



Care Colleagues  
Communities Collaboration



The Royal Wolverhampton  
NHS Trust

# Annual Report 2022/23



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Safe & Effective | Kind & Caring | Exceeding Expectation

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# Introduction

## Group Chair's Statement

The last 12 months have once again proved challenging as our organisation has adjusted to living with COVID-19 while responding to the effects of the cost-of-living crisis to ensure appropriate support for our dedicated staff.

They have also been rewarding as we have strengthened our collaborative partnerships and seen some fantastic innovation across hospital and community services.

For me personally, this has been my final year as Group Chair of The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust, as my term came to an end on 31 March this year.

**I have been immensely proud to have been at the helm in Wolverhampton since 2019, adding Walsall to my portfolio in 2021.**

Having grown up in the Black Country, it has been a real privilege to give something back to a part of the country that I love - where many of my family and friends continue to live and use the local health services.

I am delighted at the progress that we have all made to improve the quality of care for patients. Working in even closer partnership with Walsall has brought about many benefits for our committed, hard-working staff, and nothing makes me happier than hearing their enthusiasm for this partnership and being able to share their achievements.

**The Royal Wolverhampton NHS Trust has been consistently rated as Good by the CQC, maintaining financial stability for several years. It is regularly considered to be one of the most innovative and highly performing Trusts in the country in relation to the staff survey.**

Strong and visible clinical and operational leadership, supported by the development of a group infrastructure has brought greater consistency, sustainability, and efficiency to the Trust. And both organisations are working closely to develop the Black Country Provider Collaborative which means improvements in access and care for patients.

Earlier this year we were privileged to welcome Lord Patrick Carter as a Special Advisor to the Board along with Angela Harding and Dr Umar Daraz as Associate Non-Executive Directors and we look forward to their valuable contributions.

Among many highlights of the year is our joint Trust Strategy that has been developed with its four strategic aims of Care, Colleagues, Collaboration and Communities, a significant reduction in agency spend and a real focus on staff retention.

Our staff are key to the efficiency and effectiveness of our organisation and they have once again proved to be our greatest asset. The Board is under no illusion as to how difficult this last year has been economically, which has inevitably led to greater emotional pressure for them.

A huge thank you to them for all they have done and their continuing efforts to deliver safe, high-quality care to our patients.

**Professor Steve Field CBE**  
Group Chair

I am delighted at the progress that we have all made to improve the quality of care for patients.



# A Performance Report



## A1 - Performance Overview

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

In all honesty, we never expect to look back over the previous year without talking about its challenges. But I think the last 12 months have tested our organisation in some ways that we couldn't have predicted.

One of the most important actions we have taken has been to support our staff through the cost-of-living crisis that has had a major impact on households up and down the country.

We have set up foodbanks for those colleagues who have been experiencing extreme hardship and also provided subsidised hot meals for £1.50 through our Staff Wellbeing Hub along with free hot drinks and toast. Our priority has been to provide appropriate support to enable our hard-working staff to be able to do their jobs and this extends to a host of other initiatives including financial and mental health assistance. I thank our Health and Wellbeing Team and The Royal Wolverhampton NHS Trust Charity for reacting quickly and putting support in place at speed.

As we now focus on living with COVID-19 the expectation is that "everything can get back to normal" but the truth is that while we are tackling long waits in some areas, there is still much to do in many others. Further detail is provided later in the Performance section of this report.

**We know that these are anxious times for our patients who have had appointments cancelled and re-scheduled due to industrial action or other pressures at various points over the last few months and we are committed to doing all we can to address this.**

One of the most important actions we have taken has been to support our staff.

The last 12 months have seen us introduce a number of innovations to better support our patients and enhance their experience of using our services. I would like to draw particular attention to Cannock Chase Hospital being awarded national accreditation as part of a pilot scheme to ensure the highest standards in clinical and operational practice and the introduction of the myHeart app that supports our cardiac patients in their rehabilitation. Along with the opening of our Ambulance Receiving Centre (ARC) at New Cross Hospital which is allowing paramedics to get back on the road sooner, and our community-based Care Co-ordination Team that helps people avoid hospital admission becoming a 24-hour service, there is much to feel proud of.

**As always, we are incredibly grateful to our teams across the hospital and community. Their hard work, commitment and willingness to embrace change in the best interests of our patients is what make our organisation as strong as it is.**

**Professor David Loughton CBE**  
Group Chief Executive

# A year's worth of highlights

## Passport to better care

An innovative new healthcare passport was launched at The Royal Wolverhampton NHS Trust (RWT) to enhance the care of children and young people with complex needs living within the city.

**The healthcare passport 'All About Me' has been trialled by several families over the last few years.**

It is aimed at those who access Children's Services at RWT to take away their anxiety around being nervous about meeting healthcare professionals for the first time.

The 12-page document enables healthcare professionals seeing a child for the first time to understand their medical needs and how they can be best supported.

Dr Cathy Higgins, Consultant Community Paediatrician, said: "This passport will be a huge benefit to our patients to ensure healthcare professionals know the best way to communicate with them, understand their likes and dislikes and make accessing healthcare as stress free as possible.

**"Another positive is that it will help when children are transitioning to adult services and supports the 'tell us once' approach so families do not have to repeat information to healthcare professionals over and over again."**

Voice4Parents played a huge part in the development of All About Me as the group chaired monthly meetings with steering group members and regularly engaged with parents and carers across the city. This enabled the service to shape the passport to make it fit for purpose and to ensure it makes a positive impact on children and young people with complex needs.

## Virtual Ward earns national acclaim

A Virtual Ward was praised for its 'great' innovation after showcasing its service to executives from NHS England and NHS Improvement.

Visitors including Tim Ferris, National Director of Transformation and Dr Vin Diwakar, Regional Medical Director and CCIO (London region) were shown the facility at Wolverhampton Science Park.

**They met staff, watched a video of how the model works, enjoyed a round table discussion then visited the Virtual Ward and Hospital at Home Team.**

The Virtual Ward started as the Oximetry at Home service in December 2020 in response to the COVID-19 pandemic, linking in with patients at home rather than them being admitted to hospital, and it proved hugely successful. It evolved into the COVID Virtual Ward, an early supported discharge ward supported by the community's Hospital at Home Nursing team, with support from medical staff on a multi-disciplinary team basis.



With the support of technology and NHSX funding, the Chronic Obstructive Pulmonary Disease (COPD, which causes breathing difficulties) Virtual Ward started in June 2021.

**Dr Jonathan Odum, Chief Medical Officer, said: "We were proud that the work being undertaken at Wolverhampton has attracted regional and national attention."**

Dr Diwakar said: "It was great to see the innovation and commitment of the team in Wolverhampton who are caring for more and more patients in their home using technology, when previously they would have been in hospital."



**Seven-day service for kidney patients**

**Nose surgery improvements**

Wolverhampton's Acute Kidney Injury (AKI) service was extended to seven days a week at New Cross Hospital.

The additional cover was introduced so there is no drop in service provision at the weekends after national and local audit data found the full seven days a week service was essential.

AKI is associated with high levels of mortality and morbidity, including the development of chronic kidney disease (CKD) and associated complications.

In response to this, AKI specialist nurses were added to the existing renal team to try to restore some balance and improve patient outcomes and experiences.

The new AKI service has been strengthened to include a Clinical Nurse Specialist Team. Its role is to review all patients with AKI stages two and three (moderate and severe AKI), ensuring timely and effective intervention to promote early recovery or expedite for urgent intervention, such as haemodialysis or renal biopsy.

**The service also organises nurse-led follow-up for all unresolved/complex AKIs following discharge to ensure care extends into the community.**

**The team provides education on several in-house courses to improve knowledge and confidence in AKI management, as well as education on AKI prevention to patients and their carers.**

Hospital length of stay was reduced by one day for AKI patients in its first year with an 18.7 per cent reduction in patients requiring urgent haemodialysis for AKI compared to pre-pandemic figures.

A new way of working has allowed patients requiring nose surgery to be seen quicker with reduced waiting times, in what is understood to be a first in the Midlands for RWT.

Due to the COVID-19 pandemic, patients facing routine rhinology (nose) surgery under general or local anaesthetic were facing long waiting times as Theatre capacity was prioritised for more urgent and complex cases.

Performing rhinology surgery while the patient is awake under local anaesthetic in an outpatient setting frees up theatre capacity.

**This means patients' waiting times are reduced by up to 11 hours and the recovery period for patients is shorter.**

Expansion of the Head and Neck Outpatient Department provided the opportunity to develop this service, including a purpose-built treatment room and suitable recovery area for patients.

Mandeep Chana, Directorate Manager – Head and Neck Services, said: "The purpose of this initiative is to treat patients in the appropriate environment with the added benefit of releasing valuable Theatre capacity for more complex patients.

"The expansion of the outpatient area has allowed us to become what is believed to be the first in the Midlands to do this.

"Mr James Barraclough, the lead clinician, has been looking into this initiative for a while and has been in discussions with Consultants in the United States, who are doing most of their work in the outpatient setting."

## New scanner boost

Up to 7,000 patients per year at New Cross Hospital can now be treated by a new £1 million MRI scanner.

The Philips Ingenia Ambition 1.5T scanner has technology called BlueSeal which is a helium-free design, meaning it's a much greener solution than its predecessor.

**It also boasts the latest technology called compressed SENSE which offers higher definition scans within shorter acquisition times.**

It is vital we move to new technologies which minimise our reliance on remaining stocks.

"Our new MRI scanner has become a valuable addition to our MRI fleet," said Glen Whitehouse, Group Manager, Diagnostic Services at RWT. "The new BlueSeal design means the scanner uses virtually no helium to sustain the superconducting magnet.

"This is important because world helium reserves are running low and it is vital we move to new technologies which minimise our reliance on remaining stocks.

"Cooling the helium also uses a lot of energy which is greatly reduced with our new machine's helium-free design, helping the Trust to reduce its carbon footprint.

"The latest technology allows for higher quality imaging and shorter scan times, particularly for those which require patients to hold their breath. The large 70cm diameter and comfort tabletop also improve comfort for our patients to improve their experience."



## Supporting pregnant women

A new maternity drop-in support group for pregnant Black, Asian and Minority Ethnic women launched in Wolverhampton

Called the Sahara Maternity Support Group – Sahara means 'support' in Punjabi, Hindi, Bangladeshi and Pakistani – the group is providing antenatal and postnatal education to pregnant women.

In a joint initiative between The Royal Wolverhampton NHS Trust and Positive Participation Mental Health Services, women can also access mental health support during pregnancy up until four weeks postnatal.

The group was launched by Sunita Banga, Equality, Diversity and Inclusion (EDI) Lead Midwife at New Cross Hospital and Gurbax Kaur, Practitioner Manager from Positive Participation Mental Health Services.

**"This service will address those who might be new to the country, those who don't speak English and those who have difficulty accessing digital services," said Sunita.**

"I speak Punjabi, which is the top non-English language spoken here, so I will be able to conduct the classes for Punjabi-speaking women.

"But as we get to know more women and they are referred to us, we can employ interpreters in the top five other languages spoken – Urdu, Romanian, Polish and Kurdish. Other midwives speak those languages too."

Women can also be referred to the sessions by Community Midwives and self-referral.



Positive Participation provides specialist mental health support both ante and postnatal pregnancy.



## Support for staff affected by baby loss

Support for staff who experience baby loss has been introduced at RWT and its partner organisation Walsall Healthcare NHS Trust.

The support on offer includes periods of paid leave for both the person who was pregnant, and their partner. In addition, there is increased support for families who have a baby born prematurely.

### The policy offers the following to those who experience pregnancy loss:

- Up to 10 days paid leave for the person who was pregnant and up to 10 days paid leave for the partner. This includes, but is not limited to, miscarriage, stillbirth, abortion, ectopic pregnancy, molar pregnancy and neonatal loss
- In addition, staff are offered paid time off for appointments linked to pregnancy loss, for example, medical examinations, scans and tests and mental health related interventions, if this stretches beyond the time outlined above
- A promise that all requests to work flexibly following a bereavement will also be treated with understanding and sensitivity.

The Trusts also offer additional paid leave to attend any appointments linked to pregnancy loss along with support for those who experience the premature birth of a child. They also offer two weeks' paid leave for partners involved, enabling them to use their new parent support leave at a later date.

**The organisations introduced the offer to ensure that their workforce has the time and space to grieve and begin to understand and process what has happened.**



## US Security Specialist's praise

A renowned security specialist from the USA has praised innovative staff and the technology used to keep people safe at New Cross Hospital.

### Eric Clay visited the hospital last year to learn about the innovative ways the security team works at RWT.

Mr Clay is the Vice President of Security Services for Memorial Hermann Health System, providing security leadership for 450 security and law enforcement officers at the system's 17 hospitals and 250 care sites in Houston, USA. He is also the president of the International Association for Healthcare Security and Safety IAHS.

He said: "I have learnt a lot. I was particularly impressed by the positive outcomes achieved because of using body cameras. It's been great to learn how essential the footage has been, not only during police investigations, but also as a reflective tool for the Trust to learn from past incidents and further enhance its service."

"The video systems you have here are great. The visibility from different angles and reduction of blind spots means you can have a much better understanding of incidents."

"We're an international organisation working around the globe. It's interesting to see that we recognise the same challenges, and so it's been great to talk through these, discussing solutions and sharing best practice."

Senior Nurses have been clearing their diaries to spend time with their clinical teams as part of a #BackToTheFloorFriday initiative.

This sees Matrons, Ward Managers and Nurses in senior and management roles working on wards and in community services across RWT and Walsall Healthcare NHS Trust.

Some staff have been doing so for a while but there is now much more of an emphasis on both organisations embracing the chance to engage with staff by getting on board.

The move is aimed at ensuring a greater insight into the challenges and opportunities within clinical areas and building on the teamwork ethos of the Trusts.

Martina Morris, Deputy Director of Nursing across both Trusts, spent a recent shift on Fair Oak Ward at Cannock Chase Hospital, part of RWT, while Debra Hickman, Director of Nursing at RWT, did likewise on Maternity.

**Martina said: "There were many highlights from my time on the ward, but the best one was being able to spend quality time speaking to the patients and staff. The holistic approach to patient care I observed was excellent."**

Professor Ann-Marie Cannaby, Chief Nursing Officer for the Trusts said the initiative might often see senior staff doing clinical shifts and said feedback so far had been "hugely positive" from staff and patients.

# #BackToTheFloorFriday

The move is aimed at ensuring a greater insight into the challenges and opportunities within clinical areas and building on the teamwork ethos of the Trusts.



# Legacy mentors introduced

A new scheme has been launched to recruit experienced nurses to mentor newly-qualified peers at RWT and Walsall Healthcare NHS Trust

Current or retired nurses have taken on the part-time roles as part of a pilot.

Legacy mentors are experienced nurses, or colleagues in other regulated professions, usually in the later stages of their careers, who provide coaching, mentoring and pastoral support to nursing recruits at the start of their careers, or who are newly appointed into the NHS.

**Providing essential professional advice, education and guidance and passing on a 'legacy' to the next generation, they also play a crucial role in supporting staff's health and wellbeing and career progression.**

With approximately a third of NHS staff in the later stages of their working lives, legacy mentors can provide these colleagues with an opportunity to extend their career while also supporting staff at the beginning of theirs to stay.

**The drive to appoint legacy mentors follows a total of 348 new international nurses recruited across both Trusts in the period from April 2022 to March 2023.**





## Regional training hub contract

Cannock and Wolverhampton will form the regional hub for the Midlands Endoscopy Academy after a £700,000 contract was awarded to RWT.

Funding will be used to deliver training but also to improve facilities, introduce new services such as transnasal (nose) endoscopy and to develop training programmes, to boost the nursing workforce.

A successful joint bid from RWT and Birmingham City University (BCU) will develop the West Midlands Academy as the centre of a 'hub and spoke' model after NHS Trusts in the Midlands were asked to submit expressions of interest.

The aim of the Academy is to increase the numbers of endoscopists and endoscopy staff to tackle the diagnostic backlog and match future capacity to demand.

Since it started in September 2022, the Midlands Academy has already enhanced training for around 100 learners in endoscopy.

Most training is run from the endoscopy unit at Cannock Chase Hospital and will also involve a bespoke endoscopic simulation suite which has been built at BCU.

**RWT is renowned for its expertise in endoscopy training and already hosts the West Midlands Endoscopy Training Centre.**

It is also only one of two Trusts delivering Health Education England's National Clinical Endoscopist Programme, which has helped increase the national endoscopy workforce.

Four other Trusts in the region – Sandwell and West Birmingham Hospitals, Shrewsbury and Telford Hospitals NHS Trust (SaTH), George Elliot Hospital, and Worcestershire Royal Hospital – were successful in their bids as RWT's 'spoke' sites to deliver training.

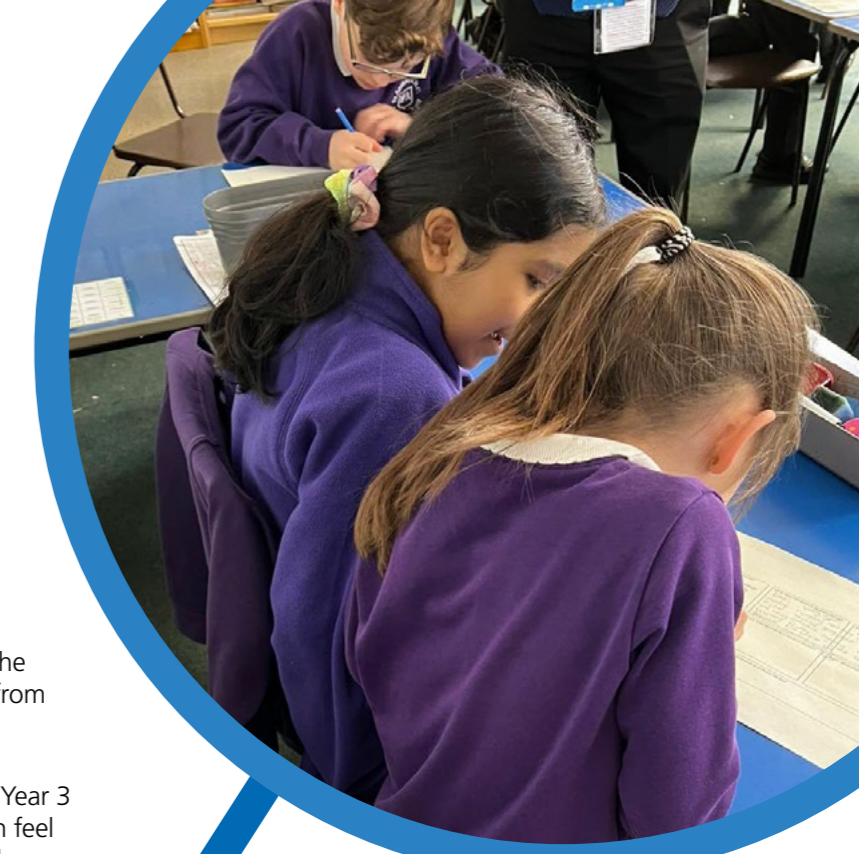
In the East Midlands, Nottingham University Hospitals, University Hospitals of Leicester and Kettering General Hospital complete the Academy, with the Hub at RWT the lead site.

"Bright and enthusiastic" young pupils at a city school are helping to shape patient information in Paediatric Services at New Cross Hospital.

**The Year 3 and 4 students at St Anthony's Catholic Primary Academy in Fordhouses have been working with the Patient Experience Team at RWT on the co-production project.**

Alison Dowling, Head of Patient Experience and Public Involvement, explained that the project was motivated by the Trust's aim to ensure services reflect the needs of children from across Wolverhampton's communities.

She said: "I contacted the school to request a session with Year 3 and 4 pupils with the intention of making sure that children feel safe and secure in RWT's care. We wanted to ensure that the ward welcome information boards give them the answers to the questions that they need to ask to make them feel secure.



## Pupils' fresh ideas shape improvements

"We developed a child-friendly presentation and the pupils were really pleased to be involved in the project. They were bright and enthusiastic and gave us a range of questions to incorporate, some of which the team hadn't thought about before. They also gave us some brilliant drawings to illustrate the ward welcome boards."

**The team plans to work with pupils on future projects and make the most of their innovative ideas.**

Mrs Tamsin Davis, Principal of St Anthony's, said "They had plenty of ideas to contribute; ideas that the team was willing to listen to and consider which means a lot to the pupils involved."

# Statement of the Purpose and Activities of the Organisation – Who we are and who we serve

The Royal Wolverhampton NHS Trust (RWT) is a statutory body which came into existence on 1 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) hub – a single pathology service run by The Dudley Group NHS Foundation Trust, Sandwell and West Birmingham Hospitals NHS Trust, Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust.

RWT has the largest teaching hospital in the Black Country providing teaching and training to medical students on rotation from the University of Birmingham Medical School. It also provides training for Nurses, Midwives, and Allied Health Professionals through well-established links with the University of Wolverhampton. The Trust is also the established host for the 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 and 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 RWT Hub carries out fertility tests, blood/urine analysis and tests for infection and detecting cancer

The Trust is the largest employer in Wolverhampton with more than 10,000 staff.

## Our Local Population – some health indicators

The Trust's main site, New Cross Hospital, is in the heart of a diverse city with a population of circa 264,000 people. Recognising the close proximity to neighbouring areas, the wider population that it serves is closer to 450,000. This covers patients from across the Staffordshire Integrated Care Board (ICB), other areas of the Black Country and Shropshire ICB.

The Office of National Statistics (ONS) estimates that the population of Wolverhampton will grow by approximately 0.5% a year. Although the city of Wolverhampton is younger than the English average, it still has challenges from an ageing population with the '65+' age group expected to rise faster than younger cohorts. Furthermore, a key challenge for the Trust is the diversity of the communities it serves. Wolverhampton is characterised by high levels of deprivation whereas South Staffordshire is typically more prosperous and less ethnically diverse.

The Trust works closely with colleagues in Commissioning and the Local Authority to develop the Health and Wellbeing Strategy. It also contributes to the Joint Strategic Needs Assessment (JSNA) that defines the health considerations across its communities. We know that high levels of deprivation are a determining factor in the health of a population.

Life expectancy in Wolverhampton is significantly 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 and a higher percentage classified as overweight or obese. Smoking prevalence is, however, slightly below the English average. Finally, males experience health inequality at birth of 7.5 years and females, 7.0. Both are higher than the national average.

A key challenge for the Trust is the diversity of the communities it serves.

# Healthier Futures

## Black Country and West Birmingham

### Black Country Integrated Care System

The Royal Wolverhampton NHS Trust is proud to be part of the Healthier Futures, Black Country Integrated Care System (ICS). The formal establishment of the ICS on 1 July 2022 creates the framework for the integration of health and care in the Black Country.

The Integrated Care Partnership, Integrated Care Board our provider collaboratives and place-based partnerships are working together to positively impact the health and lives of those in our local communities.

**Our collective purpose is to:**

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development

The NHS is now actively working with local authorities at place and system level, to understand and collate our initiatives, aiming to improve the lives of Black Country people. Over the last year we have made progress as we begin to understand each other as partners and recognise that whilst one organisation will take a lead at times, the understanding and value of integrated working allows for collective support to become available. Building trust, both with our care partners and the public, is essential with the common objective of improving health, care and prospects across the entirety of the Black Country. Our Integrated Care Partnership has now published the Black Country Integrated Care Strategy which sets out how we will work together to meet the health and wellbeing needs of local people. The strategy, which is available to download online, builds on and compliments the work of the Health and Wellbeing Boards in each area, but looks at the additionality that can be achieved through system level working.

The themes of Healthier People - Healthier Places - Healthier Futures provide a framework for the strategy:

- 1. Healthier People** - Black Country people face a range of health challenges and poorer health outcomes. This strategy sets the context for how we can work together to improve these.
- 2. Healthier Places** - The Black Country is a place where 1,202,528 people live in nearly 500,000 homes on about 138 sq. mi /360 km2 of land. Today, it's a place where there are almost 40,000 businesses, with more than 450,000 jobs, generating £17.2billion gross value added per annum. These are tremendous resources, and it is the power that comes from the strength of the communities in these places which will drive much of our work.
- 3. Healthier Futures** - One of the purposes of a strategy is to look ahead. It is recognised that it takes time to tackle the wider determinants of health and improve health life expectancy.

None of this can happen overnight, and in our Black Country Integrated Care Partnership, we have worked hard to begin the journey we are on. We are building on our previous achievements in developing a Healthier Future Partnership between the NHS and councils initially. This strategy identifies key priority areas for us to work together on so that we can properly understand their issues and find the solutions to the challenges that we all face.

- 1. Workforce retention and recruitment**
- 2. Children and families**
- 3. Social Care System**
- 4. Mental Health and emotional wellbeing**

This is a new way of working for health and care across the Black Country. But it is an evolution rather than a revolution, and there is an enormous amount of value that can be taken from learning from each other. Together, we will take action when we foresee benefits for our population, and we will celebrate when improvements in health and care are achieved. The importance of integrated working allows for us to face the challenges and opportunities we have together.

**RWT is committed to working with partners moving forwards to use our collective resources to plan and deliver joined up health and care services, and to improve the lives of people who live and work in the Black Country.**

Working together to positively impact the health and lives of those in our local communities.



## Our Vision and Values

## Our Values

In the autumn of 2022, the Trust launched its new, five-year strategy. This is a joint strategy with Walsall Healthcare NHS Trust which recognises the closer working relationship between the two organisations.

The development of the new strategy encompassed a new set of strategic objectives as well as a new vision.

**Our vision, chosen by our colleagues, is to 'To deliver exceptional care together to improve the health and wellbeing of our communities'.**

The vision reflects our aspirations, helps to guide our planning, supports our decision making, prioritises our resources and attracts new colleagues.

Our values remain unchanged:

- **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 new set of Strategic Aims and Objectives – practical goals that will support us in the realisation of our vision.

### Trust Strategic Aims and Objectives 2022-2027

The Trust has four strategic aims, collectively known as the 'Four Cs' – Care, Colleagues, Collaboration and Communities.

Extensive engagement across a wide range of stakeholders identified these areas as those which need to be prioritised if we are to achieve our vision.

Underpinning each of these aims is a set of more specific strategic objectives. SMART based in the main, these are the practical steps we will take to achieve our strategic aims and will be used to measure our success.

#### Excel in the delivery of Care

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

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

#### Support our Colleagues

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

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



#### Improve the health of our Communities

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

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

#### Effectively Collaborate

We will provide sustainable healthcare services that maximise efficiency by collaborating effectively with our partners.

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

## Our risks to achievement

## Going Concern

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 2022/23:

- Workforce – recruiting sufficient staff across the Trust continues to pose a significant challenge. Whilst this is a general risk, there are also specific areas where it is hard to recruit skilled staff, e.g. Consultant cover in Cancer Services
- The financial constraints within the system mean that our ability to invest further to increase capacity and develop our services is limited
- The COVID-19 pandemic has led to a significant increase in the number of patients awaiting planned treatment which exceeds the capacity within the Trust. Whilst this is affecting the majority of patients awaiting planned care, the risk is heightened within Cancer Services owing to the nature of the disease
- Our ability to ensure patients flow smoothly throughout our hospital is inhibited by the number of patients that are in beds but medically fit for discharge. This prevents us from being able to admit patients from the Emergency Department into a ward and consequently from being able to take patients from ambulances into the Emergency Department

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 2022/23 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 of 31 March 2023.

## OneWolverhampton

OneWolverhampton place-based partnership is a collaboration of health, social care, voluntary and community organisations.

Using a population health approach, we will focus physical and mental health and wellbeing in order to help us reduce the widening gaps in health inequalities across the borough.

### Our partners

- Black Country Healthcare NHS Foundation Trust
- City of Wolverhampton Council
- Compton Care
- Healthwatch Wolverhampton
- NHS Black Country Integrated Care Board
- Primary Care Networks (six across the City)
- The Royal Wolverhampton NHS Trust
- West Midlands Ambulance Service
- Wolverhampton Homes
- Wolverhampton Voluntary and Community Action

### Our aims:

#### Put people at the heart of what we do:

- Local people, communities, services users, and the people that care for them feel well informed about their health and wellbeing, services available and their condition/s
- People have more choice about the way their care is planned and delivered based on what matters most to them
- Everyone has the right access to care regardless of who they are or where they live

#### Right care, right place, right time:

- Enable people to stay well with access to advice, education and support to help them manage their own health and wellbeing needs and prevent ill health in the first place
- Use technology to help people access and manage their care at home or as close to home as possible, identify concerns earlier and keep people well for longer
- Provide joined up and personalised care based on what matters most for people
- Ensure the care and support people receive is delivered in the most appropriate place and people only go to hospital when they really need to

#### Work better together

- Work collaboratively to achieve our partnership objectives by making the best use of our resources and ensuring every pound is spent in the best way possible to meet the needs of our population
- Create a workforce that is fit for the future and a place where people want to work long term, by investing in training and development
- Use data to support the delivery of care by integrated teams to those who need it most

## Our mission statement:

Working together for better health and care.

## Our priorities:

We have set out six key areas we will prioritise to help us deliver the better outcomes for local communities:

- **Children and Young People**
- **Out of Hospital**
- **Living Well**
- **Adult Mental Health**
- **Primary Care**
- **Urgent and Emergency Care**

Over the last year, we have continued to build on our relationships and partnership working, and as a result have a number of key achievements:

### Joint vaccination and health checks hub



We delivered a joint vaccination programme and free health checks offer at the Mander Centre Health Hub for eligible people.

The health checks include blood pressure, pulse, weight and height measurement, and cholesterol point of care testing, along with advice on healthy eating and lifestyle. The aim is to identify any unknown conditions early and support people to manage their own healthcare and prevent ill health. Since the opening of the Health Hub at the end of January, more than 300 people have benefited from a free health check.

### City-wide winter planning



We developed a city-wide winter plan with several initiatives to support with discharging people from hospital, as well as helping to support people in the community and avoid unnecessary hospital admissions.

- A new initiative to free up ambulances allowing patients to be seen quicker and paramedics to get back on the road to get to those in need of their help sooner. The Ambulance Receiving centre (ARC) provides an additional 17 ambulance offload spaces, as well as additional staff to support with handovers
- The recruitment of an additional nurse to join the Care Home Team established by Compton Care UK to support residents, their families and care home staff, to develop a personalised care plan, and document their preferences for end-of-life. Over a three-month period, this service contributed to a decrease in 800 ambulance conveyances to hospital and 60 hospital admissions across the sector
- A resettlement and social prescribing service delivered jointly by Age UK Wolverhampton and Wolverhampton Voluntary and Community Action supporting more than 40 people to settle safely and securely back into their home after a stay in hospital over winter as well as signposting to support services



## Engaging with our communities



We engaged with more than 90 people and community ambassadors or representatives of grass roots organisations at Wolverhampton's people panels.

The panels were set up to support people to raise topics and priorities that are important to them and enable us to collaborate and inform decision making according to local needs. A whole range of topics was covered including funding for prevention, autism services, primary care, hospital at home, communication and health inequalities. A mapping exercise has begun with the place-based partners to break down what we have learnt, linking it to what exists, what is being developed and where the gaps are.

We started work on a Joint Strategic Needs Assessment for mental health within the city with a focus on prevention and early intervention.

Understanding what community and voluntary services are already doing to support mental health, and where we can add value through more sustainable funding or to offer connections into statutory services aimed at prevention and early intervention.

## Working together to support mental health

## Family Hubs to help young people thrive



We supported the implementation of eight Family Hubs across Wolverhampton.

The hubs act as 'one stop shops', offering guidance and advice on a range of circumstances including infant feeding, mental health support, health visits and parenting classes for 0-19 year olds, or up to 25 for children with special education needs and disabilities (SEND). They will build and expand on the work done by The City of Wolverhampton Council as part of Strengthening Families Hubs over the last few years, providing multi-agency support to young families.



## Helping falls patients to stay at home

We piloted a multi-professional two-hour response to falls referrals with a Nurse undertaking clinical assessment, a Therapist to identify immediate risk, a Dietician to support with improved fluid and nutrition as well as a professional to assist with lifting. This means the patient is seen much quicker and, where possible, without involvement from the ambulance service allowing it to respond to other urgent calls.

## Offering patients more access to GP appointments

An extra 96 bookable and same day appointments on Sundays were made available over winter in addition to the continued delivery of seven-day primary care services. This allowed people to access care closer to home and reduced the demand on A&E attendance during times of high pressure.

## Support through a transformation team

A Programme and Transformation Team has been set up to support partners in the delivery of joined up care for the people of Wolverhampton. This includes a dedicated Health Inequalities Lead who is working closely with partners to ensure the work undertaken addresses health inequalities within the city and is a key step forward in enabling more integrated care across the city.

## Next steps

As a partnership we are continuing to build on our achievements so far, as well as looking ahead to delivering our priorities over the next 12 months, by working together for better health and care for the people of Wolverhampton.



For more information and updates on OneWolverhampton visit our website: [www.royalwolverhampton.nhs.uk/about-us/onewolverhampton](http://www.royalwolverhampton.nhs.uk/about-us/onewolverhampton)

## CRN West Midlands – Highlights



A new Chief Operating Officer (COO), Carly Craddock MSc, MBA, was appointed in July 2022. Carly joined the Network in 2007 and had been Deputy Chief Operating Officer since 2018.

After five years in post, the previous COO Pauline Boyle left the Network to take up the position of Managing Director of Research and Development across both The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust.

Attending Baton Relay and Games Festival events across the region before and during the Commonwealth Games, Network staff were involved in this global celebration of sport, giving them the chance to spread the word about the research taking place in the region, dispel myths about research and engage with communities.

Research participation in the region was up by 52% year on year. Research teams based at NHS and social care organisations in the West Midlands enrolled more than 106,000 participants to 805 National Institute for Health and Care Research (NIHR)-funded and supported clinical research trials, up from 528 the previous year.

Two NIHR National Specialty Leads were appointed from the region - Dr Gill Lowe (Haematology) and Dr Joyce Yeung (Anaesthetics, Perioperative Medicine and Pain Management), both from University Hospitals Birmingham NHS Foundation Trust.

### Other highlights include:

- The return of the Network's VIP Staff Awards and Partner Awards, following a pandemic break. These were held at the Grand Hotel in Birmingham in June 2022 and attended by 150 staff and partners
- The Network's Young Research Champions group was relaunched in October 2022 with its first face to face meeting in two years. More than 30 young people expressed an interest in joining the group, which works with researchers to ensure health research in all settings is accessible for children and young people
- Engagement work with social care and educational organisations which includes the Association for Directors of Adult Social Services (ADASS), WM Local Authorities (LAs) as well as launching a Schools Research Network. This work has been highlighted nationally and discussions have taken place with DHSC to invest further in developing a culture for research culture LAs



**Key risks and issues – related to activity**

Senior Leadership presented to DHSC Chief Social Worker for Adults thanks to working in partnership with Midlands Partnership Foundation NHS Trust in developing its social care workforce in research skills. We have our first Personal Development Award in social work.

Seven Partner Organisations have presented their Improvement and Innovation strategic funding project at Partnership Group meetings, facilitating wider dissemination across the region.

**Primary Care**

The CRN Primary Care Team made extraordinary efforts during the COVID-19 pandemic, by enabling the successful delivery of three vaccine studies through the set up of hospital vaccine hubs, which continue to operate and are essential to the delivery of future commercial vaccine studies in the West Midlands.

The Network is playing a critical role to engage, support and enable each of the six West Midlands Integrated Care Systems to achieve their shared purpose of improving outcomes, tackling inequalities, enhancing productivity and optimising resource to strengthen local communities through achievement of their duty to promote and facilitate research, creating a pro-research health and care environment.

The West Midlands Progression Plan continues to maintain momentum, with a number of projects completed. The Plan is a collection of more than 20 projects that have been designed to support the West Midlands to become the best possible place to live, work and receive health and social care, where research and innovation thrive. It is a collaborative piece of work involving the contributions of region wide partners.

The Network developed an Industry Strategy outlining the region's vision to reaffirm Industry's confidence in delivering commercial research within the West Midlands, securing commercial opportunities that match the needs of our local population, ensuring equality of access and tackling the health needs of the region.

The Network's Study Support Service Team continues to support national Study Support Service working groups to ensure the service it provides is effective and efficient. Locally, they have implemented various Quality Improvement projects to improve stakeholder experience - robust performance monitoring, research activity data compliance, and support for the Department of Health and Social Care Research Reset national project.

The pandemic continues to heavily impact the operation of the hospital and the activity that it delivers. Our waiting list for patients awaiting planned treatment has risen dramatically compared to pre COVID-19. Our focus is now on treating those patients of highest clinical priority whilst also reducing the number of patients waiting the longest.

Emergency activity remained at high levels throughout the year and was coupled with challenges in social care capacity that affected our ability to discharge patients.

# A2 - Performance Analysis

A summary of our performance against the key national standards is shown below. The pandemic continues to impact the achievement of many of these standards and has significantly changed the profile of waiting lists. Throughout the year, the Trust has followed the priorities set by NHS England relating to recovery – focusing on the prioritisation of Cancer Services, other urgent patients and those who have waited the longest.

The impact of the pandemic will continue to have a bearing on performance going into 2023/24 but with priority being given to accelerating recovery.

**Table 1 - Performance against the National Operational Standards**

Indicator	Target (2020/21)	Performance		
		2022/23	2021/22	2020/21
Cancer two week wait from referral to first seen date	93%		81.87%	86.85%
Cancer two week wait for breast symptomatic patients	93%		36.66%	51.42%
Cancer 31 day wait for first treatment	96%		83.25%	86.03%
Cancer 31 day wait for second or subsequent treatment - Surgery	94%		63.80%	76.02%
Cancer 31 day wait for second or subsequent treatment – Anti-cancer drug	98%		96.56%	97.92%
Cancer 31 day wait for second or subsequent treatment - Radiotherapy	94%		84.96%	92.61%
Cancer 62 day wait for first treatment	85%		47.36%	55.49%
Cancer 62 day wait for treatment from Consultant screening service	90%		48.66%	58.33%
Cancer 62 day wait- Consultant upgrade (local target)	88%		67.07%	68.87%
28 Day Faster Diagnosis Standard (all routes)	75%		71.42%	
Emergency Department - total time in ED	95%	76.51%	81.55%	85.56%
Referral to treatment - incomplete pathways	92%	59.85%	68.42%	65.26%
Cancelled operations on the day of surgery as a % of electives	<0.8%	0.29%	0.43%	0.34%
Mixed sex accommodation breaches	0	0	0	0
Diagnostic tests longer than 6 weeks	<1%	45.93%	31.76%	45.27%

**Table 2 - Performance against other National and Local Quality Requirement**

Indicator	Target (2022/23)	Performance		
		2022/23	2021/22	2020/21
Clostridium Difficile	48	72	57	46
MRSA	0	2	1	2
VTE Risk Assessment	95%		94.84%	93.57%
Duty of Candour	0	0	0	1
Stroke - 90% of time spent on an acute stroke ward	80%	88.99%	83.30%	91.88%
TIA - assessed and treated within 24 hours	60%	70.28%		54.58%
Ambulance handover breaches - 30-60 minutes	0		3,626	1,526
Ambulance handover <15 minutes	>65%	40.05%		
Ambulance handover <30 minutes	>95%	75.71%		
Ambulance handover breaches - 60 minutes or more	0		3,743	1,119
Ambulance handover <60 minutes	0%	10.82%		
Trolley waits in A&E - no more than 12 hours	0		523	169
ED waits >12 hours	<2%	7.82%		
Referral to treatment - no one waiting longer than 52 weeks	0	3,653	1,697	2,404
Referral to treatment - no one waiting longer than 78 weeks	0	85		



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 NHS has since 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 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. As part of the Greener NHS Programme, we have continued to make significant progress in this area and have started to adopt the principles within the Delivering a Net Zero Health Service report.

Following on from last year, whereby the Trust set out and adopted a new Green Plan, we are making significant strides towards decarbonisation after securing additional government capital grant funding under the Public Sector Decarbonisation Scheme (PSDS). In direct competition with other Public Sector service providers, following on from previously secured funds of c£43m, we have now been able to secure a further £31m for investment in an additional programme of work in 2023/24 across the Black Country. Working with our Black Country partners we will represent the ICS/ICB and introduce changes across the wider region. We understand this funding stream is set to continue in the future as the government supports changing behaviours towards a greener economy. We see the PSDS funding as a target area for the Trust to support us to meet the requirements under the Greener NHS Programme.



After securing capital grant funding, we are also now investing in new engineering technologies to assist the Trust in heating and powering our buildings with technologies that will significantly reduce our carbon output. This has the benefit of reducing our exposure to risk and costs-associated backlog works pressures. It will also contribute towards the NHS targets as well as our Green Plan requirements; it may also protect the Trust against future carbon taxes that are likely to be introduced.

Part of this new capital grant funding has helped to support the development and construction of a new Solar Farm that will help to power the New Cross Hospital site and provide clean green energy to the Trust. The construction works are well underway and with completion and linking into the National Grid taking place in the spring and summer of 2023, we remain on target to significantly reduce our need on the National Grid for all our power requirements at New Cross Hospital. The Trust will be the first acute hospital in England to be powered by a large scale inner-city solar farm. This is something to be celebrated both regionally and, indeed, nationally. It shows what can be achieved with clear focus and partnership working with a Local Authority that has our shared values of improving the wellbeing of our communities.

The Trust Sustainability Group continues to go from strength to strength with several clinicians now driving changes in clinical practices to reduce our carbon footprint. We will continue to seek and add further expertise to the Trust Sustainability Group from our teams as we move towards more emphasis on Trust activities and services and how we can look to shape our future ways of working. Below are some of the key Green Plan actions delivered by the Trust:

**Table 3 - Green Plan Implementation Actions Delivered**



The Anaesthetic department reduced the used of Desflurane from **13.8% in March 2021 to 0.0% in March 2023**. A reduction of **14.29 tCO2e**



We saved **1,216 tCO2e** from energy and **1,735 tCO2e** gas use



**18.65 tCO2e** was saved through the Trust Freecycle Scheme



We have introduced **10% discount** on Bus travel for staff and **25% discount for patients** through partnership with National Express



All retail and food outlets in Trust sites have switched to reusable and non-plastic cutleries, food containers, cups, and stirrers to support the reduction in single use plastic.



**Zero waste has gone to landfill. 37% to Energy for Waste and the rest are recycled.**



**34.81 tCO2e** saved through the Walking Aids Reuse and Recycling Scheme



**Orthotics Department won the Greener AHP category in Chief Allied Health Professions Officer's Award 2022. ICT Department was a finalist in HSJ Partnership Awards 2023.**

The Trust is continuing to support the shaping of regional strategy within the Black Country ICS/ICB and plays a key role in supporting the wider Sustainability Network. It 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. The Trust remains committed to the ideals of protecting and improving the environment and reducing carbon to improve our community's health. It will further develop its approach to embedding sustainable practices and, where possible, act as an exemplar to its community, other NHS Trusts, and partners.

The table below outlines the amount of energy used across the Trust Estate (2022/23):

**Table 4 - Energy Use**

The tables above and below also include figures for Walsall Manor Hospital for the first time which are comparable to RWT when considering the volume of the estate.

Consumption	Unit	Community	New Cross	West Park	Cannock	Walsall	Carbon Conversion
Electricity	kWh	399,528	24,239,366	686,112	3,910,922	14,954,187	0.19338
Gas	kWh	541,635	58,482,205	1,622,416	7,004,054	25,825,863	0.18
Oil	kWh	N/A	316,426	15,344	28,496	99,736	0.276
<b>Total</b>		<b>941,162</b>	<b>83,037,997</b>	<b>2,323,872</b>	<b>10,943,472</b>	<b>40,879,786</b>	<b>138,126,288</b>

Consumption overall has marginally increased due to additional electrical use for cooling during the extreme weather of last summer. Gas performance has reduced for the period due to a mild winter balancing out the overall position.

We also need to recognise that as we continue to develop the Trust estate, we increase the use of energy/carbon in the provision of additional services. Most notably, our electricity demands whether generated by CHP or imported from the grid. This is one of the reasons why the Trust is investing in alternative sources of green power, for example, Solar and heat pumps for heating.

**Table 5 - Carbon Emissions**

The table below outlines the total amount of carbon CO2e generated in powering and heating the Trust Estate (2022/23):

Tons of CO2e	Community	New Cross	West Park	Cannock	Walsall	Total
Electricity CO2e	77	1,863	133	756	2,892	<b>2,830</b>
Gas CO2e	97	10,527	292	1,261	4,649	<b>12,177</b>
Oil CO2e	N/A	80	4	7	25	<b>119</b>
<b>Total</b>	<b>175</b>	<b>12,470</b>	<b>429</b>	<b>2,024</b>	<b>7,566</b>	<b>22,663</b>

The total annual carbon emissions have decreased across RWT sites since the last report. There are many factors that can influence this including the greening of imported electricity from the grid which has reduced the carbon conversion factors we use for calculating carbon emissions and lower gas use. We hope to see a further step reduction in carbon usage in the next year as the solar farm and new heat pumps come online.

The Trust continues to invest in plans to reduce energy consumption and carbon generation and the Sustainability Group hopes to shape this even further into the future to help meet the NHS carbon targets.

# Patient Experience and engagement



## CQC National Adult Inpatient Survey 2021 published results from CQC September 2022

The 2021 Inpatient Survey was part of a National Survey Programme run by the Care Quality Commission (CQC) to collect feedback on the experiences of inpatients using NHS services across the country. The results contribute to the CQC's assessment of NHS performance as well as ongoing monitoring and inspections. The programme also provides valuable feedback for NHS Trusts to use to improve patient experience.

Patients were eligible to take the survey if they were aged 16 or older, had spent one night in hospital during November 2021 and were not admitted to Maternity or Psychiatric Services. Fieldwork for the survey (the time during which questionnaires were sent out and returned) took place between January and May 2022.

The survey is split into eight categories - ED, Waiting list and planned admissions, the hospital and ward, Doctors, Nurses, care and treatment, Operations and procedures, Leaving hospital.

**Table 6 - 5 Highlighted CQC Questions**

There are five questions highlighted as CQC questions - areas of focus that the CQC was particularly interested in. The results of these questions and comparable results between 2020 and 2021 are shown in the table below:

Category	Question	2020	2021	% increase/decrease from 2020
The hospital and ward	Did the hospital staff explain the reasons for being moved in a way you could understand?	59.0%	62.0%	+3%
The hospital and ward	If you brought your own medication with you to hospital, were you able to take it when you needed to?	79.0%	76.0%	-3%
The hospital and ward	Were you offered food that met any dietary needs or requirements you had? This could include religious, medical or allergy requirements, vegetarian/vegan options, or different food formats such as liquified or pureed food.	80.0%	79.0%	-1%
Leaving hospital	After leaving hospital, did you get enough support from health or social care professionals to help you recover and manage your condition?	60.0%	63.0%	+3%
Overall views of care and services	During your hospital stay, were you ever asked to give your views on the quality of your care?	9.0%	7.0%	-2%

Nationally, gaining views on quality of care is always a low scoring question. The Trust has revisited its posters for patient feedback to update and distribute. Placemats have been amended to seek views.

**Table 7 - Most improved Scores**

Improvements picked up a more than 5% increase. Both questions relate to leaving hospital.

Category	Question	2020	2021	% increase/decrease from 2020
Leaving hospital	Did a member of staff explain the purpose of the medicines you were to take home in a way you could understand?	48%	54%	+6%
Leaving hospital	Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?	74%	81%	+7%





Medication features in a couple of questions although there was a reduction in score from 79% to 74%, worse than expected, for the following: **'If you brought medication with you into hospital, were you able to take it when you needed to?'**

**Table 8 – Deteriorating Scores Results**

The table below details those questions where there was a statistically significant change in score.

Communication, as always, features quite highly as a common theme and for this survey, it is specifically about the patient not being able to understand. This applied to communication by both Doctors and Nurses.

The Trust can see that the other two questions specifically relate to capacity issues. In particular, waiting to get a bed on a ward and also notice when being discharged.

Category	Question	2020	2021	% increase/decrease from 2020
<b>Waiting to get a bed on a ward</b>	From the time you arrived at the hospital, did you feel that you had to wait a long time to get a bed on a ward?	74%	67%	-7%
<b>Doctors</b>	When you asked doctors questions, did you get answers you could understand?	89%	84%	-5%
<b>Nurses</b>	When you asked nurses questions, did you get answers you could understand?	88%	84%	-4%
<b>Leaving hospital</b>	Were you given enough notice about when you were going to leave hospital?	72%	66%	-7%

Obtaining feedback from patients is vital for bringing about improvements in the quality of care and this is an excellent way for inpatients to directly influence services locally. Heads of Nursing have been compiling an action plan to address areas where improvements can be made.

Our score for the five questions in the national inpatient survey relating to responsiveness and personal care is 73.5%<sup>1</sup> against a national score average of 74.5%. This is an improvement of 6% when compared to 2019-20.

The Adult Inpatient Survey 2022 provisional results were due to be received by the Trust in June 2023. The official CQC results will not be released until September 2023, however, (date to be confirmed) and will feature in next year's Quality Account.

<sup>1</sup> 4.2 Responsiveness to inpatients' personal needs - NHS Digital 20/4/2022

<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022/domain-4---ensuring-that-people-have-a-positive-experience-of-care-nof/4.2-responsiveness-to-inpatients-personal-needs>

## Patient recommendation to friends and family

The Friends and Family Test (FFT) is a nationwide initiative which is a simple, single question survey which asks patients to what extent they would recommend the service they have received at a hospital department to friends or family who need similar treatment. The tool is used for providing a simple, headline metric, which, when combined with a follow up question and triangulated with other forms of feedback, is used across services to drive a culture of change and of recognising and sharing good practice.

Results of these surveys are received monthly and shared at Directorate, Divisional and Trust Board level in the form of Divisional dashboards.

We believe that patient recommendation to their friends and family is a key indicator of the quality of care we provide. We believe our performance reflects that - the Trust has a process in place for collating data on the Friends and Family Test. Data is collated internally then submitted monthly to the Department of Health and Social Care. Data is compared to our own previous performance, as set out in the table below.

The FFT recommendation scores are illustrated in the tables below. These include percentage changes on 2021/22 and the 2022/23 response rates. The Trust's overall average recommendation score for 2022/23 was 83%. When looking at the different touchpoints, there is a fluctuation of 8% with scores ranging between 77% and 85%. The Trust's overall response rate has varied between 15% and 20%.

**Table 9 – FFT Results**

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Trust Overall Score Rec Rate	83%	84%	83%	84%	84%	85%	82%	82%	77%	85%	86%	84%
Trust Overall Score - Resp Rate	18%	18%	18%	18%	18%	19%	20%	18%	16%	18%	18%	15%

In terms of the overall touchpoints for national reporting, the Trust's average quarterly reports are shown below with the comparison of the score against the 2021/22 year:

Friends and Family Test	Inpatients and Day case (consolidated)				Outpatients				ED				Community			
	Q1	Q2	Q3	Q4*	Q1	Q2	Q3	Q4*	Q1	Q2	Q3	Q4*	Q1	Q2	Q3	Q4*
2022/23	92%	92%	91%	92%	93%	93%	94%	94%	71%	71%	65%	72%	90%	87%	90%	91%
2022/23 Comparison against 2021/22	-1	=	-1	+1	+1	+1	+1	+24%	-4%	+3%	-3%	=	-3%	-3%	-2%	=

Friends and Family Test	Antenatal				Birth				Postnatal Ward				Postnatal Community			
	Q1	Q2	Q3	Q4*	Q1	Q2	Q3	Q4*	Q1	Q2	Q3	Q4*	Q1	Q2	Q3	Q4*
2022/23	77%	89%	78%	86%	91%	95%	90%	93%	80%	82%	84%	87%	86%	82%	83%	82%
2022/23 Comparison against 2021/22	-19%	+22%	-3%	+5%	-5%	+1%	-3%	=	-6%	=	-1%	+4%	+3%	-3%	-3%	-2%

\* Q4 data subject to change inline with March 2023 data submissions for FFT being after reporting date.

**Table 10 – Percentage difference between the Trust's recommendation score for each touchpoint and the local Sustainability and Transformation Plan and national results**

The Trust scores higher for all of the touchpoints for the Black Country and West Birmingham STP with the exception of Community. Comparisons with national scores indicate that Outpatients and Birth are above national scores, however, all of the other touchpoints are below:

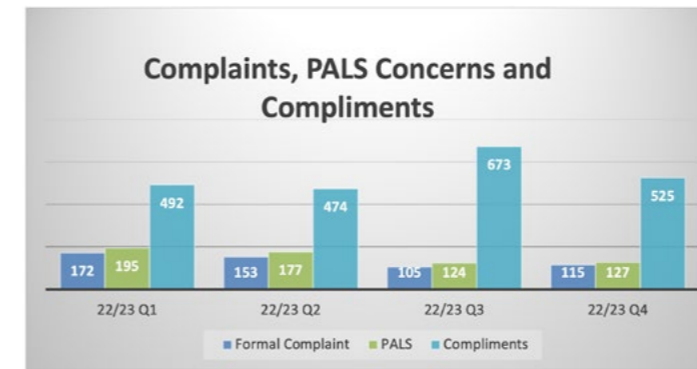
	Inpatients	Outpatients	ED	Community	Antenatal	Birth	Postnatal Ward	Postnatal Community
Trust overall	94%	69%	73%	92%	88%	95%	88%	77%
Compared to STP*	+3%	+4%	+2	-2%	+1%	+6%	+4%	+5%
Compared to National*	-4%	+3%	-5	-3%	-7%	+3%	-1%	-6%

\* The Black Country and West Birmingham STP and National scores as at 28 February 2022.

## Formal Complaints, PALS Concerns and Compliments

There were 545 formal complaints compared to 562 for year 2022/23. This represents a decrease of 3%. Areas of concern where the greatest volumes have been received when compared to the previous years are ED (29% decrease) and Obstetrics and Gynaecology (15% increase).

Safeguarding concerns, which are progressed through the formal complaints procedure as they do not meet the criteria for a Section 42 investigation, are included in the total formal complaints received. This has seen a marginal increase from 50 in 2021/22 to 51 in 2022/23.



During the year 2022/23, from 558 cases which were closed, the Trust determined that 70% of cases were not upheld, 25% were partially upheld and 5% were upheld. As with the previous year, the Trust's performance measured for complaint outcomes was significantly lower than the national average of 33% (as recorded by NHS Digital for 2021/22<sup>2</sup>) for cases upheld.

The volume of compliments received (2,164) represents an increase of 36% on last year's total of 1,592.

Quarter on quarter, there has been some fluctuation in the number of compliments received throughout the year although this is an increase when compared to the volume recorded in 2021/22 and far exceeds the volume of formal complaints and PALS concerns recorded.

## Parliamentary Health Service Ombudsman (PHSO)

In terms of the outcomes of PHSO investigations which were closed during 2022/23, (three cases), it is noted that all three were partly upheld with a financial redress total of £1,350 (£300, £300, £750)

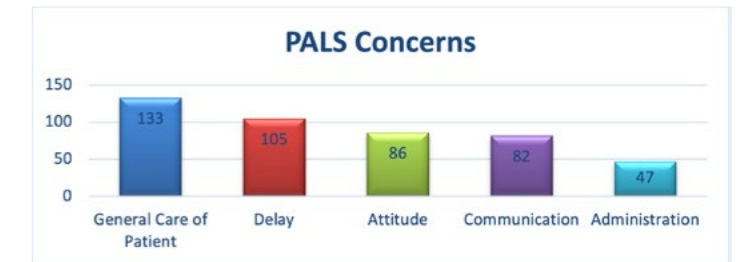
No other financial redress was awarded during the year. Themes emerging from those cases were related to communication, information, and complex complaint handling.

2 - Data on Written Complaints in the NHS, 2021-22 - NDRS (digital.nhs.uk) 17/4/2023

<https://digital.nhs.uk/data-and-information/publications/statistical/data-on-written-complaints-in-the-nhs/2021-22>

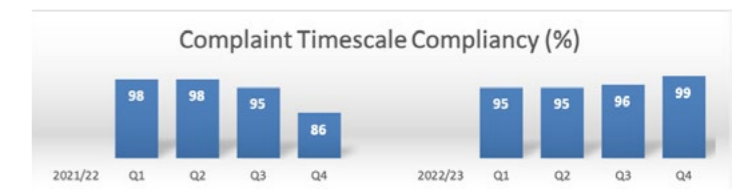
## Themes of Formal Complaints and PALS Concerns

There is little variation between the key themes of complaints year on year, with the highest subjects being general care of patient and attitude and communication, which is consistent with the previous year. The table below illustrates the top five categories for both formal complaints and PALS Concerns which shows some variance.



## Responding to complaints

Complaint compliancy is measured on the adherence to policy (30 working days) and gaining consent for an extension for completion. Compliancy is shown below however, during 2022/23, the Trust will also be measuring the average timescales for responses per Division and Directorate.





## The key priorities for Patient Experience and the updates are as follows:

- With our colleagues at Walsall Healthcare NHS Trust we published an Enabling Framework for 2022-2025. This was ratified during the year and all Divisions have generated and are working towards robust action plans to embed patient experience in all that they do. This has reinforced our collaborative working across both Trusts
- We embedded the PHSO Complaints Standards, and with our Walsall colleagues we implemented the new PHSO Complaints Standards including the ongoing development of e-learning training modules and tracking progress against each Trust's self-assessment
- We explored the use of a PALS Chatbot – as a virtual web assistant for key queries – this was not deemed a viable option, however, alternative methods have been explored and implemented to gather a wider perspective of the patient voice including the Feedback Friend initiative and welcome boards.
- We explored a robust mechanism to understand and address communication needs which result in patient dissatisfaction. Verbal and non-verbal communication was considered. Following a series of co-design workshops, new initiatives have been implemented for both patients with a learning disability and children and young people to either identify or communicate more appropriately
- Improvement Matters – we shifted some emphasis from measurement matters to improvement matters. This was done through the reinforcement of the learning from complaints toolkit which embeds the requirement for the completion of a mandatory action plan for those complaints partly or fully upheld – mirroring the template used for the RCA investigations
- Patient Involvement – we continue to recruit, engage, and involve patient partners in organisational decision making and our Patient Involvement (formally known as Council of Members) is active in a variety of committee and working groups
- We will continue to provide new and varying voluntary opportunities for the public hosting community recruitment events and developing a process leading to employment for those who want it. There have been many examples of success over the last year with young volunteers gaining active employment at the Trust



As part of the Patient Experience Enabling Strategy, in collaboration with Walsall Healthcare, both Trusts have committed to:

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



We have continued with recruitment into the clinical volunteer role, holding two key recruitment opportunities, plus attendance at two Trust recruitment days to offer a 'same day recruitment' approach. In total 174 new clinical volunteers have been recruited throughout the year.

**In Medical and Surgical wards, volunteer support has increased in this period. In addition, areas such as Emergency Department, Discharge Lounge, Maternity, and Cardiology administration roles have been developed.**

The Youth Volunteer Programme ended in March 2022, however, we have embedded the core values of this approach and continue to recruit and support a large number of young volunteers. We have continued to work with St John's Ambulance on the 'NHS Cadets' programme (Advanced Level) and were able to offer four volunteer opportunities to cadets in September 2022, and 10 in March 2023.

The 'Volunteer of the Month' initiative on social media was launched and during Volunteers' Week 2022, we held an innovative 'live volunteer shift takeover' on the Trust's Instagram account.

To support the developmental aspect of volunteering, we offer access to the Health Education England National Volunteer Certificate as an optional training opportunity. So far, three volunteers have completed and passed the certificate. We are continuing to seek pathways and opportunities for volunteers to access employment development opportunities as, for many, this is their aim. And during this year we successfully supported five volunteers to gain Bank positions in the Trust.

Funding was applied for and received via NHS Charities Together, for a two-year community social isolation volunteer project called Holistic Opportunities Preventing Exclusion (HOPE). Delivering this project is one of our key priorities for 2023-2025.

Finally within this last year, external charities and specialist services are beginning to bring back their own voluntary services, and we are pleased to see this start with Infant Feeding, League of Friends at Cannock Hospital, Neonatal Unit, West Park Hospital Therapy Services, and the Drug and Alcohol Liaison Service.

# 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. It employs around 11,371 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 healthcare problems of tomorrow. We're passionate about the value that diversity of thinking and lived experience brings in enabling us to become a learning organisation, an anti-racist organisation, and a leader in delivering compassionate care for our patients.

Having become the first Trust in the Black Country to achieve the Race Code Charter Mark status, we have continued to drive forward equality, diversity and inclusion with the development of an anti-racism statement together with Walsall Healthcare NHS Trust. We have a growing and dynamic Employee Voice Group membership, representing staff voices for Black Asian and Minority Ethnic Staff, Lesbian, Gay, Bi-sexual and Trans staff, carers, and staff with disabilities and long-term conditions.

The Trust is a supportive working environment committed to creating flexible working arrangements that suit the diverse needs of staff, and as such will consider all requests from applicants who wish to work flexibly.

We employ a significant proportion of our workforce from the Wolverhampton postcode area, and we continue to strengthen our networks with local partner organisations, schools, colleges, and universities to provide a range of opportunities for employment at all levels including apprenticeships, entry level roles and healthcare career pathways.

We are building a workforce that can help us to fulfil our values, improve quality of care for patients, and solve the healthcare problems of tomorrow.

## Headcount, Gender, Disability and Ethnicity

### Headcount 31 March 2023

The following tables set out the workforce profile and headcount for gender, disability, sexual orientation, and ethnicity as of 31 March 2023.

### Gender

A significant proportion of our workforce is female, representing 79.23% of the workforce, in line with the NHS gender profile.

Table 11 - Gender

Gender Status	Headcount	
Female	9009	79.23%
Male	2362	20.77%
<b>Grand Total</b>	<b>11371</b>	<b>100.00%</b>

Banding Grouped for Gender	Female	Male	Grand Total
AfC Bands 1-4	84%	16%	100%
AfC Bands 5-7	84%	16%	100%
AfC Bands 8a-9	74%	26%	100%
Apprentices	49%	51%	100%
Execs	40%	60%	100%
Kickstarters	100%	0%	100%
M&D	43%	57%	100%
Non-Execs	54%	46%	100%
VSM	29%	71%	100%
<b>Grand Total</b>	<b>79%</b>	<b>21%</b>	<b>100%</b>

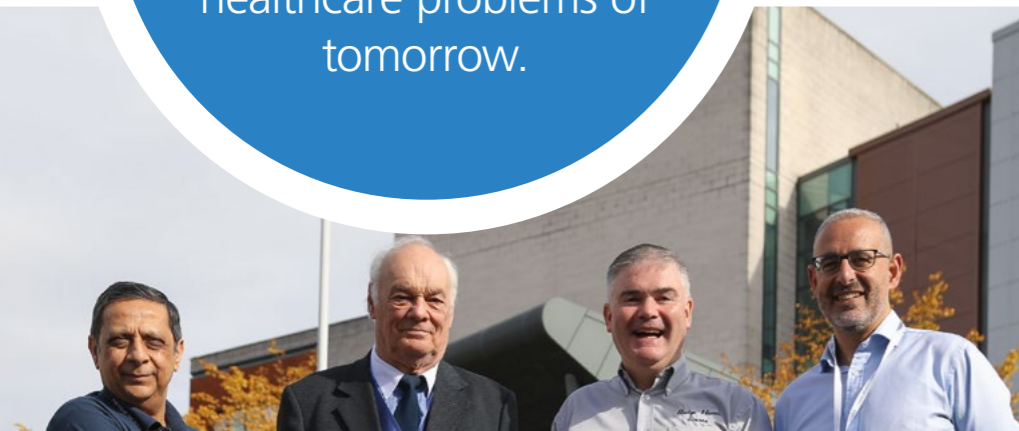
### Ethnicity

The ethnic demographic of the Trust's workforce as of 31 March 2023 is 36% (compared to 32% last year and is in line with the Black Asian Minority Ethnic (BAME) profile of Wolverhampton of 39.4% (Census 2021). The largest ethnic group in Wolverhampton is Asian or Asian British at 21% followed by Black or Black British at 9%. The Trust has a Black Asian and Minority Ethnic Employee Voice Group in place that has supported it to gain the Race Code Charter Mark status along with members supporting the successful Cultural Ambassador Programme which has seen significant year on year improvements in eliminating the ethnicity disciplinary gap.

Table 12 - Ethnicity

Staff Group	Headcount					
	BAME	White	Unknown	BAME	White	Unknown
Add Prof Scientific and Technic	113	198	4	0.99%	1.74%	0.04%
Additional Clinical Services	798	1381	26	7.02%	12.14%	0.23%
Administrative and Clerical	540	1921	19	4.75%	16.89%	0.17%
Allied Health Professionals	174	467	8	1.53%	4.11%	0.07%
Estates and Ancillary	129	688	6	1.13%	6.05%	0.05%
Healthcare Scientists	197	333	13	1.73%	2.93%	0.11%
Medical and Dental	768	296	82	6.75%	2.60%	0.72%
Nursing and Midwifery Registered	1332	1826	33	11.71%	16.06%	0.29%
Students	4	15		0.04%	0.13%	0.00%
<b>Grand Total</b>	<b>4055</b>	<b>7125</b>	<b>191</b>	<b>35.66%</b>	<b>62.66%</b>	<b>1.68%</b>

Ethnicity Status	Headcount	
Asian	2323	20.43%
Black	1226	10.78%
Mixed	333	2.93%
Other	173	1.52%
Unknown	191	1.68%
White	7125	62.66%
<b>Grand Total</b>	<b>11371</b>	<b>100%</b>



## Disability

The proportion of employees disclosing a disability on their Employee Service Record (ESR) has increased from 2% in 2022 to 4.3% in 2023. Our Disability and Long-Term Conditions Employee Voice Group has continued to develop in this last year and has worked closely with the Trust on measures and initiatives that raise awareness of disability and ensure the voices of disabled staff are heard. The Trust was proud to introduce its Health Adjustments Passport in 2022 to enable staff to have their reasonable adjustments needs considered and met.

Table 13 - Disability

Disability Status	Headcount	
No	8583	75.48%
Not Declared	2244	19.73%
Prefer Not To Answer	48	0.42%
Yes	496	4.36%
<b>Grand Total</b>	<b>11371</b>	<b>100.00%</b>

Disability Status	Count of Employee Number	
No	7758	73%
Not Declared	2590	24%
Prefer Not To Answer	54	1%
Yes	207	2%
<b>Grand Total</b>	<b>10609</b>	<b>100%</b>

## Sexual Orientation

The Trust collects data on the sexual orientation status of employees. A total of 1.7% of the workforce has declared it is Lesbian, Gay, or Bi-sexual. Thirty-one per cent of the workforce has not stated this information. The Trust has an active and growing LGBTQ+ Employee Voice Group that has led on a number of inclusion initiatives for LGBTQ+ staff and patients including participation in Pride, growing the number of staff signed up to the Rainbow Badges Scheme, supporting the commissioning of LGBTQ+ training for 250 staff and supporting the development and review of the Trust's first Trans Inclusion Guidance for Staff and Patients.

Table 14 - Sexual Orientation

Sexual Orientation Status	Headcount	
Not stated (person asked but declined to provide a response)	3559	31.30%
Heterosexual	7598	66.82%
Bisexual	83	0.73%
Gay or Lesbian	114	1.00%
Undecided	9	0.08%
Other sexual orientation not listed	8	0.07%
<b>Grand Total</b>	<b>11371</b>	<b>100%</b>

## Staff numbers by Proportion

(Trust Board, Senior Managers and other staff)

Table 15 - Staff numbers by Proportion

Staff catchment area

Staff Type	Female	Male	Grand Total
Apprentice	23	23	46
Other Staff	8038	1522	9560
Student Nurse	18	1	19
Trust Board - Execs	4	6	10
Trust Board - Non Execs	7	6	13
Medical and Dental	497	647	1144
VSM/Band 8a+	422	157	579
<b>Grand Total</b>	<b>9009</b>	<b>2362</b>	<b>11371</b>

At the end of the financial year March 2023, 60% of the Trust's workforce resided within a WV postcode (Source: Electronic Staff Record system); there has been no change to this from the previous year.

### 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 through the Integrated Supplies and 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 2022-23.

**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. 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. Their aim is 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 and Conditions of Contract for goods and services specifies the following terms for suppliers to adhere to in relation to Equality and 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, co-operate 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 its assets. We are committed to the elimination of fraud and illegal acts within the Trust.

We have a team of fully accredited Local Counter Fraud Specialists (LCFS) to ensure the rigorous investigation of reported matters of fraud, bribery or corruption and the pursuance of redress for financial losses stemming from such acts, and the application of disciplinary sanctions or other actions, including consideration of criminal sanction, as appropriate. We adopt best practice procedures to tackle fraud, bribery, and corruption, as recommended by the NHS Counter Fraud Authority.

The Trust has implemented a range of policies, procedures and work programmes that are designed to reduce the likelihood of fraud and corruption and to help detect fraud. We annually assess the Trust's risk exposure to both internal and external fraud. Throughout 2022/23 awareness of fraud and bribery and those policies in place has been raised across the Trust and this work will be ongoing in 2023/24. 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 2022 to 31 March 2023, 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 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.

This 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 several key priorities particularly in relation to physical and emotional wellbeing.

**This year, around 4,000 staff completed the annual NHS staff survey. We were also able to include our Bank staff for the first time.**

The results have, for the second time, been measured against the seven people promise elements: we are compassionate and inclusive, we are recognised and rewarded, we each have a voice that counts, we are safe and healthy, we are always learning, we work flexibly, we are a team, and two themes: staff engagement, and morale. The specific words that make up the NHS People Promise have come from people in different healthcare roles – all making it clear what matters most to them and what would make the greatest difference in improving their experience in the workplace.

The Trust's commitment to delivering high-quality patient care is dependent on having healthy staff who feel supported.



### We scored higher than average for acute and community trusts in four of the People Promises:

- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We work flexibly

### We also scored higher than average in themes:

- Staff engagement
- Morale

### Our scores are in line with the average for three People Promises:

- We are compassionate and inclusive
- We are always learning
- We are a team

Whilst all scores are above, or in line with, the sector average, they do show a decline from our 2021 Staff Survey results, with the exception of People Promise: We work flexibly, which has remained the same. This is likely in response to the Trust continuing to support agile and flexible working.

The overall staff engagement score has decreased since 2021, from 70% to 69%. Staff recommending the Trust as a place to work has declined from 67.8% to 65.1%, and staff recommending the Trust as a place to receive treatment has declined from 73.1% to 67.7 %.

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. This 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 several key priorities particularly in relation to physical and emotional wellbeing.

An annual health and wellbeing conference takes place in line with our strategic approach. It will focus on one of the wellbeing pillars and 2023 showcased career wellbeing. The conference was supported by internal and external members such as but not limited to, HR Advisory Team, Neurodiversity team, HR OD Team, Occupational Health, Physiotherapy, Payroll, The Employee Assistance Programme (BHSF) and Maximus.

The day consisted of webinars, workshops and training for managers and leaders. The conference was face to face at both the New Cross and Cannock Hospital sites with the conference being streamed live to capture as many staff as possible.

A total of 152 staff attended the conference, 90 of those were online with the remainder attending face to face.

## On average the feedback received from the day showed that staff felt more informed and aware following attendance of sessions and they feel that having such conferences allows them to update themselves on what is available.

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.

Our commitment to Equality, Diversity and Inclusion continues to be a priority for the Trust both during the COVID-19 pandemic and throughout our recovery and restoration.

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) and Workforce Disability Equality Standard (WDES) 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. The need for greater levels of equity has been driven further by the recent rising cost of living crisis and resulting impacts on health inequalities for our workforce.

As a Trust, we have put a lot of 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 equality and inclusion campaigns and events.

## Equality Objectives 2023 - 2027

The Trust is taking proactive measures to meet its workforce and equality challenges and, following engagement with key stakeholders and staff groups, has developed its new Equality Objectives 2023 – 2027:

1. **Review and improve service accessibility for those whose first language is not English. This is to understand patient demographics and interpreting requirements**
2. **Ensure patients are able to have, and report having, positive experiences while using our services**
3. **Support staff health and wellbeing through the promotion of initiatives and healthy lifestyles services**
4. **Ensure all practices/processes are inclusive and promote belonging, and are supported by actions that address inequitable outcomes for protected groups**
5. **Our executives and senior managers lead with compassion and routinely demonstrate their understanding of, and commitment to, equality and diversity**

The Equality Objectives are supported by the Trust's Equality Diversity and Inclusion Delivery Plan 2023 - 2024

# Diversity and Inclusion in the Workforce

## Regulation 8, Schedule 2 2017/328 Declaration of Facility Time

**Table 16 - Regulation 8 Summary**

Relevant union officials

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
43	1

### Percentage of time spent on facility time

Percentage of time	Number of employees
0%	41
1-50%	
51%-99%	2
100%	

\*There are two part-time employees spending 100% of their part-time hours on Union work.

### Percentage of time spent on facility time

Provide the total cost of facility time	<b>£48,476</b>
Provide the total pay bill	<b>£551,506,456</b>
Provide the percentage of the total pay bill spent on facility time, calculated as: (Total cost of facility time / total pay bill) x 100	<b>0.008%</b>

### 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

We wanted to design and implement a comprehensive career pathway to assist our young volunteering workforce.

We continued with recruitment into the clinical volunteer role, holding three recruitments within this time frame and recruiting 183 new volunteers. We appointed a Youth Volunteer Co-ordinator to lead the young volunteers' workstream and they engaged with the local community through presentations at schools, colleges, university, The Way (Youth provision), Local Authority Youth Services, and Black County Talent Match. Recruitment fairs were also attended in collaboration with other Trust representatives around employment from 'Wolves at Work'. As a result of this community engagement, of the 183 people that applied, 139 were aged 16-25 (75%).

We continued placing volunteers in ward areas, the COVID-19 swab hub and vaccination hub, plus the ward activity programme in rehabilitation areas.

## 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 2022/2023.

The Trust's quality priorities for 2022/2023 were selected as part of a consultation process with staff and external stakeholders. In addition, it reviewed what patients and members of the public said about it through national and local surveys, inpatient feedback received through complaints, compliments, and the Friends and Family Test. National and local guidance and feedback from the Care Quality Commission was also considered.

A variety of data reporting systems remained the source of information for the Quality Account 2022/2023. For example, the incident and complaints data was extracted from Datix (incident reporting system). Information was validated with individual leads such as the Governance Team, Patient Experience Team, Infection Prevention and Control Lead and 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 the Patient Administration System (PAS) to outline patients that have been listed for surgery. This 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 to 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 2022/2023 objectives together with details of the key objectives for the forthcoming year. These objectives have been set based on the priorities of the Trust, external accreditation, a variety of surveys, CQC inspection outcomes, key improvement priorities and views of staff, patients, public and key stakeholders.

# Quality

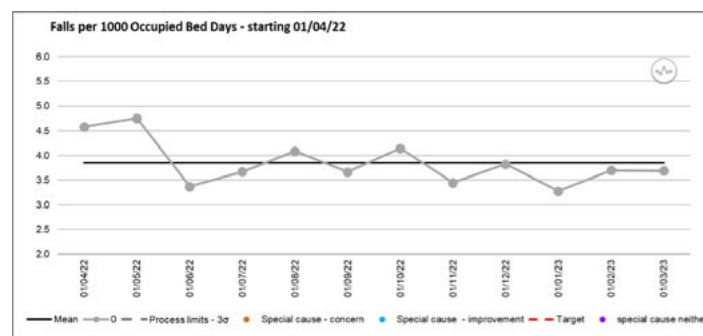
The Royal Wolverhampton NHS Trust continues to work in collaboration with Walsall Healthcare NHS Trust to support the delivery of evidence-based care and to align systems, processes and monitoring to improve clinical outcomes.

## Falls

The Nursing Quality Team has been working collaboratively during 2022/23 on policies, procedures, documentation and quality improvement initiatives to raise awareness of falls prevention and ensure we learn from incident as well as patient and staff feedback. Shared Decision-Making Councils have been established to encompass our work and encourage staff to shape and contribute to our approaches. This work has been co-ordinated and overseen by the joint Falls Steering Group.

The graph below illustrates our falls data over the last year, which remained largely within the acceptable limits.

**Falls rate per 1000 Occupied Bed Days 01/04/22-31/03/23 RWT**

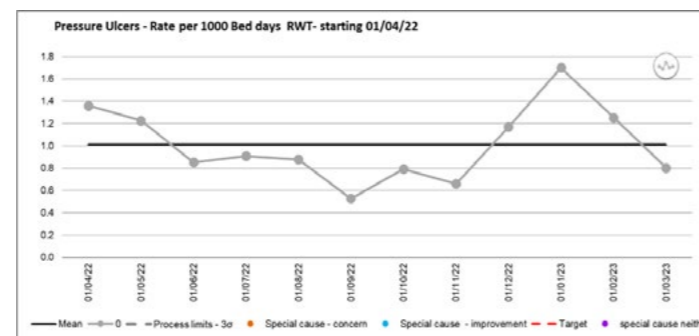


## Pressure Ulcers

Our Tissue Viability Steering Group is now joint, and we have developed a Wound Prevention and Healing Ambition, which is guiding our improvement work and focus associated with key tissue viability matters. The group ensures that we work collaboratively across both Trusts, focusing on the prevention of wounds and learning from incidents, patient and staff feedback.

The graphs below illustrate our pressure ulcers data over the last year.

**Pressure ulcers rate per 1000 Occupied Bed Days 01/04/22-31/03/23 RWT**



## Sepsis

Sepsis teams across both Trusts are integrated within Critical Care Outreach Teams and are leading the improvement work and oversight associated with sepsis recognition and management. Audit data has demonstrated an improving picture of antibiotic therapy given within an hour and screening. Work continues with the informatics teams to move from audit to reports and complete the development of a Deteriorating Patient Dashboard. New national guidance for sepsis recognition, diagnosis and management is anticipated to be launched in June 2023.

## Clinical Accreditation

Accreditation programmes facilitate the development of a set of standards against which to measure quality of excellence in Nursing and Midwifery care and this is central to demonstrating improvement.

Clinical Accreditation brings together key measures of Nursing, Midwifery and clinical excellence in care into one overarching framework to enable a comprehensive assessment and evaluation of the quality of excellence in care at ward, unit or team level. When used effectively, it can drive continuous improvement in patient outcomes and increase patient satisfaction and staff experience at a ward and unit level.

With a clear direction and a structured approach, it creates the collective sense of purpose necessary to help communication, encourage ownership and achieve a robust programme to measure and influence excellence in care delivery (NHS England 2019).

The key objectives of an accreditation programme are to:

- Bring a sense of pride in what staff do and where they work
- Create positivity and encourage aspiration of staff
- Promote a quality improvement culture and shared purpose

During 2022/23, the Quality Team has led the development of a joint Clinical Accreditation programme and the first wards were due to be accredited by the newly established Clinical Accreditation Board in May 2023.

## Quality and Safety Enabling Strategy

During the last two quarters of 2022/23, the first joint Quality and Safety Enabling Strategy has been developed. The strategy defines how we will strive to excel in the delivery of care, which is one of the four strategic aims of the joint Trust Strategy.

The key priorities include:

- Our People – recognising the importance of growing, supporting and developing our workforce
- Embed a culture of learning and continuous improvement at all levels of the organisation
- Prioritise the treatment of cancer patients, focused on improving the outcomes of those diagnosed with the disease
- Deliver safe and responsive urgent and emergency care in the community and in hospital
- Deliver the priorities of the National Elective Care Strategy
- Fundamentals – based on internal and external priorities
  - o Prevention and management of patient deterioration
  - o Timely sepsis recognition and treatment
  - o Medicines management
  - o Adult and Children Safeguarding
  - o Infection Prevention and Control
  - o Eat, Drink, Dress, Move to Improve
  - o Patient Discharge
  - o Maternity and Neonates
  - o Mental Health
  - o Digitalisation
- Deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our communities and populations

The Quality, Patient Experience and Safety Committee will have the overall oversight of progress with key priorities outlined in this strategy and receive an annual update on progress.

At Wolverhampton NHS Trust and Walsall Healthcare NHS Trust our shared mission is to weave digital innovation into every aspect of our operations and services.

As two entities working in unity, our collaborative approach is a testament to our belief that collective effort is the cornerstone of transformation. A clear manifestation of this is our Digital Transformation Strategy, which revolves around enhancing patient experience, improving health outcomes, and bolstering the efficiency of our healthcare professionals.

We are tapping into an array of modern technologies, from telemedicine and remote consultations to AI-powered diagnostics and data analytics, to shape a new paradigm of patient care.

One pivotal aspect of our group strategy is the implementation of electronic patient records (EPRs). Recognising the strength of collaboration, we are aligning our resources and knowledge to refine the process of data management and improve real-time communication amongst healthcare professionals across both Trusts. By enabling immediate access to comprehensive patient information, we can facilitate swift and informed decision-making, a critical factor in our time-sensitive industry. Furthermore, we are pooling our skills and expertise to develop and deploy AI algorithms that can derive meaningful patterns and predictive insights from these records, thus paving the way for early diagnosis and personalised care.

Simultaneously, we are jointly striving to extend the bounds of healthcare accessibility by championing telemedicine and remote patient monitoring. In an era of unprecedented challenges, virtual consultations have allowed us to maintain continuity of care while safeguarding patients and staff alike. Through the integration of wearable devices, we can keep a constant check on patient health parameters and act quickly upon any significant changes.

Crucially, we're cultivating a culture of digital innovation across both trusts, empowering our staff to explore digital tools and technologies, and engage in the ideation and implementation of pioneering solutions. This unified approach is vital for enhancing digital literacy and reaffirms our commitment to ensuring digital innovation is at the heart of everything we do as a group at both Trusts.

We are tapping into an array of modern technologies, from telemedicine and remote consultations to AI-powered diagnostics and data analytics, to shape a new paradigm of patient care.

## Digital innovation

## Our charity year

The Royal Wolverhampton NHS Trust Charity has enjoyed another successful year of fundraising and engagement which has helped to enhance the experience of patients who use the services in our hospitals and the community.

One of its biggest achievements has been to win a grant of £220,000 to help up to 1,000 vulnerable people in Wolverhampton over the next two years.

The Charity, in partnership with Wolverhampton Voluntary and Community Action (WVCA) has been awarded the cash from NHS Charities Together for project Holistic Opportunities Preventing Exclusion (HOPE).

As part of the bid, RWT will recruit, train, manage and support a full-time Link Volunteer Co-ordinator, a part-time Link Administration Officer, and up to 200 volunteers per year. These will work alongside the city's Social Prescribing Service, run by WVCA, to help tackle loneliness, isolation, depression and anxiety.

HOPE will link people to community services such as social groups, sporting activities, and groups focusing on areas of interest, such as gardening and arts and crafts.

HOPE will also focus on supporting people experiencing Long COVID, carers and those needing support with pain and medication management and these funds will be used to deliver a range of support.





The Charity has worked closely with the Health and Wellbeing Team at RWT to help staff struggling in the cost-of-living crisis.



A Staff Wellbeing Hub, which includes a foodbank, has opened at New Cross Hospital as part of a package of support. Initially funded by a grant from the Charity, Estates turned a disused café into a fully functioning wellbeing hub facility within two weeks, providing a specialist fridge, making shelving and a counter, and provided appropriate kitchen equipment.

**The Charity has taken on the day to day running of the hub, which offers food and other essential items as well as access to services that focus on financial and mental health issues.**

In February this year the Charity worked with the Ex-Cathedra Singing Medicine Team to launch an appeal to bring its songs and games to poorly youngsters in hospital to improve their health and wellbeing. This appeal is ongoing with the ambition to reach a target of £30,000 to be able to fund Singing Medicine for a year at New Cross Hospital.

The year's other highlights include a successful calendar of events such as a joint charity football match with Walsall Healthcare NHS Trust and a fashion show.

A hugely popular visit from reindeer as part of the Christmas lights switch-on was also a real hit with patients, staff and visitors alike, supported by Karl Henry, former Wolves Captain.

**Looking ahead, work will continue to recruit compassionate volunteers to help support the HOPE project and the Charity will build on its community and business relationships.**

The Annual Report and Accounts of the Trust Charity are due to be published later this year to meet the deadline.



## B Accountability Report

### B1 – Corporate Governance Report

**Annual Governance Statement 2022-  
2023 (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 implementation 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 Walsall Healthcare NHS Trust Board, 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 Midlands NHS Provider Trust Chief Executives. 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 Chair 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 and 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.

The Trust has adopted the revised NHS Governance Code Guidance that reflects the UK Corporate Governance Code and is monitoring compliance with relevant principles of good practice. This Governance Statement demonstrates how the Trust has had regard to the principles set out in the Code for the Trust for the financial year ended 31 March 2023.

## Black Country Integrated Care System

The Royal Wolverhampton NHS Trust is proud to be part of the Healthier Futures, Black Country Integrated Care System (ICS). The formal establishment of the ICS on 1 July 2022 creates the framework for the integration of health and care in the Black Country. The Integrated Care Partnership, Integrated Care Board our provider collaboratives and place-based partnerships are working together to positively impact the health and lives of those in our local communities. Our collective purpose is to:

- 1. Improve outcomes in population health and healthcare**
- 2. Tackle inequalities in outcomes, experience and access**
- 3. Enhance productivity and value for money**
- 4. Help the NHS support broader social and economic development**

The NHS is now actively working with local authorities at place and system level, to understand and collate our initiatives, aiming to improve the lives of Black Country people. Over the last year we have made progress as we begin to understand each other as partners and recognise that whilst one organisation will take a lead at times, the understanding and value of integrated working allows for collective support to become available. Building trust, both with our care partners and the public, is essential, with the common objective of improving health, care and prospects across the entirety of the Black Country.

Our Integrated Care Partnership has now published the Black Country Integrated Care Strategy which sets out how we will work together to meet the health and wellbeing needs of local people. The strategy, which is available to download online, builds on and compliments the work of the Health and Wellbeing Boards in each area, but looks at the additionality that can be achieved through system level working.

### The themes of Healthier People - Healthier Places - Healthier Futures provide a framework for the strategy:

- 1. Healthier People** - Black Country people face a range of health challenges and poorer health outcomes. This strategy sets the context for how we can work together to improve these.
- 2. Healthier Places** - The Black Country is a place where 1,202,528 people live in nearly 500,000 homes on about 138 sq. mi. / 360 km<sup>2</sup> of land. Today, it's a place where there are almost 40,000 businesses, with over 450,000 jobs, generating £17.2billion gross value added per annum. These are tremendous resources, and it is the power that comes from the strength of the communities in these places which will drive much of our work.
- 3. Healthier Futures** - One of the purposes of a strategy is to look ahead. It is recognised that it takes time to tackle the wider determinants of health and improve health life expectancy.

None of this can happen overnight, and in our Black Country Integrated Care Partnership, we have worked hard to begin the journey we are on. We are building on our previous achievements in developing a Healthier Future Partnership between the NHS and the councils initially. This strategy identifies key priority areas for us to work together on so that we can properly understand their issues and find the solutions to the challenges that we all face.

- 1. Workforce retention and recruitment**
- 2. Children and families**
- 3. Social Care System**
- 4. Mental Health and emotional wellbeing**

This is a new way of working for health and care across the Black Country. But it is an evolution rather than a revolution, and there is an enormous amount of value that can be taken from learning from each other. Together, we will take action when we foresee benefits for our population, and we will celebrate when improvements in health and care are achieved. The importance of integrated working allows for us to face the challenges and opportunities we have together.

The Royal Wolverhampton NHS Trust is committed to working with partners, moving forwards, to use our collective resources to plan and deliver joined up health and care services, and to improve the lives of people who live and work in the Black Country.

## 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 2023 and up to the date of approval of the annual report and accounts.

The system of internal control is designed to manage risk to a reasonable level.

## 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.

Reporting to the Trust Board are a number of assurance committees 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 the consequences of the COVID-19 Pandemic and subsequent activity pressures continues to have a residual impact on some routine processes and work plans.

## Directors' Report - The Directors of the Trust

During the year 2022/23 and up to the signing of the Annual Report and Annual Accounts, the Accountable Officer for the Trust was Professor David Loughton, CBE and the Trust Chair was Professor Steve Field. The Trust Board comprised Professors Loughton and Field and the following Directors (any with less than a full year of Board membership are denoted accordingly):

<b>Prof. A-M Cannaby</b>	Group Chief Nursing Officer (v)
<b>Mr A Duffell</b>	Group Chief People Officer
<b>Mr J Dunn</b>	Non-Executive Director Chair of Finance and Performance Committee (from 4 July 2022) Chair of Remuneration Committee (from 4 July 2022)
<b>Mr R Dunshea</b>	Non-Executive Director, Senior Independent Director (to 31 August 2022) Chair of Audit Committee (to 31 August 2022)
<b>Mr S Evans</b>	Group Chief Strategy Officer
<b>Ms S Evans</b>	Group Director of Communications and Stakeholder Engagement
<b>Prof. S Field</b>	Chair, Non-Executive Director
<b>Mr J Hemans</b>	Non-Executive Director, Chair of People and Organisational Development Committee
<b>Prof. D Loughton CBE</b>	Group Chief Executive Officer (v) Chair of Management Committee
<b>Ms M Martin</b>	Non-Executive Director (to 3 July 2022) Chair of Finance and Performance Committee (to 3 July 2022) Chair of Remuneration Committee (to 3 July 2022)
<b>Ms G Nuttall</b>	Chief Operating Officer (v)
<b>Dr J Odum</b>	Group Chief Medical Officer
<b>Dr B McKaig</b>	Chief Medical Officer
<b>Ms T Palmer</b>	Director of Midwifery
<b>Ms S Rawlings</b>	Associate Non-Executive Director Chair of Trust Charity
<b>Mr K Stringer</b>	Group Chief Financial Officer/Deputy Chief Executive (v)
<b>Prof. L Toner</b>	Non-Executive Director
<b>Ms D Hickman</b>	Director of Nursing
<b>Mr M Levermore</b>	Non-Executive Director
<b>Ms A Heseltine</b>	Associate Non-Executive Director
<b>Ms J Jones</b>	Non-Executive Director Chair of Audit Committee from 4 July 2022
<b>Ms L Cowley</b>	Non-Executive Director
<b>Mr K Bostock</b>	Group Director of Assurance
<b>Dr U Daraz</b>	Associate Non-Executive Director (from 1 February 2023)
<b>Ms A Harding</b>	Associate Non-Executive Director (from 1 February 2023)
<b>Lord Carter</b>	Strategic Advisor to the Board (from 1 February 2023)

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

During 2022/23 the Trust Board comprised the Chair, the Group Chief Executive, four Executive Directors (Chief Officers) voting and six voting and five non-voting Non-Executive Independent Directors and was supported by a number of additional Directors and the 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 2022-2023 the Trust Board met monthly, up bi-monthly from February 2022, virtually 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 bi-monthly development sessions and monthly Non-Executive Briefings.

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

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

Mary Martin ended her term as Non-Executive Director on 3 July 2022 and Roger Dunshea ended his term as Non-Executive Director on 31 August 2022. Umar Daraz and Angela Harding joined the Trust Board as Associate Non-Executive Directors on 1 February 2023.

The Group Chief Executive supported by both Boards appointed to the remainder of Group roles during the year. These were Sally Evans, Group Director of Communications and Stakeholder Engagement, Simon Evans, Group Strategy Officer, Alan Duffell, Group People Officer, Kevin Stringer, Group Chief Financial Officer, Jonathan Odum, Group Medical Officer and Brian McKaig was appointed substantively as Chief Medical Officer.

The Group Chief Executive appointed Lord Carter as Strategic Advisor to the Board from 1 February 2023.

## Board Membership



### Professor David Loughton CBE CIHSCM

**Group Chief Executive, appointed 2004**

Professor Loughton's first Chief Executive appointment was at the University Hospitals Coventry and Warwickshire NHS Trust in 1986 where he successfully led the organisation through two hospital mergers, developed a new medical school with Warwick University and reached financial closure of a new £400m hospital.

He then started as Chief Executive of The Royal Wolverhampton NHS Trust (RWT) in 2004. He has led the organisation from one of the most financially challenged in the NHS, to being financially sound whilst at the same time gaining a national and international reputation for improving patient safety and experience. He started as Chief Executive of Walsall Healthcare NHS Trust in 2021, which has seen improvements in both staff and patient satisfaction.

RWT hosts the National Institute for Health Research (NIHR) in the West Midlands and Professor Loughton is the Chair of the West Midlands Cancer Alliance.

**Board Attendances in 2022-2023: 7/7**

#### Declaration of interests

- National Institute for Health Research – Member of Advisory Board
- Chair of West Midlands Cancer Alliance
- Group Chief Executive Officer



### Professor Steve Field CBE

**Group Chair of the Board, appointed 1 April 2019**

Professor Field also 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. He is also the UK Government's Special Adviser for Health Care for Saudi Arabia.

Prior to his role as Group Chair, he was Chief Inspector of General Practice, Primary Medical Services and Integrated Care at the Care Quality Commission (CQC). Previously, Professor Field was Chair of the NHS Inclusion Health Board at the Department of Health and Chair of the NHS Future Forum including the Expert Advisory Group for the NHS Constitution. He has held several senior positions in the NHS including, Deputy National Medical Director at NHS England, Regional Postgraduate Dean for NHS West Midlands. He is a past Chair of The Royal College of General Practitioners, 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 2022-2023: 7/7**

#### 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 (from 04/08/20 to 01/04/22)
- Advisor to Health Holding Company and Board Member of Makkah Health Cluster, Kingdom of Saudi Arabia



## Professor Ann-Marie Cannaby

**Group Chief Nurse and Lead Executive for Safeguarding from June 2022, originally appointed April 2018**

Professor Cannaby joined the Board at Wolverhampton in April 2018. She is a Visiting Professor at Birmingham City University, Staffordshire University and Coventry University and has amassed extensive experience working both nationally and internationally in senior Nursing leadership roles.

She spent four 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, Professor Cannaby spent more than 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. She 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.

Professor Cannaby 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 2022-2023: 7/7**

### Declaration of interests

- Birmingham City University – Visiting Nursing Professor
- Royal College of Nursing – Member
- Higher Education Academy – Teaching Fellow
- Ann-Marie Cannaby Ltd – Director
- La Trobe University, Victoria, Australia - Honorary Visiting Fellow (from 01/4/19 to 24/10/22)
- Visiting Professor Staffordshire University
- Principal Clinical Advisor – British Telecom
- Walsall Healthcare NHS Trust – Group Chief Nurse /Deputy Chief Executive
- Member of Cavell (Charity) Advisory Panel – this is a volunteer role with no payment being received and undertaken in own time (from 01/04/22)
- Advisory Board Member for Charkos Global Ltd (from 24/10/22)



## Alan Duffell

**Group Chief People Officer from December 2022, originally appointed April 2017**

Mr Duffell has wide experience within the NHS, incorporating OD, learning and development and leadership and 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 and 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, Mr Duffell was in the Royal Air Force spanning a range of roles including avionics engineer, training and development and leadership development. He holds membership of the Chartered Institute of Personnel and Development (CIPD), Chartered Management Institute (CMI) and holds an MSc in Human Resource Development.

**Board Attendances in 2022-2023: 7/7**

### Declaration of interests

- Member of Chartered Management Institute
- Member of the CIPD (Chartered Institute for Personnel and Development)
- Member (unpaid) of the UK and Ireland Healthcare Advisory Board for Allocate Software (Trust Supplier)
- System Workforce Lead BC&WB System Workforce lead (from 01/01/21 to 22/12/22)
- Interim Chief People Officer at The Dudley Group NHS Foundation Trust (from 20/06/22)
- Black Country Provider Collaborative HR and OD Lead (from 01/03/22)
- Member of NHS Employers Policy Board (from 22/12/22)
- Group Chief People Officer Walsall Healthcare NHS Trust



## Gwen Nuttall

**Chief Operating Officer, appointed 2012**

Ms Nuttall has more than 20 years' experience working across a diverse range of acute hospitals, having previously worked for local government.

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

**Board Attendances in 2022-2023: 7/7**

### Declaration of interests

- Trustee of Calabar Vison 2020 Link



## Dr Jonathan Odum

**Group Chief Medical Officer from August 2022, originally appointed 2011**

Dr Odum qualified from Birmingham University in 1984 and his post graduate training was 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 his 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 Hospital and Cannock Chase Hospital.

Dr Odum has held several senior medical managerial positions in the Trust including Clinical Director of Medicine and Divisional Medical Director posts from 2003-2011. Dr Odum was appointed into and held the post of Chief Medical Officer for The Royal Wolverhampton NHS Trust from April 2011- December 2022, during which time he was also the Trust's Responsible Officer (2011-2021).

With the formalisation of the Group structure between The Royal Wolverhampton Trust and Walsall Healthcare NHS Trust, Dr Odum was appointed into the Group Chief Medical officer post in December 2022

At ICS level Dr Odum is Chairman of the Clinical Leaders Group (2018-date) and is also the Chief Medical Officer for the Black Country Provider Collaborative (2021-date).

**Board Attendances in 2022-2023: 6/7**

### Declaration of interests

- Private outpatient consulting and general medical/hypertension and nephrological conditions at Wolverhampton Nuffield average time spent 1-2 hours/week maximum
- Chair of Black Country and West Birmingham ICS Clinical Leaders Group
- Fellow of the Royal College of Physicians
- Group Chief Medical Officer at Walsall Healthcare NHS Trust



## Brian McKaig

**Chief Medical Officer, appointed 12 July 2021**

Mr McKaig qualified from Glasgow University in 1991 and undertook postgraduate training as a gastroenterologist in the East Midlands. He undertook a period of research at the University of Nottingham (1997-2001) leading to the award of a PhD. He was elected as a fellow to the Royal College of Physicians, London and the Royal College of Physicians and Surgeons of Glasgow.

He was appointed to RWT in 2002 and developed a career in gastroenterology with a focus on endoscopy and endoscopy training. He was awarded a PGCME from the University of Wolverhampton in 2003 and developed the regional endoscopy training centre based at RWT. He has held regional deanery roles as Training Programme Director and Specialist Advisory Committee Chair for Gastroenterology and national posts supporting the British Society of Gastroenterology and the English Bowel Cancer Screening Programme.

Mr McKaig has held several managerial roles within RWT including Clinical Director for Gastroenterology, Revalidation Lead (2012-2020) and Deputy Medical Director (2017-2021). To consolidate his medical leadership learning and education, he successfully completed the Clinical Executive Fast Track Scheme through the NHS Leadership Academy in 2019.

**Board Attendances in 2022-2023: 7/7**

### Declaration of interests

- Trustee for the Rotha Abraham Trust which was set up to advance medical research and practice to benefit the population of Wolverhampton unpaid role



## Kevin Stringer

**Deputy Chief Executive (The Royal Wolverhampton) and Group Chief Financial Officer from December 2022, originally 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 more than 34 years of experience in the NHS, 21 of those as a Board Director, he has experience of commissioning and provider organisations: His experience covers:

- Primary Care, Community Services and Commissioning (with successor organisations being Walsall CCG and Birmingham cross-city CCG)
- Secondary and Tertiary Care (at University Hospitals of Coventry and Warwickshire, Sandwell and West Birmingham Hospitals)
- Specialist Secondary and Tertiary Care (Birmingham Children's Hospital Foundation Trust where he helped the Trust secure FT status)
- Regional NHS Planning and Oversight (West Midlands Regional Health Authority)

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

**Board Attendances in 2022-2023: 7/7**

### 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
- Interim Director of Finance at The Dudley Group NHS Foundation Trust (from 01/06/22)
- Daughter works on the administration Bank at the Royal Wolverhampton NHS Trust (from 01/07/21)
- Group IT Director and SIRO at Walsall Healthcare NHS Trust (from 06/06/22)
- Group Chief Financial Officer at Walsall Healthcare NHS Trust



## Roger Dunshea

**Non-Executive Director Date, appointed April 2014 to 31 August 2022**

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 2022-2023: 3/3**

### Declaration of interests

- Geological Society of London – Member of Audit Committee
- Independent member of the Welsh Government Audit and Risk Committee for Education and Public Services
- Independent Member of Judicial Appointments Commissions ARAC



## Sally Evans

**Group Director of Communications and Stakeholder Engagement from June 2022, originally appointed January 2021**

Ms Evans 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. There, as Communications Manager, she headed up three CCGs – South Worcestershire, Redditch and Bromsgrove, and Wyre Forest. She is qualified with a Post-Graduate Diploma in Public Relations, awarded by the Chartered Institute of Public Relations.

Her portfolio includes media, crisis communications, reputational management, stakeholder engagement, clinical illustration, medical photography, and the Trust's charity.

**Board Attendances in 2022-2023: 6/7**

### Declaration of interests

- Group Director of Communications and Stakeholder Engagement – Walsall Healthcare NHS Trust (from 10/06/22)



## Simon Evans

**Group Chief Strategy from August 2022, originally acting Chief Strategy officer from October 2020**

Mr Evans has worked in the health and care sector for nearly 20 years and has held a number of senior management positions. His roles have covered strategic and service-level planning, performance management, business development, transformation, and programme management. He holds a Masters Qualification in Business (MBA) from Aston Business School along with an Honours Degree in Business Studies.

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

Mr Evans spent nearly eight years working in various locations across the UK as a senior manager for Marks & Spencer and IKEA. During this time, he helped develop the 10-year growth strategy for IKEA UK and was a store manager for M&S.

He has a passion for organisational and personal development 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 2022-2023: 7/7**

### Declaration of interests

- Group Chief Strategy Officer – Walsall Healthcare NHS Trust



## 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.

He 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 is currently Chair of Tuntum Housing Association based in Nottingham. The association provides a range of housing accommodation including general housing, supported living for those recovering from mental health issues and elderly persons accommodation.

He 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.

Mr Hemans is also a visiting lecturer at the University of Wolverhampton Business School, lecturing in strategic management, marketing, leisure and operations.

**Board Attendances in 2022-2023: 7/7**

### 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
- Non-executive Director, Walsall Healthcare NHS Trust started 01/02/21
- Second cousin works as a pharmacist at The Royal Wolverhampton NHS Trust
- Wife works at a Therapist at The Royal Wolverhampton NHS Trust



## Mary Martin

**Non-Executive Director, appointed July 2013 to July 2022**

Ms 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 strategic issues, engagement with stakeholders, the development of new ways of working and the efficient management of funds, people, and assets. She is also a Non-Executive Director of Walsall Healthcare NHS Trust and a trustee of two major Midlands-based arts charities – B:Music and Midlands Art Centre.

She worked for 25 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. Ms Martin is a Fellow of the Institute of Chartered Accountants and an Oxford University engineering graduate.

**Board Attendances in 2022-2023: 3/3**

### 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)
- Non-Executive Director, Walsall Healthcare NHS Trust commenced 1 April 2021



## Tracy Palmer

**Director of Midwifery, appointed January 2021**

Ms Palmer has been a practising Midwife for 35 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, she 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.

She 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, Ms Palmer leads on the national transformational programmes of work for Maternity and Neonatal Services for the organisation.

**Board Attendances in 2022-2023: 6/7**

### Declaration of interests

- None declared for 2022/2023



## Kevin Bostock

**Group Director of Assurance, appointed November 2021**

Mr Bostock is a highly motivated individual with extensive UK executive experience working in acute care NHS Trusts, Community, Children's, Primary Care and Prison Health as well as Social Care and the Independent Sector. Whilst in the Independent Sector he developed and implemented a Quality Assurance Assessment Programme delivering a reliable quality assurance profile achieving CQC overall rating of at least good in 100% of hospitals/services ensuring that the group was one of only two acute hospital groups with their entire portfolio achieving a rating of 'good'.

His knowledge and skills are in management, operations, regulation, governance, assurance, start-ups, and mobilisation. He holds professional qualifications in both Nursing and Allied Health Professions and is a passionate advocate for the profession having developed and delivered a Senior Nurse and AHP leadership programme which was recognised by the RCN.

Mr Bostock has held executive posts as Chief Nurse, Director of Governance/Assurance and as the Director of Infection Prevention and Control, Lead for Information Governance including the implementation of GDPR and holding the position of SIRO, National Speak up Guardian and the national lead for Medical and Nursing Revalidation and Appraisal. He has widespread experience implementing and leading Medical Governance and high-profile patient recalls having recently led a patient recall of more than 600 patients.

He is a credible role model who possesses excellent interpersonal, communication and facilitation skills. A creative thinker, skilled in the management of change with up-to-date knowledge of leading-edge practice and who demonstrates a proven ability to spearhead and deliver innovation alongside regulatory compliance with the vision to transform plans into reality across complex, multi-agency and multi-site organisations and environments. He has been a retained lecturer on the Health MBA at Nottingham University Business School.

**Board Attendances in 2022-2023: 6/7**

### Declaration of interests

- Group Director of Assurance Walsall Healthcare NHS Trust





## Debra Hickman

### Director of Nursing, appointed 8 November 2021

Ms Hickman started her Nursing career in Wolverhampton in 1987, she then went on to train as a Midwife, qualifying in 1992.

She has worked across the Black Country in her Midwifery capacity, before returning to Wolverhampton and undertaking a variety of Senior Leadership roles including Head of Midwifery, Head of Nursing - Planned Care Division and then as Deputy Chief Nurse.

She returned to the Trust in November 2021 following three years working in the Welsh Healthcare System at Betsi Cadwaladr University Health Board as both Nurse Director for Acute Services across North Wales and for a period as the Executive Director of Nursing and Midwifery for the Health Board.

She has led on a range of service transformations throughout her career including service reorganisations and expansions.

### Board Attendances in 2022-2023: 6/7

#### Declaration of interests

- None declared for 2022/2023



## Sue Rawlings

### Associate Non-executive Director from 1 October 2021, originally appointed Non-Executive Director July 2013

Mrs Rawlings is formerly a Chartered Certified Accountant who has worked in the public, private and voluntary sector (last position: Finance and Development Director for Groundwork Black Country, an environmental charity).

For almost 20 years, up to 2020 she was joint director 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. She has extensive experience in evaluating the effectiveness of public expenditure and has worked with the British Red Cross in various parts of the country, conducting needs assessments, developing performance monitoring and carrying out evaluations.

She 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 is also a Trustee of both Telford Christian Council Supported Housing Charitable Company and Telford Churches Together Charity.

### Board Attendances in 2022-2023: 7/7

#### Declaration of interests

- Trustee and Company Director of Telford Christian Council Supported Housing – STAY
- Trustee and Director of Faith based Charity in Telford – Telford Christian Council



## Martin Levermore

### Non-Executive Director from 15 August 2022, originally appointed Associate Non-Executive Director from 7 February 2022

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

He is a founder and Chief Executive of Medical Devices Technology International Ltd (MDTi), he has been working with the NHS regionally and nationally for over the past 18 years to commercialise and bring to market innovative products and service ideas.

He has more than 18 years at Senior Board level in the Life Sciences sector and sits on the Executive Board of PIONEER as Commercial Adviser, whilst Chairing the advisory board to Health Data Research UK (HDRUK).

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

He holds a Senior Associateship with the Royal Society of Medicine; he is a Chartered Member of the Chartered Institute of Securities and Investment and Fellowship of the Royal Society of Arts.

He is the Independent Person for Windrush Compensation Scheme reporting to the Home Secretary

Professor Levermore was appointed in 2018 by Her Majesty's Lord-Lieutenant, Mr John Crabtree OBE, as a Deputy Lieutenant to the West Midlands.



## John Dunn

### Non-Executive Director from 17 February 2021

Mr Dunn'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, he is a keen walker and cyclist and enjoys nothing better than hill walking with his dogs.

### Board Attendances in 2022-2023: 5/7

#### Declaration of interests

- None declared for 2022/2023

### Board Attendances in 2022-2023: 4/6

#### Declaration of interests

- Chief Executive Officer of Medical Devices Technology International Ltd
- Vice Chair for Nehemiah United Churches Housing Association (UCHA).
- Chair of Medilink Midlands
- Interim Chair of New Roots Homelessness Charity
- Chair of Trade and Business Birmingham Commonwealth Association (BCA)
- Executive Committee Member of the Greater Birmingham Commonwealth Chamber of Commerce
- Home Office Independent Adviser to Windrush Compensation Scheme
- Ordinary Shares at Medical Devices Technology International Ltd

## Professor Louise Toner

**Non-Executive Director from 1 November 2021, originally Associate Non-Executive Director appointed 1 October 2019**

Professor 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 she has responsibility for advising the faculties on our 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 is a member of the Birmingham and Solihull Education Partnerships 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. She is also a Non-Executive Director of Walsall Healthcare NHS Trust. In addition, she is a member of the British Commonwealth Association (BCA), chairing its Education Subgroup and representing the BCA on the Greater Commonwealth Chamber of Commerce in Birmingham/West Midlands.

Professor Toner has also worked for a hugely successful charity in the UK – Macmillan Cancer Support where she was responsible for an Education Development Programme for specialist nurses in Cancer and Palliative Care. She was previously Chair but is now Trustee of the Wound Care Alliance UK a charitable organisation which provides education and training for non-specialist healthcare staff both qualified and unqualified in the field of Tissue Viability. As a surgical ward Sister in practice, she has a special interest in cancer care – the subject of her Masters degree awarded by the University of Glasgow. Her interest in wound care led to her establishing the faculty's Wound Healing Practice Development Unit of which she is the Director. This unit delivers specialist workshops by our Professors in Wound Healing, undertaking product evaluations often in association with product manufacturers.

Professor Toner has experience of leading on overseas activities as a result of which she has been privileged to visit a number of countries, meeting with government officials and 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, wound care, stoma care and maternity care.

In her role as Non-Executive Director she chairs the Quality Governance Assurance Committee and is a member of the Audit Committee. She says she continues to feel privileged to be part of such an innovative and forward-thinking Trust which places improving patient outcomes and development of staff firmly at the centre of everything it does.



### Board Attendances in 2022-2023: 7/7

#### Declaration of interests

- Member Birmingham and Solihull Local Workforce Action Board and Education Reform Workforce Group (from 01/10/2019 to 24/01/23)
- Chair Birmingham Commonwealth Association - Education Focus Group
- Visiting Professor/Advisory Board Member - Lovely Professional University India (from 1/11/19 to 24/01/23)
- Member of The Royal College of Nursing UK
- Non-executive Director, Walsall Healthcare NHS Trust (started 01/11/2021)
- Trustee of Advance HE (Higher Education)
- Member of the Board of Directors Birmingham Commonwealth Association
- Member of BSol Education Partnerships Group
- Registration to practice Nursing and Midwifery Council
- Professional Advisor Birmingham City University
- Trustee of Wound Care Alliance UK
- Trustee at Birmingham Commonwealth Society
- Member Health Data Research UK
- Member of Greater Birmingham Chamber of Commerce Commonwealth Group



## Julie Jones

**Non- Executive Director from 15 August 2022, originally appointed Associate Non-Executive Director from 7 February 2022**

Ms Jones is a fellow of the Institute of Chartered Accountants in England and Wales who, after 15 years in external audit at a leading accounting firm, has spent the last 10 years in executive finance director positions in the not for profit and public sector. She is currently the Chief Financial Officer of a secondary school academy in Solihull and is an Associate Director of a company providing internal audit services to academy schools nationwide.

She has more than 20 years' experience as a Non-Executive Director in social housing and higher education and is currently a member of the Audit and Assurance Committee of Walsall Housing Group, and Trustee and Treasurer of two local charities. She was previously the Chair of Audit Committee at Birmingham and Solihull CCG.

### Board Attendances in 2022-2023: 5/6

#### Declaration of interests

- Associate Director of Academy Advisory
- Member of Audit and Risk Committee Walsall Housing Group
- Trustee of Solihull School Parents' Association
- Director of Leasehold Management Company Cranmer Court Residents Wolverhampton Limited
- Chief Financial Officer of Heart of England Academy



## Allison Heseltine

**Associate Non-Executive Director, appointed 7 February 2022**

As a Registered Nurse having trained at St Bartholomew's Hospital London, Ms Heseltine has had an extensive clinical and managerial career focusing on improving quality, patient safety, patient experience and clinical quality assurance. Coming through the ranks of the NHS over 40 years has brought experience across a range of NHS Commissioning, Acute and Community Trusts and Public Health organisations.

Having had Regulatory experience with the NHS Trust Development Authority and more recently in her current role with NHS England and NHS Improvement as an Associate Director of Nursing and Quality, she is supporting the COVID-19 response with professional IPC/HCAI expertise, leadership, strategy, and challenge to NHS Trusts during the pandemic.

Prior to retirement she was the Deputy Director of Nursing and Quality for Staffordshire and Stoke on Trent CCGs providing clinical leadership whilst contributing to the Board vision and strategy.

Ms Heseltine was Chair of the Royal Navy Registered Stafford Sea Scout Group and Vice Chair of St James Primary School where her daughters attended, voluntarily bringing her NHS governance experience to both groups, and successfully steering both committees through their respective inspections.

### Board Attendances in 2022-2023: 5/7

#### Declaration of interests

- Employee of NHS England and Improvement.
- Friend works as Associate Director for KPMG



## Lisa Cowley

### Non-Executive Director, appointed 1 February 2022

Ms Cowley joins Trust Board bringing a wealth of experience gained in large, national and regional, health, social care and third sector organisations. She has held senior leadership positions, both as an employee and in a charitable trustee capacity, ensuring she brings a strong foundation in financial, business and operational planning, project evaluation and impact monitoring, amongst other expertise.

She is particularly skilled at developing partnerships across the voluntary and public sector, including the evolution of the VCSE Alliance as part of the development of Integrated Care Systems.

In her current role, Ms Cowley is Chief Executive Officer (CEO) of Beacon Vision, one of the region's most established and well-known health and social care charities, where she has been in post for more than four years. She has brought many positive improvements to the charity and is passionate about making a difference to the lives of people living with sight loss across the West Midlands. In addition to her unwavering dedication to Beacon's charitable objectives, she is committed to building long-term sustainability, actively seeking new ways to improve and develop increased integrated, cooperative and progressive health and social care systems to support beneficiaries.

Previous roles have included Deputy CEO of the Black Country Living Museum, where she implemented significant change programmes and oversaw complex funding bids and projects of national heritage significance. Ms Cowley has also been involved in complex projects during her time at organisations such as the RSPB and The British Horse Society, where she developed and implemented the charity's national volunteer programme. A highlight from her earlier career includes a pivotal role in the redevelopment of the world's first 'skyscraper' in Shrewsbury.

She is originally from Wolverhampton, having returned after completing her degree at the University of Liverpool. Her personal interests include a passion for horses and horse riding.

### Board Attendances in 2022-2023: 6/6

#### Declaration of interests

- Healthy Communities Together Project Sponsor for Beacon Centre for the Blind
- Chief Executive for the Beacon Centre for the Blind



## Lord Patrick Carter

### Special Advisor to the Board, appointed February 2023

Lord Carter was educated at Brentwood School and Durham University, from which he joined an investment bank as a trainee. In 1985 he founded Westminster Health Care, which he built into a leading provider of care to the elderly, those with special needs and radiology services.

Chair of Sport England from 2002-06, board member of the London 2012 Olympic bid, a Member of HM Treasury's Productivity Panel and a non-executive member of the Home Office and Prison's board, he has also chaired a number of challenging government reviews, including Criminal Records Bureau, Offenders Management, the Procurement of Legal Aid, Commonwealth Games, Wembley Stadium, National Athletics, Public Diplomacy, Pathological Services and the HMRC Review of Online Services.

He has served on the Boards of the US and UK healthcare, insurance and technology companies and most recently as a Non-Executive Director on the Board for NHS Improvement.

Made a Life Peer in 2004, Lord Carter is on the Restoration and Renewal Sponsor Board in the House of Lords.

He is currently Chair of the Primary Insurance Group, Health Services Laboratories, Glenholme Healthcare Group and Freehold Corporation.

He is an active farmer in Hertfordshire.

### Board Attendances in 2022-2023: 1/1

#### Declaration of interests

- Director of JKHC Ltd (business services)
- Director of Glenholme Healthcare Group Ltd
- Director of Glenholme Wrightcare Ltd (Residential nursing care facilities)
- Director of The Freehold Corporation Ltd (property; real estate)
- Director of Primary Group Limited, Bermuda (Insurance & Re- Insurance)
- Chair of Primary Group Limited, Bermuda (Insurance & Re- Insurance)
- Non-Executive Director NHS Improvement (Monitor)
- Chair of Health Services Laboratories LLP
- Member of Scientific Advisory Board - Native Technologies Ltd (experimental development on natural sciences and engineering)
- Advisor of Bain & Co UK
- Business Services for JKHC Ltd
- Management consultancy activities for Cafao Ltd
- Shareholder of Cafao Ltd
- Shareholder of The Freehold Corporation Ltd (property; real estate)
- Shareholder of Alibaba Group Holding Ltd (retail)
- Shareholder of JKHC Ltd (business services)
- Shareholder of The Glenholme Healthcare Group Ltd (care and rehabilitation centres)
- Shareholder of The Freehold Investment Corporation 1A Ltd
- Shareholder of The Freehold Investment Corporation 1B Ltd
- Shareholder of The Freehold Investment Corporation 2A Ltd
- Shareholder of The Freehold Investment Corporation 2B Ltd
- Shareholder of Adobe Inc (technology)
- Shareholder of AIA Group Ltd (insurance)
- Shareholder of Alphabet Inc (multinational conglomerate)
- Shareholder of Amazon.com Inc (retail)
- Shareholder of American Tower (manufacturing)
- Shareholder of Amphenol Corp (manufacturing)
- Shareholder of Apple Inc (technology)
- Shareholder of ASML Holding NV (manufacturing)
- Shareholder of Berkshire Hathaway Inc (financial)
- Shareholder of Broadridge Financial Solutions Inc (financial)
- Shareholder of Canadian Pacific Kansas City Ltd
- Shareholder of Colgate Palmolive Co
- Shareholder of Constellation Software Inc (software)
- Shareholder of Croda International Plc
- Shareholder of CSL Ltd (technology)
- Shareholder of Danaher Corp (science and tech)
- Shareholder of Discover Financial Services (financial)
- Shareholder of Ecolab Inc (health)
- Shareholder of Essilor International
- Shareholder of First Republic Bank/CA
- Shareholder of Halma plc (tech)
- Shareholder of HDFC Bank Ltd (financial)
- Shareholder of Hexagon AB-B SHS (tech)
- Shareholder of IDEX Corp (manufacturing)
- Shareholder of Intuit Inc (science and tech)
- Shareholder of Johnson & Johnson (retail)
- Shareholder of London Stock Exchange
- Shareholder of L'Oreal SA (manufacturing and retail)
- Shareholder of Meta Platforms Inc A
- Shareholder of Mettler Toledo (manufacturer of scales and analytical instruments)
- Shareholder of Microsoft Corp (tech)
- Shareholder of Netflix Inc (technology)
- Shareholder of Nike Inc (retail)
- Shareholder of Roper Technologies Inc (manufacturing)
- Shareholder of ServiceNow Inc (technology)
- Shareholder of SG WOF Phoenix Plus Note (financial)
- Shareholder of Sherwin Williams Co/The
- Shareholder of Taiwan Semiconductor Manufacturing Company Limited (science and tech)
- Shareholder of Tencent Holdings Ltd (science and tech)
- Shareholder of Thermo Fisher Scientific Inc (biotechnology)
- Shareholder of Topicus.com Inc
- Shareholder of UnitedHealth Group Inc (health)
- Shareholder of Visa Inc (financial)
- Shareholder of Wisdomtree Physical Swiss Gold (commodity)
- Owner of Farms, farmland, residential and tourist activities in Hertfordshire
- Director of The Freehold Acquisition Corporation Ltd (property; real estate)
- Director of The Freehold Financing Corporation Ltd (property, real estate)
- Director of Glenholme Senior Living (Bishpam Gardens) Ltd nursing home



### Dr Gill Pickavance

**Associate Non-Executive Director, appointed February 2021**

Ms Pickavance qualified from Birmingham University in 1990 and has been practicing medicine as a General Practitioner in Wolverhampton since 1996 at Newbridge Surgery Wolverhampton. She also leads Wolverhampton Total Health (one of the Primary Care Networks in Wolverhampton). Her work involves trying to improve the Quality of Health and reduce Health Inequalities to 60,000 patients.

**Board Attendances in 2022-2023: 6/7**

**Declaration of interests**

- Director Wolverhampton Total Health Limited
- Senior Partner at Newbridge Surgery Wolverhampton
- Member of Committee Tong Charities Committee (Unpaid)



### Angela Harding

**Associate Non Executive Director, appointed February 2023**

Ms Harding has a history degree from Durham University and has been a Fellow of the Chartered Institute of Personnel and Development (FCIPD) since 1998. She has held senior leadership positions in a variety of sectors and types of organisations including public, private and charity.

She has spent a large part of her career as an Executive in both HR and Operations in the later living community arena and has run the largest portfolio of retirement villages in the UK. This involved being the Nominated Individual for CQC for 10 years, with an excellent record in ratings for regulated care and support services. She also led award-winning approaches to wellbeing and dementia.

She currently works as HR Director for a UK health regulator.

**Board Attendances in 2022-2023: 1/1**

**Declaration of interests**

- People and Organisational Director of General Dental Council
- Director of Naish Mews Management Company



### Dr Umar Daraz

**Associate Non-Executive Director, appointed February 2023**

Dr Umar Daraz, PhD is a Director of Innovation at Birmingham City University (BCU). Educated at Harvard University in Disruptive Innovation and Strategy, he holds a PhD in Polymer Chemistry and Engineering from Aston University funded by Exxon Mobil Chemicals, Baytown Texas (USA).

His expertise and extensive board level spans a 20+ years' career in senior investment and R&D roles across the Public, Private and UK Government sectors. He has a track record in shaping, influencing, and driving large scale disruptive research, innovation and growth transformation programmes in the UK, EU, Singapore, and China. He has led on developing large scale healthcare research and innovation programmes; Bio-innovation campuses, Materials Innovation Factory, Sensor City, and a Telemedicine Digital 5G Healthcare Test Bed.

Dr Daraz holds various positions - he is the sole research and innovation advisor on the River Severn Partnership board, a £240m net zero infrastructure programme. He is also the Birmingham local Lead for the NASA Space Apps Challenge.

Prior to joining BCU, he worked at the University of Liverpool, UK Government - Department of Trade and Industry (DTI), and Venture Capital Investment. His skill sets are in advising on strategy and propositions in high growth sectors, artificial intelligence, cyber security, digital productivity, robotics, data, healthcare, life sciences, net zero energy and personalised medicine.

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

Away from the boardroom he enjoys walking in the hills, tending to his garden, and playing tennis.

**Board Attendances in 2022-2023: 1/1**

**Declaration of interests**

- Director of Getaria Enterprises Limited
- Director of Innovation at Birmingham City University

## Trust Board

The Trust Board has met virtually and monthly 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. As soon as possible, it 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 Chair's term of office started in April 2019 and was renewed before the end of the term.

On 31 March 2023 the Board comprised five female and six male Executive Directors (Chief Officers), none from a minority ethnic background and seven female and five male Non-Executive and Associate Non-Executive Directors, three 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 Group
- 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 Group 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 2022-2023 were:

- The continuing operational legacy and impact of the COVID-19 pandemic
- The recovery and restoration of services
- The support of the Group senior team operationally
- 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, robotics and technology in improving healthcare,
- The continuation of the development of a clinical quality improvement programme,
- The five-year capital programme revisions and agile responses to changing capital expenditure priorities, including significant investment in a solar farm,
- 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 (NEDs) 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, National Maternity Scheme, National Board Development team, and networking via private firms (particularly legal firms specialising in healthcare law).



## 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
- 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
- Board turnover during the year has resulted in a greater proportion of new Non-Executives who have been following induction and briefing regarding their roles and the Trust
- Directors are now mainly those who have served for longer
- Majority of the Trust Board are experienced Board members
- Chair 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 previous year

As well as meeting formally, the whole Trust Board meets every other 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 the Group Chief Executive on a variety of matters.



## Audit Committee

**Members: R Dunshea (to May 2022), M Martin (to May 2022), Prof. L Toner (from February 2022), J Jones (from May 2022), J Dunn (from May 2022) and J Hemans (from May 2022)**

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 Performance and Finance Committee (P&FC) and the Trust Management Committee (TMC).

The committee received and discussed reports on:

- Annual Report for Trust Charitable Funds
- Trust Annual Report and Accounts
- Board Assurance Framework, Strategic Risk Register, and related governance processes
- Ophthalmology departmental waiting list and follow up management systems.
- Data security protection
- Waiting list management policy adherence
- Novel digital project contracts management
- Key financial controls

Most of the audits and reviews were completed to plan. Where not completed they were planned for completion early in 2023/24.

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

The committee also 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 ongoing.

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)

### NED Members:

L Toner (Chair), A Heseltine, J Jones, G Pickavance

### Aims and Objectives of the committee

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

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. The agenda includes core reporting items such as the Integrated Quality and Performance report, the Board Assurance Framework, Trust Risk Register and Subgroup reports, and tailored to include risk triggered reporting items including the Cancer Recovery Action Plan.

During 2022 NEDs discussed future objectives Aligning with the Trust's Strategic Objectives. It was felt essential that QGAC consider equality of access to health care and equality of outcome; and returning to normal levels of activity in a clinically sound and equitable way for the 2022/23 objectives.

### Frequency of meetings and main focus

During 2022-2023, the committee met virtually on 10 occasions, with 0 cancelled. There were no meetings held in July or December. Appendix 1 provides an outline of meeting attendance and quoracy over the year period 2022/23.

### 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 items for redress and record action taken.

### Routine reporting

- Board Assurance Framework (BAF) – Bi monthly
- Trust Risk Register (TRR) – Bi monthly
- Integrated Quality and Performance Report – Monthly
- Continuous Quality Improvement Report – Bi annually
- Cancer Recovery Action Plan – Monthly
- NPSA NRLS Organisational Feedback Report – Annual (awaiting national system and reporting to commence)
- Internal Audit Opinion – Annual
- Internal Audit Plan - Annual

### Assurance reporting

- External Reviews Registry report – Bi annually
- CQC Compliance Report – Bi annually
- Litigation and Inquests Report – Annually
- Clinical Audit Plan – Bi annually
- Data Security and Protection Toolkit – Annually
- Health and Safety Assurance Report – Bi-annually
- Quality Account – Annual
- Infection Prevention BAF – Quarterly
- Maternity Services Governance Report inc. Ockendon Action Plan – Quarterly
- Perinatal mortality – Quarterly

### Themed Review

- Learning from Deaths update report – Quarterly
- Safeguarding Assurance Report (Adults and Children) – Bi-annually

QGAC receives monthly reports from the Chair of the Quality and Safety Assurance Group and the minutes of the meetings, which provide assurance through detailed reviews of compliance and risk. The Chair of QSAG escalates to QGAC issues and assurances they obtain from the groups reporting to them.

QGAC raised items to the Board from groups reporting to QSAG concerning the following:

### Alerts

Cancer metrics whilst showing some improvement, there remains overall challenges in achieving the 62 day waits, Staffing, increase in Medically Fit For Discharge patients and impact on capacity and flow, Stroke targets, Emergency Department attendances, delays, and ambulance waits and breaches, increase in maternity demand and acuity RTT performance decline due to COVID-19 impacts and the number of patients waiting over 52 weeks, Emergency Department 12 hour breaches.

Advisories: C Difficile over trajectory, Sepsis compliance under target, particularly in ED, pressure ulcer increase, late observations below metric but with some areas improved and on target, Induction of labour and smoking at the time of delivery improving but not yet on target, impact of the Junior Doctors' strike and the associated cancellation of elective surgery and outpatient appointments, Audit completion monitoring, NEDs visit to Ophthalmology, Post COVID-19 Recovery, VTE compliance, Mental Capacity risk escalation, challenges with patient discharges into the care home sector and/or in securing social care packages is resulting in longer stays in hospital, Mental Health bed availability.

### Assurances

Stroke Metrics maintained (reported Feb 23), Mortality rates performance, Roll out of Medical Examiner process to Community, 104-day harm reviews maintained to assess and report any physical or psychological harm, Trust is compliant all the 10 criteria in the Health and Social Care Act (2002) Code of Practice in respect of infection prevention and control, Cannock Chase Hospital Surgical Hub approved with no conditions, full leadership Team for Cancer Services following the appointment of the Medical Lead for Cancer Services. Caesarean section rates, Midwife to Birth ratio has returned to Birth rate plus ratios, Duty of Candour Compliance, Sepsis performance, UKAS accreditation Microbiology, Well-Led Report – assurance on action closure.

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

The committee monitored BAF risks SR1 Recruitment and Retention, SR13 – Cancer, SR14 – COVID-19 recovery, SR15 Finance Resources, SR16 Performance Recovery, SR17 Equality Diversity (New).

The committee monitors the Trust Risk Register and advises or alerts 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 continues to review and evolve a BAF and Trust Risk Register heatmap as a quick reference to highlight areas for Risk Management focus.



## 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 – Cancer performance remains problematic in respect of most sites. Referral rates are impacting on the 62 day waits in particular. It was reported that the national target set for no more than 140 patients waiting for 62 days by the end of March 2023 has been increased and extended to no more than 195 patients waiting for 62 days by the end of March 2024. At present there are 260 patients in this category (as at Mar 23).

Staffing - Junior doctors' strike impact on the overall restoration and recovery plan. Whilst staff recruitment continues to improve, the focus is on around the cultural support for our international recruits and embedding of new junior staff to strengthen the skill mix given the volume of new nurses recruited.

Stroke metrics remain a concern and whilst there were some mitigations identified the committee felt that given the overall performance in the past number of months it was agreed that a more detailed 'deep dive' examination of performance was required (June 22).

### Emergency Department

Emergency Department - continued breaches of over 12 hours due to capacity as a result of the high number of patients who are medically fit for discharge but have no package of care in place/other requirements in place to facilitate discharge.

Medicines Management - challenges reported and being addressed through the Medicines Management Group with a QI project and work ongoing across RWT and Walsall to improve storage and policy compliance.

**Matters of assurance** - during the year, the Chair's report included the following:

Staffing - remains challenging, however, there is a good pipeline of overseas Clinical Fellows joining the trust. Recruitment of staff continues to improve, particularly in respect of overseas Nurses, Midwives, and medical staff. Despite some staffing challenges with sickness and maternity leave, 1:1 care has been maintained during labour.

Mortality rates - These continue to decline, and the Trust is 41 out of 121, remaining in range (Sept 23). Pneumonia and stroke remain the top issues and have clinical pathway reviews. Stroke Metrics improvements are being maintained (Feb 23). The medical examiner process hosted by RWT is rolling out into the community with all GP practices expected to be involved by April 2023.

Cancer - The Trust remains on track to ensure that the backlog of non-cancer patients waiting more than 104 weeks are treated by the end of June 2022. The 104-day harm report has not identified any physical or psychological harm to patients and it is anticipated that now all members of the Cancer Team are in post there will be improvements in the process to reduce the number of patients in this situation (Mar 23).

Primary care services continue to work well, helping to reduce hospital admissions.

The Trust Maternity CNST submission was received that identified compliance in all areas.

### Committee Non-Executive Members

QGAC exchanges information with other committees, for example discussions with Finance and Performance regarding monitoring trends from complaints, incidents, and readmissions in respect of the impact on patients of implementing the restoration and recovery plans to meet set targets.

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.

## Performance and Finance Committee

### Committee Members:

**Non-Executive Director J Dunn Chair (from July 2022)**

**Non-Executive Director M Martin - Chair (to June 2022)**

**Non-Executive Director S Rawlings (to April 2022)**

**Non-Executive Director J Hemans (to April 2022)**

**Non-Executive Director L Cowley (from May 2022)**

**Associate Non-Executive Director Prof. Levermore (from May 2022)**

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 support the Trust's Financial Strategy, performance and business development.

The committee met monthly during the year and considered in detail:

- The Trust's financial position, reviewing the annual revenue and capital budget and reviewing performance against both on a monthly basis.
- Approval for submission to Board of various procurement tender reports and appropriate business cases.
- The impact of COVID-19 on Performance and Recovery
- The performance aspects of the Trust Board's quality and performance report.

The committee also considered:

- The Cancer Action Plan
- The Financial Recovery Board report which includes progress on the Cost Improvement Programme
- The Sustainability and Transformation Programme (STP)
- The Contracting and Business Development Updates
- The Annual Budget/Income Expenditure Plan
- The Cash Flow Report
- The Temporary Staffing Dashboard
- The Local Clinical Research Network (LCRN) finance report
- The Procurement reports
- Appropriate Business Cases
- The 5 Year Capital Plan
- The Backlog Maintenance Programme
- The risk share agreement across the System in so much as it affects the Trust
- Other matters associated with operational finance and budgeting.

This 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.

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

- 1) The late agreement of financial budgets due to the delays in funding allocations being agreed.
- 2) The recovery plan for restoring services after COVID-19, especially for cancer referrals.
- 3) The management of the Capital budget due to shortages of labour, materials, and rising prices.
- 4) The delivery of the Cost Improvement Programme.

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

- 1) The effectiveness of the Integrated Supplies and Procurement Department in making significant savings and the successful set up of the eCatalogue and ecommerce systems.
- 2) The Cost Improvement Programme delivered 95% of the target (albeit a large proportion was non-recurrent).
- 3) The effectiveness of the contract management of the PFI contract.

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

- 1) The set-up of the Estates Capital Contractor Framework to enable the Trust to proceed quickly with capital projects as they are agreed.
- 2) The approval of the Full Business Case for the new Enterprise Patient Record system, which will include a new Patient Administration System.
- 3) The successful bid on behalf of the system for decarbonisation monies totalling £35.7m

### Committee Non-Executive Members

The Chair of the committee is a member of the Audit Committee, which helps to maintain the flow of information/ understanding and risk management between the committees, particularly on financial risks.

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



## People and Organisational Development (POD) Committee

**Members: Chair: J Hemans Members: R Dunshea (to July 2022) S Rawlings (from September 2022, A Heseltine and 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 Trust's 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
- Skills
- Leadership and Culture
- Staff Engagement
- Wellbeing
- Productivity
- Equality, Diversity and Inclusion Agenda

### Frequency of Meetings and Main Focus

During 2022 - 2023, the committee met nine times (no meetings in April, August and December). The committee considered progress updates on:

- Executive Workforce Report including update from Model Hospital
- National update on workforce including pay and industrial relations activity
- Workforce Resourcing and Productivity (including Retention)
- Staff Engagement and Surveys and Communications Agenda
- Employee Relations and Improving People Practices
- Education, Training, Apprenticeships and Leadership
- Equalities, Diversity and Inclusion
- Workforce Planning
- Health and Wellbeing
- Schwartz Round
- Deep Dive for Divisions
- New Risks
- Board Assurance Framework Review

The committee also held a joint development session with the People and Organisational Development Committee from Walsall Healthcare NHS Trust as part of the development of the Joint People and Organisational Development Strategy across the two Trusts.

### Activity

The committee received and discussed reports on:

- Equalities: WRES and WDES Data and the development of Equality Delivery System 2022
- The National review on the Future of HR and OD in the NHS and implications for the Trust
- International recruitment and the Clinical Fellowship Programme
- The development of the Provider Collaborative and a strategic view on the impacts on the workforce
- Model Health System Benchmarking Data
- Digital Workforce Impacts
- Health and Wellbeing
- Staff Engagement and Survey including Organisational and Divisional Improvement Plans
- Voluntary Services
- Activity through the Schwartz Rounds and the associated steering group
- Age Profile and Workforce Planning
- Civility and Respect
- Equality, Diversity, and Inclusion Plan and updates from the Employee Voice Groups
- Divisional Deep Dives – including Division 3 – Radiology and a significant focus on Trust Retention and Turnover
- Pay negotiations and industrial relations
- Workforce Targets and Thresholds for 2022 – 2023

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) Equality, Diversity and Inclusion was raised as a BAF Risk (SR17) given the further improvement required in this important area
- 2) Retention and turnover was considered in detail as it increased over the year. Whilst not reduced, this mirrored the employment market generally and stabilised over the course of the year
- 3) The committee was kept apprised of the industrial relations position in relation to pay and the business continuity arrangement in place to ensure safe services in the event of any industrial action
- 4) Further work needed to ensure all staff were benefitting from an appraisal discussion to support retention and development.

### Matters of assurance:

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

- 1) Recruitment - an understanding of where we recruit from including the success of the clinical and nursing fellowship programmes
- 2) Workforce modelling and planning exceeding delivery against plan
- 3) Equality, Diversity and Inclusion – progress being made on this important agenda, but recognition that there is more to do
- 4) More extensive review on the wider attraction and retention agenda
- 5) Effective management of the consequences of industrial action to ensure the delivery of safe services

### Matters of achievement:

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

- 1) Developed and approved the Trust's Equality Objectives for 2023 – 2027 and provided oversight to the development of the Anti-racism statement.
- 2) Significant workforce improvements in Radiology following the appointment of a dedicated workforce and development lead. This included growing the workforce in this hard to recruit speciality through the development of a first of a kind Radiographer Apprenticeship Programme, local and international recruitment
- 3) Continued progress in growing the workforce and improving the recruitment process through increased use of technology, the development of the inclusive recruitment toolkit and improved time to hire
- 4) High levels of Prince's Trust engagement and placements leading to employment including as HCAs and 100 placements planned for 2023
- 5) Growth of the Employee Voice Groups including disabled and long term conditions group, black, Asian and minority ethnic group, carers' group, LGBTQ+ group, armed forces and veterans group
- 6) Further development of the health and wellbeing agenda and collaborative working through Occupational Health, including leading the service provision at Dudley Group NHS Foundation Trust
- 7) Review and implementation of workforce thresholds and targets

## Remuneration Committee

**Members: M Martin (Chair) to 4 July 2022, S Field (Chair), L Toner, J Dunn, L Cowley, M Levermore, J Jones**

The purpose of this committee is to advise the Trust Board about appropriate remuneration and terms of service for the Group 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 Group Chief Executive (in his absence). The Chair appraised all the Non-Executive Directors and the Senior Independent Director (SID) appraised the Chair's performance.

## Charitable Funds Committee

**Members: S Rawlings (Chair), R Dunshea to 31 August 2022, L Cowley, J Jones**

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 2022/2023, the committee continued to benefit from the dedicated support of an in-house Charity Manager and the Community and Events Fundraiser.

The Fundraising Team is ably supported by the Head of Communications and her team, as well as the ongoing help of the Finance Team and external investment adviser. The refreshed newsletter 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 over the last year.

A wide range of projects was 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 Group 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. All the Executives attend, along with Divisional Medical Directors and Heads of Service. High attendance rates were recorded at all these meetings.

### Frequency of meetings and main focus

During 2022-2023, 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:

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

The ongoing workforce availability and recruitment challenges

The emerging financial challenges

Periods of strike action

**Matters of assurance** - Restoration and Recovery of services, maintenance of comparatively low vacancy factor compared to other similar organisations.



## Freedom to Speak Up

The Royal Wolverhampton NHS Trust has been committed to its Freedom to Speak Up (FtSU) journey and the Guardian role since October 2016. The FtSU Guardian is an independent role and focuses on creating an open and honest reporting culture, enabling staff to talk about anything that could compromise good patient care. The Trust Board has shown its full commitment and support to embed FtSU within the organisation.

### FtSU Objectives

RWT set out the below five objectives to achieve a well led speaking up organisation:

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

### FtSU updates

For the financial Year 2022/ 2023, The FtSU Guardian Team has prioritised recommendations made to the Trust Board in 2021. These include creating a FtSU Standard Operating Procedure, updating our Freedom to Speak Up Policy, creating more accessible ways for staff to access the service and refreshing the Speak Up Champion role.

The FtSU function was internally audited in August 2022, and recommendations made have been prioritised. For example, the introduction of a new process for learning from cases. The FtSU Guardian Team has worked closely with colleagues in the Human Resources (HR) and Organisational Development (OD) Teams to take a multi-disciplinary approach to creating a healthy workplace culture that promotes compassionate leadership, restorative and just culture and civility and respect. We will continue to contribute to staff and management training in this area.

### FtSU data

The Trust FtSU data has been recorded for the financial year 2022/23. This will be reported to the Trust Board and to the National Guardians Office (NGO) as an independent non-statutory body with the remit to lead culture change in the NHS so that speaking up becomes business as usual. The office is not a regulator, but is sponsored by the CQC and NHS England and Improvement.

**Table 17 - Total number of FtSU cases for 2022/ 2023 compared with total cases for 2021/ 2022**

	Quarter 1 2022/ 2023	Quarter 2 2022/ 2023	Quarter 3 2022/ 2023	Quarter 4 2022/ 2023	Total for 2022/2023
Total number of cases brought to Freedom to Speak Up Guardians and Champions	110	52	49	52	263
Number of cases raised anonymously	16	17	6	11	50
Number of cases with an element of patient safety/quality	70	21	18	14	123
Number of cases related to bullying/ harassment	48	14	23	21	106
Number of cases where people indicate that they are suffering detriment as a result of speaking up	21	8	17	5	51
Number of cases with an element of worker safety or wellbeing	71	26	16	7	120
Number of cases relating to inappropriate attitudes and behaviours of staff	96	27	42	38	203

There has been an increase in the number of cases being reported to the FtSU Guardian Team compared with 2021/2022. The team has taken a more proactive approach to staff engagement by offering regular drop-ins within departments and walk-arounds. This has provided greater opportunities for staff to speak up.

Whilst 263 new cases have been recorded, staff often have concerns that fall into multiple categories, which is reflected in the data for each case category. New categories for recording cases were added by the NGO, including cases with an element of worker safety or wellbeing and cases where staff raise concerns relating to inappropriate attitudes and behaviours. Whilst the number of cases with an element of bullying and harassment remains high, the addition of a category for recording inappropriate attitudes and behaviours has been useful to reflect the high number of staff experiencing or witnessing this.

### Next Steps

Close working with key leaders and stakeholders has enabled the Trust to continue meeting our FtSU objectives. Further improvements are required, however, to ensure RWT is meeting and sustaining its local set objectives and those of the National Guardians Office (NGO) and NHS England and Improvement (NHSEI).

The key priorities for this year will be to continue working closely with colleagues in HR, OD and EDI, with a focus on triangulating case themes to help address workplace culture issues. The FtSU Guardian Team will also work collaboratively with the FtSU Guardian Team at Walsall Healthcare NHS Trust to align our processes and procedures, helping to create a consistent FtSU offering across both Trusts.



## Information Governance and Data Security

The table below details the incidents reported on the NHS Digital incident reporting tool and to the Information Commissioner's Office (ICO), within the financial year 2022-2023. Any incidents that are still being investigated for the period 2022-23 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 18 - Summary of serious incident requiring investigations involving personal data as reported to the information commissioner's office in 2022-2023**

Date incident occurred (Month)	Nature of incident	No. of data subjects	Description/ Nature of data involved	Further action on information risk
August 2022	Cyber incident	None affected	Ransomware attack against Advanced Health and Care Limited (Advanced). Advanced act as a data processor for The Royal Wolverhampton NHS Trust and provide services the Trust which were impacted. No data is known to be compromised but the systems were unavailable for a period of time whilst the supplier was investigating.	Technical remediation were put in place before system was made available again.  During this time business continuity plans were enacted to maintain service provision.

**Table 19 - Incidents classified at lower severity level**

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

Category	Breach Type	Total
A	Corruption or inability to recover electronic data	5
B	Disclosed in Error	107
C	Lost in Transit	3
D	Lost or stolen hardware	1
E	Lost or stolen paperwork	16
F	Non-secure Disposal – hardware	0
G	Non-secure Disposal – paperwork	5
H	Uploaded to website in error	1
I	Technical security failing (including hacking)	2
J	Unauthorised access/disclosure	12
		<b>152</b>

## Data Protection and Security Toolkit Return 2022 - 2023 – final submission

The Royal Wolverhampton NHS Trust  
RL4 – Standards Met

Alfred Squire  
M92002 – Standards Met

West Park Surgery  
M92042 – Standards Met

Thornley Street  
M92028 – Standards Met

Lea Road  
M92007 – Standards Met

Penn Manor  
M92011 – Standards Met

Coalway Road  
M92006 – Standards Met

Warstones  
M92044 – Standards Met

Oxley Surgery  
M92014 – Standards Met

Tettenhall Road Medical Practice  
M92640 – Standards Met

An internal audit of the DSP toolkit in March 2023 had provided adequate assurance of the processes and evidence that is in place to support the DSP toolkit submission.

## Looking forward to 2023/24 Data security and Protection

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

The Trust remains focused on embedding principles of privacy by design into Trust processes, from procurement to digital innovation and service redesign. This programme of work will be monitored through the committees below:

- The Trust has several committees dedicated to reviewing assurance in relation to DSPT and GDPR, chaired by senior board members
- The 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 the Trust satisfies the highest practical standards for handling patient identifiable information, and Chairs the IG Steering 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 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 implementing a robust asset management system and defining establishing clear responsibilities for Information Asset Owners to facilitate robust and timely escalation of information risk escalation to the SIRO
- All Trust staff receive appropriate annual training to ensure data security and protection principles are embedded within their understanding

Data security risks are also managed in line with OP10 and documented and assessed following the Trust's risk management process. All potential data security incidents are logged using the Trust's incident management system, scored, and investigated accordingly. Data security risks are also assessed for high-risk processing in projects and services via the data protection impact assessment process and mitigated accordingly. Current risk trends include increased patterns of information disclosed in error, due to increase in remote working and increased Cyber-related activity which is predominant across the NHS.

## 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.

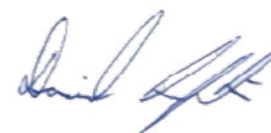
These include ensuring that:

- 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.

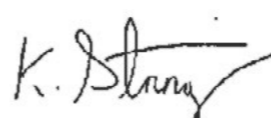
I confirm that the Annual Report and Accounts are as a whole fair, balanced and understandable. I take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced, and understandable.

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.



**Prof. David Loughton CBE, Group Chief Executive**

23 June 2023



**Kevin Stringer, Group Chief Finance Officer**

23 June 2023

## Emergency Preparedness, Resilience and Response (EPRR)

In 2022/2023, the NHS Structure changed when NHS England established Integrated Care Boards (ICBs) and implemented 42 ICBs across the country, with effect from 1 July 2022. Clinical Commissioning Groups (CCGs) were abolished.

Working with and through NHS England, the ICB provides command, control and co-ordination as required for business continuity, critical and major incidents, including infectious disease outbreaks. The ICB is now classified as a Category 1 Responder which has a legal duty under the CCA 2004 and in line with the NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework. The Trust as a Category 1 Responder has been working in partnership with the ICB to ensure the delivery of the Civil Contingencies Act and the EPRR Core Standards.

For 2022 the Trust underwent a thorough assessment of its EPRR core standards and was assessed as being 'partially compliant', this being linked to the upgrade of the standards and new guidance.

We have been busy updating our emergency plans and business continuity plans including our response to cyber-attacks to improve our overall performance. This is along with establishing a Mutual Aid Agreement with Walsall Healthcare NHS Trust for any incidents impacting service delivery and if assistance is sought or required to maintain critical services.

A Shelter and Evacuation Plan for patients, staff and visitors to a suitable place of safety, in response to a major disruption at the Trust, has also been developed.

West Midlands Ambulance Service reviewed the readiness of the Trust on its Chemical, Biological, Radiological and Nuclear (CBRN) status to respond effectively to incidents involving contamination.

A self-assessment tool was completed prior to a site visit, to undertake a challenge, confirm process on the Trust's submitted response and to observe a practical demonstration of decontamination equipment available in November 2022. Post visit, WMAS confirmed the Trust as being ready with no recommendations, and we were noted for good practice.

The Trust has focused on improving training and undertaking a separate way of training. Trust on call managers have been given face to face training, as well as support via e-learning, along with 11 on call Directors undertaking a new online interactive course for strategic leaders, 'Principles of Health Command,' produced by NHS England and NHS Improvement – Midlands.

The Commonwealth Games took place from 28 July – 8 August 2022. Wolverhampton was the venue for the Cycling Time Trial. This started and finished at West Park and went across Wolverhampton, Dudley, and parts of Staffordshire on 4 August.

This presented challenges to the Trust for West Park Hospital, our community services and local nursing and care homes across Wolverhampton. We worked with multi-agency partners throughout the planning period for the games and on the course day to ensure that our services continued to operate as best they could. It was a historic event, which the Trust was proud to be involved in.

As part of the planning for the Games, the Trust participated in a series of regional exercises; Ex Overlord II, Communication Tests and Ex Artic Willow, which were led by NHSE Midlands and the ICB, to ensure we were ready for the Games.

We have had to respond to a series of incidents throughout 2022 and beginning of 2023.

COVID-19 continued to be prevalent but is now stabilising.

On 4 August 2022, there was an Adastra ransomware cyber-attack, affecting 111 and the e-procurement system. Our Cyber Security Team provided support to ensure we were resilient throughout this incident along with having contingency measures being put in place. NHS Resilience (NHS England EPRR) managed the consequences of this incident through regional teams, with national support and co-ordination.

On 16 December 2022, two ward areas were evacuated due to a flood from the roof. Patients evacuated and were given shelter until the leak was repaired and ceiling tiles changed. This happened over a 24-hour period. Patients returned to their original ward areas with no harm.

On 15 December 2022 – and still ongoing - strike action started for Nurses, Paramedics and Junior Doctors. The Trust continues to plan for and respond to this.

## Health and Safety at Work

The Trust's 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 2022/23 there has been a continuous focus on improving competency and assurance with auditing and training being central to this as well as the new Podium audit process which has been integral in managing and supporting the safety management system.

There has also been a focus on projects relating to improving security reporting and lone working management at the Trust. This system review has been undertaken by the Health and Safety Team in conjunction with Security colleagues and has been identified by the Trust as one of the four key subjects matters it will support from the staff survey.

The top four incident types relating to health and safety remain consistent and generally static with previous years. These are:

- Sharps
- Slips Trips and Falls (STFs)
- Manual Handling (inanimate and patient handling combined)
- Contact Injuries

There are specialist groups that have been identified to undertake analysis of the above incidents to identify any areas the Trust can look to reduce them in future. All outcomes will be reported to the Health and Safety Steering Group (HSSG) for oversight.

Assurance processes have been strengthened through improvements to monitoring systems, key performance indicators including risk assessment status, reactive incident monitoring, RIDDOR reportable incidents, communications, and training. All of which are being reported at bi-monthly Health and Safety Steering Group (HSSG), to Divisional Governance and through to Trust Board (via Quality Safety Assurance Group (QSAG), Quality Governance Assurance Group (QGAC) and Trust Management Committee (TMC)

## Compliance with NHS Provider Licence

In 2022/23, NHS Trusts have been required to make an annual statement of confirmation in relation to compliance with elements of the NHS Provider Licence as follows:

- G6 – Meeting the requirements of the licence and the NHS Constitution and having implemented effective arrangements for the management of risk
- FT4 – Relates to corporate governance arrangements covering systems and processes of corporate governance being in place and effective, effective Board and committee arrangements, compliance with healthcare standards, effective financial decision making, sufficient capability and capacity at Trust Board and all levels in the organisation, accountability and reporting lines

# Remuneration and Staff Report

## Staff Report

The following tables summarise the numbers and categories of staff, sickness absence and exit packages made during

**2022-2023:**

**Table 20 - Exit Package Cost Banding 2022/23**

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	Number	£000's	Number	£000's	Number	£000's	Number	£000's
Less than £10,000	1	9	21	62	22	71	0	0
£10,000 - £25,000	1	19	2	33	3	52	1	20
£25,001 - £50,000								
£50,001 - £100,000								
£100,001 - £150,000								
£150,001 - £200,000								
Greater than £200,000								
<b>Total</b>	<b>2</b>	<b>28</b>	<b>23</b>	<b>95</b>	<b>25</b>	<b>123</b>	<b>1</b>	<b>20</b>

**Table 21 - Exit Package Cost Banding 2021/22**

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	Number	£000's	Number	£000's	Number	£000's	Number	£000's
Less than £10,000			14	30	14	30		
£10,000 - £25,000								
£25,001 - £50,000								
£50,001 - £100,000								
£100,001 - £150,000								
£150,001 - £200,000								
Greater than £200,000								
<b>Total</b>	<b>0</b>	<b>0</b>	<b>14</b>	<b>40</b>	<b>14</b>	<b>30</b>	<b>0</b>	<b>0</b>

**Table 22 - Average Staff Numbers** Average number of employees (WTE basis)

	Total 2022/23 No.	Permanent 2022/23 No.	Other 2022/23 No.	Total 2021/22 No.
Medical and dental	1,191	1,119	72	1,144
Administration and estates	1,535	1,340	195	1,447
Healthcare assistants and other support staff	3,436	3,183	253	3,183
Nursing, midwifery and health visiting staff	2,729	2,598	131	2,628
Nursing, midwifery and health visiting learners	0	0	0	0
Scientific, therapeutic and technical staff	748	732	16	689
Healthcare Science Staff	513	504	9	490
<b>Total Average Number</b>	<b>10,151</b>	<b>9,746</b>	<b>675</b>	<b>9,581</b>
Of which	-	-	-	-
Number of employees (WTE) engaged on capital projects	5	5	0	10

**Table 23 - Staff Sickness Absence**

Staff Sickness Absence	2022/23 No.	2021/22 No.
Total days lost	121,138	103,797
Total staff years	9,400	9,002
Average working days lost (per WTE)	13	12

Please note sickness absences data reporting was not required for 2020/21 so comparators are unavailable.

### Consultancy Services

During 2022-23 we spent £0.2m on consultancy services (2021-22 £0.9m). The Trust employed 28 senior managers during the year ending 31 March 2023.

# Remuneration Report and Policy

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

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

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

During 2022-23, the Trust continues to engage in a Strategic Collaboration with Walsall Healthcare NHS Trust to significantly improve the quality of care for the populations we serve, standardise clinical practice and provide a safe, skilled, and sustainable workforce. As a result, the two Trusts have shared a Chair and Chief Executive, with other Directors working for both Trusts and this report will now reflect any associated recharges to/from Walsall Healthcare NHS Trust.

Remuneration for the Trust's Executive and Non-Executive Directors during the financial year ended 31st March 2022 is set out in the attached schedules.

Signature:



Professor David Loughton CBE, Group Chief Executive

23 June 2023

Name and Title	2022/2023								2021-22							
	Salary	Other Remuneration	Expense Payments Benefits in Kind	All Pension Related Benefits	Total Remuneration	Recharges Salary	Recharges Pension	Remuneration Net of Recharges	Salary	Other Remuneration	Expense Payments Benefits in Kind	All Pension Related Benefits	Total Remuneration	Recharges Salary	Recharges Pension	Remuneration Net of Recharges
	(bands of £5000) £000	(bands of £5000) £000	(taxable) to the nearest £100	(bands of £2500) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	(taxable) to the nearest £100	(bands of £2500) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000
<b>Executive Directors</b>																
D Loughton - Group Chief Executive	305-310	0	0	0	305-310	(170-175) <sup>10</sup>	(15-20) <sup>10</sup>	105-110	305-310	0	0	22.5-25	325-330	(145-150)	(10-15)	160-165
A Cannaby - Group Chief Nurse and Lead Executive for Safeguarding	175-180	0	0	35-37.5	215-220	(100-105) <sup>10</sup>	(10-15) <sup>10</sup>	100-105	170-175	0	0	37.5-40	210-215	(125-130)	(10-15)	70-75
B McKaig - Chief Medical Officer (from 12/07/2021)	160-165	60-65 <sup>2</sup>	0	0	225-230	0	0	225-230	115-120	40-45 <sup>2</sup>	0	67.5-70	225-230	0	0	225-230
G Nuttall - Chief Operating Officer	170-175	0	0	5-7.5	175-180	0	0	175-180	165-170	0	0	32.5-35	195-200	0	0	195-200
J Odum - Group Chief Medical Officer	175-180	80-85 <sup>2</sup>	0	42.5-45	295-300	(95-100) <sup>3</sup>	(5-10) <sup>3</sup>	190-195	170-175	75-80 <sup>2</sup>	0	47.5-50	295-300	(85-90) <sup>3</sup>	(10-15) <sup>3</sup>	195-200
K Stringer - Group Chief Financial Officer and Deputy Chief Executive	205-210	5-10 <sup>1</sup>	0	182.5-185	400-405	(140-145) <sup>5 10</sup>	(10-15) <sup>5 10</sup>	245-250	165-170	5-10 <sup>1</sup>	0	135-137.5	310-315	0 <sup>4</sup>	0 <sup>4</sup>	310-315

Name and Title	2022/2023								2021-22							
	Salary	Other Remuneration	Expense Payments Benefits in Kind	All Pension Related Benefits	Total Remuneration	Recharges Salary	Recharges Pension	Remuneration Net of Recharges	Salary	Other Remuneration	Expense Payments Benefits in Kind	All Pension Related Benefits	Total Remuneration	Recharges Salary	Recharges Pension	Remuneration Net of Recharges
	(bands of £5000) £000	(bands of £5000) £000	(taxable) to the nearest £100	(bands of £2500) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	(taxable) to the nearest £100	(bands of £2500) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000
<b>Non-Executive Directors</b>																
S Field - Group Chairman (to 31/03/2023)	75-80	0	0	0	75-80	0	0	75-80	55-60	0	0	0	55-60	0	0	55-60
L Cowley (from 01/02/2022)	10-15	0	0	0	10-15	0	0	10-15	0-5	0	0	0	0-5	0	0	0-5
U Daraz (from 01/02/2023)	0-5	0	0	0	0-5	0	0	0-5	0	0	0	0	0	0	0	0
J Dunn (from 17/02/2021)	30-35 <sup>6</sup>	0	0	0	30-35	0	0	30-35	0	0	0	0	0	0	0	0
R Dunshea - Non-Executive Director (to 31/08/2023)	5-10	0	0	0	5-10	0	0	5-10	10-15	0	0	0	10-15	0	0	10-15
D Edwards - Non-Executive Director (to 24/11/2021)	0	0	0	0	0	0	0	0	5-10	0	0	0	5-10	0	0	5-10
A Harding (from 01/02/2023)	0-5	0	0	0	0-5	0	0	0-5	0	0	0	0	0	0	0	0
J Hemans - Non-Executive Director	10-15	0	0	0	10-15	0	0	10-15	10-15	0	0	0	10-15	0	0	10-15
A Heseltine (from 07/02/2022)	10-15	0	0	0	10-15	0	0	10-15	0-5	0	0	0	0-5	0	0	0-5
J Jones (from 07/02/2022)	10-15	0	0	0	10-15	0	0	10-15	0-5	0	0	0	0-5	0	0	0-5
M Levermore (from 07/02/2022)	10-15	0	0	0	10-15	0	0	10-15	0-5	0	0	0	0-5	0	0	0-5
M Martin - Non-Executive Director (to 03/07/2022)	0-5	0	0	0	0-5	0	0	0-5	10-15	0	0	0	10-15	0	0	10-15
D Oum - Non-Executive Director (to 09/10/2021)	0	0	0	0	0	0	0	0	5-10	0	0	0	5-10	0	0	5-10
A Pandyan - Non-Executive Director (to 31/03/2022)	0	0	0	0	0	0	0	0	10-15	0	0	0	10-15	0	0	10-15
G Pickavance - Non-Executive Director (from 01/06/2021)	10-15	0	0	0	10-15	0	0	10-15	10-15	0	0	0	10-15	0	0	10-15
S Rawlings - Non-Executive Director	10-15	0	0	0	10-15	0	0	10-15	10-15	0	0	0	10-15	0	0	10-15
L Toner - Non-Executive Director	10-15	0	0	0	10-15	0	0	10-15	10-15	0	0	0	10-15	0	0	10-15

Name and Title	2022/2023								2021-22								
	Salary	Other Remuneration	Expense Payments Benefits in Kind	All Pension Related Benefits	Total Remuneration	Recharges Salary	Recharges Pension	Remuneration Net of Recharges	Salary	Other Remuneration	Expense Payments Benefits in Kind	All Pension Related Benefits	Total Remuneration	Recharges Salary	Recharges Pension	Remuneration Net of Recharges	
	(bands of £5000) £000	(bands of £5000) £000	(taxable) to the nearest £100	(bands of £2500) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	(taxable) to the nearest £100	(bands of £2500) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000
<b>Directors - Non Voting</b>																	
K Bostock - Group Director of Assurance (from 01/01/2022)	0	0	0	0	0	70-75 <sup>7</sup>	10-15 <sup>7</sup>	80-85	70-75	0	0	0	70-75	(20-25)	(0-5)	40-45	
P Carter - Special Advisor to the Board (from 01/02/2023)	0-5	0	0	0	0-5	0	0	0-5	0	0	0	0	0	0	0	0	
A Duffell - Group Chief People Officer	165-170	0	0	72.5-75	235-240	(75-80) <sup>8</sup> 10	(5-10) <sup>8</sup> 10	150-155	140-145	0	0	50-52.5	190-195	0	0	190-195	
S Evans - Group Director of Communications and Stakeholder Engagement (from 11/01/2021)	110-115	0	0	15-17.5	125-130	(50-55) <sup>10</sup>	(10-15) <sup>10</sup>	60-65	105-110	0-5 <sup>1</sup>	0	87.5-90	195-200	(50-55)	(5-10)	135-140	
S Evans - Group Chief Strategy Officer	150-155	0	0	45-47.5	195-200	(55-60) <sup>10</sup>	(15-20) <sup>10</sup>	125-130	140-145	0	0	35-37.5	175-180	(15-20)	(0-5)	160-165	
D Hickman - Director of Nursing (from 08/11/2021)	125-130	0	0	15-17.5	140-145	0	0	140-145	45-50	0	0	325-327.5	370-375	0	0	370-375	
S Mahmud - Director of Innovation, Integration and Research (to 14/05/2021)	0	0	0	0	0	0	0	0	20-25	0	0	0	20-25	0	0	20-25	
T Palmer <sup>9</sup> - Director of Midwifery (from 01/03/2021)	60-65	0	0	0	60-65	0	0	60-65	75-80	0	0	60-62.5	135-140	0	0	135-140	
M Sharon <sup>2</sup> - Strategic Advisor to the Board (to 16/06/2022)	20-25	0	0	0	20-25	(15-20) <sup>10</sup>	0	5-10	85-90	5-10 <sup>1</sup>	0	0	95-100	(15-20)	0	75-80	

During 2021/22, the Trust continues to engage in a Strategic Collaboration with Walsall Healthcare NHS Trust to significantly improve the quality of care for the populations we serve, standardise clinical practice and provide a safe, skilled and sustainable workforce. As a result, the two Trusts have shared a Chair and CEO, with other Directors working for both Trusts and this report reflects any associated recharges with Walsall Healthcare NHS Trust.

- <sup>1</sup> 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
- <sup>2</sup> This relates to the Physician of the Medical Director's role
- <sup>3</sup> This relates to the Director's recharge to the ICB for his additional role as the Medical Director Lead for Acute Collaboration
- <sup>4</sup> This Director has covered the role of IT Director at Walsall Healthcare NHS Trust on an interim basis since October 2021, but there has been no recharge in cost for this.
- <sup>5</sup> This Director has had their salary recharged for their role of IT Director at Walsall Healthcare NHS Trust and Interim Director of Finance at Dudley Group, the later of which commenced in June 2022
- <sup>6</sup> This Director was not paid in 2021/22 and received backpay in 2022/23
- <sup>7</sup> This Director is now employed by Walsall Healthcare NHS Trust
- <sup>8</sup> This Director has covered the role of Interim Chief People Officer at The Dudley Group NHS Foundation Trust since June 2002
- <sup>9</sup> This Director retired and returned on a part time basis in April 2022
- <sup>10</sup> This Director works for Walsall Healthcare NHS Trust so an element of their salary is recharged

Total remuneration for senior managers in year ended 31 March 2023 was £1,324,180 0.15% of income (31 March 2022 £1,588,693 0.19% of income).

The definition of senior manager used to 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 the real increase in pension multiplied by 20, less, the contributions made by the individual. The real increases 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 calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of the pension scheme could provide. The pension benefit table provides further information on the pension benefits accruing to the individual

# Pension Benefits

Name and Title	Real increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension at pension age at 31 March 2023	Lump sum at pension age related to accrued pension at 31 March 2023	Cash Equivalent Transfer Value at 1 April 2022	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2023	Employer's Contribution to Stakeholder Pensions
	in Bands of (£2,500)	in Bands of (£2,500)	in Bands of (£5,000)	in Bands of (£5,000)	£000	£000	£000	£000
D Loughton <sup>1</sup> - Group Chief Executive	0-2.5	0	95-100	275-280	0	0	0	0
A Cannaby - Group Chief Nurse and Lead Executive for Safeguarding	2.5-5	0	60-65	140-145	1,171	47	1,274	0
A Duffell <sup>1</sup> - Group Chief People Officer	2.5-5	2.5-5	40-45	115-120	0	0	0	0
S Evans - Group Director of Communications and Stakeholder Engagement (from 11/01/2021)	0-2.5	0	15-20	25-30	196	3	217	0
S Evans - Group Chief Strategy Officer	2.5-5.5	0-2.5	35-40	55-60	499	34	569	0
D Hickman - Director of Nursing	0-2.5	0	40-45	120-125	872	24	939	0
B McKaig - Chief Medical Officer	0	0	70-75	85-90	1,277	0	1,118	0
G Nuttall - Chief Operating Officer	0-2.5	0	70-75	145-150	1,384	20	1,468	0
J Odum <sup>1</sup> - Group Chief Medical Officer	2.5-5	0-2.5	70-75	200-205	0	0	0	0
T Palmer <sup>2</sup> - Director of Midwifery	0	0	0	0	0	0	0	0
M Sharon <sup>2</sup> - Strategic Advisor to the Board (to 16/06/2023)	0	0	0	0	0	0	0	0
K Stringer - Chief Financial Officer and Deputy Chief Executive	7.5-10	17.5-20	85-90	240-245	1,822	220	2,121	0

Please note:

- <sup>1</sup> The real increase in Cash Equivalent Transfer Value is not applicable to the Director given that they are now over pension age.
- <sup>2</sup> Relates to a Director that is in receipt of their pension.

CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2023. HM Treasury published updated guidance on 27 April 2023 - this guidance will be used in the calculation of 2023 to 24 CETV figures.

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. CETV's 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 period. The method used to calculate the Real Increase in CETV has changed, to remove the adjustment for Guaranteed Minimum Pension (GMP) on 8 August 2019.



# Fair Pay Disclosure

The Trust is required to disclose the relationship between the remuneration of the highest-paid Director and the lower quartile, median and upper quartile remuneration of the workforce.

The banded remuneration of the highest paid Director in the financial year 2022/23 was £170k-£175k (2021-22, £165k-£170k). When determining the highest paid Director comparator, recharges to other organisations are taken into account. It is the cost to the Trust after recharges that determines the highest paid Director.

## Percentage change in remuneration of highest paid Director

	2022/23	2021/22
Percentage change from previous year in respect of highest paid director:		
Salary and Allowances	3%	(34%)
Performance pay and bonuses	n/a	n/a
All taxable benefits	n/a	n/a
Percentage change from previous year in respect of employees of the Trust:		
Salary and Allowances	7.9%	4.3%
Performance pay and bonuses	n/a	n/a
All taxable benefits	n/a	n/a

## Pay ratio information

	2022/23	2021/22
25th Percentile Remuneration	£23,425	£20,330
Median Percentile Remuneration	£29,384	£27,800
75th Percentile Remuneration	£42,739	£39,027
25th Percentile Pay Ratio	7.4	8.2
Median pay Ratio	5.9	6.0
75th Percentile Pay Ratio	4.0	4.3

Total remuneration includes annualised basic salary, non-consolidated performance-related pay and benefits-in-kind, including bank and agency staff. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

In 2022-23, 14 employees (2021/22, 13) received remuneration in excess of the highest-paid Director.

Remuneration ranged from £9.4k to £250.3k (2021-22 £7.8k to £308.6k).

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, and where applicable, continued to make incremental progression within existing pay scales.

The 2022-23 salary values have been adjusted (where applicable) by the additional 2022-23 non-consolidated pay awards recommended by NHS Staff Council on 2 May 2023. Payment to employees due to be paid retrospectively in June 2023.

# Off Payroll Engagements

Recruitment is properly devolved to Trust managers who are required to 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 2023, for more than £245 per day and that last longer than six months

Number of existing engagements as of 31 March 2023	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 off-payroll engagements between 1 April 2022 and 31 March 2023, for more than £245 per day and that last longer than six months

Number of temporary off-payroll workers engaged between 1 April 2022 and 31 March 2023	0
Of which, the number that have existed...	
number not subject to off-payroll legislation (see note)	
number subject to off-payroll legislation and determined as in-scope of IR35 (see note)	
number subject to off-payroll legislation and determined as out-of-scope of IR35 (see note)	
number of engagements reassessed for compliance or assurance purposes during the year	
number of engagements that saw a change to IR35 status following review	

Note: A worker that provides their services through their own limited company or another type of intermediary to the client will be subject to off-payroll legislation and the department must undertake an assessment to determine whether that worker is in-scope of Intermediaries legislation (IR35) or out-of-scope for tax purposes.

## For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2022 and 31 March 2023

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year (see note 1)	0
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 must include both on payroll and off-payroll engagements (see note 2)	28

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

Note 2: as both on payroll and off-payroll engagements are included in the total figure, no entries here should be blank or zero. In any cases where individuals are included within the first row of this table the department should set out: details of the exceptional circumstances that led to each of these engagements, details of the length of time each of these exceptional engagements lasted"



# 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 2023.

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 2022/23 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 2022-2023 it achieved this, spending (£28,718,000) (against a target of (£28,718,000)).

### 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 2022/23 the Trust achieved its Capital Resource Limit (CRL) of £43,701,000.

**Table 24 - Financial Performance Summary**

	Target	Actual	Achieved
Income and Expenditure Break-even (£'000)	0	90	✓
Capital Cost Absorption Rate (%)	3.5%	3.5%	✓
External Financing Limit (£'000)	28,718	28,718	✓
Capital Resource Limit (£'000)	43,701	43,701	✓

\*Target is adjusted control total as agreed with NHSI

**Table 25 - The Income and Expenditure position for each of the last five years**

	2018/19 £000s	2019/20 £000s	2020/21 £000s	2021/22 £000s	2022/23 £000s
Breakeven duty in-year financial performance	3,021	5,735	243	4,454	363
Breakeven duty cumulative position	54,143	59,877	60,121	64,574	64,937
Operating income	592,975	676,114	743,285	817,270	899,891
Cumulative breakeven position as a percentage of operating income	9.13%	8.86%	8.09%	7.90%	7.22%

### Cumulative Position

The top table shows that the Trust achieved its statutory break-even duty in 2022-23. In 2022-23 the Trust achieved a surplus for the 17th consecutive year. This surplus amounted to £363,000 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 and Social Care requires that Trusts aim to pay their non-NHS invoices by the due date or within 30 days of receipt of goods or a valid invoice, (whichever is the latter), unless other terms have been agreed with the supplier. The target is to achieve 95% compliance and, over the last two years, the Trust's performance is shown in the table below.

**Table 26 - Better Payment Practice Code Summary**

	2022/23		2021/22	
	Number	£'000	Number	£'000
Total Invoices Paid In Year	131,558	512,097	127,656	419,979
Total Invoices Paid Within Target	118,930	478,003	111,605	378,730
Percentage of Invoices Paid Within Target	90.40%	93.34%	87.43%	90.18%

### Prompt Payment Code

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

# Accounting Policies

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

- Useful economic lives of assets – The Trust estimates the useful economic lives of its non-current assets. Every care is taken to ensure that estimates are robust; however, factors such as unforeseen obsolescence or breakdown may impact on the actual life of the asset held. It should be noted that in 2015/16 the Trust changed the asset life methodology for Buildings to a Single Residual Life Methodology, resulting in a reduction to annual depreciation
- Provisions – When considering provisions for events such as pension payments, NHSLA claims and other legal cases, the Trust uses estimates based on expert advice from agencies such as the NHS Litigation Authority and the experience of its managers
- Valuation of Non-Current Assets - The fair value of land and buildings is determined by valuations carried out by Professional Valuer GVA Grimley Limited trading as Avison Young. The valuations are carried out in accordance with the Royal Institute of Chartered Surveyors (RICS) and Valuation Manual in so far as these terms are consistent with the agreed requirements of the Department of Health and Social Care and HM Treasury. A desktop valuation (excluding assets under construction/work in progress) was carried out as at 31 March 2023 and assets lives were also reviewed by GVA Grimley Limited trading as Avison Young as at this date. This valuation was based on published data from the Building Cost Information Service (BCIS) which provides a level of consistency in reporting and forecasting future trends. The valuation and the associated data was based on all in forecast Tender Price Index (TPI) as at 31 March 2022. Future revaluations of the Trust's property may result in further material changes to the carrying value of non-current assets
- Leases – IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury has been applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaces IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations

The standard has been applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 have only been applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments have not been revisited

Leases of owned assets where the Trust is lessor were unaffected by initial application of IFRS 16. For existing arrangements where the Trust is an intermediate lessor, classification of all continuing sublease arrangements has been reassessed with reference to the right of use asset

Comparatives for leasing transactions in these accounts have not been restated on an IFRS 16 basis. Under IAS 17 the classification of leases as operating or finance leases still applicable to lessors under IFRS 16 also applied to lessees. In 2021/22 lease payments made by the Trust in respect of leases previously classified as operating leases were charged to expenditure on a straight line basis over the lease term

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 2021-22 was £121k excluding VAT (2021-22 £96k). 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%

## Statement of Comprehensive Income for the Year Ended 31 March 2022

The summary financial statements are an extract of the information in the full annual accounts. The summary financial statements only give an overview of the financial position and performance of the Trust but might not contain sufficient information for a full understanding of the Trust's performance. For more detailed information please refer to the full annual accounts for the Trust.

Table 27 - Statement of Comprehensive Income

Note	2022-23 £000	2021-22 £000
Operating income from patient care activities	732,589	677,356
Other operating income	167,302	139,914
Operating expenses	(857,919)	(791,608)
<b>Operating surplus/(deficit) from continuing operations</b>	<b>41,972</b>	<b>25,662</b>
Finance income	1,991	86
Finance expenses	(2,723)	(2,177)
PDC dividends payable	(11,918)	(11,282)
<b>Net finance costs</b>	<b>(12,650)</b>	<b>(13,373)</b>
Other gains / (losses)	97	20
<b>Surplus / (deficit) for the year</b>	<b>29,419</b>	<b>12,309</b>

**Table 28 - Other Comprehensive Income for the Year Ended 31 March 2023**

	2022-23	2021-22
	£000	£000
<b>Will not be reclassified to income and expenditure:</b>		
Revaluations	13,060	19,265
Fair value gains/(losses) on financial assets mandated at fair value through OCI	(149)	(1,269)
<b>Total comprehensive income / (expense) for the period</b>	<b><u>42,330</u></b>	<b><u>30,305</u></b>

**Table 29 - Financial Performance for the Year Ended 31 March 2023**

	2022-23	2021-22
	£000	£000
<b>Adjusted financial performance (control total basis):</b>		
Retained surplus / (deficit) for the period	29,419	12,309
Impairments (excluding IFRIC 12 Impairments)	(788)	(3,234)
Adjustments in respect of donated gov't grant asset reserve elimination	(28,650)	(5,220)
Remove net impact of inventories received from DHSC group bodies for COVID-19 response	109	599
<b>Adjusted financial performance surplus / (deficit)</b>	<b><u>90</u></b>	<b><u>4,454</u></b>

**Table 30 - Statement of Financial Position as at 31 March 2023**

	31 March 23	31 March 22
	£000	£000
<b>Non-current assets</b>		
Intangible assets	5,860	6,462
Property, plant and equipment	427,740	416,282
Right of use assets	13,999	0
Other investments / financial assets	12	161
Trade and other receivables	6,049	6,671
<b>Total non-current assets</b>	<b><u>498,660</u></b>	<b><u>429,576</u></b>
<b>Current assets</b>		
Inventories	8,347	8,253
Trade and other receivables	59,603	33,800
Cash and cash equivalents	69,264	84,918
<b>Total current assets</b>	<b><u>137,214</u></b>	<b><u>126,971</u></b>
<b>Current liabilities</b>		
Trade and other payables	(114,267)	(106,224)
Borrowings	(6,047)	(2,101)
Provisions	(4,109)	(7,428)
Other liabilities	(10,424)	(8,204)
<b>Total current liabilities</b>	<b><u>(134,847)</u></b>	<b><u>(123,957)</u></b>
<b>Total assets less current liabilities</b>	<b><u>501,027</u></b>	<b><u>432,591</u></b>
<b>Non-current liabilities</b>		
Trade and other payables	(287)	(86)
Borrowings	(12,885)	(5,475)
Provisions	(1,780)	(2,308)
<b>Total non-current liabilities</b>	<b><u>(14,952)</u></b>	<b><u>(7,869)</u></b>
<b>Total assets employed</b>	<b><u>486,075</u></b>	<b><u>424,722</u></b>

## Financed by

Public dividend capital	305,676	286,653
Revaluation reserve	109,197	96,137
Financial assets reserve	(1,418)	(1,269)
Other reserves	190	190
Income and expenditure reserve	72,430	43,011
<b>Total taxpayers' equity</b>	<b><u>486,075</u></b>	<b><u>424,722</u></b>

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

**David Loughton CBE, Group Chief Executive** Date: 23 June 2023

Signature:



**Table 31 - Statement of Changes in Taxpayers' Equity for the year ending 31 March 2022**

	Public dividend capital	Revaluation reserve	Financial assets reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000	£000
<b>Taxpayers' and others' equity at 1 April 2021 - brought forward</b>	<b>282,017</b>	<b>76,872</b>	<b>0</b>	<b>190</b>	<b>30,703</b>	<b>389,782</b>
Surplus/(deficit) for the year	0	0	0	0	12,309	12,309
Revaluations	0	19,265	0	0	0	19,265
Fair value gains / (losses) on financial assets mandated at fair value through OCI	0	0	(1,269)	0	0	(1,269)
Public dividend capital received	4,636	0	0	0	0	4,636
<b>Taxpayers' and others' equity at 31 March 2022</b>	<b><u>286,653</u></b>	<b><u>96,137</u></b>	<b><u>(1,269)</u></b>	<b><u>190</u></b>	<b><u>43,011</u></b>	<b><u>424,722</u></b>

**Table 32 - Statement of Changes in Taxpayers' Equity for the year ending 31 March 2023**

	Public dividend capital	Revaluation reserve	Financial assets reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000	£000
<b>Taxpayers' and others' equity at 1 April 2022 - brought forward</b>	<b>286,653</b>	<b>96,137</b>	<b>(1,269)</b>	<b>190</b>	<b>43,011</b>	<b>424,722</b>
Surplus/(deficit) for the year	0	0	0	0	29,419	29,419
Revaluations	0	13,060	0	0	0	13,060
Fair value gains / (losses) on financial assets mandated at fair value through OCI	0	0	(149)	0	0	(149)
Public dividend capital received	19,023	0	0	0	0	19,023
<b>Taxpayers' and others' equity at 31 March 2023</b>	<b><u>305,676</u></b>	<b><u>109,197</u></b>	<b><u>(1,418)</u></b>	<b><u>190</u></b>	<b><u>72,430</u></b>	<b><u>486,075</u></b>

## Information on Reserves Public Dividend Capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities. Additional PDC may also be issued to NHS Trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the NHS Trust, is payable to the Department of Health and Social Care as the public dividend capital dividend.

### Retained Earnings

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

### Revaluation Reserve

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

### Other Reserves

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

## Statement of cash flow for the year ended 31 March 2023

	2022/23	2021/22
	£000	£000
<b>Cash flows from operating activities</b>		
Operating surplus / (deficit)	41,972	25,662
<b>Non-cash income and expense:</b>		
Depreciation and amortisation	29,531	23,279
Net impairments	(788)	(3,234)
Income recognised in respect of capital donations	(29,253)	(5,666)
(Increase) / decrease in receivables and other assets	(24,900)	(857)
(Increase) / decrease in inventories	(94)	549
Increase / (decrease) in payables and other liabilities	7,208	24,488
Increase / (decrease) in provisions	(3,856)	2,752
<b>Net cash flows from / (used in) operating activities</b>	<b><u>19,820</u></b>	<b><u>66,973</u></b>
<b>Cash flows from investing activities</b>		
Interest received	1,991	86
Purchase and sale of financial assets / investments	0	(1,430)
Purchase of intangible assets	(610)	(1,784)
Purchase of property, plant, equipment and investment property	(64,114)	(23,334)
Sales of property, plant, equipment and investment property	185	20
Receipt of cash donations to purchase assets	29,166	643
<b>Net cash flows from / (used in) investing activities</b>	<b><u>(33,382)</u></b>	<b><u>(25,799)</u></b>
<b>Cash flows from financing activities</b>		
Public dividend capital received	19,023	4,636
Capital element of finance lease rental payments	(4,055)	(196)
Capital element of PFI, LIFT and other service concession payments	(1,905)	(1,816)
Interest paid on finance lease liabilities	(124)	(15)
Interest paid on PFI, LIFT and other service concession obligations	(2,589)	(2,170)
PDC dividend (paid) / refunded	(12,443)	(11,045)
<b>Net cash flows from / (used in) financing activities</b>	<b><u>(2,093)</u></b>	<b><u>(10,606)</u></b>
<b>Increase / (decrease) in cash and cash equivalents</b>	<b><u>(15,655)</u></b>	<b><u>30,567</u></b>
<b>Cash and cash equivalents at 1 April - brought forward</b>	<b><u>84,918</u></b>	<b><u>54,351</u></b>
<b>Cash and cash equivalents at 31 March</b>	<b><u>69,264</u></b>	<b><u>84,918</u></b>

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

## Statement of the Chief Executive's responsibilities as the accountable officer of the Trust

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

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- value for money is achieved from the resources available to the Trust
- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- effective and sound financial management systems are in place and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, other items of comprehensive income and cash flows for the year.

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

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

**David Loughton CBE, Group Chief Executive** Date: 23 June 2023

Signature:



## Statement of Directors' responsibilities in respect of the accounts

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

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

The Directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

The Directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS trust's performance, business model and strategy.

### By order of the Board



**Prof. David Loughton CBE, Group Chief Executive** 23 June 2023



**Kevin Stringer, Group Chief Finance Officer** 23 June 2023

## Certificate 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 2022/23 have been completed and this certificate accompanies them.

### Finance Director Certificate

1. I certify that the attached TAC schedules have been compiled and are in accordance with:
  - the financial records maintained by the NHS Trust
  - accounting standards and policies which comply with the Department of Health and Social Care's Group Accounting Manual and
  - the template NHS provider accounting policies issued by NHS England, or any deviation from these policies has been fully explained in the Confirmation questions in the TAC schedules.
2. I certify that the TAC schedules are internally consistent and that there are no validation errors\*.
3. I certify that the information in the TAC schedules is consistent with the financial statements of the NHS Trust




**Kevin Stringer, Group Chief Finance Officer**

23 June 2023

## Chief Executive Certificate

1. I acknowledge the accompanying TAC schedules, which have been prepared and certified by the Finance Director, as the TAC schedules which the Trust is required to submit to NHS England.
2. I have reviewed the schedules and agree the statements made by the Director of Finance above.



**Prof. David Loughton CBE, Group Chief Executive**

23 June 2023





## 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。