Walsall Healthcare NHS
NHS Trust

Annual Report 2014/15

Walsall Healthcare
For One & All

Walsall Healthcare NHS
NHS Trust

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Walsall Healthcare
For One & All

Welcome 1

1.1 Statement from the Chair and Chief Executive

Our vision of providing first class integrated health services in the right place and at the right time for all

Welcome to the Annual Report for 2014/15 for Walsall Healthcare NHS Trust.

This document reports what has been a particularly challenging, and at times very difficult, year for us, whilst also highlighting the good work which has continued towards our vision of providing first class integrated healthcare for the people we serve.

Over the past 12 months we have seen big increases in demand and complexity across almost all our services, emergency and non-emergency, hospital and community.

This has at times put our services under severe pressure and had a significant impact both on the people we care for and our colleagues, and we would like to take this opportunity to thank our patients and their families for bearing with us and all our colleagues for everything they have done to help us respond to this.

There were times during the year when we were knocked off course by the pressures we faced, and we are disappointed to report some unacceptably long waits for treatment for our patients, higher than expected sickness absence among our colleagues and financial pressures resulting in a £12.9 million deficit at year end.

However, during a consistently busy period our teams have continued to deliver some important improvements. We have expanded and improved the community services that we offer by restructuring our community model into locality teams and expanding the Rapid Response Team to ensure that we continue to care for more patients closer to home.

We have maintained our focus on quality and safety by keeping mortality rates within expected levels, maintaining high standards of infection control, reducing falls and pressure ulcers and improving patient experience.

We have also been successful in appointing additional nursing staff for our hospital and community services and this recruitment drive will continue into 2015/16.

In January 2015, we were delighted to open our new ward 29, which follows national best practice in relation to providing a 'dementia-friendly' environment.

Despite a longer than expected period of teething problems following the introduction of our new patient administration system, Lorenzo, we are continuing to make progress with embedding the system. We appreciate there is still some work left to do to address outstanding issues.

Our Colleague Awards this year attracted a record-breaking number of nominations and it was inspiring to hear about some of outstanding work being carried out by our hospital and community colleagues on a day to day basis.

This has also been another tremendous year for our members and volunteers, whose numbers continue to grow and whose ongoing commitment makes a very real contribution to many of the services we provide. We would like to thank each and every one of them and look forward to continuing to work closely with them over the year ahead.

We have recently completed a 'mock' inspection of our hospital and community services in preparation for an expected visit by the Care Quality Commission (CQC) later this year, and this has helped us to focus on what we are doing well and where we need to do better.

We begin 2015/16 committed to making this a Year of Improvement – for patients, for colleagues and for the long-term.

We will be continuing our work to improve our emergency and elective pathways to ensure we don't keep patients waiting unnecessarily, and build on the investment in our community services to make the best use of the capacity we have in both the hospital and community and improve our patient experience.

We are also very pleased to be working closely with our partners during 2015/16 on the transformation in our services which will be needed to ensure we can live within our resources and provide safe and sustainable services for the future.

These are undoubtedly challenging times for the NHS in Walsall and we are very much looking forward to working together to realise our vision of providing first class integrated health services in the right place and at the right time for all.

Ben Reid OBE
Chair

Richard Kirby
Chief Executive
2nd June 2015

2 Strategic Report

2.1 Who we are

Walsall Healthcare NHS Trust provides local general hospital and community services to more than 269,000 people in the borough of Walsall, the surrounding areas and beyond. The Trust is a statutory body which came into existence on the 1st April 2011 under the Walsall Healthcare National Health Service Trust (Establishment) Amendment Order 2011 (no 791).

Over the past 12 months our patient community has continued to grow significantly, due in part to the downgrading of services at Mid-Staffordshire NHS Foundation Trust and the closure of maternity units in both Sandwell and Stafford.

At the same time, our teams have continued to develop new ways of working together with the aim of creating and maintaining a seamless service for our patients whether they are being cared for in hospital or in the community.

As an integrated provider of healthcare, although our colleagues are working in many different locations, in many different ways, to meet many different needs, we all share one Vision:

To provide first class, integrated health services for the people we serve in the right place at the right time.

2.2 What we do

Walsall Healthcare NHS Trust houses the full range of district general hospital services under one roof.

Since the £170 million development of our Pleck Road site was completed in 2010, we have continued to up-grade existing areas to ensure that our patients have access to the best possible facilities, treatment areas and equipment.

In addition, we provide high quality and effective community health services for adults and children from more than 60 community settings, including health centres and GP surgeries, as well as in people's own homes.

Our multi-disciplinary services include rapid response in the community and home-based care, so that those with long-term conditions and frail elderly patients can be cared for at home. The Trust's Palliative Care Centre in Goscote is our base for a wide range of palliative care and end of life services. Our teams in the centre and in the community, provide high quality medical, nursing and therapy care for local people living with cancer and other serious illnesses, as well as offering support for their families and carers.

2.3 External environment in which we operate

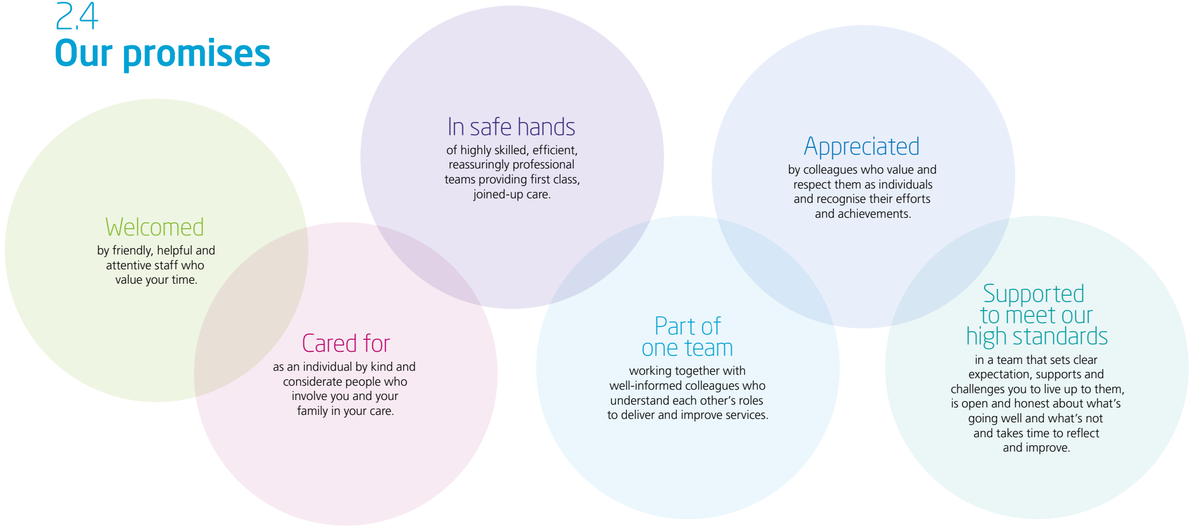
Our relationship with the public bodies concerned with the commissioning of NHS services has continued to grow during 2014/15.

We have developed a strong working partnership with Walsall Clinical Commissioning Group (CCG), which is led by General Practitioners and is responsible for buying and managing the majority of healthcare services for the borough of Walsall.

We also work closely with the Local Authority as health service commissioners, Healthwatch Walsall, the independent health and social care consumer champion for local people, and the NHS Trust Development Authority.

In addition, we have a good working relationship with many other external organisations to help us provide the best possible service to our patients. These include Walsall Council, West Midlands Ambulance Service, Walsall College, neighbouring NHS trusts and a number of charitable and voluntary organisations, such as St Giles Hospice and Age UK.

2.4 Our promises



Walsall Healthcare's For One and All Programme has six promises for patients and colleagues and is designed to ensure that we do the right thing, provide a consistently first class patient experience, in the right way, by engaging with colleagues across the organisation to improve services.

Our first three promises are to the people who use our services and about the standards they can expect from us. These promises are for our patients to feel 'Welcomed', 'Cared for' and 'In safe hands' at all times.

The other three promises are aimed at our colleagues so they will feel 'Part of one team', 'Appreciated' and 'Supported to meet our high standards.'

More about some of the ways in which we recognise those colleagues who have really gone 'the extra mile' to live our promises, can be found on page 50.

Our Promises and Standards were developed in 2012 as a result of the face-to-face conversations we had with our patients, their families and carers about their experiences of our care, through our innovative *In Your Shoes* programme.

In May 2014, we launched our second round of *In Your Shoes* sessions to find out whether, as a Trust, we are consistently delivering on those promises. To find out what our patients told us about their experiences of our care, please see page 18.

2.5 **Activity figures**

66,777
A&E attendances
type 1 (pbr) excl. badger
2013/14 **71,656**
2012/13 **74,628**

3,968
elective patients
2013/14 **3,997**
2012/13 **4,208**

35,056
emergency inpatients
(non-elective patients)
2013/14 **34,036**
2012/13 **25,184**

22,281
day cases
2013/14 **23,712**
2012/13 **26,567**

262,038
total outpatient
attendances
2013/14 **324,556**
2012/13 **346,960**

4,635
maternity – deliveries
2013/14 **4,671**
2012/13 **4,679**

N/A
acute outpatient
attendances
2013/14 **247,765**
2012/13 **247,765**

N/A
community outpatient
attendances
2013/14 **77,431**
2012/13 **99,195**

340,158
face-to-face
community contacts
2013/14 **411, 865**
2012/13 **417,734**

N/A
critical care bed days
2013/14 **4,469**
2012/13 **4,599**

2.6 **Our activity**

Over the past 12 months, Walsall Healthcare has experienced big increases in demand and complexity across the Trust, affecting almost all our services both in hospital and the community but especially our emergency and elective (planned) care.

We have faced particular pressure from emergency admissions throughout the year which significantly stretched our services and colleagues on a number of occasions.

During our busiest period in January 2015, we were forced to put a number of emergency arrangements in place to focus on the priorities of ensuring we could care safely for the patients already in the hospital, arranging the safe discharge of those patients who were well enough to go home and reducing the long waits for admission in our Emergency Department.

These arrangements included cancelling some planned surgery, scaling back Trust-provided training and reviewing our outpatient clinics to ensure as many clinical staff as possible were at the frontline where they were most needed.

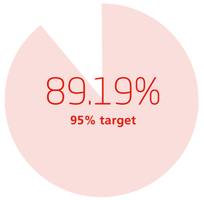
All our colleagues, whether based in the hospital or the community, worked exceptionally hard throughout this period to ensure we continued to provide the best standards of care possible in very challenging circumstances.

The pressures we have faced are in part due to the downgrading of services at Mid Staffordshire NHS Foundation Trust in 2012/13. Since then, our emergency admissions have risen by 29 per cent, including a 23 per cent increase in emergency activity from Staffordshire alone. To find out more about how we have responded to this increase, please see page 30 (Providing safe, high quality services).

We have also seen a significant increase in the number of women choosing to give birth at the Manor Hospital or at our Midwifery-led Unit in the town centre, following the closure of maternity units in both Sandwell and Stafford. The Trust saw a total of 4,672 births during the 2014 calendar year, compared to 3,666 in 2009.

For more information about our plans to expand our maternity services during 2015/16, please see page 59 (Looking Ahead to 2015/16).

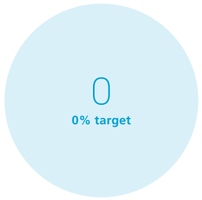
2.7 Performance figures



Percentage of patients seen in Emergency Dept. within 4 Hours

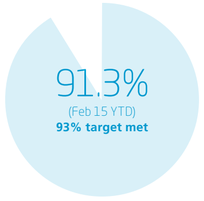
Patients admitted within 18 weeks

Number of cases of Clostridium difficile

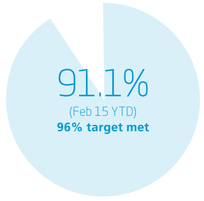


Number of cases of MRSA

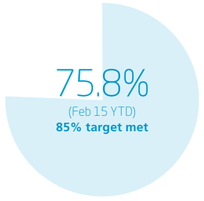
Percentage of patients whose operations cancelled for non-clinical reasons on the day of admission



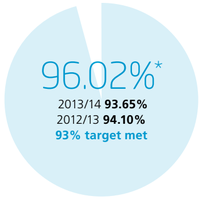
Number of cancer patients seen within two weeks of an urgent GP referral for suspected cancer



Number of cancer patients receiving first treatment within 31 days of decision to treat



Number of cancer patients receiving first treatment within 62 days of GP referral



Cancer 2 Week Waits – Breast Symptoms

*No RRT admission made in April this year due to the implementation of Lorenzo

2.8 Our Performance

We work hard to meet the requirements placed on us by our regulators and the Government.

Our performance figures show how well we are meeting those key requirements across all areas of the Trust.

We are disappointed to report that as a result of an exceptionally busy year and pressures across the system, we failed to meet the national Emergency Department 4 Hour Wait Overall target.

We were also unable to meet the 18 week Referral to Treatment Time target and the 62 day target for Referral to Treatment for patients diagnosed with cancer.

Where we have breached these national targets, we have been fined by Walsall Clinical Commissioning Group (CCG) under the contract that we have with them. These fines could have totalled as much as £3.5m million, however, the CCG has put £2.5 million back into the Trust to help improve our performance.

2.9 Sustainability Report

We have continued to move forward on our sustainability agenda during 2014/15. Our Carbon Sustainability Group, which was set up in 2013/14 to discuss ways of helping Walsall Healthcare to improve its carbon footprint and meet environmentally-friendly targets, has continued to meet on a regular basis. The group remains committed to ensuring we meet mandatory targets of a 10 per cent reduction in carbon emissions by 2015 and an 80 per cent reduction by 2050, and will be reporting on this later in the year. Page 96 of this Annual Report provides further details.

2.10 Equal Opportunities

The Human Rights Act came into effect in October 2000 in the UK and all public authorities including NHS Organisations, have a positive obligation to respect and promote peoples Human Rights. The Human Rights Act is underpinned by the core values of fairness, respect, equality, dignity and autonomy for all. We value and recognise the diversity of the population we serve and strive to ensure that we meet its individual needs.

Walsall Healthcare is proud to be a Disability Two Ticks Symbol employer, as awarded by Jobcentre Plus. The symbol identifies those employers who have agreed to meet five commitments regarding the recruitment, employment, retention, training and career development of disabled people.

We are committed to these pledges and this means that candidates with disabilities applying for jobs at the Trust are guaranteed an interview, provided they meet the essential requirements of the post.

The gender split of Trust colleagues currently shows a female majority, with just over a 4:1 ratio across the organisation. This trend continues amongst senior managers, with 72 per cent of colleagues in senior management roles being female.

	Female	Male	Female	Male
Directors	6	16	27%	73%
Senior Managers	120	46	72%	28%
Rest of the Workforce	3529	734	83%	17%

The Trust has a robust Equal Opportunities policy which complies with all legislation. This can be accessed via our Freedom of Information Publications Scheme available on our trust website. Further information on our approach to Equality and Diversity can be found on page 53 of this report.

2.11
2014/15 Financial Position

The impact of continuing high demand for our services, use of temporary staff and the introduction of the new patient administration system all created financial pressure within the Trust during 2014/15.

Coupled with the increasing difficulty of delivering the agreed efficiency programme of £10.7m, the Trust was £12.9m in deficit by the end of the financial year, the deficit being agreed with the Trust Development Authority.

Additional controls on expenditure had to be put in place for the final quarter of the year and these remain in place as we go into 2015/16. These controls include executive scrutiny of all discretionary expenditure by executive directors, increased procurement controls and greater challenge of expenditure across all services and departments.

Our formal controls on expenditure continue to be scrutinised by internal and external audit and where necessary, we have acted on recommendations to strengthen our systems further.

Despite the financial challenges, the Trust remained within its Capital Resource Limit, the highlight being the commissioning and delivery of an extra 30 bedded ward in less than 12 months.

The Trust has attained a financial deficit in 2014/15 that has resulted in a requirement for additional cash support. It has received cash support to ensure commitments to staff and suppliers are able to be met during the year. The plan for the 2015/16 year which has a £17.7m deficit requires additional cash support that has been secured initially through the revolving working capital facility. Key risks to the plan are the continued focus on expenditure remaining within budgeted allocations (maintaining controls over temporary worker expenditure) and Cost Improvement Plan (CIP) delivery in year.

Looking ahead, the Trust must deliver improved performance and patient experience whilst demonstrating stability and recovery of its finances.

Towards the end of this Annual Report the Trust's Financial Accounts are included. The accounts are submitted under Section 232, schedule 15 of the National Health Service Act 2006. They give a true and fair view of the Trust's gains and losses, cash flows and financial state at the end of the Financial Year. They meet the Accounting Requirements of the NHS Trust Manual for Accounts.

The Trust Board has agreed the preparation of the Annual Accounts on a Going Concern basis. It has reached this conclusion on the basis that it has agreed contracts with its Commissioners. There are no changes to provision of services and it has received confirmation of financial support from the NHS Trust Development Authority.

Richard Kirby
Chief Executive,
3rd June 2015

Delivering a first class patient experience

3

3.1 Listening to and learning from the patient voice

Feedback from our patients, their relatives and carers and the wider public is key to our work to improve services.

And we know it is important not just to seek people's views but to involve them, to listen to them and to act on what they have to say.

Our aim is to use this feedback to enhance and improve the services we offer and to deliver a first class patient experience.

During 2014/15, we have continued to engage with our patients, their families and the wider community we serve through a variety of means.

Feedback from our patients, their relatives and carers and the wider public is key to our work to improve services

3.2 Friends and Family Test

The Friends and Family Test (FFT) asks patients if they would recommend the services they have used to their friends and family, and uses this information and follow-up questions to highlight good and poor patient experience. This kind of feedback is vital in transforming NHS services and supporting patient choice.

Walsall Healthcare has been a national leader in this area since the FFT was launched in April 2013 for all NHS inpatient and Emergency Departments across England.

In accordance with the national roll out plan, the FFT is now in use across Walsall Manor Hospital in the Emergency Department, Inpatients, Outpatients, Day Case, Maternity and Paediatrics.

On 21st January 2015, we launched the final phase of the roll out to cover our community-based services, including Community Nursing Services, Rehabilitation and Therapy Services, Children and Family Services and Specialist Services including Diabetes, Sexual Health and Contraceptive Services and Smoking Cessation.

As a result, all the services provided by Walsall Healthcare are now covered by the FFT for the first time.

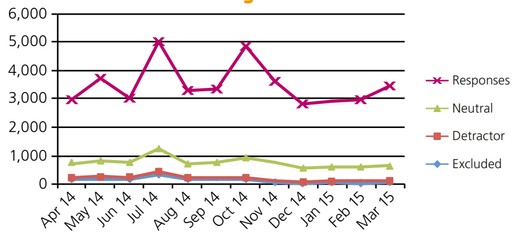
3.3 Our responses

Between April 2014 and March 2015, we received 32,863 responses from patients on their experience of care in the Trust, through the FFT.

A total of 92.57 per cent of the comments received were associated with a positive rating '(likely' or 'extremely likely' to recommend services).

Responses	**32,863**
Promoters	**23,772**
Neutral	**6,650**
Detractors	**892**
Excluded	**1,548**

Reviews by month



3.4 National Comparisons

The table below illustrates the response rates per measure for February 2015, as well as national and regional ranking.

	A&E	Inpatient	Maternity Birth
% Recommended	86.24%	92.80%	100.00%
National rank	92/137	107/137	1/137
Regional rank	7/14	11/14	1/14
Response rate	4.28%	45.91%	10.96%
National rank	134/137	31/137	112/137
Regional rank	14/14	2/14	10/14

Overall, our feedback shows that a positive experience is provided to the majority of patients. By far the most frequent form of feedback received relates to praise for our colleagues, although this is often accompanied by suggestions for improvement, most typically relating to better communication and reducing waiting/delays.

During 2014/15, the most common words used by patients in free text comments in relation to our colleagues were: "friendly, good, very good, helpful, caring, excellent, efficient and speedy explanations provided." The 50 most commonly used words over the last 12 months are shown below.

The most common concerns raised by patients through the FFT during 2014/15 related to the environment, including the temperature and cleanliness of some areas; waiting times, including the length of time taken to receive an appointment, to be seen at the hospital, to be admitted to a ward, to receive x-ray and test results and to be discharged; and missing records/notes.

We have made a number of improvements during the year in response to these concerns.

We have placed a particular focus on the cleanliness of our wards and other clinical areas and undertake regular audits to ensure we are meeting and maintaining the highest possible standards. We also undertook a Noise at Night audit to find out how we could help our patients to get a better night's sleep. As a result we have made extra blankets available for any patients who are feeling cold and successfully silenced the squeaking wheels on our trolleys!

These are all areas we will continue to focus on during 2015/16. In addition, we will be:

- exploring ways to increase the response rates across all areas.
- increasing the visibility of FFT across the Trust with wider promotion and the provision of comments boxes.
- publicising patient experience data locally, including actions taken as a result of feedback.
- using our website as a means of communicating how we are performing with regard to patient experience, including FFT scores.
- using social media as one of a number of ways of communicating with and engaging local people and groups.

3.5 National surveys

Along with other English NHS trusts, Walsall Healthcare participates in the Care Quality Commission (CQC) national patient survey programme. Along with the Children's Inpatient and Day Case Survey 2014 and National Adult Inpatient Survey 2014.

3.6 2014 National Cancer Patient Experience Survey

The National Cancer Patient Experience Survey published its findings in September 2014. The survey included all adults with a primary diagnosis of cancer who had been admitted to an NHS hospital and discharged between September 1 and November 30, 2013.

A total of 427 eligible Walsall Healthcare patients were sent the survey and there was a response rate of 59 per cent, compared with a national response rate of 64 per cent.

Overall, Walsall Healthcare was one of the middle-ranking trusts nationally. Out of 63 questions asked, 27 of our scores improved in 2014 compared to 2013, 31 scores declined and four scores remained the same.

Our priorities during 2015/16, as a result of the findings of the National Cancer Patients Survey, include a bid for funding to introduce a chemo navigator who would help guide patients through their cancer treatment; a focus on cancer-specific education for ward staff; and the launch of a Cancer Services Focus Group to ensure the voice of patients and carers is used to support a positive patient experience.

27

of our scores improved in 2014 compared to 2013

3.7 In Your Shoes

We were delighted that more than 100 patients, carers and family members took the time to participate in the second round of our *In Your Shoes* events in April 2014.

These were initially launched in 2012 as part of our For One and All Programme, to give our colleagues the opportunity to hear first-hand from our patients about their experiences of our care.

At our latest events, it was particularly encouraging to hear a number of previous participants describe an improvement in their experience over the past two years.

However, we also heard a number of strong messages about changes our patients would like to see and we have been working hard to make improvements in these areas over the past 12 months.

Key areas identified for improvement during *In Your Shoes* sessions included:

- **Improved communication about the patient's condition and treatment.**
  We have been working with our clinical teams to try to improve this, including sending some team members on enhanced communication training.
- **Delays in our Outpatient Department.**
  We recognise that since the introduction of our new computer system, there have been some delays in the system and people have had difficulty getting through to make enquiries about their appointments. We have employed a significant number of extra staff to help with this.
- **Improvements in the discharge process.**
  We have been using several mechanisms to try and improve this, including earlier completion of discharge information for the GP, and the ward pharmacists dispensing medication directly from the ward to reduce delays.

3.8 Online patient feedback

Many of our patients are keen to give us real-time feedback about our services through channels such as our own website (www.walsallhealthcare.nhs.uk) and patient websites like Patient Opinion (www.patientopinion.org.uk) and NHS Choices (www.nhs.uk).

We also use social media to engage with the wider community and share information about forthcoming events, ward closures and other news and views about Walsall Healthcare and the services we provide.

During 2014/15, our Twitter followers increased from just over 1,800 in March 2014 to almost 2,500. Thousands of people have also viewed our Facebook page over the past 12 months, with many taking the trouble to like, share and comment on our posts.

Below are some examples of the online comments made about us on the NHS Choices and Patient Opinion websites over the past year:

I had a total hip replacement and the care I received was second to none. The staff on Ward 20a made me feel safe and reassured. Nothing was too much trouble for them. The ward was clean and well run and all the staff worked well together.

May 2014

My son was on the Paediatric Assessment Unit. He is ten months old and the staff were fantastic. They were friendly and pleasant and helped me and my partner with everything we needed. The ward had a man come to do magic tricks and make animal balloons. I thought that was fantastic and it lit the children's little faces up.

July 2014

My daughter attended her first appointment for Orthodontic treatment only to be sent away, as it was a Monday and they had not received her dental notes. The lack of communication is appalling. Surely someone should have contacted me to explain why she couldn't been seen before paying car park charges, daughter missing two hours of school and myself rearranging my work hours.

November 2014

We hear a lot of bad press about the NHS but my mother's experience was the best you could wish for. From when she was referred to a consultant, her operation and the after care, everything was outstanding. A special thank you to the Macmillan nurse who called on Christmas Eve to give mom an update on her condition.

December 2014

3.9 Our members

Members who support us regularly were for the first time invited to our Volunteers Recognition Awards in June 2014 at Walsall Town Hall and presented with a thank you certificate. A special thanks was also given via video message from Margaret Kennedy, Manager of Podiatry, to those members who have attended the Podiatry Patient Focus Group and assisted with many changes to the service, including helping to reduce waiting lists.

We also held our first Members' Forum in October 2014, chaired by Chief Executive Richard Kirby. This was an informal meeting during which Richard updated members about current issues at Walsall Healthcare and then opened up the floor for a Q&A session. The forum will take place quarterly during 2015/16.

Members teamed up with Walsall Healthcare volunteers in November 2014 to assist with the Getting a Good Night's Sleep audit. In addition, a number of members supported our 'mock' Care Quality Commission (CQC) inspections, either by acting as internally-trained lay inspectors or by sitting on patient groups. The members found this a very informative and useful way of understanding the complexity of NHS activity.

We held a successful tree planting ceremony to mark NHS Sustainability Day in March 2014, when members and children from three local schools planted around 30 saplings in the grounds of the Manor Hospital. Following this, a number of members who are keen gardeners asked if they could use some of the borders around the staff car park to create a wild flower garden, with support from Friends of the Earth. This work has continued during 2014/15, and the gardening group has also been busy planting bulbs around the site.

Members of the gardening group hope to start work during 2015/16 on a dementia-friendly garden close to our new ward 29.

Membership Events have been well attended throughout the year. More than 100 members attended Walsall Healthcare's AGM in July 2014 and members have also increased their attendance at our monthly public Board Meetings. Our Membership Connect newsletter keeps members informed and in 2015, we also introduced a monthly email news update.

Although recruitment is continuing, we will be concentrating in 2015/16 on working in partnership with our members to promote our Trust and some of the great work that is already taking place. We are also keen to get more members involved in Patient Experience, Corporate Information and Membership Support.

If you would like to know more, please contact the Membership Office on 01922 656643 or email: membership@walsallhealthcare.nhs.uk

Our membership has grown during the year to over

14,200

3.10 A big thank you to our volunteers

There can be no doubt that the commitment, dedication and continuing contribution of our volunteers makes a very real difference to our services in the community and at the Manor Hospital.

On 29th January 2015, we held a Volunteer Information Session to raise the profile of volunteering at Walsall Healthcare and to enable people interested in joining our expanding team of volunteers to find out more. This was very well received and is something we plan to repeat in the coming year.

During 2014/15, a total of 346 volunteers were registered with the Trust, more than 270 of whom volunteer at least once a month.

Within the Manor Hospital volunteer roles range from our Stroke Buddies, who give up their time to sit and talk to patients who are coming to terms with a recent stroke diagnosis, to our Dining Companions, who are on hand to assist patients at meal times. Volunteers also support the work of our Palliative Care Centre at Goscote, as drivers, in reception and as activity facilitators in our day hospice.

The League of Friends also supports the organisation not only with fundraising but also with the provision of volunteers who work in the shops or who meet and greet patients and visitors to the hospital.

Our award-winning Kissing it Better programme has continued to run across many of our inpatient wards and in our adult and children's Outpatients Departments. A wide range of organisations and individuals from the wider Walsall community are invited into the hospital to share their time and skills on a voluntary basis.

During 2014/15, these activities equated to more than 4,200 hours of specialised care by individuals from schools, choirs, dance troupes, Brownies and Scouts and youth groups, to name but a few.

Since Kissing it Better started in 2011/12, we have built up a particularly strong relationship with Walsall College and during the past year we have welcomed a range of young people, including hairdressers and beauticians, public service, and health and social care students, into the hospital on a voluntary basis. In addition to visiting patients on the wards, the beauty therapy students held a pop-up shop in the hospital in July 2014 and March 2015. This was such a great success, we hope pop-ups shops will become a regular event.

We also have two dogs that come into the hospital to visit the wards on a regular basis through the Pets As Therapy charity.

We work closely with a number of other organisations, including The Prince's Trust, to promote volunteering opportunities at Walsall Healthcare. We are currently working with Age UK to recruit volunteers to assist the Dementia Support Workers within the hospital.

Our Expert Patients Programme is run by our Self Care Management Team and enables a team of lay volunteers who have personal experience of living with a long-term health condition, to provide peer support for individuals living with or caring for someone in a similar situation.

Our volunteers and members joined forces in November 2014 to conduct the Getting a Good Night's Sleep audit. Patients were asked if there were any issues during the night which had stopped them sleeping well and the results were fed back to help improve the patient experience.

Volunteers are also currently supporting our Emergency Department to increase the response rate in the Friends and Family Test.

During 2015/16, our Voluntary Services will continue to work hard to ensure that we maximise the opportunities that are offered by our volunteers. We are pro-actively seeking innovative ways of accommodating people within the organisation to ensure that everybody benefits from the experience.

For more information about volunteering, please contact Volunteer Services on 01922 656689 or email jan.martin@walsallhealthcare.nhs.uk

3.11 Merry Xmas Everybody!

Walsall-born Noddy Holder, the man behind one of the country's most enduring festive hits, was the guest of honour at our Christmas Lights Switch-on which took place on 5th December, 2014.

The lead singer with 70s glam band Slade, best-known for their chart-topping seasonal single Merry Xmas Everybody, was joined by the Mayor and Mayoress of Walsall for the annual festive celebration at the Manor Hospital.

The festivities kicked off with a mini Christmas market, followed by the all-important lights switch-on, when Noddy was ably assisted by five-year-old patient, Jayden Webster, who was wheeled from the children's ward to the main atrium in his hospital bed.

Following the switch-on, colleagues, patients and members of the local community were invited to join in with carol singing accompanied by live music and enjoy a range of festive refreshments.

3.12 Patient Relations Service

The Patient Relations team was busy during 2014/15 with a total of 3,939 referrals which included 426 compliments and 380 written complaints about care which were received by the Chief Executive.

The Principles for Remedy, produced by the Parliamentary and Health Service Ombudsman , underpin the Trust's Complaints Policy.

We strive to ensure that:

- Each case is thoroughly investigated by a designated Case Manager
- Apologies and explanations are provided when something has gone wrong
- Wherever possible a remedy is offered to return the affected person to the position they should be in
- Financial recompense for loss and costs is offered, where appropriate
- Appropriate procedures are in place to avoid further distress being caused by poor complaint handling.
- All compliments received are shared with teams and with the Trust Board via the patient experiences programme and opportunities for learning provided.

Examples include:

"On behalf of my father, the doctors, nurses and support staff excelled in the efficient care and treatment provided. If it were a restaurant it would have a Michelin star – outstanding even under huge workloads and pressure. Thank you."
Emergency Department

"To all the wonderful, kind and caring staff on HDU, I am so grateful for all the care and kindness you showed us at this critical time. I believe you saved her life and I will be eternally grateful."
Critical Care – HDU

"The team [district nurses at Anchor Meadow Health Centre] were very supportive of our family, explained everything very clearly and gave the impression that nothing was too much trouble."
District Nursing

Both the complexity and profile of some of the complaints is changing, which has resulted in more face to face meetings with complainants, both at the initial stage of their complaint and following receipt of their written response.

The main causes of complaint related to:

- clinical care, assessment and treatment
- waiting times for access to outpatient appointments, diagnostic services and inpatient services
- discharge arrangements
- Some of the changes which have been made in response to complaints include:
- more colleagues appointed to work in our outpatient appointment booking office
- extra outpatient clinics, radiology sessions and inpatient theatre sessions to reduce waiting times for our patients
- work in partnership with Social Services to increase the number of social workers within the hospital to facilitate complex discharges
- introduction of a number of ward-based pharmacist roles to speed up the prescribing and dispensing of medicines for patients awaiting discharge.

We have also made a number of changes to the way in which the Patient Relations Service operates in order to provide a high quality service that meets patients' expectations, in often difficult circumstances.

Working across the Divisions of Surgery, Medicine and Long Term Conditions and Women's and Children's Services, the team has achieved significant improvements in the number of complaint responses meeting the Trust standard of 70 per cent completed within 30 working days.

In 2014/15 we responded to 60.4 per cent of complainants within 30 working days. Since November 2014, the average number of complaints responded to within 30 working days has improved significantly to 86.2 per cent. We will be working to improve this response rate still further over the next 12 months.

We have fully embraced the Parliamentary and Health Service Ombudsman's vision for 'good' complaint handling, which was published in November 2014 following widespread consultation with patients and social care users. Our complaints handling process is quality assured to ensure that the complainant has the opportunity to be engaged in the complaint process from the beginning, and is fully informed of any lessons learned and changes made as a result of an investigation.

3.13 Chaplaincy team

The Chaplaincy team provides spiritual and religious support to patients and their families and carers at the Manor Hospital, Palliative Care Centre and also the Dorothy Pattison Hospital which is part of Dudley and Walsall Mental Health Partnership NHS Foundation Trust. The team also supports staff with both personal and professional issues.

There have been a number of changes to the team during 2014/15. Rev Deborah Murphy left her role as Palliative Care Centre chaplain at the end of October 2014 and we also said goodbye to our Roman Catholic chaplain, Rev Robert Murphy, at the same time. We are currently waiting for both these vacancies to be filled.

We were delighted to learn in February 2015 that our Chaplaincy Team Leader, Rev Alison Coles, had been given the honorary title of Prebendary at Lichfield Cathedral for her remarkable service to hospital chaplaincy.

The chaplaincy team represents the Christian, Muslim, Sikh and Hindu faiths, although many of the people it supports have no particular religious belief. The team is assisted by more than 90 volunteers and has been pleased to welcome a number of new volunteers from the Muslim and Sikh communities over the past 12 months.

Support may involve offering a listening ear as people explore difficult issues or talking them through what is happening to them. For those with a faith, the chaplains lead services and prayers in the chapels or prayer rooms, or pray with individuals on the wards or at the bedside. Chaplains are also available to conduct funerals and memorial services and there has been a 40 per cent increase in requests for these over the past 12 months.

Over the past year, the Chaplaincy team has worked in partnership with members of the respective local communities to celebrate many different religious festivals, including Christmas, Vaisakhi, Eid and Diwali, within the Manor Hospital and at other local healthcare sites.

Special events included the Annual Service of Celebration and Thanksgiving on Sunday May 11, during which those known to Fair Oaks Day Hospice, the Community Palliative Care Nursing Team and St Giles Walsall, who had died during the past year were remembered.

On Sunday 18th January, colleagues from Walsall Healthcare, along with the Mayor and Mayoress of Walsall, attended St Paul's at The Crossing in the town for the annual Sister Dora Service to commemorate the life of the much-loved 19th century Walsall nurse.

40%
increase in requests for funerals and memorial services

3.14 Walsall Healthcare Charity

We have long recognised the enormous generosity of the people of Walsall towards our Trust.

We currently receive 'special funds' in a number of different ways, such as legacies and general donations, all of which hugely benefit our services, wards and departments. Charitable donations from The League of Friends, our patients and the local community play, and will continue to play, a vital role in a tough financial climate and we are very grateful for this support.

During 2014/15, we decided to build on the good work that had already been done and promote our charity to a wider audience throughout the area we serve. We hope this will help us to raise even more funds for state-of-the-art facilities and equipment to enhance our patients' experience and support our colleagues to provide the best possible standards of care.

In January 2015, we appointed our first Fundraising Officer, Youla Stevens, and she has already been out and about in the Trust raising the profile of Walsall Healthcare Charity. In the months ahead she will be talking to local businesses, groups and organisations and encouraging our members, volunteers, colleagues, patients and members of the public to get involved.

A new charity website has been designed in-house and has lots of ideas for fundraising activities, from cake stalls and fabulous fun days to a whole host of money-spinning sponsored events, including a 10,000ft freefall parachute jump! See www.walsallhealthcare.nhs.uk/charity for up-to-date information.

If you are planning to organise a fundraising event for the Trust and would like help, for example with promoting your event or collection buckets, contact Youla via youla.stevens@walsallhealthcare.nhs.uk

well wishers
Raising funds for a healthy Walsall

4 Providing safe, high quality, services

4.1
A focus on our emergency activity

During 2014/15, we have faced an unprecedented increase in our emergency activity. This has affected us all year round and is due in part to the downgrading of services at Mid Staffordshire NHS Foundation Trust in 2012/13.

Walsall Healthcare was allocated £9.6 million from the Trust Special Administrators in Mid Staffordshire and part of this money, along with funding from the Department of Health, was used to build a new 30-bed ward which opened in January 2015.

In addition, Walsall Council and Walsall Clinical Commissioning Group (CCG) have commissioned 40 beds in nursing homes in the community to provide a 'step-down' facility for patients who are well enough to leave hospital but not quite ready to return home, needing extra support.

This will help us to improve our discharge arrangements and to ensure more beds are available in the hospital for acutely ill patients.

Other actions we have taken as a result of our high levels of emergency activity have included:

- providing additional outpatient clinics, theatre sessions and CT scans.
- commissioning additional capacity at other local Trusts, including the Royal Orthopaedic Hospital and the Birmingham Midland Eye Centre, the specialties where Walsall faces particular pressures
- commissioning additional capacity from local independent sector hospitals.

Throughout 2014/15, we have also continued to work closely with our health and social care partners including Walsall CCG, nursing homes, social care services and West Midlands Ambulance Service, to ensure that we have robust plans in place to reduce any avoidable hospital admissions.

4.2
Our new ward

A new, purpose-designed ward was opened at the Manor Hospital on 11th January, 2015.

Work on the £4.9 million ward 29 began in July 2014 and the project was completed on schedule and to plan. The 30-bed, single-storey facility includes six single rooms for nursing patients with infections or needing high dependency care, and six multi-bedded rooms. Each of these areas has its own en-suite toilet and shower facilities.

Staffing arrangements for ward 29 included a total of 30 newly-appointed nurses who joined the Trust as a result of our successful recruitment campaign. More details of this can be found on page 32.

Matrons and nursing staff were included in the design and concept of the ward which is among the first in the country to have beds arranged in a diamond configuration that improves patients' privacy and dignity. This allows space for two small areas, one for patients to sit out or eat meals and the other as a nurse base.

The unit is also trialling a new pharmacy collection and drop-off service which aims to improve the supply of medications to the ward.

4.3
Dementia-friendly

One of the features of ward 29 is its "dementia friendliness."

The Trust followed the principles of The King's Fund's Enhancing the Healing Environment programme and the RCN's Transforming Dementia Care, to look at ways of meeting national guidance for the care of adults with dementia.

This included colour co-ordinating all patient areas to improve orientation. For example, all bathroom areas have yellow doors and blue toilet seats, while each multi-bedded area and single room has a different coloured door and matching internal fittings to help patients recognise their own area.

Vinyl wood-effect flooring has also been laid throughout the unit, which has been found to be more visually acceptable for patients with dementia than the shiny grey flooring traditionally found in hospitals.

Walsall Healthcare is committed to continuing to improve care and support for adults with dementia and their carers across our whole organisation.

In February 2015, we were pleased to launch a new weekly support facility for those diagnosed with dementia, their family members and carers. Our Dementia Café takes place every Thursday at the Manor Hospital and has been set up through Pathways 4 Life, a working partnership with Age UK Walsall and Accord Group.

The initiative has been funded by Walsall Council and Walsall Clinical Commissioning Group (CCG) and aims to support those dealing with the condition and reassure them that they are not alone.

During 2014/15, dementia awareness training has continued to be a core requirement and colleagues have access to a variety of training opportunities. Our network of Dementia Champions has met on a monthly basis to ensure that good dementia care is implemented within their respective wards and departments.

Gaining the views of carers is very important to the Trust and a carer questionnaire is used on discharge to assess whether we have supported carers and their loved ones during their hospital stay. Our Age UK colleagues have supported us to ensure that as many of these are completed as possible.

Our Dementia Support Workers and Mental Health Liaison Team have continued to lead on and promote the use of the 'This is Me' document, which was produced by the Alzheimer's Society in conjunction with the Royal College of Nursing, to give staff a better understanding of the individual with dementia and help them see the person, not just their condition.

Other initiatives have included the ongoing introduction of appetite-enhancing orange crockery across all our wards to promote good nutrition and hydration for our patients, and the use of our Reminiscence Pod which provides a familiar space where patients can engage in activities with staff and volunteers.

4.4 Palliative and End of Life Care

There have been a number of developments in our Palliative and End of Life Care Services during 2014/15.

As part of national Dying Matters Awareness Week in May 2014, a questionnaire was developed on Attitudes to Death and Dying and promoted through a variety of methods. More than 200 people of all ages completed the questionnaire and the results showed that more people than expected were comfortable with discussing death and dying and would like to see clear, frank and open conversations between patients, families and health professionals. People also wanted to have a say in what happens to them when faced with a palliative condition or end of life care.

Over the next 12 months, a number of initiatives will be taking place to ensure easily accessible information about death and dying is available for patients, their carers and family members, and to provide more training and education for healthcare professionals.

Both our hospital and community Specialist Nursing Palliative Care Teams agreed for the first time to participate in research this year. The TVT trial is an international, randomised group trial which is comparing a two-step approach for cancer pain relief with the standard three-step approach.

We also embarked on another new venture when we welcomed our first newly qualified doctors into the team. We are now one of very few Trusts in the country with junior doctors on the Palliative Care Team and we are delighted that this has evaluated well and is likely to continue.

During 2014/15, our specialist community Palliative Care Therapies Team undertook a service evaluation of palliative care occupational therapy and its benefits to patients. It was found that this makes a valuable contribution to maintaining patients' independence, comfort and quality of life and is also associated with supporting patients' preferred place of care.

We have also built on the work previously established with Arboretum Nursing Home in Walsall, to develop new pathways of care with St Giles Walsall Hospice to divert patients from hospital services to an alternative place to receive their care.

4.5 Nursing recruitment

Our *Care to join us?* recruitment campaign was launched in September 2013 in response to the increasing demand for our services and new national guidance on safe staffing in the NHS.

Due to the significant number of nurses we were looking to recruit and the need to act as swiftly as possible, we made the decision to move away from traditional recruitment methods and make use of the exciting possibilities offered by social media.

During 2014/15, the campaign went from strength to strength and by the end of January 2015, it had helped us to recruit a total of 130 additional qualified nursing staff. These Band 5 nurses included 30 for our community health services which provide care for people in their own homes, as well as 30 for our new hospital ward.

Over the past 12 months, we have been particularly successful in encouraging a number of qualified staff to return to nursing after a career break, as well as attracting those looking for a new direction in their careers.

Care to join us? has also significantly raised the profile of Walsall Healthcare and encouraged our engagement with the wider community, through social media activity including our Facebook page and Twitter feed. Almost 10,000 people have visited our dedicated *Care to join us?* website www.caretojoinus.co.uk over the past 12 months to find out more about job opportunities at Walsall Healthcare.

In February 2015, our Trust Board agreed a £3.5 million plan to recruit a further 80 qualified nurses and 35 care support workers (CSWs) during 2015/16. Our new CSWs have been joining wards since early May and we anticipate the additional nurses starting autumn 2015. Although we will be continuing to use our *Care to join us?* recruitment platform, we will be looking to recruit from Europe due to the ongoing shortage of qualified nurses in the UK.

130
additional qualified nursing staff recruited

4.6 Infection Control

We are totally committed to reducing Healthcare Acquired Infections in the Manor Hospital and in the wider community.

In 2014/15 we have achieved our best-ever infection control results including a 50 per cent reduction in cases of Clostridium difficile (C. diff) which fell from 30 hospital-attributable cases in 2014/15 to 16 for this year. Our target was no more than 28 cases.

Every case of Clostridium difficile (C. diff) is fully investigated so as to identify factors that could lead to the prevention of future cases.

We also reported no cases of the bloodstream infection MRSA bacteraemia during 2014/15, meeting our target of zero. The Trust continued with the early reporting of presumed, rather than confirmed, cases of MRSA, enabling decolonisation treatment to start as soon as possible, as well as the rescreening for MRSA of all patients who have been in the hospital for more than 28 days.

Unfortunately, the Trust has experienced some episodes of Norovirus over the winter period 2014/15, but through the implementation of managed bay/ward closures by our Microbiologist and Infection Control Team, we have been able to minimise the impact on our delivery of care.

Following the emergence of Ebola virus disease in West Africa, we have undertaken 'stress tests' and provided education and resource boxes to ensure we are prepared for any potential cases.

We will also be maintaining our focus during 2015/16 on measures to identify and prevent the spread of multi-drug resistant organisms, such as MERS Corona Virus and Carbapenem-resistant Enterobacteriaceae (CRE).

4.7 NHS Safety Thermometer

This relates to a national CQUIN scheme which requires data collection to be carried out on a pre-determined date each month for all inpatients and community service contacts, with certain exclusions, in four particular areas. These are:
Pressure ulcers,
Falls,
VTE
Urinary tract infection in patients with a catheter

Based on submissions during the year, our results confirm that we are reporting averagely in comparison with Trusts nationally.

4.8 Pressure ulcers

Pressure ulcers can occur in people who are unwell and immobile and are categorized from 1–4, according to the level of severity.

An improvement target was agreed with our commissioners at Walsall Clinical Commissioning Group (CCG) to ensure that 95 per cent of our patients have a documented pressure ulcer risk assessment and during 2014/15, we fully achieved this standard.

Other significant successes were a 60 per cent reduction in community avoidable category 3 pressure ulcers and zero reported avoidable category 4 hospital acquired pressure ulcers.

We did not achieve zero reported avoidable category 3 hospital acquired pressure ulcers and, at the beginning of the year, zero reported community avoidable category 4 pressure ulcers. However, since the summer of 2014 we have met this latter target.

We will continue to focus our efforts in these areas during 2015/16, with a particular emphasis on education and training for our medical and nursing colleagues.

4.9 Falls

The Trust has a Falls Steering Group, chaired by the Director of Nursing, which reviews the reasons for patient falls in hospital or in the community so that we can learn from each incident. This has led to a range of initiatives during the year to reduce the number of falls, including the introduction of new care plans, a new falls 'care bundle', further staff training and additional falls prevention aids.

However, we were disappointed that a total of 729 patients fell whilst in our care during 2014/15, which was above our planned target of no more than 652.

During 2015/16, we will be maintaining our focus on falls reduction, with the aim of reducing the number of patients falling on a year by year basis.

4.10 Hospital Mortality Rates

SHMI

A new national measure of hospital mortality was introduced in 2011, the Summary Hospital-Level Mortality Indicator (SHMI).

This compares the total number of deaths for the whole Trust with the number of expected deaths. It includes patients who have died within 30 days of discharge from hospital.

The latest SHMI published by the Department of Health for Walsall Healthcare from July 2013 to June 2014 is 1.04, which is categorised "as expected."

HSMR

The Hospital Standardised Mortality Ratio (HSMR) measures whether the death rate at a hospital is higher or lower than expected. This allows comparisons to be drawn with other providers of hospital care.

Our aim has continued to be to ensure that our HSMR remains below the national average of 100, where it has been for the past two years.

During 2014/15, our HSMR was 94 which is below the national average and especially pleasing in the light of the increase in activity the Trust has experienced over the year.

An alternative measure is the crude mortality rate, which represents the percentage of patients that die in hospital compared to all admissions. In 2014/15 this stood at 1.82 per cent, which represented a slight increase compared to 1.68 per cent in 2013/14. We are currently investigating the reasons for this rise.

Our Mortality Review Group is chaired by the Chief Executive and Medical Director and undertakes audits of the care of patients who have died to understand if anything could have been done differently. The learning from these audits is then shared with all colleagues.

4.11 Incident Reporting

Information on incident reporting is collected by the National Reporting and Learning System (NRLS). During 2014/15, we have continued to see incident reporting rates at a level that is consistent with a healthy incident and reporting awareness culture.

"Organisations that report more incidents usually have a better and more effective safety culture," National Patient Safety Agency 2012.

Our aim during 2014/15 was to retain our position at, or near to, the top 25 per cent of NHS organisations nationally for reporting of incidents. We achieved this goal and are looking to sustain this position in the year ahead.

Developments during the year include the implementation of processes to ensure that patients who suffer harm as a result of a notifiable safety incident are fully informed of events and subsequent remedial action, in line with the statutory Duty of Candour.

A total of 12,929 incidents (including clinical, health and safety and non-clinical incidents) were reported by Trust staff during 2014/15, representing an 8 per cent increase on 2013/14. The most highly reported Health and Safety incidents related to needlestick injuries, slips, trips and falls for staff and visitors and manual handling injuries.

The top six most frequently reported clinical/safety incidents remain the same as in 2013/14 and were associated with:

- Non-pressure ulcer wounds, including skin tears and impact injuries
- Pressure ulcers
- Admission, discharge and transfer
- Patient falls
- Medication error
- Staffing

The Trust recognises that incident reporting is only effective if the organisation learns lessons from the incidents that have occurred and we have worked hard during 2014/15 to embed our Quality Structure, which is designed to ensure that learning from incidents is shared throughout the organisation.

4.12 Serious Incidents

Our Quality and Safety team introduced a monthly e-bulletin, Lessons Learned, in March 2015 providing all clinical staff with key themes and messages from adverse incidents and investigations.

We have also continued to embed improved systems and processes to understand the root cause of serious incidents and to ensure we learn from every incident.

During the year 109 Serious Incidents have been reported to the NHS Trust Development Authority and Walsall Clinical Commissioning Group, compared to 141 in 2013/14 and 177 in 2012/13. This reduction is due mainly to the success we have seen in pressure ulcer prevention.

The most common incidents relate to pressure ulcers category 3 or 4 (42), although the Trust saw a reduction in these incidents compared to 2013/14 (55). The next most common incidents relate to transfer of care, followed by slips, trips and falls resulting in a serious injury.

4.13 Never events

The Trust was disappointed to report one 'Never Event' during the course of the year, compared with two in 2013/14. Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

The Never Event related to a retained swab used in a surgical operation. We have taken this incident very seriously and made a number of changes to significantly reduce the likelihood of a recurrence.

4.14 Learning from incidents

We strive to provide the best possible standards of care at all times to those who use our services.

When, on occasion, we fail to meet these high standards and something goes wrong, we take this very seriously. We are committed to learning from each incident and making changes to ensure that something similar could not happen again.

In June 2014, Walsall Healthcare, Walsall Council's Children's Services and Walsall's Local Safeguarding Children's Board published an external expert review into the events surrounding the tragic death of Kyle Keen in June 2006 and the response of the organisations at the time.

The review was commissioned after discussions with Kyle's father, Robert Keen, to establish the circumstances that led to the death of his son, how the three organisations handled the event at the time and what lessons could be learned for the future.

As the report recognised, we have already made significant improvements in the way we work together across the organisations responsible for services for children in Walsall to improve the services we provide. Many of the recommendations from the report are about improving our processes and these had already been acted upon since 2006. During 2014/15, we have taken action to ensure that all our safeguarding systems are fully up-to-date and in line with best practice.

All three organisations also apologised unreservedly to Mr Keen. Walsall Healthcare also commissioned an external management review after apologising to a small number of women who had suffered early miscarriages or pregnancy terminations, mostly in 2012 and 2013, for a delay in the disposal of their foetal remains.

The Trust undertook an immediate internal review and was inspected in March 2014 by the Human Tissue Authority, which was satisfied that the standards required were being met following the implementation of new processes and systems.

We will be using the findings of the external management review to fully understand how this situation happened and the lessons we need to learn for the future.

4.15 Responding to the Francis Report

Throughout 2014/15, we have continued to ensure we are applying the lessons from Hard Truths: The Journey to Putting Patients First, the Government response to Sir Robert Francis QC's Report on the Mid Staffordshire NHS Foundation Trust Public Inquiry.

Quarterly updates have been submitted to our Quality and Safety Committee on the actions taken and progress made throughout the year.

These included the decision to design and implement a detailed, self-assessment 'mock' Care Quality Commission (CQC) inspection programme. For more information about this, please see page 38.

In addition there has been a particular focus on:

- **Safer staffing:** Additional funding of £3.5 million to recruit more frontline nurses and care support workers was agreed by the Trust Board in February 2015. This will enable us to maintain the highest focus on patient care as the demand for our services continues to increase. For more information about our recruitment plans, see page 32 (Looking Ahead to 2015/16).
- **Quality and Safety:** Our Quality and Safety Strategy has been reviewed, and we held a stakeholder event to update the strategy in the light of the 290 recommendations within the Francis Report along with learning from our recent 'mock' CQC inspections. For more information about our priorities for Quality and Safety improvement in 2015/16, see page 57 (to 2015/16).
- **Sign up to Safety:** During 2014/15, we signed up to this voluntary Department of Health initiative which has a three-year objective to 'reduce avoidable harm by 50 per cent and save 6,000 lives'. As part of this initiative we have committed to five pledges which broadly encompass the priorities in our Quality and Safety Strategy.
- **Governance:** We have commissioned an internal audit review to assess the strength of our adherence to the recommendations of the Francis Report and to help us to strengthen any remaining areas for improvement.
- **Learning from complaints:** Our complaints reports have been improved to ensure that lessons learned are shared more clearly and widely across our Divisional teams.
- **Duty of Candour:** This was introduced by the Government in October 2014 and requires NHS providers to be open and transparent with service users about their care and treatment, including when it goes wrong. We have reinforced our existing arrangements for openness to ensure that all staff adhere to this key obligation.

During 2015/16, we will be continuing to work with all our partners and stakeholders to firmly embed the lessons learned from the Francis Inquiry and to meet the highest standards of care for those who use our services.

4.16 Freedom to Speak Up

In February 2015, Sir Robert Francis QC, Chair of the Freedom to Speak Up Review, recommended a package of measures to ensure NHS staff are free to speak up about patient safety concerns.

We welcome the findings of Sir Robert's review, which called for action at every level of the NHS to make raising concerns part of every member of staff's normal working life.

Patients are at the heart of our decision-making and we take all concerns regarding their care very seriously, whether that concern is raised by a patient, relative, carer or a colleague.

During 2014/15, we reviewed our arrangements for colleagues to raise concerns about quality and safety to ensure that they are easy-to-use and responsive. These include the ability for colleagues to report incidents online and to raise any concerns directly with our Chief Executive, Richard Kirby. We have also introduced another concerns-raising system for colleagues to use via our intranet.

We actively promote whistle-blowing throughout the organisation and have a network of workplace support advisers who are members of staff trained to provide a confidential 'listening ear' to colleagues with any concerns.

During 2015/16, we will be continuing to look closely at the recommendations made by Sir Robert and considering any further actions, as appropriate.

4.17 CQC inspection

From 8th September 2015, Walsall Healthcare is due to inspected by the Care Quality Commission (CQC) under its new Chief Inspector of Hospitals regime.

The CQC is the regulatory body that monitors standards of care in trusts across five key areas, and the inspectors will assess whether our services are:

- Safe
- Effective
- Caring
- Responsive
- Well-led

In preparation for this inspection, during 2014/15 we have undertaken a programme of 'mock' inspections. More than 100 'mock' inspectors, including doctors, nurses, senior managers, administrative staff and also members and volunteers, were trained in-house to undertake inspections of our hospital and community-based healthcare services.

Our 'mock' inspection programme began in May 2014 and was completed in February 2015. It has given us the opportunity to learn from the good practice already taking place and focus on how we might want to do things differently to ensure the best possible standards of safe, high quality care delivery on a day-to-day basis.

The CQC inspection team will be speaking to people who use our services, and their carers and advocates; holding focus groups with colleagues and people who use our services; observing care; interviewing key members of the senior management team and colleagues at all levels and visiting certain services out-of-hours and unannounced.

The team's findings will be shared with Trust leaders, our local partners and local Healthwatch at a quality summit, before an inspection report is made public in due course.

Care Quality Commission

4.18 Emergency Planning

Each year, Walsall Healthcare plans for a wide range of incidents and emergencies that could affect the health and care of patients or the general population of Walsall. Our arrangements are based on the NHS Commissioning Board Emergency Preparedness Framework 2013.

In October 2014, we joined forces with West Midlands Fire Service to organise a major incident planning exercise at the Manor Hospital. A number of volunteers, including our members, took part in the exercise Green October, which involved practising a co-ordinated response to a major chemical leak and fire.

The training event included an evacuation of patients, using volunteers, from the top floor of our Modular Ward Block and the use of the decontamination facilities adjacent to our Emergency Department.

Such exercises help us to plan and prepare for emergency situations, including incidents occurring off Trust premises that could create a large volume of patients or casualties, and incidents that could disrupt our hospital and community sites and seriously affect the delivery of our services.

We maintain strong links with many local and conurbation-wide networks to ensure a co-ordinated approach to responding to major incidents and disruptive events.

100
mock inspections undertaken in preparation for CQC

5 Integrated Care

5.1
Care closer to home

During 2014/15 we have continued to redesign and develop our community nursing services.

A £1 million investment allocated during 2013/14 has been used to create an enhanced model of care and embed a clear pathway of assessment and support for older, frail and vulnerable people which can be delivered according to individual need.

Resources have been focused across the following areas, with the overall aims of reducing Emergency Department attendances, hospital admissions and length of stay in hospital, and supporting people to remain safe and well in their own homes for as long as possible:

- developing our Rapid Response Service
- improving community capacity to meet the needs of frail elderly people
- enhancing care management and transitional care for patients being discharged from hospital.

In order to get maximum benefit from our investment, a significant re-modelling of services and resources began during 2013/14 and has been embedded and evaluated over the past 12 months.

This has included embarking on the development of five integrated locality community nursing teams which are directly attached to groups of GP practices and formally linked to social care teams.

In addition, we have worked in partnership with our colleagues in primary care and social care to develop a proactive, co-ordinated and integrated approach to the assessment and case management of older, frail and vulnerable adults in Walsall.

£1m
investment allocated during 2013/14

5.2
Rapid Response Service

During 2014/15, we have begun to see the benefits of a significant investment in our Rapid Response Team.
The team provides care to patients who need immediate, intensive intervention to avoid a hospital admission, or to support their discharge from hospital as soon as it is safe to do so.

The team is available from 8.30am to 10pm, seven days a week, and will respond to referrals within two hours. These can come from GPs, West Midlands Ambulance Service or the hospital's Emergency Department or Acute Medical Unit.

Whilst a high percentage of people who access the service are over 75 years old, it is available to adult patients of all ages who are registered with a Walsall GP or who live in the Walsall area. The team is both multi-disciplinary and multi-agency and comprises:

- Registered Nurses
- Occupational Therapists
- Physiotherapists
- Assistant Practitioners

The team also has access to an extended range of health and social care professionals.

The Rapid Response service aims to maintain patients safely in their own homes with an immediate package of equipment, care and support.
The team is also able to support the discharge from hospital of older, frail and vulnerable patients who are known to them.

Referrals to the Rapid Response team have increased month on month during 2014/15. Of the 1,294 people referred to the team between July 2014 and March 2015, a total of 1,093 – or 84 per cent – were maintained safely in their own homes and did not go on to require hospital admission.

5.3
Enhanced care management and transitional care

A significant amount of work to identify patients who are most at risk of hospital admission or who have been admitted to the Manor Hospital on numerous occasions has been progressed during 2014/15.

This information has been used to provide 'wraparound' services to support patients in their own homes, through close co-operation between primary and secondary care, with the aim of safely avoiding unplanned hospital attendances or admissions.

Our community teams are proactively managing this group of patients and it is encouraging to see that readmissions for these patients have reduced by over 250 episodes during the last 12 months.

6 An engaged and empowered workforce

6.1
Colleague Connect

Our colleague engagement programme has continued to expand over the past 12 months.

Colleague Connect enables colleagues selected at random to share their views, make their voices heard and receive timely feedback on the issues that concern them.

A total of 74 colleagues attended Colleague Connect engagement sessions in May 2014, with 98 per cent of those attending agreeing that the sessions could lead to positive change. This was a four per cent improvement on the previous year.

A further 73 colleagues took part in November 2014 and feedback from all the sessions over the year enabled a wide range of initiatives to be introduced across the Trust.

These included the launch of the Managers' Toolkit, an online resource for managers and colleagues which gives easy access to a wealth of information relevant to colleagues' working lives. This resource will continue to grow during 2015/16. The toolkit is also another way colleagues can share their views via an online feedback form.

Other improvements which have been made as a direct result of feedback from colleagues include the improved promotion of training opportunities via a monthly bulletin, the reintroduction of exit interviews and enhanced lighting on colleague car parks.

Since our Trust-wide Colleague Connect programme was launched in 2013, more than 400 colleagues have taken part and the Trust will be continuing to build on this success during 2015/16.

During 2014/15, we have also continued to run our Divisional Colleague Connect programme and in October 2014, we launched the final stage of our Colleague Engagement Framework. This embeds the employee voice throughout Walsall Healthcare and focuses on colleagues' views about how the organisation can be improved and where they themselves are central to the solutions.

Care Group and Departmental Managers are now engaging with colleagues at Care Group Connect sessions giving us the chance to fully understand the issues at a local level and what support colleagues may require.

98%
of those attending agreed that the sessions could lead to positive change

6.2
NHS Staff Survey and Pulse Survey

The National NHS Staff Survey was undertaken in October 2014. The survey was organised by the Care Quality Commission (CQC) which published the findings for each trust, based on key areas and comparisons with other trusts.

The survey showed a deterioration in Walsall Healthcare's performance from 2013. In comparison with other acute trusts, 14 responses to the indicators were within the central 60 per cent of trust scores, three were in the best 20 per cent and 12 were within the worst 20 per cent.

These results were consistent with our most recent Pulse Survey in September 2014, when around 700 of our colleagues gave us feedback on selected questions from the NHS Staff Survey. We run this internal survey every six months and all colleagues are invited to participate.

Our results in the NHS Staff Survey were disappointing but not unexpected. Following the introduction of the For One and All programme in 2012, a noted development was felt throughout the organisation culminating in our improved Staff Survey results in 2013. Despite the continued focus in the last 18 months on colleague engagement and recognition, this has not matched the impact of 2012/13 and our levels of satisfaction have declined.

Our NHS Staff Survey results suggest colleagues have experienced an increase in pressure at work, which has had an impact on job satisfaction.

We now have an opportunity over the next 12 months to reconnect colleagues to the strategic agenda and reclaim the confidence that had developed with the programme.

Our NHS Staff Survey results suggest colleagues have experienced an increase in pressure at work, which has had an impact on job satisfaction.

6.3 The Colleague Experience

Our Promises to our colleagues - that they will feel 'Part of one team', 'Appreciated' and 'Supported to meet our high standards' – are the focus for our Colleague Experience and Engagement programme.

This programme is headed up by our Colleague Experience and Engagement Group (CEEG), which meets monthly to review progress and contribute to an agreed action plan.

Over the past 12 months we have created two sub groups each focusing on a specific area regarding the wellbeing of our colleagues, violence and aggression and stress management.

In November 2014, we were all deeply saddened to learn of the death of Stuart Beddows, who was our Lead Nurse for Endoscopy. The outcome of an inquest into Stuart's death reflected our own internal review that Stuart had been experiencing a high level of stress in the workplace.

Although his line manager and colleagues were aware of this and had offered a number of supportive solutions, we were very sorry not to be able to help Stuart further to prevent this tragedy.

During 2014/15, a number of initiatives have been implemented by our Stress Management Group aimed at supporting our leaders not only to identify early indicators of personal stress to enable them to stay well, but also to be aware of the wellbeing of their team members.

We have further strengthened our existing support mechanisms, including our Emotional Health and Wellbeing Service and Occupational Health Service, which are both easily accessible to our colleagues. We have launched a programme of stress refresher sessions for managers and reminded all colleagues of the resources available to them if they are worried about themselves or a colleague.

In October 2014, we launched a Wellbeing Information Point where colleagues can find out more about protecting their emotional wellbeing and effective strategies to help manage stress and low mood.

The Trust also consulted widely on a revised Management of Stress Policy which was ratified in March 2015.

In addition Connect Direct, a new online forum which enables colleagues to communicate directly with members of the Executive Team and post any feedback, concerns or ideas, was launched in October 2014.f

The Violence and Aggression sub group is currently involved in identifying what would make the most positive impact for frontline colleagues in areas with higher levels of reported violence and aggression.

Our new Managers' Toolkit also hosts an area dedicated to Health and Wellbeing where colleagues can access resources from NHS Protect, a national organisation which leads on work to identify and tackle crime across the health service.

We have further strengthened our existing support mechanisms, including our Emotional Health and Wellbeing Service and Occupational Health Service, which are both easily accessible to our colleagues.

6.4 A Healthy Workplace

The Healthy Workplace programme was launched internally in direct response to feedback from colleagues through the Colleague Connect engagement programme.

During 2014/15, the Trust's Healthy Workplace Team has been working with colleagues from a total of five areas who have signed up to the programme. Teams were identified for support due to their reported levels of sickness absence.

There are three stages to the programme. The first involves the analysis of sickness data, research to understand any underlying contributing factors and the formulation of an action plan to address any issues.

Colleagues are then invited to undertake an individual health screening with our Occupational Health department, before a series of team goals is drawn up, with the support of our Lifestyle Services colleagues.

All five teams currently involved in the programme have successfully completed stage one and are currently working towards a minimum 80 per cent take-up of health screening. One team has completed stage two and is moving on to the final stage, which will eventually lead to the achievement of a Healthy Workplace Award on successful completion of the programme.

Monthly colleague sickness absence rates for 2014/15, including the year-end out-turn, were as follows:

April 2014	**4.73%**
May 2014	**4.36%**
June 2014	**4.28%**
July 2014	**4.29%**
August 2014	**4.24%**
September 2014	**4.66%**
October 2014	**5.26%**
November 2014	**5.36%**
December 2014	**5.90%**
January 2015	**5.39%**
February 2015	**5.08%**
March 2015	**4.84%**
14/15 Out-turn % Abs Rate (FTE)	**4.87%**

Our overall colleague sickness absence rate was disappointing and above the level we set ourselves for the year. Our results reflect a national picture of increased work pressure felt by staff within the NHS and the impact this has on their wellbeing.

Our priority for 2015/16 will be to increase our focus on colleague health and wellbeing, with a particular aim of identifying the early indicators of stress and enhancing the support available to colleagues.

We were pleased with the number of colleagues within the organisation who received the seasonal flu jab, with an overall take up of 76 per cent. Figures for 2014/15 were as follows:

Role	Trust quantity	Vaccinated	Total Percentage
Doctors	402	293	72.9%
Nurses / Midwives	1299	900	69.3%
Allied Health Professions trained	358	234	65.4%
Clinical Support untrained	815	759	93.1%
Grand Total	**2874**	**2186**	**76.1%**

6.5
For One and All Recognition Scheme

Our For One and All Colleague Recognition Scheme is directly linked to our Promises and is designed to personally thank those colleagues who have really gone the 'extra mile' for their patients and the people they work with.

Colleagues can be nominated by patients, visitors, colleagues and managers at the Trust and receive a For One and All Recognition card and specially-designed pin badge from Chief Executive, Richard Kirby.

During 2014/15, more than 250 colleagues were recognised in this way.

They included:
Santhosh Thomas, Imaging, nominated by a patient who said: "This gentleman was very kind and caring and explained the whole procedure fully in a compassionate way."

Gaynor Quinn, CASH Nurse, Sexual Health, nominated by a patient who said: "She was very pleasant, reassuring, friendly and kind, and an absolute credit to the NHS and Walsall GUM clinic."

Ward 7, nominated by a relative who said: "I would be very grateful if you could pass on my thanks to all the staff on Ward 7 for their care of my late dad. He was admitted with heart failure and received excellent care in his last days. They all deserve a medal."

Managers can also complete Thank You cards to offer a more immediate token of their appreciation to colleagues who have gone above and beyond the remit of their roles to fulfil the Promises they have made to their patients and colleagues.

6.6
Annual Trust Ball

Our third annual Trust Ball was an opportunity for colleagues to get together and for Trust leaders to say a well-deserved thank you for their hard work and commitment.

The glittering event, on Saturday, November 22, was once again hosted by Banks's Stadium in Walsall and the highlight of the evening was the presentation of the 2014 For One and All Colleague Recognition Awards.

A record number of nominations was received from colleagues and patients for the 2014 awards and Chief Executive Richard Kirby and Chair Ben Reid paid tribute to all those individuals and teams who had been shortlisted in the eight award categories for their exceptional service and achievement.

And the winners were…

Integration Award – Community Long Term Conditions Team
Highly Commended – Paediatric Nursing Team

Quality and Safety Award – Compliance and Risk Team
Highly Commended – Jane Longden, Assistant Estate and Facilities Manager

Best Use of Resources Award – Anticoagulation Team
Highly Commended – Amber Marshall, Substance Misuse Specialist, Lifestyle Services

Patient Experience Award – Community Stroke Team
Highly Commended – Paediatrics Department

Team Leader of the Year – Rosemary Ashman, Head of Cardiac Physiology, CMU
Highly Commended – Joanne Stackhouse, Cluster Lead, Health Visiting

Frontline Colleague of the Year – Sally Gaunt, HIV Clinical Nurse Specialist
Highly Commended – Tracey Grinell, Nurse Manager, Fair Oaks Day Hospice

Supporting to Deliver: Colleague of the Year – Richard Tipper, Patient Safety Project Manager

Student/Trainee/Apprentice of the Year – Sally Mcloughlin, Clinical Apprentice

6.7
National Recognition

Many of our colleagues have received particular recognition for their outstanding work and achievements and have carried the banner for Walsall Healthcare into the national arena.

Over the past 12 months, we have been especially proud of:

- Our **Widening Participation Team** who were awarded the title Medium Apprenticeship Employer of the Year by Health Education West Midlands at the regional NHS Apprenticeship Awards. The award recognises employers who have championed apprenticeships in their organisation.
- **The Falls Team**, including our Wellbeing Apprentices, who were shortlisted in the Patient Safety Improvement category of the prestigious Nursing Times Awards 2014, for their work around preventing falls in the hospital.
- Community Children's Nurse, **Jola Forys**, who attended a reception at 10 Downing Street to celebrate nursing practice. Jola even took the opportunity to catch the ear of Prime Minister David Cameron and put the case for more Community Children's Nurses.
- **Anne Pledger** and **Rebekah Few** of the Lifestyle Services Team, who attended a ceremony at the House of Lords in March 2015, where they won a National Mental Health First Aid award for their work delivering Adult and Youth Mental Health First Aid training in the community.
- Trainee anaesthetists **Dr Lyndon Harkett** and **Dr Gunasheela Kalashetty**, who scooped first and second place in the Stoke School of Anaesthesia's Annual Competition.
- Consultant paediatrician, **Professor Abdul Gatrad OBE**, who was appointed to the role of Deputy Lieutenant to Her Majesty the Queen in the West Midlands, in January 2015.
- **Tony Chopra**, an Independent Prescribing Pharmacist at the Manor Hospital, who is on course to become the first pharmacist in the country to fully qualify as an Advanced Clinical Practitioner this summer.
- Health visitor **Diane Crutchley**, based at Beechdale Health Centre, who was successful in her application to become a Fellow of the Institute of Health Visiting.
- **Dave Murray**, Advanced Nurse Practitioner, who achieved a Diploma in Immediate Medical Care from the Royal College of Surgeons and became one of only a handful of ANPs in the country to gain this prestigious qualification.

6.8
Long service awards

On 3rdJuly, 2014, we held a special ceremony to celebrate our colleagues who had achieved 20, 30 or 40 years' service with the NHS.

A total of 120 colleagues were invited to receive their Long Service Awards at the Holiday Inn, at an event that concluded with afternoon tea. Between them, this year's recipients had given a staggering 2,640 years' service to the health service.

The ceremony particularly recognised colleagues with 40 years' service, who were presented with a certificate and a keepsake DVD of memories shared by their team members.

6.9
Sister Dora Student Awards

In September 2014, Walsall Healthcare hosted the inaugural Sister Dora Student Awards ceremony.

The event provided an opportunity for us to recognise the valuable contribution to patient care made by pre-registration student nurses and midwifes during their practice placements.

Student nurses and midwives from the University of Wolverhampton who completed their NMC-approved education programmes in September 2014 were invited to attend and were presented with their PIN and a certificate by the Trust's Director of Nursing, Kathryn Halford.

In addition, four students were nominated for an award for outstanding achievement in clinical practice and exceptional knowledge and competence in patient care delivery. These were student nurses Geeta Bains, Zoe Giles and Gemma Nixon and student midwife, Tracey Trolley.

Student nurse, Mosheda Begum received a special award for courage and determination.

6.10
Developing our People

More than 200 colleagues came together for our Annual Leadership Conference in May 2014.

The theme for the event was "Stepping Up to the Challenge" and the day-long session gave managers working across the Trust the opportunity to reflect on the past year and focus on the challenges ahead.

Chief Executive, Richard Kirby, opened the conference by celebrating the commitment of colleagues to take on these challenges but also stressed there was no room for complacency. Key areas under discussion included the creation of a fully integrated local health system and Walsall Healthcare's forthcoming inspection by the Care Quality Commission.

Keynote speakers helped colleagues reflect on the leadership challenges facing the NHS at a national and local level. Dean Royles, Chief Executive of NHS Employers, spoke about the importance of the NHS to the British people, while Helene Donnelly, OBE, Ambassador for Cultural Change at Staffordshire and Stoke-on-Trent Partnership NHS Trust, addressed the issue of raising concerns within the NHS.

During 2014/15, the Trust has continued to ensure that all our operational and strategic leaders undertake the Leadership 360 feedback process. This is bespoke to the Trust and supports leaders to consider their leadership styles, their own professional development requirements and how they can best meet the Trust's Promises and Standards.

We have also continued to run our Operational Leadership and Strategic Leadership Programmes through a series of workshops and master classes, and during 2015/16 we will be developing further leadership programmes which will be aimed at colleagues in supervisory and managerial roles.

We will also be strengthening our operational management structure by taking a strong 'team of three' approach to leadership, with a clinical director, matron and general manager working together to lead our care groups and engage colleagues to deliver the best possible standards of care.

6.11
Mandatory Training

Mandatory training is a requirement by all colleagues to keep up-to-date with current legislation.

All staff receive an annual, formal appraisal which supports the creation of a personal development plan, setting out objectives tailored to the learning and development needs of each individual role. Mandatory training is part of this review.

We are committed to enabling all our colleagues to develop and maintain the skills necessary for the delivery of high quality patient care and patient safety within their roles. The Manor Learning & Conference Centre supports the Trust's objectives by providing multi-disciplinary programmes and clinical skills facilities for all employees.

Training is reviewed annually to ensure that the programmes are relevant and engaging and use all methods of blended learning, including e-learning, classroom-based sessions and clinical skills labs.

The Trust has managed to sustain its overall mandatory training figures in the last 12 months, despite the increased pressures across the organisation. There has been an increase of 14 per cent in the uptake of the Corporate Update, with 93 per cent of the relevant staff currently compliant. A total of 78 per cent of relevant staff are compliant in Patient Handling, an increase of 17 per cent, while we have also seen increases of two per cent in the uptake of the Clinical Update and four per cent in the uptake of Fire Training.

78%

of relevant staff are compliant in Patient Handling – 17% increase over the last 12 months

6.12
Equality and Diversity

In December 2014 we invited our members, service users and colleagues representing protected groups, to assess our progress as part of the NHS Equality Delivery System. The attendees took part in a training workshop looking at the legal requirements placed on the Trust under the Equality Act and the Equality Delivery System, which enables NHS organisations to assess what they are doing well in terms of equality and where improvements can be made.

This saw an improvement for one of four goals with 'Empowered, engaged and well supported' moving from 'developing' to 'achieving'. 'Improved patient access and experience' and 'Inclusive leadership at all levels' maintained their 'achieving' status. The previously improved goal of 'Better health outcomes' deteriorated from 'achieving' to 'developing'.

Areas of good practice identified included our leadership development programmes, recruitment and selection processes, and the systems in place to assess a patient's individual needs.

Walsall Healthcare member Susie Barnsby, who took part in the workshop, said: "I was very impressed with the work that is ongoing regarding the development, implementation, monitoring and reviewing of Equality and Diversity policies and strategies designed to ensure that the hospital in general, staff and stakeholders not only engage with legislative duties, but provide an ethos of care and concern."

In 2015/16 we will be working with our local equality groups to improve on specific outcomes such as access to services, and harnessing the organisational development programme to focus on colleagues reporting positive experiences of working in the NHS.

"I was very impressed with the work that is ongoing regarding the development, implementation, monitoring and reviewing of Equality and Diversity policies and strategies designed to ensure that the hospital in general, staff and stakeholders not only engage with legislative duties, but provide an ethos of care and concern."

Looking Ahead to 2015/16

7

This has been a challenging year and we are committed to making 2015/16 a year of improvement – for patients, for colleagues and for the long-term. Over the coming year, we will be working hard to deliver improvements for the people who use our services and our colleagues at the Trust, and to ensure that we have clinically and financially sustainable services for the future.

7.1 Integrated Care Scheme

A significant investment in our community nursing services over the past two years has already begun to transform the way our services are provided.

During 2015/16, we will be building on this work to reduce Emergency Department attendances, hospital admissions and length of stay in hospital, and to support people to remain safe and well in their own homes.

This will include further enhancements in the five integrated locality community nursing teams developed during 2014/15, which will be directly attached to groups of GP practices and formally linked to social care teams.

This will support the delivery of community nursing services which are available 24/7 and which are complemented by highly flexible and responsive community services spanning health, social care, mental health and the independent and voluntary sectors.

Each integrated locality team will provide a single point of access for urgent referrals and facilitate a seamless service between our hospital and community services.

We are also pleased to be working in partnership with the Walsall Clinical Commissioning Group on a longer-term strategy for sustainable services for the borough.

Our strategy remains to deliver as much care as close to home as possible through integrated pathways supported by a viable acute hospital for the local population. In particular, we are aiming to develop a better approach to the multi-disciplinary care of frail, older people and more co-ordinated intermediate care services.

During the coming year, we will be working jointly with the CCG, social care and mental health services on the next steps we need to take to deliver this vision.

7.2 Improving our emergency and elective care pathways

During 2015/16, we will be focusing on the delivery of a series of actions to drive patient flow and ensure patients are not kept waiting at our hospital 'front door'.

These will include our work to provide as much care as close to home as possible and reduce avoidable hospital attendances and admissions; daily board rounds, closer focus on expected date of discharge for our patients; and a 'no delays' approach at every stage of treatment.

We will also be working hard to improve our elective (non-emergency) care pathway to reduce waiting times and resolve our outpatient booking difficulties.

7.3 Maintaining quality and safety

Maintaining our focus on quality and safety is one of our key priorities for 2015/16.

This will include keeping mortality rates within expected levels, maintaining high standards of infection control, reducing falls and pressure ulcers and improving the patient experience.

To help us to do this, we will be continuing to invest in additional staffing for our ward nursing and midwifery teams to enable them to deliver the highest possible standards of care and reduce our reliance on costly temporary staff as the demand for our services continues to increase.

A £3.5 million plan to recruit 85 more nurses and 35 care support workers was agreed by the Trust Board in February 2015. As well as continuing with the recruitment campaign we have used so successfully over the past two years, we are also looking to recruit nurses from Europe due to the current shortage of qualified nurses in the UK.

The additional care support workers will start on the wards in early May and it is anticipated the new nurses will be in post by autumn 2015.

7.4 Our Quality and Safety Strategy 2015-2017

Walsall Healthcare has given quality the highest priority in its overall strategic objectives for the organisation.

Our Quality and Safety Strategy for 2012–2017 was underpinned by High Quality Care for All, the final report of the NHS Next Stage Review (2008), and covered three key aspects of quality: patient safety, patient experience and effectiveness of clinical care. The strategy was supported by our *For One and All* Programme, which is designed to ensure that we listen to the experiences of our patients, reflect on what we have heard and put values into action to ensure service improvement.

We recognise that these three principles remain fundamental to meeting the quality of care that every patient deserves, and they will continue to underpin our strategic development.

However, during 2014/15 we saw the need to redefine our priorities for Quality and Safety in the light of the recommendations of the Francis Report, with a particular emphasis on openness and transparency and the sharing of lessons learned.

We consulted with colleagues to determine a new set of priorities for Quality and Safety improvement over the next two years. Colleagues were nominated by their Care Group leaders to become 'Quality and Safety Champions' and invited to take part in the review.

During 2015/16, we will be launching our Quality and Safety Strategy 2015–17, which outlines a new set of priorities for Quality and Safety improvement over the next two years. These priorities are also in line with the findings from our recent 'mock' Care Quality Commission (CQC) inspections.

They are:

- **Staff Priorities** – delivering safe and appropriate staffing levels and skill mix for the delivery of high quality services.
- **Integrated organisation** – developing and improving effective and seamless care pathways for all patients within our care.
- **Education and Training** – supporting colleagues at the frontline to deliver good quality care and embedding patient safety knowledge and skills at all levels.
- **Improved quality and safety culture** – fostering a culture in which colleagues feel able to raise concerns without fear, improving openness in line with Duty of Candour and sharing lessons learned with all frontline colleagues.
- **Safeguarding** – reviewing and developing our Safeguarding Strategy for children and adults.
- **Improved access and continuity for outpatients** – identifying areas for improving the triaging and scheduling of patient appointments.
- **Medication Safety** – developing, communicating and demonstrating a culture of medication safety.
- **Improving IT Systems and Data Quality Equipment** – ensuring we have the right equipment, in the right place, at the right time and in working order, and that staff are appropriately trained.

Implementing the Quality Strategy will require our colleagues to work together in new and innovative ways. During 2015/16, we will be ensuring every member of staff understands what needs to change, why it needs to change and how to make change happen, and building a culture of continuous improvement throughout the Trust.

We will also be engaging in genuine, open consultation with our community, and seeking the support of our lay member representatives and commissioners, to ensure that they share our vision for Quality and Safety.

7.5
Keeping control of expenditure

Delivering a first class health service is at the heart of the Trust's work but this commitment does have massive financial implications.

Key issues which continue to have a significant impact on our finances include the high demand for our services and the implementation of Lorenzo, our new patient administration system.

Our 2015/16 financial plan of a deficit of no more than £17.7m includes provision to enable the Trust to meet these challenges. At the same time, we will be aiming to deliver a savings programme of £10.5m (4.1 per cent of expenditure).

Our planned investments for 2015/16 include £3.5 million for the recruitment of more nurses and care support workers to permanent posts for our inpatient wards, and over £1 million investment in our community teams to provide care at home. We will also be seeking additional capital funding for improvements to our Integrated Critical Care Unit and maternity services.

In addition, we will be setting out our three to five year plan to deliver our future vision and ensure we have a financially stable organisation in the future that makes good use of our resources.

7.6
Our new ICCU

Following delays during 2014/15, we hope to begin the construction of our new Integrated Critical Care Unit (ICCU) this year.

This will bring our existing Intensive Therapy Unit (ITU) and High Dependency Unit (HDU), which currently provide beds in two separate locations within the Manor Hospital, together in a single unit.

The ICCU will be located in the former West Wing main entrance, in close proximity to the Emergency Department, operating theatres and specialist imaging services, facilitating safe clinical support for patients who are critically ill and those in need of urgent specialist care. It will also play an active role in the teaching and training of Foundation doctors, medical students and specialist trainees in Intensive Care Medicine.

Existing services from the West Wing entrance have already been relocated in preparation for the construction of the new unit. This will help us to deliver the continual improvements in patient care and safety we are committed to and make better use of our resources.

7.7
Expanding our maternity services

During 2015/16, we will be improving our maternity and neonatal services to help us cope with the increasing number of women choosing to give birth at our Trust.

A £3 million plan to enhance and expand our facilities includes:

- additional ante and post natal bed capacity
- additional obstetric theatre capacity
- more delivery rooms
- improvements to the foetal assessment unit
- improved neonatal support and storage facilities

The increasing pressure on our maternity services is largely due to the closure of maternity units in Sandwell and Stafford, and we plan to use some of the money we received from the Trust Special Administrators following the downgrading of services in Mid Staffordshire, to improve our maternity provision.

We will also be looking at options for the further development of these services in the future.

8 Directors' Report

All Directors have confirmed their compliance with the Fit and Proper Persons Test Regulation and have signed declarations to this effect. A register of interests of the Board of Directors can be found on the Trust website or can be applied for by writing to the Director of Governance and Trust Secretary, Trust Headquarters, Walsall Manor Hospital, Moat Road, Walsall.

Board member profiles

Our Non-Executive Directors

Ben Reid F.C.C.A, OBE

Chair of the Board (voting position)

Appointed July 2004 and re-appointed into second term of office June 2008

Experience

Ben is Chief Executive of The Mid Counties Co-operative, a service sector company employing approximately 9,000 staff and with an annual turnover circa

£750m. He is also a Director of the Cooperative Group, a £146m retail configuration. Ben was formerly Chair of the Walsall Urban Regeneration Company and Chair of Business in the Community, Regional Leadership Team, Chair of Co-operatives UK Limited, the apex body for co-operatives and Regional Chair of the Learning and Skills Council. Ben is a qualified accountant who has formerly held senior level positions with Lincolnshire Area Health Authority. He also has extensive links with the business and regeneration communities in Walsall and the Black Country.

Qualifications

Fellow of Chartered Association of Certified Accountants – F.C.C.A.

Institute of Co-operative Directors – I.C.D

Nigel Summers, CBE

Non-Executive Director and Vice Chair (voting position)

Appointed March 2008 and re-appointed into second term of office March 2012

Chair of the Performance Finance and Investment Committee

Member of the Audit Committee until February 2015

Experience

Nigel has lived locally for the past 30 years. Prior to retirement he was a qualified solicitor and had a long career in public service, the majority of which was spent as Chief Executive of Sandwell Metropolitan Borough Council. Nigel was awarded a CBE for his services to regeneration in the Black Country in 2004. He is now an independent consultant and has particular experience in the management of regeneration, community development and partnership working at a local, regional and European level. Nigel was a founding member of the Black Country Consortium and has played a key role in regenerating the Black Country.

Qualifications

BSc – Law and Economics

Solicitor

Andre Burns

Non-Executive Director (voting position)

Appointed July 2013

Appointed Chair of the Audit Committee in January 2015

Member of the Performance Finance and Investment Committee

Experience

Andre joined Walsall Healthcare NHS Trust after spending more than six years as a Non-Executive Director with South Staffordshire PCT. During the reconfiguration of PCTs he joined the Cluster Board of Staffordshire and Stoke-on-Trent PCTs. He was a member of the Audit Committee and the Finance and Performance Committee and worked closely with the Stafford and Surrounds CCG on governance issues as it moved to authorisation.

A Qualified Management accountant, he spent the majority of his career in the motor industry and held a number of senior level positions. He retired from the role of Corporate Controller at Jaguar Land Rover. He was heavily involved in business planning and corporate governance and took the opportunity to work on a number on international project teams.

Qualifications

BSc – Physics

FCMA – Fellow of the Chartered Institute of Management Accountants

Guy McEvoy

Non-Executive Director (voting position)

Appointed January 2013

Experience

Guy is a founder and director of a technology company based in Birmingham. Prior to starting his own business, Guy's career had been split between working for one of the 'Big 5' UK management consulting firms and a FTSE100 consumer goods company. His professional expertise is in project and programme management. He has worked in senior roles on numerous international programmes of large/complex business transformation. His other professional interests are process improvement, technology enabled change, risk management and business communications.

Qualifications

LL.M (Distinction)

Robin Cooke

Non-Executive Director (voting position)

Appointed October 2012, resigned January 2015

Appointed Chair of the Audit Committee until end January 2015

Experience

Robin is an Ernst & Young alumni appointed as a non-executive director for Walsall in October 2012. Robin has extensive board and senior management experience in 'plc' and private company sector which included a group with interests in overseas Western hospitals. Current involvements cover international high technology paper industry and the hotel/leisure sector, this in a group larger than Walsall Healthcare NHS Trust. He has served on the Chartered Accountants national TAC Committee for over a decade, representing the West Midlands. Robin has worked on a number of flotations as director or reporting accountant. He spent six months at National Freight Consortium during its privatisation, within one of the professional advisor teams.

Qualifications

BA – Economics/Politics

FCA – Chartered Accountant

MAE – Member Academy of Experts

Danielle Oum

Non-Executive Director (voting position)

Appointed as a substantive NED January 2013, resigned November 2014

Member of the Performance Finance and Investment Committee and Quality and Safety Committee

Experience

Danielle is Head of Federation Support for Groundwork UK, the hub of a national federation of charities. She has more than 10 years' experience of leading public service business improvement and programme management, and has also worked extensively in the private sector, building and leading international teams. Her professional expertise is in stakeholder engagement and transformational change. Her other professional interests are socio-economic inclusion, cross sector partnerships and regeneration. She resigned from the Board to become Chair of the Dudley and Walsall Mental Health Partnership NHS Trust.

Qualifications

MA Equal Opportunities

Dr Jonathan Shapiro

Non-Executive Director (voting position)
Appointed October 2013
Chair of the Quality and Safety Committee

Experience

Jonathan's interests have always centred on the 'whole system' of healthcare, and his career reflects this. Originally a GP, he then became a medical manager, before working as a senior academic for many years. His most recent research explored organisational change in the NHS, and he now applies the lessons of his work in a variety of ways, carrying out consultancy in this area, as well as in broader policy analysis and change. He chairs the charity Education for Health, and regularly produces journal articles as well as more detailed reports.

Other roles have included chairing a large Mental Health Trust and Clinical Director for Humana Europe until its move back to the USA.

Qualifications

MA (Cantab)

MB

ChB

MRCGP

John Dunn

Non-Executive Director (voting position)
Appointed February 2015
Appointed member of the Audit Committee from February 2015
Appointed member of the Performance Finance and Investment Committee from February 2015

Experience

John's professional life was spent almost exclusively in the Telecoms sector and he has extensive experience in the field of operations, and customer service. His career includes 20 years experience at divisional board level in a variety of executive and Non-Executive roles and his last position with BT was as Managing Director Openreach. As MD, he was responsible for the delivery and repair of customer service and for the provision and maintenance of the local access network for the south of the UK.

Away from the board room, John is a keen walker and cyclist and enjoys nothing better than hill walking with his red setter.

Qualifications

BsC CEng MIET

John Silverwood

Non-Executive Director (voting position)
Appointed February 2015,
Appointed member of the Audit Committee from February 2015
Appointed member of the Performance Finance and Investment Committee from February 2015

Experience

A Chartered Fellow of The Institute of Personnel and Development, John spent most of his career working in the manufacturing sector in textiles and later in soaps and detergents. He was Group HR Director for PZ Cussons plc, working extensively in Africa, Asia and Europe before retiring in 2008. John then became HR Director for the University Hospital of South Manchester NHS Foundation Trust before retiring for a second time in 2012. He hails from Nottingham but has lived in Macclesfield and the Staffordshire Moorlands and now lives in Stafford. In addition to his new position with the Trust, he is a Non-Executive Director of The High Peak Theatre Trust which is responsible for the running of Buxton Opera House. He has a keen interest in music and is also a member at Nottinghamshire Cricket Club.

Qualifications

CFCIPD

Our Executive Directors

Board member profiles

Richard Kirby

Chief Executive of the Board (voting position)
Appointed May 2011

Experience

Richard is a graduate of the NHS Management Training Scheme. After undertaking roles in commissioning at both health authority and primary care group level, he was Head of Performance at Birmingham and Black Country SHA, where he ensured that the SHA maintained its position as one of the best performing in the country. Richard gained board level NHS Trust experience by joining Sandwell and West Birmingham Hospitals NHS Trust – initially as Director of Strategy and then as Chief Operating Officer. In these roles he led the development of new models of care, working with local partners, delivered service reconfigurations in paediatrics, surgery and pathology, maintained the Trust's track record of delivery on access targets and secured significant improvements in performance across the organisation. Richard was also chosen to take part in the national NHS Top Leaders Programme.

Qualifications

MA (Oxon) Modern History

MSc Healthcare Management and Policy

Pg Dip Management

Member of the Institute of Healthcare Management

Mr Amir Khan

Medical Director and Director of Infection Prevention and Control (voting position)
Appointed March 2008 and re-appointed into second term of office March 2012

Experience

Amir is a General Surgeon with a specialist interest in Vascular and Bariatric Surgery and joined Walsall in 1992 after completing his training. He led on the establishment of Walsall as a regional Bariatric Centre and is the lead accountable Director for the Medical workforce. Amir is also the Director of Infection Prevention and Control and the organisation's Caldicott Guardian. Patient Safety and quality of care are key priorities for Amir in ensuring that our clinical outcomes for patients are of a high standard

Qualifications

Fellowship of the Royal College of Surgeons Edinburgh and England

MB BS: Dow Medical College, Pakistan, 1979

General Medical Council No. 3161748

Medical Defence Union No. 244420A

Jayne Tunstall

Chief Operating Officer (voting position)
Appointed August 2011, resigned July 2014

Experience

Jayne Tunstall joined the Trust in August 2011 after four years working at Kettering General Hospital NHS Foundation Trust, having previously worked at University Hospitals Coventry and Warwickshire NHS Trust. Jayne joined the Trust with 13 years' experience within the NHS and 18 years' experience in local government.

Qualifications

HND Business Studies – Coventry University

Post Graduate Diploma – Managing Health and Social Care: De Montfort University

Richard Cattell

Chief Operating Officer (voting position)
Appointed September 2014

Experience

Richard joined the Trust in September 2014 after holding a similar position at Dudley Group of Hospitals Foundation Trust. A pharmacist by background, Richard joined Dudley as joint Chief Pharmacist / Clinical Director and continued through to Deputy Operations Director. He then went on to become Operations Director at the Trust. He is responsible for the day-to-day operational delivery of frontline services to patients. This includes all aspects of outpatients, inpatients and day case activity, together with our community services, Emergency Department, Critical Care Services and Maternity and Children's Services. Richard is also the lead director for Estates and Facilities which includes porters, catering and security and is ultimately responsible for our buildings and equipment.

Qualifications

BPharm MSC FRPharmS

PG Diploma in Management

Kathryn Halford

Director of Nursing (voting position)
Appointed June 2014

Experience

Kathryn is a Registered General Nurse and Registered Sick Children's Nurse; having gained a wide variety of clinical experience across specialist, secondary and community care. She moved into NHS management in 1994. The management experience she gained at Gloucester Hospital enabled her to move to Great Ormond Street Hospital in London where she was an Associate Director of Nursing with specific responsibility for quality and education. Kathryn was then seconded to the Department of Health for a year leading on an independent review into Children's Palliative Care before taking up a post with Skills for Health leading on workforce redesign nationally. Kathryn joined Walsall Healthcare as the Associate Director of Nursing in 2010 and has supported the quality and patient experience agenda since this time.

She is the Executive lead for the Nursing, Midwifery and Therapist Workforce as well as carrying Executive accountability for Safeguarding, Dementia and End of Life Care at the Trust. She is also responsible for Improving the Patient Experience, the Professional Development Unit and Volunteering.

Qualifications

Registered General Nurse

Registered Sick Children's Nurse

Diploma in Management

BSc (Hons) Nursing Practice

Ian Baines

Director of Finance and Performance (voting position
Appointed August 2013

Experience

Ian initially joined the NHS in 1992 working in Informatics in South Lancashire Health Authority before gaining a place on the NHS West Midlands Graduate Financial Management Training Scheme where he completed his accountancy qualification. After undertaking the role of Service Unit Accountant at Good Hope Hospital NHS Trust, Ian joined the accountancy and advisory firm KPMG. Following five years at KPMG Ian re-joined the NHS as Head of Finance (Governance) at South Birmingham PCT and then moved to University Hospitals Coventry & Warwickshire as Associate Director of Finance.

Ian then gained board level NHS Trust experience by joining Dudley & Walsall Mental Health Partnership NHS Trust as Director of Finance, IT & Estates and Deputy Chief Executive helping the Trust achieve a stable financial base and improved performance. Ian is committed to improving services and is passionate about the transparency and openness of NHS finances.

Qualifications

BA(Econ) Economics & Politics

Chartered Institute of Public Finance & Accountancy

Anne Baines

Director of Strategy (in attendance, non-voting position
Appointed June 201, resigned September 2014

Experience

Anne has worked in the NHS for more than 30 years in a variety of planning posts. Her first Director post was in 2002 in South Birmingham PCT. This was followed by a period running a successful management consultancy and gaining her MSc in Managing Health and Social Care. More recently, Anne was the Director of Service Transformation at NHS Walsall from where she was seconded in September 2010 to the post of Director of Strategy and then substantially appointed. Anne's role included leading on developing the strategic plans for the organisation, the communications and marketing function and partnership/ stakeholder engagement.

Qualifications

Institute of Healthcare Management Diploma

MSc in Managing Partnerships between Health and Social Services

Daren Fradgley

Interim Director of Transformation and Strategy (in attendance - non voting position)
Appointed February 2015

Experience

Daren joined the Trust in February 2015 on a 12-months secondment from West Midlands Ambulance NHS Foundation Trust where he has held numerous operational and director posts. A paramedic by background, Daren joined WMAS in 1994 on frontline operations initially in the Black Country and then Birmingham before moving to the Emergency Control Rooms in 2005. He went on to manage the Trust Performance Improvement team including informatics and BI team. In 2013 he became the A&E Operations Director before moving to NHS 111.

Daren is responsible for Walsall Healthcare's transformation and cost improvement programme together with strategic and business development. Originally from Walsall, Daren lives locally with his partner and three children.

Qualifications

State Registered Paramedic

MSC Managing Organisational Performance

PG Dip Professional Development

Dawn Clift

Director of Governance and Trust Secretary (in attendance, non-voting position)
Appointed March 2011

Experience

Dawn Clift was appointed Director of Corporate Affairs and Trust Secretary in March 2011. Dawn joined the organisation in 2008 and has more than 20 years' experience of working in a range of roles within the acute sector of the NHS including operational management, strategic and business planning and corporate governance. Dawn was formerly Head of Corporate Affairs for Harrogate and District NHS Foundation Trust where she helped to develop its Foundation Trust application and latterly provided direct support to its Board of Governors, Trust Board and membership. Dawn's portfolio includes all aspects of governance and she is the lead Director for the organisation's Foundation Trust application.

Qualifications

PG Cert in Health Service Management

Directors have made declarations (including fit and proper) confirming all relevant information has been made available to the Auditors. Further, at the meeting of the Audit Committee additional assurance is obtained through the Trust's Letter of Representation and endorsed by the Chief Executive and Director of Finance. The Directors have taken relevant steps to make themselves aware of relevant audit information and to ensure that the Entities Auditor is aware of that information.

8.3
A Challenging Year for Finance 2014/15 Financial Position

The Trust has reported a deficit of £12.9m for the financial year and consequently it has not achieved its financial duty to break even. The retained deficit figure that is used to evaluate financial performance for the year is adjusted for impairments relating to the new build and renovation, and the change in accounting treatment for recording donated assets within exchequer accounts.

In order to maintain financial balance in 2014/15 the Trust initially had to identify and achieve savings in excess of £11 million (4.5% of turnover). These savings were needed to meet the required national efficiency savings target and also for re-investment. The Trust however experienced a very challenging year in terms of meeting quality and performance targets whilst encountering transition difficulties associated with the Implementation of a Trust-wide new patient administration system. The consequences of these challenges led to the substantial overspend against the initial planned surplus of £0.5m which has resulted in a reduction in the Trust's planned cash holding.

8.4
How is our financial performance assessed?

The Department of Health measures NHS Trust financial performance against the following four targets.

Definition of Target		Target Set	Actual	Target Met
Income and Expenditure Revised Break Even (Managing Services within the income received by the Trust)	**£'000**	535	(12,861)	✘
External Financing Limit (Managing Services within the "cash limit" agreed with the Department of Health)	**£'000**	16,457	15,887	✔
Capital Resource Limit (Managing Capital Expenditure within the Capital Resource Limits agreed with the Department of Health)	**£'000**	13,425	11,016	✔
Capital Cost Absorption Duty (return on assets employed). The Trust was not required to submit a dividend payment.	**%**	3.5%	0.0%	✔

8.5
Where our money comes from

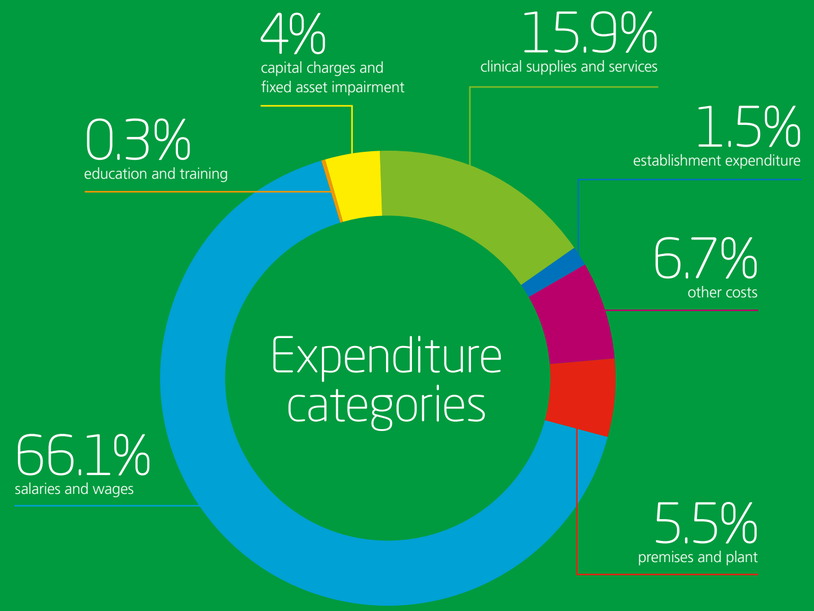
The majority of Trust income comes from the provision of patient care services (£220 million), the remainder of income comes from such things as Education, Training and Research, Income Generation (car parking, staff catering and accommodation) and the provision of non-patient related services to Walsall Clinical Commissioning Group.

8.6
What we spend our money on

The Trust spent £255million in the financial year 2014/15. The largest component of this expenditure was salaries and wages where we spent £163million, with the average number of staff employed being 4,081 whole time equivalents. The Trust spent a further £35.4million on clinical supplies and services such as drugs and consumables used in providing healthcare to patients.

The average staff numbers for 2014/15

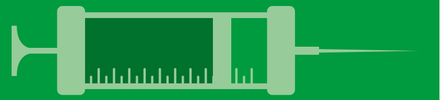
The chart below shows a breakdown of the main categories of expenditure for 2014/15.



8.7 Capital Investment

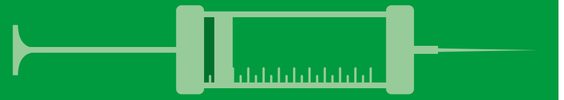
The total capital expenditure in 2014/15 totalled £11million. The main areas of investment were:

£8.5m
Reconfiguration, lifecycle and refurbishment works



£1.3m
Computer replacement and Information systems

£0.9m
Medical, theatre and pharmacy equipment



£0.3m
Other

11.0m
TOTAL

8.8 Income and expenditure account for the year ended 31 March 2015

	2014/15	2013/14
	£'000	£'000
Revenue from patient care activities	220,293	218,054
Other operating revenue	19,198	18,995
Operating expenses	(246,564)	(228,193)
*Extraordinary Item – Impairment reversal	–	11,479
Operating Surplus	**(7,073)**	**20,335**
Profit/(Loss) on disposal of asset	–	–
Surplus Before Interest	**(7,073)**	**20,335**
Interest receivable	30	45
Other Gains and (Losses)	–	8
Finance Costs	(8,391)	(8,181)
Surplus For The Financial Year	**(15,434)**	**12,207**
Public Dividend Capital Dividend Payable	–	–
Retained Surplus/(Deficit) For The Year	**(15,434)**	**12,207**
Impairments and (reversal) adjustment	2,517	(11,479)
Adjustments in respect of donated asset reserve elimination	56	(163)
Adjusted retained surplus/(deficit)	**(12,861)**	**565**

*The Trust had a revaluation on three assets during the year ending 31st March 2015 that resulted in an impairment of £2,517k being charged to the operating expenses.

*In 2013/14 the Trust attained a £728k trading surplus, though a revaluation of its land, buildings and dwellings was undertaken for the financial year ending 31st March 2014 and the revaluation increased the surplus by £11,479k resulting in a reported surplus for the Trust of £12,207k.

8.9 Balance Sheet at 31 March 2015

	31 March 2015	31 March 2014
Non-current Assets	**£'000**	**£'000**
Property, plant and equipment	152,066	152,145
Intangible assets	1,394	774
Trade and other receivables	3,292	3,254
	156,752	**156,173**
Current Assets		
Stock and work in progress	2,309	2,325
Trade and other receivables	11,042	11,876
Cash and cash equivalents	701	10,546
	14,052	**24,747**
Current Liabilities		
Trade and other payables	**(19,441)**	**(19,789)**
Borrowings	(3,317)	(3,252)
Provision for liabilities and charges	(659)	(180)
Net current assets/(liabilities)	**(9,365)**	**1,526**
Total Assets less Current Liabilities	**147,387**	**157,699**
Non-current Liabilities		
Trade and other payables	–	–
Borrowings	(137,699)	(140,942)
Provisions for liabilities and charges	–	–
Total Assets Employed	**9,688**	**16,757**
Financed by:		
Public dividend capital	58,684	49,462
Revaluation reserve	13,384	14,386
Retained earnings	(62,380)	(47,091)
Total Capital and Reserves	**9,688**	**16,757**

8.10 Cash flow statement for the year ended 31 March 2015

	2014/15 £'000	2013/14 £'000
Operating activities		
Net cash inflow from operating activities	(5,199)	5,990
Returns on investments and servicing of finance		
Interest received	32	47
Net cash inflow from returns on investments and servicing of finance	**(5,167)**	**6,037**
Capital Expenditure		
(Payments) to acquire tangible fixed assets	(10,613)	(4,923)
(Payments) to acquire intangible fixed assets	(107)	(258)
Receipts from sale of tangible fixed assets	–	83
Net cash (outflow) from capital expenditure	**(10,720)**	**(5,098)**
Dividends Paid	–	–
Net cash inflow before management of liquid resources and financing	(15,887)	939
Management of liquid resources	–	–
(Purchase) of current asset investments	–	–
Sale of current asset investments	–	–
Net cash inflow from management of liquid resources	**–**	**–**
Net cash inflow before financing	**(15,887)**	**939**
Financing		
Public dividend capital received	11,722	311
Public dividend capital repaid	(2,500)	(207)
Other loans received	–	–
Other loans repaid	–	–
Capital element of finance leases and PFI	(3,180)	(3,118)
Capital grants and other capital receipts	–	–
Net cash (outflow) from financing	**6,042**	**(3,014)**
Increase (reduction) in cash	**(9,845)**	**(2,075)**
Opening cash holding	10,546	12,621
Closing cash holding	701	10,546

8.11 Better Payment Practice Code

The Trust is a member of the 'Better Payment Practice Code' when dealing with our suppliers. The code sets out the following principles:

- agree payment terms at the outset of a deal and stick to them
- pay bills in accordance with any contract agreed with the supplier or as agreed by law i.e. the code requires the Trust to pay all valid invoices by the due date or within 30 days of receipt
- tell suppliers without delay when an invoice is contested and settle disputes quickly

During 2014/15 the percentage of bills paid within target was:

- number of bills: 55%
- value of bills: 57%

	2014/15 Number	2013/14 Number
Better payment practice code-measure of compliance		
Total Non-NHS trade invoices paid in the year	66,725	67,058
Total Non-NHS trade invoices paid within the target	50,141	60,578
Percentage of Non-NHS trade invoices paid within the target	**75.1%**	**90.3%**
Total NHS trade invoices paid in the year	1,332	788
Total NHS trade invoices paid within the target	737	753
Percentage of NHS trade invoices paid within the target	**55.3%**	**95.6%**

	2014/15 Value £000's	2013/14 Value £000's
Better payment practice code-measure of compliance		
Total Non-NHS trade invoices paid in the year	95,011	86,809
Total Non-NHS trade invoices paid within the target	73,465	79,624
Percentage of Non-NHS trade invoices paid within the target	**77.3%**	**91.7%**
Total NHS trade invoices paid in the year	12,159	9,345
Total NHS trade invoices paid within the target	6,984	8,962
Percentage of NHS trade invoices paid within the target	**57.4%**	**95.9%**

The Trust's policy for managing risk is set out in the Annual Governance Statement.

The Trust's external auditors are Grant Thornton UK LLP. The fee for the statutory audit for 2014/15 was £108,000 (including VAT) with an additional £12,000 for audit related services (the review of the Trust's Quality Account).

The full financial statements are available as a separate document from the Trust's website www.walsallhealthcare.nhs.uk.com or on request from:

Mr Trevor Baker
Chief Financial Accountant
Finance Department
Walsall Healthcare NHS Trust
The Manor Hospital
Moat Road
Walsall WS2 9PS.

8.12 Electronic patient records

As the first acute and community Trust in the country to replace two patient management systems with a single integrated system, we always knew this was going to be a huge challenge.

During 2014/15 we experienced a number of teething problems following the introduction of our new patient administration system, Lorenzo, in March 2014. This led to delays and backlogs in various areas, including our Outpatient Clinics, Call Centre and Health Records.

We would like apologise for these problems, which we appreciate caused a considerable amount of concern and frustration, and to thank our patients and partners for bearing with us during this time.

We responded to these issues in a number of ways, including taking on additional staff to operate a dedicated call centre and providing greater management support and refresher training to colleagues in those areas under particular pressure.

As a result we are pleased to report that the Trust is now reaching a period of operational stability with Lorenzo and we are beginning to realise some of the benefits of the new system.

These include the creation of a data warehouse and information portal, which offers easier access to information through customised reports and statistics to assist service managers in monitoring and managing their areas. Improvements have also been seen in the quality of data being reported which is helping us to more effectively manage our resources.

During 2015/16, we will be continuing to support the Lorenzo system, including investing approximately £250,000 in recruiting to 10 wte substantive posts for data quality and data validation to help us continue to ensure that data held in our system is accurate.

We will also be continuing to support operational areas including our patient access team who are responsible for booking appointments and our call centre.

In addition to Lorenzo, a new operating room management information system, known as ORMIS, was rolled out on 2nd February 2015. This is designed to manage a patient's journey from the waiting list through to theatre, recovery and discharge.

The introduction of ORMIS will not only reduce the amount of manual data entry but pull through patient waiting lists from Lorenzo, eliminating double entry. Touch screen computers have been provided in all theatres and bespoke training sessions held for all theatre staff.

Moving forward, the Trust's plan is to have a fully electronic patient record system (EPR), which will include the capture of clinical information such as venous thromboembolism (VTE) assessment, dementia assessment and outcome forms.

Other system developments planned include e-prescribing, bedside observations and order communications, all of which will enable us to replace the majority of paper-based records within the Trust during 2015/16.

Wherever you're treated, trust your records will follow you.

Following your healthcare journey into the hospital and community.

When you're receiving treatment, it's quite normal to see more than one healthcare professional in more than one location. Your patient information and how efficiently you are treated is of enormous importance to us and that's why Walsall Healthcare is introducing a new patient information system, known as Lorenzo, on Sunday 2nd March 2014.

You won't notice any difference in how you're treated. It's simply a better way for our staff to view vital information about your patient care, whether this is being dealt with in the hospital, a community clinic or in your home.

Please bear with us while we all become familiar with this new system and get use to it.

Sunday 2 March

8.13 Delivering our capital programme

Walsall Healthcare has invested more than £10 million in capital developments during 2014/15.

This included a total of £4.9 million on our new, purpose-built ward 29 which opened in early 2015.

We have also spent £900,000 on a replacement emergency generator for our West Wing and invested heavily in new medical equipment, including Trust-wide infusion pumps and a new Emergency Department patient monitoring system.

We were disappointed that we were unable to progress our plans for the creation of a new Integrated Critical Care Unit (ICCU) during 2014/15, due to financial constraints. However, this has now received approval from the National Trust Development Authority and we hope to proceed with our plans during 2015/16. For more details, please see page 54 (Looking Ahead to 2015/16).

An £800,000 scheme to refurbish and expand our Emergency Department was completed in June 2014. The scheme received Trust Board approval in 2013 and this has enabled us to make a number of much-needed improvements to the department, including an increased number of patient cubicles, an additional triage room, enhanced staffing and support facilities and an improved environment for patients, relatives and colleagues.

Annual Governance Statement 2014/15

From Richard Kirby, Chief Executive

9.1 Introduction

The period April 2014 to end March 2015 has been one of the most challenging periods for the Trust since its establishment as an integrated provider of care in April 2011. The reconfiguration of services at Mid Staffordshire Hospital has increased the volume of elective and non-elective activity coming to the Trust alongside shifts in local demographics whereby our patients are much more frail, elderly and dependent on healthcare delivery.

During the year the Board has had to make some difficult financial decisions to protect the quality and safety of patient care both in terms of staffing levels and additional activity to try to reduce waiting times. The problems that emerged through the implementation of a new patient administration system have increased the pressure on the Trust and have exposed data quality concerns. This pressure, together with a number of high profile and unforeseen events have impacted on staff morale.

The Board at Walsall Healthcare NHS Trust is genuinely trying to protect the quality of services and maintain patient outcomes in the face of some very challenging conditions. The Board does however recognise that it is also accountable for delivering a sound financial plan, core waiting time standards and a satisfied workforce. This Annual Governance Statement details the framework within which the Trust has operated over the past 12 months, any exceptional items for escalation and key priorities for 2015/16.

9.2 Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievements of the 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 Trust is administered prudently and economically and that resources are applied efficiently and effectively. This Annual Governance Statement acknowledges these responsibilities together with my responsibilities as set out in the Accounting Officer Memorandum.

9.3 The Governance Framework of the Organisation

The Trust Board reviewed and approved the Scheme of Delegation for the Trust, together with the Terms of Reference for each delegated Committee in 2014/15. Both the Board and each sub-committee approved an annual cycle of business to fulfil their delegated responsibilities.

Trust Board

The Audit Committee

Chaired by Mr Robin Cooke (Non-Executive Director) April 2014 to January 2015
Chaired by Mr Andre Burns (Non-Executive Director) February 2015 to current time

Purpose:

- Considers the annual plans and reports of both the external and internal auditors
- Provides an overview and advises the Board of Directors on the internal control arrangements put in place by the Board of Directors;
- Acts as the co-ordinator of all support documentation in relation to assurance to the Chief Executive for the sign-off of the Annual Governance Statement;
- Reviews all matters of internal control;
- Liaises with the Quality and Safety Committee as appropriate, particularly in relation to aspects of risk, quality governance, clinical governance and corporate governance;
- After due process of review, recommends the Annual Accounts to the Board of Directors.

Membership:
Three Non-Executive Directors inc. the Non-Executive Director chair
Meeting frequency:
At least bi-monthly
Reports to: Trust Board

The Quality and Safety Committee

Chaired by Dr Jonathan Shapiro (Non-Executive Director)

Purpose:

- To ensure that quality is embedded in the Trust's overall strategy;
- To ensure that patient safety and quality are embedded throughout the organisation;
- To ensure that a culture of quality governance and learning is evident throughout the organisation;
- To ensure that there are controls in place to minimise the organisation's exposure to risk and to ensure that risks are managed within the framework agreed by the Board of Directors;
- To ensure that risks to achieving corporate objectives are monitored via the Board Assurance Framework and Corporate Risk Register;
- To ensure that quality outcomes are discussed in detail on a monthly basis.

Membership: Three Non-Executive Directors including the Non-Executive Chair, All Executive Directors

Meeting frequency: Monthly
Reports to: Audit Committee and Trust Board

The Performance, Finance and Investment Committee

Chaired by Mr Nigel Summers CBE, (Vice Chair of the Trust Board)

Purpose:
The Committee takes actions or makes recommendations to the Trust Board on the basis of reviewing the following areas of the Trust's work:

- Sets quality, financial, activity and workforce plans over the short, medium and long term. This will include annual quality, financial, activity and workforce targets (including revenue and capital budgets) that need to be approved by the Trust Board on an annual basis prior to the start of the financial year;
- Monitors in-year performance against the quality, financial, activity and workforce targets agreed by the Trust Board, discussing and agreeing corrective action where necessary. This will include cost improvement and other productivity improvement programmes;
- Monitors the financial and performance implications of externally driven new legislation, performance targets and guidance impacting the Trust;
- Ensuring that the Trust has a coherent financial strategy that is aligned to the Trust's overall strategic direction and objectives;
- Ensures that the Trust's financial performance is in line with the agreed annual plan;
- Reviews all financial related risks and proposed mitigation plans;
- Receives all business cases for investment with a value in excess of £25,000;
- Considers and monitors the delivery of cost improvement plans;
- Receives and considers post project evaluation reports in relation to the effectiveness of investment decisions.

Membership:
Three Non-Executive Directors including the Non-Executive Chair
All Executive Directors

Meeting frequency: Monthly
Reports to: Trust Board

The Board Nomination and Remuneration Committee

Chaired by Mr Ben Reid OBE, Chair of the Trust Board

Purpose:

- To set the remuneration and conditions of Directors within the Trust;
- To review the performance of Directors within the Trust;
- To determine the contractual arrangements for Executive Directors and the calculation and scrutiny of any termination payments.

Membership:
All Non-Executive Directors
Chief Executive and Director of Human Resources (in attendance only)

Meeting frequency: Annually (or more frequently if required)

Reports to: Trust Board

An overview of the coverage of the work of the delegated Committees to the Board is outlined above.

All Committees of the Trust Board are chaired by Non-Executive Directors to reflect the need for independence and objectivity, ensuring that effective governance and controls are in place. This structure ensures that the performance of the organisation is fully scrutinised. Attendance at the Board and its Sub-Committees is monitored by the Director of Governance and Trust Secretary. During 2014/15 we have seen generally reasonable attendance levels across our Board and Committee Structure. Attendance levels are attached at Appendix A.

The Executive Management Team has a governance structure ensuring monitoring and control of the efficient and effective use of the Trust's resources. Financial monitoring, service performance, quality and workforce information is scrutinised through the following governance structure as demonstrated in Figure 2 below:

Trust Board of Directors

Performance of the Board

2014/15 was a very challenging year for the Trust in relation to breaches in core operating standards and financial duties. The Board commissioned the Foresight Centre for Governance (at GE Healthcare Finnamore) to undertake a Board Governance Assurance Framework Assessment during the last quarter of the year to assess how well the Board was operating in relation to:

- Strategy and Planning
- Capability and Culture
- Processes and Structure
- Measurement

This multi-dimensional assessment included Stakeholder Assessments of the Board, Board Member Surveys, 1:1 interviews with Board Members, Staff and Stakeholder Focus Groups, Board and Committee Observations and a desktop review of core governance documentation. In essence the assessment confirmed that the systems and processes within the Trust were sound, however there was inconsistent engagement with these and a lack of accountability for non-compliance. The Board will now work together to address the findings culminating in a revised programme of Board Development, a stronger strategic focus and a culture of improvement and accountability.

Individual Board members have been party to 1:1 performance reviews through the Annual Appraisal Process. Non-Executive Directors also took part in 360 degree appraisal hosted by the NTDA. The Chair was appraised by Non-Executive Directors and external stakeholders via a 360 degree process. The results of this process fed into the appraisal of the Chair which was conducted by the NTDA.

The Chief Executive was appraised by the Chair of the Trust via a 1:1 performance review. Personal Development Plans were agreed for all Board Members.

Whilst the Board Development Programme for 2014/15 was originally shaped to reflect the learning needs of the Board, this was significantly disrupted due to urgent operational challenges linked to the performance and financial agenda which meant that the last six months of the year were heavily devoted to recovery planning. The Board Development Programme did however include sessions on Quality Governance, Duty of Candour, Risk Management, Board Governance, Safeguarding, Finance and Long Term Financial Modelling.

During the year, the Board has seen considerable turnover of both Executive and Non-Executive Directors. Movements are detailed below:

Executive Directors:

- Director of Nursing – Following the resignation of Susan Hartley in March 2014, Kathryn Halford was appointed the Acting Director of Nursing. Kathryn was appointed to this post substantively on 1 June 2014
- Chief Operating Officer – Following the resignation of Jayne Tunstall on 8 July 2014, Anne Baines (Director of Strategy – non voting role) assumed an acting position incorporating Operations into her role. Richard Cattell was appointed substantively to the position of Chief Operating Officer on 22 September 2014
- Director of Strategy – Following the resignation of Anne Baines on 30 September 2014, Daren Fradgley was seconded from the West Midlands Ambulance Trust in February 2015 for a period of 12 months

Non-Executive Directors

- Danielle Oum resigned as a Non-Executive Director at the end of November 2014 to take up the position of Chair of the Dudley and Walsall Mental Health Trust. Danielle was replaced by Mr John Silverwood in February 2015
- Robin Cooke resigned as a Non-Executive Director in January 2015 and was replaced by Mr John Dunn in February 2015
- Guy McEvoy resigned as a Non-Executive Director on 31 March 2015 and Victoria Harris has been appointed to take up office from 1 April 2015

- **Highlights of Board Committee Reports**

A notable highlight from the Audit Committee (a Sub-Committee of the Board) was that the Trust received the Annual Report to those charged with Governance for 2013/14, produced by the Trust's External Auditors and presented to the Audit Committee.

In the report the Trust received a clean bill of health regarding the submission of the 2013/14 financial statements, with no adjustments required to be made to the reported financial performance from draft to final audited Accounts submission to the Department of Health.

In addition, the Code of Audit Practice 2010 (the Code) describes the Trust's responsibilities to put in place proper arrangements to:

- Secure economy, efficiency and effectiveness in its use of resources;
- Ensure proper stewardship and governance;
- Review regularly the adequacy and effectiveness of these arrangements.

I am pleased to report that, based on our External Auditors review of the Trust's arrangements, an unqualified conclusion was received by the Trust (representing a further 'clean bill of health' opinion) for the 2013/14 period.

The Trust's Internal Auditors also issued their Head of Internal Audit Opinion for 2013/14 to the Audit Committee, confirming that significant assurance can be given that there is a generally sound system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.

The outputs of the 2014/15 external audits and internal audit opinion are included later in the Annual Governance Statement.

Duties of Corporate Governance

During the year the Board has complied with its own Corporate Governance Code (Code of Conduct), consistently delivering the public service values of accountability, probity and openness. Board members receive regular updates regarding these responsibilities and the need to maintain an awareness of the Nolan Principles of good governance. The Board's commitment to uphold the Nolan Principles and Board Code of Conduct were confirmed in public in 2014/15. The requirements of the Fit and Proper Persons Test introduced in November 2014 were also considered and noted by the Trust Board in public. An annual 'Fit and Proper Persons' declaration has been implemented as part of our standard Board procedures.

Staff throughout the organisation are made aware of their responsibility to maintain high standards of conduct and accountability through the Code of Business Conduct and supplementary key policies such as the Bribery Act Policy which was reviewed and ratified during the year. In support of good governance, and to address issues around the safekeeping and appropriate use of public funds, the Trust also maintains a proactive programme of counter-fraud and a 'whistle-blowing' policy. Counter-fraud forms a standing item at Audit Committee meetings and is supported by the Local Counter-Fraud and Corruption Policy (v4) available on the Trust intranet.

Quality Governance

The Trust commissioned the Foresight Centre for Governance (at GE Healthcare Finnamore) to undertake a Quality Governance Assurance Framework Assessment during the last quarter of the year. This confirmed deterioration in the score from 3.5 in October 2012 to 7.5 at the end of March 2015. Work has now commenced to review the Trust's Quality and Safety Strategy to reflect the findings of the review, together with clarity on key quality and safety priorities for the forthcoming 3 years.

A particular area of deterioration related to data quality. Data quality has been a significant risk to the Trust in 2014/15 following the deployment of a new patient administration system Lorenzo. The system quickly exposed a range of data quality issues impacting on reporting accuracy and volume of patients on the waiting list for outpatient and inpatient care. A significant programme of data validation took place and the Board resolved to suspend central reporting of RTT data in November 2014 due to the extent of data error. The date for introducing central reporting of RTT data in 2015/16 will be agreed with the NTDA. As Accountable Officer I recognise the importance of data quality. 2015/16 will see the substantive appointment of a dedicated Data Quality Team within the Trust who will assure the accuracy of data within the Trust.

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year. The Department of Health has issued guidance to NHS Trusts on the form and content of the Annual Quality Account.

The Trust's Quality Account for 2013/14 was formally audited by Grant Thornton and received by the Audit Committee and the Trust Board. The Account told a generally positive story of quality improvement within the Trust and included statements of support from key stakeholders. Whilst the Quality Account was published and uploaded by the required date of 30 June 2014, the Trust concluded that improvements could have been made to the timeliness of project management arrangements internally. A qualification was applied to the Data Quality aspect of VTE within the Account due to discrepancies in data held electronically relating to VTE and data held within the health record. Improvements in this area can be seen in 2014/15 following the deployment of standardised audit and systems of internal control.

Clinical Audit outcomes contained in the report have been subject to review and presentation through the Trust's Quality and Safety System at Clinical Care Group/Speciality Quality Teams, Divisional Quality Teams and at a more corporate level via the Medical Director's monthly report to the Quality and Safety Committee.

The Trust was disappointed to report one 'Never Event' during the course of the year which related to a retained swab used in a surgical operation. The Trust has taken this incident very seriously and has made a number of changes to significantly reduce the likelihood of this incident occurring again.

These include:

- Implementation of an uninterrupted 'time to count' when the swab, instrument and needle checks are being carried out
- Surgeons to clearly communicate to the scrub and circulating staff in circumstances that require a swab to be placed in the abdomen that a swab is in situ and this is clipped to the operation drape and the fact that a swab is retained in the abdominal cavity is clearly documented on the white board
- CPD midwife and CPD nurse for theatres are directly observing and auditing 20 cases from each

- CPD midwives are conducting direct observation and audit of the intrapartum notes to ensure 2 signatures are present in the medical records of all women undergoing a C Section Delivery.

The Never Event has been fully scrutinised through the Trust's incident reporting mechanisms and root cause analysis. Findings have been discussed through the Trust's Quality and Safety System including full discussion of causation factors, lessons learnt and improvement actions at Trust Board. This approach has been equally applicable to all Serious Incidents occurring in the Trust.

I strive to provide the best possible standards of care at all times to those who use our services. If I fail to meet these high standards and something goes wrong, I take this very seriously. I and the wider organisation are committed to learning from each incident and making changes to ensure that something similar could not happen again. Regrettably in 2014/15 we have had two incidences of significance which should be reported within this Annual Governance Statement.

In June 2014, Walsall Healthcare, Walsall Council's Children's Services and Walsall's Local Safeguarding Children's Board published an external expert review into the events surrounding the tragic death of Kyle Keen in June 2006 and the response of the organisations involved in Kyle's care at the time. The review was commissioned after discussions with Kyle's father, Robert Keen, to establish the circumstances that led to the death of his son, how the three organisations handled the event at the time and what lessons could be learned for the future. The report highlighted failings in the governance in place in all organisations at the time of the event but recognised that significant improvements had been made since this time to improve the Safeguarding of Children in Walsall. Many of the recommendations from the review report about improving our processes have already been acted upon since 2006 and during 2014/15, we have taken action to ensure that all our safeguarding systems are fully up to date and in line with best practice. .All three organisations also apologised unreservedly to Mr Keen.

I also commissioned an external management review after apologising to a small number of women who had suffered early miscarriages or pregnancy terminations, the majority of which took place in 2012 and 2013, for a delay in the disposal of their foetal remains. This serious incident became apparent as part of our robust processes for Freedom of Information.

The Trust undertook an immediate internal review and was inspected by the Human Tissue Authority (HTA) in March 2014. The HTA were satisfied that the standards required were being met following the implementation of new processes and systems. On this occasion, whilst the risk surrounding the extended period of retention of foetal remains was known at local levels, it had not been reported through the risk management process. Our internal auditors have recently revisited the systems of internal control surrounding the management of foetal remains and have given positive assurance of their effectiveness.

9.4 Risk assessment

How is Risk Assessed?

The leadership and accountability arrangements for myself, as Chief Executive Officer, Trust Board Directors, Divisional Directors, Clinical Directors, Heads of Nursing, Professional Heads of Service and all other staff are set out in the Trust's Risk Management Strategy. The Trust works within a framework that devolves responsibility and accountability throughout the organisation via a three tier risk register system (Corporate, Divisional and Departmental) which enables risks to be identified, analysed, prioritised and managed at all levels of the organisation. The method of assessing the severity of risk is by the use of the Australian/New Zealand (1999) risk rating process. This is based on scoring the impact to the Trust of not addressing the risk against the likelihood of its occurrence

The Trust employs appropriately qualified staff who specialise in risk management and health and safety matters. Risk management awareness and health and safety training is delivered to all new members of staff through our induction programme and to existing staff through mandatory training programmes. Additional risk management training needs of specific staff groups are assessed through the Trust's Training Needs Analysis.

Relevant policies and procedures are specific with regard to the accountabilities and responsibilities of all staff groups. Systems and procedures are in place to support staff in managing risk and carrying out their duties and to promote learning from experience and sharing of good practice.

The Trust has a Board Assurance Framework and Corporate Risk Register in place which outlines the key strategic and business risks for the organisation and action identified to mitigate these risks. The Board Assurance Framework was awarded a rating of substantial assurance via Internal Auditors in 2014/15. Our risk management process provides the mechanism through which I as Chief Executive, together with the Board assure all stakeholders that the Trusts internal controls are effective.

The Board Governance Assurance Framework and Quality Governance Assurance Framework Assessments conducted by the Foresight Centre for Governance in late 2014/15 confirmed that 'There are robust, systems and processes in key areas such as risk management, escalation arrangements and communication. However, these are not embedded and people in the organisation are not consistently held to account for their implementation'.

This is a strong area of focus for the Board and myself as Accounting Officer in 2015/16.

Our Risk Profile

Care Quality Commission Intelligent Monitoring Report

The Trust has unconditional registration with the Care Quality Commission. The Quality and Safety Committee and Trust Board consider the status of the Trust's CQC Intelligent Monitoring Report on a quarterly basis. At the opening of 2014/15 the Trust held band 6 classification via the Intelligent Monitoring Report. This moved to band 5 in June 2014 and then in December 2014 to a Band 2. The negative movement was largely driven by the Trust's failure to meet a range of core waiting times such as the 18 week referral to treatment time and 62 day cancer standard. Earlier in the year, the Trust was an outlier in the number of open CAS alerts. An internal audit of the systems and processes to assure patient safety alert compliance was requested with the findings presented to the Audit Committee and Quality and Safety Committee. The management action plan has since been implemented and an improved level of compliance with patient safety alerts is now evident.

The Trust has yet to receive a Care Quality Commission inspection within the new Chief Inspector of Hospitals regime. It is anticipated that this will take place in mid-2015/16. Over the past 12 months, a mock CQC inspection process has been implemented in the Trust to help colleagues and patients understand what good looks like, to recognise good practice and to identify areas for improvement. This process has been the subject of an internal audit and has been awarded substantial assurance.

NHS Litigation Authority (NHSLA)

The organisation currently holds:
NHSLA Level 1 for the General Standards (assessed in January 2013)
NHSLA level 3 for the Maternity Standards (assessed in February 2014)

Information Governance Toolkit

The Trust has consistently sustained level 2 compliance with the Information Governance Toolkit throughout the year. The Trust has sustained 100% compliance with all Freedom of Information Requests and the organisation complies with the HM Guidance on setting charges for information requests.

The Information Governance Steering Group has met on a bi monthly basis throughout the year, with an appraisal of their work being presented to the Quality and Safety Committee and Trust Board on a quarterly basis. An internal audit review of the systems of internal control for complying with the Information Governance Toolkit in 2014/15 demonstrated substantial assurance.

Major Risks for the Organisation

During the year, the Trust Board undertook a high level review of its strategic risks as part of the refresh of the 5 year integrated business plan for the Trust

This resulted in the identification of the following risks to the organisation. The Integrated Business Plan for the organisation recognises these strategic risks and sets out the action and mitigation to manage the occurrence of such risks:

Strategic Risks

- Failure to demonstrate sustainable financial viability/strategy;
- Viability of service configuration and provision;
- Failure to improve the patient experience impacting on loss of activity and regulatory requirements/standards;
- Failure to 'take staff along the journey';
- Failure to deliver the integration agenda;
- External turbulence impact on local instability.

In-Year Risks

2014/15 has seen unprecedented levels of emergency activity at the Trust. This has placed pressure on the capacity of the organisation in terms of workforce, the A&E 4 hour wait and the financial position. The increased risk that this placed on the Trust was evident to the organization through an increase in risk scores in the Corporate Risk Register and gaps in assurance through the Board Assurance Framework.

During quarter 2 of the year, it became evident that the increased cost of temporary staffing aligned to additional activity was placing delivery of the end of year financial surplus at significant risk, together with slippage in the cost improvement programme. The Audit Committee escalated their concerns to the Trust Board and commissioned an internal audit review into each area. The Trust took a range of actions to aim to reduce temporary staffing spend including a recruitment campaign to fill all vacant nursing posts which included a Board approved over-establishment tolerance to ensure safe staffing levels during periods of heightened pressure. Whilst the campaign was successful, there remained to be some reliance on temporary staffing during the Winter Period and the Trust Board therefore took the decision to renegotiate the end of year financial surplus with the NHS Trust Development Authority from a planned surplus of £500K to a forecast end of year deficit of £12.9M.

Delivery of the A&E 4 hour target within an environment of heightened pressure has been challenging for the Trust and the Trust was disappointed to fail to achieve this operating standard throughout 2014/15. A range of additional controls were deployed to mitigate the risk including the further development of the Urgent and Emergency Care Improvement Programme, enhanced community services provision and integrated care pathways and the substantive opening of a new 30 bedded ward within Walsall Manor Hospital in December 2014. An independent expert review of the factors that were driving this challenging position was commissioned by the Board by ESIST. This identified that the Trust was experiencing an increase in out of area activity, particularly from the South Staffordshire area and Sandwell area. In addition, there was evidence of an increasingly ageing Walsall population with high acuity and frailty which was placing further demands on the Trust. The review has identified that some factors are within the internal control of the Trust and include the need to streamline discharges processes and multi-disciplinary Board Rounds. A cohesive improvement plan has now been approved by the Trust Board for implementation during 2015/16. These activity pressures also impacted on the Trust's ability to treat elective inpatients due to the need to outlie a number of medical patients on surgical wards. This in turn impacted on the failure of the 18 week referral to treatment time standard for the Trust. As a result of this performance, the Trust was placed within the NTDA level 2 'intervention' category as part of the NTDA accountability framework. Regular meetings have taken place between the Trust and the NTDA throughout the year to agree recovery planning mechanisms and improvement trajectories.

Newly identified operational risks through the year were included on our Corporate Risk Register which was actively maintained throughout the year. These predominantly related to demand exceeding capacity within a range of services in the Trust including the capacity to assure timely outpatient follow up appointments and capacity to meet demand within the radiology department. The failure to attain the financial plan for the Trust was also included. Improvement plans were approved by the Quality and Safety Committee and Performance Finance and Investment Committee for both of these areas and are now in the stages of implementation.

The emerging challenge with the financial position across the Trust led the Board to commission KPMG to undertake a financial governance review. This took place in March 2015. Due diligence of systems of financial control took place, together with interviews of all Board members and key senior management. The review demonstrated that the Trust needed to:

- Improve accountability for the delivery of financial targets
- Strengthen governance around understanding the financial impact of operational decision making
- Strengthen accountability for the delivery of cost improvement schemes
- Need to consider risk mitigation for the 2016/17 financial plan

The formal report is anticipated at the beginning of May 2015 and will be scrutinised by the Board at the end of May 2015, when an improvement plan will be agreed.

The Corporate Risk Register was scrutinised on a monthly basis through the Quality and Safety Committee and presented on a quarterly basis to the Trust Board.

Serious Information Governance Related Incidents

During 2014/15 the Trust reported three serious information governance related incidents to the Information Commissioner. Incidents related to the accidental disclosure of sensitive information. Remedial improvement plans were developed and implemented from the Root Cause Analysis of these incidents. The Information Commissioner concluded that they were satisfied with the way in which the Trust had responded to the incidents and the remedial actions in place.

Summary of serious incident requiring investigations involving personal data as reported to the information commissioner's office in 2014/15

Date of incident (month)	Nature of incident	Nature of data involved	Number of data subjects potentially affected	Notification steps
August	Lost or stolen paperwork	Names, D.O.B,	13	Individuals notified by telephone and post
February	Disclosed in error	Names, Sickness information,	125	Individuals notified by telephone and post
February	Lost or stolen paperwork	Names, D.O.B, Address, very limited clinical information	23	Individuals notified by telephone
Further action on information risk	Walsall Healthcare NHS Trust will continue to monitor and assess its information risks, in light of the events noted above, in order to identify and address any weaknesses and ensure continuous improvement of its systems.			

Summary of other personal data related incidents in 2014/15

Category	Breach Type	Total
A	Corruption or inability to recover electronic data	3
B	Disclosed in Error	15
C	Lost in Transit	0
D	Lost or stolen hardware	0
E	Lost or stolen paperwork	19
F	Non-secure Disposal – hardware	0
G	Non-secure Disposal – paperwork	6
H	Uploaded to website in error	0
I	Technical Security (including hacking)	0
J	Unauthorised access/disclosure	0
K	Other	359

9.5 The Risk and Control Framework

The Trust Board has the overall responsibility for probity (standards of public behaviour) within the Trust and is accountable for monitoring the organisation against the agreed direction and ensuring corrective action is taken where necessary. As Chief Executive, I remain accountable, but delegate executive responsibility to the Executive Directors of the Trust for the delivery of organisational objectives, whilst ensuring that there is a high standard of public accountability, probity and performance management. The personal objectives of each Director are shaped to address key risk areas of the Trust.

Risks are identified proactively through the above risk assessment processes, together with our quality performance mechanisms which include harm review and mortality reviews and reactively through the monitoring of key business objectives, incidents, complaints and claims. We continue to actively assess ourselves against the Monitor Quality Governance Framework to strengthen controls and assurances in this key area. During the year we continued to embed our quality and safety system through our Divisional and Care Group Quality Teams.

Agenda setting ensures that the Board is confident that systems and processes are in place to enable individual, corporate and, where appropriate, team accountability for the delivery of high quality safe services. The cycle of Trust Board meetings has been reviewed to ensure that during 2015/16, the Board devotes sufficient time to setting and reviewing strategy and monitoring key risks.

Board Assurance Framework

The Board Assurance Framework (BAF) provides the Trust with a structured top-down approach to recording strategic objectives, thinking about potential factors which may prevent them from being achieved, specifying the controls currently in place to manage these risks and identifying sources of assurance for the Board. The primary focus is confidence that effective processes are in place to deliver the strategic objectives of the Trust. Strategic risks populating the framework are derived from a process of identification which includes the strategic objectives, the key business objectives and principal governance risks.

These identified strategic risks are entered onto a register and ranked according to risk as with the operational risk registers. The controls and management action is stated, as well as sources of information or evidence which give assurance that a risk is being managed.

The level of assurance score indicates where further work is required to manage a strategic risk, or where further information to the Board is required in evidence of risk management action. Where any significant gaps in assurance are identified they are transferred to the risk register and an action plan is developed. The Board Assurance Framework was awarded an internal audit rating of substantial assurance in 2014/5. The rationale for failing to attain optimal assurance related to the need for greater Board ownership of the framework. A dedicated training session has now taken place with the Board, facilitated by Mills and Reeve, to ensure that the framework is used to its optimal potential in 2015/16.

Risk Control

The control objective of the Trust is to reduce risk to a reasonable level consistent with its mission to provide highest quality patient care and treatment.

Controls include:

- Systems;
- Training;
- Contingency Plans;
- Data Security and Information Governance;
- Equality Delivery;
- Policies, Procedures, Guidelines, Protocols;
- Design of equipment, buildings and materials;
- Insurance;
- Good governance arrangements.

During the year 2014/15, particular improvements have been made to the following local controls:

Systems

Innovation and learning in relation to risk management is critical. As mentioned above, during 2012/13 the Trust has implemented a new Quality and Safety System at Divisional and Care Group levels with key responsibility for risk management and quality outcomes. Throughout 2014/15 we have continued to embed this system and this has aided the early identification and management of risk at Divisional and Care Group levels with evidence of enhanced ownership of quality data and resultant improvement actions. There has been some evidence of non-compliance with the risk management strategy and a dedicated session on risk management/quality governance was therefore included in our Leadership Programme in 2014/15.

Training

The Trust provides a comprehensive programme of risk management training to staff which comprises:

- Corporate and local induction programmes to provide relevant aspects of risk management training to new starters;
- Risk management training in line with the Trust Training Needs Analysis;
- Board risk management training
- Where required, tailored training / education / awareness resources are developed to reflect individual staff needs and their involvement in undertaking risk management activities;
- Quality Governance Training as a core module within the Trust's Leadership Programme
- The ongoing provision of support and advice provided through the Governance team structure and working arrangements with the divisions.

Data Security and Information Governance

Control measures are in place to ensure that risks to data security are identified, managed and controlled. The Trust has an information risk management process in place and information asset owners have been identified to cover the Trust's main systems and records stores. All Trust laptops and memory sticks are encrypted and person-identifiable information is required to be held only on Trust servers. Incidents and risks are reviewed by the Information Governance Steering Group who report to the Quality and Safety Committee.

An overall rating of Requires Improvement has been given to our IT and Information Governance domain, as a result of Lorenzo business continuity issues and pen testing on the LAN. A level of substantial assurance has been awarded to the process of compliance for the Information Governance Toolkit.

Equality Delivery System

Control measures are in place to ensure that the Trust is compliant with all obligations under equality, diversity and human rights legislation. Walsall Healthcare NHS Trust has an overarching Equality and Diversity Steering Group which sits quarterly. The Steering Group provides the strategic direction for the Trust to ensure legal compliance and facilitate improvements on our equality goals. In order to enable the Trust to assess its equality performance and determine areas of priority Walsall Healthcare NHS Trust has fully implemented the NHS Equality Delivery System (EDS2). The main purpose of the EDS is to enable the Trust, in discussion with local partners including patients, to review and improve our performance for people with characteristics protected by the Equality Act 2010 and ensure compliance with the public sector Equality Duty. There are 18 outcomes grouped into 4 goals which are appraised by Lay Assessors (patients, colleagues, local special interest groups etc.):

- Better health outcomes for all
- Improved patient access and experience
- Representative and supportive workforce
- Inclusive leadership.

The assessment identifies areas where lessons can be learnt to ensure that the patient or colleague experience continues to improve and tackles any inequalities. This also enables Walsall Healthcare to improve local engagement and awareness of equality across the workforce. This assessment takes place annually and includes assessments to ensure the Trust is meeting its statutory obligations to colleagues, job applicants and patients under relevant equality laws.

As part of the Public Sector Equality Duty, Walsall Healthcare NHS Trust ensures that Due Regard is proportionately taken for the development of employment policies and strategies. This is achieved through the Trust's Equality Analysis policy. Equality Analysis for Walsall Healthcare involves a process of systematically analysing a new or existing policy or strategy to identify what effect or likely effect will follow as a result of the implementation of a policy or strategy for different groups. The Policy reinforces the Trust's commitment to promoting equality and human rights and valuing diversity in all areas of Walsall Healthcare. The purpose of the policy is to assist managers, with best practice guidance, to ensure compliance with their legal duties for patients and colleagues and complete an Equality Audit prior to the development or review of their policy or service. This enables the Trust to embed equality at the core of mainstream business. It is the responsibility of Trust and Management Board members to ensure that all key policies and service developments are subject to Equality Analysis prior to being presented to the Board. Authors of reports must ensure that the Equality Analysis is submitted with the proposed policy or service development to the relevant ratifying body. This is audited via the Equality and Diversity Steering Group.

Carbon Reduction The Trust is fully committed to playing a leading role in developing a truly sustainable NHS and combating climate change. A Board approved Sustainable Development Policy is in place in accordance with emergency preparedness and civil contingency requirements, based on UKCIP 2009 weather projects, to ensure that our obligations under the Climate Change Act and the Adaptation Reporting Requirements are complied with. Over the past 12months the Trust has made major inroads in embedding sustainability and climate change at the core of the organisation. Key successes for 2014/15 have included:

- Monthly reviews of electricity, gas and water consumption across the hospital and community properties in order to ensure they meet key performance indicators.
- Investment in new technology in order to support reduction in energy and carbon consumption including upgrades to building management systems, low energy and led lighting and invertor controls…
- Partnership working to improve the external landscape with friends of the earth and other volunteers continuing to undertake tree planting and other groundworks.

Bribery Act

The Trust has supplemented the Code of Business Conduct with a stand-alone Bribery Act Policy for staff. The policy was reviewed in 2014/15 to ensure that it was reflective of latest intelligence and legislation. Risk assessments in this area have also been undertaken by our internal audit department and associated action plans approved and monitored by the Audit Committee. Our statement of commitment to adhering to the Bribery Act is on our website:
https://www.walsallhealthcare.nhs.uk/about-us/the-bribery-act.aspx

9.6 Review of the effectiveness of risk management and internal control

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed in a number of ways. The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of the internal audit work. Executive managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance. The Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed.

My review is also informed by:

- The Care Quality Commission compliance levels with the fundamentals of care as determined by the Intelligent Monitoring Report;
- Sustained unconditional registration with the Care Quality Commission;
- NHSLA level one accreditation for the General Standards;
- NHSLA level three accreditation for Maternity Standards;
- Information Governance Toolkit compliance at level 2;
- Delivery of internal audit management action plans
- The Trust's Standing Orders and Standing Financial Instructions (and associated documents) were reviewed during the year, and the outcome was considered by the Audit Committee prior to approval by the Trust Board;
- Reports from external inspecting bodies
- Patient Experience Feedback
- Staff Experience Feedback

My review is also informed by the work of Grant Thornton (the Trust's external auditors), including their opinion on the Trust's financial statements, their annual governance letter, final accounts memorandum and annual audit letter.

In addition, the work of the Trust's internal auditors, has informed this review of internal control (see below).

Counter-fraud work has also continued, with regular reports being made to the Audit Committee throughout the year.

The Role of Internal Audit

The role of internal audit at the Trust is to provide an independent and objective opinion to me, my managers and the Trust Board on the system of control. The work of Internal Audit is undertaken in compliance with Public Sector Internal Audit Standards. The work to inform the internal audit programme is agreed by the Audit Committee on an annual basis. The audit programme includes a risk assessment based on the Trust's assurance framework, an evaluation of other risks identified in the Trust risk register and through discussion with management.

Internal Audit reports the findings of its work to management and action plans are agreed to address any identified weaknesses. Internal Audit findings are also reported to the Audit Committee for consideration and further action if significant. The Audit Committee have escalated concerns relating to the slippage in the implementation of some internal audit recommendations during the course of 2014/15, predominantly in the areas of temporary staffing, telehealth and the development and implementation of the Trust Cost Improvement Programme. The system of internal control to assure improved compliance with internal audit recommendations will be strengthened in 2015/16 through executive oversight and a culture of enhanced accountability. In addition, to routine internal audits, the Trust commissions assurance reviews from internal audit on issues which the Trust has identified as requiring strengthening, where performance improvement is required or where new arrangements have been implemented. The table below shows the internal audit reviews for 2014/15 as presented to the Audit Committee:

Audit Domain	Area Review	Assurance Opinion
Finance	General Ledger Maintenance and Budgetary Control	Substantial
	Income and Debtors	Substantial
	Payroll/Aspects of HR	Substantial
	Expenditure – Non Pay	Substantial
	Capital Assets Management Accounting	Substantial
HR/Workforce	Payroll/Aspects of HR	Substantial
	Recruitment and Selection Process	Moderate
	Temporary Staffing Arrangements	Moderate
	Termination Process	Moderate
Performance and Operations	Transfer of Care	Requires Improvement
	Lorenzo Business Continuity	Insufficient
	CAS Alerts	Insufficient
	Telehealth	Insufficient
Clinical and Quality	Cancer Waits	Moderate
	Patient Records – Policy Compliance	Moderate
	Infection Control	Substantial
	A&E Waits	Moderate
Governance and Risk	Assurance Framework	Substantial
	CQC Governance Arrangements	Substantial
	Francis Report Recommendations	In Progress
IT and Information Governance	Information Governance Toolkit	Substantial
	Penetration Testing Internet	Substantial
	Penetration Testing LAN	Insufficient
	Penetration Testing social engineering	Substantial
	Public Wireless Penetration Testing	Requires Improvement
	Lorenzo Business Continuity	Insufficient

Management action plans have been agreed to address any recommendations arising from the internal audits to ensure continuous improvement of the system of internal control and assurance is in place. It is my duty to ensure that these management actions are implemented in a timely way in 2015/16, ensuring that the slippage in implementation for some internal audit recommendations in 2014/15 is not repeated.

The Head of Internal Audit's opinion for 2014/15 is that limited assurance can be given as weaknesses in the design and/or inconsistent application of controls, put the achievement of the organisation's objectives at risk in a number of the areas reviewed.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by:

- The Board, which has the responsibility for setting the overall direction of the Trust, agreeing the Trusts principal objectives / business plan, assessing and managing strategic risks to the delivery of those objectives and monitoring progress through performance monitoring reports;
- The Audit Committee which works to an audit plan and provides assurance to the Board;
- The Quality and Safety Committee, which is responsible for monitoring and reviewing risks and the Assurance Framework and to ensure that arrangements are in place to maintain a sound system of internal control;
- Corporate and Divisional Directors;
- Internal Audit, which has reviewed the Trust's Assurance Framework and Care Quality Commission regulatory compliance arrangements, and provided levels of assurances and agreed action plans where required

Significant Issues

The level of increase in emergency activity experienced by the Trust in 2014/15 was considered to be a significant issue for the Trust due to the impact this had upon:

- capacity within the organisation
- workforce and temporary staffing usage
- failure to achieve the 4 hour operating standard
- failure to achieve the 18 week referral to treatment time standard
- failure to achieve the 62 day cancer standard
- failure to achieve the financial surplus

The Audit Committee recognised this issue and commissioned a repeat internal audit review of a temporary staffing audit that had taken place the previous year, together with a review of the processes underpinning the 62 day cancer standard and A&E waiting times. An internal audit of the business continuity planning identified insufficient assurance largely driven by data quality issues which have impacted on the Trust's 18 week

9.7 Conclusion

As part of this Annual Governance Statement I am able to provide reasonable assurance to the system of risk management and internal control within Walsall Healthcare NHS Trust.

Accountable Officer
Richard Kirby

Organisation
Walsall Healthcare NHS Trust
3rd June 2015

10 Sustainability Report

Sustainability Report

During 2015/16, we hope to move forward with a strategic partner on a variety of 'invest to save' initiatives, including upgrades to our Building Management System, further investment in low energy lighting and the replacement of heating, ventilation and air-conditioning (HVAC) plant. We also intend to actively pursue the installation of combined heat and power plant to generate its own electricity and a waste heat boiler to support our heating and hot water needs.

We will be continuing to work closely with local and regional public service providers and other healthcare providers and commissioners to ensure that there is continuity and a high level of cross organisational working with regard to sustainability and climate change.

Our full Sustainability and Carbon Reduction Strategy is available at Appendix B, page 111. The Sustainability and Carbon Reduction Strategy is based on the SDU standard template. We also formally comply with the Carbon Reduction Scheme wherein we are registered with the Environmental Agency.

11 Remuneration Report

Remuneration Report

In 2014/15, no employees received remuneration in excess of the highest-paid Director (there were 0 in 2013/14).

Remuneration ranged from £15,100 to £197,063 (2013-14 - £14,294 to £197,063).

The highest paid director is the medical director who has dual responsibility as medical director and clinical lead.

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

Pay Multiples – Audited

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 2014-15 was £197.5k (2013-14, £197.5k). This was 8.5 times (2013-14, 8) the median remuneration of the workforce, which was £24k (2013-14, £24k). In 2014-15 no employees received remuneration in excess of the highest-paid director.

The Trust has recruited a number of individuals across all medical and non-medical specialties. Primarily the most significant increase in the permanent workforce is in the areas of nursing and midwifery and ancillary healthcare assistants. The result of the increase in the categories of staff has meant the median has slightly reduced as a consequence.

The full membership of the remuneration committee is included within Annual Governance Statement of this annual report. The remuneration committee agrees remuneration packages for Executive Directors, and no senior managers are appointed on a fixed term contract. The dates at which the Directors began their appointments are reported in section 8 of this Annual Report. The notice period for directors is 3 months. The Trust will incur no additional liability as a consequence of early termination for directors. No performance bonus payments were made to directors during the financial year.

Remuneration entitlement of senior managers – AUDITED

	2014–15							2013–14						
Name and Title	Salary (Bands of £5000) £000	Other remuneration (Bands of £5000) £000	Performance pay and bonuses (Bands of £5000) £000	Long term performance pay and bonuses (Bands of £5000) £000	Expense Payments (Taxable) to the nearest £100	All pension related benefits (Bands of £2500) £000	TOTAL (Bands of £5000) £000	Salary (Bands of £5000) £000	Other Remuneration (Bands of £5000) £000	Performance pay and bonuses (Bands of £5000) £000	Long term performance pay and bonuses (Bands of £5000) £000	Expense Payments Rounded to the nearest £100	All Pension Related Benefits (Bands of £2500) £000	TOTAL (Bands of £5000) £000
Mr B.L.E. REID (Chairman from 1 July 2004)	20–25						20–25	20–25						20–25
Mr R. KIRBY, Chief Executive (from 9 May 2011)	150–155					17.5–20	165–170	150–155					22.5–25	170–175
Mr I. BAINES, Director of Finance (from 5 August 2013)	110–115				2,200	67.5–70	180–185	70–75				2,000		70–75
Mr K. MANSFIELD, Interim Director of Finance (left 2 August 2013)								85–90						85–90
Mr R. CATTELL, Chief Operating Officer (from 22 September 2014)	55–60						55–60							
Mrs J. TUNSTALL, Chief Operating Officer (left 8 July 2014)	30–35						30–35	105–110					5–7.5	110–115
Mr A. KHAN, Medical Director (from 1 October 2010)	80–85	80–85	25–30			12.5–15	210–215	80–85	80–85	25–30			77.5–80	275–280
Mrs K. HALFORD, Nurse Director (from 1 June 2014)	100–105					157.5–160	260–265							
Mrs S.HARTLEY, Nurse Director (left 31 March 2014)								90–95					77.5–80	170–175
Ms A.BAINES, Director of Strategy (left 30 September 2014)	45–50					25–27.5	70–75	90–95					5–7.5	95–100
Mr D. FRADGLEY, Director of Transformation and Strategy (1 February 2015)	20–25						20–25							
Ms D. CLIFT, Director of Corporate Affairs and Trust Secretary (from 1 March 2011)	70–75					2.5–5	75–80	70–75						70–75
Mr N. SUMMERS, Non-Executive Director (from 1 March 2008)	5–10						5–10	5–10						5–10
Ms D.OUM, Associate Non-Executive Director (left 30 November 2014)	0–5						0–5	5–10						5–10
Mr G. McEVOY, Associate Non-Executive Director (from 1 December 2010)	5–10						5–10	5–10						5–10
Mr R.COOKE, Non-Executive Director (left 29 January 2015)	5–10						5–10	5–10						5–10
Mr A. BURNS, Non-Executive Director (from 17 July 2013)	5–10						5–10	0–5						0–5
Dr J. SHAPIRO, Non-Executive Director (from 23 October 2013)	5–10						5–10	0–5						0–5
Mr J. DUNN, Non-Executive Director (from 1 February 2015)	0–5						0–5							
Mr J. SILVERWOOD, Non-Executive Director (from 1 February 2015)	0–5						0–5							

Expense Payments – Lease Car
**Other Remuneration – This is the salary payment as a Medical Consultant.
The bonus payment for Mr A. KHAN is in respect of a National Clinical Excellence Award.
Mr D. FRADGLEY, Director of Transformation and Strategy (1 February 2015) his salary represents a recharge from the West Midlands Ambulance Service Foundation Trust

The Trust did not agree any exit packages in 2014/15 for Executive Directors.

Pension benefits of senior managers – AUDITED

	Total accrued pension as at 31 March 2015 (Bands of £5,000) £'000	Real increase in pension at age 60 (Bands of £2,500) £'000	Lump sum at age 60 (Bands of £5,000) £'000	Real increase in lump sum at age 60 (Bands of £5,000) £'000	Cash Equivalent Transfer Value at 31 March 2015 (Bands of £'000	Cash Equivalent Transfer Value at 31 March 2014 (Bands of £'000	Real Increase in Cash Equivalent Transfer Value £'000	Real Increase in Cash Equivalent Transfer Value Employer Funded £'000
Mr R. KIRBY, Chief Executive (from 9 May 2011)	35–40	0–2.5	110–115	5–10	533	483	38	26
Mr I. BAINES, Director of Finance (from 5 August 2013)	20–25	2.5–5	75–80	10–15	376	304	64	45
Mr A. KHAN, Medical Director (from 1 October 2010)	75–80	0–2.5	235–240	0–5	0	1775	0	0
Mr R. CATTELL, Chief Operating Officer (from 22 September 2014)	30–35	0–2.5	95–100	0–5	518	497	11	8
Mrs J. TUNSTALL, Chief Operating Officer (left 8 July 2014)	40–45	(2.5)–0	125–130	(5)–0	734	730	0	0
Mrs K. HALFORD, Nurse Director (from 1 June 2014)	35–40	5–10	115–120	20–25	710	518	148	104
Ms A. BAINES, Director of Strategy (left 30 September 2014)	35–40	0–2.5	110–115	0–5	703	617	35	25
Ms D. CLIFT, Director of Corporate Affairs and Trust Secretary (from 1 March 2011)	10–15	0–2.5	30–35	0–5	169	152	14	10

NOTES:
1. The accounting policies at note 1.7 and note 10.6 set out how our pension liabilities are treated in the accounts.
2. The CETV for 2014/2015 is not quoted for the medical director as he has reached retirement age.
3. The Trust does not make any contributions to stakeholder pensions.

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 2014-15 was £197k (2013-14, £197.5k). This was 8.5 times (2013-14, 8) the median remuneration of the workforce, which was £24k (2013-14, £24k). In 2014-15 no employees received remuneration in excess of the highest-paid director.

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

The 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 above have been audited for compliance with Statutory Instrument 2008 No 410.

Off Payroll Engagements

For all off-payroll engagements as of 31st March 2015, for more than £220 per day and that longer than six months

Number of existing engagements as of 31 March 2015	8
Of which, the number that have existed:	
less than 1 year at the time of time of reporting	1
for between 1 and 2 years at the time of reporting	1
for between 2 and 3 years at the time of reporting	4
for between 3 and 4 years at the time of reporting	2
for 4 or more years at the time of reporting	0

Assurance was received for all existing engagements regarding the payment of income tax and National Insurance in 2013/14.
For all new off-payroll engagements between 1st April 2014 and 31st March 2015, for more than £220 per day and that last longer than six months

Number of new engagements between 1st April 2014 and 31st March 2015	1
Number of new engagements which include contractual clauses giving Walsall Healthcare NHS Trust the right to request assurance in relation to income tax and National Insurance	1
Number for whom assurance has been requested	1
Of which:	
assurance has been received	1
assurance has not been received	0
engagements terminated as a result of assurance not being received, or ended before assurance received	0

Number of off payroll engagements of 'board members, and/or senior officers with significant financial responsibility' during the year	0
Number of individuals that have been deemed 'board members and/or senior officers' with significant financial responsibility during the year. This figure includes both off payroll and on payroll engagements	8

The total number of individuals includes all Executive Directors who have held office during the year.

Statement Of The Chief Executive's Responsibilities as The Accountable Officer Of The Trust

The Chief Executive of the NHS Trust Development Authority has designated that the Chief Executive should be the Accountable Officer to the trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Chief Executive of the NHS Trust Development Authority. 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 with the approval of the Treasury to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

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

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

Richard Kirby
Chief Executive

Russell Caldicott
Interim Director of Finance

These financial statements are summaries of the information contained in the Annual Accounts of the Walsall Healthcare NHS Trust. The Trust's auditors have issued an unqualified report on the Annual Accounts.

The full financial statements are available as a separate document from the Trust's website www.walsallhealthcare.nhs.uk.com or on request from:
Mr. Trevor Baker, Chief Financial Accountant, Finance Department, Walsall Healthcare NHS Trust, The Manor Hospital, Moat Road, Walsall WS2 9PS.

The Trust's policy for managing risk is set out in the Annual Governance Statement.

The Trust's external auditors are Grant Thornton UK LLP. The fee for the statutory audit for 2014/15 was £108,000 (including VAT) with an additional £12,000 for audit related services (the review of the Trust's Quality Account).

12 Independent Auditor's Report

Independent Auditor's Report to the Directors of Walsall Healthcare NHS Trust

We have audited the financial statements of Walsall Healthcare NHS Trust for the year ended 31 March 2015 under the Audit Commission Act 1998. The financial statements comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by the Secretary of State with the consent of the Treasury as relevant to the National Health Service in England.
We have also audited the information in the Remuneration Report that is subject to audit, being:

- the table of salaries and allowances of senior managers and related narrative notes
- the table of pension benefits of senior managers and related narrative notes
- pay multiples and related narrative notes

This report is made solely to the Board of Directors of Walsall Healthcare NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 44 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2014. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust's directors and the Trust as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of Directors and auditor

As explained more fully in the Statement of Directors' Responsibilities in respect of the accounts, the Directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards also require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the Trust's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the directors; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the annual report which comprises the sections entitled Welcome; Strategic Report; Delivering a first class patient experience; Providing safe high quality services; Integrated care; An engaged and empowered workforce; Looking Ahead to 2015/16; Directors Report; Annual Governance Statement 2014/15; Sustainability Report; Remuneration Report; to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the financial position of Walsall Healthcare NHS Trust as at 31 March 2015 and of its expenditure and income for the year then ended; and
- have been prepared properly in accordance with the accounting policies directed by the Secretary of State with the consent of the Treasury as relevant to the National Health Service in England

Opinion on other matters

In our opinion:

- the part of the Remuneration Report subject to audit has been prepared properly in accordance with the requirements directed by the Secretary of State with the consent of the Treasury as relevant to the National Health Service in England; and
- the information given 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 report by exception

We are required to report if we refer a matter to the Secretary of State under section 19 of the Audit Commission Act 1998 or section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency.

On 8 May 2015 we referred a matter to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014 on the basis that for 2014/15 and 2015/16 the Trust is forecasting year end deficits of £12.9 million and £10 million respectively, which will result in a cumulative deficit position of approximately £3.2 million as at 31 March 2016. These forecast deficits would lead to a breach of the Trust's statutory duty to break even over the five year period ending 31 March 2016.

We report to you if:

- the table of salaries and allowances of senior managers and related narrative notes
- the table of pension benefits of senior managers and related narrative notes
- pay multiples and related narrative notes

We have nothing to report in these respects.

Conclusion on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

Respective responsibilities of the Trust and auditor

The Trust is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources, to ensure proper stewardship and governance, and to review regularly the adequacy and effectiveness of these arrangements.

We are required under Section 5 of the Audit Commission Act 1998 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The Code of Audit Practice issued by the Audit Commission requires us to report to you our conclusion relating to proper arrangements, having regard to relevant criteria specified by the Audit Commission in October 2014.

We report if significant matters have come to our attention which prevent us from concluding that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources. 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.

Scope of the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criteria, published by the Audit Commission in October 2014, as to whether the Trust has proper arrangements for:

- securing financial resilience
- challenging how it secures economy, efficiency and effectiveness.

The Audit Commission has determined these two criteria as those necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2015.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the Trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

Basis for adverse conclusion

In considering the Trust's arrangements for securing financial resilience, we identified the following matters:

- The Trust delivered a deficit of £12.9 million in 2014/15. For 2015/16 the Trust is currently forecasting a year end deficit of £17 million. The deficit plan has been agreed with relevant stakeholders and includes the provision of additional cash support and liquidity requirements. The financial deficit for 2014/15 and the planned deficit for 2015/16 are evidence of weakness in arrangements in respect of the Trust's financial control and strategic financial planning.
- In considering the Trust's arrangements for challenging how it secures economy, efficiency and effectiveness, we identified the following matters:
- The Trust has not met a number of the national patient performance targets in 2014/15, including the A&E 4 hour wait, 62 day wait for referral to treatment of all cancers, and compliance with ambulance patient handover times. Its performance also deteriorated during the year with regard to a number of locally set performance targets.
- During 2014/15 the Trust could not accurately record and report its Referral To Treatment pathway performance. This issue impacts on the Trust's ability to manage its patient waiting list and Referral to Treatment performance.

These issues are evidence of weakness in arrangements for prioritising resources and improving efficiency and productivity.

Adverse conclusion

On the basis of our work, having regard to the guidance on the specified criteria published by the Audit Commission in October 2014, the matters reported in the basis for adverse conclusion paragraph above prevent us from being satisfied that in all significant respects Walsall Healthcare NHS Trust put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ending 31 March 2015.

Certificate

We certify that we have completed the audit of the accounts of Walsall Healthcare NHS Trust in accordance with the requirements of the Audit Commission Act 1998 and the Code of Audit Practice issued by the Audit Commission.

Mark Stocks
for and on behalf of Grant Thornton UK LLP, Appointed Auditor
Colmore Plaza, 20 Colmore Row, Birmingham , B4 6AT
4th June 2015

13 Appendices

Appendix A – Board & Committee Attendance levels 2014/15

Name of Board Member	Trust Board		Audit Committee		Quality and Safety Committee		Performance Finance and Investment Committee		Board Nomination and Remuneration Committee	
	Number Required to attend	Number Attended	Number Required to attend	Number Attended	Number Required to attend	Number Attended	Number Required to attend	Number Attended	Number Required to attend	Number Attended
Non-Executive Directors										
Mr B. Reid OBE	12	11	0	0	0	0	12	7	3	3
Mr N. Summers CBE	12	9	4	3	2	2	12	8	3	3
Mr A. Burns	12	11	5	5	0	0	12	11	3	3
Dr J. Shapiro	12	10	0	0	12	9	0	0	3	2
Mr R. Cooke	10	7	4	4	0	0	0	0	2	2
Mr G. McEvoy	12	7	0	0	12	11	0	0	3	1
Ms D. Oum	8	6	0	0	8	7	6	4	1	1
Mr J. Silverwood	2	2	1	1	0	0	2	1	1	1
Mr J. Dunn	2	2	1	1	0	0	2	2	1	1
Executive Directors										
Mr R. Kirby	12	11	1	1	12	11	12	12	3	3
Mr A. Khan	12	10	0	0	12	11	12	9	0	0
Mrs K. Halford	12	12	0	0	12	11	12	9	0	0
Mrs J. Tunstall	3	3	0	0	3	1	3	3	0	0
Mrs A. Baines	2	0	0	0	2	0	2	1	0	0
Mr R. Cattell	7	7	0	0	7	4	7	5	0	0
Mr I. Baines	12	12	5	4	12	10	12	12	0	0

*Non-voting Directors
Note: Anne Baines, Director of Strategy joined the Quality and Safety Committee in October 2013
Danielle Oum joined the Quality and Safety Committee in October 2013

Appendix B – Sustainability and Carbon Reduction Strategy

13.0 Executive Summary

Walsall Healthcare's aims include transforming our services through integration across hospital and community settings, improving patient and clinical outcomes, and making the best use of our resources. These aims need to be achieved at a time when we, as all NHS organisations, face significant challenges including:

- A perpetually increasing demand on health services, fuelled by a growing, less healthy, ageing population with numerous co-morbidities;
- Increasing expectations around quality of clinical outcomes, and experience of using the service;
- Budgetary constraints in the public sector; Global resource uncertainty, due to diminishing resources coupled with increasing demand from the developing world;
- A changing climate and the well documented impact this will have on health.

To manage these challenges, we need to adopt new approaches in the delivery of our services and management of our assets. We need to ensure that our services are 'sustainable', i.e. we can meet the needs of today without compromising the needs of tomorrow.[1]

In recognition of this challenge, Walsall Healthcare is committed to being a Good Corporate Citizen and has set a target of reducing its 2009 carbon footprint [from energy sources] by 10% by 2015. This equates to 889.6 tonnes based upon the total emissions for 2009 of 8,896 tonnes.

The opening of the new Manor Hospital heralded a new era in Walsall Healthcare's continuing drive to reduce its carbon emissions. We have a number of environmental and carbon reduction initiatives in place, working with our partners where appropriate, and this strategy brings these together under a set of environmental, travel and procurement policies and management systems.

1 Brundtland Commission [Online] Available at: www.un-documents.net/a42r187.htm

This strategy confirms our commitment to ensuring the sustainability of the organisation and the services that we provide, the current carbon footprint and the measures that will be taken in order to ensure that our sustainability and carbon reduction targets are achieved. We will deliver this strategy both through mitigation (i.e. reducing the impact of climate change through reduced usage of energy) and adaptation (i.e. changing practice or systems to respond to the impact of climate change on the environmental, social and financial climate, and take advantage of any potential benefits).

This strategy, the proposed policies and management systems are presented our Board's approval (doesn't make sense?), with Director leadership.

The overall reporting and ongoing management of this strategy will be overseen by the Estates Strategy Group (ESG), a cross-functional team with the capacity to identify the appropriate steps and the authority to implement the actions required. Communication of this strategy and the results of its implementation will be communicated to all staff to ensure their support and its continued success.

13.1 Innovative models of care and use of technology

We will work with local partners across the health and social care system to transform health services, improving health outcomes and making best use of resources. We will integrate services across hospital and community settings, initially focusing on five pioneer pathways for patients with long term conditions.

We will continue to invest in technology that supports admission avoidance. For example, through telehealth facilities, patients with a pre-existing diagnosis may be treated while remaining in their place of residence, enabling timely intervention while reducing the need to attend hospital facilities.

13.2 Energy and carbon management

We will review our energy and carbon management at Board level, develop more use of renewable energy where appropriate, measure and monitor on a whole life cycle cost basis and ensure appropriate behaviours are encouraged in individuals as well as across the organisation.

Ongoing monitoring and control of carbon reduction will be managed in conjunction with the Estates Strategy Group. The Carbon Reduction Commitment (CRC) will be the key

responsibility of the Asset Utilisation and Sustainability Committee (AUSC), which will report on an annual basis.

13.3 Procurement and food

We will consider strategies to minimise wastage at the buying stage, work in partnership with suppliers to lower the carbon impact of all aspects of procurement, make decisions based on whole life cycle costs and promote sustainable food throughout its business.

13.4 Travel and transport

We will routinely and systematically review the need for staff, patients and visitors to travel, consistently monitor business mileage; provide incentives for low carbon transport and promote care closer to home, telemedicine, and home working opportunities.

13.5 Water

We will ensure efficient use of water by measuring and monitoring its usage, by designing it into building developments, by quick operational responses to leaks; by using water efficient technology and by avoiding the routine purchasing of bottled water.

13.6 Waste

We will monitor report and set targets on management of domestic and clinical waste, including minimising the creation of waste in medicines, food and ICT and review our approach to single use items versus decontamination options.

13.7 Designing the built environment

We will design our built environment to encourage sustainable development and low carbon usage in every aspect of their operation. This includes resilience to the effects of climate change, energy management strategies, and a broader approach to sustainability including transport, service delivery and community engagement. A task and finish group will be created to develop a blueprint for optimum low carbon healthcare buildings for each project.

13.8 Organisational and workforce development

Our staff will be encouraged and enabled to take action in their workplace. We will support staff by promoting increased awareness, conducting behavioural change programmes, encouraging home working, low carbon travel, the use of IT, and by ensuring sustainable development will be included in every job description.

13.9 Partnerships and networks

We will consolidate partnership working and make use of its leverage within local frameworks including Local Area Agreements, Local Strategic Partnerships and through Comprehensive Area Assessments.

13.10 Governance

We will set interim targets and trajectories to meet the provisions of the Climate Change Act and will disaggregate these to the component sources of emissions.

Carbon reduction and sustainable development are corporate responsibilities. We will monitor and reporting progress towards delivering this strategy and associated SDMP (what does this stand for?) through our existing performance management and governance mechanisms. The Chief Operating Officer is the delegated Board responsible officer.

13.11 Finance

We will become carbon literate, carbon numerate and ensure appropriate investment to meet the commitments required to become part of a low carbon NHS and in preparation for a carbon tax regime. Partnership working will be required to deliver appropriate incentives, economies and training to support this shift in culture and for the local economy.

All business cases will ensure consideration to carbon impact is undertaken to inform the final decision making process. The Annual Capital Programme will consider green sustainable initiatives as part of the programme process.

13.12 Conclusion

This strategy and integrated SDMP sets the ambition for us to play a leading and innovative role in ensuring the shift to a low carbon society. We are committed to active measurement and monitoring of progress towards our defined targets in order to ensure that we become a sustainable, low carbon organisation. These mechanisms will help ensure ongoing delivery of high quality, integrated clinical services within available resources to the future generations of the Walsall population.

Walsall Healthcare NHS
NHS Trust

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