



Care Colleagues  
Communities Collaboration



Walsall Healthcare  
NHS Trust

# Annual Report 2022/23



To deliver exceptional care together to improve  
the health and wellbeing of our communities



# Contents

## Introduction

Group Chair's Statement

### Part 1

Introduction

Statement from the Group Chief Executive - his perspective on performance over the period	8
A year's worth of highlights	10
Air quality improvements	10
One stop service cuts patient waits	11
Teamwork proves award-winning	12
Extra help for smokers to quit	12
No place like home	13
Better X-ray images	14
Walsall's MIDAS touch	15
Support for staff affected by baby loss	16
#BackToTheFloorFriday	17
Legacy mentors introduced	18
Technological first at Walsall Healthcare NHS Trust	19
Smooth move into new centre	20

### Part 2

Performance Report

## 6

Purpose of Section	22
Statement of the Purpose and Activities of the Organisation - What we do and who we serve	23
Our Local Population - some health indicators	23
Black Country Integrated Care System	24
Walsall Together	26
CRN West Midlands - Highlights	34
Statement of Going Concern	37
Our Vision and Values	38
Trust Strategic Aims and Objectives 2022-2027	39
Our charity year	40
Our risks to achievement	42
Key risks and issues - related to activity	42
Performance Summary (what we achieved)	43
Performance Analysis	43
Financial Performance	51
The Patient Voice	53
Diversity and Inclusion in the Workplace	63
Board Assurance Framework	64
Sustainability/Greener NHS Programme	66
Emergency Preparedness, Resilience and Response (EPRR)	68

**Part 3**  
Accountability  
Report

Corporate Governance Report	71
Directors Report	72
Directors who left during the financial year 2022/23	92
Fit and Proper Person	92
Accountability	92
Statement of Disclosure to Auditors	92
Annual Governance Statement 2022/23	93
Scope of responsibility	93
The Purpose of the System of Internal Control	93
The Trust Board	93
Trust Board Composition	94
Board Committees	94
Establish and maintain safe, sustainable staffing	101
Freedom to Speak Up (FtSU)	102
Capacity to Handle Risk	104
Board Assurance Framework	106
Review of economy, efficiency and effectiveness of the use of resources	108
Anti-fraud, bribery and corruption	109
Overview of Information Governance incidents	110
Quality	111
Digital innovation	113
Review of Effectiveness	114
The Annual Internal Audit Opinion	116
Statement of the Chief Executive's Responsibilities as the Accountable Officer of the Trust	122
Statement of Directors' responsibilities in respect of the accounts	123
Health and Safety at Work	124
Modern Slavery Act 2015 - Transparency in Supply Chains	125
Compliance with NHS Provider Licence	125
Staff Report	126
Remuneration Report	130
Trust Accounts Consolidation (TAC) Summarisation Schedules for Walsall Healthcare NHS Trust	137
Chief Executive Certificate	137

**Part 4**  
Financial  
Statements

Forward and Financial Performance Overview	138
Statement of Comprehensive Income	139
Statement of Financial Position	140
Statement of Changes in Equity for the year ended 31 March 2023	142
Information on reserves	143
Statement of Cash Flows	144
Independent auditor's report to the Directors of Walsall Healthcare NHS Trust	146
Report on the audit of the financial statements	146
Report on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources	148
Report on other legal and regulatory requirements	149
Certificate	150



# Introduction

## Group Chair's Statement

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

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

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

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

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

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

**Emergency Department performance at Walsall Manor Hospital has regularly received national recognition, including visits from NHSE, for its relatively low ambulance handover delays with some of the best performance in the country.**

The NHSE Infection Prevention Control rating was upgraded to GREEN from RED with Walsall Healthcare being congratulated on how teams worked together to deliver clean, safe patient care.

And an improvement has been shown at Walsall in its performance against key Care Quality Commission (CQC) indicators.

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

We have welcomed two new Associate Non-Executive Directors - Fiona Allinson and Rachel Barber - to our Board and look forward to their valuable contributions. Meanwhile our thanks and appreciation go to Executive colleagues who have moved on this year - Russell Caldicott and Carla Jones-Charles – whose passion, diligence and commitment have had such a positive impact on the organisation.

Among many highlights of the year are our £40m new Urgent and Emergency Care Centre, the introduction of robot arm-assisted surgery and the joint Trust Strategy that has been developed with its four strategic aims of Care, Colleagues, Collaboration and Communities.

Our staff are key to the efficiency and effectiveness of our organisation and they have once again proved to be our greatest asset. The Board is under no illusion as to how difficult this last year has been economically, which has inevitably led to greater emotional pressure for them. A huge thank you to them for all they have done and their continuing efforts to deliver safe, high-quality care to our patients.

**Professor Steve Field CBE**  
Group Chair

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



# Part 1

## Introduction

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

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

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

We have set up a foodbank for those colleagues who have been experiencing extreme hardship and also provided subsidised hot meals through our Manor Lounge along with free hot drinks and toast. Our priority has been to provide appropriate support to enable our hard-working staff to be able to do their jobs and this extends to a host of other initiatives including financial and mental health assistance. I thank our Catering Team, Health and Wellbeing Team and Well Wishers charity which has partnered with the Blessed 2 Bless charitable group for putting this support in place.

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

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

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



The last 12 months have seen us introduce a number of innovations to better support our patients and enhance their experience of using our services. We have opened our brand-new Urgent and Emergency Care Centre which has significantly improved both facilities and capacity – providing almost 5,000 square metres of additional clinical space. And we introduced robot arm-assisted surgery for hip and knee replacement patients, making Walsall Manor the first district general hospital in the country to do so.

We are also looking forward to the opening of our Midwifery-Led Unit which is being re-located within the hospital as part of a £1.6m Maternity Services' investment. And with the completion of a super new playroom on the Children's Ward we have plenty to make us feel #WalsallandProud.

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

Finally, I'd like to record my thanks to our outgoing Group Chair Steve Field for his efforts and warmly welcome incoming Chair Sir David Nicholson KCB CBE.

Sir David will be Chair of Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust and continue in his shared Chair role across Sandwell and West Birmingham NHS Trust and The Dudley Group NHS Foundation Trust. We're delighted someone of his calibre has joined us for our next chapter.

**Professor David Loughton CBE**  
Group Chief Executive

# A year's worth of highlights

## Air quality improvements

More than 100 new air purification devices have been installed at Walsall Manor Hospital which will benefit patients receiving treatment as well as staff working there.

GAMA healthcare delivered and installed them, with support and help from Walsall Healthcare NHS Trust's Infection Prevention and Control (IPC), Estates and Facilities and Electrical and Biomedical Engineering (EBME) services. The Trust is one of the first in the country to purchase these to a large scale.

**Rediair is an instant air purification device, providing clean air where and when needed while capturing particulates, odours and 99.995% of airborne pathogens. It provides an almost instant air purification solution for poorly ventilated spaces.**

It has four different operating modes that begin to decontaminate the surrounding air, within seconds. While trapping particles and odours, Rediair was designed to capture airborne pathogens like bacteria, fungi and viral aerosols.

Along with other infection prevention interventions, improving indoor air quality is part of the Trust's holistic approach to reduce the risk of transmission of respiratory pathogens. Ventilation is a really important measure to help protect patients, staff and visitors.

Head of Infection Prevention and Control, Amy Boden said: "We have learnt a lot in the last two years during the pandemic and have increased our understanding of the importance of indoor air quality. This is fantastic progress and I feel really proud that we have implemented these devices here at Walsall."

## One stop service cuts patient waits

A new 'one-stop' service has been introduced between Head and Neck and Ultrasound (Imaging) at Walsall Manor Hospital.

The one-stop clinic, which is an Ear, Nose and Throat (ENT) service with Radiology support, means multiple appointments can be done in one session streamlined between two departments rather than be spread weeks apart.

The new service has been introduced following a collaboration between the ENT department and Imaging and is being carried out by Head and Neck ENT Consultant Surgeon Mr Emmanuel Diakos and Consultant Sonographer Mr Steve Klarich.

**Professional Lead for Ultrasound and Deputy Professional Lead for Imaging Hayley Whitehouse said: "This has had such a big impact, with a massive improvement in patient experience."**



Ordinarily, a patient would see the Consultant, who would tell them they need a scan. The Consultant would then put a request in, and depending on the urgency, it could take anything from two to six weeks to have the scan. Then the patient would go back to clinic to receive their results.

Now Dr Diakos, who also has a special interest in thyroid surgery, triages all referrals along with cancer services at Walsall Manor, and the patient gets booked onto the one-stop neck lump clinic immediately.

Hayley added: "The patient sees the Consultant Surgeon and the Sonographer on the same day, and they will have either a scan or a scan and a biopsy before returning to the clinic for further tests.

**"It means the patient receives a quicker diagnosis and has their tests all on the same day."**

## Teamwork proves award-winning

A team effort to ensure gold standard care for patients with hip fractures resulted in a national award for Walsall Healthcare NHS Trust, now rated as second best in the region for its service.

Reduced hospital stays, less time in theatre for patients, a decrease in mortality rates and improvements in the timeliness of pain relief were achieved as a result of the Quality Improvement work carried out by the Neck of Femur Team at Walsall Manor Hospital.

The team was announced as the winning entry in the Influencing Change category of the Clinical Audit Heroes awards last June.

The Walsall award submission highlighted how audit data collected for the National Hip Fracture Database led to the development of a new fracture femur pathway, which was used to standardise care and embed a consistent approach to the initial management of patients.

The judges were impressed by the team's use of a national audit project to produce impressive results and described its work as an "excellent example of using a range of approaches to achieve sustainable results, especially the quick wins."

Mr Thomas Moores, Consultant Orthopaedic Surgeon and Trauma Lead, said: "This is an award that goes to the whole team involved. "We were very honest when it came to looking at Walsall's weaknesses and set about learning from others to drive up standards for our patients."

## Extra help for smokers to quit

Smokers admitted to Walsall Manor Hospital are now offered a service to help them to quit the habit.

Patients are visited by a tobacco dependency team which admits them into the Q.U.I.T programme if they consent. The support is in line with the national requirement from April 2023 for all inpatients who smoke to have the opportunity to be referred to a tobacco dependency adviser. The same applies to pregnant women and their partners.

Walsall Healthcare NHS Trust was an early adopter of this programme. The new service started in September last year with a phased roll-out.

**Q.U.I.T stands for 'Ask the QUESTION, UNDERSTAND their addiction, INFORM patients that specialist help is available, initiate TREATMENT'.**

The team visits patients that smoke, following referral by the ward or a doctor, offers them advice on what is available to help them quit and makes sure they have the right Nicotine Replacement Therapy (NRT).

Patients have to proactively choose to be referred. In addition, the team will try to catch up with other smokers on wards when staff have time.

Arrangements are made for discharged patients to link in with their local pharmacy service to continue their support and treatment.

Partners of Walsall's mums-to-be, or one family member in the household, are also offered support to quit smoking. This support consists of a 12-week support programme, through the Health in Pregnancy Services.



## No place like home

Walsall's children and young people can receive care from the comfort of their own homes thanks to new technology.

Walsall Manor Paediatric Service introduced a Paediatric Virtual Ward to the Trust's Children's Ward last summer.

Virtual wards allow patients to get the care they need at home, safely and conveniently, rather than being in hospital and to support early discharge.

Support includes remote monitoring using app technology and medical devices such as pulse oximeter. Support will involve face-to-face care from multi-disciplinary teams based in the community.

**Care Group Manager Suzanne Priest said: "This modern technology is great as we can send children and young people home instead of keeping them on a ward whilst parents have the reassurance and support in monitoring them at home."**

"Their family or carers record the child's vitals such as their temperature or blood pressure from the comfort of their own home. By uploading this information into the app, the Paediatric Virtual Ward Community Nursing Team can review and provide support ensuring patient safety.

"Parents are able to contact the team for any questions or advice with out of hours support via the Paediatric Assessment Unit."

She added: "It's great to be able to use the new technologies to redesign and improve our services for the benefit of patients."



## Better X-ray images

Doctors are able to diagnose Walsall patients through better quality X-ray images thanks to upgraded equipment installed at the Manor Hospital.

The new, multi-functional Canon Ultimax-I digital X-ray system offers Fluoroscopy screening which enables clinicians to look at real-time imaging of many internal organs, including the digestive, urinary, respiratory, and reproductive systems.

Susan White, Fluoroscopy Lead, said the equipment had been installed within the Imaging department in July 2022.

She said: "This will provide better quality images for diagnosis which means a better experience for our patients as we set them on their treatment pathways.

"Fluoroscopy screening covers patient examinations including barium swallows for adult and paediatric patients which look for and diagnose problems in the upper GI and hysterosalpingograms which look at and investigate fertility problems. Interventional examinations are also performed – mainly nephrostomies, which create an artificial opening in the kidney to allow urine to be drained, giving much lower doses of radiation with high quality images.

"Now that the room is multi-functional, we can also offer chest and extremity X-rays too."

Susan added that Endoscopy was also able to make use of the improvement for its ERCP (Endoscopic retrograde cholangiopancreatography) which is a procedure to diagnose and treat problems in the liver, gallbladder, bile ducts, and pancreas.

This will provide better quality images for diagnosis which means a better experience for our patients as we set them on their treatment pathways.

## Walsall's MIDAS touch

Staff who are working to make Walsall Healthcare NHS Trust inclusive for all by challenging racism and discrimination and breaking down barriers to support colleagues won two regional awards for their efforts.

The BAME (Black, Asian and Minority Ethnic) Shared Decision-Making Council scooped the Outstanding Staff Network Award while Sabrina Richards, Head of Talent, Inclusion and Diversity, won the Changemaker of the Year Award.

Both won accolades in the Midlands Inclusivity and Diversity Award Scheme (MIDAS) which was launched last year by NHS England – Midlands to recognise the good work happening in the region across health and social care.

The BAME Council, which was established during the pandemic, took on the challenge of COVID-19 vaccination hesitancy amongst BAME colleagues as just 43 per cent had been vaccinated by November 2020. After working closely with teams to understand staff fears, respect their concerns and ensure they received accurate information and support from trusted professionals, members managed to build up the vaccination rate to more than 80 per cent.

Sabrina was nominated by Walsall Healthcare's Chief People Officer Catherine Griffiths who said: "Sabrina is a changemaker working from Board to Ward, with internal and external stakeholders/influencers using evidence base to shine a light on racism, discrimination, and giving a voice to those disadvantaged.

"Sabrina championed the Board pledge to be an anti-racist organisation, an early adopter of the Race Code and through education, raising awareness to change lived experience of BAME colleagues."



Sabrina is a changemaker working from Board to Ward.

## Support for staff affected by baby loss

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

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

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

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

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

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



## #BackToTheFloorFriday

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

This sees Matrons, Ward Managers and Nurses in senior and management roles working on wards and in community services across Walsall Healthcare and The Royal Wolverhampton NHS Trusts.

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

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

Kay Crowther, Deputy Divisional Director of Nursing – Community at Walsall Healthcare NHS Trust, did her shift at Goscote Hospice.

She said: "I decided to do a night shift at the hospice as I wanted to appreciate what it is like for our nurses working off site in a specialised area.

**"I was blown away by the care and compassion that I observed during quite a busy shift."**

The four nurses showed me what teamwork is all about. I think that the back to the floor Fridays are a brilliant idea – giving us protected time to spend with our staff on the frontline and I hope they never stop."

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



## Legacy mentors introduced

A new scheme has been launched to recruit experienced nurses to mentor newly qualified peers at Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust.

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

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

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

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

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

Robot arm-assisted surgery for hip and knee replacement patients is now being offered at Walsall Manor Hospital – the first District General Hospital in the country to do so.

The innovation within the Trauma and Orthopaedic (T&O) Department gives Walsall Healthcare NHS Trust the opportunity to blaze a trail for elective arthroplasty (surgery to restore joint function), within the Integrated Care System.

**Consultants say the £1.8m technological investment will transform outcomes and experience for patients and are excited to see what the future holds.**



## Technological first at Walsall Healthcare NHS Trust

Mr Thomas Moores, Clinical Director for T&O, said: "The precision that Mako SmartRobotics allows in joint replacement surgery transforms the way total knee replacements are performed. For our patients there will be shorter lengths of stay in hospital, reduced bone and soft tissue injury and improved outcomes such as greater flexibility and movement."

Mr Fahad Hossain, Consultant and Director of Research and Development, said: **"It's exciting to be able to offer this transformative technology across the joint replacement service to perform total knee, total hip and partial knee replacement.**

"The department was also delighted to have secured acceptance from the NHS Health Research Authority for the prestigious Robotic Arthroplasty: a Clinical and cost Effectiveness Randomised controlled trial (RACER trial).

**"This innovation has really paved the way for greater research opportunities for our Trust which is another boost for our patients."**

Patients and staff alike were full of praise for the “absolutely superb” c£40m Urgent and Emergency Care Centre (UECC) when they moved in this March.

The Emergency Department (ED) move took place overnight on Wednesday 1 March into Thursday 2 March. The Urgent Treatment Centre set up in its new home on Thursday morning too.

The Acute Medical Unit (AMU) moved in on 9 March through the day. And the Paediatric Assessment Unit was due to move in April with Imaging services.

The two-storey development, delivered by Tilbury Douglas, will significantly improve emergency care facilities and capacity at Walsall Healthcare NHS Trust and has provided almost 5,000 square metres of additional clinical space.

Publican John Horton, 69, was the first to use the new ED.

He said: “I’m amazed to be the first “customer” to walk in and my first impression is the sheer size of the new department.

“Everyone has been so attentive and should be congratulated on what they have achieved here.”

## Smooth move into new centre

Everyone has been so attentive and should be congratulated on what they have achieved here.



**Mother-of-three Keely Ashley, from Darlaston, was the first patient brought in by ambulance.**

**The 38-year-old said: “This new place is so bright and airy, there’s so much more space compared to the old place – everything’s so fresh looking. It’s got to be better for patients.”**

Grandfather Stephen Nicholls was the first patient to transfer from Walsall’s old AMU into its new home.

**“Now I’m here I would say it’s absolutely superb,” he said.**

The facility includes an Urgent Treatment Centre, Emergency Department including Resus and Rapid Assessment and Treatment area, and Children’s ED, co-located Paediatric Assessment Unit, Acute Medical Unit and provision for Frailty and Community Integrated Assessment services.

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

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



**Part 2**  
Performance  
Report

**Statement of the Purpose and Activities of the Organisation - What we do and who we serve**

**Our Local Population – some health indicators**

Walsall Healthcare NHS Trust is an integrated provider of acute and community services for the population of Walsall. The Trust’s main site, Manor Hospital, resides in the heart of the town with a population of around 284,000 people.

As a District General Hospital, the Trust primarily serves the immediate population of Walsall with some patients requiring more specialised treatment to other neighbouring Trusts. This includes The Royal Wolverhampton NHS Trust with whom the Trust has been working closely with under a shared leadership team.

The Office of National Statistics (ONS) estimates that the population of Walsall will grow by approximately 7% to an estimated 304,400 people by 2030. Although the town of Walsall is younger than the English average, it still has challenges from an aging population with the ‘65+’ age group rising faster than younger cohorts.

**Walsall is a culturally diverse town.**

Walsall is a metropolitan borough consisting of a mix of urban, suburban and semi-rural communities. Walsall is a culturally diverse town where people of Indian, Pakistani and Bangladeshi background form the largest minority ethnic groups. It is also an area characterised by high levels of deprivation, which we know are a determining factor in the health of the population. Indeed, life expectancy in Walsall is lower than for England as a whole and the mortality rate across all causes is higher than for England as a whole. In terms of behavioural risk factors, Walsall has a lower percentage of physically active adults than the country and a higher percentage classified as overweight or obese. Smoking prevalence is above the English average.

**Purpose of Section**

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

- A statement from the Chief Executive, providing a summary of how we have performed during 2022/2023
- An introduction to our organisation, which sets out what we do, the services we provide and our organisational structure
- Our organisation’s vision, values and strategic objectives
- A statement of ‘going concern’ and what that means for our organisation
- The key highlights for us during 2022/23 and our priorities for 2023/24

# Healthier Futures

## Black Country and West Birmingham

### Black Country Integrated Care System

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

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

**Our collective purpose is to:**

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

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

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

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

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

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

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

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

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

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





Collaborating for happier communities

Our residents are experiencing the largest drop in living standards since the 1940s. The rising cost of living, with a large working poor population and increased unemployment is a recipe for worsening inequalities. The work of the partnership has never been more important in finding collaborative ways of working to reduce inequalities and improve outcomes for the people of Walsall.

During the year we made some key appointments to the leadership team who are instrumental in helping us drive forward our vision of 'collaborating for happier communities'.

**We welcomed Professor Patrick Vernon as the new Chair of the Walsall Together Partnership Board, Dr Anand Rischie as the Medical Director of Primary Care and Michelle McManus as Director of Transformation and Place Development.**



We also said thank you and goodbye to two Board primary care members, Dr Narinder Sahota and Bhupinder Sarai.

We have refreshed our strategic aims and from a governance perspective we are leading the way in developing a new structure that builds on existing arrangements and seeks to increase the level of collaboration on both strategic planning and delivery of integrated health and care. These new arrangements, which came into shadow form on 1 April 2023, will mean the development of a Place Integrated Commissioning Committee (PICC) which will take commissioning responsibilities for services agreed to be in scope for the partnership. This will include shaping service models, managing delivery and redistribution of system-allocated resources at place.

## Strategic Aims:



## Some of our key highlights for 2022-2023 include:

### Developing a wellbeing framework for Walsall

To help residents to stay well for longer the partnership is developing a Walsall-wide wellbeing outcomes framework.

The framework will enable services to be commissioned, designed and delivered based on the needs of the population. It will support the strengthening of communities and provide a framework against which success can be measured.

As part of this work, an online wellbeing directory of services – the 'Walsall Wellbeing Offer' is being developed. This will allow residents and professionals to find out about wellbeing support opportunities available across Walsall, and how they can access these to help manage and support their own needs.

### Funding boost to support health inequalities projects in Walsall

In June 2022 seven community and voluntary organisations in Walsall were granted a share of almost £200,000 to help improve the health and wellbeing of local communities and tackle health inequalities.

The funding came from NHS England's Health Inequalities Programme, targeted at supporting the work being done by the Walsall Together Partnership, to build resilient communities and tackle health inequalities across the area, through delivering grassroots help to those people most at risk or experiencing poor health outcomes and reduced life expectancy.

In February this year a further 16 projects were granted a share of almost £455,000 in the second wave of funding, to build on the success of existing projects that have a positive impact on health outcomes for the people of Walsall.

Projects include a range of specialist support, health coaching, social prescribing and community champion initiatives in Walsall's most vulnerable communities, helping them to gain the knowledge, skills and confidence to be more active in managing their own health, care and wellbeing needs, based on what matters most to them.



## Supporting black, Asian and ethnic minority communities in pregnancy and early years

A senior Midwife has been spending time with families building relationships and breaking down myths as part of work to improve the experiences and outcomes of maternity services for black, asian and ethnic minority women.

Using the feedback she receives, as well as data collected through audits, she holds 'did you know' sessions to raise awareness with staff on some of the issues women are facing and makes recommendations for change based on this. Some of these recommendations include the development of educational animation videos in different languages and work has begun to develop these.

Building on this, a team of outreach workers, are being recruited using health inequalities funding. They will work alongside the senior midwife in the community to provide advice and/or support with infant feeding, mental health, transition to fatherhood, parenting, birth and beyond, gestational diabetes, health (including child health) and social issues.

## Core Connectors to improve personalised care

A team of up to 20 core connectors are being recruited, based on lived experience, to work with our most vulnerable communities in Walsall including refugees, Roma/Gypsy travellers, domestic abuse victims, LGBTQ+ and homeless people.

The connectors use their own experiences to help them in building connections with local communities - identifying gaps and opportunities to develop new networks based on what they learn. Led by communities and individuals themselves, they work with people who are interested in improving existing health, care and wellbeing services and co-producing more personalised ones based on their needs. Some early successes include improved cervical screening for homeless women and improved sexual health for gay men.

## Expansion of virtual wards

Virtual wards set up to help people manage COVID-19 patients at home, as well as support those with Long COVID, were expanded to include patients with respiratory conditions, Chronic Obstructive Pulmonary Disease (COPD), heart failure, frailty diagnosis, palliative care plan in place to avoid hospital admission and patients waiting for blood tests or simple investigations that can be managed in the community.

Feedback so far from patients has been positive and the teams are now working on building closer relationships with referring teams within both the community and the hospital.

## Family hubs for Walsall

Walsall families are set to benefit from the development of a network of family hubs offering help and support for a range of children's services including infant feeding, mental health support, health visits and parenting classes.

The hubs, which will be launched in early summer, will integrate all the services and support for children aged 0-19 (0 to 24 for children with special educational needs and disabilities), their parents and carers. This will include physical places, a virtual offer and outreach services.

We are working closely as a partnership in the development of these hubs to enable us to further strengthen our joint working model focused on giving all children in Walsall a best start in life.

## GP collaborative working event



In November we hosted an event to look at how we can better support Primary Care Networks and improve population health by strengthening working relationships and working more collaboratively. The event, which was opened by Dr Anand Rischie, the Associate Medical Director of Primary Care, was well attended by more than 100 primary care colleagues.

Since then, great progress has been made towards developing a model for primary care which focuses on the involvement of primary care colleagues in the development and improvement of services for the population of Walsall.

## One Health and Care shared care record

One Health and Care shared care record brings data together from the different organisations involved in health and social care. Completely confidential and secure, it is designed to help Doctors, Nurses and other registered health and social care professionals directly involved in your care to make better, safer decisions.

Progress has been made, as part of our digital transformation plans, to introduce shared care records to Walsall with data from Walsall Healthcare NHS Trust and GP practices now live and updated daily. Work continues towards a full go live including adult social care and mental health as well as expansion across the Black Country.

## Kindness Rocks Hunt



A thousand rocks were decorated with kind words and hidden in local parks by children, young people and adults as part of the Platinum Jubilee celebrations.

The rocks were then hidden in local parks during Loneliness and Isolation week and people were encouraged to take part in the Kindness Rocks Hunt to help spread a kindness and get people out and about enjoying the fresh air and green spaces.

During the activity, members of staff from the community associations as well as social prescribers and kindness champions from whg took the opportunity to chat to participants about loneliness and isolation and offer support and advice on services available to support.

## Holiday and Food Activity Programme

The Holiday Activity and Food (HAF) Programme has continued to run throughout the Easter, summer and Christmas holidays.

This provides a wide range of opportunities for children and young people, who are entitled for free school meals, to get involved in free daily activities within three miles of where they live with each receiving a free meal and signposting information for extra help and support.

## “Unique and innovative” Walsall jobs programme scoops national award

Walsall was announced winner of the Resident Employment and Training Award in the UK Housing Awards 2022 for its Work4Health programme, which has helped 121 local people secure jobs in healthcare.

The scheme, which was created in partnership with Walsall Healthcare NHS Trust, Walsall College and the Department for Work and Pensions, aims to support people to overcome the barriers and obstacles felt by many jobseekers when looking for work.

Judges praised the “unique and innovative programme” stating: “Its outcomes are impressive, especially in terms of the diversity of residents recruited to NHS jobs from the most deprived communities”

We are now working across the partnership to expand this approach to support people into roles within the care provider sector.

## Cost-of-living Support Scheme

A Cost-of-Living Support scheme was launched to give support and advice for Walsall families struggling with increasing financial pressures.

Developed by Walsall Council, working in partnership with organisations from across the borough, the service includes a web portal to provide residents with the latest information and advice. Additional support for those who need help getting online or accessing council services is also being offered by Walsall Connected at all libraries across Walsall and through community associations.

## Next steps

All the 2023/24 workstreams and projects including both transformation and place development have been approved along with the programmes of work that sit within them. These are:

### 2023/24 Transformation Programme



<b>Place Development</b> <ul style="list-style-type: none"> <li>• Citizen Communities &amp; Engagement</li> <li>• Core20Plus5 Connectors</li> <li>• Data &amp; Intelligence</li> <li>• Outcomes Framework</li> <li>• Governance</li> <li>• Quality / Assurance</li> <li>• PCN Collaboration</li> <li>• Partnership Organisational Development</li> </ul>	<b>Care Providers</b> <ul style="list-style-type: none"> <li>• Care Homes</li> <li>• Work4Care</li> <li>• Digitising Social Care Records</li> <li>• Quality in Care</li> </ul>	<b>End of Life</b> <ul style="list-style-type: none"> <li>• Compassionate Communities</li> <li>• End of Life Six Ambitions</li> <li>• EPaCCS</li> </ul>	<b>Integrated Teams</b> <ul style="list-style-type: none"> <li>• Intermediate Care Development</li> <li>• Organisational Development Locality Teams</li> <li>• MDTs</li> <li>• Virtual Leads</li> </ul>	<b>Mental Health &amp; Wellbeing</b> <ul style="list-style-type: none"> <li>• Dual Diagnosis</li> <li>• Dementia</li> <li>• Community Mental Health Transformation</li> <li>• Family safeguarding</li> </ul>
<b>Population Health &amp; Inequalities</b> <ul style="list-style-type: none"> <li>• Diabetes</li> <li>• Health Inequalities Funding</li> <li>• EDI?</li> </ul>	<b>Putting Children First</b> <ul style="list-style-type: none"> <li>• Family Hubs</li> <li>• Adolescents with complex needs</li> <li>• Community Paediatrics</li> <li>• Looked After Children</li> </ul>	<b>Resilient Communities</b> <ul style="list-style-type: none"> <li>• Wellbeing Outcome Framework</li> <li>• Social Prescribing</li> </ul>	<b>Workforce</b> <ul style="list-style-type: none"> <li>• Volunteers</li> </ul>	<b>Digital (enabler)</b> <ul style="list-style-type: none"> <li>• One Health &amp; Care Record (ISCR)</li> <li>• Community FAS System</li> <li>• Supporting Independence Through Technology (SITT)</li> <li>• Technology Enabled Care</li> </ul>

Walsall Together | Collaborating for happier communities

5

To find out more about Walsall Together visit [www.walsalltogether.co.uk](http://www.walsalltogether.co.uk) or follow us on Twitter or Facebook @WalsallTogether

# CRN West Midlands – Highlights



The NIHR Clinical Research Network West Midlands (CRN WM) is hosted by The Royal Wolverhampton NHS Trust.

It provides the infrastructure that allows high-quality research to take place across the region so that people can benefit from new and better care and treatments. It helps to increase opportunities for people to take part in research, ensure that studies are carried out efficiently and provide researchers with the practical support they need to carry out their research.

Funded by the Department of Health and Social Care, the CRN WM makes sure that health and social care research occupies the place it deserves across the West Midlands locality, in Primary and Secondary Care and other settings such as care homes, hospices, prisons and schools.

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

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

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

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

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

## Other highlights include:

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

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

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

Research participation in the region was up by 52% year on year.



## Primary Care

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

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

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

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

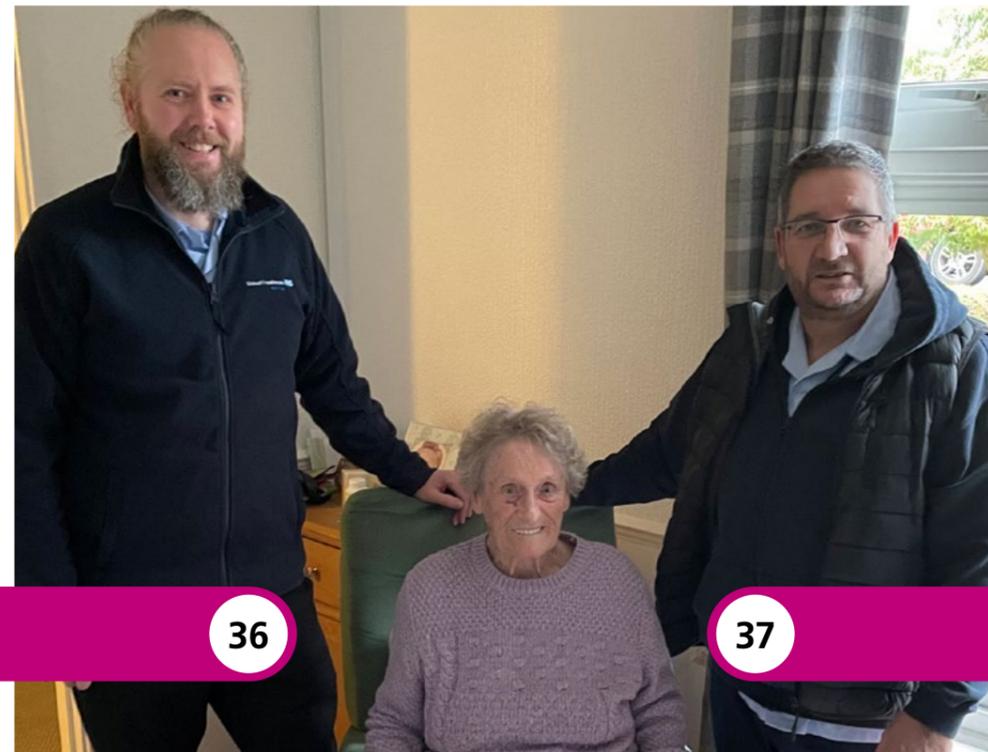
The Network's Study Support Service Team continues to support national Study Support Service working groups to ensure the service it provides is effective and efficient. Locally, they have implemented various Quality Improvement projects to improve stakeholder experience - robust performance monitoring,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

## Statement of Going Concern

The Trust's statement of accounts 2022/23 has been prepared on an ongoing concern basis.

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

The Trust has concluded that services will continue to be provided and is a going concern on that basis. The Trust believes that the award in April 2021 and April 2022 by the Department of Health and Social Care of c£36m of funding for the building of a new Urgent and Emergency Care Centre at Walsall Manor Hospital (which opened in March 2023), the award of c£11m Public Sector Decarbonisation Scheme grant from April 2023 and no formal plans to cease services, would confirm a Going Concern judgement.



# Our Vision and Values

# Our Values

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

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

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

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

Our values remain unchanged:

**Compassion, Respect, Professionalism, Teamwork.**

These values were chosen by our staff who work to embed them into the organisation.

# Our Strategic Objectives and the risks to achieving them

To support the achievement of our vision, we have developed a new set of Strategic Aims and Objectives – practical goals that will support us in the realisation of our vision.

## Trust Strategic Aims and Objectives 2022-2027

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

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

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

### Excel in the delivery of Care

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

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

### Support our Colleagues

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

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



### Improve the health of our Communities

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

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

### Effectively Collaborate

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

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

# Our charity year

Well Wishers, the registered charity of Walsall Healthcare NHS Trust, has enjoyed another busy year of fundraising to help make a difference to patients, their families and the staff that treat them.

As the official registered charity of Walsall Healthcare NHS Trust, all money raised is spent exclusively for charitable purposes across the Trust's hospital and community services.

Every single penny is held and accounted for independently from the Trust's NHS funds.

Support and donations make a huge difference and over the last 12 months Walsall businesses, communities and local groups have really helped a number of appeals the charity has made. They have also brought in donations either to be sold in the Fundraising Hub or to be used across services for patients.

The Fundraising Team has been boosted by the arrival of Kimberley Aplin, Walsall Healthcare NHS Trust's new Fundraising Support Officer.

Her role is to support the Trust's charity, working alongside Georgie Westley, Fundraising Manager, and she will be part of delivering a variety of fundraising initiatives and events throughout the year.

The charity has partnered with another charitable organisation Blessed 2 Bless to provide a staff foodbank for those who are struggling amid the cost-of-living crisis.

Visitors to the foodbank are also signposted to financial and mental health support that is available through the Health and Wellbeing Team.

The charity was thrilled to be able to move into its own Fundraising Hub.



Events have formed a key part of the fundraising calendar this year which was welcome after so many being cancelled the year before. The charity organised a reindeer visit at Christmas, celebrations for the Platinum Jubilee and took part in a joint football match with The Royal Wolverhampton NHS Trust.

The Fundraising Team has been boosted by the arrival of Kimberley Aplin, Walsall Healthcare NHS Trust's new Fundraising Support Officer.

**A host of fundraisers have been held to boost an appeal to revamp the playroom on the Children's Ward at Walsall Manor Hospital.**

The makeover, costing around £23,000 is being funded by Well Wishers and will see the tired play space transformed into a bright and colourful feature, complete with new wall murals, wall art activities, equipment including role play areas and a wet play area. Events have included a 12-hour cycle-athon and a 24-hour fitness session and money raised will help to add to the feature with toys and other items.

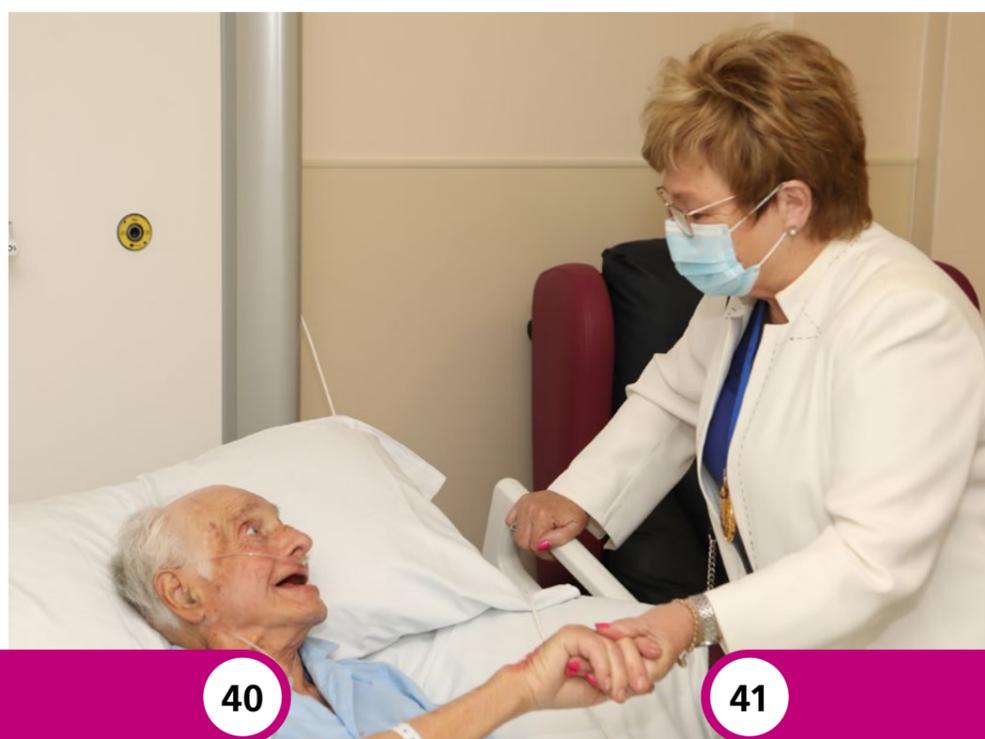
The popular charity boxing event raised just over £3,500 for patients and families who use Goscote Hospice. After a two-year absence due to the COVID-19 pandemic, the event came back bigger and better than ever and raised its highest figure yet.

**The charity has also attracted some legacies this year thanks to generous families and friends of former patients. A legacy of £130,000 was handed over to be used within healthcare services where it could best make a difference to patient experience.**

Well Wishers has helped many patients receiving end-of-life care make final memories with their families by helping them organise weddings, parties, early Christmas get-togethers and Eid celebrations, often working with Goscote Hospice.

The charity was thrilled to be able to move into its own Fundraising Hub in the main atrium of the Manor Hospital and this has recently been refurbished to create a more spacious shop setting as well as an engagement area.

Legacy work will continue and another packed calendar of events has been arranged for 2023/24 including Trust's Got Talent, a quiz, bingo event and cricket tournament.



# Our risks to achievement

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

The Trust Board has identified a number of key risks to the achievement of its strategic objectives in 2022/23:

- Workforce – recruiting sufficient staff across the Trust continues to pose a significant challenge. Whilst this is a general risk, there are also specific areas where it is hard to recruit skilled staff, e.g. Consultant cover in cancer services
- The financial constraints within the system mean that our ability to invest further to increase capacity and develop our services is limited
- The COVID-19 pandemic has led to a significant increase in the number of patients awaiting planned treatment which exceeds the capacity within the Trust. Whilst affecting the majority of patients awaiting planned care, the risk is heightened within cancer services owing to the nature of the disease

## Key risks and issues – related to activity

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

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

We recognise that maintaining excellent clinical care reflects the support and commitment of all our colleagues from our doctors and nurses to support staff. Taken together, it is the combined effort of every member of staff, whatever their role, which enables the Trust to provide high quality and effective services.



## Performance Analysis

### Expanded Risk Profile

The Trust is facing a significant challenge in containing expenditure within available resources during 2023/24. A deficit plan has been constructed for the Black County Integrated Care Board (ICB) totalling £73.9m. The Trust has set and agreed a deficit plan of £14.2m, within the overall ICB deficit. In order to achieve this planned deficit, the Trust is required to deliver a challenging efficiency programme which is at a substantially greater level than has been achieved in previous years. The Trust Board is fully sighted on the significance of the challenge.

Limited capital funding may not be sufficient, however, to reduce the backlog maintenance, critical infrastructure and mechanical/engineering risks resulting in the Trust not being able to utilise necessary facilities. To mitigate these risks the Trust is developing a significant Cost Improvement Plan (CIP) being led by the Chief Operating Officer and is looking to work with partners to lever additional capital funding to secure elective recovery.

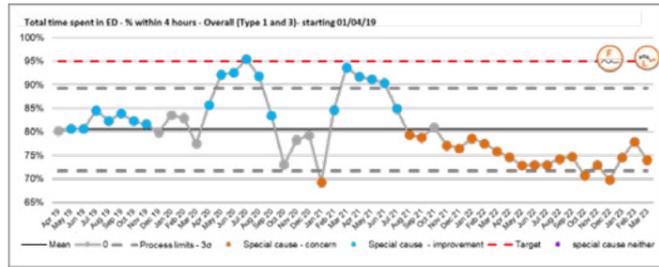


# Acute Performance

## 4 Hour Emergency Access Standard

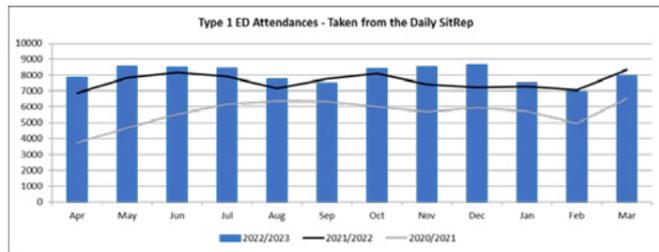
This measures compliance against the national standard of: 95% of patients attending the Emergency Department (ED) should leave the department within 4 hours.

The Trust's performance from April 2019 to March 2023 is shown below:



Performance against the Emergency Access Standards (EAS) has been challenging throughout the 2022/23 financial year. The urgent and emergency care pathway up and down the country experienced unprecedented strain. The primary drivers of variable performance have been high ED attendances, significant acuity of patients requiring emergency admission (particularly over winter 22/23 with extensive Influenza prevalence) and supporting neighbouring Trusts by receiving ambulances from other boroughs where prolonged ambulance handover times were being experienced at the respective local hospital.

In particular, the month of December 2022 was the most challenging on record for the Trust in managing Urgent and Emergency Care. The Trust received the highest number of Type 1 ED attendances ever in the month of December 2022 with 8645 patients presenting, as well as 230 out of borough intelligently conveyed ambulances, also the highest number recorded. Influenza prevalence peaked in late December 2022 contributing to high emergency care demand.

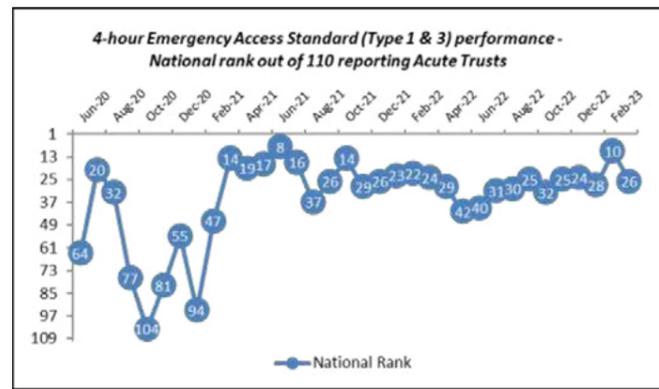


Collaborative work with our co-located Urgent Treatment Centre has enabled the front door Clinical Streamer to divert patients away from ED and on to an alternative clinical pathway more appropriate to manage the patients' clinical need, including UTC.

The community Care Navigation Centre continues to divert patients to the correct pathway, bypassing ED where appropriate, with increased use of Same Day Emergency Care pathways in particular.

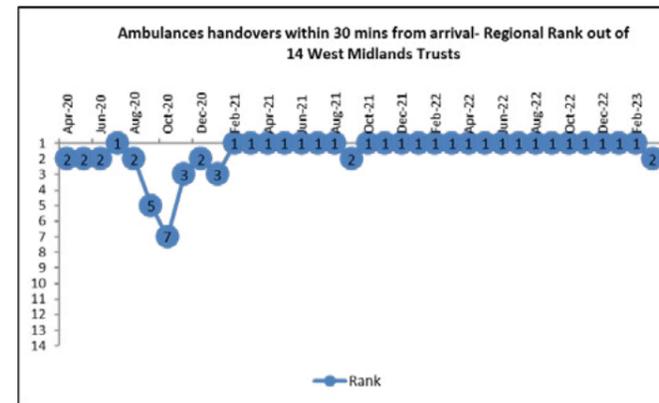
The Trust's Urgent and Emergency Care resilience Winter Plan was approved by Trust Board in October 2022 and commenced in November 2022 with the opening of 27 additional inpatient beds by 27 November, with a further 11 beds (in addition to the Winter Plan) in December 2022, in addition to a range of other interventions. The Trust continues to recruit into the ED workforce, with the final compliment of ED Consultants recruited to in March 2023.

The Trust is proud that our 4-hour EAS performance has seen a steady improvement during the last 12 months when compared to the national performance, February 2023 reported the Trust 10th out of 110 reporting Trusts (and 1st regionally out of 19 reporting Trusts). This represents a marked improvement on performance and should offer assurance to our staff and patients regarding the timeliness of the Trust's Emergency Care, in the context of a highly challenged Urgent and Emergency Care system across the country. For the majority of the financial year performance has been in the upper third, and often upper quartile nationally.



Walsall Healthcare continues to manage receipt of patients arriving via ambulance in a timely manner, enabling ambulance crews to handover their patients quickly. This has helped to maintain safe Emergency Care across the whole region as ambulances can be released to respond to other 999 emergency calls. Out of 14 West Midlands Acute Trusts, WHT has been the top performing trust regionally for 22 months out of the last 24 months including the 2022/23 Financial Year.

Making this achievement more impressive, WHT has regularly taken ambulances from neighbouring Acute Trusts' catchment areas to relieve the pressure on the ambulance service and neighbouring Trusts, and ensure patients receive more timely treatment. In 2022/23 WHT supported by managing 1,613 ambulances from neighbouring Trusts' catchment areas.

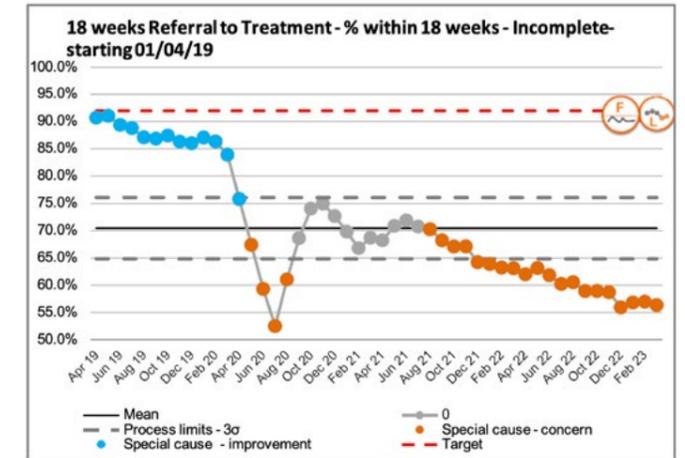


## The new Urgent and Emergency Care Centre opened on 1 March 2023 which will greatly enhance the environment in which emergency care is delivered at WHT.

Pathway development work including reconfiguration of the ED consultant and middle grade doctor rotas and enhanced streaming at the front door has been taking place. This will all contribute to our overall performance against the 4-hour EAS.

## Referral to Treatment:

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



The Trust continues to implement a clear strategy that segregates the Outpatient and Daycase Centre wing of the hospital for planned outpatient, diagnostic and procedural activity based on the specialist recommendations of the Infection, Prevention and Control and Microbiology teams beyond the COVID-19 period. The development of ringfenced elective facilities was a key tenet of 22/23 planning guidance and the national Delivery Plan for tackling the COVID-19 backlog of elective care.

Operating Theatre capacity is prioritised for cases that must be undertaken in operating theatres by transferring more minor procedures to alternative settings. Surgery continues to be allocated in line with the prioritisation of elective procedures, as per the Federation of Surgical Specialty Association guidelines. The Trust has introduced an Artificial Intelligence (AI) Tool to support decisions made by clinicians by providing detail information on current and future mortality and complication rates.

The Trust met the government's expectation in having no patients wait in excess of 104 weeks for elective treatment by the end of June 2022 and has also achieved the government target in having no patients waiting in excess of 78 weeks for elective treatment by the end of March 2023.

All seven elective theatres remain open since 31 January 2022, with theatre productivity being sustained within the national upper quartile performance

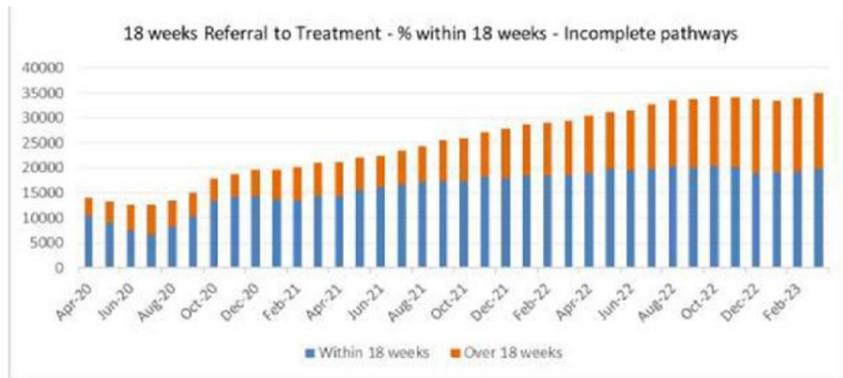
The Business Case to introduce robotic assisted arthroplasty (MAKO robot) was approved with the first surgery taking place successfully on 30 January 2023.

Unfortunately, the Trust had to postpone 600 outpatient appointments and 56 elective surgical procedures during the Junior Doctor Industrial Action in March 2023, to release Doctors to maintain safe inpatient and emergency care.

The Trust has started its Outpatient Improvement Programme with the explicit aim of reducing DNA rates, increasing clinic utilisation and thus reducing non-admitted waiting times too.

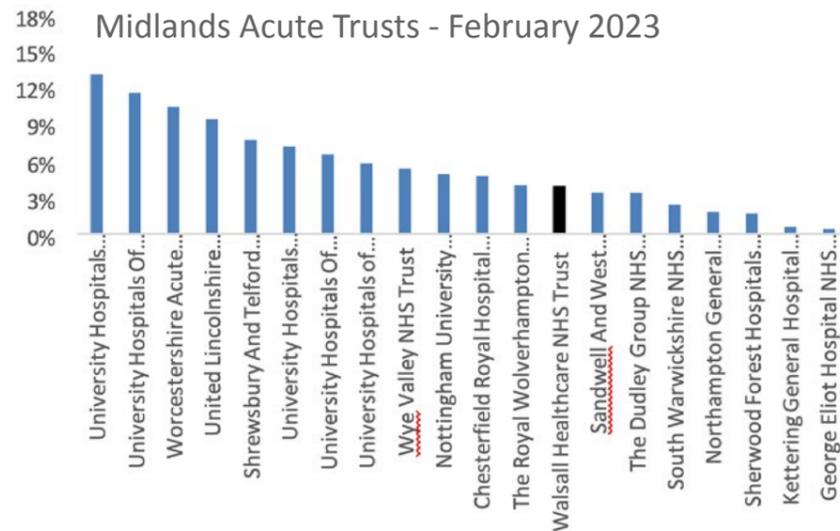
A total of 56.36% of patients are now waiting under 18 weeks at the end of March 2023.

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



There were 1,430 patients waiting in excess of 52 weeks as at the end of March 2023. Despite this increase, the Trust's 52 week waiting time performance is 8th best in the Midlands (out of 20 Midlands' Trusts).

### Referral to Treatment (RTT)- Incomplete Pathways- % of patients waiting over 52 weeks for treatment-



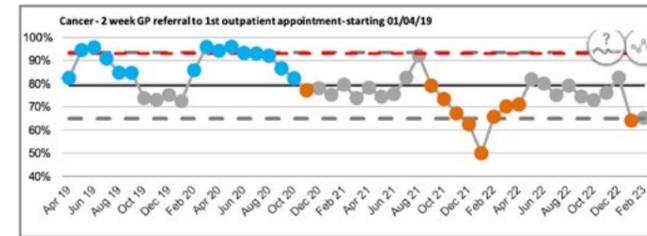
The Trust's 18-week RTT performance has been in line with trajectory during 2022/23. The national ranking position has, however, slipped to 78th (out of 122 reporting Trusts) for February 2023 performance.

### Cancer

Patients referred by their GP on 2 week wait suspected cancer and breast symptomatic pathways have experienced longer waiting times than we would wish during the financial year 2022/23.

The national metric measures against the standard of 93% of patients with suspected cancer should be seen within 2 weeks of referral for their first outpatient appointment.

Suspected cancer performance:



Half of the breaches reported during the financial year 2022/23 (year to date February 2023) relate to the suspected breast cancer pathway. A full demand and capacity analysis of the services has been undertaken and additional weekly capacity commenced during September 2022 to support an improved waiting time to first appointment. The Trust has also appointed a Breast Surgery Nurse Care Practitioner to further increase capacity.

Mutual aid has been provided from The Royal Wolverhampton NHS Trust to support recovery of access in Walsall, and this was extended to include Dudley Group NHS Foundation Trust and Sandwell and West Birmingham NHS Trust.

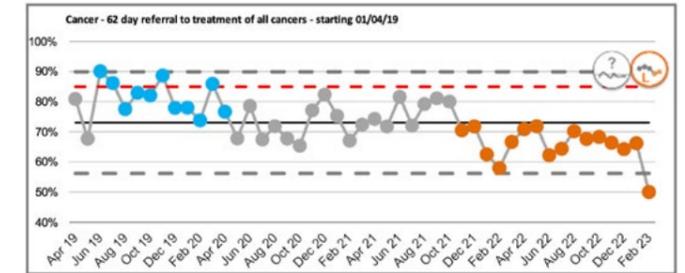
### Average current first appointment bookings (as of April 2023) has improved to circa 14 days in line with the national standard.

To improve the colorectal suspected cancer pathway a new pre referral process has been established using the bowel cancer screening kit (FIT) which supports improved referral quality. This started in January 2023.

Further improvement initiatives for 2023/24 include the launch of "telederm" a secure digital platform that allows patients to share photos and videos with a dermatologist for remote assessment, diagnosis, and treatment of skin conditions.

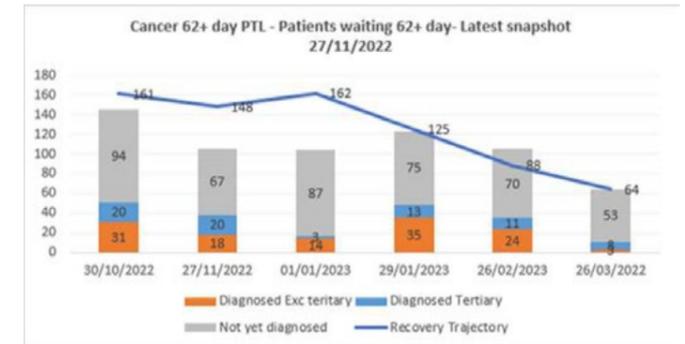
Cancer 62 days from Urgent GP Referral to First treatment: this measure against a standard of 85% of patients should receive Treatment within 62 days of referral.

The Trust's performance against this national standard is illustrated below:

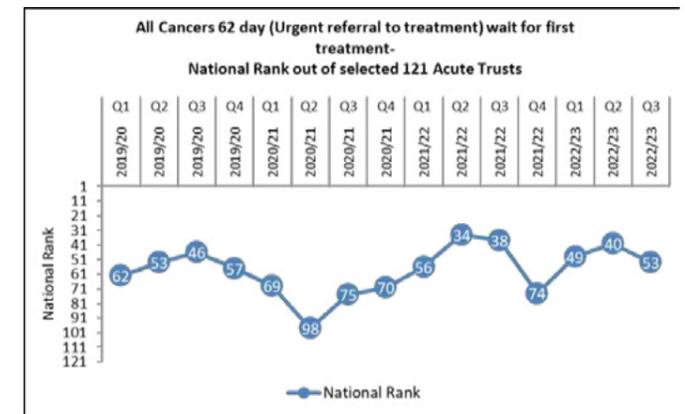


Despite being below the constitutional standard of 85%, the Trust has maintained performance to be materially better than the West Midlands average and the national average of patients treated within 62 days of GP referral.

In addition, the Trust has reduced the backlog of patients waiting beyond 62 days over the past few months. This is demonstrated in the graph below:



The latest national ranking for the Trust is 53 out of 121 Trusts.

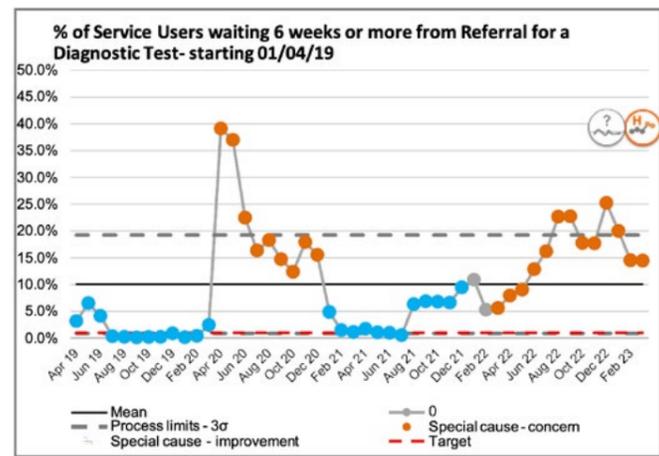




### Diagnostic (DM01)

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

The Trust's performance against this national constitutional standard is illustrated below:

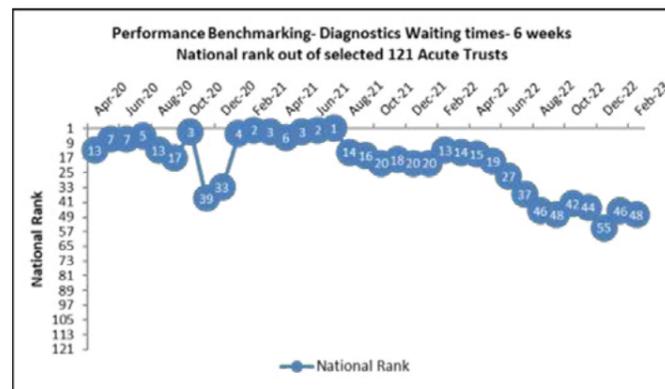


The Trust has experienced challenges with Cardiac Physiology, Non-Obstetric Ultrasound, MRI and Endoscopy waiting times during the financial year 2022/23, due to increased referrals temporarily decreased capacity due to sickness and vacancies which have been difficult to recruit to. A significant increase in suspected cancer ZWW referrals, emergency diagnostic referrals, and urgent referrals has also contributed to the increased waiting list.

Additional capacity has been provided by a third party medical services partner and extra sessions created during the weekend and evenings to address the waiting list.

A full review of the Sonography service has been completed with a Business Case to increase staffing establishment which has been submitted. Furthermore, the Cardiac Physiologist establishment is being reviewed. The Trust has also reviewed the Endoscopy service and plans to expand capacity to meet the ever-growing demands on this critical service.

The DM01 6 week wait performance improved in March to 14.44% of patients waiting over 6 weeks. Recovery of access to diagnostics is important to ensure that serious disease that needs urgent treatment is detected and acted upon promptly, and to ensure GP and other community clinicians have access to timely diagnostic information to support the management of patients in community settings.



The Trust's 6 Week Wait (DM01) Diagnostics performance is now 48th best (February 2023 reporting), out of 121 reporting general acute Trusts and 4th regionally for DM01 performance, demonstrating the organisation is still performing better than the vast majority of its peers in terms of managing post-COVID restoration and recovery of access to Diagnostics.

### Community Performance

#### Avoiding Hospital Admission - Care Navigation Centre

The Care Navigation Centre (CNC) provides a point of referral for clinical support in the community. It receives direct referrals from GPs, West Midlands Ambulance Service, care staff and care homes and is able to provide advice and guidance as well as refer patients on to a range of community teams which are able to provide same day support. The CNC operates from 8am-midnight and is dealing with rising numbers of referrals with highs of almost 1,400 referrals in January 2023. The CNC also hosts the Virtual Ward pathways. Virtual Wards are a safe and efficient alternative to NHS bedded care that is enabled by technology. Virtual Wards support patients who would otherwise be in hospital to receive the acute care, monitoring and treatment they need in their own home. This includes either preventing avoidable admissions into hospital or supporting early discharge out of hospital. The implementation programme started in July 2022 with the final Virtual Ward starting operational delivery on 23 January 2023. The Virtual Wards operate on a predominately step down model to enable patients to be discharged earlier with the support of the CNC and VW MDT. Community teams are also able to step up to prevent hospital admission.

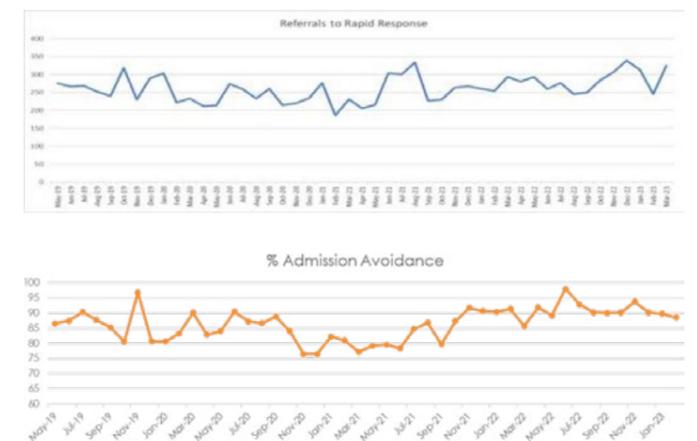


#### Avoiding Hospital Admission – Rapid Response

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

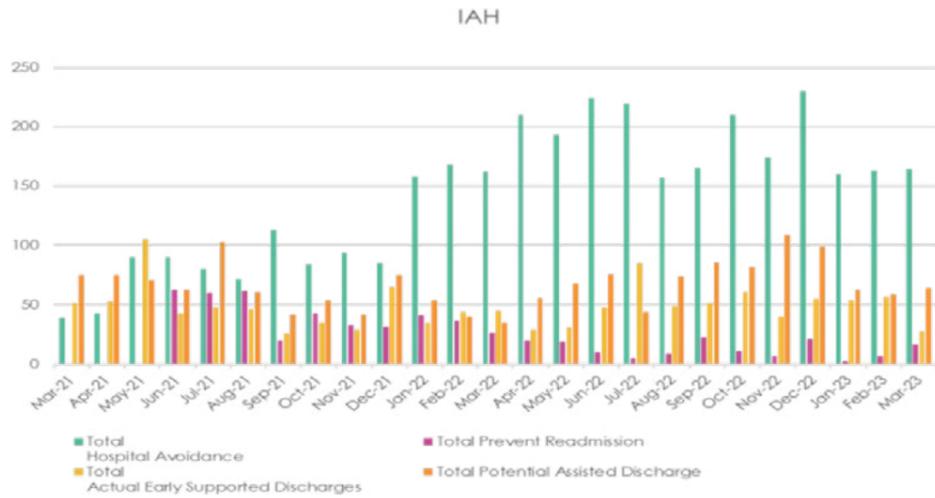
**Over the last 12 months the service has had more than 3,418 referrals and was able to avoid conveyance to hospital in more than 86% of cases.**

The admission avoidance effectiveness of the Rapid Response Team remains strong.



## Integrated Assessment Hub

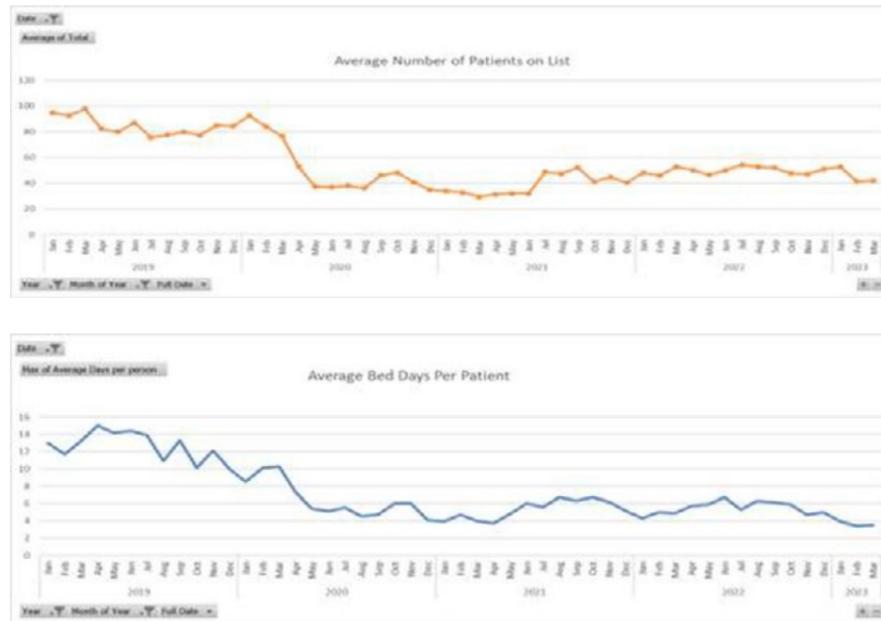
The Integrated Assessment Hub (IAH) first opened in December 2020 and since then has expanded to a seven-day service from 8am-8pm. It acts as a 'front door' providing an alternative to A&E for patients who arrive but can be cared for within the community. It is staffed by multi-disciplinary teams (MDTs) who assess the patient, provide treatment where possible and, if required, arrange for follow up care within the community through the Care Navigation Centre. In December 2021, IAH moved to a new location closer to ED which has enabled the service to have a greater impact on hospital avoidance which is reflected in its activity.



## Supporting Hospital Discharge

### Medically Stable for Discharge (MSFD)

Medically Stable for Discharge (MSFD) numbers remain low. There was a greater focus on hospital discharge during COVID-19 and new pathways and funding agreements meant that the number of people who were in hospital but who could have been cared for elsewhere reduced significantly. The approach now deployed by the wider Walsall Together partnership is so effective that numbers of patient delays and length of stay on the lists is at an absolute low and stable. This contributes towards the Manor Hospital's ability to have beds available for new patient admissions at times of peak demand and enables rapid handover of patients at the hospital, something which was noted as an "exemplar of best practice", by the West Midlands Ambulance Service Board of Directors.

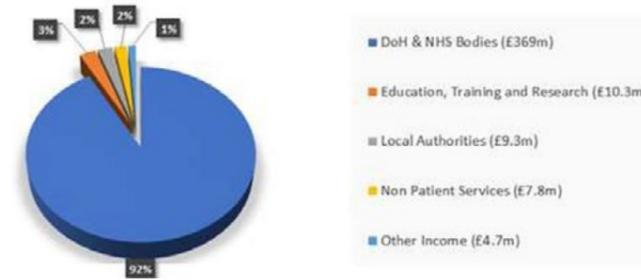


## Financial Performance

### (a) Summary Financial Performance to 31 March 2023

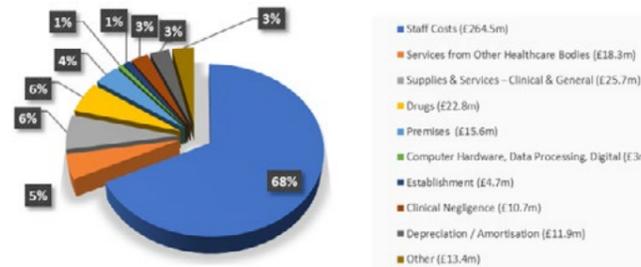
SUMMARY FINANCIAL PERFORMANCE FOR THE YEAR TO 31 MARCH 2023	
Description	£m's
Income	401.1
Expenditure	(390.6)
<b>OPERATING SURPLUS</b>	<b>10.5</b>
Interest	(10.3)
Donated assets/consumables	0.2
<b>SURPLUS FOR THE YEAR</b>	<b>0.4</b>

### Income £401.1m



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

### Expenditure £390.6m



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

### Capital Expenditure

What we spent our capital on in 2022/23		
Description	£m's	£m's
<b>Buildings</b>		32
Maintenance and lifecycle	3.6	
Theatre and Ward Refurbishment	8.0	
Emergency Department	20.4	
<b>Equipment and Other</b>		6.1
Medical Equipment	2.5	
Mako Robot	1.5	
Endoscopy Stack	2.1	
<b>IM&amp;T</b>		1.7
IT Development (including mobile technology)	1.7	
<b>Additional Funding in Year</b>		2.1
Additional IM&T Funding	1.6	
Additional Medical Equipment Funding	0.5	
<b>TOTAL</b>		<b>41.9</b>

### (b) Financial Plan 2023/24

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

The 2023/24 Financial Plan	
Description	£m's
Healthcare Income	342.2
Expenditure (Net Cat C Income)	(356.2)
<b>TOTAL</b>	<b>(14.0)</b>

(c) Capital Plan 2023/24

2023/24 Capital Plan		
Description	£m's	£m's
<b>Buildings</b>		11.1
Accident and Emergency Department	4.0	
Estate maintenance and lifecycle	2.5	
Lead Lined Room	0.6	
Theatre Refurbishment	3.0	
Health Records	1.0	
<b>Equipment and Other</b>		1.0
Medical Equipment Replacement	1.0	
<b>IM&amp;T</b>		1.0
Computer Replacement	1.0	
<b>Additional Funding in Year</b>		12.8
Additional IM&T – Front Line Digitisation	2.8	
Additional Sustainability Funds	10	
<b>TOTAL</b>		<b>25.9</b>

(d) Charitable Funds 2022/23

Charitable Funds 2022 –23	
Description	£m's
<b>Income</b>	
Income from Donations, Legacy, Fundraising etc	593,948
Investment Income	17,000
<b>Total Income</b>	<b>610,948</b>
<b>Total Expenditure</b>	<b>120,224</b>
<b>Examples of expenditure</b>	
Gold Standards Training - £30k	
Nipple Tattoo training - £3.6k	
Jubilee Celebrations - £8.4k	

The Charity holds funds in excess of £1m



# The Patient Voice

Feedback, Involvement and Engagement with Public and Patients



## Patient Relations and Experience

The Patient Relations and Experience Team is made up of the following collaborative teams:

- Patient Experience
- Voluntary Services
- Welcome Hub / Visiting
- Family and Carers Support
- Patient Relations
- Spiritual, Pastoral and Religious Care including Bereavement

The role of these teams is to support the organisation in the delivery, monitoring and improvement of the experience of our patients, families and carers. The team ensures opportunities for patients, families, and carers to provide feedback, share their experiences and to have a voice in the care they receive.

The Patient Relations Team focuses primarily on two key areas of feedback - concerns and complaints with the initial triage undertaken by the Patient Relations Support Officers (commonly known as PALS). Complaints are led by the Senior Patient Relations Officers.

Hospital Chaplains provide spiritual care to the hospital and community. They take their place alongside the multi-disciplinary team which seeks to provide holistic care for patients and those close to them. Spiritual care is care which recognises and responds to the needs of the human spirit when faced with trauma, ill health or sadness and can include the need for meaning, for self-worth, to express oneself, for faith support, perhaps for rites or prayer or sacrament, or simply for a sensitive listener.



# Patient recommendation to friends and family

## 1. Friends and Family Test

The Friends and Family Test (FFT) recommendation scores are illustrated in the tables below - these include percentage changes on 2021/22. The Trust's average recommendation score for 2022/23 was 86% which is a 4% increase on the previous year. When looking at the different touchpoints, there is a fluctuation of 33% with scores ranging between 99% and 66%.

Friends and Family Test	Inpatients				Outpatients				ED				Community			
	Q1	Q2	Q3	Q4*	Q1	Q2	Q3	Q4*	Q1	Q2	Q3	Q4*	Q1	Q2	Q3	Q4*
2022/23	85%	86%	85%	88%	91%	91%	91%	92%	74%	76%	74%	84%	98%	99%	98%	98%
Difference	-2%	+2%	=	+3%	=	-1%	+1%	=	-6%	=	-8%	+7%	+4%	+5%	+3%	+2%
2021/22	87%	84%	85%	85%	91%	92%	90%	92%	80%	76%	78%	77%	94%	94%	95%	96%
Response Rate (22/23)	24.6	25	25	28.9	19.3	20.2	20.3	20.4	16.7	18.8	20.6	22.6	7.7	4.9	3.3	84.1

Friends and Family Test	Antenatal				Birth				Postnatal Ward				Postnatal Community			
	Q1	Q2	Q3	Q4*	Q1	Q2	Q3	Q4*	Q1	Q2	Q3	Q4*	Q1	Q2	Q3	Q4*
2022/23	89%	81%	88%	92%	83%	80%	82%	90%	84%	83%	82%	85%	84%	88%	66%	86%
Difference	+2%	-3%	+3%	+7%	-8%	-12%	-8%	-2%	+4%	+7%	+4%	+8%	-10%	-6%	-29%	-10%
2021/22	87%	84%	85%	85%	91%	92%	90%	92%	80%	76%	78%	77%	94%	94%	95%	96%
Response Rate (22/23)	15.6	12.3	11.7	12.1	19.4	18	18.2	23.9	11.8	10.6	10.4	16.6	11.3	9.8	7.3	15.5

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

The below table illustrates the percentage difference between the Trust's average recommendation score for each touchpoint and the local ICB and national results. Whilst some areas require improvement when compared locally and nationally, Outpatients, ED, Community, Antenatal and Postnatal Wards all perform better on average locally, with Community and ED also outperforming the national average.

	Inpatients	Outpatients	ED	Community	Antenatal	Birth	Postnatal Ward	Postnatal Community
ICB*	- 2%	+ 1.4%	+ 6.7%	+ 4.8%	+ 3.4%	- 2.7%	+ 5.4%	- 3.4%
National	- 8.5%	- 1.4%	+ 0.9%	+ 6.9%	- 2.2%	- 9.1%	- 10%	- 11%

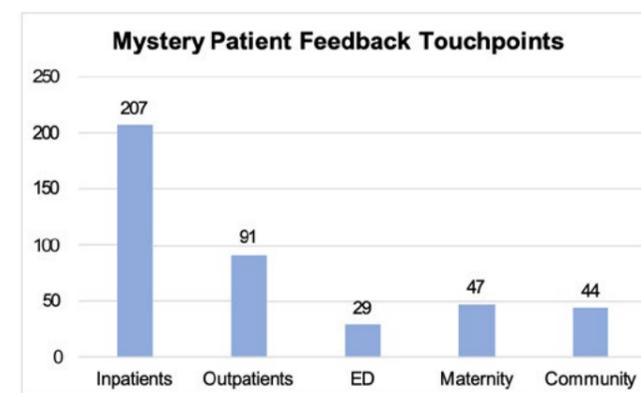
\* The Black Country ICB

\*\* The ICB and National data at time of reporting was taken over a 10-month period (April 2022 – January 2023).

## 2. Mystery Patient

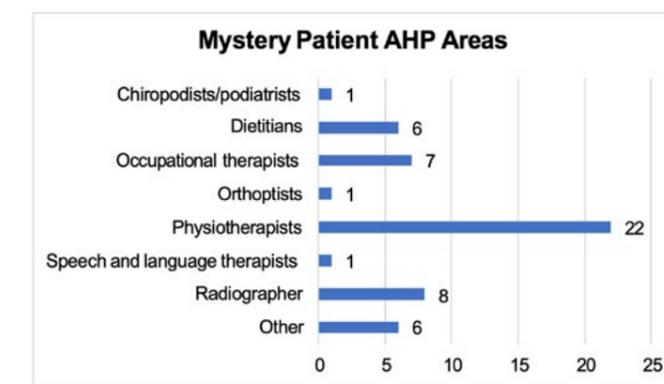
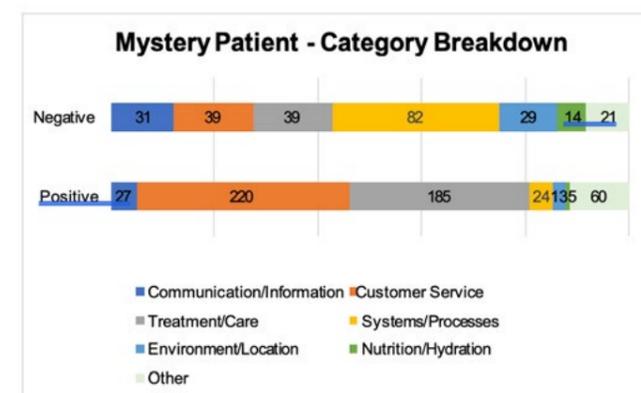
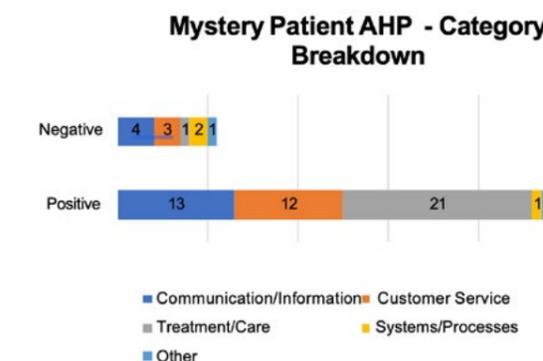
The Mystery Patient Scheme was first initiated in July 2021 as a feedback collection tool to support existing feedback methods such as the FFT and the national survey programme. It enables the Trust to monitor different areas of experience, and for patients it is a way of providing feedback when they want to, convenient to them and about what matters to them.

The key performance indicators outlined in the table below are designed to support the Trust in monitoring the improvement areas identified in the national patient survey. Four hundred and eighteen patients provided feedback through the scheme in the last year.



## 3. Compliments

Compliments account for 11% of all contacts received in 2022/23, down by 2% on 2021/22. A total of 375 compliments were received by the Trust.



	Community		Medicine		Surgery		WCCSS*		Corporate Functions	
	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23
	259	143 (-28.9%)	101	95 (-3.1%)	87	72 (-6.3%)	67	46 (-18.6%)	21	19 (-5%)

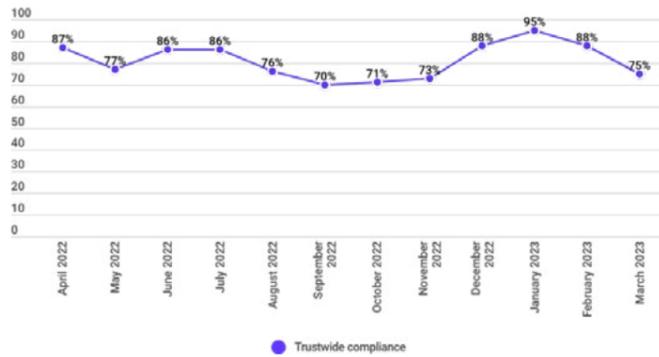
\*Women's Children's Clinical Support Services

## Complaints and concerns

During 2022/2023 a total of 3515 contacts were received by the Patient Relations Team which included a total of 369 written complaints. In addition, there were six informal to formal complaints and 12 MP letters (an increase of five complaints overall for the year compared to 2021-2022) - an average of 13.9 contacts per working day.

Contact Type	2020-2021	2021-2022	2022-2023
Complaint requiring a written response	280	361	369
Concern conversation to a complaint	7	7	6
Concern	2026	2420	2372
Complaint converted to a concern	16	33	63
Compliment	416	535	369
Website feedback - NHS Website / Healthwatch	967	721	524
MP Letter	7	4	12
Total	3719	4082	3515

**The total number of complaints resolved was 352. Twenty three complaints were upheld with 61 not upheld and 217 partially upheld. Two complaints were withdrawn within this period.**



The average response rate during 2022/2023 was 80.4%. This is a slight increase in comparison to 2021/2022 (79.9%)

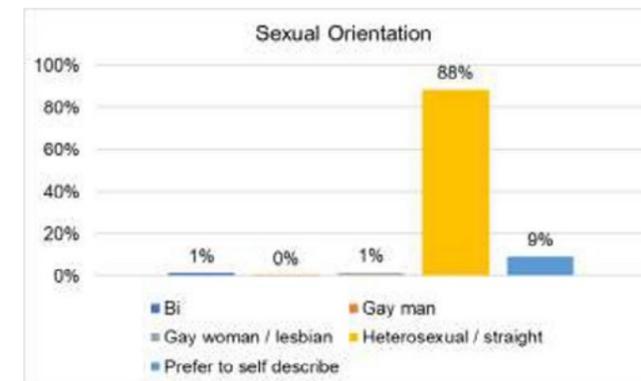
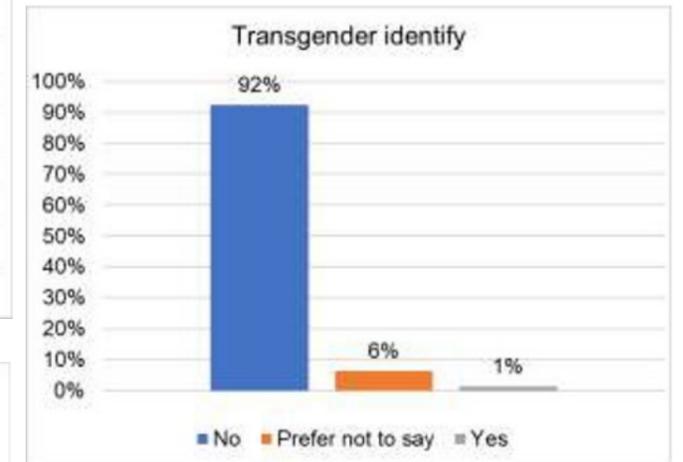
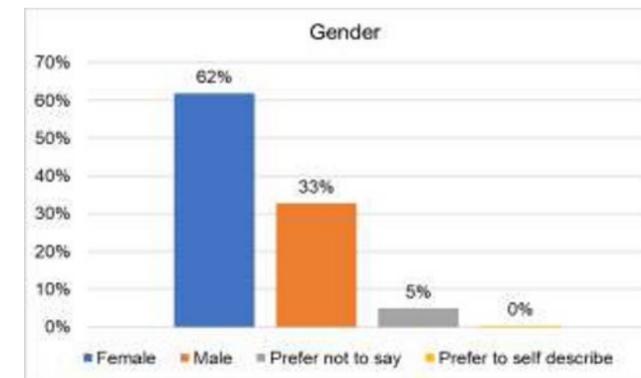
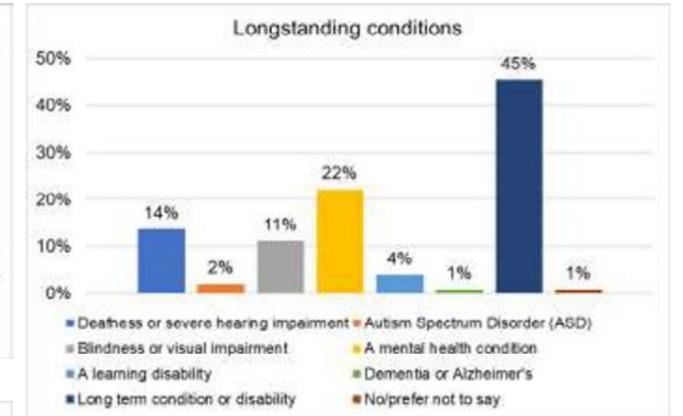
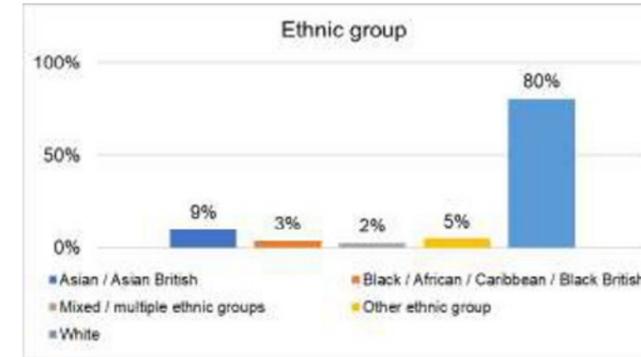
## Equality monitoring

### (a) Complaints and concerns

With the Equality Monitoring Survey, the aim is to understand who we are reaching out to from local protected groups, to help the Trust monitor who accesses our complaints service in line with the nine protected characteristics under the Equality Act 2010. This is a multiple-choice survey.

- Ethnicity:** 56.67% of respondents identified themselves as White British, 10% Bangladeshi, 6.67% Caribbean, 3.3% African, Indian 3.3%, 3.3% Pakistani and 16.75% of respondents declined to complete
- Age:** 32.35% were aged 18 to 24, 17.65% were aged 25 to 49, 17.65% were aged 50 to 64, 14.71% were 65 to 74, 2.94% were aged 75 to 84 and 14.71% of respondents declined to complete
- Religion or belief:** 36.67% Christianity, 30% no religion, 6.67% Islam, 6.67% Sikhism, 3.3% Church of England with 16.67% of respondents declining to complete
- Sexual Orientation:** 80% Heterosexual, 3.3% Homosexual/Gay man and 16.67% of respondents declining to complete
- Gender:** Male 46.67%, Female 36.67%, 16.67% of respondents declined to complete.
- Gender re-assignment:** 80% No, 3.3% prefer not to say and 16.67% of respondents declined to complete
- Relationship status:** 51.72% Married, 13.79% Single, 10.34% Living with partner, 3.45% Widowed, 3.45% Divorced and 17.24% of respondents declined to complete
- Pregnancy:** 3.3% were pregnant at the time of making a complaint, 56.67% were not. A total of 26.67 of respondents felt the question was not applicable and 13.3% declined to complete
- 46.6% of patients do not consider themselves to have a longstanding condition, 23.3% of patients do and 6.67% prefer not to say and 23.3% declined to complete

### (b) Patient Experience



## Patient Experience Enabling Strategy 2022-2025

We published our Patient Experience Enabling Strategy in collaboration with The Royal Wolverhampton NHS Trust. The strategy sets out how both Trusts will strengthen their approach to patient experience, engagement, public involvement, and co-production.

It details our priorities for improving patient experience in the next three years. Three pillars of improvement have been identified. These are Involvement, Engagement and Experience. These pillars have been guided and informed by the patient voice – using feedback and insight gained from our patients, families, and carers who either completed a national or local survey, took part in the Friends and Family Test, provided positive feedback, or raised a concern or complaint. We have set ourselves several priorities which will underpin each of the three pillars of improvement. The strategy also outlines how the patient voice will inform the work of both Trusts, describes why it is important to engage with patients and the public, and defines the accountability structure and proposed measurements of success.

## Partnership and Engagement

### Blessed to Bless

Our partnership with the 'Blessed 2 Bless', charity that helps feed the homeless and those that are struggling financially has been extended to support staff through the running of a staff foodbank.

Blessed 2 Bless continues to support us with our 'Hospital to Home' Discharge programme based on the discharge lounge - where a food parcel is provided to vulnerable patients leaving hospital with no means of accessing shops or no support network in place. The food parcel supplies an initial provision of long-life milk, sugar, tea/coffee/, juice, biscuits, cereal, pasta, soup, and sauce. Those who agree are also referred to a local network hub for ongoing support such as befriending and assistance with welfare and benefit maximisation.

### Walsall Pride

In August the team attended Walsall Pride, armed with a 'We are the Patient Experience' selfie frame. The team consulted on the Patient Experience Enabling Strategy and advertised involvement roles at the Trust.

Walsall Pride is an event for the whole community. It inspires everyone to embrace equality and demonstrates that people from all walks of life can join and celebrate diversity.

Actions to combat the cost-of-living crisis, health inequalities and homelessness were top of the agenda when dozens of faith and community leaders gathered with public sector officials at a key summit held in November.

### Key Summit

Around 200 people attended the 2022 Faith in Action Summit at the Poundland Bescot Stadium organised by Mayor of the West Midlands Andy Street to help drive forward new ideas and projects aimed at tackling some of the most critical issues currently facing communities across the region.

The Summit aimed to build on the close relationships that were forged during the height of the COVID-19 pandemic when the public sector worked closely with faith and community groups to communicate vital health messages, dispel misinformation, and fake news, and even turn places of worship into vaccination centres.

Our Associate Director, Garry Perry was invited as a panellist speaking on the value of radical kindness and the faith community's response to COVID-19.

### 'It's OK to ask'

In November we introduced 'It's OK to ask' which helps patients find out more about their care so they can better understand what is being recommended to them. It prompts three main questions for patients to consider:

- What is my main problem?
- What do I need to do?
- Why is it important I do this?

Each patient accessing Trust services was offered a bookmark telling them 'It's OK to ask' and explaining why it's so important they understand their care and are involved in the process.



## Patient Involvement Partners (PIPS)

## Baby Loss Awareness Week

The campaign continues to be promoted and additional staff groups engaged in the reason for doing this and how they can make small changes to ensure patient involvement in decisions about their care are considered at every level.

Special light displays, and a memorial service took place to observe Baby Loss Awareness Week. Taking place from 9-15 October every year, Baby Loss Awareness Week raises awareness of pregnancy and baby loss in the UK.

Throughout the week, bereaved parents, and their families and friends, unite with others across the world to commemorate the lives of babies who died during pregnancy, at, or soon after, birth, and in infancy. The service was led by the Trust's Chaplaincy and Spiritual Care Team and Bereavement Team on Sunday 9 October. All parents and families who suffered the loss of a baby, regardless of gestation, were invited to attend the service, which took place in the Chapel at Walsall Manor Hospital. More than 60 people attended, showing how important and significant the occasion was.

The purpose of our Patient involvement Partners (PIPS) is to support inclusive patient and carer engagement across the Trust.

We want to ensure that patients and carers are actively involved in shaping and developing services and to review Trust performance, addressing issues identified as important by patients, carers and relevant stakeholders.

The Patient Partner programme was introduced in 2021 and continues to evolve. Patient partners have been involved in the development and co-design of new ward Information Boards completed in October 2022.

A patient partner and our new Chaplaincy volunteers were actively involved in a faith-based improvement that has seen us providing faith resource boxes available in key locations across acute and community.

The resource boxes include religious books, icons and key information to support staff and patients to access religious care by request.

- The patient readers panel reviewed a combined VTE leaflet, the Goscote Hospice leaflet, Patient Initiated Follow – Up leaflet, Lymphoedema, Third primary dose of vaccine and Post picc line insertion information leaflets.

In addition, our partners have been involved in PLACE assessments, quality improvement work and action monitoring in response to national surveys. The Patient Partners received a presentation on Duty of Candour explaining that the template followed is not considered to be user friendly.

The partners attended a Duty of Candour workshop to co-design changes to the current process, to improve documentation and help with the production of a new leaflet.

### Volunteer opportunities at the Trust include:

- Response/ward-based volunteers supporting patients and visitors
- Enhancing the Ward Experience (EWE) Volunteers - a youth volunteer programme in partnership with Juniper Training supporting 16–24-year-olds
- Scooter Driver
- Maternity Services EWEs
- ICU/ITU volunteers
- Community volunteers at Goscote Palliative Care Centre/Hollybank House
- Self-Care Management Volunteers

## Celebrating and valuing the work of our Volunteers

Over the last year, volunteers have helped in all manner of ways, working with staff and patients across the hospital and community services – and despite the challenges previously posed by the COVID-19 pandemic, the service has recovered well and is now on an even stronger footing. Volunteers have all contributed towards the delivery of high-quality care and positive patient experiences. They are an essential, 'golden' thread in all that we strive to achieve – we value them and appreciate all they bring to the organisation.

In the year 2021/2022, each volunteer averaged 67.2 hours – over the last year this number increased to 93 hours per volunteer. This represented a 38% commitment increase.

At an awards ceremony attended by the Mayor of Walsall Councillor Rose Martin, held in October 2022, we gave special recognition to our volunteer workforce.

### The award categories included:

- Bronze award for one year of service
- Silver award for five years of service
- Gold award for 10 years of service
- Special recognition for 15 years of service or more

## Volunteer services



# Family & Carers Support Service

The new Family and Carers Support Service was introduced by the Trust's Family and Carer Support Officer. This service aims to better identify, recognise, and support our unpaid carers. In 2023 we will focus on the Trust Commitment to Carers and establishing these vital services.

Since the service was introduced in December 2022 support has been provided in the following ways:



Fifty five Carers Passports have also been issued in conjunction with ward areas.

## Spiritual, Pastoral and Religious Care

The team took some time to reflect on and discuss the development of Chaplaincy practices. We have produced a standard operating practice enabling us to review the scope of our work, to identify what is good and best practice and to consider how our work could better express our Trust values. We also wanted to identify the potential for other areas of work and our own development. We aim, through practice, to bring a level of a consistency in practice, and act as a training guide for new team members and a benchmark for good professional practice.

The Chaplaincy and Spiritual Care Team has continued to be about its core business of providing spiritual, pastoral, and religious care and support across all parts of our hospital and healthcare communities. Whether this has been an inpatient encounter at the bedside, supporting worried relatives, conducting a funeral service for grieving parents, or supporting staff as they face challenging work situations, our aim is "to always be there". We continue to work from the foundation of our newly implemented "Five Wells" values.

The SPARC tool (a web-based method of recording pastoral encounters) enables us to have a greater depth of insight into the scope and impact of our provision.

A brief analysis of our findings show that these encounters have included extensive pastoral and spiritual support for staff. We were able to capture the content of our encounters - 88% had a Pastoral element, 77% a Spiritual element, and Religious (Faith Specific) care has been present in 49% of our encounters. This is indicative of our personable and needs sensitive approach.

Across the Trusts, around 80% of our inpatients are registered as having a Faith or Religious belief. We continue to provide appropriate support and care for those with and without religious affiliation or belief and will utilise community links to enhance our provision.



## Diversity and Inclusion in the Workplace

The Trust has made significant improvements across several of the Workforce Race Equality Standards (WRES) indicators and in line with our WRES Model Employer targets, the number of black, Asian and ethnic minority staff represented in senior roles has increased from 24.6 % to 27.8 % (31 March 2022 to 31 March 2023).

As a Trust we successfully achieved the Race Code Accreditation and our Race Equality Action Plan has been rated as Outstanding by the national NHS England WRES team. In November 2022, the Trust's BAME Council won staff network of the year at the Midlands Inclusion and Diversity Awards 2022 and our Talent and Inclusion Lead won change maker of the year at the same awards ceremony. We also issued our anti-racist statement which was co-developed with our workforce

**We have also improved in several areas of the Workforce Disability Standards (WDES) with 75% of staff responding positively to the fact that the organisation has made reasonable adjustment(s) to enable them to carry out work which is above the benchmark average of 72%.**

The Trust participated in the LGBT Foundation's Rainbow Badge Initiative and a detailed action plan has been developed. The LGBTQ+ and Allies Network will be leading on the implementation of the recommendations from the assessment in 2023/24.

In addition to the existing staff networks The BAME Shared Decision Making Council and BAME Support Group, LGBTQ+ and Allies Network, Women and Allies Network and Disability Network in 2022/23 the Trust launched a new forum to support neurodiverse employees in the workplace.

# Board Assurance Framework

Our Board Assurance Framework provides a structure and process that enables the Board to focus on principle risks which might compromise achievement of the organisation's strategic objectives.

The Board Assurance Framework maps out the key controls which are in place to support delivery of those objectives and to mitigate risk and provide a framework of assurance which the Board can draw upon when considering the effectiveness of those controls. These controls and assurances have been set out in line with the 'HM Treasury 3 lines of defence' model aiding the identification of areas of weakness.

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

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

The Board Assurance Framework is designed to provide the Board with a simple but comprehensive method for the effective and focused management of key risks.

**Risk descriptors were updated during the year with the Board committees and Executive Director Leads.**

## Principle risks identified and monitored through the Board Assurance Framework in 2021/22 were:

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

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

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

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

BAF S05 – Use Resources Well:

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

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

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

The Board approved a revised template for the Board Assurance Framework in 2021/2022 which provides for details of the "three lines of defence" for controls and assurance and enables the Trust Board to have oversight of the actions in place to mitigate and manage risk. This also enables the Trust to direct resources in a more targeted fashion.

The Trust Board has received and reviewed the full Board Assurance Framework six times during the year. In addition, it has received the extract from the Board Assurance

Framework for each strategic objective, and analysis of mitigations and management, in the Executives' monthly report to the Board. The Performance, Finance and Investment, Quality, Patient Experience and Safety, and the People and Organisational Development Committees have reviewed the Board Assurance Framework during the year, challenging the risk articulation, scoring and mitigation, together with controls and assurances.

Internal Audit has reviewed the Board Assurance Framework including the processes and controls. The conclusion of the audit was partial assurance with improvement required. The audit identified some weaknesses in the activities and controls and raised four medium risk- rated recommendations. The audit recognised that the Trust has worked hard to enhance the format of the Board Assurance Framework and the management of strategic risks during the year despite the challenges of the pandemic.

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

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

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

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

## Sustainability/Greener NHS Programme

The UK introduced the Climate Change Act in 2008 in response to the United Nations Framework Convention on Climate Change which adopted the Kyoto Protocol in 1997 which placed legally binding obligations on 191 member states, including the UK to reduce their emissions of greenhouse gases by 80% by 2050.

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

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

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

### WHT 2020/2021 Key Green Statistics

	We produce <b>58,274 tCO2e</b> per annum from direct and indirect operations	
	We produce <b>1,049 tonnes</b> of waste per annum equivalent to <b>30 tCO2e</b>	 We have a <b>recycling rate of 44%</b> (507 tonnes) from all waste produced by the Trust.
	We have introduced bicycle parking on-site for staff, promoting sustainable travel.	 We are reducing our use of plastics by signing up to the Plastics Pledge.
	Procurement is the biggest contributor to our carbon emissions at <b>38,181 tCO2e</b>	 We used <b>29,106,143 kWh</b> of gas per annum which contributes <b>5,354 tCO2e</b> to the Trust carbon emissions

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

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

A Sustainability Group was established in February 2022. Chaired by the Head of Sustainability, the group is tasked with delivering the actions in the Green Plan as well as regional and national Greener NHS annual deliverables. Below is the key progress of the Green Plan implementation:

### Green Plan Implementation Actions Delivered

	The <b>Anaesthetic Department</b> reduced the used of Desflurane from <b>57.7% in March 2021 to 0.0% in January 2023</b> . A reduction of <b>63.41 tCO2e</b>	
	We saved <b>3,733 tCO2e</b> by switching our energy supply to green energy source	 <b>4.8 tCO2e</b> was saved through the Trust Freecycle Scheme
	We have introduced <b>10% discount</b> on bus travel for staff and <b>25% discount for patients</b> through partnership with National Express	 All retail and food outlets in Manor Hospital has switched to reusable and non-plastic cutlery, food containers, cups, and stirrers to support the reduction in single use plastic.
	<b>45 staff</b> have signed up as <b>Sustainability Champions</b>	 <b>Five clinical departments</b> have signed up to the Greening Services Scheme

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



## Winter Plan

EPRR again facilitated and co-ordinated the UEC Resilience Winter Plan 2021-22 Debrief and Lessons programme, culminating in a smooth planning process and approval of this year's Winter Plan in October 2022.

To support the delivery, the monitoring and preparedness for recognised and unforeseen risk, the EPRR function maintained a well-balanced Tactical Command battle rhythm throughout the reporting winter period. This ensured shared situational awareness remained embedded across all Divisions and services, effective and timely planning was directed as required to meet future landscapes, readiness posture was adjusted to meet risks and, importantly, decisive action could be set to meet all risks, incidents and emergencies. This Trust-wide perspective allowed separate Working Groups, Site Safety Meetings, Outbreak Management Meetings and bespoke Tactical/Incident Management arrangements to seamlessly manage the detail.

## Winter Power Resilience

In late October, the NHS was made aware of its national gas and electricity resilience and the need for society, businesses and the public sector to prepare. Alongside cyber threat and loss of gas/power, this winter was a raised national risk and the Trust set about a review and actions to prepare and test our arrangements.

The Head of EPRR set up three Power Resilience Workshops with a fourth added in mid- December with a specific Community Division focus. The first two workshops were technical by nature; a review and statement of power resilience on site and in the community, then a review and statement of our IT and Digital Services' resilience in the event of unexpected, sudden and potentially rationed power. The third workshop included all Divisional leaders and key Service Leads. The aim was " through the means of a workshop enable Divisional senior leaders to better understand their preparedness arrangements for a loss of site power and be ready to refine their activity to permit normal hospital operations to continue".

The objectives were to:

- **Understand the national perspective and risk**
- **Review and understand the technical resilience already in place across the site**
- **Consider operational impacts on site and in the community setting**
- **Identify critical gaps or areas of potential harm/safety if the Trust runs for a prolonged period on generators**
- **Refresh and enhance resilience in your area and review operational business continuity plans**
- **Develop a clear Trust-wide approach to responding to power shortages;**
- **Highlight any capability gaps**

In sum, the site has a robust resilience in event of any power loss, but further work remains ongoing to review bespoke Clinical Support Services' imaging equipment and community Divisional resilience across its wide and varied estate. Furthermore, Divisional operational business continuity plans have been refreshed to capture local mitigations.

Lastly, the Trust managed a real power outage on 10 January in the late afternoon. Our secondary power generation seamlessly interjected and the process successfully worked in reverse when primary power supplies were restored within 90 minutes by our utility partner. Successful information management and decision making arrangements calmly managed a small number of minor issues as a result, but our site resilience was clearly robust.

## Emergency Preparedness, Resilience and Response (EPRR)

EPRR continues to support the Trust to prepare, mitigate, respond and recover from a range of ongoing and new risks and slowly build resilience across all Divisions and Corporate Services.

A robust "way of working", operationally and tactically, with a strong culture to reflect, debrief, learn and improve is now firmly embedded across the organisation.

Whilst COVID-19 dominated the response landscape less over the last six to 12 months, multiple operational and external risks continue to challenge Trust operations and our ability to deliver safe and effective patient care. A number of priorities have required intensive EPRR leadership, advice, co-ordination and action and are set out as follows.

## Incidents

The Trust has successfully managed a number of operational and Trust-wide incidents/events including:

- Sept – Aseptic Unity continuity Incident
- Oct – Modular Double Lift Failure
- Oct – Loss of Site WI-FI
- Nov – PAS Upgrade over 12 planned hours of downtime
- Dec – Loss of Heating across West Wing estate
- Dec/Ongoing – Direct and Indirect impact of Industrial Action
- Dec – Critical Incident
- Dec – Bleep Failure
- Jan – Critical Incident
- Jan – Power Outage
- Feb – Critical Incident
- Feb – Black Country Pathology Services loss of IT
- Mar – Adverse Weather

Each incident required incident or Tactical Command arrangements to be stood up and good outcomes were achieved through common understanding of the current situation, sound strategy development and action setting by multi-disciplinary teams. All were debriefed, good practice and lessons captured and, as usual, improvements monitored monthly via the EPRR Steering Group.

## ED Resilience Working Group

The ED Resilience Working Group was set up more than two years ago to prepare our EPRR capability to meet the opportunity afforded by a new Urgent and Emergency Care Centre (UECC) and in the short term stretch ED emergency preparedness and response to a level of excellence. This has focused on fire and evacuation, security threat, lockdown and bomb threat, CBRN response and mass casualty incident management. The last few months have seen significant effort by the EPRR function to virtually complete this aim, namely:

- Plan, develop, facilitate and evaluate a live mass casualty incident within the new UECC – Exercise PROTECTOR
- Support tactical risk management, preparedness and readiness around both the crucial 38 hour transfer of the ED Function into the UECC, followed by a key 12 hour transfer of the AMU Function.
- Achieve a very satisfactory CBRN Audit undertaken by the WMAS agreeing the Trust is fit for purpose to meet its statutory obligation and duty to manage self-presenters from a CBRN incident

## Industrial Action

Recognising the early potential for harm, the Trust set up an Industrial Action Working Group. This was co-chaired by People and Culture and EPRR in late August 2022, adjusting to a Chief Operating Officer-led Tactical Command in December 2022 as the planning phase moved to an operational response phase. Hospital services have been maintained throughout four WMAS impacted strike action periods, some indirect impacts from other Health Unions and non-Health Unions (e.g. Education) and a significant challenge during 72 hours then 96 hours continuous strike action by Junior Doctors across every Trust/organisation in England.

## Summary

The EPRR function has continued to support all parts of the Trust in extraordinary challenging times. Robust structures, arrangements and culture that enables individuals to comfortably perform under pressure is evident and has allowed success and confidence to build. The Trust must, however, always be ready for the next challenge or emergency that it meets in the future.



# Part 3 Accountability Report

## Corporate Governance Report

# Directors Report

## Professor Steve Field, CBE FRCP FFPH FRCGP

**Group Chair of the Board (voting)**

**Chair of Board of Trustees**

**Chair of Nominations and Remuneration Committee**

**Appointed: 1 March 2021**

**Current Term: 1 March 2021 – 31 March 2023**

Professor Field holds a number of roles at various organisations including Chair at the Royal Wolverhampton NHS Trust, Trustee at Nishkam Healthcare Trust, and Trustee of Pathway - Healthcare for Homeless People. Steve also holds a Government role as the UK Special Representative for Healthcare for Saudi Arabia and is the Advisor to Health Holding Company and Board Member of Makkah Health Cluster and Al Bahah Health Cluster, Kingdom of Saudi Arabia.

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

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

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

### Declaration of interests

- Group Chair, Royal Wolverhampton NHS Trust
- Director, EJC Associates
- Trustee for Charity, Pathway Healthcare for Homeless People
- Trustee, Nishkam Healthcare Trust Birmingham
- Honorary Professor, University of Warwick
- Honorary Professor, University of Birmingham
- Advisor to Health Holding Company and Board Member of Makkah Health Cluster and Al Bahah Health Cluster, Kingdom of Saudi Arabia



## Mrs Mary Martin

**Non-Executive Director (voting) Chair – Audit**

**Committee Appointed: April 2021**

**Current Term: April 2021 – 30 September 2023**

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

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

Mrs Martin is also Chair of a major Midlands-based arts charity – Midlands Art Centre. She is a Fellow of the Institute of Chartered Accountants and Oxford University engineering graduate.

**Board Attendances in 2022/23: 6/6**

### Declaration of Interests at end March 2023:

- Trustee/Director, Non-Executive Member of the Board for the Charity – Midlands Art Centre
- Trustee/Director, Non-Executive – B Music Ltd (ended 08/12/22)
- Director – Friday Bridge Management Company Ltd
- Director/Owner – Martin Consulting (West Midlands) Ltd



## Mr Junior Hemans

**Non-Executive Director (Voting) and Senior Independent Director (SID)**

**Appointed: 1 February 2021**

**1st Term: 1 February 2021 – 31 January 2023 (Joint NED) Current Term: 1 February 2023 – 31 January 2025 (Walsall only)**

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

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

Mr Hemans currently runs his own small consultancy and is a property developer/landlord. He specialises in governance, business start-up, business development and social housing and regeneration. He is also a visiting lecturer at the University of Wolverhampton Business School, lecturing in strategic management, marketing, leisure and operations.

Mr Hemans chairs the People and Organisational Development Committee, is a member of the Audit Committee, Board of Trustees and is also the Senior Independent Director for the Board of Trustees.

**Board Attendances in 2022/23: 5/6**

**Declaration of Interests at end March 2023:**

- Non-Executive Director – The Royal Wolverhampton NHS Trust
- Company Secretary – Kairos Experience Limited
- Chair of the Board – Wolverhampton Cultural Resource Centre
- Chair of the Board – Tuntum Housing Association (Nottingham)
- Director – Libran Enterprises (2011) Ltd
- Member – Labour Party
- Business Mentor – Prince's Trust



## Mr Paul Assinder

**Non-Executive Director (Voting)**

**Chair – Performance and Finance Committee and Charitable Funds Committee**

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

**Current Term (Voting Member): 1 April 2022 – 31 March 2024**

Mr Assinder is a former CEO and CFO in the local NHS. He has enjoyed a long career as one of the most respected finance professionals working in healthcare in the UK and internationally. He was elected as National President of the Healthcare Financial Management Association (HfMA), the leading professional body for finance staff working in UK healthcare, in December 2009 and has more than 30 years' experience at board level in both the public and commercial sectors. Doubly qualified as an accountant, with a university background in both economics and management, he trained and worked with Ernst & Young Co in the UK after graduation, before specialising in the healthcare and technology sectors.

Mr Assinder is a graduate of the Senior Managers Course at Insead (French Business School) and was one of the first finance directors to be selected to join the elite NHS Top Leaders Programme in 2010. He has a broad portfolio of financial and business experience most recently as European CFO of the US transformational genomics provider Nant Health Inc. In the local NHS, he most recently served as Chief Executive Officer of Dudley Integrated Health and Care Trust. He is committed to the development of the next generation of healthcare leaders and has held position of senior lecturer at the University of Wolverhampton Business School and with others, founded the MBA qualification in Business and Finance for the HfMA Academy, in 2017. He is currently a Governor of Solihull College and University Centre.

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

**Board Attendances in 2022/23: 6/6**

**Declaration of Interests at end March 2023:**

- Honorary Lecturer - University of Wolverhampton
- Governor – Solihull College and University Centre
- Director - Rodborough Consultancy Ltd
- Voluntary Treasurer – Parkinson's UK, Midlands Branch

## Professor Louise Toner

**Non-Executive Director (Voting)**

**Appointed: November 21**

**Current Term: November 2021 – 31 October 2023**

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

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

Professor Toner has also worked for a hugely successful charity in the UK – Macmillan Cancer Support where she was responsible for an Education Development Programme for specialist Nurses in Cancer and Palliative Care. She was previously Chair but is now Trustee of the Wound Care Alliance UK a charitable organisation who provide education and training for non specialist healthcare staff both qualified and unqualified in the field of Tissue Viability.

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



Her remit within the faculty includes advising on overseas activities as a result of which she has been privileged to visit a number of countries meeting with government officials, leading academics and professionals. Along with other colleagues, she is in the process of securing funds to assist developing countries in terms of their healthcare education needs that include critical care, primary care, stoma care and wound care.

Professor Toner says she feels privileged to be associated with such an innovative and forward thinking Trust, keen to embrace the ways in which academia, research and clinical practice can all work together to improve the care of our patients and provide development opportunities for our staff.

**Board Attendance in 2022/23: 4/6**

**Declaration of Interests as at end March 2023:**

- Member, Greater Birmingham Commonwealth Chamber of Commerce



## Dawn Brathwaite

**Non-Executive Director (Voting)**

**Appointed: 2 February 2022**

**Current Term: 1 February 2022 – 31 January 2024**

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

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

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

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

She is a member of the Trust's Performance and Finance Committee, People and Organisational Development Committee and the Non-Executive Director lead for Freedom to Speak Up.

**Board Attendances in 2022/23: 6/6**

**Declaration of Interests at end March 2023:**

- Consultant/Former Partner, Mills & Reeve LLP



## Dr Julian Parkes

**Non-Executive Director (Voting)**

**Appointed: 2 March 2022 (as Associate Non-Executive Director)**

**Current Term: 14 April 2022 – 13 April 2024**

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

During this time he was also on the Board of Wolverhampton CCG and previous commissioning organisations; he was prescribing lead for 15 years and was briefly an Associate Non-Executive Director at The Royal Wolverhampton Trust. His practice was one of the first practices to integrate with The Royal Wolverhampton Trust in June 2016. Since retiring from clinical practice he, at RWT, remained an employee leading on Primary Care integration, supporting the eight General Practices that have now integrated with the Trust. He left this role in March 2022.

**Board Attendances in 2022/23: 6/6**

**Declaration of Interests at end March 2023:**

- Daughter, Nurse at Royal Wolverhampton NHS Trust
- Trustee, Windmill Community Church



## Mrs Sally Rowe

**Associate Non-Executive Director (non-voting)**

**Appointed: 1 April 2019**

**Terms: 1 April 2019 – 31 March 2022 extended to 30 September 2022**

**Current Term: 30 September 2022 – 30 September 2023**

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

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

**Board Attendances in 2022/23: 3/6**

**Declaration of Interests at end March 2023:**

- Executive Director Children’s Services - Walsall Council
- Trustee of the Association of Directors of Children’s Services



## Ms Ofrah Muflahi

**Associate Non-Executive Director (non-voting)**

**Appointed: 2 March 2022**

**Current Term: 2 March 2022 – 29 February 2024**

Ms Muflahi’s passion for Nursing started at an early age when she noted the care being provided by Nursing staff who looked after her unwell mother. She brings more than 20 year’s clinical and Nursing experience/expertise working in various roles in and outside of an NHS setting. She is a highly competent Registered Nurse with knowledge, skills and experience in paediatrics, community nursing, quality governance, project management and quality improvement. She was the only Mary Seacole Leadership Award winner in 2008 which was funded by the Department of Health ,RCN, Royal College of Midwives and Unite. The Mary Seacole Leadership Award commemorates the Crimean war nurse and supports Nursing staff improve the care of black, Asian and ethnic minority patients.

Ms Muflahi has held board roles in multiple charities, including at Kidney Care UK and Age UK. She is currently the UK-wide Professional Lead for Nursing Support Workers at the Royal College of Nursing (RCN) and is passionate about her role in order to deliver excellent care, support innovation and drive ethical leadership in a Nursing and clinical context.

She has an MSc in Healthcare Management and Policy from the University of Birmingham and is also a certified Cultural Intelligence (CQ) Assessor. She is also keen on the development of the next nursing and midwifery generation and spends some of her spare time mentoring in a volunteering capacity.

**Board Attendances in 2022/23: 5/6**

**Declaration of Interests as at end March 2023:**

- UK Professional Lead – Royal College of Nursing
- Member – Royal College of Nursing
- Mentor – The Catalyst Collective
- Member – Q Community at Health Foundation
- Member – UK Oncology Nursing Society
- Member – The Seacole Group
- Member of Health Inequalities Taskforce – Coalition for Personalised Care
- Husband – Employee of the Royal College of Nursing UK
- Husband – Director of OBD Consultants, Limited Company
- CQ Assessor – Cultural Intelligence Centre
- Trustee of the Association of Directors of Children’s Services



## Ms Fiona Allinson

**Associate Non-Executive Director (non-voting)**

**Appointed: 1 February 2023**

**Current Term: 1 February 2023 – 31 January 2025**

Fiona Allinson qualified as a Nurse in the late 80s and worked in a variety of settings including Surgery, Theatre, ICU and ED. She held many roles before becoming a sister on a rehab ward. In 1999 she joined the private sector as a Matron of a private hospital before leaving to set up her own training and development business. During this time, she worked with further education settings to design and deliver the Registered Managers' course.

She joined CQC in 2005 as a part time inspector and rose through the organisation to become a Deputy Chief Inspector in the hospital's directorate. She has recently left the CQC following a reorganisation and redefining of roles. She has always been a nurse at heart, however, and was lucky enough to return to ICU during the first wave of COVID-19.

Ms Allinson's passion to ensure a high-quality service for patients led her to apply for the post of associate NED at Walsall. She has played a part in regulating the Manor Hospital since she joined the regulator and has watched and respects the part the hospital has played in the local community. She is very keen to be part of the journey of further improvement.

**Board Attendances in 2022/23: 1/1**

**Declaration of Interests at end March 2023:**

- Exam Invigilator, St Benedicts High School, Alcester



## Ms Rachel Barber

**Associate Non-Executive Director (non-voting)**

**Appointed: 1 February 2023**

**Current Term: 1 February 2023 – 31 January 2025**

Ms Barber has considerable board experience in the public and private sector and holds several Non-Executive Director and advisor roles within the housing and police sectors. She has experience within the NHS as lay member at Walsall LCB, part of the Black Country ICB and was formerly lay member at Walsall CCG.

She has held senior executive positions within the water sector with a service delivery focus, achieving successful transformation, linking strategic direction to insight, improving services, achieving high customer satisfaction and continuous improvement across a diverse base.

**Board Attendances in 2022/23: 1/1**

**Declaration of Interests at end March 2023:**

- Lay Member, Walsall ICB (Walsall Place)
- Professional, Onward
- Member, Housing Plus Groups, Homes Board
- Member A2 Dominion, Customer Service Committee
- Member, OPCC NWP Join Audit Committee
- Magistrate, Ministry of Justice
- Sister-in-law, employed as a Health Assistant at The Royal Wolverhampton NHS Trust



## Professor David Loughton CBE

**Group Chief Executive (voting)**

**Appointed as Interim Chief Executive: April 2021**

**Appointed as Group Chief Executive: 23 March 2022**

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

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

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

**Board Attendances in 2022/23: 6/6**

**Declaration of Interests at end March 2023:**

- Group Chief Executive – The Royal Wolverhampton NHS Trust
- Chair – West Midlands Cancer Alliance
- Member – Advisory Board, National Institute for Health Research



## Mr Ned Hobbs

**Chief Operating Officer (voting)**

**Appointed: June 2019**

Mr Hobbs graduated from the University of Nottingham with a first-class degree in Pure Mathematics before joining the NHS Graduate Management Training scheme in 2008 in the West Midlands region. He completed his Masters in Health and Public Leadership from Birmingham's HSMC in 2011 and has carried out a variety of operational management roles – predominantly in the acute hospital sector and within mental health. He also graduated from the NHS England and Ashridge Business School Aspiring Chief Operating Officer Programme in 2019.

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

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

Since joining the Trust, Mr Hobbs has led its operational response to the COVID-19 pandemic and delivered strong access performance with consistently the best ambulance handover times in the West Midlands, national upper quartile 4-hour Emergency Access Standard performance, DMO1 6-week wait diagnostic performance and Cancer 62-day GP Referral to Treatment performance, which has been materially better than regional and national averages.

**Board Attendances in 2022/23: 5/6**

**Declaration of Interests at end March 2023:**

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



## Professor Ann-Marie Cannaby

**Deputy Chief Executive/Chief Nursing Officer (voting)**

**Appointed as Interim: April 2021**

**Appointed as Substantive Deputy Chief Executive/  
Group Chief Nursing Officer: June 2022**

Professor Ann-Marie Cannaby works in a collaborative group structure as the Chief Nurse at The Royal Wolverhampton NHS Trust and Chief Nurse and Deputy Chief Executive at Walsall Healthcare NHS Trust. Ann-Marie's clinical background is grounded in caring for patients with medical conditions. She has worked within large University Hospitals in the UK and has held a variety of clinical, research and managerial roles including Chief Operating Officer.

For the last 17 years she has held executive roles, gaining a wealth of leadership experience across the NHS and internationally, including Chief Nursing Officer at Hamad Medical Corporation, the public health system in Qatar. She has maintained an international Nursing perspective and has been involved in Nursing leadership and quality projects in Holland, China, Egypt, Qatar, Malawi, Australia and New Zealand.

Professor Cannaby remains actively involved in research and education and holds a first degree, a Masters degree and a PhD. She has held substantive Professorial positions and is presently a Visiting Professor at Birmingham City University and Staffordshire University. She continues to teach on topics including transformational leadership and global policy. Her research interests focus on quality across Nursing services, including how technology (digital and robotic) can improve nursing care and patient outcomes. Ann-Marie is a Senior Clinical Consultant on the Health Advisory Board at British Telecom.

**Board Attendances in 2022/23: 6/6**

**Declaration of Interests at end March 2023:**

- Professor of Nursing Sciences – Birmingham City University
- Visiting Professor (voluntary) – Staffordshire University
- Teaching Fellow – Higher Education Academy
- Member – Royal College of Nursing
- Director – Ann-Marie Cannaby Ltd
- Principal Clinical Advisor – British Telecom
- Honorary Fellow (unpaid assignment) – La Trobe University, Victoria, Australia
- Member of the Advisory Panel (volunteer) – Cavell (Charity)
- Group Chief Nurse Officer – The Royal Wolverhampton NHS Trust
- Advisory Board Member – Charkos Global Ltd



## Dr Manjeet Shehmar FRCOG, MMedEd, MD

**Chief Medical Officer (Voting)**

**Appointed: August 2021**

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

Dr Shehmar is passionate about raising standards to provide the best patient care, putting patients first and supporting an environment where staff can work to their highest abilities. During her time as Deputy Medical Director, she led on improving the lung cancer pathway after a series of incidents and has restructured the Learning from Deaths programme to focus on top themes and drive improvements. Through this programme the Trust no longer holds a risk with the CCG around Learning from Deaths. Dr Shehmar led a training and awareness programme through the COVID-19 pandemic with a co-ordinated evidence-based approach and led on reviews of deaths from COVID-19 and COVID-19 health care associated infections. As Chief Medical Officer, Dr Shehmar holds executive responsibility for mental health, medicines management, medical professional standards and is the Responsible Officer as well as Caldicott Guardian for the Trust. Major projects in the last year have included ensuring the Trust complies with the Mental Health Act, building a mental health team, improving professional standards including for medicines management, recruitment of medical workforce with consultants and clinical fellowships, improving quality of care such as for sepsis and building a research portfolio. Dr Shehmar is particularly proud to have welcomed medical students from Aston University Medical School in 2022. Key improvements in outcomes include a reduction in avoidable deaths where the Trust is now in line with expected patterns, improved training for doctors and medical leaders and better care in the acute medical pathways.

Dr Shehmar is the Black Country ICS lead for Learning from Deaths ensuring that learning is shared. A focus this year has been on the implementation of the Community Medical Examiner Service.

**Board Attendances in 2022/23: 5/6**

**Declaration of Interests at end March 2023:**

- Company Director – Associate of Early Pregnancy Units UK
- Executive Member Association – Early Pregnancy Units UK
- Secretary Board Member – Early Pregnancy Units UK
- Private Clinical Practice, Little Aston Hospital Spire



## Kevin Stringer

**Group Chief Financial Officer and Director of IT and SIRO (Voting)**

**Appointed as Interim Director of IT and SIRO: December 2021**

**Appointed as Group Chief Finance Officer and Director of IT and SIRO (Walsall): December 2022**

Mr Stringer is a qualified accountant with the Chartered Institute of Management Accountants (CIMA) and holds a Masters qualification in Business Administration (MBA). With over 33 years of experience in the NHS, with 20 of those years as a Board Director, he has experience of commissioning and provider organisations.

His experience covers:

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

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

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

**Board Attendances in 2022/23: 6/6**

**Declaration of Interests at end March 2023:**

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



## Alan Duffell

**Group Chief People Officer (Voting)**

**Appointed: December 22**

Mr Duffell has a wide experience within the NHS, incorporating organisational development, learning and development, leadership and management development, as well as other HR-related roles. He was appointed as the Group Chief People Officer in December 2022 following the grouping of Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust. He joined the board of The Royal Wolverhampton NHS Trust in April 2017 as the Director of Workforce and is also currently the SRO for Workforce, HR and OD for the Black Country Provider Collaborative. Previously, he has held the position of Director of HR and Organisational Development at Leicestershire Partnership NHS Trust, where he had been for five years, with board level responsibility for a wide-ranging workforce portfolio, as well as health and safety and business continuity. Prior to this, he was the Director of Workforce and Learning within the Black Country Partnership NHS Foundation Trust and at that time was also a director for Skills for Care, representing the NHS. Prior to joining the NHS, Mr Duffell was in the Royal Air Force spanning a range of roles including avionics engineer, training and development, and leadership development. He holds membership of the Chartered Institute of Personnel and Development, Chartered Management Institute and holds an MSc in human resource development.

**Board Attendances in 2022/23: 2/2**

**Declaration of Interests at end March 2023:**

- Unpaid Member, UK and Ireland Healthcare Advisory Board for Allocate Software (Trust Supplier)
- Member, Chartered Management Institute
- Member of the Chartered Institute for Personnel and Development
- System Workforce Lead for BC&WB System Workforce SRO
- Interim Chief People Officer, The Dudley Group NHS Foundation Trust
- Group Chief People Officer, The Royal Wolverhampton NHS Trust

## Dr Jonathan Odum

### Group Chief Medical Officer (Voting)

Dr Jonathan Odum qualified from Birmingham University Medical School in 1984 and his post-graduate training was undertaken in the West Midlands (1984-91) and Adelaide, South Australia (1991-93). He was awarded a Sheldon Research Fellowship by the West Midlands Regional Health Authority in 1988 and following completion his thesis was awarded an MD by the University of Birmingham in 1993.

He took up post as a Consultant Physician in General Internal Medicine and Nephrology at New Cross Hospital Wolverhampton in 1993. His clinical interests include diagnosis and management of hypertension, and pathophysiological mechanisms underlying and treatment of glomerular renal disease.

Dr Odum was elected as a fellow of the Royal College of Physicians (RCP) in 1999 and has been an MRCP PACES examiner from 1999 to the present day.

He has a significant interest in service development and as Clinical Director for Renal Services (1995-2005) was responsible for the expansion of renal services at Wolverhampton into Walsall and Cannock and the opening of the satellite Haemodialysis units in Walsall and also at Cannock Chase Hospital.

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

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

At ICS level, Dr Odum is Chair of the Clinical Leaders Group (2018 -date) and is also the Chief Medical Officer for the Black Country Provider Collaborative (2021 -date). He is a strong advocate of collaboration and networking of clinical services across the ICS and also of addressing the population health needs and inequalities agenda.



**Board Attendances in 2022/23: 2/2**

**Declaration of Interests at end March 2023:**

- Private outpatient consulting and general medical/hypertension and nephrological conditions – Wolverhampton Nuffield
- Chair – Black County and West Birmingham ICS Clinical Leaders Group
- Group Chief Medical Officer – the Royal Wolverhampton NHS Trust



## Mr Russell Caldicott

### Chief Finance Officer (Voting)

**Appointed: September 2018 – December 2022**

**Director of Finance (Non-voting) 1 December 2022 – 6 April 2023**

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

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

**Board Attendances in 2022/23: 3/6**

**Declaration of Interests at end March 2023:**

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



## Mr Dan Mortiboys

### Interim Director of Finance (non-voting)

Mr Mortiboys has been a member of the Chartered Institute of Management Accountants (CIMA) for over 20 years. He started his career in the private sector before moving to the not-for-profit sector where he has worked in a number of senior finance roles in the NHS and other not for profit organisations (including Board level). He joined Walsall Healthcare NHS Trust in September 2019 as Operational Director of Finance, his previous NHS experience includes Assistant Director of Finance at Worcestershire Acute Hospitals NHS Trust. He has strong connections with Walsall having attended school here and has lived locally for many years.

**Board Attendances in 2022/23: 4/4**

**Declaration of Interests at end March 2023:**

Nil



## Ms Catherine Griffiths

**Chief Officer for People and Culture (Non-voting)**

**Appointed: September 2018 – December 2022**

**Chief People Officer**

**Appointed: December 2022 – Present**

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

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

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

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

**Board Attendances in 2022/23: 6/6**

**Declaration of Interests at end March 2023:**

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



## Mr Matthew Dodd

**Interim Director of Integration (Non-voting)**

**Appointed: September 2021**

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

**Board Attendances in 2022/23: 5/6**

**Declaration of Interests at end March 2023:**

- Wife working as a Physiotherapy Assistant at Birmingham Community Health Care



## Ms Lisa Carroll

**Director of Nursing (Non-voting)**

**Appointed: August 2021**

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

Ms Carroll qualified in 1990 as a Registered Nurse and her clinical career has focused in the specialities of Acute Medicine and Urgent and Emergency Care. With a Masters in Advanced Practice, Lisa was one of the first Consultant Nurses in Acute Medicine in the country and her book Acute Medicine: A Handbook for Nurse Practitioners was published in 2007. She has held regional roles as the Clinical Lead for Urgent and Emergency Care in the West Midlands and led the development of quality standards for the whole of the urgent and emergency care pathway including acute medical and surgical units as clinical lead for the West Midlands Quality Review Service. These standards were adopted by the Society for Acute Medicine and College of Emergency Medicine for national use.

She has extensive senior Nursing operational and leadership experience in both the NHS and Independent Sector and prior to returning to the NHS in 2020 she was Director of Nursing and AHPs for Circle Health Group.

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

**Board Attendances in 2022/23: 6/6**

**Declaration of Interests at end March 2023:**

- Spouse – Officer for Research - Royal College of Paediatrics and Child Health (RCPCH) Officer for Research
- Spouse – Officer for exams - Royal College of Paediatrics and Child Health (RCPCH)
- Spouse – Chair – NHS England/Improvement Children and Young People's Asthma Effective Preventative Medicines Group
- Spouse – Consultant Paediatrician and Clinical Lead for Respiratory Paediatrics – University Hospitals of Midlands NHS Trust
- Spouse – Guardian of Safe Working and Deputy Clinical Tutor – University Hospitals of North Midlands NHS Trust (Ended October 22)
- Spouse – Clinical Research Scholar – West Midlands Institute for Health and Clinical Research
- Spouse – Director of Medical Education – University Hospitals of North Midlands NHS Trust



## Mr Kevin Bostock

**Group Director of Assurance (Non-voting)**

**Appointed: January 2022**

Mr Bostock is a Registered General Nurse and Allied Health Professional (Operating Department Practitioner). He has extensive experience in the NHS, Independent Healthcare, Social Care and Charitable Sectors spanning many years in a variety of Clinical, Managerial, Leadership, Executive and Advisory roles.

He holds a variety of qualifications related to Acute Health and Social Care and was a retained lecturer in Risk, Governance and Assurance on Masters Programmes and is passionate about driving delivery of high standards of service to patients.

**Board Attendances in 2022/23: 6/6**

**Declaration of Interests at end March 2023:**

- Sole Director – 2 Limited Companies – Libra Healthcare Management Limited trading as Governance, Risk, Compliance Solutions and Libra Property Development Limited
- Group Director of Assurance – The Royal Wolverhampton NHS Trust



## Simon Evans

**Group Chief Strategy Officer (Non-voting)**

**Appointed as Interim: October 2021**

**Appointed as Group Chief Strategy Officer: November 2022**

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

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

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

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

**Board Attendances in 2022/23: 6/6**

**Declaration of Interests at end March 2023:**

- Group Chief Strategy Officer at the Royal Wolverhampton NHS Trust



## Ms Sally Evans

**Group Director of Communications and Stakeholder Engagement (Non-voting)**

**Appointed as Interim: April 2021**

**Appointed as Group Director: December 2022**

Ms Evans joined Walsall Healthcare NHS Trust in April 2021 as Interim Director of Communications and Stakeholder Engagement, overseeing the strategic communications delivery for both Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust. She joined the latter as Head of Communications in October 2017 from NHS South Worcestershire Clinical Commissioning Group (CCG) after a decade working in communications in the NHS.

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

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

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

**Board Attendances in 2022/23: 5/6**

**Declaration of Interests at end March 2023:**

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



## Carla Jones-Charles

**Director of Midwifery (Non-voting)**

Carla Jones-Charles, joined Walsall Healthcare NHS Trust in 2019 as Deputy Divisional Director of Midwifery, Gynaecology and Sexual Health.

She joined the Trust from Heartlands Hospital where she worked as Delivery Suite Matron.

Qualifying as a Nurse in 1993 and as a Midwife in 1998, Ms Jones-Charles has worked not only to deliver babies, but to ensure the delivery of safe, high-quality care across the Midlands.

She also worked at Wolverhampton's New Cross Hospital as manager of the Maternity Assessment Unit and as Matron at University Hospitals, Birmingham where she developed a new pre-operative pathway for women having elective caesareans and, again for elective caesareans, developed a Midwifery staffing model.

She became Director of Midwifery at Walsall Healthcare in 2022.

She has focused on the co-production and co-design of Maternity Services with teams and families, as well as Walsall Maternity Voices Partnership, to ensure pathways and processes are clear and that the Trust continues to evidence good practice while identifying where it needs to improve.

**Board Attendances in 2022/23: 5/6**

**Declaration of Interests at end March 2023:**

Nil

## Directors who left during the financial year 2022/23

**Mr Mike Sharon (end date June 2022)**

**Ms Glenda Augustine (end date October 2022)**

**Mr Rajpal Virdee (Associate Non-Executive Director) (end date December 2022)**

## Fit and Proper Person Test

In 2022/23, the Directors individually updated their declarations to confirm continuing compliance with the Fit and Proper Person Test. The Trust has implemented the current required standards for Fit and Proper Person checks, including declarations, periodic DBS, periodic fit and wellness checks, appraisals and cross-checking with other information in the public domain, eg. Company Directors et al.

## Accountability

NHS England and Improvement is responsible for appointing Trust Chairs and other Non-Executive Directors. All these appointments have been subject to annual review and appraisal as well as Fit and Proper Person requirements. The remuneration of Non-Executive Directors is determined nationally.

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

## Statement of Disclosure to Auditors

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

# Annual Governance Statement 2022/23

## Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Trust Accountable Officer Memorandum.

## The Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Walsall Healthcare NHS Trust, to evaluate the likelihood of those risks being realised and the impact, should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Walsall Healthcare NHS Trust for the year ended 31 March 2023 and up to the date of approval of the Annual Report and Accounts.

## The Trust Board

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

The Trust Board met six times in public in 2022/2023, with the agenda and papers available on the Trust website ahead of each meeting. Meetings were held virtually via Microsoft Teams from April 2022 and public meetings were advertised for virtual attendance. In addition, the Trust Board took part in five development sessions which included discussions on Board leadership for development and embedding a quality management system, understanding hospital transfers from care homes, maternity safety training, update on the new Emergency Care Centre – New Build, Mental Health update, Safeguarding and Place development. The Board also received updates on the role and function of internal audit, counter-fraud and NHS Legislative Reform which focused on the changes to the NHS New Code of Governance, Staff Survey Results for 2022 and an update from the Patient Safety Incident Response Framework (PSIRF) Project Board.

In 2021/2022, the Trust Board signed a Memorandum of Understanding with The Royal Wolverhampton NHS Trust. In late 2021/2022, this became a formal partnership agreement with the formation of a Committees in Common. Following, the enactment of the most recent legislation this is now a Joint Committee with the Board of The Royal Wolverhampton NHS Trust. The Board has delegated responsibility to the Joint Committee for the formation and implementation of the partnership strategic aims and objectives approved by both Boards in October 2022.

In early 2022 to late 2022, the Board agreed and concluded its appointments to Group Executive Director roles. The Group roles confirmed are:

- Group Chair
- Group Chief Executive
- Group Chief Nurse
- Group Chief Financial Officer
- Group Chief Strategy Officer
- Group Chief Officer for People
- Group Chief Medical Officer (whilst maintaining separate Chief Medical Officer (with voting rights) at both Walsall NHS Trust and The Royal Wolverhampton NHS Trust)
- Group Director of Assurance.
- Group Director of Communications and Stakeholder Engagement
- Group Company Secretary

Details of the Joint Committee, its Steering Group and strategic structure are detailed with the Board Committees in this report.

The Trust Board held its Annual General Meeting virtually on 28 September 2022.



## Trust Board Composition

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

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

Professor Steve Field CBE, became the Joint Chair of Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust from 1 March 2021 to 31 March 2023. Ms Rachel Barber and Ms Fiona Allinson were appointed as Associate Non-Executive Directors on 1 February 2023.

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

The names of the Directors of the Trust from 1 April 2022 to 31 March 2023, together with their biographies, tenure, board attendance and interests on the register of interests appear in this Accountability Report with each biography. They form the Trust Board and have authority and/or responsibility for directing or controlling the major activities of the Trust during the year.

In addition to the interests of members set out in the Accountability Report, the register of interests can be found on our public website [www.walsallhealthcare.nhs.uk](http://www.walsallhealthcare.nhs.uk) or can also be found at <https://walsallhealthcare.mydeclarations.co.uk/> home.

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

## Board Committees

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

The Board committees undertook effectiveness reviews in 2022/23 which led to changes to their terms of reference and a maturing of their cycles of business.

Board committees are chaired by a Non-Executive Director and report to the public Trust Board by way of a highlight report following each meeting. The Board committees in place during the 2022/2023 year were:

- **Audit Committee**
- **Nominations and Remuneration Committee**
- **Quality, Patient Experience and Safety Committee**
- **People and Organisational Development Committee**
- **Performance and Finance Committee**
- **Walsall Together Partnership Board**
- **Charitable Funds Committee**
- **Joint Committee (Formally Committees in Common)**

## Audit Committee

The Audit Committee provides assurance to the Board on the establishment and maintenance of an effective system of integrated governance, risk management and internal control to support achievement of the organisation's objectives. Membership of the Audit Committee comprises of a Voting Non-Executive Director as Chair.

**Members: M Martin (Chair), J Hemans, J Parkes and P Assinder (1 April 2022 to 31 March 2023)**

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

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

**The committee received and discussed reports on the:**

- Trust Annual Report, Annual Governance Statement and Accounts 2022/23
- Board Assurance Framework, Strategic Risk Register and related governance processes
- Data Security and Protection Toolkit
- Electronic Patient Record
- Medical Records Review
- CQC Improvement Plan Report
- Key Financial Controls – Payroll
- Creditors
- IT Infrastructure Review
- Financial Sustainability
- Head of Internal Audit Opinion 2022/23
- Counter Fraud Progress Reports

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

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

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

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

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

## Nominations and Remuneration Committee

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

## Quality, Patient Experience and Safety Committee

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

**Members: Dr J Parkes (Chair), Ms O Muflahi, Prof. L Toner**

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

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

### The committee received and discussed reports on the:

- Annual Safeguarding Report
- Annual Infection, Prevention and Control Report Mental Health Update
- Patient Experience Annual Report Maternity
- Mortality
- Clinical Audit Plan
- Board Assurance Framework, Corporate Risk Register and Performance Dashboard Staff Surveys
- Improvement Programme

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

The committee:

- Assures the Trust is meeting its obligations with respect to safeguarding of children and vulnerable adults, and that learning from reports and incidents is embedded in the Trusts practices, policies and procedures.
- Considers local and national audits, reports and other sources of evaluation and the recommended action plans to improve quality; and monitor the development and implementation of appropriate action plans. It approves the annual clinical audit plan.
- Approves the Infection Prevention and Control annual plan and monitors its implementation.
- Approves the research governance framework and oversees its implementation.
- Approves a patient experience/engagement plan and monitor its implementation and receives regular reports on the trust's effectiveness in engaging patients across the range of its services and communities.
- Gains assurance that the Trust has systems and processes in place to support the delivery of an open and honest reporting and continuous learning culture.
- Oversees improvements and changes applied as a result of reviews of mortality, clinical incidents, complaints, litigation, external regulator reports etc, and its impact on minimising patient harm and maximising patient experience.
- Reviews the Board Assurance Framework ("BAF") for risks within the Safe High Quality Care strategic Objective on a frequency set out in the Risk Management Policy.
- Seeks assurance that there are plans in place to address gaps in controls and gaps in assurance, and has oversight of such plans.
- Will scrutinise the effective and efficient use of resources through evidence-based clinical practice and assure itself that there is an appropriate process in place to monitor and promote compliance across the Trust with all standards and guidelines issued by the regulators, NHSE, Care Quality Commission, NHS Resolution, Royal Colleges and other professional and national bodies.
- Review audits conducted on areas within the remit of this committee and quarterly updates on progress against recommendations.
- Ensure compliance across the Trust with all standards and guidelines issued by the regulators, including, but not limited to, NHSE, Care Quality Commission, NHS Resolution, the Royal Colleges and other professional and national bodies.

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

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

The committee met nine times 2022/23 and Non-Executive Director attendances were recorded as being high during the year. The committee was quorate at all nine scheduled meetings.



## People and Organisational Development Committee

**Members: Mr J Hemans (Chair), Mr P Assinder, Ms D Braithwaite**

The People and Organisational Development Committee has a key focus on ensuring the workforce is sufficient in numbers and skills to provide safe and quality care. The committee reviews performance and future strategy on workforce and Organisational Development matters. The purpose of the committee is to provide the Board with assurance that:

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

### Main focus

The committee has received and discussed regular reports regarding:

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

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

## Performance and Finance Committee

**Members: Mr P Assinder (Chair), Mrs M Martin, Mrs D Braithwaite (1 April 2022 to 31 March 2023)**

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

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

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

All meetings of the committee were quorate.

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

### The committee received and discussed reports on:

- Monthly Constitutional Standards Performance Monthly Walsall Together and Community Performance Monthly Restoration and Recovery
- Monthly Financial Position
- Financial Plan (Capital and Revenue) 22/23
- Major capital development works associated with the Emergency Department new build
- Annual Budget, Income and Expenditure Plan 23/24 Financial Strategy
- Temporary Medical Staffing Spend Locum Spend
- Business case endorsement and recommendations, including post implementation review
- Efficiency Programme, Commonwealth Games Updates, Estates, Strategy Updates
- Board Assurance Framework and Corporate Risk Register PFI Contractual Updates
- Procurement Updates
- EPRR Annual Assurance Report and Updates Estates Backlog Maintenance and Strategy Update Winter Plan
- Terms of Reference for Capital Control Group
- Terms of Reference for Efficiency Programme Digital Strategy

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

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



## Walsall Together

The Walsall Together Partnership Board is a formal committee of the Walsall Healthcare NHS Trust Board, responsible for the strategic outcomes and delivery of the Walsall Together Business Plan. The committee is responsible for the oversight of service integration contractually in the scope of the agreement for system integration and transformation.

**Members: Professor Patrick Vernon OBE, Paul Assinder, Non-Executive Director.**

Professor Vernon was appointed as an Independent Chair for Walsall Together. He has a wealth of experience in community-based organisations and is a committed campaigner for equality in race and health. He has more than 25 years' experience as a senior manager in the voluntary and public sector, responsible for developing and managing health, housing and social care services, public health, regeneration, and employment projects. He studied law undergraduate and post graduate level at university. He was born and bred in Wolverhampton and was awarded an OBE in 2012 for tackling health inequalities. In 2017 he was made patron of the African Caribbean Community Initiative (ACCI), a mental health charity in the city, and was awarded an honorary PhD at the Institute for Research and Community Development, University of Wolverhampton in 2018. He was selected as one of the 100 most influential Black Britons in 2021 and has written or co-authored five publications on mental health, cultural history, and the Windrush Scandal, helping to raise more than £200,000 for associated causes. Professor Vernon is co-founder of the Windrush legal advice clinic in Wolverhampton and he is contributing to the University of Wolverhampton's research programmes around community development and health equity.

**The committee discussed and received reports on:**

- Operational Performance
- The Walsall Together Transformation and Place Development Programme
- Sub group activities including the Joint Planning Group, Clinical Professional Leadership Group and Workforce and Organisational Development Group

## Charitable Funds Committee

**Members: Mr P Assinder (Chair), Mr R Virdee (from July 2022 to end of term December 2022).**

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

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

The aim of the committee is to administer the Trust's Charitable Funds in accordance with any statutory or other legal requirements or best practice required by the Charities Commission.

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

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

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

**Key developments over the year included:**

- The appointment of an Associate Medical Director for Walsall Together, a substantive Independent Chair and a Director of Transformation and Place Development
- A review of the strategic aims and objectives of the partnership
- Approval of the 23/24 workstreams and projects including both transformation and place development. These are Place Development, Care Providers, End-of-Life, Integrated Teams, Mental Health, Population Health and Inequalities, Putting Children First, Resilient Communities, Workforce and Digital (enabler)
- The departure of two primary care board representatives

In 2022/23, a wide range of projects were supported for the benefit of the welfare and comfort of our patients and staff.

**The Committee received and discussed reports including:**

Fundraising Strategy  
Business Case to Support Fundraising  
Investment Performance  
Income and Expenditure Reviews  
Charitable Funds Annual Accounts 21/22

## Establish and maintain safe, sustainable staffing

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

International recruitment has continued during 2022/23. At the end of March 2022 the RN and Midwifery vacancy position was <1%. The Trust has recruited 30 Doctors through Clinical Fellowship Programme, supporting the medical workforce through COVID-19. An Associate Medical Director for Workforce has been appointed to focus on building a resilient medical workforce as well as an Associate Medical Director for Consultant Development to support medical wellbeing and continual training.

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

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

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

During the course of the year, the Board has undertaken a programme of development focused on addressing key areas of Board responsibility, as well as delivering sessions focused on the delivery of the strategic objectives. The Board has overseen the effectiveness reviews of all Board Committees and received their annual reports.

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



# Freedom to Speak Up (FtSU)



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

## FtSU objectives

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

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

There has been progress made on the Freedom to Speak Up culture within Walsall which is evidenced by board reports and the F2SU index on the NHS National Staff Survey.

**The FtSU service is committed to prioritise the objectives set out and will work in collaboration with The Royal Wolverhampton NHS Trust to ensure maximum efficiency and output.**

## FtSU updates

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

This has been a major development for the service and has attracted a lot of positive reactions amongst staff. Several developments have been made in the service to improve its efficiency including revision of the FtSU Strategy to ensure alignment with regional and national criteria, implementation of a new communication plan and Board action plan.

Furthermore, the FtSU service has designed and implemented a new digital platform which presents the data brought to the Guardians. The ease of access and presentation makes it an effective tool to present and analyse data and triangulate amongst divisions.

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

## FtSU Index and Staff Survey Data

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

## FtSU data

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

2022/23	Total number of cases brought to Freedom to Speak Up Guardians	Number of cases raised anonymously	Number of cases with an element of patient safety/quality	Number of cases related to behaviours, including bullying/harassment
Q1 2022/23	23	8	2	14
Q2 2022/23	40	16	2	17
Q3 2022/23	57	11	2	32
Q4 2022/23	24	0	4	7
<b>Total</b>	<b>144</b>	<b>35</b>	<b>10</b>	<b>70</b>

## Risk Management Leadership

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

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

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

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

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

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

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



Operationally, all staff have both the opportunity and expectation of reporting risks within their area of operation, which are then subject to a process of review, validation and, where appropriate, scoring and management. Management of risk is undertaken at a level appropriate to the potential impact of the risk, including departments, care groups, Divisions and on a cross-divisional basis. The Risk Management Executive Group focuses on all high or significant risk exposures and oversees risk treatment to ensure: (a) the correct strategy is adopted for managing risk; (b) controls are present and effective; and (c) action plans are robust for those risks that remain intolerant. In 2022/23 our Risk Management Executive Group was chaired by the Deputy Chief Executive or the Group Director of Assurance and was comprised of all Executive Directors and Divisional Directors. We have kept under review and updated risk management policies during the course of the year. The output of the Risk Management Executive Group work is reported to our Audit Committee and our Board.

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

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

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

## Data Quality and Governance

The Trust recognises the importance of having effective data collection and analysis, in order to understand the operation of the services and enable the Board to effectively judge what actions are needed to improve performance.

It has in place several systems and services for the collection of data regarding the operation of services, including the Data Quality and Data Solutions Teams, the Information and Performance Team and the Trust's Validation Team. Meetings take place regularly and provide a forum to discuss changes in data standards, facilitate data quality measures and escalate concerns. Existing systems and platforms are continuously reviewed to ensure they meet both national and local Data Quality Standards. Systems are automated where possible in order to reduce the possibility of human error.

The Executive Team regularly receives a full suite of performance data from across the Trust which is reviewed to identify and address any areas of concern. This suite of performance data is used as part of the Trust's Performance Review Process with Divisional and Corporate teams. The Board and its committees review a more selective set of data which enables them to focus on the key areas of strategic performance, together with exception reporting to identify the underlying cause of underperformance and the steps being taken to bring performance back to the required standard.

## The Risk and Control Framework

The Risk Management Strategy provides a framework for managing risks across the Trust and is consistent with best practice and Department of Health and Social Care guidance.

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

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

## Risk Appetite

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

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

# Board Assurance Framework

Our Board Assurance Framework provides a structure and process that enables the Board to focus on principle risks which might compromise achievement of the organisation's Strategic Objectives.

The Board Assurance Framework maps out the key controls which are in place to support delivery of those objectives and to mitigate risk and provide a framework of assurance which the Board can draw upon when considering the effectiveness of those controls. These controls and assurances have been set out in line with the 'HM Treasury 3 lines of defence' model aiding the identification of areas of weakness.

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

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

Risk descriptors were updated during the year with the Board committees and Executive Director Leads. Principle risks identified and monitored through the Board Assurance Framework in 2022/23 were:

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

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

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

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

**BAF S05 – Use Resources Well:**

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



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

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

The Board has recently approved a revised a new template for the Board Assurance Framework which will take effect from April 2023 in line with the Joint Trust Strategy and the shared Strategic Aims and Objectives, with The Royal Wolverhampton NHS Trust.

The Trust Board has received and reviewed the full Board Assurance Framework six times during the year. In addition the Board has received the extract from the Board Assurance Framework for each strategic objective, and analysis of mitigations and management, in the Executives' monthly report to the Board. The Performance and Finance Committee, Quality, Patient Experience and Safety, and the People and Organisational Development Committees have reviewed the Board Assurance Framework during the year, challenging the risk articulation, scoring and mitigation, together with controls and assurances.

Internal Audit has reviewed the Board Assurance Framework including the processes and controls. The conclusion of the audit was that partial assurance with improvement required. The audit identified some weaknesses in the activities and controls and raised four medium risk rated recommendations. The audit recognised that the Trust has worked hard to enhance the format of the Board Assurance Framework and the management of strategic risks during the year despite the challenges of the pandemic.

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

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

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

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

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

Ultimate responsibility for ensuring that the Trust complies with this legal duty rests with the Board, through setting the strategic direction of the Trust, together with monitoring and oversight of performance. This work is supported by the Boards committees, which look more closely at both performance and strategic direction and provide advice and recommendations to the Board. In particular, the Finance, Performance and Investment Committee provides scrutiny and review in respect of Trust performance relating to a number of areas including efficient and effective use of resources. The committee has oversight of the improvement projects. The Quality, Patient Experience and Safety Committee oversees the impact of quality improvement work.

The Trust's Executive leadership is aware of the need to ensure that the provision of services meets the requirements of the local population. With service developments, consideration is given as to how the proposals will impact on patients, local community, staff and partner organisations. Each change requires a quality impact assessment and sign off by the responsible Directors. When reviewing implementation, consideration is given to how well the project or development has advanced these requirements, and where further improvements might give better achievement of them. The Quality, Patient Experience and Safety Committee has oversight of the quality impact assessment.

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

## Standing Orders

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

## Standing Financial Instructions

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

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

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

## Scheme of Reservation and Delegation

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

# Anti-fraud, bribery and corruption

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

## The Counter Fraud Service at Walsall Healthcare NHS Trust aims to prevent fraudulent activity which threatens this principle. This is supported by the Trust's Anti-Fraud, Bribery and Corruption Policy.

Opportunities which actively promote the awareness of fraud and bribery across the Trust have continued in 2022/23 through the publicising of proven cases of NHS fraud and staff are encouraged to report suspicions of fraud through utilising communications, presentations and fraud awareness literature.

Overall for 22/23, there has been an increase in referrals, which reflects the confidence of staff to report fraud and the embeddedness of reporting procedures across the Trust.

We have continued to actively identify and prevent fraud, undertaking proactive reviews and working alongside Internal Audit, as well as assisting with the implementation and review of key policies and procedures, utilising intelligence, best practice and guidance from the NHS Counter Fraud Authority. Detection exercises are undertaken where a known area is at high risk of fraud and the National Fraud Initiative (NFI) data matching exercise is conducted bi- annually.

Where referrals have been received, the Trust has demonstrated a zero tolerance approach and both internal and external investigations have been undertaken where necessary. And cases were referred for disciplinary consideration and criminal sanction if proportionate.

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

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



# Overview of Information Governance incidents

The table below details the incidents reported on the NHS Digital incident reporting tool and to the Information Commissioners Office (ICO), within the financial year 2022-2023.

Date incident occurred (Month)	Nature of incident	No. of data subjects	Description/ Nature of data involved	Further action on information risk
April 2022	Unauthorised access	1	A member of staff allegedly accessed a patient's digital health record on the Trusts Clinical Information System.	Investigation undertaken with HR involvement.
March 2023	Cyber incident	Unknown	1 x single asset and a single account had been compromised and allowed access into the Walsall Healthcare NHS Trust (WHT) infrastructure via a Virtual Private network (VPN).	Still under investigation

Incidents classified at lower severity level - Incidents classified at severity level 0/1 are aggregated and provided in the table below. Please note this is not all incidents, just level 0/1 against the below listed categories:

Category	Breach Type	Total
A	Confidential patient breach	38
B	Confidential information leak	4
C	Consent not gained	2
D	Post incorrectly sent/ addressed	12
E	Record keeping – incomplete	1
F	Missing records	10
G	Records lost in transit	2
H	Records not provided	1
I	Reports (Results) - Missing/Unfiled	2
J	Loss of Data via electronic transmission	2
K	Incorrect delivery of electronic data	3
		<b>77</b>

## Walsall Healthcare NHS Trust – RBK - Data Protection and Security Toolkit Return 2021 – 2022

The Trust submitted as Standards Met. An internal audit of the DSP toolkit in February 2022 for 2021 – 2022 toolkit year had provided significant assurance of the processes and evidence that is in place to support the DSP toolkit submission.



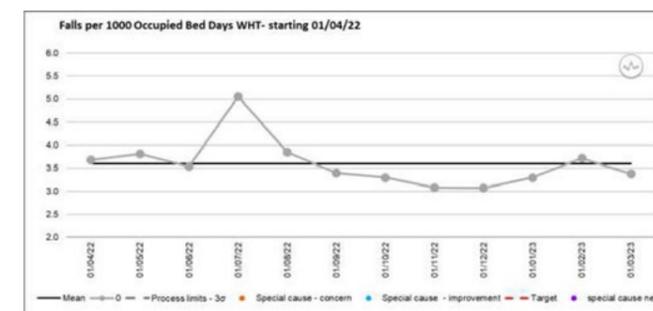
Walsall Healthcare NHS Trust continues to work in collaboration with The Royal Wolverhampton NHS Trust. to support the delivery of evidence-based care and to align systems, processes and monitoring to improve clinical outcomes.

## Falls

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

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

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

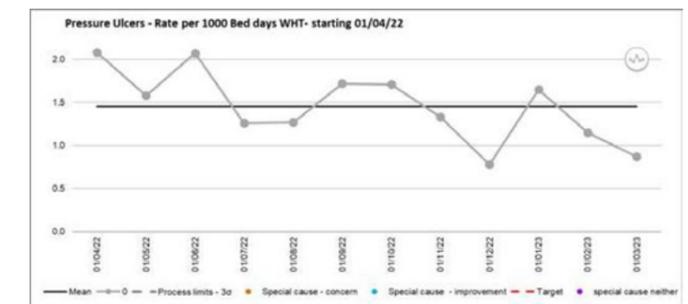


## Pressure Ulcers

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

The graph below illustrates our pressure ulcers data over the last year.

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



## Sepsis

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

## Clinical Accreditation

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

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

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

### The key objectives of an accreditation programme are to:

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

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

## Quality and Safety Enabling Strategy

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

### The key priorities include:

- Our People – recognising the importance of growing, supporting and developing our workforce
- Embed a culture of learning and continuous improvement at all levels of the organisation
- Prioritise the treatment of cancer patients, focused on improving the outcomes of those diagnosed with the disease
- Deliver safe and responsive urgent and emergency care in the community and in hospital
- Deliver the priorities of the National Elective Care Strategy
- Deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our communities and populations

- Fundamentals – based on internal and external priorities:
  - Prevention and management of patient deterioration
  - Timely sepsis recognition and treatment
  - Medicines management
  - Adult and Children Safeguarding
  - Infection Prevention and Control
  - Eat, Drink, Dress, Move to Improve
  - Patient Discharge
  - Maternity and neonates
  - Mental Health
  - Digitalisation

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

## Digital innovation

Our shared mission with Wolverhampton is to weave digital innovation into every aspect of our operations and services. As two entities working in unity, our collaborative approach is a testament to our belief that collective effort is the cornerstone of transformation. A clear manifestation of this is our digital transformation strategy, which revolves around enhancing patient experience, improving health outcomes, and bolstering the efficiency of our healthcare professionals.

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

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

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

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



## Review of Effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Trust who have responsibility for the development and maintenance of the internal control framework.

I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Trust Board, the Audit Committee, Quality, Patient Experience and Safety Committee,

Finance, Performance and Investment Committee, People and Organisational Development Committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

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

- The Board has met in public session on six occasions and each meeting has been both well attended and quorate. Meetings were held virtually via Microsoft Teams. Public access to the Microsoft Teams meetings continued throughout the year and Board materials were available on the website and the public were able to send questions to the Trust Secretary.
- The committees of the Board operate in formal terms of reference that the Board has approved and carry out a range of Board work at a level of detail and scrutiny that is not possible within the confines of a Board meeting. The committees each reviewed their effectiveness in 2022/23 and provided an annual report and amended terms of reference to the Board for approval. Their cycles of business were updated to reflect the revised terms of reference.
- Each of the committees provides assurance to the Board in relation to the activities defined within its terms of reference; this is reported to the next meeting of the Board in the form of a highlight report to ensure that necessary issues are highlighted in a timely way. The minutes of the meetings of each of the committees once approved are made available to the Board Members.
- The work that has been undertaken by the committees include:
  - scrutiny and approval of the annual financial statements, annual report and quality account
  - receiving all reports prepared by the Trust's Internal and External Auditors and tracking of the agreed management actions arising
  - monitoring the Clinical Audit Programme, serious incidents and never events and ensuring that risk is effectively and efficiently managed and that lessons are learned and shared
  - compliance with external regulatory standards including the Care Quality Commission and the Data Security and Protection Toolkit
  - monitoring of the Improvement Programme and the delivery of strategic objectives
  - ensuring the adequacy of the Trust's Strategic Financial Planning

Taking account of national and local context, the strategic direction for the Trust has been reviewed by the Trust Board. Areas key to the delivery of the Trust's business strategy are managed and monitored by the Trust Board and the committees of the Board.

The Trust Board recognises the importance of ensuring that it is fit for purpose to lead the Trust and a programme of Board Development activity has taken place during the year. Non-Executive Directors have also carried out Board walks, visiting wards and services to obtain first-hand accounts of the issues that colleagues are dealing with. Regular newsletters and communications have been shared with all staff on behalf of the Chief Executive, Chair and the Board including the Non-Executive Directors.

The Audit Committee has primary responsibility for oversight of the controls systems for the Trust, including financial and governance, and for advising the Board as to the available levels of assurance. It is supported in this work by the internal and external audit providers, the Local Counter Fraud Service, and work undertaken by other committees. Key functions that it undertakes which enable it to judge the amount of available assurance include:

- The regular reports of the Internal Audit service, which provide specific advice on the level of assurance available in relation to the area reviewed. These also enable the Audit Committee to review management's response and proposed actions to the review's findings, and to form a view about the level of assurance those responses provide
- Advice from both the internal and external audit providers on the environment in which the Trust is operating
- The work of the Local Counter Fraud Service which provides evidence for the committee to judge the available assurance for systems to detect and prevent fraud and misappropriation on the public funds made available to the Trust
- Regular review of the main documentation related to the Trust's control systems - this will usually cover the Standing Financial Instructions, the Schedule of Delegations, and the Schedule of Matters Reserved to the Board of Directors

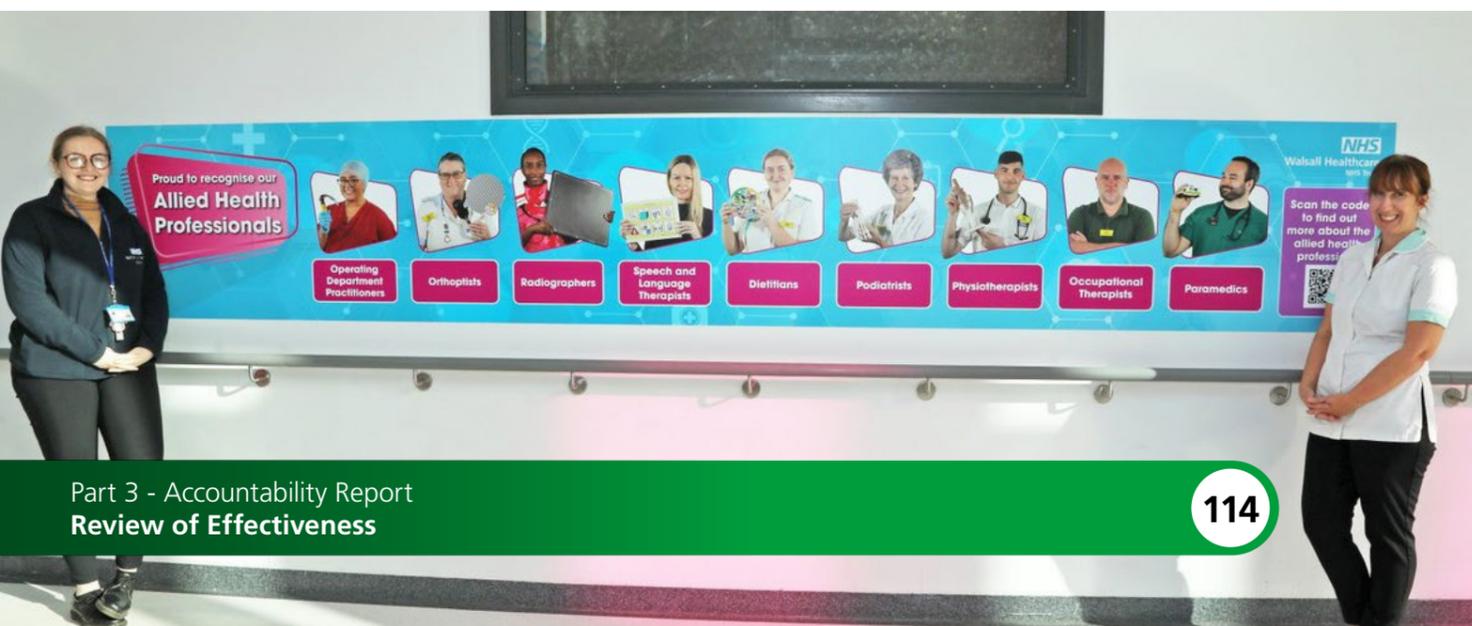
The Trust Board is required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended in 2011 and 2012) to prepare a Quality Account for each financial year

The Quality, Patient Experience, and Safety Committee also has oversight on behalf of the Board of clinical audit activities, which form an important part of the Trust's work. A plan for clinical audits is agreed at the start of every year, and progress is monitored through the course of the year to ensure that the work plan is being appropriately prosecuted. The majority of the programme reflects national audit programmes and similar, which the Trust is expected to participate in, and details of which are provided in the Quality Report. The Trust does seek to ensure that it obtains learning and implements change as a result of the work of clinical audit, and the Quality, Patient Experience, and Safety Committee is responsible for assessing the assurance available and reporting to the Board.

Performance, Finance, and Investment Committee has provided a forum for the Trust Board to seek additional assurance in relation to all aspects of financial and general performance, including performance against nationally set and locally agreed targets.

The People and Organisational Development Committee is the forum which seeks assurance in relation to organisational development and workforce strategy, and the support of staff in the provision and delivery of safe, high-quality care.

The internal audit plan, which is risk based, is approved by the Audit Committee at the beginning of each year. Progress reports are then presented to the Audit Committee at each meeting with the facility to highlight any major issues. The Chair of the Audit Committee can, in turn, quickly escalate any areas of concern to the Trust Board via a Highlight Report and produces an annual report on the work of the committee and a self-evaluation of its effectiveness. The plan also has the flexibility to change during the year.

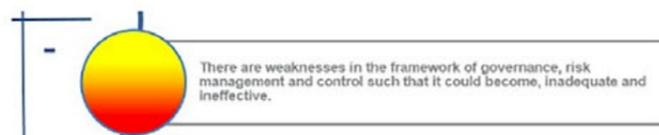


# The Annual Internal Audit Opinion

This report provides an annual internal audit opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes. The opinion should contribute to the organisation's annual governance reporting.

## The opinion

For the 12 months ended 31 March 2023, the head of internal audit opinion for Walsall Healthcare NHS Trust is as follows:



Please see appendix A for the full range of annual opinions available to us in preparing this report and opinion.

*It remains management's responsibility to develop and maintain a sound system of risk management, internal control and governance, and for the prevention and detection of material errors, loss or fraud. The work of internal audit should not be a substitute for management responsibility around the design and effective operation of these systems.*

## Scope and limitations of our work

The formation of our opinion is achieved through a risk-based plan of work, agreed with management and approved by the audit committee. Our opinion is subject to inherent limitations, as detailed below:

- the opinion does not imply that internal audit has reviewed all risks and assurances relating to the organisation;
- the opinion is substantially derived from the conduct of risk-based plans generated from a robust and organisation-led assurance framework. As such, the assurance framework is one component that the board takes into account in making its annual governance statement (AGS);
- the opinion is based on the findings and conclusions from the work undertaken, the scope of which has been agreed with management;
- the opinion is based on the testing we have undertaken, which was limited to the area being audited, as detailed in the agreed audit scope;
- where strong levels of control have been identified, there are still instances where these may not always be effective. This may be due to human error, incorrect management judgement, management override, controls being by-passed or a reduction in compliance;
- due to the limited scope of our audits, there may be weaknesses in the control system which we are not aware of, or which were not brought to attention; and
- it remains management's responsibility to develop and maintain a sound system of risk management, internal control and governance, and for the prevention and detection of material errors, loss or fraud. The work of internal audit should not be seen as a substitute for management's responsibilities around the design and effective operation of these systems.

## FACTORS AND FINDINGS WHICH HAVE INFORMED OUR OPINION

Whilst opportunities for some enhancements to the control environment were identified, we have based the annual opinion assessment on the following work undertaken in 2022/23:

We issued two 'minimal assurance' reports in 2022/23. In the audits shown as providing 'partial assurance' and 'reasonable assurance', we have identified some areas where enhancements are required and in each of these cases management actions have been agreed, the implementation of which will improve the control environment. We have also issued one advisory audit report, which was a review of Theatres Utilisation and Performance, and one agreed upon procedures review of Financial Sustainability, however, these do not materially impact on our annual opinion.

### We issued two minimal assurance (negative) opinions in the following areas:

- Effective Rostering Including Use of Bank and Agency Staffing (6.22/23)
- Covid Recovery (7.22/23)

### Effective Rostering Including Use of Bank and Agency Staffing (6.22/23) Minimal Assurance

We identified a number of areas which required improvement in either control design, or compliance with controls. These related to the finalisation of an E-Rostering Policy; completion of Staff training with regard to the use of Allocate; drafting, approval, and finalisation of rosters in line with the Trust's E-Rostering timetable; booking of agency staff in line with the Trust's approved Agency Booking Timetable; approval of off-framework agency booking requests, including the retention of evidence to demonstrate this.

The Local Counter Fraud Specialist (LCFS) completed a system weakness report in September 2022 which highlighted three management actions for implementation, which would strengthen the paper Bank timesheets authorisation / payment process in light of investigations that have been undertaken. This exercise established that two of the management actions had been implemented with one outstanding. This related to introducing a recording mechanism to mitigate the risk of duplicate payments for timesheets being processed. The recording process was also to be used to enable spot checks on timesheets against substantive hours claimed.

Additionally, we identified areas where control design required improvement with regard to rosters that are completed outside of Allocate. These include the development of Policy and Procedures to ensure consistent processes are in place across the Trust; the completion of roster review processes; recording and verification of bank and agency usage, and the communication of this to Temporary Staffing; and the use of a Theatres specific E-Rostering system.

### Covid Recovery (7.22/23) Minimal Assurance

The purpose of our review was to check ensure that there were robust processes in place to stratify and manage the risk of harm occurring to patients when their treatment was delayed. The review identified that there is a lot of work to do in this area to ensure the risk is robustly managed.

The key areas where high and medium priority management actions were agreed were in relation to:

- We acknowledged that progress in ensuring the OP waiting lists were accurate had been funded and was progressing however, the patients whose follow up date had passed were not being clinically reviewed. Therefore, risk of harm was still present.
- The Trust's new Patient Administration System (PAS) can identify patients who are on a follow up or who have not had an appointment. When patients were transferred from the old PAS to the new PAS this resulted in an increased number of patients awaiting a scheduled follow up appointment. Although it's unlikely that these patients require a follow up, they still required validation before closing their pathway.
- There had been limited specialty risk assessments or review of patients, the only exception being Ophthalmology where a detailed review of all patients exceeding their guaranteed access date had been undertaken.
- The Elective Access Policy is comprehensive and is in line with the national guidance and incorporates the amendments suggested by IST to reflect national guidance including Patient Initiated Follow up (PIFU). However, our recent review of Theatres showed that the policy is not being implemented particularly in relation to patients DNA procedures or patients cancelling their procedure numerous times and remaining on the waiting list
- The Elective Access Policy refers to the Cancer Access Policy which we reviewed and was out of date.

### We issued one partial assurance (negative) opinion in the following area:

#### Data Quality Sepsis (4.22/23) Partial Assurance

Our audit focussed on checking the quality of the data being reported to the Trust Board in respect of the Administration of the empiric intravenous antibiotics for sepsis in both the Emergency Department and Inpatient wards. External reporting is not mandated and is on a request basis only. Our audit highlighted concerns particularly in the areas of data capture, completeness and accuracy of the data. The core areas are detailed in summary in the bullet points below:

- The absence of procedural documentation to inform staff of processes to be followed, the timely recording and use of VitalPAC.
- The additional efforts required by the SORT Team and Emergency Department to ensure that the information recorded on VitalPAC was reflective of the actual Sepsis six steps carried out i.e. is VitalPAC being updated to correspond with other systems in use such as Fusion. In particular, within ED the figures being reported internally are not a true and fair reflection of the performance as records are not retrospectively updated where their own inhouse audits identify differences to what is recorded on VitalPAC.
- Issues were highlighted around the completeness of the data being reported in particular the fact that paediatrics, gynaecology and maternity were omitted from reporting. Further issues were also highlighted around completeness in section 2 below.
- The ongoing system issues within VitalPAC, mean what was being reported was impacted by system bugs which have not been resolved and the planned resolution date was not until June 2023.
- The initial training rolled out for the use of VitalPAC was minimal and had most likely been a contributing factor and systemic issue around the consistent use of VitalPAC. Ongoing work is required to further enhance and develop education, training and awareness for staff.

Whilst we can trace the reported figures back to VitalPAC there were concerns that the data recorded in VitalPAC was often incomplete and therefore reliance could not be placed on the reported data.

### We issued one reasonable assurance (positive) opinions in the following areas:

- Payroll (3.22/23)

In the audits shown as providing 'reasonable assurance', we have identified some areas where enhancements are required and in each of these cases management actions have been agreed, the implementation of which will improve the control environment.

### We issued three substantial assurance (positive) opinions in the following areas:

- Creditors (2.22/23);
- Board Assurance Framework and Corporate Risk Register (9.22/23); and
- IT Infrastructure Review (Follow up).

We issued one Advisory Review in the following area which highlighted a number of significant issues for consideration:

#### Theatre Utilisation and Performance (8.22/23) - Advisory

Our review found evidence of inefficient Operating Theatres with a lack of drive and support from some leaders and external (to theatres) staff. A number of staff are motivated and trying to change and achieve transformational change, however without a cultural change and challenging current practices this could not be achieved.

Our review found because some data was not recorded in real time and sometimes recorded retrospectively, there was a risk that the Trust cannot be confident with the performance reports. In addition, the variation in time taken to undertake the same procedures warranted further assessment. There have been many changes to the ways in which specialties use theatres which has had an impact on the number of procedures performed per theatre list.

We identified examples of inefficient Theatre activity despite the best attempts to schedule procedures, there was some reluctance from staff to changing ways of working. The variation in time taken to undertake procedures needed to be investigated further. The Trust performed comparatively well to other Trusts in relation to commencement of operating lists on time, in part due to ringfenced elective beds. However, there was opportunity to improve this further with late starts due to consultants not having reviewed all patients on the day of surgery in time for the scheduled Team Brief being a frequent problem. Over 50 advisory management actions were agreed to drive forward improvements in this area.

#### Topics judged relevant for consideration as part of the annual governance statement

Based on the work we have undertaken on the Trust's system of internal control we consider the Trust should include references in the AGS to the findings and the planned improvement actions within the partial and minimal assurance reviews identified above; and the Theatres advisory review. In addition, the Trust may wish to consider whether any other issues raised based upon external reviews or other known control issues should be incorporated within the AGS. The Trust should also consider whether any other issues have arisen as well as recognise the challenging environment within which the Trust is operating, including the results of any external reviews.

## THE BASIS OF OUR INTERNAL AUDIT OPINION

As well as those headlines previously discussed, the following areas have helped to inform our opinion. A summary of internal audit work undertaken, and the resulting conclusions, is provided at appendix B.

#### Acceptance of internal audit management actions

Management have agreed actions to address all of the findings reported by the internal audit service during 2022/23.

#### Implementation of internal audit management actions

Where actions have been agreed by management, these have been monitored by internal audit through the action tracking process in place whereby regular updates are requested from management and action owners, with progress reported through to each audit committee meeting.

Our follow up of the actions agreed to address previous years' internal audit findings shows that the organisation had made **reasonable progress** in implementing the agreed actions.

#### Working with other assurance providers

In forming our opinion, we have not placed any direct reliance on other assurance providers.

## OUR PERFORMANCE

### Wider value adding delivery

Area of work	How has this added value?
Healthcare Benchmarking	We have shared benchmarking information with the Trust including our annual report on the outcomes of Internal Audit opinions and actions across our NHS client base.
Webinars	We have invited the Trust to various webinars including the following: <ul style="list-style-type: none"> <li>• Employment and HR update webinar, which focused on employment tax update, HR update and employment law update.</li> <li>• Embracing the future of work webinar, which focused on the key considerations of hybrid working from a people management, employment tax, employment legal and global mobility perspective.</li> <li>• Procurement and contract management network webinar, which provided an update on current developments including new procurement thresholds.</li> <li>• Health Matters Webinars, which explored how organisations can collaborate to deliver change and key considerations for private healthcare businesses for workforce planning in a post Covid economy.</li> </ul>
Data Analytics	We have used Data Analytics to complete analytical reviews of the data held by the Trust to identify trends / anomalies within the data. This approach also allows 100% of the population to be reviewed. During 2022/23 we used data analytics as part of our audit on Key Financial Controls work.
Specialists	Where relevant we continue to use Specialists to support our work. For example, we have used our specialist Technology Risk Assurance Consultants to undertake the IT reviews to ensure the right people are looking at the areas and allows the Trust to learn from best practice seen and shared by our specialists.
Client Briefings	As part of our client service commitment, during 2022/23 we issued news briefings to each Audit Committee meeting.
Audit Committee	We contributed to the discussions at each audit committee on various items on the agenda in order to ensure that the Trust benefits from wider input in further developing its governance arrangements.
Progress Meetings	We continue to regularly meet the Director of Governance in taking routine Internal Audit updates to the Trust's Performance Management Committee; and have routine catch up meetings with the Audit Committee Chair where we fully appraise the Chair on the progress of the Internal Audit Plan, action tracking and updates within the sector.

#### Conflicts of interest

RSM has not undertaken any work or activity during the period that would lead us to declare any conflict of interest, although we have worked closely with the Local Counter Fraud Specialist. The Counter Fraud service and the provision of the 4action software to track internal audit actions are also provided by RSM.

#### Conformance with internal auditing standards

RSM affirms that our internal audit services are designed to conform to the Public Sector Internal Audit Standards (PSIAS).

Under PSIAS, internal audit services are required to have an external quality assessment every five years. Our risk assurance service line commissioned an external independent review of our internal audit services in 2021 to provide assurance whether our approach meets the requirements of the International Professional Practices Framework (IPPF), and the Internal Audit Code of Practice, as published by the Global Institute of Internal Auditors (IIA) and the Chartered IIA, on which PSIAS is based.

The external review concluded that RSM 'generally conforms' to the requirements of the IIA Standards' and that 'RSM IA also generally conforms with the other Professional Standards and the IIA Code of Ethics. There were no instances of non-conformance with any of the Professional Standards'.

\* The rating of 'generally conforms' is the highest rating that can be achieved, in line with the IIA's EQA assessment model.

#### Quality assurance and continual improvement

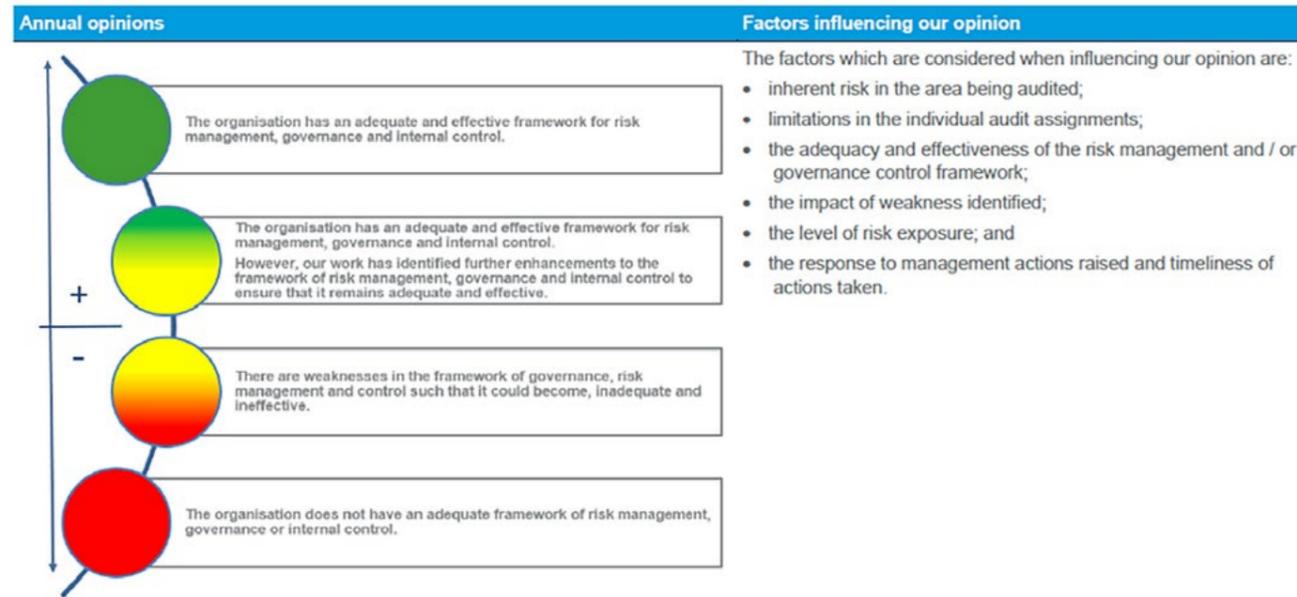
To ensure that RSM remains compliant with the PSIAS framework we have a dedicated internal Quality Assurance Team who undertake a programme of reviews to ensure the quality of our audit assignments. This is applicable to all Heads of Internal Audit, where a sample of their clients will be reviewed. Any findings from these reviews are used to inform the training needs of our audit teams.

Resulting from the programme in 2022/23, there are no areas which we believe warrant flagging to your attention as impacting on the quality of the service we provide to you.

In addition to this, any feedback we receive from our post assignment surveys, client feedback, appraisal processes and training needs assessments is also taken into consideration to continually improve the service we provide and inform any training requirements.

## APPENDIX A: ANNUAL OPINIONS

The following shows the full range of opinions available to us within our internal audit methodology to provide you with context regarding your annual internal audit opinion.



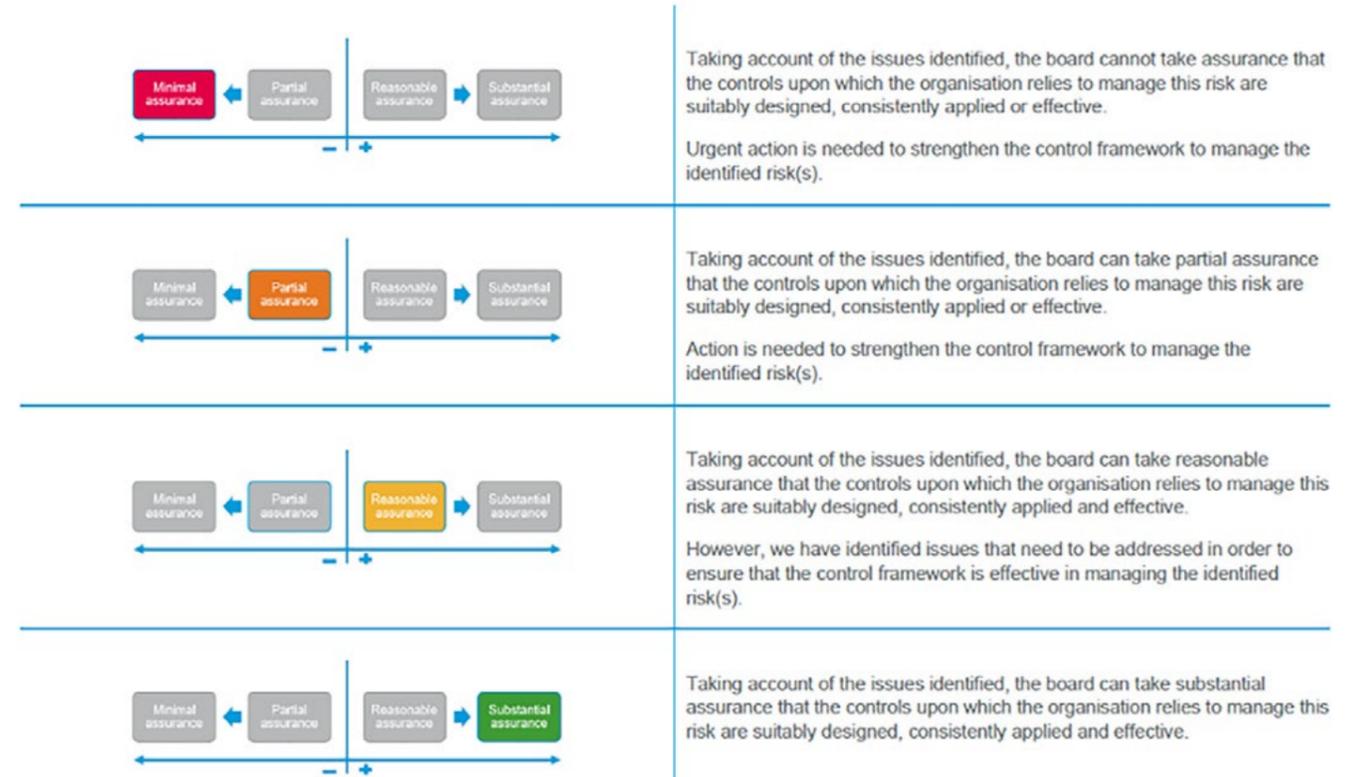
## APPENDIX B: SUMMARY OF INTERNAL AUDIT WORK COMPLETED 22/23

All of the assurance levels and outcomes provided above should be considered in the context of the scope, and the limitation of scope, set out in the individual assignment report.

Assignment	Executive lead	Assurance level	Actions agreed		
			L	M	H
Financial Sustainability (1.22/23)	Chief Financial Officer	Final Agreed upon procedures	0	0	0
Creditors (2.22/23)	Chief Financial Officer	Substantial Assurance [●]	3	0	0
Payroll (3.22/23)	Chief Financial Officer	Reasonable Assurance [●]	3	1	0
Data Quality – Sepsis (4.22/23)	Director of Nursing	Partial Assurance [●]	0	6	1
Effective Rostering including use of bank and agency staffing (6.22/23)	Director of Nursing	Minimal Assurance [●]	3	13	3
Covid Recovery (7.22/23)	Chief Medical Officer	Minimal Assurance [●]	0	3	2
Theatre Utilisation and Performance (8.22/23)	Chief Financial Officer	Advisory	50 advisory actions		
Board Assurance Framework and Corporate Risk Register (9.22/23)	Group Director of Assurance	Substantial Assurance [●]	2	0	0
IT Infrastructure Review (Follow up) (10.22/23)	Chief Information Officer	Good Progress [●]	Out of the eight actions, five have been implemented (two Medium and three Low), and the remaining three actions are being actively worked on.		

## APPENDIX C: OPINION CLASSIFICATION

We use the following levels of opinion classification within our internal audit reports, reflecting the level of assurance the board can take:



## YOUR INTERNAL AUDIT TEAM

Asam Hussain, Head of Internal Audit

Email: [Asam.Hussain@rsmuk.com](mailto:Asam.Hussain@rsmuk.com)

Tel: 07528 970095

Laura Gough, Manager

Email: [Laura.Gough@rsmuk.com](mailto:Laura.Gough@rsmuk.com)

Telephone: 07436 268324

## Conclusion

The Trust has made significant improvements to internal control systems during the financial year 2022/23, however we acknowledge that there are still weaknesses that require improvement.

A number of control issues classified as limited assurance by our core internal audit processes were noted during the year, the Trust Board Assurance Framework/Risk Management and Improvement Programme internal audits both received partial assurance with improvement required. Nine internal audit reports were issued in 2022/23 of which two reports were issued with substantial assurance, one was issued with partial assurance, two were issued with minimal assurance, one was issued with reasonable assurance, one was issued with good assurance and one is still to be submitted.



**Prof. David Loughton CBE, Group Chief Executive** 29 June 2023

## Statement of the Chief Executive's Responsibilities as the Accountable Officer of the Trust

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

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

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

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



**Prof. David Loughton CBE, Group Chief Executive** 29 June 2023

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

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

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

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

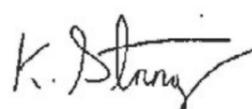
The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

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

### By order of the Board



**Prof. David Loughton CBE, Group Chief Executive** 29 June 2023



**Kevin Stringer, Group Chief Finance Officer** 29 June 2023

## Health and Safety at Work

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

During 2022/23, the Trust edged further away from restrictions brought about by the COVID-19 pandemic. Significant effort has been directed into restoring all service activity to a state of 'business as usual'.

Health and Safety core business activity gathered significant momentum during this past financial year compared with the previous two years. The predominant focus remained on maintaining compliance with health and safety legislation through robust internal safety management arrangements.

Face-to-face training, inspections, assessments and office-based working were all re-established. Digital benefits brought about during the pandemic have meant some aspects of health and safety training, meetings, and policy consultation remain virtual however.

Although largely reduced, working from home has become a long-term viable option for many colleagues, who have adopted a hybrid pattern of work.

The Health and Safety Committee acts as the main mechanism for consultation on work-related health and safety matters. The Group Director of Assurance holds the current Chair role of the Health and Safety Committee, as Director with delegated responsibility for health and safety. This continues to demonstrate strong strategic leadership commitment to the safety agenda.

The committee convened via MS Teams on four occasions during 2022/23, to execute its primary responsibilities, specifically, promoting the health, safety, security and welfare of all its employees and service users, through consultation and co-operation between management and staff. Quoracy was achieved at all meetings with representation from divisional representatives and specialist advisors. Meeting minutes and actions were disseminated, and copies available via the Trust intranet.

The Health and Safety Team has continued to review existing policy documents over the last 12 months. The majority of our existing policies have been updated and ratified with a small number remaining outstanding for ratification at year end. Most significantly, the team has developed a new Sharps Safety Management Policy in collaboration with our Occupational Health and Wellbeing and Infection Control and Prevention colleagues. This was a result of a Notice of Contravention from HM Inspector following a Health and Safety Executive (HSE) Sharps Safety inspection in January 2023.

The Trust acknowledges that clear, well-articulated policy documents are essential for the implementation of organisational health and safety structures and arrangements. The Health and Safety Team will continue to collaborate with stakeholders to develop policies where gaps have been identified.

The Trust uses a range both reactive and proactive measures to monitor health and safety performance. The Managers' Health and Safety Toolkit is a checklist designed to assist managers in identifying any deficiencies in health and safety management arrangements and a process for proactively developing actions to mitigate risks identified. Divisional self-audit compliance against the Health and Safety Toolkit has been variable over the last 12 months with quarter four showing some positive improvement in most areas. Further work is required in corporate directorates to bring them in line with our clinical service areas.

Fit Testing compliance has significantly improved during 2022-23. The Trust RPE Facilitator, in conjunction with external Fit Testers provided to us via the Department for Health and Social Care (DHSC), has undertaken almost 4,500 tests during this 12-month period.

**As a Trust, we have implemented the DHSC resilience principles, particularly ensuring staff are tested on at least two FFP3 respirators with year-end compliance sitting at 79% for one mask and 53% for a second.**

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995 (amended 2013) requires employers to report certain types of injury, some occupational diseases and dangerous occurrences that 'arise out of or in connection with work' to the Health Safety Executive (HSE). The Trust reported 26 RIDDOR incidents over the last 12 months, a reduction of 53% compared to 2021-22. Predominantly, these relate to lifting and handling and slips trips and falls, resulting in absence from work in excess of seven days.

**Moving into the next 12 months, the Health and Safety Team will work collaboratively to focus on the suitability of safety management arrangements in preventing musculoskeletal injuries, work-related stress and violence and aggression. There will be a greater emphasis on divisional compliance with proactive health and safety risk management arrangements, training, incident reporting and subsequent investigative management.**

Re-establishing our formal programme of audit and improving provision of enhanced safety performance data to divisional teams, we recognise are essential to improving safety culture and measuring performance for the purpose of providing assurance to the Trust Board.

## Modern Slavery Act 2015 – Transparency in Supply Chains

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

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

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

## Compliance with NHS Provider Licence

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

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

# Staff Report

As of 31 March 2023, Walsall Healthcare NHS Trust employed 6,316 substantive staff. Of these, 4669.41 colleagues were permanently employed on recurrent, open-ended contracts of employment. A further 790 colleagues were employed on fixed-term contracts of employment. It should be noted that permanently employed also includes bank staff/zero hour contracts.

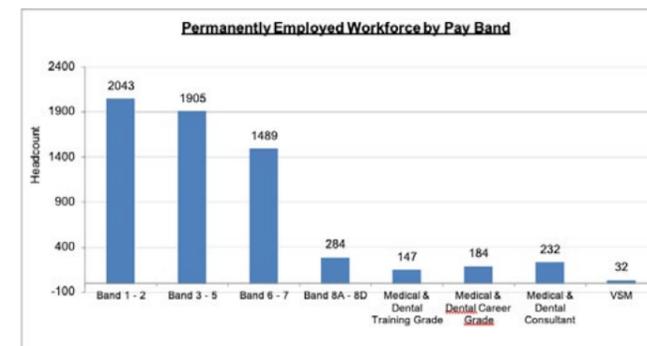
## Staff Composition

During 2022/23, the average full-time equivalent (FTE) workforce totalled 4694.12. This is based on the rolling monthly average. The following table provides a snapshot of the average workforce composition during this period:

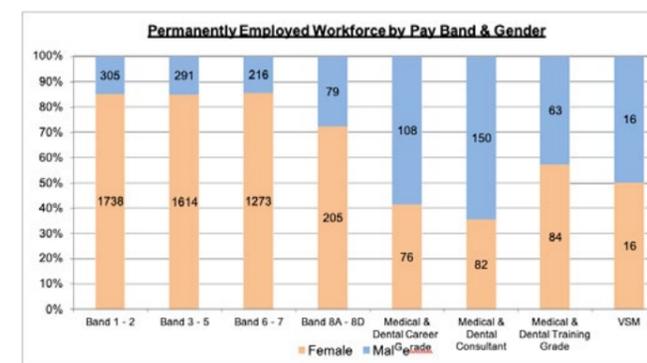
22/23 Average FTE (Full-Time Equivalent Workforce)	Permanently Employed	Other	Total Workforce
Registered Nursing and Midwifery	1,511	67	1,578
Registered Allied Health Professionals	272	14	286
Registered Healthcare Scientists	40	2	41
Registered Scientific, Therapeutic and Technical	84	0	84
Clinical Support	1,441	5	1,446
Infrastructure Support (Administrative, Clerical and Estates)	733	0	733
Medical and Dental	501	24	525

Employee Costs	2022/23 Total
Salaries and wages	198,184
Social security costs	20,919
Apprenticeship levy	945
Employer's contributions to NHS pensions	30,277
Pension cost - other	86
Temporary staff (including agency)	15,779
<b>Employee Costs</b>	<b>266,190</b>

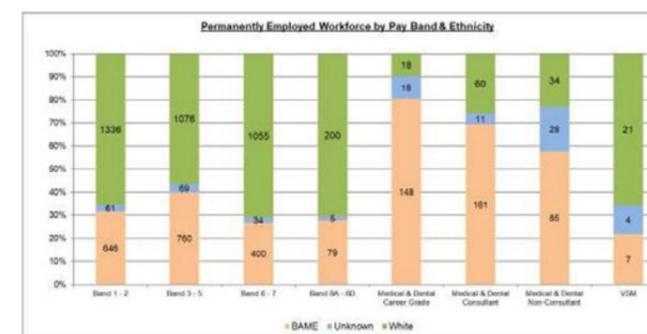
## Pay band



## Pay band and gender



## Pay band and ethnicity



Our workforce is predominately female (80.56%), and this is the predominant gender in all of staff groups except for medical and dental staff where the position is the reverse.

We have welcomed more than 300 internally recruited Nurses through our Clinical Fellowship Programme. Overall, across the Trust there are 457 more staff employed in August 2022 compared to August 2021. Specifically, there is a 15 per cent increase in substantive registered and a 19 per cent increase in medical staff across the Trust.

The Trust has established an award-winning anchor employer network with partners in Walsall and whg, supporting local communities to secure Real Living Wage employment and a career pathway into a range of roles in health and social care (the social care element is new). The impact of 130 jobs is calculated at £3.5 million on Walsall economy, with more than 80% of those securing employment being formerly unemployed and 48% from a black, Asian and ethnic minority background. The practice has been recognised as outstanding within the CQC's Well-Led report of November 2022

Substantive Workforce by Ethnic Background	Headcount	%
Any Other Ethnic Group	93	1.47%
Asian or Asian British - Any other Asian background	107	1.69%
Asian or Asian British - Bangladeshi	72	1.14%
Asian or Asian British - Chinese	26	0.41%
Asian or Asian British - Indian	664	10.51%
Asian or Asian British - Pakistani	353	5.59%
Black or Black British - African	522	8.26%
Black or Black British - Any other Black background	37	0.59%
Black or Black British - Caribbean	210	3.32%
Dual Heritage - Any other mixed background	30	0.47%
Dual Heritage - White & Asian	63	1.00%
Dual Heritage - White & Black African	28	0.44%
Dual Heritage - White & Black Caribbean	81	1.28%
Unknown	230	3.64%
White - Any other background	105	1.66%
White - British	3,672	58.14%
White - Irish	23	0.36%
<b>Grand Total</b>	<b>6,316</b>	<b>100.00%</b>

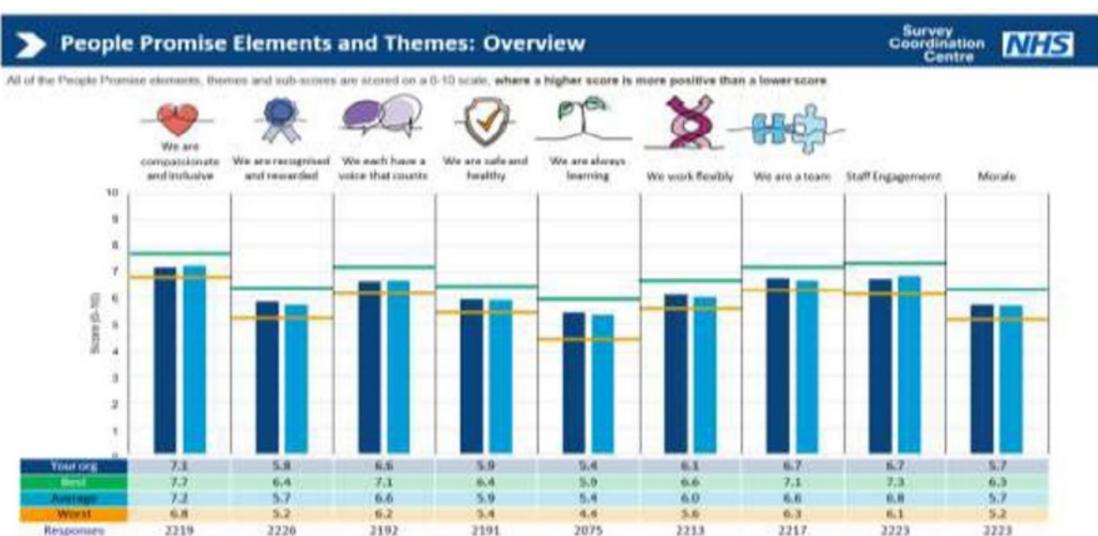
A total of 96.4% of substantive colleagues have shared their ethnicity, with 32.2% recorded as having a black, Asian and ethnic minority (BAME) background, which is representative of the local population (21%) and national NHS Workforce. (NHS BAME Workforce population 13%).

BAME colleagues account for 69.4% of the medical Consultant workforce, whilst 27.8% of the Band 8A – Band 8D workforce has identified itself as being from a BAME background. The Trust has a proud and diverse workforce, reflective of the communities being served. The Trust recognises the importance of addressing any challenges unique to colleagues from black, Asian and ethnic minority backgrounds and, as such, seeks to provide a platform for those from a minority background to ensure any ethnicity-specific health and employment inequalities are acknowledged and then addressed.

## Staff Engagement

The Trust continued to achieve higher levels of engagement in the 2022 NHS Staff Survey with 2229 staff participating. This equated to 47% compared to the median national average response rate for the sector which was 44%.

This year we were proud to achieve an improvement against each of the seven elements from the **NHS People Promise** and the two key themes of Staff Engagement and Staff Morale, totalling nine key indicators. Of the nine key indicators, seven achieved results that were equal to the national average or above national average. The remaining two indicators were 0.1 below the national average - we are compassionate and inclusive and staff engagement.



The Trust improved across 97 of the 117 staff survey question set which is an 83% improvement. In particular, at national level, we were the third most improved Trust in the country for staff recommending us as a place to work. Many of the indicators are significantly above the national average, including flexible working, health and wellbeing, access to training and career progression and meaningful appraisals.

## Sickness absence data

The NHS Digital publication of NHS sickness absence rates can be found by following this link:

[digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates](https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates)

## Staff turnover percentage

The NHS Digital publication of NHS staff turnover rates can be found by following this link:

[digital.nhs.uk/data-and-information/publications/statistical/nhs-vacancies-survey/](https://digital.nhs.uk/data-and-information/publications/statistical/nhs-vacancies-survey/)

The Trust has made significant investments to support the health and wellbeing of our workforce. We have increased investment in staff health and wellbeing from £47 to £116 per employee. Recognising the impact of the cost-of-living crisis we have introduced a range of health and wellbeing initiatives and resources including subsidised hot meals for staff and free hot drinks and toast for breakfast. In response to staff feedback, a large amount of new financial support offers have been commissioned and will be launched in the next couple of months, including a pension support service and financial support services. We have increased the provision of in-house physiotherapy and counselling services and our Occupational Health and Wellbeing Service is now nationally accredited by the Safe, Effective, Quality Occupational Health Service (SEQOHS) standards.

## Staff policies applied during the financial year

The Trust has a range of workforce policies that support our colleagues and are widely available on the intranet. Our focus over 2022/23 has been to implement compassionate and inclusive practices within the practical application of policies which support the health and wellbeing of our staff such as:

- A new policy to support colleagues during the menopause at work
- A new policy to support colleagues affected by the loss of a pregnancy or a baby
- New approach to managing conflict and disputes at work
- A review and refresh of our family friendly policies and processes
- A review and refresh of the Raising Concerns at Work policy

## Trade Union Facility Time Reporting Requirements

The Trust maintains an effective working relationship with staff-side representatives through established employee and management consultation and negotiating forums (Joint Staff Consultation and Negotiating Committee, Local Negotiating Committee and Junior Doctors forum). These forums were essential to develop local arrangements to plan and prepare for the impact of industrial action.

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
4	2.82 FTE

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

Percentage of pay bill spent on facility time	
Provide the total cost of facility time	£114k
Provide the total pay bill	£210m
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.05%

# Remuneration Report

## Remuneration Policy for Directors

The Trust has a Nominations and Remuneration Committee whose role is to advise the Board on appropriate remuneration and terms of service for the Chief Executive and other Executive Directors. Membership of the committee comprises of the Chair and the Non-Executive Directors. Remuneration for the Trust's Executive Directors is set by reference to job scope, personal responsibility and performance. This also takes into account the comparison with remuneration levels for similar posts, both within the NHS and the local economy. Whilst performance is taken into account in setting and reviewing remuneration, there are currently no arrangements in place for performance-related pay. It is not the Trust's policy to employ Executive Directors on "rolling" or "fixed term" contracts. All Directors' contracts conform to NHS standard for Directors, with arrangements for termination in normal circumstances by either party with written notice of six months. Remuneration for the Trust's Executive and Non-Executive Directors during the financial year ended 31 March 2023 is set out elsewhere in the report.

## Remuneration Report Tables

Name and Title	2022/23							2021/22							
	Salary	Other Remuneration	Long-term Performance Pay & Bonuses	Expense Payments	Loss of Office	All Pension Related Benefits	TOTAL	Salary	Other Remuneration	Long-term Performance Pay & Bonuses	Expense Payments	Loss of Office	All Pension Related Benefits	TOTAL	
	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	(taxable) to the nearest £100	(bands of £5000) £000	(bands of £2500) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	(taxable) to the nearest £100	(bands of £5000) £000	(bands of £2500) £000	(bands of £5000) £000
Prof S.FIELD, Chairman (to 31 March 2023)	15-20					0	15-20	15-20					0		15-20
Mr D LOUGHTON, Chief Executive *	155-160					15-17.5	170-175	145-150					12.5-15		155-160
Mr D FRADGLEY, Executive Director of Integration (on secondment to Sandwell and West Birmingham Hospitals NHS Trust from 4 October 2021)								70-75					45-47.5		115-120
Mr R.CALDICOTT, Chief Finance Officer (to 6 April 2023) **	140-145			1	190-195	47.5-50	385-390	140-145					72.5-75		210-215
Mr N.HOBBS, Chief Operating Officer	125-130					30-32.5	155-160	120-125					47.5-50		165-170
Mr M.LEWIS, Medical Director (left 30 September 2021)								60-65	10-15	15-20			22.5-25		120-125
Mrs M. SHEHMAR, Medical Director (appointed Medical Director 6 December 2021)***	140-145	60-65	10-15			117.5-120	340-345	80-85	35-40	5-10			105-107.5		230-235
Ms C.GRIFFITHS, Director of Culture and People	115-120					22.5 - 25	140-145	120-125					0		120-125
Mrs J.DAVIES, Director of Corporate Governance and Trust Secretary (to 31 August 2021)								15-20				105-110	0		125-130
Mrs G AUGUSTINE, Director of Planning and Improvement (to 31 October 2022)	65-70					0	65-70	115-120					127.5-130		245-250
Mr S EVANS, Group Chief Strategy Officer*	55-60					7.5-10	60-65	15-20					0-2.5		15-20
Ms S EVANS, Group Director of Communications and Staff Engagement *	50-55					5-7.5	55-60	50-55					5-7.5		55-60
Mr M DODD, Interim Director of Integration (from 4 October 2021)	125-130					87.5-90	215-220	60-65					70-72.5		130-135
Mrs A. RILEY, Director of Nursing (to 30 June 2021)								30-35					45-47.5		75-80
Mrs L. CARROLL Director of Nursing (from 9 August 2021)	120-125					25-27.5	150-155	75-80					15-17.5		90-95
Mrs C.JONES-CHARLES, Director of Midwifery (from 16 August 21)****	90-95	5-10		2		85-87.5	180-185								
Mrs A CANNABY - Group Chief Nurse and Deputy Chief Executive WHT	85-90					10-12.5	95-100	125-130					12.5-15		135-140
Mr K. BOSTOCK, Group Director of Assurance (from 1 December 2021)****	60-65					15-17.5	75-80	45-50					2.5-5		45-50
Mr M. SHARON, Strategic Advisor to the Board *	15-20					0	15-20	15-20					0		15-20
Mr K. STRINGER, Group Chief Financial Officer and Deputy Chief Executive RWT (from 1 December 2022) *	20-25					2.5-5	20-25								
Mr A. DUFFELL, Group Chief People Officer (from 1 December 2022) *	10-15					0-2.5	10-15								
Mr D. MORTIBOYS, Acting Chief Finance Officer (from 1 December 2022)	40-45					0	40-45								

Name and Title	2022/23							2021/22							
	Salary	Other Remuneration	Long-term Performance Pay & Bonuses	Expense Payments	Loss of Office	All Pension Related Benefits	TOTAL	Salary	Other Remuneration	Long-term Performance Pay & Bonuses	Expense Payments	Loss of Office	All Pension Related Benefits	TOTAL	
	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	(taxable) to the nearest £100	(bands of £5000) £000	(bands of £2500) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	(taxable) to the nearest £100	(bands of £5000) £000	(bands of £2500) £000	(bands of £5000) £000
Mr J.DUNN, Non-Executive Director								15-20							15-20
Mrs J.BAINES, Non-Executive Director								5-10							5-10
Ms P.BRADBURY, Non-Executive Director								10-15							10-15
Mr P.ASSINDER, Non-Executive Director	10-15							10-15							10-15
Mr R.VIRDEE, Non-Executive Director (to 31 December 2022)	5-10							5-10							10-15
Mr B.DIAMOND, Non-Executive Director								5-10							5-10
Mr J. HEMANS Non-Executive Director (from 1 February 2021)	10-15							10-15							10-15
Mrs M. MARTIN Non-Executive Director (from 31 March 2021)	15-20							15-20							10-15
Prof L TONER Non-Executive Director (from 1 November 2021)	10-15							10-15	5-10						5-10
Mrs D. BRAITHWAITE Non-Executive Director (from 1 February 2022)	10-15							10-15	0-5						0-5
Dr J PARKES Non-Executive Director (from 1 March 2022)	10-15							10-15	0-5						0-5
Mrs O MUFLAHI Non-Executive Director (from 1 March 2022)	10-15							10-15	0-5						0-5
Mrs SJ ALLINSON Non-Executive Director (from 1 February 2023)	0-5												0-5		
Miss RE BARBER Non-Executive Director (from 1 February 2023)	0-5												0-5		

\* Recharged Staff from RWT

For staff sharing arrangements, the Trust is required to report on the total salaries. The total basic salaries in 22-23 are as follows:

Chief Executive	308,444
Group Chief Financial Officer and Deputy Chief Executive	219,039
Group Chief Nurse and Lead Executive for Safeguarding	179,755
Group Chief People Officer	166,412
Group Chief Strategy Officer	152,299
Group Director of Communications	111,560
Strategic Advisor to the Board	25,094
Group Chief Medical Officer (nil charge to the Trust)	0
<b>TOTAL</b>	<b>1,162,604</b>

Further to the above S Rowe is a non executive member of the Board at zero change and as such is excluded from the remuneration Table

\*\* Mr R.Caldicott Expense Payments relate to business miles, exit package agreed on 31 March 2023, termination date 6th April 2023

\*\*\* Mrs M Shehmar - Medical Director, "Other Remuneration" relates to Clinical PAs and "Long-Term Performance" relates to CEAs

\*\*\*\* Mr K Bostock is recharged 50% to The Royal Wolverhampton NHS Trust

\*\*\*\*\* Mrs C Jones-Charles prior year comparatives unavailable due to the timing of the role change to Director of Midwifery, expense payments relate to course training costs and "other remuneration relates to clinical work.

## Salary and pension entitlements of senior managers

	Real increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension as pension age at 31 March 2023	Lump sum at pension age related to accrued pension at 31 March 2023	Cash Equivalent Transfer Value at 31 March 2023	Cash Equivalent Transfer Value at 31 March 2022	Real Increase in Cash Equivalent Transfer Value - Employer Funded contribution	Real Increase in Cash Equivalent Transfer Value	All Pension Related Benefits	All Pension Related Benefits
Name and Title	in Bands of (£2,500)	in Bands of (£2,500)	in Bands of (£5,000)	in Bands of (£5,000)	£000	£000	£000	£000	£000	in Bands of (£2,500)
Mrs G AUGUSTINE, Director of Planning and Improvement (to 31 October 2022)*	0 - 2.5	0 - 2.5	35 - 40	25 - 30	0	1,149	0	0	0.0	0 - 2.5
Mr N.HOBBS, Chief Operating Officer	0 - 2.5	0 - 2.5	25 - 30	0 - 5	273	239	19	26	31.9	30 - 32.5
Ms C.GRIFFITHS, Director of Culture and People**	0 - 2.5	0 - 2.5	0 - 5	0 - 5	28	0	19	28	24.1	22.5 - 25
Mr R.CALDICOTT, Chief Finance Officer (to 6 April 2023)	2.5 - 5	0 - 2.5	45 - 50	80 - 85	816	731	44	62	49.3	47.5 - 50
Mrs L. CARROLL, Director of Nursing	0 - 2.5	0 - 2.5	25 - 30	60 - 65	542	485	29	41	27.0	25 - 27.5
Mrs M. SHEHMAR, Medical Director	5 - 7.5	10 - 12.5	45 - 50	85 - 90	818	674	86	123	120.0	117.5 - 120
Mr K. BOSTOCK, Group Director of Assurance	0 - 2.5	0	10 - 15	20 - 25	228	183	28	40	30.0	27.5 - 30
Mr M. DODD, Acting Executive Director of Integration	2.5 - 5	5 - 7.5	60 - 65	140 - 145	1,368	1,208	86	122	89.2	87.5 - 90
Mrs C.JONES-CHARLES, Director of Midwifery (from 16 August 2021)	2.5 - 5	7.5 - 10	20 - 25	35 - 40	398	298	63	90	86.2	85 - 87.5
Mr D MORTIBOYS, Acting Chief Finance Officer (from 1 December 2022)	0 - 2.5	0 - 2.5	5 - 10	0 - 5	67	65	0	0	0.0	0 - 2.5

\*Director has retired and is now in receipt of their pension  
 \*\* Relates to a Director that opted out of the Pension scheme.

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

There was one compensation payment during the financial year ending on 31st March 2023 for early retirements or loss of office or payments made to past Directors.

## Fair Pay Disclosure

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

	2022/23	2021/22
<b>Percentage change from previous year in respect of highest paid director:</b>		
Salary and Allowances	(1.7%)	(3.6%)
Performance pay and bonuses	N/A	N/A
All taxable benefits	N/A	N/A
<b>Percentage change from previous year in respect of Employees of the Trust:</b>		
Salary and Allowances	5.3%	4.8%
Performance pay and bonuses	N/A	N/A
All taxable benefits	N/A	N/A

In 2022/23, zero employees received remuneration in excess of the highest paid Director (there were zero in 2021/22 and in 2020/21).

Remuneration ranged from £12,836 to £155k-£160k (the range was £18,546 to £155k-£160k in 2021/22, and £18,185 to £165k-£170k in 2020/21).

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

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

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

## Pay Multiples

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

### Pay Ratio Information

	2022/23	2021/22
25th Percentile Remuneration	£21,730	£20,330
Median Percentile Remuneration	£32,934	£31,534
75th Percentile Remuneration	£41,659	£39,467
25th Percentile Pay Ratio	7:1	8:1
Median Percentile Pay Ratio	5:1	5:1
75th Percentile Pay Ratio	4:1	4:1

The banded remuneration of the highest paid Director in Walsall Healthcare NHS Trust in the financial year 2022/23 was £155k to £160k (in 2021/22 it was £155k to £160k).

In 2022/23 no employees received remuneration in excess of the highest paid Director. The pay multiple has remained at 5 times the median salary.

It should be noted that the calculation is based on basic pay and bank staff costed at an average cost FTE. This excludes overtime, enhancements and agency staffing due to the level of distortion that would arise from these arrangements.

## Staff Report

**Expenditure on Consultancy** The Trust paid £1.1m on consultancy costs during 2022/23.

### Off-payroll engagements

For all off-payroll engagements as of 31 March 2023, for more than £245 per day. Via own Ltd Co but excluding specific consultancy / project work

For all off payroll engagements as of 31.3.23, for more than £245 per day	No.
Number of existing engagements as of 31.3.2023	3
<b>Of which, the number that have existed:</b>	
less than 1 year at the time of time of reporting	0
for between 2 and 3 years at the time of reporting	
for between 3 and 4 years at the time of reporting	
for 4 or more years at the time of reporting	
for 4 or more years at the time of reporting	0

### All Off-payroll engagements

For all off-payroll engagements, between 1 April 2022 and March 2023, for more than £245 per day

	No.
No. of temporary off-payroll workers engaged between 1 April 2022 and 31 March 2023	3
<b>Of which...</b>	
No. not subject to off-payroll legislation	3
No. subject to off-payroll legislation and determined as in-scope of IR35	0
No. subject to off-payroll legislation and determined as out of scope of IR35	3
No. of engagements reassessed for compliance or assurance purposes during the year	0
Of which: no. of engagements that saw a change to IR35 status following review	0

### Off-payroll board member/senior official engagements

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

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

## Exit Packages

2022/23

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	Number	£000's	Number	£000's	Number	£000's	Number	£000's
Less than £10,000					0	0		
£10,000 - £25,000					0	0		
£25,001 - £50,000					0	0		
£50,001 - £100,000	1	70			1	70		
£100,001 - £150,000					0	0		
£150,001 - £200,000			1	191	1	193		
Greater than £200,000					0	0		
<b>Total</b>	<b>1</b>	<b>70</b>	<b>1</b>	<b>193</b>	<b>2</b>	<b>263</b>	<b>0</b>	<b>0</b>

There have been two redundancies, but no other departure costs paid in 2022/23. Exit costs in this note are accounted for in full in the year of departure. Redundancy calculations have been based on contractual obligations and include, redundancy, leu of notice and unutilised accrued annual leave allowances.

### For comparison 21/22

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	Number	£000's	Number	£000's	Number	£000's	Number	£000's
Less than £10,000					0	0		
£10,000 - £25,000					0	0		
£25,001 - £50,000					0	0		
£50,001 - £100,000	1	57			1	57		
£100,001 - £150,000	1	109			1	109		
£150,001 - £200,000					0	0		
Greater than £200,000					0	0		
<b>Total</b>	<b>2</b>	<b>166</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>166</b>	<b>0</b>	<b>0</b>

## Exit Packages-non-compulsory departure payments

Type of Other Departure	Agreements Number	Total Value of Agreements £000s
Voluntary redundancies including early retirements contractual costs	1	160
Mutually agreed resignations (MARS) contractual costs		
Early retirements in the efficiency of the service contractual costs		
Contractual payments in lieu of notice		33
Exit payments following Employment Tribunals or court orders		
Non-contractual payments requiring HMT approval		
<b>Total</b>	<b>1</b>	<b>193</b>

\* Redundancy calculations have been based on contractual obligations and includes; redundancy £160k, leu of notice £25k and unutilised accrued annual leave allowances £8k.

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

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

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

**Summarisation schedules numbers TAC01 to TAC34 and accompanying WGA sheets for 2022/23 have been completed and this certificate accompanies them.**

## Finance Director Certificate

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



Kevin Stringer, Group Chief Finance Officer

29 June 2023

## Chief Executive Certificate

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



Prof. David Loughton CBE, Group Chief Executive

29 June 2023



**Part 4**  
Financial  
Statements

## Forward and Financial Performance Overview

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

## Statement of Comprehensive Income

	Note	2022/23 £000	2021/22 £000
Operating income from patient care activities	3.1	378,718	345,978
Other operating income	4	22,995	23,700
Operating expenses	5.1	(418,313)	(357,890)
<b>Operating surplus from continuing operations</b>		<b>(16,600)</b>	<b>11,788</b>
Finance income	10	955	21
Finance expenses	11.1	(9,211)	(8,240)
PDC dividends payable		(2,016)	(1,296)
<b>Net finance costs</b>		<b>(10,272)</b>	<b>(9,515)</b>
<b>Surplus / (deficit) for the year from continuing operations</b>		<b>(26,872)</b>	<b>2,273</b>
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations	14	-	-
<b>Surplus / (deficit) for the year</b>		<b>(26,872)</b>	<b>2,273</b>
<b>Other comprehensive income</b>			
<b>Will not be reclassified to income and expenditure:</b>			
Impairments	6	(7,820)	-
Revaluations	16	41,150	7,787
Fair value gains/(losses) on financial assets mandated at fair value through OCI	20	-	-
Recycling gains/(losses) on disposal of financial assets mandated at fair value through OCI	12	-	-
Foreign exchange gains / (losses) recognised directly in OCI		-	-
<b>Total comprehensive income / (expense) for the period</b>		<b>6,458</b>	<b>10,060</b>
<b>Adjusted financial performance (control total basis):</b>			
Surplus / (deficit) for the period		(26,872)	2,273
Remove net impairments not scoring to the Departmental expenditure limit		27,062	756
Remove I&E impact of capital grants and donations		291	(266)
Remove net impact of inventories received from DHSC group bodies for COVID-19 response		(53)	371
<b>Adjusted financial performance surplus / (deficit)</b>		<b>428</b>	<b>3,134</b>

The trust complete the construction of the Urgent and Emergency Care Centre in 2022/23. Following an independent valuation the trust recognised a total impairment loss of £16.1m against the original cost of construction. The remaining impairments (as part of the same valuation) relate to £3.1m Block 61, £1.7m PFI Buildings, £2.7m ICCU and £1.4m Maternity and other minor.

## Statement of Financial Position

		31 March '23	31 March '22
	Note	£000	£000
<b>Non-current assets</b>			
Intangible assets	13	6,012	5,598
Property, plant and equipment	14	223,738	185,825
Right of use assets	17	18,693	-
Receivables	19	693	341
<b>Total non-current assets</b>		<b><u>249,136</u></b>	<b><u>191,764</u></b>
<b>Current assets</b>			
Inventories	18	3,629	3,094
Receivables	19	27,928	10,715
Cash and cash equivalents	21	38,358	55,644
<b>Total current assets</b>		<b><u>69,916</u></b>	<b><u>69,453</u></b>
<b>Current liabilities</b>			
Trade and other payables	22	(62,290)	(49,564)
Borrowings	24	(6,527)	(4,068)
Provisions	26	(183)	(176)
Other liabilities	23	(711)	(2,801)
<b>Total current liabilities</b>		<b><u>(69,711)</u></b>	<b><u>(56,609)</u></b>
<b>Total assets less current liabilities</b>		<b><u>249,341</u></b>	<b><u>204,608</u></b>
<b>Non-current liabilities</b>			
Trade and other payables	22	-	-
Borrowings	24	(120,216)	(107,888)
Other financial liabilities	25	-	-
Provisions	26	(368)	-
Other liabilities	23	-	-
<b>Total non-current liabilities</b>		<b><u>(120,584)</u></b>	<b><u>(107,888)</u></b>
<b>Total assets employed</b>		<b><u>128,757</u></b>	<b><u>96,720</u></b>

### Financed by

Public dividend capital	252,913	227,334
Revaluation reserve	65,284	31,954
Financial assets reserve	-	-
Other reserves	-	-
Income and expenditure reserve	(189,440)	(162,568)
<b>Total taxpayers' equity</b>	<b><u>128,757</u></b>	<b><u>96,720</u></b>

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

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



**Prof. David Loughton CBE, Group Chief Executive** 29 June 2023

## Statement of Changes in Equity for the year ended 31 March 2023

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
<b>Taxpayers' and others' equity at 1 April 2022 - brought forward</b>	<b>227,334</b>	<b>31,954</b>	<b>(162,568)</b>	<b>96,720</b>
Implementation of IFRS 16 on 1 April 2022	-	-	-	-
Surplus/(deficit) for the year	-	-	(26,872)	<b>(26,872)</b>
Gain/(loss) arising from transfers by modified absorption	-	-	-	-
Transfers by absorption: transfers between reserves	-	-	-	-
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	-	-	-
Other transfers between reserves	-	-	-	-
Impairments	-	(7,820)	-	<b>(7,820)</b>
Revaluations	-	41,150	-	<b>41,150</b>
Transfer to retained earnings on disposal of assets	-	-	-	-
Share of comprehensive income from associates and joint ventures	-	-	-	-
Fair value gains/(losses) on financial assets mandated at fair value through OCI	-	-	-	-
Fair value gains/(losses) on equity instruments designated at fair value through OCI	-	-	-	-
Recycling gains/(losses) on disposal of financial assets mandated at fair value through OCI	-	-	-	-
Foreign exchange gains/(losses) recognised directly through OCI	-	-	-	-
Other recognised gains and losses	-	-	-	-
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	-	-
Public dividend capital received	25,579	-	-	<b>25,579</b>
Public dividend capital repaid	-	-	-	-
Public dividend capital written off	-	-	-	-
Other movements in public dividend capital in year	-	-	-	-
Other reserve movements	-	-	-	-
<b>Taxpayers' and others' equity at 31 March 2023</b>	<b><u>252,913</u></b>	<b><u>65,284</u></b>	<b><u>(189,440)</u></b>	<b><u>128,757</u></b>

## Information on reserves

### Public dividend capital

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

### Revaluation reserve

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

### Financial assets reserve

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

### Merger reserve

This legacy reserve reflects balances formed on previous mergers of NHS bodies.

### Income and expenditure reserve

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

## Statement of Cash Flows

	Note	2022/23 £000	2021/22 £000
<b>Cash flows from operating activities</b>			
Operating surplus		(16,600)	11,788
<b>Non-cash income and expense:</b>			
Depreciation and amortisation	5.1	11,933	9,531
Net impairments	6	27,062	756
Income recognised in respect of capital donations	4	-	(608)
Amortisation of PFI deferred credit		-	-
Non-cash movements in on-SoFP pension liability		-	-
(Increase) / decrease in receivables and other assets		(17,693)	541
(Increase) / decrease in inventories		(535)	(143)
Increase / (decrease) in payables and other liabilities		7,140	17,974
Increase / (decrease) in provisions		375	80
<b>Net cash flows from / (used in) operating activities</b>		<b><u>11,682</u></b>	<b><u>39,919</u></b>
<b>Cash flows from investing activities</b>			
Interest received		955	21
Purchase and sale of financial assets / investments		-	-
Purchase of intangible assets		(1,728)	(721)
Sales of intangible assets		-	-
Purchase of PPE and investment property		(36,681)	(25,254)
Sales of PPE and investment property		-	-
Initial direct costs or up front payments in respect of new right of use assets (lessee)		-	-
Receipt of cash lease incentives (lessee)		-	-
Lease termination fees paid (lessee)		-	-
Receipt of cash donations to purchase assets		-	-
Prepayment of PFI capital contributions		-	-
Finance lease receipts (principal and interest)		-	-
Investing cash flows from discontinued operations		-	-
Cash from acquisitions / disposals of subsidiaries		-	-
<b>Net cash flows from / (used in) investing activities</b>		<b><u>(37,454)</u></b>	<b><u>(25,954)</u></b>
<b>Cash flows from financing activities</b>			
Public dividend capital received		25,579	11,702
Public dividend capital repaid		-	-
Movement on loans from DHSC		-	-
Movement on other loans		-	-
Other capital receipts		-	-

Capital element of finance lease rental payments		(1,926)	-
Capital element of PFI, LIFT and other service concession payments		(4,068)	(4,058)
Interest on loans		-	-
Other interest		-	-
Interest paid on finance lease liabilities		(219)	-
Interest paid on PFI, LIFT and other service concession obligations		(8,992)	(8,240)
PDC dividend (paid) / refunded		(1,888)	(1,257)
Financing cash flows of discontinued operations		-	-
Cash flows from (used in) other financing activities		-	-
<b>Net cash flows from financing activities</b>		<b><u>8,486</u></b>	<b><u>(1,853)</u></b>
<b>Increase / (decrease) in cash and cash equivalents</b>		<b><u>(17,286)</u></b>	<b><u>12,112</u></b>
<b>Cash and cash equivalents at 1 April - brought forward</b>			
Prior period adjustments		-	-
<b>Cash and cash equivalents at 1 April - restated</b>		<b><u>55,644</u></b>	<b><u>43,532</u></b>
Cash and cash equivalents transferred under absorption accounting	32	-	-
Unrealised gains / (losses) on foreign exchange		-	-
<b>Cash and cash equivalents at 31 March</b>	<b><u>21</u></b>	<b><u>38,358</u></b>	<b><u>55,644</u></b>

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

## Report on the audit of the financial statements

### Opinion on the financial statements

We have audited the financial statements of Walsall Healthcare NHS Trust ('the Trust') for the year ended 31 March 2023, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Equity, the Statement of Cash Flows, and notes to the financial statements, including the summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual 2022/23 as contained in the Department of Health and Social Care Group Accounting Manual 2022/23, and the Accounts Direction issued by the Secretary of State with the approval of HM Treasury as relevant to NHS Trusts in England.

In our opinion, the financial statements:

- a true and fair view of the financial position of the Trust as at 31 March 2023 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2022/23; and
- have been properly prepared in accordance with the requirements of the National Health Service Act 2006.

### Basis for opinion

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

### Conclusions relating to going concern

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

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

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

### Other information

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

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

We have nothing to report in this regard.

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

As explained more fully in the Statement of Directors' Responsibilities, the Directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. The Directors are required to comply with the Department of Health and Social Care Group Accounting Manual 2022/23 and prepare

the financial statements on a going concern basis, unless the Trust is informed of the intention for dissolution without transfer of services or function to another public sector entity. The Directors are responsible for assessing each year whether or not it is appropriate for the Trust to prepare its accounts on the going concern basis and disclosing, as applicable, matters related to going concern.

As explained in the Statement of the Chief Executive's Responsibilities as the Accountable Officer of the Trust, the Accountable Officer is responsible for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. The Accountable Officer is responsible for ensuring that the financial statements are prepared in a format directed by the Secretary of State.

### Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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

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

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

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

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

- testing revenue in the pre- and post-year end period to ensure it had been recognized in the correct financial year
- making enquiries of management and the Audit Committee on whether they had knowledge of any actual, suspected or alleged fraud;
- gaining an understanding of the internal controls established to mitigate risks related to fraud;
- discussing amongst the engagement team the risks of fraud; and
- addressing the risks of fraud through management override of controls by performing journal entry testing.

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

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

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

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

### Matter on which we are required to report by exception

We are required to report to you if, in our opinion, we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2023.

On the basis of our work, having regard to the guidance issued by the Comptroller and Auditor General in January 2023, we have identified the following significant weaknesses in the Trust's arrangements for the year ended 31 March 2023:

Significant weakness in arrangements	Recommendation(s)
<p><b>Deliverability of the 2023/24 financial plan</b></p> <p>The Trust agreed a £14m deficit financial plan for 2023/24 with its Integrated Care System (ICS) and NHS England. The plan is dependent on delivering £26m in efficiency savings, of which the Trust classed £23m savings as either an "opportunity" or "unidentified". Combined with the fact that only £4.7m savings were delivered in 2022/23, in our view, this leads to a significant risk to the deliverability of the financial plan.</p> <p>In our view, this exposes the Trust to significant financial risk; and could reasonably be expected to lead to a significant impact on the quality or effectiveness of service and on the Trust's reputation. As a result, we believe there is a significant weakness in arrangements for financial sustainability in how the Trust plans and manages its resources to ensure it can continue to deliver its services, including how the Trust plans to bridge its funding gaps and identifies achievable savings.</p>	<p>1. The Trust should continue to work collaboratively with its Black Country ICS partners and NHS England to explore and agree sustainable, long-term plans to bridge its funding gaps and identify achievable savings.</p>
<p><b>Arrangements for Statutory Financial Reporting</b></p> <p>The Trust's 2022/23 draft financial statements provided for audit and submitted to NHS England included significant errors, and supporting working papers were of poor quality, and should have reasonably been prevented had adequate quality control measures been in place. Underpinning the issues identified was a shortage of both capacity and capability and experience of the finance team, in part caused by high staff turnover.</p> <p>In our view, this can reasonably be expected to lead to a significant impact on the Trust's reputation. As a result, we believe there is a significant weakness in the Trust's arrangements under the governance criteria for making informed decisions and properly managing its risks, including ensuring effective processes and systems are in place to support statutory financial reporting requirements.</p>	<p>1. The Trust needs to address the capacity and capability gap in its financial reporting team, to include appropriate recruitment and training on accounting standards, particularly capital, leases and accruals accounting.</p> <p>2. The Trust needs to implement a financial reporting closedown plan and timetable for 2023/24 that includes appropriate arrangements for quality control. Oversight of the plan should be escalated to the Audit Committee in good time for preparations for March 2024.</p>

### Responsibilities of the Accountable Officer

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

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

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

We have undertaken our work in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in January 2023.

## Report on other legal and regulatory requirements

### Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

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

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

We are required to report to you if:

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

Other than the matters described in the section below, we have nothing to report in respect of these matters.

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

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

Considering the 'Statutory breakeven duty: a guide for NHS trusts' issued in April 2018, on 28 June 2023, we made a referral to the Secretary of State for Health under Section 30 (1) (b).

### Use of the audit report

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



If you require this publication in an alternative format and/or language, please contact the **Patient Relations Service** on **01922 656463** to discuss your needs.