



MEDICINE

Annual Report 2021/22

Caring for Walsall together



Contents

Part 1: Introduction

Statement by the Chair

Part 2: Performance Report

2.1 Performance Overview

2.1.1	Purpose of Section	6
2.1.2	Chief Executive's summary of performance and key risks	6
2.1.3	Who we are and who we serve	8
2.1.4	Activity Overview 2020/2021 and Effect of COVID-19	8
2.1.5	Our Structure	9
2.1.6	Statement of Going Concern	10
2.1.7	Our Vision, Values and Objectives	10
2.1.8	WalsallandProud in 2021/22 - Our Highlights	11
2.1.9	Care Quality Commission Inspection	16

2.2 Performance Analysis

2.2.1	Purpose of Section	18
2.2.2	Expanded Risk Profile	18
2.2.3	How Performance is Measured and Analysed	20
2.2.4	Acute Performance	21
2.2.5	Community Performance	29
2.2.6	Financial Performance	32
2.2.7	Engagement with Public and Patients	33
2.2.8	Volunteer Services	40
2.2.9	Diversity and Human Rights	41
2.2.10	Environmental and Sustainability	43

Part 3: Accountability Report

3.1 Corporate Governance Report

3.1.1	Directors Report	44
3.1.1.1	Directors who left during the financial year	63
3.1.1.2	Fit and Proper Person	63
3.1.1.3	Accountability	63
3.1.1.4	Personal data incidents 2021/2022	64

3.2 Statement of Disclosure to Auditors

3.3 Annual Governance Statement 2021/22

3.3.1	Scope of responsibility	65
3.3.2	The Purpose of the System of Internal Control	65
3.3.3	The Trust Board	65
3.3.3.1	Trust Board Composition	66
3.3.3.2	Board Committees	66
3.3.4	Establish and maintain safe, sustainable staffing	73

4

4

6

6

6

6

8

8

8

9

10

10

10

11

16

18

18

20

21

29

32

33

40

41

43

44

44

44

63

63

63

64

65

65

65

65

65

66

66

66

73

3.3.5	Freedom to Speak Up (FTSU)	75
3.3.6	Capacity to Handle Risk	76
3.3.7	The Risk and Control Framework	77
3.3.8	Review of economy, efficiency and effectiveness of the use of resources	81
3.3.9	Information Governance (IG)	82
3.3.10	Data Quality and Governance	83
3.3.11	Quality	83
3.3.12	Review of Effectiveness	84
3.3.13	Conclusion	86
3.3.14	Statement of the Chief Executive's Responsibilities as the Accountable Officer of the Trust	86
3.3.15	Statement of Directors' responsibilities in respect of the accounts	87
3.3.16	Health and Safety at Work	88
3.3.17	Modern Slavery Act 2015 – Transparency in Supply Chains	89

3.4 Partnership

3.5 Quality

3.6 Compliance with NHS Provider License

3.7 Remuneration Report

3.7.1	Remuneration Policy for Directors	96
3.7.2	Remuneration Report Tables	96
3.7.3	Compensation on Early Retirement or for Loss of Office/Payments to Past Directors	98
3.7.4	Fair Pay Disclosure	98
3.7.5	Pay Multiples	99

3.8 Staff Report

3.8.1	Staff Numbers and Costs	99
3.8.2	Staff Composition	99
3.8.3	Sickness Absence Data	102
3.8.4	Staff Turnover Percentage	102
3.8.5	Staff Engagement percentage scores	102
3.8.6	Staff policies applied during the financial year	104
3.8.7	Trade Union Facility Time Reporting Requirements	104
3.8.8	Expenditure on Consultancy	105
3.8.9	Off-Payroll Engagements	105
3.8.10	Exit Packages	106
3.8.11	Chief Executive Certificate	107

Part 4: Financial Statements

109

4.1 Financial Statements

4.1.1	Statement of Comprehensive Income	111
4.1.2	Statement of Financial Position	114
4.1.3	Statement of Changes in Equity for the year ended 31 March 2021	113
4.1.4	Statement of Cash Flows	114

4.2 Auditor's Letter

4.2.1	Independent auditor's report to the Directors of Walsall Healthcare NHS Trust	116
4.2.2	Report on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources	119
4.2.3	Responsibilities of the Accountable Officer	120
4.2.4	Report on other legal and regulatory requirements	120
4.2.5	Certificate	121

Introduction



Statement by the Chair

My introduction into last year’s Annual Report spoke of Walsall Healthcare NHS Trust experiencing a year like no other with the relentless physical and emotional pressures that arose out of the COVID-19 pandemic.

Over the last 12 months we may have seen many advances made in our fight against the biggest public health crisis of the last 100 years – not least the phenomenal vaccination effort - but it has still been an extremely challenging chapter in the organisation’s life.

While hospitalisations and deaths are clearly lower than they were at the pandemic’s peak, the virus hasn’t disappeared from our communities and we are still doing all we can to minimise the risk of infection and keep our patients and staff as safe as possible.

All credit to our Infection Prevention and Control colleagues here at the Trust who have had to interpret and respond to ever-changing guidance and ensure teams across the hospital and in our community services are kept updated.

This has also had its impact on our patients and families as it has led to many difficult decisions such as suspending visiting, other than in exceptional circumstances including End of Life Care. As well as being really tough for our patients and their loved ones, this has also taken its toll on the staff who care for them.

Whilst our priority is to ensure all those who use our services receive safe, high-quality care, we have also been focusing on the health and wellbeing of our staff who have experienced another extremely demanding period in their careers. We have arranged a package of support that they can access which includes help with mental health, financial concerns, dealing with bereavement and workplace worries. We also gave all staff an extra day’s Annual Leave – a “downtime day” to thank them for their hard work and commitment.



The Trust’s medical wards and maternity services were inspected by the Care Quality Commission and inspectors highlighted concerns over staffing levels, patient discharges and governance. The reports were disappointing and hit staff really hard but the responsibility for getting this right isn’t on their shoulders – it’s something Walsall Healthcare as an organisation is responsible for. The resultant action plans are covered throughout this report.



“

We have also had much to celebrate during 2021/2022 and you can read this throughout the report.

I, along with my Non-Executive Director colleagues, appointed Professor David Loughton CBE as permanent Chief Executive of Walsall Healthcare NHS Trust. Professor Loughton had been interim Chief Executive since last April and will now be Group Chief Executive of both The Royal Wolverhampton and Walsall Healthcare NHS Trusts.

This joint role will provide a strategic lead for the development of our two Trusts and our work together. It will enable us to play a key role in the broader Provider Collaborative in the Black Country, and in the wider health and care system; working with partners in tackling health inequalities and to be a strong voice for staff, our patients and their communities.

We have also welcomed three new Non-Executive Directors to our Board - Dawn Brathwaite, Ofrah Muflahi and Dr Julian Parkes who bring a wealth of expertise with them. And the organisation has been blessed with more than 180 nurses from overseas who have chosen to join our Trust and help us live its values of Respect, Compassion, Teamwork and Professionalism.

I would like to express my thanks to some of the long-serving Non-Executive Directors who have moved on to pastures new or whose terms of office have come to an end, Ben Diamond, Anne Baines, Pamela Bradbury and John Dunn. Your commitment and dedication to the health of the people of Walsall is commendable and we wish you all the best in the future.

I would also like to extend the same recognition to Executive colleagues who have moved on this year, namely Ann-Marie Riley, Dr Matthew Lewis, Darren Fradgley and Jenna Davis.

For Walsall Healthcare 2022/23 will be no less busy and challenging as our teams juggle the recovery of services, the management of backlogs and the continuing high demand for care and support. We will further build on our already strong and effective links with our partners and work with our communities to shape our services for the future.

Thank you to everyone for their patience and understanding during this unprecedented time – it means a lot to us all and is what motivates us each and every day.

Take care,

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



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 2021/2022
- 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 2021/22 and our priorities for 2022/23

2.1.2 Chief Executive's summary of performance and key risks

As I reflect on the last 12 months for Walsall Healthcare, I feel proud of the sterling effort shown by its teams in both the hospital and its community services in the face of the ongoing demands of the COVID-19 pandemic.

I joined the organisation as interim Chief Executive last April at a time when the Trust had already been working much more closely with The Royal Wolverhampton NHS Trust. This collaboration has really made progress and I am proud to have been made Group Chief Executive of both Walsall Healthcare and The Royal Wolverhampton NHS Trusts in March this year.

With any change in leadership staff can, understandably, feel unsettled or anxious and there is inevitably a period of adjustment, especially when improvements are delivered at pace.

But seeing some of the successes we've achieved together such as ward and theatre improvements, strengthened governance processes and an increase in staffing levels I know has gone a long way towards bringing us all together in our common goal to ensure the best experience for both staff and patients.

These successes are the just some of the foundations we need in place to ensure patient safety and high-quality care. I want us to do this in an environment where staff feel valued, respected, and have a strong voice and I will continue to get out and about to meet as many teams as possible over the coming months to embrace colleagues' expertise and ideas.

More information about the organisation's performance can be found throughout this Annual Report but it is worth mentioning Walsall's superb team effort in managing ambulance handover delays.

Patient handover delays are a source of great concern across the country and create real anxiety among hospital teams, patients and their families alike. So for Walsall Manor Hospital to be hailed as an "exemplar of best practice" by West Midlands Ambulance Service's Board is an incredible achievement. The Trust is now being asked to share this good practice across the region.

In all honesty, NHS leaders are running out of adjectives to describe the last year – challenging, demanding, stressful, difficult... the list goes on. But we know we face exactly the same situation this coming year as we continue to work through the after effects of the pandemic.



Our pledge remains to look after our staff so they can look after our patients and, regardless of what comes our way in 2022/23 we will never lose sight of this commitment.

Professor David Loughton CBE



Healthcare



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. Work is also well underway on its multi-million pound new Urgent and Emergency Care Centre which will house a new Emergency Department (including Children’s Emergency Department), co-located Paediatric Assessment Unit, Acute Medical Unit and Urgent Care Centre. This is scheduled for completion this year.

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 2021/2022 and Effect of COVID-19

	2021/2022	2020/2021	2019/2020
The population we serve	286,700 *	285,500	283,400
Outpatient Appointments	273,740	214,179	534,432
Accident and Emergency Visits	91,106	67,689	83,536
Emergency Admissions	42,866	34,171	37,825
Births	3,590	3,510	3,661
Planned Admissions	24,945	16,598	33,469

* (ONS 2020 Mid-Year Estimates)

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

The financial year 2021/22 was still characterised by the impact of the COVID-19 pandemic. Whilst the success of the vaccination programme meant that the number of positive inpatients in hospital did not reach the peaks of January 2021, the transmissibility of the omicron variant meant that Winter 2021-2022 saw the highest levels of community prevalence of any stage in the pandemic and a significant impact on workforce availability as a result.

Operationally, this coincided with severe challenges nationally for Urgent & Emergency Care (UEC) services associated with challenges with domiciliary care (social care) provision, and with the impact of COVID-19 pathways and COVID-19 related workforce absence in the Acute Hospital sector. In that context the Trust was proud to deliver the best ambulance handover waiting times within the West Midlands for 11 of the 12 months in the 2021/22 financial year, and to deliver upper quartile (nationally) 4-hour Emergency Access Standard performance for 10 of the 12 months of the 2021/22 financial year. The role of the Trust’s community services, and its Walsall Together partners, was vital in supporting alternatives to hospital admission, and in minimising delays for patients to return to community settings once Medically Stable For Discharge.

The long-term legacy of the pandemic, and its impact on UEC services that were already under significant strain before COVID-19, will be a key priority for the organisation to address to ensure patients can continue to access safe and timely emergency care. The Trust is due to receive business cases for Emergency Department Nursing establishment, Emergency Department Medical Workforce and Ambulatory Emergency Care in Q1 of 2022/23 to add greater resilience to the UEC pathway.



In elective services the Trust had implemented a clear strategy that segregated the Outpatient and Day Case Centre wing of the hospital for planned outpatient, diagnostic and procedural activity based on the specialist recommendations of the Infection, Prevention and Control and Microbiology teams during 2020. 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. The Trust has consciously chosen to retain this hard ring-fencing of elective services to minimise any infection control risks, even as infection control guidance has evolved nationally over the last year. This gives surgical teams confidence that beds will be available for patients requiring elective treatment and is a key foundation to the Trust addressing the growth in the number of patients waiting for elective treatment, as a result of the pandemic. It also meant that the impact on elective surgery from COVID-19 during 2021/22 was predominantly only due to workforce absence within operating theatres. The Trust approved a £1.4m per annum business case to expand the Theatres & Anaesthetics workforce in November 2021 which adds much greater resilience to support elective surgical services moving forwards.

Diagnostic services were impacted by workforce absences associated with the Omicron wave as much as any other service, and the Trust was therefore particularly proud to deliver access to Diagnostics (measured through the DM01 6-week wait standard) that was in the Top 20 Trusts in the country (out of 122 reporting General Acute Trusts) every month of 2021/22.

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**

The table 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 2021/22 has 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.

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 c£36m of funding for the building of a new Urgent and Emergency Care Centre at Walsall Manor Hospital (due to open in autumn 2022), and no formal plans to cease services, would confirm a going concern judgement.

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.
- 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.



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.

2.1.8 WalsallandProud in 2021/22 - Our Highlights

Home straight for new Urgent and Emergency Care Centre

Work on Walsall's multi-million pound Urgent and Emergency Care Centre is now into the final few months of the project and is well on track for an autumn completion date.

Excited staff who will be working in the massively improved new building have been enjoying tours of their future work environment and have been really impressed at the sheer amount of space that is being created.

The c£40m development, being delivered by Tilbury Douglas Construction Limited, will significantly improve Walsall Healthcare NHS Trust's emergency care facilities and capacity. It includes an Urgent Treatment Centre (UTC); Emergency Department (ED) including Resus and Rapid Assessment and Treatment (RAT) area, and Children's ED; 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.



Proud to be a history maker

It was a huge logistical challenge to get a COVID-19 vaccination hub up and running – but December 2021 marked the first-year anniversary of the first jab being administered through Walsall Healthcare NHS Trust.

Walsall Manor Hospital was the first site in the Black Country and West Birmingham to start administering the vaccination on Tuesday 8 December 2020, moving the operation to the Saddlers Vaccination Centre in March 2021. The Saddlers Vaccination Centre opened on 15 March 2021 after months of hard work and planning by the Walsall Together Partnership.

This service relocated to a purpose-built centre in Bridgeman Street in the town centre on 1 April 2022.

Honouring Areema's memory

A former colleague of much-loved Walsall Staff Nurse Areema Nasreen, who died after contracting Covid-19, vowed to "make her proud" after being awarded the first Scholarship in her memory.

Sheila Kerai was over the moon at being chosen and says her colleagues are equally as excited about this opportunity, donating their text books to her and promising to support her through her studies.

Sheila worked alongside Areema on the Acute Medical Unit at Walsall Healthcare NHS Trust and wanted to honour the memory of Areema by helping someone else to achieve their healthcare career goal. The trust's Professional Development Unit, HR and Well Wishers charity worked together to establish a Scholarship in Areema's name to financially benefit someone who needs a little extra help to achieve their dream. It is partly funded by the charity and was developed after talking to staff about the most fitting way to remember Areema.

Areema's sister Kazeema Afzal was part of the judging panel and a unanimous decision was made to award the Scholarship to Sheila. To ensure the Scholarship is tailored to best suit Sheila, she started as a Trainee Nursing Associate last September and will be eligible to step on to year two of the nursing degree programme once that two year training programme has finished.

Forum to support former critical care patients

Patients are now able join staff to take part in a virtual, weekly forum set up by Walsall Healthcare's Critical Care Rehabilitation Team to continue offering support to those who have had a hospital stay in critical care.

The team supports long term patients on their recovery journey using a host of approaches to cover both physical and psychological support. Over the last 12 months hundreds of patients have used the service.

Carol Holland, whose husband Keith is a COVID-19 survivor, said: "It was very mixed emotions, but much appreciated. It was also nice to see people I'd spoken with but didn't get the opportunity to meet and thank personally."

Junior Doctor recognised for his support for all

A "Junior Doctor credited with "always going the extra mile" for Walsall patients and colleagues alike received a memorial award.

Dr Nimai Desai was given the Dr Steph Clarke Award set up in memory of the much-loved Walsall Healthcare NHS Trust junior doctor who died from a rare form of cancer in 2019. Foundation Year doctors now vote to award a prize to the most professional, supportive and patient-orientated FY2 to both recognise and commemorate Dr Clarke's contribution to healthcare in Walsall.

Twenty nominations were received last year.

Colleagues made the following observations about the worthy winner:

"He is very knowledgeable and handles emergencies well. He always goes the extra mile for his patients and colleagues, and is always a calm, level headed and supportive presence on the ward. He is always keen to discuss and learn from patient cases and reflects on how he could have improved care."

"On and off the ward this doctor takes an interest in the wellbeing of others whether it be doctor colleagues or other hospital staff. He helped guide us massively as a group of FY1s when we were first starting out and genuinely went out of his way to check on our mental health."

"He remains a very humble and quietly spoken person, always acting as the patient's advocate and picking up details that might get missed on a busy ward round. He is an excellent colleague and remembers to see the humour in things yet even under pressure he will go the extra mile without mentioning it or causing a fuss."

The three runners up were Dr Trish Ang, Dr Rosie Elsegood and Dr Wynn-Griffiths.



Doubling dermatology capacity

Daily skin cancer and biopsy operations have doubled within the dermatology service at Walsall Healthcare NHS Trust following the addition of a new theatre.

The opening of a second dermatology procedure room has also seen the service become the second biggest of its kind in the West Midlands, next to University Hospitals Birmingham.

Three new consultants have also been appointed as the service works collaboratively with the dermatology department at The Royal Wolverhampton NHS Trust.

The team now performs around 12 operations per day per theatre, as opposed to 12 per day in one theatre, depending on the complexity of each surgery. Conditions treated are predominantly skin cancer, along with biopsies of rashes.

With patients now able to be treated more locally, feedback from patients has been extremely positive.

Celebrating loyal staff

More than 150 loyal members of staff were honoured at the Walsall Healthcare Long Service Awards last September.

Professor David Loughton CBE led the tributes for the 153 staff, who were all celebrating 20, 30, 40 or 50 years' service with the NHS at a presentation via MS Teams.

There were 96 colleagues celebrating 20 years with the NHS, 46 recognised for 30 years, eight staff who have been with the organisation for 40 years and three honoured for 50 years' service. That means the staff celebrating have a combined total of 3,770 years' service with the NHS. All staff recognised received certificates.

Staff members with 40 years' service were honoured with testimonial slides from colleagues read out by members of the executive team.

Guests were then treated to a trip down memory lane with slides recounting what happened 20, 30, 40 and 50 years ago.

Enhancing maternity care

Maternity Triage at Walsall Manor Hospital has been running differently in a move aimed at seeing mums-to-be and postnatal women more quickly and ensuring any clinical needs are prioritised.

Triage is an assessment area staffed 24 hours a day, seven days a week, for women who need additional care or checks. It is also used by women worried about reduced fetal movements or those who experience bleeding or abdominal pain.

On 1 November 2021, Walsall Healthcare NHS Trust adopted the BSOTS (Birmingham Symptom Specific Obstetric Triage System) when women attend Maternity Triage. This was developed regionally by maternity staff following clinical colleagues' concerns over maternity triage departments. The BSOTS approach was co-produced by clinicians at Birmingham Women's and Children's NHS Foundation Trust and researchers at The University of Birmingham and is supported by the Royal College of Obstetrics and Gynaecology (RCOG) and the (Royal College of Midwives) RCM and used nationally.

The system has won several awards for safety and also improved experience by mothers and maternity staff.

BSOTS sees two midwives in triage all the time and a clear systematic prioritisation of women to ensure that women in greatest need receive midwifery and medical attention based on the reasons why they attend the unit. Communication at handover is also improved by being more structured and consistent.



Ward refurb just the tonic

Wards at Walsall Manor Hospital have enjoyed major facelifts which staff have described as ‘clean, modern, professional and positive’.

Work on four wards on the hospital’s West Wing – Wards 9, 10, 11 and 12 – was completed in October last year and will improve patients’ experience.

The refurbishments were carried out by main contractors William Gough Limited under the direction of The Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust.

Improvements included new flooring, lighting, nurse bases and communications rooms.

Regional award for Doctor

A Walsall medic recognised for his inclusive efforts during the COVID-19 pandemic won a regional Black History Month award.

Dr Oluwafemi Osunlusi, 29, known as Femi, won the Black African/Black Caribbean Frontline Hero (above and beyond during COVID-19) Award at the Black Country and West Birmingham celebration event.

Former Director of the Workforce Race Equality Standard at NHS England and NHS Improvement, Yvonne Coghill,

hosted the event held to reward and recognise the achievements and efforts of Black Caribbean/Black African colleagues throughout the pandemic across six Trusts – Walsall, The Royal Wolverhampton NHS Trust, Sandwell and West Birmingham Hospitals NHS Trust, Black Country Healthcare NHS Foundation Trust, Dudley Integrated Health and Care NHS Trust, Dudley Group NHS Foundation NHS Trust, plus the Black Country and West Birmingham Clinical Commissioning Group.

The award won by Dr Osunlusi, who received a glass trophy, acknowledges someone who has worked tirelessly throughout the pandemic to ensure the highest levels of patient care were maintained under extremely difficult circumstances.

Femi, who arrived in the UK from Nigeria in October 2018, is now working in Cardiology after being a Junior Doctor in General Surgery at Walsall Manor Hospital.

Photo credit: Amlak Tafari – Yellow Wall.

Making a difference to homeless patients

Her work to provide better support to homeless TB patients won a dedicated Walsall Healthcare colleague an award.

Sasikala Ravikumar received a COVID-19 Heroes Award from the Northern Tamil Association (NTA) because of the work she did for Walsall Healthcare NHS Trust’s Quality Improvement (QI) programme.

The Senior TB Nurse Specialist created a homeless pathway after seeing the process of patients on the wards with active TB who were also homeless.



Acute oncology becomes seven day service

Walsall’s acute oncology service became a seven-day service, increasing from five days a week, in February this year.

The team reviews patients who are acutely unwell because of cancer and following extra funding and to fall in line with a national initiative, the service operates at weekends too. The team has increased from two to four clinical nurse specialists.

Under the extended service, it is hoped patients will be seen quicker and therefore receive their treatment sooner.

The team works closely with the oncology consultants, Emergency Department and acute medical teams with a common aim of improving outcomes for cancer patients who are admitted as an emergency to the Manor.

These will include patients who present with a new diagnosis of cancer, symptoms of an existing cancer or significant side effects from their cancer treatment.

The patients seen also include those with neutropenic sepsis – a whole-body reaction to an infection that can be life-threatening – metastatic spinal cord compression (MSCC), which is when a cancerous tumour damages or presses on the nerves in the spinal cord, and other oncology emergencies.

The nursing team is supported by oncologists from University Hospital Birmingham (UHB), who provide a daily ward round from Monday to Friday.

Improving our operating theatres

Two operating theatres have been refurbished at Walsall Manor Hospital creating greater flexibility for treating those with COVID-19 and improving patients’ experience.

Work on the trauma theatres was carried out in Partnership with Tilbury Douglas Engineering with one of the theatres remaining in use throughout to minimise disruption for patients. The works are part of ongoing developments to West Wing Theatres that will benefit patients requiring surgery at the Trust.

The theatres needed to be upgraded as part of improving the quality and effectiveness of care the Trust can offer patients. The operating environment has been improved and has created more flexibility around the treatment of patients with COVID-19 and other infections.

New treatment for preterm babies

Preterm Walsall babies who are prone to developing a serious intestinal condition are now given a new treatment.

Walsall Healthcare NHS Trust’s Neonatal Unit is one of just a few units in the region to offer this.

Probiotics are given to preterm babies who are less than 32 weeks old or less than 1500 grams in weight to reduce their risk of developing a potentially serious condition called Necrotising Enterocolitis (NEC) that is seen particularly in this vulnerable group of babies.

NEC is a serious illness in which tissues in the intestine become inflamed and start to die. This can lead to a perforation developing which allows the contents of the bowel to leak into the stomach. This can cause a very dangerous infection. It is the most common surgical emergency in premature babies.

Preterm babies frequently develop an unusual bacterial flora in their intestines, often due to treatment with antibiotics. These unusual bacteria can increase the risk of Necrotising Enterocolitis. Probiotics work by replacing these unusual bacteria with normal bacteria, and by strengthening the baby’s immune response to infection. There is good research evidence that probiotics reduce the risk of NEC and improve babies’ ability to tolerate milk feeds.

The product is in the form of a powder which is mixed with either expressed breast milk or sterile water before being given. It can be given either orally or via an enteral feeding tube.



New treatment a Midlands' first

Walsall Manor Hospital became the first NHS Trust in the Midlands to introduce two new procedures to relieve patients with a painful condition via keyhole surgery, and hopes to become a regional hub for the treatment.

Cancer Lead Mr Naseem Waraich and his team are now performing video-assisted anal fistula treatment where surgeons are able to look at the fistula tracts and treat them. A fistula is a tunnel that connects a gland to an opening. It is hoped the technique could see up to 50 cases per year treated.

Under the treatment, techniques can be carried out to fix a complex fistula, where a small tunnel develops between the end of the bowel and the skin near the anus, and a pilonidal sinus, which is an infected tract under the skin between the buttocks (the natal cleft).

Both procedures are completed as day cases. The complex fistula technique, which requires patients to have a general anaesthetic, takes 45 minutes to an hour, while the pilonidal sinus is done under local anaesthetic and takes about 30 minutes.

The procedure also delivers a high success rate.

2.1.9 Care Quality Commission Inspection

As reported in the 2020/21 Annual Report, the Care Quality Commission (CQC) carried out an unannounced focused inspection of medical wards at Walsall Manor Hospital on 9 March 2021, the report was published on 19 May 2021.

As reported, following this inspection, a section 29a warning notice was received by the Trust because significant improvement was required to staffing, governance and safe care and treatment (all 3 are inextricably linked). The section 29a notice gave the Trust three months to remedy the situation. The CQC also identified other breaches of regulation for which they issued the Trust with requirement notices.

All improvements required by the Section 29a notice were completed within the specified time period. The Trust wrote to the CQC on 29 June 2021 confirming the actions taken to bring about the improvements required by the notice including the ongoing monitoring arrangements.

There was an in-year unannounced focused inspection of Maternity Services at Walsall Manor Hospital on the 28 July 2021 in response to concerns raised with the CQC. The report was published 1 October 2021. The findings included improvements required to safety, governance, staffing, medicines management and leadership.

The rating for the service remained the same as at the prior inspection in 2020 which was 'Requires Improvement'. The CQC issued 5 'Must Do' actions and 7 'Should Do' actions. All actions have commenced implementation.

At this inspection the CQC also found a number of positive aspects of the service, for example, the service had a vision and strategy which was focussed on sustainability of services and aligned to local plans within the wider health economy, the arrangement for use of equipment and managing clinical waste, availability and qualifications of medical staff and staff appraisals and supervision and teamwork between the medical and midwifery staff.

During the year there has been a change of clinical and governance leadership at executive team level with the appointment of a new Medical Director, Director of Nursing and Director of Assurance. The focus of these leaders is on improving clinical quality, safety and effectiveness.

An action plan covering all actions from the last four inspections spanning 2019 to date is active, the progress of the actions is monitored by the Trust Management Committee on a regular basis, with an assurance report to the Trust Board every 2 months. Each action has an accountable Executive Director. As of the end of March 2022, 56 of 85 actions were marked as closed, following assessment of compliance evidence.

The Director of Midwifery said: "The inspection of the service provided a number of objective areas for the Trust to focus on around improvement, it also highlighted areas of good practice.

2.1.10 Trust Charity

Our Well Wishers charity year



As the official registered charity of Walsall Healthcare NHS Trust, Well Wishers delivers a variety of fundraising initiatives throughout the year that make a real difference to patients, their families and the staff that treat them. But it has had to adapt to the limitations of the ongoing pandemic for another year running.

Many charity events still had to be shelved in 2021 although the summer brought an opportunity for a really special fundraiser.

Former patient Ian Hawkins handed over a bumper £20,000 thank you to Walsall Manor Hospital's ICU and Critical Care Rehabilitation Team which supported him throughout his recovery from COVID-19.

Ian's family set up an initial £10,000 fundraiser back in June 2020 which they wanted to go towards rehabilitation equipment and to create an outside space for recovering patients. Fast forward a year and Ian set himself an ambitious second fundraiser – a 26 mile walk from Walsall Manor Hospital to Chasewater along the canal network.

He worked with Well Wishers and pledged to raise another £10,000 as his way of saying thank you to the team for getting him back on his feet and able to enjoy life at home.

The father-of-two, his family, friends and staff from Walsall Healthcare NHS Trust all took part and just under £9,000 was raised. Generous business contacts of Ian's then topped the money up to hit the £10,000 target.

Well Wishers has also celebrated a move into its own Fundraising Hub in the main atrium of the Manor Hospital which is looking forward to a makeover to create a designated shop space and area for businesses and partners to promote themselves whilst supporting the charity. In March this year the Fundraising Hub acted as a collection point for staff donations for the people affected by the Ukraine crisis.

All money raised is spent exclusively for charitable purposes to improve the health and wellbeing of patients across the Trust's hospital and community services. Every single penny is held and accounted for independently from the Trust's NHS funds.

The public's efforts, support and donations make a huge difference; improving the hospital environment, buying medical equipment and helping the organisation go beyond the NHS standard.

Goscote Hospice, formerly known as St Giles, now sits under Well Wishers which supports its fundraising. This partnership has seen the charity work with staff a number of times, including helping to provide memorable occasions for patients receiving palliative care, and their families.

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 2021/2022, 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

During 2021/22, the Trust's Risk Management Framework has been revised including the approach to proactively managing risk refining the tools and methodologies for identifying, assessing, documenting, reporting and managing risk. The framework enables a consistent approach to be taken across the organisation, enabling risk 'confirm and challenge' to take place across the Trust. It provides a mechanism for managers to identify risks, appropriate regular reporting and a route of escalation.

The year has seen increased focus, accountability and improved communication at all levels across the organisation, whilst helping to mitigate the risks highlighted.

The period 2021/22 continued to present unprecedented challenge for the NHS. The COVID-19 pandemic impacted 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 have been maintained via the Board Assurance Framework.

“

The year has seen increased focus, accountability and improved communication at all levels across the organisation, whilst helping to mitigate the risks highlighted.

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 continued to be exacerbated by sickness absence, outbreak management and care pathways, directly and indirectly attributable to COVID-19. To mitigate this risk we continued to think innovatively regarding our workforce models. During the year we have successfully recruited 189 overseas nurses, who all started working within the Trust as of the end of February 2022. The Trust has driven efforts to ensure all applicable staff are fit mask tested on two different masks in line with Control of Substances Hazardous to Health Regulations 2002 requirements and Department of Health and Social Care resilience principles and performance measures, to protect staff from harmful agents such as COVID-19.

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. Despite this the Trust remained number one in the West Midlands region for Ambulance handover times for 11 of the last 12 months, and remains in the upper quartile for 10 of the 12 months for the national ranking for the 4-hour Emergency Access Standard. The Trust had 57 COVID-19 positive in-patients within the hospital as of 28/03/2022 and the rehabilitation of patients recovering from COVID-19 has also placed a continued pressure on community services. Risk treatment strategies deployed to mitigate this risk included managed patient flow and the development and maintenance of effective working partnerships through Walsall Together including primary and social care teams across the wider health system to collaboratively reducing avoidable admissions to hospital.

Finance - [2021/22] - The financial environment of the NHS currently carries significant challenges. For the 2022/23 financial year funding envelopes were set prior to the impact of increased inflation. With Retail Price Index at c8% the Trust is expecting to experience cost pressures. Funding that has supported meeting the challenges of the COVID 19 pandemic is now reducing and the Trust must manage reduction of expenditure in line with reduction of these income sources. 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. 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 these risks the Trust is developing a significant Cost Improvement Plan (CIP) being led by the Chief Operating Officer and is looking to work with partners to lever additional capital funding to secure elective recovery.

Mental Health - There has been an increase in the number of patients being admitted to Walsall Healthcare's acute services with mental health conditions. It is known that tier 4 bed provision for Children and Young People is nationally under provided. The Trust continues to have challenges accessing CAMHS services for assessment/support to children and young people within the Emergency Department and also to support Section 136 patients for under 18s. The challenges accessing CAMHS services for assessment has contributed directly to an increase in admission numbers of Children and Young People to acute hospital beds.



2022/23 - As we move forward, the greatest risk continues to be how the NHS recovers from the longer-term impact of the pandemic on the health of the population. Elective activity cancelled during the pandemic will be visible in waiting list increases and potentially through adversely affected clinical outcomes. Delays in presentations for other, non-COVID-19 conditions may further exacerbate health inequalities and increase the risk of premature mortality. 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. 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.

Risk Management Executive (RME) Group – This is the senior managerial confirm and challenge group for the Trust that takes place ahead of the Trust Board sub-committee meetings on a monthly basis. It is chaired by the Interim Deputy Chief Executive and Director of Assurance as the deputy Chair and consists of the Trust’s Executive Directors, Divisional Directors, the Acting Director of Integration, the Chief Information Officer, and the Head of Risk Management. It oversees risk management and our internal controls across the organisation’s activities (both clinical and non-clinical), which also supports the achievement of the Trust’s strategic objectives.

Audit Committee - Following the monthly RME meeting, corporate-level risks and Board Assurance Framework strategic objective updates are then presented to Audit Committee bi-monthly. The role of the Audit Committee is to assist the Trust Board in fulfilling its oversight responsibilities in relation to good governance of financial reporting, internal controls and risk management processes. The Trust works with the support of both our internal and external auditors to strengthen and embed our assurance framework.

2.2.3 How Performance is Measured and Analysed

Performance information is subject to regular review at all levels throughout 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 it 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 the 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 internal and external audit services.

A further suite of performance data is used as part of the Trust’s 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 Trust’s 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. The 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

Performance against the National Operational Standards

	2019/2020	2020/2021	2021/2022	2021/22 Target
18 Weeks RTT - Incomplete Pathways	83.93% (Mar 20)	68.72% (Mar 21)	63.10% (Mar 22)	92%
Total time spent in ED - % within 4 hours - Overall (Type 1 and 3)	81.77%	85.07%	82.56%	95%
Cancer - 2 week wait from referral to first seen date	83.03%	83.49%	72.88%	93%
Cancer - 2 week wait for breast symptomatic patients	57.17%	60.77%	32.80%	93%
Cancer 31 day wait for first treatment	99.40%	97.87%	95.57%	96%
Cancer 31 day wait for second or subsequent treatment - Surgery	100.00%	97.79%	92.06%	94%
Cancer 31 day wait for second or subsequent treatment - Anti cancer drug	100.00%	99.07%	98.33%	98%
Cancer - 62 day referral to treatment of all cancers	80.54%	72.18%	72.26%	85%
Cancer - 62 day referral to treatment from screening	97.91%	92.54%	95.08%	90%
Cancer - 62 day wait- Consultant upgrade (local target)	84.15%	79.11%	80.72%	85%*
% of service users waiting 6 weeks or more from Referral for a Diagnostic Test	1.63%	14.92%	5.30%	1%
Mixed sex accommodation breaches	0	210	0	0

* local target

Performance against other national and Local Quality requirements

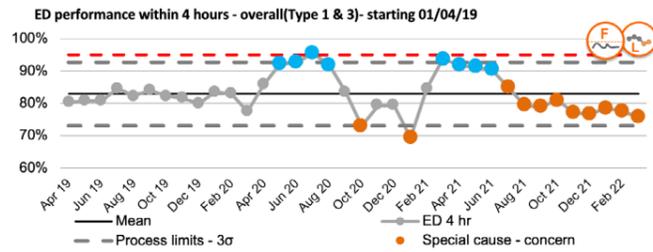
	2019/2020	2020/2021	2021/2022	2021/22 Target
Number of C Difficile Cases	36	32	30	33
MRSA	4	2	3	0
VTE Risk Assessment	92.00%	91.56%	92.63%	95.00%
Ambulance handover breaches - 30-60 minutes	2122	1090	1556	0
Ambulance handover breaches - 60 minutes or more	312	177	211	0
Trolley waits in A&E - no more than 12 hours	4	8	33	0
Referral to treatment - no one waiting longer than 52 weeks	0	768 (March 21)	1043 (March 22)	0

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

4 Hour Emergency Access Standard:

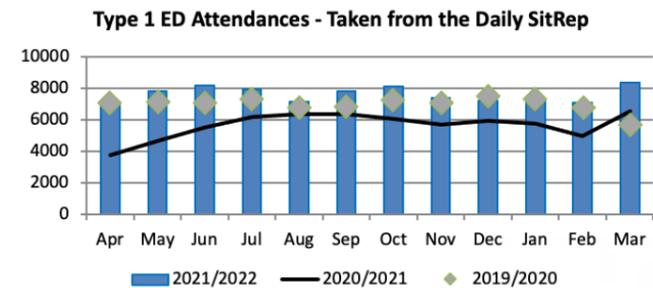
This measures compliance against the national standard of: 95% of patients attending the Emergency Department (ED) should leave the department within 4 hours.

The Trust's performance from April 2019 to March 2022 is shown below:



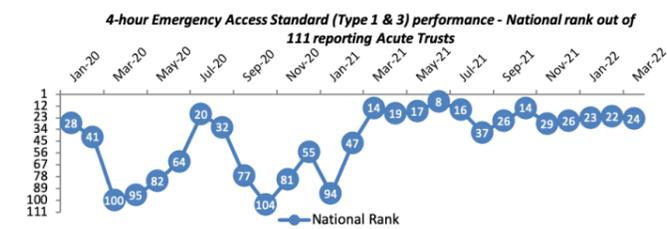
Performance against the Emergency Access Standards (EAS) has been variable throughout the 21/22 Financial Year. The primary drivers of variable performance have been high attendances, staffing levels and helping neighbouring trusts by receiving ambulances out of area.

The first Quarter of the 2021/22 financial year saw very strong EAS performance with April 2021 achieving 91.8%. The improved performance was largely attributed to the "ED Perfect Week". This was an initiative that saw enhanced leadership and increased streaming to Same Day Emergency Care (SDEC) services. The Perfect Week improved the initial time-to-see a clinician which reduced the overall time patients spent in the department. More patients were also streamed to Ambulatory Emergency Care (AEC), Surgical Ambulatory Care Unit (SACU) and Frail Elderly Service (FES). EAS performance in June was made more impressive given that June had the second highest number of Type 1 ED Attendances on record at 8,174.



July 2021 began to see deterioration in EAS performance. This was, in part, caused by lower staffing levels coinciding with the school summer holidays and a rise in sickness absence. The Trust struggled to discharge patients earlier in the day which contributed to higher exit block and admitted patients waiting longer in the Emergency Department. August saw a further deterioration with EAS Performance achieving 79.4%. This became the new average EAS performance for the rest of 2021/22 with EAS remaining between 77.5%-80.5%. March 2022 saw the highest number of Type 1 ED Attendances on record at 8,338.

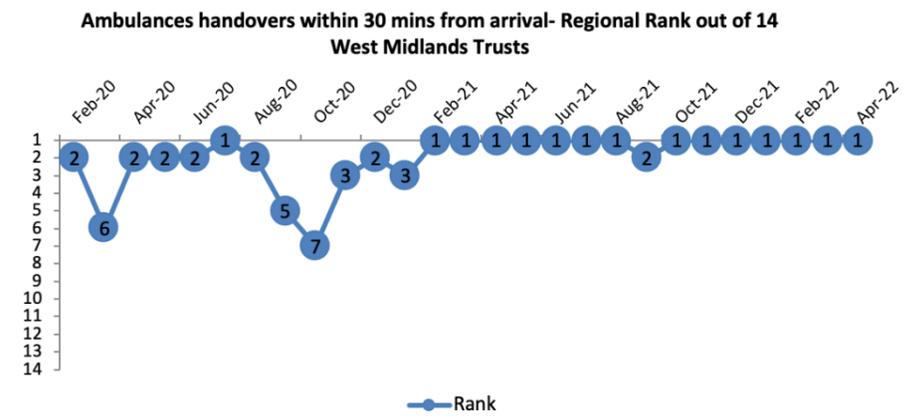
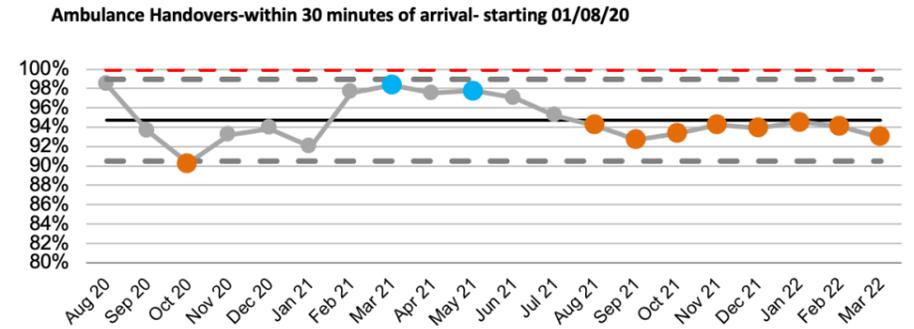
Whilst it is disappointing not to continue the high performance of Q1 throughout the year, the Trust is proud that our 4-hour EAS performance was in the upper quartile of Acute Trusts nationally for 10 of the 12 months of the financial year. This represents a marked improvement on performance in the previous financial year and should offer assurance to our staff and patients regarding the timeliness of the Trust's Emergency Care, in the context of a highly challenged Urgent & Emergency Care system across the country.



A further significant achievement in Emergency Care at Walsall is the Trust's timely receipt of patients arriving via ambulance. Enabling ambulance crews to hand over their patients quickly helps maintain safe Emergency Care across the whole region as ambulances can be released to respond to other 999 emergency calls. Out of 14 West Midlands Acute Trusts, Walsall has been the top performing Trust regionally for 11 out of the 12 months in the 21/22 financial year. This has led to the Trust receiving public praise from the collective Board of West Midlands Ambulance Service University NHS Trust (January 2022) and visits from Trusts across the region hoping to learn from our success.

Making this achievement more impressive, the Trust has regularly taken ambulances from neighbouring Acute Trusts' catchment areas in order to relieve the pressure on the ambulance service and neighbouring Trusts and ensure patients receive more timely treatment. In 2021/22 Walsall took 923 ambulances from neighbouring Trusts' catchment areas.

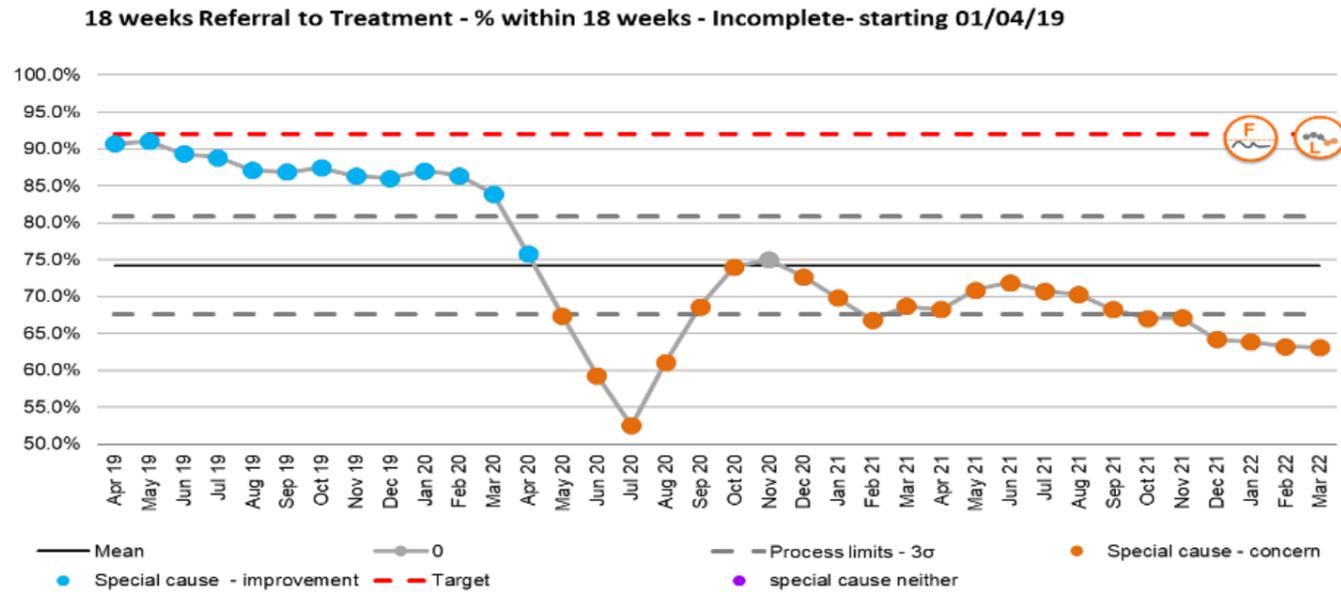
The Division has plans to improve EAS performance in 22/23. Given patients referred for an inpatient assessment spend less time in the Emergency Department than many other neighbouring Trusts, the focus of our improvement must be on non-admitted pathways. The Medicine Division is taking the learning from the "ED Perfect Week" and re-applying this with enhanced leadership time on the shop floor and increased streaming to our same day emergency care (SDEC) services.



The new Urgent and Emergency Care Centre will be opening in the autumn of 2022 which will greatly enhance the environment in which emergency care is delivered. A lot of pathway development work and streaming at the front door has been taking place and this will all contribute to our overall performance against the 4-hour EAS.

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 Trust maintained a clear strategy to segregate and maintain a ring-fenced wing of the hospital for planned outpatient, diagnostic and procedural activity based on the specialist recommendations of the Infection Prevention and Control and Microbiology teams. Operating Theatres and inpatient beds within the Outpatient and Day Case Centre wing of the hospital are ring-fenced to support the delivery of elective operations only.

The number of COVID-19 positive daily admissions started increasing in the third week of September 2021. This also increased occupancy levels within the Critical Care Unit but not to the same levels as experienced in earlier COVID-19 waves. This surge in the number of patients requiring critical care intervention resulted in theatre staff redeployment to support critical care over occupancy and the subsequent closing of elective theatres, impacting RTT performance.

As the numbers of COVID-19 patients began to reduce and the pressure on the critical care unit subsided, theatres restored all seven elective operating theatres to full use from February 2022. Furthermore, Trust Board approval of the expansion in operating theatre and anaesthetist establishments will facilitate all seven operating theatres running for 50 weeks per year.

The operating theatre capacity continues to give priority for cases that must be undertaken in operating theatres by transferring more minor procedures to alternative settings. During Q3 2021/22 the Trust was in the upper quartile nationally for the following theatre productivity indicators: theatre touch time utilisation, fewest late starts, and shortest inter-case downtime.

Elective theatre cases have been assessed (in line with Federation of Surgical Specialty Association's guidance¹), to ensure that patients are placed in order of priority for the available theatre lists. The Trust has introduced an Artificial Intelligence (AI) Tool to support decisions made by clinicians by providing detailed information on current and future mortality and complication rates.

https://fssa.org.uk/_userfiles/pages/files/covid19/prioritisation_master_26_02_21.pdf

The development of ring-fenced elective facilities is a key tenet of 22/23 planning

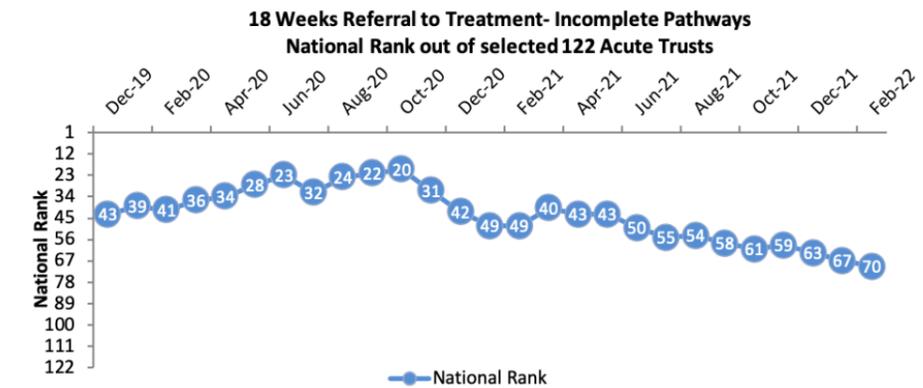
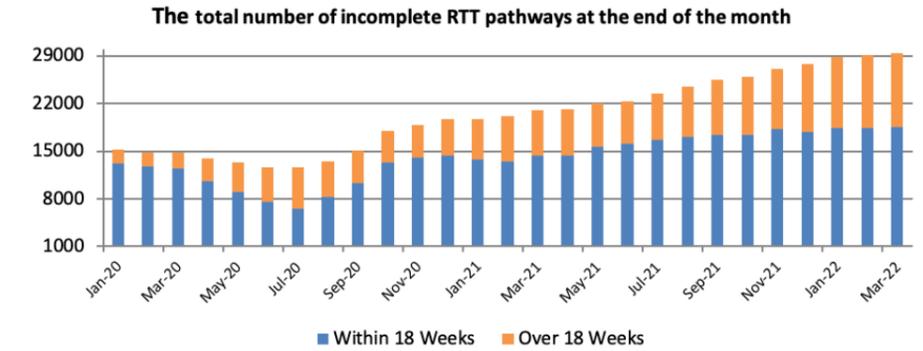
guidance and the national Delivery Plan for tackling the COVID-19 backlog of elective care; the Trust is well placed having already implemented such arrangements.

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

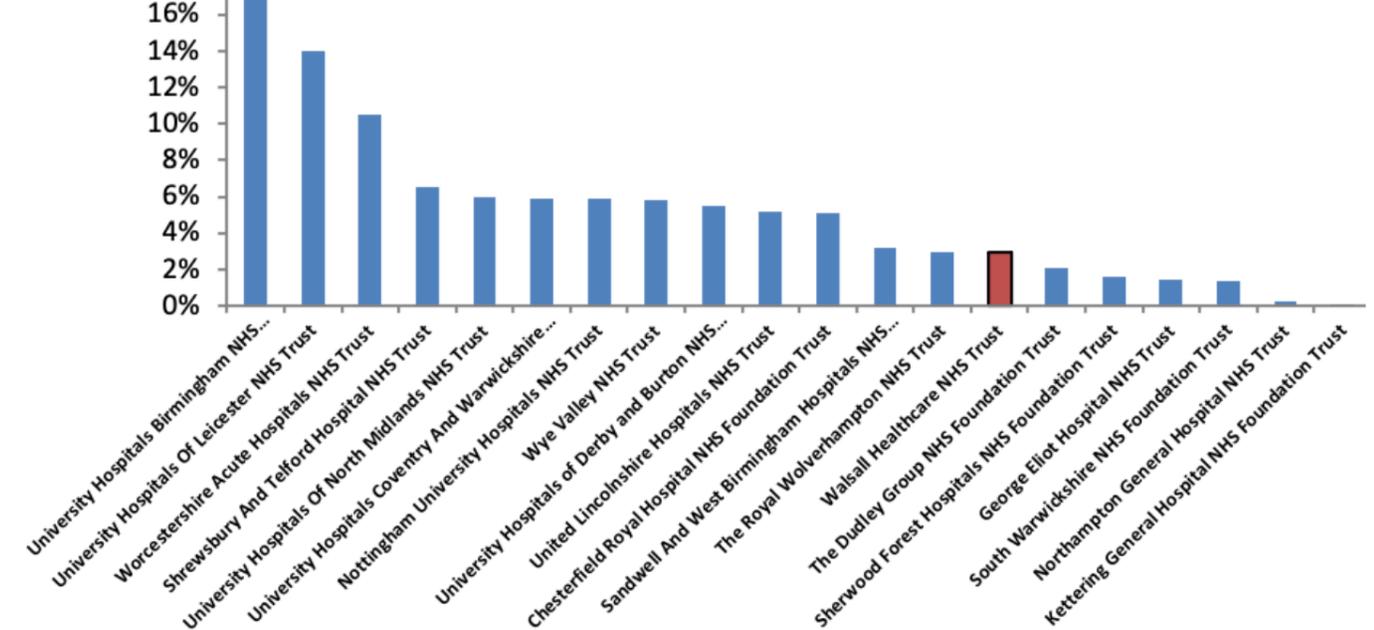
The Trust's 18-week RTT performance has been in line with trajectory during Q3 & Q4. The national ranking position has, however, slipped to 70th (out of 122 reporting Trusts) for February 2022 performance.

As a result of reduced elective activity, the number of patients waiting 52 weeks or more for treatment has increased. There were 826 patients waiting in excess of 52 weeks as at the end of March 2022.

Despite this increase, the Trust's 52 week waiting time performance is 7th best in the Midlands (out of 20 Midlands Trusts).



Referral to treatment 18 weeks- % 52> breaches of total patient list- Midlands Acute trusts- February 2022

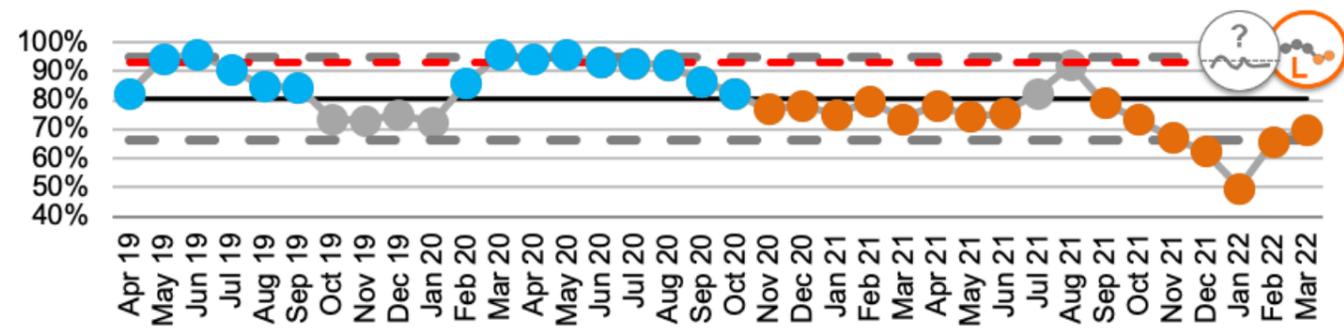


Cancer

Cancer services across the region saw an increase in demand over the last year which has affected the 2 week wait (2WW) performance for suspected cancer and breast symptomatic referrals. Collaborative working across the region via the West Midlands Cancer Alliance to improve this across the region resulted in Walsall receiving increased referrals from out of borough. This increase in referrals adversely affected 2 week waiting times at Walsall, particularly for patients with suspected breast, lower gastrointestinal and dermatology cancers.

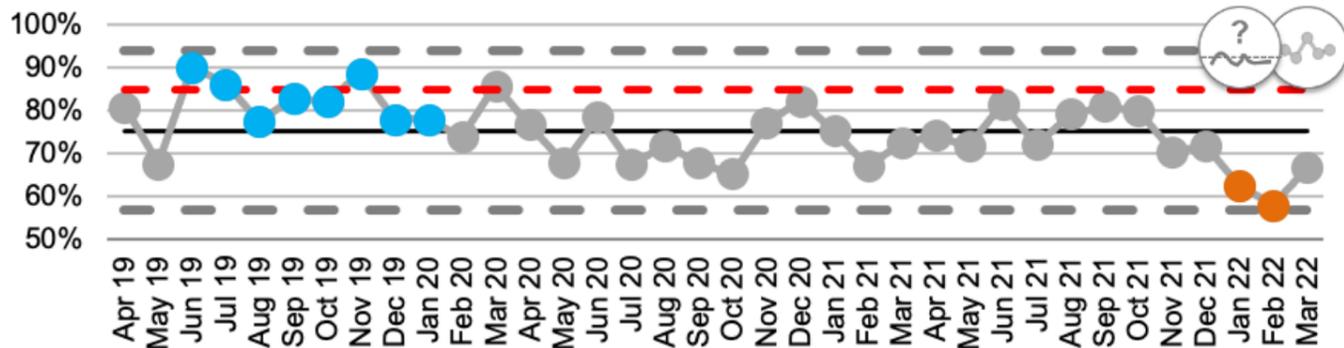
Suspected cancer performance:

Cancer - 2 week GP referral to 1st outpatient appointment- starting 01/04/19



Mutual aid has been provided from The Royal Wolverhampton NHS Trust to support recovery of access to suspected breast cancer and breast symptomatic services here in Walsall, and waiting times for appointments are reducing.

Cancer - 62 day referral to treatment of all cancers - starting 01/04/19



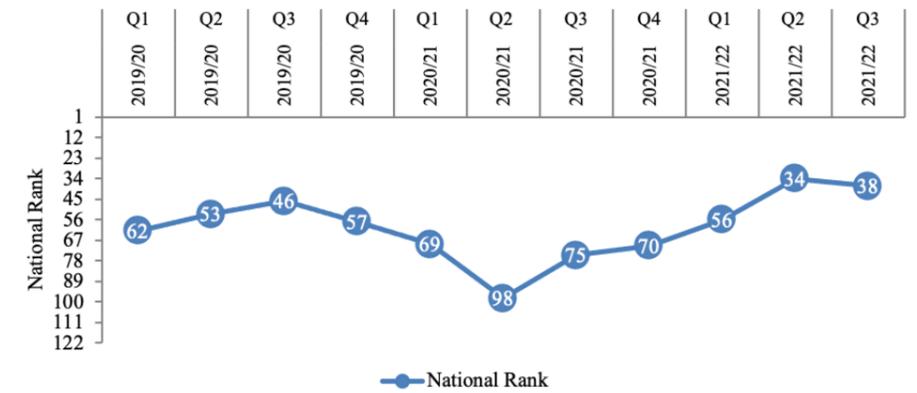
Despite theatre capacity reducing due to the increase of COVID-19 patients requiring critical care, cancer patients continued to be prioritised for surgery. In addition, contracts with the independent sector were mobilised quickly which enabled patients to be treated at Little Aston Hospital.

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 better than the West Midlands Cancer Alliance average performance and is in line with the national average.

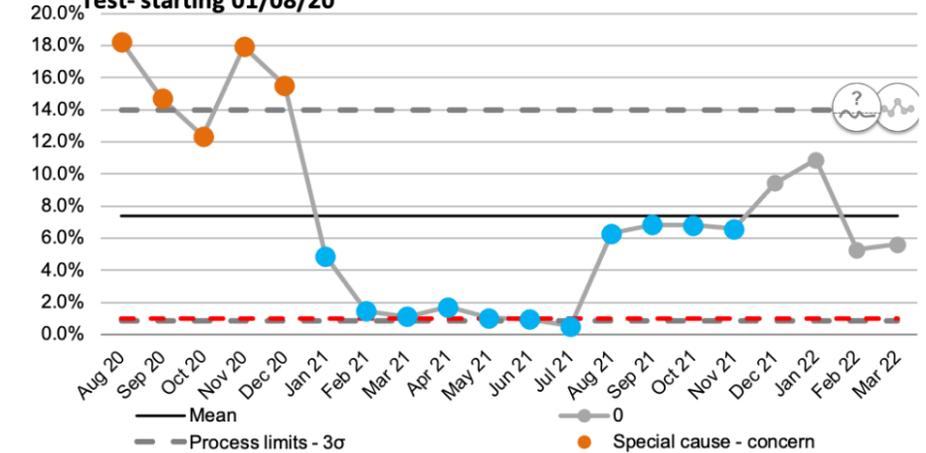
The latest national ranking for the Trust has improved to 38 out of 122 Trusts.

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.

All Cancers 62 day (Urgent referral to treatment) wait for first treatment- National Rank out of selected 122 Acute Trusts



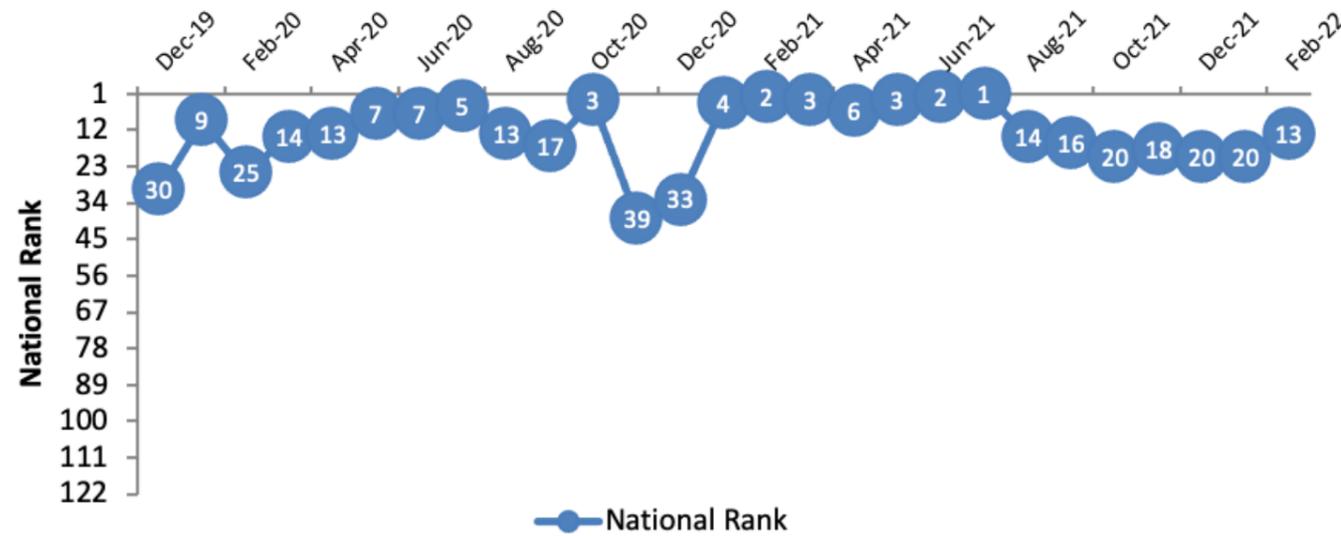
% of Service Users waiting 6 weeks or more from Referral for a Diagnostic Test- starting 01/08/20



“
The latest national ranking for the Trust has improved to 38 out of 122 Trusts.”

Despite challenges in the sonography and MRI service, the Trust's 6 Week Wait (DM01) Diagnostics performance remains strong and is 13th best (February 2022 reporting), out of 122 reporting general Acute Trusts. Following a run of 11 consecutive months with statistically improved performance, temporary staff absence within the ultrasound service during the autumn (sickness and self-isolation) meant that performance deteriorated as a result. Recovery of non-Obstetric Ultrasound Services' waiting times has involved the use of MediServices in-sourced ultrasound capacity, and appointment to two new sonographer posts supported through the approved Antenatal Scanning Business case. MRI experienced a significant increase in referrals towards the end of the financial year resulting in patients waiting over 6 weeks. MRI recovery plans involve use of an additional mobile MRI scanner in partnership with InHealth our MRI service provider.

**Performance Benchmarking- Diagnostics Waiting times- 6 weeks
National rank out of selected 122 Acute Trusts**



Figures reported for February 2022 equate to the Trust being ranked 13th nationally (of 122 reporting general Acute Trusts) and third regionally for DM01 performance, demonstrating the organisation is still performing better than the vast majority of its peers in terms of managing post-COVID restoration and recovery of access to Diagnostics.

2.2.5 Community Performance

Avoiding Hospital Admission - Care Navigation Centre

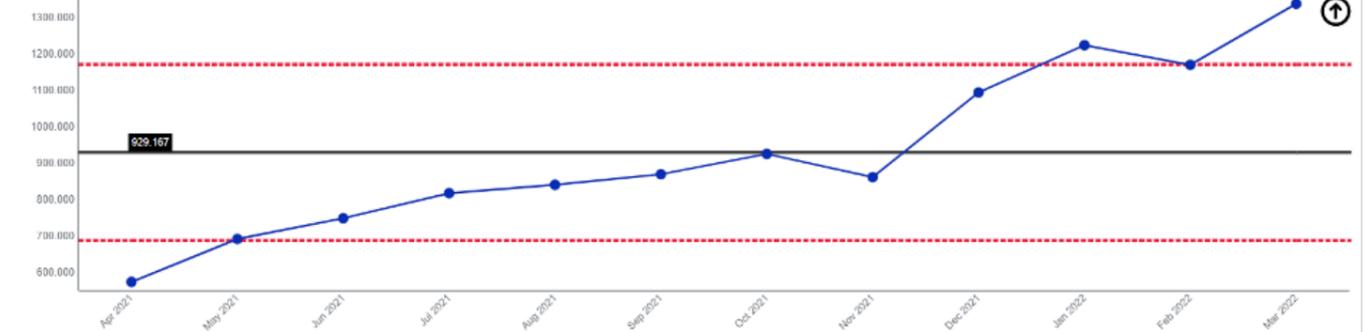
The Care Navigation Centre (CNC) provides a point of referral for clinical support in the community. It receives direct referrals from GPs, West Midlands Ambulance Service, care staff and care homes and is able to provide advice and guidance as well as refer patients on to a range of community teams which are able to provide same day support. The CNC has extended its opening hours to 8am-12 midnight and is dealing with rising numbers of referrals with highs of almost 1400 referrals in March 2022.

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 three times a day for ten days per patient. Without this service, these people would have remained as inpatients.

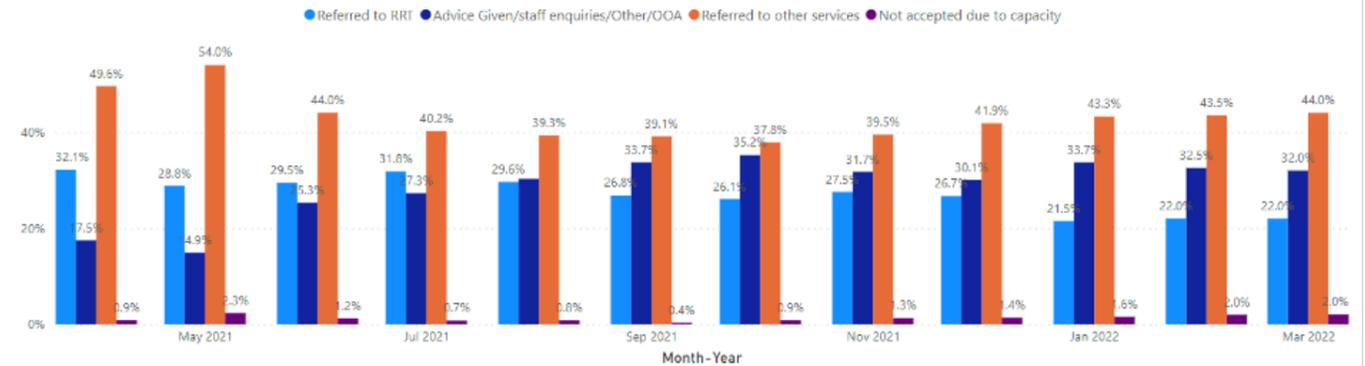
A follow up call is made within six weeks from a trained professional to assess for any signs of long COVID-19. During the call they identify if there are any ongoing problems which need specific treatments, including psychological support and if required a face-to-face assessment or virtual support and rehabilitation.

This pathway was established in 2020 and has since been expanded to take referrals from GPs who were seeing people who had not been hospitalised but were showing signs of long COVID-19.

Care Navigation Centre Referrals



Care Navigation Centre Disposition Routes

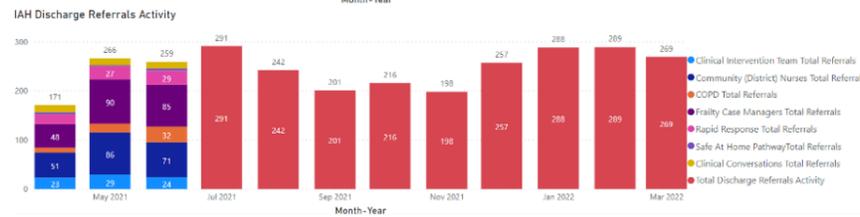
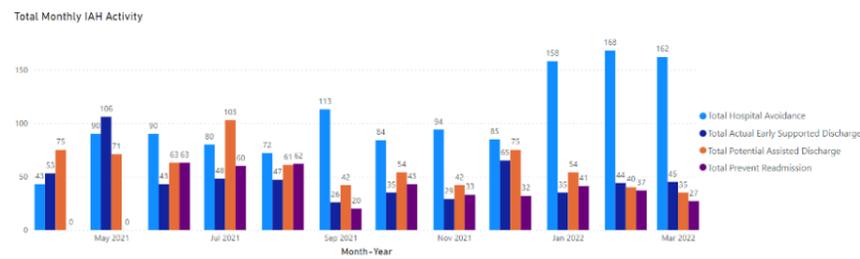
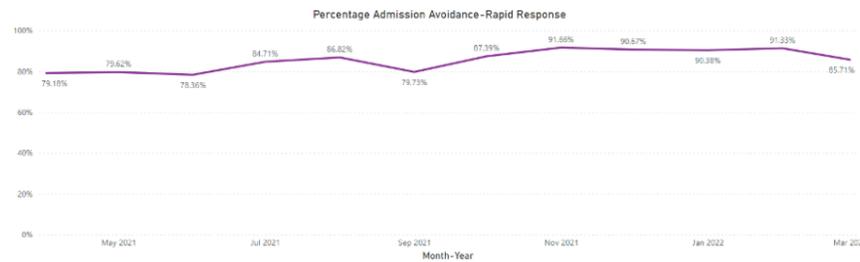
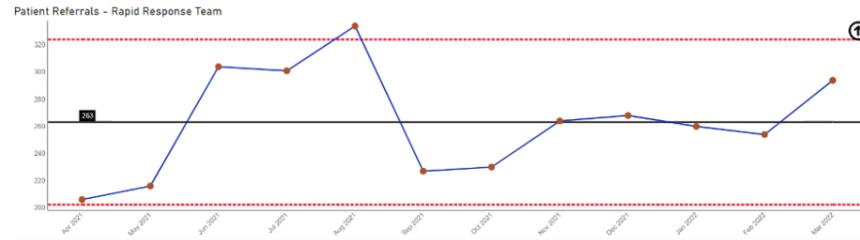


The second chart above shows the disposition routes of referrals to the Care Navigation Centre. The majority of referrals are managed within community services and only a very small proportion are redirected to A&E due to capacity.

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 more than 3,150 referrals and was 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 as well as the availability of more urgent pathways within the locality teams meeting urgent need. The admission avoidance effectiveness of the Rapid Response Team remains strong.

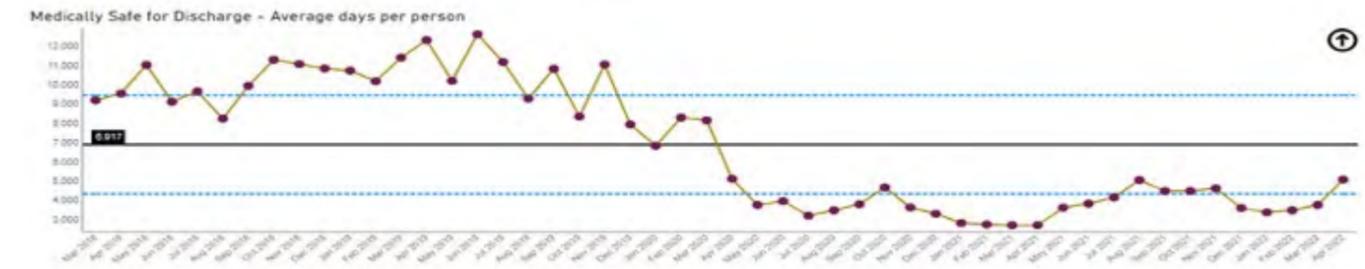
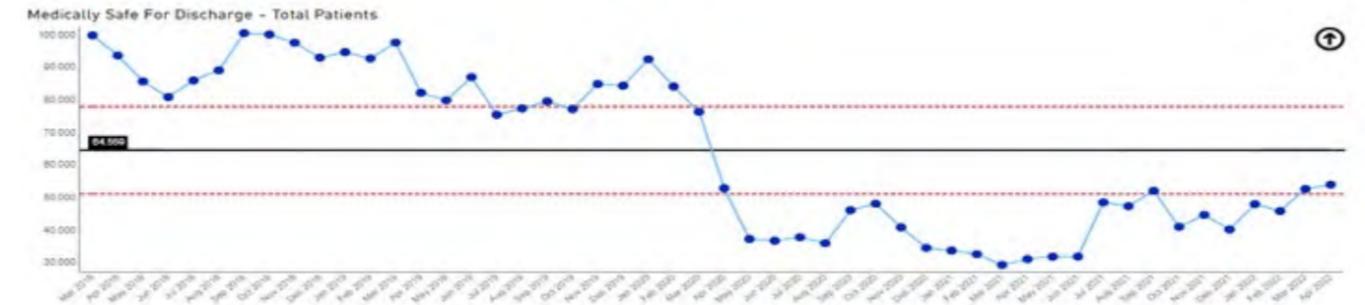


Avoiding Hospital Admission/ Supporting Early Discharge: Integrated Assessment Hub

The Integrated Assessment Hub first opened in December 2020 and since then has expanded to a seven-day service from 8am-8pm. It acts as a ‘front door’ providing an alternative to A&E for patients who arrive but can be cared for within the community. It is staffed by multi-disciplinary teams (MDTs) who assess the patient, provide treatment where possible and, if required, arrange for follow up care within the community through the Care Navigation Centre. Between April 2021 – March 2022 the IAH supported 1239 hospital avoidances and supported 576 early discharges.

Supporting Hospital Discharge: Medically Stable for Discharge (MSFD)

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 with the lowest figure of 15 recorded for Walsall in December 2021. This contributes towards the Manor Hospital’s ability to have beds available for new patient admissions at times of peak demand and enables rapid handover of patients at the hospital, something which was noted as “exemplar of best practice”, by the West Midlands Ambulance Service Board of Directors.



Supporting the COVID-19 Vaccination Programme

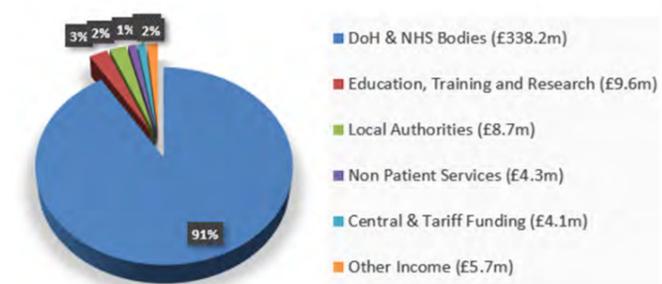
Community Services have played an integral role in supporting with the COVID-19 vaccination programme. In addition to delivering vaccinations at the Saddlers Vaccination Centre and hub at the Manor Hospital, they have also supported local care homes and residential settings with the delivery of vaccinations to vulnerable people.

2.2.6 Financial Performance

(a) Summary Financial Performance to 31 March 2021

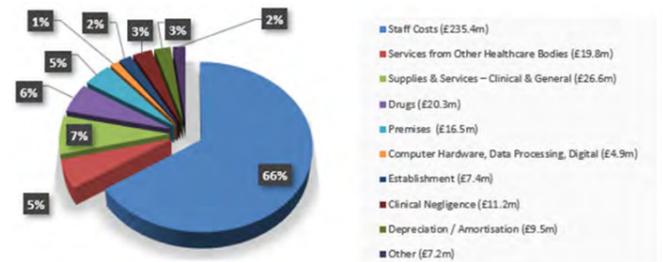
SUMMARY FINANCIAL PERFORMANCE FOR THE YEAR TO 31 MARCH 2022	
Description	£m's
Income	369.7
Expenditure	(357.9)
OPERATING SURPLUS	11.8
Interest	(9.5)
Donated assets/consumables	0.9
SURPLUS FOR THE YEAR	3.1

Income £369.7m



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

Expenditure £357.9m



Please note: Other expenditure includes costs for legal fees, insurance, transport, fines and education

Capital Expenditure

What we spent our capital on in 2021/22		
Description	£m's	£m's
Buildings		
Maintenance & lifecycle	1.1	
Theatre and Ward Refurbishment	4.7	20.1
Emergency Department	14.3	
Equipment & Other		
Medical Equipment	2.7	3.3
COVID-19 Equipment	0.6	
IM&T		
IT Development (including mobile technology)	2.0	2.0
TOTAL		25.5

(b) Financial Plan 2022/23

Please note:

Discussions are ongoing with the Integrated Care System (ICS) and Midlands Region NHSEI in relation to the reported deficit. The deficit is driven by increased inflation and energy prices.

The 2022/23 Financial Plan	
Description	£m's
Healthcare Income	337.6
Expenditure (Net Cat C Income)	(345.2)
TOTAL	(7.6)

(c) Capital Plan 2022/23

2022/23 Capital Plan		
Description	£m's	£m's
Buildings		
Accident & Emergency Department	23.9	
Estate maintenance & lifecycle	3.9	35.8
Ward refurbishment	4.0	
Theatre Refurbishment	4.0	
Equipment & Other		
Medical Equipment Replacement	1.0	1.0
IM&T		
Computer Replacement	1.1	1.1
TOTAL		37.9

2.2.7 Engagement with public and patients

Patient Experience

The Patient Relations and Experience team increased opportunities for patients to provide feedback and for Trust staff to respond to the 'near time feedback with real time action'.

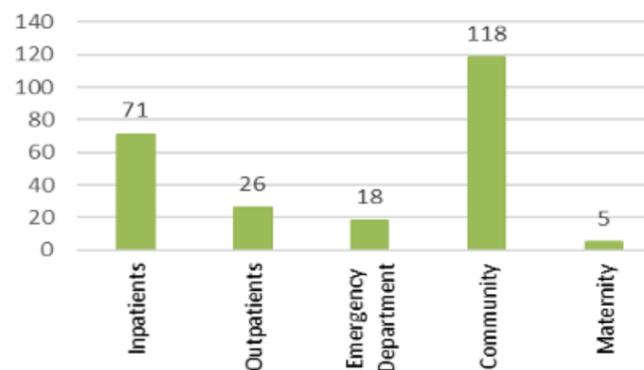
In addition to the Friends and Family Test and Complaints, Concerns and Compliments, the Mystery Patient Scheme was initiated. The mystery patient feedback is collected via a bedside/departmental poster which also includes a link to provide friends and family feedback via a QR code linked to the area.

Mystery Patient

The Mystery Patient Scheme was introduced to the organisation in August 2021 and provides patients with the opportunity to share their experience of their recent visit and support us to improve the services we provide. The scheme is anonymous which enables the patients to provide honest feedback about all areas of their visit.

Since the Mystery Patient Scheme was launched, we have received a total of 240 responses across the organisation, two of those responses did not have the area documented. Community received the most, with a total of 118 responses and Maternity received the least, with a total of five responses.

Mystery Patient Feedback Touchpoints

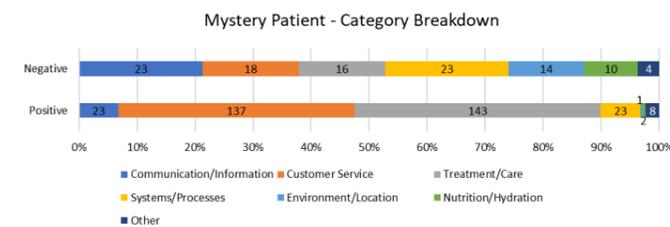


	Inpatients & Day Case	Outpatients	ED	Maternity	Community
The courtesy of the staff	7.9	7.8	6.1	5	9.7
The environment and hospital facilities	6.5	7	6	6.5	9.2
Were they treated with respect and dignity	8.9	8.7	7.5	7	9.9
Involvement in decisions about their care and treatment	7.4	8	7.9	6	9.6

Scores calculated using the national survey scoring process. Scores are out of 10.

When comparing the figures across each touchpoint, Community areas scored highest with scores above 9 for each of the areas. ED and Maternity received the lowest scores across the areas with scores sitting between 6 and 7.9. Inpatients and Outpatients were mostly stable across the four areas with scores between 6.5 and 8.9.

*Please note, number of categories does not equate to pieces of feedback as feedback may be assigned more than one category depending on the content.



A total of 76% of mystery patient free text is positive. The most positive free text comments were about treatment & care and customer service. Negative comments accounted for 24% of responses with 43% of negative comments being about communication & information and systems & processes.

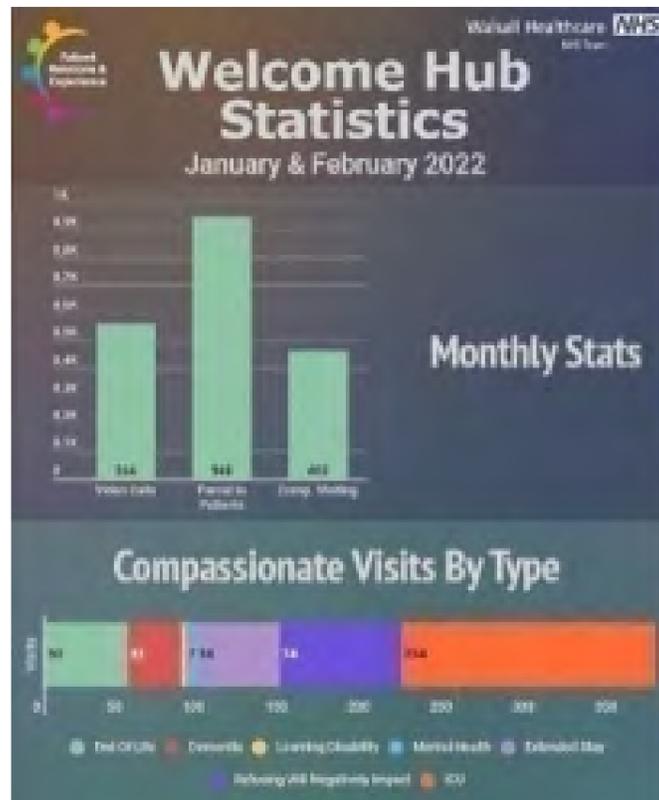
Near time action: food temperature, access to refreshments in the Emergency Department and signposting to carers support are examples of response outcomes.

Patient Involvement Partners

The Patient Involvement Partner programme was introduced in 2021 and continues to evolve. Workstreams where partners have expressed interest in involvement include End of Life Steering Group, the AMU Improvement plan, the Oncology Nurse Specialist out of hours survey and the Patient Experience Group.

Patient partners have been involved in the development and co-design of new ward Information Boards to be completed in 2022.

- **A patient partner** was actively involved in a faith-based improvement arising from a poor patient experience. This resulted in the purchase and distribution of 30 hand-held, pocket-sized devices with pre-enabled microchips that are programmed to play a range of Sikh prayers and hymns. They assist with daily worship at a time when patients are unable to visit their normal place of worship and might find it difficult to attend the Trust Chaplaincy Sacred Spaces, or when visiting is restricted.
- The Chaplaincy team also introduced an encounter form to capture the type and frequency of support provided. The SPaRC (Spiritual, Pastoral and Religious Care) form was introduced alongside faith profiles and was initiated following a patient story regarding access to chaplaincy particularly from the Sikh faith. Vacant posts were also recruited to.
- The **patient readers** panel reviewed the learning matters newsletter, combined VTE leaflet, the Goscote Hospice leaflet, Patient Initiated Follow-Up leaflet, lymphoedema, Third primary dose of vaccine and post picc line insertion information leaflet.



Listening to families and carers affected by visiting restrictions, the **'welcome hub'** was established to manage the visiting process following a period of restricted visiting. A total of 15,048 visits were arranged between May and July 2021 and 16-31 March 2022.

Following patient feedback and survey engagement during periods of restricted visiting, Compassionate Visiting Guidance was introduced to enable a supportive visiting approach for vulnerable patients including the launch of the patient carer passport. A total of **1209 compassionate visits** were arranged. **4,737 video calls** took place and **3341** parcels to patients were delivered. We surveyed visitors as part of the introduction with 82 respondents - **91%** rated their experience of booking online as Good, Very Good or Excellent, **73%** rated their experience of using the email or telephone visitor booking systems as Good, Very Good or Excellent, **96%** of respondents said that visiting had a positive impact on the patient's wellbeing, **89%** said that visiting had a positive impact on their personal wellbeing, **96%** of respondents rated their visiting hub experience as Good, Very Good or Excellent.

Critical Care Rehabilitation Forum

The intensive care rehabilitation service was set up to aid patients with their recovery throughout the whole of their inpatient journey, from ICU to the ward, to discharge home. The patients are then invited back to follow-up clinics to ensure continuity of care when in the community. In these clinics, run by senior nurses and a senior physiotherapist, a holistic assessment is completed looking at both physical and psychological wellbeing. Patients and relatives are also invited back to visit ICU if they wish to help aid recovery but also many just like to visit and thank staff.

Patient diaries have been introduced on ICU to allow staff members to provide daily accounts of the patient treatment including photos, which are then given to patients when they return to clinic. These have been found to help fill in the gaps for patients and increase their understanding of what happened to them during their stay. Snack rounds have been recently introduced on ICU with positive reviews from patients. These look to help increase protein intake which is a key factor in aiding rehab and thus increasing recovery in this patient group. Rocking R's are available for patients to watch TV or play video games, these have been made available by fundraising the team has carried out. When discharged to the ward the same team continues to support patients both physically and psychologically carrying out holistic assessments., When visiting was restricted in hospital, outdoor visits were arranged where possible so that the long-term patients were able to see relatives and given them that much-needed psychological boost.

The team has more recently set up post-intensive care rehabilitation classes for patients with the aim of establishing clear peer support links and enabling continuity of care throughout the multidisciplinary team in order to enhance patient experience.

These classes look at combining exercise and education to allow rehab to continue even whilst discharged home. We involve other members of the MDT and patients that have previously been discharged from our care to provide a personal account of their recovery to help motivate and provide positive reinforcement to aid recoveries. We have previously conducted forums similarly that have involved patients' relatives as we have seen the impact the ICU stay has on them too and the benefits that they can have from peer support.

We have had positive feedback from patients from these classes; all stating it has really helped in their recovery.

Bereavement cards are also currently sent out to the families of patients we have sadly lost which include forget-me-not seeds. Moving forward the team is looking to fully establish a bereavement service to ensure that families also require the support they may need throughout a difficult period.



Partnerships & Engagement

Healthwatch Walsall has regular contact with the organisation and in 2021/2022 provided feedback reports on patient views regarding communication and end of life care. The report on communication was shared with the Patient Experience team and changes were made to the telephone system within the PALS office to accommodate concerns regarding call handling.

A member of the Healthwatch team sat on the Trust Learning Matters editorial group throughout 2021/2022 and contributed via independent scrutiny to the inclusion of articles that shared learning from feedback and actions arising from complaints, incidents and mortality reviews.

Healthwatch Walsall is commissioned by Walsall Together to undertake patient, service user and residents' engagement to ensure they are fully represented in the decision-making process on the future delivery of services and service change.

Since April 2021, on behalf of the partnership, Healthwatch Walsall has:

- hosted 15 virtual workshops and engaged with more than 200 people capturing their experiences of services in Walsall
- published three reports outlining the findings of people's experiences of living with and managing a heart condition, the respiratory care pathway and end of life and palliative care. These can be found at: healthwatchwalsall.co.uk/our-reports
- presented several patient stories to the Walsall Together Partnership Board ensuring those with accountability for delivering services are hearing the people's voice
- set up a Diabetes Peer Support Group in response to patient feedback collected on behalf of the Walsall Together Partnership calling for more support and advice on managing the condition, medication needs, nutrition and diet information as well as signposting to services
- hosted seven service user groups which bring together people with lived experience to share views and support the redesign of care pathways. The group is made up of a number of individuals with long term health conditions and experiences of health and wellbeing inequalities, or people who represent them. They are kept informed, engaged and involved in the work of the partnership through presentations and discussions around key topics such as the Care Navigation Centre and how this is supporting people locally, shared care records and what this means to people and how social prescribing is developing in Walsall.

Feedback from all the engagement undertaken is presented to the Clinical Professional Leadership Group and reported back to the Walsall Together Partnership Board to be used to help inform and shape service development.



The Manor Lounge

In November 2021 we were successful in being awarded £25,000 from the NHSE/I Voluntary Services Fund. We partnered with Manor Farm Community Association which has provided involvement and support in developing new volunteer roles and overseeing the transfer of the former Wingman Lounge to the new Manor Staff Wellbeing Lounge now open next to Ward 29. The funding was granted on the basis that we support staff wellbeing through volunteer roles and involvement. The NHSE/I team reviewed the range of projects funded and has selected the volunteering projects at Walsall Healthcare NHS Trust as an area to celebrate and highlight.

- 66 wellbeing runs undertaken (hydration/snacks taken to staff/wards/departments)
- 1254 staff took refreshments away from the Manor Lounge
- 720 staff visited the lounge for a 'break'
- 106 staff completed an experience survey with 4.98 out of 5 the average rating

The Manor Lounge has had a significant impact on Trust staff. Below are some highlights from a satisfaction survey completed at the lounge by more than 400 staff members.



★★★★★ **4.98** How would you rate your experience of the lounge today?

100% Overall, do you feel visiting the lounge has helped you unwind and take a break?

100% Would you recommend the lounge to colleagues as a place to go for a break away from the work space?

It's always a warm welcome. It helps with my mental health at work as we do not have a rest room to take a break or eat lunch in. We must eat and drink at our desks, so we never switch off

Relaxing space whether it be for 2 minutes or a full half hour

It's saved my sanity at times and Zoey is so kind and caring

This service makes more of a difference than you can even imagine to staff who can't get to the shop, and who only have five minutes spare, please keep it going!

Public Health and Resilient Communities

Throughout 2021 we worked in partnership with public health to deliver free on-site lateral flow testing to provide a safe visiting process. This included arrangements for parents with children in hospital and partners accompanying women to antenatal appointments and enabled testing ahead of ward visiting where visitors had no access to lateral flow tests.

A total of 5472 lateral flow tests were undertaken with just 36 asymptomatic positive results. The partnership received positive recognition from NHSE/I seeing this as a robust infection control practice measurement to prevent COVID-19 outbreaks linked to visiting.

Maternity Voices Partnership (MVP)

As part of enhancing women's and families' experience at Walsall Healthcare NHS Trust, we have an MVP lead who is very active and involved in trying to support maternity services within the Trust. The MVP lead has recently appointed a deputy to support the role and the Trust to develop initiatives to ensure that women have an experience that is second to none. The maternity service hosts a monthly meeting whereby service users, MVP members and maternity staff can get together to look at the service as a whole

During these meetings the Friends and Family Test (FFT) results are discussed and we have also shared the Trust CQC Patient Experience results and proposed actions. Developments and conversations about the service are also highlighted such as changes to the Midwifery-Led Unit service, home birth rates and visiting arrangements. The MVP actively supports the unit in attaining its goals as demonstrated when the MVP lead attended our recent recruitment drive to support the team and meet potential new recruits

Patient recommendation to friends and family

We believe that patients' recommendations to their friends and family are a key indicator of the quality of care we provide. We believe our performance reflects that.

The FFT recommendation scores are illustrated in the tables below. These include percentage changes on 2020/21 and the 2021/22 response rates. The Trust's average recommendation score for 2021/22 was 82%. When looking at the different touchpoints there is a fluctuation of 24% with scores ranging between 97% and 73%.

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Friends and Family Test	Inpatients				Outpatients				ED				Community			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
2021/22	87%	84%	85%	85%	91%	92%	90%	92%	80%	76%	78%	77%	94%	94%	95%	97%
Change from 2020/21	-2%	-3%	-1%	-2%	+4%	+1%	-1%	+1%	-6%	-1%	=	-5%	**	**	**	+4%
Response Rate	22.3	23.6	19.4	19.6	16.3	15.2	16.8	15.6	15.6	15.2	14.6	14.6	7.7	8.6	7.0	13.9

Friends and Family Test	Antenatal				Birth				Postnatal Ward				Postnatal Community			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
2021/22	74%	68%	74%	84%	83%	87%	82%	78%	73%	86%	79%	84%	88%	30%	67%	79%
Change from 2020/21	**	-23%	+4%	+10%	**	+2%	-	-4%	-	+4%	+2%	+7%	**	-	-7%	-13%
Response Rate	7.3	5.5	4.4	8.7	16.3	12.6	12.5	15.7	8.9	8.9	6.9	11.3	5.3	4.3	6.2	6.9

** No comparable data reported during 2020/21 to enable a comparison

The table below illustrates the percentage difference between the Trust's average recommendation score for each touchpoint and the local STP and national results.

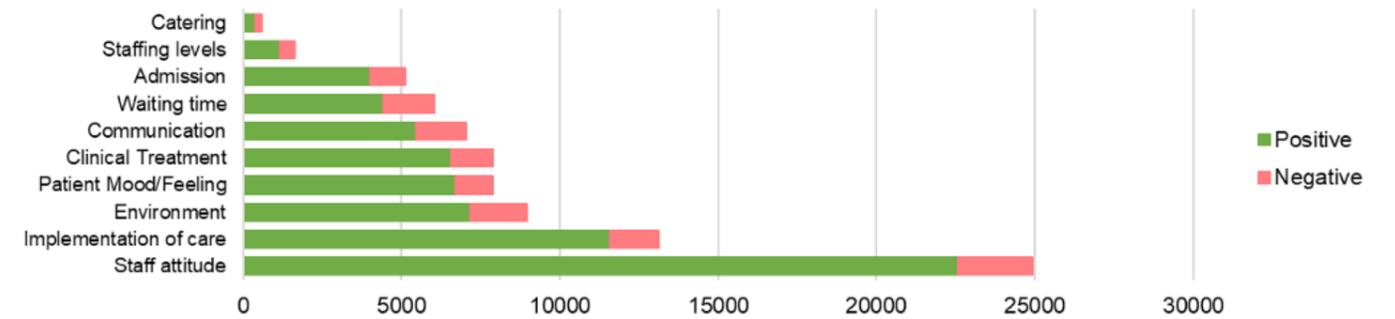
Some areas require improvement when compared locally and nationally. Outpatients, ED and Community all perform better on average locally, with Community also outperforming the national average.

	Inpatients	Outpatients	ED	Community	Antenatal	Birth	Postnatal Ward	Postnatal Community
STP*	-2.4%	+0.7%	+6.6%	+2.8%	-2.6%	-5.8%	-3.1%	-14%
National	-8.8%	-1.8%	-0.8%	+0.8%	-15%	-11.4%	-14.7%	-24.9%

* The Black Country and West Birmingham STP

Free Test Analysis - Themes

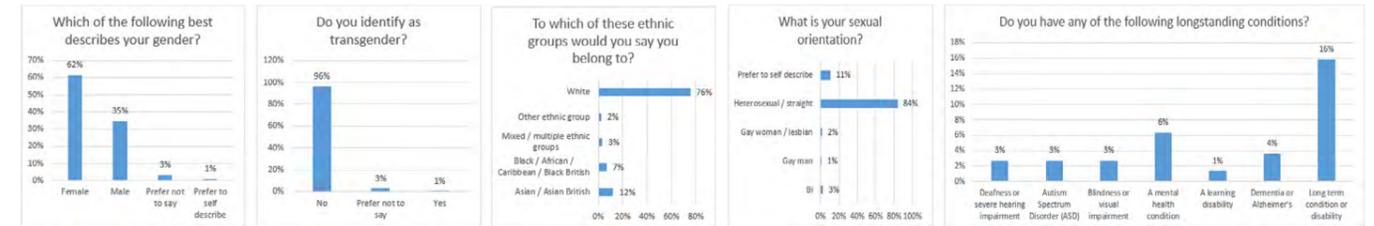
The graph below illustrates the top 10 Trust level themes for 2021-22. The Trust received more positive themes through FFT (84%) than negative (16%). The top 10 themes for both positive and negative responses are the same over the year.



(a) Equality Monitoring

Patient Experience

Patient experience feedback methods, including FFT and Mystery patients, collect optional demographic information. The charts below illustrate the equality monitoring received from those opting to participate.



(b) Complaints and Concerns

An equality monitoring form is in place and is issued at the point of acknowledgement of a written complaint with 6% (22) returned in 2021/2022.

- Ethnicity: 50% of respondents identified themselves as White British, 13.6% Bangladeshi, 9% Caribbean, 9% Irish, 4.5% African, 4.5% Pakistani, 4.5% Other Mixed and 4.5% White and Black African.
- Age: 41% were aged 25-49, 22.7% 18-24, 18.1% 50 to 64, 9% 65-74, 4.5% 75-84 and 4.5% 85 years or over.
- Religion or belief: 40.9% Christianity, 36.3% no religion, 9% Islam, 9% prefer not to say and 4.5% Buddhism.
- Sexual Orientation: 77.2% Heterosexual, 9% Homosexual/Gay Woman, 4.5% Bisexual, 4.5% Prefer to self-describe, 4.5% Prefer not to say.
- Gender: Male 54.5%, Female 36.3%, 9% prefer not to say.
- Gender re-assignment: 95.4% No, 4.5% prefer not to say
- Relationship status: 36.3% Married, 18.18% Single, 18.18% Living with partner, 13.6% Widowed, 9% Divorced and 4.5% Separated.
- Pregnancy: 95.4% were not pregnant at the time of making a complaint, 4.5% were.
- 95.4% of patients do not consider themselves to have a longstanding condition, 18.1% of patients do and 13.6% prefer not to say.

2.2.8 Volunteer Services

Juniper - Enhancing Ward Experience Volunteers

The Enhancing Ward Experience (EWE) volunteers have been introduced by Walsall Healthcare NHS Trust to not only support the organisation but to provide an opportunity for those who are interested in an NHS career to find out more about what is required.

In partnership with Juniper training during 2021/2022 54 EWE volunteers worked at the trust and were involved in a host of tasks which include:

- Answering the ward phone and taking messages
- Supporting the Patient Experience Team to carry out video calls
- Answering the ward door and assisting visitors and healthcare colleagues
- Collecting items for staff such as medical records
- Befriending: sitting and talking to patients and/or playing games with them to help reduce their boredom whilst in hospital

Volunteers are aged between 16 and 21 and the number of EWE hours completed was **1431hrs**.

Volunteering at the trust

The year 2021-22 has been a successful one for volunteers at the Trust. Our COVID-19 response and Personal Protective Equipment volunteers were awarded with the unsung hero award at the 2021 annual excellence awards. This is a great achievement for all volunteers who have supported the Trust throughout the pandemic; we thank them for their hard work and commitment. We also welcomed back many returning volunteers who were not able to attend during the pandemic.

2021/22 Volunteer Statistics

Total Volunteer Hours 2021-22 8948.32hrs	Top volunteer hours 1ST 909 2ND 428 3RD 427
Equal to £48,496 Band 2 AfC equivalent 133 Volunteers supported us in 2021/22	Recruited 82 New volunteers 239 Full time working weeks



2.2.9 Diversity and Human Rights

Equality, Diversity and Inclusion consultation

The Trust has taken great strides to improve its approach to equality, diversity, inclusion and human rights and has put in place a number of interventions to support a culture of inclusion and a sense of belonging since the start of 2020.

In relation to meeting the Workforce Race Equality Standard (WRES) Model Employer Targets set by NHSE/I, the Trust has made significant improvements in relation to workforce representation of colleagues from a Black, Asian and Minority Ethnic background at a senior level (Band 8a and above). This has significantly increased overall within the Trust over the past two years from 18.0% in 2020 to 25.54% as at 31 March 2022.

The overall representation of colleagues employed by the Trust from a Black Asian and Minority Ethnic background has also improved since 2020 from 28.01% in 2020 to 32.0% as at 31 March 2022. This is currently higher than the ethnic minority population in Walsall which is approximately 23.1%. Walsall is a culturally diverse town where people of Indian, Pakistani and Bangladeshi background form the largest minority ethnic groups. Whilst the census provides the most accurate representation of demographics in a given area, Mid-year Estimates provided by the Office of National Statistics in 2018 use migration data to give an accurate picture of population changes on an annual basis.

Figures 1.1 and 1.2 below illustrate the ethnic diversity of the Walsall population since the 2011 census.

Figure 1.1 2011 census data Walsall population

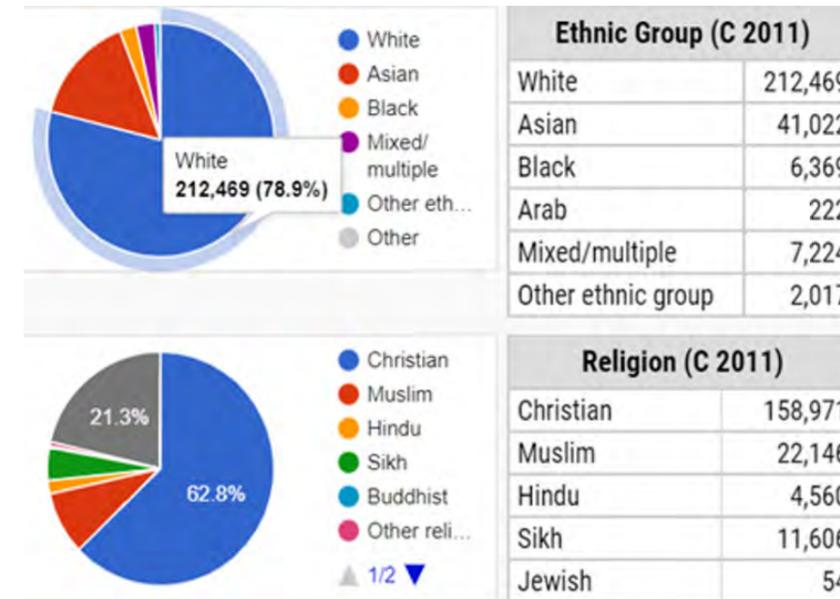


Figure 1.2 ONS Mid-year statistical data 2018 Walsall population

Ethnicity White	78.9%
Ethnicity: Black	2.4%
Ethnicity: Asian	15.2%
Ethnicity: Mixed	2.7%
Ethnicity: Other	0.8%

The Trust has demonstrated its commitment to equality, diversity, inclusion and human rights and legal obligations in relation to meeting the Public Sector Equality Duty across all areas of the Trust by putting in place the following interventions;

- Establishing a number of staff networks for race, gender and LGBTQ Equality. The aim and purpose of these is to ensure that staff with a protected group have a voice and can influence decision making across the organisation with regard to equality, diversity and inclusion. Each Staff Network has an Executive Sponsor and meets regularly to progress activities related to race, gender and LGBTQ matters. The Chairs of the Staff Networks also attend the Trust's Equality Diversity and Inclusion Steering Group (EDIG) which reports into the People and Organisation Development Committee (PODC), a sub group of the Trust Board
- Early in 2021 the Trust launched the RCN Cultural Ambassador programme and currently has 42 active Cultural Ambassadors across the organisation. Their role is to ensure fairness and equity in recruitment and selection and in the employee relations process for each of the nine protected groups.
- The Trust has produced a three-year equality, diversity and inclusion strategy entitled Inclusion for All. It sets out ambitious targets to embed and foster a culture and climate of inclusion for each of the nine protected characteristics over the next three years. The strategy was co-produced by patients, colleagues and partners working at the Trust and includes a detailed action plan which is monitored on a regular basis with progress reports to EDIG and PODC.
- The Trust is required to produce a WRES Workforce Race Equality Standard and WDES Workforce Disability Equality Standard annual submission for NHS England and NHS Improvement to illustrate the actions it is taking to improve the experience of staff with a disability and staff from an ethnic minority background across a range of workforce equality indicators. Progress with the WRES and WDES is reported to the Board through PODC and information is published on the Trust's website.
- The Trust is a member of the Business Disability Forum and has been awarded Mindful Employer status in recognition of the work undertaken to support people with mental ill health.
- In October 2021 the Trust received the Race Code Quality Mark which sets out a commitment to improving race equality and Board ethnic minority senior level representation. A detailed action plan has been produced with regular updates on progress being provided to the Board. The Trust is also working collaboratively with a neighbouring Trust and has recently launched a joint zero tolerance to racism campaign and produced guidance for staff and patients experiencing inappropriate behaviour
- Since September 2021 the Trust has improved its approach to completing Equality Impact Assessments. A requirement to complete Equality Impact Assessments is now embedded within Board and committee templates and forms part of the Policies Group. All authors of Board reports and Policies are required to complete an EIA before policies are signed off for ratification. This enables the Trust to demonstrate how it takes into account due regard in decision making to meet the aims set out in the general aims of the Public Sector Equality Duty 2011. The EIA template incorporates human rights considerations to enable authors of Board and committee reports to consider any human rights implications in the development of functions, strategies and policies.
- In 2022, the Trust will be undertaking the Equality Delivery System assessment to ensure that service leads across the Trust can complete an equality assessment using the EDS as a tool to highlight any areas for improvement and improve equal access to services for patients with a protected characteristic.

2.2.10 Counter Fraud and Corruption

The Trust is fully committed to providing a zero tolerance culture to fraud, bribery and corruption whilst maintaining an absolute standard of honesty and integrity in dealing with our assets. We are committed to the elimination of all fraud and illegal acts within the Trust.

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 Anti-Fraud, Bribery and Corruption Policy.

Throughout 2021/22 there have been opportunities to actively promote the awareness of fraud and bribery across the Trust to ensure colleagues are aware of their role and responsibilities with regard to identifying, reporting and preventing suspicious activity. Overall, for 21/22, there has been a significant increase in referrals, which reflects the confidence of staff to report fraud and shows how reporting procedures are embedded across the Trust.

During the pandemic we have continued to actively 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 both internal and external investigations have been undertaken where necessary. Cases were referred for disciplinary consideration and criminal sanction if proportionate.

We have an annual counter fraud plan which will continue to raise the awareness of fraud and bribery and respond to emerging issues identified both 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 GovS 013: Counter Fraud. The Trust has implemented recommendations following a review of counter fraud arrangements last year and continues to perform well against this organisational assessment.

The Director of Finance and Performance oversees this process as the nominated executive lead for counter fraud and is responsible for the strategic management of all anti-fraud, bribery and corruption work. The Head of Financial Governance is the Trust Fraud Champion.



Professor David Loughton CBE, Chief Executive

3 - Accountability Report

3.1 Corporate Governance Report

3.1.1 Directors' Report

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 March 2023

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

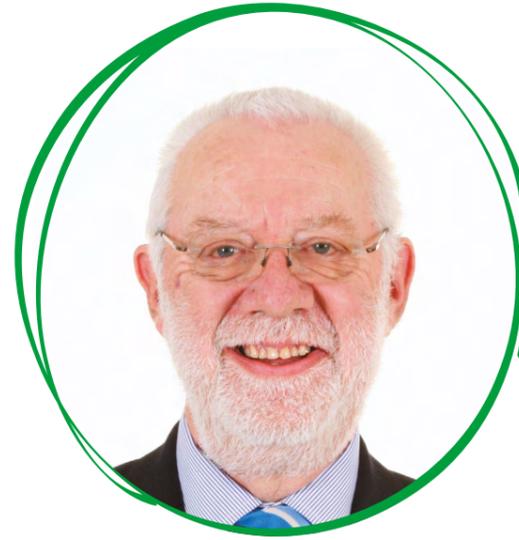
Prior to his role of Chair, he was Chief Inspector of General Practice, Primary Medical Services, and Integrated Care at the Care Quality Commission (CQC). He has held several board positions in the NHS including, Deputy National Medical Director at NHS England, Regional Postgraduate Dean for NHS West Midlands, and Chair of the NHS Inclusion Health Board at the Department of Health. He also held the position of Chair 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 2021/22: 10/10



Declaration of Interests as at April 2022:

- Chair, The 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: 9/10

Declaration of Interests as at April 2022

- Non-Executive Director, The Royal Wolverhampton NHS Trust



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 (Left the Organisation: 31st March 202)

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, as a committee member of Healthwatch England and People Champion at the NHS Leadership Academy.

She 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 2021/22: 8/10

Declaration of Interests:

- STP Workforce Bureau (Vaccination Programme)
- Partner Dr George Solomon is a Non-Executive Director at Dudley Integrated Health and Care Trust



Mrs Mary Martin

Non-Executive Director (voting)

Chair – Audit Committee

Appointed: April 2021

Current Term: April 2021 – 30 September 2023

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

She currently runs her own small consultancy business having for four years been Pro-Vice Chancellor of Birmingham City University. Prior to this her career has included working with Advantage West Midlands; a private venture fund manager focused on technology start-ups and she was a Partner with Arthur Andersen, one of the largest international accounting practices.

Mary is a trustee of two major Midlands-based arts charities – Performances Birmingham and Midland Art Centre.

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

Board Attendances in 2021/22: 9/9

Declaration of Interests as at April 2022:

- The Royal Wolverhampton NHS Trust – Non Executive Director
- Trustee/Director, Non-Executive Member of the Board for the charity Midlands Art Centre
- LTD Trustee/Director, Non-Executive – B Music
- Director – Friday Bridge Management Company Ltd
- Non-Executive Director/Trustee – Extracare Charitable Trust (ceased 21st June 21)



Mr Junior Hemans

Non-Executive Director (Voting)

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 and 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 2021/22: 10/10

Declarations of Interest as at April 2022

- Non-Executive Director – The 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 Paul Assinder

Associate Non-Executive Director (Voting)

Chair - Charitable Funds Committee

Appointed: 1st October 2019 as Non-Voting Member of the Board

Current Term (Voting Member): 1st April 2022 to 30th September 2023

Mr Assinder was appointed to the post of Chief Executive Officer of Dudley Integrated Health and Care NHS Trust in March 2020 until February 2022. 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. He 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 2021/22: 10/10

Declaration of Interests as at April 2022

- Chief Executive Officer - Dudley Integrated Health and Care Trust (ceased as of February 2022)
- Director of Rodborough Consultancy Ltd.
- Governor of Solihull College & University Centre
- Honorary Lecturer, University of Wolverhampton
- Associate of Provex Solutions Ltd
- Chief Executive Officer – Dudley Integrated Health and Care Trust (ceased February 2021)

Professor Louise Toner

Non-Executive Director (Voting)

Appointed: November 21

Current Term: November 2021-31 October 2023

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

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

She has also worked for a hugely successful charity in the UK – Macmillan Cancer Support where she was responsible for an Education Development Programme for specialist nurses in cancer and palliative care. She was previously Chair but is now Trustee of the Wound Care Alliance UK a charitable organisation which provides education and training for non-specialist healthcare staff both qualified and unqualified in the field of Tissue Viability.

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



Her remit within the faculty includes leading overseas activities, as a result of which she has been privileged to visit a number of countries meeting with government officials, leading academics and professionals. Along with other colleagues, she is in the process of securing funds to assist developing countries in terms of their healthcare education needs that include caring for older people, primary care, stoma care and wound care. Professor Toner says she feels privileged to be associated with such an innovative and forward-thinking trust, keen to embrace the ways in which academia, research and clinical practice can all work together to improve the care of our patients and provide development opportunities for our staff.

Board Attendance: 2/2

Declaration of Interests as at April 2022:

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



Dawn Brathwaite

Non-Executive Director (Voting)

Appointed: 2nd February 2022

Current Term: 2nd February 2022-31st January 2024

Dawn Brathwaite is a solicitor and former partner in a national law firm. For the past 20 years she has advised NHS bodies including commissioners, providers, and healthcare regulators.

She retired from legal practice in May 2021 but continues as a consultant in a non-legal role with her firm.

Ms Brathwaite is passionate about diversity and inclusion and has led many initiatives to increase the number of individuals from diverse and socially disadvantaged backgrounds within the legal profession, for which she has received several awards.

She is a former Trustee of Navigators UK and is a current member of the General Synod of the Church of England.

Board Attendances in 2021/22: 0/1

Declaration of Interests:

- Consultant/Former Partner, Mills & Reeve LLP



Mrs Sally Rowe

Associate Non-Executive Director (non-voting)

Appointed: 1st April 2019

Current Term: 1st April 2019 to 31st March 2022

Extended to 30th September 2022

Mrs Rowe has been a qualified social worker for 30 years, working across children's and adult 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 2021/22: 5/10

Declaration of Interests as at April 2022

- 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

Extended to: 30th September 2022

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

He has extensive experience with healthcare 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.

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 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 2021/22: 8/10

Declaration of Interests as at April 2022

- Lay Member, Employment Tribunal Birmingham
- Vice President of Pelsall Branch Conservative Party Association (started 19th June 2021)



Ofrah Muflahi

Associate Non-Executive Director (non-voting)

Appointed: 2nd March 2022

Current Term: 2nd March 2022-29th February 2024

Ms Muflahi's passion for nursing started at the age of 14 when she noted the care being provided by nursing staff who looked after her unwell mother. She has more than 20 years' experience working in various nursing roles and is a highly competent registered nurse with knowledge, skills and experience in paediatrics, community nursing, quality governance, project management and quality improvement. She was the only Mary Seacole Leadership Award winner in 2008.

She has held board roles in multiple charities and more recently at Kidney Care UK. She is currently the Professional Lead for Nursing Support Workers at the Royal College of Nursing and is passionate about her role in order to deliver excellent care, ethical leadership and innovation.

Ms Muflahi has an MSc in Healthcare Management and Policy from the University of Birmingham.

Board Attendances in 2021/22 : 0/0

Declaration of Interests:

- Board Member, Kidney Care UK (ceased position in March 2022)
- Professional Lead employed at Royal College of Nursing and Member
- Husband an employee of the Royal College of Nursing UK
- Member of the Q Community at Health Foundation
- Husband Director of OBD Consultants, Limited Company
- Member of the Seacole Group
- Member of the Health Inequalities Task Group at Coalition for Personalised Care



Dr Julian Parkes

Non-Executive Director (Non-Voting)

Appointed: 2nd March 2022

Current Term: 2nd March 2022-29th February 2024

Dr Parkes is a retired GP who qualified from Birmingham Medical School in 1984 and after junior jobs in South Birmingham, joined a practice in Wednesfield, Wolverhampton, where he stayed for all his clinical career.

During this time he was also on the Board of Wolverhampton CCG and previous commissioning organisations; he was prescribing lead for 15 years and was briefly an Associate Non-Executive Director at The Royal Wolverhampton NHS Trust. His practice was one of the first practices to integrate with The Royal Wolverhampton Trust in June 2016. Since retiring from clinical practice he has remained an employee leading on Primary Care integration, supporting the eight General Practices that have now integrated with the Trust.

Board attendances in 2021/22: 0/0

Declaration of Interests:

- Lead for Primary Care – The Royal Wolverhampton NHS Trust
- Daughter, Nurse at Royal Wolverhampton NHS Trust
- Trustee, Windmill Community Church



Professor David Loughton CBE

Interim Chief Executive

Appointed: April 2021

Appointed as Chief Executive: 23rd March 2022

Professor Loughton joined The Royal Wolverhampton NHS Trust in 2004, having had extensive experience as a Chief Executive within the NHS. He was appointed as Interim Chief Executive at Walsall Healthcare NHS Trust in March 2021 and appointed as Substantive Chief Executive at the Trust on 23 March 2022.

During his career, Professor Loughton has developed a new Medical School with Warwick University and achieved financial close on a £400 million new hospital Private Finance Initiative (PFI). He has now turned around one of the 17 most financially challenged Trusts in the NHS, whilst improving the quality of care provided to patients.

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

Board Attendance: 8/9

Declaration of Interests:

- Chief Executive – The Royal Wolverhampton NHS Trust
- Health policy advisor to the Labour and Conservative Parties
- Member – Dementia Health and Care Champion Group
- Member of Advisory Board – National Institute for Health Research
- Chair – West Midlands Cancer Alliance



Professor Ann-Marie Cannaby

Interim Deputy Chief Executive/Chief Nursing Officer

Appointed: April 2021

Professor Cannaby is the Chief Nursing Officer at The Royal Wolverhampton NHS Trust and the Interim Deputy CEO and Chief Nurse at Walsall Healthcare NHS Trust. Until November 2020, she was also a Professor of Nursing at Birmingham City University. She is now a Visiting Professor at Birmingham City University and Staffordshire University.

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

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

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

Board Attendance: 8/9

Declaration of Interest as at April 2022:

- Chief Nurse – The Royal Wolverhampton NHS Trust
- Director – Ann-Marie Cannaby Limited
- Visiting Professor – Staffordshire University
- Honorary Fellow – La Trobe University, Victoria, Australia
- Teaching Fellow – Higher Education Academy
- Member – Royal College of Nursing
- Visiting Professor – Birmingham City University
- Principal Clinical Advisor – British Telecom
- Member of the Cavell (Charity) Advisory Panel (volunteer role) started April 2022



Mr Russell Caldicott

Chief Finance Officer (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 2021/22: 10/10

Declaration of Interests as at April 2022:

- Member of the Executive for the West Midlands Healthcare Financial Management Association (HFMA)
- Director of Plan 4 E-Health



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 2021/22: 8/10

Declaration of Interests

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



Dr Manjeet Shehmar FRCOG, MMedEd, MD

Chief Medical Officer (Voting)

Appointed: August 2021

Dr Shehmar joined Walsall Healthcare NHS Trust as Deputy Medical Director in October 2019 and became the Acting Medical Director in August 2021. Prior to this Dr Shehmar was the Clinical Director for Gynaecology, Theatres and Fertility at Birmingham Women's & Children's Hospital for more than five years, where she was involved in roles across the Trust and external partnerships. She has completed executive leadership training with the NHS Leadership Academy.

Dr Shehmar is passionate about raising standards to provide the best patient care, putting patients first and supporting an environment where staff can work to their highest abilities. During her time as Deputy Medical Director, she led on improving the lung cancer pathway after a series of incidents and has restructured the learning from deaths programme to focus on top themes and drive improvements. Through this programme the Trust no longer holds a risk with the CCG around Learning from Deaths and deaths from fractured neck of femur are now below the national average (previously a negative outlier). Dr Shehmar led a training and awareness programme through the COVID-19 pandemic with a co-ordinated evidence-based approach, led on reviews of deaths from COVID-19 and COVID-19 healthcare associated infections and has set up a governance framework to drive progress with GIRFT recommendations. She chairs the Black Country Learning from Deaths group and various groups within the Trust.

Dr Shehmar is a gynaecologist with a special interest in Early Pregnancy and Ambulatory Gynaecology. She is an executive member of the Association of Early Pregnancy Units, has authored a number of publications and a national guideline and teaches regularly on national and international speciality courses including for the Royal College Of Obstetricians and Gynaecologists. Her research interests include enhanced recovery from surgery and medical education.

Dr Shehmar is keen to work with patients and staff from both Walsall and Wolverhampton to ensure that we provide the best possible care.

Board Attendances in 2021/22: 6/6

Declaration of Interests as at April 2022:

- Company Director, Association of Early Pregnancies Units UK
- Executive Member Association of Early Pregnancy Units UK
- Private Practice Health – Harmonie (ceased August 2021)



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 she joined 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 and reduce unwarranted variation and inequalities through the intelligent use of data, evidence-based planning and Quality Improvement.

Board Attendances in 2021/22: 5/5 (Miss Augustine has been on an extended period of leave)

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 at The 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.

She is the Executive lead for the People and Organisational Development Committee.

Board Attendances in 2021/22: 9/10

Declaration of Interests

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

Lisa Carroll

Director of Nursing (non-voting)

Appointed: August 2021

Ms Carroll joined Walsall Healthcare NHS Trust in May 2021, initially as interim Deputy Director of Nursing and was appointed as Director of Nursing in August 2021.

She qualified in 1990 as a Registered Nurse and her clinical career has focused on the specialities of Acute Medicine and Urgent and Emergency Care. With a Masters in Advanced Practice, she was one of the first Consultant Nurses in Acute Medicine in the country and her book Acute Medicine: A Handbook for Nurse Practitioners was published in 2007.

She has held regional roles as the Clinical Lead for Urgent and Emergency Care in the West Midlands and led the development of quality standards for the whole of the urgent and emergency care pathway including acute medical and surgical units as clinical lead for the West Midlands Quality Review Service. These standards were adopted by the Society for Acute Medicine and College of Emergency Medicine for national use.

Ms Carroll has extensive senior nursing operational and leadership experience in both the NHS and independent sector and prior to returning to the NHS in 2020 she was Director of Nursing and AHPs for Circle Health Group.

She is the Trust's Director of Infection Prevention and Control, Executive Lead for Safeguarding and the Executive Maternity Safety Champion.

Board Attendance: 5/7

Declaration of Interests as at April 2022:

- Spouse – Royal College of Paediatrics and Child Health (RCPCH) Officer for Research
- Spouse – RCPCH Assistant Officer for exams
- Spouse – Consultant Paediatrician and Clinical Lead for Respiratory Paediatrics at University Hospitals of North Midlands NHS Trust (UHNM)
- Spouse – Guardian of Safe Working and Deputy Clinical Tutor, UHNM
- Spouse – West Midlands Institute for Health Research (NIHR) Clinical Research Scholar



Mr Matthew Dodd

Acting Director of Integration (non-voting)

Director of Transformation, Walsall Together

Appointed: September 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: 6/6

Declaration of Interests as at April 2022:

- Wife working as a Physiotherapy Assistant at Birmingham Community Healthcare



Kevin Bostock

Director of Assurance

Appointed: 1st December 2021 (was Advisory Director of Governance prior to that)

Mr Bostock is a Registered General Nurse and Allied Health Professional (Operating Department Practitioner). He has extensive experience in the NHS, independent healthcare, social care and charitable sectors - spanning many years in a variety of clinical, managerial, leadership, Executive and advisory roles.

He holds a variety of qualifications related to acute health and social care and was a retained lecturer in Risk, Governance and Assurance on Masters Programmes. He is passionate about driving delivery of high standards of service to patients.

Board attendance: 5/5

Declaration of Interests as at April 2022:

- Sole Director of a limited company – Libra Healthcare Management Limited, trading as Governance, Risk Compliance Solutions



Mike Sharon

Interim Strategic Advisor to the Board (non-voting)

Appointment: July 2021

Mr Sharon started his working life as a hospital porter. What has stayed with him is a firm belief in the difference we can all make as individuals, no matter what our role, to the wellbeing of patients.

After a long spell at Guy's and St Thomas's in operational management and in strategy, he became CEO of a GP company providing services to practices, followed by some time as a PCT CEO.

Subsequently, Mr Sharon has been a Director at University Hospital Birmingham FT and at Sandwell and West Birmingham Trust where he was acting CEO for short time.

Between these roles he has spent a year working in a teaching hospital in Chicago, supported 37 GP practices to create a Federation, set up the Birmingham and Solihull Lift Company, and led two large health economy-wide strategic change programmes.

Board attendances: 7/7

Declaration of Interests as at April 2022:

- Strategic Advisor to the Trust Board, The Royal Wolverhampton NHS Trust
- Member of the Liberal Democrat Party
- Wife works as an independent trainer, coach and counsellor. Some of this work is for local NHS bodies. Wife has undertaken work for Walsall Healthcare NHS Trust as a self-employed trainer.



Simon Evans

Interim Chief Officer for Strategy (non-voting)

Appointed: October 2021

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

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

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

He has a passion for organisational and personal development and has a post-graduate diploma in Human Resource Development. He has lectured on Organisational Behaviour and Organisational Change for Staffordshire University and is a regular guest lecturer for the University of Wolverhampton.

Board attendances: 4/4

Declaration of Interests as at April 2022:

- Chief Strategy Officer at The Royal Wolverhampton NHS Trust



Sally Evans

Director of Communications and Stakeholder Engagement (non-voting)

Appointed: April 2021

Ms Evans joined the Trust as Head of Communications in October 2017 from NHS South Worcestershire Clinical Commissioning Group (CCG) after a decade working in communications in the NHS.

Having worked across a range of NHS organisations including acute, mental health, community and commissioning in various communications roles, Sally brings a wealth of experience in the public sector.

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

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

Board Attendances in 2021/22: 5/9

Declaration of Interests as at April 2022:

- Director of Communications and Stakeholder Engagement at The Royal Wolverhampton NHS Trust



Kevin Stringer

Interim IT Director and SIRO

Appointed: December 2021

Mr Stringer is a qualified accountant with the Chartered Institute of Management Accountants (CIMA) and holds a Masters qualification in Business Administration (MBA). With more than 25 years of experience in the NHS, with 13 of those years as a Board Director, he has experience of commissioning and provider organisations.

His experience covers:

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

His role is to provide professional advice to the Board and wider Trust to ensure delivery of the Board's financial strategy, key statutory financial targets and ensure good internal control.

He is a member and advocate for Healthcare Financial Management (HFMA) having been a past Chair of the West Midlands Branch where he is now the Treasurer.

Board Attendance: 2/2

Declaration of Interests as at April 2022:

- Chief Financial Officer and Deputy Chief Executive, The Royal Wolverhampton NHS Trust
- Treasurer, West Midlands Branch – Healthcare Financial Management Association
- Brother-in-law is the managing Director at Midlands and Lancashire Commissioning Support Unit
- Member of CIMA (Chartered Institute of Management Accounts)

3.1.1.1 Directors who left during the financial year

Mrs Anne Baines

Non-Executive Director (voting)

Chair – Walsall Together Partnership Board

Appointed: July 2018

Term: 13th December 2020 to September 2021

Left the organisation: September 2021

Mr Ben Diamond

Non-Executive Director (voting)

Appointed: 1st October 2019

Term: 1st October 2019 to August 2021

Mr Daren Fradgley

Director of Integration/Deputy CEO (voting)

Appointed: January 2016

Acting Chief Executive from 1st February 2021 to 31 March 2021

On Secondment from September 2021 to Present

Dr Matthew Lewis

Medical Director (voting)

Appointed: October 2018

Term: October 2018 to July 2021

Mrs Ann-Marie Riley

Director of Nursing (voting)

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

Term: December 2020 – June 2021

Ms Jenna Davies

Director of Governance (non-voting)

Appointed: June 2018

Term: June 2018-September 2021

3.1.1.2 Fit and Proper Person

In 2021/22, the Directors individually updated their declarations to confirm continuing compliance with the Fit and Proper Person Test. The Trust has implemented the current required standards for Fit and Proper Person checks, including declarations, periodic DBS, periodic fit and wellness checks, appraisals and cross-checking with other information in the public domain, e.g. Company Directors et al.

3.1.1.3 Accountability

NHSE/I 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. All Interim and 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 or his nominated deputy. Any changes in remuneration for Executive Directors are agreed by the Nominations and Remuneration Committee.

3.1.1.4 Personal data incidents 2021/2022

The Trust has a robust framework in place to manage personal data incidents that utilises subject matter expertise from Information Governance, Digital Services, Informatics, Data Quality, Health Records and systems administration.

Risks to personal data are managed and controlled in accordance with the Trust’s Data Protection Policy and the Incident Reporting and Management Policy. Incidents are reviewed by the Information Governance Steering Group (IGSG) which is chaired by the Chief Finance Officer, who has been appointed as the Senior Information Risk Owner (SIRO). Membership also includes the Trust’s Chief Medical Officer who has been appointed as the Caldicott Guardian, the Director of Assurance and Data Protection Officer.

During the period 2021/22, four incidents were referred to the Information Commissioner’s Office as meeting the criteria for external reporting:

Incident Date	Nature of Incident	Outcome
07.06.21	This incident related to an allegation of inappropriate access to a child’s hospital record by a nurse.	Incident closed by the ICO and de-escalated by the Trust as no evidence of a personal data breach was found upon further investigation.
07.07.21	A Clinical Bank member of staff had accessed the social care information for patients; this was not required for their role in Maternity.	Full Root Cause Analysis completed, and action plan developed by the Division to improve local induction and orientation for new staff. The investigation found that whilst the member of staff had legitimate access to the Clinical Information System, local working practices in Maternity did not require them to access this dataset – it was not required to complete their duty and therefore deemed as excessive. ICO Decision Notice: no further action taken.
31.08.21	The incident related to the inappropriate access to personal confidential health information by a Clinical Bank member of staff who was known to the patient.	Full Root Cause Analysis completed which identified a failure to adhere to Trust Policies on Acceptable Use and Confidentiality by the member of staff. The member of staff’s behaviour was investigated under the Trust’s Disciplinary Policy whilst a Process Review was initiated to consider how Bank colleagues received and maintained appropriate data security and protection awareness training with a view to strengthen the process and increase oversight of any gaps in assurance. ICO Decision Notice: following receipt of the RCA and associated action plan the ICO confirmed that no further action was required by them.
17.03.22	Personal sensitive data was accidentally disclosed to a member of staff who was not the subject of that data.	Full Root Cause Analysis being undertaken at the time of writing. Initial investigation illustrates a failure to appropriately redact third party data when sharing personal information with a Trust employee. ICO: Acknowledgement received – further details will be provided to the Commissioner as the investigation progresses. A Decision Notice will then be issued in accordance with the Incident Notification and Management Procedure.

The Trust investigates all personal data breaches and when potential vulnerabilities in systems or processes are identified, remediation work is undertaken as a priority to mitigate any subsequent information risk.

All staff receive data security training as part of their corporate induction upon joining the Trust, with annual Data Security Awareness and Information Security training mandated for all staff. Ongoing knowledge, skills and training requirements are supported by a comprehensive suite of policies, and guidance is provided to users to ensure access to personal data is appropriate.

3.2 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.

3.3 Annual Governance Statement 2021/22

3.3.1 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 Trust Accountable Officer Memorandum.

3.3.2 The Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of 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 2022 and up to the date of approval of the Annual Report and Accounts.

3.3.3 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 2021/2022, with the agenda and papers available on the Trust website ahead of each meeting. Meetings were held virtually via Microsoft Teams from April 2021 due to COVID-19 restrictions, and public meetings were also advertised for virtual attendance. In addition, the Trust Board took part in three development sessions which included discussions on the RACE Code, NHS Legislative Reform which focused on the legislation for integrated care systems, integrated care boards and partnerships, place-based partnerships and provider collaboratives.. The Trust Board held its Annual General Meeting virtually on 8 September 2021.



3.3.3.1 Trust Board Composition

The voting membership of the Trust Board is comprised of the Chair, six Non-Executive Directors and six Directors. Each voting member has equal voting rights. The Trust Board is supported by four Associate Non-Executive Directors and six 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.

Professor Steve Field became the Joint Chair of Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust from 1 March 2021 to present. Ms Mary Martin joined the Trust Board in April 2021. Mr John Dunn, Non-Executive Director, left the organisation on 2 March 2022. Ms Dawn Brathwaite was appointed as Non-Executive Director on 2 February 2022 and Ms Ofrah Muflahi and Dr Julian Parkes were appointed as Associate Non-Executive Directors on 1 March 2022.

Professor David Loughton CBE was appointed as the Interim Chief Executive Officer and Accountable Officer to Parliament on 9 April 2021 and his substantive appointment as Chief Executive and Accountable Officer to Parliament was confirmed on 23 March 2022.

The names of the Directors of the Trust from 1 April 2021 to 31 March 2022, 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.

NHSE/I working with the Trust Board commissioned a review into the leadership of Walsall Healthcare Trust. The findings of this report were shared at the Public Board meeting in February 2022.

3.3.3.2 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 colleague,; 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 2021/22 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 2021/2022 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



Audit 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 of a Voting Non-Executive Director as Chair.

Members: M Martin, J. Dunn (to March 2022), P Bradbury, J Hemans, and P Assinder (to 8 November 2021)

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

Each meeting received an update on any new risks or assurance concerns from the chairs of the Quality Patient Experience and Safety Committee (QPES), the Finance and Performance, Finance and Investment Committee (PFIG), People and Organisational Committee (PODC) and the Trust Management Committee (TMC).

The committee received and discussed reports on:

Annual Report for Trust Charitable Funds 2021-22

Trust Annual Report and accounts 2021-22

Board Assurance Framework, Strategic Risk Register and related governance processes

Core financial controls

Data security and Protection Toolkit

Buildings and staff security and protection

Infection prevention

Staff survey

Improvement programme

Most of the audits and reviews were completed to plan against the constraints caused by the COVID-19 pandemic. Where not completed they were planned for completion early in 2022-23.

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

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

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

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

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

Nominations and Remuneration Committee

The purpose of this committee is to advise the Board about appropriate remuneration and terms of service of the Chief Executive and other Non-Executive Directors. The Remuneration Committee met several times during the year and has reviewed Executive Director remuneration and appraised performance of the Chief Executive. The Chair has appraised all the Non-Executive Directors and the Senior Independent Director has appraised the Chair's performance.

Quality, Patient Experience & Safety Committee

The Quality, Patient Experience & Safety Committee provides assurance to the Board that high standards of care are provided by the Trust and governance structures, process and controls are in place to deliver high-quality care, patient safety, and positive patient experience and scrutiny of the outcomes of these systems and processes in relation to quality. It provides direction regarding the delivery of the Trust’s quality improvement priorities and strategic objectives in respect of quality of care. Membership of the Quality, Patient Experience & Safety Committee comprises of a Voting Non-Executive Director as Chair.

Members: Dr J Parkes (Chair), Mrs P Bradbury (to 25th March 2022), Mrs O Muflahi, Mr R Virdee, Mrs L Toner

The aims of the committee are to provide the Trust Board with an independent and objective review of its key actions with regard to the quality and safety issues, key risks identified and key levels of assurance given, risk management and compliance with laws, guidance, and regulations governing the NHS.

Each meeting receives an update on any new risks or assurance concerns from the Chairs of the Patient Safety Group, Health & Safety Group, Mortality Group, Infection Control Committee, Safeguarding Group, Mental Health, Clinical Audit and Quality Account Group.

The committee received and discussed reports on:

Annual Safeguarding Report

Annual Infection, Prevention & Control Report

Mental Health Update

Patient Experience Annual Report

Maternity

Mortality

Clinical Audit Plan

Board Assurance Framework, Corporate Risk Register & Performance Dashboard

Staff Surveys

Improvement Programme

These matters featured in the committee’s reports to the Trust Board and included reviews and recommendations to the Board of the Trust’s quality strategy and monitoring of its implementation. It also reviewed and recommended to the Board the Trust’s annual quality account and quality improvement priorities for the coming year, monitoring progress against these priorities and their impact on patient safety. The committee reviews the impacts of staffing issues on patient care from a multi-professional lens and considers the quality impacts of any service changes and financial efficiency plans.

The committee:

- Assures the Trust is meeting its obligations with respect to safeguarding of children and vulnerable adults, and that learning from reports and incidents is embedded in the Trust’s practices, policies and procedures.
- Considers local and national audits, reports and other sources of evaluation and the recommended action plans to improve quality; and monitor the development and implementation of appropriate action plans. It approves the annual clinical audit plan.
- Approves the Infection Prevention and Control annual plan and monitors its implementation.
- Approves the research governance framework and oversees its implementation.
- Approves a patient experience/engagement plan and monitors its implementation and receives regular reports on the Trust’s effectiveness in engaging patients across the range of its services and communities.
- Gains assurance that the Trust has systems and processes in place to support the delivery of an open and honest reporting and continuous learning culture.



- Oversees improvements and changes applied as a result of reviews of mortality, clinical incidents, complaints, litigation, external regulator reports etc, and the impact on minimising patient harm and maximising patient experience.
- Reviews the Board Assurance Framework (BAF) for risks within the Safe High Quality Care strategic objective on a frequency set out in the Risk Management Policy.
- Seeks assurance that there are plans in place to address gaps in controls and gaps in assurance and has oversight of such plans.
- Will scrutinise the effective and efficient use of resources through evidence-based clinical practice and assure itself that there is an appropriate process in place to monitor and promote compliance across the Trust with all standards and guidelines issued by the regulators, NHS Improvement, Care Quality Commission, NHS England, the NHS Resolution, the Royal Colleges and other professional and national bodies.
- Review audits conducted in areas within the remit of this committee and quarterly updates on progress against recommendations.
- Ensure compliance across the Trust with all standards and guidelines issued by the regulators, including, but not limited to, NHSEI, Care Quality Commission, NHS Resolution, the Royal Colleges and other professional and national bodies.

Board committees are encouraged to utilise the breadth of the Board committee structure to escalate items to other Board committees for action. As an example, the Finance, Performance and Investment Committee may escalate an item regarding cost improvement proposals to the Quality, Patient Experience and Safety Committee to further explore and provide assurance on quality impact issues involved. Therefore, the committee with the appropriate expertise is being utilised to provide assurance to another committee. Actions that are referred to other Board committees will be recorded by both the escalating committee and the receiving committee.

The committee will also consider matters referred to it by other committees and groups across the Trust provided they are within the committee’s remit.

Non-Executive Directors’ attendances were recorded as being high during the year, and the committee was quorate at all but one meeting. The December 2021 meeting was cancelled due to sickness and the January 2022 meeting was cancelled due to operational pressures in line with the cancellation of all non-operational committees during the COVID-19 outbreak.



People and Organisational Development

Committee

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 purpose of the committee is to provide the Board with assurance that:

- The organisational development and workforce strategy, structures, systems and processes are in place and functioning to support employees in the provision and delivery of high-quality, safe patient care
- Processes are in place to support optimum employee, engagement, wellbeing and performance to enable the delivery of strategy and business plans in line with the trust's values
- The Trust is meeting its legal and regulatory duties in relation to its employees
- The Trust is demonstrating progress against the Trust Board Pledge To demonstrate through our actions that we listen and support people. We will be an anti-racist and anti-discrimination organisation that treats people equally, fairly and inclusively, with zero tolerance of bullying. We uphold and role model the Trust values chosen by you
- Where there are human resource risks and issues that may jeopardise the Trust's ability to deliver its objectives, that these are being managed in a controlled way.
- The organisational culture is diagnosed and understood and actions are in place to ensure continuous improvements in culture.

Main focus

The committee has received and discussed regular reports regarding:

- **Executive Workforce Report**
- **Workforce Resourcing & Productivity (including Retention)**
- **Employee Relations and Improving People Practices Update and assessment of progress against the NHS People Plan.**
- **Staff Engagement and Surveys and Communications Agenda including quarterly updates from the Freedom to Speak up Guardians.**
- **Education and Training and Apprenticeships and Leadership Development**
- **Progress against the 2021-2023 Equalities, Diversity & Inclusion Plan, including the Race Code and equalities data via Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reports.**

- **Health and Wellbeing**

- **Board Assurance Framework**
- **Divisional Deep Dive Reviews.**

At each meeting, updates from the following meetings are received: Equality, Diversity and Inclusion Group, Health and Wellbeing Strategy Group, Health and Safety, Joint Negotiating Consultative Committee, Education and Training Steering Group



Performance and Finance Committee

The committee provides assurance to the Board on matters financial and performance in nature, reporting on delivery against Board-endorsed plans for the organisation and where appropriate, the wider Black Country system.

It supports the development, implementation, and delivery of the Medium-Term Financial Plan (MTFP) and the efficient use of financial resources, whilst also ensuring performance against national indicators for clinical outcomes are understood, with trends and future risks and mitigations of those risks evidenced, to review delivery of the Trust's Financial Strategy; performance against targets and standards and business development.

Membership of the Performance, Finance and Investment Committee comprises of Non-Executive Directors of the Trust, with key Executive Directors of the Trust required to be in attendance.

The membership during 2021-22 comprised: Mr PA Assinder (Chair from March 2022), Mr J Dunn (Chair to February 2022), Mrs A Baines (to August 2022), Mrs M Martin.

All meetings of the committee were quorate.

The Performance, Finance and Investment Committee is established pursuant to the Standing Orders. The committee is authorised by the Trust Board to investigate any activity within its terms of reference. The committee shall transact its business in accordance with national/local policy and in conformity with the principles and values of public service (GP01).

The committee received and discussed reports on:

Monthly Financial Position

Monthly Constitutional Standards Performance

Monthly Walsall Together and Community Performance

Monthly Restoration and Recovery

Forecast performance and trajectories (trend) for finance and performance

Capital developments, plan verse actuals and oversight of risks and mitigations evident within the overall management of the estate infrastructure

Major capital development works associated with the Emergency Department New Build

Board Assurance Framework and Corporate Risk Register

Business case endorsement and recommendations, including post implementation review

Digital Strategy

EPPR Preparedness

Annual budget setting process and key principles, with recommendation to Trust Board for plan endorsement for revenue and capital funds.

These matters are featured in the committee highlight report to Trust Board. Members of the Board have been kept informed of the Trust's performance in managing Urgent and Emergency Care demand during the pandemic and more recently in relation to restoration of services, reporting on financial position throughout.

The committee also monitors investments and ensures risks of any potential investments are properly evaluated and managed. Risk management arrangements put in place during the year have included:

- Obtaining independent professional advice where appropriate
- Evaluating, scrutinising, and monitoring investments
- Ensuring Investments are supported by relevant stakeholders
- Examining any relevant matters referred to it by the Board of Directors
- Conducting post implementation reviews of investments made

Non-Executive Directors’ attendances were recorded as being high during the year, and the Committee was quorate at each of its meetings.

The committee provided oversight and offered assurances throughout the financial year. The following is of note:

- Financial outturn delivered ahead of plan for 2021/22
- Draft 2021/22 annual accounts submitted within national timeframes
- Financial plans for 2022/23 for capital and revenue budgets approved

Further, members noted and reported on performance (whilst not reaching national targeted standards) being high in comparison to peer groups, examples being:

- Emergency Department 4 hour wait in the upper 75th percentile
- Ambulance handover ranking on occasion as number one in the country
- Diagnostics 6 week moving back in line with national requirements
- Exceptional Community performance supporting low levels of medically fit/clinically stable patients occupying an inpatient bed

There now remains a focus placed upon elective restoration and recovery, with improvements in performance centring upon maintaining levels of medically fit within the Trust, improved cancer diagnostics and treatment and seeing patients who have waited more than 52 weeks for elective care.

Walsall Together

The Walsall Together Committee is responsible for the strategic outcomes and delivery of the Walsall Together Business Plan. The committee is responsible for the oversight of service integration contractually in the scope of the agreement for system integration and transformation.

Members:

Patrick Vernon (Current Chair); Anne Baines – Chair (to October 2021); John Dunn – Chair (from October 2021 to March 2022); Ben Diamond (to November 2021)

The committee regularly discussed and received reports on:

- **Operational Performance**
- **Risk Registers**
- **The Walsall Together Transformation Programme**
- **Sub group activities including the Senior Leadership Team and Workforce and Organisational Development Group**

In addition, each month the committee received and considered a service user story.

The Chair of the committee provided a regular report to the Trust Board on the work of the partnership and on key risks.

All meetings of the Committee were quorate and a review of the effectiveness of the committee was undertaken.

Key developments over the year included:

- The Appointment of an Associate Medical Director for Walsall Together
- The creation of the Resilient Comminutions Workstream
- The departure of the Director of Integration and the Walsall Healthcare Non-Executive Directors
- The appointment of a substantive, independent Chair.

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.

3.3.4 Establish and maintain safe, sustainable staffing

A review of acuity and dependency across all ward areas utilising the nationally recognised Safer Nursing Care Tool was undertaken in June 2022. Subsequently the Trust Board approved revised increased establishments for all wards.

International recruitment has been a focus during 2021/22 with more than 180 nurses taking up positions from overseas in the year. Overseas recruitment will continue during 2022/23. At the end of March 2022 the RN and Midwifery vacancy position was <1%. The Trust has recruited 30 doctors through the Clinical Fellowship Programme, supporting the medical workforce through COVID-19. An Associate Medical Director for Workforce has been appointed to focus on building a resilient medical workforce as well as an Associate Medical Director for Consultant Development to support medical wellbeing and continual training.

The Trust has worked with whg to recruit Clinical Support Workers. This has been very successful with all areas being fully established with Clinical Support Workers at the end of March 2022.

Agency usage has continued throughout 2021/22 whilst recruitment to the revised establishments was underway. The intention had been to cease all agency use before the end of the financial year but increased absence due to COVID-19 has resulted in the need to maintain some agency use to ensure safe staffing levels.

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.
<p>Governance and Well-Led</p>	<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

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. It 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 arising from recent 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 high-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

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 compliments, national and local surveys of patients' experience (including FFT), and visits from Board Members (held virtually in 2021/22), external visits and reviews. Mismatches are challenged in a variety of forums and it is a responsibility of the Chief Finance Officer 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.



3.3.5 Freedom to Speak Up (FTSU)

Walsall Healthcare NHS Trust remains committed to our Freedom to Speak Up (FTSU) journey and increasing awareness of colleagues across the Trust of the FTSU service. The Trust Board remain committed to support embedding FTSU within the organisation as business as usual in line strategic intention of the National Guardian's Office.

FTSU Objectives

The Trust has been working with the FTSU Guardians to progress the FTSU objectives identified below. Our objectives are:

1. The Executive Team and all managers model the behaviours required to promote an open and positive organisational culture.
2. The Executive Team will remove barriers to facilitate a diverse and inclusive approach to speaking up, particularly amongst vulnerable groups such as BAME and LGBT+ staff members who can sometimes feel more reluctant to raise concerns.
3. The means to provide advice and listen to staff in relation to concerns they have raised are created.
4. Managers and FTSU Guardians create and implement a process to ensure staff receive timely feedback and details of what action has been taken when concerns have been raised.
5. Staff know how to access the Trust's speaking up channels and where to go for support and advice on how to raise concerns

There has been progress made on the FTSU culture within Walsall which is evidenced by board reports and the FTSU index on the NHS National Staff Survey.

The FTSU service is committed to prioritising the objectives set out and will work in collaboration with The Royal Wolverhampton Trust to ensure maximum efficiency and output.

FTSU updates

The service has been expanded with the recruitment of FTSU contact links, all of whom are from a diverse background and accessible to all staff groups. There are currently three guardians, and eight contact links within the FTSU service, all from a diverse background.

This has been a major development for the service and has attracted a lot of positive reactions amongst staff. Several developments have been made in the service to improve its efficiency including revision of the FTSU Strategy to ensure alignment with regional and national criteria and implementation of a new communications plan and Board action plan. Furthermore, the FTSU service has designed and implemented a new digital platform which presents the data brought to the Guardians. The ease of access and presentation makes it an effective tool to present and analyse data and triangulate amongst Divisions.

The Guardians also work closely with the Directorate of People and Culture to ensure regular review of training on specific priority areas of work such as Compassionate Leadership, Equality, Diversity and Inclusion, Restorative and Just Culture and Civility and Respect and to contribute to designing a framework for training delivery across the Trust.

FTSU Index and Staff Survey data

There has been a positive upward trend in speaking up culture this financial year in comparison to the year before. It is imperative that work continues to address barriers that employees may encounter when speaking up.



FTSU data

A considerable number of reported concerns involve poor behaviours in the workplace such as bullying and harassment. The FTSU Guardians work closely with line managers, HR and trade union colleagues at an operational and strategic level to identify and implement interventions to improve staff experience.

Table 1: Total Number of FTSU cases and themes

2020/21	Total number of cases brought to Freedom to Speak Up Guardians	Number of cases raised anonymously	Number of cases with an element of patient safety/quality	Number of cases related to behaviours, including bullying/harassment
07.06.21	36	14	10	12
07.07.21	10	0	0	2
31.08.21	33	3	3	12
17.03.22	31	9	5	12
Total	110	26	18	38

3.3.6 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 consider 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 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 2021/22 by a series of development sessions for the Board, and individually with Directors. These sessions included refining the Board Assurance Framework. Later in the year the Non-Executives started joint briefings and development sessions with colleagues from the Royal Wolverhampton NHS Trust. The planned programme for 2022/23 consists of joint development sessions.

Training has continued to be impacted by COVID-19, with virtual packages available. The Governance Team has continued to provide training to staff who require further support on risk assessment, incident reporting and incident investigation.

3.3.7 The Risk and Control Framework

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. It 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 Trust wide structures. We monitor risk through a multiplicity of proactive and reactive sources such as risk identification activities, incident, complaint, claim and audit analysis as well as external stakeholder 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 at each Board meeting. 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 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 identifies the optimal risk rating 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 2021/22 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 2021/2022 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 six times during the year. In addition, it 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 partial assurance with improvement required. The audit identified some 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.

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.

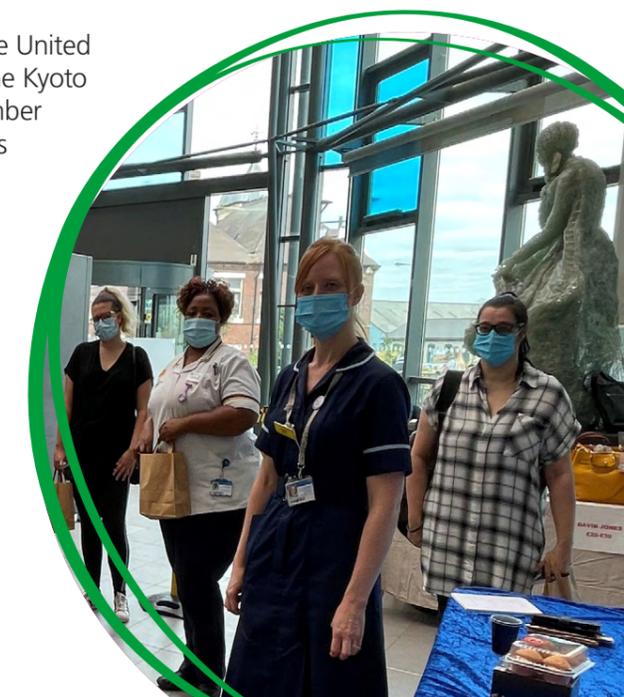
As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer’s contributions and payments into the Scheme 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 UK introduced the Climate Change Act in 2008 in response to the United Nations Framework Convention on Climate Change which adopted the Kyoto Protocol in 1997 which placed legally binding obligations on 191 member states, including the UK to reduce their emissions of greenhouse gases by 80% by 2050.

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

- For the emissions we control directly (the NHS Carbon Footprint), we will reach net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032.
- For the emissions we can influence (our NHS Carbon Footprint Plus), we will reach net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.



On 30 September 2020, the roadmap to delivering a net zero National Health Services was published. It required each Trust to publish a Green Plan by 14 January 2022 and set out the key priority areas and target and commitments to achieve net zero carbon by 2040.

WHT 2019/2020 Key Green Statistics

	We produce 10,629 tCO2e per annum from direct operations.	
	We produce 1,153 tonnes of waste per annum	
		We have a recycling rate of 44% (507 tonnes) from all waste produced by the Trust.
	We have introduced bicycle parking on-site for staff, promoting sustainable travel.	
		We are reducing our use of plastics by signing up to the Plastics Pledge.

In February 2022, The Trust Green Plan was approved by the Trust Board. The plan reiterates the Trust commitment to sustainable healthcare and establishes the Trust’s sustainable vision, targets, and the actions by which to achieve this vision. It enables the implementation of essential measures to reduce our carbon emissions and contribute to the reduction in air pollution in our local area. The areas where measures will be focused are:

1. **Workforce and system leadership**
2. **Sustainable models of care**
3. **Digital Transformation**
4. **Travel and transport**
5. **Estates and facilities**
6. **Medicines**
7. **Supply chain and procurement**
8. **Food and nutrition**
9. **Adaptation**

A new Head of Sustainability and a Sustainability Clinical Lead was appointed to ensure that the actions implemented capture the wider sustainability scope beyond the usual focus on “estates functions.” The Trust is working with external carbon specialists to establish our carbon footprint and identify the areas where reductions are to be targeted.

The Trust’s plan is challenging, aiming to address our legal obligations and contribute beneficial outcomes to deliver the sustainability vision for the wider Black Country Integrated Care System (ICS). For the plan to be successful it requires everyone within the Trust to work collaboratively with other partners whose services impact all facets of healthcare provision including clinicians looking at care pathways, procurement for goods and services, and finance to where investment is needed to meet standards and generate efficiencies.

“
The plan reiterates the Trust commitment to sustainable healthcare and establishes the Trust’s sustainable vision, targets, and the actions by which to achieve this vision.”

3.3.8 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 Board’s 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 projects. The Quality, Patient Experience and Safety Committee oversee the impact of quality improvement work.

The Trust’s Executive leadership is aware of the need to ensure that the provision of services meets the requirements of the local population. With service developments, consideration is given as to how the proposals will impact on patients, local community and staff and partner organisations. Each change requires a quality impact assessment and sign off by the responsible Directors. 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 has oversight of the quality impact assessment.

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.

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.

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 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 Trust is fully committed to providing a zero-tolerance culture to fraud, bribery and corruption whilst maintaining an absolute standard of honesty and integrity in dealing with our assets. We are committed to the elimination of all fraud and illegal acts within the Trust.

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 Anti-Fraud, Bribery and Corruption Policy.

Throughout 2021/22 opportunities have arisen to actively promote the awareness of fraud and bribery across the Trust to ensure colleagues are aware of their role and responsibilities with regard to identifying, reporting and preventing suspicious activity. Overall for 21/22, there has been a significant increase in referrals, which reflects the confidence of staff to report fraud and reporting procedures being embedded across the Trust.

During the pandemic we have continued to actively 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 both internal and external investigations have been undertaken where necessary. Cases were referred for disciplinary consideration and criminal sanction if proportionate.

3.3.9 Information Governance (IG)

All Information Governance activities are overseen by the Information Governance Steering Group and the Trust Board receives reports regarding the systems of control for IG. These include satisfactory completion of its annual self-assessment against the Data Security and Protection Toolkit (DSPT), monitoring of access to personal data and reviews of incidents, mapping of data flows and information asset management.

An Information Asset Owner (IAO), with responsibility for managing information risks, is named for each key information asset and is supported by specialist information security and information governance staff. Registers of information assets, flows and uses are maintained, reviewed and updated each year.

The Trust submitted the DSPT assessment for 2020/21 and subsequently achieved the status of 'Standards Met'. The Trust is completing the assessment for 2021/22 in readiness for submission by 30 June 2022.

The Trust expects to submit at a level which will maintain its fully compliant status with all requirements. The internal audit of the DSPT submission resulted in 'significant assurance with some improvement required'.



3.3.10 Data Quality and Governance

Cyber and Data Security

Cyber risk is formally included on the Trust corporate risk register with an action plan in place to ensure that appropriate cyber risk mitigations are deployed.

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 test 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 improvement including specific recommendations which are implemented to improve our cyber security resilience.

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 several systems and services for the collection of data regarding the operation of services, including the Data Quality and Data Solutions Teams, the Information and Performance Team and the Trust's Validation Team. Meetings take place regularly and provide a forum to discuss changes in data standards, facilitate data quality measures and escalate concerns.

Existing systems and platforms are continuously reviewed to ensure they meet both national and local Data Quality Standards. Systems are automated where possible in order to reduce the possibility of human error.

The Executive Team regularly receives a full suite of performance data from across the Trust which is reviewed to identify and address any areas of concern. This suite of performance data is used as part of the Trust's 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.

3.3.11 Quality

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

Guidance for Quality Accounts remains in place nationally which outlines the requirements with respect of the format, content and reporting arrangements for the annual Quality Accounts. The Trust used this guidance to ensure that its requirements were included in the Trust's Quality Account 2021/2022.

The Trust's quality priorities for 2021/2022 were selected as part of a consultation process with staff and external stakeholders. In addition, the Trust reviewed what patients and members of the public said about us through national and local surveys, inpatient feedback received through complaints and compliments and the FFT. In addition, various national and local guidance and feedback from the Care Quality Commission was considered.

A variety of data reporting systems remained the source of information for the Quality Account 2021/22. For example, the incident and complaints data was extracted from the quality and safety intelligence system. In addition, information was validated with individual leads, for example, the governance team, patient experience team, infection prevention and control team and performance team.

The 2021/22 Quality Account identifies the Trust's performance against the improvement priorities pledged last year. The pledges for improvement in the coming year are clearly identified and are based on areas that our intelligence indicates are priorities for quality improvement.

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

The Quality Account outlines the progress made against the 2021/22 objectives together with details of the key objectives for the forthcoming year. These objectives have been set based on the priorities of the Trust, considering external accreditation, a variety of surveys, CQC inspection outcomes, key improvement priorities and views of staff, patients, public and key stakeholders.

3.3.12 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 NHS Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the 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 continuing 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 continued throughout the year and 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 2021/22 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 members.

- The work that has been undertaken by the committees include:
 - 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 share.
 - 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. 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. Regular newsletters and communications have been shared with all staff on behalf of the Chief Executive, Chair and the Board including the Non-Executive Directors. Those Directors who have been able to continue working on site having undertaken visits and listening exercises within the parameters of Infection Prevention and Control.

- 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.
- Our overall opinion for the period 1 April 2021 to 31 March 2022 is that based on the scope of reviews undertaken and the sample tests completed during the period that:
 - Partial Assurance with some improvement required can be given on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control. The level of non-compliance in certain areas puts some system objectives at risk.
 - We identified weaknesses which put system objectives at risk in relation to the Board Assurance Framework, Risk Management, Infection Prevention and Control, Staff Survey, and the Improvement Programme.
 - Whilst some progress has been made to strengthen risk management arrangements underpinning the Board Assurance Framework, there remain weaknesses in the activities and controls designed to achieve the risk management objectives required by management. These weaknesses could impact on the Trust's ability to achieve its strategic priorities. Further work is planned to strengthen these arrangements.
 - We strongly recommend that all recommendations raised by our audits are fully implemented during 2022/23 to address the gaps we have identified.

3.3.13 Conclusion

The Trust has made significant improvements to internal control systems during the financial year 2021/22, 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/Risk Management and Improvement Programme internal audits both received partial assurance with improvement required. Seven internal audit reports were issued in 2021/22 of which three reports were issued with significant assurance with some improvement required, and four reports were issued with partial assurance with improvement required.



Professor David Loughton CBE, Chief Executive

Date: 20 June 2022

3.3.14 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.



Professor David Loughton CBE, Chief Executive

3.3.15 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, are 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



Professor David Loughton CBE, Chief Executive



Russell Caldicott, Chief Financial Officer

3.3.16 Health and Safety at Work

Health and safety is an integral, and important part of everyone's duties. The Trust's commitment to health and safety 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 2021/22, the Trust has focused on restoring, recovering and resetting many of its core services, specifically those impacted by the COVID-19 pandemic. Equally, the past 12 months has seen a re-focus and realignment of core health and safety management arrangements, whilst continuing to adhere to the restrictions brought about by COVID-19. This has provided opportunities to re-imagine delivery of our key priorities utilising innovative ways of working, primarily advanced during 2020/21. Digital solutions such as the implementation of Microsoft Teams and the roll-out of IT equipment, has enabled the continued dissemination of some aspects of health and safety training, virtual meetings, policy consultation and timely provision of specialist advice.

The Health and Safety Committee acts as the main mechanism for consultation on work-related health and safety matters. During the pandemic, however, 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 it. As such, for the duration of the pandemic, a representative from the Health and Safety Team has attended (at times daily) multi-disciplinary team meetings, with representation from unions and staff-side, to offer specialist health and safety advice and support. The Health and Safety Committee has an established business cycle, with a new Chair, reviewed and agreed terms of reference and representatives and meetings scheduled for the new financial year 2022/23.

Clear, well-articulated policy documents are essential for the implementation of organisational health and safety structures and arrangements. The Health and Safety Team has continued to review existing policy documents over the last 12 months including the Trust's overarching Health and Safety Policy which has recently been approved. The team has started an 18-month plan to review all health and safety policies and convert these into practical, easy-read procedures.

The Trust uses a range of 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. We have taken the opportunity, over the last 12 months, to review and update this tool to include some additional guidance and templates. This includes a COSHH Microbiological agents risk assessment tool, an annual fire safety briefing template, a sharps guided risk assessment tool, Personal Protective Equipment (PPE)/Respiratory Protective Equipment (RPE) Standing Operating Procedure (SOP) and COVID-19 environmental and individual risk assessment templates and associated SOP.

Despite the challenges associated with Fit Testing prior to, and during, the pandemic, the Trust finds itself in a much-improved position. In September 2021, our RPE Facilitator achieved Fit2Fit accreditation meaning not only are we able to provide Fit Testing, but we are also able to deliver Qualitative Face Fit Tester Training in-house.

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995 (amended 2013) requires employers to report certain types of injury, some occupational diseases and dangerous occurrences that 'arise out of or in connection with work' to the Health Safety Executive (HSE). The Trust reported 46 RIDDOR incidents over the last 12 months. These predominantly relate to lifting and handling and slips trips and falls, resulting in absence from work in excess of seven days.

Moving into the next 12 months, the Health and Safety Team will focus on maturing and embedding the safety management system, reducing preventable harms from incidents associated with load handling and slips, trips, falls and engaging with divisional representatives to steer the health and safety agenda locally. To support these objectives, we will provide enhanced health and safety training for managers and Directors and reinvigorate our programme of audit to monitor compliance against health and safety legislation and internal policy.

3.3.17 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 on 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 such as 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.

3.4 Partnership

Walsall Healthcare NHS Trust is proud to join 14 other health and care organisations as part of the Healthier Futures Integrated Care System (ICS) serving 1.5 million people in the Black Country and West Birmingham. Working with other key partners, people and communities, the partnership aims to improve the health and wellbeing of local people by working together to:

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

During the last 12 months the partnership has played a key role in responding to COVID-19 and our focus now shifts to supporting our communities, staff and the wider system of health and care to recover from it.

Healthier Futures Black Country and West Birmingham

Healthier Futures Partnership

Statement from the Independent Chair

This year we have once again seen real strength in health and care services locally. Despite providing hospital care for over 8,500 people affected by COVID-19, NHS services have continued to provide other emergency and routine care and treatment. There have been over 7.4 million primary care appointments, over 18,000 babies born, more than 1,200 urgent heart surgeries, over 2,400 hip/knee operations and around 700,000 mental health contacts. Our partners in West Midlands Ambulance Service have responded to over 650,000 999 and 111 calls. Many services have had to adjust the way that they have worked to respond to demands and to keep staff and patients safe. I recognise how hard some of these changes have been for those using services, but they have been necessary in these unprecedented times, and they have ensured we have been able to be there for those most at need, when they need us most.

Health and care services have been working tirelessly to keep people safe in their own homes, promoting independence, supporting rehabilitation, and preventing emergency admissions by wrapping care around people as close to home as possible. These efforts have not only protected those who have been receiving this excellent care but also protected services from becoming overwhelmed, thus protecting others who need them too. We have over 300 care homes in the Black Country and West Birmingham and many more carers visiting people at home. My thanks go to all of those working in care for their fantastic work.

Our thriving community and voluntary sector have continued to work tirelessly to provide essential companionship and support to communities to remain strong throughout the pandemic. All four community and voluntary sector councils have come together to form an alliance which will provide resilience to their offer of support and allow them to grow stronger over the coming years.

With over 2.5 million doses delivered since December 2020, perhaps the greatest example of our partnership working has been our vaccination programme. We have opened over 100 vaccination sites, ranging from GP surgeries and pharmacies, to community halls, places of worship and of course some of our larger centres. There have been over 70 volunteers helping these sites to work well and many, many more clinical leaders, vaccinators, administrative staff and others supporting the roll-out. Recognising the hesitancy and some areas of low uptake, this year we have adopted a grass roots level of engagement. Community COVID-19 Champions have worked with local authority, voluntary and community groups and NHS staff to reach communities and take a targeted approach to getting the right information to people who need it. This network of trusted voices has undoubtedly made a difference and it is a model which has been highlighted in several national reports as best practice. I am pleased to see that through partnership working we are seeing those hesitant continuing to come forward and get the lifesaving vaccine.

Another highlight for me this year has been the collective work of our people board. The collective expertise of health and care leaders in this space has resulted in over 600 international nurses joining our system, many apprentice opportunities being created across all our partner organisations, many training opportunities, awareness sessions to support those with protected characteristics, a raft of health and wellbeing support for our workforce and events put on that celebrate those working so hard on the frontline, including a really successful event to mark Black History Month. This is an area which will continue to gather momentum over the coming year as we combine efforts to make the Black Country the best place to work.

This last year has affected us all in many ways and we have seen the far-reaching terrible impact of COVID-19 on local people and communities. There is, however, a positive that we should take from the fact that this pandemic has brought public health issues to the forefront and the positive impact we can have when we work better together. Across the Black Country and West Birmingham, we have some of the country's most deprived neighbourhoods, some of the worst health outcomes and poorer than average life expectancy. It is no coincidence that we have seen a bigger impact than many areas from COVID-19 but it is something which we indisputably need to work together to address.

This pandemic has focused our partnership's attention on the inequalities that exist for some of our communities such as those who are Black, Asian and Minority Ethnic. As we focus on restoring services we are looking to ensure that we create a system which is weighted to support those most vulnerable, improves access and reduces these inequalities. We are committed to working with partners and communities to create an environment in which local people can live healthier lives and to make a concerted effort to reach out to those with poorer access to improve health outcomes and reduce the inequality gap.

Throughout the last 12 months, much like the previous year, the strong relationships across our partnership have ensured we have been in the best position to tackle the COVID-19 pandemic. It is true, though that our partnership is only as great as the people within it, and despite the most tumultuous of years those working across health and care have dug deep to keep services going and to protect those most vulnerable. On behalf of our partnership I want to recognise the strength, the compassion, commitment and determination of our people and say thank you to each and every one of you for all you have done, and continue to do.

Looking to the future, we have made good progress towards establishing the future Integrated Care Board (ICB) and our new Integrated Care Partnership (ICP) ready for the Health and Care Bill to be enacted in July 2022. These changes will also see the movement of West Birmingham Place to the Birmingham and Solihull Integrated Care System. Our commitment is to work with colleagues in Bsol to make that transition a smooth one and for there to be minimal disruption for the people in West Birmingham.

I am delighted to say that we have recruited new Board Members for the ICB; these new appointments, with their strong personal motivations and experiences, will bring different ideas, perspectives, and backgrounds to create a stronger and more creative environment, forge ever stronger partnerships across our area, and deliver a healthier future in the Black Country.

Our strength comes from the relationships we have with each other, and this will continue to grow as our system builds new partnerships and collaboratives.



Together we exist to benefit local people, and through our continued collaboration, I am confident we can deliver truly integrated health and care services of which everyone in the Black Country can be justifiably proud.

Jonathan Fellows

Independent Chair

Black Country and West Birmingham Healthier Futures Partnership



3.5 Quality

Delivery of safe, high-quality care through the promotion of harm-free care

Collaboration

Walsall Healthcare NHS Trust is working in collaboration with The Royal Wolverhampton NHS Trust. In Q4 of 2021/22 Walsall Healthcare appointed to a second deputy Director of Nursing post resulting in two deputies on each site. These deputies each have site-based operational responsibilities and a portfolio across both organisations.

The portfolios are:

- Quality
- Patient voice
- Workforce and education
- Digital and innovation

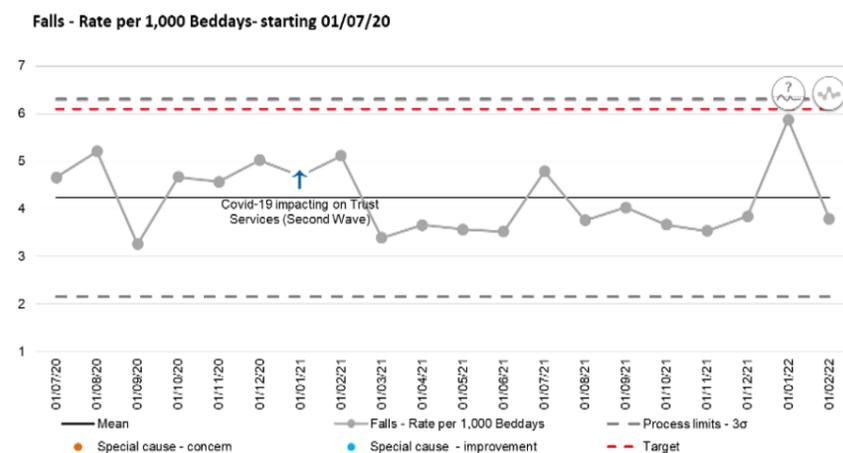
The Nursing, Midwifery and AHP teams are working collaboratively to support the delivery of evidence-based care and to align systems, processes and monitoring to improve clinical outcomes.

The collaboration has worked on a stronger merged service for urology after public consultation, appointed a joint Director of Postgraduate Medical Education and delivered joint training in Medical Leadership.

Falls

The Royal College of Physicians' average performance of 6.63 falls per 1000 occupied bed days has been achieved continuously over the year. The quality team has worked in collaboration with its counterparts at The Royal Wolverhampton NHS Trust to standardise the approach to learning from falls and sharing good practice.

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Sepsis

A sepsis team started in post in January 2022. This team reviews all patients with suspected or diagnosed sepsis to support the ward and departmental teams in delivering appropriate, timely care in line with national guidelines.

Reducing cancer delays

A new 104-day harms process has been established with executive oversight to address continued impacts of COVID-19. The Lead Cancer Nurse (LCN) and Lead Cancer Clinician (LCC), with independent input from the CCG Primary Care Nurse, started the Independent clinical review of patients that have breached 104 days on their cancer pathway. Improvements have been made as a result to the urology cancer pathway with:

- One stop haematuria clinic and direct access to cystoscopy
- MRI access and reporting improved due to timely cancer tracking and new role of navigator support to the team
- Improved 'hot clinic capacity'

Cancer Navigators have been appointed to most speciality cancer pathways to ensure streamlined and timely access. And the Trust's cancer team has been strengthened with a dedicated Cancer Manager.

The Medicines Management Group audit compliance with Medicines Management was a corporate level risk. There have been clear improvements achieved through a collaborative effort between pharmacy the Divisions and Care Groups, supported by a new Pharmacy Governance Advisor. Purchase orders for electronic drug storage units have been raised for the Acute Medical Unit, Wards 14-17, Maternity and Wards 24/25. The installation of electronic drug storage units will largely resolve the compliance issues. Pharmacy is also purchasing a new controlled drug storage unit for the main dispensary.

Medicines management

Controlled Drug record keeping is monitored closely and electronic solutions to replace the current paper systems is being worked through.

IPC

C.Diff - Nationally the ceiling target for the number of C.Diff cases within a Trust is set at 33. The Trust set an internal ceiling of 29 for the year. The Trust had 31 cases in the year 2021/22.

2021/22	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Max Cases per Month	3	3	3	3	3	3	3	3	3	2	3	2
Actual acute cases	1	3	5	2	4	3	0	1	3	4	1	
Cumulative YTD projected	3	6	9	12	15	18	21	24	27	29	31	33
Acute Cumulative actual	1	4	9	11	15	18	18	19	22	26	27	

COVID-19

Throughout the year the Trust has followed national guidance for the management of COVID-19. Air disinfectant units were hired and placed in all clinical areas where ventilation was deemed inadequate. The Trust has now purchased these as part of the strategy of living with COVID. The Trust led the vaccination programme across Walsall and will continue to support this over the next year.

Safeguarding

The Trust has appointed a Head of Safeguarding who works across both Walsall healthcare NHS Trust and The Royal Wolverhampton NHS Trust. The safeguarding group meets monthly and both the CCG and local authority are core members. The CCG has provided support in reviewing safeguarding systems and processes and training of staff and a development plan is in place which provides assurance on the safeguarding systems and processes that are in place. A business case has been approved to increase the size and capability of the team and will be recruited to during 2022/23.

Mental Health

The Trust has appointed a Lead Mental Health Nurse who works across both Walsall Healthcare NHS Trust and the Royal Wolverhampton NHS Trust, supported by a new mental health team including a Governance Nurse. A Trust-wide training programme has been developed and is being delivered. The Older People's Mental Health Team is developing its services to focus more on dementia and delirium.

The Trust continues to see a rise in patients with mental health needs attending ED. This is in line with the national increase in the number of people experiencing mental health symptoms.

Children and Young People in crisis and access to Tier 4 beds is a national challenge and this results in children and young people being admitted to the paediatric wards awaiting assessment and placement. A Clinical Nurse Specialist for Paediatrics started in post at the end of 2021/22 and will provide support to ED and paediatrics and provide a key liaising role with the mental health Trust.

Review of the clinical priorities set for 2021/22

• Pathways to Excellence ward accreditation

In 2021/22 the Trust made the decision not to pursue pathway to excellence.

A ward accreditation programme is in development in conjunction with The Royal Wolverhampton NHS Trust and is expected to be launched during 2022/23.

• Launch of the Care Excellence Strategy

The Trust's Care Excellence Strategy was not formally launched or embedded due to the operational challenges of the COVID-19 pandemic. In Q4 of 2021/22 the strategy was reviewed and the decision was made that there was an opportunity to build on the work that had been done and evolve and develop a Clinical Systems Framework for nursing, midwifery and AHPs. The first engagement event was held in March 2022 with the senior nursing, midwifery and AHP team and wider staff engagement and a launch will take place during 2022/23

• Establish and maintain safe, sustainable staffing

A review of acuity and dependency across all ward areas utilising the nationally recognised Safer Nursing Care Tool was undertaken in June 2022. Subsequently the Trust Board approved revised increased establishments for all wards.

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. Following additional input from the interim Chief Strategy Officer, the previous Improvement Programme has been reviewed and the approach to improvement programmes has been revised.

Quality Governance

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

The Trust provides support to clinical quality improvement by access to a variety of specialists in service improvement.



Accountability Framework

Accountability for quality is the responsibility of the leadership, with management arrangements within the Trust. The revised governance and assurance structure 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. This, 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.

The Trust's strategic priorities are aligned with 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 Board receives assurance reports that the essential standards of quality and safety are being delivered and that the processes for the governance of quality are embedded throughout 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 organisation. There are a range of systems and procedures in place that support this, 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 Executive Risk Management Group on a monthly basis. Each Board committee has responsibility for the review and assessment of levels of assurance for risks within its area of responsibility. 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 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 now has a robust policy process in place to ensure that the care provided to patients is safe and to the highest standards. Policies are subject to a formal process of development, governance approval and scheduled 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.

3.6 Compliance with NHS Provider License

In 2021/22, 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

3.7 Remuneration Report

3.7.1 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 2022 is set out elsewhere in the report.

3.7.2 Remuneration Report Tables

Name and Title	2020/2021						
	Salary	Other Remuneration	Long-term Performance Pay & Bonuses	Expense Payments	Loss of Office	All Pension Related Benefits	TOTAL
	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	(taxable) to the nearest £100	(bands of £5000) £000	(bands of £2500) £000	(bands of £5000) £000
Prof S.FIELD, Chairman (from 1 March 2021)	15-20						15-20
Mr D LOUGHTON, Chief Executive (Acting from Feb 2, appointed 31 March 22) *	145-150					12.5-15	155-160
Mr D FRADGLEY, Executive Director of Integration (on secondment to Sandwell & West Birmingham Hospitals NHS Trust from 4 October 2021)	70-75					45-47.5	115-120
Mr R.CALDICOTT, Director of Finance (from 1 July 2015)	140-145					72.5-75	210-215
Mr E.HOBBS, Chief Operating Officer (from 17 June 2019)	120-125					47.5-50	165-170
Mr M.LEWIS, Medical Director (left 30 September 2021)**	60-65	10-15	15-20			22.5-25	120-125
Mrs M. SHEHMAR, Medical Director (acting Medical Director 1 August 21, appointed Medical Director 6 December 2021)**	80-85	35-40	5-10			105-107.5	230-235
Ms C.GRIFFITHS, Director of Culture & People (from 10 September 2018)	120-125					0	120-125
Mrs J.DAVIES, Director of Corporate Governance & Trust Secretary (to 31 August 21)	15-20				105-110	0	125-130
Mrs G AUGUSTINE, Director of Planning and Improvement (from 3 August 2020)	115-120					127.5-130	245-250
Mr S EVANS, Chief Strategy Officer *	15-20					0-2.5	15-20
Mrs S EVANS, Director of Communications *	50-55					5-7.5	55-60
Mr M DODD, Acting Executive Director of Integration (from 4 October 2021)	60-65					70-72.5	130-135
Mrs A. RILEY, Director of Nursing (to 30 June 2021)	30-35					45-47.5	75-80
Mrs L. CARROLL Director of Nursing (from 9 August 2021)	75-80					15-17.5	90-95
Mrs A CANNABY - Chief Nurse and Lead Executive for Safeguarding *	125-130					12.5-15	135-140
Mr K. BOSTOCK, Director of Assurance (Appointed from 1 Dec 2021, Advisory Director of Governance prior to appointment).	45-50					2.5-5	45-50
Mr M. SHARON, Strategic Advisor to the Board *	15-20					0	15-20

Name and Title	2020/2021						
	Salary	Other Remuneration	Long-term Performance Pay & Bonuses	Expense Payments	Loss of Office	All Pension Related Benefits	TOTAL
	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	(taxable) to the nearest £100	(bands of £5000) £000	(bands of £2500) £000	(bands of £5000) £000
Mr R.VIRDEE, Non-Executive Director (from 1 October 2019)	10-15						10-15
Mr B.DIAMOND, Non-Executive Director (from 1 October 2019)	5-10						5-10
Mr J. HEMANS Non-Executive Director (from 1 February 2021)	10-15						10-15
Mrs M. MARTIN Non-Executive Director (from 31 March 2021)	10-15						10-15
Prof L TONER Non-Executive Director (from 1 November 2021)	5-10						5-10
Mrs D. BRAITHWAITE Non-Executive Director (from 1 February 2022)	0-5						0-5
Dr J PARKES Non-Executive Director (from 1 March 2022)	0-5						0-5
Mrs O MUFLAHI Non-Executive Director (from 1 March 2022)	0-5						0-5

* Recharged Staff from RWT

For staff sharing arrangements, the Trust is required to report on the total salaries. The total basic salaries in 21-22 are as follows:

Chief Executive	306,553	
Chief Nurse and Lead Executive for Safeguarding	173,065	
Chief Strategy Officer	144,518	
Strategic Advisor to the Board	89,848	
Director of Communications	106,580	
Interim Director of Assurance (1st April to 31st Dec 21)	12,107	

**Mrs M Shehmar & Mr M Lewis - Medical Director, "Other Remuneration" relates to Clinical PA,s, "Long-Term Performance" relates to CEAs

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 2022	Lump sum at pension age related to accrued pension at 31 March 2022	Cash Equivalent Transfer Value at 31 March 2022	Cash Equivalent Transfer Value at 31 March 2021	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 (on secondment to Sandwell & West Birmingham Hospitals NHS Trust from 4 October 2021)	3	5	51	105	839	727	39	55	46	45-47.5
Mrs G AUGUSTINE, Director of Planning and Improvement (from 3 August 2020)	6	19	49	147	1,149	972	121	172	130	127.5-130
Mr E.HOBBS, Chief Operating Officer (from 17 June 2019)	3	0	26	0	239	205	23	33	48	47.5-50
Ms C.GRIFFITHS, Director of Culture & People (from 10 September 2018)	0	0	0	0	0	28	0	0	0	0
Mr R.CALDICOTT, Director of Finance (from 1 July 2015)	4	5	44	80	731	648	56	80	73	72.5-75
Mr M.LEWIS, Medical Director (to 30 September 2021)	2	0	67	140	1,361	1,275	28	40	23	22.5-25

	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 2022	Lump sum at pension age related to accrued pension at 31 March 2022	Cash Equivalent Transfer Value at 31 March 2022	Cash Equivalent Transfer Value at 31 March 2021	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
Name and Title	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)
Mrs A RILEY, Director of Nursing (to 30 June 21)	2	5	40	78	754	560	33	47	47	45-47.5
Mrs L. CARROLL, Director of Nursing (from 9 August 2021)	1	(0)	24	63	485	444	18	25	16	15-17.5
Mrs M. SHEHMAR, acting Medical Director 1 August 21, appointed Medical Director 6 December 2021	6	12	40	77	674	511	74	106	106	105-107.5
Mr K. BOSTOCK, Director of Assurance (from 1 December 2021)	0	0	9	20	183	151	5	8	5	2.5-5
Mr M. DODD, Acting Executive Director of Integration (from 4 October 2021)	4	9	58	133	1,208	1,007	67	96	71	70-72.5

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

There was one compensation payment during the financial year ending on 31 March 2022 for early retirements or loss of office or payments made to past Directors.

3.7.4 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.

In 2021/22, zero employees received remuneration in excess of the highest paid Director (there were zero in 2020/21 and in 2019/20).

Remuneration ranged from £18,546 to £159,856 (the range was £18,185 to £165,906 in 2020/21, and £18,005 to £165,479 in 2019/20).

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.

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.

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.

3.7.5 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 2021/22 was £159,856 (in 2020/21 it was £165,906). This was 5.07 times (in 2020/21 it was 5.48 times) the median remuneration of the workforce, which was £31,534 (and £30,287 in 2020/21).

In 2021/22 no employees received remuneration in excess of the highest paid Director. The pay multiple has reduced to 5.07 from 5.48 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.

3.8 Staff Report

3.8.1 Staff Numbers and Costs

As of 31 March 2022, Walsall Healthcare NHS Trust employed 4657 substantive staff. Of these, 4083 colleagues were permanently employed on recurrent, open-ended contracts of employment. A further 574 colleagues were employed on fixed-term contracts of employment.

3.8.2 Staff Composition

During 2021/22, the average full-time equivalent (FTE) workforce totalled 4189. The following table provides a snapshot of the average workforce composition during this period:

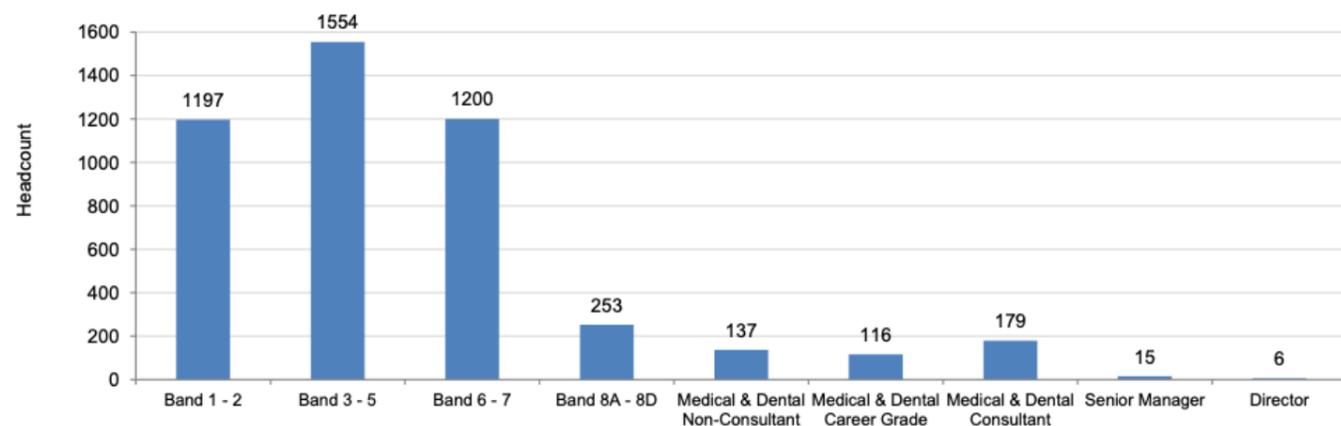
20/21 Average FTE (Full-Time Equivalent Workforce)	Permanently Employed	Other	Total Workforce
Registered Nursing & Midwifery	1221	203	1425
Registered Allied Health Professionals	259	5	265
Registered Healthcare Scientists	35	1	36
Registered Scientific, Therapeutic and Technical	83	0	83
Clinical Support	1160	100	1260
Infrastructure Support	659	87	746
Medical and Dental	400	101	500

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

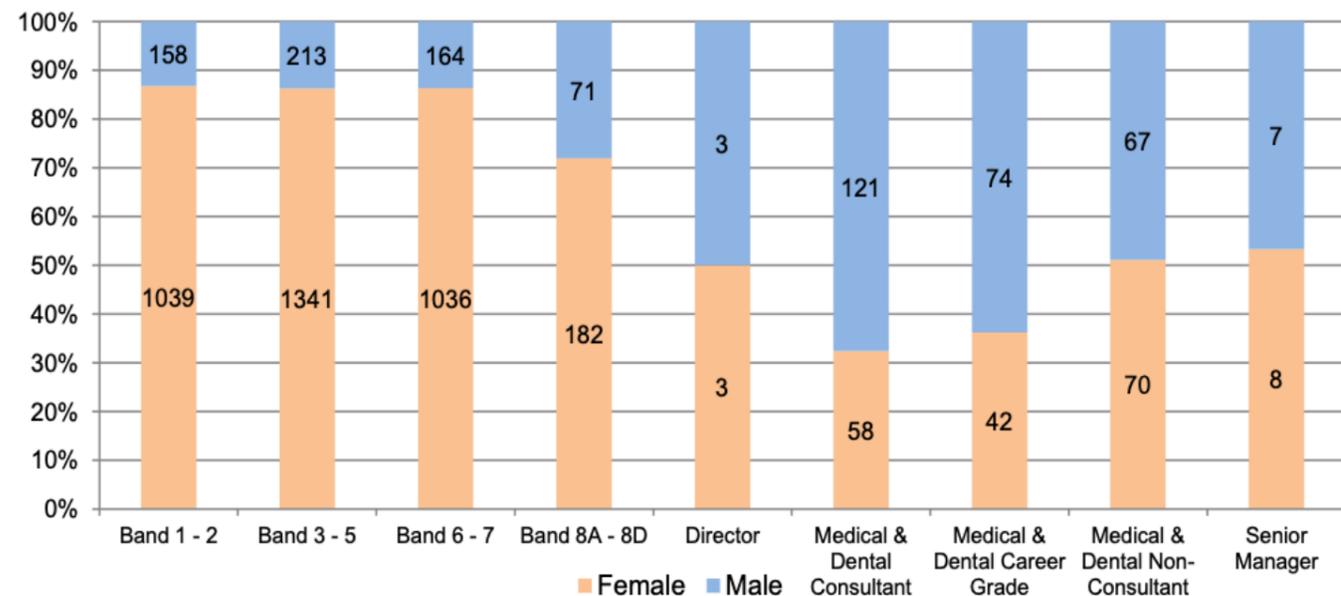
** Representative of bank and agency colleagues employed by the Trust.

*** Inclusive of Administrative, Clerical and Estates colleagues.

Permanently Employed Workforce by Pay Band



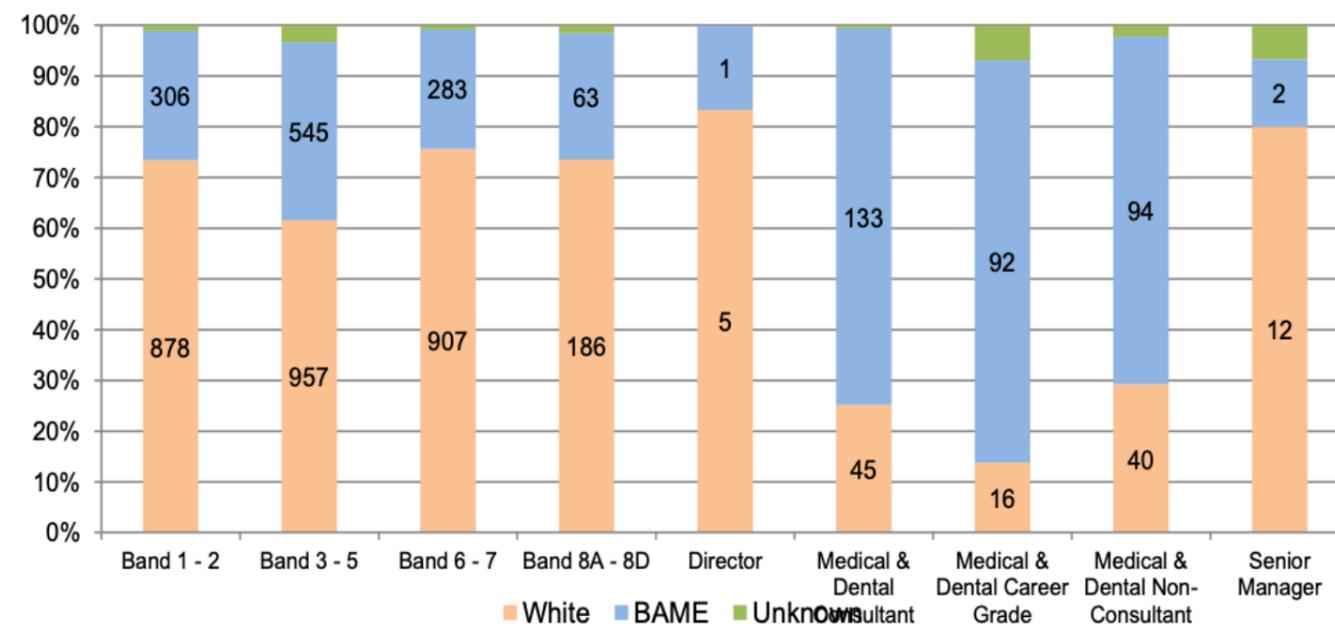
Permanently Employed Workforce by Pay Band & Gender



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

Throughout 21/22 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



A total of 98% of substantive colleagues have shared their ethnicity, with 32.6% 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 74% of the medical consultant workforce, whilst 25% of the Band 8A – Band 8D workforce has identified itself 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	%
Any Other Ethnic Group	71	1.52%
Asian or Asian British - Any other Asian background	91	1.95%
Asian or Asian British - Bangladeshi	44	0.94%
Asian or Asian British - Chinese	15	0.32%
Asian or Asian British - Indian	505	10.84%
Asian or Asian British - Pakistani	221	4.75%
Black or Black British - African	282	6.06%
Black or Black British - Any other Black background	18	0.39%
Black or Black British - Caribbean	143	3.07%
Dual Heritage - Any other mixed background	13	0.28%
Dual Heritage - White & Asian	49	1.05%
Dual Heritage - White & Black African	10	0.21%
Dual Heritage - White & Black Caribbean	57	1.22%
Unknown	92	1.98%
White - Any other background	78	1.67%
White - British	2950	63.35%
White - Irish	18	0.39%

3.8.3 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>

3.8.4 Staff Turnover Percentage

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>

3.8.5 Staff Engagement percentage scores

There was significantly improved engagement with the 2021 NHS Survey, with the highest ever response rate of 53%. This was a 20% increase from 2020 and 7% above the median national average response rate for the sector of 46%.

This year the survey is benchmarked against the NHS People Promise which places the spotlight on Staff Experience. This sets out, in the words of NHS staff, the things that would most improve their working experience, and is made up of seven elements.

Two further measures - Staff Engagement and Morale (previously themes) - continue to be reported.

There remains significant improvement required to bring staff experience and engagement metrics in line with the national average benchmark scores across the Trust. There are areas demonstrating good practice that match the national performance, however there are areas that require significant improvement. The chart below shows how the Trust compares with the overall seven promise scores and the two themes of Staff Engagement and Morale within the National Staff Survey 2021.



Trust Wide Divisional Overview

This overview highlights the variability in the theme scores across the different Divisions. Whilst this variability can in part be attributed to the difference in size and complexity of the Division and the impact that COVID-19 will have had on the experience of colleagues working within the divisions, there is no difference in terms of the required ownership of results and accountability for improvement by divisional leadership teams. It should be noted that the Communications Team has reported under the CEO Department for 2021. The Medical Directorate received too few responses to provide analysis against the nine themes.

	Trust	Benchmark Average	Best	Worst	Community	MLTC	Surgery	WCCSS	E&F	CEO (incl Comms)	Transformation & Strategy	Finance	Governance	Informatics	Medical Directorate	Nursing Directorate	Operations	P&C
Response Rate [%]	53%	46%			57%	42%	44%	54%	57%	68%	79%	83%	77%	62%	64%	74%	65%	84%
We are compassionate & inclusive	7	7.2	7.8	6.7	7.2	6.5	7	7.2	6.5	7.4	7.3	7.1	6.5	6.2	7.8	7.3	7.5	7
We are recognised & rewarded	5.7	5.8	6.5	5.3	6	5.1	5.7	5.9	5.2	7.1	6.8	6.4	5.6	4.9	7.5	6.4	6.5	6
We each have a voice that counts	6.5	6.7	7.3	6.1	6.7	6.1	6.6	6.7	6	6.8	6.7	6.6	6.2	5.6	7.5	6.9	7.2	6.5
We are safe and healthy	5.8	5.9	6.5	5.5	6	4.8	5.8	5.8	6	6.6	7	6.4	5.3	5.6	6.9	6	5.7	5.9
We are always learning	5.2	5.2	6	4.3	5.3	4.9	5.4	5.4	4.4	5.3	5.9	5.3	3.3	3.8	6.6	5.3	6.1	5.4
We work flexibly	6	5.9	6.7	5.4	6.1	5.3	6.1	5.8	5.4	6.8	8.2	7	6.5	6	7.6	7	6.4	6.5
We are a team	6.6	6.6	7.1	6.2	6.9	6.1	6.6	6.8	5.5	7	7.1	7.1	3.9	5.9	7.9	7.2	7.3	6.9
Staff Engagement	6.6	6.8	7.4	6.3	6.7	6.2	6.7	6.8	6.3	7.3	7	6.6	6.5	5.7	7.5	6.8	7.5	6.5
Morale	5.6	5.7	6.5	5.3	5.7	4.9	5.8	5.6	5.7	6.2	6.2	5.9	5	4.9	6.8	5.9	6.5	5.4

Of the four clinical divisions (Community, MLTC, Surgery and WCCSS), three have seen a decrease in their staff engagement and staff morale figures in 2021 compared to 2020. Only the Surgical Division has seen an increase in both themes with its scores outperforming the Trust's overall results.

Of the remaining ten divisions/directorates there has been an improvement in the staff engagement and morale results in four areas. Five areas have also achieved result across the nine areas which are equal to or exceeding the best performing scores across the sector benchmark.

It is worth noting that some corporate teams have seen significant changes since the strategic collaboration with The Royal Wolverhampton NHs Trust strengthened in April 2021 and in some cases this has led to some movement of teams between directorates.

The areas that require the most improvement across the board are staff engagement, we are compassionate and inclusive, we each have a voice that counts and we are a team.



The Trust 2021 NHS Staff Survey results demonstrate continued progress in many areas particularly in relation to team working and experience of line manager. The following themes are recommended areas for organisational and local leadership attention.

We are compassionate and inclusive: Achieving a greater consistency in terms of positive experiences of compassionate and inclusive leadership and management in practice will enable the organisation to improve the workplace experience of all staff. Continued focus on management and leadership development is vital along with dealing swiftly and decisively with discriminatory actions and behaviours and supporting leaders and staff to deal effectively with conflict in the workplace.

We are safe and healthy: Continuing to invest in the workforce both in terms of increasing establishment, ensuring colleagues have the resources necessary to do their job and the means by which to develop their skills and career are critical factors to achieve fulfilling roles, supporting health and wellbeing at work and increasing staff engagement and morale.

We each have a voice that counts: Building a psychologically safe place to work that involves and distributes decision making to colleagues, recognising the power of autonomy and that as a human organisation colleagues should be supported to be their whole self every day is another key area of focus. Our results highlight that developing the ability to deal with constructive conflict through dialogue and debate would positively inform organisational learning and develop the culture of teams.



“ There was significantly improved engagement with the 2021 NHS Survey, with the highest ever response rate of 53%.”

3.8.6 Staff policies applied during the financial year

The Trust has a range of workforce policies that support our colleagues and are widely available on the Intranet. Our focus over 2021/22 has been to:

- Embed the commitments made in our Equality Policy into practice through recruitment and selection processes to achieve greater diversity in our workforce.
- To implement compassionate and inclusive practices within the practical application of policies which support the health and wellbeing of our staff.
- To provide timely and accessible information to members of staff regarding the impact of changing COVID-19 rules through our policy framework.

The Trust maintains an excellent 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 allow for consultation of any proposed changes.

3.8.7 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	£62k
Provide the total pay bill	£186m
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.03%

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%

3.8.8 Expenditure on Consultancy

The Trust paid £0.7m on consultancy costs during 2021/22.

3.8.9 Off-Payroll Engagements

TABLE 1 Off-payroll engagements

For all off-payroll engagements as of 31 March 2022, for more than £245 per day. Via own Ltd Co but excluding specific consultancy / project work.

For all off payroll engagements as of 31.3.22, for more than £245 per day	No.
Number of existing engagements as of 31.3.2021	0
Of which, the number that have existed:	
less than 1 year at the time of reporting	0
for between 1 and 2 years at the time of reporting	0
for between 2 and 3 years at the time of reporting	0
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	0

TABLE 2 All Off-payroll engagements

For all off-payroll engagements, between 1 April 2021 and March 2022, for more than £245 per day

	No.
No. of temporary off-payroll workers engaged between 1 April 2021 and 31 March 2022	0
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	0
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

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

For any off-payroll engagements of Board members, and/or senior officials with significant financial responsibility, between 1 April 2021 and 31 March 2022.

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)	0

3.8.10 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	1	57			1	57		
£100,001 - £150,000	1	109			1	109		
£150,001 - £200,000					0	0		
Greater than £200,000					0	0		
Total	2	166	0	0	2	166	0	0

There have been two redundancies but no other departure costs paid in 2021/22. Exit costs in this note are accounted for in full in the year of departure.

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.

3.8.11 Chief Executive Certificate

- 1 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.
- 2 I have reviewed the schedules and agree the statements made by the Director of Finance above.



Professor David Loughton CBE, Chief Executive

Date: 20 June 2022

4 - Financial Statements



4.1 Financial Statements Summary

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

	Note	2021/22 £000	2020/21 £000
Operating income from patient care activities	3	345,978	291,583
Other operating income	4	23,700	56,871
Operating expenses	5, 7	(357,890)	(338,499)
Operating surplus from continuing operations		<u>11,788</u>	<u>9,955</u>
Finance income	10	21	-
Finance expenses	11	(8,240)	(8,351)
PDC dividends payable		(1,296)	(510)
Net finance costs		<u>(9,515)</u>	<u>(8,861)</u>
Other gains / (losses)	12	-	-
Share of profit / (losses) of associates / joint arrangements	17	-	-
Gains / (losses) arising from transfers by absorption	32	-	-
Corporation tax expense		-	-
Surplus / (deficit) for the year from continuing operations		<u>2,273</u>	<u>1094</u>
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations	14	-	-
Surplus / (deficit) for the year		<u>2,273</u>	<u>1,094</u>
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	6	-	-
Revaluations	16	7,787	9,567
Share of comprehensive income from associates and joint ventures	17	-	-
Fair value gains / (losses) on equity instruments designated at fair value through OCI	18	-	-
Other recognised gains and losses		-	-
Remeasurements of the net defined benefit pension scheme liability / asset	28	-	-
Gain / (loss) arising from on transfers by modified absorption	32	-	-
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	18	-	-
Recycling gains/(losses) on disposal of financial assets mandated at fair value through OCI	12	-	-
Foreign exchange gains / (losses) recognised directly in OCI		-	-
Total comprehensive income / (expense) for the period		<u>10,060</u>	<u>10,661</u>
Adjusted financial performance (control total basis):			
Surplus / (deficit) for the period		2,273	1,094
Remove net impairments not scoring to the Departmental expenditure limit		756	-
Remove I&E impact of capital grants and donations		(266)	(454)
Remove net impact of inventories received from DHSC group bodies for COVID response		(371)	(498)
Remove loss recognised on return of donated COVID assets to DHSC		-	-
Adjusted financial performance surplus / (deficit)		<u>3,134</u>	<u>142</u>

The Trust completed the refurbishment of 2 theatres in 2021/22. Following an independent valuation the Trust recognised a total impairment loss of £0.756 million against the original cost of the refurbishments.

4.1.2 Statement of Financial Position

		31 March '22	31 March '21
	Note	£000	£000
Non-current assets			
Intangible assets	13	5,598	6,417
Property, plant and equipment	14	185,825	161,995
Investment property	17	-	-
Investments in associates and joint ventures	17	-	-
Other investments / financial assets	18	-	-
Receivables	19	341	561
Other assets	20	-	-
Total non-current assets		<u>191,764</u>	<u>168,973</u>
Current assets			
Inventories	18	3,094	2,951
Receivables	19	10,715	11,075
Other investments / financial assets	18	-	-
Other assets	20	-	-
Non-current assets for sale and assets in disposal groups	21.1	-	-
Cash and cash equivalents	20	55,644	43,532
Total current assets		<u>69,453</u>	<u>57,558</u>
Current liabilities			
Trade and other payables	21	(49,564)	(35,179)
Borrowings	23	(4,068)	(4,058)
Other financial liabilities	24	-	-
Provisions	25	(176)	(96)
Other liabilities	22	(2,801)	(284)
Liabilities in disposal groups	21.2	-	-
Total current liabilities		<u>(56,609)</u>	<u>(39,617)</u>
Total assets less current liabilities		<u>204,608</u>	<u>186,914</u>
Non-current liabilities			
Trade and other payables	21	-	-
Borrowings	23	(107,888)	(111,956)
Other financial liabilities	24	-	-
Provisions	25	-	-
Other liabilities	22	-	-

Total non-current liabilities	<u>(107,888)</u>	<u>(111,956)</u>
Total assets employed	<u>96,720</u>	<u>74,958</u>
Financed by		
Public dividend capital	227,334	15,632
Revaluation reserve	31,954	24,307
Financial assets reserve	-	-
Other reserves	-	-
Merger reserve	-	-
Income and expenditure reserve	(162,568)	(164,981)
Total taxpayers' equity	<u>96,720</u>	<u>74,958</u>

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



Professor David Loughton CBE, Chief Executive

Date: 20 June 2022

4.1.3 Statement of Changes in Equity for the year ended 31 March 2022

	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 2021 - brought forward	215,632	24,307	-	-	-	(164,981)	(83,035)
Surplus for the year	-	-	-	-	-	2,273	2,273
Other transfers between reserves	-	(140)	-	-	-	140	-
Revaluations	-	7,787	-	-	-	-	7,787
Public dividend capital received	11,702	-	-	-	-	-	11,702
Taxpayers' and others' equity at 31 March 2022	<u>227,334</u>	<u>31,954</u>	-	-	-	<u>(162,568)</u>	<u>96,720</u>

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 legacy reserve reflects balances formed on previous mergers 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	2021/22 £000	2020/21 £000
Cash flows from operating activities			
Operating surplus		11,788	9,955
Non-cash income and expense:			
Depreciation and amortisation	5.1	9,531	6,947
Net impairments	6	756	983
Income recognised in respect of capital donations	4	(608)	(642)
Amortisation of PFI deferred credit		-	-
Non-cash movements in on-SoFP pension liability		-	-
(Increase) / decrease in receivables and other assets		541	28,544
(Increase) / decrease in inventories		(143)	(331)
Increase / (decrease) in payables and other liabilities		17,974	4,495
Increase / (decrease) in provisions		80	-
Tax (paid) / received		-	-
Operating cash flows from discontinued operations		-	-
Other movements in operating cash flows		-	-
Net cash flows from / (used in) operating activities		<u>39,919</u>	<u>48,968</u>
Cash flows from investing activities			
Interest received		21	-
Purchase and sale of financial assets / investments		-	-
Purchase of intangible assets		(721)	(1,043)
Sales of intangible assets		-	-
Purchase of PPE and investment property		(25,254)	(16,910)
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		<u>(25,954)</u>	<u>(17,953)</u>
Cash flows from financing activities			
Public dividend capital received		11,702	147,332
Public dividend capital repaid		-	-
Movement on loans from DHSC		-	(129,967)
Movement on other loans		-	-
Other capital receipts		-	-
Capital element of finance lease rental payments		-	-
Capital element of PFI, LIFT and other service concession payments		(4,058)	(4,158)
Interest on loans		-	(567)
Other interest		-	-
Interest paid on finance lease liabilities		-	-
Interest paid on PFI, LIFT and other service concession obligations		(8,240)	(8,351)

PDC dividend (paid) / refunded	(1,257)	(828)
Financing cash flows of discontinued operations	-	-
Cash flows from (used in) other financing activities	-	-
Net cash flows from financing activities	<u>(1,853)</u>	<u>3,461</u>
Increase / (decrease) in cash and cash equivalents	<u>12,112</u>	<u>34,476</u>
Cash and cash equivalents at 1 April - brought forward	<u>43,532</u>	<u>9,056</u>
Prior period adjustments	-	-
Cash and cash equivalents at 1 April - restated	<u>43,532</u>	<u>9,056</u>
Cash and cash equivalents transferred under absorption accounting	32	-
Unrealised gains / (losses) on foreign exchange	-	-
Cash and cash equivalents at 31 March	<u>20.1</u>	<u>55,644</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 2022, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' 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 2021/22 as contained in the Department of Health and Social Care Group Accounting Manual 2021/22, 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 2022 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 2021/22; 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 2021/22 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 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 statements and regularity of public sector bodies in the United Kingdom, and Supplementary Guidance Note 01, issued by the Comptroller and Auditor General 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 2022.

On the basis of our work, having regard to the guidance issued by the Comptroller and Auditor General in December 2021, we have identified the following significant weakness in the Trust's arrangements for the year ended 31 March 2022.

In September 2021 we identified a significant weakness in relation to Governance and Improving Economy, Efficiency and Effectiveness. In our view this significant weakness remains for the year ended 31 March 2022:

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.</p> <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. 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 CQC.</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, 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>	

4.2.3 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 of the Local Audit and Accountability Act 2014 (as amended) 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 December 2021.

4.2.4 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 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.

Referral to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014

We are also required to report to you if we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 because we have a reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

On 13 June 2022, we made a referral to the Secretary of State for Health under Section 30 (1) (b) of the Act because we had reason to believe the Trust breached its statutory 'breakeven duty' as set out in paragraph 2 (1) of Schedule 5 to the National Health Service Act 2006, taking into account the guidance issued by NHS Improvement in April 2018 entitled 'Statutory breakeven duty: a guide for NHS trusts'.

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.

4.2.5 Certificate

We certify that we have completed the audit of Walsall Healthcare NHS Trust in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Mark Surridge, Key Audit Partner

For and on behalf of Mazars LLP

2 Chamberlain Square, Birmingham B3 3AX

21 June 2022

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Caring for Walsall together

