



Annual Report 2024/25



Care Colleagues
Collaboration Communities

Contents

	Page
Group Chair's statement.....	4
A – Performance report	5-12
Group Chief Executive statement	13
A snapshot of the last year	14-16
Statement of the purpose and the activities of the organisation – who we are and who we serve	17
Healthier Futures - Black Country Integrated Care System (ICS).....	17
Our vision and values	18
Trust strategic aims and objectives 2022-27	19
Our risks to achievement	20
Walsall Together	20-26
CRN West Midlands/West Midlands RRDN	27-31
Black Country Pathology Services	31
Black Country Provider Collaborative	32
A Performance analysis – Commitment to climate change sustainability	33-35
Patient experience and engagement and volunteering	36-45
Workforce	45
Staff composition	
Ethnicity breakdown	
Staff turnover percentage	
Employee costs	
Trade union facility time reporting requirements	
Staff engagement	
Diversity and inclusion in the workforce	50
Quality	50
Falls	
Tissue Viability	
Pressure ulcers	
Sepsis and management of acute deterioration	
Clinical accreditation	
Quality framework	
Quality and safety enabling strategy	52
Digital innovation	53-54
Our charity year	55-56
B – Accountability report	57
Corporate Governance report	
Directors' report.....	57-70
Annual Governance statement	71
Scope of responsibility	
The purpose of the system of internal control	
The Group Trust Board	
Externally facilitated well-led review	
Board evaluation	
Trust Board composition	
Committees of the Board	
Audit Committee	
Nominations and remunerations committee	
Group Finance and Productivity Committee	
Walsall Together	
Board of Trustees and Charitable Funds Committee	
Group People Committee	
Partnership and Transformation Committee	
Quality Committee	

Capacity to Handle Risk	80
Data Quality and Governance	
The Risk and Control Framework	
Risk Appetite	
Board Assurance Framework	
Review of Economy Efficiency and Effectiveness of the Use of Resources	
Anti-Fraud Bribery and Corruption	
Standing Financial Instructions	84
Scheme of Reservation and Delegation	
Review of Effectiveness	
Establish and Maintain Safe, Sustainable Staffing	87
Freedom to Speak Up	88
Information Governance and Data Security	89-90
Emergency Preparedness, Resilience and Response	91-93
Health and Safety at Work	94-95
Compliance with NHS Provider Licence	96
Internal Audit Opinion	96-97
Remuneration Report	98
Remuneration Policy for Directors	
Salary and Pension Entitlements of Senior Managers	
Compensation on early retirement or for loss of office/payments to past Directors	
Fair Pay Disclosure	
Pay Multiples	
Pay Ratio information	
Expenditure on consultancy	
Off Payroll engagement	
Exit packages	
Exit packages/non-compulsory departure payments.....	108
C – Financial statements	109
C1 Forward and financial performance	
Overview statement	
Going concern	
Summary financial performance	
Capital expenditure	
Revenue plan	
Capital plan	
Statement of disclosure to Auditors	
Forward and financial performance overview	
Accounting policies	
Auditors	111
Independent Auditor’s statement	112
Statement of comprehensive income	
Statement of financial position	
Statement of changes in taxpayers’ equity	
Information on reserves	
Statement of cashflows.....	117
Statement of Chief Executive’s responsibilities as accountable officer	118
Statement of Directors’ responsibilities in respect of the accounts	119
Trust accounts consolidated (TAC) summarisation schedules	120

Introduction

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

Statement from the Group Chair



Welcome to Walsall Healthcare's Annual Report which, at the time of writing, sees us keenly awaiting the publication of the government's 10 Year Health Plan.

We know the plan will focus on delivering three big shifts in healthcare:

- Hospital to community
- Analogue to digital
- Sickness to prevention

And we know it comes on the back of members of the public, as well as NHS staff and experts, being invited to share their experiences, views and ideas for "fixing the NHS" as part of a huge engagement exercise.

Prior to this, the government commissioned an independent investigation led by former health minister Professor Lord Darzi and his findings have laid the foundations for the plan. He reported the NHS is in a 'critical condition' as it juggles the many challenges associated with meeting the needs of an ageing population, supporting those with complex needs, delivering timely care, maximising productivity and ensuring sustainability.

Add to this the Secretary of State for Health and Social Care's announcement that NHS England is being abolished, our Integrated Care Boards (ICBs) must reduce by 50 per cent, and NHS Trusts must significantly reduce their headcount in order to achieve financial stability.

Unsurprisingly, this is an incredibly tough time for many who work within the NHS – it's a time of uncertainty and worry as the cost-of-living crisis continues to have an impact and a host of other factors affect our economy and job security.

But it is also a time of anticipation and welcome innovation as we draw on our reserves of resilience, creativity and unwavering commitment to do our best for our patients.

We are proud to have the Black Country Provider Collaborative as a vehicle to drive these efforts and we are currently developing proposals to change breast cancer services, urology, bariatrics, and corporate services.

Staying closer to home, Walsall Healthcare teams have worked so hard over the last 12 months to reduce emergency admissions, build on community services that support people to stay in their own homes to manage their conditions and forge even closer links with partnerships and the communities we serve. Please take the time to read about some of these achievements in this report.

The collaboration with The Royal Wolverhampton NHS Trust has also been strengthened with invaluable learning shared across both organisations.

Once again, I'd like to place on record my sincere thanks to everyone who shows us daily how much they care and their willingness to make our organisation fitter for the future. They are what makes me proud to be part of the NHS.

Signed

Sir David Nicholson KCB CBE

A - Performance Report

A1 - Performance Overview Acute Performance

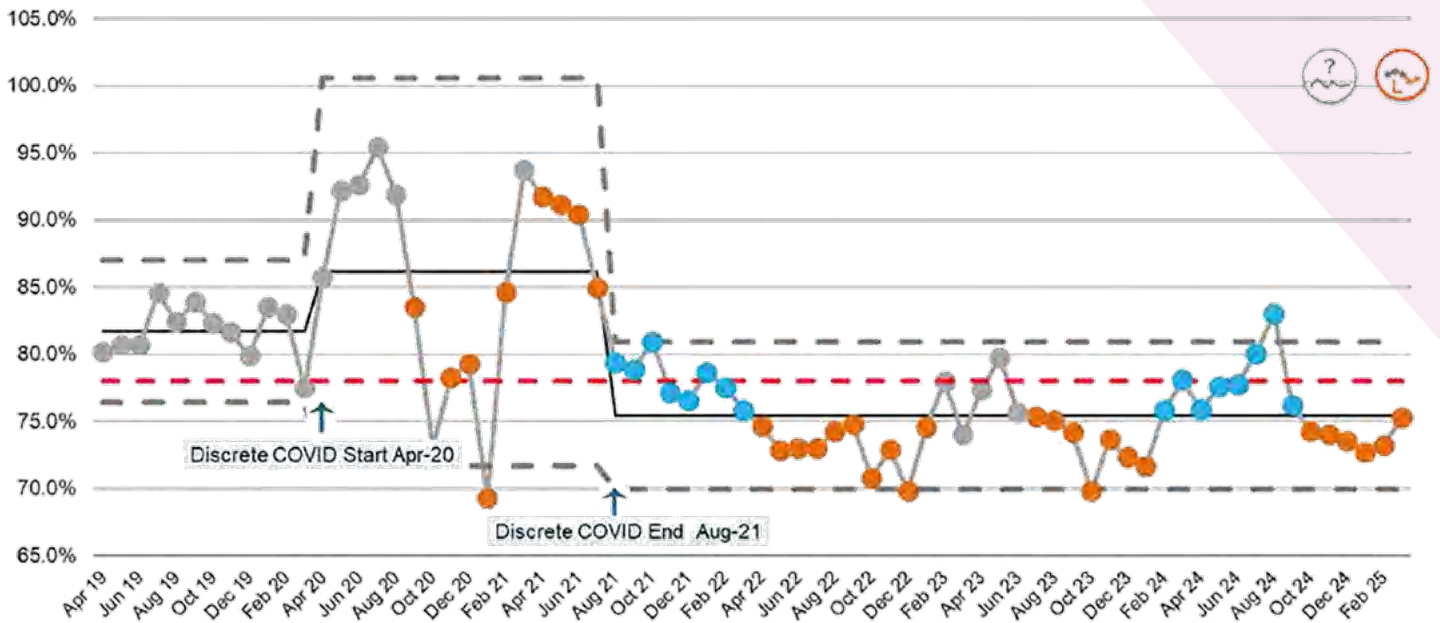
4 Hour Emergency Access Standard: This measures compliance against the national standard of 78%* of patients attending the Emergency Department (ED) should leave the department within 4 hours.

(*National standard changed from 76% to at least 78% by March 2025).

The Trust's performance from April 2019 to March 2025 is shown below:

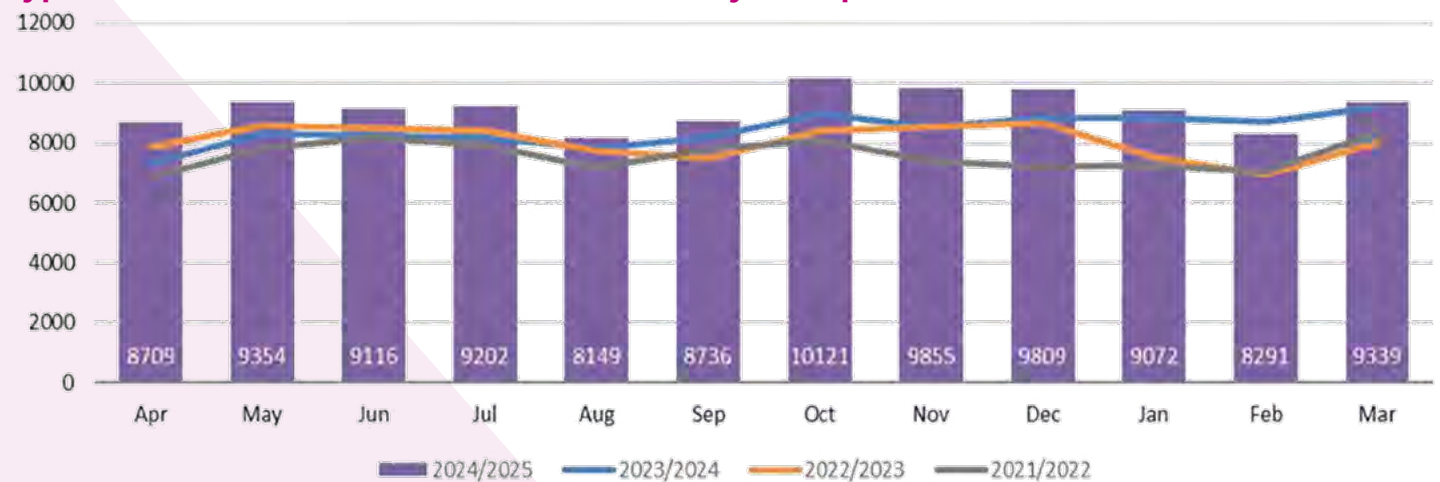
In March 2025, 75.30% of patients were managed within 4 hours of arrival, against the revised national expectation of at least 78%. The total financial year's performance was 76.03%.

Total time spend in ED - % within 4 hours - Overall (Type 1 and 3) - starting 01/04/19



The Trust has experienced significant growth in demand for urgent and emergency care services in recent years. We received 8.5% more Type 1 Emergency Department attendances in 2024/25 compared to 2023/24 – driven by growth in Walsall patients and by increasing numbers of patients from further afield, including the other Black Country boroughs and from outside of the Black Country. In part this is further complicated by patients being received via ambulance from out of area which impacts on patients being discharged to community and local authority services and extends length of stay.

Type 1 ED Attendances - Taken from the Daily SitRep



In October 2024, a record high Type 1 ED attendances were recorded (12.93% increase on October 2023 showing a statistically significant increase). Three weeks in October ranked in the highest 10 weeks of type 1 attendances recorded at Walsall Manor Hospital.

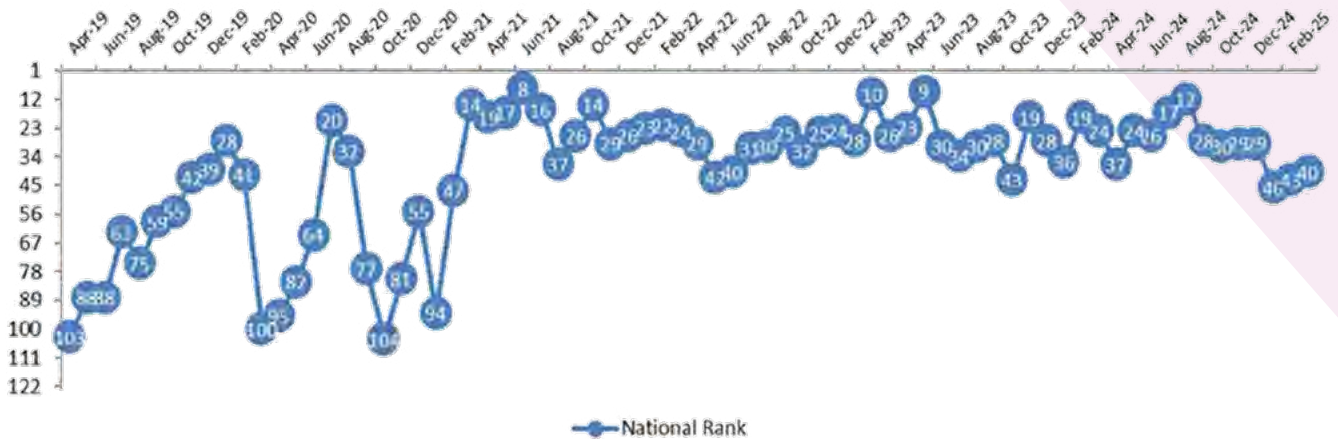
The Trust has improvement plans in place focusing on improvements in Urgent and Emergency Care, prioritising the Trust's strategic priority to shift towards a Community First approach.

In agreement with the Black Country Providers, the intelligent conveying of ambulances ceased from March 2025 and the Trust was able to close 24 medical beds.

The Trust is on track with the Delivery Plan for the first phase of its planning to manage the increased Emergency Department attendances forecast as a result of Sandwell Hospital's Emergency Department closing, and the Midland Metropolitan University Hospital opening.

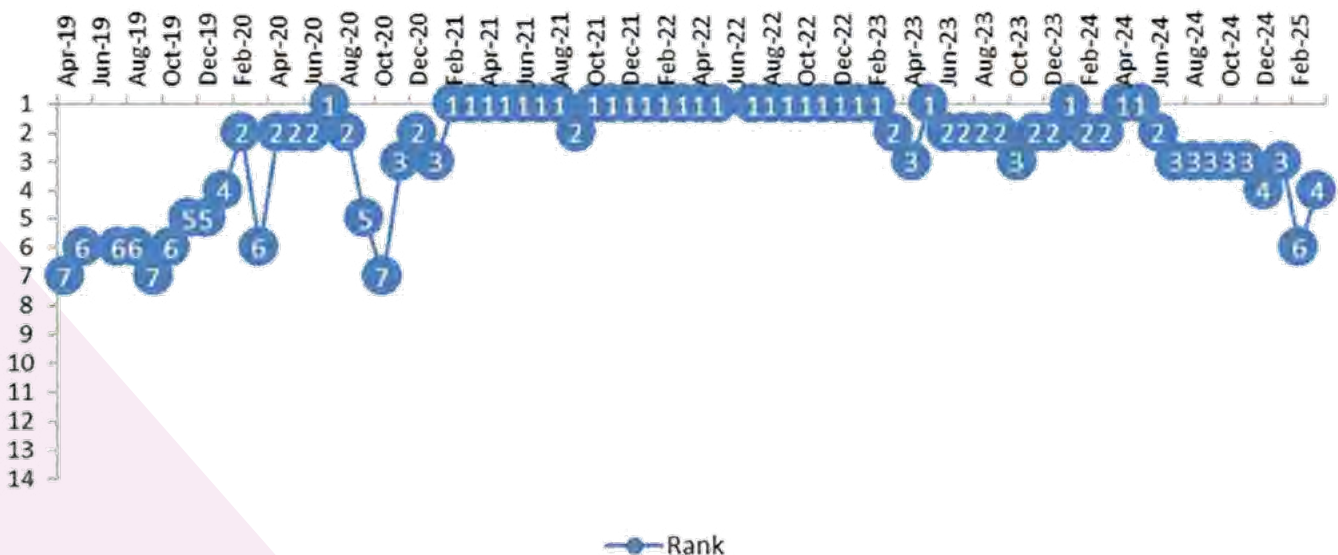
The Trust's national ranking for the 4 hour emergency access standard (EAS) was 40th best Trust out of 121 reporting Acute Trusts for the month of March 2025.

4-hour Emergency Access Standard (Type 1 & 3) performance - National rank out of 121 reporting Acute Trusts



The Trust maintained ambulance handover performance (within 30 minutes) and has been in the top performing Trusts regionally since November 2020.

Ambulance Handover - % Handovers recorded within 30 mins - Rank out of 14 West Midlands Trusts



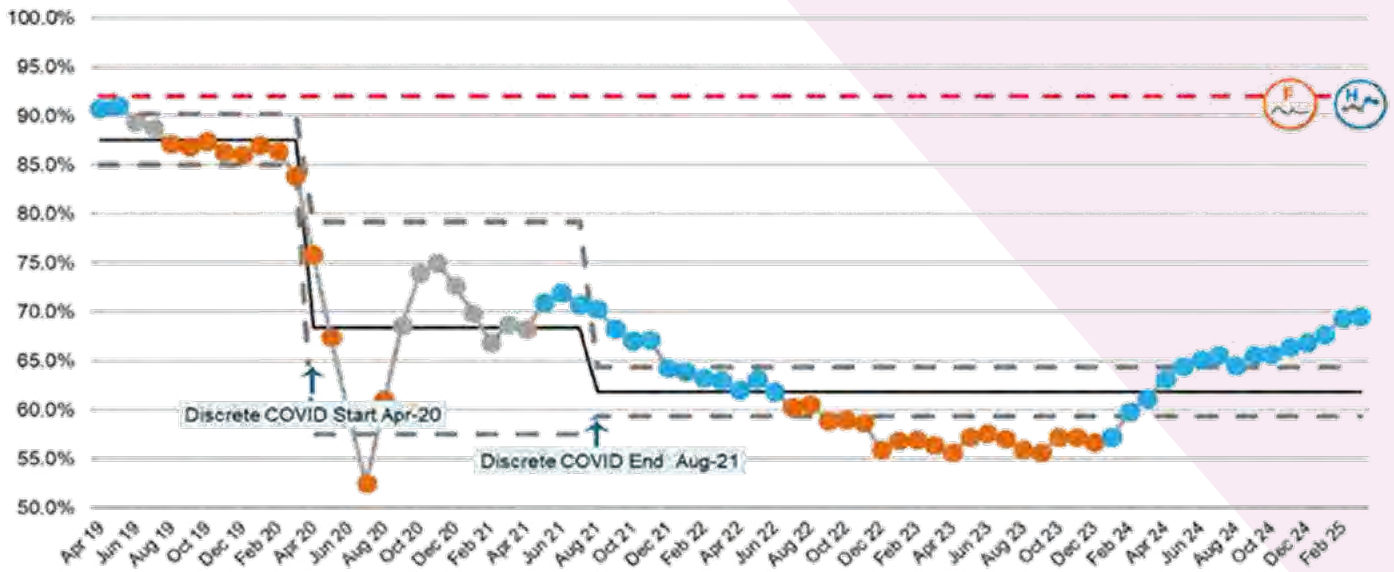
Pathway development work has been taking place, including closer working with West Midlands Ambulance Service and the Call Navigation Centre who advise and support appropriate or alternative services to ambulance calls. In addition, the opening of the new Hot Imaging Suite to reduce turnaround times 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 2025 had 69.54% of patients waiting under 18 weeks.

18 weeks Referral to Treatment - % within 18 weeks - Incomplete - starting 01/04/19



The Trust delivered the national standard to have no patients waiting in excess of 78 weeks as of the end of March 2025.

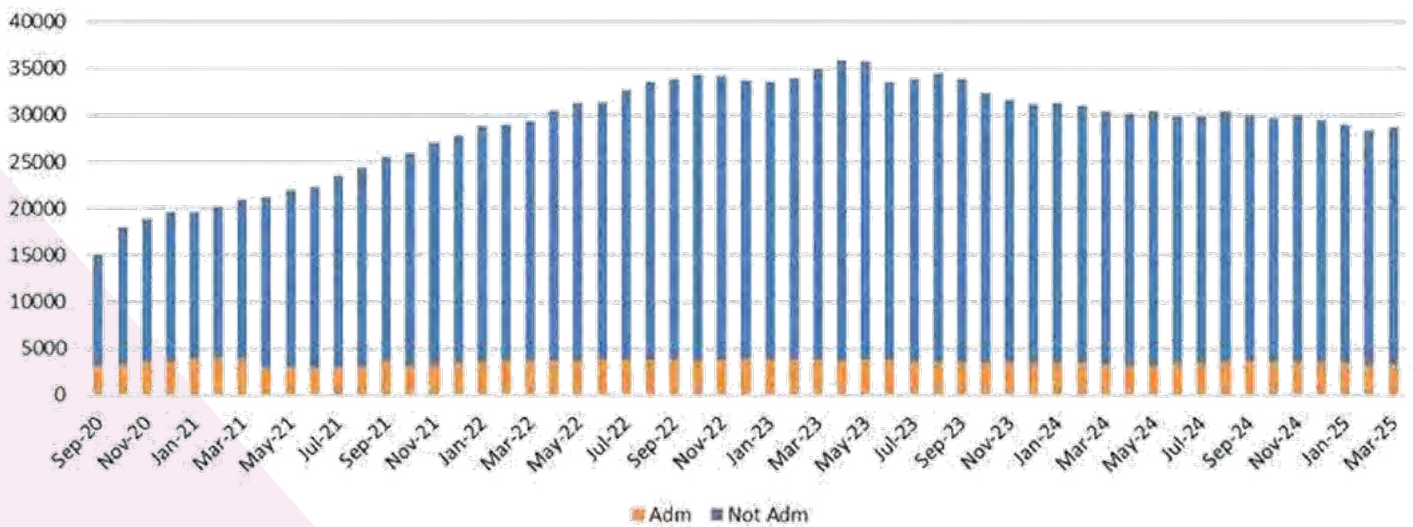
The Trust delivered the standard of no patients waiting more than 65 weeks, except for choice. One patient exercised their right to choice and opted to have surgery during April 2025.

The Trust had the lowest number of patients waiting over 52 weeks in the region as at the end of March 2025.

The total number of patients waiting (on the RTT 18 weeks waiting list) peaked in April 2023 at 35,882. Good progress has been made in reducing the number of patients waiting.

March's snapshot reported 28,681 and is a 20% reduction on April 2023.

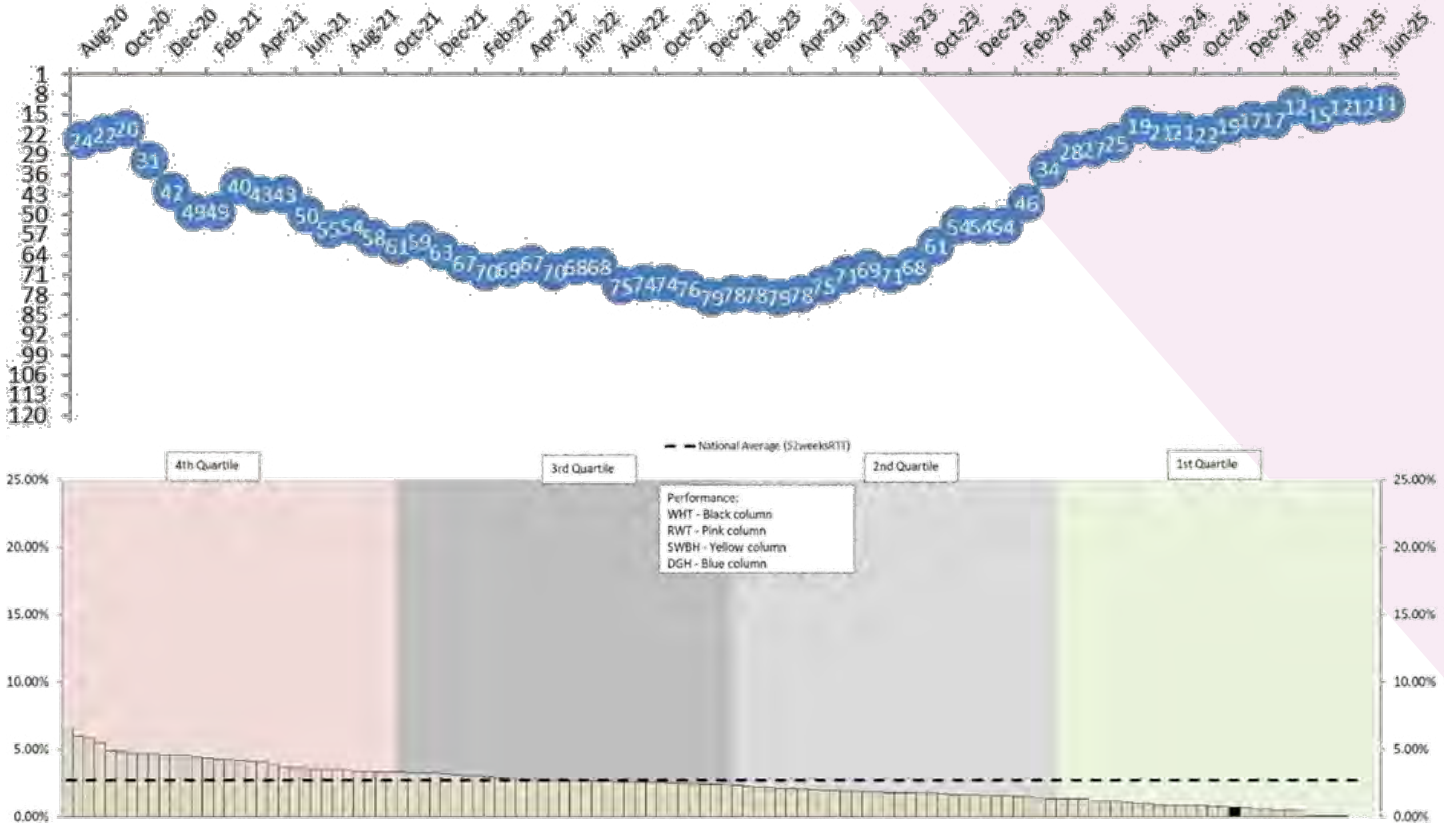
Referral to Treatment - Number of Total Incomplete Pathways



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

The Trust is now 12th out of 121 reporting Trusts in the country for 18-week Referral To Treatment performance as at February 2025. And 13th out of 121 reporting Trusts in the country for 52 weeks (as a percentage of the total waiting list).

18 Weeks Referral to Treatment - Incomplete Pathways National Rank out of selected 121 Trusts



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. The Trust has provided mutual aid for neighbouring Trusts by treating patients awaiting surgery to support reduction in long waiting patients across the Black Country.

The second phase of our West Wing Operating Theatre capital development to upgrade Theatres 1—4 started this year which will result in a full operating Theatre suite of modern, high-quality facilities and is anticipated to be complete early in 2026. Elective sessions have been re-provided within the Minor Surgery Procedure Room and use of Cannock Theatres for day case elective orthopaedics.

We have been able to maintain our protected ringfence of the elective wing of the hospital for the last five years.

Cancer

From 1 October 2023, the national standards changed. There are now three cancer standards, which combine all the previous standards. The national thresholds for the three metrics were changed from 1 April 2024:

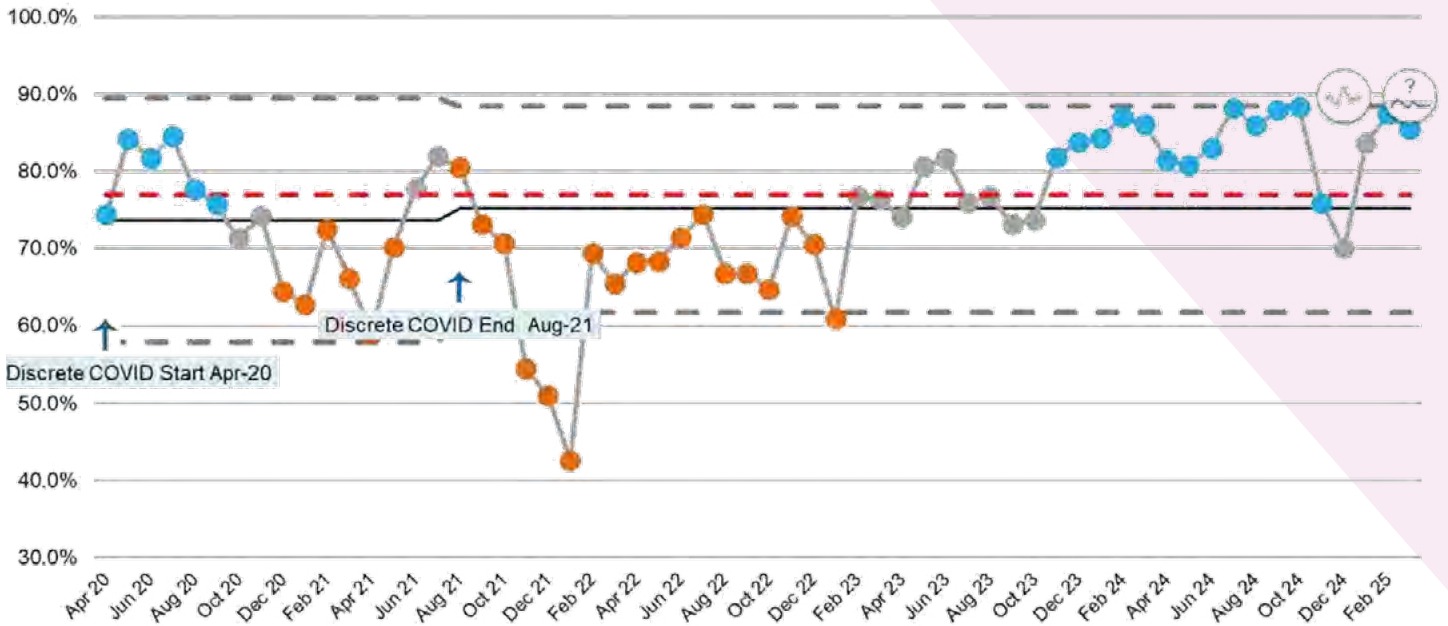
- 28-day Faster Diagnosis (Operating standard of at least 77% by March 2025)
- 31-day decision to treat to treatment standard (Operating standard of at least 96%)
- 62-day referral to treatment standard (Operating standard of at least 70% by March 2025)

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

Performance:

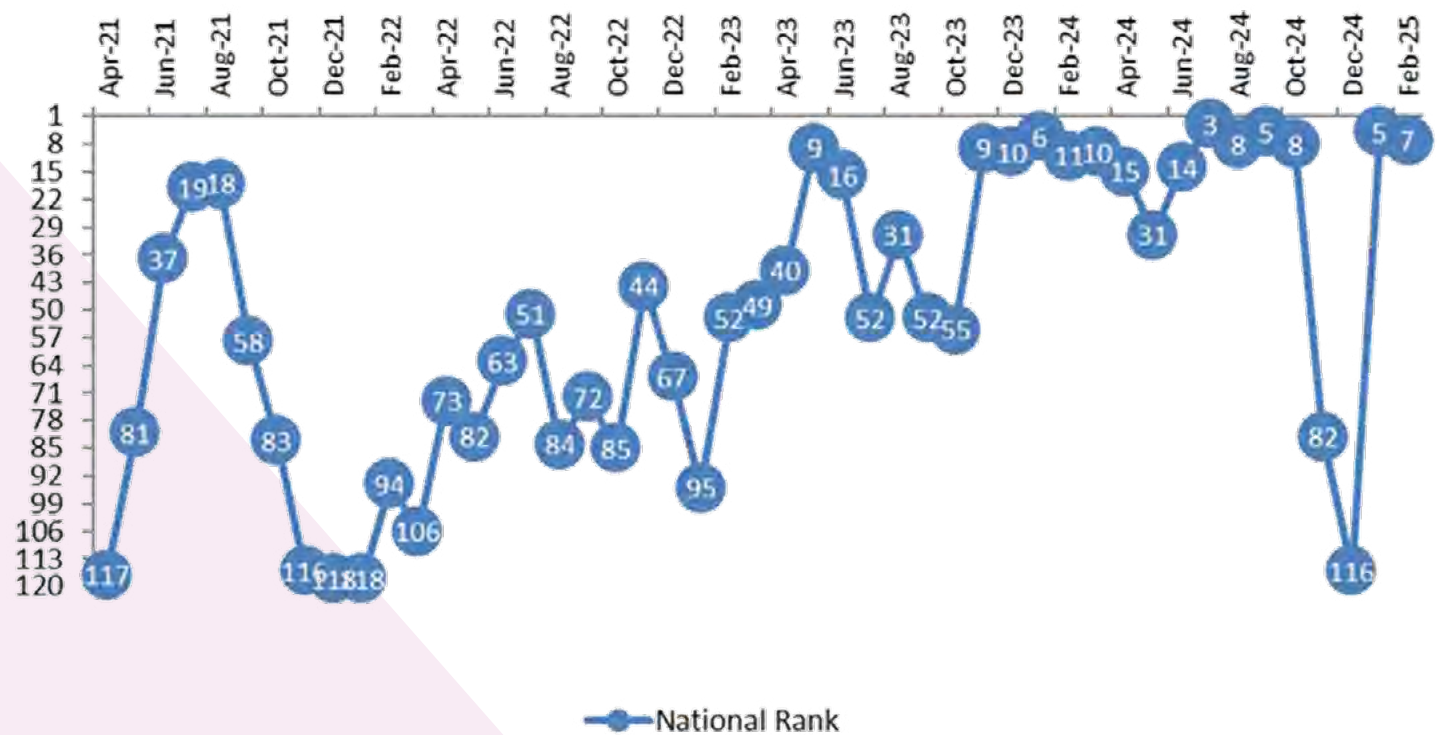
Percentage of service users waiting no more than 28 days to communication of definitive cancer / not cancer diagnosis:

Cancer 28 Day Faster Diagnosis Standard - Overall - starting 01/04/20



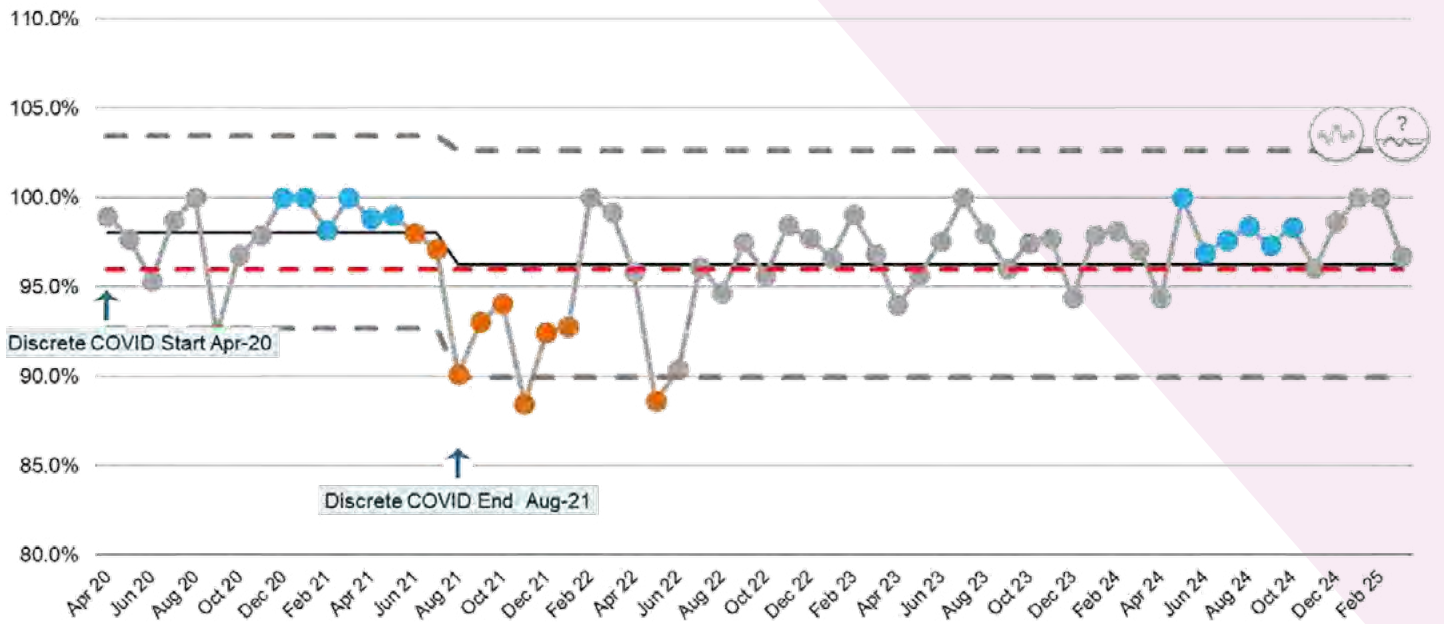
In March 2025, 88.7% of patients received a diagnosis within 28 days of referral, February 2025 data shows the Trust upper decile of performance nationally and delivering statistical improvement for the majority of the financial year.

Cancer 28 Day Faster Diagnosis overall - All routes - National Rank out of 121 reporting Acute Trusts



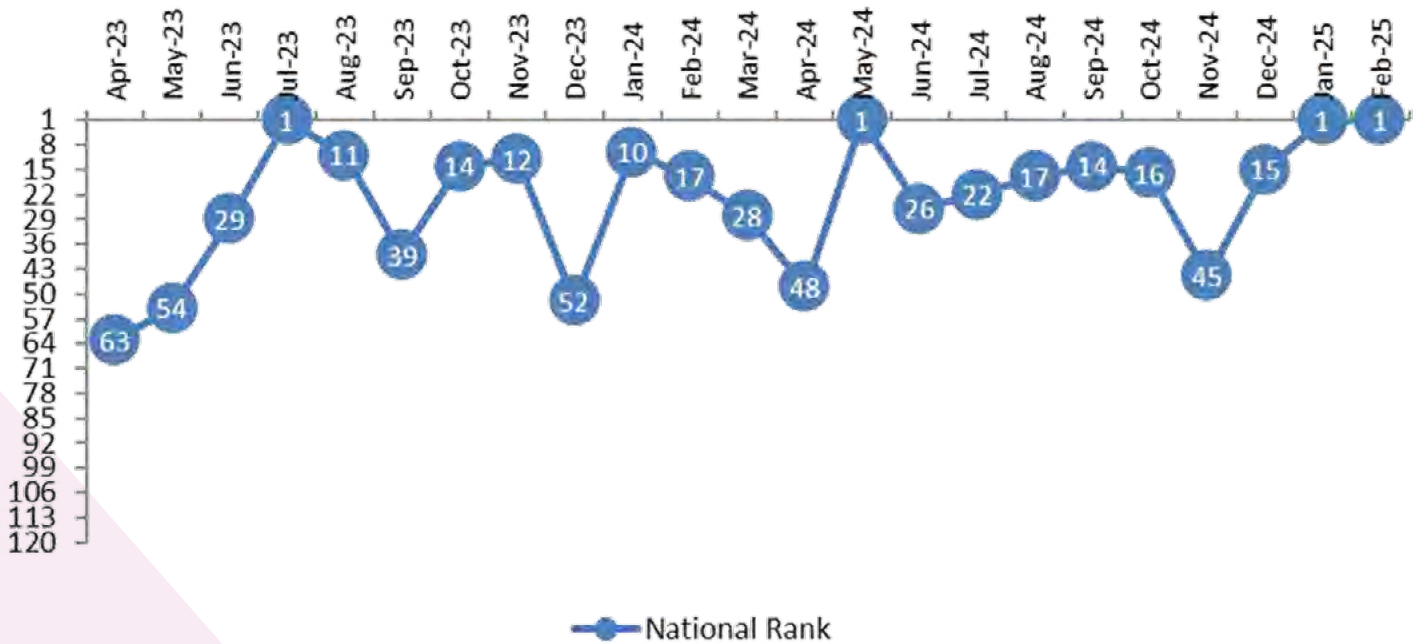
Percentage of service users waiting no more than one month (31 days) from diagnosis to cancer treatment:

Cancer 31 Day % Compliance - Combined Standard - starting 01/04/20



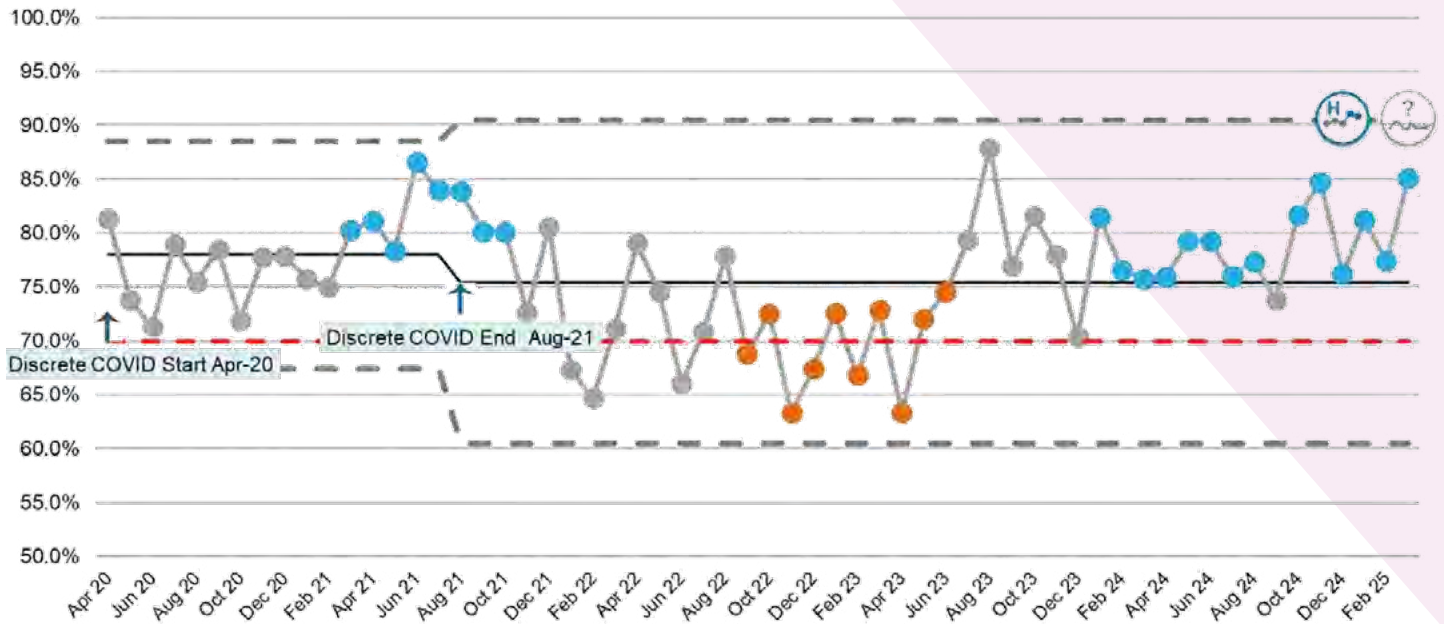
In March 2025, 96.70% of patients received treatment within 31 days from diagnosis. February 2025 data shows the Trust ranked first for performance nationally.

Cancer 31 Day Combined Standard - National Rank out of 121 reporting Acute Trusts



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

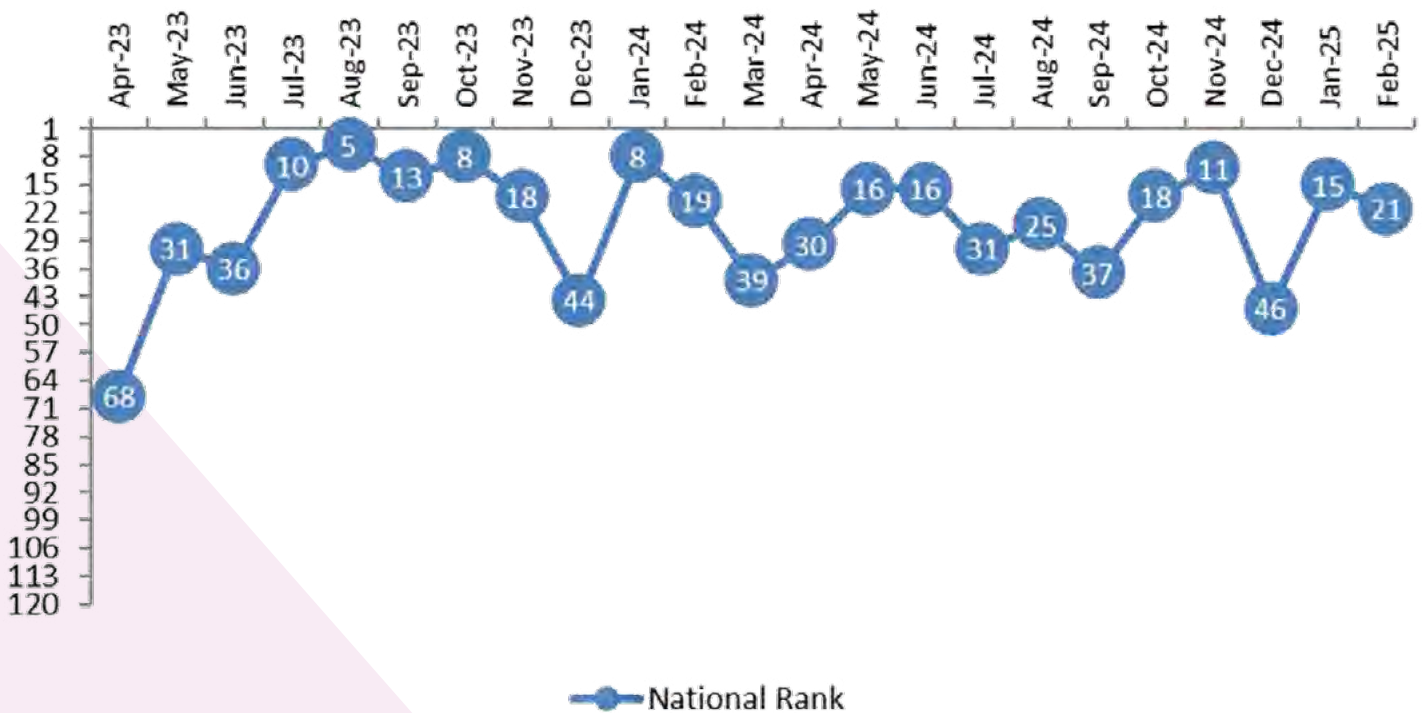
Cancer 62 Day - % Compliance - Combined Standard - starting 01/04/20



In March 2025, 85.07% of patients with confirmed cancer were treated within 62 days of referral. February data shows the Trust in the upper quartile of performance nationally.

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

Cancer 62 Day Combined Standard - National Rank out of 121 reporting Acute Trusts



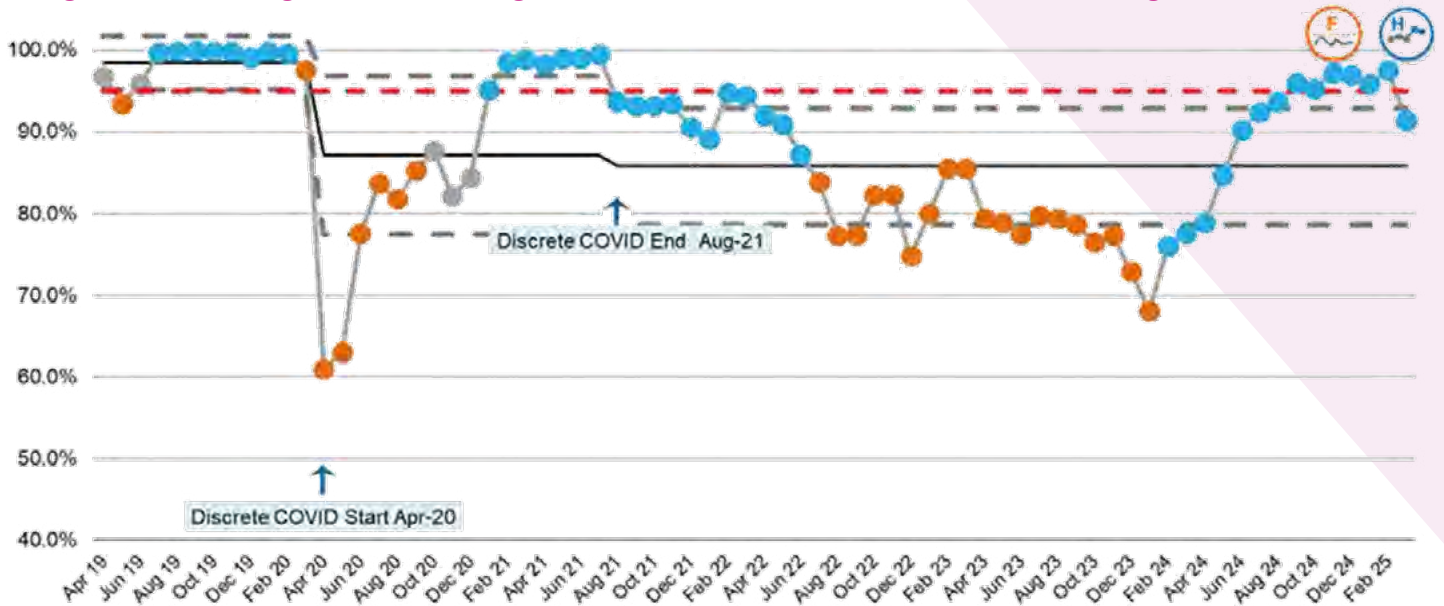
The Trust continues to work on further improvements to strengthen Cancer Services, including expanding the Endoscopy timetable to shorten diagnostic waiting times and improvements to Imaging request prioritisation process.

Diagnostic (DM01):

This measures compliance against the national standard of no more than 5% of patients should be waiting six weeks or more at the month end for a diagnostic test.

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

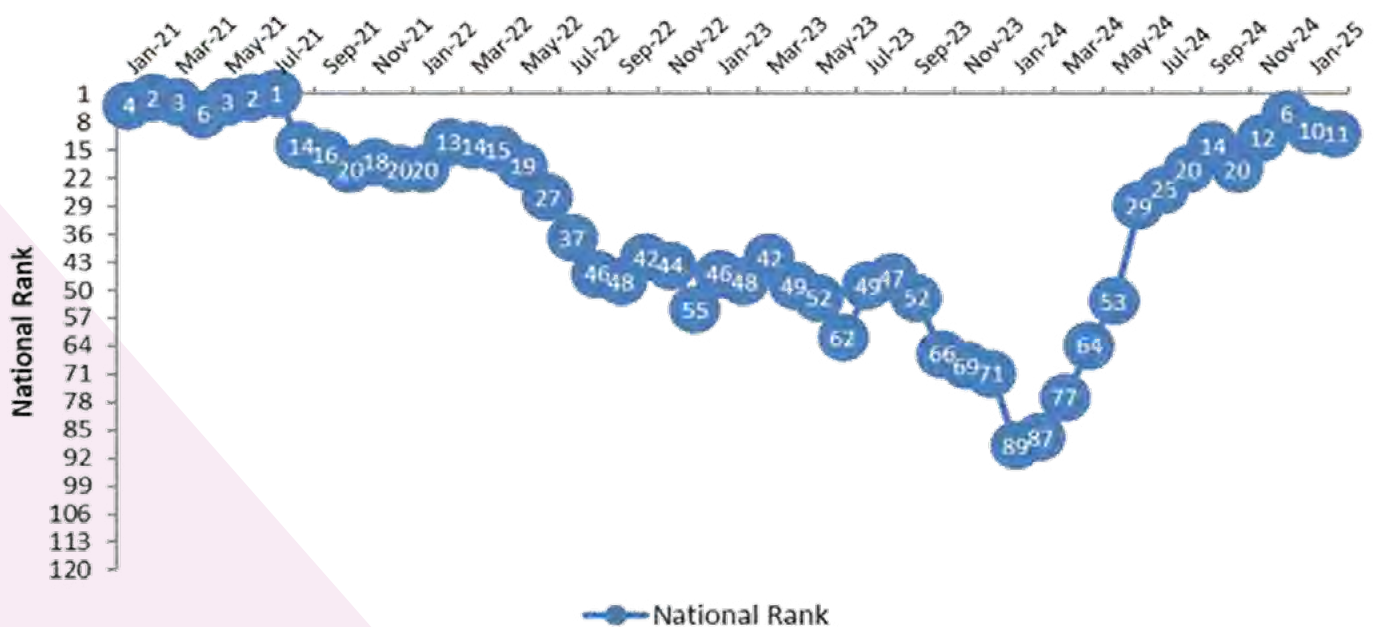
Diagnostics - Diagnostic waiting within 6 weeks from referral - starting 01/04/19



The Trust's diagnostic performance with patients waiting under six weeks for March 2025 is 91.44%.

The Trust is in the upper quartile at 11th best out of 121 reporting general Acute Trusts.

Performance Benchmarking - Diagnostics Waiting times - 6 weeks National rank out of selected 121 Acute Trusts



Challenges have been experienced in several modalities; most notably Audiology, non- obstetric ultrasound, and respiratory physiology (sleep studies). Endoscopy services have seen steady progress throughout the year and have been in line with the improvement plan.

Statement from the Group Chief Executive



I joined Walsall Healthcare and The Royal Wolverhampton NHS Trust as Group Chief Executive in January 2025, taking the reins from interim Caroline Walker, so I'm still fairly new to the Black Country. But what I have been struck by is the warm welcome I've received and the "tell it like it is" philosophy that this area is known for!

The work of our teams here in Walsall has certainly impressed me so far and I've been privileged to meet a number of them – I still have many more to see and look forward to doing so. This Annual Report gives a snapshot of some of the incredible ways our teams are making a difference to people's lives and I feel privileged to be able to share their achievements in this way.

As our Chair has stated, we are awaiting publication of the government's 10 Year Health Plan which is set against the backdrop of some extremely challenging financial pressures that need to be balanced with the continuous increase in demand for our healthcare services. And within these constraints we must, of course, press on with innovations and improvements,

working with our communities to ensure our services are sustainable and effective.

We are halfway through the joint strategy we launched back in 2023 with The Royal Wolverhampton NHS Trust where we agreed four strategic aims, referred to as the four Cs.

These are:

Excel in the delivery of Care

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

Support our Colleagues

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

Improve the health of our Communities

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

Effective Collaboration

We will provide sustainable healthcare services that maximise efficiency by effective collaboration with our partners.

We pledged that everything we do across both organisations should contribute towards achieving goals within at least one of these priority areas. They also align to our overall vision which is to 'To deliver exceptional care together to improve the health and wellbeing of our communities'.

We are able to point to some successes in these four areas but in 2025/26 we will need to sharpen our focus further to bring this strategy to life and make sure it really resonates with our patients, their families and the staff who care for and support them.

Signed

A handwritten signature in black ink that reads "Joe Chadwick-Bell".

Joe Chadwick-Bell, Chief Executive

A snapshot of the last year

In **April** 2024, two of senior healthcare professionals who rehabilitate heart patients became the first in the Black Country to be accredited by a national organisation in their field.

Paul Boden, from Walsall Heartcare, an independent charity commissioned by Walsall Healthcare, and Chris Scordis, Joint Lead for Cardiac Rehabilitation at The Royal Wolverhampton NHS Trust (RWT), became registered Clinical Exercise Physiologists (CEPs) by Clinical Exercise Physiology UK (CEP-UK).

Demand for CEPs is at its highest because healthcare providers are facing unprecedented need for services post COVID-19.

In **May**, patients who are supported in their own homes – via community services provided by the Trust – were given the opportunity to share feedback for the first time.

“The care we give in the place you live” survey is a partnership between the Trust’s Patient Experience and Relations Team and Community Division. It means patients who are supported by the following are now able to share their experience:

- Allied Health Professionals (AHPs) and Specialist Community staff
- Healthy Child Programme 0-19 Services
- Intermediate and Urgent Care
- Palliation and End-of-Life Care
- Place-Based Localities
- Community Children’s Nurses



The Trust teamed up with Walsall Council’s Public Health Team in **June** to help support mums-to-be and their babies against whooping cough.

Fairies landed at the hospital’s Antenatal Clinic speaking to mums-to-be about the importance of the pertussis vaccine.

The project was run in a similar way to ‘Flu Fairies’, which has already supported hundreds by equipping them with accurate information to make an informed choice around vaccination.

July saw **Walsall Manor Hospital’s Urgent and Emergency Care Centre** become a national award winner with partners Tilbury Douglas – gaining an accolade in recognition of the successful project.

Tilbury Douglas built the centre, which opened to its first patients in March 2023, working in partnership with Walsall Healthcare Project Managers, clinical staff, Estates, Infection Prevention and Control, IT, Support Services and health and wellbeing colleagues.

The new centre was described as “a construction project that has been a catalyst for a transformation to a new clinical model.”



In **August** we shared the story of Carrie Galvin. Inspired by her own experiences as patient, relative and carer, Carrie became Walsall’s first Digital Nurse after choosing healthcare as a career.

Carrie supports clinicians in ensuring a smooth transition between existing systems and digital ones at Walsall Healthcare.

She offers clinical input to IT colleagues and reassurance to clinicians in the new role, which is part of NHS England’s vision to digitise healthcare.

A £150,000 immersive simulation suite to help teams train for a variety of scenarios opened in **September**.

The new facility, which has been created near to the Medical Same Day Emergency Care (SDEC) unit, includes an area that uses immersive technology to provide a multi-sensory learning space.

It has been funded through the Dinwoodie Charitable Company, formed to improve healthcare by advancing the development and dissemination of medical knowledge and skills through post graduate healthcare education. And Walsall Healthcare is working in partnership with Staffordshire University to provide training.

Topics covered include Bronchoscopy and Anaesthetist Study Days and procedure workshops. The "patients" include two extremely lifelike mannequins representing a child with Down's syndrome and an elderly woman. The facility is open to all staff within the organisation, with the view of encouraging simulation based education across all disciplines.



In **October**, Emergency Departments (EDs) at Walsall Manor and New Cross Hospitals started to offer patients routine HIV, Hepatitis B and Hepatitis C blood tests.

The offer is made to anyone aged 18 and over who is already having bloods taken for another reason at the hospitals.

This automatic testing is part of a national NHS initiative to carry out testing in local areas where these infections have a high prevalence. Patients can choose to opt out if they do not wish to be tested.

Consultants have welcomed the initiative and say it will help earlier diagnosis and access to treatment, saving lives.

A new patient safety initiative, developed following the death of teenager Martha Mills, was launched across Walsall Manor Hospital in **November**.

Martha's Rule Call for Concern was launched by Walsall Healthcare NHS Trust across all adult inpatient areas.

The initiative, developed through NHS England allows patients, families, carers, advocates and NHS staff to request a rapid review from a critical care outreach team at any time if they have concerns about a patient's condition.

The rule is named after Martha Mills who died aged 13 in 2021 from sepsis after her family's concerns about her deteriorating condition were not addressed. A coroner later concluded that Martha, who had been taken to hospital following a fall from her bike, would likely have survived if she had been moved to intensive care earlier.

Martha's Rule Call for Concern aims to ensure that patients and families can get a review when they feel their concerns are not being addressed and a dedicated phone line has been established as part of this.



A new respiratory hub opened in **December** to provide specialised care for vulnerable and at-risk children with breathing conditions.

The hub, developed by the Walsall Together Partnership, is a GP-led service offering same-day, face-to-face appointments, diagnostics and treatment for children up to and including the age of 12.

It is for children with chronic respiratory issues such as asthma and respiratory syncytial virus (RSV). Patients must be referred by their GP, and follow-up care in the community is also available if needed.

It aims to reduce hospital admissions over the winter period.

January 2025 brought the news that Nurse Ewelina Rocznik, who specialises in helping Walsall patients with Inflammatory Bowel Disease had become a national specialist.

Ewelina, Inflammatory Bowel Disease (IBD) Clinical Nurse Specialist is now a Crohn's and Colitis UK IBD Nurse Specialist, enhancing patient care.

The IBD service at Walsall Manor Hospital covers a population of 3,500 people and currently supports approximately 2,000 patients diagnosed with Inflammatory Bowel Disease (IBD), of which around 700 are on advanced therapies.

Many nappy returns were celebrated on Walsall's Midwifery-Led Unit (MLU) in **February** – as it marked its first anniversary since moving into the Manor Hospital.

Little Dimitri became the 201st baby born on the unit to proud Aldridge parents Eleni and Andrew Louka.

The MLU was previously a standalone unit but, following consultation and engagement with Walsall's Maternity and Neonatal Voices Partnership and families, it was moved into the hospital. This means that more birth choices can be offered to a greater number of women. Within the previous unit, only low-risk women – with strict criteria – were able to use the service. These criteria can now be expanded and mean women and babies who may have complications as their labour and birth progress have rapid access to staff who are able to support urgent care.



March 2025 marked the extension of a “life-changing” clinic set up to help asthma patients in Walsall.

The Trust's year-long study enabled severe asthma sufferers to have biological injections for the first time. The injections replaced steroids and allowed patients to dramatically cut their use of inhalers.

As the programme expands, it is hoped to double the number of patients supported, and allow many to inject themselves at home, freeing up clinicians' time.



Statement of the purpose and activities of the organisation - who we are and who we serve

Our Local Population – some health indicators

Walsall Healthcare NHS Trust is an integrated provider of acute and community services for the population of Walsall. The Trust's main site, Walsall Manor Hospital, resides in the heart of the town with a population of around 284,000 people. As a District General Hospital, the Trust primarily serves the immediate population of Walsall with some patients requiring more specialised treatment to other neighbouring Trusts. This includes the Royal Wolverhampton NHS Trust with whom Walsall Healthcare 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 ageing population with the '65+' age group rising faster than younger cohorts.

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

Healthier Futures - Black Country Integrated Care System (ICS)

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.

Here at Walsall Healthcare we are proud to be part of the Black Country Integrated Care System (ICS) and are committed to working in collaboration and partnership with other health and care organisations to ensure the people we serve have improved life chances and health outcomes. This is in line with our strategic aims.

In the Black Country, in addition to our statutory organisations, our provider collaborative and our place-based partnerships, the two key elements of our ICS are the Black Country Integrated Care Partnership (ICP) and the Integrated Care Board (ICB):

1. 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.
2. The ICB is an NHS organisation responsible for planning health services for its 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.

Together we have four key aims:

1. Improving outcomes in population health and healthcare
2. Tackling inequalities in outcomes, experience and access
3. Enhancing productivity and value for money
4. Helping the NHS to support broader social and economic development.

To find out more about the ICP and ICB, visit the ICS website <https://blackcountryics.org.uk/>

Our Vision and Values

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

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

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

A vision is more than a few words – it reflects our aspirations, helps to guide our planning, support our decision making, prioritise our resources and attract new colleagues.

Our Values:

Our values remain unchanged:

- **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 interest of others at all times
- **Exceeding Expectation** – We will grow a reputation for excellence as our norm



Trust strategic aims and objectives 2022/27

Our Strategic Objectives and the risks to achieving them

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

The Trust has four strategic aims, collectively known as the ‘Four Cs’ – Care, Colleagues, Collaboration and Communities. Extensive engagement across a wide range of stakeholders identified these areas as those which need prioritising 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 achieving our strategic aims and will be used to measure our success.

Excel in the delivery of Care

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

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

Support our Colleagues

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

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



Improve the health of our Communities

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

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

Effective Collaboration

We will provide sustainable healthcare services that maximise efficiency by effective **collaboration** with our partners.

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

Our risks to achievement

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

The Trust Board has identified several key risks to the achievement of its strategic objectives in 2024/25:

- The financial constraints within the system means that our ability to invest further to increase capacity and develop our services is limited
- Recruiting staff across specific areas of the Trust continues to pose a significant challenge at the same time as the financial constraints require us to reduce the cost of our workforce
- The number of patients awaiting planned treatment remains at around double the level that it did prior to the pandemic. Progress has been made in reducing the number of long waiters, however a reduction in the overall size of the waiting list is needed to restore referral to treatment times
- Demand for urgent and emergency care continues to increase year on year giving rise to significant pressures on the flow of patients through our hospital
- Whilst we have a clear plan of how our services need to transform to meet our strategic

objectives, the challenge remains in delivering these changes at the same time as managing the day-to-day operational pressures of the Trust

Walsall Together



Over the last year the partnership has been focusing on its plans to deliver services in a more integrated way. We have refreshed our strategy for 2025/28 which focuses on building stronger partnerships, creating a sustainable model to support the Voluntary, Community, Faith, Social Enterprise (VCSE) sector with an emphasis on prevention, wellbeing, and self-care. It also includes expanding our digital services and technology offer through shared care records, Virtual Wards and remote monitoring, while developing a data platform that uses both quantitative and qualitative data from the population through evidence and people's voices to improve outcomes.

The strategy was approved by the Partnership Board in December 2024. It sets out a number of commitments for delivering our model of health, care and wellbeing:

Communities

- Develop a Voluntary Community Faith & Social Enterprise (VCFSE) and social housing alliance model for primary preventative health and wellbeing (tobacco, food, alcohol, and physical inactivity) with holistic wraparound support for wider determinants
- Enable and support VCFSE and social housing providers to develop quality interventions that improve care
- Develop and embed social prescribing across neighbourhood and locality teams, and intermediate, unplanned and crisis care

Neighbourhood & Locality Teams

- Develop integrated neighbourhood care teams, using population health management and risk stratification tools to ensure citizens are seen by the right person at the right time
- Establish multidisciplinary teams and active case management through integrated working, including data sharing across general practice, community health, mental health, social care, housing and wider services

Intermediate, Unplanned & Crisis Care

- Review and further enhance the intermediate care service model to ensure it is sustainable, continuing to facilitate safe and timely discharges, promoting and optimising independence, and enabling people to live independently in their own homes or community settings
- Implement a collaborative therapies model across health and social care
- Integrate unplanned and crisis response services across hospital, community and primary care to support citizens to remain in the community

Care Navigation

- Streamline care navigation across hospital, community and primary care services including unplanned care, crisis support and hospital discharge
- Develop a model that recognises there will be a need for separate health and social care entry points, bringing together referrals that require integrated responses
- Enable shared records and directories of services that support citizens to navigate services, relative to relationships and networks across services and organisations

Other cross cutting themes and priorities include putting children first, living and ageing well and Mental Health and learning disabilities and autism:

Putting Children First

- Implement Family Hubs and Families First For Children national delivery expectations
- Reduce the number of adolescents with complex needs reaching crisis and experiencing poor outcomes. Evaluate options to support young people through a whole family, systemic and trauma informed approach which links to the Family Safeguarding principles
- Develop a plan with children, parents / carers that meet the needs of children with SEND across health and the local authority

Living & Ageing Well

- Implement a falls and frailty pathway including secondary prevention and reablement for those with moderate frailty
- Integrated services responsible for the primary assessment and support for people with dementia, considering links with Voluntary, Community, Faith and Social Enterprise where appropriate. Embed key messaging around dementia into universal primary prevention and wellbeing services
- Undertake a needs analysis for cardiovascular and chronic kidney disease. Develop improvement plans where necessary
- Establish Diabetes prevention pathway and ensure the management pathway is sustainable
- Evaluation of End-of-Life care and support following implementation of national framework

Mental Health and Learning Disabilities & Autism (LDA)

- Implement measures and interventions to understand and reduce the barriers facing those with least access to mental health and wellbeing services
- Embedding shared care arrangements (e.g. for ADHD) across primary and secondary care services
- Coordinated programme across partners that meets targets for Serious Mental Illness physical health checks and offers pro-active intervention / preventative opportunities to improve / prioritise access for at risk groups
- Roll out national 'Reasonable Adjustments' requirements for LDA cohort across all health and care partners
- Increase range of preventative and early help interventions delivered through the VCFSE sector close to local communities, linked to prevention concordat
- Establish and sustain primary care mental health workforce to improve access and outcomes

The Integrated Transformation Plan

A major step towards delivering services in a more integrated way has been translating the Joint Health and Wellbeing Priorities into an Integrated Commissioning and Transformation Plan 2024/25, the first of its kind in the Black Country, bringing together all commissioning and transformation work related to health and care in Walsall and supporting implementation of the Walsall Together strategy.

Model of Care

Communities	<ul style="list-style-type: none"> • Poverty Proofing • Social Prescribing • Community Health Hubs • Wellbeing Portal • Health Inequalities
Integrated Neighbourhood Teams	<ul style="list-style-type: none"> • Pharmacists Collaboration • Locality Teams & MDTs • Virtual Wards & Care Navigation Centre • Community Diagnostics • Primary Care Transformation • Acute Respiratory Hubs (ARI)
Intermediate Care	<ul style="list-style-type: none"> • Health & Social Care Therapy Collaboration • Intermediate Care
Care Navigation	<ul style="list-style-type: none"> • Virtual Wards & Care Navigation Centre
Enablers	<ul style="list-style-type: none"> • Governance & OD • Finance & Contracting • Data & Insights (including Citizen Voice and Research) • Quality • Workforce • One Health & Care Record - Phase 2 • Supporting Independence Through Technology (SITT) • Electronic Palliative Care Coordination System (EPaCCs)

Cross Cutting Workstreams

Putting Children First	<ul style="list-style-type: none"> • Family Hubs • Adolescents with Complex Needs • Families First For Children • SEND
Living & Ageing Well	<ul style="list-style-type: none"> • Carers Strategy • Frailty - Falls • Cardiovascular • Diabetes • End of Life • Care providers • Dementia
Mental Health and Learning Disabilities & Autism (LDA)	<ul style="list-style-type: none"> • Neurodevelopment • Mental Health Prevention, Promotion & Health Equity • Community Mental Health Transformation (including Physical Health of SMI and LDA Cohort) • Integrated Community Mental Health Pathway

As part of the strategy, we have developed a number of key measures aligning the Wellbeing Outcomes Framework to the delivery of the Walsall Together Strategy and Integrated Commissioning and Transformation Plan.

A full copy of the strategy can be downloaded from our website <https://walsalltogether.co.uk/>

Some of our key highlights for 2024/25 include:

ARI Hub



A new acute respiratory hub was opened to provide specialised care for vulnerable and at risk children aged 0-12 years old with respiratory conditions.

A GP-led service, the hub offered same-day face-to-face appointments, acute interventions, diagnostics, treatment and follow-up care in the community, if required, for children experiencing chronic respiratory issues such as asthma and respiratory syncytial virus (RSV). Open Monday to Friday, from 12.30pm until 6.30pm, for referrals from healthcare professionals working in general practice, the hub aimed to reduce the pressure on hospital admissions for ARI during the winter period.

Feedback has been positive with one patient saying: "The Doctor was amazing and was so thorough with my child. She spoke to him not just me and made a normally scared two year old comfortable and at ease with the whole examination."

The hub is part of a broader initiative by the partnership, which is also investing in several preventative measures to identify early signs of asthma expanding whg's ACEing Asthma programme, which supports families from disadvantaged communities to manage their condition and improve their living conditions to prevent crises.

A patient satisfaction survey was undertaken over a six month period by attendees to the Acute Respiratory Infection Hub. Responses included:

- 79% rating the consultation as excellent, 19% good and 2% average
- 99% said the ARI service had helped with the medical issue they were facing
- 63% said they would have gone to urgent care centre if the service was not available followed by 21% GP practice, 15%, A&E and 1% pharmacy
- 100% rated their experience of using the service as either excellent or good
- 99% were happy with the convenience of the location

"The GP who triaged my child was excellent. He was very professional, and lovely with my child."

"Having a pharmacy on site is very helpful, great service overall."

The partnership will also be continuing to collaborate with existing services such as family hubs and the voluntary, faith, community, and social enterprise sectors to provide preventative care and there will be an increase in diagnostic testing in primary care to diagnose children with asthma earlier and implement effective asthma care plans to help manage their condition.

Dual Diagnosis

A new initiative was launched to support vulnerable people dealing with both mental health and drug and alcohol challenges. This project focuses on improving the experience of patients by redesigning the pathway, through Dorothy Pattison hospital, in partnership with Change Grow Live and Public Health. After a successful pilot period, the new approach is now fully in place, ensuring more personalised care for those who need it most. Early feedback highlights the positive impact of this change, with stronger shared decision making and better support throughout the discharge process. Nicholas Bannister, one of the Hospital Liaison Recovery Co-ordinators, talks more about the service and its impact here.

Health and Housing Conference



The first health and housing conference across the Black Country was hosted by the Integrated Care Board and whg showcasing lots of the amazing work done in Walsall and Walsall Together between health and housing. The event was opened by Sir David Nicholson KCB CBE highlighting that the NHS must change its focus to improve life chances of our people, not just outcomes for our patients. Examples of innovative programmes including ACEing Asthma and Diabetes Matters were showcased, and whg's community champions gave insight into their journey and the work they do. Keynote speaker Dr Katriona O'Sullivan gave a moving speech sharing her own experiences of living in poverty and the impact this has on people's life chances. The event ended with Andrew Van Doorn OBE, Chief Executive Officer of Housing Associations Charity Trust, putting out a call to action around collaboration and finding long term solutions.

Integrated Neighbourhood Teams

An Integrated Neighbourhood Care Teams Forum (INCTF) has been established to inform, advise, guide and oversee the Integrated Neighbourhood Care Teams (INCT) Programme for the Walsall Together Partnership (WTP). The INCT Programme will be delivered as a series of phased projects over an estimated three year period that supports the alignment of the Primary Care clinical and operational workforce, from community health providers to neighbourhood 'footprints', and make better use of collaborative resources. This work aligns with the partnership's ambitions for joint commissioning of integrated services and will feed into the Primary Care Transformation Plan.

Primary Care Transformation Strategy

The Primary Care Transformation Strategy outlines a vision to ensure equitable access to high quality healthcare for all and a mission to empower people, carers, staff and volunteers, with the know-how, ability and tools to access care that meets their unique needs, closer to home. Key to this strategy is the Integrated Neighbourhood Care Teams (INCT) and Primary Care Networks. There will be ongoing engagement as INCT develops to understand the geography and roles and responsibilities of partners as

well as to understand views on the future of primary care and what is needed locally.

Frailty and Falls

A frailty and falls workshop was held in February 2025 with a wide range of key stakeholders from across the borough. The aim of the workshop was to explore the current support for falls prevention and management as well as identify how best to co-ordinate and optimise existing resources, identify gaps, and maximise benefits for the residents of Walsall. A number of group activities took place throughout the session focusing on what is done to contribute to falls / frailty prevention and what more could be done as well as falls risk assessments, exercise and home hazards, current services and opportunities for MDTs and funding. Initial themes included multi-disciplinary team working, service and pathway transformation, patient-centred care, quality improvement and training, stakeholder engagement, data and evidence-based practice and hospital avoidance. All the feedback is being collated and used to develop an action plan around falls / frailty services.

Family Hubs

The Family Hubs programme is now moving into its fourth year following additional funding by the Department for Education. In September 2024 assurance was provided to the regional team on the progress of the programme over the last three years with 239 of the 248 minimum and go further requirements met leading to a 96% compliance rate. Since it was established, four locality hubs have been developed as well as 10 community spokes and there is a virtual and hard copy of the start for life offer. Three clinical rooms have now been opened in Central and South, West, and North localities. The space allows health colleagues to utilise the hubs and give families in Walsall even greater access to support within their community. The introduction of clinical spaces means that typically a child will have attended a family hub up to five times by the time they are one. This will include antenatal appointments, birth registrations, postnatal checks, development checks, and additional activities such as infant feeding and stay-and-play sessions.



Women's Hubs



In October 2024 Walsall Together received £70,000 to look at ways of improving women's health whilst also reducing health inequalities. As part of this, partners from across the borough, with good reach into a range of diverse communities, have been undertaking a listening exercise with women and girls about their views on their health. Some of the key themes, which were shared at a Women's International Day event hosted by One Walsall, were a sense of women feeling dismissed and unheard, by family, professionals, and employers as well as a lack of good quality information. All the feedback will now be used to begin co-designing possible solutions to be led by communities, which are easily sustainable. Initial ideas include simple self-help / training on the menopause and 'women's health' cafés.

Cultural Compact



One Walsall is leading on Walsall's Cultural Compact designed to support the local sector and amplify the role of culture in the borough. In July 2024, a launch event took place at Walsall Arboretum giving people the opportunity to highlight what culture means to them with the findings being fed into the strategy. Walsall has also been awarded funding as part of the Commonwealth Games which will be used to design and deliver some cultural activities throughout the year in alignment with the strategy. To find out more visit www.walsallculturalcompact.co.uk

Creative Health

In line with the Walsall cultural compact and strategy, the partnership is in the early stages of looking at ways in which it can mobilise creative and heritage resources to improve people's health. Examples of this could be through primary prevention with evidence showing engagement in creativity improves mood or through secondary prevention where singing has been proven to reduce the impact of asthma and other lung conditions.

Core Connectors



A team of six advisers has been actively engaging with members of the community using their lived experience, skills and knowledge to help gain a better understanding of the challenges local people face, especially those in more disadvantaged communities.

The role of the advisers, hosted by Walsall 4 All and supported by NHS Charities through Walsall Together, is to bridge the gap between statutory organisations and the communities they serve by providing guidance, support and insight and making sure people's voices are heard and included in decision making locally.

The team, all from different backgrounds and cultures, and speaking several languages, not only engage with local communities to tackle health inequalities but also support with mis- information and community cohesion as well as undertaking research to find new and innovative ways to tackle emerging issues.

Some of the projects it is working on include researching and developing community profiles across all four localities looking into customs, trends and positive examples as well as mental health projects, social justice and MMR and measles campaigns supporting to understand hesitancy and dispel myths in communities where uptake is low.

Dementia

Work is going on at system and place to bring together a three year plan from 2025 for dementia awareness across Walsall. This will be underpinned by the Integrated Care Board Strategy, a Black Country-wide self-assessment diagnostic that has been developed by MLCSU and completed at place level for Walsall, a population needs assessment that has been led by Public Health Directorate of Walsall Council and the subject of widespread engagement and the development of a Walsall Place Dementia Plan by April 2025.

A Walsall Together steering group has been established and identified several priority areas including:

- Prevention / Awareness
- Pre and Post Diagnosis pathways
- Support to Carers
- Support to Care Homes
- Partnership Support for Hospital Based Service
- Alcohol and Drugs dependencies
- End of Life and Palliative Care dependencies
- Walsall Together Outcomes Framework and using data for evidence based decision making

Work is currently being undertaken to ensure no duplication with the overall transformation plan and to allow for engagement with key stakeholders.

WorkWell



Black Country Healthcare NHS Foundation Trust has established a dedicated Work and Health Coaches Team for Walsall as part of the programme. This initiative supports people across the Black Country with health conditions or disabilities to find and retain employment, boosting their wellbeing. The Walsall-specific team focuses on addressing local needs, fostering collaboration with councils, employers, and community groups, and increasing accessibility for participants.

Voluntary, Community, Faith, Social Enterprise (VCFSE) and Housing Provider Alliance

Plans are in place to pilot a 24 month VCFSE and Housing Provider Alliance to support the sector to become sustainable and enable a collaborative and holistic approach to tackling the wider determinants of health and addressing some of the root cause of health inequalities.



CRN West Midlands / West Midlands RRDN - Highlights 2024/25 Regional Research Delivery Network

In October 2024, the Clinical Research Network West Midlands became the West Midlands Regional Research Delivery Network (WM RRDN). It is funded by the Department of Health and Social Care (DHSC) to enable the health and care system to attract, optimise and deliver research across England, and is hosted by The Royal Wolverhampton NHS Trust.

Part of the National Institute for Health and Care Research (NIHR), the RDN consists of 12 Regional Research Delivery Networks (RRDNs) and a Co-ordinating Centre (RDNCC), working together as one organisation with joint leadership, contributing to NIHR's mission to improve the health and wealth of the nation through research.

The Network's mission is to enable the health and care system to attract, optimise and deliver research across England.

It has two primary purposes:

- To support the successful delivery of high quality research, as an active partner in the research system
- To increase capacity and capability of the research delivery infrastructure for the future

This will:

- Enable more people to access health and social care research where they live
- Support changing population needs by delivering a wider range of research and deliver research in areas of most need
- Provide support to the health and care system through research
- Encourage research to become a routine part of care
- Support economic growth by attracting investment to the UK economy

A large part of 2024/25 was devoted to ensuring the work needed to transition to the new arrangements was carried out in a timely fashion across all teams and in consultation with stakeholders and staff.

Research activity

In 2024/25 the WM RRDN recruited 75,411 participants to 888 research studies. This is just 0.2% less in overall recruitment, although to 9% fewer individual studies.

The Participant Research Experience Survey, which seeks feedback from those taking part in research studies, exceeded its target number of responses (1,533) for the year with 2,322 surveys returned. This total also exceeded the stretch target of 2,000 and was the highest ever number of surveys completed."

Find out what trials are available to take part in at www.bepartofresearch.nihr.ac.uk

2024 Health & Care Research Scholar Programme

The focus for successful applicants was to lead projects which supported the then CRN West Midlands' priority areas; projects which were likely to enhance NIHR Portfolio recruitment and their level of previous engagement with the NIHR and CRN West Midlands.

Ten scholars were appointed in April 2024 and two of our Delivery Organisations were able to co-fund their Scholars. We also appointed three people to the Personal Development Award programme aimed at Nurses, Midwives and Allied Health Professionals, funded one day a week over two years. The programme is now on hold for 2025 appointments due to the transition to the RDN.



Integrated Care Research Delivery Team

This team of Research Facilitators has established a Research Network of 95 primary and secondary schools across the West Midlands, plus a 69-strong network of dental practices.

It also supported the HENRY study (Heath, Exercise, Nutrition for the Really Young), recruiting 109 participants and exceeding the target. This evaluation of a sustainable obesity prevention programme will be integrated into Local Authority community centres.

In addition, the team has supported three Local Authority research studies, 13 Schools studies, 28 Care Home studies, and 10 Dental Practice studies.

The team has also presented a number of webinars to promote its work and developed a number of resources to support engagement with schools and care homes.

Communications / Patient and Public Involvement and Engagement

Highlights include:

- Public and Partner engagement events - we attended Walsall Pride, Birmingham Pride, the Shrewsbury Flower Show and the Kington Show with a research information stand. These events combined have more than 100,000 visitors. The Network also had a presence at a number of Delivery Organisations' Research Showcase events with the aim of raising awareness of the benefits of taking part in research
- Social media campaigns included 12 staff stories from around the region for International Day of the Midwife, three patient stories highlighting respiratory syncytial virus research, and a researcher story for the national campaign celebrating the 10th anniversary of Join Dementia Research. These were all published on the RDN website
- Content was migrated from the CRN website to the new RDN site (see above), and the new RDN intranet was also populated



Learning and Workforce Development

Due to the management of change across the Network in 2024, the focus for the workforce team from April to October was to support the management team with workforce data informing the change process. From October onwards there was a new team in place with a change in function, which has resulted in a renewed focus on learning and development with both a learning facilitator and clinical educator in post to support workforce development across the RRDN. During this time, initiatives have continued to focus on building capacity and capability for research through the ongoing delivery of Good Clinical Practice, Informed Consent, and Principal Investigator Essentials courses, and a full review and refresh of our online training platform, NIHR Learn. More recently, work has begun to undertake a skills analysis to inform a strategy for ongoing development for our Network clinical teams.

The CRN West Midlands hosted four highly successful face-to-face events between April and October 2024, alongside eight online webinars covering various health and care specialties, including dental and wider care settings.

All events received an outstanding response, with over 99% positive feedback from approximately 300 face to face and 200 online attendees.

Strategic support and expertise have been given to the development of a national induction programme as well as shaping behaviours and culture for the new RDN.



Employee Engagement Committee (EEC)

The second cohort was introduced in January 2024 and currently operates with 13 members.

It continues to provide insight, feedback, ideas, solutions, and improvements to engagement activities to the West Midlands Regional Research Delivery Network (WM RRDN) Management Group. The members represented their own, and colleagues' perspectives on staff engagement initiatives, processes and guidelines, communications and the staff management of change.

They continue to help shape the culture through representation, collaboration and the development of innovative and diverse perspectives on the organisation's activities, ways of working and objectives. The committee has greatly contributed to building and supporting transitional resilience during a very challenging 12 month period.

Primary Care

To ensure that research is reaching our population, engagement with the Primary Care setting remains important. The WM RRDN is contributing to a high number of practices (240 out of 750) as part of the RDN engagement. The core team continues to provide study support, business intelligence, engagement, and delivery functions that support the RRDN primary care practices.

A pilot scheme with three Primary Care Networks (PCNs) in areas of deprivation to ensure we reach underserved communities was launched last financial year. During 2024/25 the three PCNs schemes continue to work well and the number of practices, and therefore participants in underserved / deprived areas having access to and being offered research opportunities, continues to increase, with practices that were previously not active at all running at least one, if not two or three studies. The PCNs are also working with study teams to identify very hard to reach participants and how to work at scale in these areas.

Research Delivery GPs

This Primary Care pilot scheme set up to respond to the challenge of increasing capacity and capability in the wider primary care research setting, at a time when there are negatively spiralling service pressures, continued in 2024/25. The Research Delivery GPs have continued to make an impact, supporting practices to run research studies when clinical time is not available, reviewing commercial studies and offering clinical advice to our study teams.



Hosted Service

The team delivered two important ongoing secondments on a national basis, 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 and Follow-up service designed to explain and promote data services to sponsors and researchers that support research delivery. In the West Midlands we also provide the national co-ordination of Enabling Research In Care Homes (ENRICH) through one of our Delivery Managers, who is National ENRICH Co-ordinator and National Settings Lead for Residential Settings, who has now also been appointed as National Settings Lead for Residential Care.

Progression Plan

(learning from COVID-19 and addressing strategic issues)

With the introduction of the West Midlands Regional Research Delivery Network, the Progression Plan Programme Board agreed the time was right to close down the Progression Plan and to stand down the associated Programme Board.

The very small number of ongoing projects, where possible, have been taken forward by the responsible project facilitators, which are led not only by the Network but by peers and colleagues across the regional research system.

For those projects that are completed, close down reports to capture successes and lessons learned are to be collated to inform future learning and improvement. These learnings will be used to inform national and local strategy within the RDN.

In total, the Progression Plan facilitated the completion of 17 projects, all designed to support the West Midlands to become the best possible place to live, work and receive health and social care, where research and innovation thrive. The plan initially saw the coming together of region-wide partners in the midst of the COVID-19 pandemic to support this piece of work.

Industry

The Industry Team has maintained a strong focus on sponsor engagement, actively encouraging placement of commercial studies within clinical areas of regional health inequalities including weight management, dementia, respiratory diseases and cardiovascular health. To foster greater collaboration, the team has been able to bridge the gap between Industry and delivery organisations via engagement meetings, attendance at Trust Research and Development events and local specialty-based meetings. The strategic partnership with Roche has enabled our region to take a more inclusive approach to recruitment planning and delivery with live studies taking place within the region in areas such as Oncology, Ophthalmology and Inflammatory Bowel Disease.

The team has adeptly navigated the transition from CRN to RDN which has enabled greater involvement in driving changes in the NIHR Industry Service offering, to improve our global positioning on clinical trials delivery. This has included participation in the DHSC Industry Engagement Review, developing and delivering an induction plan for Life Sciences Key Account Managers across the country, and acting as national Key Accounts for our key Life Sciences companies which have the potential to bring a high volume and breadth of studies to the UK.

The team has been instrumental in the implementation of technical and digital advances in commercial study placement and delivery including National Contract Value Review and a new Feasibility Tool.

Study Support Service (SSS)

The Study Support Service team has made good progress in 2024/25 during the transition from the CRN to the RDN. It has continued to provide a valued service to study teams, evident from the high scoring reviews (23 responses received from April 2024 to February 2025 with 19 responses scoring 10/10 and the remainder scoring above eight).

The team supported more than 100 study teams with their research grant applications and delivered the new Study Delivery and Performance Service to study teams, as well as developing national case studies to highlight the impact and benefit of engaging with the Study Support Service.

The team has embedded new ways of working while contributing to the development of national guidance through a project called Springboard, which was a pilot of how we change to a nationally consistent approach. For example, this has transferred tasks to the organisations responsible for these rather than the RDN supporting these in variable ways across the country, as set out in the new Terms and Conditions (Ts & Cs) for sponsors. The team continues to deliver external training to study teams and research delivery organisations identifying the various costs involved in research, which has been well attended with excellent feedback.

The Study Support Service team has also contributed to national Standard Operating Procedures, influenced the national RDN Terms and Conditions (Ts & Cs) and Sponsor Engagement Tool processes, whilst engaging with our sponsors to provide support and guidance to ensure the Ts & Cs are met.

Wellbeing

Due to the transition from the CRN to the RRDN the wellbeing team displayed agility in adapting to the needs of the workforce, offering drop-in sessions facilitated by Mental Health First Aiders to support colleagues' mixed emotions about the changes. They were pivotal in supporting the design and implementation of support sessions with a Clinical Psychologist to prepare colleagues to navigate the uncertainty.

The programme for the health and wellness of staff continues to be delivered in collaboration with a number of partners, developing a particularly strong link with RWT Occupational Wellbeing Team, Organisational Development Team, employee voice groups and colleagues from across the RDN.

www.rdn.nihr.ac.uk



Black Country Pathology Services

Black Country Pathology Services (BCPS) was formed as a partnership of four Trusts to maximise resources and improve service efficiency. These Trusts are: The Dudley Group NHS Foundation Trust, (DGFT), The Royal Wolverhampton NHS Trust, (RWT), Sandwell and West Birmingham Hospitals 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 in excess of 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 the benefit of patients and a supportive and innovative environment for staff.

This network of Trusts also means that there are unique and 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.

Black Country Provider Collaborative

The Black Country acute providers (Dudley Group NHS FT, Sandwell and West Birmingham Hospitals NHS Trust, The Royal Wolverhampton NHS Trust, and Walsall Healthcare NHS Trust) have formed the Black Country Provider Collaborative (BCPC).

The collaborative works together in formal agreement for the benefit of all. The Boards jointly agreed a shared workplan and priorities with the associated delegations. The governance and oversight remain the direct responsibility of each Board. The Boards receive regular reports to ensure effective monitoring and accountability.

Over the course of 2024/25 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 and progressing opportunities for consolidation and delivery at scale resulting in better service productivity and efficiency
- **System & Transformation Priorities** – a focus on identifying and progressing priorities at scale which would support and enable better service delivery and / or transformation

We have continued to identify and 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 has been outlined in the 18-month BCPC Annual Report due to be published in summer. Some of our notable successes this year are as follows:

- **Quality** – improvements made across critical care, orthopaedics, and skin networks by establishing consistent guideline for use across the system, in addition to improving access to care through 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 including the creation of elective hubs, ENT, general surgery, ophthalmology, and urology with plans being developed for progression very shortly.

- **Strategic Developments** – As part of our collaborative efforts across the Black Country, we are actively exploring opportunities to repatriate services, enabling patients to receive care closer to home and eliminating the need for out-of-area travel. This initiative aims to enhance accessibility, improve patient experience, and optimise resource utilisation within our regional healthcare network
- **Engagement** – continued active engagement with our clinical and service leadership teams through Clinical Summits and dedicated away days for our Clinical Networks

Our collaborative success stems from a strong focus on inclusion, engagement, and empowerment through partnerships. By building trust and relationships, we're transforming the long-standing culture of competition in our evolving healthcare environment.

The BCPC continues to grow and mature. This partnership enables us to pursue strategic priorities at scale, use system-wide resources more effectively, and make faster decisions leading to quicker benefits realisation. We look forward to showcasing more positive impacts from our collaborative work in the coming months.

Key risks and issues - related to activity

Our waiting list for patients awaiting planned treatment has risen dramatically compared to pre-COVID-19 and remains at around double the level it did prior. 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.



A2 - Performance Analysis

Walsall Healthcare NHS Trust – Commitment to Climate Change and Sustainability

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 becoming the world’s first ‘net zero’ National Health Service by setting two targets.

For emissions it directly controls, (the NHS Carbon Footprint), net zero will be reached by 2040, with an ambition to achieve an 80 per cent reduction between 2028 and 2032.

For emissions it can influence, (the NHS Carbon Footprint Plus), net zero will be reached by 2045, with an ambition for an 80 per cent reduction between 2036 and 2039.

The October 2020 ‘Delivering a Net Zero National Health Service’ report sets out a clear plan with milestones to achieve these targets, covering both direct care delivery and the entire scope of NHS emissions. It includes an expectation that all NHS organisations will appoint a Board-level lead responsible for net zero and the broader green NHS agenda.

The Trust recognises sustainable development is essential for delivering world-class healthcare, both now and in the future. Its baseline carbon footprint for 2019/20 was determined by the Greener NHS programme at 51,264 tCO₂e, and the Trust used this data to develop its Green Plan. The primary

contributors to its carbon emissions include building energy (11,122 tCO₂e), anaesthetic gases (1,949 tCO₂e), business travel and fleet (1,653 tCO₂e), personal travel (5,432 tCO₂e), staff commuting (2,991 tCO₂e), patient travel (1,809 tCO₂e), visitor travel (631 tCO₂e), and medicines, medical equipment, and other supply chain (29,945 tCO₂e). In February 2022, the Trust Board approved the Green Plan, reaffirming its commitment to sustainable healthcare. The plan sets out the Trust’s sustainable vision, targets, and the actions required to achieve them, enabling the implementation of measures to reduce carbon emissions and improve local air quality.

Progress: WHT Green Plan Implementation (1 April 2024 to 31 March 2025)

Progress has been made across multiple areas of the Green Plan implementation during the reporting period (see Figure 1). In relation to anaesthetic gases, volatile anaesthetic gas use reduced from 342 litres in 2019/20 to 262 litres in 2024/25, leading to a reduction in equivalent carbon emissions from 479 tCO₂e to 69 tCO₂e, representing an 86% decrease.

Nitrous oxide usage also declined from 1,404,900 litres to 298,800 litres, with associated emissions falling from 688 tCO₂e to 146 tCO₂e, a 79% reduction. Entonox (a mixture of nitrous oxide and oxygen) use increased, however, from 3,236,560 litres to 3,621,700 litres, resulting in a corresponding emissions increase from 803 tCO₂e to 899 tCO₂e, equivalent to a 12% rise. Desflurane usage was significantly reduced from 113 litres to three litres, delivering a carbon emissions saving of 416 tCO₂e and representing a 97% reduction.



Volatile anaesthetic gases use reduced from **342 litres** in 2019/20 to **262 litres** in 2024-25. Equivalent carbon emissions decreased from **479tCO₂e** in 2019/20 to **69tCO₂e** in 2024/25. An **86%** reduction from baseline.



Nitrous Oxide use has reduced from **1,404,900 litres** in 2019/20 to **298,800 litres in 2024/25**. Equivalent carbon emissions decreased from **688tCO₂e** in 2019/20 to **146tCO₂e** in 2024/25. A **79%** reduction from baseline.



Total energy consumption rose by **8.9%** from 2019/20 baseline in 2024/25, driven primarily from significant increase in **oil usage from 303MWh to 2,382 MWh**. Energy carbon emissions increase by **4.56%** from baseline.



Entonox (Nitrous Oxide and Oxygen) use has increased from 3,236,560 litres in 2019/20 to 3,621,700 litres in 2024/25. Equivalent carbon emissions increased from 803tCO₂e in 2019/20 to 899tCO₂e in 2024/25. A 12% increase from baseline.



Desflurane use has reduced from **113 litres** in 2019-20 to **three litres** in 2024-25. A **97% reduction in usage which resulted in 416 tCO₂e carbon emissions reduction**.



98.17% of the **397 tonnes** of domestic waste collected has been diverted from landfill.



Clinical waste disposal carbon emissions including transport is 46.72tCO₂e. **615 tonnes** of clinical waste was disposed via **alternative treatment and 24.90 tonnes** via incineration.



454kgs of waste saved by switching from single use tourniquet to reusable version. Each reusable tourniquet will deliver an estimated cost savings of **£193/tourniquet** based on usage.

In terms of waste management, 98.17% of the 397 tonnes of domestic waste collected was diverted from landfill. Clinical waste disposal, including transport, resulted in 46.72 tCO₂e emissions. As part of its sustainability measures, the Trust introduced reusable tourniquets, saving 454 kilograms of waste and delivering an estimated cost saving of £193 per tourniquet based on usage. Food waste management has been strengthened through the introduction of weighing practices and the installation of a food dehydrator to minimise waste volumes.

Energy use and carbon emissions are another area of focus. Total energy consumption increased by 8.29% between 2019/20 and 2024/25, primarily due to a substantial rise in oil usage from 303 MWh to 2,382 MWh. Electricity consumption rose modestly by 4.56%; however, electricity-related carbon emissions decreased by 9.01%, reflecting improved energy efficiency and the Trust's commitment to buying 100% renewable electricity. Gas consumption and associated emissions rose slightly. Overall, Scope 1 and 2 carbon emissions increased by 5.64%. Oil-related emissions rose sharply from 97 tCO₂e to 779 tCO₂e, coinciding with a 24.9% expansion of the Trust's estate following the commissioning of the new Urgent Care and Emergency Centre.

Chart 1: WHT Annual Energy Consumption 1 April 2019 – 31 March 2025

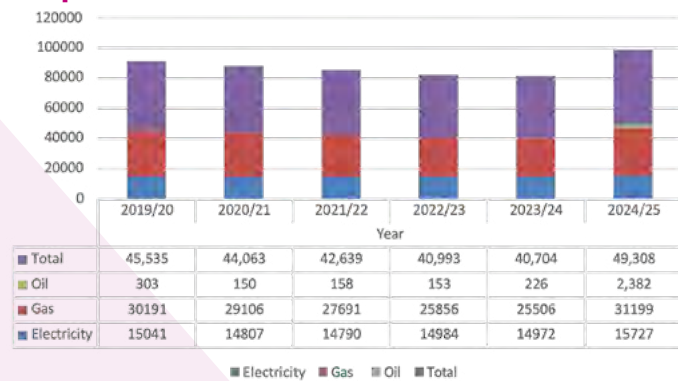
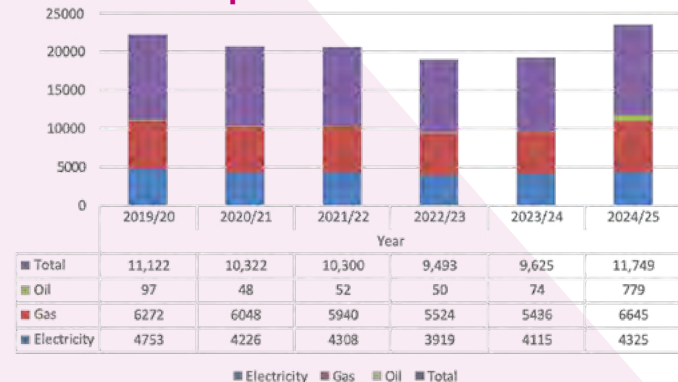
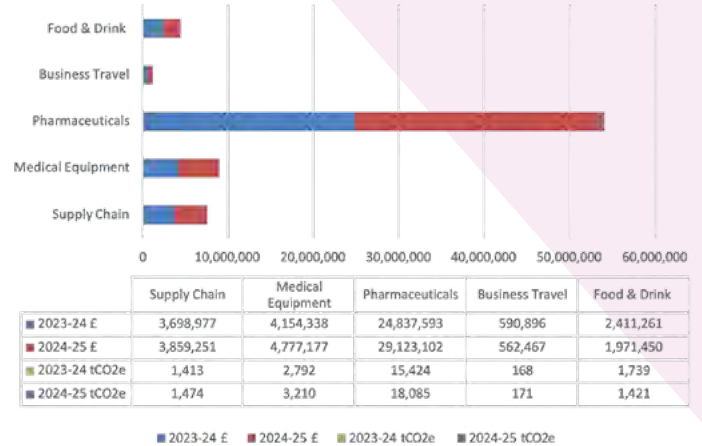


Chart 2: WHT Annual Energy Carbon Emissions 1 April 2019 – 31 March 2025



Scope 3 carbon emissions also increased, rising from 21,535 tCO₂e in 2023–24 to 24,362 tCO₂e in 2024–25, a 13.1% increase (see Chart 3). Pharmaceuticals and medical equipment remained the largest contributors, while food and drink emissions decreased, reflecting a reduction in procurement spending.

Chart 3: Scope 3 carbon emissions 1 April 2023 - 31 March 2025



The Trust has embedded the Net Zero Supplier Roadmap into its procurement processes and monitors supplier engagement through defined KPIs. Active measures have been taken to reduce reliance on single-use products by introducing reusable alternatives and supporting sustainable clinical transformation initiatives.

The Trust continues to demonstrate its commitment to improving air quality and is an active participant in the West Midlands Combined Authority Air Quality Framework Delivery Group and Planning Group. The installation of an air quality monitor at the Manor Hospital site enables real-time air quality monitoring and supports local efforts to raise awareness and reduce pollutant concentrations.

Green Plan Refresh

In line with NHS England's Green Plan Refresh guidance published on 4 February 2025, the Trust is refreshing its Green Plan to ensure alignment with updated national targets and priorities. The refreshed Green Plan will set SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) actions and associated KPIs across all focus areas, underpinned by robust governance and monitoring arrangements. Engagement with key stakeholders, including clinical and operational staff groups, will inform the refresh.

Key areas of focus for the refreshed Green Plan will include workforce and leadership development, promoting core and specialist sustainability training for staff across the organisation. Net zero clinical transformation will be prioritised by appointing a clinical lead and targeting key areas such as critical and perioperative care, mental health services, urgent and emergency care, diagnostic services, and medical pathways. Digital transformation efforts will embed sustainability within digital service design, IT hardware lifecycle management, and hosting practices. Medicines management actions will include progressing the updated Nitrous Oxide Waste Mitigation Toolkit and promoting high-quality, lower carbon respiratory care. In terms of travel and transport, a sustainable travel plan will be developed, promoting active travel, public transport, and zero-emission vehicles, alongside zero-emission vehicle options in staff benefits schemes.

Estates and facilities work will focus on developing a Heat Decarbonisation Plan and expanding renewable energy generation onsite. In addition, the Trust will update its Estates Strategy to ensure that the estate fully supports the delivery of the Trust's clinical strategy while enabling the transition to a net zero and climate-resilient estate. As part of this, the Trust will prioritise investment in high-risk critical infrastructure to reduce backlog liabilities and ensure that capital investment decisions contribute to both operational resilience and the net zero transition. Food and nutrition initiatives will measure food waste and encourage seasonal, healthier, lower-carbon menus within catering services.

The refreshed Green Plan will be presented to the Trust Board for approval and will be published by 31 July 2025.

Task Force on Climate-Related Financial Disclosures (TCFD) Compliance Disclosure

The Trust acknowledges the significant impact of climate change on public health, healthcare resilience, and service delivery sustainability. In alignment with NHS England's guidance and the TCFD framework, the Trust's reporting on governance, risk management, and metrics and targets has been strengthened in compliance with the Department of Health and Social Care Group Accounting Manual (GAM) 2024/25.

In terms of governance, leadership is provided by the Trust Group Strategy Officer, supported by the Sustainability Group, the Head of Sustainability, and the Clinical Lead for Sustainability. Oversight is maintained through regular reporting to the Productivity and Finance Committee, the Trust Management Committee, and the Trust Board. Climate-related risks and opportunities have been incorporated into monthly governance meetings.

Regarding risk management, a climate risks and impact assessment has been completed, informing the development of the Climate Change Mitigation and Adaptation Plan.

Sustainability impact assessments are now embedded into business case processes, and the risk categorisation matrix is being updated to formally incorporate climate-related risks.

The Trust's Green Plan set an interim target to achieve a 25% reduction in carbon emissions from the 2019/20 baseline by April 2025. Full-year validation of 2024/25 emissions data will determine progress against this target, which will be reported in the next annual cycle. In accordance with the Department of Health and Social Care Group Accounting Manual (GAM) 2024/25, Chapter 3, Annex 5 on TCFD recommended disclosures, NHS bodies are not required to develop or disclose Scope 1, Scope 2, or Scope 3 emissions estimates independently. Emissions estimates for the NHS in England will be provided centrally by NHS England.

Patience experience and engagement

The Patient Voice – Feedback, Involvement and Engagement with Public and Patients 2024/2025

The Patient Relations and Experience Function

The Patient Relations and Experience Function is made up of several collaborative teams, each with a distinct but complementary focus in enhancing the experience of patients, families, and carers. These include:

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

Together, these teams help the organisation to deliver, monitor, and improve patient and carer experience, ensuring that people are listened to, engaged, and have a voice in shaping the care they receive.

Patient Relations

The Patient Relations Team specifically focuses on handling concerns and complaints, ensuring patient and carer feedback is addressed with empathy, responsiveness, and transparency. This function ensures that learning from feedback is captured and used to drive service improvement.

Patient Experience

The Patient Experience Team leads on gathering and analysing feedback across multiple channels including surveys, experience-based co-design, involvement forums, and learning walks. It works closely with services to ensure the voice of patients, families and carers influences quality improvement, policy, and practice.

In addition, this team holds responsibility for the recruitment, onboarding, and management of the Trust's volunteer workforce — a golden thread running through our organisation.

Volunteers are a workforce, adding immense value to both patient care and staff support.

Their presence enhances the overall experience of those who use our services and strengthens our culture of compassion and community.

The team also oversees the work of the Family and Carer Support Officer, which has become a stable and valued offer of support to unpaid carers. This role ensures carers feel acknowledged, included, and empowered in the care of their loved ones.

Spiritual, Pastoral and Religious Care (SPaRC)

The SPaRC Team, including hospital Chaplains, provides spiritual and pastoral care for patients, families, and staff across both hospital and community settings.

As an integral part of the multidisciplinary team, Chaplains offer holistic support that addresses spiritual and emotional needs — such as the search for meaning, comfort, or connection during illness, trauma or bereavement. This may include religious rites, prayer, faith-specific support, or simply being a compassionate listener. While SPaRC publishes its own annual report each summer, it remains a core and valued component of the wider Patient Relations and Experience function, contributing meaningfully to the Trust's commitment to person-centred care.



Patient recommendation to Friends and Family

1. Friends and Family Test

The Friends and Family Test recommendation scores are illustrated in the tables below. These include percentage changes on 2023/24. The Trust's average recommendation score for 2024/25 was 91% which is a 2% increase on the previous year, and a 5% increase on 2022/23. When looking at the different touchpoints, there is a fluctuation of 21% with scores, ranging between 78% and 99%.

Friends and Family Test	Inpatients				Outpatients				ED				Community			
	Q1	Q2	Q3	Q4*	Q1	Q2	Q3	Q4*	Q1	Q2	Q3	Q4*	Q1	Q2	Q3	Q4*
2024/25	88%	89%	88%	89%	92%	92%	92%	93%	81%	85%	78%	81%	99%	99%	99%	99%
Difference	-1%	1%	-1%	1%	-1%	0%	1%	1%	-3%	5%	-1%	2%	0%	0%	0%	0%
2023/24	89%	88%	89%	88%	93%	92%	91%	92%	84%	80%	79%	79%	99%	99%	99%	99%
Response rate	25.6%	23.6%	22.5%	21.6%	17.9%	18%	15.1%	15.2%	14.8%	14.6%	13.2%	13.8%	38%	43%	56%	55.5%

Friends and Family Test	Antenatal				Birth				Postnatal Ward				Postnatal Community			
	Q1	Q2	Q3	Q4*	Q1	Q2	Q3	Q4*	Q1	Q2	Q3	Q4*	Q1	Q2	Q3	Q4*
2024/25	85%	89%	93%	95%	98%	89%	90%	89%	89%	88%	90%	94%	92%	94%	91%	90%
Difference	-5%	2%	6%	8%	26%	1%	3%	-5%	7%	6%	-2%	-1%	-1%	4%	-7%	-3%
2023/24	90%	87%	87%	87%	72%	88%	87%	94%	82%	82%	92%	95%	93%	90%	98%	93%
Response rate	88%	13.4%	21.3%	23.9%	74%	26.4%	18.8%	24.3%	82.5%	45.8%	42.3%	39.5%	27.4%	17.1%	24%	37.4%

* Q4 data subject to change in line with March 2025 data submissions for FFT being after reporting date

The below table illustrates the percentage difference between the Trust's average recommendation score for each touchpoint, and the local ICB and national results. All areas, apart from inpatients, outperformed on average locally with Community and ED also outperforming the national average.

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

The ICB and national data at time of reporting was taken over a 10-month period (April 2024 – January 2025).

On review, the Friends and Family Test results have improved on previous years, highlighting a more consistent score across all touchpoints, and performing better when compared locally.

1. Mystery Patient

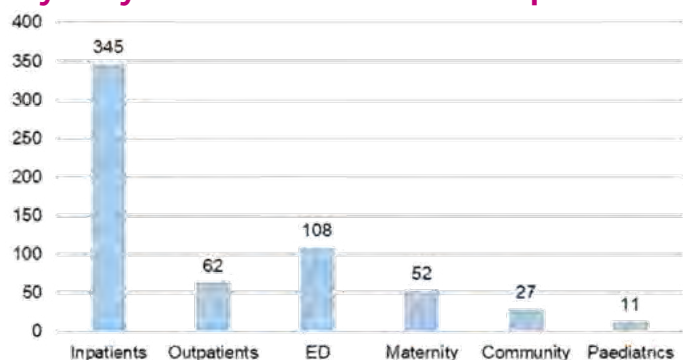
The Mystery Patient Scheme, launched in July 2021, continues to serve as a valuable tool for gathering patient feedback, complementing existing channels like the Friends and Family Test and the CQC National Survey Programme. It offers the Trust a flexible way to assess various aspects of patient experience, while giving patients the opportunity to share their views at a time and in a way that suits them, focusing on what matters most to them.

The key performance indicators in the table below help the Trust track progress in areas highlighted for improvement through the national patient survey. Over the past year, 585 patients took part in the scheme and shared their feedback, an increase of 40% on 2022/23.

While all questions occasionally fell below the target (based on the CQC National Adult Inpatient Survey benchmark), the question regarding whether patients felt they were treated with respect and dignity showed the greatest variation over the reporting period, with a noticeable dip in the most recent months.

Mystery Patients	Target	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25
1. Do you think the hospital staff did everything they could do help control your pain?	8.3	8.8	8.2	8.4	8.5	8.9	9.3	8.2	8.8	7.2	8.4	8.8	7.3
2. Did you feel able to talk to members of staff about your worries and fears?	6.8	8.5	8.5	8.4	8.6	8.4	9.0	8.5	8.1	7.6	7.9	9.2	7.1
3. Thinking about any medicine you were to take home, were you given any of the following?	3.3	2.5	2.0	5.2	5.7	5.4	6.7	5.6	6.0	5.5	6.2	6.0	5.0
4. Did healthcare professionals speak to each other about you as if you weren't here?	8.2	9.0	8.9	8.1	9.0	8.7	9.0	8.6	8.4	9.0	8.3	9.0	8.0
5. Overall, did you feel you were treated with respect and dignity?	8.5	9.0	8.8	8.5	8.8	8.6	9.3	8.5	8.5	8.3	8.1	8.5	7.4

Mystery Patient Feedback Touchpoints



3. Compliments

Compliments account for 25.7% of all contacts received in 2024/25, an increase of 6.7% on 2023/24. 1015 compliments were received by the Trust, an increase of 40% on the previous year.

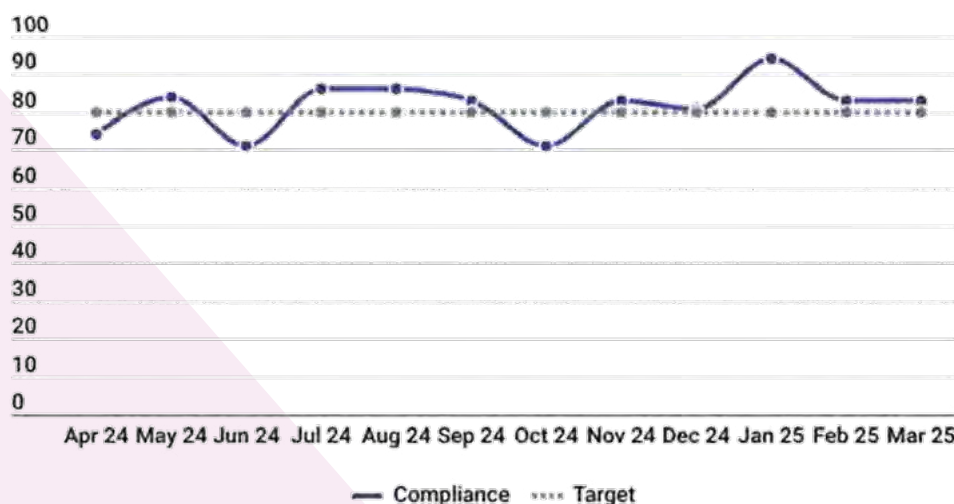
	Community	Corporate	MLTC	Surgery	WCCSS
2023 / 2024	307	24	188	122	84
2024 / 2025	443	30	223	86	230

Complaints and concerns

During 2024/2025 a total of 3943 contacts were received by the Patient Relations Team which included a total of 461 written complaints. A total of 118 of these written complaints were downgraded to a concern. In addition, six informal to formal complaints and four MP letters were received (an increase of 217 contacts overall for the year compared to 2023/24) and an average of 15.4 contacts per working day.

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

Contact Type	2021 / 2022	2022 / 2023	2023 / 24	2024 / 2025
Complaint requiring a written response	361	368	434	343
Concern escalated to a complaint	7	6	17	6
Concerns and queries	2420	2374	2423	2373
Complaint converted to a concern	33	64	89	118
Compliments	535	376	725	1051
NHS Website Feedback	721	331	32	48
ML Letter	4	13	6	4
Total	4082	3532	3726	3943



The average response rate with an agreed timeframe during 2024/25 was 82%. This is a slight decrease in comparison to 2023/24 (86%).

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:** 75.9% of respondents identified themselves as White British, 11.1% Indian, 3.7% Other White, 1.9% Pakistani, 1.9% Caribbean and 1.9% declined to complete
- **Age:** 9.2% were aged 18 to 24, 33.3% were aged 25 to 49, 35.2% were aged 50 to 64, 7.4% were 65 to 74, 9.3% were aged 75 to 84, 1.9% were aged 85 and over and 3.7% declined to complete
- **Religion or belief:** 53.7% Christian / Catholic, 25.9% no religion, 7.4% Sikh, 5.5% declined to complete, 3.7% Islam, 1.9% Hindu and 1.9% Buddhist.
- **Sexual Orientation:** 87% Heterosexual. 5.6% Homosexual, 1.9% Bisexual and 5.6% declined to complete
- **Gender:** Female 70.4%, Male 25.9% and 3.7% declined to complete
- **Gender re-assignment:** 85.2% No and 14.8% declined to complete
- **Relationship status:** 51.9% Married, 18.5% Single, 7.4% Living with partner, 7.4% Divorced, 3.7% Widowed, 1.9% responded "Other" and 6.8% of respondents answered "other" and 5.6% declined to complete

- **Pregnancy:** 64.8% of respondents were not pregnant at the time of making a complaint, 1.9% were pregnant and 33.3% stated this question was not applicable. A total of 5.6% of respondents stated they had given birth in the previous 26 weeks
- 51.9% of patients do not consider themselves to have a longstanding condition, 40.7% of patients do. A total of 7.4% declined to complete

(b) Patient Experience

The charts below present the average Friends and Family Test (FFT) recommendation scores for 2024/25, by age, gender, and ethnicity. March 2025 data not available at the time of report.

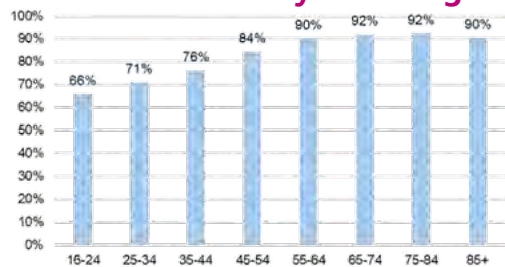
While gender typically does not significantly influence recommendation scores, age consistently shows an impact. A clear trend emerges, indicating that younger patients are more likely to report a poorer experience compared to older patients, with a fluctuation of 26%.

When examining recommendation scores by ethnicity, patients from non-White backgrounds generally report a less positive experience than those who identify as White or White British. Among these groups, Asian or Asian British patients consistently report the lowest scores, with a difference of 11%, indicating the poorest overall experience.

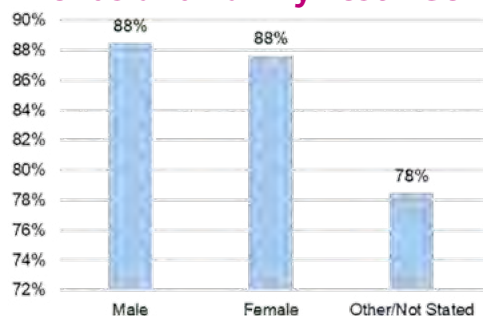


Patient Experience Enabling Strategy 2022/25

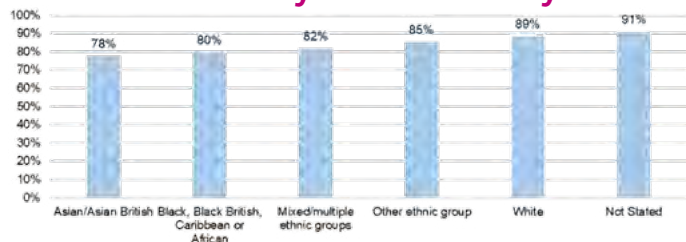
Friends and Family Test - Age



Friends and Family Test - Gender



Friends and Family Test - Ethnicity



The Patient Experience Enabling Strategy outlines our key priorities for enhancing patient experience over a three-year period ending during 2025. Our approach is built around three core pillars: Involvement, Engagement, and Experience.

These pillars are shaped and driven by the voices of our patients, families, and carers, gathered through national and local surveys, the Friends and Family Test, compliments, concerns, and formal complaints.

We have identified specific priorities under each pillar to support meaningful improvements. The following outlines the progress we are making in delivering these priorities.

Involvement

- **Improved Access:** Dietetic waiting times reduced significantly; new MSK ultrasound clinic introduced
- **Support for Families and Children:** Parent panels, Family Hub success in reducing SALT waits, visual menus for stroke patients with aphasia, and school health questionnaires launched

- **Dementia and Self-Care:** Music therapy and ward enhancements proposed for dementia care, a self-care event drew strong interest
- **SEND Support:** Sensory toys and other equipment have been bought to support children with SEND, with further resources being secured in partnership with the Trust's Well Wishers charity for PAU and Ward 21
- **Maternity Voice:** Patient experience Midwife ensures women's voices are heard in care reviews, feedback letters introduced to enhance communication post-incident
- **Inclusive Communication:** Maternity and Neonatal Voices Partnership and Consultant Midwife co-developing multilingual and easy-read decision-making aids

Engagement

- **Collaborative Working:** MDT involvement in early identification of neurological conditions in paediatrics, audits and joint projects with Public Health, Early Help, and hospices
- **Community-Focused Outreach:** Engagement at mosques and schools, plus new MNVP co-chair appointed to strengthen maternity service user involvement
- **Local Engagement Surveys:** Targeted surveys conducted on key themes including *Mealtime Matters*, *Visiting Experience*, and *'Care We Give in the Place you Live'*, *'Diagnostics Survey'* and *'Hand Hygiene Guardians'* helping shape services based on real-time feedback

Experience

- **Staff Support and Safety:** Away days, personal safety devices, professional development, and revised supervision structures introduced
- **Pharmacy Improvements:** Medicines reconciliation work, pharmacist recruitment, and designated support for specific wards have improved performance
- **Infection Prevention:** Ongoing MLTC IPC improvement group addresses patient safety
- **Maternity Enhancements:** Induction of labour project restarted with MNVP collaboration in quality, policy, and patient information development
- **On the ground Insight:** Experience learning walks undertaken to capture lived experience and drive service improvement

Patient Involvement Partners: Activity and Impact 2024

Our Patient Involvement Partners (PIPs) have played a vital role throughout the year, offering insights, challenge, and lived experience to support service development and improvement. Key areas of involvement include:

Strategic Involvement

- Participation in Task and Finish Groups: PIPs have contributed to the Equality Delivery System (EDS) and Consent Task and Finish Groups, ensuring that patient perspectives are embedded in key governance and improvement workstreams

Patient Experience and Relations

- Contributed to discussions on the National Adult Inpatient Survey and will support action planning
- Participated in a complaints review panel to support learning and service improvement

Family and Carers Involvement

- Worked alongside staff to shape the future offer for family and unpaid carers, including volunteer engagement opportunities

Reading Panel Contributions

PIPs actively reviewed and co-developed a wide range of patient-facing materials, including:

- Explaining Your Operation
- Consent Survey
- Low Potassium Diet
- CSS Patient Information Leaflet
- Exercise Sheets
- Wound Care
- Community Equipment Letter
- Virtual Ward Guide for Parents

Service Improvement and Accessibility

- Provided feedback on the redesign of the Phlebotomy service, focusing on inclusion for older adults, people with learning disabilities, and those with digital or language barriers
- Suggested volunteer roles to help reduce missed appointments (DNAs)

Learning disability and autism

- Supported the development of the hospital passport and offered input into mental capacity and consent work with the Safeguarding Team
- Contributed to discussion on earlier diagnosis pathways and benchmarking best practice

New Projects and Consultations

- Will be involved in the resumed Palliative Care Centre virtual tour project
- Provided insight into the rollout of Martha's Rule, including suggestions for communications and community engagement
- Supported the Mental Health Patient Journey project to map care pathways from the patient's perspective

Ongoing Engagement

- Requested wider stakeholder input at future meetings, including representatives from Estates, Walsall Connected, and direct patient voices



Volunteer Services



	Q1	Q2	Q3	Q4	Total
Hospital	3225	3418	3136	3962	13741
Community	459	957	919	951	3286
Self Care Management	301	293	318	634	1546
Chaplaincy	264	292	266	298	1120
Trust Total	4249	4960	4639	5845	19693
Total cost (B2 equivalent)	£48,651.05	£54,064.00	£56,039.12	£70,607.60	£229,361.77

The above table illustrates the volunteer impact in 2024/25. The Trust has seen a 3% increase in volunteer activity over the period compared to 2023/24. Volunteers continue to inspire and support the organisation in all they do, contributing a financial equivalent value of just shy of £230k.

Volunteer opportunities include:

- Volunteer Atrium Responders
- Emergency Department Responders
- Enhancing the Ward Experience (EWE) Volunteers
- Scooter Drivers
- Maternity Services EWEs
- ICU volunteers
- Community volunteers at Goscote PCC / Hollybank House
- Self-Care Management Volunteers

The Trust has also welcomed the return of the Volunteer In Education (VIE) Students, a partnership with Walsall Academy and Walsall College, supporting the workforce of the future through our volunteering opportunities.

Family and Carer Support Service

The Family and Carer Support Service has now completed its second year, providing support to unpaid carers and families, recognising the value they bring in help us support our patients. This service aims to better identify, recognise, and support our unpaid carers.

The below table illustrates the impact this service has had on unpaid carers during the year, including 527 individual support encounters.

Encounters	Q1	Q2	Q3	Q4	Total
Total Encounters	81	134	142	170	527
Identifies as an unpaid carer	16	18	24	13	71

Support Categories	Q1	Q2	Q3	Q4	Total
Pastoral	78	131	126	151	486
Signposting Internal	20	9	14	7	50
Signposting External	31	30	51	39	151
Care Update	2	20	14	11	47
Support Caring - In Hospital	13	56	28	65	162
Support Caring - Discharge / at home	9	16	20	17	62
Patient relations	0	1	3	2	6

Who has received support	Q1	Q2	Q3	Q4	Total
Unpaid carer	16	18	24	13	71
Family Member	2	1	0	1	4
Patient	2	1	1	3	7

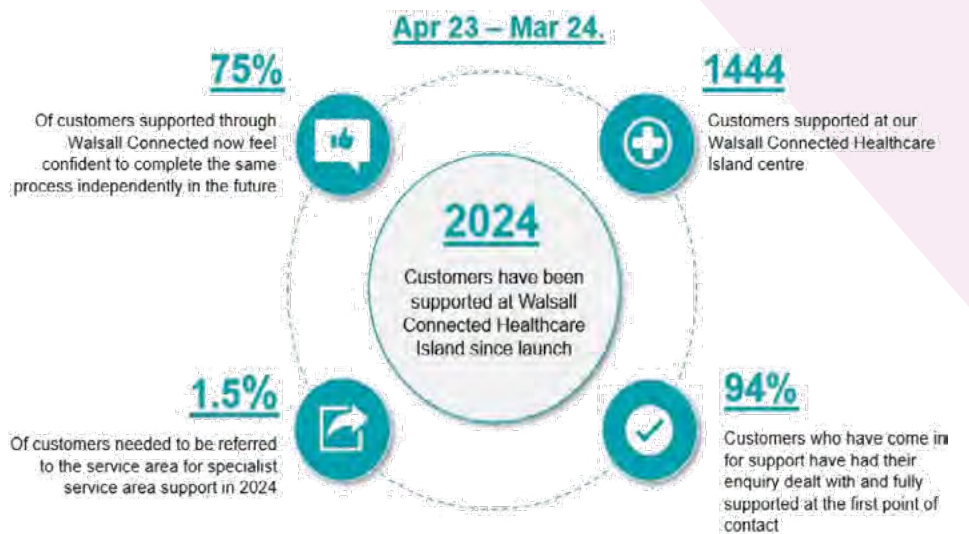
Walsall Connected



Since its official opening in June 2023, The Island - located in the Women’s and Children’s Atrium at Walsall Healthcare NHS Trust - has firmly established itself as a valued resource for patients, visitors, and carers. Over the past year alone, it has supported 1,444 individuals, contributing to a total of 2,024 people accessing support since the launch.

As the 28th addition to the Walsall Connected network, The Island is part of a wider partnership between Walsall Council, local community associations, libraries, and partner organisations. Together, the 28 Walsall Connected sites across the borough provide free Wi-Fi, public computer access, and guidance from trained staff and volunteers.

Beyond helping with accessing council services online, these sites—including *The Island*—enable individuals to develop essential digital skills such as using email and browsing the internet, supporting greater independence and digital confidence across our communities.



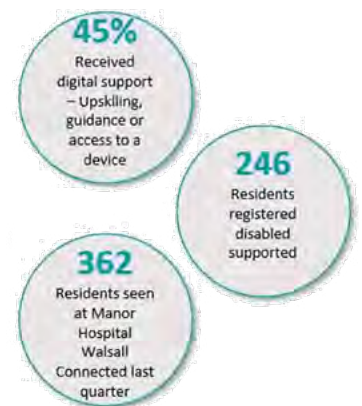
Since launch **32,000+** Total customers have been supported through Walsall Connected to date receiving face-to-face support.

Manor Hospital Q4 2024 Demand

How was customer supported	Users
Complete online process for customer	33
Contacted service with customer present	56
Customer Self serve	354
Customer upskilled via computer	10
Customer upskilled via iPad	116
Customer upskilled via own mobile device	25
Digital support with customer self-serving	114
Information given	44
Referral made to service	4
Telephone number for service provided	18
Information given (signpost to Council service)	116
Information given (general advice)	254
Information given (signposted to external service)	70
Referral to external	34
Telephone number given (Council Service)	109
Telephone number given (External provider)	59
Called housing to see customer	3
Walsall Connected referral form (Service area to call back form)	25
Grand Total	1444

Customer persona	Users
Have Access / Lack awareness	303
Have access but need help/support	559
Limited/data Access	190
No Access	392

Age Bracket	Users
25-64	756
65+	663
16-24	25



Walsall Connected – Case Study

Supporting a resident in crisis

A pensioner attending a hospital appointment was referred to *The Island* after expressing difficulty accessing online services to apply for Council Tax Reduction (CTR). With limited savings and rising living costs, compounded by the loss of the winter fuel payment, he felt isolated and overwhelmed by the shift to digital services.

Having previously been redirected by various support points, he arrived without paperwork or internet access. With patient and compassionate support, staff at *The Island* helped initiate his CTR application, sourced key details, and guided him through each step. During this process, it emerged his wife had dementia but no formal diagnosis. He was given information on carers' support and guidance around setting up Power of Attorney while she could still make decisions.

He returned the following week with the required documents and successfully applied for Pension Credit. Staff also signposted him to additional support, including the Household Support Fund and Adult Social Care.

He expressed deep gratitude, noting that he never thought he could claim anything due to his lack of digital access. This case highlights how *The Island*, through Walsall Connected, makes a vital difference by offering time, digital support, and holistic guidance to those most in need.

Workforce

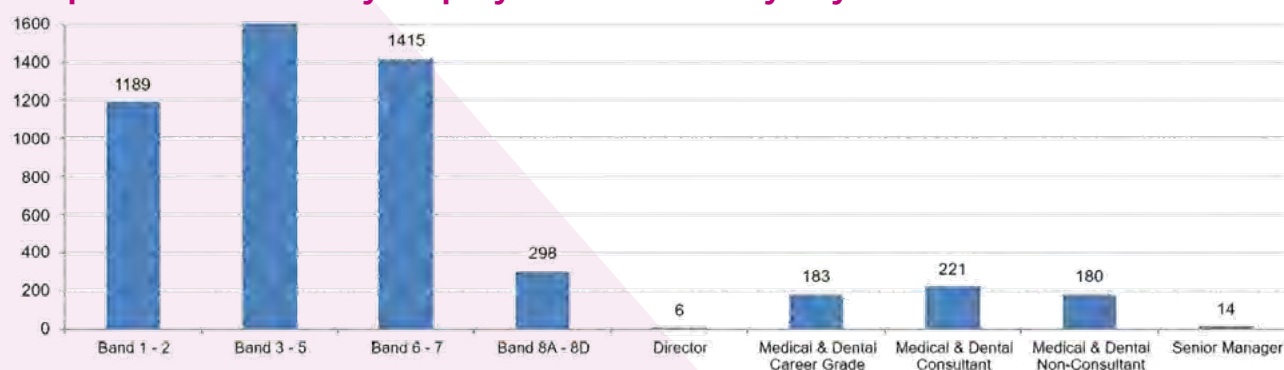
As of 31 March 2025, Walsall Healthcare NHS Trust employed 5292 substantive staff. Of these, 1543 colleagues were permanently employed on recurrent, open-ended contracts of employment. A further 749 colleagues were employed on fixed-term contracts of employment.

Staff Composition

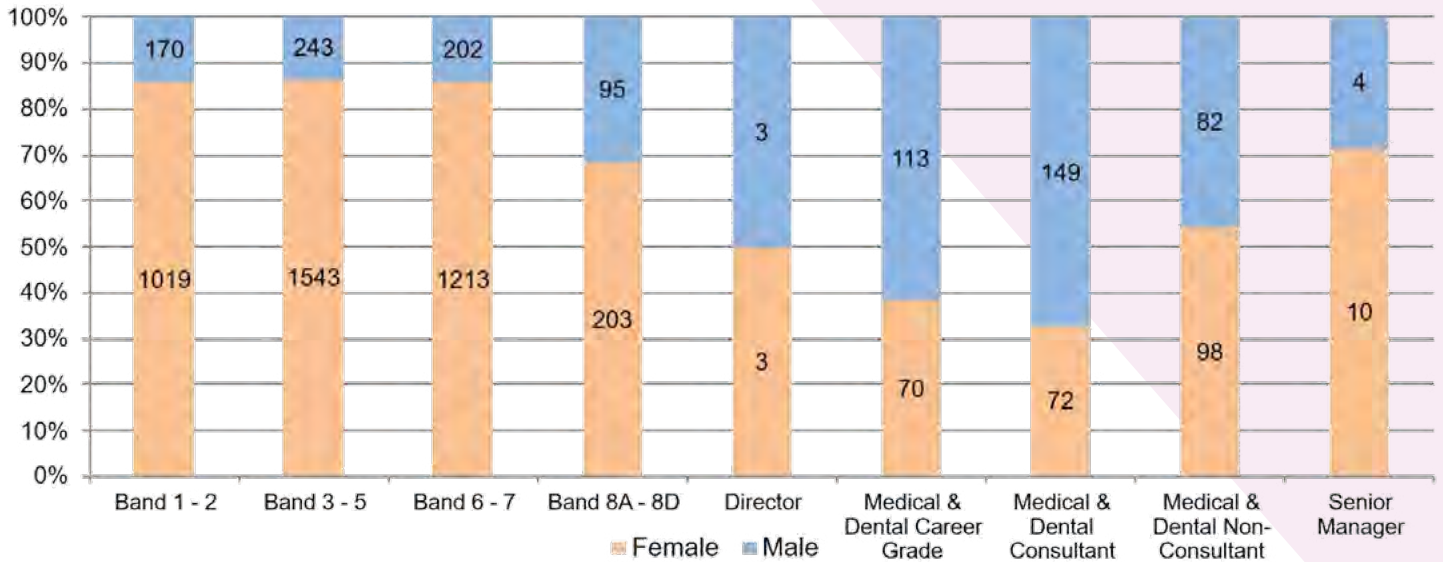
During 2024/25, the average full-time equivalent (FTE) workforce totalled 5073.26. The following table provides a snapshot of the average workforce composition during this period:

24/25 Average FTE (Full-Time Equivalent Workforce)	Permanently Employed	Other	Total Workforce
Registered Nursing & Midwifery	1,606	142	1,748
Registered Allied Health Professionals	313	6	319
Registered Healthcare Scientists	100	0	100
Registered Scientific, Therapeutic and Technical	42	1	42
Clinical Support	861	175	1,036
Infrastructure Support (Administrative, Clerical and Estates)	1,102	134	1,236
Medical and Dental	543	48	591

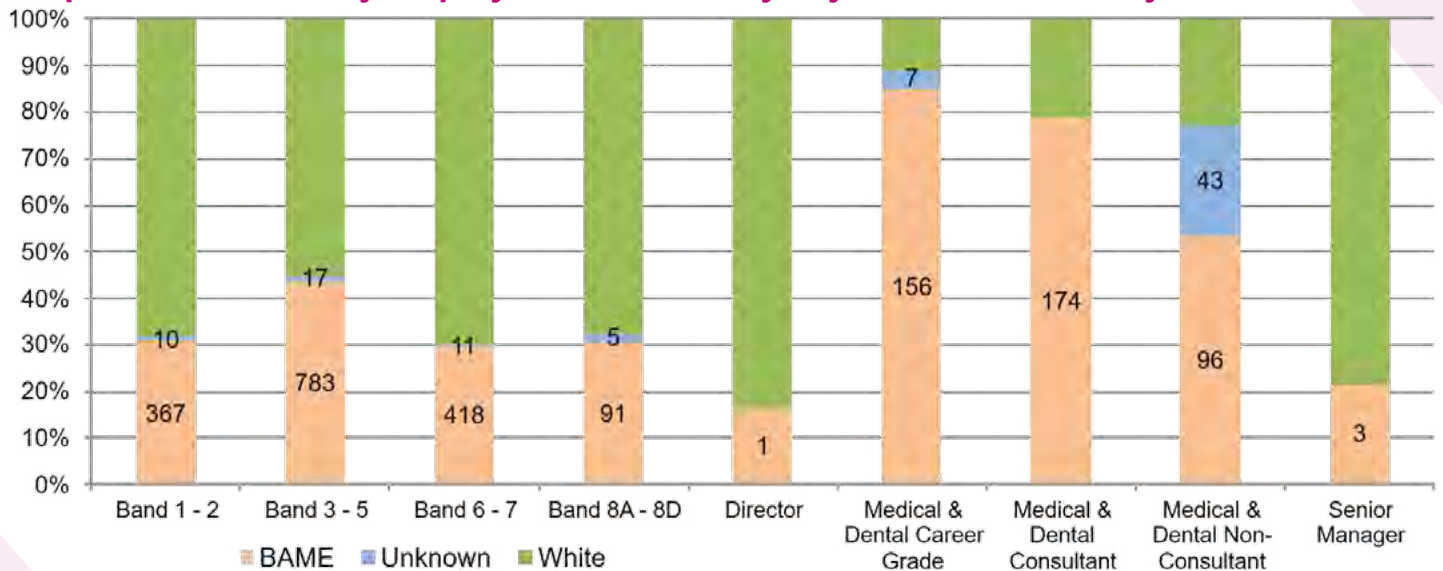
Graph 1 – Permanently Employed Workforce by Pay Band



Graph 2 – Permanently Employed Workforce by Pay Band and Gender



Graph 3 – Permanently Employed Workforce by Pay Band and Ethnicity



Our workforce is predominately female (79.95%), and this is the predominant gender in all of the staff groups except for medical and dental staff, where the position is the reverse.



Table 2 – Ethnicity breakdown

Ethnic Origin	Headcount	% of Substantive Workforce
Any Other Ethnic Group	95	1.80%
Asian or Asian British - Any other Asian background	88	1.66%
Asian or Asian British - Bangladeshi	69	1.30%
Asian or Asian British - Chinese	20	0.38%
Asian or Asian British - Indian	611	11.55%
Asian or Asian British-Pakistani	328	6.20%
Black or Black British - African	542	10.25%
Black or Black British - Any other Black background	22	0.42%
Black or Black British - Caribbean	166	3.14%
Dual Heritage - Any other mixed background	27	0.51%
Dual Heritage - White & Asian	36	0.68%
Dual Heritage - White & Black African	24	0.45%
Dual Heritage - White & Black Caribbean	61	1.15%
Unknown	93	1.76%
White - Any other background	90	1.70%
White - British	2996	56.66%
White - Irish	24	0.45%
Grand Total	5288	100%

A total of 98.24% of substantive colleagues have shared their ethnicity, with 39.47% of colleagues recorded as having a Black, Asian or Minority ethnic (BAME) background, which is representative of the local population (47%) and national NHS Workforce. (Latest NHS BAME Workforce population 26%).

<https://www.ethnicity-facts-figures.service.gov.uk/workforce-and-business/workforce-diversity/nhs-workforce/latest/>

BAME (Black, Asian and Minority Ethnic) colleagues account for 53.33% of the medical consultant workforce, whilst 30.54% 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 faced by individual ethnicities, and, as such, seeks to provide a platform for those from a minority background to ensure any ethnicity-specific health and employment inequalities are acknowledged and then addressed.

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 NHS Digital publication of NHS staff turnover rates can be found by following this link:

<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-vacancies-survey/>

Employee Costs (subject to Audit)

	2024/25
Total	£000
Salaries and wages	241,397
Social security costs	24,116
Apprenticeship levy	1,170
Employer's contributions to NHS pensions	40,933
Pension cost - other	72
Temporary staff (including agency)	4,649
Total gross staff costs	312,337

Trade Union Facility Time Reporting Requirements

Percentage of pay bill spent on facility time.

Provide the total cost of facility time	£153,000
Provide the total pay bill	£312m
%age	0.05%

Modern Slavery Act 2015 – Transparency in Supply Chains

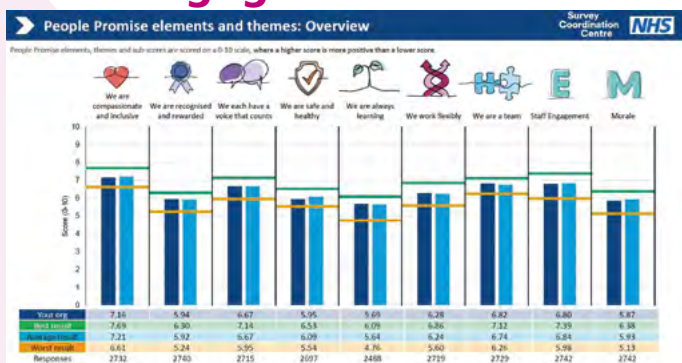
The Modern Slavery Act 2015 established a duty for commercial organisations to prepare an annual slavery and human trafficking statement of the steps it has taken during the financial year to ensure that slavery and human trafficking is not taking place in any of its supply chains or in any part of its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

Staff engagement



The Trust has maintained a high level of engagement in the 2024 Staff Survey, with 2,753 staff members participating, representing 54%—our highest participation rate to date, and the highest response rate of the four Black Country Acute Trusts.

The Trust has shown improvement in six out of nine elements of the NHS People Promise and the two key themes of Staff Engagement and Staff Morale. There was a slight decline of less than 0.1% in three of the

nine elements. Our detailed results can be accessed via NHS Staff Surveys Results.

The Trust exceeds the national average in four of the nine elements: We are recognised and rewarded, We are always learning, We work flexibly, and We are a team. Additionally, we've seen progress in areas that remained unchanged at the national level, including We are compassionate and inclusive, and We each have a voice that counts. We are also above the national average in the We are a team element.

In 2024, the Trust adopted the Joint Behaviour Framework, developed in collaboration with our colleagues at The Royal Wolverhampton NHS Trust: Caring for All. This framework, introduced in April 2024, sets out the expected standards of behaviour to foster a listening, kind, inclusive, and professional organisation. To complement this, Civility and Respect training has been offered. Furthermore, the Trust has committed to upholding the Race Equality Code in 2024, with the Joint Behaviour Framework emphasising inclusion as a core value.

We continue to score above average at 57% on positive action on health and wellbeing. The Trust has introduced the NHS England Sexual Safety Charter, aiming to provide stronger safeguards to protect staff from abuse, aggression, and violence. We are also raising awareness of menopause and how it may affect many of us, directly and indirectly, by offering Menopause Awareness training, as part of the Trust's aim to achieve menopause- friendly accreditation.

The Trust has also focused on expanding the use of apprenticeships to develop skills within the workforce and increase access to staff development and career progression. Currently, 152 colleagues are engaged in apprenticeship programmes, representing 2.88% of the workforce, surpassing the government's recommended target of 2.3%.

Diversity and inclusion in the workforce

The term BAME (Black, Asian and Minority Ethnic) is used to categorise staff from non-white backgrounds as listed in Table 2 of the Staff Report and used when making statistical comparisons between white and non-white staff.

We have seen a further increase in the number of BAME staff represented in senior roles, Bands 8A to 8D, this is a year-on-year increase, from 26% in 2202/23 to 28% in 2023/24 to 30.54% in 2024/25.



The **RACE**
Equality Code
2020

We continue to progress our Race Code Re-Accreditation, as part of a three- year review to enable us to continue to use the Quality Mark that evidences our commitment to Race Equality. This requires us to develop an action plan which is monitored that will demonstrate in a robust, transparent, and comprehensive manner how we will achieve our race equality and inclusion goals.

Since the introduction of anti-racism e-learning modules in February 2024, developed by the ICB, more than 50% of staff have completed all five modules, and we are on target for all staff to have completed the training by December 2025. 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 2025/26 is to ensure equality, diversity, and inclusion in everything we do. We aim to achieve this by reinforcing a sense of belonging through our Civility and Respect Programme, which encourages staff to act as allies and to stand up against unwanted and uncivil behaviour, supported by our Behavioural Framework that outlines expected behaviours and our operational approach. We continue to build on our employee voice groups to ensure contributions to collective decision-making and to support all staff, particularly those with protected characteristics.

Through increasing access to development and career progression opportunities, we aim to grow a workforce that is representative of the communities we serve.

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 adjustments 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.

In response to the 2024 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 39.4% of colleagues from Black, Asian, and ethnic minority backgrounds. This is an improvement from 33% in 2023 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).

We continue to use data from our Ethnicity & Gender Pay Gap reporting to tackle inequalities through our approaches to attracting and recruiting, using Cultural Ambassadors to ensure the recruitment process is inclusive, equitable and free from bias by actively participating in the process.

The Trust has taken positive steps towards achieving the NHS England Sexual Safety Charter and the Veteran Aware Accreditation. Both initiatives have high levels of engagement and support from staff across the Trust and we will seek accreditation in the middle of 2025.

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

TU cost

0.05% of pay bill for 2024/25 which is 153.1k as % of 312.3m.

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

The Nursing Quality Team across The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust has a shared overarching falls prevention and management ambition. The delivery of the aims of the ambition focuses on embedding a culture of learning from patient safety incidents and continuous improvement in falls prevention and management.

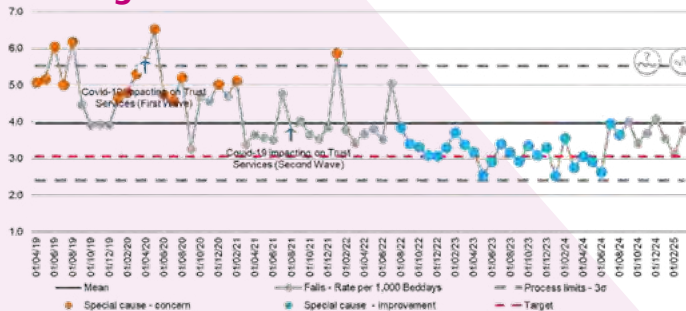
A key element of this work throughout 2024 and into 2025 has been to support the drive towards the prevention of deconditioning in our patients. These workstreams focus on activities for patients and education of staff with wider work across the health economy in falls prevention with the ICB and Public Health teams to support prevention of hospitalisation associated with community falls.

Further Quality Improvement projects have been identified for focus in the new financial year, including the use of appropriate footwear in replacement of anti-slip socks and the offer of decaffeinated drinks.

The bi-monthly Safer Mobility Group continues to meet and oversee the joint strategic falls ambition plan.

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

Falls - Rate per 1,000 Beddays - starting 01/04/19



Tissue Viability

The three-year wound prevention and management ambition plan has achieved a wide range of quality improvements to prevent avoidable wounds and reduce the number of patients living with a chronic wound.

New pathways have been introduced to reduce the risk of surgical site infection and associated complications.

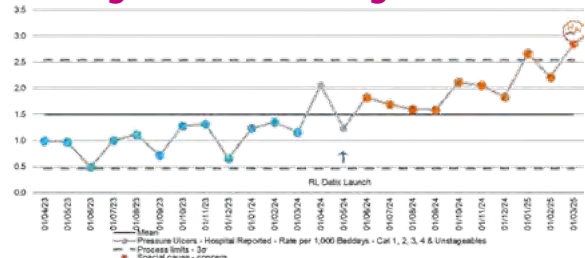
A skin care process has successfully sustained prevention of moisture associated skin damage wounds, which also helps prevention of pressure ulcers. With regards to pressure ulcers, a compassionate engagement process has been launched to welcome feedback from patients and families regarding their incidents. This is used in combination with audit, Clinical Accreditation process and rapid improvement facilitation, to proactively support ongoing education and improvement.

The hospital experienced a rise of pressure ulcer incidents, associated with an overall rise of hospital attendances, linked with longer waits in the Emergency Department. A few actions are embedded to reduce the risk of harm.

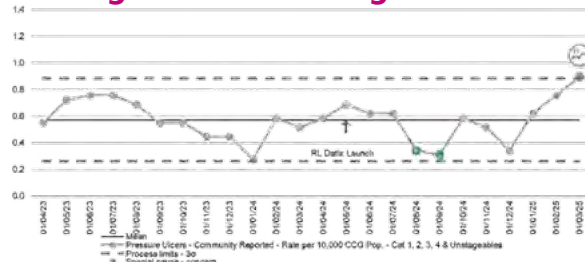
Community services have sustained an improvement and value the ongoing 'Wound Wednesday' education support.

The ambition plan will be reviewed in 2025 to agree the plan for the next three years. The graphs below illustrate our pressure ulcer data over the last year:

Pressure Ulcers - Hospital Reported - Rate per 1,000 Beddays - Cat 1, 2, 3, 4 & Unstageables - starting 01/04/23



Pressure Ulcers - Community Reported - Rate per 10,000 CCG Pop - Cat 1, 2, 3, 4 & Unstageables - starting 01/04/23



Sepsis and Management of Acute Deterioration

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 a Band 8 Matron. The service is seven days a week 8am-8.30pm. It 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.

The team undertakes daily audit using Information Hub monitoring report 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 SORT Team has been leading on workstreams associated with the delivery of Martha's Rule, as one of the national pilot sites. This has included an initial pilot of the "Call for Concern" process at Walsall Healthcare in all adult inpatient areas in March 2025.

The collaborative Trust has also started work on component one of Martha's Rule: "Patients will be asked, at least daily, about how they are feeling, and if they are getting better or worse, and this information will be acted on in a structured way." Pilot areas were identified in March 2025 to test a structured tool prior to wider roll out and digital solutions during 2025.

Observations on Time continue to be monitored to identify areas for improvement, with support from the Nursing Quality Team.

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.



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

- Clinical Accreditation has been undertaken for all inpatient ward environments
- Development of specialist tools with key stakeholders, including Specialist Practitioners, Community, Maternity, Neonatal and Paediatrics
- From the Clinical Accreditation reports completed in this financial year, 1 area achieved Emerald Status and 6 achieved Ruby Status
- Accreditation certificates are awarded by the Chief Nursing Officer
- Thematic review of the Accreditation programme to support key areas of intervention as part of the "Back to the Floor" model
- Transfer of all audit tools onto the electronic audit platform for a live view of performance
- A plan for 2025/26 includes a focus on themes for Trust improvement and signposting areas with "Working Towards Accreditation" in their overall report to areas that have demonstrated a jewel rating

Quality Framework

In April 2023, the Nursing, Midwifery, and Allied Health Professionals Quality Framework was 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 NHS Trust and The Royal Wolverhampton NHS Trust.

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. Key successes of the framework delivery have included, but are not limited to the development of a Clinical Accreditation Model in inpatient settings, launch of the Eat, Drink, Dress, Move to Improve Initiative, launch of the Wound Healing Ambition Plan, Improvement Plan for Saving Babies Lives Care Bundles, recruitment of the Digital Team, updated Nursing Risk Assessment Documentation, improvements in Observations on Time, national awards in Patient Experience, Healthcare Support Worker, Band 5 and leadership development programmes and delivery of Group Annual Research Conferences.

The new, three-year Quality Framework will be launched in financial year 2025/26, which will prioritise interventions based on our Quality Metrics, themes from Clinical Accreditation and following feedback from a range of stakeholders.

Quality and Safety Enabling Strategy

In April 2023, the first joint Quality and Safety Enabling Strategy 2023/26 was launched. The strategy defines how we will strive to excel in the delivery of care, which is one of the four strategic aims of the Joint Trust Strategy. The key priorities include:

- Our People – recognising the importance of growing, supporting, and developing our workforce
- Embed a culture of learning and continuous improvement at all levels of the organisation
- Prioritise the treatment of cancer patients, focused on improving the outcomes of those diagnosed with the disease
- Deliver safe and responsive urgent and emergency care in the community and in hospital
- Deliver the priorities of the National Elective Care Strategy
- 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 have the overall oversight of progress with key priorities outlined in this strategy and receive an annual update on progress.

Digital innovation

Digital Transformation of Preoperative Services

By supporting the safe implementation of a new digital preoperative assessment, we have been able to digitally activate patients, empowering them to complete preoperative questionnaires within a day of a decision to offer surgery, and disrupting the preoperative pathway by enabling patients to be assessed more rapidly. This creates the potential opportunity to optimise patients, reduce on the day surgical cancellations and helps to contribute towards elective recovery.

We are also leading the ICS with an NHSE-funded pilot of a conversational Artificial Intelligence (AI) tool in consultant anaesthetic preoperative clinics which listens to Doctor- patient conversations and automatically generates a structured discussion summary. The goal is to understand the accuracy and safety of this technology, how it can demonstrably improve efficiency and productivity, and its potential for wider adoption.

Clinical AI Fellow Recruitment

Our support of innovative clinical AI projects and technologies has enabled us to develop a framework for the use of AI in clinical practice, create research and partnership opportunities, and to recruit a fellow from the NHS Fellowship in Clinical AI. The work of the fellow is currently aligned to a new research project examining the diagnostic accuracy of AI in echocardiography which is currently in the final stages of research approval.

It is anticipated that with current and future clinical AI projects we will continue to support the NHS Fellowship programme and continue to safely drive our ambitions with this new and rapidly evolving technology.

Digital Complex Care Platform

The Community Matrix has streamlined processes and reduced repetitive tasks in community services, while the Complex Care initiative has provided primary care clinicians with a versatile platform to manage high-risk patients effectively.



These projects have collectively created a digital safety net that supports seamless care transitions and improves patient outcomes.

Advancing Digital Innovation Through Predictive Analytics: Publications

Our commitment to pioneering digital innovation has been reflected in a series of publications that showcase our advancements in predictive analytics. We have focused on harnessing cutting-edge machine learning techniques and big data analytics to drive smarter decision-making and enhance operational efficiency.

Key publications have explored novel approaches to predictive modelling, including the integration of real-time data streams and creation of a Robotic Process Automation BOT to improve transparency and trust in automated decision-making. These contributions have provided actionable insights which we have utilised to improve patient care.

Our work has been featured in top-tier academic journals such as the Royal College of General Practitioners, BioMed Central, British Medical Journal and the Lancet eBioMedicine, underscoring our dedication to research and impactful knowledge dissemination. Moving forward, we will continue to push the boundaries of predictive analytics, collaborating with industry and academic partners to translate research into real-world applications that drive meaningful change.

National Recognition

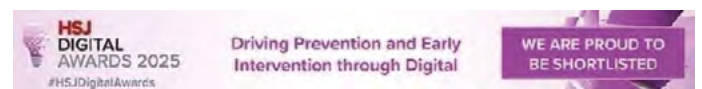
As an organisation, we recognise the importance of investing in digital innovation to support the transformation of services to benefit our patients and workforce. This year we have been shortlisted at the prestigious HSJ Digital Awards in the categories of:



Digital Perioperative transformation



Assisting elective recovery through digital perioperative transformation



PRADA Proactive Risk Based Data Driven Assessment in End of Life

For the focused efforts of our clinical and non-clinical digital, innovation and perioperative medicine colleagues to be acknowledged demonstrates the value that these digital innovations bring to our patients and can bring to the wider NHS.

What's next?

We will be launching our Group Digital Innovation three-year Roadmap in 2025 which will outline how we will continue on our mission of revolutionising and transforming patient care through the innovative use of data, digital methodologies and digital solutions.

We will also be launching our Digital Innovation Hub which will be our Group Digital Front Door, where we aim to provide access to a centralised gateway to:

- A single point for digital innovation requests across the group
- A structured repository of potential solutions to relevant identified challenges
- Provide advice and guidance for teams to innovate within a clear governance pathway
- The provision of ongoing support for staff who would like to take forward a digital innovation solution in their area
- A network of confident Digital Innovation Ambassadors who have the skills to lead digital innovation projects
- Provide a forum for sharing skills, knowledge and digital updates



Our charity year

Generous supporters from businesses, communities and organisations across Walsall borough and beyond have once again helped Walsall Healthcare's Well Wishers charity enjoy another successful year.

Highlights from the last 12 months include:

A new wildflower garden to be enjoyed by patients, families and staff at Walsall Manor Hospital.



The area, near the Urgent and Emergency Care Centre, is being transformed into a haven thanks to a £11,487 grant from Natural England, which was secured by Well Wishers.

It is hoped the wildflower meadow will give the area a more natural, relaxed feel and attract pollinating insects and other wildlife.

Patients have been given boxes to keep their glasses, dentures and hearing aids safe while they're in Walsall Manor Hospital.



The charity initially issued these to patients on elderly care wards during Falls Awareness Week last year as part of a focus on factors that can lead to falls and raise awareness of what can be done to avoid them.

Now, the boxes have been issued across the hospital. Each box has a label for the patient's name, date of birth and ward details to be filled in along with a list of the items that are going in for safekeeping.

Patients living with dementia benefited from the proceeds of Well Wishers' popular annual charity boxing match.

Funds were raised through the charity in partnership with its patron Martin Gethin, former British lightweight boxing champion.

The £2,500 raised has been used to buy a variety of items to occupy and engage patients such as iPads, busy boards and fidget widgets.



Nicky Thomas, from Green Square Accord (GSA) which is commissioned by the Black Country Integrated Care Board to provide personalised dementia care and support, said the items were important to help support patients.

Sales through the charity's Fundraising Hub totalled more than £60,000 over the course of a year.

The hub, in the main atrium of Walsall Manor Hospital, sells books, jigsaws, clothes, handmade cards and knitted baby clothes and blankets, alongside good quality bric-a-brac, and is open five days a week.

All items sold are donated by communities across the borough and a number of kind-hearted groups knit the baby clothes and blankets.

Money raised is used to enhance services in the hospital and community – above and beyond what the NHS can provide. And the hub is a collection point throughout the year for various donations such as Easter eggs, Christmas gifts for patients and various appeals.



Specialist chairs designed to help make hospice patients feel comfortable during their stay have been donated by Well Wishers.

Each of the 12 inpatients at Goscote Hospice will now be able to use one of the chairs after the charity funded their £23,400 cost.

The chairs have replaced old furniture which needed changing due to a decade of wear and tear.

Deborah Jones, Ward Manager, said patients were thrilled with the new furniture.



Businesses now have an opportunity to showcase their services while supporting the charity thanks to a new promotional partnership.

Well Wishers has developed a new corporate support pack where businesses can sign up to one of three packages available.

The money made from these will be used to improve the health and wellbeing of patients across hospital and community services, including Goscote Hospice, Fair Oaks Hospice, Hollybank House and Walsall Palliative Care Centre.

B - Accountability Report

Corporate Governance Report

Directors' Report -

The Directors of the Trust VOTING MEMBERS OF THE BOARD

Sir David Nicholson

KCB CBE

Group Chair

Appointed: April 2023

Current Term: 1 March 2025

31 March 2027



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 – Walsall Healthcare NHS Trust, 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 has also been Chair of the Universal Health Coverage Forum of the World Innovation Summit for Health and advisor to the British Association of Physicians of Indian Origin and Lancet Commissioner to Global Surgery.

He is adjunct Professor of Global Health at the Institute of Global Health Imperial College.

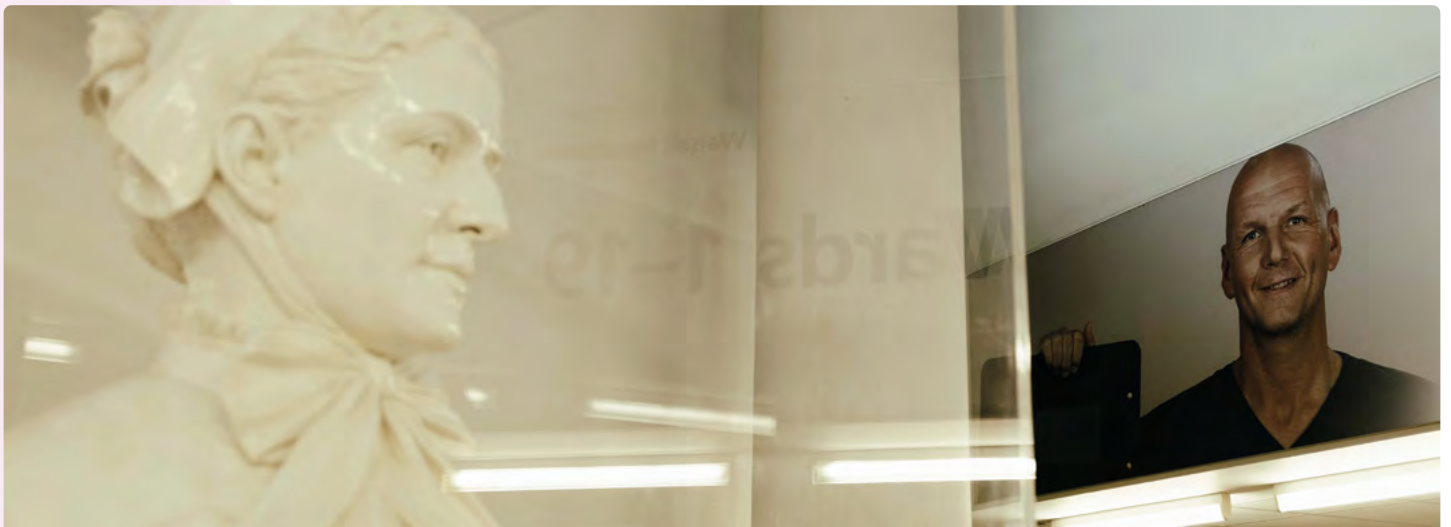
His contribution to healthcare was recognised by the award of the CBE in 2008, and he was knighted by Her Majesty the Queen in 2010. He lives in Worcestershire with his wife and two children.

Board Attendances in 2024/25: 7/7

Declarations as at end March 2025:

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

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



Mr Paul Assinder
**Deputy Chair/
 Non-Executive Director**
**Chair – Group Finance and
 Productivity Committee,
 Charitable Funds Committee
 and Remuneration Committee**



Appointed: 1 October 2019

Current Term : 1 February 2025- 31 March 2026

Paul is a former NHS Chief Executive Officer and Chief Finance Officer.. 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 Chief Finance Officer 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 Chair 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.

Board Attendances in 2024/25: 7/7

Declaration of Interests as at end March 2025

- Director, Rodborough Consultancy Ltd.
- Voluntary Role as Treasurer (unpaid), Parkinson's UK Midlands Branch
- Chair of Governors, Solihull College

Paul is not a member of the NHS Pension Scheme by virtue of his role as a NED.

Ms Mary Martin
Non-Executive Director
Chair of Audit Committee
Appointed: April 2021
**Current Term: 1 February 2025-
 30 September 2027**



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 as 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.

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

Mary was appointed a Non-Executive Director at Birmingham Women's and Children's NHS Foundation Trust in October 2024.

Board Attendances in 2024/25: 5/7

Declaration of Interests at end March 2025:

- Director / Owner of Business, Martin Consulting (West Midlands) Ltd
- Residential property management company, Friday Bridge Management Company Limited (residential property)
- Non-Executive Director, Birmingham Women's and Children's Hospital

Mary is not a member of the NHS Pension Scheme.

Professor Louise Toner Joint Non-Executive Director

Appointed from 1 November 2021 originally as Associate Non-Executive Director



Appointed as Non-Executive Director: 1 October 2019 Current Term: 1 February 2025 to October 2027

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

Louise retired from her role as Professional Advisor at Birmingham City University (BCU) at the end of September 2024, where she had responsibility for advising on the academic portfolio ensuring the right offering to meet the workforce needs of employers and the personal and professional development needs of qualified health and social care professionals. In addition, she is a member of the British Commonwealth Association Board and a Trustee of the Birmingham Commonwealth Society. Louise was previously a member of the Birmingham Commonwealth Association where she chaired the Education sub group and represented the Association on the Greater Birmingham Commonwealth Chamber, now the Global Chamber.

Louise worked for a hugely successful charity in the UK – Macmillan Cancer Support where she was responsible for an Education Development Programme for specialist Nurses in Cancer and Palliative Care. She was previously Chair but is now Trustee of the Wound Care Alliance UK, a charitable organisation which provides education and training for non-specialist healthcare staff both qualified and unqualified in the field of Tissue Viability. As a surgical ward Sister in practice, she has a special interest in cancer care – the subject of her master's degree awarded by the University of Glasgow. Her interest in wound care led to her establishing BCU's Wound Healing Practice Development Unit of which she is the Director.

This unit delivers specialist workshops by our Professors in Wound Healing, undertaking product evaluations often in association with product manufacturers. Since retiring, Louise has maintained her role as part time Director of the unit, funded by Pioneer Wound Healing and Lymphoedema Centres to progress research and other activity to improve patient outcomes.

Louise has experience of leading on overseas activities as a result of which she has been privileged to visit a number of countries meeting with government officials, leading academics and professionals. Along with other colleagues, she is in the process of securing funds to assist developing countries in terms of their healthcare education needs.

Louise is also a Non-Executive Director of Walsall Healthcare NHS Trust and in her group role across both Trusts, she chairs the Quality Committee, is the Maternity Safety Champion and a member of the Audit Committee. She says she continues to feel privileged to be part of such innovative and forward-thinking Trusts which places improving patient outcomes and the development of staff firmly at the centre of everything it does.

Board Attendance in 2024/25 : 7/7

Declaration of Interests as at end March 2025:

- Group Non-Executive Director/Lead Senior Independent Director, The Royal Wolverhampton NHS Trust
- Trustee, Wound Care Alliance UK
- Trustee, Birmingham Commonwealth Society
- Teaching Fellow, Advance HE (Higher Education)
- Member of the Advisory Board, Health Data Research UK
- Royal College of Nursing, Member
- Registration to practice, Nursing and Midwifery Council
- Professor Emerita, Director of the Wound Healing Practice Development Unit, Birmingham City University
- Professor Emerita, Director of the Wound Healing Practice Development Unit BCU (paid via Pioneer Wound Healing and Lymphoedema Centres)
- Vice Chair, System Investment Committee of the ICB

Louise is not a member of the NHS Pension Scheme.

Dawn Brathwaite

Joint Non-Executive Director

Appointed: 2 February 2022

Current Term: 1 February 2025-31 January 2027



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 2024/25: 6/7

Declaration of Interests as at end March 2025:

- Consultant / Former Partner, Mills & Reeve LLP
- Trustee, British Foundation of the University of the West Indies
- Non-Executive Director, The Royal Wolverhampton NHS Trust

Dawn is not a member of the NHS Pension Scheme.

Lisa Cowley

Joint Non-Executive Director

Appointed February 2022

Current term to April 2027



Lisa Cowley brings a wealth of experience gained in large, national and regional, health, social care and third sector organisations. She has held senior leadership positions, both as an employee and in a charitable trustee capacity, ensuring she brings a strong foundation in financial, business and operational planning, project evaluation and impact monitoring, amongst other expertise.

She is particularly skilled at developing partnerships across the voluntary and public sector, including the evolution of the VCSE Alliance as part of the development of Integrated Care Systems.

Lisa is Chief Executive Officer (CEO) of Beacon Vision having worked for the organisation since 2018, one of the region's most established and well-known health and social care charities. She has brought many positive improvements to the charity and is passionate about making a difference to the lives of people living with sight loss across the West Midlands. In addition to her unwavering dedication to Beacon's charitable objectives, she is committed to building long-term sustainability, actively seeking new ways to improve and develop increased integrated, co-operative and progressive health and social care systems to support beneficiaries.

Previous roles have included Deputy CEO of the Black Country Living Museum, where she implemented

significant change programmes and oversaw complex funding bids and projects of national heritage significance.

Lisa has also been involved in complex projects during her time at organisations such as the RSPB and The British Horse Society, where she developed and implemented the charity's national volunteer programme. A highlight from her earlier career includes a pivotal role in the redevelopment of the world's first 'skyscraper' in Shrewsbury.

She is originally from Wolverhampton, having returned after completing her degree at the University of Liverpool. Her personal interests include a passion for farming and the countryside and horse riding.

Board Attendances in 2024/25: 6/6

Declaration of interest as at end March 2025

- Healthy Communities Together Project Sponsor for Beacon Centre for the Blind
- Chief Executive Officer for the Beacon Centre for the Blind
- Co-Owner of Ridge & Furrow Foods
- Co-Owner of Streetway House Farms
- Partner employed by Harris Allday EFG-Wealth Management arm of Private Bank
- Partner employed by HM Armed Forces
- Joint Non-Executive Director, The Royal Wolverhampton NHS Trust

Lisa is not a member of the NHS Pension Scheme.

Professor Martin Levermore MBE DL

**Current Term: 1 February 2025
to January 2027**

Professor Martin Levermore MBE DL is a Visiting Professor for Health, Education and Life Science at Birmingham City University (BCU).



He is a founder and Chief Executive of Medical Devices Technology International Ltd (MDTi), and has been working with the NHS regionally and nationally for the past 18 years to commercialise and bring to market innovative products and service ideas.

He has more than 18 years at Senior Board level in the Life Sciences sector and sits on the Executive Board of PIONEER as Commercial Adviser, whilst chairing the advisory board to Health Data Research UK (HDRUK).

Currently Martin's professional area of interest is on the adoptability of agile strategies and technologies that will improve clinical utility and the equity of medical devices to provide quicker and accurate assessment and diagnosis for patients centred around the flexibility of remote management.

He holds a Senior Associateship with the Royal Society of Medicine and he is a Chartered Member of the Chartered Institute of Securities and Investment and Fellowship of the Royal Society of Arts.

He is the Independent Person for Windrush Compensation Scheme reporting to the Home Secretary.

Martin was appointed in 2018 by Her Majesty's Lord-Lieutenant, Sir John Crabtree OBE, as a Deputy Lieutenant to the West Midlands.

Board Attendances in 2024/25: 1/1

Declaration of interest as at end March 2025

- Unpaid Director of non-profit Residential Tenance Management Company Beacon Mews RWM Company Ltd
- Unpaid Trustee and NED responsible for the implementation and the delivery of the Birmingham Invictus Games 2027
- Chairs Health Data Research UK advisory Board on the Black Internship Programme
- Non-Executive Director of WM Health Technologies Cluster
- Life Science Champion on West Midlands Combined Authority Innovation Board
- Data advisory board member of Cancer Research UK
- Visiting Professor in Faculty of Health, Education and Life Sciences for Birmingham City University
- Executive non paid member of Global Chamber of Commerce
- Chief Executive Officer of Medical Devices Technology International Ltd
- Independent Adviser to His Majesty's Home Office Windrush Compensation Scheme
- Ordinary share holder of Medical Devices Technology International Ltd
- Joint Non-Executive Director, The Royal Wolverhampton NHS Trust

Martin is not a member of the NHS Pension Scheme.



Allison Heseltine

Joint Non-Executive Director

Appointed 1 February 2025 to May 2027



As a Registered Nurse having trained at St Bartholomew's Hospital London, Allison has had an extensive clinical and managerial career focusing on improving quality, patient safety, patient experience and clinical quality assurance. Coming through the ranks of the NHS over 40 years has brought experience across a range of NHS Commissioning, Acute and Community Trusts and Public Health organisations.

Having had regulatory experience with the NHS Trust Development Authority and more recently with NHS England as an Associate Director of Nursing and Quality, she supported the COVID-19 response with professional IPC / HCAI expertise, leadership, strategy, and challenge to NHS Trusts during the pandemic.

Prior to retirement, Allison was the Deputy Director of Nursing and Quality for Staffordshire and Stoke on Trent CCGs providing clinical leadership whilst contributing to the board vision and strategy.

Allison was Chair of the Royal Navy Registered Stafford Sea Scout Group and Vice Chair of St James Primary School where her daughters attended, voluntarily bringing her NHS governance experience to both groups, and successfully steering both committees through their respective inspections.

She now chairs the People Committee and is a member of the Quality Committee and Audit Committee.

Board Attendances in 2024/25: 1/1

Declaration of interest as at end March 2025:

- Son in law works for Hydrock Southwest as a Senior Electrical Engineer
- Group Associate Non-Executive Director, The Royal Wolverhampton NHS Trust

Allison is not a member of the NHS Pension Scheme.

Ms Rachel Barber

Joint Associate Non-Executive Director

Appointed: 1 February 2023
Current Term: 1 February 2025-31 January 2027



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 2024/25: 6/7

Declaration of Interests as at end March 2025:

- Joint Associate Non-Executive Director, The Royal Wolverhampton NHS Trust
- Non-financial professional member, OPCC NWP Join Audit Committee
- Magistrate, Ministry of Justice
- Sister-in-law, employed at The Royal Wolverhampton NHS Trust
- Independent Member – Misconduct Panel at West Midlands Police
- Non Financial Professional – NED, Audit and Risk Chair, Magenta Living
- NED, Chair of Customer Experience Committee for BPHA
- Independent Member, Joint Audit Committee of West Midlands Police

Rachel is not a member of the NHS Pension Scheme.

Dr Umar Daraz Joint Associate Non- Executive Director

Appointed February 2023

Current term to January 2027

Dr Umar Daraz PhD is a Director of Innovation at Birmingham

City University (BCU). Educated at Harvard University in Disruptive Innovation and Strategy, he holds a PhD in Polymer Chemistry and Engineering from Aston University funded by Exxon Mobil Chemicals, Baytown Texas (USA).

His expertise and extensive board level spans a 20 plus year career in senior investment and Research and Development roles across the Public, Private and UK Government sectors. He has a track record in shaping, influencing, and driving large scale disruptive research, innovation and growth transformation programmes in the UK, EU, Singapore, and China. He has led on developing large scale healthcare research and innovation programs; Bio-innovation campuses, Materials Innovation Factory, Sensor City, and a Telemedicine Digital 5G Healthcare Test bed.

Umar holds various positions - he is the sole research and innovation adviser on the River Severn Partnership board, a £240m net zero infrastructure programme.



He is also the Birmingham local Lead for the NASA Space Apps Challenge.

Prior to joining BCU, he worked at the University of Liverpool, UK Government - Department of Trade & Industry (DTI), and Venture Capital Investment. His skill sets are in advising on strategy and propositions in high growth sectors, artificial intelligence, cyber security, digital productivity, robotics, data, healthcare, life sciences, net zero energy and personalised medicine.

He is passionate about elevating research and innovation strategies that deliver service-oriented impact with demonstrable step change outcomes and reduce health inequalities.

Away from the boardroom he enjoys walking in the hills, tending to his garden, and playing tennis.

Board Attendances in 2024-/25: 0/1

Declaration of interest as at end of March 2025

- Director of Getaria Enterprises Limited
- Director of Innovation at Birmingham City University
- Joint Associate Non-Executive Director, The Royal Wolverhampton NHS Trust

Umar is a member of the NHS Pension Scheme.

Ms Joe Chadwick-Bell Group Chief Executive

Appointed: 1 January 2025

Harvard University in Disruptive Innovation and Strategy, he

holds Joe became Group Chief

Executive on 1 January 2025,

joining Walsall Healthcare and The

Royal Wolverhampton NHS Trusts from East Sussex

Healthcare NHS Trust. There, she had been Chief

Executive for just over four years and previously the

Chief Operating Officer for the previous four years.

She started her NHS career working in Pharmacy at Eastbourne District General Hospital in 1989, building up vast NHS experience in Ambulance, Acute and Community Provider Trusts along with a period of time at the Strategic Health Authority in Kent, Surrey and Sussex.



She also spent three years as the Regional Director for London and South and East at Care UK, the UK's largest independent provider of health and social care, overseeing a range of urgent care services including 111 and primary care.

Joe has also been Board Director at Surrey and Sussex Healthcare NHS Trust, Maidstone and Tunbridge Wells NHS Trust and Sussex Ambulance Service.

Board Attendances in 2024/25: 2/2

Declaration of Interests as at end March 2025:

- Group Chief Executive, The Royal Wolverhampton NHS Trust

Joe is a member of the NHS Pension Scheme.

Dr Zia Din Chief Medical Officer

Appointed: December 2024

Dr Zia Din became the Chief Medical Officer at Walsall Healthcare NHS Trust in December 2024.



Zia trained in Acute and General Internal Medicine and was a Consultant Physician at University Hospitals of North Midlands NHS Trust before joining Walsall. He is a fellow of the Royal College of Physicians (RCP) London. He has vast clinical and medical leadership experience working across different levels and in different healthcare systems. He is a proud Nye Bevanite since 2020 having successfully completed the Nye Bevan post graduate diploma in Executive Leadership from the Leadership Academy.

Zia has developed and implemented various transformation programmes both at organisational and system levels. He has nearly a decade of digital clinical leadership experience, which includes the complex integration of health information systems

and implementation of various digital systems and solutions. Zia successfully completed his Digital Health Leadership Post graduate diploma from Imperial College London in 2023.

His keen interest and focus are integration of care aimed at improving patient care and outcomes, delivered closer to home. He has had the opportunity to lead the transformation of Urgent and Emergency Care pathways within Staffordshire Integrated Care System through delivery of same day emergency care services and acute care at home community services.

Zia is passionate about raising standards to provide the best patient care, putting patients first and supporting an environment where our people can work to their highest abilities.

Board Attendance in 2024/25: 2/2

Declarations of Interest as at end March 2024:

- Trustee on the Board at Katherine House

Zia is a member of the NHS Pension Scheme.

Kevin Stringer Deputy Group Chief Executive Officer and Group Chief Financial Officer

**Appointed as Group Chief
Finance Officer December 2022**

Appointed as Group Chief Executive July 2023

Kevin is a qualified accountant with the Chartered Institute of Management Accountants (CIMA) and holds a master's qualification in Business Administration (MBA). With more than 35 years of experience in the NHS, 22 of those as a Board Director, he has experience of commissioning and provider organisations.

His experience covers:

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



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

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

Board Attendances in 2024/25: 7/7

Declaration of interests

- Treasurer, West Midlands Branch – Healthcare Financial Management Association
- Member of CIMA (Chartered Institute of Management Accountants)
- Group Chief Financial Officer at The Royal Wolverhampton NHS Trust
- Group Chief Financial Officer at Walsall Healthcare NHS Trust
- Daughter works part time for National Institute of Health Research
- Trust of Gayton Village Hall Charity

Kevin was an active member of the NHS Pension Scheme for part of the year 2024/25 but stopped contributing and became a deferred member at the end of the year.

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 master's 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.

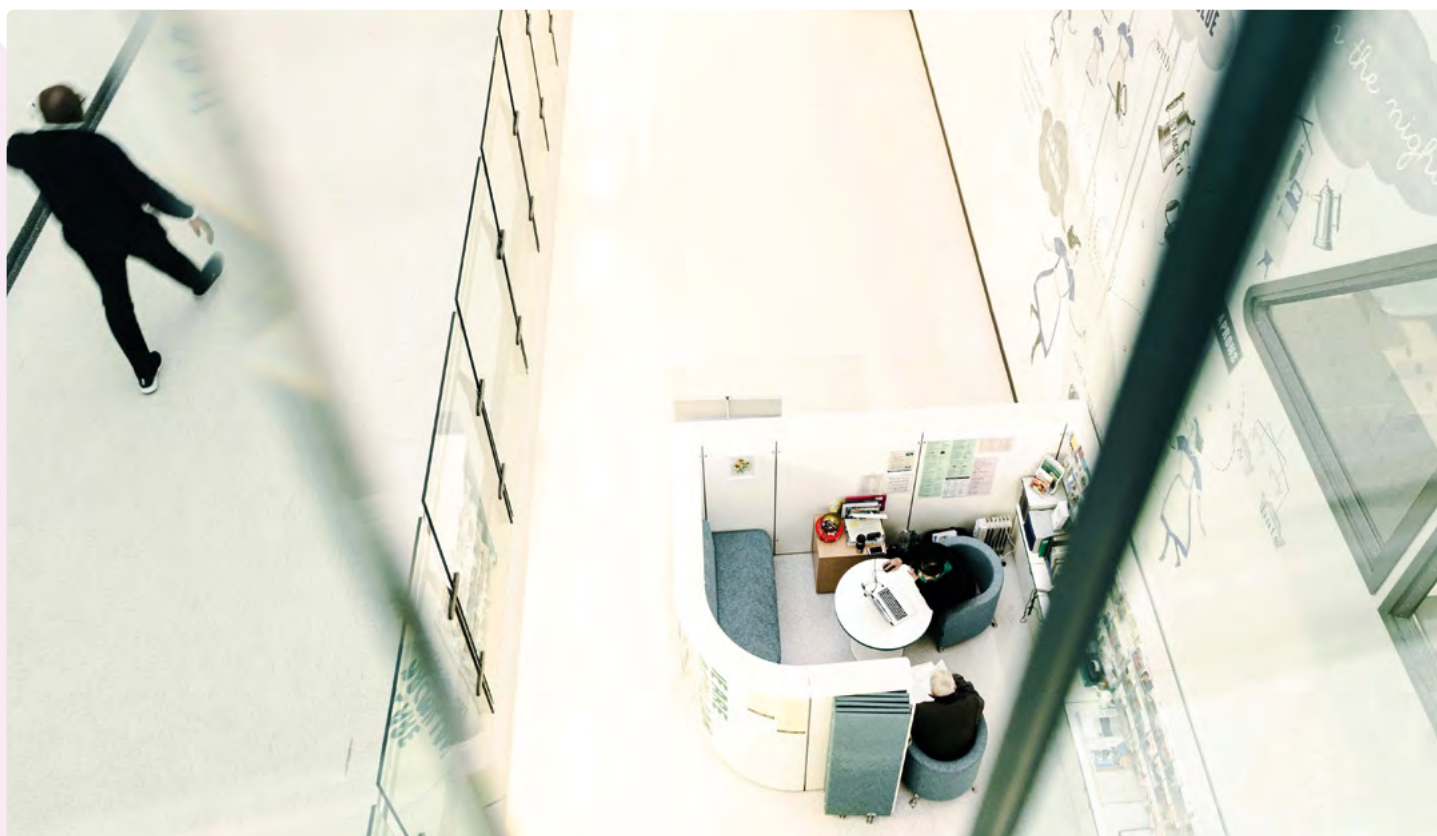
Lisa is the Trust's Director of Infection Prevention and Control, Executive Lead for Safeguarding and the Executive Maternity Safety Champion.

Board Attendance in 2024/25: 7/7

Declaration of Interests as at end March 2025:

- Spouse - Royal College of Paediatrics and Child Health (RCPCH) Officer for Research, RCPCH
- Spouse - RCPCH Assistant Officer for exams, RCPCH
- Spouse - Chair of NHS England / Improvement Children and Young, NHSE/I
- Spouse - Consultant Paediatrician and Clinical Lead for Respiratory Paediatrics at University Hospitals of North Midlands NHS Trust
- Spouse - West Midlands National Institute for Health Research (NIHR) West Midlands Institute for Health and Clinical Research
- Spouse - Director of Medical Education at UHNM, University Hospitals of North Midlands NHS Trust
- Spouse - Professor of Child Health, Keele University

Lisa is a member of the NHS Pension Scheme.



Dr Jonathan Odum**Group Chief****Medical Officer****Appointed as Group Chief****Medical Officer 2022**

Jonathan qualified from Birmingham University 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 research his thesis was awarded an MD by the University of Birmingham in 1993.

He took up post as a Consultant 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 disease.

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

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

Jonathan has held several senior medical managerial positions in the Trust including Clinical Director of Medicine and Divisional Medical Director posts from 2003-2011. He 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 NHS Trust, Jonathan was appointed into the Group Chief Medical officer post in December 2022.

At ICS level, Jonathan is Chair of the Clinical Leaders Group (2018-date) and is also the Chief Medical Officer for the Black Country Provider Collaborative (2021-date).

Board Attendances in 2024/25: 7/7**Declaration of interests as at end of March 2025**

- Private outpatient consulting and general medical/hypertension and nephrological conditions at Wolverhampton Nuffield Hospital
- Chair of Black Country and West Birmingham ICS Clinical Leaders Group
- Fellow of the Royal College of Physicians of London
- Group Chief Medical Officer for The Royal Wolverhampton NHS Trust

Jonathan is a member of the NHS Pension Scheme.

Mr William Roberts**Chief Operating Officer****Appointed: November 2024**

Will became the Chief Operating Officer at Walsall Healthcare NHS Trust in November 2024.



Starting his career on the NHS Graduate Management Scheme, Will has gone on to hold Director level posts in the NHS as well as work for the former Director General for the Department of Health in New Zealand. Will also holds a master's in international health policy & health economics from the London School of Economics and is currently completing his Executive MBA from University College London's Global Business School for Health. Will is also alumni of International Hospital Federation's Young Executive Leaders programme.

Prior to taking the role of Chief Operating Officer, Will has held leadership positions both in the Surgery and Medicine Divisions at the Trust, as well as holding the role of Deputy Chief Operating Officer. During this time, Will has led improvements in Surgery's CQC ranking, introduced the new Urgent and Emergency Care Centre and has delivered a track record of improved performance standards.

Will is passionate about improving standards of care for patients, reducing health inequity and looking beyond just the NHS for alternative models of delivering healthcare.

In his personal time, Will is currently in training to run the 2025 London Marathon.

Board Attendances in 2024/25: 1/3**Declaration of Interests as at end March 2025:**

- Wife is a Vascular Surgery Training Registrar – West Midlands Deanery

Will is 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 & OD for the Black Country Provider Collaborative.

Previously, Alan has held the position of Director of HR and Organisational Development at Leicestershire Partnership NHS Trust, where he had been for five years, with Board level responsibility for a wide ranging workforce portfolio, as well as health and safety and business continuity. Prior to this, he was the Director of Workforce and Learning within the

Black Country Partnership NHS Foundation Trust and at that time was also a Director for Skills for Care, representing the NHS. Prior to joining the NHS, 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, Chartered Management Institute and holds an MSc in human resource development.

Board Attendances in 2024/25: 7/7

Declaration of interests as at end of March 2025

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

Alan is a member of the NHS Pension Scheme.

Simon Evans

Group Chief Strategy Officer



Appointed as Interim Group Chief Strategy Officer: 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 master's 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 2024/25 : 7/7

Declarations of Interest as at end March 2025

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

Simon is a member of the NHS Pension Scheme.

Kevin Bostock Group Director of Assurance

Appointed November 2021

Kevin is a highly motivated individual with extensive UK executive experience working in Acute Care NHS Trusts, Community, Children's, Primary Care, Prison Health as well as Social Care and the Independent Sector. Whilst in the Independent Sector he developed and implemented a Quality Assurance Assessment Programme delivering a reliable quality assurance profile. This achieved a CQC overall rating of at least Good in 100% of hospitals / services ensuring that the group was one of only two Acute hospital groups with their entire portfolio achieving a rating of 'Good'.

His knowledge and skills are in management, operations, regulation, governance, assurance, start-ups, and mobilisation. He holds professional qualifications in both Nursing and Allied Health Professions and is a passionate advocate for the profession having developed and delivered a Senior Nurse and AHP leadership programme which was recognised by the RCN.

Kevin has held Executive posts as Chief Nurse, Director of Governance / Assurance and as the Director of Infection Prevention and Control, Lead for Information Governance including the implementation



of GDPR and holding the position of SIRO, National Speak up Guardian and the national lead for Medical and Nursing Revalidation and Appraisal. He has widespread experience implementing and leading Medical Governance and high-profile patient recalls having led a patient recall of more than 600 patients.

He possesses excellent interpersonal, communication and facilitation skills and is a creative thinker, skilled in the management of change with up-to-date knowledge of leading-edge practice. He demonstrates a proven ability to spearhead and deliver innovation alongside regulatory compliance with the vision to transform plans into reality across complex, multi-agency and multi-site organisations and environments. He was a retained lecturer on the Health MBA at Nottingham University Business School.

Board Attendances in 2024-2025: 7/7

Declaration of interests

- Sole Director of two Limited Companies Libra Healthcare Management Limited trading as Governance Risk Compliance Solutions and Libra Property Development Limited
- Trustee of a Health and Social Care charity
- Group Director of Assurance at The Royal Wolverhampton NHS Trust

Kevin is a member of the NHS Pension Scheme.

Stephanie Cartwright: Group Director of Place

Appointed July 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 place development. 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, neighbourhood health 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, ensuring that all voices are heard.

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

Board Attendances in 2024/25: 7/7

Declaration of interests as at end March 2025:

- Group Director of Place, The Royal Wolverhampton NHS Trust
- Spouse is a Senior Advisor for Primary Care Delivery
- Spouse is a Non-Executive Director Robert Jones and Agnes Hunt NHS Foundation Trust

Stephanie is a member of the NHS Pension Scheme.

Mrs Sally Evans
Group Director of
Communications and
Stakeholder Engagement
Appointed: June 2022



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

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

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

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

Board Attendances in 2024/25: 7/7

Declaration of interests

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

Sally is a member of the NHS Pension Scheme.

Directors who left during the financial year 2024/25

- Professor David Loughton, Group Chief Executive, left the Trust April 2024
- Mr Ned Hobbs, Chief Operating Officer, left the Trust October 2024
- Dr Julian Parkes, Non-Executive Director, left the Trust April 2024
- Dr Manjeet Shehmar, Chief Medical Officer, left the Trust July 2024
- Dr Brian McKaig, Interim Chief Medical Officer for the period August 2024- December 2024
- Ms Caroline Walker, Interim Group Chief Executive, (started May 2024) contract ended 31 December 2024
- Mr Junior Hemans, Non-Executive Director, - contract ended 31 January 2025
- Ms Fiona Frizzell, Associate Non-Executive Director, - contract ended 31 January 2025
- Ms Ofrah Muflahi, Associate Non-Executive Director - contract ended 28 February 2025



Fit and Proper Person

In 2024/25, 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

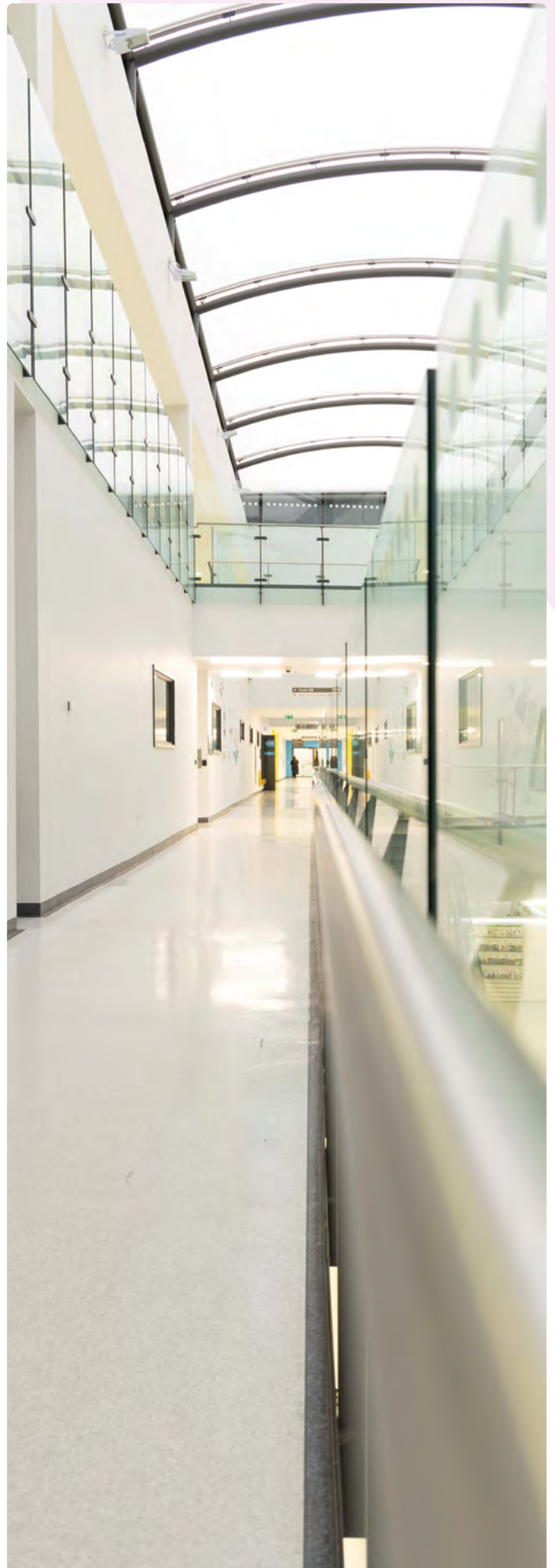
Each individual who is, or was, a member of the Trust Board in the year covered by this report confirmed that, as far as they are aware, there is no information which would be relevant to the auditors for the purposes of their audit report, and of which the auditors are not aware, and have taken all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

Signed:



Joe Chadwick-Bell, Group Chief Executive Officer

Date: 24/06/2025



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 2025 and up to the date of approval of the Annual Report and Accounts.

The Trust Board

In May 2024 the Board delegated most of its responsibilities to a Joint Committee (henceforth referred to as the Group Board) with The Royal Wolverhampton NHS Trust. The first Group Board took place in July 2024. The individual Boards now meet twice a year to approve the Annual Report, Accounts and Quality Report, and to present these at a public Annual General Meeting.

The Group Trust Board

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

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 and the Chair of Audit is not the Deputy Chair or SID.

The Deputy Chair and Company Secretary regularly review the Chair and Non-Executive membership of the Board Committees, ensuring relevant experience where applicable.

The Group Trust Board met seven times in public in 2024/25, with the agenda and papers available on the Trust website ahead of each meeting. Meetings were held virtually via Microsoft Teams in April and May 2024 and in person from July 2024. Recognising the partnership working with the Royal Wolverhampton NHS Trust, the Trust agreed to hold Trust Board meetings as joint meetings with Wolverhampton and held its inaugural Joint (Group) Trust Board meeting with the Royal Wolverhampton NHS Trust in July 2024.

In addition, the Group Trust Board took part in three development sessions which included discussions and presentations on the Forward Look and Planning for 2025/28, Community First, equality and diversity, finance plan and year end positions; Safeguarding training and updates, risk appetite, risk register and board assurance framework training and reviews, Strategic Vision and 2025/26 planning, Integrated Care and Partnership Strategy discussions and Joint forward planning across the ICB.



Externally Facilitated Well-led Review

The Trust carried out its most recent externally facilitated leadership and developmental review using the well-led framework in 2023. Current guidance indicates this should be undertaken every three to five years.

Board Evaluation

Due to the changes in the Board structure and delegations in July 2024, it was agreed that the Group Board would operate for a minimum of 12 months before undertaking a formal internal evaluation.

The Group Trust Board held its Annual General Meeting virtually on 24 September 2024.

Trust Board Composition

Sir David Nicholson was appointed as the Joint Chair of Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust on 1 April 2023 for two years. His tenure was extended in January 2025 for a further two years from April 2025.

Professor David Loughton retired in April 2024, following which Ms Caroline Walker was appointed as Interim Chief Executive from 1 May 2024 to 31 December 2024. Ms Joe Chadwick-Bell was appointed as Chief Executive Officer and Accountable Officer to Parliament on 1 January 2025.

The voting membership of the Trust Board is comprised of the Chair, six Non-Executive Directors including the Deputy Chair and five Executive

Directors including the Chief Executive. Each voting member has equal voting rights. The Trust Board is currently supported by three Associate Non-Executive Directors and five Executive Directors who are non-voting but fully participate in discussion and debate.

Voting 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 2024 to 31 March 2025, 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 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 Group Trust Board.

Committees of the Board

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 2024/25 to ensure continued review of their terms of reference and cycles of business. As part of the implementation of the Partnership agreement with The Royal Wolverhampton NHS Trust, the Board Committees embarked on a programme of joining together across the two organisations. As a result, there is now a single joint Finance and Productivity Committee, People Committee, Partnerships and Transformation Committee (from January 2025). The Quality Committees intend to be joint from April 2025. The Charitable Funds Trust Committees, Remuneration Committees, Audit Committees and Place-based Committees remain single Trust Committees.

Board committees are chaired by a Non-Executive Director and report to the Group Board in public by way of a highlight report following each meeting. The Board committees in place during 2024/25 were:

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

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

The committee received and discussed reports on:

1. Trust Annual Report, Annual Governance Statement and Accounts 2024/25
2. Board Assurance Framework, Strategic Risk Register and related governance processes Data security and Protection Toolkit
3. Data quality: 78+ weeks wait
4. Waiting list management: Diagnostics
5. Data quality: provider workforce return
6. Effective Rostering and use of temporary staffing Follow up
7. Key Financial Controls – Grip and Control
8. Head of Internal Audit Opinion 2024/25
9. 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 2024/25. 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 of 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, Prof L Toner and Mr M Levermore.

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.

Group Finance and Productivity Committee 2024/25 Committee Members:

- Non-Executive Director J Dunn Joint Chair (RWT)
Non-Executive Director P Assinder Joint (WHT)
- Non-Executive Director D Brathwaite (WHT until 1/2/25) Non-Executive Director R Barber (WHT until 1/2/25) Non-Executive Director M Martin (WHT)
- Non-Executive Director J Jones (RWT)
- Non-Executive Director L Cowley (RWT until June 2024) Associate Non-Executive Director Prof. M Levermore (RWT)

The aims of the committee are to provide the Group Trust Board with assurance on the effective financial and external performance targets of the organisation. It also supports the development, implementation, and delivery of the Medium-Term Financial Plan (MTFP) and reviews the acute recovery plan and the efficient use of financial resources in order to support the Trust's Financial strategy, performance and business development.

The committee met monthly during the year and additional extraordinary meetings where necessary, which considered in detail:

- The Trust's financial position, reviewing the annual revenue and capital budget and reviewing performance against both on a monthly basis
- Approval for submission to Board of various procurement tender reports and appropriate business cases

- The Acute Recovery Plan with a focus on longer waiting patients and cancer
- The performance aspects of the Trust Board's quality and performance report
- The workforce reports and focus on reducing WTE numbers
- The Board Assurance Framework – SR 101 and 105 (WHT) and SR 15, 16 and 18 (RWT)

The committee also considered:

- Financial Recovery Board Report (WHT) and the Finance, Improvement & Transformation Report (RWT) which provides an update on CIP
- Capital Report, 5 Year Plan, Backlog Maintenance Programme and PFI Update
- Contracting & Business Development Update
- Sustainability Programme
- Temporary Staffing Dashboard and Temporary Medical Staffing (RWT + WHT)
- Procurement reports
- Appropriate Business Cases
- Other matters associated with operational finance and budgeting
- The first two yearly self-effectiveness survey for the Group Finance & Productivity Committee Meeting

This non-exhaustive list is managed on an annual plan / cycle of work with upward reporting committees and Board. The committee communicates issues for redress via the Chair's Report.



Matters of note and assurance

These matters featured in the committee's reports to the Trust Board.

Matters of concern - During the year, the committee has noted the following matters of concern:

1. The late agreement of financial budgets due to the delays in funding allocations being agreed
2. The delivery of the Cost Improvement Programme
3. Financial challenges across both Trusts throughout the year
4. Alignment of workforce plan against the financial plan (inc. enhanced vacancy protocols and workforce reductions)
5. Financial impact of Industrial Action
6. Management of cash across both Trusts, WHT received cash support
7. Continued UEC pressures and high attendance levels
8. Monitoring impact of opening of Midland Metropolitan University Hospital
9. High Risk Winter Plan due to lack of additional funding
10. Increased number of intelligently conveyed ambulance handovers

Matters of assurance - During the year, the committee has noted the following matters of assurance:

1. Good delivery of acute performance across both Trusts (upper quartile)
2. Good performance within Mortality SHIMIs
3. Despite increased ambulance handovers both Trusts continued to be ranked highly in terms of performance
4. The effectiveness of the contract management of the PFI contract
5. The Trust received additional capital funding of £11m in Q4.
6. The Committee Self-effectiveness review was completed and the findings were reviewed

Matters of achievement - During the year, the committee has noted the following matters of achievement:

1. The impact of the Ambulance Receiving Centre on performance
2. Improved cancer performance to tier 2

3. The Emergency Department performance has experienced pressures, however, the Trust has still achieved upper quartile performance
4. Establishment of a single PMO across both Trusts
5. Merging of the Finance & Productivity Committee Meeting into a Group meeting
6. Review of the digital network plan and strategy
7. Engagement of Deloitte to assist with financial recovery

Committee Non-Executive Members

The Joint Chairs of the committee are the Deputy Chairs of both Trusts and are also members of the respective Audit Committees, which helps to maintain the flow of information / understanding and risk management between the committees, particularly on financial risks.

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



Walsall Together



Collaborating for happier communities

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, Prof Louise Toner

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 Integrated Commissioning and Transformation Plan and Place Development Programme
- The refreshed Walsall Together Strategy for 2025/28
- 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 development of the refreshed Walsall Together Strategy 2025/28
- The development and implementation of the Integrated Commissioning and Transformation Plan 2025/28, including the following workstreams: Communities; Neighbourhood & Locality Teams; Intermediate Unplanned & Crisis Care; Care Navigation; Putting Children First; Living & Ageing Well; Mental Health and Learning Disabilities & Autism
- A review of the strategic aims and objectives of the partnership
- Development of key measures and alignment of the Wellbeing Outcomes Framework to the Walsall Together Strategy and Integrated Commissioning & Transformation Plan
- Launch of a Wellbeing Portal (Place Directory of Wellbeing Services)
- Support to the Walsall Primary Care Collaborative and implementation of the Black Country system Primary Care Transformation Strategy
- Support to the development of the Black Country system operating model and the role of Place-Based Partnerships
- Support to Black Country Healthcare as Lead Provider and system lead for Right Care, Right Person implementation

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 2024/25, a wide range of projects were supported for the benefit of the welfare and comfort of our patients and staff.

The committee received and discussed reports including:

- Fundraising Strategy
- Investment Policy and Fundraising Policy
- Income and Expenditure Reviews Charitable Funds Annual Accounts 2023/24

The committee met four times in 2024/25. The committee was quorate at all meetings. No meetings were cancelled.

Group People Committee (June 2024 – March 2025)

J Hemans, Non-Executive Director, WHT and A Heseltine, Non-executive Director, RWT
NED Members: Angela Harding and Umar Daraz, RWT Rachel Barber and Dawn Brathwaite WHT

Aims of the committee

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

- There is an effective People Strategy in place underpinned by structures, systems and processes to support colleagues in the provision and delivery of high quality, safe patient care
- The outcomes set out in the People Strategy, approved by the Board are delivered
- The Trusts are meeting their legal and regulatory duties in relation to their employees

- Where there are people risks and issues that may jeopardise the Trust's ability to deliver its strategic objectives, that these are being managed in a controlled way through the Trust Management Committee

To provide assurance on the following key areas as set out in the People Strategy:

- **Leading by putting our people first to include:**
 - Leadership
 - Organisational Development & Culture
 - Staff Engagement
- **Ensuing equality, diversity and inclusion on all that we do, to include:**
 - Equality, Diversity and Inclusion
 - RACE Equality Code
- **Ensuring a safe and healthy place to work to include:**
 - Wellbeing
 - Sexual Safety
 - Speaking up
- **Recruiting and retaining the workforce of today and for the future:**
 - Resourcing, attraction and retention
 - Knowledge, skills and behaviours
 - Workforce Planning



Frequency of Meetings

During 2024/25, the committee met 12 times.

The committee approved:

- Group People Committee Terms of Reference
- Workforce Targets and Thresholds for 2024-2025
- Schwartz Rounds Terms of Reference

Activity

The committee considered progress updates on:

- Executive Workforce Report
- Workforce Plan Performance
- National, regional and local updates on workforce
- Black Country Provider Collaborative Workforce Projects
- The People Enabling Strategy
 - Leading by Putting our People First:
 - Staff Engagement and Surveys
 - Employee Relations
 - Attendance Update
 - Organisational Developments Update
 - Education and Training Annual Report
 - Revalidation Annual Report
 - Ensuring Equality, Diversity and Inclusion in all that we do
 - Being a Safe and Health Place to Work
 - Recruitment and Retaining the Workforce of Today and for the Future
 - New Risks and Board Assurance Framework
 - Schwartz Rounds and Joint events

The non-exhaustive list is managed on an annual plan / cycle of work with upward reporting groups and the committee maintains a log of issues to communicate issues for redress.

Matters of concern:

During the year, the committee has noted the following matters of concern:

- Impact of the workforce plans
- Impact of industrial action by Resident Doctors
- Sickness absence
- Vacancies for newly qualified Nurses

Matters of assurance:

During the year, the committee has noted the following matters of assurance:

- The Annual Freedom to Speak Up Reports
- The People Promise Engagement Plans
- The NHS Sexual Safety in the Workplace Charter
- Sickness Absence Plans
- EDI Action Plans
- Race Code renewal
- Voluntary Services work

Matters of achievement:

During the year, the committee has noted the following matters of achievement:

- Manager Essential Training
- Civility and Respect programme and training
- Re-launch of the Anti-Racism zero tolerance campaign
- Staff network infrastructures in place



Partnership and Transformation Committee

Chair – Lisa Cowley.

Executive Director Lead – Stephanie Cartwright.

Non-Executives – Martin Levermore, Rachael Barber, Gill Pickavance (until May), Umar Daraz and John Dunn.

The committee was initially established as the 'Integration Committee' and was established to cover RWT only. It first met on 24 October 2023, eventually merging to cover both RWT and WHT. The first Group Committee met on 1 October 2024 after a period of development and was relaunched as the Group Partnerships and Transformation Committee. The committee in its widest form has met 13 times up to the end of March 2025. The committee meets on a face-to-face basis in relevant venues across Walsall and Wolverhampton community venues to enhance the discussion topics and to provide committee members with the opportunity to visit various community-based venues across the borough.

The committee enables focus on care closer to home. Within its renewed focus, the committee has responsibility for monitoring the progress of the transformational elements of the Trust's Strategic Planning Framework. This includes regular monitoring of strategic priorities including Community First, Outpatient transformation, Elective Hub and Community Diagnostic Centre service development and Strategic Service Reviews. The committee also receives regular updates on key developments within the Walsall Together and OneWolverhampton place-based partnerships, and on the role of the Black Country Provider Collaborative.



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, a 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 until April 2024), Prof L Toner Chair from April.

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 and Clinical Audit.

The committee received and discussed reports on:

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

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

The committee:

- Assures the Trust is meeting its obligations with respect to safeguarding of children and vulnerable adults, and that learning from reports and incidents is embedded in the Trusts practices, policies and procedures
- Considers local and national audits, reports and other sources of evaluation and the recommended action plans to improve quality; and monitor the development and implementation of appropriate action plans. It approves the annual clinical audit plan
- 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, NHS Resolution, the Royal Colleges and other professional and national bodies
- Review audits conducted on areas within the remit of the committee and receive 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 2024/25. Non-Executive Directors’ attendances were recorded as being high during the year, and the committee was quorate at all meetings. No meetings were cancelled.

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

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 under performance 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 2024/25 the Risk Management Executive Group (RMEG) was chaired by the Chief Nursing Officer and was comprised of all Executive Directors and Divisional Directors. The output of the Risk Management Executive Group work is reported to the Audit Committee and Trust 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 2024/25 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, 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, 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, then 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 the negative impact on patient care, staff morale and organisational reputation.

BAFNRSR104: Excel in the Delivery of Care – If there is a failure to maintain consistent standards of patient safety and quality of care then 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.

BAFNRSR105: 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, then 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.

BAFNRSR106: 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 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 its activities deliver all three of these requirements, each of which Parliament has given an equal weighting.

Ultimate responsibility for ensuring the Trust complies with this legal duty rests with the Board, through setting the strategic direction of the Trust, together with monitoring and oversight of performance. This work is supported by the Boards Committees, which look more closely at both performance and strategic direction and provide advice and recommendations to the Board. In particular, the Finance 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 period 2024/25 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 2024/25, the level of referrals has remained strong, 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 Head of Strategic 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, Group Finance and Productivity Committee, Group 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 seven occasions and each meeting has been both well attended and quorate. Meetings were held virtually via Microsoft Teams and latterly in person
- 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 2024/25 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 NHS²⁶ guidance.

²⁶ www.england.nhs.uk/publication/managing-conflicts-of-interest-in-the-nhs-guidance-for-staff-and-organisations/



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

As per national best practice, the Trust undertakes a bi-annual skill mix review demonstrating acuity and dependency using the nationally recognised Safer Nursing Care Tool in January and June every year. This comprehensive assessment tool helps determine the appropriate staffing levels based on patient acuity and dependency, and the results are reported to the Board.

We continue to actively recruit to maintain safe staffing. At the end of March 2025, the registered Nursing and Midwifery vacancy rate was 6.05%. At the end of March, the Trust employed 81 Doctors from its Clinical Fellowship Programme, 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 2025, the vacancy level of Clinical Support Workers was 12.47%.



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 management takes to bring performance back to target. The Board, in its governance and oversight role, has the opportunity to challenge the steps proposed and require further or different actions to be taken to address these challenges.

During the year, the Board has undertaken a programme of development focused on addressing key areas of Board responsibility and delivering sessions focused on delivering 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 various forums, and it is the responsibility of the Group's 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.

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. Guardians ensure those who speak up are thanked, that the issues they raise are responded to, and make sure that the person speaking up receives feedback on the actions taken. Guardians also work proactively to support the organisation to tackle barriers to speaking up. 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. Organisational leaders, with the support from FtSU guardians, including managers 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, civility and respect training as well as the implementation of the behavioural framework. As of March 2024, 73.03% of all staff had completed the Speak Up training and 48.10% of managers had completed the Listen Up training.

The FtSU Guardian Team consists of 1.8 WTE of Guardians, 1 WTE of an operational co-ordinator and 15 Champions from various divisions and localities throughout the organisation. The team supported a total of 362 concerns which were recorded for the financial year 2024/25.

2024/25	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
01/04/2024	31	1	8	25
01/05/2024	26	1	20	19
01/06/2024	19	10	12	9
01/07/2024	33	7	25	28
01/08/2024	24	13	16	23
01/09/2024	24	10	19	10
01/10/2024	27	6	21	24
01/11/2024	25	0	19	21
01/12/2024	26	3	16	15
01/01/2025	99	76	91	11
01/02/2025	23	10	15	20
01/03/2025	5	1	0	4
Total	362	138	262	209

Information Governance and Data Security

Summary of Serious Incidents requiring investigations involving personal data as reported to the Information Commissioner's Office in 2024/25:

Data Protection Legislation specifies that a personal data breach, that is likely to result in an adverse effect to the rights and freedoms of individuals, must be reported to the Information Commissioner's Officer (ICO) using the online tool. The table below shows incidents that met these criteria during this period:

Incident Date:	Nature of Incident:	No. Data Subjects Involved:	Description of Incident:	ICO Decision / Further Action:
Oct 2024	Unauthorised access	5	Staff member accessed records of individuals known to them without legitimate reason or authorisation.	Member of staff was dismissed following HR investigation. ICO satisfied with actions taken by the Trust.

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:

Summary of other data security related incidents in 2024-25		
Category	Breach Type	Total
A	Confidential patient breach	101
B	Confidential information leak	7
C	Consent not gained	3
D	Post incorrectly sent / addressed	11
E	Record keeping – incomplete	10
F	Missing records	29
G	Records lost in transit	2
H	Records not provided	0
I	Reports (results) – missing / unfiled	9
J	Loss of data via electronic transmission	27
K	Incorrect delivery of electronic data	18
Total		217

Data Security & Protection Toolkit Assessment 2023/24 (V6)

An 'Approaching Standards' submission was published in June 2024; the mandatory internal audit of the DSP toolkit supported this self-assessment. An Improvement Plan was established and accepted by NHS England and the Trust achieved the required Standards in March 2025.

Data Security & Protection Toolkit Assessment 2024/25 (V7)

The Data Security & Protection Toolkit changed in September 2024 to align with the National Cyber Security Centre's (NCSC) Cyber Assessment Framework (CAF). The framework adopts an outcome-based approach with emphasis on the achievement of best practice.

The Trust's assessment is currently being ratified and is expected to be published in June 2025.

2025/26 Information Governance

Work Programme:

The Information Governance (IG) Team continues to play a vital role in supporting the Trust's commitment to high standards of data protection, transparency, and accountability in line with national legislation and NHS Policy.

During the next financial year, the team remains focused on delivering a comprehensive work programme aligned with the Trust's strategic priorities, regulatory requirements and the new CAF aligned Data Security and Protection Toolkit (DSPT). Key areas of activity include:

Data Protection and Confidentiality: Ensuring continued compliance with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018 through robust policies, training, and support to colleagues across the organisation. The team will lead regular reviews of data processing activities and maintain the Trusts Record of Processing Activities (RoPA).

Information Risk Management: Supporting the Trust's Senior Information Risk Owner (SIRO) in embedding effective information risk management practices. This includes regular information asset audits, risk assessment and the co-ordination of Data Protection Impact Assessments (DPIAs) for new or revised projects and systems.

Cyber and Data Security Assurance: Working in partnership with Cyber and Digital Services, the IG Team will continue to contribute to strengthening cyber resilience and support completion of the annual DSPT submission. The team will also focus on incident management and investigation of data breaches and near misses, ensuring lessons learned are actioned.

Training and Awareness: The team will deliver role specific training to colleagues and maintain Trust wide compliance with mandatory IG training levels. Awareness campaigns supporting the promotion of best practice in data handling and information security are also planned throughout the period.

Records Management and Information Sharing: The IG Team will lead and support initiatives to improve the management, retention and disposal of both electronic and paper records in accordance with the NHS Records Management Code of Practice, ensuring Data Sharing Agreements are in place and reviewed for all information, networks and systems that support the Trust's Essential Functions.

Looking ahead, the IG Team remains committed to continuous improvement, supporting the Trust's digital transformation agenda, while safeguarding patient and staff information, and ensuring that IG remains a key enabler to delivering safe and effective patient care.

Assurance Process:

Walsall Healthcare NHS Trust has implemented a clear and robust assurance process to support delivery of its IG work programme, ensuring compliance, accountability and continuous improvement. The assurance process is built on the following core components:

- **Governance and Oversight:** The IG Work Programme is overseen by the Trust's Information Governance Steering Group (IGSG), which reports into the Quality Committee. The SIRO and Caldicott Guardian provide executive leadership and receive regular updates on performance and risk
- **Policies and Compliance:** All IG policies are aligned to national legislation and NHS Standards, and subject to regular review. Compliance with the Data Security and Protection Toolkit (DSPT) is tracked throughout the year via the IG Working Group – a subgroup of the IGSG, with an interim and formal submission made annually
- **Risk Management:** Information Asset Owners complete annual reviews and risk assessments of their data assets. Data Protection Impact Assessments (DPIAs) are completed for new or high-risk processing activities. Data incidents are recorded, investigated and reported with lessons learned shared
- **Performance Monitoring:** Key performance indicators, including training compliance, Freedom of Information (FOI) and Subject Access Request (SAR) response times, and incident trends, are reported quarterly to the IGSG. Internal audits provide assurance, and action plans are tracked to resolution
- **Staff Awareness and Culture:** All staff complete mandatory and role specific IG training, with targeted support for under performing areas. Awareness campaigns promote best practice and reinforce the importance of confidentiality, security and information handling

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 challenged circumstances.

Every year, the Trust undergoes an annual assurance process, with moderation completed by Black Country Integrated Care Board and NHS England. In 2023, the Trust scored non-compliant. This was due to several factors including a change of process. In 2024, following an increase in EPRR resource and engagement, the Trust scored partial compliance, making a 31% improvement from the previous year. The Trust, for 2025, is working to achieve substantial compliance.

EPRR Steering Group

The Trust's EPRR Steering Group meets quarterly which 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 for these types of incidents and emergencies.

Representation of the EPRR Steering Group is Divisional Director of Operations for respective divisions and Heads of Departments for corporate services. The Steering Group 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 are trained to operate in any emergency or disruption
- Identify resources and funding to support EPRR requirements

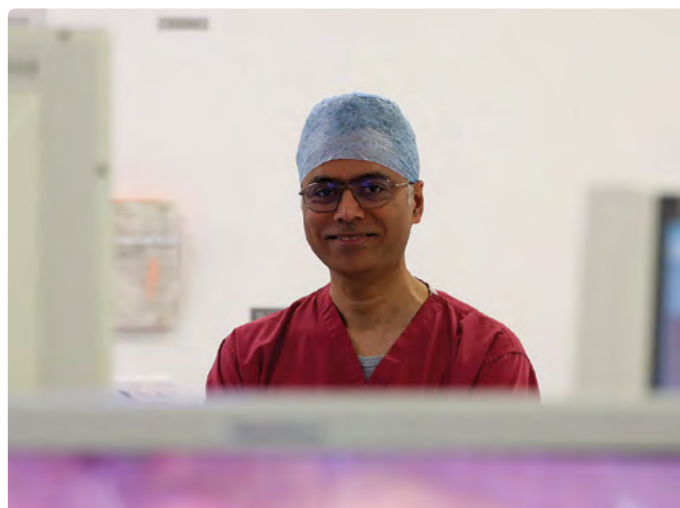
The EPRR Steering Group, reports into the Trust Management Committee and Audit Committee (sub group of Board).

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 a 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



For 2024/25, the Trust has delivered or taken part in the following exercises:

Exercise	Date	Type of Exercise	Brief
Exercise SCALA	30 May 2024	Tabletop – Internal	The aims and objectives of the exercise were to: <ul style="list-style-type: none"> Develop and test understanding of the Emergency Department Escalation Plan Identify where improvements could be made in dealing with escalation incidents in the Trust Review critical systems and priorities Outline any gaps or areas for improvement
Exercise 45 Min Handover	18 December 2024	Live Exercise – Internal	To exercise the implementation of West Midlands Ambulance Service (WMAS) 45-minute Handover SOP forecast to go live in January 2025.
Bi-Monthly Communications Exercise	April 24, June 24, Aug 24, Oct 24, Dec 24, Feb 25, March 25	Communication Exercise – Internal	To test the Incident Notification System within the Trust.

Integrated Health Emergency Planning Group

The Health Emergency Planning Group, which was initially set up 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 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.

Incidents

In 2024/25 the Trust has responded to and declared nine EPRR incidents.

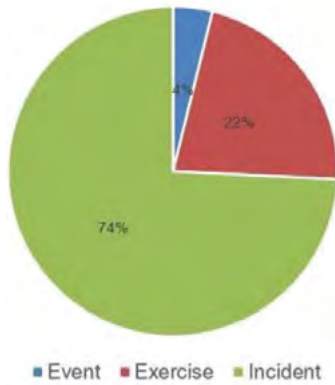
Month	Incident	Theme
August 2024	A patient assaulted with knife, self-presented to ED.	Lockdown
September 2024	Business Continuity Incident – HSDU Services	Business Continuity
October 2024	Business Continuity Incident – IT Failure (Loss of Connectivity)	Business Continuity
October 2024	Business Continuity Incident – Palliative Care Centre Oxygen	Evacuation and Shelter
October 2024	System Critical Incident – Blood Bottles	Business Continuity
November 2024	Major Incident – Toxic Chemical Spill	CBRN / HAZMAT
November 2024	Critical Incident – Operational Demand	Critical Incident
December 2024	Critical Incident – Operational Demand	Critical Incident
February 2025	Business Continuity Incident – HSDU Services	Business Continuity

Lessons Learnt

The NHSE EPRR Framework 2022 requires organisations; to identify lessons from any incident or exercise, it is important to capture as much detail about the incident and the experiences of those involved as soon as is reasonably practicable.

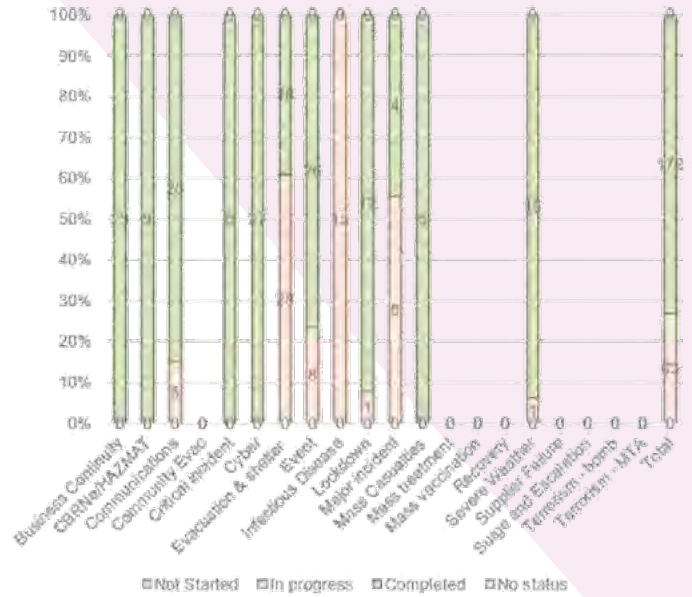
As of 19 March 2025, the Trust had identified 235 lessons - 172 are completed, 63 are in progress. These lessons have been generated from Events, Exercises or Incidents.

Source of lesson identified



Each lesson identified is then grouped into a common theme so the Trust, can track common themes to focus on within the EPRR Work Plan.

% of actions completed



As part of the EPRR Steering Group, the EPRR Team is establishing a sub group for lessons where action owners attend and work through the narrative of the lesson they have been assigned to and track the progress of completion. This is to ensure there is a level of compliance of Lessons Identified and Lessons Learnt.



Health and Safety at Work

Health and Safety continues to be an integral and essential aspect of all roles within the Trust. The Trust's commitment to the health, safety and wellbeing of staff, patients, visitors and contractors remains central to our strategic objectives and statutory obligations under the Health and Safety at Work etc. Act 1974.

During the 2024/25 financial year, the Trust further strengthened its safety management arrangements, consolidating progress made in previous years while responding proactively to external regulatory focus and internal performance intelligence. Significant efforts continued to embed a risk-led, preventative safety culture across all areas of the Trust.

The Health and Safety Committee, chaired by the Director of Assurance (who has delegated responsibility for health and safety), continued to serve as the Trust's principal consultative forum on all work-related health and safety matters. The committee convened on all four scheduled occasions during the year, maintaining full quoracy and representation from divisional leaders, staff-side colleagues and subject matter experts, as required. Meeting records were published and made accessible via the Trust intranet.

In response to the Health and Safety Executive's (HSE) ongoing national programme of inspection activity across multiple NHS Trusts, ours included, the Trust undertook an extensive internal review of its arrangements to ensure a suitable and sufficient health and safety risk assessment process is in place. This included updates to the Management of Violence and Aggression procedures and improvements to the Trust Health and Safety Risk Assessment Process, with a specific focus on high-risk subjects such as prevention of work-related stress, Prevention of Violence and Aggression, Prevention of Inoculation Injuries, and Prevention of Manual Handling (inanimate load) injuries.

In alignment with our commitment to continual improvement, the Health and Safety Team also reviewed its Health and Safety Auditing System, developing an Internal Health and Safety Auditing Standard Operating Procedure (SOP). This SOP clarified expectations around audit scope, rating criteria and feedback processes. It was supported by a refreshed suite of tools and the introduction of a new self-assessment tool to generate automated action plans for areas of non-compliance as well as promoting consistency across the Trust. These changes promote Divisional engagement and ownership of safety compliance and remedial action.



Throughout 2024/25, the Health and Safety Team continued to apply both reactive and proactive measures to monitor and improve performance. The Managers' Health and Safety Toolkit, now known as the Health & Safety Self-Assessment (HSSA), is supported by face-to-face Health & Safety Quality Assurance (HSQA) audit. These tools remain the cornerstone of our proactive assurance approach.

In addition, the Trust introduced a proactive Safety Assurance Walkabout (SAW) inspection process to complement monthly departmental workplace inspections. SAWs are conducted weekly by the Trust Health and Safety Team.

A Group Health and Safety policy development remain a key workstream. Several policy documents are scheduled for review and redevelopment into a group structure, aligning with the Trust's ongoing collaboration with The Royal Wolverhampton NHS Trust. Further procedural development will continue into 2025/26 to ensure implementation of consistent group-wide policies and procedures.

Ensuring the workforce is appropriately trained remains a core priority. The Trust maintained good (more than 90%) levels of compliance with mandatory Health and Safety training and will continue to pursue improved compliance in other training areas. The Health and Safety Team developed a tailored training provision for non-unionised Department Safety Representatives to ensure all departments are well supported and capable of meeting compliance requirements. Further training developments such as Health and Safety for Manager / Leaders etc, are scheduled in the work plan for 2025/26, the Health and Safety Team will continue to pursue improved compliance in these areas.

Fit Testing compliance remained a key operational focus. The Trust continued to apply Department for Health and Social Care (DHSC) resilience principles, ensuring staff were tested against at least two FFP3 respirators.

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, the Trust reported 25 RIDDOR-reportable incidents during 2024/25, a 31% decrease from the previous financial year. These incidents were predominantly associated with slips, trips and falls (nine reports) and people moving and handling (six reports). Although there was a significant reduction, the types of incidents remained consistent with previous years. All reportable events were investigated, with findings shared to inform local and Trust-wide prevention strategies.

The Trust remains committed to reducing preventable harm to staff, patients, visitors, contractors and anyone affected by our work activities. In the coming year, the Health and Safety Team will maintain its focus on:

- Strengthening divisional accountability and ownership of risk controls
- Reducing and preventing incidents related to violence and aggression, manual handling, sharps, and slips, trips and falls
- Enhancing incident reporting and investigation processes
- Driving improvements through data-led assurance and audit findings
- Improving staff health and safety competence, understanding, and application of health and safety responsibilities and processes
- Supporting the development of a Just Culture that promotes openness, learning and continuous improvement



Compliance with NHS Provider Licence

In 2024/25, NHS Trusts have been required to make an annual statement of confirmation in relation to compliance with elements of the NHS Provider Licence as follows:

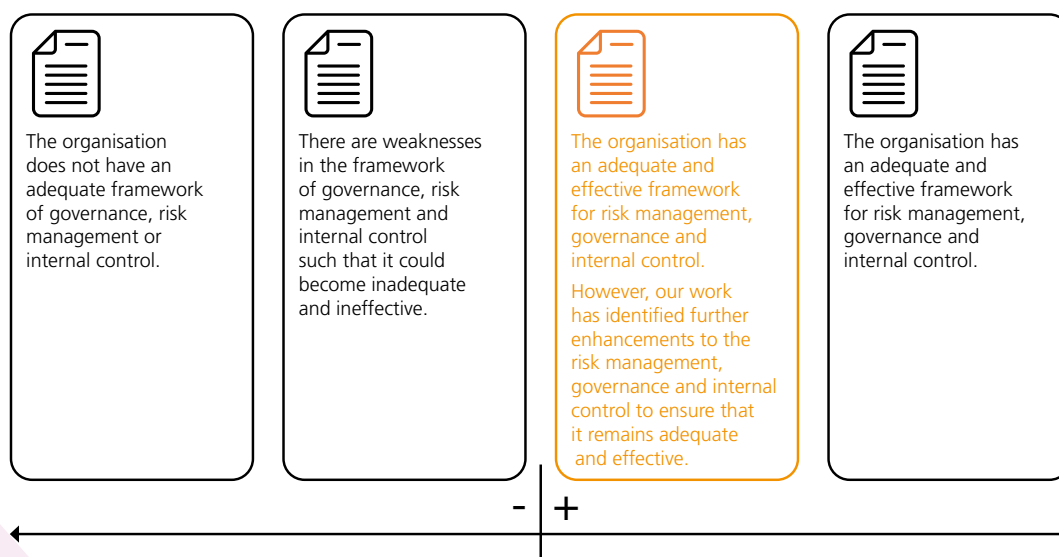
- G6 – Meeting the requirements of the licence and the NHS Constitution and having implemented effective arrangements for the management of risk
- FT4 – Relates to corporate governance arrangements covering systems and processes of corporate governance being in place and effective, effective Board and committee arrangements, compliance with healthcare standards, effective financial decision making, sufficient capability and capacity at Trust Board and all levels in the organisation, accountability and reporting lines

Internal Audit Opinion

The Annual Internal Audit Opinion

The Annual Internal Audit Opinion is based upon, and limited to, the work performed on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes. For the 12 months ending 2024 / 25 the head of internal audit opinion for Walsall Healthcare NHS Trust is:

Annual opinion



Factors influencing our opinion

The factors which are considered when influencing our opinion are:

- inherent risk in the area being audited;
- Limitations in the individual audit assignments;
- The adequacy and effectiveness of the risk management and / or governance control framework;
- the impact of weakness identified;
- the level of risk exposure; and
- the response to management actions and timeliness of actions taken

Summary of internal audit work completed

Assignment	Executive lead	Status / Opinion issued	Actions agreed			
			A	L	M	H
Data Quality: 78+ Week Waits	Ned Hobbs, Chief Operating Officer and Deputy Chief Executive	Reasonable Assurance	0	2	4	0
Waiting List Management Diagnostics	Ned Hobbs, Chief Operating Officer and Deputy Chief Executive	Partial Assurance	0	0	6	1
Data Quality: Provider Workforce Return (PWR) (3. 24 / 25)	Alan Duffell, Group Chief People Officer and Catherine Griffiths	Partial Assurance	0	1	6	1
Effective rostering and use of temporary Staffing follow up (5. 24 / 25)	Lisa Carrol, Chief Nursing Officer and Dan Mortiboys, Operational Director of Finance	Minimal Assurance	0	0	1	4
Key Financial Controls: Grip and Control Action Plan (5. 24 / 25)	Dan Mortiboys, Operational Director of Finance and Kevin Stringer, Group Chief Financial Officer	Advisory	0	0	3	0
Patient Safety Incident Response Framework (PSIRF) / Serious Incident Management (6. 24 / 25)	Kevin Bostock, Group Director of Assurance	Substantial Assurance	0	1	1	0
Board Assurance Framework (7. 24 / 25)	Keith Wilshere, Group Company Secretary and Kevin Bostock, Group Director of Assurance	Reasonable Assurance	0	5	0	0
Data Security and Protection Toolkit (8. 24 / 25)	Kevin Bostock, Group Director of Assurance	Audit in progress				

Appendix B: Opinion Classification

We use the following levels of classification within our internal audit reports, reflecting the level of assurance the board can take:



Minimal Assurance

Taking account of the issues identified, the board cannot take assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied or effective.

Urgent action is needed to strengthen the control framework to manage the identified risk(s).



Reasonable Assurance

Taking account of the issues identified, the board can take reasonable assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied or effective.

However, we have identified issues that need to be addressed, in order to ensure that the control framework is effective in managing the identified risk(s).



Partial Assurance

Taking account of the issues identified, the board can take partial assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied or effective.

Action is needed to strengthen the control framework to manage the identified risk(s).



Substantial Assurance

Taking account of the issues identified, the board can take substantial assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied or effective.

Conclusion

The Trust has made significant improvements to internal control systems during the financial year 2024/25, however we acknowledge that there are still weaknesses that require improvement.

A number of control issues classified as minimal assurance by core internal audit processes were noted during the year specifically effective rostering and use of temporary staffing. Control improvements and management actions have been agreed to address these. It is worth noting that the Trust Patient Safety Incident Response Framework internal audit received 'substantial assurance' with two improvements required.

Eight internal audit reports were planned / issued in 2024/25 of which three reports resulted in positive assurance opinions (substantial / reasonable), two issued with partial assurance and one issued with minimal assurance, one advisory and one is still to be submitted. No significant internal control issues have been identified via the Head of Internal Audit Opinion report.

Signed:

Oradwick - BEM

Group Chief Executive Date: 24/06/2025

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 2025 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	2024-25							2023-24						
	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
Sir D. NICHOLSON, Group Chair #	25-30						25-30	25-30					0-2.5	25-30
Mr D. LOUGHTON, Chief Executive * (Resigned 30 April 2024)	35-40						35-40	140-145					15-17.5	155-160
Mrs C. WALKER, Interim Chief Executive (Appointed 1st May 2024, Resigned 31December 2024)	95-100						95-100							
Mrs J. CHADWICK BELL, Chief Executive (Appointed 01 January 2025)	30-35						30-35							
Mr E.HOBBS, Chief Operating Officer (Resigned 18 October 2024)	80-85					62.5-65	140-145	140-145		200			65-67.5	205-210
Mr. W ROBERTS, Chief Operating Officer (Appointed 21 October 2024)	65-70					0	65-70							
Mrs M. SHEHMAR, Medical Director ** (Resigned 30 June 2024)	40-45	15-20	0-5	600		0	60-65	150-155	60-65	10-15			0-2.5	225-230
Dr B. McKAIG, Interim Medical Director ** (Appointed 01 July 2024, Resigned 30November 2024)	65*70					65-70								
Dr Z. Din, Medical Director** (Appointed 01December 2024)	55-60	20-25	0-5			180-182.5	260-265							
Ms C.GRIFFITHS, Director of Culture & People	135-140			300		30-32.5	165-170	125-130					30-32.5	160-165
Mr S. EVANS, Group Chief Strategy Officer*	85-90						85-90	85-90					10-12.5	95-100
Mrs S. EVANS, Group Director of Communications & Staff Engagement*	60-65						60-65	60-65					5-7.5	65-70

Name and Title	2024-25							2023-24							
	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
Mrs L. CARROLL Director of Nursing (from 9 August 2021)	135-140					35-37.5	175-180	130-135						32.5-35	165-170
Mr K. BOSTOCK, Group Director of Assurance****	70-75			0	35-37.5	105-110	65-70							15-17.5	80-85
Mr K. STRINGER, Group Chief Financial Officer & Deputy Chief Executive RWT	115-120					115-120	75-80							7.5-10	85-90
Mr A. DUFFELL, Group Chief People Officer	90-95					90-95	50-55							7.5-10	60-65
Dr J. ODUM, Group Chief Medical Officer	15-20					15-20	30-35							2.5-5	30-35
Mrs S. CARTWRIGHT, Group Director of Place (from 24 July 2023) ****	100-105			200		0	100-105	45-50			100			80-82.5	125-130
Mr P.ASSINDER, Non-Executive Director	20-25						20-25	20-25							20-25
Mr J. HEMANS Non-Executive Director (Resigned 31 January 2025)	10-15			200			10-15	10-15							10-15
Mrs M. MARTIN Non-Executive Director	15-20			300			15-20	15-20			100				15-20
Prof L. TONER Non-Executive Director (Resigned 31 January 2025)	10-15						10-15	10-15							10-15
Mrs D. BRAITHWAITE Non-Executive Director	10-15						10-15	10-15							10-15
Mrs O. MUFLAHI Non-Executive Director (Resigned 28 February 2025)	10-15			200			10-15	10-15			200				10-15
Mrs S.J. FRIZZELL previously ALLINSON Non- Executive Director (Resigned 31 January 2025)	10-15						10-15	10-15							10-15

Name and Title	2024-25							2023-24							
	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
Miss R.E. BARBER Non-Executive Director	10-15					10-15	10-15								10-15
Ms S. ROWE Non-Executive Director (Resigned 31 July 2024)	0-5					0-5	5-10								5-10
Ms L. COWLEY Non-Executive Director (Appointed 1 May 2024)	10-15					10-15									
Mr M. LEVERMORE Non-Executive Director (Appointed 1 February 2025)															
Ms A. HESELTINE Associate Non-Executive Director (Appointed 1 February 2025)															
Ms U. DARAZ Associate Non-Executive Director (Appointed 1 February 2025)															

Note all taxable benefits relate to cars and the benefits in kind are based on the HMRC guidance. £

The total remuneration for Sir David Nicholson in 2024-25 is £111,290 the cost of which has been shared equally between Sandwell and West Birmingham NHS Trust, Walsall Healthcare NHS Trust, The Dudley Group NHS Foundation Trust and The Royal Wolverhampton NHS Trust. 111,290

For staff sharing arrangements, the Trust is required to report on the total salaries. The total basic salaries in 2024/25 are as follows:

Chief Executive (D. Loughton £225,407)	36,750
Chief Executive (C. Walker £285,000)	95,000
Chief Executive (J Chadwick-Bell £270,000)	33,750
Chief Financial Officer and Deputy Chief Executive	238,109
Chief Medical Officer	199,009
Chief People Officer	187,976
Director of Communications and Stakeholder Engagement	126,788
Chief Strategy Officer	175,949
Total salaries of Directors from The Royal Wolverhampton NHS Trust	1,093,331



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 at pension age at 31 March 2025	Lump sum at pension age related to accrued pension at 31 March 2025	Cash Equivalent Transfer Value at 31 March 2025	Cash Equivalent Transfer Value at 31 March 2024	Real Increase in Cash Equivalent Transfer Value	Employer's Contribution to Stakeholder Pension
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	£000s
Mr E. HOBBS, Chief Operating Officer Resigned 21 October 2024	2.5 - 5.0	0 - 2.5	40-45	0 - 5.0	550	469	18	12
Mr W. ROBERTS, Chief Operating Officer (Appointed 1 November 2024)	0	0	15-20	0 - 5.0	171	215	0	17
Ms C. GRIFFITHS, Director of Culture & People	0 - 2.5	0-2.5	5-10	0 - 5.0	119	73	25	20
Mrs L. CARROLL Director of Nursing (from 9 August 2021)	2.5 - 5.0	0-2.5	35-40	75-80	808	707	36	20
Mrs M. SHEHMAR, Medical Director ** (Resigned 30 June 2024)	0-2.5	0	50 - 55	140-145	1,202	1,135	0	6
Dr Z. DIN, Medical Director ** (Appointed 1 December 2024)	7.5-10	15-17.5	40-45	100-105	874	651	52	9
Mr K. BOSTOCK, Group Director of Assurance (from 1 December 2021)****	2.5-5.0	0-2.5	15-20	20 - 25	177	317	0	20
Mrs S. CARTWRIGHT, Group Director of Place (from 24 July 2023) ****	0	0	45-50	115 - 120	980	1,125	0	20

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 2025 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.

	2024/25	2023/24
Percentage change from previous year in respect of highest paid director:		
Salary & Allowances	27.8%	(2.7%)
Performance pay & bonuses	N/A	N/A
All taxable benefits	N/A	N/A
Percentage change from previous year in respect of Employees of the Trust:		
Salary & Allowances	6.0%	6.4%
Performance pay & bonuses	N/A	N/A
All taxable benefits	N/A	N/A

In 2024/25, zero employees received remuneration in excess of the highest paid Director (there were zero in 2023/24 and in 2022/23). In 2024 and 2023 the highest paid director was the Medical Director. This relates to a new appointment with the salary increasing from 2023/24 due to pay attributable to the Medical Director role as a result of a reduction in other remuneration relating to clinical duties.

Remuneration ranged from £24,169 to £195-£200,000 (2023/24: £22,383 to £140-£145,000; 2022/23 £12,836 to £155k-£160,000).

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

	2024/25	2023/24	% change
25th Percentile Remuneration	£25,674	£24,336	5.5%
Median Percentile Remuneration	£36,483	£34,581	5.5%
75th Percentile Remuneration	£46,148	£42,207	9.3%
25th Percentile Pay Ratio	8:1	6:1	
Median Percentile Pay Ratio	5:1	4:1	
75th Percentile Pay Ratio	4:1	4:1	

The banded remuneration of the highest paid Director's annual salary in Walsall Healthcare NHS Trust in the financial year 2024/25 was £195,000 to £200,000 (in 2023/24 was £150,000 to £155,000).

In 2024/25 no employees received remuneration in excess of the highest paid Director. The pay multiple has reduced to 4.2 times the median salary (in 2023/24 it was 4.4 times).

It should be noted that the calculation is based on basic pay bank staff and agency staffing as of 31 March 2025 costed at an average cost FTE. This excludes overtime and enhancements due to the level of distortion that would arise from these arrangements.

Expenditure on Consultancy

The Trust paid £305,000 on consultancy costs during 2024/25, reduced from £853,000 in 2023/24.

Off-Payroll Engagements

For all off-payroll engagements as of 31 March 2025, for more than £245 per day via own Limited Company but excluding specific consultancy / project work

TABLE 1 Off-payroll engagements

For all off payroll engagements as of 31 March 2025, for more than £245 per day	Number
Number of existing engagements as of 31 March 2025	0
Of which, the number that have existed:	
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 all off-payroll engagements, between 1 April 2024 and March 2025, for more than £245 per day

TABLE 2 All Off-payroll engagements

	Number
No. of temporary off-payroll workers engaged between 1 April 2024 and 31 March 2025	1
Of which...	
No. not subject to off-payroll legislation	1
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	1
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.

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

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



Exit Packages

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departure s 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			19	67	19	67		
£10,000 - £25,000			0	0	0	0		
£25,001 - £50,000			1	26	1	26		
£50,001 - £100,000	1	72			1	72		
£100,001 - £150,000					0	0		
£150,001 - £200,000					0	0		
Greater than £200,000					0	0		
Total	1	72	20	93	21	165	0	0

There has been one redundancy in 2024/25. They have been based on contractual obligations to include pay in lieu of notice. Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS Pension Scheme. Ill-health retirements are met by the NHS Pensions Scheme and are not included in the above table.

For comparison 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 departure s 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		
Total	0	0	21	73	21	73	0	0

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	20	93
Exit payments following Employment Tribunals or court orders		
Non-contractual payments requiring HMT approval		
Total	20	93

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.



C - Financial Statements

C1 - Forward and Financial Performance Overview Statement of Going Concern The Trust's statement of accounts 2024/25 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.

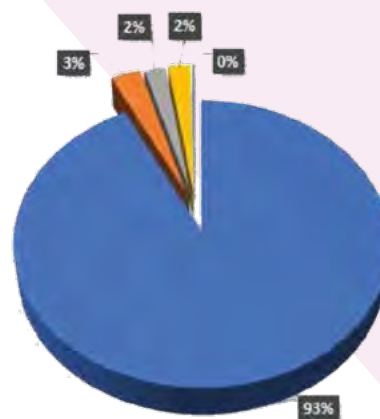
The Trust has achieved its break even duty in four of the last six years. The Trust has not achieved its break-even duty in 2024/25, however. The Black Country Integrated Care System (ICS), of which Walsall Healthcare NHS Trust is a part, achieved the break even duty overall. The Trust has submitted a break even plan for 2025/26, noting that like many Trusts within the NHS, this will rely on a significant cost improvement programme of 6.2%.

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.

Summary Financial Performance to 31 March 2025

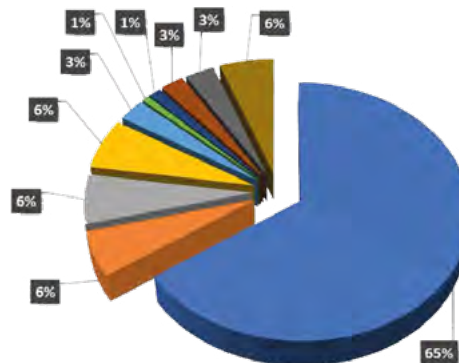
Description	£m
Income	482.2
Expenditure	(477.1)
Operating Surplus	5.1
Net finance costs	(16.0)
Deficit for the Year per the Accounts	(10.9)
Allowable Adjustments:	
Remove net impairments	6.0
Remove I&E impact of capital grants and donations	(3.9)
Other adjustments	0.6
Adjusted Financial Performance Deficit for the Year	(8.2)

Income £482.2m



- DOH & NHS Bodies (£447.3m)
- Education, Training and research (£13.8m)
- Local Authorities (£9.7m)
- Non Patient Services
- Other income (£1.2m)

Expenditure £477.1m



- Staff costs (£312.3m)
- Services from other healthcare bodies (£26.8m)
- Supplies and services - Clinical & General (£29.9m)
- Drugs (£30.6m)
- Premises (£13.5m)
- Computer hardware, Data Processing, Digital (£3.7m)
- Establishment (£6.5m)
- Clinical negligence (£11.8m)
- Depreciation / Amortisation (£14.8m)
- Other (£27.1m)

Capital Expenditure 2024/25

What We Spent Our Capital On In 2024/25	
Description	£m
Buildings	15.2
Maintenance & Lifecycle	3.0
New ED Shell Space, Hot Imaging Suite & AEC Relocation	6.2
PSDS- New Build (non-clinical)	4.1
Theatre Refurbishment	0.9
Aseptic Suite	0.3
Health Records	0.7
Equipment & Other	2.7
Replacement Medical Equipment	1.3
Resuscitaires	0.3
Xray, Echo and Ultrasound Machines	0.7
Endoscopy stack & scopes	0.2
Donated Equipment	0.1
IFRS16 Leases	0.6
Lease Purchases	0.6
IM&T	1.5
IT Development	0.1
Frontline Digitisation	1.4
TOTAL	20.0

Revenue Plan 2025/26

2025/26 Financial Plan	
Description	£m
Income	475.6
Expenditure	(458.5)
Operating Surplus	17.1
Net finance costs	14.7
Surplus for the Year	2.4
Allowable Adjustments:	
Remove I&E impact of capital grants and donations	(0.7)
Other adjustments	(1.6)
Adjusted Financial Performance for the Year	0.0

The Trust submitted a break even financial plan for 2025/26 on 30 April 2025 on an adjusted financial performance basis. Final approval from NHSE is being sought. The plan includes the largest CIP programme in the Trust's history (6.2%) which is, by its nature, high risk.

Capital Plan 2025/26

Description	£m
Buildings	11.5
Theatre 1-4 Refurbishment	4.9
UECC New shell space fit out	1.2
Backlog Maintenance and Lifecycle	3.5
PSDS	1.0
Aseptic Suite	0.9
Equipment	0.7
Medical Equipment Replacement	
IT	2.9
Frontline Digitisation	2.9
TOTAL	15.1

Charitable Funds 2024/25

Description	£m
Income	333.0
Expenditure	(453.0)
Gains on Revaluation	22.0
Net Decrease in Charitable Funds	(98.0)

The charity holds funds in excess of £1.5m.

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.

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 2024/25 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

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 2025 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 2025 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 Grant Thornton UK LLP. The total charge for audit work undertaken in 2024/25 was £210,000 including VAT (2023/24 £115,000). 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.

INDEPENDENT AUDITOR'S STATEMENT TO THE DIRECTORS OF WALSALL HEALTHCARE NHS TRUST ON THE NHS TRUST CONSOLIDATION SCHEDULES

We have examined the consolidation schedules of Walsall Healthcare NHS Trust, version 1.24.12.2A for the year ended 31 March 2025, which have been prepared by the Director of Finance and acknowledged by the Chief Executive. Our examination of the consolidation schedules covers the following:

- Designated TAC02 to TAC29 for tables outlined in red, excluding TAC05A, TAC014B and TAC23.

This statement is made solely to the Board of Directors of Walsall Healthcare NHS Trust in accordance with Part 5 paragraph 20(5) of the Local Audit and Accountability Act 2014 and paragraph 4.12 of the Code of Audit Practice and for no other purpose.

For the purpose of this statement, reviewing the consistency of figures between the audited financial statements and the consolidation schedules extends only to those figures within the consolidation schedules which are also included in the audited financial statements.

Auditors are required to report on any differences over £1m between the audited financial statements and the consolidation schedules, with the following exceptions as set out in NHS England TAC completion instructions and financial reporting guidance:

- PPE inventory – where trusts do not recognise consumables in inventory on the grounds of materiality, and inventory remains immaterial, the receipt and utilisation may be omitted from the inventory note in local accounts. However, trusts should record the receipt of items in inventory with an equivalent figure in utilisation within the TAC form. (footnote on page 57 of the [TAC-Completion-Instructions-M12-202425-25-March.pdf](#)).

Unqualified audit opinion on the audited financial statements; no differences identified:

The figures reported in the consolidation schedules are consistent with the audited financial statements, on which we have issued an unqualified opinion.

Grant Thornton UK LLP

Grant Thornton UK LLP

17th Floor
103 Colmore Row
Birmingham
B3 3AG

25 June 2025

Statement of Comprehensive Income

	2024/25 £000	2023/24 £000
Operating income from patient care activities	458,199	404,315
Other operating income	24,044	28,624
Operating expenses *	(477,137)	(425,220)
Operating surplus/(deficit) from continuing operations	5,106	7,719
Finance income	1,192	1,319
Finance expenses **	(15,806)	(29,802)
PDC dividends payable	(1,346)	(1,360)
Net finance costs	(15,960)	(29,843)
Surplus / (deficit) for the year	(10,854)	(22,125)
Other comprehensive income		
Will not be reclassified to income and expenditure:		
Impairments	(2,417)	(1,903)
Revaluations	4,199	5,298
Total comprehensive income / (expense) for the period	(9,072)	(18,730)

Statement of Financial Position

	31 March 2025 £000	31 March 2024 £000
Non-current assets		
Intangible assets	8,021	8,284
Property, plant and equipment	234,394	231,737
Right of use assets	16,519	17,876
Receivables	1,164	1,463
Total non-current assets	260,098	259,360
Current assets		
Inventories	3,182	3,802
Receivables	20,665	26,476
Cash and cash equivalents	36,745	20,062
Total current assets	60,592	50,340
Current liabilities		
Trade and other payables	(52,948)	(54,467)
Borrowings	(10,047)	(9,417)
Provisions	(1,546)	(156)
Other liabilities	(2,610)	(442)
Total current liabilities	(67,151)	(64,482)
Total assets less current liabilities	253,539	245,218
Non-current liabilities		
Borrowings	(178,875)	(180,952)
Provisions	(271)	(290)
Total non-current liabilities	(179,146)	(181,242)
Total assets employed	74,393	63,976
Financed by		
Public dividend capital	276,052	256,563
Revaluation reserve	70,461	68,679
Income and expenditure reserve	(272,120)	(261,266)
Total taxpayers' equity	74,393	63,976

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

Joe Chadwick-Bell

Name: Joe Chadwick-Bell

Position: Group Chief Executive Officer

Date: 24/06/2025

Statement of Changes in Taxpayers Equity for the year ended 31 March 2025

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2024 - brought forward	256,563	68,679	(261,266)	63,976
Surplus / (deficit) for the year	-	-	(10,854)	(10,854)
Impairments	-	(2,417)	-	(2,417)
Revaluations	-	4,199	-	4,199
Public dividend capital received	19,489	-	-	19,489
Taxpayers' and others' equity at 31 March 2025	276,052	70,461	(272,120)	74,393

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

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

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

	2024/25	2023/24
	£000	£000
Cash flows from operating activities		
Operating surplus / (deficit)	5,106	7,719
Non-cash income and expense:		
Depreciation and amortisation	14,790	13,570
Net impairments	5,979	2,958
Income recognised in respect of capital donations	(4,189)	(6,669)
(Increase) / decrease in receivables and other assets	(2,336)	8,978
(Increase) / decrease in inventories	620	(173)
Increase / (decrease) in payables and other liabilities	4,710	(9,778)
Increase / (decrease) in provisions	1,371	(105)
Net cash flows from / (used in) operating activities	26,051	16,499
Cash flows from investing activities		
Interest received	1,192	1,319
Purchase of intangible assets	(507)	(3,235)
Purchase of PPE and investment property	(22,974)	(16,393)
Receipt of cash donations to purchase assets	10,858	-
Net cash flows from / (used in) investing activities	(11,431)	(18,309)
Cash flows from financing activities		
Public dividend capital received	19,489	3,650
Capital element of lease rental payments	(1,970)	(1,996)
Capital element of PFI, LIFT and other service concession payments	(7,906)	(7,154)
Interest paid on lease liability repayments	(189)	(198)
Interest paid on PFI, LIFT and other service concession obligations	(7,821)	(7,802)
PDC dividend (paid) / refunded	460	(2,986)
Net cash flows from / (used in) financing activities	2,063	(16,486)
Increase / (decrease) in cash and cash equivalents	16,683	(18,296)
Cash and cash equivalents at 1 April - brought forward	20,062	38,358
Cash and cash equivalents at 31 March	36,745	20,062

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.

Signed:



Joe Chadwick-Bell, Group Chief Executive Officer Date: 24/06/2025

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

Signed:



Joe Chadwick-Bell, Group Chief Executive Officer Date: 24/06/2025

Signed:



Kevin Stringer, Group Chief Financial Officer Date: 24/06/2025

Trust Accounts Consolidated (TAC) Summarisation Schedules

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

Summarisation schedules numbers TAC01 to TAC34 and accompanying WGA sheets for 2024/25 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 accounting policies for NHS Trusts issued by NHS Improvement, or any deviation from these policies has been fully explained in the Confirmation questions in the TAC schedules
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.

Signed:



Kevin Stringer, Group Chief Financial Officer Date: 24/06/2025

Chief Executive Certificate

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

Signed:



Joe Chadwick-Bell, Group Chief Executive Officer Date: 24/06/2025

