NHS
Walsall Healthcare
NHS Trust

Annual Report 2025-26

Care Colleagues
Collaboration Communities

Contents

Chair and Chief Executive's Welcome

Welcome to Walsall Healthcare NHS Trust's Annual Report and Accounts for 2025/26. Here, you will be able to see how our organisation has performed against a range of national and local standards, and how we measure the quality of care we provide to our communities alongside our financial accounts.

The last 12 months have seen us focus our efforts on the national NHS priorities which include reducing the time people wait for elective care and improving A&E waiting times and ambulance response times.

This has been against a backdrop of rising costs and demand as well as unprecedented industrial action while we try to meet the growing needs of our ageing population and address health inequalities. And managing our finite resources is an ongoing challenge.

Digital technology is moving at a breathtaking pace, and we also need to make sure we're exploring the transformational opportunities that innovations such as Ambient Voice Technology bring.

Meanwhile, our Black Country Provider Collaborative continues to work in partnership across multiple sites, to provide better, faster and safer care to the population of the Black Country and beyond.

This time last year, all of us in the NHS were eagerly awaiting the publication of the government's 10 Year Health Plan

The plan was released last summer, and we now know, as predicted, that it focuses on three key shifts in healthcare:

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

These three shifts are very much in line with our own ambitions for Walsall Healthcare and were key drivers for us as we developed a refreshed joint strategy with The Royal Wolverhampton NHS Trust earlier this year.

We know the challenges that healthcare services face when meeting the varied – and often complex - needs of the people they serve are not going to suddenly reduce. Add into this the necessity of managing our finances efficiently and using our resources in the most effective way possible and it's clear the NHS cannot continue to operate in the way it traditionally has done for so many years.

We're proud that Transforming Care Together, our refreshed strategy, encourages a strengthening of community services, development of neighbourhood teams, expansion of elective capacity, modernised outpatient care and improved access to diagnostics, ensuring patients receive timely, co-ordinated and convenient care.

Our pledge is that by 2031 patients will experience faster access to care in their communities, staff will work in a digitally enabled and supportive environment, our organisations are fit for the future and patients will benefit from improved ways of communicating with our clinical teams.

The strategy is undoubtedly ambitious, but it is shaped by the voices we all need to listen to. Our colleagues, our patients and the public are at its heart and their feedback, which is continuing, has been essential.

Together, we are creating the foundation for a healthier future - one that ensures our hospitals can focus on those who need them most, whilst empowering people to live well in their communities.

Staff have also told us they'd like a smaller number of clear priorities that don't keep changing We're more likely to address our most pressing challenges if we work together, all contributing towards a bigger aim that is well understood by everyone.

Our aim remains to ensure we deliver exceptional care to improve the health and wellbeing of our patients and communities.

We want every colleague to understand how their role contributes to our collective success. To help, we have set three key priorities for the coming year:

- We want our colleagues to feel cared about
- We want to reduce the time patients wait
- We want to deliver our services efficiently

Looking back over the last 12 months, there is much to celebrate and feel proud of and our innovative teams are certainly making a meaningful difference to people's lives, as you will see from this Annual Report.

We were thrilled that NHS England, the ICB and Health Innovation West Midlands were so impressed at our Wellness Rounds which have seen deteriorating patient numbers fall across Walsall Manor Hospital and Wolverhampton's New Cross Hospital as part of the Martha's Rule initiative, they came to visit to learn more and highlight this positive impact.

We rolled these out across all inpatient wards on 30 March this year.

There is also much to recognise in the improvements delivered in access and flow:

- RTT performance ranked 1st in the Midlands throughout 2025/26, with 52 week waits delivered and waiting lists at their lowest in over four years
- Cancer pathways improved, including recovery of 62 day performance
- Achieved 86.69% against the 4 hour standard, ranking 6th nationally and 2nd in the Midlands — our best performance in over four years
- Ambulance offload times averaged 18 minutes, demonstrating strong patient flow and timely access

But there is, of course, always room for improvement. We have been disappointed that our NHS Staff Survey results showed urgent needs around wellbeing, inclusion, discrimination, safety, advocacy, morale and retention, with an increase in the number who indicated they would like to leave if they could.

While these conversations are tough to hear, we have promised to make even more time to speak to staff through listening and engagement opportunities at divisional and team level. We want them to feel cared about at work and we must understand how leaders, teams and individuals can collectively help us to empower colleagues and show them they are valued.

Finally, we want to thank everyone who comes to work each day, night or weekend to either deliver compassionate, high-quality care to the people of all ages who need it most or play a part in supporting others to do so, including our volunteers and partners.

Whatever the next 12 months bring, their unwavering commitment, pride and determination to make us the best we can be will stand us in good stead.

Sir David Nicholson CBE KCV

Chair

Joe Chadwick-Bell

Chief Executive

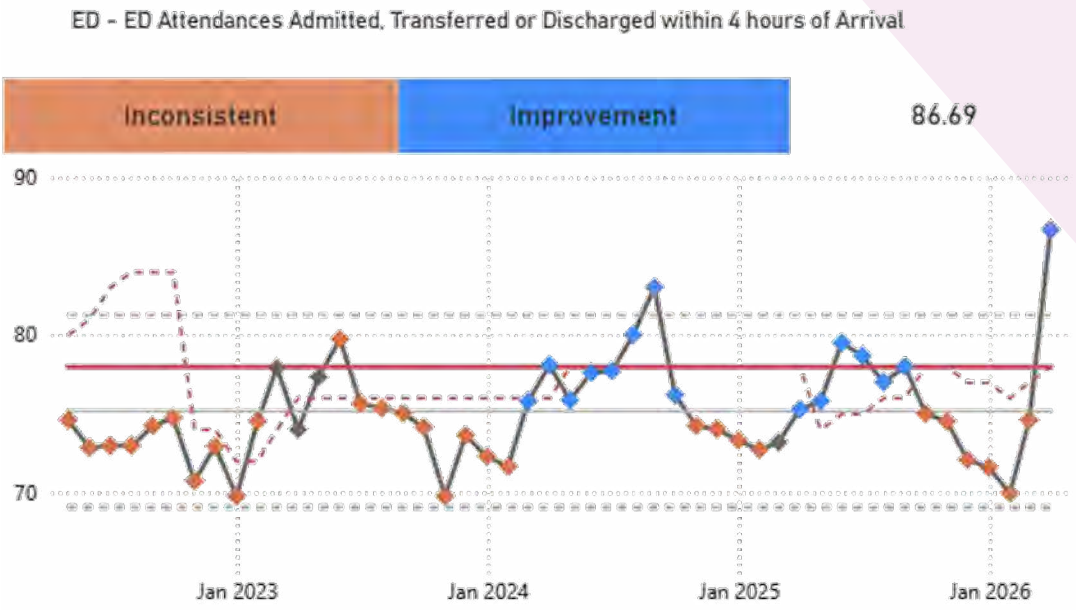
A - Performance Report

Performance Report and Performance Overview

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.

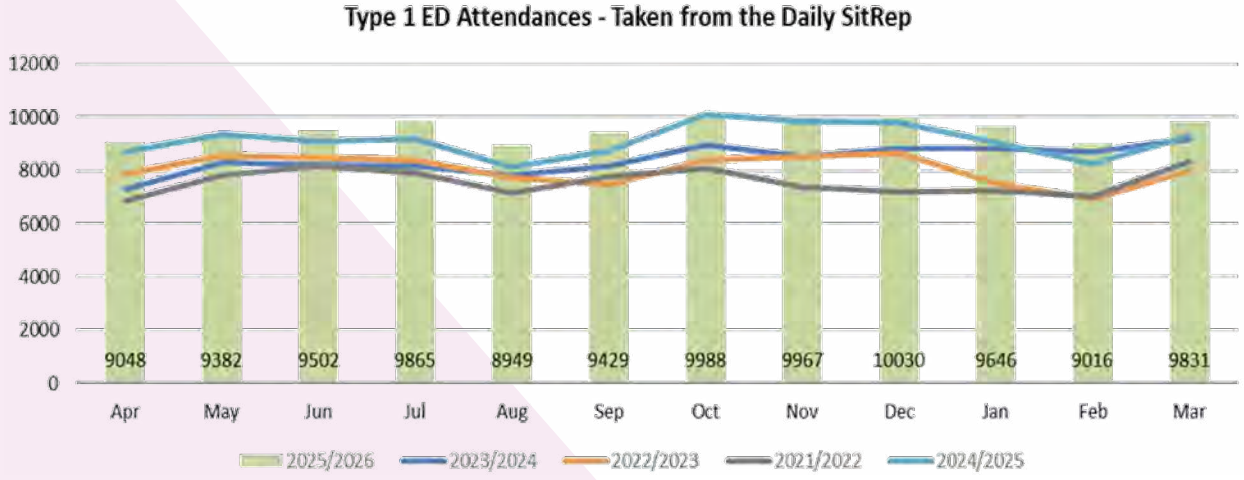
The Trust's performance from April 2019 to March 2026 is shown below:



For Urgent and Emergency Care access, we have realised sustained improvements across our community pathways, admission avoidance, discharge facilitation, Frailty service, Trauma pathway, and 7 day clinical cover. These improvements, underpinned by exemplary clinical and operational leadership, have culminated in a strong end of year position.

In March 2026, we were ranked 6th nationally and 2nd in the Midlands region for the 4 Hour Emergency Access Standard, achieving 86.69%—our best performance in over four years. Ambulance offload times averaged 18 minutes during March 2026, again positioning us as a leading Trust for timely access to services. Collectively, these achievements demonstrate our continued focus on delivering higher quality care, improved patient outcomes, and an enhanced experience for those using our services.

The Trust has experienced significant growth in demand for Urgent and Emergency Care services in recent years. During 2025/26, Type 1 Emergency Department attendances increased by 4.46% compared to 2024/25. This growth has been driven both by increased attendances from the Walsall population and by a rising number of patients attending from further afield, including other Black Country boroughs and areas outside of the Black Country.

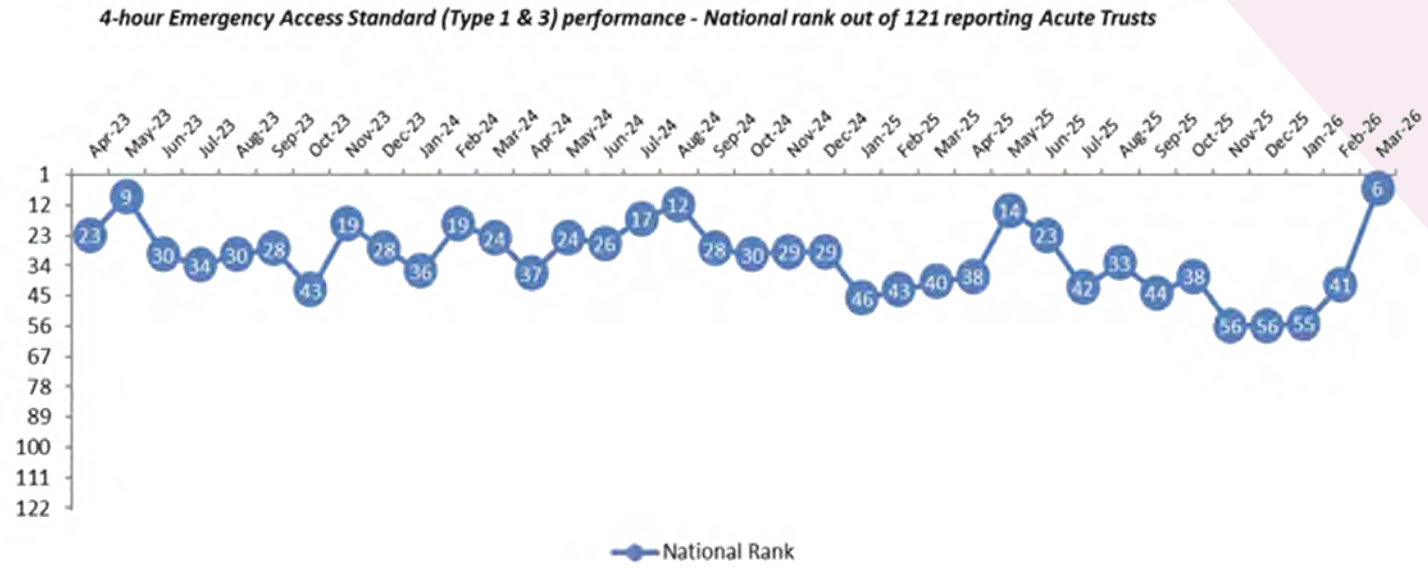


December 2025 represented the second highest month of Emergency Department attendances on record, with 10,030 attendances, narrowly below the peak of 10,121 attendances in October 2024. This sustained level of demand reinforces the ongoing pressure on Urgent and Emergency Care services.

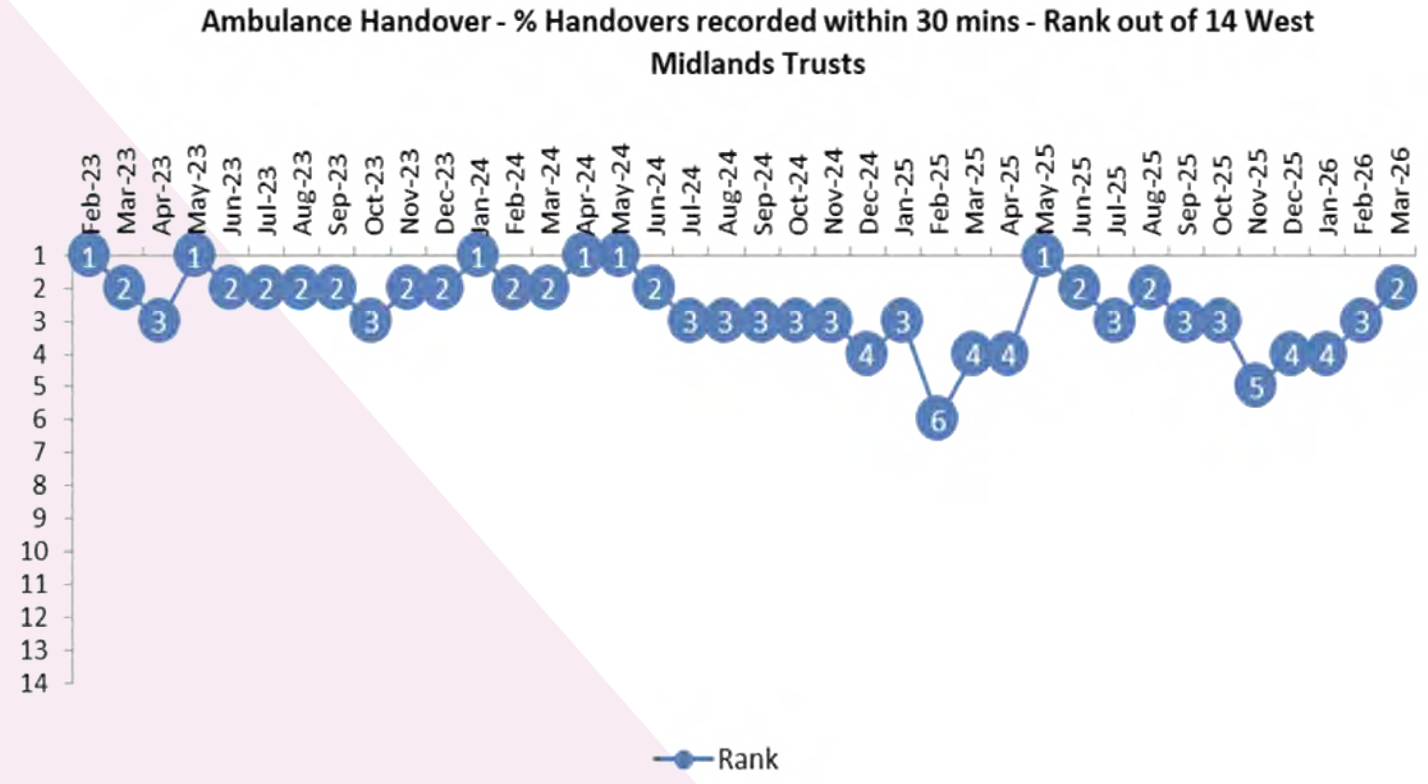
The Trust has robust improvement plans in place, focused on strengthening Urgent and Emergency Care delivery while prioritising the Trust's strategic shift towards a Community First approach. Working in agreement with Black Country provider partners, the intelligent conveying of ambulances ceased from January 2026, supporting more appropriate patient access and flow across the system.

To manage peak winter pressures, additional staffing and surge capacity were deployed across urgent care services. In parallel, the Emergency Department Observation Unit has been implemented, enhancing the Trust's ability to assess, treat, and discharge patients safely and efficiently, and supporting improved patient flow during periods of high demand.

The Trust's national ranking for the four-hour emergency access standard (EAS) was 6th best Trust out of 121 reporting Acute Trusts for the month of March 2025.



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



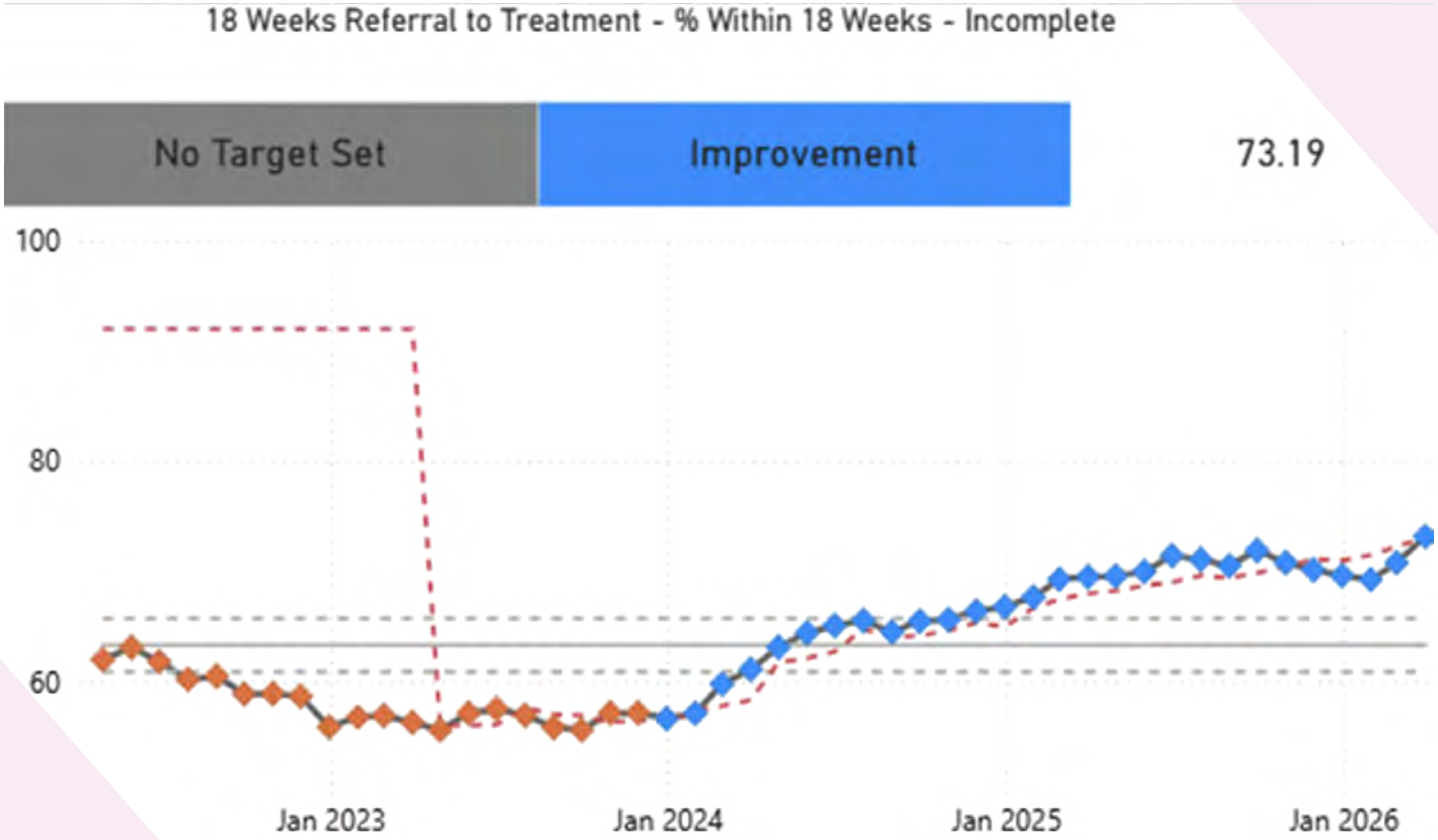
Pathway development work has continued throughout the year, with a particular focus on closer collaboration with West Midlands Ambulance Service (WMAS) and the Call Navigation Centre. This includes enhanced clinical advice and navigation support to ensure ambulance calls are directed to the most appropriate care settings, including alternative services where safe and clinically appropriate. These developments support improved patient access, reduced avoidable conveyance to the Emergency Department, and more effective use of system capacity.

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)

Referral to Treatment (RTT) performance has ranked 1st in the Midlands region throughout 2025/26. By March 2026, the Trust successfully met its planned RTT trajectory and reduced the overall waiting list to its lowest level in more than four years.

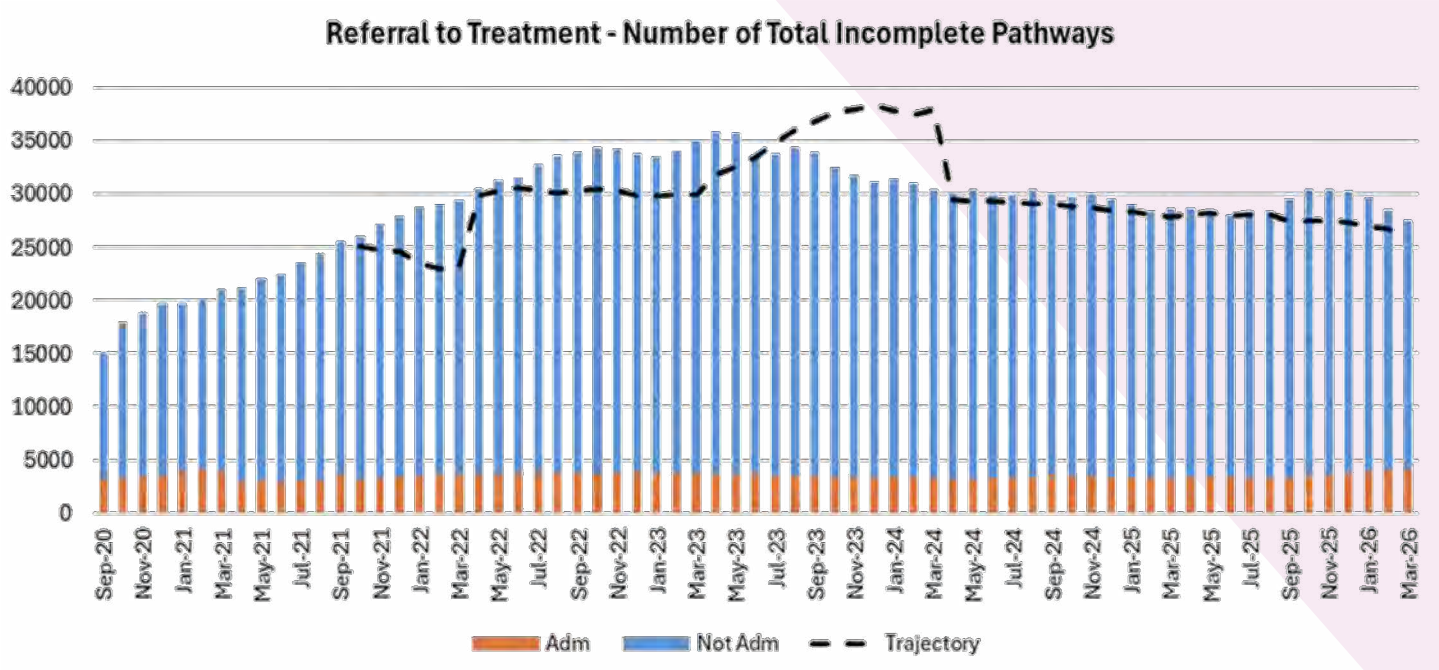
For March 2026, 73.19% of patients were waiting under 18 weeks, exceeding the Trust's annual planning trajectory of 73.04% and demonstrating sustained delivery against operational recovery plans.



The Trust achieved the national quality requirement of fewer than 1% of RTT incomplete pathways waiting over 52 weeks by March 2026, with performance of 0.01%, demonstrating effective management of long wait pathways.

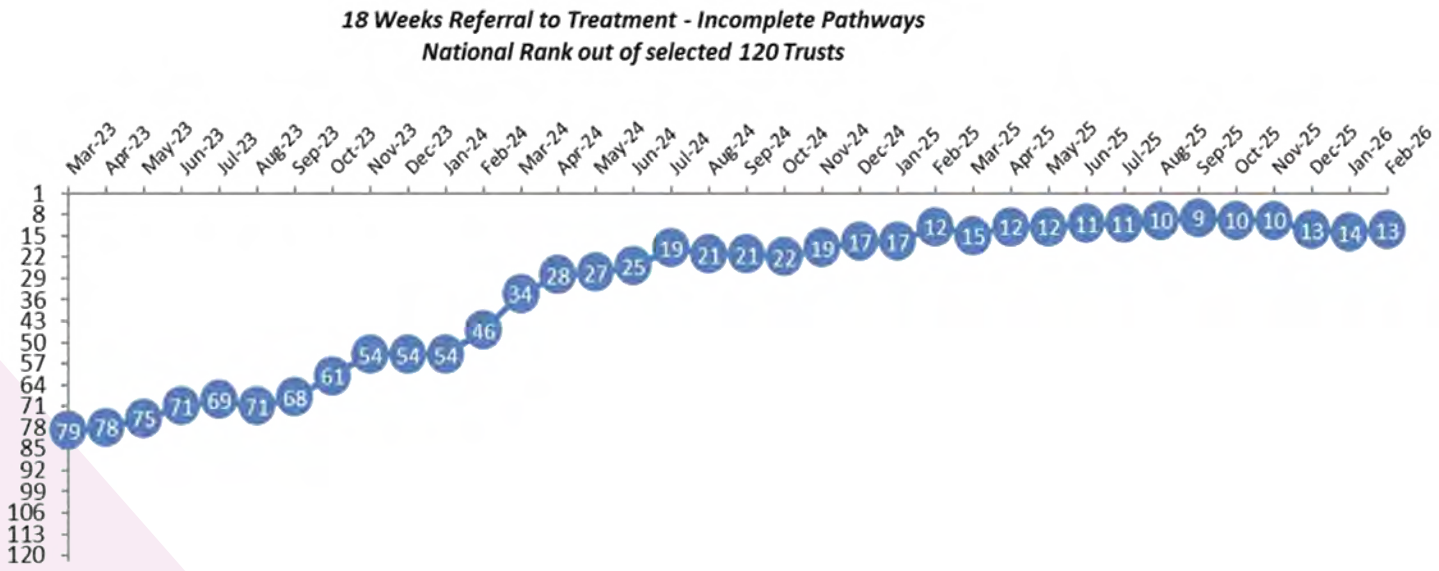
At the end of March 2026, the Trust also reported the lowest number of patients waiting over 52 weeks in the Midlands region, reinforcing its leading position in long waits recovery.

The total number of patients on the RTT 18 week waiting list peaked in April 2023 at 35,882. Sustained progress has since been made to reduce overall waiting list size, with the March 2026 snapshot reporting 27,304 patients, representing a 24% reduction from the April 2023 peak.



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

As at February 2025, the Trust ranked 13th out of 120 reporting trusts nationally for 18 week Referral to Treatment (RTT) performance, placing it within the top-performing trusts in England.



Whilst the Trust has achieved statistically significant reductions in DNA (Did Not Attend) rates, contributing to improved outpatient productivity and reduced non admitted waiting times, overall performance continues to benchmark within the lower quartile when compared nationally. Further improvement remains a focus to maximise capacity utilisation and support sustained elective recovery.

The second phase of the West Wing Operating Theatre capital development continued during the year, delivering upgrades to Theatres 1–4. This programme will result in a fully modernised operating theatre suite, providing high-quality facilities to support elective activity and patient experience, and is anticipated to complete by mid 2026.

To mitigate capacity impacts during construction, elective activity has been re-provided through the Minor Surgery Procedure Room, alongside the use of Cannock theatres for day case elective orthopaedics. In addition, the Trust has successfully maintained a protected ring fence of the elective wing for the last six years, supporting resilience and continuity of elective services.

Cancer

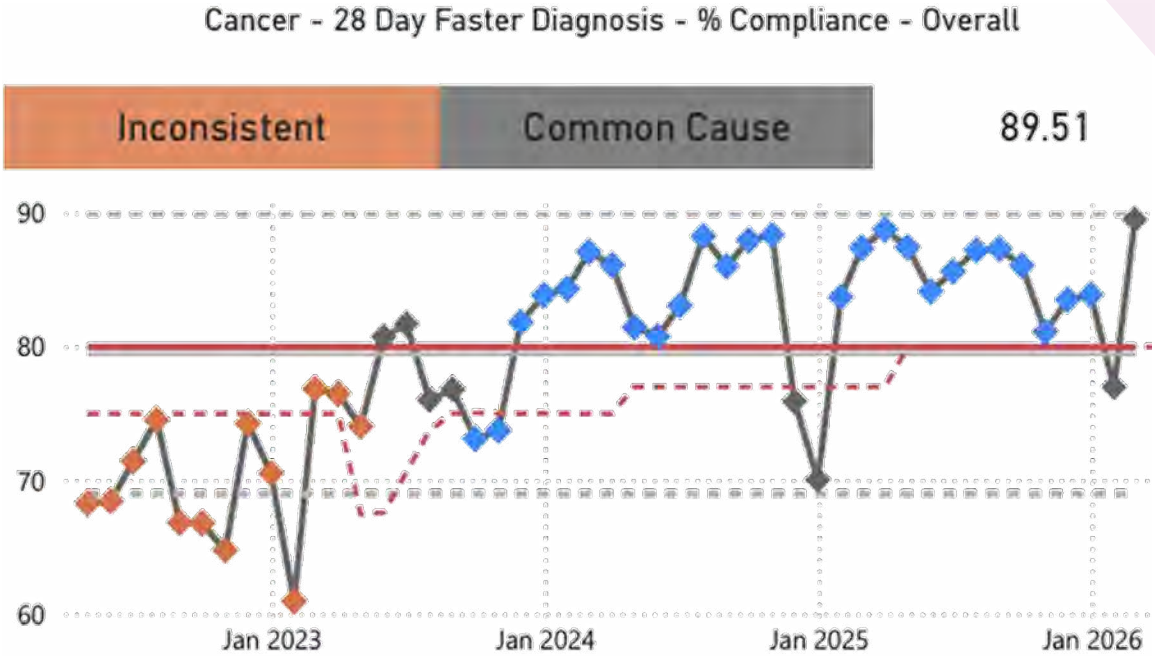
From the 1st of October 2023, the national standards changed, there are now three cancer standards, which combine all the previous standards. The national thresholds for the three metrics were changed from 1st April 2024:

- 28-day Faster Diagnosis (Operating standard of at least 80% by March 2026)
- 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 75% by March 2026.)

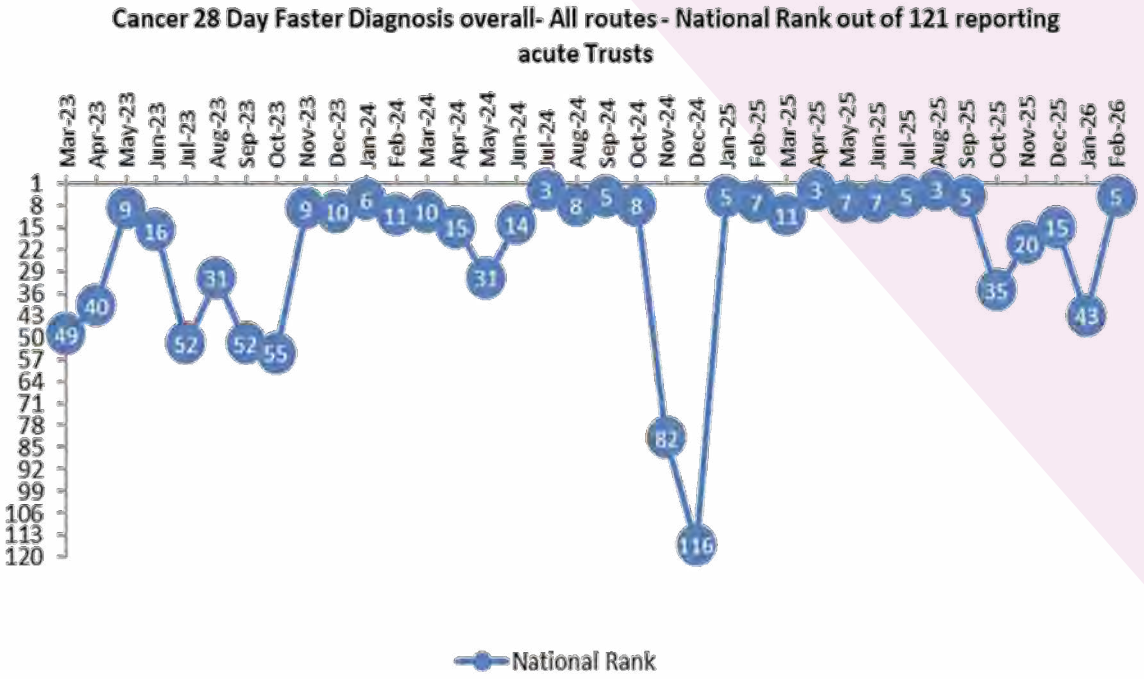
The Trust continues to monitor the cancer 2-week suspected cancer metric, and the 2 week wait breast symptomatic metric internally.

Performance:

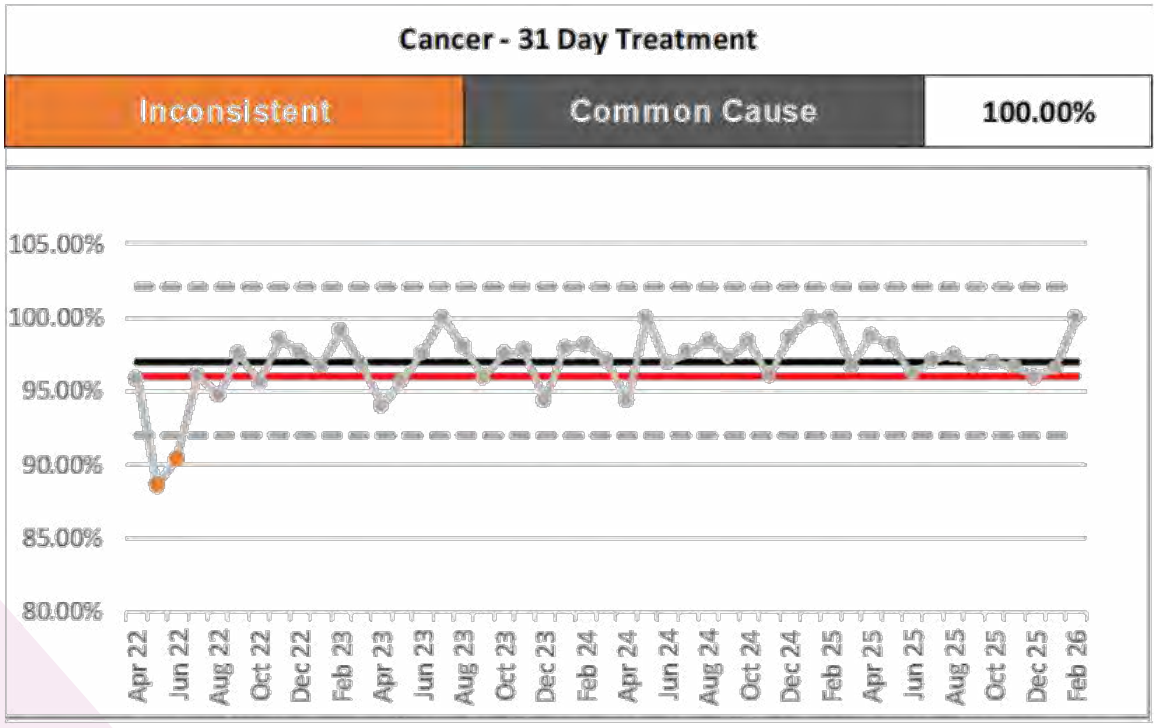
Percentage of Service Users waiting no more than 28 days to communication of definitive cancer / not cancer diagnosis



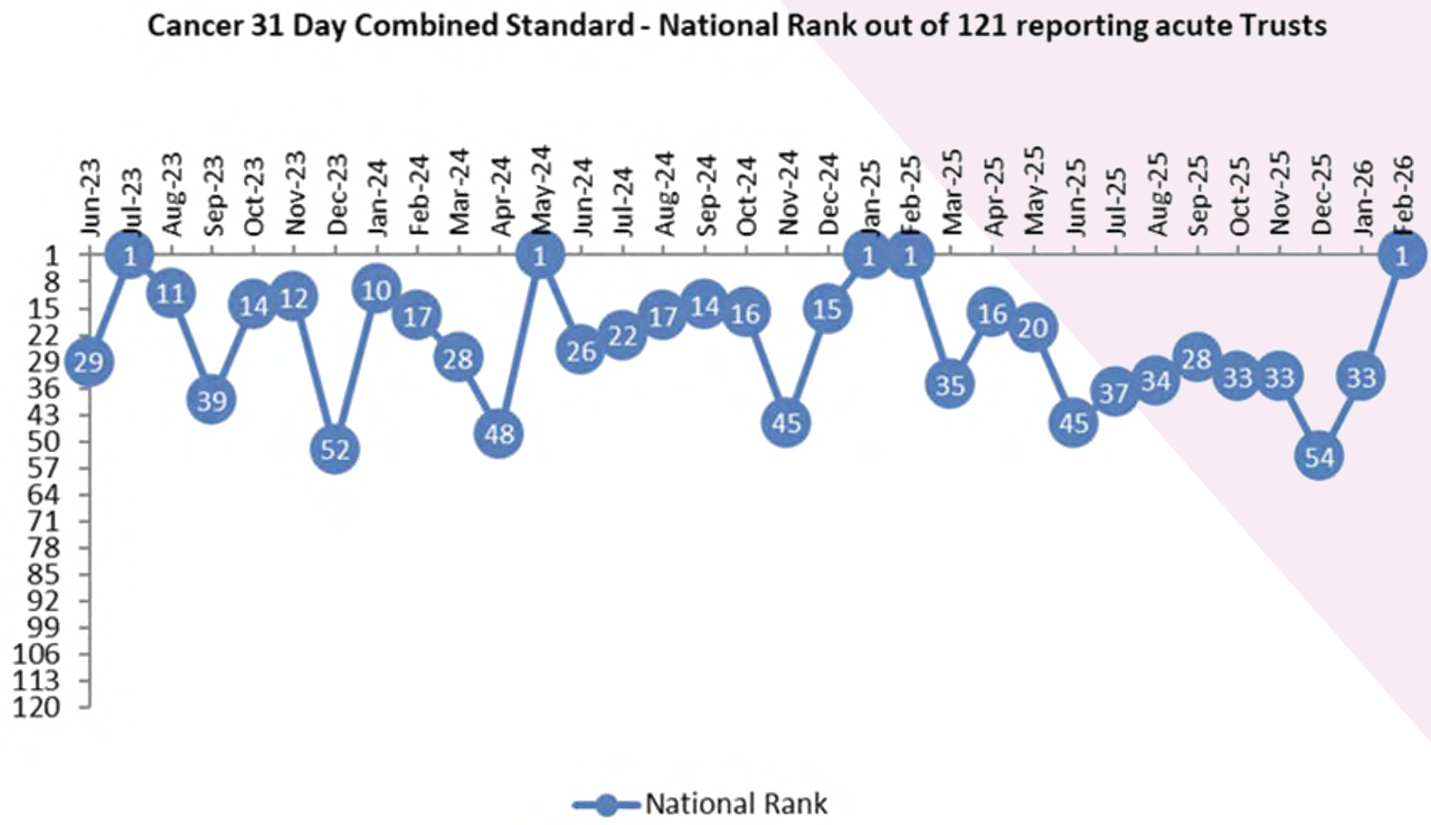
In March 2026, 87.2% of patients received a diagnosis within 28-days of referral, latest bench marking data shows the Trust upper decile of performance nationally and delivering statistical improvement for the majority of the financial year.



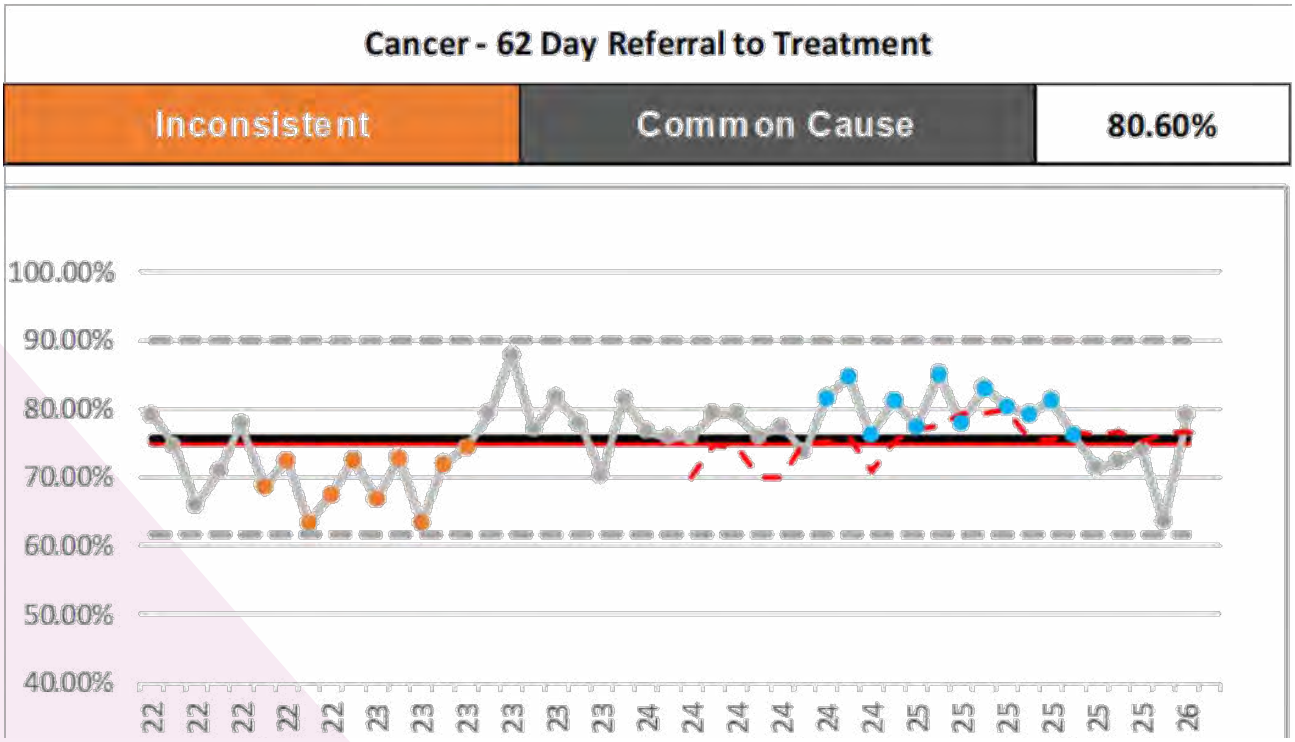
Percentage of Service Users waiting no more than one month (31 days) from diagnosis to cancer treatment:



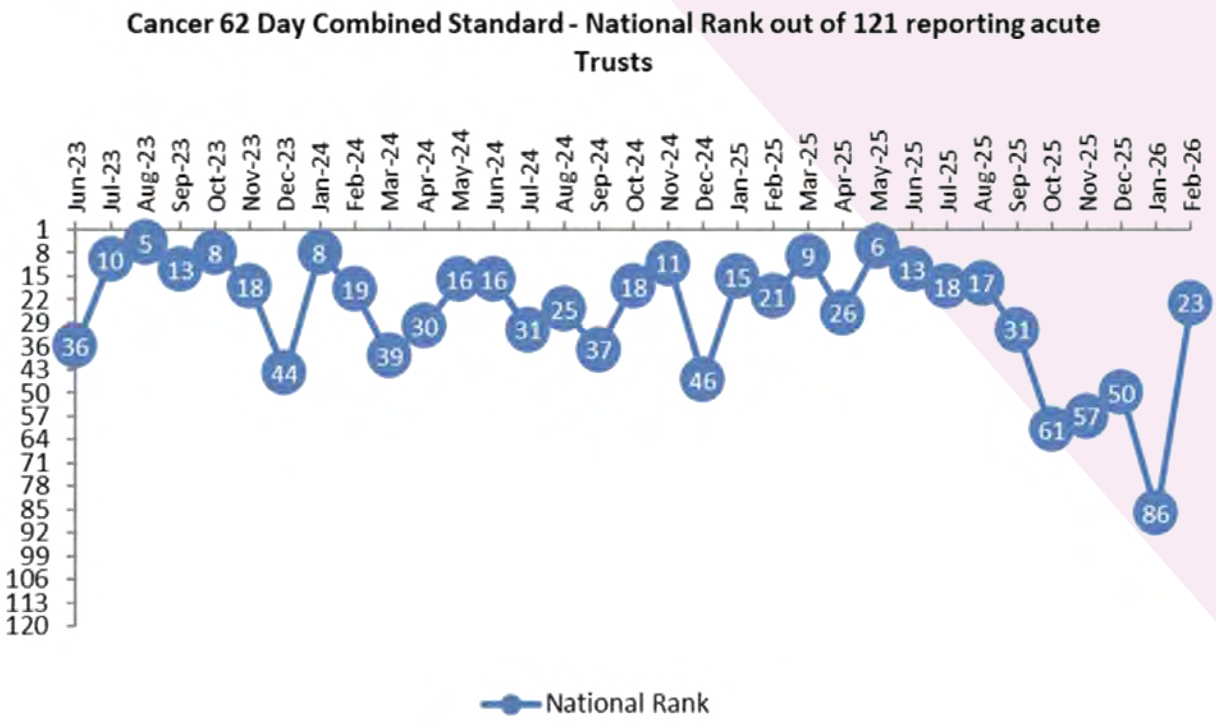
In March 2026, 100% of patients received treatment within 31-days from diagnosis, latest bench marking data shows the Trust ranked 1st for performance nationally.



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



In March 2026, 80.60% of patients with confirmed Cancer were treated within 62-days of referral. Latest bench marking data shows the Trust upper quartile of performance nationally.

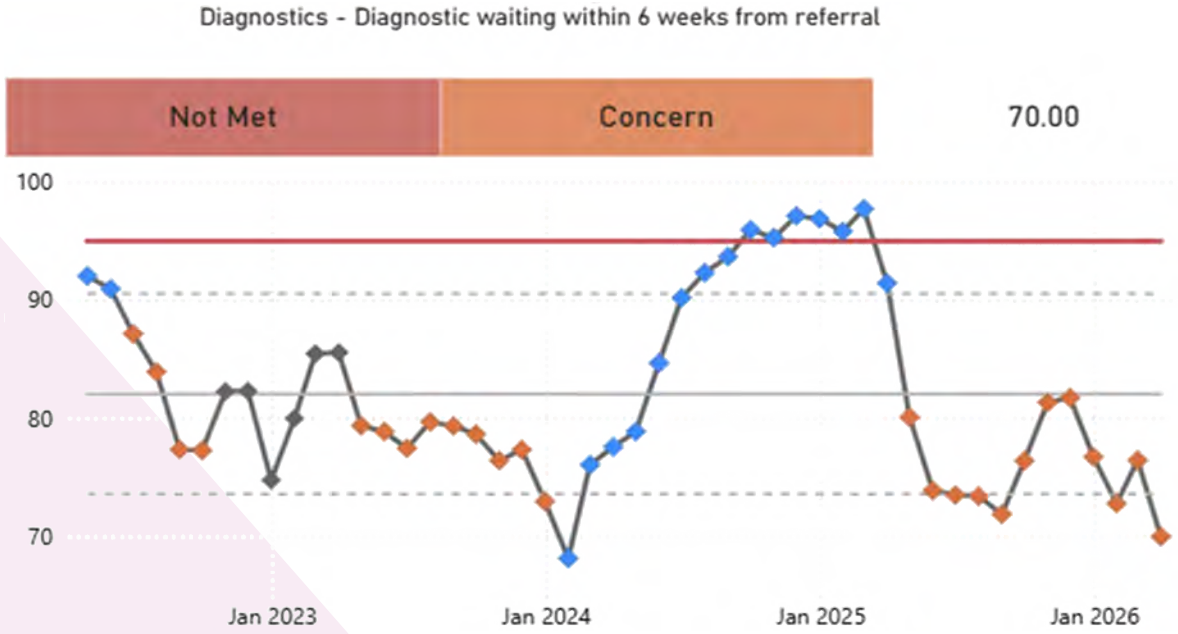


Oncology capacity has been under pressure throughout the year. These challenges are not unique to Walsall Healthcare but reflect system-wide constraints across the Black Country. Short-term interventions have resulted in an improvement in performance, and further work is ongoing to strengthen and stabilise oncology provision to ensure it is robust and sustainable.

Diagnostic (DM01):

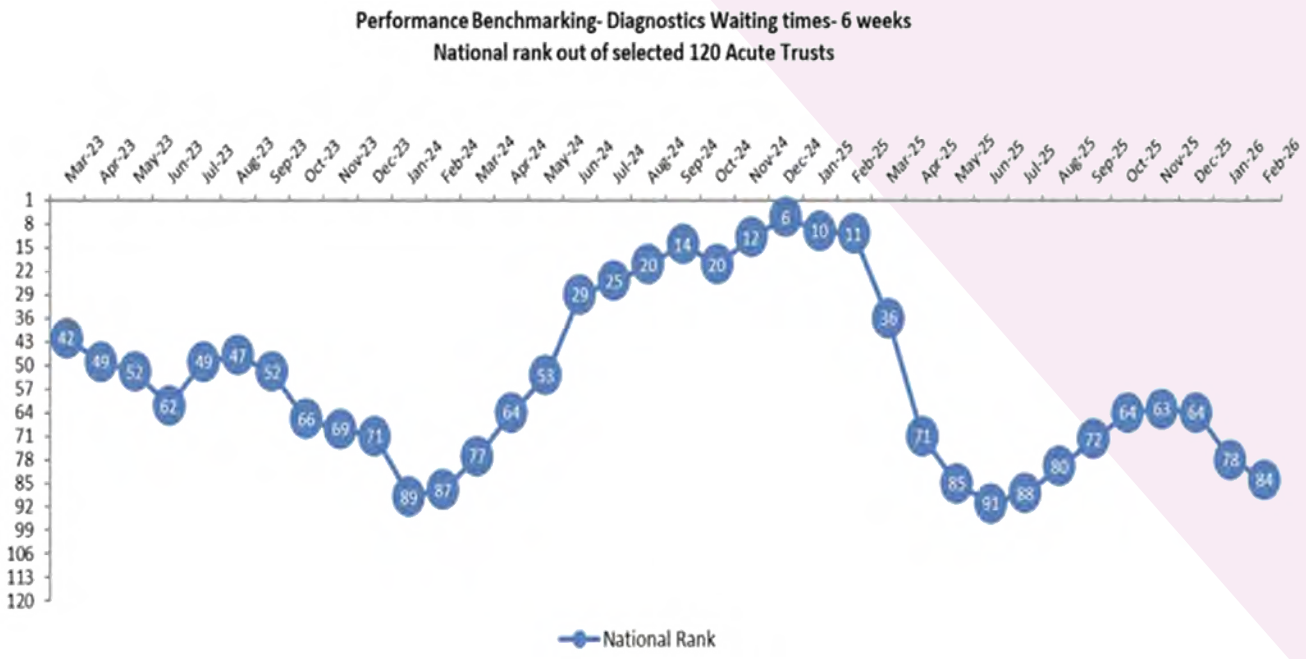
Percentage of Service Users waiting less than 6 weeks from Referral for a diagnostic test, Operating standard of at least 95%.

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



The Trust's diagnostic performance with patients waiting under 6 weeks for March 2026 is 70%.

The Trust is ranked 84th out of 120 reporting general acute trusts.



Challenges have been experienced in several modalities over the last year: most notably MRI, Audiology, and Neurophysiology. Short and long term recovery plans are in progress.

SPC chart key:

Looking back at our year

April

A woman became one of the first patients to have 'awake breast surgery' at Walsall's Manor Hospital.

Patricia Wilkes, 62, underwent a mastectomy after being diagnosed with a rare condition associated with breast cancer – Paget's disease of the nipple.

Surgeons successfully performed a mastectomy under regional anaesthesia, which "blocks" a specific area of the body, and conscious sedation. Patricia was discharged that same evening.

May

Patients who don't have English as their first language experienced better communication around their appointments, treatment and care thanks to a new system.

The Patients Relations Team delivered four additional Wordskii on Wheels (WoW) pads to clinical areas including Endoscopy, Fracture Clinic, Pharmacy, and Wards 24 and 25.

WoW pads enable staff to access video interpreting in more than 350 languages, including British Sign Language.

June

Walsall NHS staff, along with their Wolverhampton colleagues, were thanked and celebrated at Long Service Awards.

Award recipients were presented with a certificate and badge by Joe Chadwick-Bell, Group Chief Executive, as recognition for their continued dedication and commitment.

July

A Calm Connections Clinic that supports Walsall parents and is believed to be the only one of its kind in the Black Country, won an award for "Best Birth Trauma Project."

The accolade was given by the Make Birth Better collaborative network founded by Perinatal Psychiatrist Dr Rebecca Moore and Clinical Psychologist Dr Emma Svanberg.

Walsall's Calm Connections Clinic is run by three specialist Walsall Healthcare NHS Trust Midwives – Tracy Denmade, Birth Reflections/Patient Experience Midwife, Laura Atkinson, Specialist Bereavement Midwife and Hari Nijjar, Mental Health Specialist Midwife.

They support parents who have suffered baby loss, have mental health needs or have experienced previous birth trauma. It is part funded by the Walsall Family Hubs programme.

August

Our Chair was awarded an honorary doctorate by Aston University in recognition of his outstanding contributions to the NHS and global healthcare over the last 40 years.

Sir David Nicholson joined Walsall Healthcare as Chair in April 2023, later becoming Group Chair across Sandwell and West Birmingham NHS Trust, The Royal Wolverhampton and Dudley Group NHS Foundation Trust.

After the ceremony, he said: "I feel very privileged to receive this honorary doctorate and to have my many years within healthcare recognised."

September

Almost 200 families were helped by an app designed to help children feel better prepared for their surgery and treatment at Walsall Manor Hospital.

The Little Journey app, funded through the Well Wishers charity, provides engaging, interactive and age-appropriate content to help calm any nervousness children may have about coming into hospital and to help them, their parents, and carers better understand what will happen during their stay.

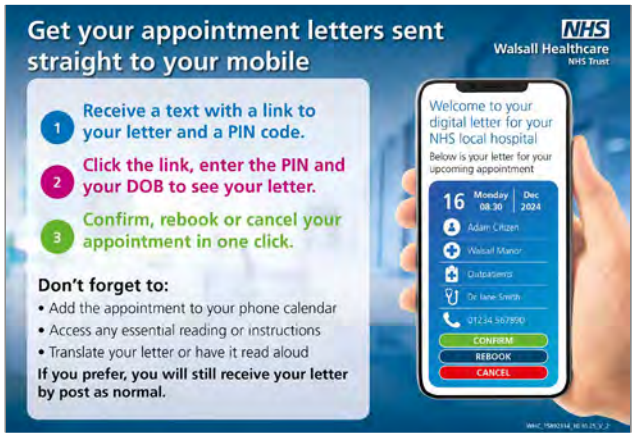
October

Walsall Healthcare was officially recognised as a Menopause Friendly Accredited Employer – a significant milestone in its ongoing commitment to supporting the health and wellbeing of its workforce.

This is the only independent, industry-recognised mark of excellence for menopause in the workplace.

To achieve accreditation, the Trust was assessed by an independent panel and had to demonstrate evidence and effectiveness across five key areas: culture, policies and practices, training, engagement, and the working environment.

November



A new Patient Engagement Portal was launched to give patients a single, convenient place to view their appointment letters and manage their bookings — including the ability to message to confirm, cancel, or request to rebook appointments online.

Digital letters can be translated into more than 100 languages and include accessibility options such as adjustable font sizes and background colour changes, helping to make information clearer and easier to read.

December

A group of colleagues were awarded the prestigious title of Queen's Nurse, which acknowledges their exceptional commitment to high standards of patient care, learning, and leadership in Community Nursing.

They are:

- Kelly Geffen – Community Divisional Director of Nursing
- Dawn Asbury – Community Senior Matron
- Abbie Higgins – Community Senior Lead Specialist Rehabilitation
- Amy Bevan – Clinical Team Lead
- Liz Tandy – Trainee Advanced Clinical Practitioner

In addition, Kelly was also awarded the Leading Strategically Award.

January

Stroke patients across Walsall and Wolverhampton will be able to receive high-quality rehabilitation in their own homes and communities – helping them towards better recovery – following approval of a transformation of the service.

Patients will benefit from a specialist, seven-day stroke rehabilitation service delivered at home or as close to home as possible, supporting a quicker return to independence and better long-term outcomes.

While bed-based rehabilitation will still be available for those who need it from the West Park Rehabilitation Hospital in Wolverhampton, this will be for shorter periods, with more patients continuing their recovery in their usual place of residence. Hollybank House will no longer be used for stroke rehabilitation in Walsall.

February

A new testing service was launched with the potential to support early diagnosis of severe genetic conditions that can have long-term effects.

The service, developed in collaboration with Birmingham Children's Hospital Clinical Genetics Team, will process DNA samples from babies and children with a significantly quicker turnaround time.

Dr Abdulhakim Abdurrazaq, Consultant Paediatrician with Renal and Neonatal Interest at Walsall Healthcare NHS Trust, said the clinic aims to improve the uptake and success of whole genome sequencing.

March

Wellness Rounds which have seen deteriorating patient numbers fall in pilot schemes across Walsall Manor and New Cross Hospitals as part of the Martha's Rule initiative, were rolled out fully from 30 March.

Wellness Rounds see patients asked, at least daily, how they are feeling, and if they are getting better or worse, with the information acted on in a structured way and speedily.

Teams across Walsall Healthcare and The Royal Wolverhampton NHS Trusts will be continuing to implement this element of the patient safety initiative fully across all adult inpatient areas at New Cross and The Manor Hospitals.

The Wellness Rounds prompt a range of questions to check patients' health and wellbeing – ranging from how they feel compared to the day before, to any appetite changes, physical deterioration such as a cough or breathlessness, and any mood changes or anxiety.

Statement of the Purpose and the activities of the organisation – who we are and who we serve

Walsall Healthcare NHS Trust is an integrated provider of acute and community services. The Trust's main site, Manor Hospital, is in the heart of the town serving a population estimated at 286,700 residents in 2021 (2021 Census).

As a District General Hospital, the Trust primarily serves the immediate population of Walsall with some patients requiring more specialised treatment at other, neighbouring Trusts.

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.

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.

Delivering Healthier Futures – Black Country Integrated Care System (ICS)

Over the past year, the Black Country Integrated Care System (ICS) has continued to strengthen collaboration across health, care, local government and community partners to deliver the ambitions set out in the Healthier Futures Integrated Care Strategy. The strategy provides a shared framework to improve population health, reduce inequalities and create a sustainable, integrated health and care system for the 1.2 million people who live and work across the Black Country.

Established under the Health and Care Act 2022, the ICS brings together NHS organisations, local authorities, the voluntary sector and wider partners to plan joined-up services and improve outcomes. The system operates through two statutory bodies: the NHS Black Country Integrated Care Board (ICB), responsible for NHS planning and resource allocation, and the Integrated Care Partnership (ICP), which brings partners together to oversee delivery of the strategy.

At The Royal Wolverhampton NHS Trust we are proud to play an active role in this partnership, working collaboratively to improve health outcomes and life chances for the communities we serve.

A shared vision

The Healthier Futures strategy continues to provide the long-term vision for improving outcomes, reducing inequalities and supporting economic prosperity. Recently refreshed alongside the Joint Forward Plan, it strengthens the focus on prevention, population health and the wider determinants of health. Key priorities include:

- Improving population health through prevention and early intervention
- Reducing health inequalities, particularly for underserved communities
- Supporting employment and prosperity as key drivers of health
- Strengthening partnership working across organisations
- Using data and insight to inform commissioning decisions
- Maximising the role of anchor institutions to deliver social value

These priorities reflect ongoing challenges including deprivation, lower healthy life expectancy and high levels of long-term conditions, reinforcing the importance of prevention, integration and partnership working.

Black Country Integrated Care Partnership

During the year, the ICP continued to provide system leadership, bringing together senior representatives from health, local government, public services and the VCSE sector to support delivery of shared priorities.

Following national policy changes regarding ICP arrangements, partners have begun reviewing future governance arrangements to ensure collaborative working continues. This includes engagement with the West Midlands Combined Authority through the Strategic Health Partnership Board to maintain focus on employment, prevention and health inequalities. Despite these changes, strong partnership working continues to support:

- Collaborative action to reduce health inequalities
- Delivery of prevention and population health programmes
- Alignment of commissioning and population health plans
- The ICB's role as an anchor organisation.

Progress this year includes expanded prevention programmes, improved use of population data to target interventions, and strengthened support for underserved groups including refugees, migrants and people experiencing homelessness. Engagement with VCSE partners has also continued to grow, recognising their vital role in improving community outcomes.

Progress towards an integrated system

Partners have continued to strengthen integration at both system and place level, with place-based partnerships in Wolverhampton, Walsall, Dudley and Sandwell ensuring services reflect local needs. Key areas of progress include:

- **Care closer to home** – expanding community-based models and strengthening collaboration between primary, community and voluntary services
- **Prevention and inequalities** – increasing focus on early intervention and addressing the wider determinants of health
- **Children and families** – improving early support and access to services for children and young people
- **Workforce** – supporting the 60,000 staff across the Black Country through workforce planning, recruitment and retention initiatives

Working with communities

Partnership with communities remains central to improving health outcomes. Engagement through community forums and voluntary sector partnerships continues to help shape services, improve access and address the wider determinants of health.

Looking ahead

While progress continues, significant challenges remain. The next phase of delivery will focus on strengthening prevention, expanding integrated community services and continuing to address health inequalities. Through strong partnership working, the Black Country ICS remains committed to building a more joined-up, sustainable and equitable health and care system for the future.

Our Vision and Values

As our previous joint Walsall Healthcare and The Royal Wolverhampton NHS Trusts' strategy was coming to an end we have taken the opportunity to co-design a new five-year strategy.

This aligns with the NHS 10 Year Health Plan priorities:

- Analogue to digital
- Illness to prevention
- Acute to community

It also takes advantage of the opportunities of our integrated Group model and recognises the national challenges around productivity.

Our new strategy for 2026/31 is Transforming Care Together.

Our vision remains: To deliver exceptional care together to improve the health and wellbeing of our communities. And the four Cs from our previous strategy – Care, Colleagues, Collaboration and Communities – are still the strategic aims that guide us.

Walsall Healthcare's Values of Professionalism, Teamwork, Compassion and Respect, as chosen by staff, also remain.

At the heart of Transforming Care Together is our "wheel" which details our ten objectives.

Strategic Objectives

We want every colleague to understand how their role contributes to our collective success, making us proud to be part of this organisation. To help, we have set three key priorities for this year:

- We want our colleagues to feel cared about
- We want to improve safety by reducing the time patients wait
- We want to deliver our services efficiently

By 2031, we will have transformed into digitally enabled, community-focused organisations that deliver exceptional quality of care closer to home, where clinically appropriate. We will operate within our means and empower our staff to innovate and excel.

We will have transformed our services, so care is delivered in communities, hospitals focus on emergency and complex care, and digital innovation empowers both patients and staff to achieve better outcomes.

We will work effectively with primary care and our partners across integrated neighbourhood health teams to provide co-ordinated, person-centred care that keeps people healthy and independent in their communities.

Our strategic aims and objectives and the risk of achieving them

Our Risks to Achievement

Our risk and assurance framework is more fully described in the Annual Governance statement. Before, and following the delegation of most Trust Board functions to the Group Board, each Trust Board maintained a Board Assurance Framework (BAF). Following formation of the Group Board in July 2024, the separate BAFs have been maintained and any common elements identified. The BAF is reviewed at year-end and a new refreshed version approved. At this time, any strategic future potential risks to the Group are also considered which have resulted in a Group BAF.

Performance Analysis and Going Concern

After making enquiries, the Directors have a reasonable expectation that the Trust should account on a going concern basis as there is no case for it to cease the provision of services, evidenced by published documents regarding the 2026/27 Financial and Performance Plan, as well as other strategic documentation.

As an existing trading entity, the Trust is not likely to be wound up and for this reason, the Directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual. This is reaffirmed by the Trust's Statement of Financial Position as at 31 March 2026.

Walsall Together

Collaborating for happier communities

The Walsall Together partnership is responsible for improving local health and care services in Walsall. Its goal is to support people in their communities, so they do not always need to go to hospital. Walsall is one of 43 areas taking part in a national programme to improve neighbourhood health services.

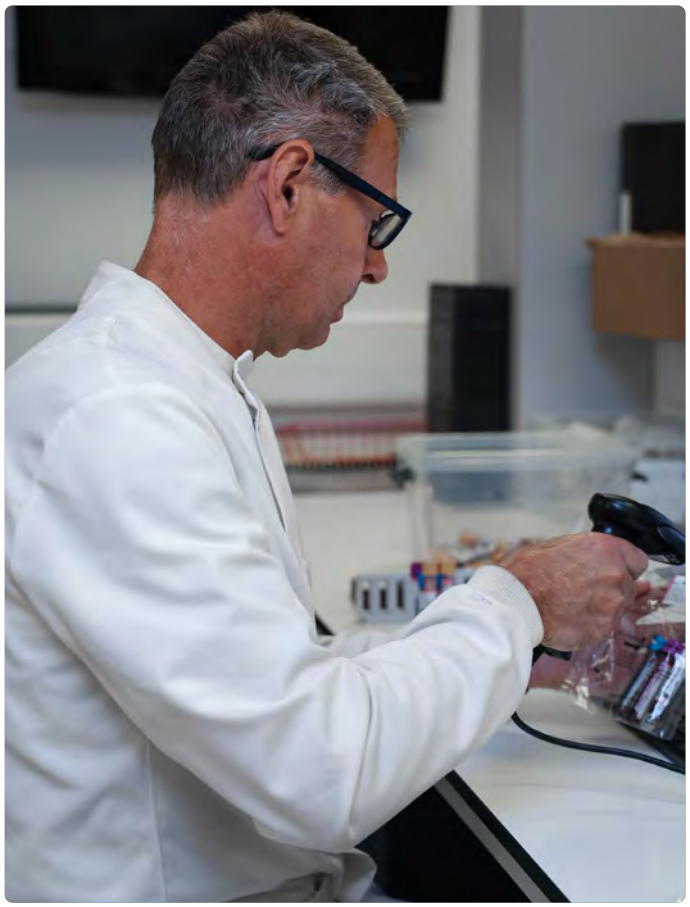
Walsall Healthcare leads this work and works with other NHS organisations, Walsall Council, housing and the voluntary, community faith and social enterprise sector. Together, they aim to support the whole person and their household. This approach is part of the 10 Year Health Plan (2025) and the Neighbourhood Health Framework (2026).

Neighbourhood Health is a big change for how public sector organisations work. Over the next three years, services will work more closely together at a local level. More care will be provided in the community, with a focus on preventing illness. Organisations will also plan services together and work closely with local health and wellbeing boards.

Organisations are expected to work together to improve overall health and wellbeing outcomes, make it easier to access GP services, and improve people's experience of planned and urgent care. They are also expected to increase satisfaction for both patients and staff. From 2026, all areas must provide a set of neighbourhood services, with further changes continuing until 2029.

In Walsall, there are seven neighbourhood teams that are already working more closely together. They are building stronger links with housing services and voluntary organisations. They are also developing ways to support groups of people with similar needs.

Work is also ongoing to improve buildings, share digital systems, listen more to local people, and improve public communication. Walsall has also been chosen as one of eight areas in the country to develop better digital systems. These will help services share information more easily and provide more joined-up care.



Key highlights 2025/26 include:

Pioneering the National Neighbourhood Health Programme

Walsall Together was one of the first 43 sites in England selected to pilot the National Neighbourhood Health Implementation Programme (NNHIP), aimed at tackling health inequalities and bringing care closer to people's homes.

Working with NHS England, the Department of Health and Social Care, local Primary Care Networks, Walsall Council, and VCFSE partners, the partnership has focused on adults with complex needs and rising frailty. The programme supports multi-disciplinary working, risk-stratification tools, and proactive interventions, forming part of Walsall Together's wider neighbourhood approach to shift care from hospitals into the community.

Feel Good Friday Clinic

The partnership, in collaboration with the North Neighbourhood Team, introduced Feel Good Friday clinics to help older residents stay well and maintain independence. Based at The Stan Ball Centre, a trusted community hub, the clinics bring together health, social care, and wellbeing support in a single, accessible setting.

Residents receive a same-day holistic assessment from a multi-disciplinary team and leave with a personalised care plan tailored to their needs. The hub not only provides practical support but also enables social connection and engagement, helping to reduce isolation and strengthen community ties.

A full evaluation is underway, and the model has now been scaled up to the East locality with plans to expand across all four Walsall neighbourhoods.

Live Well at Home and in Your Community

The partnership has supported the council in developing a 12-month resident and user-led pilot, led by Adult Social Care, to explore new ways of joining up services, promoting self-care, and supporting people in their homes and communities. The pilot, which started on 1 April 2026, links with East and South Neighbourhood and Locality Teams to ensure integrated delivery.

It aims to develop outcomes focused homecare services that maintain independence, improve wellbeing, and delay or prevent long-term care. The approach increases use of community resources, integrates technology and AI, invests in flexible multidisciplinary teams, empowers providers, and expands direct payments to give people more control over their care.

Key features include named social workers, personalised support plans, alignment to the Walsall Wellbeing outcomes framework, and social prescribers linking clients to NHS, social care, and voluntary support. Expected benefits include greater independence, fewer hospital admissions, stronger community connections, and improved workforce satisfaction and retention.

Intermediate Care Service

The Intermediate Care Service (ICS) carried out a system-wide review to address rising demand, workforce constraints, and discharge delays. Referrals to the service increased 65% in 2024/25, placing sustained pressure on home and bed-based care pathways.

The review mapped workforce capacity against demand, identifying a shortfall of 23 whole-time equivalent staff and informing a strategic decision to prioritise targeted workforce investment. Recruitment in now in progress.

The impact has been significant with early therapy within 72 hours of discharge reducing Pathway 1 length of stay by an average of seven days, faster recovery, improved independence, fewer ongoing care calls and significant financial savings.

Recurrent staffing investment will ensure long-term sustainability, enabling expansion of early intervention and development of a dedicated bedded rehabilitation unit.

Bedded Rehabilitation Unit Pilot

The partnership has been piloting a bed-based rehabilitation and reablement service supporting people to regain independence and return home following illness, injury or hospital stay.

The model brings therapists and care staff together as one team, embedding rehabilitation into everyday care. Residents practise meaningful daily activities such as mobility, preparing drinks and rebuilding routines to support recovery and confidence.

People receive on-site multidisciplinary therapy, with assessments within 72 hours of admission and therapy available up to five days per week. Rehabilitation continues beyond scheduled sessions, with trained care staff supporting therapy plans 24/7. Dedicated spaces, including a gym area and kitchen skills facilities, enable practice of everyday tasks.

Early results are encouraging, with faster progress and improved confidence to return home, helping shape Walsall's future approach to intermediate care.

Putting Children First – Giving Every Child the Best Start in Life

The partnership is supporting the development and delivery of the Best Start in Life programme, helping children from pregnancy to 19 to thrive and start school ready to learn. Building on the foundations of the Family Hubs model, this approach strengthens joined-up support for families through local, accessible services. The programme aims to raise the Good Level of Development (GLD) for five-year-olds from 63% to 72% by 2027/28, with a focus on reducing inequalities for children with SEND and those eligible for free school meals.

Strategic leaders have been working together to explore how they can collectively 'turn the curve' on early childhood outcomes by developing a shared vision and Multi-Agency Plan, shaping actions that address real challenges and opportunities.

Family Hubs (2022–2026) have provided a strong foundation across four localities (three with clinic space), resulting in:

- Improved EYFS communication scores year-on-year
- SALT waiting times reduced from 12 to 4 months
- Targeted, risk-based reviews improving school readiness
- Fewer CAMHS referrals for 1 to 4-year-olds

Citizen Voice

A partnership-wide Citizen Voice group has been established to co-ordinate insight from residents and communities on neighbourhood health and Neighbourhood Teams (NTs), with representation from across the partnership.

A Citizen Voice Lead has been appointed to drive the development and delivery of a targeted approach, ensuring meaningful engagement with marginalised and seldom-heard communities and supporting action to address health inequalities.

National Creative Health Programme

Walsall has been selected as one of six systems in England to join the first cohort of the Creative Health Leads Programme, led by the National Centre for Creative Health and funded by Arts Council England and The Baring Foundation.

Walsall Together, including partners from Black Country Healthcare NHS Foundation Trust and Walsall Council's Public Health Team, will work alongside the Walsall Cultural Compact, to lead the programme locally.

The initiative will support the integration of creative and cultural approaches into Walsall's health and care system, helping to strengthen prevention, improve wellbeing and support neighbourhood health models.

A dedicated Creative Health Lead will help build stronger partnerships between the NHS, local authority, voluntary and community organisations, and the cultural sector. The programme will also build on existing work across the borough that uses creativity, arts and culture to improve wellbeing, reduce health inequalities and strengthen community connections.

Women's Health

Walsall Together has supported a programme exploring what matters most to women's health and wellbeing across the borough. More than 300 women shared their experiences and priorities through a listening exercise, shaping practical solutions beyond clinical care.

The programme is now in a collaborative design phase, developing sustainable solutions including drop-in sessions, expert Q&As, self-help workshops, peer support, multi-format health information, and improved access to essential items.

Creative approaches, such as a theatre production and videos, bring training and awareness to life, ensuring women's voices shape services and promote health and wellbeing across Walsall.

A Fond Farewell and A Warm Welcome

After four years as Independent Chair of Walsall Together, Professor Patrick Vernon MBE stepped down on 31 March 2026. He is succeeded by Greg Bloom, Managing Partner at Umbrella Medical and a member of the Board since its establishment.

During his tenure, Patrick played an important role in strengthening the partnership, advancing neighbourhood health initiatives and championing action to tackle health inequalities. Under his leadership, Walsall Together achieved significant milestones, gained national recognition and strengthened collaboration across health, local authority, housing and voluntary sector partners.

Greg brings extensive experience in primary care and a strong understanding of the partnership. As Chair, he will continue to support the delivery of Walsall Together's strategy, focusing on closer community-based care, integrated neighbourhood teams and improved outcomes for residents.

The Board expressed its thanks to Patrick for his leadership and welcomed Greg as he takes on the role to lead the partnership into its next chapter.

CRN West Midlands/West Midlands RRDN

Regional Research Delivery Network overview

Since becoming the West Midlands Regional Research Delivery Network (WM RRDN) in October 2024, teams throughout the region have been working with stakeholders and Delivery Organisations to contribute to and implement new working arrangements across all RDN functions.

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 RDN 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.

During 2025/26, the Network continued work on transitioning to the new arrangements, with representation on national Delivery Groups and Management of Change for staff.

In August, more than £1M of NIHR strategic funding was allocated by the Network, covering a wide range of specialties and settings including mental health, midwifery and primary care.

Research activity - The number of clinical trials and research studies that took place was down by 151 year on year.

Research teams based at health and care organisations in the West Midlands enrolled 54,967 participants to 887 NIHR-funded and supported clinical research trials, down from 80,498 the previous year. These figures reflect downward trends across all regions, back to pre-pandemic levels.

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

Agile Research Delivery Team

Our Agile Research Delivery Team is a group of dedicated staff based in the WM RRDN. This is consistent with the 11 other RRDNs across England.

They are skilled, multi-disciplinary staff who can work flexibly across a variety of different locations to support research delivery in health and social care.

Our regional teams can support studies at various stages as needed, across all specialties and settings. Examples include:

- Supporting the set-up of research
- Helping with screening, consent and the recruitment of participants
- Delivering participant facing activities such as baseline and follow up visits
- Data management
- Supporting Delivery Organisations' Pharmacy teams in delivering research involving medicines
- Supporting Delivery Organisations R&D teams with the set-up and governance processes required before research can start
- Further engaging with general practices, care homes, schools, hospices, prisons, dentists and learning disability services so more of the West Midlands population can access research opportunities relating to these settings

Wider Care Settings Team - this team of Research Facilitators supports 150 care homes, 155 schools, and 90 dental practices across the West Midlands in accessing and collaborating on research.

In addition, the team has supported a Local Authority research study, 12 Schools studies, 20 Care Home studies, three Hospice studies, and three Dental Practice studies.

The team has also presented several webinars to promote its work and developed several resources to support engagement across wider care settings.

Communications

- A new Communications Officer was recruited, starting in post in April 2025
- Public and Partner engagement events - the team attended Walsall Pride, Birmingham Pride, and Birmingham Mela 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
- A number of news stories (seven) and case studies (six) were published on the RDN website with coverage achieved in local media
- Working groups - between them the Communications Team contributed to the following groups:
    - Social Media
    - Staff Engagement &and Communications
    - Internal Communications - including input into the creation of a new NIHR intranet called The Bridge
    - Content Management

Research Engagement and Inclusion

- The Participant in Research Experience Survey (PRES), which provides those taking part in research the opportunity to give feedback on their experience, has continued to be delivered. In October 2025 a new digital platform for PRES was introduced. The number of responses received, as of 20 March, was 1,709, exceeding the target of 1,533
- There are now 23 Public Partners, eight adults and 15 children and young people, who are involved in the work of the Network. Activities have included reviewing Strategic Funding Bids, sitting on national groups e.g. PRES Advisory Group and local groups e.g. WM RRDN Stakeholder Group and Contractor Internal Governance Group
- The Research Ready Communities Programme is being delivered with two Community Organisations, Dream Chaser (Birmingham) and Dostia Wolverhampton). Community Champions have been identified in each organisation, trained, and are now starting to identify actions to help raise the profile of research and research opportunities. Some of these actions include visiting local faith establishments, Gudwaras and Mosques, to promote research opportunities and NIHR research registries

Employee Engagement Committee (EEC)

Across the past year, Cohort Two focused on strengthening staff voice, clarifying organisational processes, and developing the role of EEC members as trusted advocates. The group explored how to maintain psychological safety while addressing issues such as civility, reduced engagement, and barriers created by the transition. Several meetings highlighted the need to challenge inappropriate behaviours and reinforce expectations through the Staff Handbook and Behaviour Framework, with updates under consideration.

Wellbeing and culture remained central themes. The group agreed to refresh the wellbeing time framework, continued to monitor resilience needs, and discussed flexibility within roles. Cultural commitments work progressed, including psychological safety, behaviour workshops, and national initiatives such as Connected Cuppas and Lunch and Learns.

Planning for a potential all staff event was initiated, with an emphasis on staff led agenda setting.

Hosted Services

Due to WM RRDN's pioneering work by its Recruitment Optimisation Support Team (ROST), following a competitive process, it now provides the national service. This national service is called Primary care Research Informatics & Digital Environment Solutions (PRIDES), which offers researchers and GP practices support and advice on how best to use digital solutions to deliver studies in primary care settings. It works closely with key stakeholders to support the development of research solutions and tools for use in GP Practices.

WM RRDN has a skilled and experienced team providing the R&D function to wider care settings such as primary care and social care. As part of our vision to work closely across all NIHR infrastructure in the West Midlands, we have put a Service Level Agreement in place to provide this service for the NIHR Commercial Research Delivery Centre

Industry

The Industry Team has been instrumental in driving the NIHR Joint Acceleration Programme, a strategic initiative aligned with the government's mandate to reduce clinical study setup durations to fewer than 150 days.

Regional business development remained a priority, as we collaborated with a number of Delivery Organisations to identify opportunities for growth in their portfolios and established targeted links with commercial sponsors to address these gaps. Notably, our partnership with Roche has flourished through a shared commitment to research diversity. By championing the West Midlands' exceptionally diverse demographic profile, we have ensured the region remains a focal point for inclusive research design and equitable patient recruitment.

Study Support Service (SSS)

1. Identification Research Location app - All West Midlands Trusts are actively using the app to attract commercial research and have up to date profiles.
2. 150-Day Metric/Acceleration Plan: with RDN support, six of 11 studies met the metric, with an average time of 101 days. We collaborate closely with CRDC C&NWM and submitted impact studies (e.g., CLARITY, SERENITY) to the national team.
3. National Working Groups: We support eight national working groups:
    - Portfolio Eligibility
    - Terms and Conditions
    - Data Entry
    - NIHR Joint Acceleration programme
    - External Relations (Stakeholder Engagement and Delivery Group)
    - Study Support Services and Specialist Commercial Services Delivery Group (Co-Lead for Access to Expertise)
    - Study Set-up and Delivery Sub-group
4. National Feedback Survey: 26 responses received since July 25; 23 scored 5/5 and 3 scored 4/5. Comments highly praised the team's expertise and effectiveness.

Workforce, OD and Wellbeing

A Workforce and People Delivery Group has been formed to deliver on the organisational strategy, consisting of a Functional Leadership Team and Workforce and People Managers across all regions. The West Midlands is represented in the following sub groups; Organisational Development and Workforce and Structure.

Alongside the national RDN culture programme, the West Midlands identified several region specific priorities to strengthen transparency, identity and reflective practice. A key focus is improving understanding and consistent use of core organisational frameworks, including the Staff Handbook, Behavioural Framework and reflection models.

Improving communication and visibility emerged as a significant theme. Staff feedback highlighted limited awareness within Trusts of the wider team's work since the transition to the RDN. Internally, a Communications working group was set up to review all communication channels to streamline information flow and ensure staff feel better informed.

Black Country Pathology Services

Hailed as 'World-Class' following a record-breaking 2025/26 Year of Innovation

Black Country Pathology Services (BCPS) are celebrating a landmark 2025/26 year, proving that cutting-edge innovation and operational brilliance can radically transform NHS diagnostics. Processing 60 million tests annually for 1.34 million patients across Wolverhampton, Walsall, Dudley, and Sandwell and West Birmingham, BCPS is actively setting the national gold standard.

Officially recognised as one of only three fully thriving pathology networks in the country, BCPS recently earned explicit praise from NHS England. During his visit, Lord Carter commended the network as a truly "world-class service," highlighting its relentless aptitude for consistently pursuing clinical innovation to raise the bar on patient care.

BCPS adopted an all-out attitude this year to completely revolutionise how manual disciplines operate. This year's standout achievements highlight a diagnostic service firing on all cylinders:

- **Histology Modernisation and Digital Revolution:** BCPS invested circa £2 million in modernising Histology with state-of-the-art automated platforms. This is a real first for Histology, designed to drive considerable time out of manual processes. Alongside this, the aggressive rollout of high-throughput digital scanning allows Pathologists to instantly share complex cases across the network, enabling rapid remote reporting and faster diagnoses
- **Unprecedented referral service growth:** The specialist referral service, operating out of the Sandwell Laboratories, continues to show phenomenal growth on top of growth in both income and innovation. Cementing its reputation for excellence, BCPS now boasts a diverse and expanding roster of clients spanning from healthcare providers in Ireland to professional football clubs and large government agencies
- **Pioneering AI and Digital-First IT:** Driving a complete transition to a single Laboratory Information Management System (LIMS), BCPS is aggressively pushing towards a 95% target for electronic Pathology requesting. The network is also validating artificial intelligence for clinical use, supporting Rapid AI for stroke diagnostics and joining groundbreaking clinical trials for AI-assisted prostate cancer prognosis
- **The UK's best Cervical Screening turnaround:** BCPS achieved an outstanding 98% national standard for 14-day turnaround times, standing proud as the only cytology laboratory in the country consistently hitting this vital metric for Primary HPV testing
- **Award-Winning Sustainable Healthcare:** Highly commended by the Royal College of Pathologists, the implementation of the Indexor tracking system eliminated single-use plastic bags for 15,000 daily samples. This prevented 27.9 tonnes of plastic from entering clinical waste streams, saving £50,000 annually
- **Unmatched financial efficiency:** In addition to the £60 million in savings primed by the initial hub consolidation over a decade, BCPS has been consistently delivering its Cost Improvement Programme (CIP) targets every single year. Needless to say, the network successfully delivered its £3.3 million CIP target for 25/26, proving its capacity for rigorous financial stewardship

BCPS continues to serve as a working blueprint for the future of British Pathology, delivering faster, safer, and greener care.

Black Country Provider Collaborative

The four partners of the Black Country Provider Collaborative have continued to work positively together during 2025/26 on the agreed range of priorities best pursued at scale once.

Supported by a small central team and complemented by many Executive and clinical leaders from across the system, several programmes of work were agreed for progression with a summary of the positive progress made as follows:

1. **Clinical Improvement Programme**

   Driven by our clinical leads through 14 Clinical Networks, the focus of their work has been to improve the quality of care, by 'levelling up' service standards consistently across all four partners.

   There has been a focus on meeting and exceeding best practice standards such as (Getting it Right First Time) GiRFT, in addition to developing guidelines, patient care pathways, service protocols, and standard operating procedures.

   Examples include the implementation of the FIT pathway and development of early rectal cancer management within the colorectal network, in parallel to many guidelines and pathways being developed in Critical Care, Dermatology, Gynaecology and Ophthalmology clinical networks.

2. **Clinical Service Transformation Programme**

   A parallel programme of work has centred on making best use of our resources (financial, workforce, materials and estate) to develop and establish new models of care which deliver 'better, faster and safer' care to our local population.

   We have made positive strides in establishing a Black Country Elective Hub at Sandwell Health Campus, a new system-wide breast reconstruction service at Dudley, the development of a dual site gynae-oncology service at Wolverhampton and Sandwell and West Birmingham NHS Trusts, and the continued pursuit of urology cancer care transformation across the Black Country.

   The impact of these service changes should see patients access care in a timelier manner, with significant improvements in both health outcomes and patient experience over the next few years.

3. **Corporate Service Transformation Programme**

   Steady progress has been made across three phases of a corporate service transformation programme which seeks to maximise working at scale through the key benefits of productivity, improvement, resilience and efficiency.

   An early phase of work has seen the streamlining of some corporate functions at a Group level, consistent with meeting key national targets. Work has also centred on a small range of sub-functional areas to determine an optimal model for service delivery at scale. These have included Collaborative Bank, Occupational Health Services, Recruitment, and Research and Development, with proposed options being reviewed imminently for subsequent progression.

   And finally, the programme has explored with an external partner further opportunities to achieve benefits at scale with a focus in DDaT, Finance, Estates and Facilities, People Services, and Procurement which will be progressed in 2026/27.

Looking ahead and recognising an emerging operating model across a new NHS, the BCPC will continue to work on behalf of its partners, providing key leadership in driving delivery of agreed system-wide priorities best pursued at scale, which support our goal of working as 'one hospital across multiple sites providing better, faster, and safer care to our local population and beyond.'

Key Risks and Issues Relating to Activity

The impact of the Covid-19 pandemic is still evident from the size of our waiting list of patients awaiting routine treatment. Whilst the waiting list has reduced since last year, it remains higher than it was before the pandemic and the Trust remains focused on reducing this to 'normal' levels across the next few years. Our focus is on increasing the proportion of patients being treated within 18 weeks of referral with a plan for 92% of patients to be seen within this timeframe by March 2029.

Emergency activity remained at high levels throughout the year which places pressure on our bed base – one of our key ambitions is to improve the provision of community services to avoid so many of these patients being admitted.

Performance Analysis

Despite demand remaining high, our performance against the 4 hour, Urgent and Emergency care standard remains comparatively good. We remain committed to reducing ambulance handover times further, particularly those over 45 minutes.

The percentage of patients receiving treatment within 62 days is in line with the country as a whole, albeit falling short of the national year-end target of 75%. Our performance for the 28-day faster diagnosis standard remains above the national target.

The percentage of patients being treated within 18 weeks is amongst the best in the country and we have eradicated waits over 52 weeks. Despite this, our waiting list still remains higher than it was before the pandemic. Our efforts into 2026/27 are focused on reducing the waiting list further and improving the timeliness of treatment further.

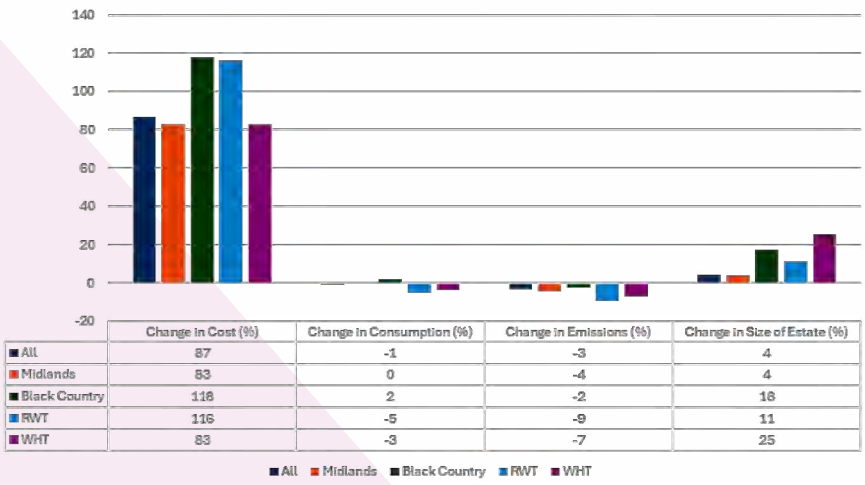
Sustainability/Greener NHS

Walsall Healthcare NHS Trust continues to make progress in reducing its environmental impact while delivering safe and high-quality care for the communities it serves. Sustainability is embedded within the Trust's strategic priorities, aligned with the NHS commitment to reach net zero for Scopes 1 and 2 by 2040, and Scope 3 by 2045. The Green Plan (2026/30) sets a clear direction for lowering emissions, improving resource efficiency, and transforming clinical and operational services.

In the 2019/20 baseline year, the Trust's carbon footprint totalled 51,264 tCO_2e across Scopes 1, 2, and 3. By 2024/25, Scope 1 and 2 emissions increased by 1.93%, largely driven by higher oil consumption, which rose from 303 MWh to 1,119 MWh following a 24.9% expansion of the estate. Oil-related emissions therefore increased from 97 tCO_2e to 366 tCO_2e. Electricity-related emissions fell by 9.01% due to improved building efficiency and continued procurement of 100% renewable electricity. Scope 3 emissions increased by 13.1%, rising from 21,535 tCO_2e to 24,362 tCO_2e, driven primarily by pharmaceuticals and medical equipment.

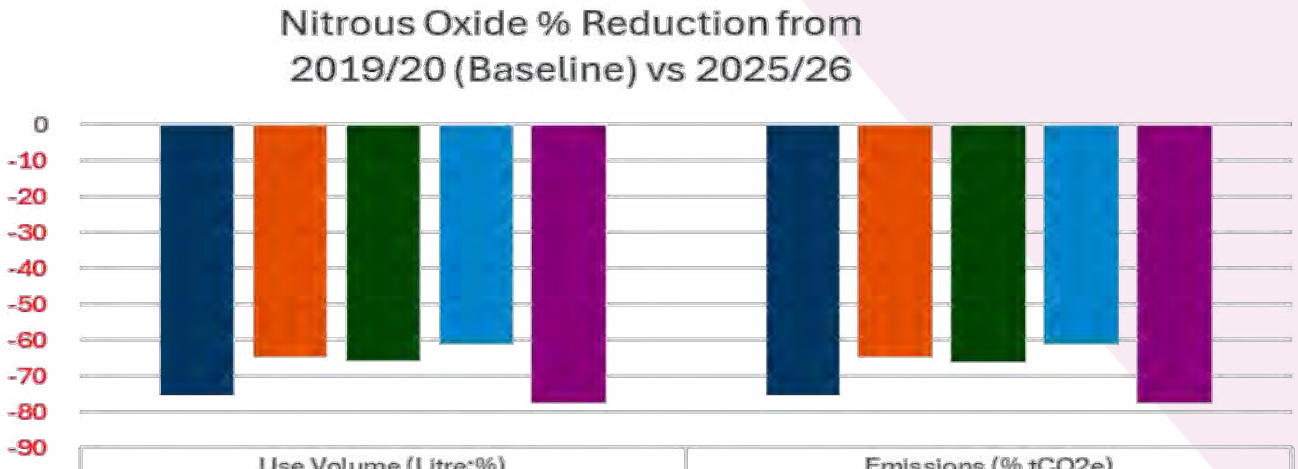
The October 2025 Sustainability Status Report showed the Trust achieved a 3.4% reduction in energy consumption and a 6.7% reduction in energy-related emissions compared with the 2019/20 baseline, despite a 25.4% increase in estate size. These reductions outperform national aggregate values, which recorded a 0.7% reduction in consumption and 3.0% reduction in emissions. Energy costs increased by 83%, broadly consistent with national trends.

Energy Cost, Consumption, Emissions % Changes from Baseline 2019/20 vs Current Year 2024-25



	Change in Cost (%)	Change in Consumption (%)	Change in Emissions (%)	Change in Size of Estate (%)
All	87	-1	-3	4
Midlands	83	0	-4	4
Black Country	118	2	-2	18
RWT	116	-5	-9	11
WHT	83	-3	-7	25

Clinical services have delivered significant emissions reductions. Desflurane use has decreased by 97%, saving an estimated 416 tCO_2e, while nitrous oxide emissions have fallen by 79%, from 688 tCO_2e to 146 tCO_2e. According to the October 2025 dashboard, entonox emissions have decreased by 41.46%, demonstrating strong performance compared with national averages. The Trust continues to strengthen monitoring and improve clinical protocols to ensure sustained reductions in high-impact medical gases.



	Use Volume (Litre;%)	Emissions (% tCO2e)
All	-75	-75
Midlands	-64	-64
Black Country	-66	-66
RWT	-61	-61
WHT	-78	-78

Pharmaceuticals remain the Trust's largest Scope 3 emissions source. Between 2023/24 and 2024/25, emissions from pharmaceuticals rose from 15,424 tCO_2e to 18,085 tCO_2e, while emissions from medical equipment increased from 2,792 tCO_2e to 3,210 tCO_2e. Food and drink emissions fell from 1,739 tCO_2e to 1,421 tCO_2e, reflecting early gains from sustainable menu planning, local sourcing, and food waste reduction initiatives. The Trust is embedding sustainability requirements into procurement and expanding medicines optimisation programmes.

Digital transformation is a key enabler of sustainability progress. The Trust is embedding sustainability into digital procurement, IT infrastructure, and device lifecycle management. Objectives include achieving a 25% reduction in the carbon footprint of IT hardware by 2030 and reducing patient travel emissions through expanded virtual consultations, digital triage pathways, and remote monitoring services.

The Trust's first Sustainable Travel Plan will be published in 2026/27, supporting a modal shift towards active travel and public transport, and accelerating the transition to zero-emission vehicles. All new fleet vehicles procured from April 2026 will be zero-emission, contributing to the Trust's target of reducing fleet-related emissions by 50% by 2028. Digital tools such as Kora and KINTO Join will provide real-time monitoring and incentivise staff to make lower carbon travel choices.

Waste and resource efficiency remain central priorities. The Trust diverted 98.17% of domestic waste from landfill in 2024/25 and is modernising its waste compound to meet national regulatory standards. Food waste segregation has been implemented Trust wide, contributing to a reduction in food-related emissions from 1,605 tCO_2e in 2023/24 to 1,421 tCO_2e in 2024/25. Expanded recycling schemes, increased reuse of clinical equipment, and reductions in single-use plastics are supporting wider resource efficiency goals.

Looking ahead to 2026/27, the Trust will prioritise completing its Heat Decarbonisation Plan, strengthening the Estates Strategy, fully eliminating desflurane usage, implementing Net Zero Clinical Pathways, publishing the Sustainable Travel Plan, improving clinical waste segregation, and embedding sustainability within all procurement processes. These actions will support continued reductions in carbon emissions and enhance long-term organisational resilience.

Patient Experience, Engagement. Complaints, Compliments and Volunteering

The Patient Experience and Relations function sits at the heart of the Trust's Patient Voice portfolio. It brings together a range of services that ensure the experiences, feedback, and voices of patients, families, and carers inform quality, safety, and improvement across the organisation. The portfolio comprises the following interconnected teams:

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

Together, these teams support the Trust to listen, respond, learn, and improve, ensuring that patient and carer voice is embedded in both day to day practice and longer term service development. Through structured feedback, lived experience insight, and compassionate support, the portfolio enables patients, families, and carers to share what matters most to them and to influence the care they receive. Through this portfolio, the Trust demonstrates its commitment to placing patient voice at the centre of care, ensuring experiences are not only heard, but translated into meaningful learning and improvement.

Patient recommendation to friends and family

- During 2025/26, Friends and Family Test (FFT) results remained strong across most touchpoints, with several areas showing modest improvement compared to 2024/25, as illustrated in the below charts
- Inpatient and Outpatient services demonstrated gradual improvement over the year, while Community continued to achieve consistently high recommendation scores, despite a small reduction towards the end of the reporting period
- Emergency Department FFT scores remained variable, though Quarter 4 performance showed improvement when compared to earlier in the year
- FFT results across Maternity Services showed greater variation, with some services performing well and others experiencing a decline compared to the previous year
- When benchmarked against national averages, the Trust performed strongly in Community and ED services

Performance across all touchpoints compared favourably with the Black Country ICB, where the Trust exceeded local averages in all reported areas.

Table – Friend and Family Recommendations

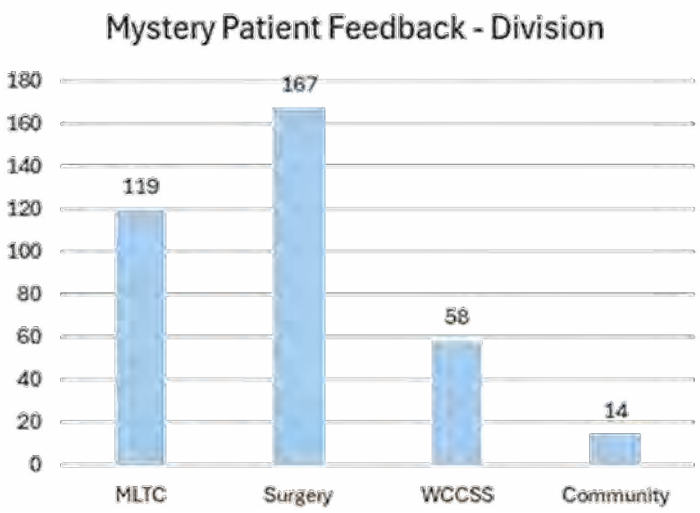
Friends and Family	Inpatients				Outpatients				ED				Community			
Test	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
2025-26	89	89	90	92	93	92	93	94	81	79	78	83	99	99	98	97
Difference	1	0	2	3	1	0	1	1	0	-6	0	2	0	0	-1	-2
2024-25	88	89	88	89	92	92	92	93	81	85	78	81	99	99	99	99
Response Rate	22.2	19.2	17.4	17.2	15.7	12.9	11.6	10.8	13.1	12.4	12.9	14.9	8.3	4.8	4.6	3.8

Friends and Family	Antenatal				Birth				Postnatal Ward				Postnatal Community			
Test	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
2025-26	83	87	89	94	94	94	90	90	95	91	87	91	97	93	97	86
Difference	-2	-2	-4	-1	-4	5	0	1	6	3	-3	-3	5	-1	6	-4
2024-25	85	89	93	95	98	89	90	89	89	88	90	94	92	94	91	90
Response Rate	8.6	12.0	11.5	7.2	23.7	22.1	26.8	20.8	30.9	30.5	33.5	18.7	13.1	15.0	12.5	5.0

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

Mystery Patient Feedback

The Mystery Patient programme provides an independent assessment of patient experience across five key touchpoints: Inpatient, Outpatient, Emergency Department, Maternity and Community. Feedback was gathered across multiple divisions, with the greatest volume of Mystery Patient activity taking place within Surgery and MLTC, and the highest representation across Inpatient and Outpatient, as illustrated in the tables below. These also summarise the findings for each Mystery Patient touchpoint, supporting triangulation with other sources of patient experience feedback.



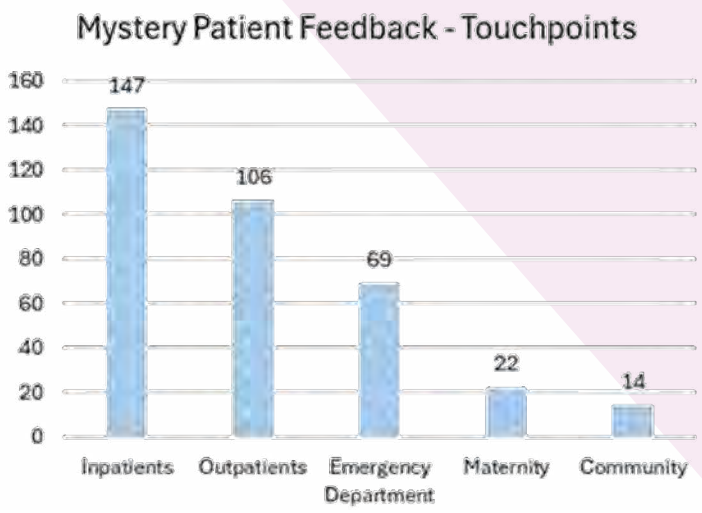


Table – Mystery Patient Summary by touchpoint

Inpatients	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Inclusion in care conversations	8.6	9.4	8.6	9.2	8.6	9.6	9.1	7.5	7.9	8.9
Information about medicines on discharge	3.6	6.1	5.5	6.4	5.8	7.5	5.6	5.6	5.6	6.2
Pain control and management	5.9	9.0	6.8	8.8	8.3	9.6	8.9	8.3	8.3	8.3
Ward cleanliness	8.0	8.2	7.0	8.5	7.9	8.8	9.3	6.5	8.6	8.2
Ward comfort	6.8	8.2	6.6	8.1	7.8	8.6	7.7	5.8	8.6	7.4
Confidence and trust in staff	7.3	8.9	6.4	9.2	7.8	9.4	8.2	5.0	8.6	7.9
Kindness and compassion	7.3	8.7	6.4	9.6	8.1	9.4	7.7	5.0	7.9	8.2
Responses	11	27	11	12	18	24	11	7	7	19

Outpatients	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Staff courtesy	6.5	9.0	9.2	6.3	9.1	7.9	9.6	4.6	10.0	2.0
Environment and facilities	7.5	7.3	9.0	5.3	7.2	7.5	9.6	4.6	10.0	3.4
Finding the Outpatients Department	9.0	8.6	9.9	7.5	8.3	10.0	7.9	5.7	*	5.5
Kindness and compassion	9.0	9.6	9.6	7.5	10.0	8.3	10.0	5.0	*	2.9
Confidence and trust in staff	8.0	9.2	9.6	7.5	10.0	8.3	10.0	5.0	10.0	2.9
Clarity of appointment information	9.0	10.0	9.3	8.3	8.0	7.5	8.6	5.0	*	3.1
Information about clinic delays	7.0	7.7	8.7	6.4	5.0	8.3	6.0	4.3	*	1.7
	7.5	8.2	9.7	7.1	7.1	7.5	8.6	4.3	*	2.0
Responses	5	12	36	8	8	6	7	8	1	15

Emergency Department	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Information about waiting time	4.0	8.0	6.7	6.7	1.4	6.7	5.0	0.0	1.4	5.0
Support for communication needs	3.8	8.8	10.0	7.5	5.0	6.7	6.7	7.5	10.0	*
Pain control and management	0.0	9.0	10.0	8.1	5.0	9.2	6.7	1.3	3.3	5.0
Addressing anxieties and concerns	5.0	8.0	6.3	8.8	3.8	6.9	5.0	1.0	5.0	5.0
Confidence and trust in staff	6.0	9.3	10.0	9.0	5.7	6.7	6.9	5.0	7.9	6.3
Staff communication and inclusion	9.0	6.4	10.0	6.5	7.9	7.8	8.8	7.9	10.0	10.0
Kindness and compassion	7.0	10.0	7.5	8.0	5.7	8.3	6.3	4.3	7.9	6.3
Responses	5	7	4	10	7	10	8.0	7	7	4

Maternity	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Support from midwifery team	*	10.0	9.0	6.7	8.3	8.3	0.0	5.0	*	10.0
Confidence and trust in staff	*	10.0	9.0	5.0	8.8	8.3	0.0	5.0	5.0	5.0
Time to ask questions	*	10.0	8.0	6.7	8.8	8.3	0.0	5.0	7.5	5.0
Being listened to by midwives	*	10.0	9.0	6.7	10.0	8.3	0.0	5.0	5.0	5.0
Clear and understandable communication	*	10.0	9.0	6.7	10.0	8.3	0.0	5.0	10.0	10.0
Staff awareness of medical history	*	10.0	9.0	5.0	8.8	10.0	5.0	5.0	7.5	5.0
Information about pregnancy warning signs	*	*	9.0	6.7	6.7	6.7	*	5.0	2.5	10.0
Not being left alone when worried	*	*	10.0	*	10.0	5.0	*	*	*	10.0
Partner or companion involvement	*	*	10.0	*	10.0	10.0	*	*	*	0.0
Access to staff during labour and birth	*	*	5.0	*	10.0	7.5	*	*	*	5.0
Opportunity to discuss labour and birth	*	*	5.0	*	7.5	10.0	*	*	*	0.0
Kindness and compassion	*	*	9.0	6.7	10.0	6.7	5.0	7.5	5.0	5.0
Responses	0	1	5	3	4.0	3.0	1	2	2	1.0

Community	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Involvement in care decisions	*	*	10.0	10.0	*	10.0	0.0	*	5.0	0.0
Understanding of care plan or goals	*	*	10.0	10.0	*	10.0	0.0	*	5.0	2.5
Understanding of treatment purpose	*	*	10.0	10.0	*	10.0	0.0	*	5.0	*
Understanding of prescribed medication	*	*	10.0	10.0	*	10.0	0.0	*	*	*
Respect for home or living space	*	*	10.0	10.0	*	10.0	*	0.0	*	*
Involvement of family or carers	*	*	10.0	10.0	*	10.0	0.0	*	5.0	5.0
Kindness and compassion	*	*	10.0	10.0	*	10.0	5.0	0.0	0.0	0.0
Responses	0	0	1	1	0	5	1	1	2.0	3

Complaints and Concerns

During 2025/2026 a total of 3749 contacts were received by the Patient Relations Team which included a total of 719 written complaints. Of these written complaints, 199 were downgraded to an informal concern. In addition, 10 informal to formal complaints and five MP letters were received (an increase of 217 contacts overall for the year compared to 2024/25) and an average of 14.7 contacts per working day (including compliments). While there has been a decrease in activity, this has been impacted by a significant decrease in compliments.

Table 1: Complaints and Concerns activity

Contact type	2022/23	2023/24	2023/24	2024/25
Complaint requiring a written response	368	434	343	520
Concern escalated to a complaint	6	17	6	10
Concerns and queries	2374	2423	2373	2310
Compliments	64	89	118	199
Care opinion	376	725	1051	694
MP Letter	331	32	48	11
Total	**3532**	**3726**	**3943**	**3749**

1.1 Complaint response timeframes

The Patient Relations Team continues to adopt a proactive early intervention approach working with complainants to achieve local resolution on concerns. These cases are resolved negating the need to escalate to operational teams, whether this be for formal or informal complaints.

The average response rate with an agreed timeframe during 2025/26 was 67%. This is a 15% decrease in comparison to 2024/25 (82%). The increase in volume and amended Quality Assurance process are noted as contributory factors to this decline.

Chart 1: Complaint Timeframe Compliance

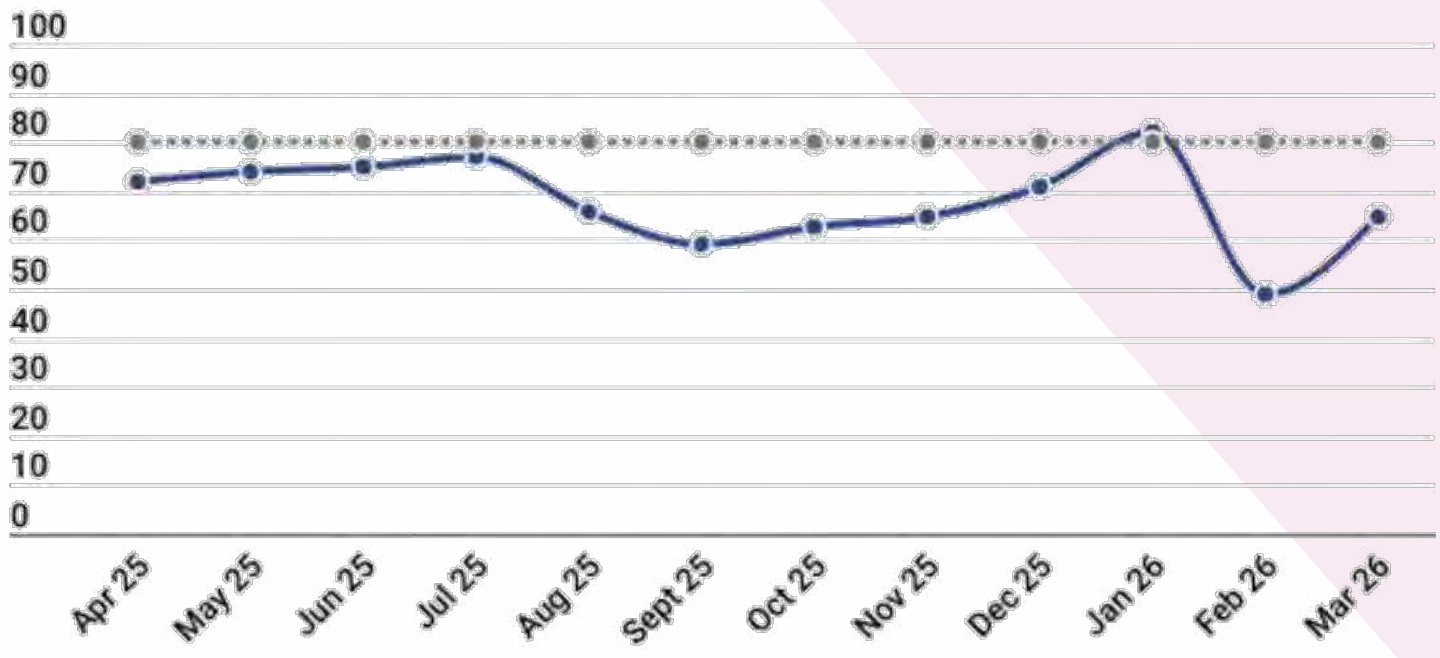


Chart 1: Complaint Timeframe Compliance

3.4 Trend Analysis

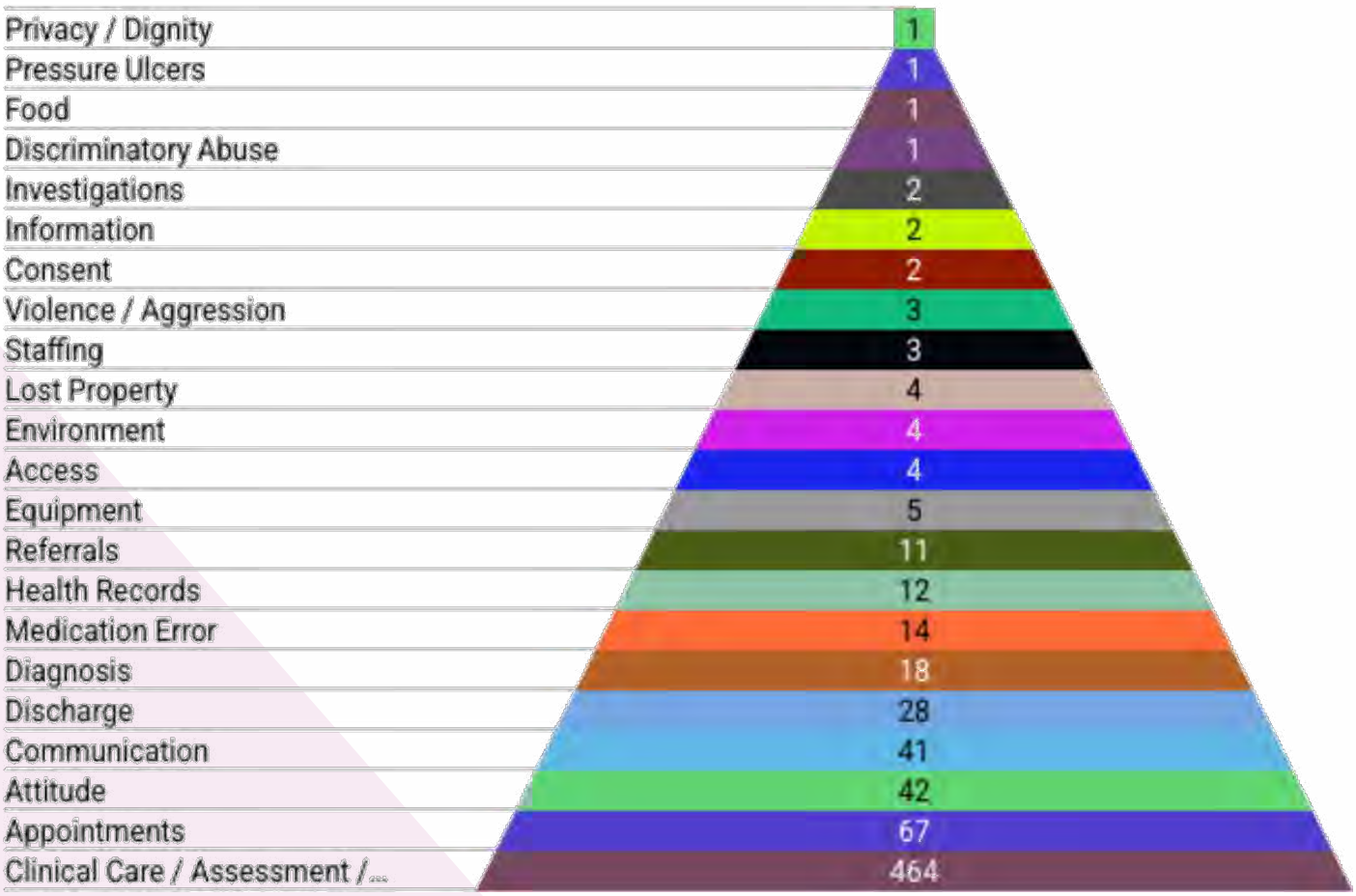
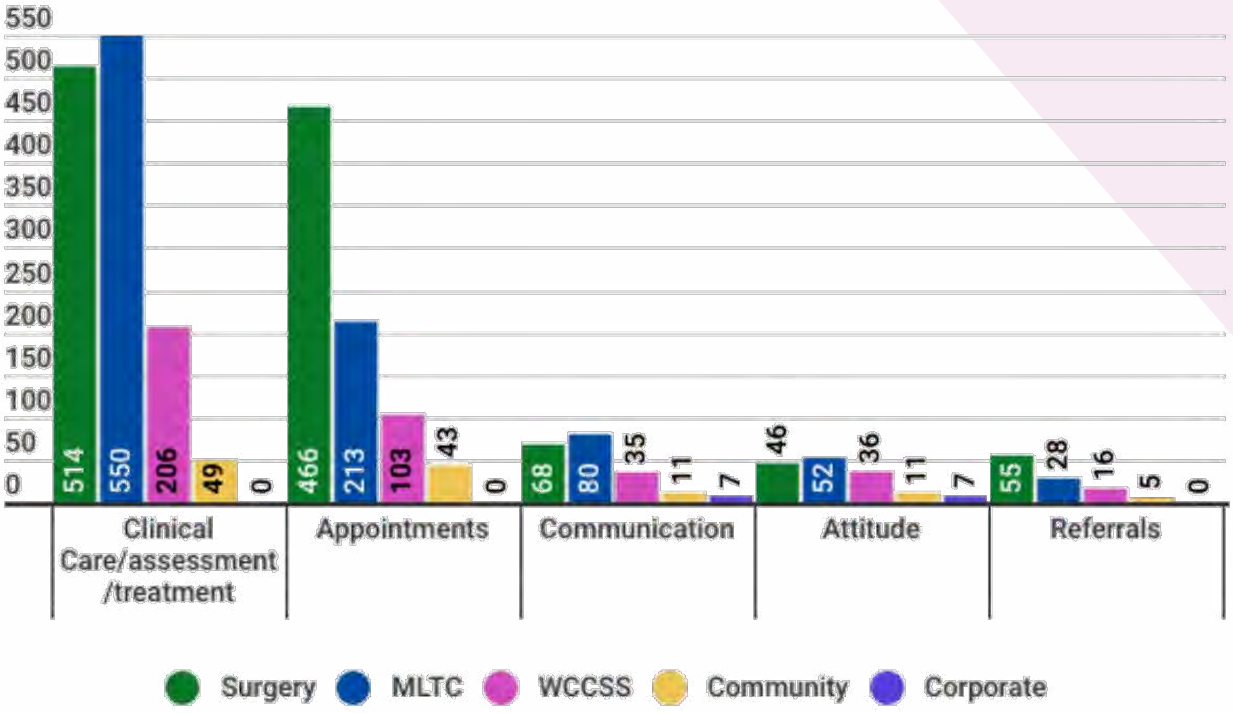


Chart 2. Formal Complaint Trends

There is little variation between the key themes of complaints year on year. Clinical care and assessment is the dominant theme, followed by appointments and attitude.

During 2025/26, there were 535 complaints (including formal complaints, concerns escalated to a complaint and MP letters) which required a written response, which is an increase of 51.5% in comparison to the previous financial year (353).

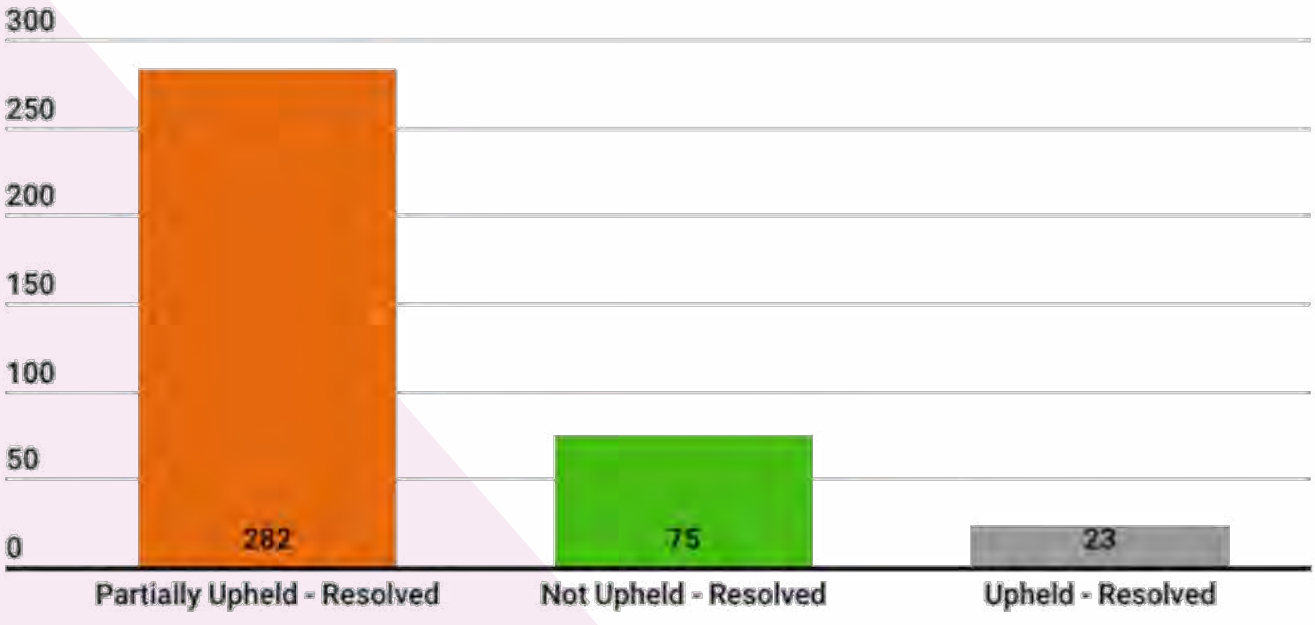
When combined with concerns:



1.2 Complaint Outcomes

During the year 2025/26, from 380 cases which were closed, the Trust determined that 20% of cases were not upheld, (an increase of 2%), 74% were partially upheld (a decrease of 2%), and 6% were upheld (an increase of 1%). One complaint was withdrawn within this period.

As with the previous year, the Trust's performance measured for complaint outcomes for cases upheld was significantly lower than the national average of 25% (as recorded by NHS Digital [1] for 2024/25).



The highest number of contacts for MLTC was categorised as Clinical Care / Assessment / Treatment with 466 contacts received. From these 466 contacts there were 266 relating to Treatment / Care / Supervision – Inadequate followed by Treatment – Advice / Issues (143). Overall, the Emergency Department received the most contacts (148) in relation to this category.

The highest number of contacts for Community was categorised as Clinical Care / Assessment / Treatment with 49 contacts received. Twenty six of these related specifically to Treatment / Care / Supervision – Inadequate. Overall, District Nursing (East) and Physiotherapy received the greatest volume of contacts in relation to this category with six contacts received respectively.

The highest number of contacts for WCCSS was categorised as Clinical Care / Assessment / Treatment with 206 contacts received. Seventy three related specifically to Treatment / Care / Supervision – Inadequate. Overall, Gynaecology OPD, Emergency and Pre-assessment received the greatest volume of contacts (55) in relation to this category.

The highest number of contacts for Surgery was categorised as Clinical Care / Assessment / Treatment with 514 contacts received. The majority were in relation to Treatment / Procedure Delay with 238 contacts followed by Treatment / Care / Supervision – Inadequate (120). Overall, the Musculoskeletal Service received the majority of contacts (206) in relation to this category.

1.3 Parliamentary and Health Service Ombudsman

For this financial year a summary of PHSO activity is as follows:

- Two cases assessed with no escalation to formal investigation
- A further two cases currently being assessed for possible escalation to detailed investigation
- Nine cases were subjected to full investigation
    - One case was upheld; recommendations included providing a letter of apology, an action plan, and a financial remedy of £550
    - Seven cases were partially upheld with recommendations included:
    - One case included providing an injustice payment of £600 and an action plan
    - Two cases included providing an injustice payment
    - Four cases included providing an apology letter and action plan
- Two cases were not upheld.
- There is one additional case still under investigation and awaiting final outcome

The cases closed during the period may not necessarily correlate with the cases received due to the receipt date or completion dates falling outside of the respective reporting periods.

1.4 Compliments

In 2025/26 there has been a reduction in the volume of compliments received with 694 compliments received (decrease of 7.2% on the previous year). Compliments account for 18.5% of all contacts received in 2025/26.

	Community	Corporate	MLTC	Surgery	WCCSS
2024/25	443	30	223	86	230
2025/26	302	18	138	59	177

Learning Matters

Each quarter a summary of all actions is provided to the divisional management teams in order to assist in promoting an ethos of reflection and learning Trust wide and to ensure that accountability at divisional level is customary.

You have been really amazing help and I have learnt many things from the meetings we have had. You are very approachable and kind, and hopefully we can meet again as time goes on. You have shown me I can do many things and I think you are really good at your job!

Communication – Concerns raised regarding a delay in the patient receiving an appointment following their imaging investigation. Collaborative Quality Improvement project between Paediatrics and Radiology to ensure non-urgent incidental findings are flagged to the clinical team in a timely manner so that there is no delay in management.

Diabetes Concerns – Concerns were raised regarding the care the patient's child received from the Diabetes Team. Our Diabetes Transition Specialist Nurse will attend the Paediatric Adolescent Clinic whenever a young person aged 15 years or older attends, to introduce herself, provide a point of contact, and ensure that another member of the team is known to the young person when they attend the JDTC.

Neonatal Concerns – Complaint raised regarding the care and treatment a patient received in the Neonatal Unit. There will be a review of the implementation of the medicine policy within the Neonatal Unit to ensure all Nursing staff are adhering to the policy to maintain medication safety on the unit. Evidence of compliance will be monitored by the Neonatal Unit Education Facilitators and reported in month to the Neonatal Matron for oversight.

Oncology Concerns – Complaint raised regarding Oncology protocol not being followed in the Emergency Department. A compliance audit will be undertaken in collaboration with the Oncology service to review adherence to oncology emergency and sepsis pathways, including timely assessment, antibiotic administration and escalation processes, with findings reported through governance structures.

Some examples of key learning throughout the year are as follows:

To all of the nurse's doctor physios and support staff who helped me on my road to recovery, with such attention detail and kindness. Your efforts/patience and time did not go unnoticed.

Love, caring and patience are just a few of the Virtues that were shown to L and our family during his stay on Ward 2, We would like to thank the doctors, nursing staff, carers and the palliative care team and the vicar.

A huge thank you to everyone so kind and helpful in making me feel so comfortable. Me and my partner will remember these memories forever and make the most amazing day of my life, a special meeting of my perfect baby boy.

The NHS Complaint Standards

The Trust continues to implement the PHSO NHS Complaint Standards model complaint handling procedure and guidance, which sets out how organisations providing NHS services should approach complaint handling. This applies to NHS organisations in England and independent healthcare providers which deliver NHS-funded care.

We are continuing to work towards these standards, with our focus moving towards how we communicate with service users during the investigation process and working with divisions to improve local resolution. This has been evidenced in seeing an increase in the volume of cases not being considered for full investigation but resolved locally.

Implementing the standards at Walsall Healthcare NHS Trust

Tailored training sessions were held with operational teams around the complaints process and the importance of local resolution.

There is continued participation in the implementation of mediation between the PHSO, the Trust and complainants where necessary.

Key Achievements for Complaint Management

We have produced an updated joint Group Complaint Handling Policy to ensure standardisation and consistency across both Walsall Healthcare and The Royal Wolverhampton NHS Trusts.

We have updated our literature to ensure our complaints and PALS process is accessible.

In addition, we have:

- Launched several E-learning packages across both organisations, including formal complaint investigation and language services modules
- Developed an updated formal complaint investigation toolkit for complaint handlers
- Promoted early contact as a standard approach within the formal complaints process, thus providing the opportunity for early resolution and resulting in the downgrading of formal complaints
- Implemented a real time weekly dashboard in addition to the monthly dashboards for directorates to support a more proactive approach to patient feedback
- Increased the use of virtual interpreting services Trust wide, including launching video interpreting throughout the Outpatients Department. This allows equal access to services and ensures patients have better understanding of care delivery and clinical interaction.
- Promoted early contact within the formal complaints process, which has resulted in a 68.6% increase in the number of downgraded complaints
- Increased the use of virtual interpreting services Trust wide, including launching video interpreting throughout the Outpatients Department

Involvement and Engagement

Hear, Learn, Change' The Patient Experience Enabling Strategy 2025/28

In November 2025, we published 'The Patient Experience Enabling Strategy 2025/28' which sets out the shared ambition of Walsall Healthcare and The Royal Wolverhampton NHS Trusts to make patient experience a consistent, visible, and measurable part of high-quality care. The strategy is built around the refreshed commitment:

Hear it. Learn it. Change it.

Our Vision

The strategy commits to:

- Hearing patient, carer, family and community feedback more easily and more often
- Learning from what people tell us through insight, evidence, and lived experience
- Changing services, behaviours, and systems in response to what we learn

This vision aligns with the NHS 10-Year Health Plan, embedding priorities such as digital access, neighbourhood care, health inequalities, and transparent performance reporting

Our Strategic Priorities (2025/28)

Embedding Patient and Community Voice

Patients become active partners through co production workshops, outreach, advisory panels and targeted engagement of seldom heard groups.

Strengthening Response to National Surveys

- Survey results will directly shape changes, underpinned by a public facing annual improvement dashboard

Embedding PHSO Complaint Standards

- Complaints to be clearer, timely, and transparently managed.

Integrating Volunteering at Key Touchpoints

- Volunteers enhance experience in mealtimes, discharge, and navigation

Delivering the Three Improvement Pillars

The strategy is delivered through three pillars:

1. **Involvement –** Patients as Active Partners (e.g., personalised care plans, Core20PLUS5 representation).
2. **Engagement –** Patients as Co Designers (e.g., training in compassionate communication; real time feedback).
3. **Experience –** Every Interaction Matters (e.g., escalation support through Martha's Rule; rapid responses and staff recognition).

The strategy represents a collective pledge to embed patient voice at the heart of everything we do. It reinforces that every voice matters, every interaction counts, and every action must lead to improvement. Through listening, learning and acting, both Trusts commit to delivering care that is inclusive, co designed, transparent, and continually improving.

Patient Involvement Partners

Patient and public involvement continues to play a vital role in shaping services across the Trust. Through our Patient Involvement Partners (PIPs) and Readership Panel, people with lived experience have contributed insight, challenge and assurance to service improvement, communications and strategic development.

PIPs use their lived experience to help improve care for others by influencing quality improvement activity, service redesign and organisational decision making. Their contribution ensures the patient voice remains central to how services are developed and delivered.

How patients and carers have been involved

During 2024/25, Patient Involvement Partners supported the Trust by:

- Contributing lived experience insight to quality improvement and service design
- Challenging assumptions about safety, quality and experience
- Representing patient and community perspectives
- Supporting co design activity and involvement initiatives

PIPs have also helped shape the future direction of patient involvement, including discussions on:

- Merging involvement groups across Trusts to strengthen collective voice
- Developing clearer roles and pathways for involvement
- Expanding opportunities for people to contribute at different levels

Readership Panel – improving patient information

The Readership Panel continues to be an important and practical way for patients to influence experience. During the year, partners reviewed a wide range of patient-facing materials, including:

- Appointment letters and SMS reminders
- Emergency department and bereavement information
- Tobacco dependency, PIFU and community patient communications
- Clinic passports and procedure letters

Feedback focused on clarity, tone, accessibility and usability, and was routinely shared with clinical and corporate teams. This has helped ensure information is clearer, more compassionate and easier for patients and families to understand.

Strategic influence and partnership working:

Patient Experience Summit

Patient Involvement Partners played a direct role in shaping the Patient Experience Summit, including participation in panel discussions. Their contribution brought lived experience into strategic conversations and helped ground improvement discussions in real patient insight.

Patient Voice Enabling Strategy

Patients and carers also contributed to the development of the Patient Voice Enabling Strategy, helping to shape:

- The principles of meaningful involvement
- Expectations of partnership working
- A clearer link between patient insight and improvement action

This partnership approach has strengthened the Trust's commitment to co production rather than consultation.

Looking ahead: evolving our approach to lived experience

In 2025/26, the Trust will refresh and strengthen its approach to involvement by rebranding Patient Involvement Partners as "Lived Experience Partners". This change reflects a clearer emphasis on partnership, equality and the value of lived experience in improving care.

Planned developments include:

- Recruiting additional Lived Experience Partners to broaden representation
- Offering a suite of involvement options, from document review and project support to governance and co design roles
- Providing structured training, development and support, enabling partners to contribute confidently and effectively
- Strengthening links between lived experience, quality improvement and strategic decision making

Patient involvement at the Trust continues to mature and strengthen. As we move toward a Lived Experience Partner model, the Trust remains committed to meaningful, inclusive and impactful partnership working.

Voluntary Services

The table below illustrates volunteer activity during 2025/26. Across the year, volunteers continued to make a significant contribution to services across the Trust, supporting both hospital and community settings. Total volunteer activity equated to a financial equivalent value of £225,479.84, demonstrating the ongoing impact and value of the volunteer workforce.

Volunteer contributions were seen across a range of services, including hospital wards, community services, self care management and chaplaincy. Activity was highest within hospital services, with steady engagement across all quarters, while community based volunteering continued to provide valuable support to patients and services outside the acute setting.

Volunteer opportunities during 2025/26 included:

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

The Trust also continued its Volunteer in Education (VIE) programme during 2025/26, working in partnership with Walsall Academy and Walsall College. This programme supports the development of the future workforce by offering students meaningful volunteering experience within healthcare settings.

Table: Volunteer Contributions in hours

	Q1	Q2	Q3	Q4
Hospital	3127	2857	2751	2709
Community	876	909	884	945
Self care management	418	226	347	209
Chaplaincy	574	271	211	138
Trust Total	4995	4263	4193	4001
Total cost (B2 equivalent)	**£64,535.40**	**£55,077.96**	**£54,173.56**	**£51,692.92**
	£225,479.84			

Volunteering Social Impact Report

As part of the Volunteering For health project, an independent Social Impact Report, commissioned jointly by Walsall Healthcare and The Royal Wolverhampton NHS Trusts, was completed during 2025/26 to assess and evidence the impact of volunteering activity across both organisations.

Using a recognised social value methodology, the assessment estimated that volunteering activity generates an annual social value of approximately **£2.4 million**, reflecting the combined wellbeing, confidence, skills development and economic benefits associated with regular volunteering and structured development programmes. The report described volunteers as a **"golden thread"** running through services, making a significant contribution to patient experience, staff capacity and community connection.

It also highlighted a strong culture of appreciation and recognition, with volunteers feeling highly valued by both staff and leaders.

Family and Carers

The Family and Carer Support Service continued to support unpaid carers and families during 2025/26, recognising the important role they play in supporting patients. The service aims to improve the identification, recognition and support of unpaid carers across the Trust.

The table below highlights the impact of the service over the year, with 593 support encounters recorded, representing a 13% increase compared to 2024/25. Support was provided across a range of categories, including pastoral support, signposting, and support for carers both in hospital and during discharge and care at home.

Table: Family and carers support by type

Encounters	Q1	Q2	Q3	Q4	Total
Total Encounters	153	192	174	74	**593**

Encounters	Q1	Q2	Q3	Q4	Total
Pastoral	130	179	144	57	**510**
Signposting Internal	12	4	4	4	**24**
Signposting External	55	48	21	9	**133**
Care update	8	16	33	7	**64**
Support caring - In hospital	30	61	77	35	**203**
Support caring - Discharge / at home	29	23	21	11	**84**
Patient relations	1	9	0	6	**16**

Carers Partnership Forum

The Carers Voice Forum report, published in May 2025, brings together lived experience insight from unpaid carers to inform partnership work during the year. The forum engaged 26 carers from across the borough, providing valuable qualitative insight to support understanding and improvement across health and care services.

Discussions highlighted the emotional and physical demands of caring, with carers describing the role as both rewarding and overwhelming. Strong themes emerged around isolation, lack of recognition, burnout and constant responsibility, with many carers reporting that their role was often unseen or unacknowledged within health and care systems.

Carers consistently described the impact of caring on their own health and wellbeing, including delayed treatment, poor mental health, limited access to respite and confusion around carers' assessments and entitlements. Many reported difficulties prioritising their own needs alongside caring responsibilities.

Experiences of primary care and hospital services were mixed. While examples of compassionate and inclusive practice were shared, carers frequently reported feeling excluded from decision-making, particularly around appointments, inpatient care and discharge planning. Challenges included poor communication, lack of continuity, digital barriers and limited recognition of the carer role. Similar frustrations were expressed in relation to social care, particularly around delays, fragmented communication and navigating complex systems. Community-based and peer support was consistently identified as a key source of resilience, helping carers to reduce isolation, access emotional support and sustain their caring role.

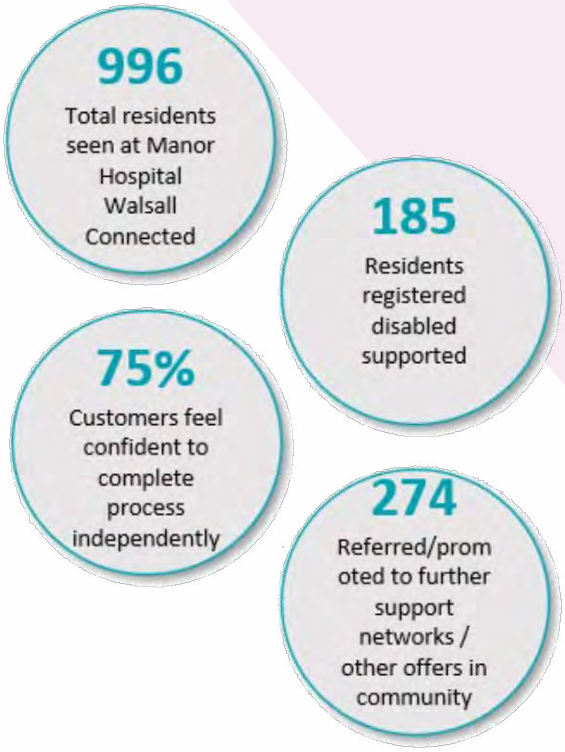
Carers articulated clear priorities for improvement, including:

- Recognition and validation of the carer role
- Improved communication and co-ordination across services
- Earlier identification and involvement of carers
- Greater access to respite and peer support
- Better consideration of carers' own health and wellbeing

The learning from the Carers Voice Forum has informed partnership discussions and continues to support a clear "you said, we did" approach, ensuring carers' voices shape ongoing partnership priorities.

Walsall Connected

Over the past year, the Walsall Connected service based at Manor Hospital has continued to play a vital role in supporting residents to access digital, health and wellbeing services. Between April 2025 and March 2026, the team supported 996 residents, providing a wide range of practical, digital and signposting assistance



- Residents accessed support for issues ranging from completing online health forms to navigating council services. Of those supported, 75% reported feeling confident to complete digital processes independently following assistance, demonstrating the team's impact in improving digital skills and reducing barriers to essential services. The service also supported 185 disabled residents, reflecting its strong focus on accessibility and inclusion
- Demand spanned all age groups, with 25–64 year-olds the largest group (581 users), followed by 391 users aged 65+ and 24 younger adults aged 16–24, showing broad engagement across the community

High-quality resident experience

Feedback from residents was overwhelmingly positive.

- 100% stated they would recommend Walsall Connected to friends and family
- 100% were satisfied or very satisfied with the support received
- 84% said they gained new online knowledge or digital confidence

Testimonials highlighted staff friendliness, emotional reassurance, and the significant impact of having on-site support, with many residents describing the service as "a godsend" and "extremely helpful."

Supporting clinical efficiency – My Pre-Op

A key development this year was Walsall Connected's partnership to support patients in completing the My Pre-Op digital assessment. Prior to this collaboration, compliance sat at 85–90%; through hands-on digital support, compliance rose to 99–100%. This improvement enhanced theatre readiness reduced the risk of cancellations and allowed earlier identification of health needs.

Wider social impact and transport support

Beyond healthcare tasks, the collaboration has enabled residents to access free bus travel, funded through the Passenger Service Improvement Programme. Since launch, the programme has supported 7,135 patient journeys, helping residents access health and wellbeing services, particularly those vulnerable or at risk of social exclusion

Holistic support through case work

A series of case studies illustrate how Walsall Connected provides tailored, compassionate, and often life-changing support. Examples include:

- Helping an older, dyslexic patient complete complex pre-operative assessments
- Supporting a couple with limited digital literacy to submit essential council forms while also providing financial advice, wellbeing resources, and reassurance

These stories demonstrate the service's ability to address digital exclusion while also supporting wider health, emotional and social needs.

Accessibility, inclusion and equality

Patient experience

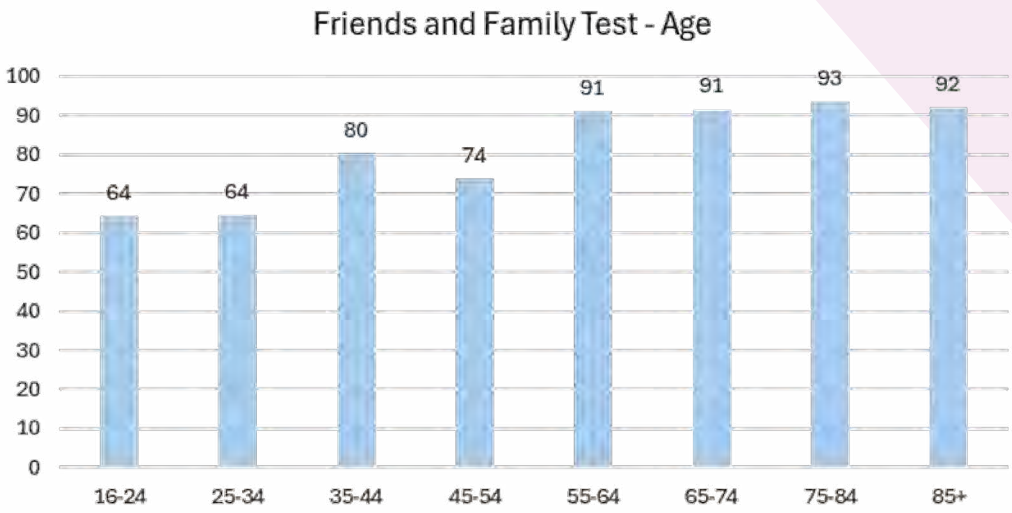
The charts below present the average FFT recommendation results for 2025/26, broken down by age, gender and ethnicity.

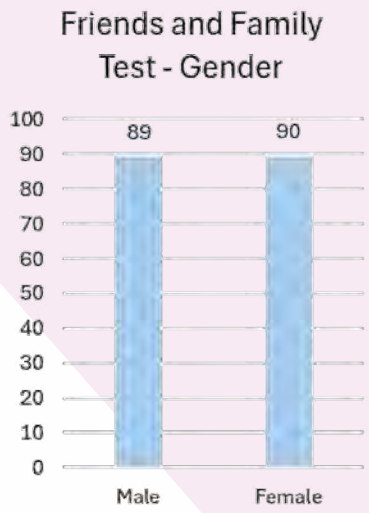
As in previous years, gender does not appear to have a significant impact on recommendation outcomes, with similar levels of feedback reported by males and females.

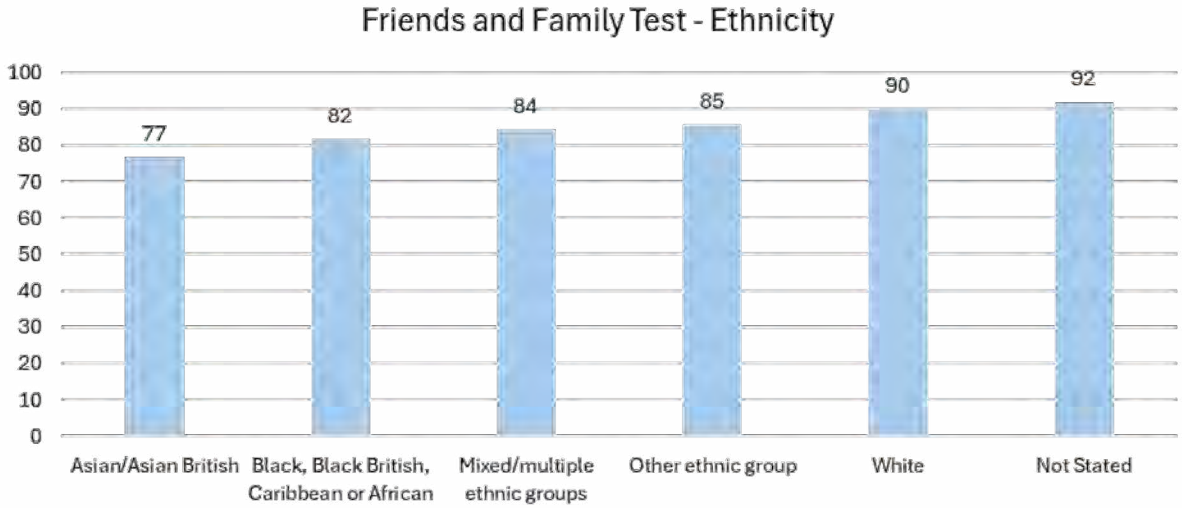
FFT results by age continue to show a clear and consistent pattern. Younger patients report fewer positive experiences than older age groups, with recommendation outcomes increasing steadily with age. The widest variation is observed between the youngest and oldest age groups, indicating an ongoing experience gap across generations.

When examining FFT results by ethnicity, patients from non-White backgrounds generally report lower experiences compared to those identifying as White or where ethnicity is not stated. Asian or Asian British patients report the lowest overall experiences, while White and Not Stated groups report the most positive outcomes. These differences highlight the continuing importance of understanding and addressing variation in experience across different population groups.

Table: Equality monitoring FFT, via age, gender and ethnicity







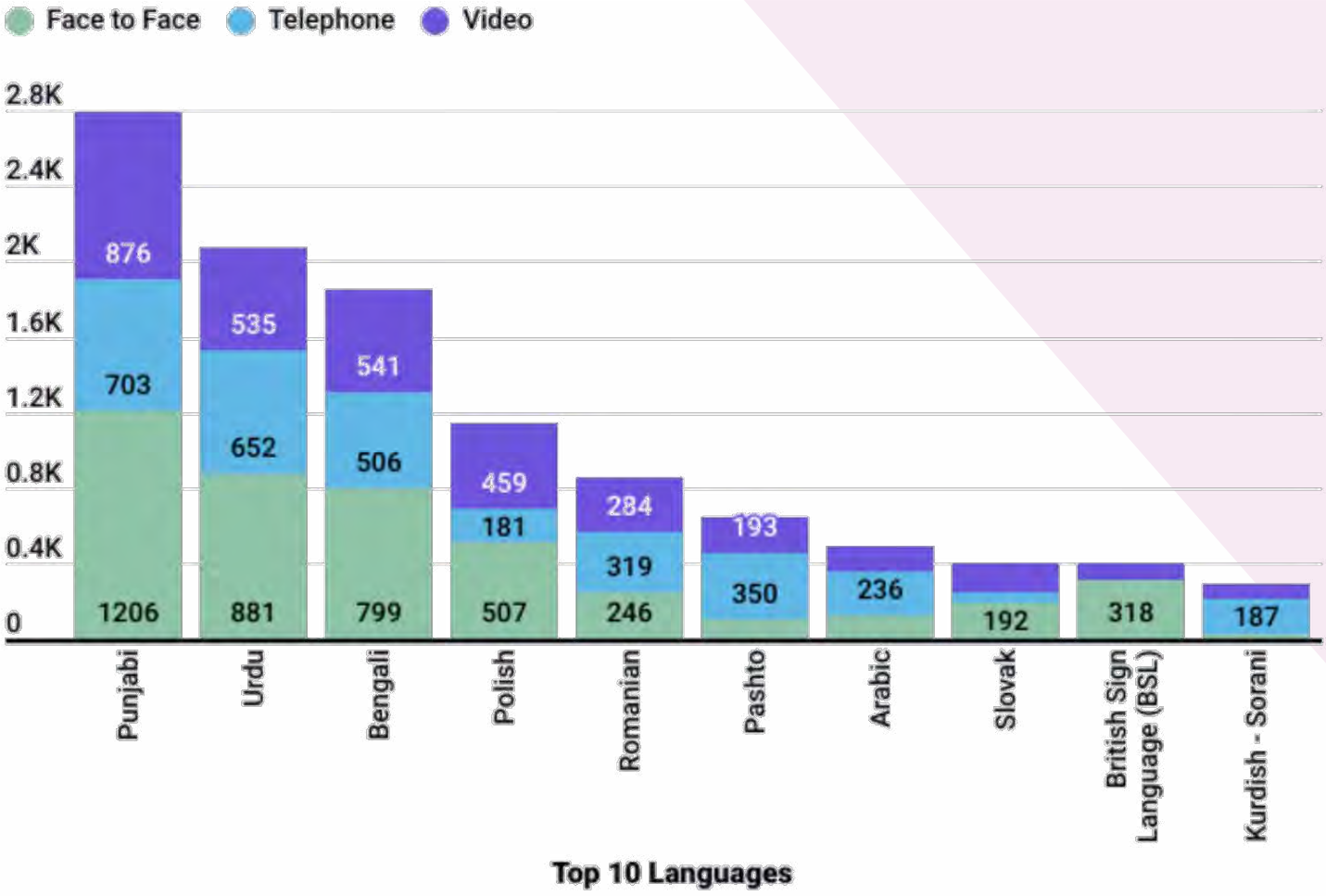
7c: Language support

- 13740 bookings were completed during 2025/2026. This is an increase of 5% in comparison to 2024/25 (13120)
- 62% (8537 sessions) of these have been telephone and video (4354 and 4183 respectively), 38% (5203 sessions) face to face and a 96% five satisfaction star rating
- Language Services Training has continued to be promoted across the Trust
- Video interpreting has been launched in the Outpatient Department
- Throughout 2025/26 we have seen further increase in virtual interpreting (71% in comparison to the previous financial year) and a reduction in face-to-face bookings overall
- Targeted work is currently ongoing in relation to Wordskii Connect, with a planned relaunch in Maternity Triage in Quarter 1 2026/27.

Throughout 2025/26, we have continued our work around the implementation of video interpreting across the Trust. This work primarily involved the Outpatient Department. This continued work has led to an increase in video interpreting with 4354 bookings being completed in comparison to 2360 the previous year, the majority of which were "on demand" from a ward-based perspective and "pre-booked" from an outpatient perspective.

We are currently undertaking a scoping exercise regarding Wordskii Phrases and Wondaa AI, which is an AI interpreting service provided by Word 360, intended for use in emergency and non-complex situations.

Chart: Language provision



Summary of equality monitoring, patient experience and language support (2025/26)

The 2025/26 data demonstrate continued progress in improving access and experience for patients, alongside clear evidence of variation across different population groups. Taken together, these insights reinforce the importance of a targeted approach to reducing health inequalities in line with Core20PLUS5.

Language support and accessibility

Demand for interpreting services has continued to rise, with 13,740 bookings completed, a 5% increase on the previous year. This reflects both growing need and improved awareness of available support.

There has been a significant shift in how services are delivered:

- 62% delivered virtually (telephone and video), with a 71% increase in virtual interpreting
- Face-to-face provision reduced to 38%
- 96% five star satisfaction rating, indicating consistently positive patient experience

The expansion of video interpreting, particularly in Outpatients, has been a key driver of this change, with activity increasing from 2,360 to 4,354 bookings. The use of on-demand interpreting in ward areas is improving responsiveness, especially in urgent care settings.

Further innovation is underway, including the planned relaunch of Wordskii Connect in Maternity Triage and exploration of AI-enabled interpreting solutions for non-complex interactions.

Core20PLUS5 link:

This work directly supports PLUS groups, particularly those facing language barriers, by improving access, reducing delays, and enhancing safety. The focus on maternity pathways aligns with the Core20 maternity priority, where communication barriers are a known contributor to poorer outcomes.

Patient experience (FFT) – inequalities in experience

Analysis of FFT data highlights consistent variation in experience across demographic groups:

- Gender: No significant variation, with similar outcomes reported by males and females
- Age: A clear gradient exists, with younger patients reporting less positive experiences, and satisfaction increasing steadily with age
- Ethnicity: Patients from non-White backgrounds report poorer experiences overall, with Asian or Asian British patients reporting the lowest levels of satisfaction, while White and "Not Stated" groups report the most positive outcomes

These findings indicate persistent experience gaps, particularly for younger patients and those from ethnically diverse communities.

Core20PLUS5 link:

This directly reflects inequalities within both Core20 populations (most deprived) and PLUS groups (including ethnic minority communities). The lower reported experience among these groups aligns with national evidence and highlights the need for targeted improvement in communication, cultural competence, and service design.

Equality monitoring – complaints

Equality monitoring of complaints data provides insight into who is engaging with feedback systems:

- 88% of respondents identified as White British, with limited representation from ethnic minority groups
- A predominance of older age groups (50+)
- 71% female respondents, compared to 24% male
- 29% reported a longstanding condition, indicating engagement from patients with additional health needs
- Notable levels of non-disclosure across several protected characteristics

This suggests that some groups—particularly ethnic minority communities and younger people—may be under-represented in complaints and feedback processes.

Overall insight

- There is strong progress in improving access, particularly through digital and on-demand language support, with high levels of patient satisfaction
- Clear inequalities in patient experience persist, however, particularly for younger patients and those from ethnic minority backgrounds
- Engagement with feedback mechanisms is uneven, meaning some voices—particularly from under-represented groups—may not be fully captured

Key opportunities

To further align with Core20PLUS5, the Trust should:

- Target Core20 and PLUS populations to improve both experience and engagement with feedback systems
- Use FFT, complaints, and language data collectively to identify unmet need and hidden inequalities
- Strengthen culturally competent care and communication, particularly for ethnically diverse communities
- Ensure digital innovation (e.g. virtual interpreting, AI tools) is implemented in a way that reduces—not widens—inequalities
- Focus on improving experience for younger patients, where the largest satisfaction gap remains

Overall, the data shows that while access is improving, experience and engagement inequalities remain, reinforcing the need for a focused, data-driven approach to reducing variation and improving outcomes for the most underserved groups.

Staff engagement

The National NHS Staff Survey provides an opportunity for organisations to understand the experience of colleagues in the workplace. Its questions map to the nine NHS People Promise indicators and for the 2025 staff survey, whilst at service and divisional level there were some positive results, the Trust's overall results reflected a decline across all nine indicators. Throughout 2025/26 the Trust has continued to focus on psychological safety through learning events and ongoing provision of the Civility and Respect Programme

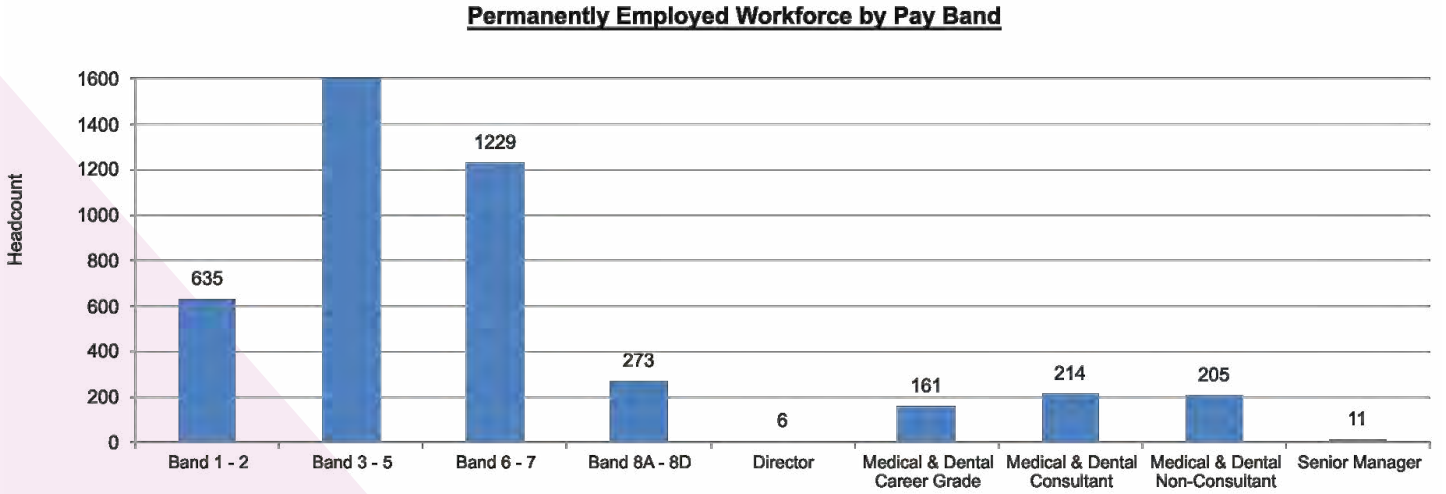
Over 2026/27 the Trust will develop a cultural development programme to focus on increasing the extent to which colleagues feel cared about at individual, team and service level. Targeted improvement interventions will support inclusion and a sense of belonging following successful re-accreditation of the RACE Equality Code in September 2025, team working and enhancing development opportunities through appraisal.

Staff composition - AUDITED

During 2025/26, the average full-time equivalent (WTE) workforce totalled 5042.67. The following table provides a snapshot of the average workforce composition during this period:

25/26 Average FTE (Full-Time Equivalent Workforce)	Permanently Employed	Other	Total Work-force
Registered Nursing, Midwifery and Health Visiting Staff	1,641	126	1,766
Allied Health Professionals	318	8	327
Other Registered Scientific, Therapeutic and Technical Staff	108	6	114
Registered health care scientists	44	0	44
Support to Clinical Staff	836	164	1,000
Total NHS Infrastructure support	1,048	130	1,178
Medical and Dental	572	42	614
Total	**4,567**	**476**	**5,043**

Graph 1 – Pay band



Graph 2: Payband and gender

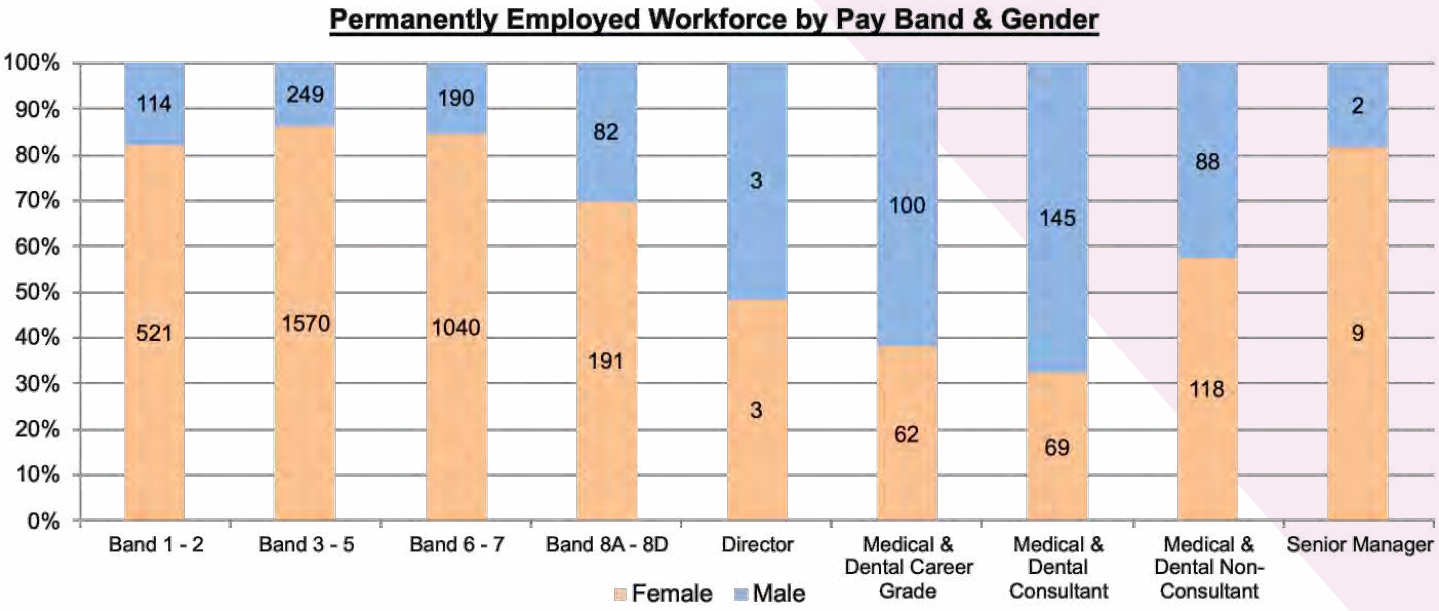


Table 2 – Ethnicity breakdown

Ethnic Origin	Headcount	% of Substantive Workforce
Any Other Ethnic Group	102	1.94%
Asian or Asian British - Any other Asian background	86	1.64%
Asian or Asian British - Bangladeshi	72	1.37%
Asian or Asian British - Chinese	23	0.44%
Asian or Asian British - Indian	605	11.52%
Asian or Asian British - Pakistani	343	6.53%
Black or Black British - African	585	11.14%
Black or Black British - Any other Black background	23	0.44%
Black or Black British - Caribbean	162	3.08%
Dual Heritage - Any other mixed background	29	0.55%
Dual Heritage - White & Asian	35	0.67%
Dual Heritage - White & Black African	19	0.36%
Dual Heritage - White & Black Caribbean	63	1.20%
Unknown	98	1.87%
White - Any other background	89	1.69%
White - British	2892	55.06%
White - Irish	26	0.50%
Grand Total	**5252**	**100%**

A total of 98.13% of substantive colleagues have shared their ethnicity, with 42.51% of colleagues recorded as having a Black, Asian or Minority ethnic (BAME) background, which is representative of the local population (28.7% to 32.6%) and national NHS Workforce. (Latest NHS BAME Workforce population 33.5% - NHS Workforce Statistics - March 2026 - NHS England Digital

BAME (Black, Asian and Minority Ethnic) colleagues account for 61.46% of the medical consultant workforce, whilst 30.66% 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.

Staff Turnover Percentage

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

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

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/

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 Integrated Care Boards 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

Digital Innovation

During 2025/26, the Group's clinically-led focus has been on scaling proven innovations, testing emerging technologies safely, and building the workforce capability required to sustain transformation. This has enabled us to deliver a diverse portfolio of programmes spanning artificial intelligence (AI), automation, digital pathways, and workforce development.

Strengthening our approach through the Digital Innovation Framework

The Group has formally established its Digital Innovation Framework, providing a clear, structured and sustainable approach to delivering innovation at scale.

The framework marks a significant shift from individual, time-limited pilots to a co-ordinated, principles-led model, ensuring that all digital innovation activity is strategically aligned to the Group priorities enabling it to:

- Identify high-impact opportunities through data and frontline insight
- Develop and safely test new digital and AI-enabled solutions
- Support adoption through workforce capability and engagement
- Scale and embed innovations that demonstrate measurable benefit

This approach recognises that digital innovation is no longer a discreet function, by aligning innovation with clinical, operational and workforce priorities, the framework ensures digital innovation is fully integrated into how the Group delivers transformation, rather than operating in isolation.

Digital Front Door (DFD)

The Digital Front Door (DFD) launched in July 2025 to provide a single, streamlined entry point as a key enabler of digital transformation, supporting a more co-ordinated, efficient and scalable approach to transformation. It ensures new initiatives are aligned and appropriately governed while reducing duplication by identifying existing solutions.

The DFD has strengthened collaboration across key stakeholders, bringing clinical, digital, operational and governance expertise together earlier in the process.

Since launch, it has established a strong and diverse pipeline of applications across clinical, operational and strategic priorities, demonstrating clear organisational appetite for digital transformation.

By standardising how proposals are assessed and developed, the DFD is improving the quality of business cases, reducing duplication and enabling a more consistent pipeline from idea to implementation supporting the shift from isolated pilots to scalable high impact innovation.

Ambient Voice Technology (AVT) and developing a scalable blueprint

The Group has played a leading role in the evaluation and adoption of AI technologies, including piloting Ambient Voice Technology. This work has established a validated blueprint for the safe and scalable deployment of AI-supported clinical documentation across multiple specialties.

The pilots to date have demonstrated measurable benefits such as:

- 60–70% reduction in documentation time per consultation
- Measurable reduction in administrative burden and improved clinician wellbeing scores.
- 15.5-minute reduction in Nursing consultation time
- 23.8% increase in consultant review capacity
- 82% clinician adoption and very high user satisfaction (98%).
- 100% clinical staff support for wider adoption

Learning from these pilots has been shared at national forums including the Royal College of Physicians, NHS England networks, Institute of Government & Public Policy (IGPP) and Rewired, contributing to the wider NHS evidence base for safe AI adoption and the National Commission for AI Regulation.

This work has been further strengthened through a successful Health Innovation West Midlands (HIWM) funding bid. This investment enables the Group to scale innovation, validate impact across multiple settings, and develop replicable models for wider adoption.

Enhancing care through data, analytics and digital platforms

The Group has continued to expand the use of data-driven platforms and predictive analytics to improve patient outcomes and system efficiency.

Following a successful bid to Health Innovation West Midlands, additional funding has been secured to expand proactive complex care management implemented in Wolverhampton to Walsall, further increasing scale and impact.

The PRADA (Proactive Risk-Based Data-Driven Assessment) programme is being scaled across Walsall to support integrated end-of-life care, enabling:

- Improved identification of high-risk patients
- Better co-ordination across primary, community and acute settings
- Reduction in avoidable admissions and inequalities in care

The team's work has received national recognition, including winning the HSJ Digital Award 2025 for Driving Prevention and Early Intervention through Digital. This is further supported by a growing body of published research demonstrating the Trust's leadership in clinically validated digital innovation, including work on robotic process automation in palliative care and validation of the PRADA digital care system.

This builds on our earlier work to establish digital complex care platforms that create a "digital safety net" for patients with complex needs.

Building workforce capability and safe adoption of AI

Alongside technological innovation, progress has been made in building the capability and confidence of the workforce.

The launch of the Group Digital Workforce Capability Programme has established a structured approach to digital skills development, including:

- Digital Quality Improvement Projects (QIPs), engaging clinicians in frontline innovation and increasing digital literacy
- Expanded placement opportunities, including Nursing students, to embed digital skills early in training
- An organisation-wide AI and digital literacy survey to assess capability and inform targeted upskilling

In parallel, guidance has been introduced to support the safe and effective use of emerging tools such as Microsoft Copilot Chat, ensuring staff are able to adopt generative AI within clear governance and acceptable use frameworks.

The Group has also continued its commitment to developing future digital leaders, hosting a second National Clinical AI Fellow, further strengthening clinical leadership in digital innovation.

Embedding digital Quality Improvement and clinical engagement

A new programme of Digital Quality Improvement Projects (QIPs) has been launched, engaging more than 25 Foundation Doctors in innovation activity and benefits realisation.

These projects are focused on:

- Increasing adoption of core digital systems such as CareFlow Connect
- Improving electronic prescribing safety
- Enhancing elective care pathways
- Evaluating emerging technologies such as AVT

This approach is strengthening multidisciplinary clinical engagement in digital transformation and adoption while building future digital leadership capability across the workforce.

Recognition, partnerships and national leadership

During 2025/26, the Group's digital innovation programme has continued to gain regional and national recognition.

The Group was shortlisted for multiple national awards, including Health Service Journal (HSJ) and Health Tech Newspaper (HTN) categories. In addition, the PRADA programme was recognised nationally with an award for its contribution to prevention and early intervention through data-driven care.

Influencing national policy and leadership

The Group continues to play an active role in shaping the national digital and AI agenda.

This has included engagement with national bodies and programmes such as the Medicines and Healthcare products Regulatory Agency (MHRA) AI regulation work and national advisory forums, alongside representation on Department of Health and NHS clinical advisory panels. These contributions ensure that the Group is not only adopting innovation, but actively influencing how digital and AI technologies are safely implemented across the NHS.

This leadership has been further recognised through high-profile engagement, including a visit from the Secretary of State for Health and Social Care, showcasing the Group's work in digital innovation and AI-enabled transformation.

What's next?

Looking ahead, the Group will continue to accelerate its digital transformation through several key initiatives focused on scale, sustainability and workforce empowerment.

A key priority will be the Group-wide implementation of Ambient Voice Technology (AVT), building on successful pilot programmes across both Trusts. This will see the expansion of AI-enabled clinical documentation across multiple specialties, reducing administrative burden, improving productivity, and enhancing patient-clinician interaction. This rollout will be supported by the established blueprint for safe adoption, ensuring robust governance, clinical safety and measurable benefit realisation at scale.

In parallel, the Group will progress the procurement of a Strategic Digital Innovation Partner, enabling a more co-ordinated, long-term approach to innovation, aligned to the Digital Innovation Framework. This will support the rapid adoption of proven solutions and structured prioritisation of opportunities and positions the Group to become a "lighthouse" site for NHS digital innovation, demonstrating how digital technologies, data and partnerships can be harnessed to deliver meaningful, system-wide transformation.

To further embed a culture of innovation across the Group, we will re-introduce a "Dragons' Den"-style innovation forum, which will act as an extension to the Digital Front Door. This will provide a structured forum for staff to pitch ideas to a multidisciplinary panel. Open to all forms of innovation including digital, service improvement, invest-to-save initiatives and pathway redesign, this will strengthen frontline engagement, accelerate decision making, and ensure the most promising innovations are prioritised and progressed.

We will establish a Digital Champions Network, creating a community of trained and empowered staff across clinical and operational areas to lead and support digital adoption locally. This network will play a key role in building digital confidence, supporting change at pace, and ensuring innovations are effectively embedded into day-to-day practice.

Together, these initiatives will support a more inclusive, bottom-up approach to innovation, enabling staff at all levels to contribute to transformation while strengthening the Group's capability to scale and sustain digital change.

Alongside this, we will launch a Digital Skills Hub, aligned to the Group Digital Workforce Capability Programme, providing a centralised platform for digital learning, AI literacy, and role-based training pathways. This will support the continued upskilling of staff, improve digital confidence, and ensure the workforce is equipped to safely adopt and maximise the benefits of emerging technologies.

Together, these initiatives will strengthen the Group's position as a leader in digital innovation, enabling the delivery of safer, more efficient and more personalised care, while building the internal capability required to sustain transformation over the long term.

Our priorities for 2026/27 focus on scaling innovation, empowering our workforce, strengthening partnerships, and improving outcomes for our communities.

Our Charity Year

Walsall Healthcare's Well Wishers charity has gone from strength to strength, increasing funds raised in the Fundraising Hub in the hospital through donations and goods sold to just over £84,000.

A strong volunteering team is now in place to support with activities either in the hospital or out in the community and at events and help with managing the shop side of the hub.

Two legacies totalling £227,000 saw six pieces of equipment secured and donors' families were thrilled to meet the teams who benefited and see for themselves how the equipment has made a difference to our patients and the staff who treat them.

A memorial garden housing a sculpture made locally from recycled metal was established where staff, families and friends can place an engraved padlock. Staff from Theatre 11 climbed all the way to the top of Mount Snowdon to raise funds for their Paediatric Theatre to make it more welcoming and child friendly, and 16 young carers took time out for a day at the seaside thanks to the charity and UPS parcel firm.

Well Wishers' first Walsall's Got Talent show was a huge hit and with an audience of 250, 17 brave acts wowed the judges with an 11-year-old crowned the winner.

Christmas was another wonderful time of year for the charity, with the annual lights switch-on and Festive Friday stalls and celebrations.

Earlier this year, a visitors' entrance for Walsall Manor Hospital's mortuary was transformed into a more welcoming space, thanks to charity and business support.

The aim was to create a calm environment where visitors can take a moment before or after spending time with loved ones.

Well Wishers also continued to work with fundraising couple Katie Perry and Liam Riley-Stewart whose son Layton was stillborn.

They previously bought a cuddle cot in little Layton's memory and handed it over to Laura Atkinson, Specialist Bereavement Midwife, and Georgie Westley, Fundraising Manager at the Trust.

And Katie came back to the hospital with a privacy pram. The pram, which carries the message Please respect my privacy, means parents can transport their babies discreetly and safely within the hospital setting.

Katie was also among the inspirational fundraisers who had their selfless efforts recognised at a special awards event.

Hosted by the Mayor of Walsall, Councillor Louise Harrison, supporters who have walked, baked, donated, run, cycled and crafted to raise money were invited to a celebration afternoon tea and tour of the Mayor's parlour, ahead of six accolades being presented.

There were six categories of awards:

- Business Support Award
- Young People's Award
- Supporting Staff Award
- Rising Star Award
- Special Recognition Award
- Charity Recognition Award

It has been another successful 12 months all round and with the support of the community and local businesses can only get bigger and better.

B1 - Accountability Report

Corporate Governance Report

Directors' Report

Our Board of Directors

Sir David Nicholson KCB CBE – Group Chair

Sir David joined the Trust as Chair on 1 April 2023. This appointment saw him become Chair of all four acute Trusts in the Black Country – The Dudley Group NHS Foundation Trust, The Royal Wolverhampton NHS Trust, Walsall Healthcare 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 2006/13 then, following a major national restructure, became the first Chief Executive of the organisation now known as NHS England from 2013/14.

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.

Joe Chadwick-Bell – Group Chief Executive Officer

Joe became Group Chief Executive Officer 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 Officer for just over four years previously being the Chief Operating Officer.

Joe is Chair of the West Midlands Children's Network which looks at service provision with a view to improving service delivery across the West Midlands. 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, one of the UK's largest independent providers 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.

Non-Executive Directors

Paul Assinder – Group Vice Chair

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 Instead (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 and Finance for the HfMA Academy, in 2017. He is currently Chair of Solihull College and University Centre.

Rachel Barber– Group Associate Non-Executive Director

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

Holding two Chair roles for Audit Committees and a Chair role for Customer Experience Committee, Rachel is passionate about excellent service delivery and value for money with a focus on good governance.

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.

Dawn Brathwaite – Group Non-Executive Director

Dawn is a former solicitor/ partner of a national law 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 the current Chair of the West Midlands Racial Justice Board which oversees the Church of England's Racial Justice Initiative in the West Midlands. She is a member of the General Synod of the Church of England and was made a Canon of St Philip's Cathedral, Birmingham in November 2025. She is also a Trustee of The British Foundation of the University of the West Indies.

Dawn chairs the Group People Committee, she is a member of the Quality, Audit and Remuneration committees and the Non-Executive Director Lead for Freedom to Speak Up (Walsall Healthcare NHS Trust).

Umar Daraz – Joint Associate Non-Executive Director

Umar 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 25 year plus career in senior investment, commercial 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 programmes - AI Chips manufacturer, Bio-innovation campuses, Materials Innovation Factory, Sensor City, and a Telemedicine Digital 5G Healthcare Test bed.

Umar is the sole research and innovation advisor on the River Severn Partnership Board, a £240m net zero infrastructure programme. He is 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.

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

Allison Heseltine – Group Associate Non-Executive Director

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.

Professor Elizabeth Hughes – Associate Non-Executive Director

Elizabeth was appointed as Group Associate Non-Executive Director on 2 March 2026. She is Director of Research and Development at Sandwell and West Birmingham NHS Trust where she is also a Consultant in Metabolic Medicine. She is an acknowledged national and international expert in the management of lipid disorders in which she also has undertaken extensive academic research.

Elizabeth has held many national roles, most recently Medical Director in NHS England, with responsibility for undergraduate medical and dental education and clinical academic training.

She holds a number of academic appointments including Visiting Professor at Worcester University and has held roles as a Non-Executive Director on the Board of The Dudley Group of Hospitals NHS Foundation Trust and on the Birmingham and Solihull Integrated Care Board.

Elizabeth was a founder member of the national charity HEARTUK of which she remains a Trustee. She was recently appointed as Medical Director for the charity.

Professor Martin Levermore MBE DL – Group Non-Executive Director

Martin 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 over the past 23 years to commercialise and bring to market innovative products and service ideas.

He has more than 23 years' experience 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). In addition, he chairs Medilink Midlands that includes the region's Health Technology Cluster (HTC) to which the WMCA has oversight.

His current 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, whilst also being a Chartered Member of the Chartered Institute of Securities and Investment and Fellow of the Royal Society of Arts.

Martin was appointed in 2018, as his Lord-Lieutenant's Deputy Lieutenant (DL) to the West Midlands and leads for Wolverhampton.

Lisa Sadler-Todd (nee Cowley) – Group Non-Executive Director

Lisa 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 bought 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.

Mary Martin - Non-Executive Director - Chair of Audit Committee

Mary was appointed as Non-Executive Director in April 2021 and her term was renewed to 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; 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.

Professor Louise Toner, Group Non-Executive Director

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. Prior to retiring in September 2024, Louise was an Associate Dean and thereafter Professional Advisor with responsibility for advising on the faculty's academic portfolio, collaborative course provision and international activities ensuring it is the right offering to meet the workforce needs of employers and the personal and professional development needs of qualified health and social care professionals.

She is a member of the Birmingham Commonwealth Association's (BCA) Board and a trustee of its charitable arm, the Birmingham Commonwealth Society, having previously been Chair of the Education Sub Group representing the BCA on the then Greater Commonwealth Chamber of Commerce in Birmingham/West Midlands.

A Group Non-Executive Director in the NHS, Louise chairs the Trusts' Group Quality Committee, is the Senior Independent Director, member of the Trust's Audit Committee and NED Maternity Safety Champion across the Group.

Louise has also worked for a hugely successful charity in the UK – Macmillan Cancer Support - where she was responsible for an Education Development Programme for specialist Nurses in Cancer and Palliative Care.

She was previously Chair but is now Trustee of the Wound Care Alliance UK a charitable organisation which provides education and training for non-specialist healthcare staff both qualified and unqualified in the field of Tissue Viability. Her interest in wound care led to her establishing the faculty's Wound Healing Practice Development Unit (WHPDU) of which she is the Director. This unit delivers specialist workshops by Professors in wound healing, undertaking product evaluations often in association with product manufacturers. Since her retirement, Louise continues work as the Director of the WHPDU one day a week, funded by Pioneer Wound Healing and Lymphoedema Centre. Her PhD focused on pressure ulcers and her Masters degree relates to her special interest in cancer care

Executive Directors

Kevin Bostock – Group Chief Safety and Assurance Officer

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 and 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 that achieved a CQC overall rating of at least good in 100% of hospitals/services. This ensured the group was one of only two acute hospital groups with the 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 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 is skilled in the management of change with up-to-date knowledge of leading-edge practice, demonstrating 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

Stephanie Cartwright – Group Chief Community and Partnerships Officer

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, Community First 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 needs 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 empowering individuals and teams, and working together as a system and place, is something which enables her to strive for continual improvement and ensuring that all voices are heard.

Stephanie's role as Group Chief Community and Partnerships Officer spans both Walsall and Wolverhampton, with responsibility to lead the work and development of both areas' place-based partnerships. She has undertaken the role of Executive lead for both the Neighbourhood Health and Community First agendas.

Simon Evans – Group Deputy Chief Executive/Group Chief Strategy Officer

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

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

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

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

Lisa Carroll – Chief Nursing Officer

Lisa joined Walsall Healthcare NHS Trust in May 2021, initially as interim Deputy Director of Nursing, and was appointed as Director of Nursing in August 2021 and Chief Nursing Officer in July 2023.

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

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

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

Dr Zia Din - Chief Medical Officer

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

He trained in Acute and General Internal Medicine and was a Consultant Physician at University Hospitals of North Midlands NHS Trust before joining Walsall Healthcare. 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.

Amelia Godson – Managing Director

Amelia joined Walsall Healthcare NHS Trust as Managing Director in September 2025 from Coventry and Warwickshire Integrated Care Board where she was Deputy Chief Transformation Officer. In this role, she was responsible for overseeing the transformation of health and care services to enhance patient outcomes and service efficiency in the region.

Prior to this she worked for University Hospitals Birmingham NHS Foundation Trust, progressing from Deputy Chief Operating Officer to Managing Director over the course of five years. She was responsible for the day to day running of the four hospitals and satellite units.

A Registered Nurse by background, Amelia has worked in both acute and community settings. She worked in London for a decade where she held operational roles at University College London Hospitals and Guys and St Thomas' Hospitals, before relocating back to the Midlands. Until September 2025 she was a Trustee for University Hospitals Birmingham Charity.

Claire Radley – Group Chief People, Culture and Improvement Officer

Appointed 30 March 2026.

Claire's previous roles include Director for People and Organisational Development (OD) at Gloucestershire Hospitals NHS Foundation Trust, Director for People at the Royal United Hospitals Bath NHS Foundation Trust and the Assistant Director of OD at Cardiff and Vale Health Board.

Claire has also worked in Policing in local and national roles spanning research, performance, culture change, and OD. She has a PhD in organisational culture and is a Fellow of the Chartered Institute of Personnel and Development.

She has experience in leading large scale culture change work that has improved both staff and patient experiences.

Kevin Stringer – Group Chief Financial Officer

Kevin is a qualified accountant with the Chartered Institute of Management Accountants (CIMA) and holds a Masters qualification in Business Administration (MBA). With more than 36 years of experience in the NHS, 23 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.

Directors who left during the financial year 2025/26

- Alan Duffell, Group Chief People Officer
- Sally Evans, Director of Communications and Stakeholder Engagement
- Will Roberts, Chief Operating Officer

The Board of Directors is established and constituted to meet the legal requirements of the National Health Service Act 2006 (as amended) and the provisions of the Code of Governance for NHS Provider Trusts.

It is accountable for setting the Trust's strategic direction, vision and values, monitoring performance against annual objectives, ensuring high standards of corporate governance and helping to promote links between the Trust and its partnership working with RWT and the local community.

The Board consists of the shared Chair (RWT, Dudley NHS Foundation Trust and Sandwell and West Birmingham NHS Trust), shared Vice-Chair (RWT) shared Chief Executive (Royal Wolverhampton) and shared Deputy Chief Executive (Royal Wolverhampton). There are nine Executive Directors (some of whom are shared roles with RWT) and six Non-Executive Directors (incl. Vice-Chair) – all shared posts with RWT except for one post who is the Chair of the Audit Committee – all with voting rights and four associate NEDS (all shared posts with RWT) who attend Board meetings in a non-voting capacity. Lisa Sadler-Todd (nee Cowley) was the Senior Independent Director during 2025/26.

As at 31 March 2026, there were no Executive or NED vacancies.

The Group Trust Board meets regularly in public to discharge its duties and met six times in public during 2025/26, excluding the Annual General Meeting.

Non-Executive Director appraisals for 2025/26 were conducted by the Chair and the Vice-Chair on a one-to-one basis and Executive appraisals were conducted by the Chief Executive on a one-to-one basis.

The Trust is committed to maintaining the highest standards of corporate governance and ensuring that decisions are taken transparently and in the best interests of patients and the public.

Fit and Proper Person

In 2025/26, 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, e.g. 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.

Signed: 

Joe Chadwick-Bell, Group Chief Executive

Date: 23 June 2026

Annual Governance Statement

Organisation Code: RBK

Scope of Responsibility

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

The Purpose of The System of Internal Control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of The Royal Wolverhampton 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 The Royal Wolverhampton NHS Trust for the year ended 31 March 2026 and up to the date of approval of the annual report and accounts.

Group Trust Board (Board of Directors Meetings) and Committees of the Board (As at 31 March 2026)

Group Trust Board Composition

Sir David Nicholson was appointed as the Joint Chair of WHT and RWT on 1 April 2023 for two years. His tenure was extended in January 2025 for a further two years from April 2025.

Ms Joe Chadwick-Bell was appointed as Chief Executive Officer and Accountable Officer to Parliament on 1 January 2025

Group Trust Board meetings are held in public, and the papers are made available on the Trust website in advance of each meeting. The Board regularly reviews performance against national standards and regulatory requirements via an Integrated Performance Report and a focus on a key set of Board Level Metrics, each of which is aligned to a strategic objective.

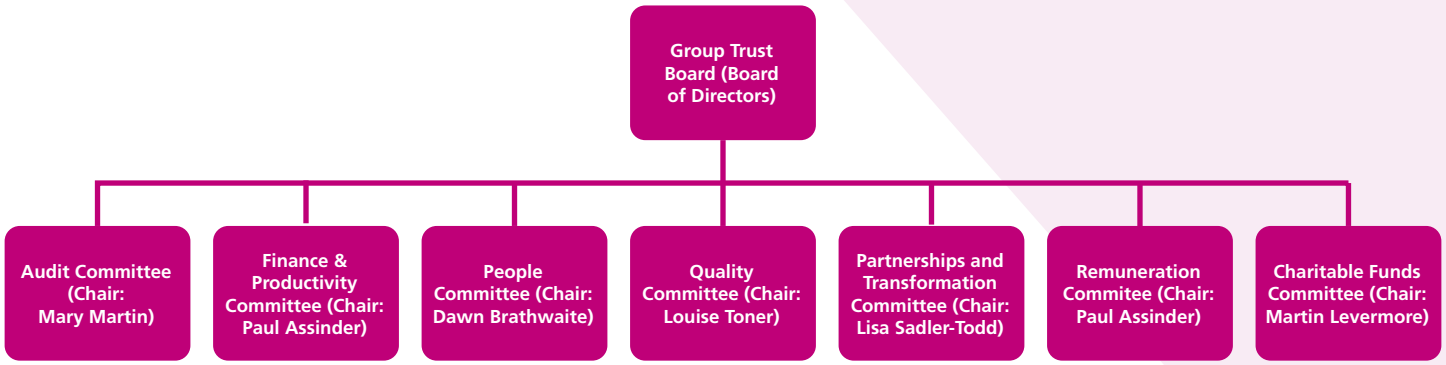
The Board places a strong emphasis on the quality and safety of patient care and, in addition to performance reports, regularly hears directly from patients, carers and staff including through patient and staff stories.

It 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.

Exception reports are provided to the Group Trust Board (based on use of a standard proforma reporting template) by each of the Board Committees' Chairs following their meetings.

The committees of the Board undertook effectiveness reviews in 2025/26 to ensure continued review of their terms of reference and cycles of business. As part of the implementation of the Partnership agreement with RWT, 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 and Quality Committee. The Charitable Funds Trust Committee and Audit Committee remain sovereign committees and the Remuneration Committee is being held as a Committee in Common with appropriate Terms of Reference in place.

The 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 Group Trust Board elects to establish committees of the Board to assist it to carry out its functions, which can include the implementation of time-limited Board Committees or board committee sub-groups.

Group Trust Board

The Group Trust Board is responsible for overseeing the strategy, managing strategic risks, providing leadership and accountability, and 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 conducts the role in line with the criteria set out in the Code of Governance. The roles of Chair and Chief Executive are separate. The Board has a Vice-Chair (shared role with Wolverhampton (RWT)) the Chair does not sit on the Audit Committee and the Chair of Audit is not the Deputy Chair.

The Vice Chair, Board Secretary and Chief Safety and Assurance Officer regularly review the Chair and Non-executive membership of the Board Committees, ensuring relevant experience where applicable.

The Group Trust Board met six times in public in 2025/26, with the agenda and papers available on the Trust website ahead of each meeting. Recognising the partnership working with RWT, the Trust holds its Group Trust Board meetings as joint meetings with RWT.

Board members and subcommittee chairs have clearly defined roles and responsibilities, supported by role descriptions and a robust induction and development programme. A potential risk arises from ambiguity in the delineation of responsibilities or inconsistent understanding of individual accountabilities. The Trust addresses this through regular Board development sessions, periodic evaluation of effectiveness, and close alignment between committee outputs and strategic Board oversight.

Clear reporting lines exist between the Board, its sub committees, and the Executive Team. Subcommittees report into the Board through structured reporting cycles, supported by timely and accurate minutes and assurance summaries. A key risk is the breakdown in escalation processes or duplication of reporting. This is mitigated through a co-ordinated cycle of business, cross-committee membership, and a structured reporting protocol which ensures clear accountability and appropriate information flow.

Externally Facilitated Well-Led Review

An externally facilitated well-led review was started during 2025/26, with the results expected during 2026/27.

The Trust is committed to delivering high-quality, safe, and effective care through strong leadership, robust governance, and a positive organisational culture. The Board has regard to the Care Quality Commission (CQC) Well-led framework, which considers whether organisations are effectively led, managed, and governed to support the delivery of high-quality care, continuous learning, and innovation.

During 2025/26 the Trust continued to assess its effectiveness against the Well-led domains, focusing on:

- Leadership capacity, capability, and culture
- Vision and strategy
- Governance, risk management, and internal control
- Engagement with staff, patients, and partners
- Use of data and insight to drive improvement
- Continuous learning and improvement

The Trust recognises the value of independent scrutiny and external challenge. During the year:

- The Trust has engaged with regulators, including the Care Quality Commission (CQC), as part of ongoing oversight and assessment
- External reviews and benchmarking have been used to inform improvement priorities
- The Trust continues to align its governance practices with NHS England guidance and emerging best practice

Board Evaluation

The Group Trust Board submitted its Provider Trust Capability Self-Assessment to NHSE in October 2025.

Walsall Healthcare NHS Trust held its Annual General Meeting, in person, on 16 September 2025.

Board of Directors' Attendance – 2025/26

There were six Board of Directors Meetings held in Public in 2025/26

Name	Role	Commencing (inclusive of terms prior to Group roles)	Tenure End	Attendance
Sir David Nicholson	Group Chair	April 2023	March 2027	6/6
Paul Assinder	Group Vice-Chair	October 2019	April 2027	3/6
Louise Toner	Group Non-Executive Director	November 2021	October 2027	6/6
Mary Martin	Non-Executive Director	April 2021	September 2027	5/6
Dawn Brathwaite	Group Non-Executive Director	February 2022	January 2027	4/6
Lisa Sadler-Todd (nee Cowley)	Group Non-Executive Director	February 2022	April 2027	6/6
Martin Levermore	Group Non-Executive Director	February 2022	January 2027	6/6
Rachel Barber	Group Associate Non-Executive Director	February 2023	January 2027	6/6
Allison Heseltine	Group Associate Non-Executive Director	February 2022	May 2027	4/6
Umar Daraz	Group Associate Non-Executive Director	February 2023	January 2027	3/6
Elizabeth Hughes	Group Associate Non-Executive Director	March 2026	March 2028	1/1
Joe Chadwick-Bell	Group Chief Executive	2 March 2025		6/6
Simon Evans	Deputy Group Chief Executive/ Group Chief Strategy Officer	October 2021		6/6
Kevin Stringer	Group Chief Financial Officer	December 2022		6/6
Kevin Bostock	Group Chief Safety and Assurance Officer	November 2021		3/3
Amelia Godson	Managing Director	September 2025		3/3
Lisa Carroll	Chief Nursing Officer	August 2021		5/6
Stephanie Cartwright	Group Chief Officer for Community and Partnerships	July 2023		6/6
Zia Din	Chief Medical Officer	December 2024		
Claire Radley	Group Chief People, Culture and Improvement Officer	30 March 2025		0/0

WHT has applied the principles of the NHS Trust Code of Governance on a comply or explain basis.

Committees of the Board

Remuneration Committee – Non-Executive Director/Vice-Chair: Paul Assinder (Chair)

The purpose of this committee is to advise the Board about appropriate remuneration and terms of service of the Chief Executive Officer and other Executive Directors. The Remuneration Committee met twice during 2025/26 to approve recommendations for Group roles, Executive Director remuneration and appraised performance of the Chief Executive and Executive Directors. The Chair has appraised all the Non-Executive Directors and will appraise the Vice-Chair and the Senior Independent Director will appraise the Chair's performance.

Non-Executive Director Members: Paul Assinder (Chair), Mary Martin, Dawn Brathwaite, Martin Levermore, Louise Toner (SID at RWT and is invited if no conflict of interest is pertaining to item on the agenda), Lisa Sadler-Todd nee Cowley (SID at WHT and is invited if no conflict of interest is pertaining on the agenda).

Audit Committee – Non-Executive Director: Mary Martin (Chair)

Committee Members: Mary Martin (Chair), Paul Assinder, Louise Toner, Dawn Braithwaite, Lisa Sadler-Todd nee Cowley.

The aims of the committee are to provide the Group 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.

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 comprises of a Voting Non-Executive Director as Chair.

Each meeting received an update on any new risks or assurance concerns from the chairs of the Group Quality Committee, the Group Finance and Productivity Committee, Group People Committee and Group Partnerships and Transformation 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
3. Compliance with pay rates and enhancements
4. Application of rules within Medical Staffing
5. Records management
6. Key Financial Controls – New system implementation
7. Key Financial Controls – Accounts Payable and Accounts Receivable
8. Cyber Assessment Framework
9. Head of Internal Audit Opinion 2024/25

Where necessary, these matters featured in the committee's reports to the Group Trust Board, including a high-level summary of the Internal Audit reports received at each meeting. The Group Trust Board has been kept informed 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 six times in 2025/26. Non-Executive Directors' attendances were recorded as being high during the year, and the committee was quorate at all meetings. No meetings were cancelled.

Board of Trustees and Charitable Funds Committee

Non-Executive Director: Professor Martin Levermore (Chair)

Committee members: Paul Assinder

The Group 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 2025/26, 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:

- Charity Manager activity updates
- Fundraising Strategy
- Investment Policy and Fundraising Policy

Income and Expenditure Reviews Charitable Funds Annual Accounts 2025/26.

The committee met four times in 2025/26 - where it was not quorate, those matters requiring approval were dealt with via e-governance. No meetings were cancelled.

Group Finance and Productivity Committee 2025/26

Committee members: Non-Executive Director John Dunn Joint Chair (RWT) until January 2026

Non-Executive Director Paul Assinder Joint (WHT) sole Chair from February 2026

Non-Executive Director Mary Martin (WHT)

Non-Executive Director Julie Jones (RWT)

Associate Non-Executive Director Prof. Martin Levermore

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 held additional extra-ordinary 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 and productivity aspects of the Group Trust Board's Quality and Performance Report
- The workforce reports and focus on reducing WTE numbers
- The Board Assurance Framework

The committee also considered:

- Group Financial Recovery Plan and Use of Resources Reports which provide an update on CIP
- Capital Report
- Group Contracting and Business Development Update (which split into separate updates from January 2026 onwards)
- Group Sustainability Programme
- Group Temporary Staffing and Temporary Medical Staffing
- Procurement reports
- Appropriate Business Cases
- Other matters associated with operational finance and budgeting (inc Group National Cost Collection Assurance
- Review of several projects (inc EPR Upgrade, Solar Farm Review).
- New 3 Year Operational Plan and 5 Year Planning Narrative Update (SE)

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

During 202/26, the committee noted the following matters of concern:

- The delivery of the Cost Improvement Programme
- Financial challenges across both Trusts throughout the year
- Alignment of workforce plan against the financial plan (inc. enhanced vacancy protocols and workforce reductions)
- Financial impact of Industrial Action
- Continued UEC pressures and high attendance levels
- RTT performance challenges
- Monitoring impact of opening of Midland Metropolitan University Hospital
- High Risk Winter Plan due to lack of additional funding
- Capital review/re-phase
- Audiology review of back log patients (PA)

The committee has noted the following matters of assurance:

- Good delivery of acute performance across both Trusts
- Despite increased ambulance hand overs both Trusts continued to be ranked highly in terms of performance
- Winter Plans were endorsed to Group Trust Board
- EPR Upgrade was successfully completed

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

- Engagement of Deloittes to assist with financial recovery
- The Group delivered challenging cost reduction targets and is likely to hit target performance for the year (PA)
- Good performance regionally and nationally.
- Good performance across cancer metrics
- The Emergency Department performance has experienced pressures, however, the Trust performance remains above the national average for both Trusts (upper quartile RWT and 2nd quartile WHT)
- Green Plan approved
- The Trust undertook significant workforce cost reductions (especially for temporary staff) in the year (PA)

The joint Chairs of the committee were previously Deputy Chairs of both Trusts and reverted to a single post in January 2026. The Chair is also a member of the Audit Committee, 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.

Group Quality Committee

Non-Executive Director members: Prof. Louise Toner (Chair), Alison Heseltine, Dawn Brathwaite

Aims of the committee

To provide assurance to the Board that patient care is of the highest achievable standard and in accordance with all statutory and regulatory requirements. To provide assurance of proactive management and early detection of quality risks across the Trust.

From its April 2025 meeting, The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust Quality Committee meetings became a Group Quality Committee meeting with the aim of providing consistency in reporting quality and patient safety oversight across both Trusts. This required the revision of the existing Terms of Reference, the annual cycle of business and agreements regarding the underpinning committee structures. These are now in place.

The committee reports to Group Trust Board had been in the form of Chair's reports with associated minutes. This was modified in July 2025 with the development of a Joint Group Board Committee. A Group Integrated Chairs' Report is provided to the Board which incorporates the Chair reports from each of the Committees of the Board.

This produces a report that aligns themes to the Board Assurance Framework Risks with an assure, advise and alerts section provided to Board bi-monthly.

The Group Trust Board receives the Group Quality Committee Chair's Report, the Joint Group Chair's report and the committee minutes.

A Group Integrated Chairs' Report is provided to the Board which incorporates the Chair reports from each of the Committees of the Board.

This produces a report that aligns themes to the Board Assurance Framework Risks with an assure, advise and alerts section provided to Board bi-monthly.

Frequency of meetings and main focus

During 2025/26, the committee met virtually on 12 occasions, with no meetings cancelled.

Activity and areas of activity

At each meeting, the committee received an update on reports in line with its terms of reference (including items below, some of which have changed since the start of the Group Quality Committee meeting). It escalated risks and assurances to the Board via the Chair's and joint Chairs' report and minutes to the Group Trust Board. The list of reports is managed on an annual plan/cycle of work with upward reporting, and the committee maintains an issues log to communicate items for redress and record actions taken.

Routine reporting:

- Board Assurance Framework (BAF) –Monthly
- Corporate Risk Registers (TRR) – Monthly
- Group Performance Report – Monthly
- Performance Constitutional Standards Report Community (WHT)
- Chief Nursing Officers Reports – Monthly

Subgroup Reports:

- Quality and Safety Oversight Group (QSOG) - Monthly
- This was previously the Quality and Safety Assurance Group (RWT) and the Patient Safety Group (WHT) but was renamed QSOG for standardisation from September 2025

Assurance reporting

- Perinatal Services Report - Monthly
- Response to Patient Safety Events Report – Monthly
- Regulatory Report - Monthly
- Continuous Quality Improvement Report – Biannually
- Cancer Recovery Action Plan – during Tier 2 and 1 scrutiny ceased in
- NPSA NRLS / LFPSE Organisational Feedback Report – Annual (LFPSE replaced NRLS
- Internal Audit Opinion – Annual
- Internal Audit Plan - Annual
- External Reviews Registry Report – Biannually
- Litigation and Inquests Report – Annually
- Clinical Audit Plan – Biannually
- Data Security and Protection Toolkit – Annually
- Health and Safety Assurance Report – Bi-Annually
- Quality Account – Annual
- Infection Prevention BAF – Quarterly
- Maternity Services Governance Report - incorporated into the Perinatal Services Report
- Perinatal mortality – Quarterly - incorporated into the Perinatal Services Report

Themed Review/Information only

Examples include:

- RIDDOR Report - Monthly
- Learning from Deaths update report – Quarterly
- Safeguarding Assurance Report (Adults and Children) – Biannually
- Health Records Improvement Plan

The Group Quality Committee escalated the following items to the Board

Alerts:

The Care Quality Commission (CQC) undertook an unannounced visit to the Emergency Department at New Cross Hospital in November 2025. An extensive range of actions are in place to address the areas for improvement required.

As a result of the aged design of some of the estate, challenges have been identified regarding the level of occupational exposure from Entonox use within the delivery suites at both Trusts. The situation is being monitored and destruction units have been put in place at Walsall, with ongoing monitoring continuing across both Trusts to ensure the Workplace Exposure Limit (WEL) is complied with. Block 32 at New Cross Hospital – the Maternity Unit, including Neonates - has been subject to fire safety enforcement notices that have resulted in ongoing discussions with West Midlands Fire Service and NHS England to agree long term compliance plans. Other fire safety enforcement notices in relation to the RWT estate are being actively managed with ongoing discussions with the relevant fire authorities. The plans are on track to deliver compliance.

Advisories:

RWT continued to be an outlier for stroke mortality in April 2025. Following reviews by the Royal College of Physicians and other key stakeholders, together with the implementation of a detailed action plan, the Trust has significantly reduced stroke mortality. The Stroke Team has developed, and is implementing, a clear vision for future stroke services.

Cancer performance across both Trusts. RWT has been challenging as result of staffing, diagnostics and other issues. A range of mitigating actions are in place including, mutual aid, insourcing and recruitment which has improved the situation. Both Trusts are working to achieve the national targets with RWT's performance in Diagnostics exceeding the target.

Nurse Sensitive Indicators which include oversight of falls, pressure ulcers and observations on time, demonstrate different variable levels of performance often associated with caring for patients with complex needs. A range of interventions are in place within an overarching Quality Framework that recognises and promotes the need for patients to eat, drink and move to improve.

Ambulance handover times across both Trusts have been variable across the year with very good performance in respect of national metrics and other periods of poorer performance given the volume of patients attending ED and an increase in patient acuity. Long waits to be seen in the Emergency Departments at both Trusts are a challenge. Ongoing work to further develop services to avoid hospital admission and the use of virtual wards continues to improve patient flow through the hospitals and facilitate timely discharge. At Walsall, corridor care is in use, however, this is a last resort and when it is required patients are carefully selected and care provided, as required, by staff allocated to the corridor to care for patients.

Patients with mental health issues attending ED departments across both Trusts are sometimes subject to long waits to be seen and assessed by the mental health services provided by other organisations to facilitate receipt of the care they require. Discussions are ongoing between both Trusts and the providers of mental health services.

The CQC report from the inspection of the Intensivel Care Unit at Walsall Manor Hospital in February and March 2025 was published in June 2025. A detailed action plan is in place to address the improvements required.

The CQC report of the unannounced visit to Walsall Manor Hospital in January 2025 focusing on medical care, older adults, pressure damage and medication management was published in January 2025.

Walsall Healthcare re-earned Level 3 Baby Friendly accreditation for the healthy child 0 -19 Service.

Assurances:

Both Trusts achieved the requirements for the Maternity Clinical Negligence Scheme for Trusts (CNST) Year 6; and received Group Trust Board approval for the review of staffing requirements following new Birth Rate Plus guidance.

The report of the CQC visit to Maternity Services at RWT in October 2025 was published in May 2025. The Trust was rated Good for all domains, with caring deemed to be Outstanding and Effective moving from Requires improvement at the last inspection to Good.

Martha's Rule has been implemented across both Trusts with work continuing in respect of further implementation across paediatrics and maternity care.

Group Partnerships and Transformation Committee

Chair – Lisa Sadler-Todd nee Cowley

Executive Director Lead – Stephanie Cartwright

Non-Executives – Prof. Martin Levermore, Rachael Barber, Umar Daraz and John Dunn

The committee was initially established as the 'Integration Committee' to cover RWT only. The committee meets on a face-to-face basis across Walsall and Wolverhampton to enhance discussion topics and to provide committee members with the opportunity to visit various community-based venues.

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, Outpatients' transformation, Elective Hub and Community Diagnostic Centre service development and Strategic Service Reviews. The committee also receives regular updates on key developments within the OneWolverhampton and Walsall Together place-based partnerships, and on the role of the Black Country Provider Collaborative.

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

Conflicts of interest

The Trust has in place a Register of Interests for members of the Board of Directors and senior staff. All relevant individuals are required to declare any interests which may conflict, or could be perceived to conflict, with their duties to the Trust.

Declarations include financial interests, employment, directorships, shareholdings, and other relevant positions.

Declarations of interest are:

- Reviewed at least annually, and updated as necessary throughout the year
- Declared at the start of Board and committee meetings, with any conflicts appropriately managed in line with the Trust's policy
- Recorded in formal registers, which are maintained centrally

During the year 2025/2026 the Trust has complied with its policy on managing conflicts of interest. Where a potential conflict has been identified, appropriate action has been taken, including exclusion from discussions or decision-making where required.

The 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 twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

The Trust's Register of Interests is publicly available via https://walsallhealthcare.mydeclarations.co.uk/ ensuring transparency and accountability.

The Board is satisfied that effective systems are in place to identify, record, and manage conflicts of interest, and that these arrangements operate effectively in practice.

The Board of Directors is responsible for ensuring we have effective governance arrangements supporting the delivery of our quality priorities. Reports on the Trust's progress against the established quality priorities are taken to both the Board of Directors and the Quality Committee by the Chief Nursing Officer, Chief Medical Officer and the Group Chief Safety and Assurance Officer.

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 systems are functioning effectively. It 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 Group Trust Board is supported by the Board Committees that scrutinise and review assurances on internal control. Individual committees have responsibility for a specific portfolio:

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

The Trust has approved a Risk Management Framework that describes the overall systems, structures, processes, and reporting that underpins internal controls and the means by which assurance on risk management is provided to the Board. These key documents also describe the leadership, accountability, roles, and responsibilities that govern the management of risks across the organisation.

Group People Committee

Chair: Dawn Brathwaite - Joint Non-Executive Director

NED members: Lisa Sadler-Todd and Rachel Barber - Joint Associate Non-Executive, Mary Martin - Non-Executive Director, 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 employees
- Where there are people risks and issues that may jeopardise the Trust's ability to deliver its strategic objectives, 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 and Culture
  - Staff Engagement
- Ensuring 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 2025/26, the committee met 12 times.

The committee approved:

- Group People Committee Terms of Reference
- Group People Committee Programme of Work for 2025/26
- Workforce Targets and Thresholds for 2025/26

Activity

The committee considered progress updates on:

- Executive Workforce Report focusing on key people metrics
- 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
- Organisational Developments
- 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
- Improving Working Lives of Resident Doctors (10 Point Plan)
- New Risks and Board Assurance Framework

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 note and assurance

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
- Appraisal compliance
- Workforce data triangulation

Matters of assurance:

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

- The Annual Freedom to Speak Up Reports
- Sickness Absence Plans
- EDI Action Plans
- Race Code renewal

Matters of achievement:

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

- E-Roster Expansion
- Joint Events – Long Service Awards and Caring for All Awards

- Partnership Working with Staff Side for the Band 2/3 Clinical Support Worker Reviews
- Race Code Re-accreditation
- SEQOHS Re-accreditation

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 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 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 policy sets out the role of the Group Trust Board and its committees, together with the individual responsibilities of the Chief Executive Officer, 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 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.

Risk Appetite

The assessment of each strategic 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 Group 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/directorates, 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.

GBR 1	If the Trusts in the Group are individually and collectively unable to achieve financial break-even by year end 2027/28.	**Then** The Trusts and the system will be non-compliant with NHSE/ DH+ NHS Provider License requirements.	**Resulting in** Special measures regime imposition and reputational damage and vulnerability as non-financially viable organisations.
GBR 2	If the Trusts in the Group are individually and/or collectively unable to meet the in-year access standards over the next 3-5 years (e.g. RTT).	**Then** The Trusts individually and/or collectively will be non-compliant with future contract and regulatory requirements.	**Resulting in** Potential special measures regime imposition and reputational damage.
GBR 3	If the Group Trusts are unable to optimise the Group Structure (from the Corporate Services Review) (including potential use of a Subsidiary vehicle) including the scale of efficiencies and cost-reduction required whilst maintaining or improving standards and performance.	**Then** The Trusts/Group would be unable to meet future corporate governance needs, financial and staff reduction requirements.	**Resulting in** Inability to achieve financial recovery, special measures regime imposition, reputational damage and vulnerability as non-financially viable organisations.
GBR 4	If the Trusts/Group workforce transformation plan (reduced staffing, use of new technology, culture and behaviour) is not achieved.	**Then** There may be a disconnect between the corporate aspirations, targets and requirements.	**Resulting in** An increasingly disengaged and disenfranchised workforce (staff survey) (and regulatory expectations/requirements e.g. CQC safe staffing) that slows, halts or reverses the transformation programme including greater efficiencies and service change.
GBR 5	If the Trusts/Group clinical service transformation plan is unable to achieve its aims and objectives and/or maintain or improve quality & safety.	**Then** Quality and safety standards may fall and/or become compromised	**Resulting in** Increased claims, low staff morale (staff survey), declining reputation (F&FT) and increased scrutiny/inspection and/or declining ratings (CQC et al).

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 Board 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 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 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 Group Trust Board and its committees and working groups including the Audit Committee, thus ensuring the efficient use of resources.

The Trust did deliver all of its statutory financial targets due to delivering an end of year surplus of £3.3m and delivered the Capital Programme within its Capital Resource Limits.

Anti-Fraud, Bribery and Corruption

The Trust is committed to providing a zero-tolerance culture to fraud, bribery and corruption whilst maintaining an absolute standard of honesty and integrity in dealing with its assets. We are committed to the elimination of fraud and illegal acts within the Trust. We have a team of fully accredited Local Counter Fraud Specialists (LCFS) to ensure the rigorous investigation of reported matters of fraud, bribery or corruption and the pursuance of redress for financial losses stemming from such acts, and the application of disciplinary sanctions or other actions, including consideration of criminal sanction, as appropriate. We adopt best practice procedures to tackle fraud, bribery, and corruption, as recommended by the NHS Counter Fraud Authority. This is supported by the Trust's Anti-Fraud, Bribery and Corruption Policy.

Throughout 2025/26 awareness of fraud and bribery, along with the Trust policies in place, has been raised across the organisation and we will continue this work in 2026/27. All referrals of fraud, bribery and corruption were investigated during the year and, where appropriate, cases were referred for disciplinary consideration or criminal sanction. Overall, for 2025/26, 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.

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 appropriate controls are implemented to safeguard public funds as well as meeting the Government Functional Standard GovS 013: Counter Fraud.

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. All reports on activity are submitted to the Audit Committee.

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 clearly who has responsibility for all the key aspects of policy and decision making in relation to the key financial matters. This ensures 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 Group 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 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 Group 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 Group Trust Board and committees in this process:

- The Board has met in public session on six occasions and each meeting has been both well attended and quorate. Meetings were held 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 2025/26 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 events 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 Group Trust Board. Areas key to the delivery of the Trust's business strategy are managed and monitored by the Group Trust Board and the committees of the Board
- The Group 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 Director

- 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 Group 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

- Finance and Productivity Committee has provided a forum for the Group 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 Group 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

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 Group 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

The Trust maintains a comprehensive and integrated approach to workforce planning and staffing systems to ensure that services are delivered safely, sustainably and effectively across the short, medium and long term.

The Trust operates a Workforce Strategy that is aligned to the strategic objectives, clinical strategy, operational priorities and financial plans. This incorporates detailed workforce modelling to anticipate current and future staffing requirements, taking into account demographic trends, service transformation, national policy, and local population needs. Medium- and long-term workforce plans are supported by scenario planning and pipeline development, including education partnerships, apprenticeships and international recruitment where appropriate.

Safe staffing is supported through established evidence-based staffing models, including the use of recognised workforce tools, Safer Nurse Care Tool, and benchmarks. The Trust regularly reviews Nurse staffing levels in line with national guidance and ensures that safer staffing indicators are triangulated with quality metrics such as patient outcomes, incidents and patient experience. Staffing levels are reviewed daily through operational management processes, with escalations in place to respond to risks. The Trust utilises e-rostering and workforce management systems to ensure effective deployment of staff, optimise skill mix and monitor staffing gaps in real time.

The Board receives regular reporting on workforce metrics, including vacancy rates, turnover, sickness absence, staff engagement, and compliance with safe staffing requirements. This information is triangulated with quality and performance data to provide assurance that staffing processes are safe and effective. Workforce risks are captured on the Trust's risk register and are subject to ongoing scrutiny through Board Committees, including the People Committee and Quality Committee.

The Trust is committed to continuous improvement in workforce planning and staffing systems. This includes learning from internal audits, benchmarking against peer organisations, and adopting national best practice guidance. The Trust actively engages with staff, professional bodies and system partners to refine its approach and ensure that staffing remains responsive to changing needs.

Freedom to Speak Up

Creating a culture where every member of staff feels safe, supported and empowered to speak up remains a core priority for the Trust. Freedom to Speak Up (FtSU) is central to delivering high quality, compassionate care, ensuring that concerns are raised early, listened to carefully and acted upon in a timely and transparent manner. Our FtSU service plays a vital role in this work, offering independent advice, guidance, challenge, and supporting colleagues who feel unable to raise concerns through other routes.

There is a total of 1.4 WTE FtSU guardians at Walsall Healthcare NHS Trust, consisting of a full-time lead guardian/clinician and a part time guardian, they are supported by 11 champions. Members of staff can contact a guardian in several ways to arrange a face to face or virtual meeting. They can use the contact form on the Trust intranet, email the FtSU mailbox, call a guardian via their mobile phone/FtSU telephone number, Trust switchboard or be signposted by a FtSU champion.

The Group 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 module and civility and respect training as well as the implementation of the behavioural framework.

As of March 2026, 83.05% of all staff had completed the Speak Up training and 77.92% of managers had completed the Listen Up training. A total of 57.01% of senior leaders have completed the Follow Up training.

Information Governance

Summary of Serious Incidents requiring investigations involving personal data as reported to the Information Commissioner's Office in 2025/26:

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 Commissioners Officer (ICO) using the online tool. The table below shows incidents that met this criteria during this period:

Incident Date:	Nature of Incident:	No. Data Subjects Involved:	Description of Incident:	ICO Decision/ Further Action:
May 2025	Temporary system configuration change resulted in staff absence reason information being visible to wider users	12	A system setting was inadvertently amended, briefly exposing absence reason data; the Trust acted swiftly to contain the issue, liaised with the supplier and restored correct permissions.	Reported within 72 hours. The ICO closed the case with advice, and no further action required recognising prompt Trust mitigation and improved controls.

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 2025/26

Category	Breach Type	Total
A	Confidential patient breach	53
B	Confidential information leak	43
C	Consent not gained	0
D	Post incorrectly sent/addressed	32
E	Record keeping – incomplete	18
F	Missing records	3
G	Records lost in transit	2
H	Records not provided	0
I	Reports (results) – missing/unfiled	0
J	Loss of data via electronic transmission	26
K	Incorrect delivery of electronic data	8
	Total	185

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

The Data Security and 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 will remain 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 Trust's 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 colleague and maintain the 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, reflective 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

Walsall Healthcare NHS Trust has a statutory duty under the Civil Contingencies Act (2004) to maintain robust Emergency Preparedness, Resilience and Response (EPRR) and Business Continuity arrangements. During 2025/26, the Trust has continued to strengthen its organisational resilience, demonstrating measurable progress across planning, training, exercising, and assurance.

Business Continuity

Business Continuity remains a critical component of organisational resilience. During 2025/26, the Trust strengthened its capability through the introduction of improved Business Impact Analysis (BIA) and Business Continuity Plan (BCP) templates and increased engagement across divisions.

Health and Safety at Work

The Trust remains firmly committed to creating and maintaining a safe environment for patients, staff, visitors, contractors and all who may be affected by our activities. During 2025/26, Health and Safety continued to be embedded as a core organisational responsibility, supporting the delivery of safe, effective and compassionate care, and fulfilling the Trust's legal duties under the Health and Safety at Work etc. Act 1974.

Throughout the year, the Trust sustained a strong focus on prevention, learning and continuous improvement, ensuring that health and safety arrangements remained proportionate, risk based and responsive to both operational pressures and regulatory expectations. This approach recognises the complexity of service delivery while maintaining clear accountability for managing risk and reducing avoidable harm.

Health and Safety governance continued to be overseen through the Trust Health and Safety Steering Group, chaired by the Group Chief Safety and Assurance Officer under delegated authority from the Group Chief Executive Officer. The Group met quarterly during the year, with meetings quorate and providing effective oversight of performance, compliance, risk and improvement activity. Membership included divisional leaders, professional and staff side representatives, and specialist advisors, ensuring that discussion and decision making were well informed, inclusive and aligned with wider organisational objectives.

Assurance over compliance with key Health and Safety standards was primarily delivered through the Trust's established audit and self-assessment framework. This provided structured intelligence on how risks are identified and managed locally and enabled the Trust to focus support on areas requiring additional strengthening. During 2025/26, several Divisions demonstrated sustained improvement in audit outcomes, reflecting growing local ownership of Health and Safety responsibilities and more consistent application of core standards. Where performance remained variable, targeted actions were identified and monitored through established governance processes. High compliance with mandatory Health and Safety training was maintained across the year.

The Trust continued to complement its formal audit programme with Safety Assurance Walkabout Inspections, providing visible assurance over environmental, fire and workplace safety standards. These inspections supported early identification of hazards and reinforced expectations around good housekeeping, safe storage and fire safety. Feedback from inspections was shared with local teams and used to support timely remedial action, reinforcing a proactive and learning focused safety culture.

Incident reporting during the year remained strong, reflecting an embedded reporting culture and staff confidence in raising safety concerns. Analysis of reported incidents continued to inform improvement activity, with particular focus on the downward trajectory of events associated sharps and splash injuries and incidents involving violence and aggression (V&A). The Trust recognises that these risks, although common across healthcare settings, remain a significant challenge requiring sustained attention, particularly within high demand services and environments. Hence, continuous attention and oversight is maintained to ensure improvements are made where reasonably practicable.

Targeted programmes of work continued throughout the year to strengthen prevention and learning. Improvements in sharps-related incident investigation quality, risk assessment processes and organisational learning were evident, supporting the Trust's commitment to reducing repeat incidents and supporting staff safety and wellbeing. The Trust also continues to promote close working between specialist teams across patient safety, workforce wellbeing, estates and security to ensure a coordinated approach to risk management.

During 2025/26, the Trust reported an increase in statutory RIDDOR notifications, rising from 25 reports in 2024/25 to 33. This increase primarily reflects improved identification and reporting practice, including clearer recognition of patient-related incidents, as well as events involving staff and visitors that meet national reporting thresholds, rather than a material increase in underlying risk. The Trust continues to engage openly with regulators and to use regulatory feedback to strengthen internal systems and processes. A Health and Safety Executive (HSE) inspection relating to the management of occupational exposure to nitrous oxide in maternity settings was undertaken during the year. In response, appropriate actions were implemented in line with HSE findings to reduce exposure to as low as is reasonably practicable through the introduction of recommended engineering controls.

The Trust recognises the importance of maintaining resilience within its Health and Safety arrangements, particularly during periods of significant operational change across the NHS. A risk-based approach continues to be applied to prioritise activity, ensuring that resources are focused on the areas of greatest forceable risk while maintaining appropriate wider assurance and oversight.

Looking forward, the Trust remains committed to building on the progress made during 2025/26. Priorities for the coming year include further strengthening of local divisional ownership of Health and Safety risks, continuing to reduce incidents related to violence and aggression, sharps, manual handling and environmental hazards, improving training and competence, particularly for those with managerial responsibilities, and promoting a just and learning focused culture that supports openness, improvement and shared accountability.

Through these actions, the Trust continues to demonstrate its commitment to protecting the safety of its patients and workforce while supporting high quality care delivery now and in the future.

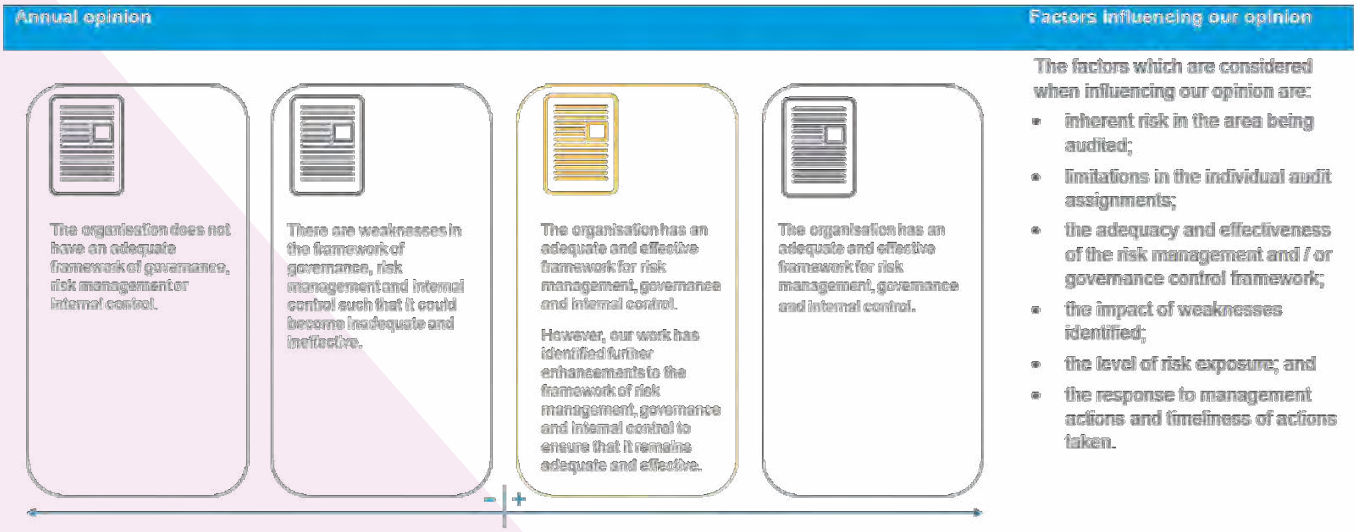
Compliance with NHS Provider Licence

The Trust holds an NHS Provider Licence issued by NHS England. During the year, the Board has undertaken a review of compliance with the conditions of the licence. Based on the assurance provided, the Board is satisfied that the Trust has maintained appropriate systems and processes to support compliance with the licence, the NHS Acts, and the NHS Constitution.

No material breaches of the provider licence have been identified during 2025/2026. Compliance with licence conditions is supported through the Trust's governance framework, risk management processes, and internal control systems as described in this Annual Governance Statement.

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 year ending 31 March 2026 the head of internal audit opinion for Walsall Healthcare NHS Trust is:



The Annual Internal Audit Opinion

Opinion

The Head of Internal Audit provides an independent opinion on the adequacy and effectiveness of Walsall Healthcare NHS Trust's arrangements for governance, risk management and internal control. For the year ended 31 March 2026, the opinion is that:

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

This means that, whilst generally sound systems are in place, some weaknesses have been identified that require management attention to ensure that the control environment continues to operate effectively.

Basis for Opinion

This opinion is based on the work completed as part of the 2025/26 risk-based internal audit plan, which was agreed with management and approved by the Audit Committee.

The audit programme included coverage of:

- Cyber and DSPT, information governance arrangements
- Records management
- Compliance with Pay Rates and Enhancements
- Key financial controls
- Applications of rules within Medical Staffing
- Shared Business Services – Accounts Payable and Accounts Receivable
- Board Assurance Framework and risk management

The opinion reflects:

- Individual audit opinions issued during the year
- Follow-up work on previous recommendations
- Consideration of management responsiveness and action implementation
- The overall level of risk exposure across reviewed areas

Key Findings Informing the Opinion

A mix of assurance levels was reported across the audit programme.

Areas of lower assurance

The following areas were assessed as requiring improvement:

- Compliance with Pay Rates and Enhancements – Minimal Assurance (however showed 'Good Progress' on follow up)
- Records Management – Partial Assurance
- Key Financial Controls (system implementation) – Partial Assurance
- Cyber (DSPT / CAF) – Very High risk rating with Medium confidence

Key themes arising include:

- Weaknesses in policy, process standardisation and documentation
- Control gaps in manual or inconsistent processes (particularly payroll and WLIs)
- Ongoing challenges in records management and information governance
- Risks associated with system implementation and cyber assurance

Areas of stronger assurance (Reasonable Assurance)

- Board Assurance Framework and risk management
- Application of rules within Medical Staffing
- Shared business services (accounts payable/receivable)

These reviews indicate that core governance and risk management arrangements are embedded and operating effectively in key areas, with scope for further enhancement.

Progress on Management Actions

Management has:

- Agreed actions in response to all internal audit findings
- Demonstrated progress in implementation, including follow-up improvements in several areas
- Closed 59 actions during the year, with only 3 overdue at year end and 20 not yet due based on their implementation dates

Significant Issues for Consideration

Internal audit work did not identify any issues that are considered material enough to be reported as significant control weaknesses for inclusion in the Annual Governance Statement.

Scope and Limitations

The opinion is derived from a risk-based programme of work and is therefore subject to inherent limitations, including:

- Not all systems and risks were reviewed
- Audit testing is selective and cannot provide absolute assurance
- Control weaknesses may exist that were not identified during audit work

No conflicts of interest or limitations impacting delivery of the audit plan were identified.

Conclusion

In conclusion, the Board of Walsall Healthcare NHS Trust is satisfied that the organisation has maintained a sound system of governance, risk management and internal control throughout 2025/26, which is aligned to national guidance and supports the achievement of the Trust's strategic objectives.

The system of internal control has been in place for the year ended 31 March 2026 and up to the date of approval of the Annual Report and Accounts. It is designed to manage risk to a reasonable level, recognising that no system can eliminate all risk, and provides reasonable, rather than absolute, assurance of effectiveness.

The Trust has continued to operate within a robust governance framework, strengthened through the development of the Group Board arrangements and the continued maturity of the Board Assurance Framework (BAF). Clear lines of accountability, effective Board and committee oversight, and regular performance and risk reporting have supported informed decision-making and transparency. Independent scrutiny has been provided through Internal Audit, External Audit and the Audit Committee, with a Head of Internal Audit Opinion of Reasonable Assurance.

During the year, the Trust has demonstrated strong performance in several key operational areas, including elective recovery, urgent and emergency care, and cancer pathways. At the same time, the Board recognises a number of areas requiring continued focus and improvement, including diagnostic performance, workforce experience and wellbeing, responding to increasing demand, and delivering financial sustainability.

A number of governance and control weaknesses have been identified through internal audit and ongoing assurance processes, particularly in areas such as cyber security, records management, and elements of financial and payroll control. These issues are not assessed as material, and comprehensive action plans are in place to address them, with progress monitored through established governance structures.

The Trust continues to face significant strategic risks, including achieving financial break even, meeting constitutional performance standards, workforce sustainability, and delivering transformational change at scale. These risks are clearly articulated within the BAF and are being actively managed through targeted mitigation plans, system partnership working, and continuous oversight by the Board.

The Trust has also maintained compliance with statutory requirements, the NHS Provider Licence, and relevant regulatory and reporting obligations. Arrangements for counter fraud, data protection, health and safety, and Freedom to Speak Up are well established and operating effectively.

Based on the work of Internal Audit, External Audit, executive managers and other sources of assurance, the Board is assured that Trust's system of governance, risk management and internal control is effective and sufficient to support the delivery of its objectives, while recognising that further improvements are required in specific areas to strengthen resilience and sustain performance.

The Trust is committed to continuous improvement, strengthening organisational culture, and enhancing governance arrangements as it progresses its Transforming Care Together strategy, working in partnership across the Black Country system to deliver better outcomes for patients, staff and communities.

Signed: 

Joe Chadwick-Bell, Group Chief Executive

Date: 23 June 2026

B2 – Remuneration and Staff Report

Staff Report - AUDITED

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	Number	£000's	Number	£000's	Number	£000's	Number	£000's
Less than £10,000			7	48	**7**	**48**		
£10,000 - £25,000			3	35	**3**	**35**		
£25,001 - £50,000			12	431	**12**	**431**		
£50,001 - £100,000	**1**	60	3	218	**4**	**278**		
£100,001 - £150,000	**1**	134			**1**	**134**		
£150,001 - £200,000					**0**	**0**		
Greater than £200,000					**0**	**0**		
Total	**2**	**194**	**25**	**732**	**27**	**926**	**0**	**0**

Exit Packages 2025/26 - AUDITED

There has been one redundancy in 2025/26. This has 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 2024/25

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	Number	£000's	Number	£000's	Number	£000's	Number	£000's
Less than £10,000			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**

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	25	732
Early retirements in the efficiency of the service contractual costs		
Contractual payments in lieu of notice		
Exit payments following Employment Tribunals or court orders		
Non-contractual payments requiring HMT approval		
Total	**25**	**732**

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.

Staff Costs* - AUDITED

	2025/26 Total £000
Salaries and wages	246,771
Social security costs	30,947
Apprenticeship levy	1,192
Employer's contributions to NHS pension scheme	43,918
Pension cost - other	55
Temporary staff	2,195
Total gross staff costs	**325,078**

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

There was one compensation payment during the financial year ending on 31 March 2026 for loss of office paid to Group Director of Communications and Staff Engagement, no payments made to past Directors.

Fair Pay Disclosure - AUDITED

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid Director in their organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce.

Percentage change in remuneration of highest paid Director

	2025/26	2024/25
Percentage change from previous year in respect of highest paid director:		
Salary & Allowances	8.2%	12.3%*
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	1.6%	5.9%
Performance pay & bonuses	N/A	N/A
All taxable benefits	N/A	N/A

*Note recalculated from 2024/25

In 2025/26, zero employees received remuneration in excess of the highest paid Director (there were zero in 2024/25 and in 2023/24). In 2025 the Managing Director was the highest paid Director, the highest paid Director in 2024 was the Medical Director.

Remuneration ranged from £24,465 to £185-£190k (2024/25: £24,169 to £195-£200k; 2023/24: £22,383 to £140-£145k).

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 - AUDITED

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 - AUDITED

	2025/26	2024/25	% age change
25th Percentile Remuneration	£26,598	£25,674	3.6%
Median Percentile Remuneration	£37,796	£36,483	3.6%
75th Percentile Remuneration	£46,580	£46,148	3.6%
25th Percentile Pay Ratio	7:1	7:1	
Median Percentile Pay Ratio	5:1	5:1	
75th Percentile Pay Ratio	3:1	4:1	

The banded remuneration of the highest paid Director's annual salary in Walsall Healthcare NHS Trust in the financial year 2025/26 was £185k to £190k (in 2024/25 this was £195k to £200k).

In 2025/26 no employees received remuneration in excess of the highest paid Director. The pay multiple has reduced to 4.9 times the median salary (in 2024/25 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 2026 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 £538,000 on Consultancy costs during 2025/26, increased from £305,000 in 2024/25.

Off-Payroll Engagements

For all off-payroll engagements as of 31 March 2026, 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 2026, for more than £245 per day	Number
Number of existing engagements as of 31 March 2026	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 2025 and March 2026, for more than £245 per day

Table 2 All Off-payroll engagements

	Number
No. of temporary off-payroll workers engaged between 1 April 2025 and 31 March 2026	0
Of which...	
No. not subject to off-payroll legislation	0
No. subject to off-payroll legislation and determined as in-scope of IR35	0
No. subject to off-payroll legislation and determined as out of scope of IR35	0
No. of engagements reassessed for compliance or assurance purposes during the year	0
Of which: no. of engagements that saw a change to IR35 status following review	0

For any off-payroll engagements of Board members, and/or, senior officials with significant financial responsibility, between 1 April 2025 and 31 March 2026.

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 2025/26 - AUDITED

There has been one redundancy in 2025/26. This has 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.

Remuneration Report - AUDITED

The Trust has a 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 comprised of the Chair and all 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, within the National Health Service, as well as taking into consideration the national guidance and benchmarking framework, including the NHS very senior managers pay framework to which the Trust has complied with. 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.

During 2025/26, the Trust continues to engage in a strategic collaboration with The Royal Wolverhampton NHS Trust to significantly improve the quality of care for the populations we serve, standardise clinical practice and provide a safe, skilled and sustainable workforce. As a result, the two Trusts have shared a Chair and CEO, with other Directors working for both Trusts and this report reflects any associated recharges to/from The Royal Wolverhampton NHS Trust

There have been no performance pay and bonuses either short or long term to any Executive Director during the financial year.

Remuneration for the Trust's Executive and Non-Executive Directors during the financial year ended 31 March 2026 is set out in the attached schedules.

Signed: Chadwick-Bell

Joe Chadwick-Bell, Group Chief Executive

Date: 23 June 2026

Remuneration

Name and Title	2025-26					2024-25				
	Salary (bands of £5,000) £000	Other Remuneration (bands of £5,000) £000	Expense Payments (taxable) Benefits in Kind (Rounded to the nearest £100)	All pension related benefits (bands of £2,500) £000	Total Remuneration (bands of £5,000) £000	Salary (bands of £5,000) £000	Other Remuneration (bands of £5,000) £000	Expense Payments (taxable) (Rounded to the nearest £100)	All pension related benefits (bands of £2,500) £000	All pension related benefits (bands of £2,500) £000
Mr D. LOUGHTON, Chief Executive (to 30 April 2024) [1]					0	35 - 40				35 - 40
Mrs C. WALKER, Interim Chief Executive (to 31 December 2024) [1]					0	95 - 100			0	95 - 100
Ms J. CHADWICK BELL, Group Chief Executive (from 01 January 2025) [1, 6]	140 - 145		15,400		155 - 160	30 - 35				30 - 35
Mr S. EVANS, Group Deputy Chief Executive & Chief Strategy Officer [1]	90 - 95				90 - 95	85 - 90			0	85 - 90
Mrs A. GODSON, Managing Director (from 2 September 2025)	100 - 105			127.5 - 130	230 - 235	0			0	0
Mr E. HOBBS, Chief Operating Officer (to 18 October 2024)					0	80 - 85			62.5 - 65	140 - 145
Mr. W ROBERTS, Chief Operating Officer (from 21 October 2024, to 28 August 25)	50 - 55			20 - 22.5	70 - 75	65 - 70			0	65 - 70
Mr. D WADE, Chief Operating Officer (from 3 November 2025)	55 - 60			15 - 17.5	70 - 75	0			0	0
Mrs M. SHEHMAR, Medical Director (to 30 June 2024) [2]					0	40 - 45	15 - 20	600	0	60 - 65
Dr B. McKAIG, Interim Medical Director ** (from 01 July 2024, to 30 November 2024) [1]					0	65 - 70				65 - 70
Dr Z. Din, Chief Medical Officer (from 01 December 2024) [2]	210 - 215	25 - 30			235 - 240	55 - 60	20 - 25		180 - 182.5	260 - 265
Ms C. GRIFFITHS, Director of Culture & People [5]					0	135 - 140		300	30 - 32.5	165 - 170
Mrs S. EVANS, Group Director of Communications and Staff Engagement * (to 31 October 2025) [1,2]	35 - 40	65-70			105 - 110	60 - 65			0	60 - 65
Mrs L. CARROLL Chief Nursing Officer (from 9 August 2021)	140 - 145	0 - 5	200	37.5 - 40	180 - 185	135 - 140			35 - 37.5	175 - 180
Mr K. BOSTOCK, Group Chief Safety and Assurance Officer [4]	70 - 75		0	32.5 - 35	105 - 110	70 - 75		0	35 - 37.5	105 - 110
Mr K. STRINGER, Group Chief Financial Officer [1]	120 - 125				120 - 125	115 - 120			0	115 - 120
Mr A. DUFFELL, Group Chief People Officer (to 16 December 2025) [1]	65 - 70				65 - 70	90 - 95			0	90 - 95
Dr C. RADLEY, Group Chief of People, Culture, and Improvement Officer (from 30/03/2026) [1]	0 - 5				0 - 5	0			0	0
Dr J. ODUM, Group Chief Medical Officer [1]	25 - 30				25 - 30	15 - 20			0	15 - 20
Mr D. MORTIBOYS, Operational Director of Finance	130 - 135			35 - 37.5	165 - 170	135 - 140			35 - 37.5	170 - 175
Mrs S. CARTWRIGHT, Group Chief Community and Partnerships Officer [4]	70 - 75		100	52.5 - 55	125 - 130	100 - 105		200	0	100 - 105
Miss C. BOND, People Director	125 - 130			125 - 127.5	250 - 255	105 - 110			65 - 67.5	170 - 175
Non-Executive Directors										
Sir D. NICHOLSON, Group Chairman [7]	25 - 30				25 - 30	25 - 30				25 - 30
Mr P. ASSINDER, Non-Executive Director [8]	10 - 15				10 - 15	20 - 25				20 - 25
Mrs M. MARTIN Non-Executive Director	15 - 20		300		15 - 20	15 - 20		300		15 - 20
Mrs D. BRAITHWAITE Non-Executive Director	5 - 10				5 - 10	10 - 15				10 - 15
Miss R. E. BARBER Non-Executive Director	5 - 10				5 - 10	10 - 15				10 - 15
Ms L. COWLEY Non-Executive Director (from 1 May 2024)	5 - 10				5 - 10	10 - 15				10 - 15
Mr M. LEVERMORE Non-Executive Director (from 1 February 2025)	5 - 10				5 - 10					0
Ms A. HESELTINE Associate Non-Executive Director (from 1 February 2025)	5 - 10				5 - 10					0

Name and Title	2025-26					2024-25				
	Salary (bands of £5,000) £000	Other Remuneration (bands of £5,000) £000	Expense Payments (taxable) Benefits in Kind (Rounded to the nearest £100)	All pension related benefits (bands of £2,500) £000	Total Remuneration (bands of £5,000) £000	Salary (bands of £5,000) £000	Other Remuneration (bands of £5,000) £000	Expense Payments (taxable) (Rounded to the nearest £100)	All pension related benefits (bands of £2,500) £000	All pension related benefits (bands of £2,500) £000
Ms U. DARAZ Associate Non-Executive Director (from 1 February 2025)	5 - 10				5 - 10					0
Mrs E. HUGHES Associate Non-Executive Director	0 - 5				0 - 5					0
Prof L. TONER Associate Non-Executive Director	5 - 10				5 - 10					0
Mr J. HEMANS Non-Executive Director (to 31 January 2025)					0	10 - 15		200		10 - 15
Prof L. TONER Non-Executive Director (to 31 January 2025)					0	10 - 15				10 - 15
Mrs O. MUFLAHI Non-Executive Director (to 28 February 2025)					0	10 - 15		200		10 - 15
Mrs S.J. FRIZZELL previously ALLINSON Non-Executive Director (to 31 January 2025)					0	10 - 15				10 - 15
Ms S. ROWE Non-Executive Director (to 31 July 2024)					0	0 - 5				0 - 5

During 2025/26, the Trust continues to engage in a strategic collaboration with The Royal Wolverhampton NHS Trust to significantly improve the quality of care for the populations we serve, standardise clinical practice and provide a safe, skilled and sustainable workforce. As a result, the two Trusts have shared a Chair and CEO, with other Directors working for both Trusts and this report reflects any associated recharges with The Royal Wolverhampton NHS Trust

Please note:

[1]This Senior Manager has a dual role shared with The Royal Wolverhampton Healthcare NHS Trust, salary costs disclosed in table above are those costs incurred by this Trust. The full salary cost bands for the individual would be as follows:

J Chadwick-Bell £275,000 - £280,000 (2024/25: £65,000 - £70,000)

K Stringer £245,000 - £250,000 (2024/25: £235,000 - £240,000)

Sally Evans £75,000 - £80,000 (2024/25: £125,000 - £130,000)

Simon Evans £185,000 - £190,000 (2024/25: £175,000 - £180,000)

A Duffell £135,000 - £140,000 (2024/25: £185,000 - £190,000)

C Radley £0 - £5,000 (2024/25: £0)

[2]This senior manager's other remuneration relates to the Physician element of the Medical Director's role, Group Director of Communications and Staff Engagement role includes 50% from The Royal Wolverhampton NHS Trust for loss of office during the year 2025/26

[3]This senior manager has a role shared with The Royal Wolverhampton NHS Trust and Black Country ICB recharges to the ICB for his additional role as the Medical Director Lead for Acute Collaboration. From 1 July 2025 this role was fully seconded to the Dudley Group Foundation Trust. Salary costs disclosed in table above are those costs incurred by this Trust. The full salary cost bands for the individual would be £200,000 - £205,000.

[4]Mr K. Bostock and Mrs S. Cartwright are recharged 50% to The Royal Wolverhampton NHS Trust and their full salaries were £145,000 - £150,000 and £140,000 - £145,000 respectively.

[5]Director of Culture and People paid by Walsall Healthcare NHS Trust until 31March 2024, recharged to Sandwell and West Birmingham NHS Trust in a non-senior manager role in 2025/26

[6]This senior manager has received removal expenses during the financial year.

[7]The Chair has a joint role across The Royal Wolverhampton NHS Trust, Walsall Healthcare NHS Trust, Dudley Group NHS Foundation Trust and Sandwell and West Birmingham NHS Trust. The Chair is recharged by Dudley Group NHS Foundation Trust for his share of the role at Walsall Healthcare NHS Trust. Their full salary is £110,000 - £115,000.

[8]This Non-Executive Director employed by Walsall Healthcare and The Royal Wolverhampton NHS Trusts. Group roles. Their full salary band is £25,000 - £30,000.

[9]This senior manager has received contractual termination payments for loss of office and leaving the Trust is in the salary band £120,000 - £125,000 of which £30,000 was non-taxable. There was a 50% recharge from The Royal Wolverhampton NHS Trust.

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

Total remuneration for senior managers in year ended 31 March 2026 was £1,563k, 0.31% of income (31 March 2025 £1,592k 0.33% of income)

The definition of senior managers used to establish who should be included in the table above is that given in the Group Accounting Manual:

"Those persons in senior positions having authority or responsibility for directing or controlling the major activities within the Group body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments."

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights. This value does not represent an amount that will be received by the individual. It is a calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of the pension scheme could provide. The pension benefit table provides further information on the pension benefits accruing to the individual.

Pension - AUDITED

Name and title	Real increase in pension at pension age (bands of £2500)	Real increase in pension lump sum at pension age (bands of £2500)	Total accrued pension at pension age at 31 March 2026 (bands of £5000)	Lump sum at pension age related to accrued pension at 31 March 2026 (bands of £5000)	Cash Equivalent Transfer Value at 31 March 2026 £000	Cash Equivalent Transfer Value at 31 March 2025 £000	Real Increase in Cash Equivalent Transfer Value £000	Employer's Contribution to Stakeholder Pension £000
Mrs L. CARROLL Chief Nursing Officer (from 9 August 2021)	2.5 - 5.0	0	40 - 45	75 - 80	881	808	41	21
Dr Z. DIN, Chief Medical Officer (Appointed 01 December 2024)	0	0	40 - 45	90 - 95	852	874	0	20
Mr K. BOSTOCK, Group Chief Safety and Assurance Officer (from 1 December 2021)	2.5 - 5.0	0	20 - 25	20 - 25	267	177	69	21
Mrs S. CARTWRIGHT, Group Chief Community and Partnerships Officer (from 24 July 2023)	2.5 - 5.0	0 - 2.5	50 - 55	120 - 125	1,069	980	54	21
Mr. W ROBERTS, Chief Operating Officer (left 28 August 2025)	2.5 - 5.0	0	15 - 20	0	211	171	9	8
Mr D. MORTIBOYS, Operational Director of Finance (from 1 December 2022)	2.5 - 5.0	0	10 - 15	0	214	170	24	19
Miss C. BOND, People Director (from 1 October 2023)	5.0 - 7.5	10.0 - 12.5	35 - 40	80 - 85	707	568	114	18
Mr D. WADE, Chief Operating Officer (Appointed 3 November 2025)	2.5 - 5.0	0	20 - 25	0	241	204	7	8
Mrs A.GODSON, Managing Director (Appointed 2 September 2025)	10.0 - 12.5	22.5 - 25.0	50 - 55	120 - 125	1,034	797	116	15

This below senior managers are not included in the table above as they are recharged as part of a staff sharing arrangement with The Royal Wolverhampton NHS Trust. Pension scheme members benefits are not split by the NHS Pension agency in staff sharing arrangements. Therefore their values are including in The Royal Wolverhampton NHS Trust Annual Report.

J Chadwick-Bell - Group Chief Executive (From 01/01/2025)

A Duffell - Group Chief People Officer (to 16/12/2025)

C Radley - Group Chief of People, Engagement and Improvement (from 30/03/2025)

Sally Evans - Group Director of Communications and Stakeholder Engagement (to 31/10/2025)

Simon Evans - Group Deputy Chief Executive and Chief Strategy Officer

K Stringer - Group Chief Financial Officer

The factors used to calculate a CETV decreased on 31 March 2025. This has affected the calculation of the real increase in CETV. Negative values are not disclosed in this table but are substituted for a zero.

CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2026.

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2004-05 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period. The method used to calculate the Real Increase in CETV has changed, to remove the adjustment for Guaranteed Minimum Pension (GMP) on 8 August 2019.

Financial Statements – AUDITED

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 2025/26 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 2026 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 2024. The desktop valuation was based on a RICS Building Costs Information Services All-in Tender Price Index (BCIS TPI) published on 31 March 2026 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 2025/26 was £217,000 including VAT (2024/25 £210,000). 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 auditors' independence is not compromised through the Trust using them for other non-audit services.

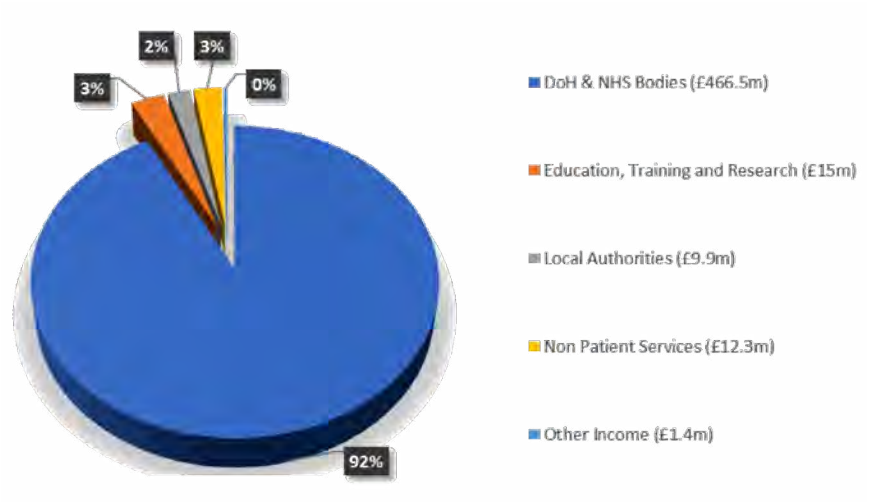
The Trust is able to ensure this as all work is controlled and monitored by the Audit Committee which is made up of Non-Executive Directors. They approve all work and provide a check to ensure independence is maintained.

C - Financial Statements

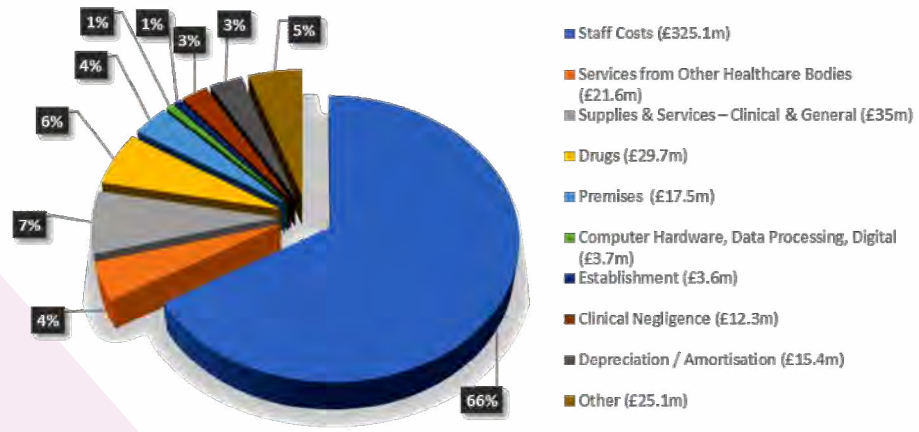
Summary Financial Performance to 31 March 2026

Description	£m
Income	505.1
Expenditure	(489.2)
Operating Surplus	**16.0**
Net finance costs	(13.4)
Deficit for the Year per the Accounts	**2.5**
Allowable Adjustments:	
Remove net impairments	6.0
Remove I&E impact of capital grants and donations	(3.9)
Other adjustments	0.5
Adjusted Financial Performance Deficit for the Year	**5.1**

Income £505.1m



Expenditure £489.2m



Capital Expenditure 2025/26

Description	£m
Buildings	**16.3**
Maintenance & Lifecycle	4.3
MMUH (UECC Works)	1.4
PSDS- New Build (non-clinical)	4.2
IFRS 16 Lease Movements	(0.4)
Theatre Refurbishment	5.8
Aseptic Suite	0.3
GB Energy NHS Solar	0.8
Equipment & Other	**1.6**
Medical Equipment	1.2
DDC Programme - Imaging Home Reporting	0.2
Audiology and Echo Equipment	0.1
Donated Equipment	0.1
IM&T	**3.8**
IT Development	0.5
Frontline Digitisation	3.2
Total	**21.7**

Revenue Plan 2026/27

2026/27 Financial Plan	
Description	**£m**
Income	487.1
Expenditure	(469.6)
Operating Surplus	**17.5**
Net finance costs	(16.6)
Surplus for the Year	**0.9**
Allowable Adjustments:	
Remove I&E impact of capital grants and donations	0.2
Other adjustments	(1.1)
Adjusted Financial Performance for the Year	**0.0**

The Trust submitted a break even financial plan for 2026/27 on 18 March 2026 on an adjusted financial performance basis. The plan includes a large CIP programme, by its nature, high risk. The plan assumes funding for urgent and emergency care from out of borough and tight controls on areas such as workforce.

Capital Plan 2026/27

Description	£m
Buildings	**8.3**
Theatre 1-4 Refurbishment	0.6
ED Works	1.0
Backlog Maintenance and Lifecycle	2.9
IFRS 16 - Leases	0.5
Estates Safety Fund	3.4
Equipment	**1.1**
Medical Equipment Replacement	1.1
IT	**3.2**
Data Centre / IT Replacement	1.4
ePrescriptions	0.4
Ambient Voice Technology	0.3
Electronic Prescribing Medicine Admin (EPMA)	1.2
Total	**12.6**

Charitable Funds 2025/26

Description	£000
Income	227.0
Expenditure	(259.0)
Gains on Revaluation	56.0
Net Decrease in Charitable Funds	**24.0**

The charity holds funds of £1.5m.

Auditors (information of reserves)

Statement of Disclosure to Auditors

Each individual who is, or was, a member of the Group 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

Date: 23 June 2026

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 1.25.12.0C for the year ended 31 March 2026, 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 £1,000,000 between the audited financial statements and the consolidation schedules, with the following exceptions:

- For the parliamentary accountability disclosures (remote contingent liabilities not within the scope of IAS 37 but disclosed for accountability purposes on TAC 22; and losses and special payments and gifts on TAC 29) any differences over £300,000 between the audited financial statements and the consolidation schedules should be reported.
- Centrally-procured inventory – as set out in NHS England TAC completion instructions and financial reporting guidance, 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 58 of the TAC-Completion-Instructions-M12-202526-26-March-2026.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

24 June 2026

Statement of Comprehensive Income

	Note	2025/26 £000	2024/25 £000
Operating income from patient care activities	2	477,642	458,199
Other operating income	3	27,485	24,044
Operating expenses	5,7	(489,173)	(477,137)
Operating surplus/(deficit) from continuing operations		**15,954**	**5,106**
Finance income	9	1,609	1,192
Finance expenses	10	(13,767)	(15,806)
PDC dividends payable		(1,291)	(1,346)
Net finance costs		**(13,449)**	**(15,960)**
Other gains / (losses)	11	123	-
Surplus / (deficit) for the year from continuing operations		**2,628**	**(10,854)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	6	(633)	(2,417)
Revaluations	15	3,221	4,199
Other reserve movements		(96)	-
Total other comprehensive income for the period		**2,492**	**1,782**
Total comprehensive income / (expense) for the period		**5,120**	**(9,072)**

Statement of Financial Position

	Note	31 March 2026 £000	31 March 2025 £000
Non-current assets			
Intangible assets	12	7,898	8,021
Property, plant and equipment	13	241,059	234,394
Right of use assets	16	14,665	16,519
Receivables	18	1,720	1,164
Total non-current assets		**265,342**	**260,098**
Current assets			
Inventories	17	2,861	3,182
Receivables	18	25,202	20,665
Cash and cash equivalents	19	52,233	36,745
Total current assets		**80,296**	**60,592**
Current liabilities			
Trade and other payables	20	(72,066)	(52,948)
Borrowings	22	(10,230)	(10,047)
Provisions	23	(860)	(1,546)
Other liabilities	21	(1,124)	(2,610)
Total current liabilities		**(84,280)**	**(67,151)**
Total assets less current liabilities		**261,358**	**253,539**
Non-current liabilities			
Borrowings	22	(174,313)	(178,875)
Provisions	23	(257)	(271)
Total non-current liabilities		**(174,570)**	**(179,146)**
Total assets employed		**86,788**	**74,393**
Financed by			
Public dividend capital		283,327	276,052
Revaluation reserve		68,012	70,461
Income and expenditure reserve		(264,551)	(272,120)
Total taxpayers' equity		**86,788**	**74,393**

The notes on pages 7 to 53 form part of these accounts.

Signed: Chadwick-Bell

Joe Chadwick-Bell, Group Chief Executive

Date: 23 June 2026

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2026

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' equity at 1 April 2025 - brought forward	**276,052**	**70,461**	**(272,120)**	**74,393**
Surplus/(deficit) for the year	-	-	2,628	**2,628**
Impairments	-	(633)	-	**(633)**
Revaluations	-	3,221	-	**3,221**
Transfer to retained earnings on disposal of assets	-	(5,037)	5,037	**-**
Public dividend capital received	7,275	-	-	**7,275**
Other reserve movements	-	-	(96)	**(96)**
Taxpayers' equity at 31 March 2026	**283,327**	**68,012**	**(264,551)**	**86,788**

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

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' 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' equity at 31 March 2025	**276,052**	**70,461**	**(272,120)**	**74,393**

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.

Income and expenditure reserve

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

Statement of Cash Flows

	Note	2025/26 £000	2024/25 £000
Cash flows from operating activities			
Operating surplus / (deficit)		15,954	5,106
Non-cash income and expense:			
Depreciation and amortisation	5.1	15,428	14,790
Net impairments	6	4,155	5,979
Income recognised in respect of capital donations	3	(1,954)	(4,189)
(Increase) / decrease in receivables and other assets		(5,060)	(2,336)
(Increase) / decrease in inventories		321	620
Increase / (decrease) in payables and other liabilities		15,004	4,710
Increase / (decrease) in provisions		(700)	1,371
Net cash flows from / (used in) operating activities		**43,148**	**26,051**
Cash flows from investing activities			
Interest received		1,609	1,192
Purchase of intangible assets		(2,378)	(507)
Purchase of PPE		(17,007)	(22,974)
Sales of PPE		51	-
Receipt of cash donations to purchase assets		1,954	10,858
Net cash flows from / (used in) investing activities		**(15,771)**	**(11,431)**
Cash flows from financing activities			
Public dividend capital received		7,275	19,489
Capital element of lease rental payments		(1,455)	(1,970)
Capital element of PFI, LIFT and other service concession payments		(8,462)	(7,906)
Other interest		(13)	-
Interest paid on lease liability repayments		(156)	(189)
Interest paid on PFI, LIFT and other service concession obligations		(7,725)	(7,821)
PDC dividend (paid) / refunded		(1,353)	460
Net cash flows from / (used in) financing activities		**(11,889)**	**2,063**
Increase / (decrease) in cash and cash equivalents		**15,488**	**16,683**
Cash and cash equivalents at 1 April - brought forward		**36,745**	**20,062**
Cash and cash equivalents at 31 March	19.1	**52,233**	**36,745**

Statement of the Chief Executive's Responsibilities as Accountable Officer

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

Date: 23 June 2026

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 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

Date: 23 June 2026

Signed: 

Kevin Stringer, Group Chief Financial Officer

Date: 23 June 2026

Certificates on Summarisation Schedules

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

Summarisation schedules numbers TAC01 to TAC34 and accompanying WGA sheets for 2025/26 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 England, or any deviation from these policies has been fully explained in the Confirmation questions in the TAC schedules
2. I certify that the TAC schedules are internally consistent and that there are no validation errors.
3. I certify that the information in the TAC schedules is consistent with the financial statements of the NHS Trust.

Signed:

Kevin Stringer, Group Chief Financial Officer

Date: 23 June 2026

Chief Executive Certificate

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

Signed:

Joe Chadwick-Bell, Group Chief Executive

Date: 23 June 2026

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。

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