out (see below) covering, in particular, QGAC's role in monitoring clinical audit. The Healthcare Quality Improvement Partnership's publication Clinical Audit: a simple guide for NHS boards was used to review how clinical audit is managed, and the Medical Director will be considering with other stakeholders the way clinical audit can be redesigned to align more closely to the Trust's strategic objectives. A paper on this should come to QGAC in May 2021. One QGAC member is also on the Innovation Committee which assists the flow of information on digital health matters.

Self-assessment: QGAC members completed a self-assessment questionnaire based on an adaptation of a standard Audit Committee format. The results were provided to the September meeting. QGAC reviewed its TOR in April 2020 and March 2021 and received board approval. Deloitte observed the February 2021 meeting and the Company Secretary for Walsall Healthcare NHS Trust the meeting in March 2021.

Finance and Performance Committee

Committee M Martin, Chair, S Rawlings, J Hemans, J Dunn (from February 2021)

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

The committee met monthly and considered in detail:

- Trust's financial position
- Financial Recovery Board report which includes progress on the Cost Improvement Programme
- The progress of the capital programme
- Performance aspects of the Trust Board's quality and performance report.

It also considered

- Impact of COVID-19 on Performance
- Cancer Action Plan
- Group, Service Line Reporting
- Sustainability and Transformation Programme (STP)
- Contracting & Business Development Update
- Annual Budget/Income Expenditure Plan

- Cash Flow Report
- Temporary Staffing Dashboard
- Local Clinical Research Network (LCRN) finance report
- Procurement report
- 5 Year Capital Plan
- Backlog Maintenance Programme
- Other matters associated with operational finance and budgeting.

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

Matters of note and assurance

These matters featured in the committee's reports to the Trust Board, including;

Matters of concern - During the year the committee has noted the following matters of concern:

1. The potential impact of COVID-19 on the Trust's financial position and on performance
2. The recovery plan for restoring services especially for cancer referrals
3. The agreement of the capital budget including COVID-19 related capital was not finalized until late in the financial year. The Trust achieved its CRL.

Matters of assurance - During the year the committee has noted the following matters of assurance:

1. The cashflow management was considerably helped by the payments in advance and healthy cash balances were maintained
2. The EU transition meetings monitored the preparedness for leaving the EU and procurement did extensive work to secure the supply chains
3. The full budget planning exercise was undertaken across the Trust for expenditure in 2021/22.

Matters of achievement - During the year the committee has noted the following matters of achievement:

1. The continued high performance of the Clinical Research Network West Midlands. All non-essential clinical trials were paused and focus was on urgent public health COVID-19 studies.
2. The Babylon contract was reviewed in detail and recommended to the Board for approval

Committee Non-executive Members

The Chair of the Committee is a member of the Audit Committee, which helps to maintain the flow of information between the committees, particularly on financial risks.

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

Workforce and organisational development (WOD) committee

Members: Chair: J Hemans, Members: R Dunshea + one 'floating' Member

Aims of the committee

- The purpose of the committee is to provide the Board with assurance that:
- 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, engagement, wellbeing and 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 Trusts ability to deliver its objectives, that these are being managed in a controlled way through the Trust Management Committee.
- The organisational culture is diagnosed and understood and actions are in place to ensure continuous improvements in culture.

To provide assurance on the following key areas of workforce governance:

- Resourcing and Skills
- Leadership & organisational effectiveness
- Engagement & Culture
- Wellbeing
- Productivity



Frequency of meetings and main focus

During 2020-2021, the committee met six times (bi-monthly).

At each meeting the committee considered progress updates on:

- Executive Workforce Report including update from Model Hospital
- Workforce Resourcing & Productivity (including Retention)
- Employee Relations and Improving People Practices Update
- Staff Engagement and Surveys and Communications Agenda
- Education & Training and Apprenticeships & Leadership
- Equalities, Diversity & Inclusion
- Workforce Plan
- Health & Wellbeing
- Board Assurance Framework
- Divisional Deep Dive Reviews.

Activity

The committee received and discussed reports on:

- Executive Workforce Report
- Targets for 2020-2021
- Health and Wellbeing Support for Staff – During and Post COVID-19 Surge periods
- Board Assurance Framework
- Discussion on Anti-Discrimination
- Workforce Resourcing & Productivity (including retention)
- Employee Relations and Improving People Practices
- Education & Training, Apprenticeships and Leadership
- Equalities: WRES and WDES Data
- Division 1, 2 & 3 Deep Dive/Reviews
- Institute of Healthcare Management
- RWT Response to the National People Plan
- Equality, Diversity and Inclusion: BAME Update Report
- Staff Engagement & Survey and the Wider Communications Agenda
- Update on Job Planning Committee
- Reverse Mentoring
- Workforce Modelling and Planning
- Recruitment - Analysis Update Report
- Key Update - Staff Vaccination
- Review of Annual Planner 2021-2022 and Terms of Reference
- Workforce & Organisational Development Strategic Objectives (2021/22)
- Black Internship Programme



- Equality, Diversity & Inclusion Update
- Nurse Staffing During COVID Response
- Wellbeing Guardian
- Race Code
- 2020 Workforce Race Equality Standard (WRES) Report
- Risks Review / Assessment re Revised Strategic Objectives and Aims.

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

The committee also received regular reports from the Operational Workforce Group (OWG).

Matters of note and assurance

Matters of concern –

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

1. Job Planning – need to have a full and regular update on the plans and progress on its implementation
2. Employee Voice Groups – offer to expand opportunity to include NEDs

Matters of assurance –

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

1. Recruitment – an understanding of where we recruit from
2. Workforce modelling & planning – need to develop an action plan
3. Equality, Diversity & Inclusion – more detailed plans to be reviewed
4. More extensive review on the wider attraction & retention agenda

Matters of achievement –

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

1. Armed Forces Employer Recognition Scheme – Gold Award
2. Implementation of e-job planning, e-leave and medical e-roster
3. Continued reduction in vacancy levels
4. Introduction of reverse/diversity mentoring
5. Black Internship Programme
6. Development of an EDI Delivery Plan
7. Establishment of Employee Voice Groups
8. Development of the Inclusive Recruitment Toolkit
9. Focus on the Wellbeing agenda, both pre and post COVID-19
10. Implementation of MH First Aiders
11. Development of COVID-19 risk assessments
12. Actions in relation to improving people practices
13. Review and implementation of workforce thresholds and targets
14. Establishment of the West Midlands Hub of the Institute Healthcare Management

Committee non-executive members

The Chair of the Committee is a member of the Finance & Performance, Remuneration and Clinical Ethics Committees, which helps to maintain the flow of information between the committees, particularly on finance and clinical audit matters.

The committee members (NEDs) have experience across, Audit Committee, Finance & Performance, Charity and Quality Governance Assurance Committees, that they bring to bear on the matter attended to at the committee.

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



Remuneration Committee

Members: M Martin (Chair), S Field, R Edwards, J Hemans, 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 as required and has reviewed Executive Director Remuneration and appraised the performance of the Chief Executive (in his absence). The Chairman appraised all of the Non-Executive Directors and the Senior Independent Director (SID) appraised the Chairs performance.

Charitable Funds Committee

Members: S Rawlings (Chair), 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 2020/2021, the committee continued to benefit from the dedicated support of an in-house Fundraising Coordinator and the Community and Events Fundraiser.

The Fundraising Team 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 refreshed newsletter and increased use of social media has raised further awareness of the charity and our work and enabled us to publicly thank our dedicated supporters for everything they have done to support our work over the last year.

A wide range of projects were supported during the year for the benefit of the welfare and comfort of our patients and staff as well as some capital items – going over and above that which can be provided by the Trust itself.

Trust Management Committee

Aims of the committee

Chaired by the Chief Executive, 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.

Frequency of meetings and main focus

During 2020-2021, the committee met monthly except in August and December

Activity

The committee 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 Integrated Quality Performance Report (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. The non-exhaustive list is managed on an annual plan/cycle of work with upward reporting groups and the committee maintains an issues log to communicate issues for redress.

Matters of note and assurance

Matters of concern - During the year the committee has noted the following matters of concern:

COVID-19 and the impact on staff health and wellbeing and the local population it serves

Matters of assurance - Restoration and Recovery of Services

Matters of achievement - Becoming a Smoke Free Trust - 1 October 2020

Innovation, Research and Adoption Committee

Members: Professor A Pandyan, R Dunshea (Chair).

The aims of the committee are to provide the Trust Board with an independent and objective review of the Trust's innovation and research aims and developments. This is a new committee and 2020-21 was its first full year of working.

Each meeting received reports from the executive and senior clinical leads on the initiation of strategic innovation development projects. Presentations were received on digital strategy, health informatics systems, artificial intelligence applications, COVID-19 research projects, and the establishment of an integrated care system for Wolverhampton. It also was briefed on the progress to set up the Institute of Health Innovation; a partnership with the University of Wolverhampton.

The committee had oversight of new contractual partnerships with Babylon Health and Sensyne Health. These are at early stage and the focus must now move to benefits realisation. The impact of the COVID-19 pandemic has been profound and has in many ways acted as a catalyst to improve services through the use of IT and related technologies. The committee was keen to ensure lessons have been learnt and long-term transformation achieved to improve patient outcomes.

The committee met five times during the year and was quorate. The contributions from a broad range of clinical and IT disciplines were greatly appreciated.



Clinical Ethics Committee

Members: Prof. L. Toner (Chair), Prof. S. Field, Mr J. Hemans (to March 2021)

The committee was newly formed in June 2020 and comprises a Non-Executive Chair and two NED members including the Trust Chair and a range of clinical professional staff from across the clinical professions and service areas. It has met on average every other month since with hiatus during COVID-19 waves due to clinical operational pressures.

The committee has used the Oxford Ethox Clinical Ethics Committee materials and training information from its formation and early development. To date it has considered set case examples and one clinical example following the resolution of the case. It will continue its development in 2021 and 2022 with input from clinical ethics experts and access to external training and development opportunities

Freedom to speak up – concerns raised

The Royal Wolverhampton NHS Trust has been committed to its Freedom to Speak Up (FTSU) journey and the Guardian role since October 2016. The Trust Board have shown their full commitment and support to embed FTSU within the organisation as per national policy and requirements.

The Trust has been working with the FTSU Guardian to progress the below five identified FTSU objectives and has devised a Speak Up Vision. The objectives below have been successfully achieved and are evidenced in the FTSU Guardian Board reports.

Our objectives are;

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

COVID-19 & Speaking Up

Despite the challenges of COVID-19 the Guardian has worked with the organisation to provide the safest way to deliver FTSU support and has also offered support to the Contact Links (volunteer employees supporting FTSU). This year there has been an increase in the number of cases being reported to the Guardian, a good indicator of speaking up culture as evidenced in the most recent

FTSU Trust Board report.

During the last unprecedented year, FTSU has focused on, online awareness training sessions and responded to departmental concerns. Training packages have been devised and delivered combining Equality, Diversity & Inclusion (EDI), Psychological Safety, and safe speaking up environments. This has been well received and has been successful due to the collaborative approach taken with the Trust EDI Lead, HR Advisory, Governance, Divisional, Departmental leads, and the Education & Training department.

FTSU Index Report

The National Guardian's Office (NGO), NHS England and Improvement have published a FTSU Index report since 2018. The report brings together four questions from the NHS Staff Survey that relate to whether staff feel knowledgeable, secure, and encouraged to speak up and whether they would be treated fairly after an incident. The FTSU Index seeks to allow trusts to see how an aspect of their FTSU culture compares with other organisations so learning can be shared, and improvements made (National Guardian Office: 2020).

The RWT FTSU Index Score has seen a positive increase year on year;

2018	77%
2019	78%
2020	78.4%

The 2019 FTSU Index score recorded a midrange position which was slightly lower than average at 78%. In 2020, this position has improved slightly to 78.4% however benchmarking data is currently not available. The Trust is showing improvements to its FTSU culture; further actions to embed FTSU within the organisation are required to ensure RWT achieve an above average FTSU Index score. The Guardian will work closely this next year with key stakeholders of the Trust to support actions in improving the FTSU Index score.

FTSU data

Here is the Trust Freedom to Speak Up data recorded for the Financial year 2020/21 and reported to 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 Improvement.

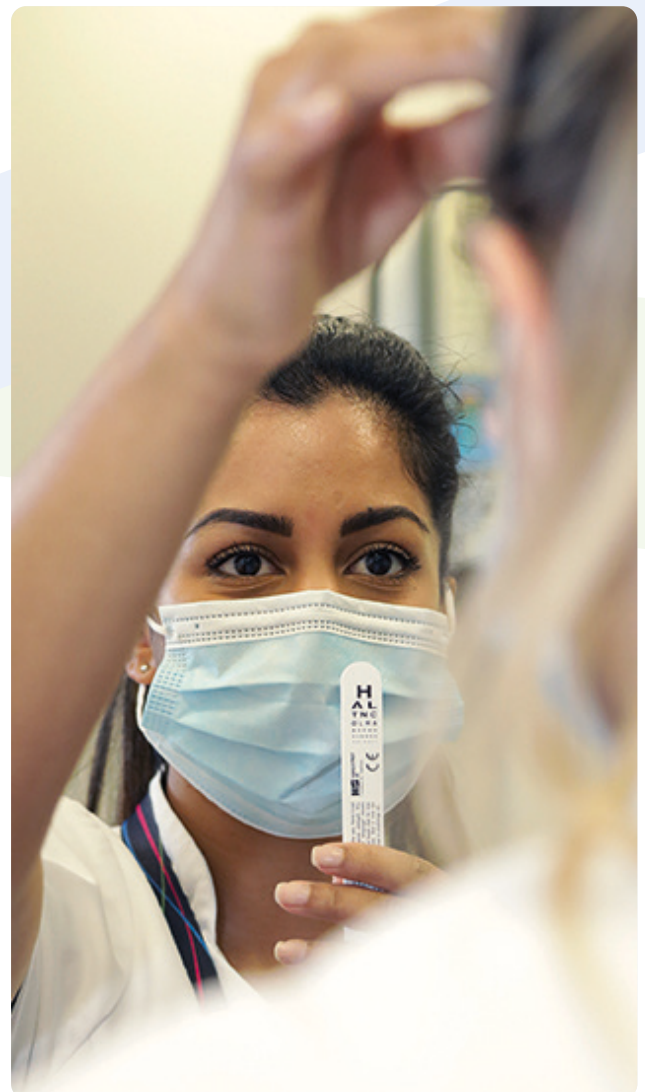


Table 14**Figure 1: Total Number of FTSU cases reported to the National Guardian Office**

2020/21	Total number of cases brought to Freedom to Speak Up Guardians, Champions and Ambassadors in your trust	#Cases raised anonymously	# of cases with an element of patient safety/quality	# of cases related to behaviours, including bullying / harassment	# of cases where people indicate that they are suffering detriment as a result of speaking
Q1 2020/21	22	1	4	16	2
Q2 2020/21	35	1	4	28	4
*Q3 2020/21	29	3	5	21	2
Q4 2020/21	27	3	6	20	4

Freedom to Speak Up continues on its successful journey at The Royal Wolverhampton NHS Trust, and the collaborative approach has enabled quality interventions to take effect and improve the experience of staff and keeping our patients safe.

Capacity to handle risk

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. A risk management e-training is available for senior managers and a separate package for all staff.

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)

Management of the risk registers 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 were reviewed by Directors, the Board and management during 20/21 at the following frequencies:

- QGAC – Monthly
- Trust Board – 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 and the principles of measurable controls are applied. For risk registers to remain effective priority is also placed on the completion and update of assurances and actions to manage risk.

A total of 57 risks on the BAF and TRR were managed during the year 2020-2021, of these 21 were new risks identified in year. The 57 risks comprised of the following categories, 14 were red (red being the highest risk rating), 42 were amber, and one was yellow.

There were 20 new risks added onto the TRR in 20/21 including in the following areas (for example): Perfusion staffing, Prescribing & Administration of Critical Care Medicines in COVID-19, Safe and proper use of medicines, Number of registered nurses available who are trained to deliver Systemic Anti-Cancer Treatment (SACT), Looked After Children & Young People in Care, Cytology Pin Register, Room availability within the community setting for community midwives, Laboratory shortage of reagents for COVID-19 testing, Mental Capacity Assessment, Cardiothoracic surgical waiting list.

There was 1 new risk added onto the BAF in 20/21; SR14 - Trust services and reputation are adversely impacted upon by the medium to long term impacts of the COVID-19 outbreak.

There were 34 risks closed as at 31 March 2021, the remaining 23 to be carried forward to 2020/21.

There are two Red Risks on the Board Assurance Framework and three on Trust Risk Register (TRR) relating to Cancer performance metrics and the potentially adverse impact of the COVID-19 outbreak (BAF) and issues relating to review and communication of test results, Network support for Vascular Services and Consultant cover in Cancer Services (TRR).

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
- A description of the committee arrangements and 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 on 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 the Board Assurance Framework (April 2020) reported significant assurance with 4 low and one improvement recommendation including that BAF reporting should make explicit the relationship between operational and strategic risks.

In addition, during 2020/21 the local (Trust initiated) audit of the Risk Management Strategy and Reporting Policy (OP10) showed good compliance with risk register reviews at all levels and sustained improvement with risk escalation/management.

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.

Risk management assurance - The trust annual risk management audit concluded partial assurance with two low and three medium recommendations. 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 - A risk management e-training package for senior managers and staff is made available on the Trust intranet site. During the 1st and 2nd wave of COVID-19 compliance follow up of risk management training was paused although remained available for staff that were able to complete the training.

During 2020/21 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.

Assurance priorities 2021/22

Review and align Quality assurance frameworks for QRV, Leadership Walkabouts and Quality audits

Implement systems and processes falling from the National Patient Safety Strategy

Embed the revised Quality reporting structure

Undertake an independent Well Led Review at the Trust

Challenges 2021/22

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 reinstate all service activity, reduce the backlog created by the COVID-19 pandemic and return to national target achievement.

As well as developing systems, processes and assurance structure, the trust also intends to demonstrate improvement. The enhancing of working links between Clinical Improvement Team and Governance and Risk Management team is key to this and will be complimented by the introduction of the new Patient Safety Specialist role.

Some of key achievements over the past 12 months are:

The Royal Wolverhampton NHS Trust continues to be rated 'Good' overall by the Care Quality Commission (CQC). During the COVID-19 Pandemic CQC adapted their inspection process to a Transitional Monitoring Approach (TMA), this involved telephone calls with organisations and reviewing a number of KLOE questions (Key Lines of Enquiry).

The Trust was engaged with three CQC TMA type calls relating to Emergency Department (ED), Infection Prevention (IP) and Well-Led. The feedback from CQC for ED and IP were of a good standard and the Trust is awaiting feedback from the Well-Led review.

Over the year various notifications were submitted to CQC relating to temporary closures in Primary Care, Urgent Treatment Centre due to COVID-19 and one change related to temporary appointment of nominated individual due to internal cover arrangements.

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 been unable to complete a full programme of quality review visits 2020/21 to assess ongoing compliance with Care Quality Commission (CQC) regulations due to the COVID-19 pandemic. Three QRVs have however been undertaken during this period. We are currently reviewing the QRV process going forward. An annual report on the 2020/21 quality review visit programme will be presented in May/June 2021. Further processes undertaken this year include confirm and challenge for key themed areas and CQC action plan monitoring of closed actions.

Compliance summary

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

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.

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 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. 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. The Trust has recently approved a new 'Green Plan' bringing together all aspects of climate impact management.

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.

Information governance and data security



Summary of serious incident requiring investigations involving personal data as reported to the Information Commissioner's Office in 2020/21

The table below details the incidents reported on the NHS Digital incident reporting tool and to the Information Commissioners Office (ICO), within the financial year 2020-2021. Any incidents that are still being investigated for the period 2020-21 are not included. The incidents listed below are for the Royal Wolverhampton NHS Trust and GP partnerships that have joined the Trust as listed below.

Table 15

Date incident occurred (Month)	Nature of incident	No. of data subjects	Description/ Nature of data involved	Further action on information risk
November 2020	Disclosed in error - email	10	A member of staff sent out a New Starter form via the recruitment system to at least 10 new starters. Unfortunately, the member of staff did not check the new starter form prior to attaching it to the system and the form was not blank, it contained sensitive personal information about an individual. They are aware that at least three of the recipients have read the email as they received phone calls from these individuals yesterday advising they had received it.	<p>Contacted system provider to break the link in the email so individuals who had not opened the email prior to this could no longer see the email attachment.</p> <p>They also contacted all known recipients and asked to delete the email and situation was contained.</p>
November 2020	Disclosed in error – email	1	Clinical letter for child 'A' was sent with details for child 'B'. Both children were being treated at the same clinic however information disclosed included the wrong diagnosis for child A.	<p>Correct letters were sent to the relevant children's GPs/Children Hospital Consultants and advised to ignore the previous letter and confidentially destroy.</p> <p>Change in process with medical secretaries was implemented to ensure adequate checks are done on letters before being sent to patients and an audit was requested to ensure all letters sent around the same time were correct.</p>
December 2020	Lost or Stolen Paperwork	40+	A member of staff who was planning on working from home, took blood request/ referral forms home so they could book clinic appointments for the referrals. On their way home, their car was stolen with belongings, the blood request forms were among their belongings in the car. Blood forms contained name, address, sex, DOB, NHS Number and were all for glucose tolerance tests.	Car and its contents were not recovered. All patients were identified and were rebooked in for appointments so no delay on clinical care.

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 2012-21		
Category	Breach Type	Total
A	Corruption or inability to recover electronic data	2
B	Disclosed in error	85
C	Lost in transit	3
D	Lost or stolen hardware	0
E	Lost or stolen paperwork	7
F	Non-secure disposal – hardware	0
G	Non-secure disposal – paperwork	3
H	Uploaded to website in error	0
I	Technical security failing (including hacking)	5
J	Unauthorised access / disclosure	8
		113

Data protection and security toolkit return 2019/ 2020 – final submission

Due to the current situation relating to COVID-19, NHS Digital (NHSD) recognises that it will be difficult for many organisations to fully complete the toolkit without impacting on their COVID-19 response. NHSD took the decision to push back the 2019/20 deadline for DSPT submission to 30 September 2020. The results for the final submission for 2019-20 for all are shown below.

The Royal Wolverhampton NHS Trust

Alfred Squire Road

West Park Surgery

Thornley Street

Lea Road

Penn Manor

Coalway Road

Warstones

Lakeside

Dr Bilas Surgery

RL4 Standards Met

M92002 Standards Met

M92042 Standards Met

M92028 Standards Met

M92007 Standards Met

M92011 Standards Met

M92006 Standards Met

M92044 Standards Met

M83132 Standards Met

M92026 Standards Met



Personal data incidents 2020/21

Summary of serious incidents requiring investigation involving personal data as reported to the Information Commissioner's office in 2020/21. This information can be found in the Governance Statement.



Looking forward to 2020/21: Data security and protection (DSP)



Due to the current COVID-19 response the DSP Toolkit (DSPT) for 2020-21 will not be submitted until June 2021, in line with the newly set date by NHS Digital. The Trust will continue to work towards achieving compliance with the DSPT which will be published later this year. An internal audit of the DSPT in November 2020 had provided significant assurance of the processes and evidence that is in place to support the DSPT submission.

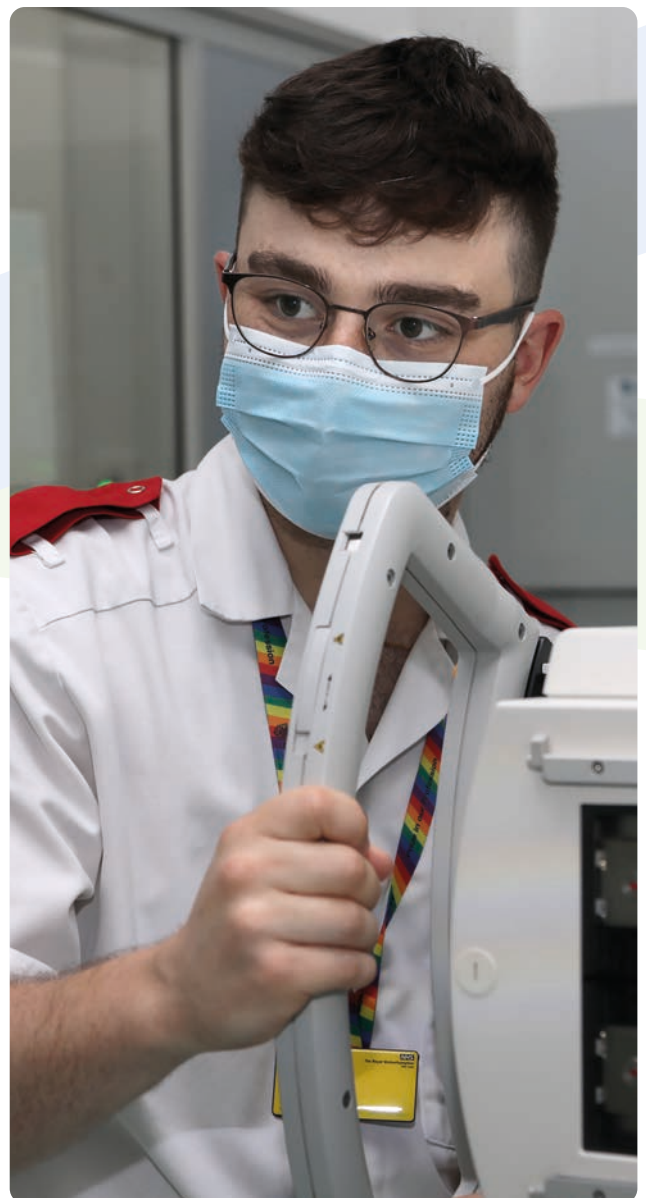
The Trust continues to monitor patterns and trends of data security incidents and implementing measures to reduce these to the lowest level practicable. Current risks include the increasing risk of external threats in relation to Cyber security, such as particularly email 'phishing'. Other risks to data security include - disclosure in error due to increased remote working during the COVID period.

Work continues to improve controls and practices to manage these risks. The Trust has continued to embed the requirements of the General Data Protection Regulation 2016 (GDPR) into day to day practices, monitored via a variety of groups. This is to ensure that data privacy is at the forefront of the care that we provide and the information that is captured.

The Trust remains focused on embedding principles of privacy by design into Trust processes, from procurement to digital innovation and service redesign. This program of work is monitored through the committee structure.

- The Trust has several committees dedicated to reviewing assurance in relation to DSPT and GDPR, chaired by senior Board members
- The Chief Medical Officer 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 Information Governance (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 an assigned Data Protection Officer (DPO) 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 implementation a robust asset management system and defining establishing clear responsibilities for Information Asset Owners (IAO) 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 NHSD approved cyber and data security training, and will receive updates and briefings in relation to the Trust performance in this area.



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 2020-2021.

The Trust's quality priorities for 2020-2021 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 2020-2021 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 2020-2021 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 whistle-blowers). 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 2020. 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.

Note:

The Quality Account was to be published by no later than 30 June 2020 and as a result, the final version presented to Trust Board on 2 June 2020. However, please note the caveat with regards to the National Inpatient Survey 2019. In addition, NHS England and Improvement have indicated that due to the significant pressures associated with COVID-19 (coronavirus) pandemic, the publication date has been deferred to later in the year. However, RWT has kept to the original plan timescales

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. These have continued to be produced, reviewed and monitored throughout the impact of the COVID-19 pandemic.

Emergency planning / resilience

The Emergency Preparedness, Resilience and Response (EPRR) agenda has dominated NHS organisations in 2020/2021. This is a collective result of COVID-19 response command structures, and the management of several concurrent risks and incidents including, the end of EU Transition Period and influenza.

COVID-19 is a realisation of the highest scored item on the UK Government National Risk Register – Pandemic. However, the root cause infection was not the long-anticipated influenza pandemic, but a novel corona virus. The virus continues to present NHS Providers with substantial clinical challenges in its treatment and containment, including the supply and safe use of personal protective equipment and demand for critical care services.

The Trust already has a well-established, command and control structure in place; which is effectively being used, and has been since the start of the Trust's response to COVID-19. The Trust's Incident Control Centre (ICC) has been operating seven days a week since March 2020.

As part of COVID-19 infectious disease outbreak, as part of the ongoing response to this civil emergency, the Trust is working in collaboration with the local health care economy through formal standing meetings and ad-hoc arrangements. Emergency

planning arrangements have been invoked. This includes being involved in multi-agency command structures to co-ordinate key areas of focus, manage risks and support timely decision making and responding to the many national countermeasures.

Due to the pressures presented by COVID-19, business continuity management has been evoked, as planned staffing remains under pressure and supply chain of essential equipment has at times been tested to the extreme. A COVID-19 email box was established and is still in situ and monitored by emergency planning to manage the flow of information, supported by a series of subject matter experts who receive requests and respond.

The Trust has established plans in place supported by service continuity plans, with further updates being planned for. It should be noted that a number of training, exercises and testing events have been cancelled due to the COVID-19 response. The Trust events will be rescheduled at an appropriate time.

Other activities have been undertaken to improve emergency preparedness response for the Trust; development of a Trust induction DVD on emergency preparedness for all staff, improvement of EPRR intranet site and the development of an

electronic grab pack for Strategic and Tactical commanders to use in the event of responding to an emergency incident.

EU Exit. From the 1 February 2020 the UK entered into a transition period which started the withdrawal process from the EU until the 31 December 2020. Due to the many different EPRR steams the NHS adopted a single operational response model to respond to the EU Exit, COVID-19 and winter pressures. The EU Exit transition period has now ended with nil impact reported to the Trust to date. However, the Trust has continued to maintain its current level of preparedness in case of potential further impacts on service delivery over coming months.

EPRR Assurance. The assurance process changed slightly due to COVID-19. The Trust in 2019/2020 EPRR Core Standards self-assessment achieved a fully compliant status, these are continually under review.

The Trust has responded well to the many challenges that have been presented and continues to improve its response, COVID-19 being the biggest challenge.

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

Health and safety at work

The Trust Health and Safety risk profile has been maintained and shows compliance with 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.

During 2020/21 there has been a focus on ensuring COVID-19 safe risk assessments are in place for staff who continue to work on site, and this will continue into 2021/22 as more staff return to work.

There has been an 18.1% reduction in the number of health and safety incidents when comparing 2019/20 to 2020/21. Total incidents reduced from 597 in 2019/20 to 489 in 2020/21. Focus has remained on the high incident reporting areas; ensuring investigations are undertaken where needed and risk assessments reviewed to improve control measures. Emphasis continues on sharing lessons identified across the Trust, using various forums, including the Safety Representative Forum, and our risk newsletter 'Risky Business' and direct email depending which method is felt most suitable at the time.

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

Category	2019/20	2020/21	DoT
Slips, trips & falls - Staff	197	147	↑
Sharps injury	196	179	↑
Contact	122	74	↑
Manual handling activity	80	91	→
Hazardous substances	59	64	→

An additional category to highlight which has shown a deterioration is Occupational Health:

Category	2019/20	2020/21	DoT
Occupational health	21	72	↓

Occupational health incidents for this reporting period.

- Face mask irritations/allergy
- Potential outbreaks of COVID-19.

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

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.

The CQC has not taken enforcement action against The Royal Wolverhampton NHS Trust during 2020/21.

The Trust has published through a link 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.

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 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.

The Trust made its annual self-assessment submission to the Department of Health as per the revised required timescales of the Information Governance Toolkit. (see Data Protection and security Toolkit Return section of this report).

Head of internal audit opinion

"Our overall opinion for the period 1 April 2020 to 31 March 2021 is that based on the scope of reviews undertaken and the sample tests completed during the period, Significant assurance with some 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 Primary Care Governance, Continuous Quality Improvement, the Allocate system and Consultant Job Planning. 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."



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.

Conclusion

No significant internal control issues have been identified during 2020/21.



Accountable Officer: Prof. David Loughton CBE

Organisation: The Royal Wolverhampton NHS Trust,

Date: 9 June 2021

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 2020/21

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	£000s	Number	£000s	Number	£000s	Number	£000s
<£10,000			19	55	19	55	1	
£10,000 - £25,000	1	18	2	23	3	41		
£25,001 - £50,000	1	29			1	29		
£50,001 - 100,000	1	56			1	56		
£100,001 - £150,000								
£150,001 - £200,000								
>£200,000								
Total	3	104	21	78	24	182	0	£0.00

The Trust had nil non-contracted payments in lieu of notice in 2020/21.

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	£000s	Number	£000s	Number	£000s	Number	£000s
<£10,000	3	14,928	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		
Total	24	993,100	20	£81,428	44	£ 1,074,528	0	£ 0

Table 20 – Average staff numbers
Average number of employees (WTE basis)

	Total 2020/21 No.	Permanent 2020/21 No.	Other 2020/21 No.	Total 2019/20 No.
Medical and dental	1,085	1,034	51	1,051
Administration and estates	1,268	1,153	115	1,237
Healthcare assistants and other support staff	3,239	3,021	218	3,035
Nursing, midwifery and health visiting staff	2,537	2,439	98	2,364
Nursing, midwifery and health visiting learners	-	-	-	-
Scientific, therapeutic and technical staff	677	673	4	658
Healthcare Science Staff	488	480	8	492
Total average numbers	9,294	8,800	494	8,838
Of which:				
Number of employees (WTE) engaged on capital projects	0			0

Table 21 – Staff sickness absence

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

For 2020/21 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 2020-21 we spent £1.6m on consultancy services (2019-20 £1.4m). The Trust employed 11 senior managers during the year ending 31 March 2021.

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, chaired by the Deputy Chair and comprised of the Chairman and all Non-Executive Directors except the Senior Independent Director who remains available in case of dispute.

Remuneration for the Trust's Executive Directors is set by reference to job scope, personal responsibility and performance. This has also accounted for 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 was considered in setting and reviewing remuneration, there are currently no arrangements in place for "performance related pay".

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

Remuneration for the Trust's Executive and Non-Executive Directors during the financial year ended 31 March 2021 is set out in the attached schedules.

Signature:



Prof. David Loughton, CBE

Date: 9 June 2021

Salary and pension entitlements of senior managers

These tables are subject to audit review.

A) Remuneration

Name and Title	2020-21					2019-20				
	Salary (bands of £5000)	Other Remuneration (bands of £5000) £000	Expense Payments (taxable) Benefits in Kind Rounded to the nearest £100	All pension related benefits (bands of £2,500)	Total (bands of £5,000)	Salary (bands of £5000)	Other Remuneration (bands of £5000) £000	Expense Payments (taxable) Benefits in Kind Rounded to the nearest £100	All pension related benefits (bands of £2,500)	Total (bands of £5,000)
Executive Directors										
D Loughton - Chief Executive	255-260	5-10 ¹	0	2.5-5	260-265	250-255	0	0	0 ¹	250-255
A Cannaby - Chief Nursing Officer	145-150	0	0	30-32.5	175-180	145-150	0	0	107.5-110	250-255
G Nuttall - Chief Operating Officer	155-160	10-15 ¹	0	17.5-20	185-190	150-155	0	0	10-12.5	160-165
J Odum - Chief Medical Officer	155-160	80-85 ^{1,2}	0	20-22.5	255-260	155-160	75-80 ²	0	0-2.5	230-235
K Stringer - Chief Financial Officer and Deputy Chief Executive	160-165	10-15 ^{1,3}	0	0	175-180	155-160	15-20 ³	0	0	175-180
Non-Executive Directors										
S Field - Chairman (from 01/04/2019)	35-40	0	0	0	35-40	35-40	0	0	0	35-40
R Dunshea - Non-Executive Director	10-15	0	0	0	10-15	10-15	0	0	0	10-15
D Edwards - Non-Executive Director	10-15	0	0	0	10-15	10-15	0	0	0	10-15
J Hemans - Non-Executive Director	10-15	0	0	0	10-15	10-15	0	0	0	10-15
M Martin - Non-Executive Director	10-15	0	0	0	10-15	10-15	0	0	0	10-15
D Oum - Non Executive Director (from 01/10/2019 to 09/10/2020)	5-10	0	0	0	5-10	0-5	0	0	0	0-5
A Pandyan - Non Executive Director (from 01/12/2019)	10-15	0	0	0	10-15	0-5	0	0	0	0-5
S Rawlings - Non-Executive Director	10-15	0	0	0	10-15	5-10	0	0	0	5-10
L Toner - Non Executive Director (from 01/11/2019) 10-15	10-15	0	0	0	10-15	0-5	0	0	0	0-5
Directors - Non Voting										
A Duffell - Director of Workforce	135-140	0	0	22.5-25	155-160	130-135	0	0	12.5-15	145-150
S Evans - Director of Communications (from 11/01/2021)	10-15	0-5 ¹	0	7.5-10	25-30	0	0	0	0	0
S Evans - Director of Strategic Planning and Performance (from 01/10/2019)	130-135	0	0	90-92.5	220-225	55-60	0	0	97.5-100	150-155
S Mahmud - Director of Innovation, Integration and Research	140-145	0	0	0	140-145	130-135	0	0	0	130-135
T Palmer - Director of Midwifery (from 01/03/2021)	5-10	0	0	45-47.5	50-55	0	0	0	0	0
M Sharon ⁴ - Strategic Advisor to the Board	95-100	5-10 ¹	0	0	100-105	115-120	0	0	0	115-120

Please note:-

1. This relates to remuneration following the selling of annual leave in line with the Trust's Buying and Selling of Annual Leave scheme for all staff.
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 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 2021 was £1,664,687 0.22% of income (31 March 2020 £1,505,408, 0.22% of income).

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

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

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

B) 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 2021	Lump sum at pension age related to accrued pension at 31 March 2021	Cash Equivalent Transfer Value at 1 April 2020	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2021	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 ¹ - Chief Executive	0-2.5	2.5-5	85-90	265-270	0 ¹	0 ¹	0 ¹	0
A Cannaby ² - Chief Nursing Officer	2.5-5	0-2.5	50-55	135-140	1,024	36	1,102	0
A Duffell - Director of Workforce	0-2.5	5-7.5	30-35	95-100	735	44	811	0
S Evans ² - Director of Communications (from 11/01/2021)	0-2.5	0	10-15	15-20	43	12	134	0
S Evans ² - Director of Strategic Planning and Performance	2.5-5	7.5-10	25-30	50-55	358	70	453	0
S Mahmud ³ - Director of Innovation, Integration and Research	0	0	0	0	0	0	0	0
G Nuttall ² - Chief Operating Officer	0-2.5	0	65-70	145-150	1,239	29	1,311	0
J Odum - Medical Director	0-2.5	5-7.5	60-65	185-190	1,425	57	1,527	0
T Palmer - Director of Midwifery (from 01/03/2021)	0-2.5	0-2.5	30-35	95-100	634	0	711	0
M Sharon ⁴ - Strategic Advisor to the Board	0	0	0	0	0	0	0	0
K Stringer ⁵ - Chief Financial Officer and Deputy Chief Executive	0-2.5	0	65-70	200-205	1,567	0	1,625	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 a Director that is in receipt of their pension.
5. Relates to a Director that opted out of the Pension scheme and has opted back in within the financial year. The benefits have been calculated as the aggregate of the new scheme and previous schemes.

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 median remuneration of the workforce for 2020-21 was £27.0k (2019-20, £26.2k). This was 9.5 times (2019-20, 9.6 times) of the midpoint banded remuneration if the highest paid director

In 2020-21, no employee (2019/20, 2) received remuneration in excess of the highest-paid director. Remuneration ranged from £7.2k to £257.5K [mid-point banded] (2019-20 £5.8k to £252.5k [mid-point banded]). Remuneration as quoted above is based on basic salary only of staff in post as at 31st March 2021 including bank and agency staff. It does not include employer pension contributions or 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 of 3.8% 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 2021, for more than £245 per day and that last for longer than six months.

Number of existing engagements as of 31 March 2021.	0
Of which, the number that have existed.	
For less than one year at time of reporting.	
For between one and two years at time of reporting.	
For between 2 and 3 years at time of reporting.	
For between 3 and 4 years at time of reporting.	
For 4 or more years at time of reporting.	

For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2020 and 31 March 2021, for more than £245 per day and that last for longer than six months.

Number of temporary off-payroll workers engaged between 1 April 2020 and 31 March 2021	5
Of which...	
Number not subject to off-payroll legislation (see note)	0
Number subject to off-payroll legislation and determined as in-scope of IR35 (see note).	5
Number subject to off-payroll legislation and determined as out of scope of IR35 (see note).	0
Number of engagements reassessed for compliance or assurance purposes during the year.	0
Of which, number of engagements that saw a change to IR35 status following review.	0

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2020 and 31 March 2021

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.	19

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 2021. 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 2020/21 Department of Health and Social Care 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 and Social Care 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 and Social Care 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 and Social Care 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 2020-21 it achieved this, spending (£12,982,000) (against a target of (£7,370,000)).
- Capital resource limit**
 This is a limit, imposed by the Department of Health and Social Care, on the level of capital expenditure that the Trust can incur in the year. The Trust is expected to maintain its spend at or below this level. For 2020/2021 there is an underspend against CRL of £801,000 which was expected from NHSI/E. This underspend is PDC paid to the Trust (in June 20) in respect of costs the Trust incurred in 2019/2020 and self-funded. The PDC paid over in 2020/2021 was a 'cash top-up' and the Trust has prudently used the PDC to reimburse its cash balances.

Table 22

	Target	Actual	Achieved
Income & Expenditure Break-even (£'000)	(3,800)	243	✓
Capital Cost Absorption Rate (%)	3.50%	3.50%	✓
External Financing Limit (£'000)	(7,370)	(12,982)	✓
Capital Resource Limit (£'000)	50,701	49,900	✓

* Target is adjusted control total as agreed with NHSI

Table 23 – The Income and expenditure position for each of the last five years:

	2016/17 £000s	2017/18 £000s	2018/19 £000s	2019/20 £000s	2020/21 £000s
Breakeven duty in-year financial performance	8,542	4,327	3,021	5,735	243
Breakeven duty cumulative position	46,795	51,122	54,143	59,877	60,121
Operating income	536,029	548,538	592,975	676,114	743,285
Cumulative breakeven position as a percentage of operating income	8.73%	9.32%	9.13%	8.86%	8.09%

Cumulative position

Table 23 shows that the trust achieved its statutory break-even duty in 2020-21. In 2020-21 the Trust achieved a surplus for the 15th consecutive year. This surplus amounted to £243k after impairment and adjustments for changes in accounting treatment.

Private finance transaction

The Trust has an on-balance sheet scheme relating to the provision and maintenance of the Radiology building and equipment including replacement and upgrading. The contract for the scheme covers the period 1 April 2002 to 31 March 2032. Although the interest rate changes affect future performance, the impact to date has not been significant.

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

	2020/21		2019/20	
	Number	£'000	Number	£'000
Total invoices paid in year	117,367	401,505	117,329	361,375
Total invoices paid within target	90,945	337,948	46,585	218,165
Percentage of invoices paid within target	77.49%	84.17%	39.70%	60.37%

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

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

From 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. 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 and Social Care Group Accounting Manual. Full details of the accounting policies are included within the Trust annual accounts which are available on request. Particular areas where judgement has had to be exercised are:

- Useful economic lives of assets – The Trust estimates the useful economic lives of its non-current assets. Every care is taken to ensure that estimates are robust; however, factors such as unforeseen obsolescence or breakdown may impact on the actual life of the asset held. It should be noted that in 2015/16 the Trust changed the asset life methodology for buildings to a Single Residual Life Methodology, resulting in a reduction to annual depreciation.
- Provisions – When considering provisions for events such as pension payments, NHSLA claims and other legal cases the Trust uses estimates based on expert advice from agencies such as the NHS 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 2020-21 was £66k excluding VAT (2019-20 £63k). Other auditors' remuneration in 2020-21 was £10k (2019-20 £6k) 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 2021

	2020-21	2019-20
	£000s	£000s
Operating income from patient care activities	588,601	549,223
Other operating income	154,684	126,891
Operating expenses	(734,130)	(656,732)
Operating surplus/(deficit) from continuing operations	9,155	19,382
Finance income	26	186
Finance expenses	(2,105)	(2,126)
PDC dividends payable	(10,003)	(10,589)
Net finance costs	(12,082)	(12,529)
Other gains / (losses)	34	53
Surplus / (deficit) for the year	(2,893)	6,906

Table 27 – Other comprehensive income for the year ended 31 March 2021

	2020-21	2019-20
	£000s	£000s
Will not be reclassified to income and expenditure:		
Revaluations	12,488	3,561
Total comprehensive income / (expense) for the period	9,595	10,467

Table 28 – Financial performance for the year ended 31 March 2021

	2020-21	2019-20
	£000s	£000s
Retained surplus / (deficit) for the year	(2,893)	6,906
Impairments (Excluding IFRIC 12 Impairments)	5,658	(1,408)
Adjustments in respect of donated gov't grant asset reserve elimination	(1,709)	156
Remove 2018/19 post audit PSF reallocation (2019/20 only)	0	(511)
Remove net impact of inventories received from DHSC group bodies for COVID response	(813)	0
Adjusted retained surplus / (deficit)	243	5,143

Table 29 – Statement of financial position as at 31 March 2021

	31 March 2021	31 March 2020
	£000s	£000s
Non-current assets		
Intangible assets	5,526	2,609
Property, plant and equipment	382,916	348,384
Trade and other receivables	7,326	6,532
Total non-current assets	395,768	357,525
Current assets		
Inventories	8,802	6,901
Trade and other receivables	29,136	60,820
Cash and cash equivalents	54,351	12,045
Total current assets	92,289	79,766
Current Liabilities		
Trade and other payables	(79,979)	(68,910)
Borrowings	(2,012)	(2,032)
Provisions	(4,592)	(5,084)
Other liabilities	(3,659)	(3,300)
Total current liabilities	(90,242)	(79,326)
Total assets less current liabilities	397,815	357,965
Non-current liabilities		
Trade and other payables	(58)	(68)
Borrowings	(5,576)	(7,223)
Provisions	(2,399)	(1,859)
Total non-current liabilities	(8,033)	(9,150)
Total assets employed	389,782	348,815
Financed by		
Taxpayers' equity		
Public dividend capital	282,017	250,646
Revaluation reserve	76,872	64,384
Other reserves	190	190
Income and expenditure reserve	30,703	33,595
Total taxpayers' equity	389,782	348,815

The financial statements were approved by the Board on 1 June 2021 and signed on its behalf by:



Prof. David Loughton CBE, Chief Executive

Date: 9 June 2021

Table 30 – Statement of changes in taxpayers’ equity for the year ending 31 March 2021

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000s	£000s	£000s	£000s	£000s
Taxpayers’ equity at 1 April 2020 - brought forward	250,646	64,384	190	33,595	348,815
Surplus / (deficit) for the year	0	0	0	(2,893)	(2,893)
Revaluations	0	12,488	0	0	12,488
Public dividend capital received	31,371	0	0	0	31,371
Taxpayers’ equity at 31 March 2021	282,017	76,872	190	30,703	389,782

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 and Social Care. A charge, reflecting the cost of capital utilised by the NHS Trust, is payable to the Department of Health and Social Care as the public dividend capital dividend.

Retained earnings

The balance of this reserve is the accumulated surpluses and deficits of the NHS Trust.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Other reserves

Other reserves arose at the time of inception of the Trust and are considered likely to remain at the present value.

Table 31 Statement of cash flow for the year ended 31 March 2021

	2020-21 £000s	2019-20 £000s
Cash flows from operating activities		
Operating surplus / (deficit)	9,155	19,382
Non-cash income and expense:		
Depreciation and amortisation	21,230	20,508
Net impairments	5,658	(1,327)
Income recognised in respect of capital donations	(1,949)	(102)
(Increase) / decrease in receivables and other assets	31,355	(26,314)
(Increase) / decrease in inventories	(1,901)	(294)
Increase / (decrease) in payables and other liabilities	4,946	14,826
Increase / (decrease) in provisions	54	1,792
Net cash generated from / (used in) operating activities	68,548	28,471
Cash flows from investing activities		
Interest received	26	186
Purchase of intangible assets	(3,681)	(646)
Purchase of property, plant, equipment and investment property	(39,784)	(31,223)
Sales of property, plant, equipment and investment property	34	53
Receipt of cash donations to purchase capital assets	179	102
Net cash generated from / (used in) investing activities	(43,226)	(31,528)
Cash flows from financing activities		
Public dividend capital received	31,371	13,461
Capital element of finance lease rental payments	(211)	(165)
Capital element of PFI, LIFT and other service concession payments	(1,836)	(1,818)
Interest paid on finance lease liabilities	(16)	(13)
Interest paid on PFI, LIFT and other service concession obligations	(2,094)	(2,116)
PDC dividend (paid) / refunded	(10,230)	(10,234)
Net cash generated from / (used in) financing activities	16,984	(886)
Increase / (decrease) in cash and cash equivalents	42,306	(3,943)
Cash and cash equivalents at 1 April - brought forward	12,045	15,988
Cash and cash equivalents at 31 March	54,351	12,045

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

Statement of the Chief Executive's responsibilities as the Accountable Officer of the Trust

The Chief Executive of NHS 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, other items of comprehensive income and cash flows for the year.

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

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



Prof. David Loughton, Chief Executive Officer

Statement of Directors' responsibilities in respect of the accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, the directors are required to:

- Apply on a consistent basis the accounting policies laid down by the Secretary of State with the approval of the Treasury;
- Make judgements and estimates which are reasonable and prudent;
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts; and
- Prepare the financial statements on a going concern 'basis and disclose any material uncertainties over going concern.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirements outlined in the above-mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts. The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS Trust's performance, business model and strategy.

By order of the Board



Prof. David Loughton, Chief Executive

Certification on summarisation schedules

Trust Accounts Consolidation (TAC) summarisation schedules for The Royal Wolverhampton NHS Trust

Summarisation schedules numbers TAC01 to TAC34 and accompanying WGA sheets for 2020/21 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.



Kevin Stringer, Chief Finance Officer

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.



Prof. David Loughton, Chief Executive

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。