

Annual Report

2021/21



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Part 1: Introduction



Welcome to Walsall Healthcare NHS Trust's Annual Report and Accounts

As we compiled last year's Annual Report we described how, moving into 2020, the NHS had been involved in responding to the biggest public health crisis in over 100 years - the COVID-19 (Coronavirus) pandemic.

We knew there would be significant challenges for our organisation; critical care demand increases, staffing resilience, communication in a time of unprecedented stress and eventual recovery and restoration to name just a few. In many respects, however, the bigger challenges lie in the months ahead as we deal with the aftermath and its impact on our staff.

Most of you will have seen images on television from critical care units up and down the country and interviews with families struggling to cope with being unable to see loved ones due to the necessary restrictions enforced to minimise infection risk.

That said, it is difficult to truly appreciate the sheer enormity of the situation that our staff and Walsall communities have found themselves in throughout this time.

For our teams working in critical care this virus was relentless at its peak. Being at work in the midst of it was, at times, nightmarish. They have cared for their own colleagues and friends as well as strangers who they spent more time with than their own concerned loved ones.

Staff from other areas stepped up and supported teams throughout the hospital and community. They were scared and apprehensive, but colleagues who were redeployed made such a difference to patients and families.

There have been so many colleagues working behind the scenes too, our hidden heroes. They calmly and quietly continued to work throughout the pandemic, ensuring support to our wards, departments and community services. Staff from our support services, mortuary, portering, catering and distribution. Their input has been invaluable and they helped to keep things running for the Trust.

Our leaders and managers had to change the way they and their teams work, suggest improvements and come up with innovations against really tight deadlines. We have seen some exemplary leadership as they have steered our organisation through this crisis.

Walsall Healthcare was announced as the first site in the Black Country and West Birmingham to start administering the COVID-19 vaccination, a massive logistical undertaking, and from early December it played a major part in the largest ever vaccination programme the world has ever seen.

We have seen some exemplary leadership as they have steered our organisation through this crisis.

We lost some valued colleagues during this pandemic and will never forget them or the patients who sadly died as a result of COVID-19 despite our combined best efforts. We should also allow ourselves some time to reflect positively on all those who have been discharged home after our care and support, who have managed to be reunited with their loved ones, and who genuinely feel their recovery has been nothing short of miraculous at a time when there were so many odds stacked against them.

In the middle of this unprecedented period the Care Quality Commission carried out inspections in our Emergency Department and Maternity Services as part of its more targeted and focused regulatory approach in response to the pandemic. More detail on its findings can be found at 2.1.8. Whilst our teams have shown great resilience we cannot underestimate the huge and continued impact of the pandemic. Our staff are exhausted and need time to heal and recover. The pandemic has undoubtedly had consequences for the "business as usual" functions of the Trust and there is a lot of work still to do around our recovery and restoration.

During the year, we have also commenced a closer working relationship with The Royal Wolverhampton NHS Trust (RWT). We have cross-directorships on both Trust Boards to allow for ease of partnership working and collaboration.

For some time now our Trust has been working more closely together with RWT providing healthcare services to patients. This has already delivered improvements such as the creation of The Black Country Pathology Service, the transfer of acute and hyper acute stroke services from Walsall to Wolverhampton and the appointment of a Walsall Clinical Director to a shared Dermatology service, to name just a few.

The relationship between the two Trusts has also been vital during the year in our fight against COVID-19. Offering support and mutual aid has helped both Trusts and has led to closer working of the leadership teams.

Each Trust has the opportunity to build on and strengthen the collaborative work we have developed so far to improve the health of our populations, to make services more sustainable and of a higher quality to our patients in the Black Country. This will help us further to attract and retain the best possible workforce and to drive improvements in the health of our populations.

We are all hoping for a better year – a year without lockdowns, restrictions and disruptions to vital services. Realistically, the after effects of COVID-19 will continue to be felt for some time to come and will continue to test the Trust well into 2021.



Prof. David Loughton, CBE
Interim Chief Executive Officer



Prof. Steve Field, CBE FRCP FFPH FRCGP,
Chair of the Board of Directors

Part 2: Performance Report



2.1 Performance Overview

2.1.1 Purpose of Section

This overview is a short summary to inform an understanding of the organisation, its purpose, the key risks to the achievement of its objectives and how it has performed during the year. It includes:

- A **statement from the Chief Executive**, providing a summary of how we have performed during 2020/2021
- An **introduction to our organisation**, which sets out what we do, the services we provide and our organisational structure
- Our organisation's **vision, values and strategic objectives**
- A statement of **'going concern'** and what that means for our organisation
- The **key highlights** for us during 2020/21 and **our priorities** for 2021/22



2.1.2 Chief Executive's summary of performance and key risks

2020/21 has been one of the most challenging years in the history of the NHS. The COVID-19 pandemic has seen unprecedented numbers of acutely unwell patients requiring treatment, and has required our services in both the community and hospital settings to adapt at incredible speed to meet the needs of those who need our care. It has tested us to the limit at times, but has also demonstrated the incredible skill, professionalism, compassion, teamwork and respect that our staff bring to their work every day. Despite the extraordinary pressures that the Trust has faced over the last year, we have made progress against all of our strategic objectives.

Progress against our objective to **Provide Safe, High Quality Care** is covered in greater detail in our Quality Account which includes highlights such as a reduction in falls and most importantly a reduction in falls with severe harm, the launch of our Nutrition Ambition, improvements in the timeliness of observations to detect deteriorating patients and improvements in clinical outcomes in key pathways such as the fractured neck of femur pathway. The Care Quality Commission inspection of September 2020 underlined that there is much more improvement required for the Trust to be consistently delivering safe, high quality care and this will remain a key priority Strategic Objective in 2021/22.

Progress against our strategic objective to deliver **Care at Home** has accelerated over the last year under our Walsall Together partnership. The number of patients in hospital who are medically stable for discharge has been at record low levels. The pandemic has revolutionised outpatient services with much greater use of virtual consultations, and has prompted real innovation with pathways such as the Safe at Home pathway where patients can receive pulse oximetry monitoring in their own home rather than in hospital, and the Integrated Assessment Unit where hospital-based frailty specialists work alongside community colleagues to provide integrated care pathways for our frail and complex patients.

As the Walsall Together partnership continues to strengthen, our work will increasingly focus on reducing the health inequalities that persist in the borough and that will have been exacerbated by the socio-economic impact of the pandemic as well as the direct health impact itself.

Our partnership working in secondary care services has strengthened further too this year. The Trust has played a lead role in integrating Dermatology services with The Royal Wolverhampton NHS Trust; has integrated out of hours emergency Ear, Nose and Throat services with The Royal Wolverhampton NHS Trust and The Dudley Group NHS Foundation Trust; has integrated procurement functions with University Hospital North Midlands NHS Trust and The Royal Wolverhampton NHS Trust; and has completed further phases of the Black Country Pathology Service integration. As we move into 2021/22, we will continue to **Work Closely with our Partners** for the benefit of patients and staff and aim to strengthen the integration of services such as Urology, Radiology and Bariatric Surgery in coming months.

The pandemic has shone a light on the incredible work of our staff. It has also exposed some of the differential experiences that colleagues have working at the Trust, and the fact that we still have significant improvements to deliver if the experience and engagement of our staff is to be commensurate with the best Trusts in the country. We have made progress this year with a comprehensive staff wellbeing offer, the commencement of our Divisional and Care Group Leadership Development Programmes in conjunction with the Faculty of Medical Leadership & Management, and with the development of our Equality, Diversity and Inclusion Strategy. We recognise as a Trust there is much more to do, and our **Value our Colleagues** Improvement Programme will accelerate progress in this area during 2021/22.

For a Trust that has had a highly challenging financial history at times, it gives me great pleasure to present the Annual Report which confirms that the Trust has delivered its financial plan for the second consecutive year and has generated a modest surplus in its pursuit to **Use Resources Well**. This has been achieved whilst also improving access to our services. We end the year having achieved our highest ranking nationally for the 4-hour Emergency Access Standard on record (14th out of 113 reporting general Acute Trusts), with the second best Diagnostic (DM01) waiting times in the country, and with 18-week Referral to Treatment, 52-week Referral to Treatment and 62-day Cancer Referral to Treatment waiting times that are all better than national averages for general acute Trusts too.

The key risks to the delivery of our strategic objectives are managed and monitored through the Board Assurance Framework, and include:

BAF S01 - Provide Safe, High Quality Care:

Failure to deliver excellence in care outcomes, and/or patient/public experience, which impacts on the Trust’s ability to deliver services which are safe and meet the needs of our local population.

BAF S02 - Care at Home

Failure to work with partners and communities to understand population health and inequalities, integrate place-based services and deliver them through a whole population approach would result in a continuation of poor health and wellbeing and widening of health inequalities.

BAF S03 - Work Closely with Partners:

Failure to integrate functional and organisational form change within the Black Country will result in lack of resilience in workforce and clinical services, potentially damaging the Trust’s ability to deliver sustainable high quality care.

BAF S04 - Value our Colleagues:

Lack of an inclusive and open culture impacts on staff morale, staff engagement, staff recruitment, retention and patient care.

BAF S05 - Use Resources Well:

The Trust’s financial sustainability is jeopardised if it cannot deliver the services it provides to their best value. If resources (financial, human, physical assets, and technology) are not utilised to their optimum, opportunities are lost to invest in improving quality of care. Failure to deliver agreed financial targets reduces the ability of the Trust to invest in improving quality of care, and constrains available capital to invest in Estate, Medical Equipment and Technological assets in turn leading to a less productive use of resources.

BAF S06 – COVID-19:

The impact of COVID-19 and recovering from the initial wave of the pandemic on our clinical and managerial operations is such that it prevents the organisation from delivering its strategic objectives and annual priorities.

2020/21 has been one of the most challenging years in the history of the NHS.

2.1.3 Who we are and who we serve

Walsall Healthcare NHS Trust is an integrated Trust and the only provider of NHS acute care in Walsall, providing inpatient and outpatient services at the Manor Hospital as well as a wide range of services in the community. Walsall Manor Hospital houses the full range of district general hospital services under one roof. The £170 million development of our Pleck Road site was completed in 2010 and the continued upgrading of existing areas ensures the Trust now has a state-of-the-art Critical Care Unit, Neonatal Unit, Obstetric Theatre and Integrated Assessment Unit facilities. The Trust has also started work on its multi-million pound new Emergency Care development which will house a new Emergency Department (including Children’s Emergency Department), co-located Paediatric Assessment Unit, Acute Medical Unit and Urgent Care Centre.

We provide high quality, friendly and effective community health services from some 60 sites including Health Centres and GP surgeries. Covering Walsall and beyond, our multidisciplinary services include rapid response in the community and home-based care, so that those with long-term conditions and the frail and elderly, can remain in their own homes to be cared for wherever appropriate.

2.1.4 Activity Overview 2020/2021 and Effect of COVID-19

	2020/2021	2019/2020	2018/2019
The population we serve	285,500 ¹	283,400	
Outpatient Appointments	214,179	534,432	511,684
Accident and Emergency Visits	67,689	83,536	79,222
Emergency Admissions	34,171	37,825	33,956
Births	3,510	3,661	3,549
Planned Admissions	16,598	33,469	33,060

The management of COVID-19 as a level 4 national incident has resulted in a profound impact on emergency, cancer, diagnostic and elective care.

COVID-19 admissions first peaked in early April 2020 with over 50% of inpatients COVID-positive at the height of the initial wave. The planning assumptions regarding a COVID-19 second wave included the base-case scenario that the second wave reached 50% of the April peak, however this was significantly exceeded, with COVID-19 positive inpatients exceeding 140% of the April 2020 peak during January 2021.

The Trust implemented a clear strategy that segregated the Outpatient & Day Case Centre wing of the hospital for planned outpatient, diagnostic and procedural activity based on the specialist recommendations of the Infection, Prevention & Control and Microbiology teams. Ward 20A was set up as a ring-fenced elective ward to accommodate post-operative elective patients for all surgical specialties and a dedicated four-bedded Enhanced Care Recovery Unit within Ward 20A was also created. The Chemotherapy unit relocated into this wing of the hospital to minimise the risk of cross-infection for some of the most vulnerable patients the Trust treats.

¹ ONS 2019 mid-year estimates

COVID-19 resulted in the need for the Trust to treble its Critical Care capacity and consequently it had to reduce elective surgery considerably during wave 1. Elective Surgery started again on the Manor site on 28th May 2020, and partnership working with Spire Little Aston provided elective theatre capacity to supplement Walsall Manor Hospital's capacity.

Due to the significant impact of the second wave, routine elective surgery reduced again during November and December 2020, and January and February 2021 to release theatres and anaesthetic staff once again to support Critical Care, which negatively affected the restoration and recovery of elective waiting times. The Adult Critical Care Network has facilitated transfers out of Level 3 patients to other Critical Care Units during the second and third waves.

The community nursing teams worked with all patients and their families/carers to agree the care that would be provided safely. The service moved to deliver more reviews by phone to minimise contact and reduce the risk of transmitting COVID-19. Some routine work was reduced and staff re-allocated to provide urgent care in the community. New services supporting patients discharged from hospital with COVID-19 and those with long term effects of COVID-19 were introduced during the year. Community Services worked with partners in Walsall Council and GPs to provide extra support to care homes which were affected by COVID-19.

The Trust's Palliative Care Centre in Goscote is our base for a wide range of palliative care and end of life services. Our teams, in the centre and the community, provide high quality medical, nursing and therapy care for local people living with cancer and other serious illnesses, as well as offering support for their families and carers. The Trust took on responsibility for the inpatient hospice at Goscote this year.



2.1.5 Our Structure

Our organisational structure features three acute hospital Divisions, a Community Division, Estates and Facilities division and Corporate Services. Each clinical Division is led by a team which encompasses a Divisional Director (clinician by background), a Director of Operations and a Director of Nursing/Midwifery. Together they provide medical, nursing and operational leadership. The Estate & Facilities Division is led by a Divisional Director.

The six Divisions are as follows:

- **Surgery**
- **Medicine and Long-Term Conditions**
- **Women's, Children's and Clinical Support Services**
- **Adult Community**
- **Estates and Facilities**
- **Corporate Services**

Below provides an overview of the services provided by each of these Divisions and Corporate Services:

DIVISION OF SURGERY	MEDICINE AND LONG TERM CONDITIONS	WOMEN'S CHILDREN'S AND CLINICAL SUPPORT SERVICES
<ul style="list-style-type: none"> • Musculoskeletal (inc. trauma & Orthopaedics and Rheumatology) • Outpatients • Pain • Cancer • Head and Neck • General Surgery • Theatres • Anaesthetics (inc. Pain) • Critical Care 	<ul style="list-style-type: none"> • Emergency Medicine • Acute Medicine • Long Term Conditions (inc. Respiratory, Endocrinology, Dermatology & Neurology) • Cardiology • Gastroenterology • Elderly and Frailty 	<ul style="list-style-type: none"> • Paediatrics • Women's • Sexual Health • Pathology • Pharmacy • Clinical Measurement Unit • Imaging

COMMUNITY SERVICES	ESTATES AND FACILITIES	CORPORATE SERVICES
<ul style="list-style-type: none"> • Specialist Rehabilitation Care Group • Children's Care Group • Place Based Care Groups (North, South, East and West) • Palliative Care and End of Life Care Group • Intermediate/Community Urgent Care Group • Therapy Services 	<ul style="list-style-type: none"> • Portering • Housekeeping • Accommodation • Catering • Electronic and Biomedical Engineering • Fire Safety • Private Finance Initiative (PFI) Contract • Security • Car Parking • Capital Projects • Community Sites 	<ul style="list-style-type: none"> • Chief Executive Office • Governance • Planning and Improvement • Finance • Informatics • Nurse Directorate • Medical Directorate • Operations Directorate • People & Culture

2.1.6 Statement of Going Concern

The Trust’s statement of accounts 2020/21 have been prepared on a going concern basis.

In line with Practice Note 10 issued by The Public Audit Forum and approved by the Financial Reporting Council, the Trust has considered if it is anticipated to continue with its provision of services.

2.1.7 Our Vision, Values and Objectives

Walsall Healthcare NHS Trust is guided by five strategic objectives which combine to form the overall ‘vision’ for the organisation. Complementing this are our ‘values’, a set of individual behaviours that we wish to project amongst our workforce in order to deliver effective care for all.

Our Vision: **Caring for Walsall together**

“Caring for Walsall together” reflects our ambition for safe integrated care, delivered in partnership with social care, mental health, public health and associated charitable and community organisations.

Our Objectives: **Underpinning the vision**

The organisation has five strategic objectives which underpin our vision of ‘Caring for Walsall together’, and they are to:

- Provide Safe, high-quality care;** We will deliver excellent quality of care as measured by an outstanding CQC rating by 2022.
- Care at Home;** We will host the integration of Walsall together partners, addressing health inequalities and delivering care closer to home.
- Work Closely with Partners;** We will deliver sustainable best practice in secondary care, through working with partners across the Black Country and West Birmingham System.
- Value our Colleagues;** We will be an inclusive organisation which lives our organisational values without exception.
- Use Resources Well;** We will deliver optimum value by using our resources efficiently and responsibly.

The Trust has concluded that services will continue to be provided and is a going concern on that basis. The Trust believes that confirmation in April 2021 that the Department of Health and Social Care would grant £36m of funding for the building of a new Emergency Department at Walsall Manor Hospital, and no formal plans to cease services, would confirm a going concern judgement.



Our Values: **Upholding what’s important to us as a Trust**
Our values, coupled with individual behaviours, represent what we wish to project in our working environments.

Respect	<p>We are open, transparent and honest, and treat everyone with dignity and respect.</p> <ul style="list-style-type: none"> I appreciate others and treat them courteously with regard for their wishes, beliefs and rights. I understand my behaviour has an impact on people and strive to ensure that my contact with them is positive. I embrace and promote equality and fairness. I value diversity and understand and accept our differences. I am mindful of others in all that I do.
Compassion	<p>We value people and behave in a caring, supportive and considerate way.</p> <ul style="list-style-type: none"> I treat everyone with compassion. I take time to understand people’s needs, putting them at the heart of my actions. I actively listen so I can empathise with others and include them in decisions that affect them. I recognise that people are different and I take time to truly understand the needs of others. I am welcoming, polite and friendly to all.
Professionalism	<p>We are proud of what we do and are motivated to make improvements, develop and grow.</p> <ul style="list-style-type: none"> I take ownership and have a ‘can-do’ attitude. I take pride in what I do and strive for the highest standards. I don’t blame others. I seek feedback and learn from mistakes to make changes to help me achieve excellence in everything I do. I act safely and empower myself and others to provide high quality, effective patient-centred services.
Teamwork	<p>We understand that to achieve the best outcomes we must work in partnership with others.</p> <ul style="list-style-type: none"> I value all people as individuals, recognising that everyone has a part to play and can make a difference. I use my skills and experience effectively to bring out the best in everyone else. I work in partnership with people across all communities and organisations.

2.1.7.1 Improvement Programme: A look ahead to our Priorities for 2021/22

The Improvement Programme is the vehicle through which our strategic objectives are delivered. The significant progress made in the 2020/21 year, despite the pandemic, is set out in the Chief Executive’s overview of performance at 2.1.2

2021/22 is the second year of our Improvement Programme, with a number of exciting projects being delivered to improve patient care and patient experience, and the experience and satisfaction of our staff. Key highlights include:

Workstream	2021/22 Priorities
<p>Provide Safe High Quality Care</p>	<ul style="list-style-type: none"> Delivery of safe, high quality care through the promotion of harm free care; Pathways to Excellence ward accreditation; Launch of the Care Excellence Strategy; Establish and main safe, sustainable staffing.
<p>Care at Home</p>	<ul style="list-style-type: none"> Fully established seven day service for the Integrated Assessment Hub; Establish third and fourth locality teams to support delivery of continuity of carer for maternity; Outpatient service redesign co-produced with public involvement; Digitally enhanced support for clinical services.
<p>Work Closely with Partners</p>	<ul style="list-style-type: none"> Work in collaboration with the Royal Wolverhampton NHS Trust on the delivery of urology and haematology services; Development of a Black Country and West Birmingham (BCWB) micrographic surgery for skin cancer in collaboration with BCWB partners; Lead the development of a collaborative Bariatric service.
<p>Value our Colleagues</p>	<ul style="list-style-type: none"> Leadership development, in collaboration with The Royal Wolverhampton NHS Trust and embedding a just and learning culture; Embed the Equality, Diversity and Inclusion Strategy; Maintain enhanced health and wellbeing support for staff; Consolidate the Trust as an anchor employer.
<p>Use Resources Well</p>	<ul style="list-style-type: none"> Recovery and restoration of elective services post COVID-19; Maintain and enhance 62-day cancer performance; Maintain and improve same day emergency care performance.
Governance and Well-Led	<ul style="list-style-type: none"> Integrated Performance reporting; Development and implementation of an Accountability Framework; Implementation of Risk Management framework; Enhance Information Governance and Data Quality Assurance. Development of the Corporate Governance Handbook

Staff felt
"positive and proud"
to work in
Maternity Services

2.1.8 Care Quality Commission Inspection

Staffing levels and sepsis screening and management were two key areas identified for improvement at Walsall Manor Hospital following Care Quality Commission (CQC) inspections within its Emergency Department and Maternity Services in September. The CQC's overall rating for the Trust remained the same - "Requires Improvement", with care rated as "Outstanding".

In the Emergency Department, inspectors reported that the documentation of sepsis screening and management needed to be more robust and raised concerns over the detail in patient records and documentation.

Ann-Marie Riley, Walsall Healthcare's Director of Nursing, said: "Immediate actions were put in place to mitigate risk which will remain in place until a planned digital solution is embedded. The Trust continues to work with staff, patients and families to raise awareness of sepsis and has also held a number of training sessions around deteriorating patients to focus this effort further".

Inspectors noted in the Emergency Department that staff felt "respected, supported and valued" and the service had "an open culture" where patients, families and staff could raise concerns without fear. Staff felt "positive and proud" to work in Maternity Services and supported to develop in their roles with leaders appreciating the day to day pressures they faced.

"The CQC also stated that the service did not have enough nursing staff to provide the right care and treatment. The team is doing all it can to fill any rota gaps and reduce vacancies; this includes a rolling advert for registered nurses."

In maternity whilst the CQC acknowledged that the service had enough staff, with the right mix of qualifications and skills to keep patients safe and provide the right care and treatment, inspectors were concerned that systems for monitoring the provision of staffing were not robust enough.

The CQC downgraded the Trust's rating from Good to Requires Improvement under the well-led domain in Urgent and Emergency Services and Maternity Services as a result of a lack of assurance that the Trust had the right information systems in place.

The report also highlighted the need to drive the Trust's mandatory training levels up higher.

2.1.9 Key Highlights for 2020/21

Here are some of the key achievements in 2020/21:

Emergency Department Development

Work is well underway on our major Emergency Department and Acute Medical Unit development project which is due to be completed in autumn 2022. The c£40m development, being delivered by Tilbury Douglas Construction Limited (formerly Interserve Construction), is set to significantly improve our emergency care facilities and capacity. The development includes an Urgent Treatment Centre; Emergency Department including Resus and Rapid Assessment and Treatment area, and Children's Emergency Department; co-located Paediatric Assessment Unit; Acute Medical Unit and provision for Ambulatory Emergency Care services in a future phase.

It also includes re-configuration of the current Emergency Department footprint, to incorporate improved Ambulatory Emergency Care and Imaging services.

Various specialist facilities are located throughout, such as an isolation room for infectious patients, bariatric provision and digital x-ray rooms. All areas have been designed specifically to enhance clinical staff efficiency, provide improved quality of care, improved patient experience, and a much improved working environment for staff.

Built adjacent to the existing Emergency Department provision, the existing building will also be reconfigured and refurbished to provide additional support space.



Chemotherapy unit relocation

Walsall Manor Hospital's chemotherapy unit was re-located into the former physiotherapy department on route 106 of the hospital. Associated clinics were also housed in that area for patients who need blood transfusions and other treatments.

Amy Turley, Ward Manager, said: "The location works well for patients as it is a more integrated area with the clinics being in the same vicinity and it is nearer to the Macmillan Cancer Information and Support Hub. The medical day case unit will also be housed within 106."

Staff wellbeing focus

Our Haven rooms were officially opened in April 2020 to provide a safe space for staff. The space allows colleagues to pause a while, relax, breathe and reflect.

As well as being a calm environment to take a break, mindfulness sessions have been run from the Haven and staff have been able to access team counselling, psychology and video conferencing.

A staff wellbeing lounge set up as part of the Project Wingman has become a permanent "Legacy Lounge". Walsall Healthcare NHS Trust is one of 13 Trusts across the country to establish this long term feature for its staff.

Project Wingman was set up in 2020 by airline crew who were furloughed or made redundant to run in hospitals throughout the country. They initially created a first class lounge environment to serve food and drink to NHS staff who have been working flat out during the COVID-19 pandemic. But this drive to encourage staff to relax and recharge on a proper break, away from their busy work environment, is continuing.



Remembering those we've lost

The pandemic has claimed the lives of a number of our colleagues.

In May the Trust gave staff an opportunity to lay a stone representing remembrance, reflection or positivity at a small, local event

Matron Anna Harding came up with the idea after talking to staff. These stones have been laid in a remembrance and reflection garden area that has been created near to the main entrance of the hospital.

The Trust also set up a Scholarship in memory of Staff Nurse Areema Nasreen, who was the first member of Walsall Healthcare staff to die after contracting COVID-19, Walsall Healthcare's Well Wishers charity, HR and the Professional Development Unit worked with Areema's sister on the scholarship to financially benefit someone who is trying to reach their healthcare career goal and needs a little extra help to do so.

Sheila Kerai, a Clinical Support Worker, was awarded the Scholarship, which has been specifically tailored to her. She will actually start as a Trainee Nursing Associate in September and will be eligible to step on to year two of the nursing degree programme once that two year training programme has finished.

Supporting Patients' Families

The Trust's Patient Relations Team set up a COVID-19 Family Liaison Team and Parcels to Patients service to support relatives and carers concerned about their loved ones during the pandemic.

The Family Liaison Team is a non-medical team that supports people whose relatives have been admitted to hospital as a result of suspected or confirmed COVID-19.

The Parcels to Patients service helped hospital patients receive personal belongings during their stay by arranging family and friends drop off collections.

Hospital Hub Vaccination Centre

Critical Care Senior Sister Ly Fletcher was accompanied by a round of applause, smiles and the odd tear when she became the first member of staff to have her COVID-19 vaccination at Walsall Manor Hospital. COVID-19 vaccines arrived at Walsall Healthcare NHS Trust early in December as it became the first site in the Black Country and West Birmingham to start administering them to the over 80s and healthcare workers.

Ly, said: "Working in critical care throughout the pandemic we've seen first-hand how serious this virus is and I want to do everything I can to stop any more families suffering as a result of it. It has been quite emotional actually being the first member of staff to be vaccinated; it's a big day for everyone involved."

Trevor Kirby, aged 81, was the first patient to have the vaccination and he said he was used to firsts having been one of the first to have the polio vaccination back in the 1960s.

He said: "We want to eradicate this virus and I think it's important to be vaccinated. We need to look after each other and this is a good way to do that."

Invaluable support from School Nursing Team

Children, young people, parents and carers have been supported throughout the COVID-19 pandemic by Walsall School Nursing Service.

School nurses have been holding regular telephone and video consultations, as well as virtual workshops, which parents in particular have been accessing. And with repeated closures, they have been working with Public Health colleagues to ensure school staff can call on them for advice and guidance as they work to provide a safe return

Drive through swab testing

Patients who are due to come into Walsall Manor Hospital for a planned procedure now use a new drive through swabbing unit as part of their pre-assessment.

The drive through swab test assessment is in Pleck Road, opposite the main hospital entrance.

All patients who are due to come into hospital for an elective procedure or attend an outpatient appointment for a procedure are contacted and given an appointment time to attend for a swab test, along with details about what to expect.



New Non-Invasive Ventilation Unit

Our Respiratory Team worked with speed to open a new Non Invasive Ventilation (NIV) Unit for COVID-19 patients to ease the pressure within the hospital's Critical Care Unit.

Staff from Estates, EBME (Electrical and BioMedical Engineering), Microbiology, IT and Infection Prevention and Control got the unit up and running on Ward 17 in January 2021.

The service works closely with Critical Care to provide level 2 care to COVID-19 positive patients who require airway support and more advanced respiratory care. It is also further evidence of a developing Specialty at Walsall Healthcare NHS Trust.

Pharmacy service in Outpatients

A Pharmacy dispensing service has now been set up within the Outpatients Department of Walsall Manor Hospital so that patients can collect their medication much closer to the clinics they have attended.

This service has been set up in the area that was previously the Purple Hub, along the outpatients corridor, near to the main entrance of the hospital.

Pharmacy Operations Manager, Nalini Patel, who has worked on this project over the last few months, described it as "a milestone for Pharmacy" and said it was a great achievement for Walsall Healthcare NHS Trust as it continues to work to make services as safe as possible throughout the COVID-19 pandemic and beyond.

A Black Country first

Walsall Healthcare set up the first point of care, lab-free COVID-19 testing service for patients – turning around results in less than two hours.

Nine DnaNudge testing machines were installed in the Emergency Department and while around ten patients a day are being tested currently, it is planned to increase this to around 90 a day.



Digitally transforming patient care

The Trust implemented a new Electronic Patient Record (EPR) system in September 2020 as part of its exciting digital transformation journey.

EPR is the collection of patient medical information containing both clinical and administrative data, which is accurately, electronically stored. It is one of the Trust's key priorities as it works towards a more effective and efficient NHS, bringing benefits to both staff and patients.

This transformation has had a huge impact on all of our clinicians across the healthcare economy as it provides essential information to support them in providing safer, more efficient clinical decisions at the point of care.

A FORCE for the future

A Faculty of Research and Clinical Education (FORCE) was launched by the Trust on International Clinical Trials Day in May 2020. This is an important move towards the Trust working with patients and staff to increase the availability of research and learning to improve public health across the borough. The establishment of this faculty means the culture of research and professional development in the Trust can be strengthened while involving more patients to help shape and improve care.



BAME Shared Decision Making Council launched

In June Walsall Healthcare set up a BAME (Black And Minority Ethnic) Shared Decision Making Council with its Chair Matron Joan Dyer and Vice Chair Senior Sister Angela Cope.

Joan said: "We've never had a forum like this at the Trust before and it's long overdue. But it's definitely a step in the right direction."

"What matters to staff is that they are given a voice but – vitally – that their voices are not lost. It would be easy to set up a group like this as a box ticking exercise but we do have buy-in from the Executive Team at Walsall Healthcare. Executive and Non-Executive Board Members sit on the Cabinet to create, discuss and review the effectiveness of any actions taken. They know that they have to show commitment and belief in its aims because this is too important a forum to simply pay lip service to

"For me the Shared Decision Making Council is empowering BAME staff to achieve their potential through positive change."

Vice Chair Angela added: "For me it is a vehicle to drive organisational change and to eradicate workplace racial injustice. It is about improving through inclusion of equality and diversity and being an advocate for those who feel they have not got a voice."

"There is a real energy in our meetings and a real belief that BAME staff are finally being empowered."

The first piece of work the council got involved in was a focus on the impact of COVID-19 on BAME colleagues.



Continuity of Carer for mums-to-be

Walsall mums-to-be are supported by a designated team of midwives, with a named midwife who they will see for the majority of their care, thanks to the Wyndlow team, named after nursing heroine Dorothy "Sister Dora" Pattison.

The team delivers Continuity of Carer for low risk women and was developed by Better Birth Clinical Lead Lucy Johnson, Midwifery-Led Unit (MLU) former Matron Kate Horton and MLU Manager Carol King-Stephens.

Continuity of Carer, which was rolled out across the country as part of Better Births, means that midwives are able to develop relationships with women and their families throughout their pregnancy, birth and beyond. This relationship building has been shown to reduce complications such as pre-term birth as well as reducing the need for an epidural or episiotomy in labour.

Walsall's Midwifery-Led Unit (MLU) was able to re-open for births in October 2020 after temporarily suspending births there due to the pandemic.

The unit on Charles Street is the Black Country's only freestanding MLU.

New pleural clinic

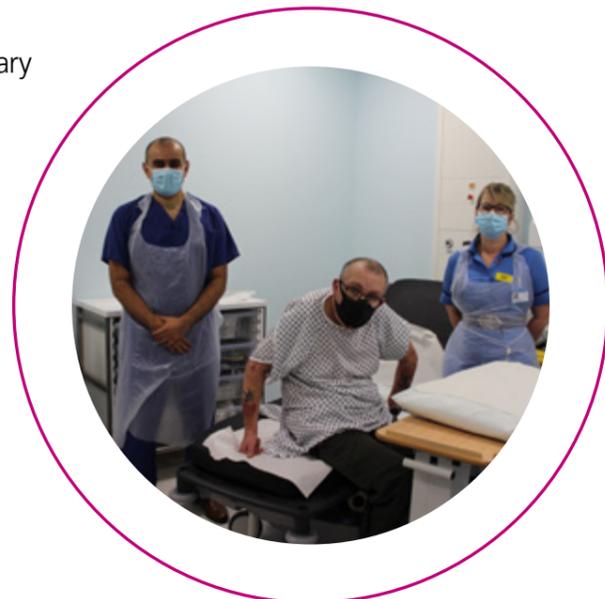
A new weekly pleural clinic has been set up at Walsall Manor Hospital to offer a wide range of timely diagnostic tests and treatment for patients. The pleura is the covering of the lungs and chest wall and many different diseases can affect this part of the chest.

The service is run by Respiratory Consultant Dr Kutaeba Ibrahim, Respiratory Consultant Dr Nadia Sayeed and specialist nursing support.

Dr Kutaeba Ibrahim said: "A pleural service reduces unnecessary hospital admission without compromising patient's safety. It improves patients' experience and outcome."

"Pleural clinic set-up allows full assessment in a 'one-stop' approach with dedicated time and space for provision of common pleural procedures including thoracic ultrasound and/or aspirations. The pleural disease clinic also presents a controlled environment for trainees to acquire skills in thoracic ultrasound and pleural procedures."

The Trust's pleural team provides a wide range of diagnostic tests and treatments for pleural disease.



Walsall Together Partnership

Walsall Together is a partnership of health, social, housing, voluntary and community association organisations that are working together to improve physical and mental health outcomes, promote wellbeing and reduce inequalities across the borough.

As a partnership we are focused on reducing health inequalities, by focusing on not just health but the wider determinants of health, such as housing, education and employment and the vital role that people and communities play in health and well-being.

Reducing health inequalities means giving everyone the same opportunities to lead a healthy life, no matter where they live or who they are.

Prioritising early intervention and prevention rather than treatment, we are looking at ways we can support people and our communities, to live independently and have active, prosperous and healthy lives.

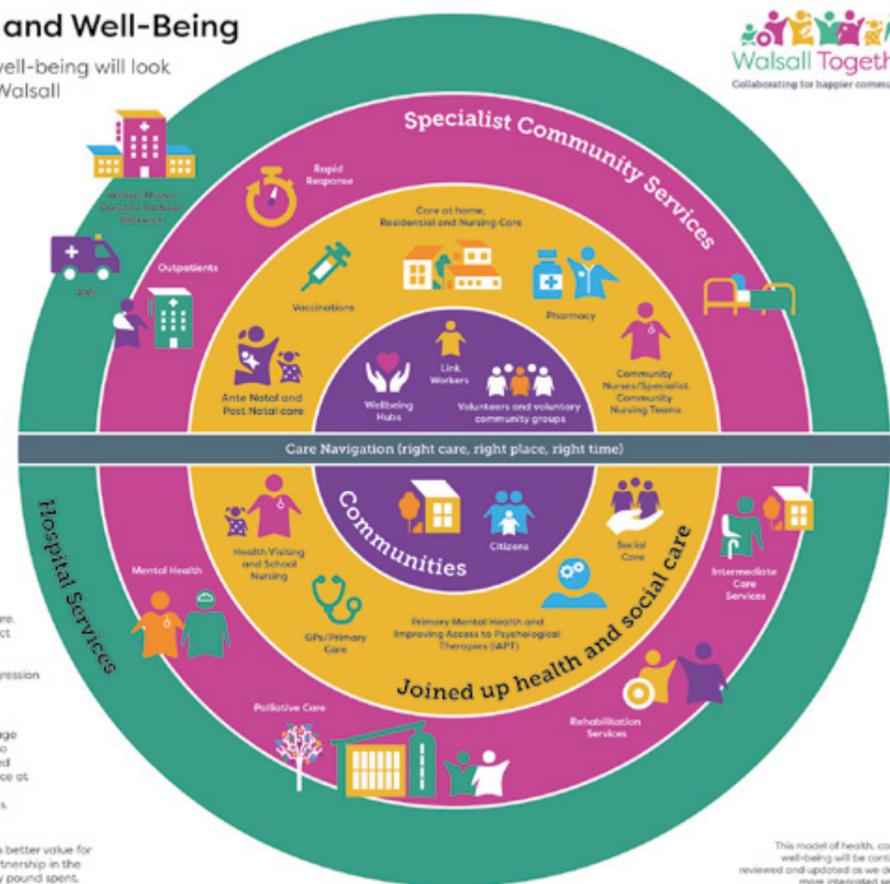
Model of Health, Care and Well-Being

Our vision of how health, care and well-being will look for the people and communities of Walsall

- Local people, patients and communities at the centre of service planning and decision making
- Better access to advice, education and support to help people manage their own health and well-being needs and prevent ill health
- More joined up care and support for physical, mental and social care needs with health and social care, housing, voluntary and community sectors working closely together
- More specialist community services providing care and support at home or as close to home as possible that is usually provided in hospital
- All health and well-being care and support services accessible through care navigation, via phone, online, app or face-to-face.
- People will have more choice and control over the way their care is planned and delivered based on what matters most to them

Making it happen:

- People**
We'll invest in the development and skills of our workforce so they can provide the best possible care. We'll work hard to be employers of choice to attract and retain the right people. We will provide opportunities for all local people through apprenticeship and entry level jobs and build progression routes within and across partner organisations.
- Technology**
We'll use technology to help you access and manage your care, from online consultations with your GP to sharing your care records with the people who need them so you can get the right care in the right place at the right time. We'll ensure digital inclusion, supporting you to make the most of virtual services.
- Money and Estates**
Working even closer together will help deliver even better value for money. We'll use our resources from across the partnership in the best possible way and ensure the best use of every pound spent.



This model of health, care and well-being will be continually reviewed and updated as we develop more integrated services.

Achievements so far

The COVID-19 pandemic brought to the fore the strength of partnership and has undoubtedly had a significant impact on both the health outcomes of the population and the reduced pressure on hospital services. Over the last year, despite the unprecedented challenges, we have successfully implemented many new initiatives.

These include:

- Implementation of a Care Navigation Centre that takes direct referrals from GPs and West Midlands Ambulance Service who have identified someone who is well enough to remain at home, but requires some additional support
- Opened an Integrated Assessment Hub which is staffed by Multi-Disciplinary Teams, providing an alternative to the Emergency Department, for patients who arrive but can be cared for within the community. The inclusion of social care makes it one of the first fully integrated assessment hubs in the country
- Established an Enhanced Quality in Care Team (EQiCT) to support care homes struggling with the challenges of COVID-19 and our most vulnerable residents
- Set up The Saddlers Vaccination Centre with the capacity to deliver 5,000 vaccinations a day if required
- Recruitment of volunteers during the pandemic to support those isolated or shielding with shopping and medication delivery, as well as supporting many local groups and charities with initiatives such as food banks, over the phone befriending services and support at vaccination sites
- Extended mental health support services via phone and online for those struggling with lockdown
- Launch of the Family Safeguarding Model across Walsall – a whole family approach which makes it easy for parents and children to access all the support they need from within one MDT team, to help them deal with the complex issues of domestic abuse, mental health and drug/alcohol abuse that harm their lives and those of their children
- Established weekly Multi-Disciplinary Teams meeting to support people with one or more health or social care needs
- Recruitment of social link workers within Primary Care and Locality Teams and whg
- Recruitment initiative between whg and Walsall Healthcare, combining available entry level job opportunities for people in long-term unemployment, together with whg's expertise with working in communities. Empowers residents with low aspirations to develop their confidence and skills and maximise their chances of success when applying for jobs
- Successful bid for NHS Charities funding (awarded in January) investing in the reduction of health inequalities through the whg Kindness Counts project (reducing loneliness and social isolation), health inequalities engagement, and coproduction training and development for the partnership
- Development of wider resident and community engagement workstreams including whg, Healthwatch, One Walsall and Community Associations
- Holiday Activity and Food Programme (investment of £1.8m from the Department for Education during Easter, Summer and Christmas holidays in 2021 to 14,000 children on Free School Meals)

Reducing health inequalities means giving everyone the same opportunities to lead a healthy life, no matter where they live or who they are.

Integrated Care Provider Contract

As a partnership we currently work under an Alliance Agreement which sets out ways the partnership will work together to deliver sustainable, effective and efficient services without requiring any contractual amendments.

Since the establishment of this agreement the partnership has developed closer working relationships, trust and confidence and we are now ready to take the next steps to formalising Walsall Together through an Integrated Care Provider Contract. An Integrated Care Provider (ICP) contractual arrangement will deliver integrated provision of general practice, wider NHS services (Walsall Healthcare and Black Country Healthcare) and, limited to the existing section 75 agreement, local authority services. Walsall Healthcare NHS Trust will be the Lead Provider.

Formalising this contract will be the next step in enabling us to deliver fully integrated services that meet the needs of our entire population. It will facilitate a move to a whole population budget approach with one provider (Walsall Healthcare NHS Trust) receiving an annual budget based on population size from the Clinical Commissioning Group. The budget will be based on outcomes rather than activity, which will enable more of a focus on prevention rather than treatment. For example, instead of measuring how many hip replacements we do, we will look at the hip health of the population and how we can improve that.

Next steps

Our plans for the future include:

- Development and implementation of a People Strategy for Walsall that covers workforce challenges, health inequalities and integration across the partnership
- Integration with Primary Care Networks (PCNs) including expansion of First Contact Practitioners and agreement on the approach to recruitment of the additional roles outlined in the PCN contract
- Delivery of digital programmes including the Integrated Shared Care Record and Electronic Palliative Care Co-ordination System (EPaCCS) and deployment of the Population Health module
- Implementation of a partnership approach to population health management and reducing health inequalities
- Transfer of Medicines Management functions within the Clinical Commissioning Group to Walsall Healthcare
- Integration of place-based (Walsall borough) mental health provision including Improving Access to Psychological Therapies (IAPT), Primary Mental Health, new roles through the GP Additional Roles Reimbursement Scheme and the Community Mental Health Framework, and Clinical Psychology within the Family Safeguarding Model
- A full, clinically-led programme of redesign for Outpatients/Diagnostics that will look at achieving an ideal balance between virtual and face to face contacts as we move into COVID-19 recovery, and then move to defining a future model of provision with a focus on improving population outcomes and reducing health inequalities

If you would like to find out more about Walsall Together visit www.walsalltogether.co.uk.



Equality, Diversity and Inclusion consultation

“We will have a workplace culture where equality, diversity and inclusion is fully embraced, understood and clearly articulated by all of our staff. We want to ensure that participation, by the people who use our services, enables us to understand and be more responsive to their needs. This includes those people who have the poorest health to help us to improve access to services and reduce differences in health outcomes for patients with a protected characteristic.”

In the summer the Trust launched a consultation around Walsall Healthcare’s Equality, Diversity and Inclusion Strategy.

The purpose of this strategy, which covers 2020-2023, was to set out our organisation’s approach to delivering equality, diversity and inclusion for the benefit of both our patients and our staff who work for the Trust and live in Walsall in line with the aims and objectives of the Equality Act 2010 and the Public Sector Equality Duty

We are working towards an environment where everyone feels included and feels appreciated for the work that they do and where our Trust values of Respect, Compassion, Professionalism and Teamwork are firmly embedded in our organisational culture.

The strategy is vital if our ambition to eliminate unlawful discrimination, harassment, bullying and abuse, whilst working with our partners to reduce the health inequalities that affect so many of our communities in this borough is to be truly realised.

It has four priority themes to enable its delivery which are Governance and mainstreaming of EDI, Inclusive workplace culture, Sustained and meaningful engagement and Accountability, visibility and transparency.

Food for thought revamps our menus

Roast Vegetable Tart, Chicken Tikka Masala and Lamb Pie are just some of the options added to our menus to tickle patients’ taste buds and help them on the road to recovery. Eight new meals were added following feedback via a Food Faves survey that was carried out in the summer and attracted hundreds of responses from patients.

As well as the dishes above, patients are now offered Vegetable Lasagne, Vegetarian Meatballs in Tomato Sauce, Salmon and Dill Bake and Chicken and Mushroom Pie. Around 37% of patients may be at risk of malnutrition when they are admitted to hospital and around 8% of patients may lose 5% or more of their body weight during their time in a care setting.

We carried out the Food Faves survey so we can be sure that when people need to stay in our hospital or be supported by our community services we are offering choices that they will want to eat when they are feeling unwell. Poor appetite also affects patients’ medication and treatment which may not work as effectively. By widening the menu choice we hope this encourages appetites and helps patients in their recovery. Further food choices are being developed and were due to be made available from Spring 2021. Gluten free options are also being explored following survey suggestions.



Well Wishers charity

Well Wishers started 2020, as it does every new year, with a diary full of fundraising events. These included favourites such as a fashion show, boxing match, Trust’s Got Talent and regular craft fairs and musical entertainment.

The charity managed to put on its fashion show in March 2020 but, sadly, this was the last event it was able to stage due to the global Coronavirus pandemic.

The financial impact of the pandemic has obviously been felt across the world – on a local level, here at Walsall Healthcare, it has been devastating for the charity as it has been for charities everywhere.

Well Wishers also had to stop selling books and other items from the Purple Hub, which has been its base for the last five years, as the hospital closed to visitors and all staff worked to minimise the risk of infection and keep everyone as safe as possible.

The charity also had to move out of the Purple Hub to make way for a dispensing Pharmacy service in the Outpatients Department; another consequence of the pandemic. Thanks to money raised through NHS Charities, however, Well Wishers now has its own Fundraising Hub in the main atrium of Walsall Manor Hospital, although it had to temporarily move out to make way for staff running the Hospital Hub vaccination centre.

It has had to evolve into more of a staff health and wellbeing service during this time in order to keep its profile alive and to further foster links with community organisations, businesses and other charities.

The charity team has concentrated on the distribution of donations from the community to staff working on the frontline including staff in critical care and across wards who were unable to leave their work environment because of wearing full Personal Protective Equipment (PPE). As well as food, water and snacks, donations included mask savers to try and minimise the soreness caused by wearing facial PPE, lip balms, and hand creams. A host of groups also made uniform bags for staff.

The charity received numerous rainbow pictures from local children which were distributed across the hospital and community – these have now been used to create a permanent montage and this is on display in the hospital.

Thanks to money raised through NHS Charities, Well Wishers now has its own Fundraising Hub in the main atrium of Walsall Manor Hospital!



Working with NHS Charities

Inspirational fundraiser Captain Sir Tom Moore, aged 100, raised almost £33m for NHS charities by walking laps in his garden. Thanks to his amazing efforts, funds reached the length and breadth of the UK working with 241 member charities.

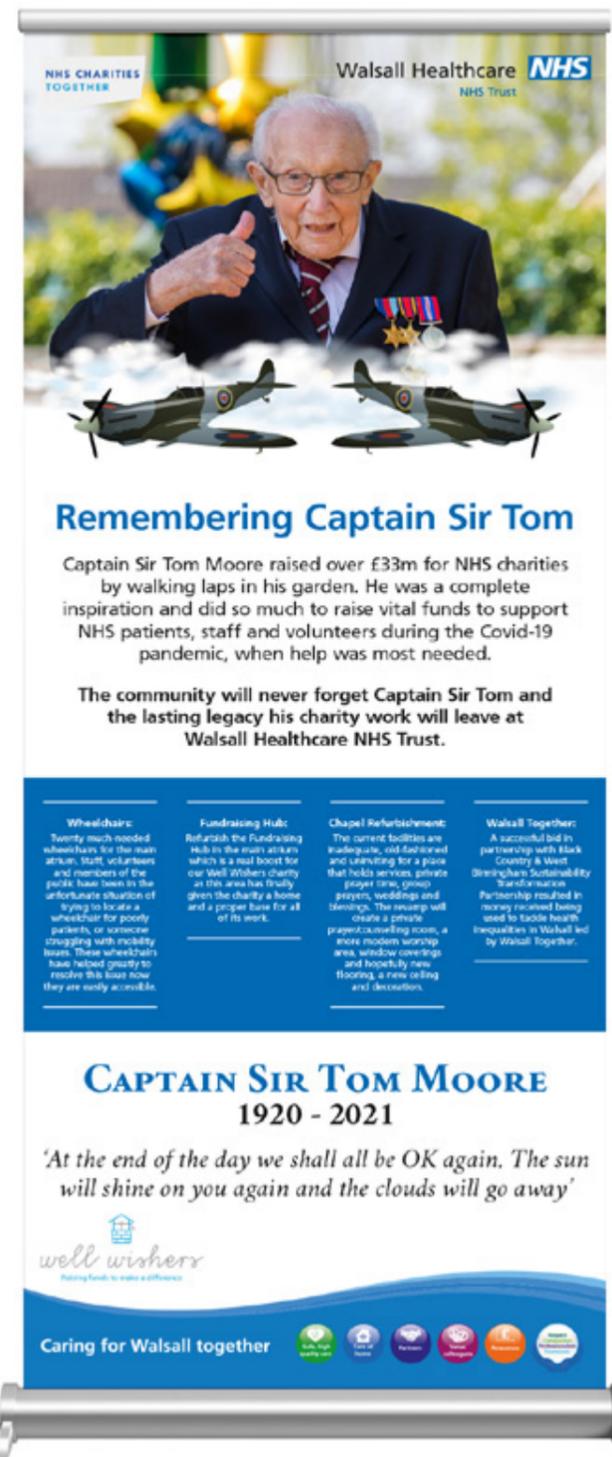
For Walsall Healthcare NHS Trust's Well Wishers charity in particular, we have been able to use these funds in a variety of ways:

- 1. Wheelchairs** - The first sum to benefit the Trust was used to purchase 20 much-needed wheelchairs for the main atrium.
- 2. Fundraising Hub** - The second sum will be used to refurbish the Fundraising Hub in the main atrium which is a real boost for Well Wishers as this area has finally given the charity a home and a proper base for all of its work.
- 3. Chapel refurbishment** - A third and final bid will be used to refurbish our Chapel. This project has been discussed for over 18 months as the current facilities are inadequate, old-fashioned and uninviting for a place that holds services, private prayer time, group prayers and weddings and blessings. The revamp will create a private prayer/counselling room, a more modern worship area, window coverings and hopefully new flooring, a new ceiling and decoration.
- 4. Black Country and West Birmingham Sustainability Transformation Partnership** - Walsall Healthcare through Well Wishers has also been successful in a joint bid with Black Country & West Birmingham Sustainability Transformation Partnership and money received is being used to tackle health inequalities with Walsall Together taking the lead on this borough-wide work.

Want to support Well Wishers?

Contact **Georgie Westley** on 01922 656643 / 07974 616377 or email: georgie.westley@walsallhealthcare.nhs.uk

To donate, please visit: www.justgiving.com/whnhstgcf






Support your healthcare heroes by donating to Well Wishers charity!

All money raised is spent exclusively on making a real difference to patients, their families and the staff that treat them.

To donate, just scan the QR code!
 Or visit: www.justgiving.com/whnhstgcf



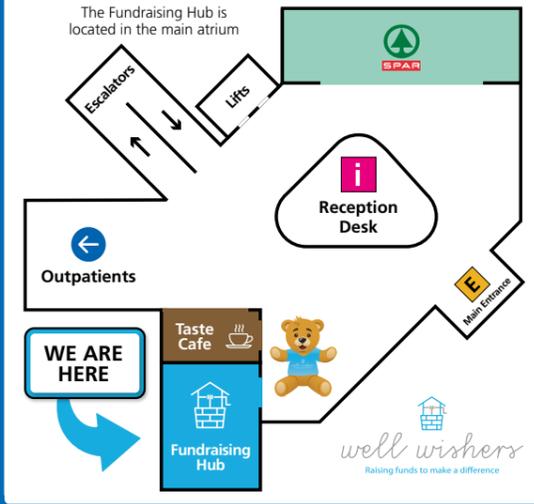

SCAN ME

Come and visit our Fundraising Hub!

Opening Hours:
Weekdays: 9am - 5pm
Weekend: CLOSED

☎ 01922 656643 📞 07974 616377
 ✉ fundraising@walsallhealthcare.nhs.uk

Where to find us:
 The Fundraising Hub is located in the main atrium












Donate

Fundraise

Support

Legacies

Events

Caring for Walsall together



2.2 Performance Analysis

2.2.1 Purpose of Section

This section provides detail on how we measure our performance, and how we have performed against our key performance indicators during the year. It includes:

- How **COVID-19 has impacted** on Performance in 2020/2021, in both a positive and negative way
- An expanded **risk profile**
- How our organisation **measures and analyses performance**
- **Key performance indicators** for the acute hospital, community and finance



2.2.2 Expanded Risk Profile

2020/21 has, without doubt, presented an unprecedented challenge for the NHS. The COVID-19 pandemic has impacted on all levels of NHS business from a clinical, workforce, operational and financial perspective. Identification and management of risks to the achievement of the Trust's strategic objectives are maintained in the Board Assurance Framework. Those risks are referenced in the Performance Overview section at 2.1.2, with COVID-19 having a significant impact on:

Workforce: Our caring and compassionate staff have worked relentlessly during the pandemic to provide continued healthcare provision to the local population. Maintaining sufficient skilled employees to deliver a full range of clinical services is however one of our greatest risks. Increased staffing pressures have been exacerbated by sickness absence, outbreak management and care pathways, directly and indirectly attributable to COVID-19.

To mitigate this risk we continue to think innovatively regarding our workforce models. A Care Excellence Strategy has been developed reflecting the Professional Practice model which offers a structured programme to support achievement in excellence, care outcomes, patient/ public experience and staff experience.

Operational: Demand on acute and community service capacity has been significant throughout each wave of the pandemic and even more so through the winter months and second wave. The Trust had the 7th highest proportion of its hospital beds occupied by COVID-19 positive patients in the country in early November 2020, and consistently one of the highest Critical Care bed occupancy relative to baseline commissioned capacity across the Midlands region during the second and third waves. The achievement of the Emergency Access Standard has been constantly challenging throughout the pandemic due to streaming of patients. Ambulance handover times remained the best in the West Midlands region, however the Trust ended the year with the highest 4-hour Emergency Access Standard performance ranking in its history (14th best performing Trust out of 113 general acute Trusts). The rehabilitation of patients recovering from COVID-19 has also placed a continued pressure on community services.

Managing patient flow, developing and maintaining effective working partnerships through Walsall Together including primary and social care teams and working collaboratively across the wider health system to reduce avoidable admissions to hospital are some of the risk treatment strategies deployed to mitigate this risk going forward.

Finance: The financial environment of the NHS currently carries a significant amount of uncertainty. The Trust needs to be able to secure sufficient funds to meet planned expenditure, maintain or replace vital assets, and be able to reduce expenditure in line with system-wide control totals. The pandemic has offered some benefits in terms of COVID-19 funding allocation specifically provision of much needed critical care medical equipment. Limited capital funding may not be sufficient however to reduce the backlog maintenance, critical infrastructure and mechanical/ engineering risks resulting in the Trust not being able to utilise necessary facilities.

To mitigate, a local and system-wide financial improvement plan was designed to address the financial challenge and deliver financial outturn in accordance with agreed control totals, gradually progressing towards break-even (no surplus or deficit at the year-end).

As we move forward, the greatest risk will be how the NHS recovers from the longer term impact of the pandemic on the health of the population.

2021/22 As we move forward, the greatest risk will be how the NHS recovers from the longer term impact of the pandemic on the health of the population. As we progress into 2021/22, elective activity cancelled during previous waves of the pandemic will be visible in waiting list increases and potentially through poor clinical outcomes. Recovery of this position will be a national focus and the Trust will need to understand the impact of this on our services as we move into the recovery phase. It is expected that this will add to the operational risks already faced by the Trust. The long term impact of sustained workplace pressure within both clinical and non-clinical staffing groups has the potential to exacerbate workforce pressures as the physical and psychological impact of the pandemic is realised.

2.2.3 How Performance is Measured and Analysed

Performance information is subject to regular review at all levels through the organisation to ensure that it is reliable and continues to meet the requirements of the Trust.

The Executive team receives monthly, a full suite of performance data from across the Trust via structured committee meetings. The committees ensure any areas which are starting to be a concern are highlighted and take immediate action to address them. The Board and its committees review a more selective set of data, which enables them to focus on the key areas of strategic performance, together with exception reporting to identify the underlying cause of underperformance and the steps being taken to bring performance back to the required standard

Performance information produced through data systems is regularly triangulated against the Quality elements of care, using qualitative information from sources such as complaints and complements, national and local surveys of patients experience (including the 'Friends and Family' test), and triangulation visits from Board Members, External visits and reviews.

Mismatches are challenged in a variety of forums, and it is a responsibility of the Director of Finance and Performance to ensure that mismatches are explored to ensure that the data reporting systems remain reliable. Performance reporting systems are also subject to regular review by both the Internal and External Audit services.

A further suite of performance data is used as part of the Trusts' Performance Review Process with Divisional and Corporate teams (Accountability frameworks). The Trust has developed the way data is reported and interpreted by introducing statistical process control charts within committees and board reports. These charts highlight statistical fluctuations within data and plot data over time supporting better decision making and moving away from only using traffic light RAG ratings.

As part of the Well-Led work stream within the Trusts Improvement Programme the current accountability framework is under review with plans to refresh from the new financial year. Benchmarking data (including NHSE/I published data, Model Hospital and GIRFT (Getting It Right First Time)) is also routinely included within committee and board reports to further add context to the Trust reported performance. The data used to generate these reports is subject to rigorous, and routine, validation. Performance, Finance, and Investment Committee has provided a forum for the Trust Board to seek additional assurance in relation to all aspects of financial and general performance, including performance against nationally set and locally agreed targets.

2.2.4 Acute Performance

Please note that Statistical Process Charts (SPC) symbols are explained in Appendix 5.1

(a) 4 Hour Emergency Access Standard:

This measures compliance against the national standard of: 95% of patients attending the Emergency Department (ED) should leave the department within 4 hours. The Trust's performance can be seen from July 2019 to March 2021

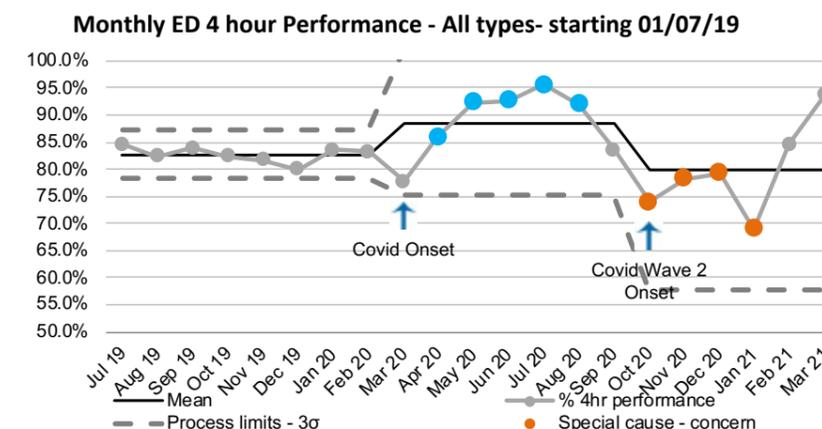
As can be seen above, the COVID-19 pandemic led to significant variations in performance during the 2020/21 financial year, and can be best understood in four distinct periods:

April - August 2020: COVID-19 First Wave and Recovery:

The rapid growth of COVID-19 positive inpatients from zero on 12th March 2020 to 188 on 10th April 2020 necessitated a reconfiguration of wards and new streaming processes. This adversely affected performance, however low hospital ED attendances and occupancy following the first national lockdown contributed to four successive months of performance above 91%. Of particular note, July was the first month on record that the Trust met the 95% constitutional standard.

September - October 2020: Medway Implementation:

The Trust implemented the first phase of its new Electronic Patient Record (EPR) in September 2020 and ED moved to an electronic clinical record for the first time. This temporarily adversely affected performance whilst the service adjusted to EPR



November 2020 - January 2021: Recovery, Second Wave and Third Wave:

After significant work on internal processes and staffing, performance improved in November and December to 78% and 79% respectively. These improvements were impacted by the COVID-19 second wave which led to COVID-19 positive inpatients increasing throughout autumn to a peak of 157 on 10th November 2020. January 2021 saw the COVID-19 third wave result in COVID-19 positive inpatients rising from 114 on 1st January to 268 on 18th January 2021. This extreme increase saw Walsall become the Trust with the highest proportion of COVID-19 positive inpatients in the Midlands, causing extreme pressure on the emergency care pathway.

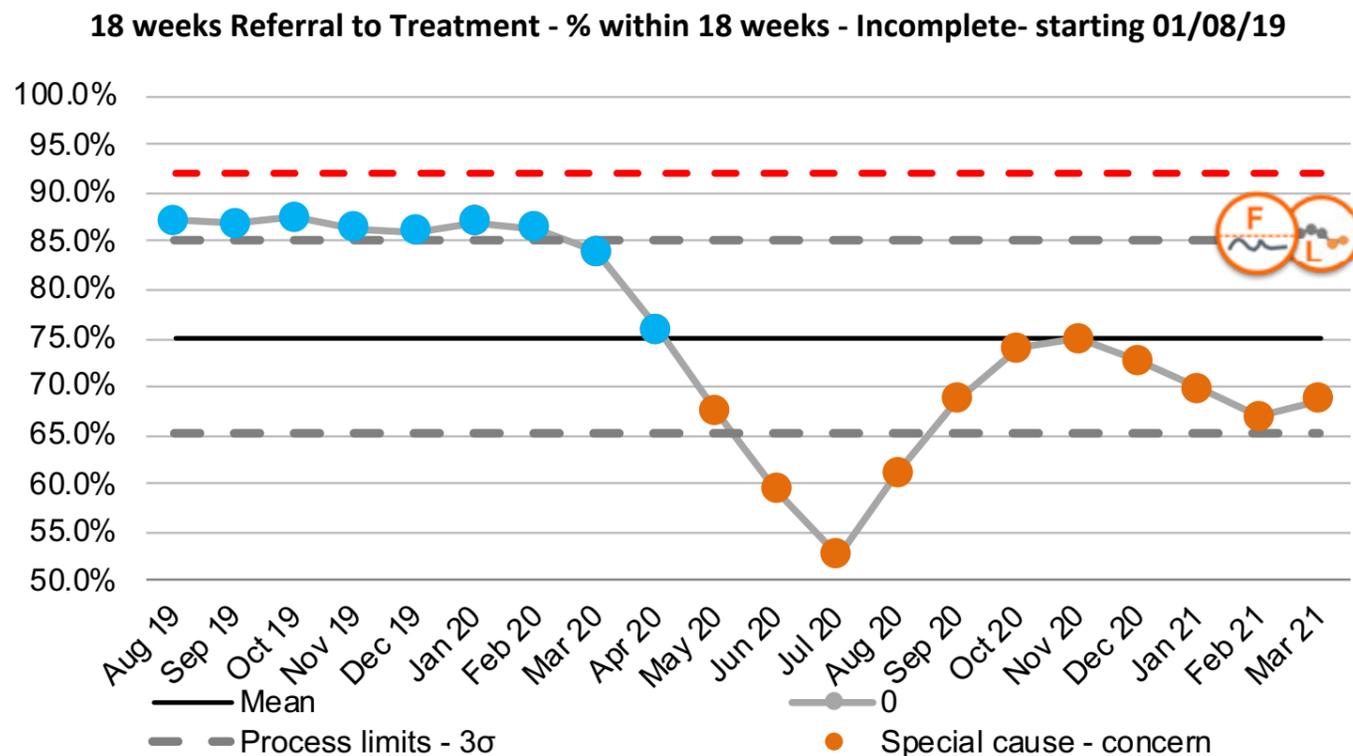
February and March 2021 – Recovery:

As wave 3 subsided, the ED leadership team has driven improvements to processes, staffing, leadership and morale. This has resulted in the highest proportion of patients being triaged within 15 minutes in the organisation's history; the highest proportion of patients seen by a doctor/practitioner within 60 minutes of arrival; and the best ambulance handover times (within 30minutes) in the West Midlands. These improvements have also led to 4-hour Emergency Access Standard performance in March 2021 achieving 93.72% and the Trust being ranked 14th best in the country – the highest national ranking on record.

As the Trust was one of the most affected in the country by the pandemic, we experienced significant variance in performance and national ranking corresponding with the three waves of the virus.

(b) Referral to Treatment:

This measures compliance against the national standard of: 92% of patients should wait no longer than 18 weeks from GP referral to treatment (reported as a month end snapshot).

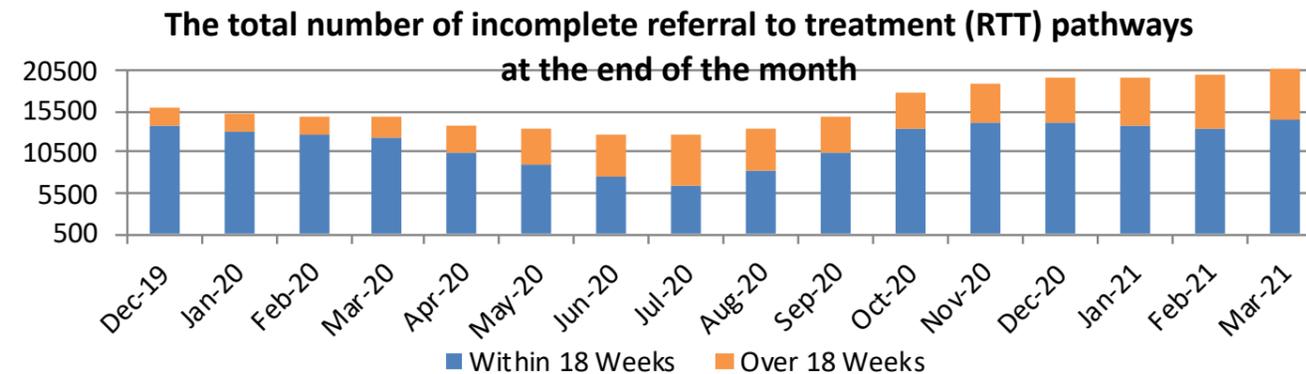


The NHS Chief Executive, issued instructions on 17th March 2020 setting out actions for Trusts in response to the COVID-19 pandemic. Trusts were advised to free up maximum inpatient and critical care capacity, and to assume the postponement of all routine elective activity from 15th April 2020 for a period of at least three months. Waiting lists were reviewed and patients prioritised based on those most urgently requiring surgery. National contracts were quickly mobilised with the independent sector to support elective procedures particularly for cancer and urgent patients. Appointments were converted to video or telephone in place of face to face where possible reducing the numbers of patients attending the hospital.

Clinical staff were redeployed to support COVID-19 Critical Care expansion plans and strengthened emergency care. The reduced level of elective theatre capacity and routine outpatient activity resulted in a decline in 18 weeks referral to treatment performance from February 2020 to August 2020, not only in Walsall but across the country.

Recovery planning started during April 2020 and the Trust established an Executive-led governance structure to safely restore and recover outpatient, diagnostic and elective surgical services. The key tenet of the strategy was the outpatient and day case centre wing of the hospital segregated as a designated elective care (outpatient, diagnostic and surgery/procedures) centre, and the use of virtual or community delivered outpatients maximised wherever possible.

The chart below shows the number of patients waiting at each month end snapshot.

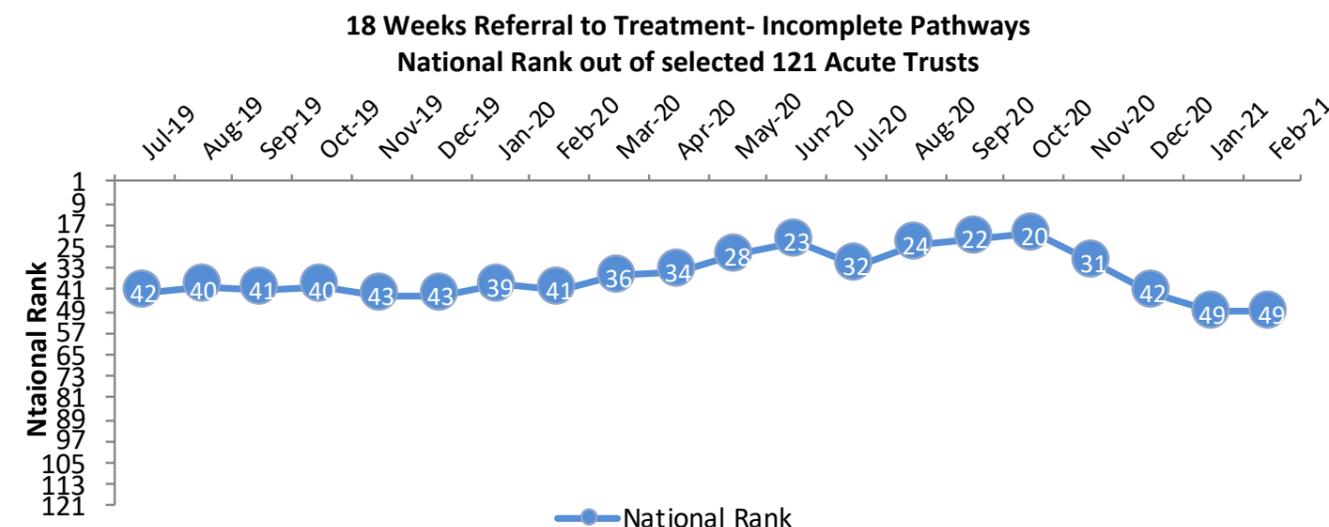


As the first lockdown relaxed, a phased return to elective surgery started. The second surge of COVID-19 over autumn 2020 however exceeded planning parameters of only being at half the level of April's surge. Consequently, the Trust once again reduced routine elective surgery from November 2020 and reduced targeted outpatient clinics as well, to release staff to safely cover non-elective inpatient wards and critical care.

During February 2021 the Division of Surgery developed an elective surgical restoration plan that, over an 8-week period, built in recuperation time through annual leave and psychological wellbeing support for staff that had worked on Critical Care during the pandemic, before material increases in routine elective surgical operating begin.

These plans started on 8th March 2021, and resulted in a return to seven elective operating theatres from May 2021. Patients were prioritised using the Federation of Surgical Speciality Associations national clinical validation of surgical waiting lists framework. Despite cessation of routine elective services during March and April 2020, and reduced elective operating capacity again since November 2020 over the second and third waves, the Trust's 18 week referral to treatment national ranking position remains in the Top 50.

As a result of reduced elective activity, the number of patients waiting 52 weeks or more for treatment has increased. When compared to Trusts within the Midlands region however, the Trust ends the year with the third lowest proportion of its incomplete waitlist over 52 weeks in the Midlands.

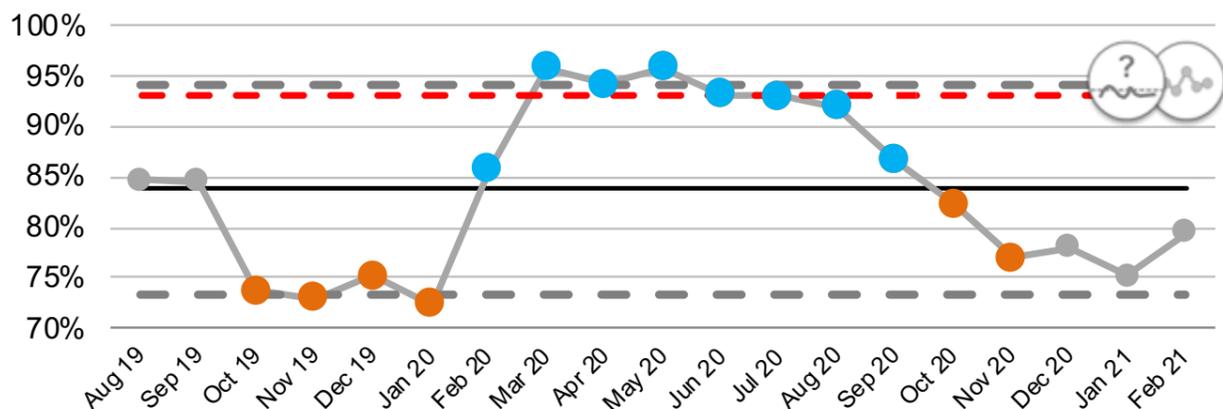


(c) Cancer

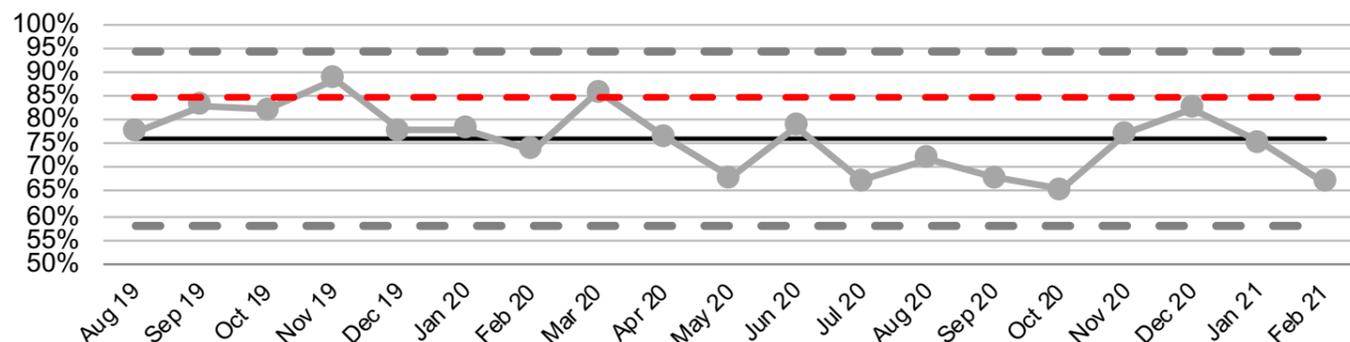
Collaborative working across the region via the West Midlands Cancer Alliance to improve the 2 week wait performance resulted in Walsall receiving increased referrals from out of borough. These have adversely affected 2 week waiting times, particularly for patients with suspected Breast Cancer.

Suspected Cancer performance:

Cancer - 2 week GP referral to 1st outpatient appointment- starting 01/08/19



Cancer - 62 day referral to treatment of all cancers - starting 01/08/19



Although the national directive was to postpone all routine elective activity from 15th April 2020 for a period of at least three months, cancer patients were prioritised for surgery.

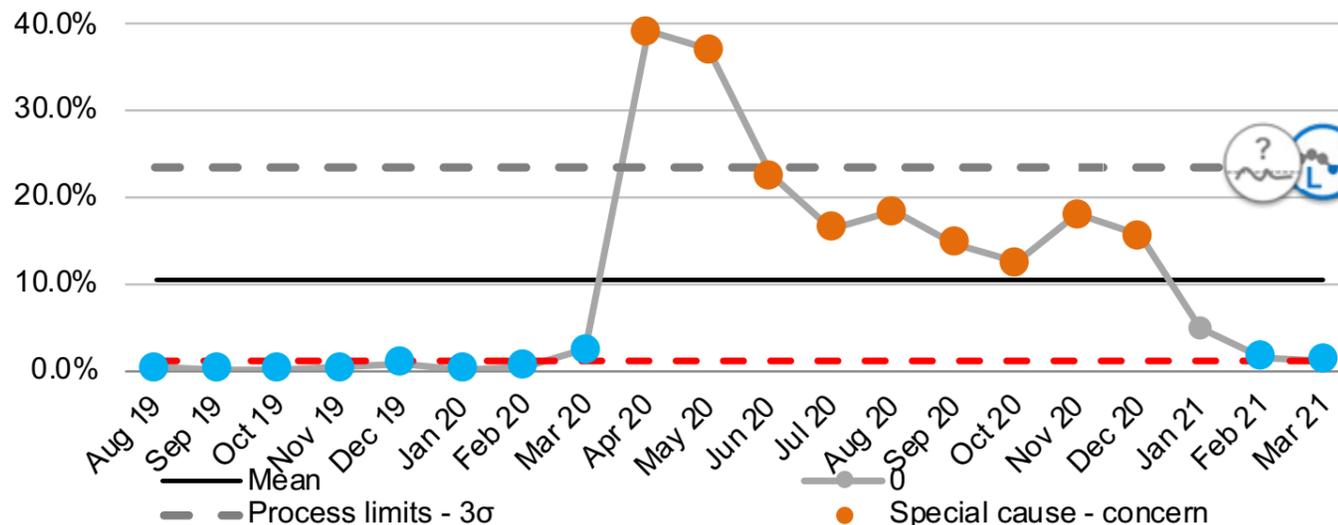
The Trust currently forecasts to have recovered to meet Cancer constitutional standards by late Summer 2021.

Contracts with the Independent sector mobilised quickly which enabled patients to be treated at Little Aston Hospital. Performance was affected however due to insufficient capacity, not only within Walsall but across the region. Despite being below the constitutional standard of 85%, 62 day cancer performance is significantly better than West Midlands Cancer Alliance average performance and is in line with the national average.

(d) Diagnostic (DM01)

This measures compliance against the national standard of: no more than 1% of patients should be waiting 6 weeks or more at the month end for a diagnostic test.

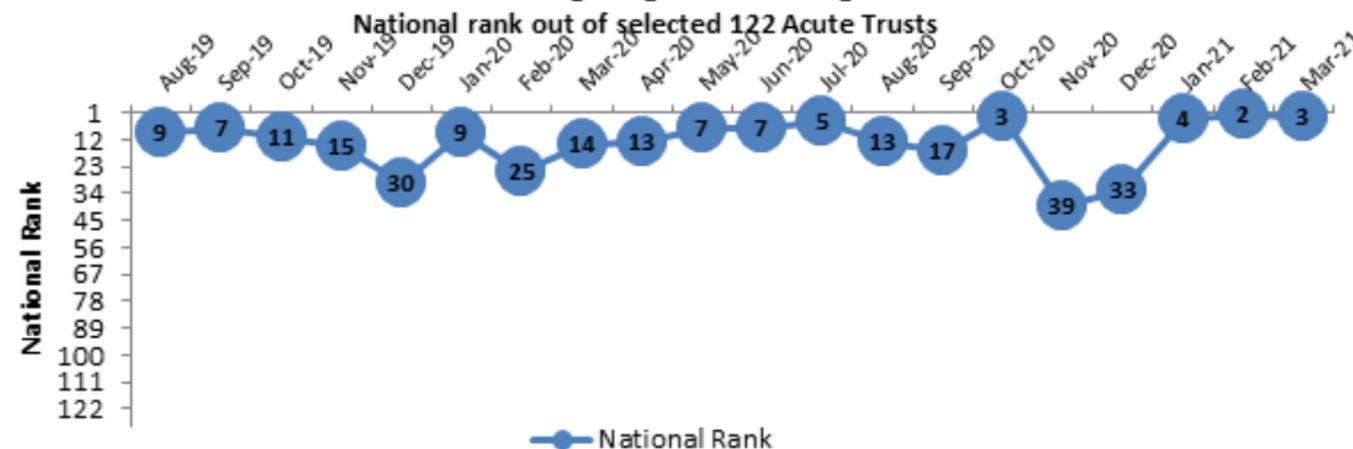
% of Service Users waiting 6 weeks or more from Referral for a Diagnostic Test- starting 01/08/19



Pre-April 2020 the Trust was able to consistently meet this constitutional standard. The COVID-19 pandemic presented a significant challenge to the delivery of diagnostics however, and was detrimental to performance, particularly during wave 1. Restoration and recovery work across diagnostics services started following the first wave of disease and has proved very successful driving an improvement in overall Trust DM01 from 36.99% in May 2020 to 1.12% in March 2021.

Despite cessation of most routine 6 week wait diagnostics during March and April 2020 and the reduction in capacity for routine diagnostics resulting from measures implemented to maintain COVID-19 pathway segregation, the Trust's national DM01 ranking position has performed very well improving to second best in England in March 2021 out of 122 reporting general Acute Trusts.

Performance Benchmarking- Diagnostics Waiting times- 6 weeks



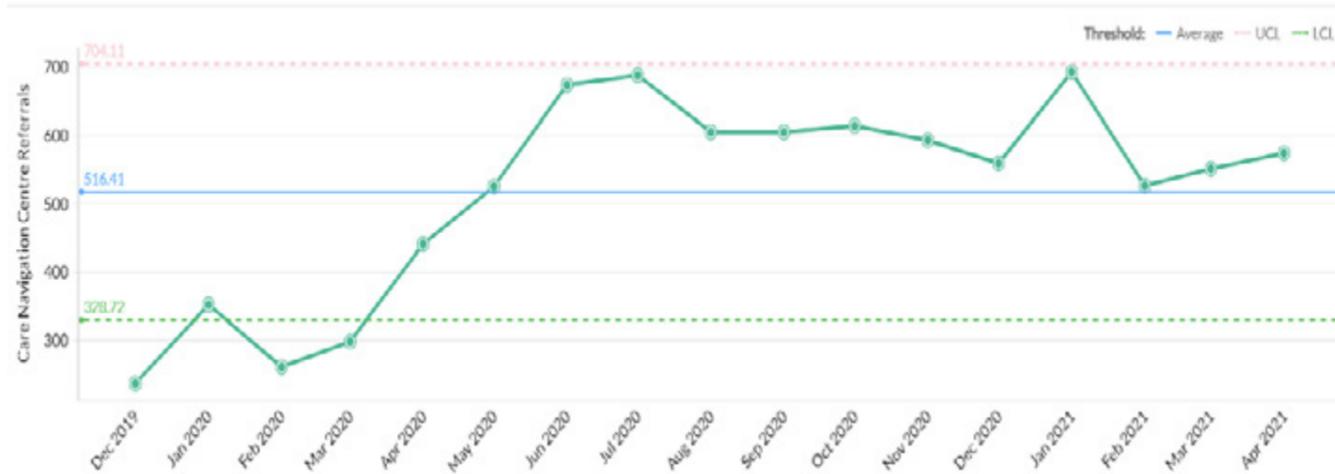
2.2.5 Community Performance

(a) Avoiding Hospital Admission: Care Navigation Centre (CNC)

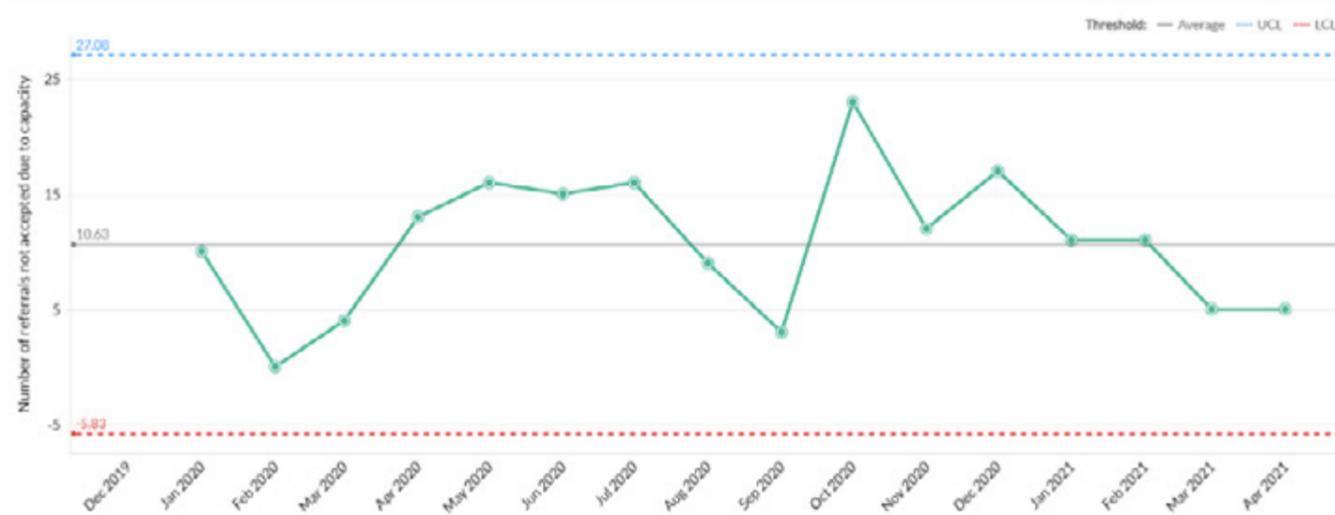
The CNC provides a point of referral for clinical support in the community. It receives calls from health and social care professionals and is able to provide advice and guidance as well as refer patients onto a range of community teams which are able to provide same day support

The CNC has extended its availability and increased the number of calls that it can deal with. It also hosts the 'Safe at Home'(S@H) pathway for patients with COVID-19 who have been discharged from Walsall Manor Hospital with pulse oximetry. They are monitored by the CNC for three times a day for two weeks per patient. Without this service, these people would have remained as inpatients. This specific pathway was established in December 2020 and this service was looking after 66 patients at one point in January. Hours of availability have increased with highest number of calls recorded in January 2021

Care Navigation Centre Referrals



Care Navigation Centre not Accepted due to Capacity



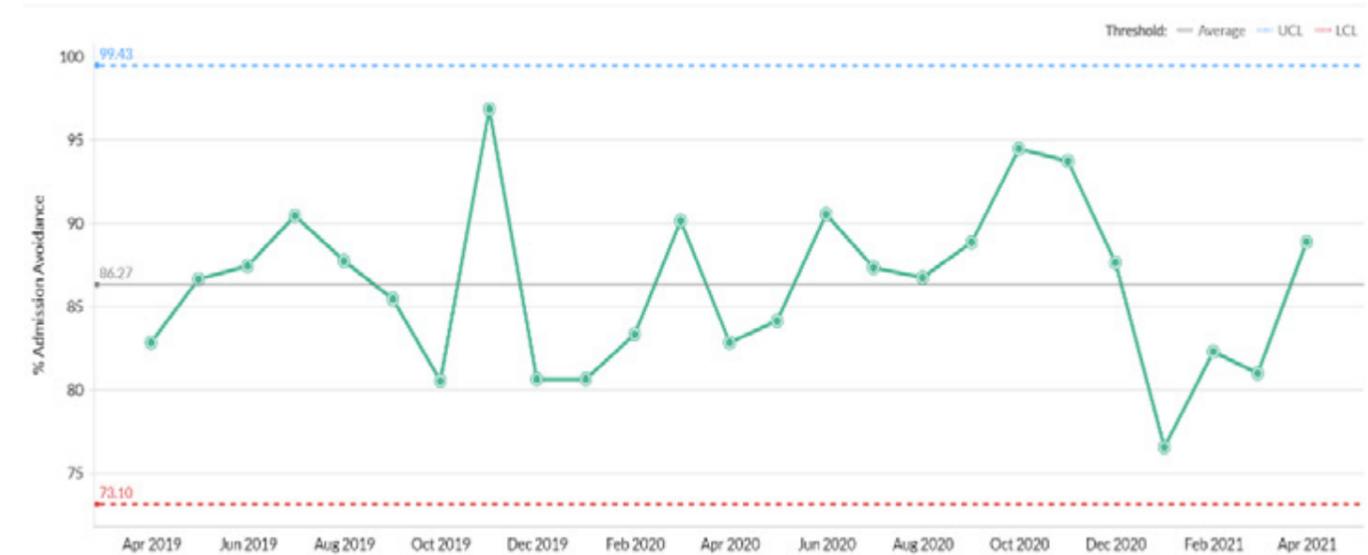
(b) Avoiding Hospital Admission: Rapid Response

The Rapid Response Team deals with referrals from GPs, West Midlands Ambulance Service, Care Homes and Community Nurses for patients who are unwell. If Rapid Response was unable to see them, these patients would have to be sent to hospital for clinical review and potentially be admitted.



Over the last 12 months the service has had over 2,800 referrals and is able to avoid conveyance to hospital in more than 86% of cases. It should be noted that the reduction in Rapid Response numbers is an effect of better and more efficient routing of urgent calls through CNC and also the availability of more urgent pathways within the locality teams meeting urgent need. The admission avoidance effectiveness of the Rapid Response team remains strong

Percentage Admission Avoidance-Rapid Response

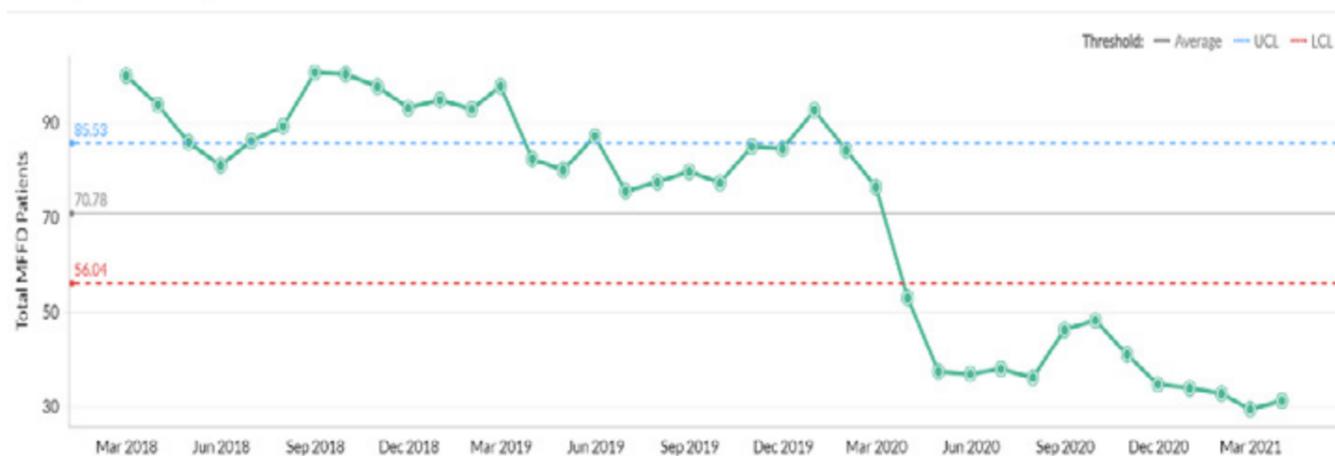


(c) Supporting Hospital Discharge: Medically Stable for Discharge (MSFD) numbers remain low

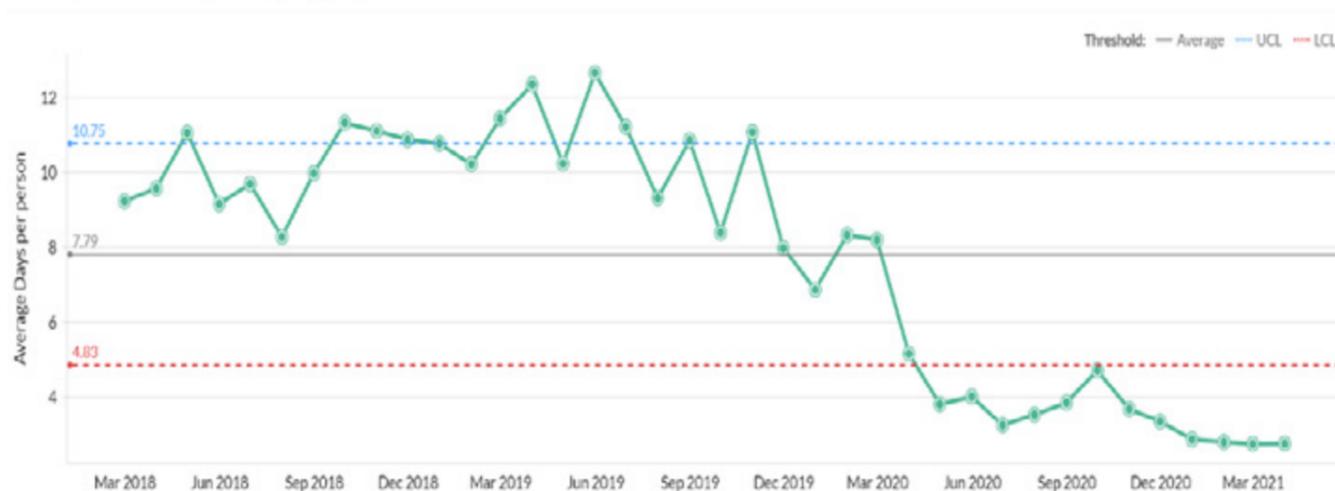
There was a greater focus on hospital discharge during COVID-19 and new pathways and funding agreements meant that the number of people who were in hospital but who could have been cared for elsewhere reduced significantly. The approach now deployed by the wider Walsall Together partnership is so effective that numbers of patient delays and length of stay on the lists is at an absolute low and stable.

This pattern has continued throughout 2020/21 and contributed towards the Manor Hospital’s ability to have beds available for new patient admissions at times of peak demand.

Medically Safe For Discharge - Total Patients



Medically Safe for Discharge - Average days per person

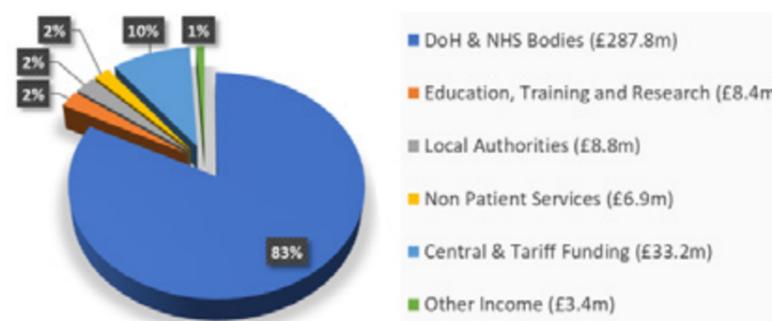


2.2.6 Financial Performance

(a) Summary Financial Performance to 31 March 2021

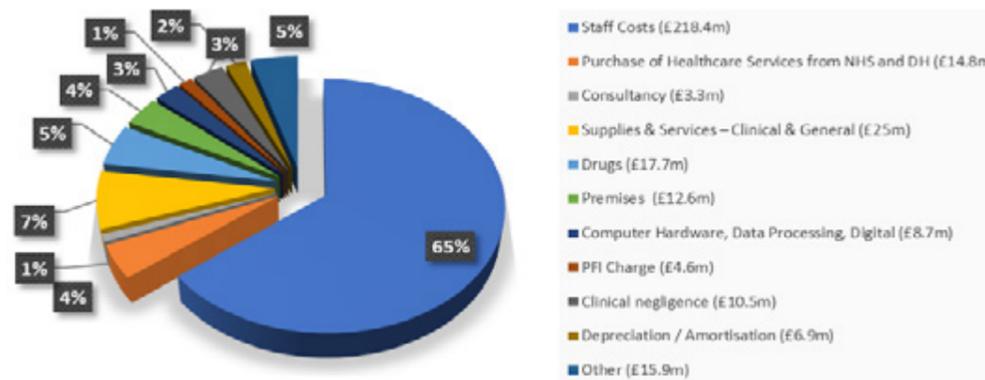
SUMMARY FINANCIAL PERFORMANCE FOR THE YEAR TO 31 MARCH 2021	
Description	£m's
Income	348.5
Expenditure	(338.5)
Operating Surplus	10.0
Interest	(8.9)
Donated assets/consumables	(1.0)
Surplus For The Year	0.1

Income £348.5m



Please note: Examples of other income are trading income, injury cost recovery scheme and training income.

Expenditure £338.5m



Please note: Examples of other income are trading income, injury cost recovery scheme and training income.

Capital Expenditure

What we spent our capital on in 2020/21		
Description	£m's	£m's
Buildings		16.3
Maintenance & lifecycle	6.1	
Urgent & Emergency Care	4.1	
Accident & Emergency Unit	6.1	
Equipment & Other		4.2
Equipment Replacement	3.0	
COVID-19 Equipment	1.2	
IM&T		1.3
IT Development (including mobile technology)	0.6	
COVID-19 related IM&T	0.4	
TOTAL		21.8

(b) Financial Plan 2021/22 (Horizon 1)

Please note:

- For the first six months of 2021/22. The Integrated Care System (ICS) is able to request additional funding to support Elective recovery throughout 2021/22.
- At this time funding for months seven to 12 is yet to be confirmed.

The 2021/22 Financial Plan (Based on initial months)	
Description	£m's
Healthcare Income	157.9
Expenditure (Net Cat C Income)	(157.9)
TOTAL	(0)

(c) Capital Plan 2021/22 (Draft)

2021/22 Capital Plan		
Description	£m's	£m's
Buildings		24.6
Accident & Emergency Department	17.4	
Estate maintenance & lifecycle	3.3	
Critical Infrastructure works	0.9	
Theatre Refurbishment	3.0	
Equipment & Other		2.5
Medical Equipment Replacement	2.5	
IM&T		1.4
Computer Replacement	1.1	
Software	0.3	
TOTAL		28.5

(d) Charitable Funds 2020/21 (Draft)

Income from Donations, Legacies, fundraising etc	£437,000
Investment Income	£6,000
Total Income	£443,000
Total Expenditure	£89,000
Examples of expenditure	
- Urodynamic machine - £17,000	
- Wheelchairs - £11,000	
- Long Service Award Vouchers - £8,000	

The Charity holds funds in excess of £970,000.

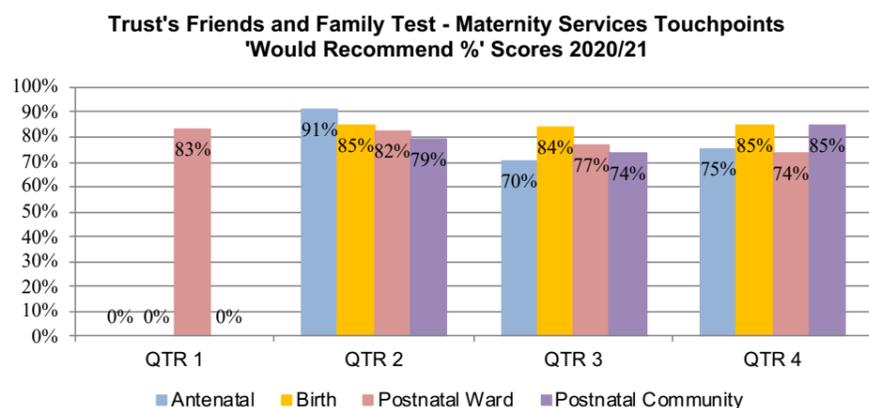
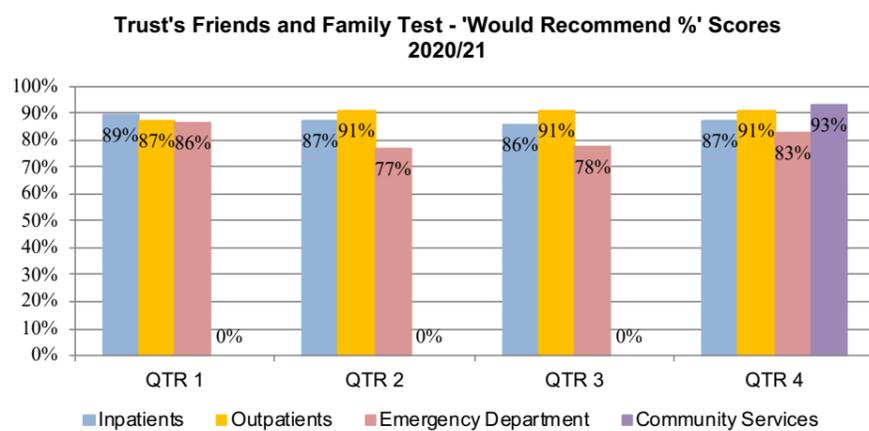
2.2.7 Engagement with Public and Patients

Over the last year, we have progressed further with our work for putting patients and carers' voices at the heart of our services to ensure that the Trust has a co-ordinated approach of 'listening to' and 'learning from' feedback. We have particularly increased patient involvement in production and design of services and clinical units.

Around 88% of patients who used our hospital and community services said they would recommend us to their friends and family if they needed similar care or treatment. This recommendation score is based on over 25,000 Friends and Family Test (FFT) surveys completed by our patients and service users. Our national survey results continued to show improvements and also highlight areas where more work is needed such as communication, patient involvement in decisions about care and treatment, arrangements around discharge and waiting times.

The Trust's overall recommendation figure has seen a slight decrease when compared to the previous year, the number people who have responded to the Friends and Family Test is also lower than the previous year due to the pandemic. The change in methodology, the lower response rate and the temporary national suspension in the Friends and Family Test would explain why our overall recommendation rate is lower.

The chart below shows average FFT results for positive recommendation scores (%) for Emergency Department, Maternity Services, Outpatients and Community Services during 2020-2021. Protected characteristics are not collected currently for the FFT.



As part of the Safe, High Quality Care Improvement Programme there are specific workstreams focused on improving patient experience for patients with a protected characteristic. The Trust regularly carries out customer satisfaction surveys via the FFT and monitors and reports on patient complaints.

These results are disaggregated by the nine protected characteristics and the feedback is used to continuously make improvements.

- Ethnicity:**
 39% of respondents identified themselves as White British, 13% Polish, 10% Black British, 3% Pakistani, 3% Bangladeshi and 7 British Asian.
- Age:**
 23% were aged 31-40, 23% 51-60, 22% 21-30, 10% 41-50, 10% 61-70, 6% 51-60 3% 81plus.
- Religion or belief:**
 42% Christianity, 29% no-religion, 10% Islam, 7% Buddhism, 6% did not specify
- Sexual Orientation:**
 90% Heterosexual, 7% Bisexual, 3% preferred not to say
- Gender:**
 52% Female, Male 42%, 6% did not answer
- Gender re-assignment:**
 58% No, 42% did not say
- Relationship status:**
 3% Married, 15% living with partner, 11% single, 2% did not respond
- Pregnancy:**
 93% were not pregnant at time of making a complaint, 4% were. 3% preferred not to say
- Disability:**
 74% stated no, 26% yes.

Some of the improvements using this feedback include:

- Following a complaint about lack of support for an inpatient with hearing loss, the Trust has purchased six mobile digital interpreting units, called Wordskii on Wheels, or WOW. These units will enable bedside access to a British Sign Language (BSL) interpreter via video conferencing where quick access to an interpreter is needed.
- We have also incorporated learnings around this area into our Equality, Diversity and Inclusion e-learning package, so that staff across the Trust have up-to-date guidance.
- Development of a communications toolkit that will be available digitally in an accessible format to all Trust staff. The toolkit will provide details on how to book and provide an interpreter, in addition to providing staff with some basic information about the communication needs people may have, including a picture, symbol, photo resource which can be used to help staff and patients communicate together.
- The Emergency Department has now allocated two learning disability champions to for patients with learning disabilities who attend the Emergency Department to assist with reasonable adjustments required.
- 2547 patients have benefitted from video calling service to the Trust to help keep patients connected with their loved ones while the hospital is restricted to visiting.
- The Hospital 2 Home Project was launched to help discharged patients who may be in need of extra support when leaving hospital e.g. this could be if the patients has no family or friends to support them when leaving hospital.

Feedback comments themes

Patients positively commented the most about staff attitude, implementation of care, the environment and the clinical treatment. The themes include:

+ Positive		- Negative	
1. Staff attitude	4784	1. Staff attitude	507
2. Implementation of care	2529	2. Environment	399
3. Environment	1774	3. Implementation of care	361
4. Clinical Treatment	1530	4. Communication	359
5. Patient Mood/Feeling	1477	5. Waiting time	314
6. Communication	1255	6. Clinical Treatment	287
7. Waiting time	875	7. Patient Mood/Feeling	252
8. Admission	838	8. Admission	221
9. Staffing levels	283	9. Staffing levels	98
10. Catering	63	10. Catering	35



2.2.8 Diversity and Human Rights

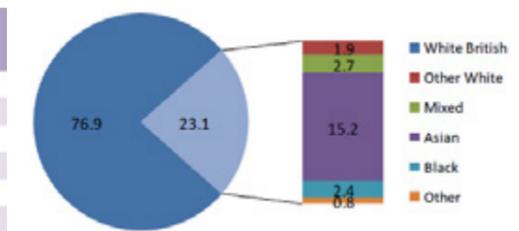
There has been a significant increase in the level of ethnic diversity in Walsall over the past decade. While 'White British' remains the largest single group at 76.9%, the number of residents from a minority ethnic group has risen to almost one in four. This figure of 23.1% residents is an increase on the 14.8% in 2001 (and higher than the 19.5% in England and Wales in 2011).

The largest increase is in people of Asian background, with a rise from 10.4% in 2001 to 15.2% in 2011. Within this group, those of Pakistani background have increased the most to 5.3% of all residents (although Asian Indian remains the largest minority ethnic group at 6.1%).

This change has implications for community cohesion, as some areas have seen major changes in their ethnic composition over a relatively short period of time. Minority ethnic groups are highly concentrated in certain parts of the borough, with some wards experiencing much greater change than the borough average.

The Trust is committed to promoting equality and human rights and valuing diversity in all areas of the Trust. It does this by ensuring that Equality Impact Assessments are integrated into core business ensuring due regard to the aims of the Equality Act at the point when decisions are made. The purpose of an Equality Impact Assessment (EIA) is to improve the work of the Trust by making sure it does not discriminate and that, where possible, promotes equality. The Trust has recently revised its Equality Impact Assessment Framework to ensure that due regard is given to any adverse impact on the nine protected groups. This involves anticipating the consequences of activities on these groups and making sure that, as far as possible, any negative consequences are eliminated or minimised and opportunities for promoting equality are maximised. The requirement to complete an EIA has also been embedded within the Trust's governance processes (e.g. Board and committee report templates).

	2011		2001
	Walsall %	E & W %	Walsall %
White British	76.9	80.5	85.2
All other White	1.9	5.4	1.2
Mixed	2.7	2.2	1.4
Asian	15.2	7.5	10.4
Black	2.3	3.4	1.4
Other	0.8	1.0	0.4



Our Equality Diversity and Inclusion Annual Report sets out how the Trust has met the aims of the Public Sector Equality Duty, including:

- Progress against our equality objectives
 - Activities undertaken to promote equality, diversity and inclusion over the previous year
 - Compliance and governance arrangements for equality, diversity and inclusion
 - Information about our workforce and patient demographics
 - A summary of the results from the Equality Delivery System² self-assessment exercise
- the Trust's commitment to continuous improvement with equality, diversity and inclusion for the benefit of staff and the patient population of Walsall.

The Trust Board Pledge demonstrates the Board's commitment to a zero tolerance approach to inappropriate behaviour in the workplace and treating people fairly, and inclusively. In 2020 the Trust developed a revised EDI Strategy following extensive consultation with staff and patients. This strategy is due to be published in May 2021.

The Trust will be repeating the Equality Delivery System³ exercise in 2021 to ensure that managers undertake an assessment of equality diversity and inclusion in service delivery for the services they are responsible for. During the Pandemic the Trust worked with Walsall for All throughout the pandemic to provide and ensure updated translated material/guidance was shared and accessible on the Trust website.

2.2.9 Counter Fraud and Corruption

In accordance with NHS Standard contract, the Trust has an on-going programme to prevent fraud and bribery and ensure proper use of public funds. The Counter Fraud service at Walsall Healthcare NHS Trust aims to prevent fraudulent activity which threatens this principle. This is supported by the Trust's Counter Fraud, Bribery and Corruption Policy.

2020/21 has provided limited opportunity to actively promote the awareness of fraud and bribery ensuring colleagues are aware of their role and responsibilities with regard to identifying and preventing suspicious activity.

During the pandemic we have continued to proactively identify and prevent fraud, undertaking proactive reviews and working alongside Internal Audit, as well as assisting with the implementation and review of key policies and procedures, in accordance with best practice guidance. Where referrals have been received, the Trust has demonstrated a zero tolerance approach and internal and external investigations have been undertaken where necessary.

We have an annual counter fraud plan which will continue to raise the awareness of fraud and bribery and respond to emerging issues identified nationally and locally by the NHS Counter Fraud Authority, so that appropriate controls are implemented to safeguard public funds as well as meeting the new Government Functional Standard 013. The Trust has implemented recommendations following a review of counter fraud arrangements last year and continues to perform well against this organisational assessment.

2.2.10 Environmental and Sustainability

The Trust recognises that sustainable development is a critical factor in our organisation being able to deliver world class healthcare, both now and in the future. We are therefore dedicated to enabling the creation and embedding of sustainable models of care throughout our operations and to making sure that our operations, and our estates, are as efficient, sustainable and resilient as they possibly can be.

Our plan is challenging, aiming to address our legal obligations and contribute beneficial outcomes to deliver the sustainability vision for the wider Black Country and West Birmingham Integrated Care System.

For the plan to be successful it requires everyone within the organisation to work collaboratively with other partners whose services impact all facets of healthcare provision. This includes clinicians looking at care pathways, procurement for goods and services, and finance to where investment is needed in order to meet standards and generate efficiencies.

Areas of focus are aligned with the elements of the Sustainable Development Assessment Framework in order to simplify the tracking and reporting process.

This includes:

- Corporate Approach
- Asset management and utilities
- Travel and logistics
- Climate adaption
- Capital projects
- Green Spaces and Biodiversity
- Sustainable care models
- Our People
- Sustainable Use of Resources
- Carbon/GHGs

As each green area of focus has different aspects that can be applied to different areas of the organisation, where appropriate each area will be aligned and assessed in its applicability to the Trust considering four cross cutting themes of:

- Governance and Policy,
- Core Responsibilities,
- Procurement and Supply Chain,
- Working with Patients, Staff and Local Communities.

As a Trust we aspire to use energy efficient equipment for all our organisational assets where it is practicable to do so. This includes large assets; such as buildings and critical operational plant and equipment e.g. boilers or chiller plants, through to smaller assets such as mobile clinical equipment or computers, mobile assets, and equipment used in the community.

We are working with our PFI Partners and are focussed on the continual reduction of operational resource use, and running costs of essential utilities such as water, electricity, gas and fuel oil, which can also provide opportunities for cost reductions. We will be continually monitoring and reporting on utility consumption data and the associated CO2e emissions. We will assess and endeavour to implement any recommendations relating to environmental impacts during maintenance and capital upgrades of the Trust's assets and utilities. Prioritisation will be given where upgrades, replacement or removal of assets and utilities can improve energy efficiency.

It is an ambition that future asset purchases/leases will include an energy evaluation at business case stage, especially for ICT and items of medical and other equipment.

We are looking to work with other partners and in the future, a communication strategy for sustainability, aligned with the Trust's corporate communications strategy, will be employed.

It is likely to include:

- Internal communications e.g. newsletters, internal magazines, champions networks etc.
- External communications e.g. trade bodies, awards, industry journals, case studies etc.

In support of the environmental agenda, the Trust is a part of the Black Country and West Birmingham Integrated Care System that has created an active sustainability network with leads from each partner organisation. It is the intention that our participation in this network will assist in collaboration to foster group learnings and potential opportunities to develop efficiencies of scale.



Part 3: Accountability Report



3.1 Corporate Governance Report

3.1.1 Directors Report

3.1.1.1 The Trust Board

The Trust Board is responsible for overseeing our strategy, managing strategic risks, providing leadership and accountability, and for shaping our culture. Our Executive Team has delegated authority from the Board for the operational and performance management of clinical and non-clinical services of the Trust.

The Trust Board met ten times in public in 2020/2021, with the agenda and papers available on the Trust website ahead of each meeting. Meetings were held virtually via Microsoft Teams from April 2020 due to COVID-19 restrictions, and public meetings were advertised for virtual attendance from September 2020. In addition, the Trust Board took part in nine development sessions which included discussions on the accountability framework and governance review; Emergency Department new build; Freedom To Speak Up; equality, diversity and inclusion; the roadmap to Integrated Care Provider status; restoration and recovery; and health inequalities.

The Trust Board held its Annual General Meeting virtually on 29th September 2020.

3.1.1.2 Trust Board Composition

The voting membership of the Trust Board is comprised of the Chair, six Non-Executive Directors and five Directors. Each voting member has equal voting rights. The Trust Board is supported by three Associate Non-Executive Directors and four Directors who are non-voting but fully participate in discussion and debate.

Non-Executive Directors are not employees of the Trust and are appointed to provide independent support and challenge to the Trust Board. Executive Directors are responsible to the Trust Board for the delivery and performance of services within their portfolios. All Directors are required to comply with the Trust's conflict of interest policy and declare any actual or potential conflicts of interest.

Ms Danielle Oum was the Chair of the Trust from 1 April 2020 until 28 February 2021. From 1 March 2021, Professor Steve Field CBE became the joint Chair of Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust. Mr Junior Hemans also joined the Trust Board in the 2020/21 year, and both he and Professor Steve Field received a full and tailored induction.

Mr Richard Beeken was the Chief Executive of the Trust, and the Accountable Officer to Parliament until 31 January 2021 when he was seconded to Sandwell and West Birmingham NHS Trust. From 1 January 2021 to 31 March 2021 Daren Fradgley was acting Chief Executive and Accountable Officer to Parliament. From 9 April 2021, Prof David Loughton was appointed as the Interim Chief Executive Officer and Accountable Officer to Parliament.

The names of the Directors of the Trust from 1 April 2020 to 31 March 2021, together with their biographies, tenure, board attendance and interests on the register of interests appear on the following pages. The individuals in the table form the composition of the Trust Board and have authority and/or responsibility for directing or controlling the major activities of the Trust during the year.

In addition to the interests of members set out below, the register of interests is also available on our public website and can be found by using the following link: www.walsallhealthcare.nhs.uk

The register is updated as interests are declared at least annually and is reviewed by the Audit Committee and the Trust Board.

Professor Steve Field, CBE FRCP FFPH FRCGP

Chair of the Board (voting)

Chair of Board of Trustees

Chair of Nominations and Remuneration Committee



Appointed: 1st March 2021
Current Term: 1st March 2021 to 1st March 2022

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

Steve was the Chief Inspector of General Practice, Primary Medical Services and Integrated Care at the Care Quality Commission (CQC). He has held several Board positions in the NHS including, Non-Executive Director at University College London Partners Academic Health Science Partnership Board, Deputy National Medical Director at NHS England, Regional Postgraduate Dean for NHS West Midlands, and Chairman of the Government's Inclusion Health Board. He also held the position of Chairman of The Royal College of GPs, and has been a faculty member at the Harvard Macy Institute of Harvard University in the USA.

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

Board Attendances in 2020/21: 1/1

Declaration of Interests:

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

Mr John Dunn

Vice Chair of the Board

Non-Executive Director (voting)

Chair - Performance, Finance and Investment Committee

**Appointed:** February 2015**Current Term:** 4th March 2021 to 3rd March 2022

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 British Telecom was as Managing Director - Openreach. As Managing Director, 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.

Mr Dunn chairs the Trust's Performance, Finance and Investment Committee, and is a member of the Audit Committee, Remuneration Committee, and Board of Trustees.

Board Attendances in 2020/21: 10/10**Declaration of Interests:**

- Non-Executive Director, Royal Wolverhampton NHS Trust

Mrs Anne Baines

Non-Executive Director (voting)

Chair - Walsall Together Partnership Board

**Appointed:** July 2018**Current Term:** 13th December 2020 to 13th December 2022

Mrs Baines has had over 40 years' experience within the NHS in the West Midlands. Before taking semi-retirement in 2017 she had spent the last 15 years in and around Board level roles in both providing and commissioning roles covering strategy, business development and transformation, communications and HR. She was the Director of Strategy at Walsall Healthcare NHS Trust from 2010-2014 and is happy to have returned as a Non-Executive member as she has fond memories of the Trust and colleagues working there.

Mrs Baines was appointed by the Trust and partners in September 2019 as the Chair of Walsall Together Partnership, which is hosted by the Trust and is developing greater collaborative working on the journey to becoming an Integrated Care Partnership. Mrs Baines is also a member of the Performance, Finance and Investment Committee, the Audit Committee, the Remuneration Committee and the Board of Trustees. Mrs Baines is also the Non-Executive Director lead for Palliative Care.

Board Attendances in 2020/21: 10/10**Declaration of Interests:**

- Director/Consultant at Middlefield Two Ltd
- Associate Consultant at Provex Solutions Ltd

Mrs Pamela Bradbury

Non-Executive Director (voting)

Chair - Quality, Patient Experience and Safety Committee



Appointed: 1st December 2018
Current Term: 1st December 2020 to 30th November 2022

Mrs Bradbury was a Registered Nurse for 40 years and worked in the NHS for the majority of her career, she spent four years as Nursing Officer at the Department of Health, providing professional advice on policies related to improving access to Primary Care, including the development of nurse led services to include NHS walk-in centres and NHS Direct.

Mrs Bradbury is well known in her field for challenging existing practice to improve outcomes and experience for individuals and has been recognised for her contribution to developing integrated, patient focused services.

Since retirement Mrs Bradbury has continued to champion the voice of local people and spent five years as Chair of Healthwatch Dudley and Committee Member of Healthwatch England and People Champion at the NHS Leadership Academy.

Mrs Bradbury is Chair of the Quality, Patient Experience and Safety Committee and a member of the People, Organisation and Development Committee, the Audit Committee, Remuneration Committee and Board of Trustees.

Mrs Bradbury is also the Non-Executive lead for safeguarding.

Board Attendances in 2020/21: 10/10

Declaration of Interests:

- Dudley Group Foundation Trust – COVID-19 vaccination bank
- Partner, Dr George Solomon is a Non-Executive Director at Dudley Integrated Health and Care Trust

Mr Ben Diamond

Non-Executive Director (voting)



Appointed: 1st October 2019
Current Term: 1st October 2019 to 30th September 2021

Mr Diamond retired from the Fire Service in 2019 after a career working in emergency response and senior management positions throughout the West Midlands.

During his time with emergency services, he developed many innovative partnerships, focussing on prevention of incidents and ill health including work to help address health inequalities in the city of Coventry.

Mr Diamond is a member of the People & Organisational Development Committee, Quality, Patient Experience and Safety Committee, Walsall Together Partnership Board, Remuneration Committee, and Board of Trustees.

A strong advocate for the wellbeing of our colleagues, Mr Diamond is our Trust's Wellbeing Guardian and lead for Freedom to Speak Up and Health Inequalities.

Board Attendances in 2020/21: 10/10

Declaration of Interests:

- Director of the Aerial Business Ltd.
- Volunteer at Gracewell of Sutton Coldfield Care Home
- Partner - Registered nurse and General Manager at Gracewell of Sutton Coldfield Care Home
- Volunteer Vaccinator with St John's Ambulance

Mr Junior Hemans

Non-Executive Director (voting)
Chair - People and Organisational Development
Committee

Appointed: 1st February 2021
Current Term: 1st February 2021 to 31st January 2023



Mr Hemans has significant years of experience within the public and voluntary sectors. He previously worked for the Housing Corporation for ten years as a regulation manager and as a consultant for PricewaterhouseCoopers for ten years, and is a Non-Executive Director at the Royal Wolverhampton NHS Trust.

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

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

Mr Hemans chairs the People and Organisational Development Committee, and is a member of the Audit Committee, Remuneration Committee and Board of Trustees.

Board Attendances in 2020/21: 2/2

Declaration of Interests:

- Non-executive Director - Royal Wolverhampton NHS Trust
- Visiting Lecturer – University of Wolverhampton
- Director – Libran Enterprises (2011) Ltd
- Chair/Director - Wolverhampton African Caribbean Resource Centre
- Chair - Tuntum Housing Association (Nottingham)
- Company Secretary – The Kairos Experience Ltd.
- Member – Labour Party
- Mentor – Prince's Trust

Mr Richard Beeken

Chief Executive Officer (voting)
1 April 2020 to 31 January 2021

Appointed: February 2018
Seconded to Sandwell and West Birmingham Hospital NHS Trust on 1 February 2021



A graduate of the NHS Management Training Scheme and the NHS Top Leaders Programme, Mr Beeken has extensive NHS Leadership experience, having been an executive director since January 2005. As Chief Executive at Wye Valley NHS Trust, Richard led the organisation out of special measures.

He was previously Delivery and Improvement Director for NHS Improvement West Midlands, Interim Chief Executive at Worcestershire Acute Hospitals NHS Trust, and most recently was the Chief Operating Officer for University Hospitals of North Midlands NHS Trust.

Board Attendances in 2020/21: 8/8

Declaration of Interests:

- Spouse, Fiona Beeken is a Midwifery Lecturer at Wolverhampton University

Mr Daren Fradgley

Director of Integration/Deputy CEO (voting)



Appointed: January 2016
Acting Chief Executive from 1st February 2021 to 31 March 2021

Mr Fradgley joined the Trust after holding numerous operational and director posts at West Midlands Ambulance Service NHS Foundation Trust (WMAS). A paramedic by background he joined WMAS in 1994 on frontline operations initially in the Black Country and then Birmingham before moving to the Emergency Control Rooms in 2005. He then went on to manage the Trust Performance Improvement team including informatics and Business Intelligence team. In 2013 he became the A&E Operations Director before moving to NHS 111.

Board Attendances in 2020/21: 10/10

Declaration of Interests:

- Director of Oaklands Management Company
- Spouse, Helen Willan, is Systems Manager at West Midlands Ambulance Service
- Clinical Adviser NHS 111/Out of Hours
- Non-Executive Director at whg (Walsall Housing Group)

Mr Russell Caldicott

Director of Finance and Performance (voting)



Appointed: July 2015

Mr Caldicott lives locally and has in excess of 20 years' experience of working within the NHS in a number of Senior Finance roles. He previously worked in a large teaching hospital, with this experience complemented through working within the Private Sector and Local Authority. A Qualified Accountant and graduate of the University of Birmingham Masters of Business Administration (MBA) degree programme, he is an active member of the University Alumni and a keen advocate of continuing professional development, occupying the role of Executive on the Board of the West Midlands Healthcare Financial Management Association (HFMA) providing support and opportunities for development to the finance teams located throughout Central England.

Mr Caldicott is the Executive Lead for the Audit Committee, the Performance, Finance and Investment Committee, and the Charitable Funds Committee.

Board Attendances in 2020/21: 10/10

Declaration of Interests:

- Member of the Executive for the West Midlands Healthcare Financial Management Association (HFMA)

Mr Ned Hobbs

Chief Operating Officer (voting)

**Appointed:** June 2019

Mr Hobbs graduated from the University of Nottingham with a first class degree in Pure Mathematics before joining the NHS Graduate Management Training scheme in 2008 in the West Midlands region. He completed his Masters in Health & Public Leadership from Birmingham's HSMC in 2011 and has carried out a variety of operational management roles – predominantly in the acute hospital sector and within mental health.

Mr Hobbs' previous role was as Director of Operations for the Division of Surgery, Women & Children at Dudley Group NHS Foundation Trust where he delivered the fifth best elective 18-week Referral to Treatment waiting times in the country.

He has a passion for clinical leadership, having written his dissertation on this subject, and has lectured to medical students and doctors in training on leadership in the NHS. He also has a keen interest in quality improvement and the use of comparative clinical outcome measurements to improve patient care.

Since joining the Trust Mr Hobbs has led its operational services to deliver waiting times that are in the best quartile nationally for access to Diagnostics (6 week wait DM01) and elective treatment (18-week Referral to Treatment standard), and significantly improved Emergency Care access performance too.

Board Attendances in 2020/21: 10/10**Declaration of Interests:**

- Father – Governor Oxford Health FT
- Sister in Law – Head of Specialist Services, St Giles Hospice

Dr Matthew Lewis

Medical Director (voting)

**Appointed:** October 2018

Dr Lewis was previously Consultant Gastroenterologist at Sandwell & West Birmingham Hospitals NHS Trust, where he was also a Divisional Director. As Medical Director at Walsall Healthcare NHS Trust, his key areas of focus are to further develop our service integration with primary care and other hospitals, to improve medical engagement in quality governance and patient safety and to better link service plans to medical workforce plans.

Dr Lewis is the Executive Lead for the Quality, Patient Experience and Safety Committee, the Trust's Caldicott Guardian and executive for Mental Health. Patient safety, quality of care and clinical research are key priorities for Dr Lewis in ensuring that our clinical outcomes for patients are of a high standard.

Board Attendances in 2020/21: 9/10**Declaration of Interests:**

- Spouse, Dr Anne Lewis, is a partner in general practice at the Oaks Medical, Great Barr
- Director of Dr MJV Lewis Private Practice Ltd.

Mrs Ann-Marie Riley

Director of Nursing (voting)



Appointed: Interim from March 2020, and substantively in post from December 2020

Mrs Riley joined the Trust from Nottingham University Hospitals (NUH) where she was deputy Chief Nurse. A resident of the Black Country, Ann-Marie has a clinical background in Critical Care and has worked in senior nursing positions in the Birmingham and the Black Country. At Nottingham she supported the oversight of the Magnet Programme Office and the achievement of NUH becoming the only organisation in the UK to hold Magnet recognition.

Mrs Riley is an experienced leader with a passion for supporting the development of positive practice cultures and delivery of care excellence. She has implemented some award-winning innovative ideas such as #NUHmemorymenu as well as being one of the key people behind the international #endPJparalysis campaign.

Board Attendances in 2020/21: 9/10

Declaration of Interests:

No interests to declare

Non voting members of the board:**Mr Paul Assinder**Associate Non-Executive Director (non-voting)
Chair - Charitable Funds Committee

Appointed: 1st October 2019
Current Term: 1st October 2019 to 30th September 2021

Mr Assinder was appointed to the post of Chief Executive Officer of Dudley Integrated Health & Care NHS Trust in March 2020. He has enjoyed a long career as one of the most respected finance professionals working in healthcare in the UK. He was elected as National President of the Healthcare Financial Management Association (HFMA), the leading professional body for finance staff working in UK healthcare, in December 2009 and has more than 25 years' experience at board level in both the public and commercial sectors. Doubly qualified as an accountant, with a university background in both economics and management, he trained and worked with Ernst & Young Co in the UK after graduation, before specialising in the healthcare and technology sectors.

Mr Assinder is a graduate of the Senior Managers Course at Insead (French Business School) and was one of the first finance directors to be selected to join the elite NHS Top Leaders Programme in 2010. Paul has a broad portfolio of financial and business experience most recently as European CFO of the US transformational genomics provider Nant Health Inc. In the local NHS, he has advised policy makers on transformational change through the NHS STP Programme and has also served as Director of Finance and Deputy Chief Executive of Dudley Group NHS Foundation Trust. Before that he held similar positions at Sandwell & West Birmingham Hospitals NHS Trust, Birmingham City Hospital NHS Trust and a number of other board-level appointments in the NHS and private sector. He is committed to the development of the next generation of healthcare leaders and held the position of Senior lecturer at the University of Wolverhampton Business School and with others, founded the MBA qualification in Business & Finance for the HFMA Academy, in 2017.

Mr Assinder chairs the Trust's Charitable Funds Committee, and is a member of the Audit Committee, the Performance, Finance and Investment Committee, the Remuneration Committee and Board of Trustees.

Board Attendances in 2020/21: 10/10

Declaration of Interests:

- Chief Executive Officer - Dudley Integrated Health & Care Trust
- Director of Rodborough Consultancy Ltd.
- Governor of Solihull College & University Centre
- Honorary Lecturer, University of Wolverhampton
- Associate of Provex Solutions Ltd.

Mrs Sally Rowe

Associate Non-Executive Director (non-voting)



Appointed: 1st April 2019
Current term: 1st April 2019 to 31st March 2022

Mrs Rowe has been a qualified social worker for 30 years, working across children's and adults services in different types of local authorities and in frontline and management roles. She has also spent time as Her Majesty's Inspector of Local Authorities and a senior manager within Ofsted. She is now Director of Children's Services and Customer Engagement for Walsall Council and a Board Member of the Association of Directors of Children's Services.

Mrs Rowe is also member of the Walsall Together Partnership Board, the Remuneration Committee and the Board of Trustees.

Board Attendances in 2020/21: 4/10

Declaration of Interests:

- Executive Director Children's Services - Walsall MBC
- Trustee of the Association of Directors of Children's Services

Mr Rajpal Virdee

Associate Non-Executive Director (non-voting)



Appointed: 1st October 2019
Current term: 1st October 2019 to 30th September 2021

Mr Virdee has in excess of 30 years of being involved in both the public and voluntary sector; initially, a social worker rapidly moving through to senior management in Dudley Social Services and latterly at Birmingham Social Services.

He has extensive experience with health care bodies, in the capacity of a Non-Executive Director, which included East Birmingham Primary Care Trust, Walsall Primary Care Trust and Walsall Clinical Commissioning Group.

Amongst his many achievements as a Non-Executive Director include, the development of Castle Vale Health Care Centre, Pelsall Medical Health Centre and Walsall Hospice where he was the Chair of the project.

Another passion of his is the provision of affordable housing and he has been involved with numerous housing associations, including Black Country Housing Group where as Vice Chair he led the development of numerous affordable housing schemes, to the benefit of local families.

Mr Virdee was appointed in 2002 by the Judiciary to sit as a Lay Member at the Birmingham Employment Tribunal, which deals with employment disputes between employers and employees over employment rights.

He is a member of the Quality, Patient Experience and Safety Committee, the People and Organisational Development Committee, the Remuneration Committee and the Board of Trustees.

Board Attendances in 2020/21: 8/10

Declaration of Interests:

- Lay Member, Employment Tribunal Birmingham

Mrs Glenda Augustine

Director of Planning and Improvement (non-voting)

**Appointed:** August 2020

Mrs Augustine was previously the Head of Intelligence, Knowledge Management and Innovation for RightCare, an NHS England and NHS Improvement transformational programme. She has had a wide and varied career in the NHS, training as a general nurse, midwife and health visitor, working as a clinical nurse specialist, lead nurse and specialist midwife in haemoglobin disorders and with the National Screening Committee as National Lead for Child Health Screening Co-ordinators. During this period she was also a bank midwife at Walsall. She has maintained her long-standing interest in haemoglobin disorders and she is currently chair of the National Sickle Cell and Thalassaemia Advisory Group.

Her interest in prevention, population health and inequalities led to the completion of a Masters in Public Health at the University of Nottingham, before joining the Public Health Training Scheme in the East Midlands. She was a Consultant in Public Health in Stoke and Wolverhampton prior to her post in RightCare and she has maintained Public Health registration alongside nursing registration.

Mrs Augustine is responsible for Planning and Improvement for the Trust and is keen to work across the organisation to improve quality and outcomes, reduce unwarranted variation and inequalities through the intelligent use of data, evidence-based planning and Quality Improvement.

Board Attendances in 2020/21: 5/6**Declaration of Interests:**

No interests to declare

Ms Catherine Griffiths

Director of People and Culture (non-voting)

**Appointed:** September 2018

Ms Griffiths has a background in local government and more than 20 years' experience of HR and large-scale service transformation and redesign. Her expertise lies in employee engagement and empowering those around her to make positive changes for the benefit of the organisation and its service users.

She joined the NHS for the first time in 2015 where she took on the role of Deputy Director of HR as part of Royal Wolverhampton NHS Trust. She then made the move to Walsall Healthcare in September 2018.

Her focus is to ensure a positive and inclusive culture amongst the workforce to ensure staff have the support they need to develop their own talents in order to improve patient experience. Her role also means ensuring staff are living by the Trust values (Respect, Compassion, Professionalism and Teamwork) and are supported to be happy and healthy while at work.

Ms Griffiths has lived in and around the West Midlands for more than 25 years and is qualified at Masters level in Strategic HR management and holds an LLM in Employment Law.

Mrs Griffiths is the Executive lead for the People and Organisational Development Committee.

Board Attendances in 2020/21: 10/10**Declaration of Interests:**

- Catherine Griffiths Consultancy Ltd
- Chartered Institute of Personnel (CIPD)

Ms Jenna Davies

Director of Governance (non-voting)

**Appointed:** June 2018

Ms Davies joined the NHS in 2008 and has predominately worked in senior leadership roles in the Corporate and Clinical Governance fields. Jenna studied Law at the University of Birmingham and qualified in June 2008. She has led and contributed to a number of large scale improvement programmes including a highly complex organisational development project and preparation for Foundation Trust application status.

Ms Davies is responsible for the efficient administration of the Trust, particularly with regard to ensuring compliance with statutory and regulatory requirements and for ensuring that decisions of the Board of Directors are implemented. She is the lead for Governance across the organisation including Health and Safety, Quality Governance and Information Governance.

Board Attendances in 2020/21: 10/10**Declaration of Interests:**

No interests to declare

Mr Matthew Dodd

Acting Director of Integration (non-voting)

**Appointed:** Acting Director from February 2021 to 31 March 2021

Mr Dodd has significant NHS operational experience in senior roles within both hospital and community settings. A Registered General Nurse by background, he has worked in Primary Care development in Birmingham and Derbyshire, as well as being Deputy Chief Operating Officer at Sandwell & West Birmingham Hospitals NHS Trust.

Board Attendances in 2020/21: 1/1**Declaration of Interests:**

No interests to declare

3.1.1.3**Directors who left during the financial year**

Sukhbinder Heer - Non-Executive Director and Chair of Audit Committee

31st March 2020 to 14th December 2020

Board Attendances in 2020/21: 6/8

Danielle Oum - Chair

31st March 2020 to 28th February 2021

Board Attendances in 2020/21: 9/9

Philip Gayle - Non-Executive Director and Chair of People and Organisational Committee

31st March 2020 to 31st January 2021

Board Attendances in 2020/21: 8/8

3.1.1.4 Fit and Proper Person

In 2020/21, the Directors individually updated their declarations to confirm continuing compliance with the Fit and Proper Person Test.

3.1.1.5 Board Committees

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

The Board committees undertook effectiveness reviews in 2020/21 which led to changes to their terms of

reference and a maturing of their cycles of business. Board committees are chaired by a Non-Executive Director and report to the public Trust Board by way of a highlight report following each meeting. The Board committees in place during the 2020/2021 year were:

- **Audit Committee**
- **Nominations and Remuneration Committee**
- **Quality, Patient Experience and Safety Committee**
- **People and Organisational Development Committee**
- **Performance, Finance and Investment Committee**
- **Walsall Together Partnership Board**
- **Charitable Funds Committee**

The Audit Committee provides assurance to the Board on the establishment and maintenance of an effective system of integrated governance, risk management and internal control to support achievement of the organisation's objectives. Membership of the Audit Committee comprises a Chair and Chairs of the Board committees are as follows:

- Chair from 1st April 2020 to 14th December 2020 – Mr Sukhbinder Heer (attendance 6/6)
- Acting Chair from 15th December 2020 to 31st March 2021 – Mr John Dunn (attendance 7/9)
- Mrs Anne Baines (attendance 7/9)
- Mrs Pamela Bradbury (attendance 5/9)
- Mr Junior Hemans (from 1st February 2021) (attendance 0/2)
- Mr Paul Assinder (from 4th March 2021) (0/1)

3.1.1.6 Board of Trustees and Charitable Funds Committee

The Trust Board acts as Corporate Trustee. The Trustees are accountable to the Charity Commission for those funds deemed to be charitable as well as to the Secretary of State for Health and Social Care.

The Trustees have established the Charitable Funds Committee, whose role is to advise the Trust on the appropriate receipt, use and security of charitable monies.

3.1.1.7 Accountability

NHS England and Improvement is responsible for appointing Trust Chairs and other Non-Executive Directors. All these appointments are subject to annual review and appraisal as well as fit and proper person requirements. The remuneration of Non-Executive Directors is determined nationally.

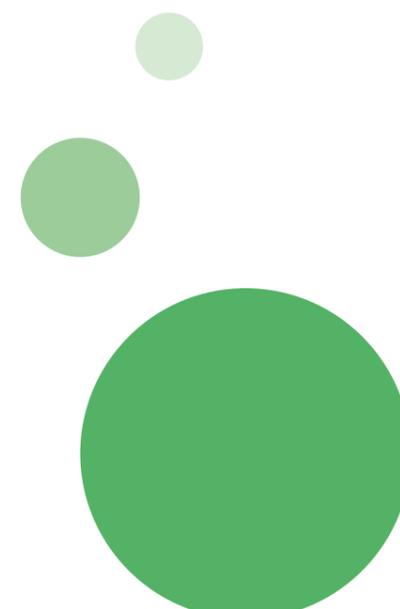
All substantive Executive Directors are appointed through national advertisement on permanent contracts. Acting positions appointed during the year for Executive Directors were approved by the Nominations and Remuneration Committee. Performance of the Chief Executive is evaluated by the Chair and is reported to the Nominations and Remuneration Committee. The performance of other Executive Directors and senior managers is evaluated by the Chief Executive. Any changes in remuneration for Executive Directors are agreed by the Nominations and Remuneration Committee.

3.1.1.8 Personal data incidents 2020/2021

The Trust has a robust Information Governance function and framework that utilises subject matter expertise from Information Governance, Digital Services, Informatics, Health Records and systems administration. The Trust's Senior Information Risk Owner (SIRO) and Caldicott Guardian are members of the Information Governance Steering Group.

Two incidents were referred to the Information Commissioner's Office during 2020/21, both of which were classified as 'not requiring external reporting' and therefore not accepted by the Commissioner's Office as notifiable.

The Trust continues to monitor and assess information governance breaches. When weaknesses in systems or processes are identified, interventions will be undertaken. Low-level and near miss events will be monitored and when there are common themes we undertake Trust-wide communications to address this. We continue to support information governance training via the national e-learning tool and all staff undertake annual refresher training as a reminder of their information governance obligations. The Information Governance Team continues to deliver briefings to new starters as part of the Trust's induction programme.



3.1.2 Statement of Disclosure to Auditors

Each individual who is, or was, a member of the Trust Board in the year covered by this report confirmed that, as far as they are aware, there is no information which would be relevant to the auditors for the purposes of their audit report, and of which the auditors are not aware, and have taken all the steps that they ought to have taken to make themselves aware of any such information and to establish that the auditors are aware of it.

3.1.3 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, Interim Chief Executive Officer
Date: 23rd June 2021



Russell Caldicott, Director of Finance and Performance
Date: 23rd June 2021

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

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, has designated that the Chief Executive should be the Accountable Officer of the Trust. The relevant responsibilities of Accountable Officers are set out in the NHS Trust Accountable Officer Memorandum. These include ensuring that:

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

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

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



Prof David Loughton CBE,
Interim Chief Executive Officer
Date: 23rd June 2021



3.1.5 Annual Governance Statement 2020/21

3.1.5.1 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 Accountable Officers' Memorandum.

3.1.5.2 The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Walsall Healthcare 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 Walsall Healthcare NHS Trust for the year ended 31 March 2021 and up to the date of approval of the Annual Report and Accounts.

3.1.5.3 Capacity to handle risk

Risk Management Leadership: The Board has overall responsibility for ensuring systems and controls are in place, sufficient to mitigate risks which may threaten the achievement of the Trust's objectives. The Board achieves this primarily through:

- The work of its committees
- Use of Internal Audit and other independent inspection
- Systematic collection and scrutiny of performance data to evidence the achievement of the objectives
- Robust oversight of the risks to achievement of the objectives

The Board has the ultimate responsibility for risk management and must be satisfied that appropriate policies and strategies are in place and that systems are functioning effectively.

The Board has established an Audit Committee, which assists the Board in this process by performing an annual review of the effectiveness of the risk management activities supported by the Chief Internal Auditor's annual work, report and opinion on the effectiveness of the system of internal control.

The Trust Board is supported by the Board committees that scrutinise and review assurances on internal control. Individual committees have responsibility for a specific portfolio:

- Performance Finance and Investment Committee - Financial matters and restoration and recovery of elective services.
- Quality, Patient Experience and Safety – Clinical quality, Patient Safety and Experience matters.
- People and Organisational Development Committee - Workforce matters including staff wellbeing.

The Board maintains a Board Assurance Framework (BAF), reflecting the risks identified to the achievement of the Trust's strategic objectives and how they are managed. The Board and Board committees regularly review the BAF and high rated corporate risks, as well as future opportunities and risks for each strategic objective. This allows the Trust Board to scan the horizon for emergent opportunities or threats, and considers the nature and timing of the response required in order to ensure risk is kept under prudent control at all times. The BAF has matured during the 2020/21 year to include future threats and opportunities to allow the Board and the Board committees particular focus in this area.

Operationally, all staff have both the opportunity and expectation of reporting risks within their area of operation, which are then subject to a process of review, validation and, where appropriate, scoring and management. Management of risk is undertaken at a level appropriate to the potential impact of the risk, including departments, care groups, divisions and on a cross-divisional basis. Our Risk Executive Group focuses on all high or significant risk exposures and oversees risk treatment to ensure: (a) the correct strategy is adopted for managing risk; (b) controls are present and effective; and (c) action plans are robust for those risks that remain intolerant. In 2020/21 our Risk Executive Group was chaired by the Chief Executive and comprised all Executive Directors and Divisional Directors.

We have kept under review and updated risk management policies during the course of the year. The output of the Risk Committee's work is reported to our Audit Committee and our Board.

Training and education are key elements of the development of a positive risk management culture. Risk management forms a fundamental aspect of many training activities throughout the Trust, where staff are provided with the necessary awareness, knowledge and skills to work safely and to minimise risks at all levels. Risk management awareness training is delivered to all members of staff through our induction programme and to existing staff through mandatory training programmes.

The programme of training and education was augmented in 2020/21 by a series of development sessions for the Board, and individually with Directors. These sessions included a general risk management refresher, but focused on refining the Board Assurance Framework and the Trust's risk appetite statements against each risk based on best practice. Similar sessions were delivered to all senior managers within the Trust.

Training has been impacted by COVID-19, however a virtual package has been implemented within the Trust. In addition, the Governance Team has provided training to staff who require further support on risk assessment, incident reporting and incident investigation.

3.1.5.4 The risk and control framework

COVID-19 and Restoration and Recovery Governance

The response to this risk is being undertaken through the Emergency Preparedness, Resilience and Response (EPRR) route, with national leadership and co-ordination provided by NHS England/Improvement and the Department of Health and Social Care. Internally, the Trust has adopted a command and control structure, with clear levels of responsibility. The Board has approved temporary changes to the Standing Orders, Standing Financial Instructions, Scheme of Delegation and related documents, to reflect this and to ensure that necessary expenditure for COVID-19 can be approved, whilst retaining appropriate levels of control.

On May 2020 a COVID-19 Governance Continuity Plan was approved by the Board to support the incident management structures. The continuity plan altered the decision and governance-making processes within the organisation for business as usual and routine business to enable us to focus on supporting the critical delivery of the response to the pandemic. The Board and its committees continued to meet with a reduced agenda that focused on COVID-19, risks and the Improvement Programme; crucial operational committees continued with others being stood down; and Standing Financial Instructions were amended to support the incident command structure.

Risk Management Strategy

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

The Board recognises that, working in a healthcare environment, many of its day-to-day activities will carry relatively high risks that are not susceptible to effective reduction. This arises from the specialist nature of many medical procedures, and also the need to provide care and treatment for individuals who are undergoing acute health challenges. The risk management policy ensures that risks are managed at the level appropriate to the identified impact and likelihood of the risk eventuating, including departmental, divisional and cross-divisional structures. We monitor risk through a multiplicity of sources such as incidents, complaints, claims, audit, external visits, patient feedback and more. This intelligence is routinely analysed to determine any care or service delivery failings to ensure lessons are learned and future risk is mitigated. Any residual risk is assessed to establish the most appropriate management route, determine controls are present and effective and develop robust action plans to mitigate gaps in control measures. High scoring risks are held on our Corporate Risk Register, owned by a member of the Executive Team, reviewed and reported monthly to the Board. The strategic risks are defined as those risks that would prevent the Trust from delivering the core strategic objectives and are reported to the Board through the Board Assurance Framework, together with the high rated risks on the Corporate Risk Register.

Risk Appetite

The Board has adopted an approach to risk appetite, and during 2020/21 development sessions were held with the Board and with individual Directors to review the risk appetite statements against each identified risk. These were reviewed by the Board committees in March 2021 and are due to be approved by the Board in July 2021.

The assessment of each risk includes an assessment of the related risk appetite, which seeks to identify the Trust's willingness to accept risk in that area; and a target score is set, which seeks to express the irreducible minimum risk associated with the activity (the point where the decision becomes to accept the risk or cease the activity). Risk appetite levels have been determined by the Board around the Trust's strategic objectives.

The risk appetite statements will continue to be developed as our risk management processes continue to mature.

Board Assurance Framework

Our Board Assurance Framework provides a structure and process that enables the Board to focus on principle risks which might compromise achievement of the organisation's Strategic Objectives. The Board Assurance Framework maps out the key controls which are in place to support delivery of those objectives and to mitigate risk and provide a framework of assurance which the Board can draw upon when considering the effectiveness of those controls. These controls and assurances have been set out in line with the 'HM Treasury 3 lines of defence' model aiding the identification of areas of weakness.

The Board Assurance Framework is designed to provide the Board with a simple but comprehensive method for the effective and focused management of these key risks. The Board defines the principal risks and ensures that each is assigned to a lead Director as well as to a Board committee:

- The Lead Director is responsible for assessing any principal risks assigned to them by the Board and for providing assurance as to the effectiveness of primary risk controls to the relevant Board committee.

- The role of the Board committee is to review the Lead Director's assessment of their principal risks, consider the range of assurances received as to the effectiveness of primary risk controls, and to recommend to the Lead Director any changes to the Board Assurance Framework to ensure that it continues to reflect the extent of risk exposure at that time.
- The Audit Committee is responsible for reviewing the whole Board Assurance Framework in order to provide assurance to the Board that principal risks are appropriately rated and are being effectively managed; and for advising the Board as to the inclusion within the Board Assurance Framework of additional risks that are of strategic significance.

Risk descriptors were updated during the year with the Board committees and Executive Director Leads. Principle risks identified and monitored through the Board Assurance Framework in 2020/21 were:

BAF S01 - Provide Safe, High Quality Care: The Trust fails to deliver excellence in care outcomes, and/or patient/public experience, which impacts its ability to deliver services which are safe and meet the needs of our local population.

BAF S02- Care At Home: Failure to work with partners and communities to understand population health and inequalities, integrate place-based services and deliver them through a whole population approach would result in a continuation of poor health and wellbeing and widening of health inequalities.

BAF S03 - Work Closely With Partners: Failure to integrate functional and organisational form change within the Black Country will result in lack of resilience in workforce and clinical services, potentially damaging the Trust's ability to deliver sustainable high quality care.

BAF S04 - Value Our Colleagues: Lack of an inclusive and open culture impacts on staff morale, staff engagement, staff recruitment, retention and patient care

BAF S05 - Use Resources Well:

- The Trust's financial sustainability is jeopardised if it cannot deliver the services it provides to their best value.
- If resources (financial, human, physical assets, and technology) are not utilised to their optimum, opportunities are lost to invest in improving quality of care.
- Failure to deliver agreed financial targets reduces the ability of the Trust to invest in improving quality of care, and constrains available capital to invest in Estate, Medical Equipment and Technological assets in turn leading to a less productive use of resources.

The Trust Board included an additional Board Assurance Framework risk during the pandemic:

BAF 06 - COVID-19: The impact of Covid-19 and recovery from the initial wave of the pandemic on our clinical and managerial operations is such that it prevents the organisation from delivering its strategic objectives and annual priorities.

The Board approved a revised template for the Board Assurance Framework in 2020/2021 which provides for details of the "three lines of defence" for controls and assurance, and enables the Trust Board to have oversight of the actions in place to mitigate and manage risk. This also enables the Trust to direct resources in a more targeted fashion.

The Trust Board has received and reviewed the full Board Assurance Framework three times during the year. In addition, since April 2020, the Board has received the extract from the Board Assurance Framework for each strategic objective, and analysis of mitigations and management, in the Executives' monthly report to the Board. The Performance, Finance and Investment, Quality, Patient Experience and Safety, and the People and Organisational Development Committees have reviewed the Board Assurance Framework during the year, challenging the risk articulation, scoring and mitigation, together with controls and assurances. Internal Audit has reviewed the Board Assurance Framework including the processes and controls. The conclusion of the audit was that partial assurance with improvement required. The audit identified some moderate weaknesses in the activities and controls and raised four medium risk rated recommendations. The audit recognised that the Trust has worked hard to enhance the format of the Board Assurance Framework and the management of strategic risks during the year despite the challenges of the pandemic.

Quality

Ensuring that quality is at the heart of everything that the Trust does for patients is a key activity for the Board.

At each scheduled meeting, the Board receives a detailed performance report, which includes performance data for all significant areas of activity relevant to the Trust's strategic objectives. Areas that have failed to achieve the agreed or nationally set targets are subject to exception reporting, which outlines the details of the failures, any identified underlying causes, and the steps being taken by management to bring performance back to target. The Board has the opportunity to challenge the steps proposed, and to require further or different actions to be taken in order to address these challenges.

The Quality, Patient Experience and Safety Committee is responsible to the Board for detailed oversight of management actions to ensure the quality of services; and for recommending to the Board strategic actions to improve service quality. The committee meets on a monthly basis, and exercises detailed oversight of the quality of services provided by the Trust; including reviewing deaths and serious untoward incidents, quality performance data, and feedback from patients. The committee reports both findings and recommendations to the Board at each Board meeting following a committee meeting, for consideration and approval. The Board also hears patient stories to understand the journey and experience of care at the Trust. The committee has oversight of the CQC action plan to ensure compliance with the 'must do' and 'should do' actions arising from the 2019 and 2020 CQC inspections.

The People and Organisational Development Committee has a key focus on ensuring the workforce is sufficient in numbers and skills to provide safe and quality care. The committee reviews performance and future strategy on workforce and Organisational Development matters. The Board regularly reviews information of nursing staffing on a ward basis, together with details of new and continuing investigations where exclusion or partial exclusions have been judged necessary.

The Audit Committee is responsible for scrutinising the overall systems of internal control (clinical and non-clinical) and for ensuring the provision of effective independent assurance via internal audit, external audit and local anti-fraud services. The Audit Committee reports to the Board via a highlight report after every meeting and annually on its work via the Annual Report of the Audit Committee in support of the Annual Governance Statement, the completeness and extent to which risk management is embedded in the Trust and the integration of governance arrangements. The Audit Committee also assesses its own effectiveness, what it has accomplished and whether it has fulfilled its responsibilities along with that of the Board committees.

During the course of the year, the Board has undertaken a programme of development focused on addressing key areas of Board responsibility, as well as delivering sessions focused on the delivery of the strategic objectives. The Board has overseen the effectiveness reviews of all Board committees and received their annual reports. In February 2021 the Board embarked on a 12 month programme of development with an external facilitator.

Performance information is subject to regular review, to ensure that it is reliable and continues to meet the requirements of the Trust. Performance information produced through data systems is regularly triangulated against the quality elements of care, using qualitative information from sources such as complaints and complements, national and local surveys of patients experience (including the 'Friends and Family' test), and triangulation visits from Board Members (held virtually in 2020/21), external visits and reviews. Mismatches are challenged in a variety of forums, and it is a responsibility of the Director of Finance and Performance to ensure that mismatches are explored so that the data reporting systems remain reliable. Performance reporting systems are also subject to regular review by both the Internal and External Audit services.

Improvement Programme

The Trust's approach to quality improvement is clear that quality is the responsibility of all staff. The Board is committed to ensuring patients receive the highest level of safe, high quality, compassionate care, through a shift to a culture of continuous quality improvement based upon the sustainable implementation of a Trust wide Improvement Programme. Reporting processes and mechanisms through Trust Board, its committees, Executive Team and through to Divisions and their governance processes reflect this approach.

Accountability Framework

Accountability for quality is clear through the leadership and management arrangements within the Trust. The revised governance and assurance structure implemented in 2015 continues and is aligned with the clinically led management model in the Divisions providing integrated reporting and assurance. Divisions continue to enable better and more rapid decision-making, as close as possible to the point of care delivery, which, in turn, enables more effective clinical engagement and leadership in service development and delivery as well as providing service users with greater access to decision-making.

Quality Governance

Executive leadership, accountability and responsibility for quality governance is held by the Director of Nursing and the Medical Director. Quality governance oversight and integration with corporate governance is overseen by the Director of Governance.

The Trust's approach to clinical quality improvement is supported by the Quality Improvement Faculty which has been established to support colleagues on the improvement journey. This encompasses the existing Listening into Action Programme and the Service Improvement Team. This provides additional innovative, research, and evidence-based support to the services and clinicians.

The Trust's strategic priorities and combined support service offer aligns clinical services and support functions to deliver the best care possible to those who use Trust services. Trust Board receives regular reports, directly and through the Quality, Patient Experience and Safety Committee, on all aspects of clinical quality and safety including management of incidents and complaints, equality and diversity, service user experience, control of infection and research and development.

The Quality, Patient Experience and Safety Committee provides assurance to Trust Board that issues and risks identified in a number of portfolio areas, such as managing aggression and violence, safeguarding adults and children, infection prevention and control, and information governance, are being addressed. Where Quality, Patient Experience and Safety Committee identifies an area of concern, which has been raised at a particular time, it scrutinises that on behalf of the Board by receiving regular reports for a period.

The Trust's quality governance framework provides the Trust Board with assurance that essential standards of quality and safety are being delivered within the Trust. It provides assurance that the processes for the governance of quality are embedded through the Trust. Performance and quality reports to Trust Board provide assurance against a range of key performance indicators relating to service quality and, where reports indicate underperformance, action plans are provided to and monitored by Trust Board.

The Trust recognises that it is vital to ensure that risk management is embedded throughout the Trust. There are a range of systems and procedures in place that support this embedding, including:-

- The Trust continues to encourage all staff, at all levels, to identify and report incidents, including 'near misses'. There is a comprehensive system in place to enable colleagues to report incidents, supported by dedicated resource that reviews all reports and identifies the appropriate level for response. Learning from incidents is a key part of the process, and each colleague who reports an incident is entitled to a response that identifies both the response of the Trust and how learning will be taken to prevent recurrence of that type of incident. During the course of the year, the Trust has identified the need to improve our current system and process and this will be delivered through the Safe, High Quality Care workstream of our Improvement Programme in 2021/22.
- Similarly, there are systems in place to enable risk at all levels to be identified, from the 'ward' to the Board of Directors. Risks are regularly reviewed at the appropriate level: with the management-level Risk Management Group on a monthly basis. Each Board committee has responsibility for review and assessing available levels of assurance for risks within its area of responsibility, and the Board regularly reviews both the Board Assurance Framework and the high-rated risks on the Corporate Risk Register.
- Each death of a patient under the care of the Trust is subject to review, with the aim of identifying and sharing learning; this may be either good practice, or areas for development. There are established systems to ensure that this learning is shared and embedded across the care that the Trust provides.

The Trust has a clear policy process in place, to ensure that the care provided to patients is safe and to the highest standards. It is important, in this context, to keep in mind that the general approach is that policies should normally be followed; but that it is recognised that, in some circumstances, the professional judgement of clinical colleagues will justify a departure from policy in the individual case and for the best interests of the patient. Policies are subject to a formal process of development, approval and regular review, to ensure that they continue to reflect best practice. In respect of each patient, the policy is to provide a care plan that responds to the individual needs of the patient, with a view to ensuring that they are cared for in a way that minimises the period and impact of their condition. In appropriate cases, plans will be prepared on a multi-disciplinary basis, including colleagues from other agencies, in order to ensure that all relevant conditions are taken into account and that care is planned across agencies.

The Trust has developed its capability for Referral-to-treatment (RTT) time monitoring and reporting, using its data warehouse and bespoke reporting tool and based on national RTT guidance, to ensure that it is able to maintain compliance with the requirements. The data used to generate these reports is subject to rigorous, and routine, validation.

Compliance with NHS Provider License

In 2020/21, 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.

Developing Workforce Safeguards and Workforce Planning

The NHS Long-Term Plan informs workforce strategy; recognising that all strategic and operational objectives depend on the collective skills, power and strength of our workforce. This principle underpins a workforce planning methodology, which places long-term sustainability, achieved through system-wide improvement approach, at the heart of all Trust objectives.

In line with recommendations, outlined within 'Developing Workforce Safeguards', the Trust will address workforce challenges, maximise opportunities and deploy safe staffing by;

- Setting medical and nursing establishments
- Proactively managing temporary staffing usage
- Taking a proactive approach to Brexit related risks
- Implement new roles and workforce opportunities

Regular reviews of both the medical and nursing establishment provide evidence-based intelligence to inform proactive decision making, both at board and service level. A clinically led Safeguarding Team ensures that suitably qualified and competent colleagues are providing safe, effective care to patients. Workforce Transformation forums, adhering to both current legislation and best practice, provide professional accountability in regard to new processes or working practice.

Equality, Diversity and Inclusion

The Trust is committed to promoting equality and human rights and valuing diversity in all areas of the Trust. It does this by ensuring that Equality Impact Assessments are integrated into core business ensuring due regard to the aims of the Equality Act 2010 at the point when decisions are made. The purpose of an Equality Impact Assessment is to improve the work of the Trust by making sure it does not discriminate and that, where possible, promotes equality. The Equality Impact Assessment focuses on systematically assessing and recording the likely equality impact of an activity or policy. There is a focus on assessing the impact on people with protected characteristics. This involves anticipating the consequences of activities on these groups and making sure that, as far as possible, any negative consequences are eliminated or minimised and opportunities for promoting equality are maximised. The Trust has made limited progress in year in aligning the Equality Impact Assessment processes into our business processes, for example of annual planning cycle. However, with the Equality, Diversity and Inclusion Strategy due approved by the Board in May 2021, and the Value our Colleagues workstream of the Improvement Programme these processes will be further embedded and improved.

The Board and Board committees are alerted to any equality, diversity and inclusion issues in matters before them, and improvements made to this process were agreed at the People and Organisational Development Committee which will alert the Board and committees more overtly to any equality, diversity or inclusion risk. This will be embedded in the 2021/22 year through the Well-Led workstream of the Improvement Programme.

The implementation plan that accompanies the Equality, Diversity and Inclusion Strategy will address issues raised through the Workforce Race Equality Standards (WRES), Workforce Disability Equality Standards (WDES), and the staff survey. The delivery will be overseen by the Equality Diversity and Inclusion Group and the People and Organisational Development Committee.

The Trust is fully compliant with the registration requirements of the Care Quality Commission.

The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff within the past 12 months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme's rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Trust recognises that there are ongoing challenges to the Trust ensuring services achieve best outcomes against the premises of achieving financial balance; no impact on the quality of care; and maintaining the quality of patient, service user and staff experience.

The most significant risk to becoming an outstanding Trust is poor colleague experience of the Trust as a place to work and the fact that structural inequalities persist. Our WRES, WDES and NHS staff survey results evidence discrimination in recruitment and career progression opportunities and heightened experience of bullying. Our focus group work with colleagues evidence the Trust values are not a lived experience. Whilst the Improvement Programme seeks to address the evident inequalities and to change behaviours that are not in line with Trust values, the actions are not embedded yet and have not yet made an impact on the long-standing organisational culture challenges the Trust faces.

3.1.5.5 Review of economy, efficiency and effectiveness of the use of resources

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

Ultimate responsibility for ensuring that the Trust complies with this legal duty rests with the Board, through setting the strategic direction of the Trust, together with monitoring and oversight of performance. This work is supported by the Boards committees, which look more closely at both performance and strategic direction and provide advice and recommendations to the Board. In particular, the Finance, Performance and Investment Committee provides scrutiny and review in respect of Trust performance relating to a number of areas including efficient and effective use of resources. The committee has oversight of the Improvement Programme, which is the vehicle established to deliver the strategic objectives of the Trust. The Quality, Patient Experience and Safety Committee oversee the quality impacts, which impacts on the efficiency and effectiveness of delivery of services: both preventive of illness and treating illness when it arises.

The Trust's Executive leadership is also aware of the need to ensure the provision of services meet these requirements. When considering service developments, consideration is given as to how the proposals will impact on these requirements, both when proposals are being developed and considered through governance for approval. In line with regulatory requirements, efficiency is recognised through the need for quality impact assessments for all significant projects. When reviewing implementation, consideration is given to how well the project or development has advanced these requirements, and where further improvements might give better achievement of them. The Quality, Patient Experience and Safety Committee reviewed the quality impact assessment in February 2021 and has oversight.

The effective and efficient use of resources is managed by the following key policies:

Standing Orders

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

From May 2020 to 31st March 2021 the Trust was operating under a COVID-19 Governance Continuity Plan. That plan amended the Standing Orders with respect to Board and Board committee meeting, quorum and voting requirements in line with national guidance from NHS England and Improvement.

Standing Financial Instructions

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

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

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

From May 2020 to 31 March 2021 the Trust was operating under a COVID-19 Governance Continuity Plan. That plan amended the Standing Financial Instructions with respect financial delegations in line with national guidance from NHS England and Improvement, and to allow the Trust to adopt a command and control response.

Scheme of Reservation and Delegation

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

Anti-Fraud, Bribery and Corruption Policy

The Bribery Act 2010 makes it a criminal offence for commercial organisations to fail to prevent bribes being paid on their behalf. Failure to take appropriate measures to avoid (or at least minimise) the risk of bribery taking place could lead to the imposition of fines, or imprisonment of the individuals involved and those who failed to act to prevent it. This will help ensure that the taking or receiving of bribes is less likely and improve the integrity and transparency of the Trust's transactions and decisions.

On behalf of the board, the Audit Committee ensures appropriate and sound governance arrangements are in place to deliver the efficient and effective use of resources and the Trust's internal control systems are robust and can be evidenced.

The Audit Committee agrees an annual work programme for the Trust's Internal Auditors and the Local Counter Fraud Service, and reviews progress on implementation of recommendations following audit and other assurance reports and reviews.

3.1.5.6 Information governance

Management of risk to the security of the data held by the Trust, both on patients and staff colleagues, is a key activity. Data risks are included within the overall risk management process, and regularly reviewed. A comprehensive suite of policies and procedures are in place to ensure that data is handled appropriately and with care, and these are supported by a comprehensive programme of training for staff. The Trust participates in the annual assessment of our compliance through the national Data Security and Protection Toolkit (which has replaced the Information Governance Toolkit), and our compliance has been reviewed by the Internal Audit service, which reported Significant Assurance in April 2020.

Where a data security incident is identified, it will be treated as a serious incident and investigated accordingly. All incidents meeting the requirements of the Information Commissioner are reported to its office as a matter of course, and that office may also choose to investigate independently. Two incidents were referred to the Information Commissioner's Office during 2020/21, both of which were classified as 'not requiring external reporting' and therefore not accepted by the Commissioner's Office as notifiable.

Cyber and Data Security

Cyber and data security continues to be an important focus for the Trust, particularly in light of the events on 12 May 2017 when the NHS was subject to a well-publicised worldwide cyber-attack. As a result of the co-ordinated emergency response to the threat by the Information Communications Technology (ICT) Department, the Trust defended itself against this particular attack and suffered no operational impact to the Trust.

The Trust's Information Governance Steering Group receives regular reports on plans and actions to maintain and improve cyber-security defences across the Trust. Some of the proactive work undertaken has included a cyber-security awareness campaign.

Each year the Trust undertakes a cyber-penetration as part of its internal audit plan. This involves being subjected to a simulated cyber-attack probing both our external and internal networks. The results provide areas for improving including specific recommendations which are implemented to strengthen our cyber security.

Ensuring Data Quality

The Trust recognises the importance of having effective data collection and analysis, in order to understand the operation of the services and enable the Board to effectively judge what actions are needed to improve performance. The Trust has in place a number of systems for the collection of data regarding the operation of services, and these are automated where possible in order to reduce the possibility of human error. The Executive Team receives monthly a full suite of performance data from across the Trust, which is reviewed to identify any areas which are starting to be a concern and take immediate action to address them. This suite of performance data is used as part of the Trusts' Performance Review Process with Divisional and Corporate teams. The Board and its committees review a more selective set of data, which enables them to focus on the key areas of strategic performance, together with exception reporting to identify the underlying cause of underperformance and the steps being taken to bring performance back to the required standard.

3.1.5.7 Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Trust Board, the Audit Committee, Quality, Patient Experience & Safety Committee, Finance, Performance and Investment Committee, People and Organisational Development Committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

In describing the process that had been applied in maintaining and reviewing the effectiveness of the system of internal control, I have set out below some examples of the work undertaken and the roles of the Trust Board and committees in this process:

- the Board has met in public session on ten occasions and each meeting has been both well attended and quorate. During the early days of the COVID-19 pandemic, it was not possible to hold meetings in person, therefore meetings were held virtually via Microsoft Teams. Public access to the Microsoft Teams meetings started with the May 2020 meeting, however Board materials were available on the website and the public were able to send questions to the Trust Secretary.

- the committees of the Board operate to formal terms of reference that the Board has approved, and carry out a range of Board work at a level of detail and scrutiny that is not possible within the confines of a Board meeting. The committees each reviewed their effectiveness in 2020/21 and provided an annual report and amended terms of reference to the Board for approval. Their cycles of business were updated to reflect the revised terms of reference.
- each of the committees provides assurance to the Board in relation to the activities defined within its terms of reference; this is reported to the next meeting of the Board in the form of a highlight report to ensure that necessary issues are highlighted in a timely way. The minutes of the meetings of each of the committees once approved are made available to the Board.

- The work that has been undertaken by the committees includes:
 - scrutiny and approval of the annual financial statements, annual report and quality account;
 - receiving all reports prepared by the Trust's Internal and External Auditors and tracking of the agreed management actions arising;
 - monitoring the Clinical Audit Programme, serious incidents and never events and ensuring that risk is effectively and efficiently managed and that lessons are learned and shared.
 - monitoring of compliance with external regulatory standards including the Care Quality Commission and the Data Security and Protection Toolkit;
 - monitoring of the Improvement Programme and the delivery of strategic objectives;
 - ensuring the adequacy of the Trust's Strategic Financial Planning;
- Taking account of national and local context, the strategic direction for the Trust has been reviewed by the Trust Board. Areas key to the delivery of the Trust's business strategy are managed and monitored by the Trust Board and the committees of the Board.
- The Trust Board recognises the importance of ensuring that it is fit for purpose to lead the Trust and a programme of Board Development activity has taken place during the year through a programme of Board Development. Non-Executive Directors have also taken 'virtual Board walks', visiting wards and services to obtain first-hand accounts of the issues that colleagues are dealing with during COVID-19.
- The Audit Committee has primary responsibility for oversight of the controls systems for the Trust, including financial and governance, and for advising the Board as to the available levels of assurance. It is supported in this work by the internal and external audit providers, the Local Counter Fraud Service, and work undertaken by other committees. Key functions that it undertakes which enable it to judge the amount of available assurance include:-
 - The regular reports of the Internal Audit service, which provide specific advice on the level of assurance available in relation to the area reviewed. These also enable the Audit Committee to review management's response and proposed actions to the review's findings, and to form a view about the level of assurance those responses provide;
 - Advice from both the internal and external audit providers on the environment in which the Trust is operating;
 - The work of the Local Counter Fraud Service which provides evidence for the committee to judge the available assurance for systems to detect and prevent fraud and misappropriation on the public funds made available to the Trust;
 - Regular review of the main documentation related to the Trust's control systems - this will usually cover the Standing Financial Instructions, the Schedule of Delegations, and the Schedule of Matters Reserved to the Board of Directors.
- The Trust Board is required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended in 2011 and 2012) to prepare a Quality Account for each financial year.

- The Quality, Patient Experience, and Safety Committee also has oversight on behalf of the Board of clinical audit activities, which form an important part of the Trust's work. A plan for clinical audits is agreed at the start of every year, and progress is monitored through the course of the year to ensure that the work plan is being appropriately prosecuted. The majority of the programme reflects national audit programmes and similar, which the Trust is expected to participate in, and details of which are provided in the Quality Report. The Trust does seek to ensure that it obtains learning and implements change as a result of the work of clinical audit, and the Quality, Patient Experience, and Safety Committee is responsible for assessing the assurance available and reporting to the Board.
- Performance, Finance, and Investment Committee has provided a forum for the Trust Board to seek additional assurance in relation to all aspects of financial and general performance, including performance against nationally set and locally agreed targets, and monitoring of COVID-19 Expenditure.
- The People and Organisational Development Committee is the forum which seeks assurance in relation to organisational development and workforce strategy, and the support of staff in the provision and delivery of safe, high quality care.
- The internal audit plan, which is risk based, is approved by the Audit Committee at the beginning of each year. Progress reports are then presented to the Audit Committee at each meeting with the facility to highlight any major issues. The Chair of the Audit Committee can, in turn, quickly escalate any areas of concern to the Trust Board via a Highlight Report and produces an annual report on the work of the committee and a self-evaluation of its effectiveness. The plan also has the flexibility to change during the year.
- The Head of Internal Audit's overall opinion for the period 1 April 2020 to 31 March 2021 is "Our overall opinion for the period 1 April 2020 to 31 March 2021, based on the scope of reviews completed, including our testing on a sample basis only, Partial assurance with improvement required can be concluded over the adequacy and effectiveness of the Trust's systems of governance, risk and control. Whilst further progress had been made to strengthen risk management arrangements, which underpin the Board Assurance Framework, these are yet to be fully embedded consistently across the Trust. The risk management improvements, until embedded, could impact on the ability of the Trust to achieve its strategic objectives as set out. This position is acknowledged in the Trust's Annual Governance Statement (unaudited annual report and accounts 2020/21). Our internal audit recommendations should continue to be implemented in full to address the gaps we have identified in either design and / or operation of internal controls, including governance and risk. In particular our recommendations reported in the individual reports on Electronic Discharge Summary Data Quality, Walsall Together, Compliance with Attendance at Work Policy, Temporary Medical Staffing and the Trust's overall Improvement Programme.
- On 9 March 2021, the CQC inspected the core services of Medicine. The Trust was issued a Section 29a warning notice on the 31 March 2021 and the final CQC report was published on 19 May 2021.

3.1.5.8 Modern Slavery Act 2015 - Transparency in Supply Chains

The Modern Slavery Act 2015 established a duty for commercial organisations to prepare an annual slavery and human trafficking statement of the steps it has taken during the financial year to ensure that slavery and human trafficking is not taking place in any of its supply chains or in any part of its own business.

The Department of Health and Social Care and the Home Office have established that NHS bodies are not considered to be carrying on a business where they are engaged in publicly funded activities and that it was not intended that such activities should be within the scope of the Act. Income earned by NHS providers like the Trust from government sources, including Clinical Commissioning Groups and local authorities, is considered to be publicly funded for this purpose so the Trust does not meet the threshold for having to provide a statement. Nevertheless the Trust undertakes its procurement from suppliers in line with NHS standards and includes standard NHS terms. In relation to its own activities, the Trust has employment, identity and employee welfare arrangements in place to combat any exploitation of people.

In accordance with the Modern Slavery Act 2015, the Trust ensures that Modern Slavery i.e. slavery and human trafficking, is not taking place in any part of its own business or any of its supply chains. This is achieved through ensuring that services are procured through approved providers only or tendered through robust procurement processes.

3.1.5.9 Conclusion

The Trust has made improvements to internal control systems during the financial year 2020/21, however we acknowledge that there are still weaknesses that require improvement. A number of control Issues classified as limited assurance by our core internal audit processes were noted during the year, the Trust Board Assurance Framework and Risk Management internal audits both received partial assurance with improvement required.

Ten internal audit reports were issued in 2020/21 of which three reports were issued with significant assurance with some improvement required, and seven reports were issued with partial assurance with improvement required.

In addition to the areas identified through Internal Audit, the Trust has also highlighted through the Annual Governance Statement that our overall staff survey results and our Workforce Race Equality Standards remain a concern and risk for the Trust. The Trust has agreed improvement plans to address both of these risks that will be overseen by the People and Organisational Development Committee.



Prof David Loughton CBE,
Interim Chief Executive Officer

Date: 23rd June 2021

3.2 Remuneration Report

3.2.1 Remuneration Policy for Directors

The Trust has a Nominations and 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 comprises of the Chair and the 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, both within the NHS and the local economy. Whilst performance is taken into account in setting and reviewing remuneration, there are currently no arrangements in place for performance related pay.

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

Remuneration for the Trust’s Executive and Non-Executive Directors during the financial year ended 31 March 2021 is set out in section 3.2.2.

3.2.2 Remuneration Report Tables

Name and Title	2020/2021					
	Salary	Other Remuneration	Long-term Performance Pay & Bonuses	Expense Payments	All Pension Related Benefits	TOTAL
	(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
Prof S.FIELD, Chair (from 1 March 2021)	0-5					0-5
Ms D.OUM, Chair (from 8 April 2016 to 28 February 2021)	30-35				0	30-35
Mr D FRADGLEY, Executive Director of Integration, Acting Chief Executive (from 1 February 2021)	135-140				132.5-135	270-275
Mr R.BEEKEN, Chief Executive (from 26 February 2018, Secondment to Sandwell West Birmingham Hospitals NHS Trust from 1 February 2021)	135-140				0	135-140
Mr R.CALDICOTT, Director of Finance (from 1 July 2015)	130-135				30-32.5	160-165
Mr E.HOBBS, Chief Operating Officer (from 17 June 2019)	110-115				32.5-35	145-150
Mr M.LEWIS, Medical Director (from 22 October 2018)	125-130	25-30	30-35		40-42.5	225-230
Mrs A.RILEY, Director of Nursing, (Secondment from Nottinghamshire Healthcare Foundation NHS Trust in March 2020, substantive from 1 December 2020)	110-115				80-82.5	190-195
DR K.DUNDERDALE, Director of Nursing (Seconded on 24 February 2020, left 1 October 2020)						0
Ms C.GRIFFITHS, Director of Culture & People (from 10 September 2018)	110-115				25-27.5	135-140
Mrs J.DAVIES, Director of Governance (from 4 June 2018)	90-95					90-95
Mrs G AUGUSTINE, Director of Planning and Improvement (from 3 August 2020)	70-75				35-37.5	105-110
Mr J.DUNN, Non-Executive Director (from 1 February 2015)	10-15					10-15
MRS J.BAINES, Non-Executive Director (from 1 July 2018)	10-15					10-15
MS P.BRADBURY, Non-Executive Director (from 1 December 2018)	10-15					10-15
Mr P.ASSINDER, Non-Executive Director (from 1 October 2019)	10-15					10-15
Mr R.VIRDEE, Non-Executive Director (from 1 October 2019)	10-15					10-15
Mr B.DIAMOND, Non-Executive Director (from 1 October 2019)	10-15					10-15
Mr P.GAYLE, Associate Non-Executive Director (from 1 August 2016 to 31 January 2021)	5-10					5-10
Mr S.HEER, Non-Executive Director (from 15 September 2016 to 14 December 2020)	5-10					5-10

3.2.2 Remuneration Report Tables

Name and Title	2019/20					
	Salary	Other Remuneration	Long-term Performance Pay & Bonuses	Expense Payments	All Pension Related Benefits	TOTAL
	(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
Prof S.FIELD, Chair (from 1 March 2021)	0					0
Ms D.OUM, Chair (from 8 April 2016 to 28 February 2021)	30-35					30-35
Mr D FRADGLEY, Executive Director of Integration, Acting Chief Executive (from 1 February 2021)	110-115				25-27.5	140-145
Mr R.BEEKEN, Chief Executive (from 26 February 2018, Secondment to Sandwell West Birmingham Hospitals NHS Trust from 1 February 2021)	165-170				27.5-30	195-200
Mr R.CALDICOTT, Director of Finance (from 1 July 2015)	125-130				27.5-30	155-160
Mr E.HOBBS, Chief Operating Officer (from 17 June 2019)	85-90				47.5-50	135-140
Mr M.LEWIS, Medical Director (from 22 October 2018)	60-65	85-90	30-35		85-87.5	265-270
Mrs A.RILEY, Director of Nursing, (Secondment from Nottinghamshire Healthcare Foundation NHS Trust in March 2020, substantive from 1 December 2020)	0					0
DR K.DUNDERDALE, Director of Nursing (Seconded on 24 February 2020, left 1 October 2020)	135-140					135-140
Ms C.GRIFFITHS, Director of Culture & People (from 10 September 2018)	110-115					110-115
Mrs J.DAVIES, Director of Governance (from 4 June 2018)	95-100					95-100
Mrs G AUGUSTINE, Director of Planning and Improvement (from 3 August 2020)	0					0
Mr J.DUNN, Non-Executive Director (from 1 February 2015)	5-10					5-10
MRS J.BAINES, Non-Executive Director (from 1 July 2018)	5-10					5-10
MS P.BRADBURY, Non-Executive Director (from 1 December 2018)	5-10					5-10
Mr P.ASSINDER, Non-Executive Director (from 1 October 2019)	0-5					0-5
Mr R.VIRDEE, Non-Executive Director (from 1 October 2019)	0-5					0-5
Mr B.DIAMOND, Non-Executive Director (from 1 October 2019)	0-5					0-5
Mr P.GAYLE, Associate Non-Executive Director (from 1 August 2016 to 31 January 2021)	5-10					5-10
Mr S.HEER, Non-Executive Director (from 15 September 2016 to 14 December 2020)	5-10					5-10

Salary and Pension Entitlements of Senior Managers

Name and Title	Real increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension as pension age at 31 March 2021	Lump sum at pension age related to accrued pension at 31 March 2021	Cash Equivalent Transfer Value at 31 March 2021	Cash Equivalent Transfer Value at 31 March 2020	Real Increase in Cash Equivalent Transfer Value - Employer Funded contribution	Real Increase in Cash Equivalent Transfer Value	All Pension Related Benefits	All Pension Related Benefits
	in Bands of (£2,500)	in Bands of (£2,500)	in Bands of (£5,000)	in Bands of (£5,000)	£000	£000	£000	£000	£000	in Bands of (£2,500)
	Mr D FRADGLEY, Acting Chief Executive (1 February 2021)	7	13	45	95	727	593	87	124	134
Mr R.BEEKEN, Chief Executive (from 26 February 2018) Secondment from 1 February 2021	0	(0)	58	127	1,022	984	13	18	(25)	0
Mrs G AUGUSTINE, Director of Planning and Improvement (from 3 August 2020)	2	6	42	127	972	867	41	59	37	35-37.5
Mr E.HOBBS, Chief Operating Officer (from 17 June 2019)	3	0	23	0	205	176	18	25	35	32.5-35

Salary and Pension Entitlements of Senior Managers

Name and Title	Real increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension as pension age at 31 March 2021	Lump sum at pension age related to accrued pension at 31 March 2021	Cash Equivalent Transfer Value at 31 March 2021	Cash Equivalent Transfer Value at 31 March 2020	Real Increase in Cash Equivalent Transfer Value - Employer Funded contribution	Real Increase in Cash Equivalent Transfer Value	All Pension Related Benefits	All Pension Related Benefits
	in Bands of (£2,500)	in Bands of (£2,500)	in Bands of (£5,000)	in Bands of (£5,000)	£000	£000	£000	£000	£000	in Bands of (£2,500)
	Ms C.GRIFFITHS, Director of Culture & People (from 10 September 2018)	2	0	2	0	28	0	20	28	25
Mr R.CALDICOTT, Director of Finance (from 1 July 2015)	2	(0)	39	75	648	595	30	42	30	30-32.5
Mr M.LEWIS, Medical Director (from 22 October 2018)	3	0	63	139	1,275	1,182	51	73	42	40-42.5
Mrs A.RILEY, Director of Nursing, (from 1 December 2020)	4	6	30	58	560	471	57	81	82	80-82.5

3.2.3 Compensation on Early Retirement or for Loss of Office/Payments to Past Directors

There were no compensation payments during the financial year ending on 31st March 2021 for early retirements or loss of office or payments made to past Directors.

3.2.4 Fair Pay Disclosure

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

The Nominations and Remuneration Committee agrees remuneration packages for Executive Directors. The notice period and termination payments are defined within the NHS Agenda for Change payment model as for all employees. No performance bonus payments were made to Directors during the financial year.

In 2020/21, zero employees received remuneration in excess of the highest paid Director (there were zero in 2019/20 and in 2018/19).

Remuneration ranged from £18,185 to £165,906 (the range was £18,005 to £165,479 in 2019/20, and £17,652 to £162,075 in 2018/19).

The information contained within summary financial statements has been subject to external audit scrutiny. In addition, the Directors' remuneration tables have been audited for compliance with Statutory Instrument 2008 No 410.

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

3.2.5 Pay Multiples

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

The banded remuneration of the highest paid Director in Walsall Healthcare NHS Trust in the financial year 2020/21 was £165,906 (in 2019-20 it was £165,479). This was 5.48 times (in 2019-20 it was 6.04 times) the median remuneration of the workforce, which was £30,287 (and £27,416 in 2019/20).

In 2020/21 no employees received remuneration in excess of the highest paid Director. The pay multiple has reduced to 5.48 from 6.04 times the median salary. This is largely due to the increased reliance upon temporary staffing as a result of the pandemic moving the median remuneration to a higher point compared to increase of pay for the highest paid Director.

3.3 Staff Report

3.3.1 Staff Numbers and Costs

As of 31st March 2021, Walsall Healthcare NHS Trust employed 4369 substantive staff. Of these, 3957 colleagues were permanently employed on recurrent, open-ended contracts of employment. A further 412 colleagues were employed on fixed-term contracts of employment.

3.3.2 Staff Composition

During 2020/21, the average full-time equivalent (FTE) workforce totalled 4189. The following table provides a snapshot of the average workforce composition during this period:

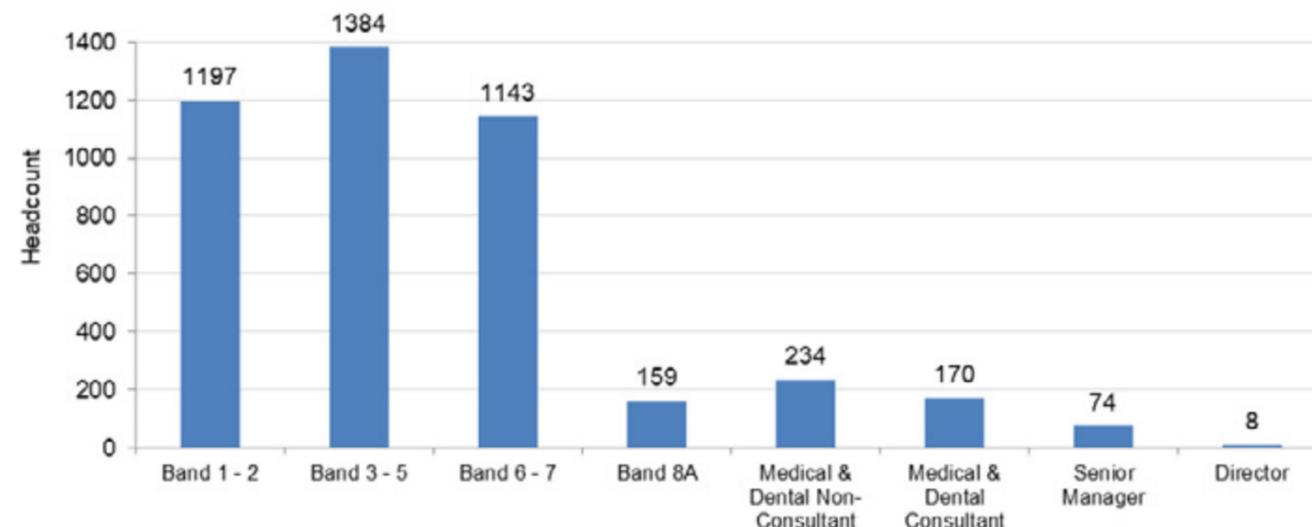
20/21 Average FTE (Full-Time Equivalent Workforce)	Permanently Employed ²	Other ³	Total Workforce
Registered Nursing & Midwifery	1,187	227	1,414
Registered Allied Health Professionals	231	1	232
Registered Healthcare Scientists	10	0	10
Registered Scientific, Therapeutic and Technical	83	0	83
Clinical Support	666	143	809
Infrastructure Support ⁴	1,099	57	1,156
Medical and Dental	371	116	487

² Inclusive of colleagues employed on a permanent/fixed-term substantive contract.

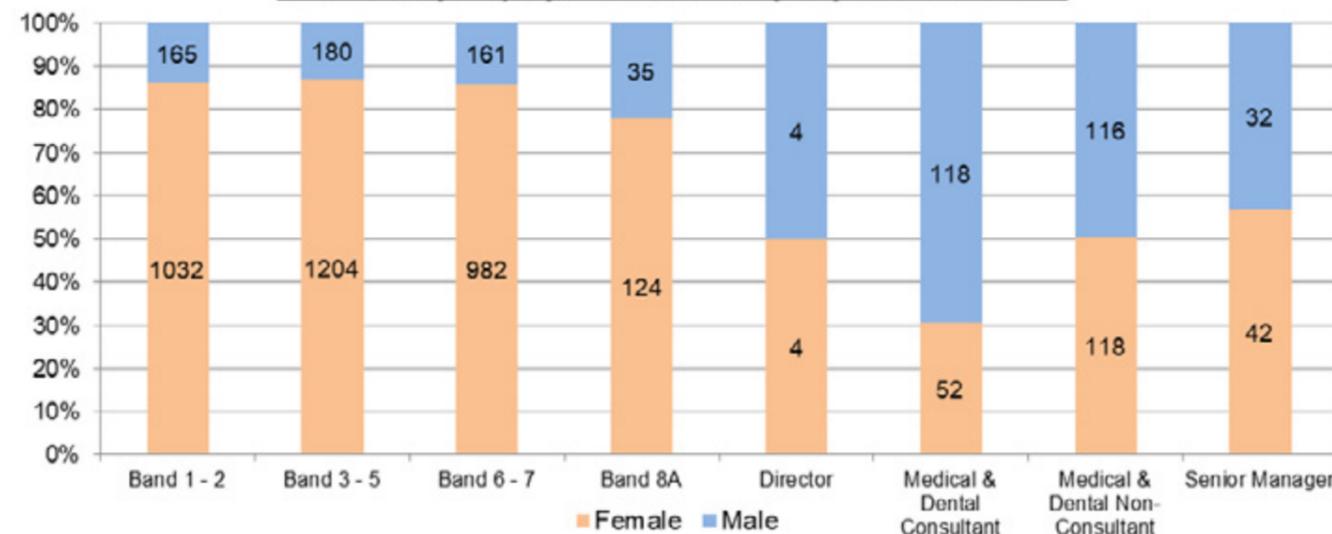
³ Representative of bank and agency colleagues employed by the Trust

⁴ Inclusive of Administrative, Clerical and Estates colleagues.

Permanently Employed Workforce by Pay Band



Permanently Employed Workforce by Pay Band & Gender

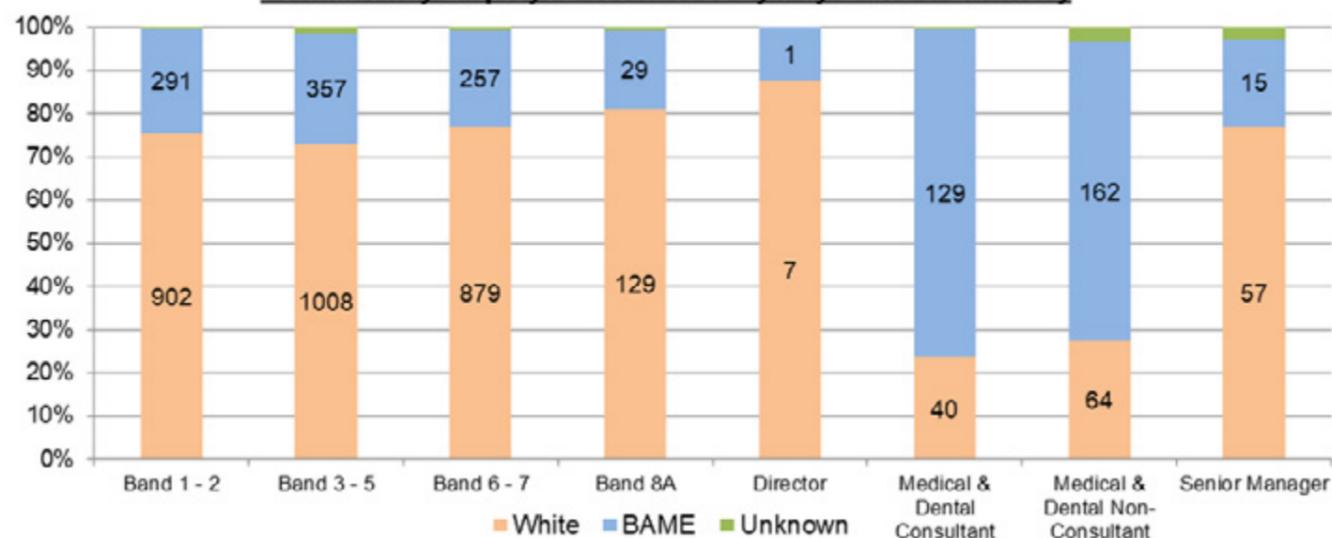


Our workforce is predominately female (81%), and this is the predominant gender in all of the staff groups except for medical staff and senior managers where the position is the reverse.

In line with national arrangements agreed by The Equality and Human Rights Commission (EHRC) in response to the pandemic, the Trusts Gender Pay Gap analysis and report for 20/21 will be completed and published by the end of Q2, October 2021.

Throughout 20/21 the Trust has continued to address gender inequality by improving recruitment and selection processes with a particular focus on providing recruiting managers with training around good recruitment practices and interview techniques and skills. This last year has amplified the value of enhanced flexible working opportunities to recruit and retain staff and this will be a key area of focus from now on.

Permanently Employed Workforce by Pay Band & Ethnicity



99% of the substantive colleagues have shared their ethnicity, with 28.4% of colleagues recorded as having a Black, Asian or Minority Ethnic (BAME) background, which is representative of the local population (21%) and national NHS Workforce. (NHS BAME Workforce population 13%).

BAME (Black, Asian and Minority Ethnic) colleagues account for 75% of the medical consultant workforce, whilst 20% of the Band 8A – Band 8D workforce have identified themselves as being from a BAME background. The Trust has a proud and diverse workforce, reflective of the communities being served.

The Trust recognises the importance of addressing challenges facing by individual ethnicities, and as such, seeks to provide a platform for those from a minority background, to ensure any ethnicity-specific health and employment inequalities are acknowledged and then addressed.

Substantive Workforce by Ethnic Background	Headcount	%
Asian or Asian British - Bangladeshi	37	0.85%
Asian or Asian British - Chinese	16	0.37%
Asian or Asian British - Indian	450	10.30%
Asian or Asian British - Pakistani	191	4.37%
Asian or Asian British - Any other Asian background	87	1.99%
Black or Black British - African	91	2.08%
Black or Black British - Caribbean	138	3.16%
Black or Black British - Any other Black background	23	0.53%
Dual Heritage - White & Asian	56	1.28%
Dual Heritage - White & Black African	11	0.25%
Dual Heritage - White & Black Caribbean	58	1.33%
Dual Heritage - Any other mixed background	18	0.41%
White - British	2993	68.51%
White - Irish	19	0.43%
White - Any other background	74	1.69%
Any Other Ethnic Group	65	1.49%
Unknown	42	0.96%

3.3.3 Sickness Absence Data

The NHS Digital publication of NHS sickness absence rates can be found by following this link: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates>

3.3.4 Staff Turnover Percentage

Turnover % (Normalised) - Rolling 12 Months	2020/21	Target	2021/22											2020/21 Average	
	Mar-20		Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21		Mar-21
Overall Turnover	11.64%	10%	12.43%	9.79%	8.39%	7.15%	7.90%	9.21%	8.25%	7.98%	8.14%	7.40%	7.15%	9.30%	8.59%
Add Prof Scientific and Technic	20.04%	10%	16.89%	21.05%	22.13%	22.44%	21.63%	20.00%	13.99%	14.55%	11.54%	7.32%	6.57%	8.16%	15.52%
Additional Clinical Services	11.04%	10%	12.55%	10.77%	11.69%	8.11%	7.66%	12.09%	7.97%	6.34%	6.95%	5.63%	6.17%	9.52%	8.79%
Administrative and Clerical	10.97%	10%	14.11%	8.22%	4.16%	4.02%	6.86%	8.60%	8.07%	8.49%	4.85%	7.69%	5.52%	8.74%	7.44%
Allied Health Professionals	14.78%	10%	14.62%	13.04%	12.30%	9.69%	8.80%	7.53%	9.00%	9.54%	9.35%	10.67%	14.27%	16.29%	11.26%
Estates and Ancillary	7.17%	10%	7.92%	6.86%	6.17%	5.88%	4.19%	3.48%	3.71%	4.53%	6.31%	6.05%	7.20%	9.09%	5.95%
Healthcare Scientists	10.35%	10%	11.73%	13.02%	7.01%	7.25%	7.42%	7.24%	2.94%	3.67%	5.60%	4.47%	3.95%	6.56%	6.74%
Medical and Dental	8.05%	10%	6.44%	6.79%	8.49%	7.97%	7.09%	6.84%	5.90%	5.45%	5.96%	5.25%	6.22%	8.79%	6.77%
Nursing and Midwifery Registered	12.48%	10%	12.28%	9.51%	7.90%	6.79%	8.06%	9.04%	9.42%	8.87%	11.36%	8.33%	7.84%	8.65%	9.00%

Turnover rates are calculated by measuring the full-time equivalent (FTE) of colleagues leaving the Trust against the average staff in post FTE during an applicable 12 month period. Turnover figures are 'normalised' through the exclusion of Rotational Doctors, Students, TUPE Transfers and End of Fixed Term Temp contracts. The rolling 12-month nature of this key performance indicator can lead to significant swings in the turnover rate, when historical leaver intelligence is no longer relevant to the reporting cycle. This is evident when comparing the overall turnover rates of Apr-20 vs May 20. This reduction in turnover, and the subsequent stability of performance thereafter, is assurance that the organisation has secured sustainable turnover rates below the 10% target threshold.

3.3.5 Staff Engagement Percentage Scores

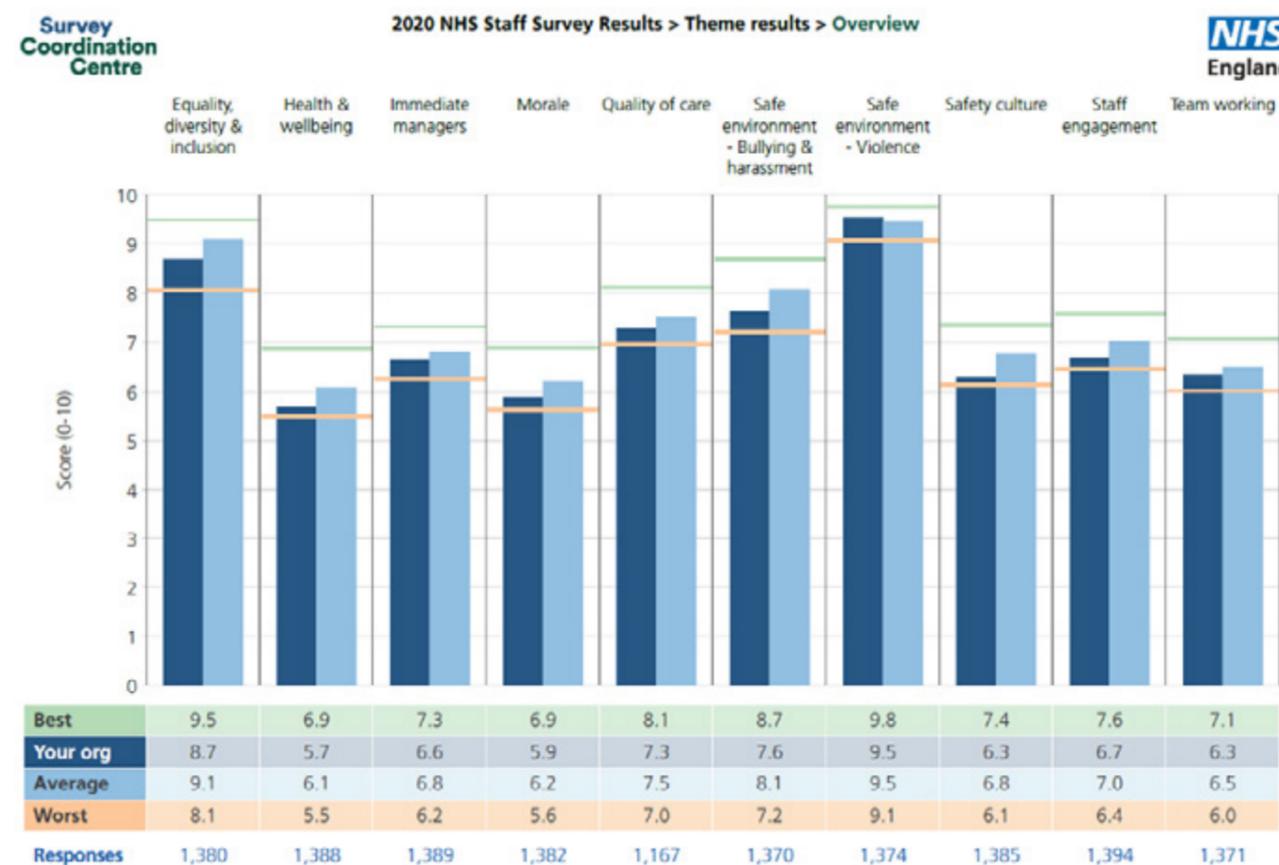
There remains significant improvement required to bring staff experience and engagement metrics in line with the national average benchmark scores across the Trust. The Trust's performance on the National Staff Survey is lower quartile nationally. There are areas of the Trust demonstrating good practice that matches and exceeds national performance; however there are also areas for significant improvement. The chart below shows how the Trust compares with the ten overall theme scores within the National Staff Survey 2020 at Trust level and illustrates the level of improvement required (theme results table below). The chart below shows how different divisional areas within the Trust perform against the overall theme scores within the National Staff Story 2020 (Trust Wide Divisional Overview Table below). The Improvement Programme work-stream Value our Colleagues provides the detailed plan for improving staff experience metrics and outcomes and ensuring these are consistent across the Trust such that the organisational culture is a healthy culture and one where staff will recommend the Trust as a place to work and as a place to be treated, staff experience and engagement has a direct impact on the patient experience and outcomes.

The areas of concern relating to bullying and harassment and to discrimination are of particular Board focus. The board pledge provides a board commitment to improving the culture across the Trust and not tolerating behaviours that are not in-line with Trust values and eliminating bullying and discrimination. The EDI Strategy and Value our Colleagues work-stream of the Improvement Programme are designed to address this and assurance is provided on progress against staff experience and engagement metrics to the People and Organisation Development Committee and the Trust Board.

"Demonstrate through our actions that we listen and support people. We will ensure the organisation treats people equally, fairly and inclusively, with zero tolerance of bullying. We uphold and role model the Trust values chosen by you".



Theme Results Table:



Although our 2020 NHS Staff Survey results showed an overall improvement across six of the ten themes compared to the results of the 2019 survey, the tables above demonstrate there is significant improvement to make to achieve average performance and in addition the response rate a proxy in itself of staff engagement needs to improve. In response to the outcomes of the 2019 survey and to support colleague's responding to the COVID-19 pandemic, throughout 2020 the Trust applied a particular focus to the health and wellbeing of colleagues and made a strategic commitment to addressing workforce inequality by ensuring inclusion and the voice of our colleagues were consulted and involved in critical decision making.

This year's survey provided encouragement that colleagues had recognised the improvement health and wellbeing support available to them in that:

- Our health and wellbeing index score increased from 5.5 in 2019 to 5.7 in 2020.
- More staff told us that their line manager took a positive interest in their health and wellbeing. An increase from 68.2% in 2019 to 69.2% in 2020.

Trust Wide Divisional Overview Table:

	Benchmark Average	Trust	Community	MLTC	Surgery	WCCSS	E&F	CEO & Governance	Transformation & Strategy	Finance	Informatics	Nursing Directorate	Operations	P&C
Response Rate (%)	45	33	42	35	35	34	36	74	n/a	51	37	51	36	37
EDI	8.1	8.7	8.2	8.0	8.6	8.7	8.9	9.3	7.1	8.3	8.3	9	6.5	8.8
NIWB	6.1	5.7	5.9	5.5	5.3	5.6	6.1	5.9	6.8	7	4.9	5.8	3.1	6.8
Immediate Manager	6.8	6.6	7.2	6.7	6.2	6.8	5.1	7.1	5.8	7.1	5.0	7.1	5.3	7.5
Morale	6.2	5.9	6.1	5.7	5.7	6	5.9	5.9	4.7	5.9	4.8	5.8	5.2	6.2
Quality of Care	7.5	7.3	7.6	7.1	7.2	7.3	7.4	n/a	n/a	7.3	6.5	4.4	n/a	7.5
Safe Environment Bullying & Harassment	8.1	7.6	8.3	8.1	7	7.7	8.7	8.1	7.7	8.1	7.6	8.1	10	8.4
Safe Environment Violence	9.5	9.5	9.7	9.6	9.5	9.7	9.5	10	9.6	9.8	9.8	9.8	8.1	9.9
Safety Culture	6.8	6.3	6.6	6.4	6	6.4	6.1	6.6	5.9	5.7	5.1	6.2	5.4	6.5
Staff Engagement	7	6.7	7	6.7	6.4	6.7	6.5	7.2	6.6	6.8	5.6	6.7	6.3	7.3
Team Working	6.5	6.3	6.9	6.3	5.8	6.6	5.1	6.6	5.4	7.2	5.3	7.1	10	7

0.2 below Trust score

0.1 below Trust score

Equal to Trust score

Up to 0.2 above Trust score

0.3 & above Trust score

Best Score for Trust

★

Equal to or above benchmark average

From an equality, diversity and inclusion perspective, the survey results clarified that there is still much work to do as the index outcome fell from 8.8 in 2019 to 8.7 in 2020. Throughout 2020 the Trust undertook a comprehensive consultation and engagement exercise with colleagues and service users to understand what was most important to them in terms of equality, diversity and inclusion. This feedback was core the development of the Equality, Diversity and Inclusion Strategy which is underpinned by a detailed delivery plan which will be overseen by the People and Organisational Development Committee in 2021-2022. The committee will also focus on the Trust’s operational and strategic interventions which aim to improve staff experience and eliminate differential colleague experience based on ethnicity, age, disability, sexuality, gender, religion and other protected characteristics which are highlighted as areas requiring improvement from the 2020 National Staff Survey.

Our Employee Engagement Index score increased from 6.6 in 2019 to 6.7 in 2020, with staff telling us this year that they felt more able to make suggestions and improvements in the work of their team/department compared to previous years. The number of colleagues advocating for the Trust as a place to work and a place to be treated increased to the highest rate in five years. This complements an increased index score of 7.3 for quality of care compared to 7.2 in 2019 and is encouraging considering a significant proportion of our workforce live within the community that the Trust serves. There remains significant improvement required to bring staff experience metrics in line with the national average benchmark scores across the Trust. The chart below shows how the Trust compares with the ten overall theme scores within the National Staff Survey 2020 and illustrates the level of improvement required. The Improvement Programme work-stream Value our Colleagues provides the detailed plan for improving staff experience metrics and outcomes.

3.3.6 Staff Policies applied during the Financial Year

All reviewed and updated workforce policies align with our Trust values and one of the three subsets of the Value our Colleagues Improvement Programme:

- Leadership, Culture and Organisational Development;
- Organisational Effectiveness; and
- Making Walsall and the Black Country the best place to work

This helps to ensure that our processes are people centric, reflecting the People Promise made within the NHS People Plan and aligned with system opportunities through the Black Country and West Birmingham Integrated Care System.

Our focus over 2020/21 has been to strengthen our recruitment and selection processes to ensure recruitment is seen to be open, transparent and supports equality. The Attendance Policy has been reviewed to provide a strong focus on staff wellbeing and our Occupational Health and Wellbeing Service has provided a framework for staff wellbeing that provides support for physical health, mental health, spiritual health, financial health and supports life and work balance. The service also ensures that reasonable adjustments are made to support staff to maintain attendance through appropriate training, support and redeployment opportunities. Throughout 2020/21 the Trust developed a significant number of interim policies and guidance documents to support colleagues during the pandemic.

The Trust monitors its employment policies to ensure actions are taken to avoid unlawful discrimination whether direct or indirect. In 2020 our Equality and Diversity Policy and Recruitment and Selection Policy and Guidelines were substantially updated to accentuate the Trust’s commitment to ensuring that all staff, including those who have a disability, are treated fairly and equitably in relation to the appointment processes. This commitment is supported by the work of our Cultural Ambassador programme which has trained over 40 colleagues to identify and challenge discrimination and cultural bias.

The Trust Board Pledge shown above demonstrates the Board’s commitment to a zero tolerance approach to inappropriate behaviour in the workplace and treating people fairly, and inclusively. In 2020 the Trust developed a revised Equality, Diversity and Inclusion Strategy following extensive consultation with staff and patients. This strategy was due to be published in May 2021.

The Trust recognises that having a diverse workforce and culture that enables everyone to ‘bring their true selves to work’ enables greater levels of engagement and advocacy. Diversity enhances creativity; it encourages the search for new information and perspectives, leading to better decision making, problem-solving and quality of care. We can only provide the best possible care for our patients if we also recognise and meet the diverse needs of our staff, value the richness that diversity brings and its positive influences on the services that the Trust provides to patients.

The outcome of our 2020 Workforce Race and Disability Equality Standards (WRES and WDES) results together with the 2020 staff survey results tell us that much more needs to be done to improve the experience of colleagues at work and to address the structural inequalities that persist in the form of discrimination in recruitment and career progression opportunities and heightened experience of bullying in the workplace.

We can only provide the best possible care for our patients if we also recognise and meet the diverse needs of our staff

With regard to enhancing the experience of colleagues with long term conditions and illness the Trust is committed to:

- Making reasonable adjustments to maintain the services of an employee who develops a long term illness, including training and development, provision of special equipment and reviewing working patterns
- Giving full and proper consideration to disabled people who apply for jobs, having regard to reasonable adjustments
- Making every effort to ensure our key areas and events are accessible for staff with physical disabilities

The Value Our Colleagues Improvement Programme seeks to address evident inequalities and to change behaviours that are not in line with Trust values. The actions are not embedded yet and have not yet made an impact on the long-standing organisational culture challenges the Trust faces, however during 2020/21 the following interventions were made:

- Established a Black, Asian and Minority Ethnic shared decision making council
- Supported the growth of our staff networks
- Completed an assessment of equality, diversity and inclusion performance using the Equality Delivery System 2 and published the outcomes on the website
- Reviewed and updated the Equality Impact Assessment Framework which is now embedded across all areas of the Improvement Programme
- Improved interpretation and translation services to ensure seamless and accessible communication methods for patients whose first language is not English and for patients with a hearing impairment
- Enhanced the collection of patient and workforce equality and inclusion demographic information
- Supported our Black and Minority Ethnic Staff to attend the Stepping Up Positive Action programme

As a public sector organisation, and the largest employer within the Walsall borough, the Trust has a responsibility to improve unacceptable health inequalities. As a provider of both acute and community services, the Trust is in an influential position to make a lasting difference to the health and wellbeing of the population. During 2020/21 we have laid the foundations to become recognised as an ‘anchor employer’ in Walsall. Working in partnership with whg (Walsall Housing Group), local job centres and higher education institutes we support retraining for people identified as being disadvantaged, including those who have been adversely affected and faced job losses as a result of the pandemic within the Walsall area that will lead to substantive employment with the Trust.

The Trust maintains an excellent partnership relationship with staff side representatives through established employee and management consultation and negotiating forums (Joint Staff Consultation and Negotiating Committee, Local Negotiating Committee and Junior Doctors’ Forum). These forums were essential to develop local arrangements to specifically support colleagues to work within the pandemic. The forums continue to provide invaluable feedback to Trust management on matters of concern to employees and allows for consultation of any proposed changes.

3.3.7 Trade Union Facility Time Reporting Requirements

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

Percentage of time spent on facility time	Number of Employees
0%	
1-50%	
51-99%	
100%	2 FTE

Percentage of pay bill spent on facility time	
Provide the total cost of facility time	£68.6k
Provide the total pay bill	£170m
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.04%

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	100%

3.3.8 Health and Safety at Work

Health, safety and wellbeing is an integral and important part of everyone’s duties. The Trust’s commitment to Health, Safety and Wellbeing therefore ranks equally with all other aims, objectives and activities. All organisations have a legal duty to put suitable arrangements in place to manage health and safety.

During the 2020/21, the Health and Safety Executive (HSE) issued additional guidance to support employers in their response to the COVID-19 pandemic, and the Trust’s Health and Safety Team has provided continual advice to support colleagues in the application of that guidance. This has enabled the Health and Safety Team to broaden its influence to better support all areas of the organisation managing health and safety. The Team has worked closely with Clinical Leaders, Infection Prevention and Control, Microbiology, Human Resources, Procurement and our Occupational Health and Wellbeing colleagues to put mitigations in place to reduce the risk of transmission of the virus.

During the past year, Occupational Health has had to prioritise services to help reduce the impact of the COVID-19 pandemic to staff within the Trust. This has been done by altering service provision to meet exceptionally high demands for COVID-19 staff contact tracing and outbreak management. This is in addition to providing other vital COVID-19 related services such as mental health support to individuals and groups of staff; carrying out staff health assessments; providing shielding advice to managers and staff; and providing advice for staff with skin and face mask problems.

The Health and Safety Group acts as the main mechanism for consultation on work related health and safety matters. However, during the pandemic, the Trust adopted a Control & Command reporting structure to ensure timely decision making and necessary actions were taken in terms of emerging risks associated with the pandemic. As such, for the duration of the pandemic, a representative from the Health and Safety Team has attended (at times daily) multidisciplinary-team meetings, with representation from unions and staff-side, to offer specialist health and safety advice and support. This included development and implementation of the Working Safely during COVID-19 guided risk assessment template and associated Standard Operating Procedure; development of an interim working from home procedure with a requirement for managers to justify why staff needed to work on site rather than why not; exploration of alternative ventilation solutions for areas of our older estate; and liaising with manufacturers of Perspex screens for areas where social distancing is compromised. The Health and Safety Group has now been re-established as part of our Health and Safety recovery and restoration plan.

Responding to changes in FFP3 disposable respirator provision from central stocks has been a significant challenge, specifically to the Trust's ability to maintain Fit Testing compliance. The Health and Safety Team has worked closely with procurement colleagues to ensure there is suitable and sustainable provision of new FFP3s which offer good protection to staff. Reusable FFP3s have been implemented in high use areas to mitigate this risk, additional staff were trained in Fit Testing and a Fixed Term member of staff recruited to the team as Respiratory Protective Equipment Facilitator to support with fit testing.

The Trust uses a range both reactive and proactive measures to monitor health and safety performance. The Managers Health and Safety Toolkit is a checklist designed to assist managers in identifying any deficiencies in health and safety management arrangements and a process for proactively developing actions to mitigate risks identified. During 2020/21, the Trust has purchased an additional module to the Ulysses Safeguard Risk Management System to enable performance to be captured electronically. During the pandemic, the Health and Safety team undertook over 70 onsite inspections to monitor compliance with COVID-19 safety measures, feeding outcomes back to managers.

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) puts duties on employers, the self-employed and people in control of work premises to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses). The Trust reported 27 RIDDOR incidents over the last 12 months. Predominantly these relate to lifting and handling, slips trips and falls and more recently occupational dermatitis as a result of increased hand sanitisation during the pandemic.

Over the next 12 months, the Health and Safety Team will focus on restoration and recovery and the proactive Health and Safety agenda including training, improving compliance with the managers' health and safety toolkit and reviewing policies and procedures.

3.3.9 Expenditure on Consultancy

The Trust paid £3.3m on consultancy costs during 2020/21.

3.3.10 Off-Payroll Engagements

For all off-payroll engagements as of 31 March 2021, for more than £245 per day and that last longer than six months:

Table 1: Off-payroll engagements

For all off payroll engagements as of 31.3.21, for more than £245 per day	No.
Number of existing engagements as of 31.3.2021	2
Of which, the number that have existed:	
less than 1 year at the time of reporting	2
for between 1 and 2 years at the time of reporting	
for between 2 and 3 years at the time of reporting	
for between 3 and 4 years at the time of reporting	
for 4 or more years at the time of reporting	

For all off-payroll engagements, between 1st April 2020 and March 2021, for more than £245 per day

Table 2: All Off-payroll engagements

	No.
No. of temporary off-payroll workers engaged between 1 April 2020 and 31 March 2021	20
Of which...:	
No. not subject to off-payroll legislation	0
No. subject to off-payroll legislation and determined as in-scope of IR35	0
No. subject to off-payroll legislation and determined as out of scope of IR35	20
No. of engagements reassessed for compliance or assurance purposes during the year	0
Of which: no. of engagements that saw a change to IR35 status following review	0

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

Table 3: Off-payroll board member/senior official engagements

Number of off payroll engagements of 'board members, and/or senior officers with significant financial responsibility' during the year (1)	0
Total No. of individuals on payroll and off-payroll that have been deemed 'board members and/or senior officials' with significant financial responsibility during the year. This figure includes both on payroll and off payroll engagements (2)	20

3.3.11 Exit Packages

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

There have been no redundancy and other departure costs paid in 2020/21. Exit costs in this note are accounted for in full in the year of departure. Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

A Mutually Agreed Resignation Scheme (MARS) is a scheme whereby organisations may offer a severance payment to an employee to leave their employment voluntarily. The scheme has been developed to assist employers in addressing some of the financial challenges facing the NHS and its key purpose is to create job vacancies for colleagues facing redundancy. The scheme is time limited and has HM Treasury approval. There have been no MARS agreements in the financial year.

This disclosure reports the number and value of exit packages agreed in the year. The expense associated with these departures may have been recognised in part or in full in a previous period. The figures are subject to audit.

Trust Accounts Consolidated (TAC) Summarisation Schedules

Trust Accounts Consolidation (TAC) Summarisation Schedules for Walsall Healthcare NHS Trust

Summarisation schedules numbers TAC01 to TAC34 and accompanying WGA sheets for 2018/19 have been completed and this certificate accompanies them.

Finance Director Certificate

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



Russell Caldicott, Director of Finance and Performance
Date: 23rd June 2021

Chief Executive Certificate

- I acknowledge the attached TAC schedules, which have been prepared and certified by the Finance Director, as the TAC schedules which the Trust is required to submit to NHS Improvement.**
- I have reviewed the schedules and agree the statements made by the Director of Finance above.**



Professor David Loughton CBE, Interim Chief Executive Officer
Date: 23rd June 2021

Part 4: Financial Statements



4.1 Financial Statements

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.

4.1.1 Statement of Comprehensive Income

		2020/21	2019/20
	Note	£000	£000
Operating income from patient care activities	3	291,583	257,026
Other operating income	4	56,871	37,133
Operating expenses	5, 7	(338,499)	(284,183)
Operating surplus from continuing operations		<u>9,955</u>	<u>9,976</u>
Finance income	10	-	86
Finance expenses	11	(8,351)	(10,960)
PDC dividends payable		(510)	-
Net finance costs		<u>(8,861)</u>	<u>(10,874)</u>
Other gains / (losses)	12	-	-
Share of profit / (losses) of associates / joint arrangements		-	-
Gains / (losses) arising from transfers by absorption		-	-
Corporation tax expense		-	-
Surplus / (deficit) for the year from continuing operations		<u>1,094</u>	<u>(898)</u>
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations		-	-
Surplus / (deficit) for the year		<u>1,094</u>	<u>(898)</u>
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	6	-	-
Revaluations	16	9,567	(983)
Share of comprehensive income from associates and joint ventures		-	-
Fair value gains / (losses) on equity instruments designated at fair value through OCI		-	-
Other recognised gains and losses		-	-
Remeasurements of the net defined benefit pension scheme liability / asset		-	-
Gain / (loss) arising from on transfers by modified absorption		-	-
Other reserve movements		-	-

May be reclassified to income and expenditure when certain conditions are met:

Fair value gains/(losses) on financial assets mandated at fair value through OCI	-	-
Recycling gains/(losses) on disposal of financial assets mandated at fair value through OCI	-	-
Foreign exchange gains / (losses) recognised directly in OCI	-	-
Total comprehensive income / (expense) for the period	<u>10,661</u>	<u>(1,881)</u>

Adjusted financial performance (control total basis):

Surplus / (deficit) for the period	1,094	(898)
Remove net impairments not scoring to the Departmental expenditure limit	-	983
Remove (gains) / losses on transfers by absorption	-	-
Remove I&E impact of capital grants and donations	(454)	130
Prior period adjustments	-	-
Remove non-cash element of on-SoFP pension costs	-	-
Remove 2018/19 post audit PSF reallocation (2019/20 only)		(165)
Remove net impact of inventories received from DHSC group bodies for COVID response	(498)	
Adjusted financial performance surplus / (deficit)	<u>142</u>	<u>50</u>

The Trust has performed an internal indexation of assets valuation exercise in 20/21 in the absence of a professional full-site revaluation during the COVID-19 Pandemic and therefore not able to fully assess an impairment value for the capital enhancement works delivered in year. In 2019/20 a valuation exercise was undertaken on the refurbished Neonatal Unit and new Maternity Theatre which resulted in an impairment of £983k being charged to the Statement of Comprehensive.

4.1.2 Statement of Financial Position

		31 March '20	31 March '20
	Note	£000	£000
Non-current assets			
Intangible assets	13	6,417	1,610
Property, plant and equipment	14	161,995	142,395
Investment property		-	-
Investments in associates and joint ventures		-	-
Other investments / financial assets	19	-	-
Receivables	19	561	861
Other assets		-	-
Total non-current assets		<u>168,973</u>	<u>144,866</u>
Current assets			
Inventories	18	2,951	2,620
Receivables	19	11,075	39,001
Other investments / financial assets	19	-	-
Other assets		-	-
Non-current assets for sale and assets in disposal groups		-	-
Cash and cash equivalents	20	43,532	9,056
Total current assets		<u>57,558</u>	<u>50,677</u>
Current liabilities			
Trade and other payables	21	(35,179)	(26,296)
Borrowings	23	(4,058)	(134,693)
Other financial liabilities	24	-	-
Provisions	25	(96)	(96)
Other liabilities	22	(284)	(1,480)
Liabilities in disposal groups		-	-
Total current liabilities		<u>(39,617)</u>	<u>(162,565)</u>
Total assets less current liabilities		<u>186,914</u>	<u>32,978</u>

Non-current liabilities

Trade and other payables	21	-	-
Borrowings	23	(111,956)	(116,013)
Other financial liabilities	24	-	-
Provisions	25	-	-
Other liabilities	22	-	-
Total non-current liabilities		<u>(111,956)</u>	<u>(116,013)</u>
Total assets employed		<u>74,958</u>	<u>(83,035)</u>
Financed by			
Public dividend capital		215,632	68,300
Revaluation reserve		24,307	14,832
Financial assets reserve		-	-
Other reserves		-	-
Merger reserve		-	-
Income and expenditure reserve		(164,981)	(166,167)
Total taxpayers' equity		<u>74,958</u>	<u>(83,035)</u>

The notes on the following pages form part of these accounts.



Name: Professor David Loughton CBE
Position: Interim Chief Executive
Date: 23 June 2021

4.1.3 Statement of Changes in Equity for the year ended 31 March 2021

	Public dividend capital	Revaluation reserve	Financial assets reserve	Other reserves	Merger reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2020 - brought forward	68,300	14,832	-	-	-	(166,167)	(83,035)
Surplus for the year	-	-	-	-	-	1,094	1,094
Revaluations	-	9,567	-	-	-	-	9,567
Public dividend capital received	147,332	-	-	-	-	-	147,332
Taxpayers' and others' equity at 31 March 2021	215,632	24,307	-	-	-	(164,981)	74,958

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 at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

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.

Financial assets reserve

This reserve comprises changes in the fair value of financial assets measured at fair value through other comprehensive income. When these instruments are derecognised, cumulative gains or losses previously recognised as other comprehensive income or expenditure are recycled to income or expenditure, unless the assets are equity instruments measured at fair value through other comprehensive income as a result of irrevocable election at recognition.

Merger reserve

This reserve reflects balances formed on merger of NHS bodies.

Income and expenditure reserve

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

4.1.4 Statement of Cash Flows

	Note	2020/21 £000	2019/20 £000
Cash flows from operating activities			
Operating surplus		9,955	9,976
Non-cash income and expense:			
Depreciation and amortisation	5.1	6,947	6,163
Net impairments	6	-	983
Income recognised in respect of capital donations	4	(642)	(93)
Amortisation of PFI deferred credit		-	-
Non-cash movements in on-SoFP pension liability		-	-
(Increase) / decrease in receivables and other assets		28,544	(22,549)
(Increase) / decrease in inventories		(331)	(258)
Increase / (decrease) in payables and other liabilities		4,495	(4,376)
Increase / (decrease) in provisions		-	320
Tax (paid) / received		-	-
Operating cash flows from discontinued operations		-	-
Other movements in operating cash flows		-	-
Net cash flows from / (used in) operating activities		48,968	(9,834)
Cash flows from investing activities			
Interest received		-	83
Purchase and sale of financial assets / investments		-	-
Purchase of intangible assets		(1,043)	(667)
Sales of intangible assets		-	-
Purchase of PPE and investment property		(16,910)	(10,039)
Sales of PPE and investment property		-	-
Receipt of cash donations to purchase assets		-	-
Prepayment of PFI capital contributions		-	-
Investing cash flows from discontinued operations		-	-
Cash from acquisitions / disposals of subsidiaries		-	-
Net cash flows used in investing activities		(17,953)	(10,623)
Cash flows from financing activities			
Public dividend capital received		147,332	4,110
Public dividend capital repaid		-	-
Movement on loans from DHSC		(129,967)	36,043
Movement on other loans		-	-
Other capital receipts		-	-
Capital element of finance lease rental payments		-	-
Capital element of PFI, LIFT and other service concession payments		(4,158)	(3,990)
Interest on loans		(567)	(2,603)
Other interest		-	-
Interest paid on finance lease liabilities		-	-
Interest paid on PFI, LIFT and other service concession obligations		(8,351)	(8,233)

PDC dividend (paid) / refunded	(828)	-	-
Financing cash flows of discontinued operations	-	-	-
Cash flows from (used in) other financing activities	-	-	-
Net cash flows from financing activities	<u>3,461</u>	<u>25,327</u>	
Increase / (decrease) in cash and cash equivalents	<u>34,476</u>	<u>4,870</u>	
Cash and cash equivalents at 1 April - brought forward	<u>9,056</u>	<u>4,186</u>	
Prior period adjustments	-	-	-
Cash and cash equivalents at 1 April - restated	<u>9,056</u>	<u>4,186</u>	
Cash and cash equivalents transferred under absorption accounting	-	-	-
Unrealised gains / (losses) on foreign exchange	-	-	-
Cash and cash equivalents at 31 March	<u>20.1</u>	<u>43,532</u>	<u>9,056</u>

4.2 Auditor's Letter

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.

4.2.1 Independent auditor's report to the Directors of Walsall Healthcare NHS Trust

Report on the audit of the financial statements
Opinion on the financial statements
We have audited the financial statements of Walsall Healthcare NHS Trust ('the Trust') for the year ended 31 March 2021, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Equity, the Statement of Cash Flows, and notes to the financial statements, including the summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual 2020/21 as contained in the Department of Health and Social Care Group Accounting Manual 2020/21, and the Accounts Direction issued by the Secretary of State with the approval of HM Treasury as relevant to NHS Trusts in England.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2021 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2020/21; and
- have been properly prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Directors with respect to going concern are described in the relevant sections of this report.

Other information

The Directors are responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Responsibilities of the Directors and the Accountable Officer for the financial statements

As explained more fully in the Statement of Directors' Responsibilities, the Directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. The Directors are required to comply with the Department of Health and Social Care Group Accounting Manual 2020/21 and prepare the financial statements on a going concern basis, unless the Trust is informed of the intention for dissolution without transfer of services or function to another entity. The Directors are responsible for assessing each year whether or not it is appropriate for the Trust to prepare its accounts on the going concern basis and disclosing, as applicable, matters related to going concern.

As explained in the Statement of the Chief Executive's Responsibilities as the Accountable Officer of the Trust, the Accountable Officer is responsible for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. The Accountable Officer is responsible for ensuring that the financial statements are prepared in a format directed by the Secretary of State. Auditor's responsibilities for the audit of the financial statements Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Based on our understanding of the Trust, we identified that the principal risks of non-compliance with laws and regulations related to the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), and we considered the extent to which non-compliance might have a material effect on the financial statements.

We evaluated the Accountable Officer's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) and determined that the principal risks were related to - posting manual journal entries to manipulate financial performance, management bias through judgements and assumptions in significant accounting estimates, and any significant one-off or unusual transactions.

Our audit procedures were designed to respond to those identified risks, including non-compliance with laws and regulations (irregularities) and fraud that are material to the financial statements. Our audit procedures included but were not limited to:

- discussing with management and the Audit Committee the policies and procedures regarding compliance with laws and regulations;
- communicating identified laws and regulations throughout our engagement team and remaining alert to any indications of non-compliance throughout our audit; and
- considering the risk of acts by the Trust which were contrary to applicable laws and regulations, including fraud.

Our audit procedures in relation to fraud included but were not limited to:

- making enquiries of management and the Audit Committee on whether they had knowledge of any actual, suspected or alleged fraud;
- gaining an understanding of the internal controls established to mitigate risks related to fraud;
- discussing amongst the engagement team the risks of fraud; and
- addressing the risks of fraud through management override of controls by performing journal entry testing.

There are inherent limitations in the audit procedures described above and the primary responsibility for the prevention and detection of irregularities including fraud rests with management and the Audit Committee. As with any audit, there remained a risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal controls.

We are also required to conclude on whether the Directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate. We performed our work in accordance with Practice Note 10: Audit of financial statement and regularity of public sector bodies in the United Kingdom, and Supplementary Guidance Note 01, issued by the NAO in April 2021.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

4.2.2 Report on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources**Matter on which we are required to report by exception**

We are required to report to you if, in our opinion, we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021. We have not completed our work on the Trust's arrangements. On the basis of our work to date, having regard to the guidance issued by the Comptroller and Auditor General in April 2021, we have not identified any significant weaknesses in arrangements for the year ended 31 March 2021.

We will report the outcome of our work on the Trust's arrangements in our commentary on those arrangements within the Auditor's Annual Report. Our audit completion certificate will set out any matters which we are required to report by exception.

Responsibilities of the Accountable Officer

As explained in the Statement of the Chief Executive's Responsibilities as the Accountable Officer of the Trust, the Accountable Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required under section 21(1)(c) of the Local Audit and Accountability Act 2014 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources, and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our work in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in April 2021.

4.2.3 Report on other legal and regulatory requirements

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration Report and Staff Report subject to audit have been properly prepared in accordance with the Accounts Direction made under the National Health Service Act 2006; and
- the other information published together with the audited financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception under the Code of Audit Practice

We are required to report to you if:

- in our opinion the Annual Governance Statement does not comply with the guidance issued by NHS Improvement; or
- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act; or
- we issue a report in the public interest under section 24 and schedule 7(1) of the Local Audit and Accountability Act 2014; or
- we make a written recommendation to the Trust under section 24 and schedule 7(2) of the Local Audit and Accountability Act 2014.

We have nothing to report in respect of these matters.

Use of the audit report

This report is made solely to the Board of Directors of Walsall Healthcare NHS Trust, as a body, in accordance with part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Directors of the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Directors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

4.2.4 Audit Completion Certificate issued to the Directors of Walsall Healthcare NHS Trust for the year ended 31 March 2021

In our auditor's report dated Walsall Healthcare NHS Trust we explained that the audit could not be formally concluded until we had completed the work necessary to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

This work has now been completed.

No matters have come to our attention since 29 June 2021 that would have a material impact on the financial statements on which we gave our unqualified opinion.

The Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required to report to you if, in our opinion, we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021.

On the basis of our work, having regard to the guidance issued by the Comptroller and Auditor General in April 2021, we have identified the following significant weaknesses in the Trust's arrangements for the year ended 31 March 2021:

Significant weakness in arrangements	Recommendation(s)
<p>Clinical performance</p> <p>In September 2020, the Care Quality Commission (CQC) carried out a short notice announced focused inspection of the emergency department and maternity service at Manor Hospital in response to concerns around safety and governance. The CQC found areas for improvement including breaches of legal requirements that the Trust must put right, including:</p> <ul style="list-style-type: none"> • In Urgent and Emergency Services, ensuring staff participate in mandatory training, and deploying sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure that they can meet patient's care and treatment needs • In Maternity Services, putting in place arrangements to effectively assess and monitor the provision of staffing. <p>In March 2021, the CQC carried out an unannounced focused inspection because it had received information of concern about the safety and quality of services within the medicine wards at the Manor Hospital. The Trust's medical services were rated as "inadequate" and a Section 29a warning notice was served on the Trust on the 31 March 2021 due to breaches in regulations in staffing, governance and the provision of safe care and treatment.</p>	<p>1. In order to ensure systems, processes and training are in place to manage the risks relating to the health, safety, and welfare of service users, the Trust must ensure it embeds and sustains the action plans that it has put in place Trust-wide to address the patient care issues identified by the Care Quality Commission. In particular, it needs to ensure that robust monitoring and reporting processes are maintained, and that challenge, scrutiny and escalation arrangements drive the required improvements for patients and sustain the progress made to-date in implementing the actions to address the issues raised by the CQC.</p>

Significant weakness in arrangements	Recommendation(s)
<p>The areas of concern identified included:</p> <ul style="list-style-type: none"> ensuring staff have access to the information they need to provide person centred care, including maintenance of complete and accurate records that describe patients' individual needs and preferences, ensuring staffing is actively assessed, reviewed and escalated appropriately to prevent exposing patients to the risk of harm and that staff are suitably qualified, skilled and competent to care for and meet the needs of patients within all areas of the medical services. ensuring effective risk and governance systems are embedded that supports safe, quality care and to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse. ensuring all staff adhere to policies and procedures to ensure patients are kept safe from avoidable harm of infection. <p>Oversight of progress against CQC Must and Should Do actions continues via a monthly CQC action plan oversight group and a detailed action plan is monitored by the Director of Nursing and Director of Governance. The Trust was given three months to rectify the areas of concern and wrote to the CQC by the end of June 2021 to confirm it had addressed the key recommendations.</p> <p>The matters identified by the CQC, specifically the breaches in legal requirements from September 2020 and the gaps in arrangements leading to the Section 29a warning notice in March 2021, are relevant to the financial year ending 31 March 2021 and, in our view, indicate a significant weakness in the Trust's arrangements under the Governance (how the body ensures that it makes informed decisions and properly manages its risks) and Improving Economy, Efficiency and Effectiveness (how the body uses information about its costs and performance to improve the way it manages and delivers its services) reporting criteria that can be reasonably expected to lead to a significant impact on the quality or effectiveness of service and the Trust's reputation.</p>	

Significant weakness in arrangements	Recommendation(s)
<p>Workforce - agency spend & staffing indicators</p> <p>Each year, an NHS-wide staff survey takes place, covering several themes including morale, quality of care and staff engagement. The survey results, published in March 2021, show the Trust is below average in all but one area. The survey highlights low engagement and low participation scores (30% response rate) and that only 52% of staff would Recommend the Trust as a Place to Work (average is 67%) and 53% would Recommend the Trust as a Place to be Treated (Friends and Family Test) (average is 74%). In April 2021, the Trust Board and the People and Organisational Development Committee also received an update on Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) Annual reports for 2020 which reported significant concerns regarding harassment and discrimination.</p> <p>Within its own Board Assurance Framework (BAF), the Trust recognises in Risk S04 that a lack of an inclusive and open culture impacts on staff morale, staff engagement, staff recruitment, retention and patient care. At the end of 2020/21, we note the BAF included gaps in control regarding a delay to the leadership development programme.</p> <p>The Trust Board and the People and Organisational Development Committee recognise the issues raised through the NHS Staff Survey, the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) Annual reports for 2020 and has taken a series of actions including:</p> <ul style="list-style-type: none"> requesting each division to report to the People and Organisation Development Committee with their action plan and on progress; and introducing "Listening Circles", "Cultural Heatmaps" and a multi-disciplinary Oversight Task Force to report back to the People and Organisation Development Committee for monthly assurance. <p>Despite the Trust's recognition of the negative impacts on staff morale set out above, total expenditure on temporary staff, including agency (included in Note 7 of the 2020/21 audited financial statements) was £17.4m for 2020/21, an increase from £8.7m in 2018/19 and £10m in 2019/20. The average Sickness Absence rate, as recorded by NHS Digital is 5.7% over the period January 2018 – December 2020 (the most recent nationally available data), which is higher than the average of all acute Trusts (4.3%).</p>	<ol style="list-style-type: none"> The Trust should commence its leadership development programme, ensuring there is broad participation and a focus on inclusivity The Trust should take steps to improve take-up in the NHS Staff Survey to improve the quality of feedback The Trust should ensure the Culture and Leadership Programme demonstrates tangible and measurable improvements and that the People and Organisational Development Committee demonstrably challenge and scrutinise performance. The Trust should work with system partners to tackle its recruitment deficit and manage agency costs.

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