Walsall Healthcare NHS Trust
Annual General Meeting

Wednesday 23 September 2026
Sister Dora Lecture Theatre
3rd Floor, MLCC, Walsall Manor Hospital

Time	Item Description	Lead
13:00-13:15	Arrivals and seating	
13:15-13:25	Chair's Welcome, Apologies & Confirmation of Quorum	Sir David Nicholson
13:25-13:30	Minutes of the Previous Annual General Meeting held on 16 September 2025 To receive for approval	Sir David Nicholson
13:30-14:05	The Annual Report Summary and Financial Position (Audited Accounts) 2025/26 Incl: • Video: Review of the Year 2025/26 • Community Voice (Testimonials)	Joe Chadwick-Bell Kevin Stringer Christian Ward
14:05-14:25	Questions from the Public	Sir David Nicholson Joe Chadwick-Bell
14:25-14:30	Closing Remarks	Sir David Nicholson

Minutes of the Annual General Meeting (AGM) of Walsall Healthcare NHS Trust
Annual General Meeting (AGM)
Held on Tuesday 16 September 2025 in the MLCC, Meeting Room 10,
Walsall Healthcare NHS Trust

Present

Sir D Nicholson	Group Chair
Ms J Chadwick-Bell	Group Chief Executive
Mr K Stringer	Group Chief Financial Officer
Mr S Evans	Group Deputy Chief Executive/Group Chief Strategy Officer
Dr Z Udin	Chief Medical Officer
Ms S Cartwright	Group Chief Community and Partnerships Officer
Ms R Barber	Group Associate Non-Executive Director
Ms A Godson	Managing Director
Mr M Levermore	Group Non-Executive Director

Apologies:

Mr P Assinder	Deputy Chair
Ms A Heseltine	Group Associate Non-Executive Director
Ms L Cowley	Group Non-Executive Director
Ms L Carroll	Chief Nursing Officer

In attendance:

Ms C Whyte	Deputy Chief Nurse Officer (representing Ms L Carroll)
Mr K Bostock	Group Director of Assurance
Ms T Faulkner	Head of Communications
Ms J Toor	Senior Operational Coordinator (Minutes)

AGM001/25	**Chair's Welcome and Introductions** Sir David introduced himself as the the Chair of Walsall Healthcare NHS Trust and advised of his Group role as Chair of the Royal Wolverhampton NHS Trust, Sandwell and West Birmingham NHS Trust and the Dudley Group NHS Foundation Trust. He welcomed everyone to the Annual General Meeting for Walsall Healthcare NHS Trust and confirmed the meeting as quorate.
AGM002/25	**Register of Declarations of Interest** Sir David confirmed that there were no further declarations of interest received that were pertaining to the agenda that had not already been received and published.
AGM003/25	**Minutes of the previous Annual General Meeting held 24 September 2024** The minutes from the AGM held on 24th September 2024 were approved as a true and accurate record.
AGM004/25	**Review of the Year 2024-25** Sir David said it had been a remarkable year for the Trust and welcomed Ms Chadwick-Bell as the Chief Executive to provide the detail on the achievements and performance of the Trust over the last 12 months. Ms Chadwick-Bell thanked the Chair for his introduction and welcome and confirmed that she was the Group Chief Executive at Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust. She presented a summary of her Chief Executive Officer's report on the review of the year and advised that the detail of the content of her report was available in the Annual Report for 2024-25 which was available on the Trust's website. Ms Chadwick-Bell said as she had joined the Trust in January 2025. She advised that as well as her role as the new CEO, there had been several other changes to the Board of Directors and the wider Executive team, and that the Board and Executive was now a more condensed team compared to a year ago. Ms Chadwick-Bell reported that: - the Trust was a high performing organisation across all their access targets and waiting times. She said there were however financial challenges which Mr Stringer, Chief Financial Officer, would

reference in his presentation. She said it was important to get the correct balance of what a well-led organisation looks like;

- there had been a significant increase in urgent care emergency flows into the Trust, but a significant amount of resource was also in place as part of planned changes to the system;
- Martha's Rule has been rolled out across Walsall and Wolverhampton Trusts and that the Trust had hosted the National and Regional teams with Martha's mum also visiting the Trust. She said that the Trust had a real focus on patient safety and should be proud of work that was being undertaken for patient safety. She reported that the Trust had become a pilot site for the introduction of Martha's rule and had established a dedicated phone line as part of this project;
- the Trust had launched their five-year strategy in 2022 and she reflected on what had been achieved which had included cardiac rehabilitation outcomes for patients, virtual wards and community services, electronic feedback systems and the launch of an initiative to support mums to be and babies against whooping cough. She reported that the urgent emergency care centre had received a national award with partners Tilbury Douglas;
- Carrie Galvin had become Walsall's first Digital Nurse, offering clinical input to IT colleagues and reassurance to clinicians as part of new IT initiatives which is part of NHS England's vision to digitalise healthcare. She said a new simulation support had been opened to support staff with training in different scenarios within healthcare;
- the Emergency Department had begun to offer patients routine HIV, Hep B and Hepatitis blood tests which was a national initiative;
- the Trust had teamed up with GP colleagues as part of the Walsall Together Partnership, offering a GP led service to patients;
- Nurse Ewelina Roczniak had become a national specialist for patients with inflammatory bowel disease and this would help enhance patient care;
- Walsall's Midwifery-Led Unit marked its first anniversary since moving into the Manor Hospital site. She also reported that the extension of the 'life-changing' clinic set up to help asthma patients – the Trust's yearlong study had enabled severe asthma suffers to have biological injections for the first time which replaced steroids and allowed patients to cut their use of inhalers;
- the Trust recognised the increased demand for services and the need to fundamentally change how care pathways were delivered and how they could be better delivered out of hospital settings and supporting patients to stay at home for longer and with better outcomes. She said the Trust was proud of their community services and thanked Ms Cartwright and her team for all their work with community services. She said the Trust was working strongly as a neighbourhood for a while now and this was now part of the 10-year plan. She reported that Walsall Together, the Trust's partners across health and social care, had been announced as one of 43 national pilot sites to take forward and enhance the delivery of care in neighbourhoods

Ms Chadwick-Bell thanked all staff, volunteers and voluntary sector services at the Trust for their hard work and support to the Organisation. She introduced Dr Din and Ms Whyte to present their report on the quality priorities in 2024/25.

Dr Din thanked Ms Chadwick-Bell and presented on the 3 specific aspects of quality and reported that to manage the urgent and emergency care and patient flow they had undertaken the delivery of the UEC pathway improvement plan, embedded additional capacity to manage the demand from the changes in patient flow due to the opening of the Midland Metropolitan Hospital, extending the hours of the urgent community response team to ensure capacity across 24/7 and improved the performance of intermediate care service across all pathways to deliver a lower average number of patients with no criteria to reside and therefore a reduced average length of stay.

Ms Whyte referred to Martha's rule and the visit from the national team and thanked Amy Blakemore the Trust's Matron for Critical Care Outreach and Sepsis Team. She said Ms Blakemore had done an amazing job leading Martha's Rule and the wider deteriorating patient agenda. She said the Trust had introduced 1 component of Martha's rule with a plan to roll this out further which would include the 'wellness' question to patients daily.

Sir David thanked Dr Din and Ms Whyte for their presentations.

	Mr Stringer said that the financial statement and financial performance summary were available within the Annual Report. He advised that it had been a challenging year within urgent and emergency care. He said that whilst the Trust had delivered its recovery plan due to the financial challenges it had been unable to break even for the end of the financial year. Mr Stringer reported that WHT had delivered an actual £8.2m deficit (following some technical changes) and the breakeven performance due to that deficit had deteriorated to a position of £74.3m deficit. He said capital resource was at £20m, cash balance was strong and performance measure for local supplier payments was at about 91%. Mr Stringer advised that the accounts had been audited by Grant Thornton and thanked the Board, Commissioners and budget managers, residents and businesses. Mr Stringer said that for income and expenditure, the Trust had about £492m of income and a deficit of £10.9m and reported an adjusted financial performance deficit for the year of £8.2 due to some technical changes. Mr Stringer provided an illustration of the breakdown of income and expenditure. He advised that the biggest category in staffing costs was nursing at £96.1m and medical and dental £81m and both accounted for 50% of staffing costs. Mr Stringer clarified that NHS Infrastructure support included all medical secretaries and admin support were built into that number and this was a categorisation agreed by NHSE. He reported that capital expenditure was £20m, advising of the breakdown of costs and with the biggest expenditure as the new ED shell at £6.2m. Mr Stringer said major expenditure included expanding the Urgent and Emergency Care Centre and MU. He said refurbishment was a big challenge for the Trust. The PFI element was the front of the Hospital, but the rest of the Hospital was now becoming aged. Mr Stringer said looking forward to 2025/26, there were already challenges for resources across the NHS and local localities. He said that the Trust had efficiency challenges of 6.2% in 2025/26 and the Board was discussing how to manage these issues. He advised that the Trust was part of a 10-year plan moving into different funding arrangements – moving from acute to community, how services could be re-incentivised and funded were being reviewed. Mr Stringer reported that the Trust was planning to break even, but this would be a significant challenge and included a NHSE deficit support funding of approx. £28m and challenges remained around modernising the estate. Sir David thanked Mr Stringer.
AGM005/25	**Questions** Sir David advised that he had received 2 questions received from members of the public and welcomed Mr Bill Ellens who was in attendance. Mr Ellens queried how Walsall Manor Hospital NHS Trust was mitigating the effects of pollution on staff and patients within the hospital site and the wider environment in Walsall. He advised that he had been monitoring pollution levels and asked if there could be a programme such as the smoking programmes to discourage people from smoking and other factors of pollution, such as how they cook indoors and as an awareness of the effects which could be detrimental to their health. Sir David said this was an important question and of interest to the Trust which sees the consequences of pollution to their patients. Mr Evans said it is one of the things the Trust must take seriously as a regulated organisation. He said the Trust must commit to 'Net-Zero' and the NHS was the first healthcare organisation that had committed to this. Mr Evans reported that WHT were a key partner in the Net Zero Partnership happening across the Borough and the Trust's Head of Sustainability was on that panel as the vice-chair. He said some of the

	queries raised by Mr Ellen described was the Net Zero Partnership were doing, and they recognised their contribution within that. Mr Evans advised that on site, the Trust hosts air pollution monitors and send their data to that partnership but there was more the Trust could do – such as anaesthetic gases and advised that Walsall had reduced its' usage by 97%. He advised that for food waste the Trust had almost eliminated food waste going to landfill with a 98% reduction. Mr Evans reported that WHT could do better in finding better ways of interaction for patients with the Hospital so that they were not attending on site, i.e. telephone, video consultation. He said the Trust was looking at how they could restrict the number of contacts which contribute to air pollution. He said the Board had received and approved the Trust's Green Plan earlier today. Ms Maureen Chance and Ms Margaret Hand, Volunteers at the Trust asked about the wheelchairs and whether more were available. Ms Whyte said this was an issue which they have had for a while now. She said that WHT Charities had supported the purchase of new wheelchairs, but these were not being returned and the Trust was reviewing the matter and looking to an alternative for wheelchairs which Mr Garry Perry, Director of Patient Voice was leading on. She said she would speak to Ms Chance and Ms Hand outside of the AGM to discuss involvement in the Trust's Patient Involvement Group. Mr Ellens said The Royal Wolverhampton NHS Trust had a different process in place for dealing with smoking at the hospital compared to Walsall Hospital. He said that smoking outside, on hospital premises was a big problem with staff and patients and said it was sad to see that people did not have respect for areas, such as the memorial garden, and that the Trust needed to do more. Ms Chadwick-Bell agreed that smoking on site was a problem for Trusts. She said there was a policy for not smoking but allowed vapes, however, it was difficult to break behaviours. She said that more conversations with staff were needed to come up with solutions as well as bringing these discussions into public and patient engagement and community conversations. Mr Bill Ellens asked about the use of heat pumps. Mr Evans said heat pumps were part of the Trust's decarbonisation plan. He said they could be an expensive solution and work was required to figure out where to place these. He said the Government were aware, but this could not be supported now. Mr Evans agreed to speak to Mr Bill Ellens outside of the meeting for his ideas and suggestions. A question regarding car parking was raised and how the Trust could eliminate the issues for this. Ms Chadwick-Bell said that there were difficulties with identifying enough places and encouraged staff and visitors to come via other means or consider car sharing. She said how they deliver care may help patient parking i.e. offsite – development of community services. Sir David thanked everyone for attending recognising the many achievements that had been made at Walsall and thanked all for the suggestions made and said that these would be taken forward. **Meeting was closed.**