



Care Colleagues  
Collaboration Communities



Walsall Healthcare  
NHS Trust

# Annual Report 2023/24



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



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# Statement from the Group Chair

## Welcome to Walsall Healthcare NHS Trust’s Annual Report and Accounts

As I acknowledge my first year as Chair of Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust, I have plenty of food for thought when reflecting on the 12 months that has passed while looking ahead to what is on the horizon.

Firstly, I have been incredibly proud to take on this role while continuing in my shared Chair role across Sandwell and West Birmingham NHS Trust and The Dudley Group NHS Foundation Trust. Taking on the leadership of four Trust Boards in the Black Country has been a huge responsibility – one that I feel keenly – as well as a fantastic opportunity to appreciate the innovation, talent and commitment that we are fortunate to have in the system.

Annual Reports have a certain déjà vu about them. Contributors inevitably say the last year has been “demanding” or “unprecedented” and, often, “overwhelming.” And I fear I’m about to do the same!

But how else could we sum up continuing post COVID-19 recovery set against a backdrop of several spells of industrial action, fatigued staff struggling with the ongoing cost-of-living difficulties, increasing demand for healthcare and an extremely challenging financial situation affecting all aspects of the services we provide?

I have been interviewed a number of times and asked how I’d “fix” the NHS. I still firmly believe that collaboration is key – both among our hospital and community services teams and with our partners.

Here in Walsall, I’ve seen some brilliant examples of staff improving our patients’ experience. There’s the success of our Virtual Wards, giving patients and families peace of mind while enabling them to be treated at home where they are happiest, the growth in research to improve outcomes for people today and in the future and national accreditation for our surgical hub, to name just a few examples.

The closer collaboration between Walsall and Wolverhampton has undoubtedly brought benefits to both organisations too, benefits that are directly felt by our patients and their families.

Collaboration has to be our priority as we move through 2024/25 to ensure our sustainability. Never before have the relationships between primary care, secondary care, social care and the voluntary sector been so crucial. The Chief Executive and I engage with stakeholders across the care system and our Executive Team engages with stakeholders on key matters, such as Walsall Together and place integration.

The views of system partners are shared at Trust Board to ensure their voices are heard as part of our system engagement and activity.

Our collective determination and willingness to work together to enhance or change the way we do things remains a great strength.

**As we enter another important chapter, I’d like to thank our staff and partners for all they do for our communities and urge them to maintain the passion and dedication they show each and every day. We wouldn’t be half the organisation we are without them.**



**Sir David Nicholson KCB CBE**  
Group Chair



# A - Performance Report

## A1 - Performance Overview

### Group Chief Executive’s summary of performance and key risks

As our Chair alludes to in his statement, there has been a host of factors that have contributed to another memorable year in the life of Walsall Healthcare.

Some of these have been felt across the country, in the case of industrial action and trying to get back on track post pandemic. It seems barely a day has gone by without the NHS dominating headlines – whether that be concern over ambulance handovers, safe staffing levels, waiting times for surgery or funding issues.

It has been tough at times as these pressures inevitably take a toll on everyone. Our priority is our patients, and we acknowledge significant numbers have been affected by the factors mentioned above.

We know that people are often anxious, awaiting operations or diagnostic tests, and that cancellations impact that anxiety. But we had to ensure our hospital could continue to run as safely as possible throughout this period whilst never underestimating the impact on the people who use our services. We continue to work to bring down our waiting times and prioritise those with the greatest clinical need.

I am, however, immensely proud to see what our teams in the hospital and community have achieved for our patients against these challenges. As a Chief Executive I have always asked my colleagues to ensure everything we do comes back to our patients. And there’s some excellent examples of this throughout this Annual Report.

Finally, on a personal level, the last year has been a special one for me.

It was a great honour when I was made a companion of the Institute of Health and Social Care Management (IHSCM). Supporting staff is one of the greatest gifts I have been able to give during my long career, and the Institute is an outstanding platform to enable that.

And I have decided to retire – bringing to an end my 40-year NHS career. Whilst I have spent 20 years at the helm of The Royal Wolverhampton NHS Trust compared to three years in Walsall, I will look back fondly at my time here and the achievements of our teams.

I wish Walsall Healthcare all the best for the future and feel privileged to have worked with some amazing teams during my time here.



**Professor David Loughton CBE**  
Group Chief Executive (to 30 April 2024)

### Addendum: Incoming Group Chief Executive

I took up the role of interim Group Chief Executive of the Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust on 1 May 2024, following the retirement of Professor David Loughton. I would like to extend my thanks to David for his leadership of the Trust during the period covered in this report.

As the new Accountable Officer for the Trust, I confirm that I am satisfied with the content of this document and will be acting as signatory to the 2023/24 Annual Report and Accounts on behalf of the organisation.



**Caroline Walker**  
Group Chief Executive (from 1 May 2024)



## Looking back over our year

### Long Covid support helps hundreds

Hundreds of people across Walsall are being supported by the Long Covid Therapy Service which visits and assesses patients to offer a range of help – from exercise programmes to Tai Chi, acupuncture and financial advice.

The service was set up at the end of 2021 and the team works alongside the Trust's Consultant-led Community Long Covid Service which offers Psychology support, access to a Dietitian, the Self Care Management Service and Critical Care follow-up clinics.

Patients admitted to hospital with COVID-19, as well as those who were not, have used the service.

Louise Mobley, Therapy Clinical Team Lead explained that all had been considerably impacted by their symptoms.

"We see 35–55-year-olds in the main but have also supported patients aged 18 and 102," she said.

"While we mainly visit patients in their own homes and care homes, we also support people in their workplaces or GP clinics – even at their local leisure centre if that works best for them.



"We have Physiotherapy who focus on holistic physical assessments to include neurological and respiratory problems, exercise programmes, Tai Chi, mobility rehabilitation and help with balance and dizziness. Our Occupational Therapist supports with hand and upper limb therapy, advises on equipment and adaptations, acupuncture, driving assessments and work-related rehabilitation.

"And both work closely to support patients who may need help to apply for a blue badge, or additional financial aid and accompanied visits to medical appointments. A lot of liaison takes place between the team and GPs around ongoing medication, referrals and orthotics."

## New service for skin problems

Patients are receiving treatment for skin problems quicker thanks to the launch of a new service across the Black Country.

Run by clinicians across the Black Country Provider Collaborative (BCPC) – which consists of Walsall Healthcare NHS Trust, The Royal Wolverhampton NHS Trust (RWT), Sandwell and West Birmingham Hospitals NHS Trust and Dudley Group NHS Foundation Trust – the new Teledermatology service allows patients to book a consultation through their GP and receive feedback from specialists.

Their GP takes images of skin conditions using dermatoscopes attached to a smartphone or tablet, which are sent to the Dermatology department at their chosen hospital.

A Dermatologist then reviews and responds to the GP, within 24 hours, providing guidance on how to care for the patient and whether further investigation or hospital care is needed.

The new service is one of the largest Teledermatology projects in the NHS and aims to triage patients within 24 hours, excluding weekends.

James Halpern, Consultant Dermatologist and Clinical Lead for Skin for the BCPC, said: "Since the pandemic we have seen a large increase in the number of skin cancer referrals.

"The new Teledermatology service allows large numbers of referrals to be triaged more quickly and will help us address the backlog. It allows a single point of access and quicker care, closer to home."

Clinicians hope to reduce unnecessary hospital appointments and speed up access to diagnosis and treatments, including two week wait skin cancer referrals. There is still capacity for face-to-face appointments if needed.



## TV mixes with UECC!

Casualty TV stars had the chance to meet real-life medics when they attended the eagerly awaited official opening of the £40m Urgent and Emergency Care Centre at Walsall Manor Hospital.

Charles Venn and Neet Mohan, who play Jacob Masters and Dr Rash Masum respectively in the long-running BBC TV drama, provided the celebrity glamour while Mayor of Walsall, Councillor Chris Towe, cut the ribbon in a grand opening ceremony.

Guests included Dr Rabia Imtiaz, Medical Director System Improvement Professional Standards NHSE (Midlands), the town's MPs Valerie Vaz and Eddie Hughes and Integrated Care Board (ICB) leaders.

Charles said: "When you see healthcare in real life, you realise the importance of what you're trying to portray in front of the camera and its gravitas."

Neet said: "We play fictional medics so to be here among real medical professionals doing amazing work has been a great privilege."

Charles and Neet spent two hours greeting staff and patients and posing for selfies, signing autographs and giving out chocolates on a tour of the building.

Patients Edith Minifie, from Wednesbury, and Donna Purchas, from Pelsall, were in the Acute Medical Unit and were thrilled to meet the TV stars.

"It's wonderful to meet you – it's made my day," said Edith.

Donna, a big Casualty fan, added: "I can't believe I've met you both – it's given me such a boost."

The two-storey development has significantly improved emergency care facilities and capacity and has provided almost 5,000 square metres of additional clinical space.



## Partners in Care launched

A pilot scheme to better involve carers whose loved ones are patients at Walsall Manor Hospital, was launched in the summer.

"Partners in Care" is an initiative being run through The Family and Carers Support Service and it aims to ensure carers are recognised and supported to continue their role as and how they wish.

The pilot scheme ran across seven hospital wards and at Hollybank House in the community ahead of a whole Trust rollout

Staff discuss the following with the patient's carer, once confirmed:

- What care do you usually give at home?
- Have you been trained in delivering care?
- What do you feel you are able or not able to do?
- Is there any special equipment that could be brought in to support the patient?

Andrew Rice, Patient Experience and Voluntary Services Manager, said: "Our staff will ensure carers feel comfortable and safe on a ward, or in a unit, and establish the level of care they can provide.

"This will be around mealtimes and supporting with washing/bathing for example and helping staff to understand their likes and dislikes. We will also involve carers in our efforts to prevent falls if the patient is at risk.

"We will also work with them to complete a Carers' Passport that is recorded on our systems and will help us to identify any additional help they may need, now or in the future."

Zoe Christoffersen, Family and Carers' Support Officer, added: "We're really proud to have developed this approach to better involve carers in healthcare which will result in better outcomes for our patients, enhance their experience at the Trust and assist our staff."



## Virtual Ward proves its worth

A Virtual Ward to support patients with acute respiratory infections was able to help 399 Walsall patients avoid a hospital admission in its first year.

Walsall Healthcare now has a total of five Virtual Wards covering:

- Acute respiratory infections
- Heart failure
- Hospital@Home
- Fast track
- Frailty

All five combined meant that just under 1,000 patients had been able to manage their conditions in their own home by July 2023. This in turn freed up 5,829 beds at Walsall Manor Hospital.

Fiona Micheli, Lead Nurse for Virtual Wards, said: "We want to continue to build on this success – as well as raising more awareness among colleagues and the public about the service."

Patients are referred to Virtual Wards where they are assessed to see if their needs are suitable for this approach. If this is appropriate, patients can either leave hospital, or avoid being admitted in the first place, making use of technology and monitoring devices, secure in the knowledge that clinical staff will be calling them to check on them. If patients have any concerns they can get in touch and will either be assessed by a Community Nurse or able to have a video consultation to decide next steps.

Fiona added: "Virtual wards provide the reassurance that people need without them having to leave the comfort of their own home as we would all prefer to avoid hospital if possible. The other pathways have been set up more recently but are showing similar encouraging results and feedback from patients has been positive."

## Showcasing SLT work

From the importance of being a key part of Walsall's Family Hubs to supporting parents in New Cross Hospital's Neonatal Unit and using instrumental assessment on adult wards – the wealth of invaluable work carried out by Speech and Language Therapists (SLT) was showcased at a celebratory event.

Steve Jamieson, Chief Executive Officer of the Royal College of Speech and Language Therapists was the day's special guest.

Steve said: "This is one of the many reasons I love this job. Thank you to everyone for making me so welcome. It was great to address over 90 SLTs and also visit ICU."

The event also featured the launch of a new shared vision for Speech and Language Therapy at both Trusts. This vision has been created as a result of feedback from staff following a joint meeting of both services in the summer.

Elizabeth Wassall, Speech and Language Therapy Service Manager for Walsall Healthcare, said: "We were already proud of the difference our teams are making every day to our communities, but this event gave us all a chance to stop and reflect on the sheer scale of their efforts."

## Community assessment service boosted

Walsall patients are benefitting from an upgraded community assessment service that also creates more clinical capacity.

The Trust launched a community centralised triage in October which includes a team of clinical and clerical staff who are based within an area of multidisciplinary professionals.

This team better supports telephone and referral messages to be triaged and signposted correctly.

This ensures patients receive the treatment and medical advice they need from the most appropriate people.

Dawn Asbury, Locality Lead Matron for Quality Community Division is part of the Adult Community Nursing service which provides nursing care for patients within their home environment.

She said: "The community centralised triage has been redesigned to allow telephone messages and referrals to be received into place-based teams which means that they now all come through to one place.

"We did this as it meets the needs of the national strategy of healthcare providers which states that having a single point of access supports healthcare professionals and patients.



Charlotte Colesby, SLT Services Manager at Wolverhampton, said: "There was such a positive energy in the room and it was wonderful for colleagues to share their successes in this way.

Highlights included insights into:

- The impact of group therapy for children who stammer

- An audit of breakfasts at West Park Hospital

- The Turning Point service to support the prevention of family breakdown and to reduce the chance of young people entering care.

"This will benefit staff as it will allow more clinical capacity within the teams to provide holistic best patient practice and care.

"Although this is a redesign, patients will continue to be assessed by senior clinical staff and hopefully their experience will be further enhanced due to a more efficient flow."

Dawn added: "I am very proud to have been part of this launch and of all the staff working hard together to make this happen.

"There is continued evaluation from members actively working in the centralised triage centre and clinical audits will be undertaken regularly to ensure we are always running to the best of our ability."

## National accolade for hub

High quality care provided through a "surgical hub" at Walsall Manor Hospital earned the Trust a national accreditation from NHS England.

The ringfenced elective hub was launched in 2020 to provide a dedicated non-emergency surgery service supporting the Trust to reduce its waiting times.

To become accredited, hubs are assessed against strict criteria including the quality of their facilities and staff, and how safe and efficient they are.

Mr Will Goude, Consultant Orthopaedic Surgeon and Divisional Director of the surgical division, said: "This is a fantastic achievement and is testament to the hard work of our dedicated surgical hub staff, including those who work in our operating theatres and all those who support them.

"Unlike many surgical hubs, ours is not in a separate location, but is located at the heart of Walsall Manor Hospital. It takes a lot of planning and commitment to keep our non-emergency theatres ringfenced for elective patients, especially when pressures on the NHS are at their highest, but it pays dividends in terms of the service our patients receive – enabling us to get people treated sooner, which we know leads to better outcomes and improved quality of life."

Surgical hubs, which are separated from emergency services, mainly focus on high volume, low complexity (HVLC) procedures across six specialties: ophthalmology, general surgery, orthopaedics, gynaecology, ear nose and throat, and urology. In Walsall, the hub also provides specialist surgery such as colorectal cancer surgery and bariatric surgery.

The accreditation scheme is run by NHS England's Getting It Right First Time (GIRFT) programme, in collaboration with the Royal College of Surgeons of England.



## A surgical first for Frank

A Walsall father was one of the first patients in the region to have his throat cancer removed through robotic surgery.

Frank George, 56, underwent robotic surgery for throat cancer at New Cross Hospital, part of The Royal Wolverhampton NHS Trust (RWT), after discovering a pea-sized lump while shaving.

The same Da Vinci robot is used in throat cancers as in Urological and Colorectal cases but with different arms. Benefits of this type of surgery include shorter time in surgery and recovery, reduced anaesthetic and less time in theatre, leading to more capacity for more cases.

Mr Syed Farhan Ahsan, Consultant Ear, Nose and Throat (ENT) Surgeon at RWT, has led this development with the assistance of Mr John Murphy, Consultant ENT Surgeon and Divisional Medical Director at RWT.

Frank, who works as a trailer loader, was diagnosed with a metastatic squamous cell carcinoma. A biopsy proved inconclusive but suspicious cells were found.

In a four-hour operation at New Cross Hospital, the father of two had his tonsils removed after a growth was found on his right tonsil and a tumour was removed from his neck.

After the robotic surgery, Frank spent one night in the Integrated Critical Care Unit (ICCU). The following day he was moved to a ward in the Heart and Lung Centre and was able to eat a bowl of porridge, pie and mash and Maltesers.

The success of Frank's surgery is an example of the collaboration between RWT and partners Walsall Healthcare NHS Trust.

Heavy metal fan Frank, said: "I'm only too happy to have been a major part of this development."

## Message in a bottle

A scheme where emergency service staff can obtain life-saving information about people in seconds has been launched at the Trust.

More than seven million people in Britain keep their personal and medical details inside a "Lions Message in a Bottle" and now Walsall Healthcare's Patient Relations and Experience Team is getting involved.

The bottles are free and come with two stickers for the front or back door of a person's home and another to be placed on the outside of the fridge.

The stickers help paramedics, police, firefighters and social services to be able to allocate the bottle and find medical information and details of emergency contacts via the form in within the bottle.

This means the emergency services can obtain potentially life-saving information in seconds when called to a home to provide assistance. It provides peace of mind that prompt and appropriate medical assistance can be provided, and next of kin/emergency contacts can be notified.

If a patient is taken to hospital then the form is taken with them and given to the hospital staff on arrival. The information helps hospital staff find the relevant records and arrange treatment as quickly as possible.

A number of bottles are available, for free, from the Walsall Connected Hub at Walsall Manor Hospital (near Route 122).

The hub itself is a partnership between Walsall Council and local community associations, libraries and partner organisations to signpost to a range of support services.



## Praise indeed for Neonatal team

NHS England's Lead Nurse for Neonatal praised staff for their 'warmth and camaraderie' on a visit to Walsall Manor Hospital's unit.

Louise Weaver-Lowe, who is also Director of the North West Neonatal Operational Delivery Network, was given a tour of the unit where she was shown its purpose-built intensive therapy unit and high dependency unit, newly refurbished patient flats, and sensory room.

Ms Weaver-Lowe has held several roles in Neonatal services, including Lead Nurse of a large Neonatal Unit and Head of Nursing for Neonatal, Gynaecology, Genetics and Obstetric Theatres.

She said there were plenty of examples of outstanding care in Walsall.

"I am hugely impressed with the team on the unit. Right from walking into the Neonatal Unit you can feel the warmth and the camaraderie between the team," she said.

"Speaking to some of the parents here today, clearly they are very happy with the care they are receiving.

"The unit is lovely – we are often challenged by our buildings – but I can really see here it has been made the most of. It feels calm and feels a place where parents are welcome, and their little ones are expertly cared for. The care and thought from staff really does shine through. It has been a fantastic visit and a pleasure to come to Walsall."

Lisa Poston, Matron on the Neonatal Unit, said: "We are very proud of the care we provide, and it was fantastic to share that with Louise. She was particularly impressed with the innovative mindset and how well we work together."



## Severe Asthma Centre opened at Manor

Patients with severe asthma are now undergoing "life-changing" biological injections at Walsall Manor Hospital for the first time to reduce their symptoms.

NHS England has approved the Trust as a Tier 3 Severe Asthma Centre, working in a Shared Care Agreement arrangement with the Birmingham Regional Severe Asthma Centre.

It means patients can now have their treatment at the Manor Hospital and no longer have to travel to Heartlands Hospital in Birmingham for their injections.

To be a Tier 3 service, a minimum of six Respiratory Consultants must be employed by the Trust.

Dr Max Matonhodze, Consultant Physician at Walsall Healthcare, said: "This is a very significant milestone for our asthma service.

"This is life-changing for our patients. Before this, patients had to travel to Heartlands but now we are repatriating them."

Father of three Shayne Tolley, 38, from Tividale, was the first patient to have the injection at the Manor.

Shayne, a garage shutter manufacturer, had a severe asthma attack which left him unable to breathe. Within 45 minutes of being rushed to hospital, he was admitted to the Intensive Care Unit, where he spent a week.

"Pollen or a change in temperature could bring on attacks and I'd have coughing fits," said Shayne. "It got to the stage where I couldn't walk from the car to the house.

"I couldn't play football with my five-year-old son or go to work – it took me off my feet and I wasn't far off being bed-ridden.

"These injections will help me breathe better and I won't have to use my inhaler so much."

"We are now trying to see as many patients as possible in a timely manner," added Dr Matonhodze.

"We want to put as many people as possible on the asthma register so we can monitor these patients."



## Purpose and activities of the organisation

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 at other, neighbouring Trusts. This includes the Royal Wolverhampton NHS Trust with whom Walsall 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.

## Local population and health indicators

Walsall is a metropolitan borough consisting of a mix of urban, suburban and semi-rural communities. It is a culturally diverse town where people of Indian, Pakistani and Bangladeshi backgrounds form the largest minority ethnic groups.

It is also an area characterised by high levels of deprivation, which we know is 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.

Health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and this shapes our mental health, physical health and overall wellbeing. This can result in health differences between geographical areas, ages, sexes, ethnic groups and for socially excluded groups such as the homeless or refugees.

Walsall Healthcare NHS Trust has a Health Inequalities Steering Group to oversee the programme of work to address health inequalities at the Trust. The group has representation from community services, secondary care and public health and works closely with the Walsall Together place-based partnership to understand the landscape of health inequalities across the Walsall population and how each of the partners are addressing issues relating to inequalities as a partnership.

The Health Inequalities work currently being undertaken by the Trust is being aligned to the Care Quality Commission's (CQC) well-led domain and priorities taken from the NHS planning guidance. Some current projects include:

- A Smoking Cessation Service which delivers on the NHS Long Term Plan commitment to offer NHS-funded tobacco dependency treatment to patients who are admitted to hospital that smoke. We offer specialist support and medication to patients. This is in addition to existing support available for pregnant mothers who smoke.
- The Healthy Child Programme service offers universal and targeted services to children aged 0-19, where there is huge potential for addressing root causes of health inequalities. The service works to ensure that uptake of mandated checks is high across different ethnic groups, deprivation levels, local authority wards and GP practices.
- As part of the Black Country Local Maternity and Neonatal System (BCLMNS) EDI Midwife-led work, a voluntary and community sector organisation has been supporting with a project, led by the Trust, to provide advice and support for multiple women from black and minority ethnic groups around pregnancy, maternity and beyond birth. A total of 67 attendees have engaged with the initiative since it started in June 2023 across eight groups including Infant Feeding, Mental Health, Transition into Parenthood, Parenting Education, Birth and Beyond, Gestational Diabetes Education and Health and Social Support. This has increased the quality of care for pregnant women and research suggests it will have contributed to reduction in maternal and infant deaths. We will be building on this work over the next year and looking to poverty proof maternity pathways.
- An alcohol liaison team that works with patients who are admitted assisting with alcohol dependency.
- Our HR team has established a team of cultural ambassadors supporting equity in employment, in disciplinary processes and the staff networks.

In November 2023, NHS England published a statement giving clarity to NHS bodies on their responsibilities surrounding Health Inequalities including to collect, analyse and publish specific datasets. Whilst the Trust is actively engaged in reducing health inequalities and working on several projects spanning community, primary and secondary care, there is additional work required to prepare the robust data sets required and a supplementary accompanying Health Inequalities report will be published within 2024/25 in collaboration with the Integrated Care Board.

The Trust is currently developing a joint Health Inequalities Strategy with The Royal Wolverhampton NHS Trust. Our strategy will focus our efforts on five areas, reflecting the NHSE national priorities and those of our local population partners at Place:

- Restoring NHS services inclusively, breaking down performance reports by patient ethnicity and indices of multiple deprivation (IMD) quintile.
- Mitigating against digital exclusion, identifying who is accessing different modes of consultation by collecting data on patient age, ethnicity, disability status, condition, IMD quintile.
- Ensuring datasets are complete and timely, improving data collection on ethnicity across primary care, outpatients, A&E, mental health, community services, specialised commissioning.
- Accelerating preventative programmes: flu and COVID-19 vaccinations, annual health checks for those with severe mental illness and learning disabilities, continuity of carers for maternity services, targeting long-term condition diagnosis and management.
- Strengthening leadership and accountability, which is the bedrock underpinning the four priorities above, with system and provider health inequality leads having access to Health Equity Partnership Programme training, as well as the wider support offer, including utilising the new Health Inequalities Leadership Framework.

Dimension	Focus
Restoring NHS services inclusively	Maternity 0-19 years' service Elective Recovery: Planned Care Urgent and Emergency Care
Digital Exclusion	Implementation of use of digital services to improve access to health care (at home) Monitoring impact and ensuring face to face options available
Data Quality	Improving the quality of coding within the Trust for ethnicity and deprivation Monitoring systems for impact of health inequality work
Accelerating Prevention	Primary Care/Community: screening programmes, refugees Secondary Care: smoking cessation Self-Care: health literacy, shared decision-making skills for patients and staff, patient activation and empowerment
Leadership & Accountability	Review all service developments to ensure a focus on reducing health inequality Education and Training for medical staff and senior leaders Use of Health Equity Assessment Tool (HEAT)



# Healthier Futures

## Black Country and West Birmingham

### Black Country Integrated Care System - Healthier Futures

People are living longer, but with more complex conditions. Evidence shows that whilst access to good quality healthcare is vitally important, it is the wider aspects of people's lives – housing, income, employment, education and environment – that have the greatest impact on their health. Services that support people with these issues all have a role to play in improving people's health.

This means local government, the voluntary sector, the NHS and wider partners need to work together to create joined up health and care services that meet the needs of local people, focusing on prevention, better outcomes and on reducing health inequalities.

Integrated Care Systems (ICS) were created in July 2022 to encourage and enable this. They bring a wide spectrum of local organisations together with a duty to collaborate, to understand how the health and wellbeing of local people can be improved, agree priorities and strategies for achieving this, and plan different ways to deliver care.

ICs put the budget and decision making into the hands of local partnerships who will work with local communities to decide how best to design and deliver efficient services that meet local needs and avoid duplication.

In the Black Country, the two key elements of our ICS are the Black Country Integrated Care Partnership (ICP) and the Integrated Care Board (ICB):

- The ICP is a statutory committee with membership from our four local authorities, the voluntary sector, police and fire services, education and the NHS. The ICP is responsible for working with health and wellbeing boards and developing a long-term strategy to improve health and social care services and people's health and wellbeing in the area.
- The ICB is an NHS organisation responsible for planning health services for their local population. It manages the NHS budget and works with local providers of NHS services including hospitals, GP practices, community services, pharmacists, dentists and optometrists, to agree a joint five-year plan which sets out how the NHS will contribute to and deliver the ICP's integrated care strategy.

To find out more about the ICP and ICB, visit the ICS website [blackcountry.icb.nhs.uk](https://blackcountry.icb.nhs.uk)



## Our vision and values

Our Trust's five-year strategy launched in the autumn of 2022. 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, while maintaining the historic values of each organisation.

Our vision, chosen by our colleagues, is 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 are:

- Safe and Effective – We will work collaboratively to prioritise the safety of all within our care environment.
- Kind and Caring – We will act in the best interests of others at all times.
- Exceeding Expectation – We will grow a reputation for excellence as our norm.

### 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 as the areas 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.



## 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 2023/24.

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 2023/24 were:

- BAF NSR101: Excel in the Delivery of Care – Cyber security: If the Trust suffers a successful cyber attack via any one of several access points and vulnerabilities, there is the potential denial of access (Ransomware) and/or compromise of data which could result in a data breach, denial of access to critical systems and impact on access to patient information and clinical care systems with consequential denial of care, potential harm and/or delay in patient care with reputational loss and financial risk of fines from the Data Commissioner.
- BAF NSR102: Excel in the Delivery of Care – If the Trust is unable to implement a positive culture of inclusion, innovation, behaviour change and radical and continuous improvement then the culture and leadership will be unable to address critical workforce gaps, improve services and provide value for money, resulting in staffing gaps in critical areas, poor staff morale, managers and leaders who are unable to practice compassionate and inclusive leadership, leading to a negative impact on patient care, reputational damage, increased costs and poor quality services.
- BAF NSR103: Support our Colleagues – If there is a failure to attract, recruit and retain staff, and offer improved positive action on health and wellbeing, EDI, workplace culture and leadership at all levels, there is the risk of critical workforce gaps, including key clinical and support areas resulting in workforce exhaustion and burnout, poor staff morale, inability of managers and/or leaders practicing compassionate and inclusive leadership behaviours with negative impact on patient care, staff morale and organisational reputation.

- BAFNSR104: Excel in the Delivery of Care – If there is a failure to maintain consistent standards of patient safety and quality of care there is the risk of increased incidence of harm resulting in potential regulatory investigation and action, negative impact on Trust reputation and adverse impact on recruitment and safety.
- BAFNSR105: Excel in the Delivery of Care – If the future funding flows for the Trust are insufficient to fund the levels of service and activity undertaken, the Trust will be in an increasing underlying deficit position resulting in significant financial challenge to viability with system pressures, external inspection and potential adverse reputational impact.
- BAFNSR106: Support our Colleagues – If staff, patients and population health-related Equality, Diversity and Inclusion indicators do not improve, and actions to provide equity are insufficient, then staff, patient and population health provision and experience may not be improved resulting in inequalities in health outcomes, sub-optimal attraction, retention and engagement of staff from diverse backgrounds and damage to the Trust's reputation in the community.

### Key risks and issues - related to activity

The COVID-19 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. 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. The opening of the Midland Metropolitan University Hospital this year is expected to have a significant impact on the unplanned care that the Trust delivers.

## Statement of Going Concern

The Trust's statement of accounts 2023/24 has been prepared on a going concern basis.

In line with Practice Note 10 issued by The Public Audit Forum and approved by the Financial Reporting Council, the Trust has considered if it is anticipated to continue with its provision of services. The Trust has achieved its break-even duty by returning an adjusted performance surplus/break-even in four of the last five financial years and, in 2023/24 the Black Country Integrated Care System (ICS), of which Walsall Healthcare NHS Trust is a part, achieved the target agreed with NHSE England. The Trust, like many in the sector, is currently forecasting a deficit in 2024/25.

The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The Directors have a reasonable expectation that this will continue to be the case and therefore the Trust has concluded that services will continue to be provided and is a going concern on that basis.



## The ambition of the partnership to reduce inequalities and improve outcomes for the people of Walsall remains strong.

This was recognised by the Health Service Journal in November 2023 when we were announced as winners of the Place-Based Partnership and Integrated Care Award. The entry was described by the panel of judges as "An excellent example of partnership and effective leadership and structure with the implementation of some unique projects. This is a shining example of what other systems should be aiming for."

We were also recognised as runners up in the Community Inspiration Awards and were shortlisted in the Local Government Chronicle Awards, for our work to improve or maintain health and social care services, through facilitating integration and improving collaboration between the public, private and voluntary sectors to improve delivery.

Representatives from across the partnership have presented at several key local, regional and national events including Chamber UK Midlands Seminar; HSJ Digital & Data Conference; NHS Confed, Local Government Association and Association of Directors of Public Health Forum, King's Fund Integrated Care Conference, Panoramic Associates Online Breakfast Briefing with health and social care leaders, National Housing Federation Health and the Conditions of Homes, Victor Adebowale's podcast, sharing achievements and key learnings which in turn have given us the opportunity to learn and develop.

We hosted a visit with Matthew Taylor, Chief Executive Officer of NHS Confederation, who said he was impressed by the level of integration, collaboration and commitment shown by the partnership and described the work being done as "absolutely brilliant". The Director of Integration and Place Development is now a member of the NHS Confed advisory group to the national place leads forum.

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 Stephanie Cartwright as Group Director of Place, Nadia Inglis as Interim Director of Public Health and Pip Mayo as ICB Interim Managing Director Walsall Place. We bid farewell and expressed our thanks to Stephen Gunther, Director of Public Health, and Geraint Griffiths-Dale, Walsall Place ICB Managing Director.



We continue to lead the way, from a governance perspective in building on existing arrangements and are seeking to increase the level of collaboration on both strategic planning and delivery of integrated health and care through delegation of responsibilities. This is done through the Place Integrated Commissioning Committee (PICC) as well as Walsall Healthcare 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 system-allocated resources at place. Any delegation of functions from the ICB to the Trust as host of the Walsall Together partnership will be via contractual 'Conferral of Discretions' method for 2024/25, with the potential to move to a Lead Provider model in the future, subject to approval by the Partnership and the Trust as Host.

**Strategic Aims:**



This contract gives discretion in relation to the services provided under the contract e.g. as to the allocation of resource between different services under the contract, and how those services are provided or subcontracted.

Our strategic aims are highlighted below, and we are currently refreshing our strategy for 2024/27. This will include how we aim to continue to develop equal working relationships across partners, development of a sustainable model to support the VCSE sector with a focus on prevention/wellbeing and self-care, expand our digital services and assisted technology offer through shared care records, Virtual Wards and remote monitoring and develop a robust data and intelligence platform that facilitates and outcomes-based approach using quantitative and qualitative data from the population through evidence and people's voices.

**Some of our key highlights for 2023/24 include:**

**Co-producing a wellbeing outcomes framework**

A new wellbeing outcomes framework has been designed, to reduce health inequalities for Walsall residents, supporting them to live happier and healthier lives.

The aim of the framework, which has been co-produced by Walsall Together and local people, is to enable a prevention rather than treatment approach to population health. It provides the infrastructure for an improved Walsall wellbeing offer through a directory of services and will facilitate a collaborative borough-wide approach to measuring our progress against a number of wellbeing indicators.

**Launch of a Walsall wellbeing service directory**

A new wellbeing directory to support Walsall residents has been launched.

The Walsall Wellbeing Directory features a wide range of support, advice, activities and events available across the borough to support the wellbeing of local people. This includes information on money matters, wellbeing groups, public health and mental wellbeing services, social groups and help with accessing online services.

The directory was co-produced by Walsall Together Partnership with local people and the voluntary, community and social enterprise sector which actively support local communities with their health and wellbeing.

To access the Walsall Wellbeing Directory, go to [www.go.walsall.gov.uk/health-and-social-care/walsall-wellbeing-directory](http://www.go.walsall.gov.uk/health-and-social-care/walsall-wellbeing-directory)

**A radiogram repair to mark 75 years the HMT Empire Windrush arriving in Britain and the NHS**

Chair of Walsall Together Patrick Vernon bought music to our ears after appearing on BBC TV's The Repair shop, to mark 75 years of the HMT Empire Windrush arriving in Britain and the NHS.

Patrick was gifted a radiogram from Eddie Martin Noble, a Jamaican citizen who came to England after volunteering to serve in the RAF in World War Two. He had been planning to restore the radiogram but hadn't got around to it. When The Repair Shop put out a call for items to mark 75 years of the NHS and the HMT Empire Windrush arriving in Britain, he expressed an interest and was invited to take part in the show.



Patrick has worked in the NHS for many years and is an avid champion for Windrush communities, leading the campaign for Windrush Day and for an amnesty for the Windrush Generation as part of the Windrush Scandal which led to a government U-turn in immigration policy and resignation of Amber Rudd as Home Secretary.

In 2012, Patrick was awarded an OBE for his work in tackling health inequalities for ethnic minority communities in Britain. He brings this passion for reducing inequalities into the partnership.

## Ombudsman highlights whg for best practice in new report

whg was been praised for its work to tackle social injustice in a new report published by the Housing Ombudsman. The Ombudsman's latest Spotlight report 'Relationship of Equals' highlights the Midlands' landlord for its effective relationship and integrated partnership with health.

In a best practice case study contained within the report, the watchdog explains how whg aligned itself with healthcare to tackle the widening gap in health equity.



## Supporting unpaid carers in Walsall

Partners from across health, social care and the voluntary and community sector have been working together to identify ways Walsall can become a 'Carer Friendly Borough.'

Following COVID-19 it was identified that many services for unpaid carers had ceased and there were gaps in support across the partnership.

Since the group was established, Walsall Council's Early Help and Walsall Healthcare's Patient Experience teams now regularly work together within the hospital hosting a pop-up stand to promote services for carers. A Carers Lead Support role has also been developed within Walsall Council Adult Social Care to focus on creating a multi-agency strategy and ensure services for unpaid carers are rolled out across Walsall.

## Talking about bereavement support

A bereavement workshop brought together health professionals, the voluntary sector, and residents, to assess what services are currently available for bereaved people in Walsall and what could be improved.

Attendees were taken on a guided tour by volunteers of Manor Farm Community Association (MFCA) around their 'Forget me not' garden, which is a safe, outdoor space where the bereaved can go to reflect.

Following such a successful example of effective bereavement support in the community, groups collaborated on various tasks to determine what services are currently available in Walsall, and recommendations for improved support going forward.

## Walsall diabetes project applauded in national report

whg's Diabetes Community Champion programme has been highlighted as an example of best practice in the Tackling Inequalities Commission Report, produced by Diabetes UK.

The programme, which has been designed by whg with funding from the NHS Black Country Integrated Care Board (ICB) and delivered in partnership with the NHS community diabetes service, aims to support 400 people over the next two years.

Through this service, champions with lived experience of diabetes support residents in areas where there are high levels of the condition. They encourage and increase access to support services, including diabetes education sessions and support people to positively manage their condition.

The champions speak 15 community languages between them and so can engage with customers who have language barriers to understand their health needs.



## Visiting the garden that connects the community

Colleagues have been assisting with the Green Social Prescribing work taking place across the borough, which has given them the opportunity to visit some great green spaces, including Caldmore Community Garden.

There were some great conversations about the involvement of green social prescribing within the local community and how we can use our local green spaces to positively impact Walsall. This is vital in meeting goals set out in the We Are Walsall 2040 Plan, including Empowering Communities and being Clean and Green.



## Supporting asylum seekers through football

A 12-week football programme alongside English lessons has supported asylum seekers new to Walsall with their mental health and wellbeing, as well as helping them to make connections in the local community.

The sessions were set up by Walsall Together, in partnership with Walsall FC Foundation, the Refugees and Migrants' Centre (RMC) and Active Black Country (ABC), following engagement with the group around activities it might like to take part in.

Funded as part of Sport England Commonwealth Active Communities programme, two weekly one and a half hour football sessions were led by Walsall Football Club, within a short walking distance for the participants with English lessons taking place in the Walsall FC Community Hub.

Feedback from the sessions has been positive with one participant saying: "The first months when I became a refugee in this country, I felt lonely and depressed but since I started playing football in this stadium, it affected my whole feelings. It made me more friends and start new relationships, and it also made me feel better. I owe this to your kindness and efforts."



## Working together to support children with asthma

whg, health and the voluntary sector have been working together to identify and support children and young people with asthma who live in a whg home and have poor asthma control.

Through the A.C.E programme, healthcare professionals identify children with asthma who are living in a whg home and are either regularly presenting for treatment or not engaging with treatment. Children are also identified through whg teams working in homes and community and any children living in homes where damp is reported are prioritised.

With the consent of the parent, the children are referred to one of whg's champions (a whg customer with lived experience recruited to engage with vulnerable groups), who will begin a conversation with them about asthma and work with them to support their engagement in existing asthma care pathways.

In the first year:

- 93 children with asthma and their families in Walsall were supported.
- 18 damp and mould referrals were made.
- Two families were provided with a new home more suited to their needs.
- Early signs are promising and outcomes are showing that positive, early intervention designed to improve asthma control can reduce acute episodes of asthma and help to reduce demand further downstream on local health services.



## Primary Care Collaborative

A workshop took place in December 2023. This was as part of developments for engaging general practice with the wider place partnership an engagement event to discussed the work of the local Primary Care Collaborative structure which links into the Black Country ICB and Walsall Together partnership to provide a stronger representation of general practice.

This engagement event was to understand the local collaborative better, discuss how the structure supports general practice involvement with ICB and Place decisions and consider and agree how this local structure for engaging at general practice level may work.

## Family Hubs

The official launch of the four family hubs in the borough took place in July 2023 with a range of activities on offer such as face painting, a bouncy castle and NSPCCs Look, Say, Sing, Play, Grandpa Stick Story adventure.

Families were able to pick up information about a range of different local services including Early Help and parenting teams, Midwifery, whg, Health Teams, West Midlands Fire Service and West Midlands Police.

Each hub offers combination of face-to-face support, a virtual offer and outreach services, with help and support for a range of children's services including infant feeding, mental health support, health visits and parenting classes. The services and support are aimed at children aged 0-19 (0 to 24 for children with special educational needs and disabilities), their parents and carers.

## One Health and Care Record

An NHS shared care record (ShCR) has been rolled out across Walsall. It brings together patients' separate records from the different organisations and will enable professionals who are directly involved in their care to see relevant information about the care and treatment they have had across all services, in all parts of the Black Country and West Birmingham.

This means patients only have to tell their story once, and local health and care professionals have instant access to all the information they need to treat them in the fastest, safest and most effective way.

More than 1000 users have accessed the Shared Care Record since it went live in April 2023 which shares information across all GPs, Mental Health and Trusts in the Black Country. There are plans in place for Social Care records to be added in 2024/25.

## Walsall Intermediate Care Service - NHS England Frontrunner Project

Walsall Intermediate Care Service (ICS) was selected, along with four other Intermediate Care pilot sites, to test and evaluate a new model of Community Recovery Services post-discharge.

The new model would see one single intermediate care step-down service at Place, a set of common professional and performance standards and a single data point pulling from clinical systems.

The learning from these sites enabled the publication of the national Intermediate Care Framework in Autumn 2023, which supports the delivery of intermediate care services, including rehabilitation and reablement.

Walsall benefitted greatly from taking part in this project. The Transfer of Care Hub (also known as Discharge Team) was referenced as an area of exemplar practice in the published framework. An additional £300,000 investment was aligned to the Black Country Integrated Care Board as a result of Walsall's participation in this project. Walsall's involvement has also strengthened the reputation of the health and social care partnership and the Walsall Together agenda.

## Urgent Community Response Teams keeping people out of hospital

Residents across Walsall are being seen quicker in the place they call home thanks to the expansion of the Urgent Community Response service.

The service, which now operates 24/7 with referrals made via the Care Navigation Centre, means that patients who require urgent treatment but who are assessed as not needing an ambulance will be seen within two hours.

Since the expansion of the service, there has been a decrease in admissions to hospital following patients being seen by the URC teams. This has meant there has been less pressure on not just the hospital, but ambulance services too, with handover times for those who do need hospital treatment the best in the West Midlands.



## Dual Diagnosis

A dual diagnosis project to support vulnerable people who have both mental health and drug and alcohol issues has been undertaken. The work supported the redesign of the inpatient pathway through Dorothy Pattison Hospital, in partnership with Change Grow Live and Public Health and the agreed pathway is currently being piloted and evaluated. The main improvements to date have been shared decision-making and improved support around discharge.



## Free bus passes to support with accessing health and wellbeing services

A number of free bus passes were bought to support local residents with accessing health and wellbeing support across the borough. The cards, which were distributed through the voluntary and community sector, have been used to access hospital appointments, especially those who are very frequent attenders e.g. people with cancer or pregnant women, as well to go food shopping, access foodbanks or attend citizens advice.

## Next steps

Some key areas for the delivery programme for the partnership in 2024/25 are:

- Integrated Neighbourhood Teams
- Wellbeing Outcomes Framework
- Health Inequalities
- Diabetes
- Family Hubs
- Frailty
- Adolescents with Complex Needs



# Highlights of CRN West Midlands' year

## Research activity

The number of clinical trials that took place was up by 15 per cent year on year. Research teams based at NHS and social care organisations in the West Midlands enrolled more than 50,000 participants on to 929 National Institute for Health and Care Research (NIHR)-funded and supported clinical research trials, up from 805 the previous year.

## Regional Research Delivery Network

It was announced in late 2023 that, after an open competition, The Royal Wolverhampton NHS Trust (RWT) will be the host organisation for the new NIHR Regional Research Delivery Network (RRDN) in the West Midlands.

The National Institute for Health and Care Research (NIHR) Research Delivery Network (RDN) will comprise 12 new RRDNs, hosted by NHS organisations covering all English regions. The RRDNs started operating from 1 April 2024, with service delivery due to begin on 1 October 2024. This will follow the end of the contract for the NIHR's current regional delivery arm, the Clinical Research Network (CRN) West Midlands, on 30 September 2024.

In addition, Professor Matthew Brookes, Consultant Gastroenterologist at RWT, was appointed as Director for the new Network in February, taking up his role in April 2024. The CRN WM Chief Operating Officer (COO) Carly Craddock was appointed Strategic Development Director, and Pam Devall (CRN WM Deputy COO) is the new Network's Operations Director.

## Health and Care Research Scholar Programme 2023

The focus for successful applicants was to lead projects that supported the CRN West Midlands Progression Plan, supporting under-represented communities and promoting equality, diversity and inclusion in their projects.

Eighteen scholars were appointed and two of our partner organisations were able to co-fund their scholars. We also appointed five people to the Personal Development Award Programme aimed at Nurses, Midwives and Allied Health Professionals, funded one day a week over two years. The scholars site contains more information about successful scholars, the funding they have obtained and details of their projects.

63

We have recruited 63 Research Scholars since we started the scheme in 2018. Many of these have become Chief Investigators or Co-Investigators and secured grant success

The scholars appointed include applicants from a nursing / midwifery / allied health professional background, enabling us to promote research as a career development opportunity for all. We will be promoting these opportunities more widely in the NMAHPPS community to encourage more applications

### Progress of the Programme

The first round of CRN West Midlands Health and Care Scholarship was launched in 2018 - in the first year we funded three applicants, all of which went on to receive grant income as a Chief Investigator.

The 2021 Programme received 41 applications from 13 Partnership Organisations. From these we have funded 19 Research Scholars based in 10 different NHS Trusts across the region.

- Mental Health
- Primary Care
- Radiology
- Obstetrics / Neonatal
- Cardiology
- Clinical Genetics
- General Medicine
- Diabetes/Endocrinology
- Stroke

29

Since 2018 we have funded Research Scholars in 29 specialities and sub-specialities through the scheme, helping us to meet the health and care needs of our local population

- Anaesthetics / ICU
- Immunology
- Reproductive Health
- Rheumatology
- Orthopaedics
- Ophthalmology
- Paediatrics
- Surgery
- Gastroenterology
- Inflammation / ageing
- Physiotherapy



## Integrated Care Research Delivery Team

This CRN WM team of research facilitators has established a Schools Research Network of 70 schools across the West Midlands, plus a 45-strong network of dental practices. They supported the CRN's first prisons study, recruiting 75 participants in three weeks. In addition, they supported three local authority research studies, seven schools' studies, 40 care home studies and four dental practice studies.

The funding for local authority embedded roles ended in March 2024. The funding to support these roles has allowed progression of a research culture in all three local authorities, (Birmingham City Council, Shropshire Council and Coventry City Council) that were awarded funding. The West Midlands Social Care Research Partnership group has expanded, and the group is working together to create a combined research strategy for adult social care.

### Appointments

Professor Prithwish Banerjee, Consultant Cardiologist at University Hospitals Coventry and Warwickshire, was appointed as National Cardiovascular Disease Lead for the NIHR CRN. In addition, the Network appointed its first ever Chief Nurse Research Lead, Professor Gwenllian Wynne-Jones, who is Director of Research for the School of Nursing at Keele University.

### Communications/patient and public involvement and engagement

The following publications were created and shared:

- A new Network brochure: A Guide to the CRN West Midlands
- Ready for Research children's book (in collaboration with CRN Greater Manchester) which has been sent to 1,700 schools in the region
- A leaflet about research achievements across two Trusts



The Network funded the Community Connexions initiative, which included a handbook on engaging with underserved communities, as well as attending an NIHR Black History Month engagement event and presenting at a Community Co-production Workshop. Community Connexions was a finalist in the HSI Patient Safety Awards 2023, in the Improving Health Outcomes for Minority Ethnic Communities category.

### Other highlights include:

- Network Awards. These awards, which celebrate the achievements of researchers around the region, were held in Wolverhampton in November 2023 and attended by 130 research colleagues from partner organisations. A special award was presented to Professor David Loughton CBE, recognising his outstanding contribution to research and thanking him for his support of the Network over the last 10 years
- A research information stand at Walsall Pride, as well as visiting a number of NHS Trust research showcase events around the region
- A thank you event for our Research Champions, held in Birmingham in January 2024
- The Participant Research Experience Survey, which seeks feedback from those taking part in research studies, exceeded its target number of responses for the year with the highest ever number of surveys completed: 1,915 against a target of 1,533



## Learning & Workforce Development

Initiatives have continued to focus on building capacity and capability for research. Highlights include a new graduate internship programme which has piloted placements in Pharmacy support teams and continues to provide an agile workforce solution to meet fluctuating workforce demands, with high retention rates within research roles post-internship. The Network is leading a collaborative project (READY) to promote equity and drive collaboration for research education across the West Midlands; a strategic research education partnership group has been established and READY has been named in support of several developing bid and grant proposals. A number of blended learning resources have been designed, including a local induction framework to support remote onboarding of our agile workforce and is tailored to our hosted service, complementing the RWT corporate induction materials.

### Employee Engagement Committee (EEC)

In 2023 we completed the first cohort of the EEC. The purpose of the committee is for a wide range of staff to provide insight, feedback, ideas, solutions, and improvements to the Senior Leadership Team (SLT), representing perspectives from across the employee network. The EEC may identify items that need to be brought to SLT's attention and the SLT actively seeks the input from members of the EEC on specific areas of work. Each member of the EEC has volunteered to be a part of the group for 12 months.

This way of working has now led to a national group being set up for the Clinical Research Network and the transformation into the Research Delivery Network as of 1 April 2024.

One of the committee's key contributions was on our cultural assessment work. All staff had an opportunity for a 1:1 focus group or survey response to questions about the culture of CRN West Midlands, with a focus on psychological safety. Work is now underway to address areas of concern or improvement. This was a welcome piece of work to enable the organisation to improve its performance as an employer.

### Improvement and Innovation

Seven partner organisations have presented their completed Improvement and Innovation strategic funding projects at Partnership Group meetings, facilitating wider dissemination across the region.

In 2023/24, CRN West Midlands funded a further 13 projects led by WM Partners. This totals 59 funded projects since the strategic funding initiative was launched in 2020/21.

## Primary Care

The team continues to engage with local practices. We have seen a significant increase this year in the number of practices offering research opportunities to their patients (295 out of 753 West Midlands GP practices have recruited research participants). They are working on a pilot scheme with three Primary Care Networks in areas of deprivation to ensure we reach underserved communities.

The Network continues to play a critical role in engaging, supporting and enabling each of the six West Midlands Integrated Care Systems (ICSs) to achieve their shared purpose of improving outcomes, tackling inequalities, enhancing productivity and optimising resource, to strengthen local communities through creating a pro-research health and care environment. The primary care (PC) team, with the national PC specialty lead, has delivered a series of ICS webinars and has supported development of their research strategies. Information about the Network has been included on all regional ICS websites.

The team has also been delivering two important national secondments to solidify the Primary Care Research and Digital Environment Solutions (PRIDES) service across the Network, as well as supporting the national roll out of the Find, Recruit & Follow-up service designed to explain and promote data services to sponsors and researchers who support research delivery.

## Research Delivery GPs

This was a primary care pilot scheme to respond to the challenge of increasing capacity and capability in the primary care research setting, at a time of increased service pressures. It has enabled us to respond to the needs of our primary care providers, with delivery support activities undertaken in settings which had not been able to support research delivery previously. This has widened our agile research delivery offer across the region, and enabled access to previously underserved communities. Part of the scheme has focused on GP support to increase commercial research. Having an agile GP Principal Investigator has enabled us to put the expertise in the right place at the right time and provided support to a community organisation that urgently needed capacity and capability; ideally, we would like to continue this activity.

## Progression Plan

The West Midlands Progression Plan continues to maintain momentum, with 13 projects completed, and one further project added in the area of Research Workforce Recruitment and Retention.

The plan is a collection of more than 20 projects designed to support the West Midlands to become the best possible place to live, work and receive health and care, and where research and innovation thrive. It is a collaborative piece of work involving region-wide partners.

The recently concluded Increase the Amount of Social Care Research project has seen a number of impactful outcomes:

- development of a social care research partnership
- a guide that sets out how the CRN WM can support social care research
- appointment of Social Care Research Advocates across NHS Trusts and local authorities

## Industry

The Industry Team has invested heavily in sponsor engagement this year, providing a strong foundation to enable research opportunities across the region. This includes developing our online presence to market the capability and capacity of research-active sites to companies, resulting in increased engagement. Consequently, the team has been able to increase research opportunities across the respiratory, mental health, dementia, and diabetes specialties, with many more in development in collaboration with specialty research leads. A CRN West Midlands Industry Strategy 2023-2025 was developed in collaboration with stakeholders.

## Study Support Service (SSS)

The Network's Study Support Service Team continues to provide an exemplary service to stakeholders, supporting more than 280 studies in 2023/24. This has been achieved through excellent compliance with national Study Support Service Standard Operating Procedures (SOPs) and proactively identifying ways to streamline and improve the service it provides.

The team continues to receive the highest number of responses per region in the national customer feedback survey, with 30 out of 46 survey returns for 2023/24 obtaining a score of 10/10. It is a leader in delivering training, with many oversubscribed sessions and demand from other regions. The team serves on eight national working groups as well as being owner of five national SOPs.

## Wellbeing

The Wellbeing Team has supported colleagues in 2023 via webinars, monthly bulletins, recorded podcasts, group drop-ins and 1:1 sessions with a focus on inclusion and engagement. The health and wellness of colleagues is further supported by a hub that is accessible 24 hours. Furthermore, as we start a year of transition, there has been a monthly article focused on resilience building with support offered by Mental Health First Aiders.

The programme for the health and wellness of staff has been delivered in collaboration with a number of partners, including particularly strong links with the RWT Occupational Wellbeing Team and the team at University Hospitals Birmingham.

We continue to support team building through our employee engagement projects including the Employee Engagement Committee, and a review of our organisation via a cultural baseline survey.



## Black Country Pathology Services

## Another successful BCPS year

Black Country Pathology Services (BCPS) was formed as a partnership of four Trusts to maximise resources and improve service efficiency. These are: **The Dudley Group NHS Foundation Trust, (DGFT), The Royal Wolverhampton NHS Trust, (RWT), Sandwell and West Birmingham NHS Trust, (SWBH) and Walsall Healthcare NHS Trust, (WHT).**

BCPS provides a world-class service with potential to innovate. It serves 1.76 million patients and conducts more than 60 million tests every year. It is based at a hub at Wolverhampton's New Cross Hospital.

This partnership has led to more than 27,000 additional community phlebotomy appointments and improved turnaround times, access and workflows. All in all, providing a better-quality service for patients and a supportive and innovative environment for staff.

Working as a network provides Trusts with exciting opportunities for work as well as a highly supportive training and development network.

BCPS provides pathology services for the acute hospitals and local GPs. Some laboratories also offer specialist services to the wider NHS and work on research studies.

Over the last year its notable successes include the cytology team achieving the best turnaround times for screening results in the country. The team achieved a 98 per cent national standard of 14 days turnaround time, from the sample being taken to the result reaching the patient by post. BCPS is the only cytology laboratory currently meeting this standard.

BCPS is one of only eight in the country to provide a cervical screening service, which has become a primary HPV (human papilloma virus) test. It receives around 360,000 samples every year.



**Patients, People, Pathology**



## Black Country Provider Collaborative (BCPC)

Over the course of 2023/24 the Trust has continued to work with BCPC partners across its agreed three key programmes of work:

- Clinical Improvement Programme – a focus on supporting and contributing to improvements in cancer health outcomes and elective care recovery
- Corporate Improvement Programme – a focus on exploring opportunities for consolidation and delivery at scale resulting in better service productivity and efficiency
- System and Transformation Priorities – a focus on identifying priorities at scale which would support better service delivery and/or transformation.

We have continued to progress key areas of joint work that align with the principles for collaboration, where unwarranted variation exists, where there is fragility, or in areas where modernisation and transformation to improve services are best undertaken once, at scale.

Our progress and early successes have been outlined in the 18-month BCPC Annual Report published in September 2023, with a summary of some of our notable success this year as follows:

- Quality – improvements made across critical care, orthopaedics and skin networks by establishing consistent guidelines for use across the system, in addition to work in driving down waiting times in the HVLC specialties and raising health outcomes by attaining or exceeding GiRFT metrics.

Furthermore, we have pursued a range of modernisation and transformative activities in ENT, General Surgery, Ophthalmology and Urology, with plans being developed for progression very shortly.

Finally, we have begun to focus on some key fragile services (Neurology, Renal Medicine, Stroke and Vascular Services) to explore a “networked service solution” across multiple Trust sites which may provide greater resilience through better use of resources at scale.

- Strategic Developments – robotic-assisted surgery (RAS) began at the Dudley Group NHS Foundation Trust, as part of the wider Urological Cancer Services Transformation.

In time we hope to see improvements in a range of urological cancers through faster access to urgent cancer care, as well as better patient experience and health outcomes.

- Engagement – continued active engagement with our clinical and service leadership teams through clinical summits and dedicated away days for our clinical networks.

This has been central to the success of collaborative working through a strong focus on inclusion, engaging, empowering, and enabling through partnership working, building trust and relationships, and a desire to change the long-embedded culture of “competition” in an evolving health and care environment.

The BCPC has continued to grow and mature and has taken the opportunity to strengthen and formalise our governance arrangements by being the first system in the country to use the legislative levers in the new NHS Health and Care Act to establish a joint committee between the four partner Trusts. This is enabling the four partners to strategically pursue priorities at scale, better use system-wide resources, and make decisions faster, to realise benefits quicker. We hope to continue showcasing the positive impact of our collaborative work in future.



## A2 - Performance Analysis

We recognise that maintaining excellent clinical care reflects the support and commitment of all our colleagues from our Doctors and Nurses to Support Services 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.

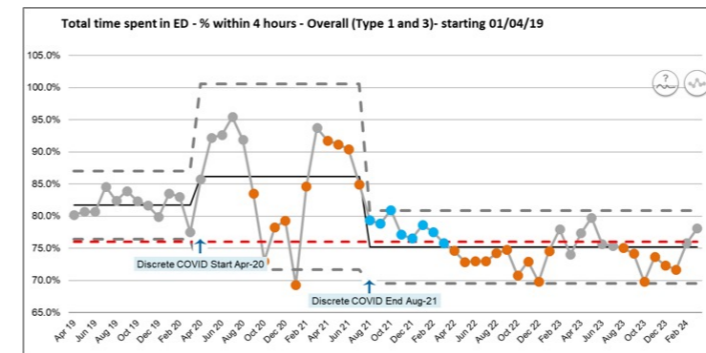
### Performance Summary (what we achieved)

#### 4 Hour Emergency Access Standard

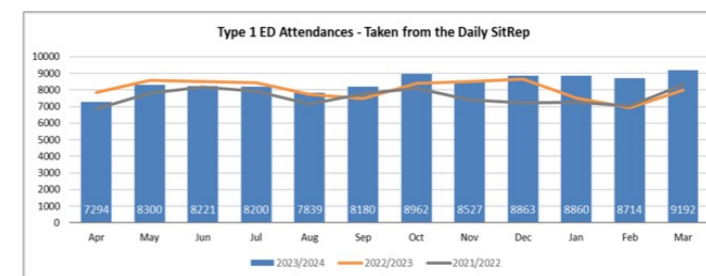
This measures compliance against the national standard of: 76%\* of patients attending the Emergency Department (ED) should leave the department within 4 hours.

(\*National standard changed from 95% to 76% starting in April 2023).

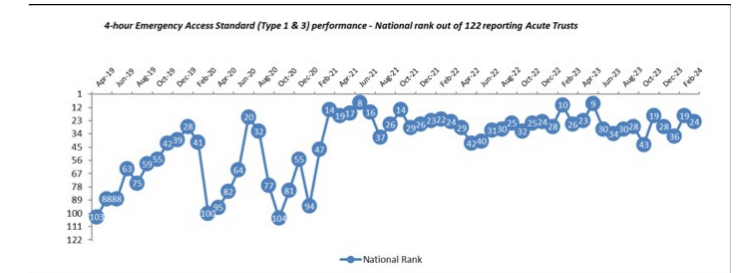
The Trust’s performance from April 2019 to March 2024 is shown below:



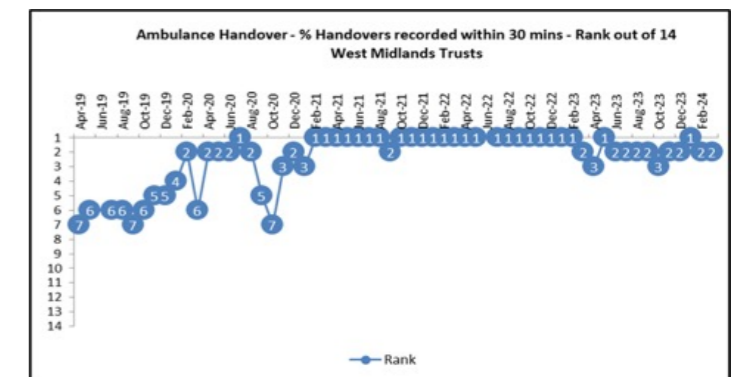
In March 2024, 78.1% of patients were managed within 4 hours of arrival, against the revised national expectation of at least 76%, the total financial year’s performance was 74.87%.



The Trust’s national ranking for the four-hour emergency access standard (EAS) was upper quintile at 24th best Trust out of 122 reporting Acute Trusts.



The Trust’s five highest months of Type 1 ED attendances on record have all occurred during Winter 2023/24 (October and December 2023, and January, February and March 2024) and six of the Trust’s eight highest months of net importing of Intelligently Conveyed ambulances to Walsall Manor Hospital on record have also occurred during winter, with 1,385 ambulances conveyed to Walsall Manor from neighbouring boroughs October 2023 – March 2024, and 67 conveyed away, representing a net import of 1,318 ambulances. Despite this increase, the Trust maintained ambulance handover performance (within 30 minutes) and has been in the top three performing Trusts regionally since November 2020.



Pathway development work and streaming at the front door has been taking place, this includes the relocation and expansion of our Medical Same Day Emergency Care (MSDEC) unit and the recent extension of our Urgent Community Response service to 24/7. The imminent opening of the new Hot Imaging Suite to reduce turnaround times for urgent imaging will offer further opportunity to improve timeliness of urgent and emergency care.

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's 18-week RTT performance for March 2024 had 61.16% of patients waiting under 18 weeks.

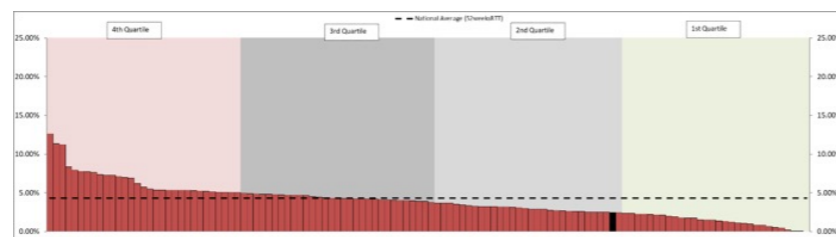
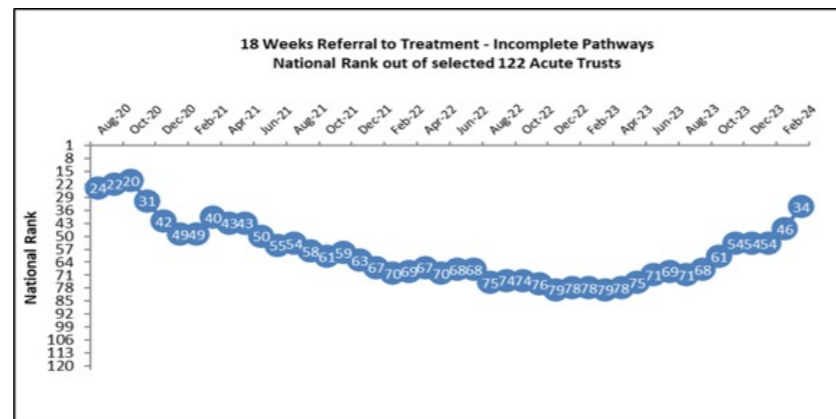
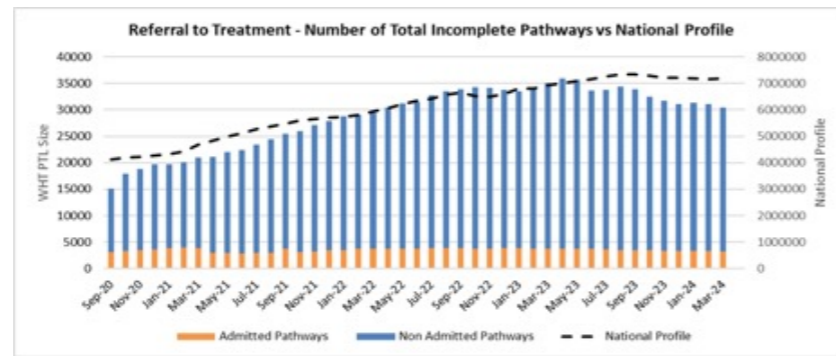
Surgery continues to be prioritised in line with the Federation of Surgical Specialty Association guidelines.

The Trust is now 34th out of 122 reporting Trusts in the country for 18-week Referral to Treatment performance.

And 32nd out of 122 reporting Trusts in the country for 52 weeks (as a percentage of the total waiting list) Referral To Treatment performance.

The Trust has seen statistically significant increases in outpatient clinic booking utilisation and decreases in DNA (Did Not Attend) rates that are contributing to improved outpatient productivity and reduced non-admitted waiting times too. An additional 6.5 elective theatre sessions per week were introduced in October 2023 and we have been able to maintain our protected ringfence of the elective (DTC) wing of the hospital for the last four years resulting in NHS England Getting It Right First Time 'Elective Hub' accreditation last year.

The recent opening of our new lead lined Minor Surgery Procedure room will increase procedural capacity and ensure that only cases that need are carried out in a full operating theatre are. And we are also undertaking the second phase of our West Wing Operating Theatre capital development to upgrade Theatres 1-4 this year which will result in a full operating theatre suite of modern, high-quality facilities.



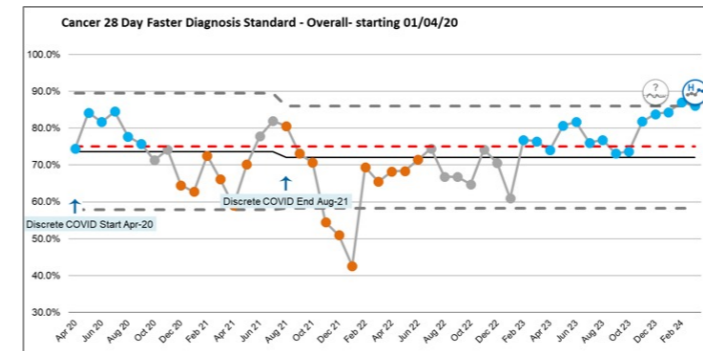
### Cancer

From 1 October 2023, the national standards changed. There are now three cancer standards, which combine all the previous standards:

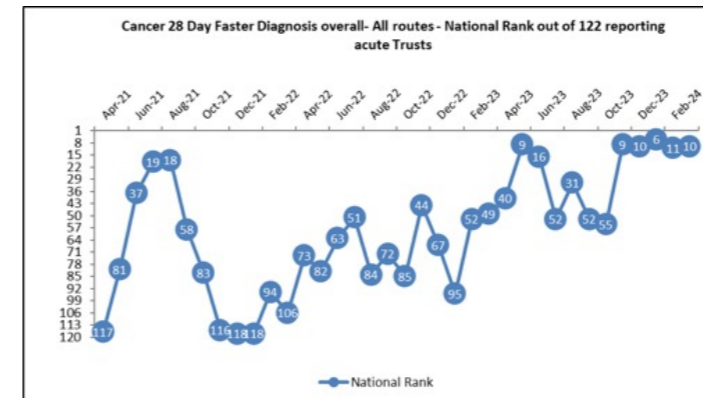
- the 28-day Faster Diagnosis Standard (75%)
- one headline 62-day referral to treatment standard (85%)
- one headline 31-day decision to treat to treatment standard (96%).

The Trust continues to monitor the cancer 2 week suspected metric and the 2 week wait breast symptomatic metric internally.

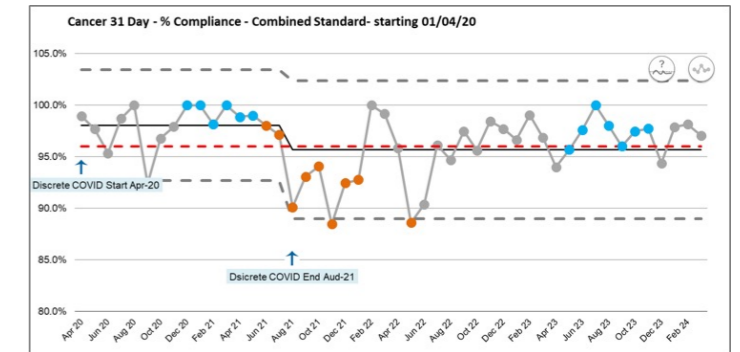
Percentage of service users waiting no more than 28 days to communication of definitive cancer/not cancer diagnosis:



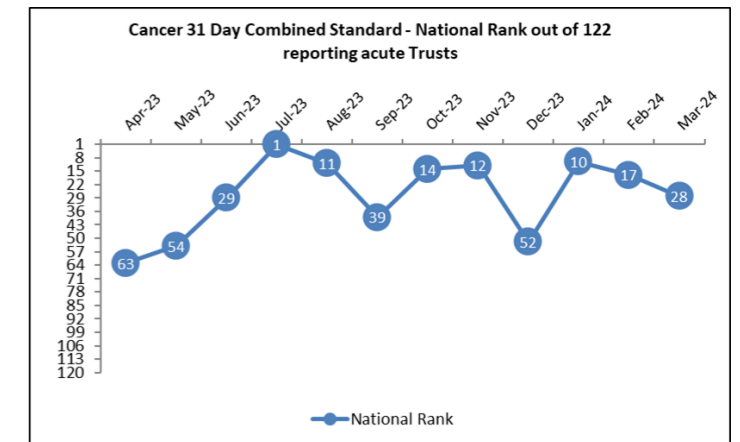
In March 2024, 86.1% of patients received a diagnosis within 28 days of referral. This places the Trust in the upper decile of performance nationally, delivering statistical improvement during the 2023/24 year.



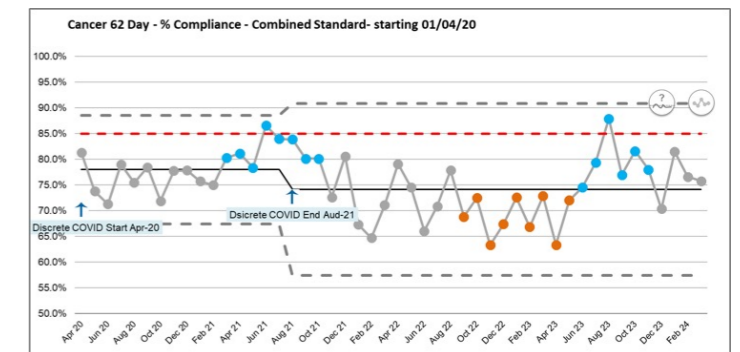
Percentage of service users waiting no more than one month (31 days) from diagnosis to cancer treatment:



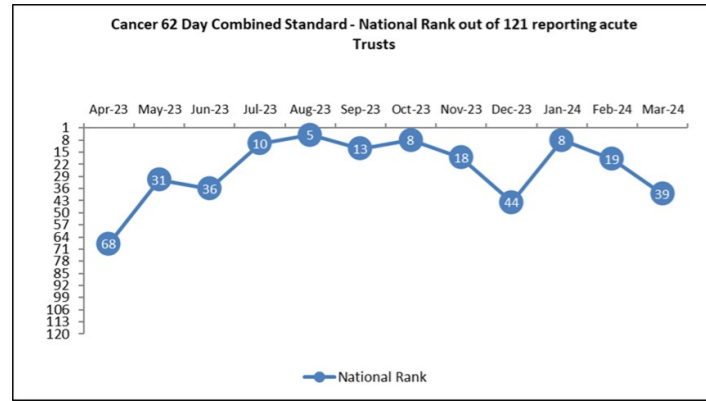
In March 2024, 97.1% of patients received treatment within 31 days from diagnosis as part of the new combined metric. This places the Trust in the upper quartile of performance nationally.



Percentage of service users waiting no more than two months (62 days) from urgent GP referral to first cancer treatment:



In March 2024, 75.8% of patients with confirmed cancer were treated within 62 days of referral, as part of the new 62-day combined performance indicator. March data shows the Trust 39th out of 121 reporting Trusts.



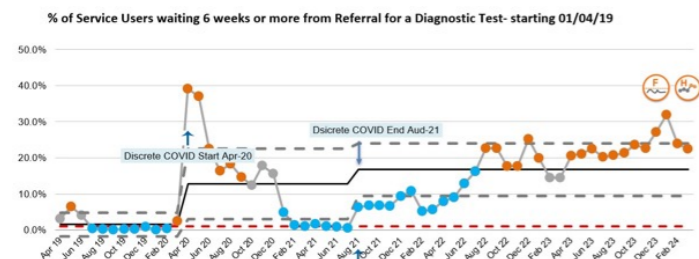
Despite being below the constitutional standard of 85%, the Trust has maintained performance to be materially better than the West Midlands average and the national average of patients treated within 62 days of GP referral.

In addition, the Trust has continued to reduce the backlog of patients waiting beyond 62 days.

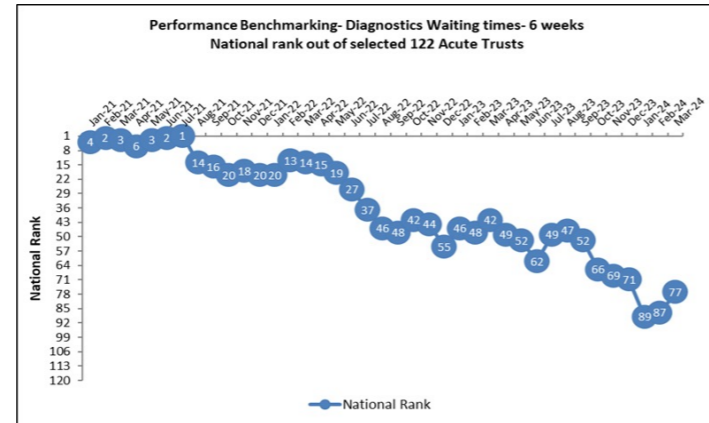
The Trust continues to work on further improvements to strengthen cancer services, including expanding the endoscopy timetable to shorten diagnostic waiting times and strengthening breast clinic capacity. We recognise we have further work to do to ensure that we can consistently meet demand on suspected skin cancer services.

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's diagnostic performance with patients waiting over 6 weeks for March 2024 was 22.40% (financial year to date 23.44%). The Trust is 77th best out of 122 reporting general acute Trusts.



Challenges have been experienced in several modalities: most notably endoscopy, non-obstetric ultrasounds, and MRI scans.

A business case to sustainably expand Endoscopy capacity was approved by the Trust's Performance & Finance Committee. Expanded capacity started in January 2024, with a phased increase to the full new extended timetable. Endoscopy remains the most challenged diagnostic modality at the Trust, with waiting times forecast to be recovered back within 6 weeks by the end of Summer 2024.

Non-obstetric ultrasound has also experienced significant pressure, as is the case across the Black Country, with recovery now being demonstrated with a reduction in the number of patients waiting over 6 weeks at the end of March 2024.

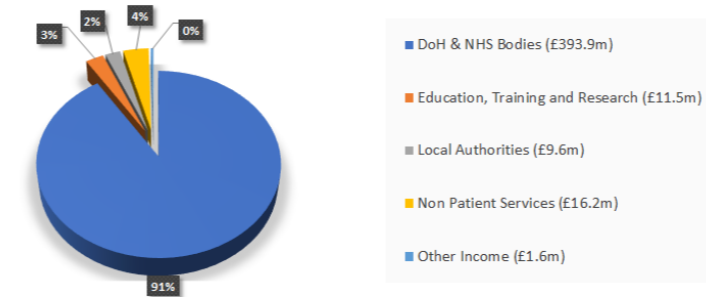
MRI has experienced an almost 20% increase in requests since April 2023, putting pressure on waiting times. Additional commissioned capacity on the mobile MRI scanner for NHS patients started in April 2024, along with planned access to the Cannock Community Diagnostic Centre to support sustained recovery.

# Financial Performance

Summary Financial Performance to 31 March 2024

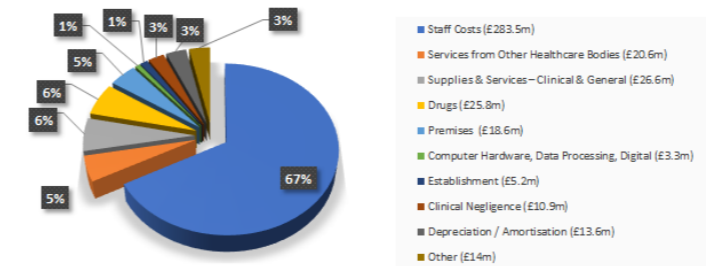
SUMMARY FINANCIAL PERFORMANCE FOR THE YEAR TO 31 MARCH 2024	
Description	£m's
Income	432.8
Expenditure	(420.7)
<b>OPERATING SURPLUS</b>	<b>12.1</b>
Interest	14.4
Donated assets/consumables	(6.3)
<b>SURPLUS FOR THE YEAR</b>	<b>(8.6)</b>

Income £432.8m



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

Expenditure £420.7m



Financial Plan 2024/25

Please note: The Trust submitted a financial plan for 2024/25 on 1 May 2024 with a deficit of c.£19.2m. Final approval from NHSE is being sought. The plan includes the largest CIP programme in the Trust's history and which is, by its nature, high risk. The plan assumes funding for urgent and emergency care from out of borough and tight controls on areas such as workforce.

The 2024/25 Financial Plan	
Description	£m's
Healthcare Income	382.5
Expenditure (Net Cat C Income)	(401.7)
<b>TOTAL</b>	<b>(19.2)</b>

Capital Plan 2024/25

2024/25 Capital Plan		
Description	£m's	£m's
<b>Buildings</b>		14.3
Theatre 1-4 Refurbishment	4.97	
Health Records	0.50	
Aseptic Suite	0.75	
Backlog Maintenance and Lifecycle	1.99	
PSDS	5.60	
Old ED Works	0.50	
<b>Equipment and Other</b>	0.25	0.25
Medical Equipment Replacement		
<b>IM&amp;T</b>	4.25	4.25
Frontline Digitisation		
<b>TOTAL</b>		<b>18.80</b>

What we spent our capital on in 2023/24		
Description	£m's	£m's
<b>Buildings</b>		15.0
Maintenance & lifecycle	2.2	
Emergency Department (Old ED)	2.8	
PSDS - New Build (non-clinical)	6.7	
Lead Lined Room	0.7	
Theatre Refurbishment	1.1	
Maternity	0.7	
Health Records	0.8	
<b>Equipment and Other</b>	1.0	2.9
Medical Equipment		
Laparoscopy Stacks	0.3	
X-ray, Echo and Ultrasound Machines	0.7	
PACS	0.9	
<b>IM&amp;T</b>		3.5
IT Development (including mobile technology)	0.8	
IT Development (including mobile technology)	2.7	
<b>TOTAL</b>		<b>21.4</b>

Charitable Funds 2023/24

Charitable Funds 2023/24	
Description	£'s
<b>Income</b>	
Income from Donations, Legacy, Fundraising etc	559,443
Investment Income	28,624
<b>Total Income</b>	<b>588,067</b>
<b>Total Expenditure</b>	<b>437,769</b>
<b>Examples of expenditure</b>	
Pyxis Storage System - £91k	
Refurbishment of Paediatric playroom- £16.5k	
WREN Psychology - £33.7k	
Sandwell fund transfer to Walsall Together – £58.75k	
Christmas Expenditure – £1.2k	

The charity holds funds in excess of £1m.



## Sustainability/greener NHS programme

The Department of Health acknowledges that the health and care system in England contributes an estimated 4-5% of the country's carbon footprint and has a significant 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 during 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 during 2036 to 2039.

The October 2020 'Delivering a 'Net Zero' National Health Service' report sets out a clear plan with milestones to achieving 'net zero carbon' covering both care delivery (the NHS Carbon footprint) and the entire scope of NHS emissions (the NHS Carbon Footprint Plus). It includes an expectation that all NHS organisations will also have a Board-level lead, responsible for leading on net zero and the broader green NHS agenda.

### Trust commitment to climate change and sustainability

The Trust recognises that sustainable development is a critical factor in our organisation being able to deliver world class healthcare, both now and in the future.

In 2020/21, a carbon footprint exercise established the Trust's Carbon Footprint at 58,274tCO<sub>2</sub>e. The top five contributors to its carbon emissions are procurement, gas consumption, capital carbon, electricity, and pharmaceuticals. Totalling 57,255tCO<sub>2</sub>e, these elements make up 98% of the total carbon emissions.

In February 2022, the Green Plan was approved by the Trust Board. This reiterates the Trust's commitment to sustainable healthcare and establishes its 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. **Buildings and capital carbon**
2. **Care pathways**
3. **Commissioned services**
4. **Electric, gas and water use**
5. **Food**
6. **Information and communication technology**
7. **Medical devices**
8. **Pharmaceuticals**
9. **Procurement**
10. **Travel and transport**
11. **Volatile anaesthetic gases and inhalers**
12. **Waste**

**Task force on climate related financial disclosures (TCFD)**

The GAM has adopted a phased approach to incorporating the TCFD recommended disclosures as part of sustainability annual reporting requirements for NHS bodies, stemming from HM Treasury’s TCFD aligned disclosure guidance for public sector Annual Reports. TCFD recommended disclosures as interpreted and adapted for the public sector by the HM Treasury TCFD aligned disclosure application guidance, will be implemented in sustainability reporting requirements on a phased basis up to the 2025/26 financial year. Local NHS bodies are not required to disclose scope 1, 2 and 3 greenhouse gas emissions under TCFD requirements as these are computed nationally by NHS England.

The phased approach incorporates the disclosure requirements of the governance pillar 2023/24. These disclosures are provided below with appropriate cross referencing to relevant information elsewhere.

We support the Task Force on Climate related Financial Disclosures (TCFD) framework and have made disclosures consistent with HM Treasury’s TCFD-aligned disclosure application guidance, which interprets and adapts the framework for the UK public sector. We consider climate to be a principal risk, and have therefore complied with the TCFD recommendations and recommendations disclosures around:

**1) Governance**

A leadership and governance structure led by the Trust Group Strategy Officer and supported by the Sustainability Group, Head of Sustainability and Clinical Lead for Sustainability, was set up to ensure the successful implementation of the Green Plan. The group ensures the delivery of the Green Plan and leads corporate activities to embrace sustainable development, tackling health inequalities and reducing the Trust’s carbon footprint through value for money solutions that enable the achievement of the Trust’s service and estate strategies.

The group reports to Productivity and Finance Committee on progress against the action plan and escalates any issues or risk items through this forum to the Trust Management Committee (TMC) and the Trust Board. TMC has oversight of the implementation of the Green Plan. The Trust Board approves the Green Plan and monitors and reviews performance against targets and approves any changes to the plan over the course of its duration. Moving forward, climate-related risk and opportunities will be a permanent agenda item in monthly departmental governance meetings.

**2) Risk Management**

The Sustainability Group conducted a risks and impact assessment to evaluate the potential health, social and environmental consequences of climate change to Trust services, patients, staff, and infrastructure. The result of the assessment informed the development of the Trust Climate Change Mitigation and Adaptation Plan which set out the mitigation and adaptation actions for current and future impact of climate change.

The Trust’s business case process includes a sustainability impact assessment which ensures that climate related risks and opportunities are assessed in business development, investment, and procurement decisions. The risk categorisation matrix will be updated to incorporate climate-related risk.

**3) Metrics and Targets**









The Trust Green Plan set out to achieve an interim target of 25% reduction of its carbon emissions from 2020/21 baseline by April 2025 with commitments to reach net zero by 2040 on direct emissions and 2045 on indirect emissions. From 1 April 2023 to 31 March 2024, the sustainability initiatives implemented to reduce the Trust’s carbon emissions have delivered a 1,431tCO2e reduction. This figure is likely to change once the rest of scope 3 reduction initiatives results have been accounted for. The largest reduction came from energy and water use which delivered 8% reduction from baseline as shown in Table 1. Electricity cost and consumption is expected to continue to increase as the Trust decarbonises its heating system, but corresponding reduction will be realised from gas consumption.

The table below shows 2023/24 energy and water carbon emissions and the reductions achieved by emissions category against baseline. Figure 1 shows the carbon emissions reduction through sustainability initiatives implemented by clinical and non-clinical departments.

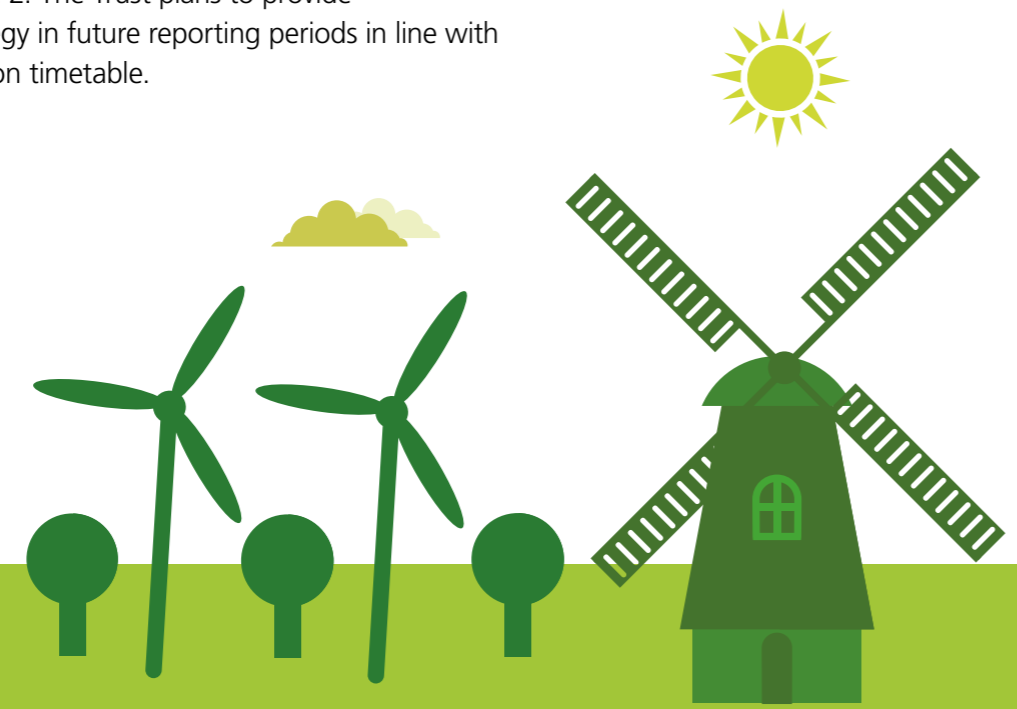
Emissions Category	Baseline (tCO2e)				Current Year (tCO2e)				Reduction (tCO2e)
	2020/21				2023/2024				
	Scope 1	Scope 2	Scope 3	Total	Scope 1	Scope 2	Scope 3	Total	
Electric		3,452	814	4,266		3,097	1,014	4,110	156
Gas	5,352		696	6,048	4,646		767	5,413	634
Water			38	38			23	23	15
<b>Total</b>	<b>5,352</b>	<b>3,452</b>	<b>1,548</b>	<b>10,352</b>	<b>4,646</b>	<b>3,097</b>	<b>1,804</b>	<b>9,547</b>	<b>805</b>



The Trust is committed to continuing to invest resources and implement initiatives to further cut its carbon emissions to reduce the environmental impact of its operational activities and fulfil its obligation to work in a way that affects the communities it serves in a positive manner. A total of £6.7m was spent in 2023/24 on decarbonisation schemes funded from the Public Sector Decarbonisation Scheme. These schemes will deliver carbon emissions reduction when completed in 2025.

 <p>The Anaesthetic department reduced the used of Desflurane from <b>301tCO<sub>2</sub>e in March 2021 to 0.0% in March 2024</b>. A reduction of <b>275tCO<sub>2</sub>e</b>. Recurrent cost avoidance of <b>£35k+/annum</b></p>	 <p>Carbon emissions from Nitrous Oxide has reduced from <b>688tCO<sub>2</sub>e in 2019-20 to 416 tCO<sub>2</sub>e</b>. A <b>39% reduction from baseline</b>.</p>
 <p>We saved <b>634 tCO<sub>2</sub>e</b> by reducing our gas usage from 2020/21 baseline and our electricity carbon emissions decreased by <b>156 tCO<sub>2</sub>e</b>.</p>	 <p>Carbon emissions from Entonox has increased from <b>956tCO<sub>2</sub>e in 2020-21 to 987 tCO<sub>2</sub>e</b> due to leakage in the distribution system which has been rectified.</p>
 <p><b>138 staff</b> availed of the Trust Discounted Travel Card Scheme saving <b>59tCO<sub>2</sub>e</b>.</p>	 <p>Procurement sustainability initiatives saved <b>20 tCO<sub>2</sub>e</b> by switching to sustainable products</p>
 <p>Food waste recycling scheme is fully implemented across Trust sites. Carbon reduction from the scheme will be reported next Annual Report</p>	 <p>Water carbon emissions reduced by <b>15tCO<sub>2</sub>e</b>.</p>

This is in line with central government’s TCFD-aligned disclosure implementation timetable for Phase 2. The Trust plans to provide recommended disclosures for Strategy in future reporting periods in line with central government’s implementation timetable.



# The Patient Voice – Feedback, Involvement and Engagement with Public and Patients 2023/24

## Patient Relations & Experience

The Patient Relations & 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 opportunity 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 that 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

### Friends and Family Test

The Friends and Family Test (FFT) recommendation scores are illustrated in the tables below, including the percentage change on 2022/23. The Trust's average recommendation score for 2023/24 was 89%, a 3% increase on 2022/23 and 7% on 2021/22. When looking at the different touchpoints, there is a fluctuation of 27%, with scores ranging between 99% and 72%, and improvement of 6% compared to 2022/23. Most improved areas are Inpatients, Outpatients, and Community, improving or sustaining for all quarters, and Postnatal Community, improving each quarter when compared to the previous.

Friends and Family Test	Inpatients				Outpatients				ED				Community**			
	Q1	Q2	Q3	Q4*	Q1	Q2	Q3	Q4*	Q1	Q2	Q3	Q4*	Q1	Q2	Q3	Q4*
2023/24	89%	88%	89%	88%	93%	92%	91%	92%	84%	80%	79%	79%	99%	99%	99%	99%
Difference	4%	2%	4%	0%	2%	1%	0%	0%	10%	4%	5%	-5%	1%	0%	1%	1%
2022/23	85%	86%	85%	88%	91%	91%	91%	92%	74%	76%	74%	84%	98%	99%	98%	98%
Response rate	35.3%	27.4%	26%	24%	18%	16.4%	16.1%	16%	17.3%	15.3%	14.8%	14%	174(n)	324(n)	318(n)	353(n)

(n) Community report total responses not response rate due to data validation of community eligible population.

\* Q4 data subject to change in line with March 2024 data submissions for FFT being after reporting date

The below table illustrates the percentage difference between the Trust's average recommendation score and the ICB and national average scores. All touch points, except Birth, equal or exceed the regional average, with ED, Community and Postnatal Community also exceeding the national average.

Regional and National Comparison	Inpatients	Outpatients	ED	Community	Antenatal	Birth	Postnatal Ward	Postnatal Community
National	-5%	-2%	1%	4%	-3%	-9%	-8%	2%
Black Country ICB	0%	2%	9%	6%	1%	-1%	5%	9%

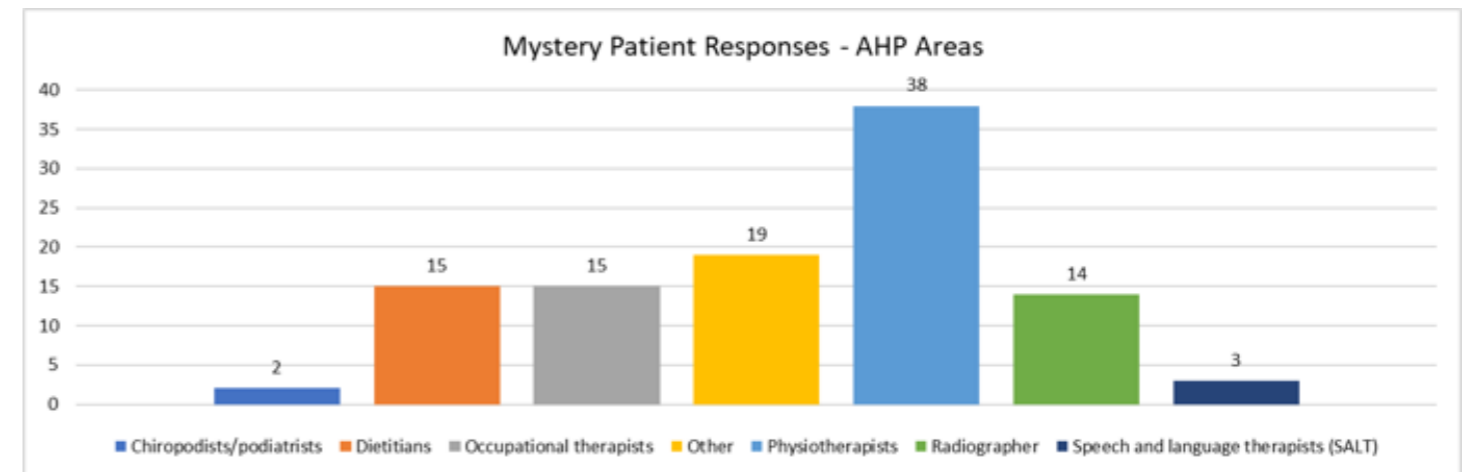
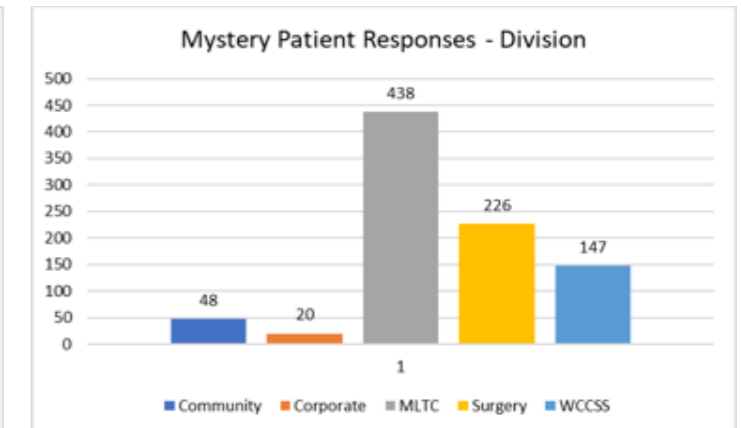
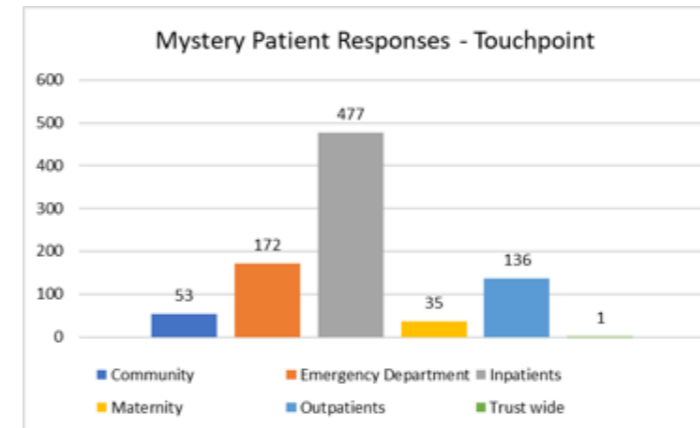
National and ICB average data at time of reporting was taken over a 10-month period (April 2023 – January 2024).



### Mystery Patient

The below table illustrates the Mystery Patient scored questions as received in September 2023. The scored questions align to the national survey programme and support the Trust in monitoring compliance in areas where improvement is needed. January was the only month where the Trust scored above the target scores. Target scores are set against the national survey scores. A total of 874 patients provided feedback through the scheme in 2023/24, an increase of 109% on 2022/23.

Mystery Patients	Target	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
1. Do you think the hospital staff did everything they could to help control your pain?	8.3	7.0	8.6	7.4	8.9	6.4	8.2
2. Did you feel able to talk to members of hospital staff about your worries and fears?	6.8	7.5	8.5	8.5	7.8	6.3	7.9
3. Thinking about any medicine you were to take at home, were you given any of the following?	3.3	4.3	4.6	4.4	5.9	3.6	4.5
4. Did healthcare professionals speak to each other about you as if you weren't there?	8.2	8.0	8.7	8.8	8.8	8.6	8.7
5. Overall, did you feel you were treated with respect and dignity?	8.5	8.7	8.6	8.7	8.8	7.5	8.4
Responses		107	83	48	53	51	72



## Complaints and concerns

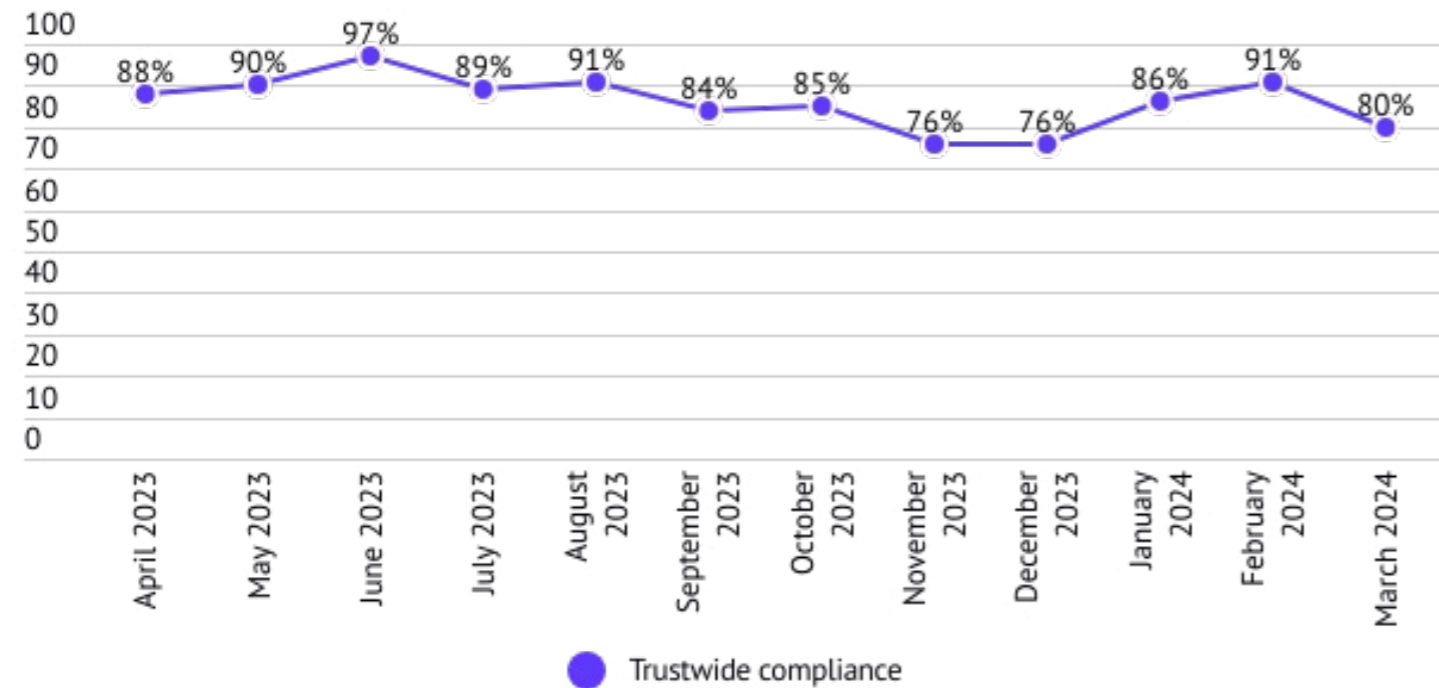
During 2023/24 a total of 3,726 contacts were received by the Patient Relations Team which included a total of 523 written complaints. Eighty nine of these written complaints were downgraded to a concern. In addition, 17 informal to formal complaints and six MP letters were received (an increase of 211 contacts overall for the year compared to 2022/23) and an average of 14.7 contacts per working day.

Contact type	2021/22	2022/23	2023/24
Complaint requiring a written response	361	368	434
Concern conversation to a complaint	7	6	17
Concerns & Queries	2,420	2,374	2,423
Complaint converted to a concern	33	64	89
Compliment	535	376	725
NHS Website Feedback/Healthwatch	721	331	32
MP letter	4	13	6
<b>Total</b>	<b>4081</b>	<b>3532</b>	<b>3726</b>

The total number of complaints resolved was 415. Thirty two complaints were upheld with 128 not upheld and 253 partially upheld. Two complaints were withdrawn within this period.

### Timeframe for responding

The average response rate during 2023/24 was 86%. This is a slight increase in comparison to 2022/23 (80.4%)



## Compliments

Compliments account for 19% of all contacts received in 2023/24, an increase of 8% on 2022/23. A total of 725 compliments were received by the Trust, an increase of 93% on the previous year.

Compliments	Community	Corporate Function	Medicine	Surgery	WCCSS
2023/24	307	24	188	122	84
Difference	164	5	93	50	38
2022/23	143	19	95	72	46



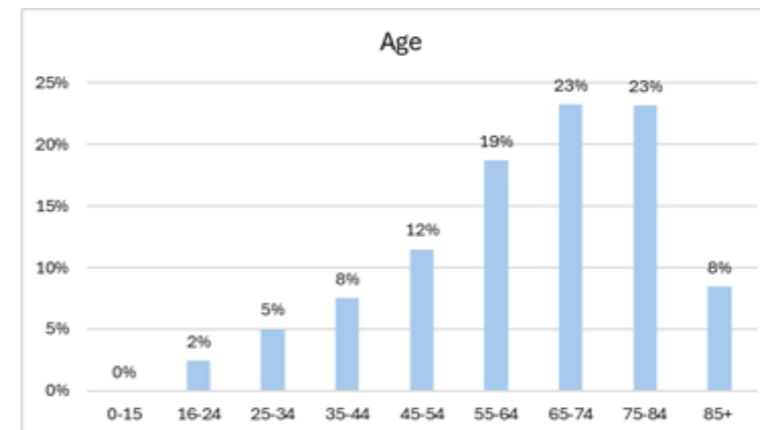
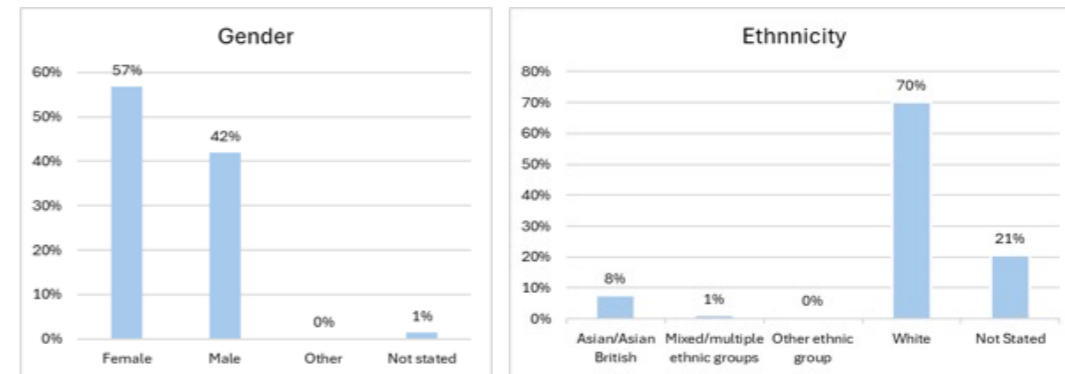
## Equality monitoring

### (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: 48.2% of respondents identified themselves as White British, 10.3% Indian, 6.8% White & Black Caribbean, 6.8% Pakistani, 6.8%, Irish 6.8%, Chinese 6.8%, White & Asian 3.4%, Caribbean 3.4%, Arab 3.4% and African 3.4%.
- Gender: Female 62.06%, Male 34.04%, Intersex 3.4%.
- Gender re-assignment: 96.5% No, 3.4% Yes.
- Relationship status: 48.2% Married, 27.5% Single, 13.7% Living with partner, 6.8% Divorced and 6.8% of respondents answered "other".
- Pregnancy: 48.2% of respondents were pregnant at the time of making a complaint, 48.2% were not and 41.3% stated this question was not applicable.
- 68.9% of patients do not consider themselves to have a longstanding condition, 31.03% of patients do.
- Age: 17.2% were aged 18 to 24, 41.3% were aged 25 to 49, 20.6% were aged 50 to 64, 17.2% were 65 to 74, 3.4% were aged 75 to 84.
- Religion or belief: 31.03% Christianity, 31.03% no religion, 17.2% declined to complete, 10.3% Islam, 3.4% Hindu, 3.4% Buddhist, 3.4% Sikh.
- Sexual Orientation: 79.3% Heterosexual, 13.7% Bisexual, 6.8%.

### (b) Patient Experience



## Patient Experience Enabling Strategy 2022-2025

The Patient Experience Enabling Strategy set out our priorities for improving patient experience in the next three years. Three pillars of improvement have been identified. These are Involvement, Engagement and Experience. 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 FFT, provided positive feedback, or raised a concern or complaint.

We have set ourselves several priorities which underpin each of the three pillars of improvement. Progress against how we are delivering against the improvement pillars is included as follows:

- Providing patient information in an accessible format and in a way, it can be understood.
- A patient leaflet systems task and finish group was initiated. The review undertook to produce a joint patient leaflet policy, leaflet register and model template for all new leaflets.
- MSK Physiotherapy Team have updated exercise leaflets to a visual format and these are now more accessible.
- Involvement and clear communication with patients and family/carer. It's 'OK to Ask' is in place and a Family and Carer Support Officer recruited supporting the unpaid carer role and influencing involvement. The principles of It's 'OK to Ask' have been introduced to the Children's and Young People's Division with a focus on carer/parent involvement to enhance communication.
- Reduce delayed or cancelled appointments. Clear appointment letters and communications.
- We held a successful focus group led by our Patient Involvement Partners and others in the outpatient improvement programme aimed at reducing outpatient 'did not attend' rates.



- As a result, the Trust re-worded patient letters so that they are clearer and easier to understand – including bespoke communications for certain patients' cohorts.
  - o A webpage was developed that translates key appointment reminders into different languages.
  - o We produced an information sheet around financial support in getting to hospital and with National Express Bus Improvement Funding a limited number of free travel passes have been made available to support those with young families to attend their appointments.
  - o We turned on text reminders with clear communications across several clinics.
- We manage clinic cancellations before booking appointments.
- We introduced more two-way texting so that patients can rearrange and cancel their appointments easier. Implemented a voicemail facility at the weekend for appointment management. Introduced a robust operating process for managing cancellations and short notice bookings. The teams involved were shortlisted as finalists in the HSI partnership awards for best elective care recovery initiative.



## Involvement and Engagement

### Little Voices

Little Voices saw us partner with Pelsall Village School with "inspectors" (a group of pupils) reviewing Paediatric Services for children and young people.

They co-designed a new "Little Steps" booklet which is a children's and young people's version of the 15 Steps Challenge – a suite of toolkits that explores different healthcare settings through the eyes of patients and relatives. There have been many successes associated with Little Voices which accentuated the voice of the child in service improvement and decision making.

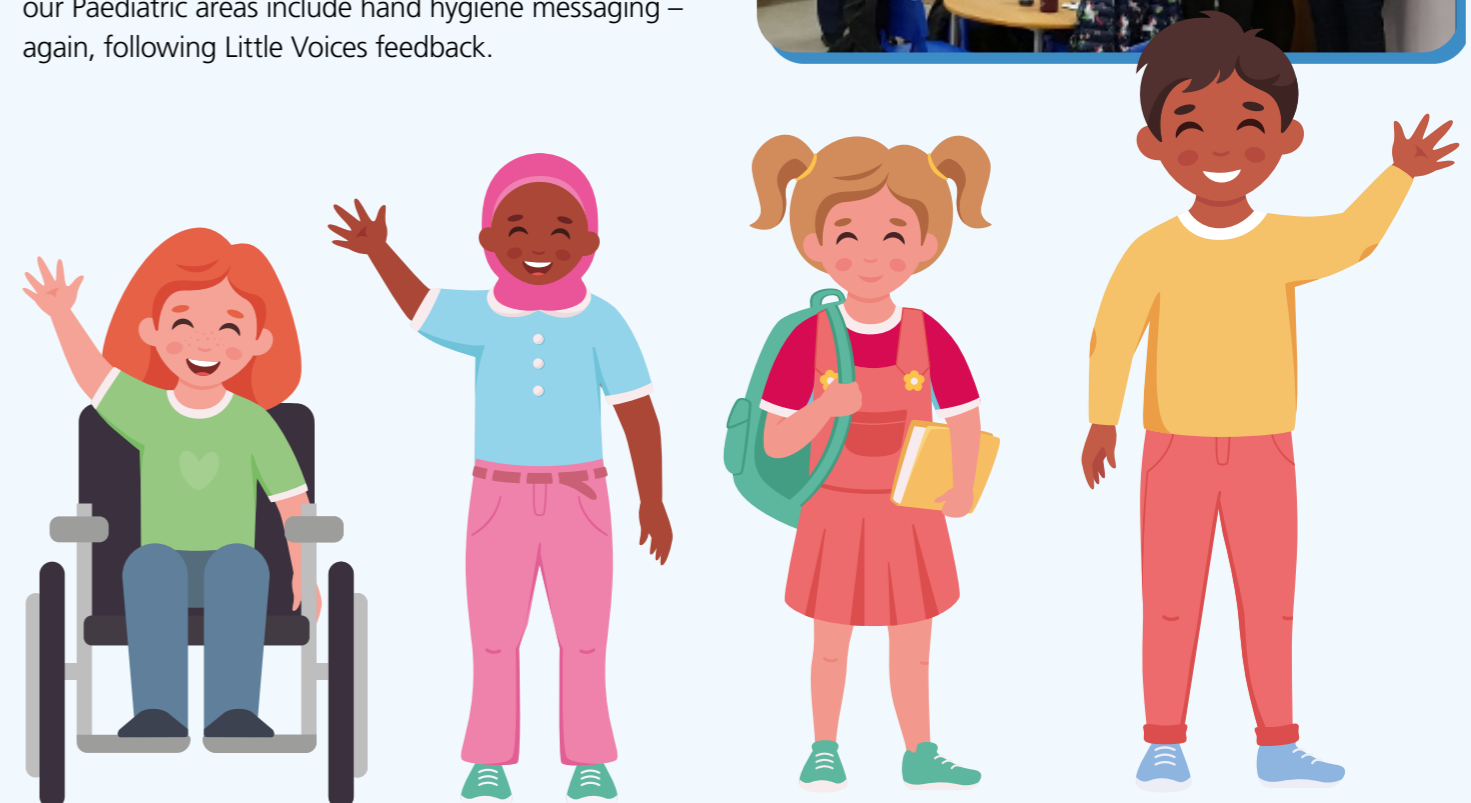
The Little Voices project made it into the Communicating Effectively category of The Patient Experience Network National Awards (PENNA) with us not only winning this category outright but winning the overall PENNA awards 2023.

Ward 21 produced its "Things that may disturb you cards" which will be given to every child on admission. Through 'Little Voices' new 'All about me' boards and place mats have also been introduced in Paediatrics. This will aid in the communication of information that is important for us to understand about our patients and their families and will support ward rounds. We also launched 'Top Toilet Tips' to make toilets visible across our Paediatric areas include hand hygiene messaging – again, following Little Voices feedback.



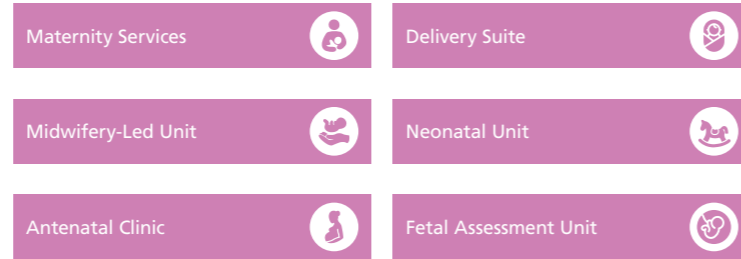
Since the Little Voices visit in April 2023, play volunteers have been devised with role descriptors to aid recruitment of more to support the play specialists.

There is ongoing work with the Dads Peer Support Group and the Dad Pad has been launched. In July a positive 15 steps visit took place on Neonatal with an action plan now in place following feedback.



A Patient Experience Midwife started in July 2023. Maternity clinical areas are displaying patient feedback and the service is maintaining > 90% attendance at the Local Maternity and Neonatal System Engagement and Advisory Group.

The way service users navigate our services has been enhanced. Work has been completed which improves the signage so that our users can get to the areas they need to. Symbols as well as narrative have been included so that those with literacy concerns or those who do not understand English can be supported.



### Patient Involvement

The purpose of our Patient involvement Partners (PIPs) is to support inclusive patient and carer engagement across the Trust. This is 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 we currently have 12 PIPs supporting the organisation including four Quality, Service Improvement and Re-design Partners.

During 2023/24, PIPs have been involved in the development, co-design and implementation of:

- Outpatient Improvement workstream, leading focus groups that have looked at the reasons why patients do not attend their appointments.
- Electronic Discharge Summary Improvement Group – designing a new approach to providing discharge summaries that are more patient focused.
- Design of Pharmacy prompt cards for long waits and medication information.
- Reviewed patient information for medication terminology, falls and duty of candour and a host of colorectal procedure leaflets.

In addition, our valued partners have been involved in PLACE assessments, quality improvement work and action monitoring in response to national surveys.

### Voluntary Services

The below table illustrates the volunteer activity for 2023/24. A total of 19062 volunteer hours were recorded during the year, an increase of 46% on 2022/23.

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 Walsall Palliative Care Centre/Hollybank House/Fair Oaks Day Hospice.
- Self-Care Management Volunteers.

The Trust has continued its commitment to young volunteers, expanding its education-based programme to include Walsall College and Walsall Academy. The NHS Cadets have also graduated from the first programme at Walsall, and plans are already underway to launch the next one.

Area	Q1	Q2	Q3	Q4	Total
Hospital	2793	3037	3004	3360	12194
Community	901	1015	1033	706	3655
Self Care Management	546	428	438	456	1868
Chaplaincy	352	258	411	324	1345
<b>Trust Total</b>	<b>4592</b>	<b>4738</b>	<b>4886</b>	<b>4846</b>	<b>19062</b>
New Volunteers in period	36	30	21	33	120
Active Volunteers in period	130	134	115	148	527
<b>Total cost (B2 equivalent)</b>	<b>£52,578</b>	<b>£54,250</b>	<b>£55,945</b>	<b>£55,487</b>	<b>£218,260</b>
<b>Volunteer Hours</b>					
1st	136	197	218	141	
2nd	136	147	150	120	
3rd	109	146	117	117	

### Family and Carer Support Service

The Family and Carer Support Service has continued to grow through 2023/24.

A total of 426 encounters have been recorded across the year. As we move to the new financial year, we are looking to increase carer awareness through training and increasing access to the support service.

Encounters	Q1	Q2	Q3	Q4	Total
Total Encounters	89	153	79	105	426
Identifies as an unpaid carer	48	76	41	85	250
<b>Support Categories</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
Pastoral	80	140	75	100	395
Signposting Internal	9	12	10	14	45
Signposting External	28	21	12	22	83
Care Update	3	11	5	4	23
Support Caring - In Hospital	14	35	77	56	182
Support Caring - Discharge/at home	26	14	34	11	85
Patient Relations	4	14	15	15	48
<b>Who has received support?</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
Unpaid Carer	48	76	40	89	253
Family Member	20	24	25	10	79
Patient	21	51	14	8	94

### Walsall Connected

Officially opened in June 2023, the hub in the Women’s and Children’s Atrium, became the 28th Walsall Connected site. Walsall Connected is a partnership between Walsall Council and local community associations, libraries, and partner organisations. All are conveniently located in the heart of local communities. Free Wi-Fi and access to public computers is available and trained staff and volunteers are on hand to assist people and teach valuable digital skills. As well as offering support to residents to access online council services, it also gives them the opportunity to learn transferable digital skills such as using email and web browsing.

- Limited, free bus travel support is now in place to assist parents/young people who find travel costs a barrier to attending hospital appointments. Funding has been secured via the Bus Travel Improvement Scheme with funding attached to the ‘Let’s chat’ hub based in Walsall Bus station to provide central Walsall Support. All Walsall Connected sites have guidance and access to deliver voucher support which has been publicised to the communities of Walsall.
- In addition, Walsall Connected is working in partnership with the Trust through agreed locations for the ‘MypreOp’ questionnaire. This pre-assessment tool is used by patients to complete an assessment based on their current health conditions which supports their fitness for surgery and patient readiness. Training has been provided with all sites being given 1:1 training by the Walsall Connected team with material produced and ready to be used. It is hoped this will maximise form completion and reduce the impact of pre-surgery cancellations.



### Local Surveys

- In response to the National CQC Adult Inpatient Survey results, a mealtime experience survey was completed in October 2023 to explore further the food provision at the Trust, and the experience patients have at meal times. A total of 420 patients fed back through the survey.
- Areas to celebrate included: getting enough to drink, meals being presented well and food served hot.
- Recommended areas for improvement included: getting a menu in a language you could understand, food that met any dietary needs or requirements, getting enough help to eat your meals and snacks between meals.

## Workforce

### Headcount, gender, disability, and ethnicity

As of 31 March 2024, Walsall Healthcare NHS Trust employed 5,288 substantive staff. Of these, 4,454 colleagues were permanently employed and a further 834 colleagues were employed on fixed-term contracts of employment.

### Staff Composition

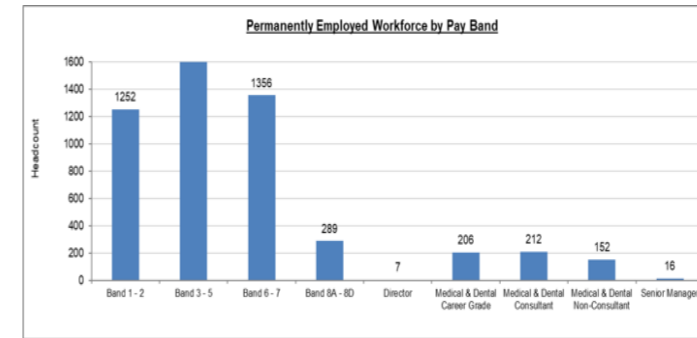
During 2023/24, the average full-time equivalent (FTE) workforce totalled 5036.75. This is based on the rolling monthly average. The following table provides a snapshot of the average workforce composition during this period:

2023/24 Average FTE (Full-Time Equivalent Workforce)	Permanently Employed	Other	Total Workforce
Registered Nursing and Midwifery	1,548	161	1,709
Registered Allied Health Professionals	310	9	319
Registered Healthcare Scientists	94	1	95
Registered Scientific, Therapeutic and Technical	41	1	42
Clinical Support	929	155	1,084
Infrastructure Support (Administrative, Clerical and Estates)	1,114	96	1,210
Medical and Dental	531	47	578

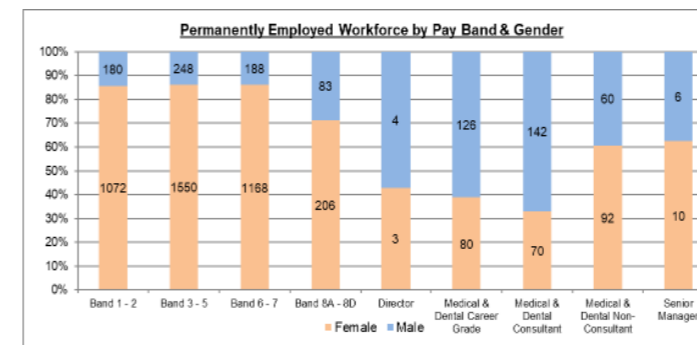
Employee Costs	2023/24 £000s
Salaries and wages	219,672
Social security costs	23,447
Apprenticeship levy	1,043
Employer's contributions to NHS pensions	33,477
Pension cost - other	85
Temporary staff (including agency)	7,446
<b>Total Employee Costs £000s</b>	<b>285,170</b>



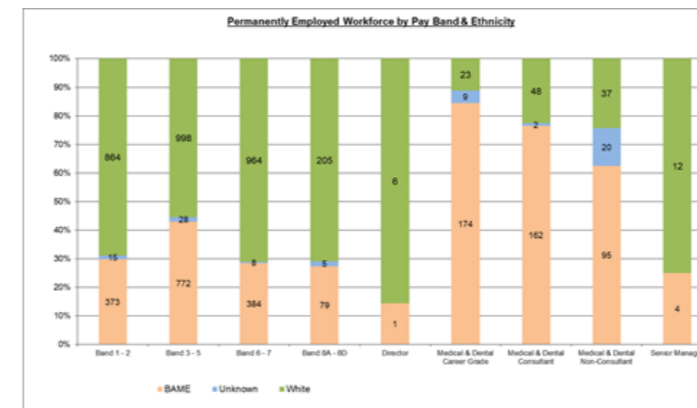
### Pay Band



### Pay Band and gender



### Pay Band and ethnicity



Our workforce is predominately female (80.39%), and this is the predominant gender in all of the staff groups except for medical and dental staff where the position is the reverse.

During the year we have welcomed more than 46 nurses and 45 Medical and Dental internationally educated colleagues through our Clinical Fellowship Programme. Overall, there were 142 more substantive staff employed at the Trust in March 2024, compared to April 2023. Specifically, there was a 7% increase in substantive registered and a 9% increase in medical staff across the Trust.

As an anchor employer working with whg, the Trust has continued to support people from the local community to gain employment into a range of roles in health and social care. Over the course of the year 22 members of staff have been recruited.

### Ethnicity breakdown

Substantive Workforce by Ethnic Background	Headcount	%
Any Other Ethnic Group	92	1.74%
Asian or Asian British - Any other Asian background	98	1.85%
Asian or Asian British - Bangladeshi	62	1.17%
Asian or Asian British - Chinese	25	0.47%
Asian or Asian British - Indian	582	11.01%
Asian or Asian British - Pakistani	310	5.86%
Black or Black British - African	527	9.97%
Black or Black British - Any other Black background	24	0.45%
Black or Black British - Caribbean	172	3.25%
Dual Heritage - Any other mixed background	24	0.45%
Dual Heritage - White & Asian	40	0.76%
Dual Heritage - White & Black African	27	0.51%
Dual Heritage - White & Black Caribbean	61	1.15%
Unknown	87	1.65%
White - Any other background	84	1.59%
White - British	3051	57.70%
White - Irish	22	0.42%
<b>Grand Total</b>	<b>5288</b>	<b>100%</b>

A total of 98.35% of substantive colleagues have shared their ethnicity, with 38.65% of colleagues recorded as having a Black, Asian or Minority ethnic (BAME) background, which is representative of the local population (21%) and national NHS Workforce. (NHS BAME Workforce population 26% - <https://www.ethnicity-facts-figures.service.gov.uk/workforce-and-business/workforce-diversity/nhs-workforce/latest/>)

BAME colleagues account for 62.50% of the Medical Consultant workforce, whilst 27.34% of the Band 8A – Band 8D workforce has identified itself as being from a BAME background. The Trust has a proud and diverse workforce, reflective of the communities being served. The Trust recognises the importance of addressing challenges facing by individual ethnicities, and, as such, seeks to provide a platform for those from a minority background to ensure any ethnicity-specific health and employment inequalities are acknowledged and addressed.

### Sickness absence data

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

### Staff turnover percentage

The 2023/24 vacancies can be found by following this link: **NHS Vacancy Statistics (and previous NHS Vacancies Survey) - NHS England Digital**

## People Promise elements and themes: Overview



People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Results for 'We are safe and healthy' are now reported using corrected data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.  
Walsall Healthcare NHS Trust Benchmark report



### Staff Engagement

The Trust continued to achieve a high level of engagement in the 2023 Staff Survey, with 2381 staff participating equating to 46% - compared to the median national average response rate for the sector which was 45%.

Walsall achieved the highest response rate of the four Black Country acute Trusts and is the only Trust to have improved across all indicators for the second consecutive year.

This year we are proud to achieve an improvement against each of the elements from the NHS People Promise and the two key themes of Staff Engagement and Staff Morale that have been reported on. Nationally, due to technical issues, we are Safe and Healthy indicator results could not be published. Our detailed results can be accessed via NHS Staff Survey Results.

More staff are advocating for the Trust. Significantly, the Trust has achieved improvement within the three advocacy questions and responses have increased at a rate higher than the national results. Staff advocating that patient care is the Trust's top priority has increased by 3%. Staff recommending the Trust as a place to work has increased by 4.8%, (at national level we are the third most improved acute Trust increasing by 8.6% since 2019). Staff recommending us as a place to be treated has increased by 13%. compared to a national average increase of 2.4%.

The Trust has embedded a range of health and wellbeing initiatives and resources including subsidised hot meals along with pension support service and financial support services. We have continued to increase the provision of in-house physiotherapy and counselling services and our Occupational Health and Wellbeing Service maintained the nationally accredited Safe, Effective, Quality Occupational Health Service (SEQOHS) standards. In the 2023 NHS Staff Survey, 58% of our staff advised that as an organisation, Walsall Healthcare NHS Trust takes positive action on health and wellbeing. This was an increase from 2022 and is above the sector national average score of 57%. Furthermore, 71.11% staff reported that their line manager took a positive interest in their health and wellbeing, an improvement from 2022 and above the national average score of 69%.



## Equality, Diversity and Inclusion (EDI) in the workplace

The number of BAME staff represented in senior roles has increased from 26% to 28%. We have continued to progress our Race Code Accreditation and introduced anti-racism e-learning modules which were developed by the ICB using colleagues from Walsall Healthcare. There are five modules in total which were launched in February 2024 with the intention of all staff completing them over 2024/25. In October 2024, the Trust participated in Freedom to Speak Up Month focusing on breaking down barriers that some staff groups may encounter when speaking up. Our EDI focus for 2024/25 is to ensure equality, diversity and inclusion in all that we do by strengthening the sense of belonging supported by our Civility and Respect Programme and increasing access to development and career progression opportunities.

Our Workforce Disability Equality Standards (WDES) suggest staff with long term conditions are experiencing less discrimination in the workplace compared to previous years and 71% confirm that the organisation has made reasonable adjustment(s) to enable them to carry out work. The Trust intends to revitalise the disability staff network and is supporting the development of a neurodiversity staff network group.

Over the course of the year, the Trust has taken positive steps towards achieving the NHS England Sexual Safety Charter and the Veteran Aware Accreditation. Both of these initiatives have high levels of engagement and support from staff across the Trust and will seek accreditation in the middle of 2024.

In response to the 2023 Workforce Race Equality Standards (WRES) results, throughout the next year the Trust will be strengthening strategies for succession, development and recruitment to Board level and senior positions. Our WRES data identifies that:

- We have 33% of colleagues from Black, Asian, and Ethnic Minority backgrounds. This is an improvement from 28% in 2020 and is an over representation compared to the Walsall population where there is an average of 26% from Black, Asian and Minority Ethnic communities including from Bangladesh, India, Italy, Pakistan, Poland and Ireland (2011 census).
- There has been an improvement in ethnic representation at Board level which over 2023/24 has significantly improved at the Non-Executive level. The Trust continues to take an active approach, supported by the Black Country ICS leadership offers, to support a growth in the diverse talent pipeline at Walsall. This is necessary to identify a cohort of people that are ready to step up into future senior Executive and Non-Executive leadership positions in the future reflecting a gender balanced senior leadership team.



## Staff policies applied during the financial year

Our focus over 2023/24 has been to continue with the legacy of workforce policy development improvement work. There are three policy development workstreams which have focused on ensuring that all people-related policies, procedures and guidelines are within date by 31 August 2024.

The three workstreams are:

- Local Trust Level
- Black Country Provider Collaborative
- National Policy Development

**Local policies:** Throughout the year the Trust has continued to work through a programme of review for existing policies and has identified the need to introduce new policies in response to contractual requirements or best practice. Two new policies were developed; Working Time Regulations Policy and the Agile Working Policy and eight existing policies were reviewed and updated.

Our focus over 2023/24 has been to implement compassionate and inclusive practices within the practical application of policies which support the health and wellbeing of our staff:

- Extension to the flexible working policy
- Flexible Retirement Policy (previously known as retirement policy)
- Maternity and Family Leave Policy

**Black Country Acute Provider Collaborative:** Through the Black Country Acute Provider Collaborative, the Trust is working closely to review four workforce policies with The Royal Wolverhampton NHS Trust, Dudley Group NHS Foundation Trust and Sandwell and West Birmingham NHS Trust. The objective is to share learning and harmonise and align provisions and best practice with the aim of having one key policy across the provider collaborative.

**National Policy Development:** At national level, a series of simplified national people policy frameworks are being developed to promote inclusivity and compassion. The Trust has completed reviewing the content of the national policy frameworks and will work to incorporate updates into existing policies during 2024/25.

## Regulation 8, schedule 2 2017/328 declaration of facility time

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 supported the Trust with developing local arrangements in preparation of industrial action.

- 2.3 WTE hours are allocated to Staffside, Total Used = 56.5 hours
- 2. WTE hours are allocated to Unison, Total Used = 27.5 hours

## Trade Union Facility Time Reporting Requirements

Percentage of pay bill spent on facility time	
Provide the total cost of facility time	£105k
Provide the total pay bill	£285m
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.04%

## 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.

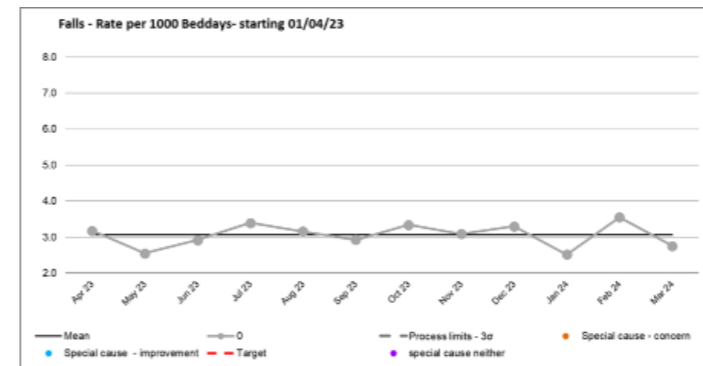
## Quality

Walsall Healthcare 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

In relation to patient falls, the Nursing Quality Team across Walsall Healthcare and The Royal Wolverhampton NHS Trust has a series of shared overarching improvement aims. The actions in place to support the delivery of these aims focus on embedding a culture of learning from patient safety incidents and continuous improvement in falls prevention and management. A key element of this throughout 2023/24 has been to work collaboratively to align policies, procedures, and documentation. The monthly joint Falls Steering Group continues to meet and oversee the joint strategic falls improvement plan.

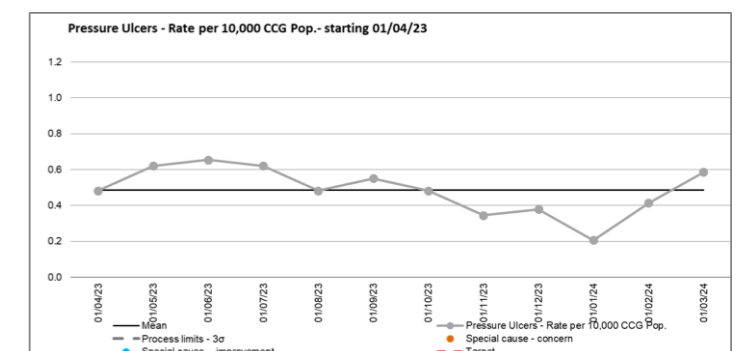
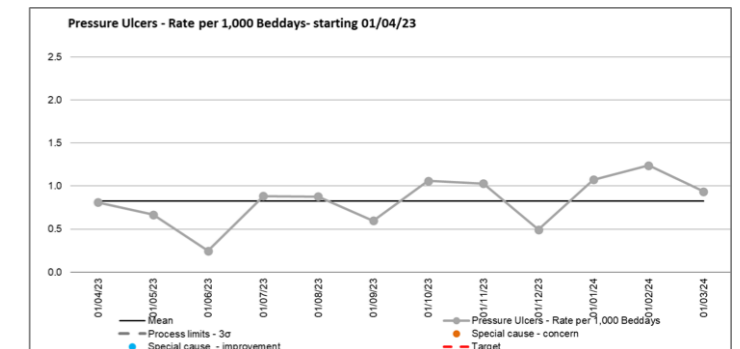
The graph below illustrates our falls data over the last year.



### Pressure Ulcers

The Trust is committed to working collaboratively to prevent avoidable wounds such as pressure ulcers. The Tissue Viability Team provides educational support and blended quality improvement support, which promotes the use of evidence-based practice. Approved policies and quality improvement plans aim to improve patient outcomes and quality of life. The hospital experienced a reduction of incidents once hybrid mattresses were installed, but there was a rise in hospital incidents during the winter. Community services have improved since summer 2023 - since the introduction of hybrid mattresses.

The graphs below illustrate our pressure ulcer data over the last year:





## Sepsis

The Sepsis Team continues to work under the Sepsis Outreach Response Team (SORT), to recognise early sepsis and support deteriorating patients to manage their care effectively and prevent Critical Care admissions. The Sepsis team consists of a team of band 7s and has recently recruited a Band 8 Matron. The service is seven days a week 8am-8.30pm.

The team provides education and training, teaching regularly on in house courses such as the Impact course, AIMS, BLS, staff induction, clinical fellow training, and ERAS. Training is for all members of the multidisciplinary teams.

We daily audit using Information Hub monitoring report 0837 Sepsis Reporting, in addition to manual audit to ensure consistent performance for the Sepsis Six. The Team of Sepsis Nurses works clinically and reviews Vital Pac for current sepsis patients within the organisation. A bleep is held where members of the multidisciplinary team can be contacted and they will physically attend the ward for all live sepsis patients to assist in the completion of the golden hour.

The revised NICE Sepsis Guidelines were released in January 2024 and the team is currently reviewing these and planning implementation across both organisations.

## Clinical Accreditation

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

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 care delivery (NHS England 2019).

Achievements over the last 12 months, in line with the Quality Framework, include:

- Establishing a shared decision-making council.
- Decision on using gemstones as accreditation outcomes being decided by staff via a survey.
- All inpatient ward/departments will have had a Clinical Accreditation visit at The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust by the end of March 2024.
- A rolling programme of Accreditation Certificates awarded by the Chief Nursing Officer is embedded at both Trusts.
- Three unit/ward areas have been accredited as Sapphire during 2023/24.
- Development of specialist accreditation tools for Critical Care, the Emergency Department, Paediatrics, Maternity, and Community are underway to facilitate phase 2 in 2024/25.
- An evaluation of the existing programme, via a survey, has taken place and revisions to the framework and templates is underway.

## Quality Framework

In April 2023, the Nursing, Midwifery, and Allied Health Professionals Quality Framework launched detailing our plan to deliver continually improving, safe, effective, and high-quality care to all our services users over the next two years across both Walsall Healthcare and The Royal Wolverhampton NHS Trust. The framework was shaped by contributions from more than 700 Nurses, Midwives, Health Visitors, and Allied Health Professionals, and brings together the priorities of each of these professional groups based on both local and national drivers.

The plan is broken down into six pillars:

- Excellence in Care
- Culture and Organisation Structure
- Communication
- Workforce
- Education
- Research and Innovation

Progress against the plan is captured quarterly with the relevant Quality Committee at each organisation providing overall oversight of progress.



## Quality and Safety Enabling Strategy

In April 2023, the first joint Quality and Safety Enabling Strategy was launched. This defines how we will strive to excel in the delivery of care, which is one of the four strategic aims of the joint Trust Strategy.

The key priorities include:

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

The Quality Committees will have the overall oversight of progress with key priorities outlined in this strategy and receive an annual update on progress.



# Digital Innovation

## Digital enablement programme

The Walsall and Wolverhampton Digital Enablement (WODEN) Programme was established with the aim of understanding the digital maturity and capability across Walsall Healthcare and The Royal Wolverhampton NHS Trust with a focus on digital inclusion, exclusion and digital literacy. Both Trusts' entire workforce was surveyed (n=19,368).

The total return rate was (61%) paper and (39%) digital, and the survey results highlighted that 37.4% of the workforce lack a degree of confidence in engaging with digital.

Recognising the importance of digital literacy, digital confidence, and a need to upskill our existing and future workforce capability for digital transformation, we are working in collaboration with Education and Training, Digital Technology Services and Workforce to create a sustainable Digital Education Strategy.

## Celebrating Digital Innovation, Data and Technology Event

In February 2023, the Digital Innovation Unit hosted the first joint Celebrating Digital Innovation, Data and Technology Event across both Trusts in collaboration with Microsoft and BT.

This event was a fantastic opportunity for staff to showcase the excellent work that is being undertaken and share successes with colleagues. It was also an opportunity to raise awareness of the importance of Good Digital Governance and Clinical Safety.

An awards ceremony also took place at the event for winners in five different Digital categories across both Trusts who were selected by a panel - the work that was showcased was truly inspiring.

A special award was also presented to our Group Chief Executive, Professor David Loughton CBE, for being an Excellent Leader and Champion of Digital Innovation.



## Digital Innovation Forum

The Digital Innovation Forum (DiF) is our dedicated forum for staff to present digitally enabled ideas/solutions where proposals are reviewed by a multidisciplinary panel.

It is a structured and governed process for adoption and spread of digital innovations, which is underpinned by a robust governance framework.

DiF has continued to be a supportive network, triaging and supporting applications through 2023/24. DiF currently has 33 projects where support is being provided in various formats.

We are continuing to build our engagement of digital by promoting, celebrating and sharing six articles since April 2023 through the Digital Digest. These articles showcase the great digital innovation that is taking place across the two organisations. This method of communication also highlights that innovation is about doing something different that has impact, ranging from a change in process to implementing a disruptive technological solution.

Following the success of the Celebrating Digital Innovation, Data and Technology Event, in 2024/25 we will be relaunching DiF across both organisations with refreshed branding and redefined processes to enhance the offering for staff with a dedicated space where innovation is supported and nurtured.



# Our charity year

From another successful boxing event, to partnering with Enoch Evans Solicitors for Make a Will Fortnight, a fashion show, bingo event and quiz night, it has been another bumper fundraising year for Walsall Healthcare's Well Wishers charity.

Not to mention all the support that has been given to community fundraisers such as James Moorcroft who cycled from London to Paris to raise funds for Walsall Manor Hospital's Chemotherapy Unit where both his parents had treatment within a year of each other. The father of two managed the 346 miles in four days and raised more than £3,000 – completely smashing his original target of £750.

He was inspired to support the Chemotherapy Unit after mum Pamela and dad Christopher were both diagnosed with cancer.

"The hardest part is realising two of the people you look up to most in the world are not immortal and I wanted to raise some money so that it helps the many more families that have to hear the dreaded words "it's cancer."

"I'm a competitive person and very active so could find no better reason to commit to cycling from London to Paris than to give something back to the unit that was such a support to my parents. I made sure I trained well beforehand and did the ride with a couple of friends. We met others along the way and became a good group, so much so that despite some tough hills overall it was an enjoyable experience."

James's parents are now living their lives as cancer survivors and enjoying precious family occasions with their six grandchildren.



Fundraising friends Michael Gough and Craig Timmins spent 24 hours walking, running and cycling in a charity cardio session to raise cash for a new playroom at Walsall Manor Hospital.

The determined duo supported Well Wishers after Michael vowed to say thank you to the Trust when his baby daughter Gabriella was treated for sepsis back in 2018, thanks to a persistent Midwife.

Father of two Michael, who is e-commerce Manager for Tile Choice in Walsall, and Craig, a fitness instructor, managed to raise £3,000 between them and were thrilled to come and visit the new playroom when it was completed and opened by the Mayor of Walsall.



Once again, support from Walsall businesses has been fantastic – with donations towards end-of-life weddings, Eid celebrations at Goscote Hospice and items to sell in the Fundraising Hub.

And Well Wishers volunteers have been a real asset to the charity, helping with the smooth running of the hub, setting up stalls and bringing some sparkle to events in the hospital and community.

Georgie Westley, Fundraising Manager, said: “We are grateful to so many businesses, individuals, schools, knitting groups, voluntary associations and our own colleagues for all they have done for Well Wishers over the past year.

“We have been able to refurbish parents’ flats on the Neonatal Unit, brighten up our Paediatric Emergency Department and make our Midwifery-Led Unit a real home from home with some artistic finishing touches thanks to their generosity. We look forward with continuing these partnerships into next year too.”



## B - Accountability Report

### Corporate Governance Report

#### Directors' Report



#### Sir David Nicholson KCB CBE – Group Chair of the Board

Appointed: April 2023

Current Term: April 2023 to March 2025

Sir David Nicholson joined the Trust as Chair on 1 April 2023. This appointment saw him become Chair of all four acute Trusts in the Black Country – The Dudley Group NHS Foundation Trust, The Royal Wolverhampton NHS Trust and Sandwell and West Birmingham NHS Trust.

Sir David’s career in NHS management has spanned more than 40 years and includes the most senior posts in the service. He was Chief Executive of the NHS for seven years from 2006-2013 and then, following a major national restructure, became the first Chief Executive of the organisation now known as NHS England from 2013-2014.

Since his retirement from the NHS in 2014, he has taken on a number of international roles providing advice and guidance to governments and organisations focused on improving population health and universal healthcare coverage.

He has worked in China, Brazil, the USA, Europe and the Middle East, independently, and in association with the World Health Organisation and World Bank.

Sir David chaired the State Health Services organisation of the Republic of Cyprus and more recently was also the Chair of the Metropolitan Group of Hospitals, Nairobi.

He is Chair of the Universal Health Coverage Forum of the World Innovation Summit for Health. Other roles include adjunct Professor of Global Health at the Institute of Global Health Imperial College, Advisor to the British Association of Physicians of Indian Origin and Lancet Commissioner to Global Surgery.

His contribution to healthcare was recognised by the award of the CBE in 2008, and he was knighted by Her Majesty the Queen in 2010. He lives in Worcestershire with his wife and two children.

#### Board Attendances in 2023/24: 3/6

#### Declaration of interests

- Chair – The Dudley Group NHS Foundation Trust
- Chair – The Royal Wolverhampton NHS Trust
- Chair – Sandwell and West Birmingham NHS Trust
- Visiting Professor – Global Health Innovation, Imperial College
- Spouse appointed National Director of Urgent and Emergency Care and Deputy Chief Operating Officer of the NHS

Sir David is not a member of the NHS Pension Scheme.



### Mr Paul Assinder – Deputy Chair, Non-Executive Director

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

Current Term : 1 April 2024 to 31 March 2025

Paul is a former NHS CEO and CFO. 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.

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

Paul chairs the Trust's Finance & Productivity 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 2023/24: 4/6**

##### **Declaration of interests**

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

Paul is not a member of the NHS Pension Scheme.



### Ms Mary Martin – Non-Executive Director, Chair of Audit Committee

Appointed: April 2021

Current Term: 1 October 2023 to 30 September 2025

Mary 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 included working with Advantage West Midlands; a private venture fund manager focused on technology start-ups, and she was a Partner with Arthur Andersen, one of the largest international accounting practices.

Mary is 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 2023/24: 5/6**

##### **Declaration of interests**

- 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

Mary is not a member of the NHS Pension Scheme.



## Mr Junior Hemans – Non-Executive Director, Senior Independent Director (SID), Chair of People Committee

Appointed: 1 February 2021 as Joint NED

Current Term (Walsall only): 1 February 2023 to 31 January 2025

Junior has significant years of experience within the public and voluntary sectors. He previously worked for the Housing Corporation for 10 years as a regulation manager and as a consultant for PricewaterhouseCoopers for ten years, and is also a Non-Executive Director at the Royal Wolverhampton NHS Trust.

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

Junior 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.

He 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 2023/24: 4/6

#### Declaration of interests

- 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

Junior is not a member of the NHS Pension Scheme.



## Professor Louise Toner – Non-Executive Director

Appointed: November 21 (Joint)

Current Term: 31 October 2023 to 31 October 2025

Prof 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 within health and social care across all sectors she became a member of the UK Universities Council of Deans.

In her current role, Prof 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 Birmingham Global Chamber of Commerce.

Prof Toner was previously Chair but is now Trustee of the Wound Care Alliance UK, a charitable organisation which provides education and training for non-specialist healthcare staff, both qualified and unqualified, in the field of Tissue Viability. 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 and an MSc Wound Healing and Tissue repair by Professors in Wound Healing. Her PhD continued this interest in the area of Pressure Ulcers.

As a surgical ward sister in practice, Prof Toner developed a special interest in cancer care – the subject of her Masters degree awarded by the University of Glasgow. She has 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.

Her remit within the faculty includes advising on its academic portfolio and to ensure provision meets the workforce needs of our health and social care employers. She is involved in the faculty's overseas activities and as a result she has been privileged to visit a number of countries meeting with government officials, leading academics and professionals. She was key in developing opportunities for students to gain experience of healthcare overseas or to undertake activities contributing to their development as global citizens. She is working with colleagues to assist developing countries in terms of their healthcare education needs including critical care, primary care, stoma care and wound care.

Prof 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 Attendances in 2023/24: 6/6

#### Declaration of interests

- Member, Greater Birmingham Global Chamber of Commerce
- Member/Advisor, Health Data Research UK
- Member, Royal College of Nursing
- Non-Executive Director, The Royal Wolverhampton NHS Trust
- Professional Advisor, Birmingham City University
- Trustee, Wound Care Alliance UK
- Trustee, Birmingham Commonwealth Society
- Teaching Fellow, Advance HE
- Member of the Birmingham Commonwealth Association Education Focus Group and is on the Board of Directors.

Prof Toner is not a member of the NHS Pension Scheme.



### Dawn Brathwaite – Non-Executive Director

Appointed: 2 February 2022

Current Term: 1 February 2024 to 31 January 2025

Dawn 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.

Dawn 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 Finance & Productivity Committee, People Committee and the Non-Executive Director lead for Freedom to Speak Up.

**Board Attendances in 2023/24: 6/6**

#### Declaration of interests

- Consultant/Former Partner, Mills & Reeve LLP
- Dawn is not a member of the NHS Pension Scheme.



### Dr Julian Parkes – Non-Executive Director, Chair of Quality Committee

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

Current Term: 14 April 2022 to 13 April 2024

Julian 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 of his clinical career.

During this time, he was also on the Board of Wolverhampton CCG and previous commissioning organisations. He was prescribing lead for 15 years and was briefly an Associate Non-Executive Director at The Royal Wolverhampton NHS Trust. His practice was one of the first practices to integrate with The Royal Wolverhampton NHS Trust in June 2016.

After retiring from clinical practice, he remained as Lead for Primary Care Integration, supporting the eight General Practices which had integrated with the Trust. He left this role in March 2022.

**Board Attendances in 2023/24: 6/6**

#### Declaration of interests

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

Julian is not a member of the NHS Pension Scheme.



### Professor David Loughton CBE CIHSCM – Group Chief Executive

Appointed as Interim Chief Executive: April 2021

Appointed as Group Chief Executive: 23rd March 2022

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

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

He is also Chair of the West Midlands Cancer Alliance

**Board Attendances in 2023/24: 5/6**

#### Declaration of interests

- Group Chief Executive – The Royal Wolverhampton NHS Trust
- Chair – West Midlands Cancer Alliance

Prof Loughton is a member of the NHS Pension Scheme.



## Mr Ned Hobbs – Chief Operating Officer

Appointed: June 2019

Deputy Chief Executive – appointed July 2023

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

Ned's previous role was as Director of Operations for the Division of Surgery, Women & Children at The 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, Ned has led its operational response to the COVID-19 pandemic. He has also delivered strong access performance with consistently upper quartile (nationally) ambulance handover and 4-hour Emergency Access Standard performance, and upper quartile Cancer 62-day Referral To Treatment and 28-day Faster Diagnosis Standard performance in 2023/24. He was Executive lead in securing Getting It Right First Time Surgical Hub accreditation for the Trust in 2023.

In addition to his responsibilities as Chief Operating Officer, Ned was appointed Deputy Chief Executive Officer in July 2023, and also started a one day per week secondment with NHS England's Urgent and Emergency Care Team in June 2023.

### Board Attendances in 2023/24: 5/6

#### Declaration of interests

- Father – Governor Oxford Health FT
- Sister-in-Law – Deputy Group Director of Nursing, Sandwell & West Birmingham NHS Trust
- Director of Operational Improvement for Urgent & Emergency Care – NHS England

Ned is a member of the NHS Pension Scheme



## Dr Manjeet Shehmar FRCOG, MMedEd, MD – Chief Medical Officer

Appointed: August 2021

Dr 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, she 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 and the Trust SHMI has reduced into expected range.

As Chief Medical Officer, Dr Shehmar holds executive responsibility for mental health, medicines management and medical professional standards and is the Responsible Officer as well as Caldicott Guardian for the Trust. Major projects in the last year have included improvement in medicines management with training, automated drug cabinets and securing funding for a full electronic patient record which will include electronic prescribing. Ward level audits now show improved compliance with medicines management. Through alert systems, Dr Shehmar has developed, and has oversight of, programmes to address outlier concerns such as improvements for colorectal cancer.

Dr Shehmar leads on the Trust FIKA initiative, which encourages engagement with staff through a monthly drop-in session for cake and a chat. A number of the executives bake, as do staff members, and through rotations around the wider Trust it is an informal way of meeting and speaking to a wide range of colleagues.

Dr Shehmar was particularly proud to co-chair the Annual Staff Awards this year, an opportunity to recognise and thank our amazing colleagues.

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 and review of ICS Stillbirths and perinatal mortality.

### Board Attendances in 2023/24: 6/6

#### Declaration of interests

- 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
- Dr Shehmar is a member of the NHS Pension Scheme



**Mr Kevin Stringer**  
– Group Chief  
Finance Officer/  
Group Deputy Chief  
Executive

Appointed as Group Chief Finance Officer: December 2022

Appointed as Group Deputy Chief Executive: July 2023

Kevin is a qualified accountant with the Chartered Institute of Management Accountants (CIMA) and holds a Masters qualification in Business Administration (MBA). With more than 34 years of experience in the NHS, more than 20 of those years as a Board Director, he has vast experience of commissioning and provider organisations.

**Board Attendances in 2023/24: 6/6**

**Declaration of interests**

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

Kevin is a member of the NHS Pension Scheme.



**Ms Lisa Carroll – Chief Nursing Officer**

Appointed: August 2021 (as CNO in July 2023)

Lisa 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 and Chief Nursing Officer in July 2023.

She 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.

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

**Board Attendances in 2023/24: 6/6**

**Declaration of interests**

- Spouse – Officer for Research, Royal College of Paediatrics and Child Health (RCPCH)
- 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 – Director of Medical Education – University Hospitals of North Midlands NHS Trust
- Spouse – Clinical Research Scholar – West Midlands Institute for Health and Clinical Research
- Spouse – Professor of Child Health – Keele University

Lisa is a member of the NHS Pension Scheme.



**Mrs Sally Rowe – Associate Non-Executive Director**

Appointed: 1 April 2019

Current Term: 1 October 2023 to 30 September 2025

Sally has been a qualified social worker for 30 years, working across children's and adult services in different types of local authorities and in frontline and management roles. She has also spent time as Her Majesty's Inspector of Local Authorities and a senior manager within Ofsted. She recently retired as Executive Director of Children's Services and Customer Engagement at Walsall Council and is now an Independent Consultant undertaking improvement work for local authorities and the Department of Education.

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

**Board Attendances in 2023/24: 5/6**

**Declaration of interests**

- Independent Chair, Birmingham City Council Children's Services Improvement Board
- Improvement Advisor, Swindon Council Children's Services
- Independent Chair, Peterborough Council Children's Services Improvement Board
- Keeping Bristol Safe Partnership – Independent Chair
- Director, Inspired Improvements

Sally is not a member of the NHS Pension Scheme.





## Ms Ofrah Muflahi – Associate Non-Executive Director

Appointed: 2 March 2022

Current Term: 1 March 2024 to 28 February 2025

Ofrah'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. Ofrah brings more than 20 years' 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, Royal College of Nursing, Royal College of Midwives and Unite. The Mary Seacole Leadership Award commemorates the Crimean war Nurse and supports nursing staff to improve the care of BAME patients.

Ofrah 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 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 is the Founding Director of the first British Arab Nursing and Midwifery Association in the UK and has an MSc in Healthcare Management and Policy from the University of Birmingham. She is also a certified Cultural Intelligence (CQ) Assessor.

Ofrah is also keen on the development of the next Nursing and Midwifery generation and spends some of her spare time mentoring in a voluntary capacity.

### Board Attendances in 2023/24: 5/6

#### Declaration of interests

- 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
- Founder/Director – British Arab Nursing and Midwifery Association

Ofrah is not a member of the NHS Pension Scheme.



## Ms Fiona Frizzell (Allinson) – Associate Non-Executive Director

Appointed: 1 February 2023

Current Term: 1 February 2023 to 31 January 2025

Fiona qualified as a Nurse in the late 80s and worked in a variety of settings including surgery, operating 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 the 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.

Fiona'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 respected 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 2023/24: 4/6

#### Declaration of interests

- Exam Invigilator, St Benedicts High School, Alcester
- Project Manager: Locala Community Interest Group between 1 July and 31 December 2023
- Trustee - The Shakespeare Hospice
- Son works at the Care Quality Commission

Fiona is not a member of the NHS Pension Scheme.



## Ms Rachel Barber – Associate Non-Executive Director

Appointed: 1 February 2023

Current Term: 1 February 2023 to 31 January 2025

Rachel 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 2023/24: 6/6

#### Declaration of interests

- Non-financial professional member, Onward
- Non-financial member A2 Dominion, Customer Service Committee
- Non-financial professional member, OPCC NWP Joint Audit Committee
- Magistrate, Ministry of Justice
- Sister-in-law, employed at The Royal Wolverhampton NHS Trust

Rachel is not a member of the NHS Pension Scheme.



## Alan Duffell – Group Chief People Officer

Appointed: December 2022

Alan 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.

Before joining the NHS, Alan 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 and Chartered Management Institute and holds an MSc in human resource development.

### Board Attendances in 2023/24: 6/6

#### Declaration of interests

- Member, Chartered Management Institute
- Member of the Chartered Institute for Personnel and Development
- Interim Chief People Officer, The Dudley Group NHS Foundation Trust
- Group Chief People Officer, The Royal Wolverhampton NHS Trust
- Member, Provider Collaborative HR and OD Lead, Black Country Provider Collaborative
- Member, NHS Employers Policy Board

Alan is a member of the NHS Pension Scheme.



## Mr Kevin Bostock – Chief Assurance Officer

Appointed: January 2022

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

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

### Board Attendances in 2023/24: 6/6

#### Declaration of interests

- Sole Director – two 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.

Kevin is a member of the NHS Pension Scheme.



## Dr Jonathan Odum – Group Chief Medical Officer

Dr 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 of 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 since 1999.

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's health needs and inequalities agenda.

### Board Attendances in 2023/24: 5/6

#### Declaration of interests

- 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
- Fellow of the Royal College of Physicians, London

Dr Odum is a member of the NHS Pension Scheme.



## Simon Evans – Group Chief Strategy Officer

Appointed as Interim: October 2021

Appointed as Group Chief Strategy Officer: November 2022

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

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

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

He has a passion for organisational and personal development. He has a post-graduate diploma in Human Resource Development and is a Level 7 Executive Coach. He has lectured on Organisational Behaviour and Organisational Change for Staffordshire University, is a regular guest lecturer for the University of Wolverhampton and works with Aston Business School on a range of collaborative projects.

**Board Attendances in 2023/24: 4/6**

### Declaration of interests

- Group Chief Strategy Officer at the Royal Wolverhampton NHS Trust
- Governor, City of Wolverhampton College

Simon is a member of the NHS Pension Scheme.



## Ms Stephanie Cartwright – Group Director of Place

Appointed: August 2023

Stephanie has more than 30 years' experience with the NHS and has a wealth of knowledge in a wide range of areas including strategic development, leadership, organisational development and stakeholder management. She has held Board level roles for more than 10 years in both commissioning and provider organisations and has worked more recently supporting the development of integrated care and partnership working.

She believes the foundation of integrated care lies in the relationships that are built to enable it, listening to the voice of residents, and ensuring services are designed and delivered according to the need of the population to be served. Stephanie is passionate about enabling environments where patients and staff can flourish and is focused on developing services to ensure that people receive care in the right place, at the right time and by the right person. Her knowledge and experience in enabling working together as a system and place is something which enables her to strive for continual improvement and ensuring that all voices are heard.

Stephanie's role as Group Director of Place spans both Wolverhampton and Walsall, with responsibility to lead the work and development of both Wolverhampton and Walsall place-based partnerships.

**Board Attendances in 2023/24: 4/4**

### Declaration of interests

- Group Director of Place – The Royal Wolverhampton NHS Trust
- Stephanie is a member of the NHS Pension Scheme.



## Mrs Sally Evans – Group Director of Communications and Stakeholder Engagement

Appointed as Interim: April 2021

Appointed as Group Director: December 2022

Sally 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, Sally brings a wealth of experience in the public sector.

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

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

**Board Attendances in 2023/24: 5/6**

### Declaration of interests

- Group Director of Communications and Stakeholder Engagement at The Royal Wolverhampton NHS Trust
- Sally is a member of the NHS Pension Scheme.



## Ms Joselle Wright – Director of Midwifery, Gynaecology and Sexual health

Appointed : June 2023

Jo started her Nurse training in 1994 in Leicester, before starting her Midwifery training at Birmingham. Following this, she attended The London School of Economics and Political Science where she completed a Masters in Health and Population - her research focused on maternal mortality in developed countries.

Jo has worked across the spectrum of nursing and midwifery roles throughout the West Midlands and London. These include education, research, expert clinical practice, delivery suite Matron, Consultant Midwife, and Head of Midwifery. Jo works within the Integrated care system within the local maternity system and beyond. As part of her role, Jo is a member of national bodies such as the NHS Assembly and the Race Health Observatory for Health.

She has published work and has spoken nationally and internationally at conferences and forums that have shaped nursing and Maternity Services.

**Board Attendances in 2023/24: 5/5**

### Declaration of interests

- Nil

Jo is a member of the NHS Pension Scheme.

## Directors who left during the financial year 2023/24

Mr Russell Caldicott (end date April 2023)

Professor Ann-Marie Cannaby (end date August 2023)

Carla Jones-Charles (end date May 2023)

## Fit and Proper Person

In 2023/24, 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 Persons 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 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

## Scope of responsibility

As Accounting 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 Accounting Officer Memorandum.

The Statements of Chief Executives and Director responsibilities are included at the end of Section C Financial Statements.

## The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Walsall Healthcare NHS Trust to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Walsall Healthcare NHS Trust for the year ended 31 March 204 and up to the date of approval of the Annual Report and Accounts.

## The Trust Board

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

The Chair and Deputies meet regularly with the Chief Executive, Chief Strategy Officer and Company Secretary to set the Board agenda. The Chair and deputies regularly invite comment and feedback regarding the time available and topics covered. It also includes the reporting by Directors on their responsibilities.

The Chair reminds the Boards of the Nolan Principles, and that the organisation is run in line with these.

The Chair conducts the role in line with the Criteria set out in the Code of Governance, Section B. The roles of Chair and Chief Executive are separate, the Board has a Deputy Chair and a Senior Independent Director, (SID) the Chair does not sit on the Audit Committee, the Chair of Audit is not the Deputy Chair or SID.

The Deputy Chair and Company Secretary regularly review the Chairs and non-executive membership of the Board committees, ensuring relevant experience where applicable.

The Trust Board met six times in public in 2023/24, with the agenda and papers available on the Trust website ahead of each meeting. Meetings were held virtually via Microsoft Teams from April 2023 and public meetings were advertised for virtual attendance.

In addition, the Trust Board took part in five development sessions which included discussions on roles and responsibilities of trustees in relation to charity legal duties, digital innovation, the Provider Collaborative and annual financial and activity planning. The Board received presentations and discussions on the CQC compliance internal self-assessment, Black and Ethnic Minority staff networks, equality, diversity and inclusion updates including the Race Code Action Plan.

The Board also received summary of the revised Code of Governance, presentations from Community Services, safeguarding training for all Board members, updates on the FtSU Board Survey, discussions on end of year financial positions and planning, Staff Survey results for 2023 and Annual Plan 2024/25 priorities.



## Externally facilitated Well-led Review

The Trust carried out its most recent externally facilitated leadership and developmental review using the well-led framework. This pre-dates the period of this Annual Report. The next is scheduled to be carried out in 2024/25.

## Board Evaluation

The most recent Board evaluation and CQC Well-led evaluations included contact with all Board members and provided comment on the composition of the Board that has been factored into future recruitment. Board members' objectives include enacting the Policy on Equality, including disability and gender balance. Senior staff are included in the WRES data which is referred to by the Board as part of the Board Assurance Framework Risk NSR106.

The Trust Board held its Annual General Meeting virtually on 28 September 2023.

## Trust Board Composition

Sir David Nicholson KCB CBE was appointed as the Joint Chair of Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust from 1 April 2023.

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

The voting membership of the Trust Board is comprised of the Chair, six Non-Executive Directors and five Executive Directors. Each voting member has equal voting rights. The Trust Board is supported by four Associate Non-Executive Directors and six Executive 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 Executive Directors are required to comply with the Trust's conflict of interest policy and declare any actual or potential conflicts of interest.

The names of the Directors of the Trust from 1 April 2023 to 31 March 2024, 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 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 2023/24 to ensure continued review of their terms of reference and 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 2023/24 were:

- Audit Committee
- Nominations and Remuneration Committee
- Quality Committee
- People Committee
- Finance and Productivity Committee
- Walsall Together Partnership Board
- Charitable Funds Committee

## Audit Committee

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

Non-Executive Director Members: Ms M Martin (Chair), Mr J Hemans, Dr J Parkes and Mr P Assinder (1 April 2023 to 31 March 2024)

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 Committee, the Finance and Productivity Committee, People Committee and Trust Management Committee.

The committee received and discussed reports on:

- Trust Annual Report, Annual Governance Statement and Accounts 2023-24
- Board Assurance Framework, Strategic Risk Register and related governance processes Data security and Protection Toolkit
- Imaging/Radiology Process
- Sickness absence
- Effective Rostering and use of temporary staffing
- Key Financial Controls – Income Collection, General Ledger and Cash Flow reporting
- Data Quality
- Head of Internal Audit Opinion 2023/24
- Counter Fraud Progress Reports

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 met five times in 2023/24. Non-Executive Directors' attendances were recorded as being high during the year, and the committee was quorate at all meetings. No meetings were cancelled.

## 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.

Non-Executive Director Members: Mr P Assinder (Chair), Ms M Martin, Ms D Brathwaite, Dr J Parkes, Prof L Toner

The Remuneration Committee receives periodic updates on the succession planning for the Directors from the Group Chief People Officer and the Non-executives from the Deputy Chairs.

## Quality Committee

The Quality 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 Committee comprises of a Voting Non-Executive Director as Chair.

Non-Executive Director Members: Dr J Parkes (Chair), Mrs 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 & Safety Group, Mortality Group, Infection Prevention and Control Committee, Safeguarding Group, Mental Health, Clinical Audit and Quality Account Group.

The committee received and discussed reports on:

- Annual Safeguarding Report
- Annual Infection Prevention & Control Report
- Mental Health Update
- Patient Experience Annual Report
- Maternity
- Mortality
- Clinical Audit Plan
- Board Assurance Framework, Corporate Risk Register 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's 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 monitors its implementation and receives regular reports on the Trust's effectiveness in engaging patients across the range of its services and communities.
- Gains assurance that the Trust has systems and processes in place to support the delivery of an open and honest reporting and continuous learning culture.

- Oversees improvements and changes applied as a result of reviews of mortality, clinical incidents, complaints, litigation, external regulator reports etc., and 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 have oversight of such plans.
- Will scrutinise the effective and efficient use of resources through evidence-based clinical practice and assure itself that there is an appropriate process in place to monitor and promote compliance across the Trust with all standards and guidelines issued by the regulators, NHS Improvement, Care Quality Commission, NHS England, the NHS Resolution, the Royal Colleges and other professional and national bodies.
- Review audits conducted 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 NHSEI, Care Quality Commission, NHS Resolution, the Royal Colleges and other professional and national bodies.

Board Committees are encouraged to utilise the breadth of the Board committee structure to escalate items to other Board committees for action. As an example, the Finance and Productivity Committee may escalate an item regarding cost improvement proposals to the Quality 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 ten times in 2023/24. Non-Executive Directors’ attendances were recorded as being high during the year, and the committee was quorate at all meetings. No meetings were cancelled.



## People Committee

Non-Executive Director Members: Mr J Hemans (Chair), Mr P Assinder, Ms D Brathwaite, Ms R Barber

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

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

Board assurance framework

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.

The committee met 10 times in 2023/24. Non-Executive Directors’ attendances were recorded as being high during the year, and the committee was quorate at all meetings. No meetings were cancelled.



## Finance and Productivity Committee

Members: Mr P Assinder (Chair), Mrs M Martin, Mrs D Braithwaite (1 April 2023 to 31 March 2024)

The committee provides assurance to the Board on matters financial and performance in nature, reporting on delivery against Board-endorsed plans 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. It also ensures 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) 2023/24
- Annual Budget, Income and Expenditure Plan 2024/25 Financial Strategy
- Reduction in Temporary Medical Staffing and Locum Spend
- Business case endorsement and recommendations, including post implementation reviews
- Efficiency Programme, Reference costs, Estates and 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 Review Group
- Terms of Reference for Efficiency Programme
- Digital Strategy Updates

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 in relation to restoration of services following the COVID-19 pandemic, reporting on financial position throughout.

The committee met 12 times in 2023/24. Non-Executive Directors' attendances were recorded as being high during the year, and the committee was quorate at all meetings. No meetings were cancelled.

## 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 Strategy and development of the Walsall Place-Based Partnership. The committee is responsible for the oversight of place and service integration contractually in the scope of the agreement for system integration and transformation.

Non-Executive Director Members: Professor Patrick Vernon OBE (Chair), Ms Sally Rowe, Mr Junior Hemans

Professor Vernon is 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
- Progress towards delegation of responsibilities from the Black Country ICB to the Walsall Together Place Based Partnership

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 a Group Director of Place for the Walsall Together partnership
- A review of the strategic aims and objectives of the partnership
- Development of a Population Health and Wellbeing Outcomes Framework
- Development of a Place Directory of Services
- Approval and development of the 2024/25 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, Family Hubs, Resilient Communities, Workforce and Digital (enabler)
- Support to the Walsall Primary Care Collaborative

## Board of Trustees and Charitable Funds Committee

Non-Executive Director : Mr P Assinder (Chair)

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 2023/24, a wide range of projects were supported for the benefit of the welfare and comfort of our patients and staff.

### Capacity to Handle Risk

Risk Management Leadership:

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

- The work of its committees
- Use of Internal Audit and other independent inspections
- 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 an established 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:

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

The committee received and discussed reports including:

- Fundraising Strategy
- Business Case to Support Fundraising Investment Performance
- Income and Expenditure Reviews Charitable Funds Annual Accounts 2022/23
- The committee met four times in 2023/24. The committee was quorate at all meetings. No meetings were cancelled.

## Data Quality and Governance

The Trust recognises the importance of having effective data collection and analysis, in order to understand the operation of 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

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 part year 2023/24 the Risk Management Executive Group (RMEG) was chaired by the Deputy Chief Executive or the Chief Assurance Officer and was comprised of all Executive Directors and Divisional Directors. The Terms of Reference for the meeting were reviewed in the year, and the Chief Nursing Officer is the current chair. 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.

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 2023/24 were:

BAF NSR101: Excel in the Delivery of Care – Cyber security: If the Trust suffers a successful cyber-attack via any one of several access points and vulnerabilities, there is the potential denial of access (Ransomware) and/or compromise of data which could result in a data breach, denial of access to critical systems and impact on access to patient information and clinical care systems with consequential denial of care, potential harm or delay in patient care with reputational loss, financial risk of fines from the Data Commissioner.

BAF NSR102: Excel in the Delivery of Care – If the Trust is unable to implement a positive culture of inclusion, innovation, behaviour change and radical and continuous improvement then the culture and leadership will be unable to address critical workforce gaps, improve services and provide value for money, resulting in staffing gaps in critical areas, poor staff morale and managers and leaders who are unable to practice compassionate and inclusive leadership, leading to a negative impact on patient care, reputational damage, increased costs and poor-quality services.

BAF NSR103: Support our Colleagues – If there is a failure to attract, recruit and retain staff, and offer improved positive action on health and wellbeing, EDI, workplace culture and leadership at all levels, there is the risk of critical workforce gaps, including key clinical and support areas resulting in workforce exhaustion and burnout, poor staff morale and inability of managers and/or leaders practicing compassionate and inclusive leadership behaviours with the negative impact on patient care, staff morale and organisational reputation.

BAFNSR104: Excel in the Delivery of Care – If there is a failure to maintain consistent standards of patient safety and quality of care, there is the risk of increased incidence of harm resulting in potential regulatory investigation and action, negative impact on Trust reputation, and adverse impact on recruitment and safety.

BAFNSR105: Excel in the Delivery of Care – If the future funding flows for the Trust are insufficient to fund the levels of service and activity undertaken the Trust will be in an increasing underlying deficit position resulting in significant financial challenge to viability with system pressures, external inspection and potential adverse reputational impact.

BAFNSR106: Support our Colleagues – If staff, patients and population health related Equality, Diversity and Inclusion indicators do not improve, and actions to provide equity are insufficient, staff, patient and population health provision and experience may not be improved resulting in inequalities in health outcomes, sub-optimal attraction, retention and engagement of staff from diverse backgrounds and damage to the Trust's reputation in the community.

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

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

Ultimate responsibility for ensuring that the Trust complies with this legal duty rests with the Board, through setting the strategic direction of the Trust, together with monitoring and oversight of performance. This work is supported by the Board's committees, which look more closely at both performance and strategic direction and provide advice and recommendations to the Board. In particular, the Finance and Productivity 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 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 Committee has oversight of the quality impact assessment.

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

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.

## 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.

The 2023/24 period has continued to provide opportunities which actively promote the awareness of fraud and bribery across the Trust by publicising proven cases of NHS fraud and staff are encouraged to report suspicions of fraud through utilising communications, presentations and fraud awareness literature.

Overall for 2023/24, 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. 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 Interim Operational Director of Finance.



## Standing Financial Instructions

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

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

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

## Scheme of Reservation and Delegation

This sets out those matters that are reserved to the Trust Board and the areas of delegated responsibility to Board committees and individuals. The document sets out who is responsible and the nature and purpose of that responsibility. It assists in the achievement of efficient and effective resources by ensuring that decisions are taken at an appropriate level within the organisation by those with the experience and oversight relevant to the decision being made. It ensures that the focus and rigour 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.



## 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 Committee, Finance and Productivity Committee, Investment Committee, People 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. Board materials were available on the website and the public were able to send questions to the Trust Secretary.
- The committees of the Board operate to formal terms of reference that the Board has approved and carry out a range of Board work at a level of detail and scrutiny that is not possible within the confines of a Board meeting. The committees each reviewed their effectiveness in 2023/24 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.
  - monitoring of compliance with external regulatory standards including the Care Quality Commission and the Data Security and Protection Toolkit.
  - monitoring of the Improvement Programme and the delivery of strategic objectives.
  - ensuring the adequacy of the Trust's Strategic Financial Planning.
- Taking account of national and local context, the strategic direction for the Trust has been reviewed by the Trust Board. Areas key to the delivery of the Trust's business strategy are managed and monitored by the Trust Board and the committees of the Board.

- The Trust Board recognises the importance of ensuring that it is fit for purpose to lead the Trust and a programme of Board Development activity has taken place during the year through a programme of Board Development. Non-Executive Directors have also 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 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 Committee is responsible for assessing the assurance available and reporting to the Board.
  - Performance and Finance 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 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.

Walsall Healthcare NHS Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to the guidance) 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 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 all the organisation's obligations under equality, diversity and human rights legislation are complied with.

Walsall Healthcare NHS Trust has undertaken risk assessments on the effects of climate change and severe weather and has developed a Green Plan following the guidance of the Greener NHS programme. The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

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.



## 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. As per national best practice, the Trust undertakes a bi-annual skill mix review in January and June every year which is reported to Board.

International recruitment has continued during 2023/24. At the end of March 2024 the RN and Midwifery vacancy position was 4%. The Trust has recruited 51 Doctors through its Clinical Fellowship Programme during 2023/24, providing valuable flexible support across clinical services.

The Trust has continued its successful partnership with whg to recruit Clinical Support Workers - at the end of March 2024 the vacancy level of Clinical Support Workers was 3.48%.

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 compliments, 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 Group 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 Internal and External Audit services.



# National Guardian

Freedom to Speak Up

## Freedom to Speak Up

Walsall Healthcare NHS Trust continues to strengthen and increase awareness to colleagues across the Trust of the Freedom to Speak Up service.

The FtSU Guardian is an independent role and focuses on creating an open and honest reporting culture, enabling staff to talk about anything that could compromise good patient care. The Trust Board has shown its full commitment and support to embed FtSU within the organisation.

The Trust set out the below objectives to achieve a well-led speaking up organisation.

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

The Trust continues to meet these objectives and during the past 12 months developed and implemented three mandated FtSU training modules. The intention is for 90% of colleagues to have completed the training by the end of 2024/25. As of March 2024, 47% of all staff had completed the Speak Up training and 37.6% of managers had completed the Listen Up training.

The FtSU Guardian Team consists of 1.8 wte supporting a total of 154 concerns which were recorded for the financial year 2023/24.



2023/24	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
01/04/2023	6	0	1	1
01/05/2023	12	7	0	12
01/06/2023	5	1	1	1
01/07/2023	19	10	2	6
01/08/2023	10	4	0	5
01/09/2023	11	2	0	6
01/10/2023	23	10	0	10
01/11/2023	17	1	2	6
01/12/2023	17	0	0	16
01/01/2024	16	0	0	3
01/02/2024	13	0	4	1
01/03/2024	5	0	0	3
<b>Total</b>	<b>154</b>	<b>35</b>	<b>10</b>	<b>70</b>

The FtSU team has supported the development of the civility and respect programme launched in January 2024. The ambition of the programme is for all staff to attend over a three-year period, focusing on the positive impact of compassionate leadership, the importance of creating a psychologically safe place to work, recognising the barriers that some staff groups may face when speaking out and how to address poor behaviours in the workplace. The FtSU team has also supported the launch of the Behaviour Framework which was developed jointly with colleagues from The Royal Wolverhampton NHS Trust.



## Information Governance and Data Security

### 2023/24 Annual Report Statement

Summary of Serious Incidents requiring investigations involving personal data as reported to the Information Commissioner’s Office in 2023/24:

Data Protection Legislation specifies that an information breach, that affects personal data and is likely to result in an adverse effect to the rights and freedoms of individuals, must be reported to the Information Commissioners Officer (ICO) using the online tool.

During the financial year 2023-2024, there have been no incidents that met these criteria.

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, only those classified as 0/1 against the categories below:

Category	Breach Type	Total
A	Confidential patient breach	123
B	Confidential information leak	22
C	Consent not gained	2
D	Post incorrectly sent/addressed	20
E	Record keeping – incomplete	11
F	Missing records	34
G	Records lost in transit	2
H	Records not provided	2
I	Reports (results) – missing/unfiled	10
J	Loss of data via electronic transmission	6
K	Incorrect delivery of electronic data	26
		<b>258</b>

### Data Security & Protection Toolkit (DSPT)

Walsall Healthcare NHS Trust measures performance against the National Data Guardian’s 10 data security standards to ensure appropriate data security and handling of personal information is maintained.

2022/23 (RBK) Data Protection & Security Toolkit return:

An ‘Approaching Standards’ submission was published in June 2023; the mandatory internal audit of the DSP toolkit supported this self- assessment.

An Improvement Plan was established and accepted by NHS Digital with the Trust expected to achieve the required standards by June 2024. The organisation’s status will then be adjusted to ‘Standards Met’.

2023/24 (RBK) Data Protection and Security Toolkit return is currently being ratified and will not be published until June 2024. The Trust is expecting to submit at Standards Met.

### 2024/25 Information Governance Work Programme:

The Trust recognises the importance of robust information governance and data security in practice and remains focused on a number of key workstreams during the next financial year, including:

- Information security; incident and risk management; in particular a focus on disclosures made in error via various means,
- Audits and compliance checks across all Divisions which are aligned to incident activity and identified or suspected operational risk,
- Implementation of the new Data Security and Protection Toolkit (DSPT) which is changing to adopt the National Cyber Security Centre’s Cyber Assessment Framework (CAF), and development of the associated IG internal assurance framework and evidence portfolio,
- Ensuring appropriate records storage, archiving and security arrangements are in place for personal data,
- Delivering updated training to specialist staff and establishing a streamlined approach to information asset management, data mapping and records of processing activities,
- The launch of a Data Security and Protection bulletin containing information on IG risk awareness and learning from incidents, sharing best practice.

The Trust continually seeks to further develop and improve its information security systems and processes, and a number of policies were updated during 2023/24 to ensure the appropriate handling and secure management of personal data. Our control and assurance processes include:

- A Chief Medical Officer, appointed to the role of Caldicott Guardian, who is responsible for protecting the confidentiality of patient information and enabling appropriate information sharing.
- A Chief Financial Officer, appointed to the role of Senior Information Risk Owner (SIRO), who is responsible for monitoring the Trust’s overall information risk and Chair of the Information Governance Steering Group (IGSG).
- A Data Protection Officer who acts independently to ensure compliance with legislation.
- A risk management and incident reporting process and related IG Group Risk Register which is regularly reviewed and monitored for assurance.
- Mandatory Data Security Training for all staff that includes Cyber Awareness.
- Data protection, information security, records management and confidentiality policies and procedures.
- A Data Protection by Design approach in policy to incorporate Data Protection Impact Assessments and Record of Processing Activity.
- Nominated Information Asset Owners across all areas of the organisation.

Assurance continues to be provided to the Trust Board via the Information Governance Steering Group. Membership includes the Caldicott Guardian, Senior Information Risk Owner and Data Protection Officer, who oversee all associated workstreams.



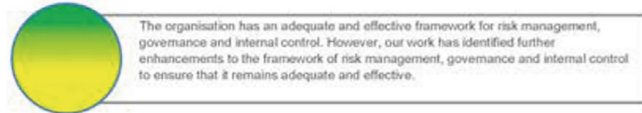
## Internal Audit Opinion

### 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 2024, the head of internal audit opinion for Walsall Healthcare NHS Trust is as follows:



The organisation has an adequate and effective framework for risk management, governance and internal control. However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective.

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:

- Internal audit has not 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. 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;
- 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; and
- 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 our attention.

### FACTORS AND FINDINGS WHICH HAVE INFORMED OUR OPINION

We have issued eight audit reports for Walsall Healthcare NHS Trust, five of which resulted in positive assurance opinions (one 'substantial', three 'reasonable' and one Risk assurance: Moderate / Confidence level: Moderate); and three negative assurance opinions (two 'partial' and one 'little progress').

In the audits shown as providing 'reasonable assurance / reasonable progress,' controls were found to have been adequately designed and generally well applied to mitigate the associated risks to the Trust. However, we identified some areas where controls or their application could be strengthened where suitable management actions were agreed.

For the reports where we concluded that 'partial' assurance' could be taken or 'little progress' had been made in implementing the agreed management actions, these related to the following areas:

#### Follow Up of Rostering including Bank and Agency Bookings (6.22/23) (1.23/24): Little Progress

Our follow up audit identified that little progress had been made in implementing agreed management actions from our original review in 2022/23, with 12 / 16 of the original management actions not having been implemented.

Our year end follow up has revisited the remaining management actions and reasonable progress had been made in addressing the outstanding actions.

#### Data Quality (Integrated Quality Performance Report) - Venous Thromboembolism (VTE) (2.23/24): Partial Assurance

Our review identified five 'medium' priority and one 'low' priority management actions in relation to the update of Policy and Procedure documentation, timely and accurate reporting of VTE performance data, recording and reporting over VTE re-assessment, and VTE assessment training.

Our year end follow up has also reviewed these remaining management actions and noted the progress made on implementation of the actions – there was only one 'medium' priority management action relating to this report where the action implementation remained ongoing.

#### Sickness Absence – Compliance with Trust Policy and Data Quality (2.23/24): Partial Assurance

Our review found issues in relation to non-compliance with the short term and long term sickness absence procedure across the sample of four wards / departments. We also identified cases where sickness absence records and documentation were not being retained appropriately. Whilst we identified non-compliance with the Trust's Policy we noted that the Trust had taken action and had established a Healthy Attendance Project to review these cases.

Our year end follow up review which included the sickness absence report has resulted in a reasonable progress opinion. There is a medium priority action that remains in progress relating to the sickness absence checklist being implemented.

#### 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 the Trust should consider including reference to the findings from the following audits within the Annual Governance Statement (AGS), together with the improvements made since the review:

- Follow Up of Rostering including Bank and Agency Bookings (6.22/23) (1.23/24): Little Progress;
- Data Quality (Integrated Quality Performance Report) - Venous Thromboembolism (VTE) (2.23/24): Partial Assurance; and
- Sickness Absence – Compliance with Trust Policy and Data Quality: Partial Assurance.

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 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 most of the findings reported by the internal audit service during 2023/24.

#### Implementation of internal audit management actions

Where actions have been agreed by management, these have been monitored by management through the action tracking process in place. During the year progress has been reported to the Audit Committee, with the validation of the action status confirmed by specific follow up audits.

Our Follow Up of Rostering including Bank and Agency Bookings (6.22/23) (1.23/24), undertaken in August 2023, confirmed that 12 of the original management actions had not been implemented. Our year end follow up also reviewed these remaining management actions, and reasonable progress was noted with six out of eight management actions followed confirmed as being implemented.

Furthermore, our year end follow up review (Follow Up, 7.23/24), undertaken between March - May 2024, considered the management actions made as a result of the Internal Audit reviews, where negative assurance opinions (i.e. where partial assurance and minimal assurance) were provided. For the 15 management actions considered in this review, we confirmed that 11 (73 per cent) management actions had been fully implemented and four (27 per cent) management actions (which comprised of two 'high' and two 'medium' priority management actions) had not been fully implemented. These management actions remain open in the Trust's action tracking system.

#### 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?
Sector News Briefings	We have provided the Trust with a number of Sector News Briefings to keep the Group abreast of any pertinent developments in NHS sector.
Health Matters update	We have provided the Trust with our periodic Health Matters updates to keep the Group abreast of any pertinent developments in NHS sector.
RSM Employment Matters	We have provided the Trust with a number of RSM Employment Matters updates to keep the Trust abreast of any pertinent employment and human resources developments.
NED Network	The Trust were invited to attend our NED Network events, where our subject matter experts offered advice and provide members with workshops and networking opportunities.
Procurement and Contract Management Newsletter	We provided the Trust with our Procurement and Contract Management Newsletters.
Public Procurement Training: New Procurement Act	We invited the Management team to attend our Public Procurement Training: New Procurement Act.
Failure to prevent fraud – what to consider webinar	We invited the Management team to attend our Failure to prevent fraud – what to consider webinar.
Subject Matter Experts, Data Analytics and Benchmarking	Subject matter experts are integrated into the delivery of our audit plan. For example, our audits in the area of IT Systems Managed by Operational Areas (8.23/24) and Service Management Process (Information Technology Infrastructure Library (ITIL)) have been delivered by our Technology Risk Assurance Team. In addition, we have utilised data analytics and benchmarking in audits such as Freedom to Speak Up (9.23/24).
RSM's Emerging Risk Radar	We provided the Trust with our latest Emerging Risk Radar, which analyses the responses from board members and professional advisors in relation to emerging events or threats that could impact a business either negatively or positively.

Area of work	How has this added value?
Benchmarking of Internal Audit Findings	We provided the Trust with our latest edition of Our Healthcare - Benchmarking of Internal Audit Findings 2022/23 publication.
Annual Report on Benchmarking High Priority Findings	We provided the Trust with our Annual Report on Benchmarking High Priority Findings.
Data Security and Protection (DSP) Toolkit Benchmarking	We provided the Trust with our Data Security and Protection (DSP) Toolkit Benchmarking publication.
VAT updates	We provided the Trust with periodic VAT updates throughout the year.
HMRC updates	We provided the Trust with periodic HMRC updates throughout the year.
Global Internal Audit Standards	We provided Management with a summary of the new Global Internal Audit Standards, which became effective from 9 January 2024.
Procurement Act 2023	We provided Management with details of our training in relation to the new Procurement Act 2023 and our joint webinar with CIPFA.
Quality Assurance and Improvement Programme (QAIP)	We provided Management with details of our Quality Assurance and Improvement Programme (QAIP).
People, pay and risk	We invited the Management team to attend our People, pay and risk webinar.

### 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 is 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

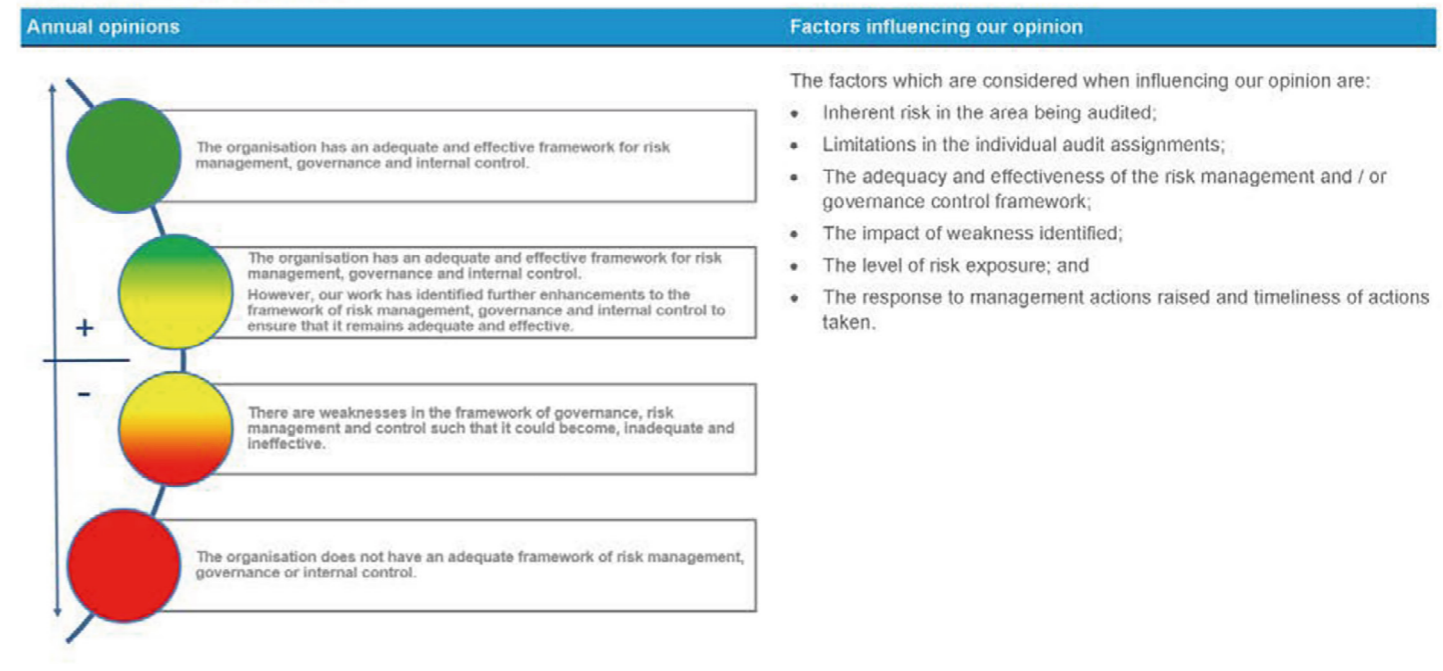
To ensure that RSM remains compliant with the PSIAS framework we have a dedicated internal Quality Assurance Team who undertake a programme of reviews to ensure the quality of our audit assignments. This is applicable to all Heads of Internal Audit, where a sample of their clients will be reviewed. Any findings from these reviews are used to inform the training needs of our audit teams.

Resulting from the programme in, 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 2022/24

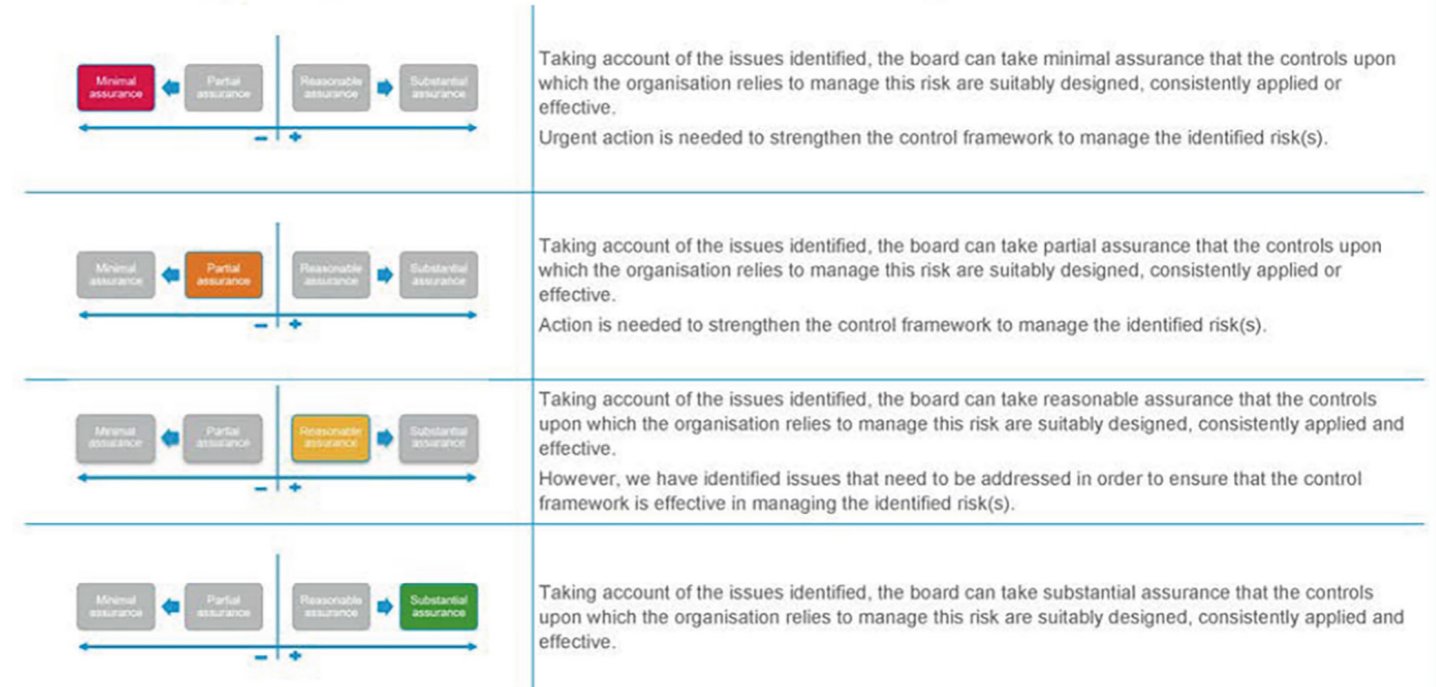
All of the assurance levels and outcomes provided above should be considered in the context of the scope, and the limitation of scope, set out in the individual assignment report.

Assignment	Executive lead	Assurance level	Actions agreed		
			L	M	H
Follow Up of Rostering including Bank and Agency Bookings (6.22/23) (1.23/24)	Lisa Carroll, Director of Nursing	Little Progress [●]	1	3	4
Data Quality (Integrated Quality Performance Report) - Venous Thromboembolism (VTE) (2.23/24)	Lisa Carroll, Director of Nursing and Manjeet Shehmar, Medical Director	Partial Assurance [●]	1	5	0
Sickness Absence – Compliance with Trust Policy and Data Quality (3.23/24)	Manjeet Shehmar, Medical Director	Partial Assurance [●]	0	13	0
Key Financial Controls: Income Collection, General Ledger and Cashflow Reporting (4.23/24)	Dan Mortiboys, Operational Director of Finance	Reasonable Assurance [●]	10	1	0
Radiology / Imaging Process (5.23/24)	Manjeet Shehmar, Medical Director	Reasonable Assurance [●]	3	5	0
Board Assurance Framework (6.23/24)	Dan Mortiboys, Operational Director of Finance	Substantial Assurance [●]	0	1	0
Follow Up (7.23/24) (Draft)	Dan Mortiboys, Operational Director of Finance	Reasonable Progress [●]	0	1	0

Assignment	Executive lead	Assurance level	Actions agreed		
			L	M	H
Data Security and Protection (DSP) Toolkit (8.23/24)	Dan Mortiboys, Operational Director of Finance and Manjeet Shehmar, Medical Director	Overall risk assurance across all 10 NDG standards: Moderate Confidence level of the independent assessor in the veracity of the self-assessment: Moderate	9	13	1

## 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:



## Conclusion

The Trust has made significant improvements to internal control systems during the financial year 2023/24, however we acknowledge that there are still weaknesses that require improvement.

A number of control issues classified as partial assurance by our core internal audit processes were noted during the year. It is worth noting that the Trust Board Assurance Framework/Risk Management internal audits received 'substantial assurance' with one improvement required.

Eight internal audit reports were issued in 2023/24 of which one report was issued with 'substantial assurance', two were issued with 'reasonable assurance', two were issued with 'partial assurance', one was issued with 'little progress' and one is still to be submitted. No significant internal control issues have been identified.

Signed

**Caroline Walker, Group Chief Executive**

Date: 27 June 2024

## 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.

The Health and Safety Committee acts as the main mechanism for consultation on work-related health and safety matters. The Chief assurance Officer is Chair 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 4 of 4 occasions during 2023/24, 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 made available via the Trust intranet.

The Health and Safety Team has continued to review existing policy documents over the last 12 months. On 20 April 2023, the Health and Safety Executive (HSE) wrote to all NHS Boards detailing the HSE's summary findings on the management of risks from workplace violence and aggression (V&A) and musculoskeletal disorders (MSDs) in the NHS, following an inspection programme carried out between 2018 and 2022. During this financial year, the Health and Safety, Moving and Handling and Security policies have all been reviewed alongside the Trust's arrangements to prevent and manage violence and aggression and work-related MSD injuries to identify positive and negative assurance. The HSE wrote to the Trust in February 2024 detailing its plans to inspect the Trust in March and April of the same year.

The Trust uses a range of both reactive and proactive measures to monitor health and safety performance. The Managers Health and Safety Toolkit is a checklist designed to assist managers in identifying any deficiencies in health and safety management arrangements and a process for proactively developing actions to mitigate risks identified. During quarters 1 and 2, the health and safety department reviewed its approach to face-to-face audits and drafted an internal procedure to support and inform auditees of the process and performance rating criterion. The audit programme started in quarter 2 alongside workplace and quarterly environmental inspections.

Ensuring all staff are provided with suitable and sufficient training, instruction and information is crucial to developing a safe and healthy workforce. At the beginning of the year, Accredited IOSH training was delivered to Executive and Divisional Directors by an external provider. To gain accreditation, each attendee was required to complete a health and safety commitment. These commitments have been collated and will form key objectives of the Trust's Health and Safety work plan moving forward.



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 36 RIDDOR incidents over the last 12 months, an increase of 28% compared to the previous year. Predominantly, these relate to moving and handling, slips trips and falls, and sharps injuries resulting in absence from work in excess of seven days. The Health and Safety Team, supported by other specialist advisors, leads on all RIDDOR investigations and share learning via the Trust 'Safety Matters' quarterly newsletter.

Moving into the next 12 months, the Health and Safety Team will work collaboratively to focus on continuously improving the Trust's safety management arrangements. A cross-site task and finish group has been established and will focus on implementing NHS England's Violence and Aggression Prevention and Reduction Standards. The Managers Health and Safety Toolkit has been refreshed, updated and will be relaunched to encourage greater engagement with implementation of local safety arrangements and monitoring of compliance. Health and Safety Co-ordinator training will start again with a view to increasing access to trained and competent personnel to support with local implementation of health and safety measures.

## Emergency preparedness, resilience and response (EPRR)

### The EPRR Team

The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease or a major transport accident.

The EPRR Team supports the Trust to anticipate, prepare, respond to and recover from incidents and emergencies and when utilised fully, underpin the resilience and ability to retain critical services in challenges circumstances.

In March 2023 the Trust saw a business case to increase establishment to enhance preparedness and resilience across the Trust. In May 2023, October 2023 and November 2023 respectively, a new Head of EPRR, EPRR Clinical Advisor and EPRR Administrator have started. Since the increased establishment, the progress of the Trust's training and exercising programme has seen significant improvement. This has been by undertaking a training needs analysis and programme matched to National Occupational Standards set by NHS England.

### EPRR Steering Group

The Trust's EPRR Steering Group meets quarterly and is chaired by the Trust's Accountable Emergency Officer (AEO) for the EPRR portfolio. The purpose of the EPRR Steering Group is to facilitate the Trust's preparedness, overall resilience and ensure our response capability is in place to manage these types of incidents and emergencies.

Representation of the EPRR Steering Group includes Divisional Director of Operations for respective Divisions and Heads of Departments for Corporate Services. The Steering Group's focus is to:

- Identify, mitigate, and monitor risks with EPRR implications.
- Develop, implement, and communicate Trust-wide approach to EPRR with supporting policies and plans.
- Direct an annual work programme to at least meet NHS Annual Assurance and associated Core Standards.
- Monitor and maintain performance management to ensure delivery of the EPRR Core Standards.
- Agree a programme of exercises, which test the Trust's EPRR arrangements, monitor the effectiveness, identify lessons, and support an EPRR Improvement Plan. Exercises will also ensure key staff is trained to operate in any emergency or disruption.
- Identify resources and funding to support EPRR requirements.

In Quarter 4 of 2023/24, the EPRR Steering Group received a presentation based on key performance indicators that indicated progress has been made across the organisation in training, exercising, emergency plans compliance and business continuity.



### Training and Exercising

The EPRR Team has been working with key stakeholders across the Trust to ensure operational, tactical and strategic colleagues are trained and exercised against existing emergency plans that would be used to facilitate a response.

The Trust has seen an introduction to the following training courses since the change of EPRR Team:

- Tactical Command Course – Created to train tactical managers across the organisation in tactical response to a business continuity, critical and/or a major incident.
- Loggist Training – created to train colleagues in providing loggist service in the event of an incident to record decisions on behalf of the Commander.
- CBRN: Initial Operational Response (IOR) Responder Course – created to train operational colleagues based in access points areas of the Trust in how to recognise patients who present with an unknown substance on them and how to enact the remove, remove, remove principles.
- CBRN: Specialist Operational Response (SOR) – created to train colleagues who undertake specialist roles in donning a protective suit and decontaminating patients who have been exposed to an unknown chemical.

In November 2023, we saw an exercise delivered in relation to our DSPT submission in a respective cyber incident which brought colleagues from all areas of the Trust together to contribute to the overall planning of a new Disaster Recovery Response Plan. The exercise was a successful day and learning has been created to ensure that we develop our Trust responses in the future.

### Integrated Health Emergency Planning Group

In March 2024, the Health Emergency Planning Group, which was initially set for Emergency Planning Officers within the Black Country and Birmingham and Solihull Integrated Care Board's (ICB) areas, has seen the integration of Coventry and Warwickshire to create a West Midlands approach to collaboration across the health sector.

This ultimately means that stronger health EPRR collaboration is underway to ensure that preparedness is interoperable throughout health providers across the three integrated care systems.

The Health Emergency Planning Group is represented by the Head of EPRR, and the Local Health Resilience Partnership is represented by the Accountable Emergency Officer.

### EPRR Incidents

April 23 – The loss of internet across the Trust.

May 23 – Fire in the Delivery Suite Handover Room

June 23 – Critical Incident

September 23 – Adverse Weather (Heat)

January 24 – Fire in AEC

January 24 – Fire in General Office

February 24 – Evacuation of a Community Site Location

Chemical Biological, Radiological, Nuclear (CBRN) Response

In November 2023, the Trust was audited by WMAS in relation to providing a CBRN response. Throughout the audit WMAS identified some key areas of improvement to ensure a suitable specialist capability was provided.

Since the appointment of the EPRR Clinical Advisor the following improvements have been made:

- A new CBRN Incident Response Plan signed off by the Trust.
- IOR training rolled out across access point areas including community.
- Trained SOR staff increased from seven to 59 as of March 24 with a KPI to achieve 100 before next Core Standards in August 2024.
- A live exercise being planned for June 2024 to showcase the improvements made to pathways to support the overall patient journey.
- Regular communication exercises in establishing a 24/7 capability and oversight of availability in the event of an incident.

# 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 2024 is set out elsewhere in the report.

The Remuneration Committee receives periodic updates on the succession planning for the Directors from the Group Chief People Officer and the Non-executives from the Deputy Chairs.



Name and Title	2023/24							2022/23							
	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							15-20
Sir D. NICHOLSON, Group Chairman (from 1st April 2023) #	25 - 30					0 - 2.5	25 - 30								
Mr D. LOUGHTON, Chief Executive *	140 - 145					15 - 17.5	155 - 160	155-160					15-17.5	170-175	
Mr R. CALDICOTT, Chief Finance Officer (to 6 April 2023)	0 - 5					0 - 2.5	0 - 5	140-145			1	190-195	47.5-50	385-390	
Mr E. HOBBS, Chief Operating Officer	140 - 145			200		65 - 67.5	205 - 210	125-130					30-32.5	155-160	
Mrs M. SHEHMAR, Medical Director (appointed Medical Director 6 December 2021) **	150 - 155	60 - 65	10 - 15			0 - 2.5	225 - 230	140-145	60-65	10-15			117.5-120	340-345	
Ms C. GRIFFITHS, Director of Culture & People (on Secondment to Sandwell & West Bham Trust from 30th Sept 2023) ***	125 - 130					30 - 32.5	160 - 165	115-120					22.5-25	140-145	
Mrs G. AUGUSTINE, Director of Planning and Improvement (to 31 October 2022)								65-70					0	65-70	
Mr S. EVANS, Group Chief Strategy Officer*	85 - 90					10 - 12.5	95 - 100	55-60					7.5-10	60-65	
Mrs S. EVANS, Group Director of Communications & Staff Engagement *	60 - 65					5 - 7.5	65 - 70	50-55					5-7.5	55-60	
Mr M. DODD, Interim Director of Integration (from 4 October 2021)	135 - 140					0 - 2.5	55 - 60	125-130					87.5-90	215-220	
Mrs L. CARROLL, Director of Nursing (from 9 August 2021)	130 - 135					32.5 - 35	165 - 170	120-125					25-27.5	150-155	
Mrs C. JONES-CHARLES, Director of Midwifery (left 4th June 2023) ##	20 - 25	0 - 5		600		2.5 - 5	30 - 35	90-95	5-10		2		85-87.5	180-185	
Mrs A. CANNABY, Group Chief Nurse and Lead Executive for Safeguarding *	35 - 40					2.5 - 5	35 - 40	85-90					10-12.5	95-100	
Mr K. BOSTOCK, Group Director of Assurance (from 1 December 2021) ****	65 - 70					15 - 17.5	80 - 85	60-65					15-17.5	75-80	
Mr M. SHARON, Strategic Advisor to the Board (to 16 June 2022)								15-20						15-20	
Mr K. STRINGER, Group Chief Financial Officer & Deputy Chief Executive RWT (from 1 December 2022) *	75 - 80					7.5 - 10	85 - 90	20-25					2-2.5	20-25	
Mr A. DUFFELL, Group Chief People Officer (from 1 December 2022) *	50 - 55					7.5 - 10	60 - 65	10-15					0-2.5	10-15	
Dr J. ODUM, Group Chief Medical Officer (from 1 August 2022) *	30 - 35					2.5 - 5.0	30 - 35								
Mr D. MORTIBOYS, Operational Director of Finance (from 1 December 2022)	125 - 130	0 - 5		100		32.5 - 35	160 - 165	40-45					0	40-45	
Mrs S. CARTWRIGHT, Group Director of Place (from 24 July 2023) ****	45 - 50			100		80 - 82.5	125 - 130								
Ms J. WRIGHT, Director of Midwifery, Gynaecology & Sexual Health (from 4 June 2023) ###	90 - 95	0 - 5		700		50 - 52.5	145 - 150								
Miss C. BOND, Interim Director of Operational HR and Organisational Development (from 1 October 2023)	45 - 50					12.5 - 15	60 - 65								
Mr P.ASSINDER, Non-Executive Director	20 - 25						20 - 25	10-15						10-15	
Mr R.VIRDEE, Non-Executive Director (to 31 December 2022)								5-10						5-10	
Mr J. HEMANS Non-Executive Director (from 1 February 2021)	10 - 15						10 - 15	10-15						10-15	
Mrs M. MARTIN Non-Executive Director (from 31 March 2021)	15 - 20			100			15 - 20	15-20						15-20	
Prof L. TONER Non-Executive Director (from 1 November 2021)	10 - 15						10 - 15	10-15						10-15	
Mrs D. BRAITHWAITE Non-Executive Director (from 1 February 2022)	10 - 15						10 - 15	10-15						10-15	
Dr J. PARKES Non-Executive Director (from 1 March 2022)	10 - 15						10 - 15	10-15						10-15	
Mrs O. MUFLAHI Non-Executive Director (from 1 March 2022)	10 - 15			200			10 - 15	10-15						10-15	
Mrs S.J. FRIZZELL previously ALLINSON Non-Executive Director (from 1 February 2023)	10 - 15						10 - 15	0-5						0-5	
Miss R.E. BARBER Non-Executive Director (from 1 February 2023)	10 - 15						10 - 15	0-5						0-5	
Ms S. ROWE Non-Executive Director (from 1 September 2023)	5 - 10						5 - 10							0-5	

\* Recharged Staff from Royal Wolverhampton Trust

\*\* Mrs M. Shehmar - Medical Director, "Other Remuneration" relates to Clinical PAs and "Long-Term Performance" relates to Clinical Excellence Awards

\*\*\* Ms C. Griffiths - Director of Culture & People paid by Walsall Trust until 31 March 2024 and as such the above remuneration is for the whole year.

\*\*\*\* Mr K. Bostock and Mrs S. Cartwright are recharged 50% to Royal Wolverhampton Trust and their full salaries were £135,188 and £93,744 respectively. "Other Remuneration" relates to Non-Consolidated payments and NHS Backlog payments (for M Shehmar please see above \*\*)

"Expenses" relate to re-imbursed business expenses

# The total remuneration for Sir David Nicholson in 2023-24 is £105,000 the cost of which has been shared equally between Sandwell & West Birmingham NHS Trust, Walsall Healthcare NHS Trust, The Dudley Group NHS Foundation Trust and The Royal Wolverhampton NHS Trust.

## Mrs C. Jones-Charles salary includes payments for Emergency Work, Lieu of Annual Leave and Weekday and Weekend On-Call Enhancements

### Ms J. Wright salary includes payments for Emergency and Temporary Work, and Weekday and Weekend On-Call Enhancements

For staff sharing arrangements, the Trust is required to report on the total salaries. The total basic salaries in 2023/24 are as follows:

Chief Executive	321,881
Chief Financial Officer and Deputy Chief Executive	226,919
Chief Medical Officer	264,513
Chief Nurse and Lead Executive for Safeguarding	70,549
Chief People Officer	178,511
Director of Communications and Stakeholder Engagement	120,750
Chief Strategy Officer	172,637

**Total salaries of Directors from The Royal Wolverhampton Trust total 1,355,759**

## 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 2024	Lump sum at pension age related to accrued pension at 31 March 2024	Cash Equivalent Transfer Value at 31 March 2024	Cash Equivalent Transfer Value at 31 March 2023	Real Increase in Cash Equivalent Transfer Value
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
Mr E.HOBBS, Chief Operating Officer	2.5 - 5.0	0 - 2.5	35 -40	0 - 5.0	469	273	168
Ms C.GRIFFITHS, Director of Culture & People	0 - 2.5	0 - 2.5	0 - 5	0 - 5.0	73	28	43
Mr R.CALDICOTT, Chief Finance Officer (to 6 April 2023) **	0 - 2.5	0 - 2.5	45 - 50	130 - 135	1,077	816	3
Mrs L. CARROLL Director of Nursing (from 9 August 2021)	2.5 - 5.0	0 - 2.5	30 - 35	70 - 75	707	542	111
Mrs M. SHEHMAR, Medical Director (appointed Medical Director 6 December 2021) ***	0 - 2.5	37.5 - 40	50 - 55	135 -140	1,135	818	234
Mr K. BOSTOCK, Group Director of Assurance (from 1 December 2021) ****	2.5 - 5.0	0 - 2.5	10 - 15	20 - 25	317	228	66
Mr M DODD, Interim Director of Integration (from 4 October 2021)	0 - 2.5	25 - 27.5	65 - 70	185 -190	1,673	1,368	167
Mrs C. JONES-CHARLES, Director of Midwifery (left 4th June 2023) ##	0 - 2.5	2.5 - 5.0	20 - 25	65 - 70	581	398	26
Mr D. MORTIBOYS, Operational Director of Finance (from 1 December 2022)	2.5 - 5.0	0 - 2.5	5 - 10	0 - 5.0	122	67	49
Mrs S. CARTWRIGHT, Group Director of Place (from 24 July 2023) *****	7.5 - 10	17.5 - 20	55 - 60	115 - 120	1,125	803	167
Ms J. WRIGHT, Director of Midwifery, Gynaecology & Sexual Health (from 4 June 2023) ###	0 - 2.5	22.5 -25	25 - 30	65 - 70	575	408	103
Miss C. BOND, Interim Director of Operational HR and Organisational Development (from 1 October 2023)	0 - 2.5	0 - 2.5	20 - 25	60 - 65	468	384	22

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

There were no compensation payments during the financial year ending on 31 March 2024 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 against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce.

### Percentage change in remuneration of highest paid Director.

	2023/24	2022/23
<b>Percentage change from previous year in respect of highest paid director:</b>		
Salary and Allowances	(2.7%)	(1.7%)
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	6.4%	5.3%
Performance pay and bonuses	N/A	N/A
All taxable benefits	N/A	N/A

In 2023/24, zero employees received remuneration in excess of the highest paid Director (there were zero in 2022/23 and in 2021/22). In 2024 the highest paid director is the Medical Director and in 2023 it was the Chief Executive.

Remuneration ranged from £22,383 to £140-£145k (the range was £12,836 to £155k-£160k in 2022/23, and £18,546 to £155k-£160k in 2021/22).

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 against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce. Total remuneration of the employee at the 25th percentile, median and 75th percentile is further broken down to disclose the salary component. The remuneration of the organisation's workforce is disclosed in the below table.

### Pay Ratio Information

	2023/24	2022/23
25th Percentile Remuneration	£24,336	£21,730
Median Percentile Remuneration	£34,581	£32,934
75th Percentile Remuneration	£43,742	£41,659
25th Percentile Pay Ratio	6:1	7:1
Median Percentile Pay Ratio	4:1	5:1
75th Percentile Pay Ratio	3:1	4:1

The banded remuneration of the highest paid Director in Walsall Healthcare NHS Trust in the financial year 2023/24 was £150k to £155k (in 2022/23 was £155k to £160k).

In 2023/24, no employees received remuneration in excess of the highest paid Director. The pay multiple has reduced to 4.4 times the median salary (in 2022/23 it was 4.8 times).

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.



## Off-Payroll Engagements

For all off-payroll engagements as of 31 March 2024, for more than £245 per day via own Limited Company but excluding specific consultancy/project work

### Off-payroll engagements

For all off payroll engagements as of 31 March 2024, for more than £245 per day	Number
Number of existing engagements as of 31 March 2024	0
<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

For all off-payroll engagements, between 1 April 2023 and March 2024, for more than £245 per day

### All Off-payroll engagements

	Number
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

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2023 and 31 March 2024

### Off-payroll Board Member/senior official engagements

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

## Exit Packages

### 2023/24

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			20	62	20	62		
£10,000 - £25,000			1	11	1	11		
£25,001 - £50,000					0	0		
£50,001 - £100,000					0	0		
£100,001 - £150,000					0	0		
£150,001 - £200,000					0	0		
Greater than £200,000					0	0		
<b>Total</b>	<b>0</b>	<b>0</b>	<b>21</b>	<b>73</b>	<b>21</b>	<b>73</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 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>

**Exit Packages-non-compulsory departure payments**

Type of Other Departure	Agreements Number	Total Value of Agreements £000s
Voluntary redundancies including early retirements contractual costs		
Mutually agreed resignations (MARS) contractual costs		
Early retirements in the efficiency of the service contractual costs		
Contractual payments in lieu of notice	21	73
Exit payments following Employment Tribunals or court orders		
Non-contractual payments requiring HMT approval		
<b>Total</b>	<b>21</b>	<b>73</b>

\* Redundancy calculations have been based on contractual obligations and includes redundancy £160k, lieu 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.

**Expenditure on Consultancy**

The Trust paid £0.9m on consultancy costs during 2023/24.



# C - 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.

The Annual Accounts have been prepared in accordance with the 2022/23 Department of Health and Social Care Group Accounting Manual (GAM). From 2009/10 the GAM follows the International Financial Reporting Standards (IFRS) and interpretations to the extent that they are meaningful and appropriate to public body entities.



## Accounting Policies

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

- In the application of the NHS Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed.
- Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.
- The following are the judgements, apart from those involving estimations (see below), that management has made in the process of applying the Trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements.
- Properties which are occupied without a formal lease agreement are assessed as having a 15-year term. This initial assessment was undertaken in 2022/23. At this point in time, management has not identified any plans to exit leases and therefore the full term remains a key component of the calculation to assess the capitalised value of the lease agreements.

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

- Useful Economic Lives "The Trust exercises judgement to determine the Useful Lives and residual values of property, plant and equipment and computer software. Depreciation and amortisation is provided so as to write down the value of these assets to their residual value over their estimated Useful Lives. Every care is taken to ensure that estimates are robust, however factors such as unforeseen obsolescence or breakdown may impact on the actual life of the asset held.
- At 31 March 2024 the Trust received a desktop site valuation undertaken by the Trust's appointed valuers. This included enquiries of management to confirm the floor area had not changed since the last full valuation at 31 March 2023. The desktop valuation was based on a RICS Building Costs Information Services All-in Tender Price Index (BCIS TPI) published on 31 March 2024 and no significant correction to this is anticipated. The site was valued as a specialised property on a depreciated replacement cost (DRC) basis.
- Included within trade payables are accruals that have been provided for based on the information available at the time of preparation of the accounts.
- Application of IFRS16 principles for the PFI model using a modified retrospective approach with the cumulative impact taken to reserves. The National Model has been used to calculate the increased PFI liability on the statement of financial position.

## Auditors

The Trust's external auditors are Forvis Mazars LLP. The total charge for audit work undertaken in 2023/24 was £115k excluding VAT (2022/23 £80k). As far as the Directors are aware, there is no relevant audit information the Trust's auditors are unaware of and the Directors have taken all steps that they ought to have taken, as Directors, to make themselves aware of any relevant audit information and to establish that the Trust's Auditors are aware of that information. Non-audit work may be performed by the Trust's external auditors where the work is clearly audit related and the external auditors are best placed to do that work. For such assignments, the Audit Committee approved protocol is followed. This ensures that all such work is properly considered, and that the external auditor's independence is not compromised through the Trust using them for other non-audit services.

The Trust is able to ensure this as all work is controlled and monitored by the Audit Committee which is made up of Non-Executive Directors. They approve all work and provide a check to ensure independence is maintained

## Statement of Comprehensive Income

	2023/24	2022/23
	£000	£000
Operating income from patient care activities	404,315	378,718
Other operating income	28,624	22,995
Operating expenses*	(425,220)	(418,313)
<b>Operating surplus / (deficit) from continuing operations</b>	<b><u>7,719</u></b>	<b><u>(16,600)</u></b>
Finance income	1,319	955
Finance expenses**	(29,802)	(9,211)
PDC dividends payable	(1,360)	(2,016)
<b>Net finance costs</b>	<b><u>(29,843)</u></b>	<b><u>(10,272)</u></b>
<b>Deficit for the year</b>	<b><u>(22,125)</u></b>	<b><u>(26,872)</u></b>
<b>Other comprehensive income</b>		
<b>Will not be reclassified to income and expenditure:</b>		
Impairments	(1,903)	(7,820)
Revaluations	5,298	41,150
<b>Total comprehensive income / (expense) for the period</b>	<b><u>(18,730)</u></b>	<b><u>6,458</u></b>

\*Included in operating expenses are impairment charges of £2,958k (2022/23: £27,062k). See note 7 for more details of impairments.

\*\* From 1 April 2023, IFRS 16 liability measurement principles are applied to PFI, LIFT and other service concession liabilities. Increases to imputed lease payments arising from inflationary uplifts are now included in the liability, and contingent rent no longer arises. £21,802k of finance expenses in 2023/24 relate to the in-year re-measurement of PFI liabilities.

## Statement of Financial Position

	31 March '24	31 March '23
	£000	£000
<b>Non-current assets</b>		
Intangible assets	8,284	6,012
Property, plant and equipment	231,737	223,738
Right of use assets	17,876	18,693
Receivables	1,463	693
<b>Total non-current assets</b>	<b>259,360</b>	<b>249,136</b>
<b>Current assets</b>		
Inventories	3,802	3,629
Receivables	26,476	27,929
Cash and cash equivalents	20,062	38,358
<b>Total current assets</b>	<b>50,340</b>	<b>69,916</b>
<b>Current liabilities</b>		
Trade and other payables	(54,467)	(62,290)
Borrowings	(9,417)	(6,527)
Provisions	(156)	(183)
Other liabilities	(442)	(711)
<b>Total current liabilities</b>	<b>(64,482)</b>	<b>(69,711)</b>
<b>Total assets less current liabilities</b>	<b>245,218</b>	<b>249,341</b>
<b>Non-current liabilities</b>		
Borrowings	(180,952)	(120,216)
Provisions	(290)	(368)
<b>Total non-current liabilities</b>	<b>(181,242)</b>	<b>(120,584)</b>
<b>Total assets employed</b>	<b>63,976</b>	<b>128,757</b>
<b>Financed by</b>		
Public dividend capital	256,563	252,913
Revaluation reserve	68,679	65,284
Income and expenditure reserve	(261,266)	(189,440)
<b>Total taxpayers' equity</b>	<b>63,976</b>	<b>128,757</b>

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



Caroline Walker, Group Chief Executive 24 June 2024



## Statement of Changes in Taxpayers' Equity for the year ended 31 March 2024

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
<b>Taxpayers' and others' equity at 1 April 2023 - brought forward</b>	<b>252,913</b>	<b>65,284</b>	<b>(189,440)</b>	<b>128,757</b>
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023	-	-	(49,701)	<b>(49,701)</b>
Deficit for the year	-	-	(22,125)	<b>(22,125)</b>
Impairments	-	(1,903)	-	<b>(1,903)</b>
Revaluations	-	5,298	-	<b>5,298</b>
Public dividend capital received	3,650	-	-	<b>3,650</b>
<b>Taxpayers' and others' equity at 31 March 2024</b>	<b>256,563</b>	<b>68,679</b>	<b>(261,266)</b>	<b>63,976</b>

## Statement of Changes in Taxpayers' 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>
Deficit for the year	-	-	(26,872)	<b>(26,872)</b>
Impairments	-	(7,820)	-	<b>(7,820)</b>
Revaluations	-	41,150	-	<b>41,150</b>
Public dividend capital received	25,579	-	-	<b>25,579</b>
<b>Taxpayers' and others' equity at 31 March 2023</b>	<b>252,913</b>	<b>65,284</b>	<b>(189,440)</b>	<b>128,757</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.

### Income and expenditure reserve

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

## Statement of Cash Flows

	2023/24	2022/23
	£000	£000
<b>Cash flows from operating activities</b>		
Operating surplus	7,719	(16,600)
<b>Non-cash income and expense:</b>		
Depreciation and amortisation	13,570	11,933
Net impairments	2,958	27,062
Income recognised in respect of capital donations	(6,669)	-
(Increase) / decrease in receivables and other assets	8,978	(17,693)
(Increase) / decrease in inventories	(173)	(535)
Increase / (decrease) in payables and other liabilities	(9,778)	7,140
Increase / (decrease) in provisions	(105)	375
<b>Net cash flows from operating activities</b>	<b><u>16,499</u></b>	<b><u>11,682</u></b>
<b>Cash flows from investing activities</b>		
Interest received	1,319	955
Purchase of intangible assets	(3,235)	(1,728)
Purchase of PPE and investment property	(16,393)	(36,681)
<b>Net cash flows from / (used in) investing activities</b>	<b><u>(18,309)</u></b>	<b><u>(37,454)</u></b>
<b>Cash flows from financing activities</b>		
Public dividend capital received	3,650	25,579
Capital element of finance lease rental payments	(1,996)	(1,926)
Capital element of PFI, LIFT and other service concession payments	(7,154)	(4,068)
Interest paid on finance lease liabilities	(198)	(219)
Interest paid on PFI, LIFT and other service concession obligations	(7,802)	(8,992)
PDC dividend (paid) / refunded	(2,986)	(1,888)
<b>Net cash flows (used in) / from financing activities</b>	<b><u>(16,486)</u></b>	<b><u>8,486</u></b>
<b>Decrease in cash and cash equivalents</b>	<b><u>(18,296)</u></b>	<b><u>(17,286)</u></b>
<b>Cash and cash equivalents at 1 April - brought forward</b>	<b><u>38,358</u></b>	<b><u>55,644</u></b>
<b>Cash and cash equivalents at 31 March 2024</b>	<b><u>20,062</u></b>	<b><u>38,358</u></b>

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

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

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

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

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



**Caroline Walker**  
Group Chief Executive  
27 June 2024

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

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

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

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

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

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

By order of the Board



**Caroline Walker**  
Group Chief Executive  
27 June 2024



**Kevin Stringer, Group Chief Finance Officer**  
27 June 2024  
Certificate on summarisation schedules

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

Summarisation schedules numbers TAC01 to TAC34 and accompanying WGA sheets for 2023/24 have been completed and this certificate accompanies them.

Finance Director Certificate

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



**Kevin Stringer, Group Chief Finance Officer**

27 June 2024

Certificate on summarisation schedules

## Chief Executive Certificate

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



**Caroline Walker**

Group Chief Executive

27 June 2024

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