

**WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST**  
**ANNUAL REPORT 2024/25**

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## A Welcome from our Chair and Chief Executive

For Worcestershire Acute Hospitals NHS Trust, as for the rest of our Foundation Group and the NHS as a whole, 2024/25 was another challenging year, but it was also a year in which we saw significant progress and improvements in a number of important areas.

Locally, the long-running challenges facing our urgent and emergency care services continued to result in a poor experience for too many of our patients, as well as adversely impacting on our staff and our system partners.

We apologise to patients who faced long waits in our ED waiting rooms, or on the back of ambulances, while also recognising the huge effort being made by our urgent care teams and colleagues in the rest of our system to find sustainable solutions to the relentless pressure on our 'front door.'

Innovations detailed later in this report, such as our Ambulance 'Pit Stop' at Worcestershire Royal and our increased use of Same Day Emergency Care Services, are starting to have a positive impact but we have a great deal more to do in 2025/26 to deliver an improved patient experience across our urgent and emergency care services.

Our teams have also worked hard over the past year to reduce the number of patients on our waiting lists for planned care as well as improving access to tests and treatment for our cancer patients.

You will see from the detail set out over the following pages that although we still have too many patients facing a long wait for their planned treatment, we have seen significant improvements across a wide range of elective and cancer performance targets – improvements which mean better outcomes for more of our patients.

We remain resolutely focussed on improving experience of care and reducing waiting times for all our patients – and key to that is nurturing our people, improving recruitment and retention, underpinned by delivering a better experience of work for all our staff.

As a measure of staff engagement and satisfaction, our 2024 Staff Survey results showed a significant improvement on previous years, both in terms of participation and improved scores across all seven of the People Promise themes. This encouraging progress was also consistent with improvements we saw in staff sickness, turnover and number of vacancies.

In terms of delivering best value for the 'Worcestershire pound' we also achieved our (adjusted) financial target for the year, and in the process delivered improved efficiency savings of more than £45 million.

2025/26 promises to bring fresh challenges – operational and financial – and we will also see the NHS locally, regionally and nationally going through a major restructuring.

However, working collaboratively across our hospitals, across our system and our group, we are in a strong position to build on the progress we made in 2024/25.

We have a new set of Trust values, developed from a wide-ranging colleague engagement exercise, a new strategic vision co-designed with our staff and stakeholders and a new patient voice strategy to help keep the people we care for at the heart of how we plan, develop and deliver our services.

We would like to thank our staff for their continuing commitment and dedication, our system partners and our stakeholders for all their support. We would also like to make clear to everyone in

the communities we care for that we remain absolutely committed to delivering the best, safest, most compassionate healthcare possible for everyone who needs it.

We hope you find this annual report informative and useful and we look forward to sharing our progress with you over the coming months and years.

**Russell Hardy MBE, Chair**

**Glen Burley, Chief Executive**

# Performance Report

## Performance Overview

The purpose of this section is to describe the Trust's purpose and its performance and the key risks to achievement of its objectives during the year.

### Chief Executive Officer's Statement on Performance

The Trust faced significant financial challenges during the year and established a Financial Recovery Board in August 2024 to enhance the Trust Board's oversight of delivery of the financial plan, including the Cost and Productivity Improvement Plan. Through this focus and the dedication of our teams, we were able to deliver a revised plan agreed during the year with NHS England.

Key areas of operational challenge impacting financial performance included urgent and emergency care. During the year, the number of people attending our Emergency Department increased, impacting our ability to meet our targets for the time people and ambulances were waiting. Admitting all those patients needing urgent care was challenging due to issues with length of stay in hospital and challenges arranging discharge to appropriate community settings for many patients who were medically fit to do so. In order to create capacity in the Emergency Department and reduce waiting times for urgent care, we admitted high numbers of people to temporary escalation spaces within our hospitals, particularly during the winter period. This is not the best experience for our patients, however, and meant we struggled to reduce our reliance on temporary staff on our wards, which impacted financial performance.

We worked with partners on a range of initiatives to improve this, focused on reducing the numbers of people needing to access emergency services, improving their experience within the Emergency Department and generally improve the flow of patients through our services. A particularly successful initiative was our Ambulance Pit Stop, which successfully diverted some ambulances to our Same Day Emergency Care Services or to community services where appropriate, which alleviated some of the pressure on the Emergency Department and reduced ambulance turnaround times.

Against this backdrop it was pleasing that we were able to meet our elective recovery and cancer targets and reduce the number of very long waits for our services, though there is more to do, particularly for diagnostics.

These achievements within such challenging environment were only possible through the dedication and commitment of our staff. It was therefore really positive to see improvements in our staff survey results and the high levels of engagement during the latter part of the year when we consulted with staff on our new strategy and values.

### Trust's Purpose and Activities

Worcestershire Acute Hospitals NHS Trust was established on 1 January 2000 and provides hospital-based services to a population of over 603,000 people in Worcestershire as well as caring for patients from surrounding counties and further afield.

Services are provided from three main sites:

- Alexandra Hospital in Redditch
- Kidderminster Hospital and Treatment Centre
- Worcestershire Royal Hospital in Worcester

The Trust also provides community-based services in Bromsgrove, Evesham and Malvern.

The Trust has four clinical divisions: Medicine, Surgery, Women’s and Children and Specialised Clinical Services.

### Foundation Group

The Trust is part of a Foundation Group with South Warwickshire NHS Foundation Trust, George Eliot Hospital NHS Trust and Wye Valley NHS Trust, with a single Chief Executive Officer and Chairman. All four organisations face similar challenges and have a common strategic vision for how these can be solved. The Foundation Group model retains the identity of each individual trust whilst strengthening the opportunities available to secure a sustainable future for local health services and providing a platform to share best practice and improve whole system patient pathways.

### Shared Foundation Group long term strategic objectives and Big Moves



The Big Moves are underpinned by six Strategic Pillars:

- **Quality:** We will improve the experience, outcomes and safety of people accessing our services. We will embed a culture that is open to change and through Quality Priorities we will focus on improvement that will support people to live healthier, happier lives.
- **Workforce:** Our staff are our organisation. The retention, happiness and wellbeing of our workforce is essential. We want the Trust to continue to be an employer of choice, attracting the very best.
- **Productivity:** Making the best use of our limited resources and maximising the benefits of Foundation Group working will help us to be an efficient and effective organisation. We will respond to national programmes and develop a financial and operational strategy that makes us sustainable for future healthcare delivery.
- **Digital:** Digital solutions can enhance services and patient experience. We have an opportunity to use technology and data to transform care and experience for our staff.

- **Sustainability:** We recognise our environmental obligations and we are committed to minimising our impact on the local environment and helping to improve it.
- **Research:** We will create a culture which harnesses and supports research opportunities and improved access to clinical research.

The principal risks to achievement of these priorities are set out in the Board Assurance Framework as follows.

Strategic Priority	Principle Risks to Achievement
Workforce	Risk to staff health and wellbeing due to operational pressures.
	Risk of a failure to sustain a positive change in organisational culture.
	Risk of insufficient workforce capacity
Productivity/Quality	Ability of the System to manage flow across the Urgent and Emergency Care Pathway
	Delivery of operational capacity plans
	Delivery of financial plan
	Maturity of PLACE
	Tertiary Partnerships
Digital	Cyber Security
	Digital infrastructure
Sustainability	Carbon reduction
All	Insufficient capital funds to deliver Trust's objectives

### Integrated Care System

The Trust is part of the Herefordshire and Worcestershire Integrated Care System (ICS). The ICS is responsible for improving health outcomes for the local population, reducing health inequalities and supporting broader social and economic development. The Integrated Care Board does this through ensuring effective joined up working with local partners across health, social care, voluntary and community sectors and the allocation of NHS resources to ensure services are in place to deliver the jointly agreed ambitions.

### Performance Appraisal

The following performance analysis describes how the Trust performed in 2024/25 on key objectives, including:

- Delivery of financial plans.
- Achievement of national operational and performance targets.
- Achievement of quality priorities and targets.

The Trust achieved its revised financial plan for 2024/25 and delivered its Cost and Productivity Improvement Plan (CPIP). Supporting this delivery was a substantial reduction in expenditure on temporary staffing, though we still have a significant challenge on this in 2025/26.

Operational performance was strong in a number of areas, including elective and cancer services and many of our workforce indicators. Improvements in the quality of our services was also noted in a number of areas by the Care Quality Commission.

However, Urgent and Emergency care was very challenged, with high numbers of attendances at our Emergency Department (ED), including a record 8,200 patients at the Worcestershire Royal Hospital ED in March 2025 – a 10% increase on the previous year. Not only did this mean we struggled to achieve our performance targets, the long waiting times in ED were also a poor experience for our

patients. To alleviate the pressures in Urgent and Emergency Care we opened temporary escalation spaces in our wards so we could admit more patients that needed inpatient care. Although winter was a particularly challenging period, this continued into spring, which meant our temporary escalation spaces remained open, creating risks to both workforce stability and our financial position throughout 2024/25 and into 2025/26.

The analysis below describes the ways these risks were managed and mitigated during the year.

At the end of the year we reviewed our progress on delivering out strategic priorities and consulted with staff and other stakeholders on a new strategy for 2025/26 and beyond. Our Board Assurance Framework will be updated to reflect the most significant strategic risks aligned with this new strategy.

### Going Concern

International Accounting Standard 1 requires management to assess, as part of the accounts preparation process, the Trust's ability to continue as a going concern. In the context of non-trading entities in the public sector, the anticipated continuation of the provision of a service in the future is normally sufficient evidence of going concern. The financial statements should be prepared on a going concern basis unless there are plans for, or no realistic alternative other than, the dissolution of the Trust without the transfer of its services to another entity. During 2024/25 the Trust's operations were fulfilled within the context of an annual financial plan. In 2024/25 the Trust delivered an adjusted deficit of (£5.6)m, which was in line with the plan produced in April 2024. In the 2025/26 plan the Trust forecasts an adjusted deficit of £47.3m. This has been agreed in conjunction with Herefordshire and Worcestershire ICB.

The Directors have carefully considered the principle of going concern. The Trust has agreed contracts with its local commissioners for 2025/26. Services continue to be commissioned in the same manner as in prior years and there are no discontinued operations. The Trust's strategic partnership with the Foundation Group also continues to provide executive leadership and support to the Trust. The Board has thus concluded that the Trust remains a going concern and the going concern basis has been adopted for the preparation of the accounts. Further details on going concern can be found within the disclosure within the financial statements.

## Performance Analysis

This section provides a summary of how we measure performance, a detailed integrated performance analysis and long-term expenditure trend analysis.

### Measuring and Monitoring Performance

The Trust reports each month on a large dataset covering operations, quality, workforce and finance, which is consistent across the Foundation Group, enabling useful comparison and benchmarking. The dataset includes national targets set by NHS England, measures aligned to our annual Trust objectives and other data agreed by the Foundation Group trusts as key measures for Board oversight.

Performance is overseen by the Trust Board and a number of committees, including Quality Committee, Financial Recovery Board and Finance and Performance Executive Committees. Key Performance Indicators (KPI) are included in an Integrated Performance Report, which is reviewed at each meeting of the Trust Board in public, with all meeting papers published on our website to aid transparency.

Key Performance Indicators	
Quality	Summary Hospital-level Mortality Indicator
	Perinatal mortality per 1000 live births
	Staffing shift fill rate (nursing and health care assistants)
	Infection rates
	Annual quality priorities
Operations	ED 4-hour wait
	ED 12-hour wait
	Ambulance handover times
	Cancer: 28 day faster diagnosis standard
	Cancer: 62 day start of treatment
	Referral to treatment: 18 weeks
	52-week waits
	Diagnostics 6-week waits
Workforce	Vacancies
	Turnover
	Sickness
Finance	Performance compared to Financial Plan
	Performance compared to Cost and Productivity Improvement Plan
	Agency staff expenditure as a % of all pay

As well as using KPIs to measure performance against specific targets, KPIs also help identify areas of risk, provide assurance about how well risks are being managed or mitigated and inform our annual Trust objectives. This is reflected in our risk register and Board Assurance Framework.

### Risk Profile

The Trust faced a range of challenges during the year which were assessed as risks to achievement of the Trust's strategic objectives and delivery of its key priorities. The basis of many of these risks is inherent within the wider NHS while others are particular to the Trust as an individual organisation. These challenges are expected to continue into 2025/26 and beyond, impacting the delivery of the Trust's operational performance improvement priorities. The Trust takes these into account when reviewing its strategy. These include:

- Remaining impact of COVID pandemic on waiting lists. This means people are waiting longer for treatment, which creates a risk of people needing urgent care while they wait.
- Increased demand in both numbers and acuity at the Trust's 'front door', linked to and helping to drive long waiting lists.
- Private Finance Initiative (PFI) funded hospital estate, which creates a current and future financial pressure. Ensuring an effective transfer of PFI responsibilities and a fully functioning, well managed estate will be a strategic priority for the Trust over the coming years.
- Workforce pressures in some teams creating 'fragile' services. This will be a key area of partnership working within the Integrated Care System in 2025/26.
- Challenging financial, efficiency and productivity targets, which requires careful balancing to ensure core service delivery alongside productivity and quality improvement.

The Trust Board considers its strategic and operational risks regularly through oversight of the Board Assurance Framework, Risk Register and reports from its committees.

More information on these risks is included within the Annual Governance Statement later in this document.

The impact of these risks and their mitigations is included where relevant in the performance appraisal below.

## Financial Performance

### Statutory basis

The Trust has fulfilled its responsibilities under the National Health Services Act 2006 for the preparation of the financial statements in accordance with the Manual for Accounts and the International Financial Reporting Standards which give a true and fair view in accordance therewith.

### Financial Break-even

In 2024/25, the Trust delivered a deficit of £0.621m. Once adjustments for the reversal of impairments and donations are accounted for this equates to an adjusted deficit of (£5.484)m.

The table below indicates the overall value of the deficit once factors relating to the change in value of tangible assets and other technical adjustments are accounted for.

The Trust break-even duty is calculated based on the retained Surplus/(Deficit) for the year adjusted for asset impairments and revaluations and the impact of donated assets and capital grants received.

In 2024/25 the Trust reported an adjusted deficit of (£5.484)m which was in line with the revised forecast outturn but not within the annual plan agreed with NHSE.

	Actual 2023/24	Actual 2024/25
Financial Position – Income and Expenditure	£000's	£000's
Operational (Adjusted) financial performance surplus/(deficit)	(34,761)	(5,484)
<i>Adjust</i> Remove I&E impact of capital grants and donations	(252)	(217)
<i>Adjust</i> Remove net impairments not scoring to the Departmental expenditure limit	28,600	1,405
<i>Remove</i> PFI revenue costs on IFRS 16 basis	33,729	44,090
<i>Add</i> back PFI revenue costs on an IAS 17 basis (comparative only)	(20,247)	0
<i>Add</i> back PFI revenue costs on a UK GAAP basis	0	(50,222)
<i>Adjust</i> Remove net impact of inventories received from DHSC group bodies for COVID response	58	81
Surplus / (deficit) for the period	(76,649)	(621)

Prior to the Health and Care Act 2022 coming into force, we also had a statutory financial duty to achieve a break-even position on revenue and expenditure taking one year with another. However, our financial performance is now based on agreed financial targets with NHSE. We continue to report on the break-even positions and the table below shows the cumulative performance against the break-even duty for the last five years.

	2020/21 £000	2021/22 £000	2022/23 £000	2023/24 £000	2024/25 £000
Breakeven duty in-year financial performance	6,652	(1,082)	(19,775)	(36,576)	648
Breakeven duty cumulative position	(342,559)	(343,64)	(363,416)	(399,99)	(399,344)
Operating income	559,003	596,391	644,967	699,802	807,328
<b>Cumulative breakeven position as a percentage of operating income</b>	(61.3%)	(57.6%)	(56.3%)	(57.2%)	(49.5%)

NHS trusts also have non-statutory (administrative) duties to meet. These are

- Pay a public dividend capital (PDC) dividend to the DHSC each year. In 2024/25 the PDC dividend was £4.8m (£6.1m in 2023/24).
- Remain within the capital resource limit (CRL)
- Comply with the better payment practice code (BPPC) 178 for the payment of invoices.

Details below for the CRL and BPPC are below:

Capital Resource Limit					
	2020/21	2021/22	2022/23	2023/24	2024/25
	£000	£000	£000	£000	£000
Gross capital expenditure	27,425	52,565	50,899	48,705	27,361
Less: Disposals	-34	-884	-363	-436	-773
Less: Donated and granted capital additions	-968	-218	-289	-371	-375
<b>Charge against Capital Resource Limit</b>	<b>26,423</b>	<b>51,463</b>	<b>50,247</b>	<b>47,898</b>	<b>26,213</b>
Capital Resource Limit	30,434	54,112	51,630	47,898	26,213
<b>Under / (over) spend against CRL</b>	<b>4,011</b>	<b>2,649</b>	<b>1,383</b>	-	-

### Better payment practice code

The trade creditor payment policy of the NHS is to comply with both the Confederation of British Industry (CBI) prompt payment code and the government accounting rules. The Government accounting rules stipulate that, unless otherwise stated, all invoices should be paid within 30 days of receipt of goods or services.

The Trust is measured against a 95% compliance rate target in terms of both value and number of invoices.

Non-NHS Payables	2024/25 number	2024/25 £000	2023/24 number	2023/24 £000
Total non-NHS trade invoices paid in the year	104,278	354,177	100,049	357,448
Total non-NHS trade invoices paid within target	73,595	276,407	90,391	319,099
Percentage of non-NHS trade invoices paid within target	70.6%	78.0%	90.3%	89.3%
NHS Payables				
Total NHS trade invoices paid in the year	2,218	16,783	2,109	21,234
Total NHS trade invoices paid within target	1,107	7,694	1,497	16,186
Percentage of NHS trade invoices paid within target	49.9%	45.8%	71.0%	76.2%

It can be seen in the table above that in invoice volume terms the Trust declined in its performance against the Better Payment Practice Code during 2024/2025. The Trust is making improvements in efforts to achieve the 95% target for 2025/26.

### Performance against Plan

The Trust set out a four-year financial strategy in quarter 4 of 2023/24 that identified the key influenceable and uninfluenceable drivers of the deficit and a trajectory to move from an underlying deficit of £92.9m to a deficit of £52m by 2027/28. The strategy identified a projected deficit of £92.9m in 2024/25 after Cost and Productivity Improvements (CPIP) of £24m (3.2%).

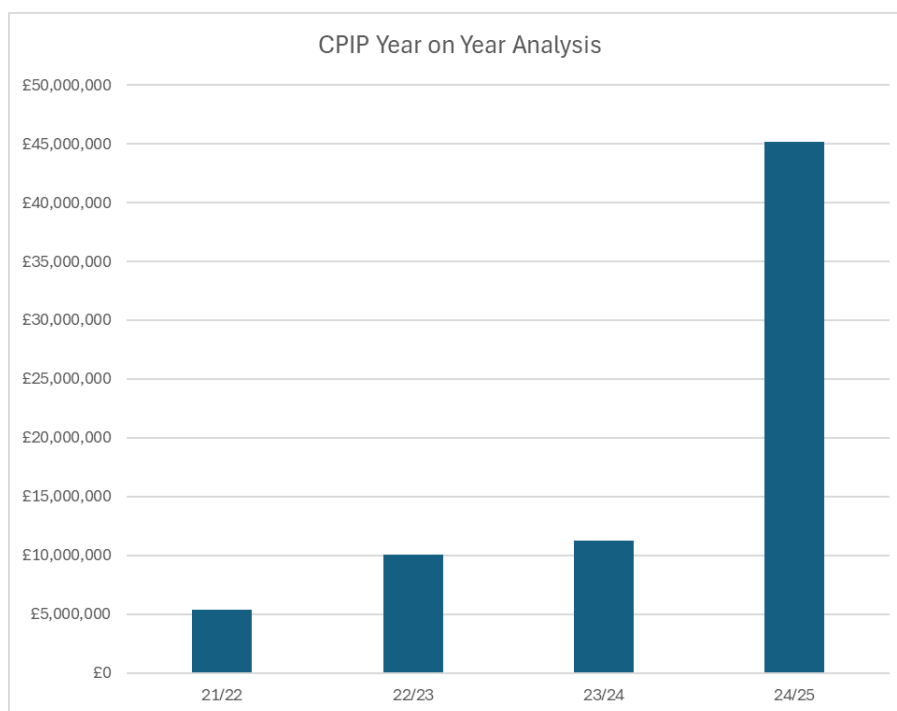
The Trust's Annual Plan for 2024/25 was subsequently developed in conjunction with ICS partners as part of the annual planning process set out by NHSE and culminated in a much more challenging deficit plan of £57.3m. As part of the sign off process with NHSE the Trust was required to further focus on managing down expected cost pressures and to increase its CPIP expectations to £45m

(6%). The Board acknowledged that the plan was ambitious and would require tight management to deliver the performance standards and objectives within this financial resource envelope. The plan was amended in month 6 to reflect national deficit support funding of £51.7m leaving a revised deficit plan of £5.7m.

The 2024/25 financial plan focussed on improving productivity and efficiency in all areas of the Trust. As at 31 March 2025 the Trust’s adjusted financial performance, excluding impairments and the impact of donated assets, was a deficit of £5.484m, an improvement of £0.2m against the plan.

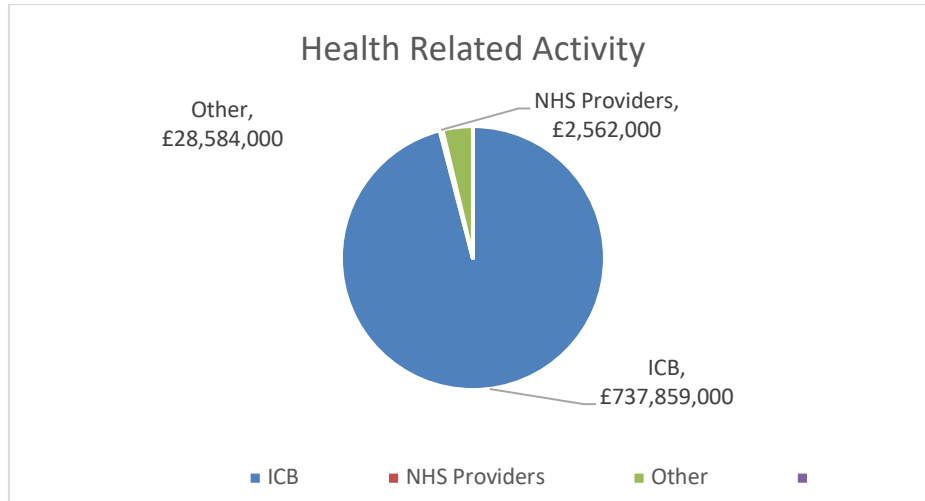
A significant contributory factor has been the achievement of the largest CPIP that the Trust has delivered in recent times totalling £45.2m of which £34.9m has been achieved recurrently. Our target for 2024/25 was a challenging £45.148m (5.8%). The schemes included significant savings in areas such as management of non-pay expenditure (c£6m) and Divisional improved productivity schemes (c£9m).

The chart below shows how the Trust has significantly increased its Cost & Productivity Improvement Programme (CPIP) performance in 2024/25 compared to previous years.



### Resources – Income and Expenditure

The Trust generated income of £809.4m which includes £2m finance income during 2024/25. The chart below identifies income received from different sources for health-related activity. The largest share of income is derived from Integrated Care Board (ICB) with the primary source being NHS Herefordshire and Worcestershire ICB.

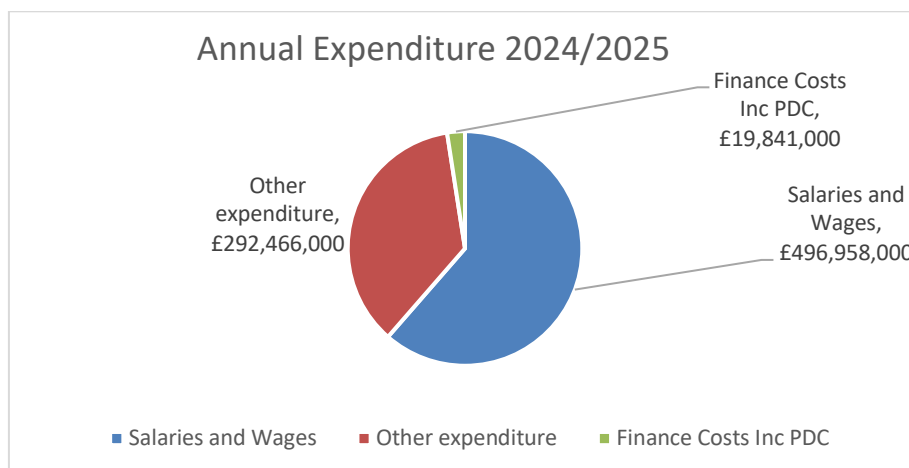


The Trust was financially incentivised under the national Elective Recovery Fund (ERF) programme to generate additional elective activity in support of improved performance against waiting times and numbers of patients waiting. We delivered a plan equating to 123.9% of the 2019/20 value-based activity baseline against a plan of 120.8%, providing a contribution to the improved financial performance of the Trust.

ERF Performance is detailed in the table below.

Worcestershire Acute Hospitals NHS Trust															
National Target 24/25	Plan	Prior year	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	YTD
104.3%	120.8%	109.3%	118.2%	118.0%	120.7%	125.1%	125.1%	126.1%	126.4%	124.0%	123.6%	128.9%	126.0%	124.3%	123.9%

Annual expenditure incurred in the year totalled £809.3m, which includes £19.8m on finance costs and PDC dividend. Salaries and wages paid to permanent and temporary staff, including those employed through agencies, totalled £497m. Total expenditure on goods and services amounted to £292.5m.



## Resources – Capital Expenditure

The Trust spent £27.4m on capital investments during 2024/25 in line with the final plan for the year. The most significant elements within the capital programme were:

2024/25 Capital Expenditure	2024/25 £000
Clinical Equipment	7.0
Strategic Schemes	5.4
Other Estates Schemes	9.2
Digital	4.5
Lease additions and modifications	1.2
Total Capital Expenditure	27.4

Provider revenue (cash) support (PDC) of £17.750m was received during the year and £51.656m of deficit support funding was received due to the planned deficit of the Trust.

The Trust received £12.364m of Public Dividend Capital (PDC) to support targeted capital schemes, which included £7.1m for the Alexandra Hospital Fire safety scheme and £2.3m for RAAC at Kidderminster.

The Trust ended the year with a positive cash balance of £35.2m ensuring compliance with its external financing limit. Cash support of £17.75m was received during 2024/25 due to the timing of the deficit funding allocations.

The current CQC Use of Resources (UOR) assessment rating of the Trust is Inadequate and as such the Trust set up a Financial Recovery Board to meet monthly to oversee the delivery of its overarching financial recovery. Divisions are held to account through monthly executive-led Finance and Performance Executive meetings that are observed by non-executive members of the Board. Finance reports are provided to Board as part of the Trust's Integrated Performance Reports that triangulate quality, finance and performance

Performance against financial objectives is monitored and actions identified through a number of channels:

- Approval of annual budget (and in year material changes) by the Trust Board.
- Detailed monthly review by the Finance and Performance Executive (FPE) on key performance indicators covering finance and activity.
- Detailed monthly review by the Finance Recovery Board (FRB) on performance against the financial recovery plan.
- Monthly oversight of the delivery of Cost and Productivity Improvement Plans (CPIP) by both the FPE and FRB.
- Monthly Trust Management Board meetings where key operational decisions are made and financial performance reviewed.

- Regular Budget Holder meetings.
- Monthly ICS Finance Committee meetings to review the financial performance and forecasts of system partners and oversee system financial strategy.
- Quarterly ICS level review meetings with NHSE Regional Office.
- Monthly Capital Planning & Delivery Group meetings.
- Monthly Strategic Programme Board meetings.
- Regular CPIP work stream meetings.
- Rapid improvement events and reporting to reflect targeted benefit realisation and improvements.

### Looking Forward to 2025/26 and Beyond

The year ahead remains extremely challenging given the national economic climate and the continued drive for restoration of services to pre pandemic levels and beyond to deliver the Government's pledge on constitutional standards against a backdrop of increasing demand for urgent and emergency care services. The funding made available for 2025/26 will mean that the Trust will need to target savings of £53m which equates to 6.6% of turnover. The benchmarking statistics suggest that there is still significant opportunity for improved productivity and efficiency to support improvement in our financial performance and the Trust will use these to target savings and build on the successful delivery of year one of the financial strategy.

The 4-year financial strategy will be updated to reflect the positive performance of 2024/25 and reflect the more challenging trajectory to address the underlying deficit.

Our strategy is a productivity led strategy blended with cost reduction schemes in key areas of influence, for example agency spend and procurement of supplies and services. Moving to a lower quartile cost base for a number of high-cost services will support a significant improvement in productivity and efficiency. We have a number of workstreams including Theatres, Outpatients and Hospital Flow that will support improved productivity and increased elective income at a lower marginal cost by using existing capacity to replace expensive insourced/outsourced contracts. Where opportunity does not exist to repatriate activity back in-house, we will look to turn productivity into efficiency opportunities by removing high-cost internal capacity in the first instance.

We are also working with our system partners on alignment and management of system wide bed capacity across acute and community settings to support a reduction in length of stay supporting a reduction in our cost base.

The Trust capital for 2025/26 is part of the overall Herefordshire and Worcestershire ICS capital resource. This is collectively prioritised against the most urgent schemes across the system and has been agreed for 2025/26. The Trust has limited capital resources available for urgent schemes and backlog maintenance. There is recognition that there is insufficient resource to accommodate all priorities and the Trust will therefore need to risk assess its programme for the highest priority schemes deferring some much needed backlog maintenance and equipment replacement programmes. We will continue to work with system and regional partners on opportunities to increase the available resources via external bids.

The audited financial statements are attached to this report and give a more detailed understanding of the financial position.

### Pension Liabilities

Within the annual accounts, ongoing employer pension contribution costs are included within employee costs (see Note 9 to the annual accounts for more detail).

Past and present employees are covered by the provisions of the NHS pension scheme. Details of the benefits payable under these provisions can be found on the [NHS Pensions website](#).

### Statement of Disclosure for Auditors

The Trust Board considers that the annual report and accounts, taken as a whole, is fair, balanced and understandable, and that it provides the information necessary for patients, regulators and stakeholders to assess our performance, business model and strategy. The directors' responsibility for preparing the annual report and accounts is outlined in the Accountability Report and Annual Governance Statement.

The Trust Board has prepared this Annual Report to provide a fair, balanced and understandable analysis of the Trust. This includes the strategy moving forward as well as a review of last year's progress.

### Operational Performance Analysis

#### NHS Oversight Framework Priorities

The overall priority for the NHS in 2024/25 remained the recovery of core services and productivity and the improvement of patient outcomes and experience. Key to the achievement of this in acute services was improvement of Accident and Emergency (A&E) waiting times, reducing elective long waits and improving performance against the core cancer and diagnostic standards.

Where available, prior year data is provided for comparison.

#### a. Urgent Care

Improving our Urgent and Emergency Care (UEC) pathway was a key priority and area of challenge for the Trust throughout 2024/25.

**Measure: Improve A&E waiting times (compared to 2023/24) with a minimum of 78% of patients seen within 4 hours in March 2025**

This national standard requires all patients to be seen, treated and either admitted or discharged within four hours of presentation at the Emergency Department (ED). This includes both our emergency departments at Worcestershire Royal Hospital and the Alexandra Hospital and our Minor Injuries Unit (MIU) at Kidderminster, as well as MIUs in the community (for example Evesham and Malvern).

March 2025	<b>66.0%</b>
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Comparison with previous years (full year performance):

2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
75.8%	84.1%	72.2%	65.2%	64.7%	63.8%

Due to the increased demand for inpatient care seen through our ED, it was necessary to admit some patients to Temporary Escalation Spaces (TES) in wards and departments across the Trust, which increased pressure on the workforce across all professions, which in turn impacted our discharge processes and the ability to deliver our elective care priorities.

The Trust focused on improving this position throughout the year through a number of developments and partnerships. This included the following:

- Call Before Convey model with West Midlands Ambulance Service.
- Introduction of an Ambulance Pit-Stop
- Increased medical staffing overnight.
- Extended medical Same Day Emergency Care (SDEC) overnight.
- Length of Stay programme.
- Revised complex discharge process.
- Out by Five programme in partnership with community services provider.

Although these and other initiatives had some success during the year, and will continue into 2025/26, the Trust struggled to meet its urgent and emergency care operational targets.

This will continue to be a challenge in 2025/26 and the Trust has set new priorities which will be overseen by the Trust Board.

#### **b. Elective Care**

The Trust continues to have large waiting lists and long waits for elective care.

The ability to improve this position is impacted by Urgent and Emergency care demand as described above and many of the mitigations are the same. An additional area of focus to manage this area of risk is the improvement of productivity to make the most of the elective capacity available.

Productivity measures include the following, all of which improved during the year:

- Theatre utilisation.
- On the day cancellations for non-clinical reasons.
- Clinic Utilisation.
- Patients who Did Not Attend.

**Measure: Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest.**

At the end of April 2024 475 patients had been waiting 65 weeks or more for treatment. At the end of March 2025 this had reduced to **18** patients.

April 2024	475
September 2024	105
March 2025	18

While the target was missed, this is a significant improvement over the year in the context described above and places the Trust in a good position to achieve the relevant targets in 2025/26.

Measure: Deliver the system specific activity targets consistent with the notional value weighted activity target of 107%.

Elective recovery performance for full year 2024/25	122%
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Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff to 46% across 2024/25

Full year 2024/25	45.2%
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Measure: Diagnostics: Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%

March 2025	85.6%
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Comparison with previous years:

2023/24	74.2%
2022/23	83.2%
2021/22	72.6%

### c. Cancer

Cancer is a leading cause of mortality in the UK; there are three key timeframes within which patients should be seen or treated as part of their cancer pathway in order to ensure the best outcomes.

Another important standard is the number of patients diagnosed with cancer starting their first treatment within 62 days.

Measure: Improve performance against the headline 62-day standard to 70% by March 2025

March 2025	71.1%
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Comparison with previous years:

March 2024	57.6%
March 2023	44.2%
March 2022	58.7%

Measure: Improve performance against the 28-day Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026

March 2025	78.9%
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Comparison with previous years:

March 2024	71.1%
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March 2023	59.7%
March 2022	64.2%

#### d. Workforce

Measure: Improve the working lives of all staff and increase staff retention and attendance through systematic implementation of all elements of the People Promise retention interventions

Delivering this priority was a key area of focus throughout the year and we measured progress in a range of ways, including sickness absence, staff turnover and the number of vacancies. We saw a significant improvement in all these metrics by the end of the year. Details of this performance can be found in the Staff Report later in this document.

The annual national Staff Survey is aligned with the seven People Promise themes and provides scores for staff engagement and morale. The Trust's Staff Survey 2024 results were a significant improvement on the previous year, with the following key outcomes:

- An increase of 15% in the survey response rate – a good indicator of engagement.
- Improvement in scores for all seven People Promise themes.
- Improvement in score for engagement.
- Improvement in score for morale to above the national average.

The Trust has taken steps to implement all the People Promise retention interventions and these outcomes reflect positively on this work.

#### e. Quality

Measure: Implementation of the Patient Safety Incident Response Framework

The Patient Safety Incident Response Framework (PSIRF) was launched within the Trust in January 2024. The new framework is a learning-focused proportionate approach to patient safety events. Key elements of the framework that we have implemented are:

- Rapid Reviews: a swift overview of an incident to pinpoint key facts and identify immediate learning.
- After Action Reviews: a thorough investigation to understand what happened, what should have happened and why there was a difference.
- Patient Safety Incident Investigations (PSII): an in-depth investigation that examines system-wide factors leading to an event, identifying learning and actions to mitigate the risk of a recurrence.
- Thematic Reviews: uses reference cases to seek an understanding of common links, themes or issues within a cluster of investigations or incidents with a focus on systems and processes and what could be improved or changed to increase safety.

Since January 2024 we have undertaken:

- 188 Rapid Reviews
- 54 After Action Reviews
- 14 Patient Safety Incident Investigations
- 7 Thematic Reviews

Learning from reviews and investigations is shared with staff in a range of ways, including lessons of the week.

Thematic reviews included a Paediatric Audiology Thematic Review of 41 cases, learning from which was shared across the Trust and at a national level.

An important part of PSIRF is the involvement of patients and families, which provides an invaluable opportunity perspective and supports improved communication and engagement resulting in some positive feedback.

The new framework has also enabled a refreshed focus on improvement actions, with over 2,000 actions completed in the last year and a 70% reduction in overdue actions.

### Quality Priorities

Each year the Trust publishes a Quality Account which sets out progress on achieving our quality priorities and describes the new priorities we intend to measure the following year. More detail can be found in our Quality Account on our website. Oversight of progress is incorporated in the workplan of the Quality Governance Committee.

#### 2024/25 Quality Account Priorities

##### Care that is safe

- We will work to reduce avoidable healthcare acquired infections.
- We will ensure our patients experience safe and timely discharge from hospital, supporting patient flow, this includes a focus on Hospital Acquired Functional Decline (HAFD).
- We will ensure that there is timely screening for Sepsis and implementation of the Sepsis Six bundle
- We will ensure high standard of nutrition and hydration assessment for all patients

### Achievements

- Reduction in C.Difficile outbreaks.
- Zero MRSA bloodstream infections.
- Exceeded mandatory training targets.

### Areas for Further Improvement

- Number of healthcare acquired C.Difficile cases.
- Percentage of patients discharged from hospital before midday.
- Sepsis screening following introduction of a new electronic document.
- Malnutrition Universal Screening Tool training.

#### 2024/25 Quality Account Priorities

##### Care that is effective

- We will continuously learn from deaths, to improve the quality of the care we provide to patients, relatives and carers and identify where we could do more.
- We will deliver an agreed annual programme of focused, national, and local audits and the implementation of best practice.
- We will reduce the time patients are waiting for treatment in line with national targets, recognising that long waits may increase the risk of harm

### Achievements

- Summary Hospital-level Mortality Indicator score remained 'as expected'.
- Improved mortality review completion rate.
- Exceeded target for completion of NICE technology appraisals.
- Participated in 89% of eligible national audits.

- Improved number of patients on the Referral to Treatment (RTT) waiting list by 10.2%.
- Improved performance on the proportion of patients waiting less than 18 weeks for first treatment.
- Reduced the number of patients waiting over 52 weeks for their first treatment by 68%.
- Achieved our cancer performance targets (as above).
- Reduced the number of patients waiting longer than 6 weeks for a diagnostic test by 1,267.

#### **Areas for Further Improvement**

- Continued improvement on all our patient access targets.

#### **2024/25 Quality Account Priorities**

##### **Care that is a positive experience**

- We will work to ensure all patients with Learning Disabilities will receive safe, personalised care and achieve equality of outcomes.
- We will ensure patients, their relatives and carers feel listened to and have clear lines of communication with staff about their condition, treatment and care
- We will continuously learn from patient feedback on their experience of care.

#### **Achievements**

- Improved mandatory Oliver McGowan Learning Disability and Autism training rate to 81%.
- Introduced sensory and therapy resources for patients with learning disabilities and autism.
- Introduced a 'reasonable adjustments' flag to our digital patient record.
- The number of complaints and PALS contacts relating to communication have reduced overall during the year.
- Increased our interpreting provision.

#### **Areas for Further Improvement**

- Develop an approach to complaints that mirrors the PSIRF approach to learning.

#### **Quality Governance**

Information about quality governance is included in the Annual Governance Statement within the Accountability Report later in this document.

## Equality, Diversity and Inclusion

### Equality of Service Provision

The public sector equality duty (PSED) requires public authorities to consider how their decisions and policies impact people protected by the Equality Act.

In order to meet this duty, all our business cases and policies are required to include an equality impact assessment.

As an NHS provider we are committed to ensuring that our services are accessible to, and meet the diverse needs of, all our patients and visitors. We are committed to working in partnership with colleagues in other NHS organisations, voluntary and community groups and all our key stakeholders to enable us to plan and deliver our services in a way which best meets the needs of everyone in the communities we serve.

Activities to promote equality of service delivery during 2024/25 are described in detail in our annual Equality Report 2024, which is published on our website. Key areas of focus were as follows:

- Learning Disabilities:
  - Using Learning Disability Awareness week to raise staff awareness.
  - Guidance for staff on approaches and resources.
  - Promotion of the Sunflower symbol to identify someone who has a learning disability or autism.
  - Bed boards behind patients' beds to provide information to support patient centred care.
  - Music therapy and sensory boxes.
  - Representation from people with lived experience of Learning Disability or autism, at our regular Learning Disability Group meetings.
  - Mandatory Oliver McGowan Learning Disability and autism training for all staff.
- Carer Aware:
  - Carers or Supporting Persons leaflet describing the Trust's commitment to carers and what carers can expect in hospital.
  - Collaboration with the Association of Carers.
- Accessibility
  - Use of national Reasonable Adjustments symbol on our new ED dashboard to highlight any patient requiring adjustments.
  - Detailed access guides about our departments, wards and facilities available on our website or via the Accessible App.
  - Spoken and non-spoken interpreting and translation
  - Staff and patient resources to support deaf awareness.

### Tackling Health Inequalities

[National Priority: Continue to address health inequalities and deliver on the Core20PLUS5 approach, for adults and children and young people](#)

Health inequalities are the avoidable, unfair and systematic differences in health outcomes between across the population and between groups.

Core20PLUS5 is a national NHSE approach to inform action to reduce healthcare inequalities at both national and system level. The approach defines a target population – the 'Core20PLUS' – and

identifies '5' focused clinical areas requiring accelerated improvement (not all directly relevant to the Trust's services).

The Trust works with its partners in the Integrated Care System (ICS) on the development and implementation of a Health Inequalities strategy to reduce health inequalities in our system. We have completed a healthcare inequalities assessment for access to the referral to treatment waiting list and the Cancer waiting lists which did not highlight any inequalities.

We continue to work with our ICS partners on health inequality prevention by undertaking analysis in areas such as access to emergency care, environmental considerations for patients with asthma and access to services that may be redesigned. This analysis is considered as part of strategic decision making by the ICS.

NHSE's Statement on Information on Health Inequalities sets out a description of the powers available to relevant NHS bodies to collect, analyse and publish information on health inequalities.

The table below sets out information relevant to the Trust, which will help us understand where inequalities might exist and support the development of our strategy.

Notes:

- All figures are rounded to the nearest five.
- 2019/20 has been used as an indicator for pre-pandemic activity.
- 2024/25 data is correct at the time of reporting.

	Worcestershire census	Non-elective/emergency admissions		Elective inpatient day case activity		Outpatient Activity	
	2021	2019/20	2024/25	2019/20	2024/25	2019/20	2024/25
<b>Total</b>	603,600	62,940	57,220	93,355	95,040	581,570	702,450
<b>Age</b>							
<b>% Patients under 18 years*</b>	Not available	11%	12%	1.7%	1.8%	9.1%	7.0%
<b>% Patients over 18 years*</b>	Not available	89%	88%	98.3%	98.2%	90.9%	93%
<b>Gender</b>							
<b>% Female</b>	51%	58%	57.5%	51%	50%	57%	56%
<b>% Male</b>	49%	42%	42.5%	49%	50%	43%	44%
<b>Ethnicity</b>							
<b>Asian or Asian British</b>	5.6%	2.0%	2.7%	1.0%	1.4%	2.0%	2.2%
<b>Black, Black British, Caribbean or African</b>	1.2%	0.5%	0.9%	0.3%	0.5%	0.4%	0.7%
<b>Mixed or multiple ethnic groups</b>	2.2%	0.6%	0.7%	0.3%	0.2%	0.5%	0.5%
<b>White</b>	90%	93%	88.2%	92.5%	86%	92.5%	86.3%
<b>Other ethnic group</b>	1.0%	0.7%	1.0%	0.9%	0.7%	0.7%	0.8%
<b>Not known**</b>	n/a	3.2%	6.5%	5.0%	11.2%	3.9%	9.5%

\*Census data provides 0-19 and 20 and over

\*\*Includes not stated, refused and not asked.

This information in isolation does not in reveal any health inequalities. It is clear, however, that we have more to do on ensuring we collate ethnicity data to enable clear analysis.

## Anti-corruption and anti-bribery

The Trust has in place effective arrangements to ensure a strong counter fraud and corruption culture exists across the organisation and to enable any concerns to be raised and appropriately investigated. These arrangements are underpinned by a dedicated local counter fraud specialist (LCFS) and a programme of counter fraud education and promotion. The fitness for purpose of these arrangements is overseen by the Audit Committee which has confirmed them as being effective and proportionate to the assessed risk of fraud.

The LCFS service is provided by NHS Audit consortium 360 Assurance. This service undertakes investigations in addition to doing proactive work in relation to fraud in the NHS. More detail is provided in the Annual Governance Statement later in this document.

## Partnership Working

The Trust engaged as a key partner in the production of the ICB Joint Forward Plan.

The core areas of the plan align with the Trust's strategic priorities which are reflected in our operational and financial plans.

The Trust delivered its capital programme in accordance with the ICS capital resource plans and agreed allocations.

## New Vision, Values and Strategy

During 2024/25 we engaged with staff and other stakeholders to review our strategy for 2025-30, including our purpose, vision, strategic objectives, and values. This work will underpin all that we do in the coming year and will be core to our annual reporting for 2025/26.

### Who we are

We are experts in healthcare services. Dedicated to improving the health of our population, we provide joined-up services with partners that meet everyone's needs, nearer to home.



### Why we exist Our Purpose

Helping people to live healthier, more fulfilling lives

### What we do every day Our Mission

Being the best team we can be for our patients, each other and our partners

### Where we want to get to Our Vision

Everyone is proud of the difference we make. We are more than a hospital, we bring care together for people

### How we will get there Strategic Priorities

By being better connected with what matters



#### People

Nurturing a culture people want to be a part of



#### Patients

Meeting the needs of our patients and communities



#### Collaboration

Building strong connections and pathways



#### Excellence

Focusing on continuous improvement



#### Effectiveness

Enhancing our efficiency and effectiveness

### Guided by our Values

Being open and honest • Ensuring people feel cared for • Showing respect to everyone

# Our Strategy 2025-30



## Environmental Matters

As a healthcare provider, the Trust has a duty to protect the health of our natural environment for the benefit and for delivery of sustainable healthcare services in our area. As the largest healthcare services institution in our county, we play an important role beyond the boundaries of our estate for both the population we serve and the wellbeing of the staff we employ.

Our Green Plan sets out our strategies to achieve this and to meet the targets set by NHS England, including reducing emissions we have influence over to net zero by 2040 and for emission we can influence to net zero by 2045.

More information can be found within the Green Plan on our website.

### Task force on climate-related financial disclosures (TCFD)

The Department of Health and Social Care Group Accounting Manual (GAM) has adopted a phased approach to incorporating the TCFD recommended disclosures as part of sustainability annual reporting requirements for NHS bodies, stemming from HM Treasury's TCFD aligned disclosure guidance for public sector annual reports.

TCFD recommended disclosures as interpreted and adapted for the public sector by the HM Treasury TCFD aligned disclosure application guidance, will be implemented in sustainability reporting requirements on a phased basis up to the 2025-26 financial year.

Local NHS bodies are not required to disclose scope 1, 2 and 3 greenhouse gas emissions under TCFD requirements as these are computed nationally by NHS England.

The phased approach incorporates the disclosure requirements of the governance, risk management and metrics and targets pillars for 2024-25. These disclosures are provided below where they are available.

### Governance Pillar

- [Board oversight of climate related issues](#)

One of the Foundation Group Big Moves is to 'lead the NHS on carbon reduction', which includes climate resilience and adaptation. Delivery of this ambition is incorporated in the Trust's organisational plans and measured as part of annual objectives.

A joint report from the four trusts of the Foundation Group on progress in delivering their respective Green Plans is presented annually at a meeting of the Foundation Group Boards. This provides an opportunity for benchmarking and learning.

An update on this report, including the climate adaptation plan was presented to the Trust Board part way through the year.

A failure to deliver the Trust's carbon net zero objectives is described as a strategic risk on the Board Assurance Framework, an update on which is presented to the Trust Board quarterly.

- [The role of Management in assessing and managing climate related issues](#)

The Chief Strategy and Sustainability Officer is the Board-level Net Zero Lead who oversees the resourcing and delivery of the Green Plan, which includes Climate Change Adaptation.

A Green Steering Group (GSG) meets monthly to review progress against the GDMP targets and share best practice.

Compliance with the Green Plan, including climate change adaptation, is now included in the standard operating process for business cases utilising a sustainability impact assessment tool. Reports are provided to the Trust Management board (TMB) to give assurance that the Trust is on track.

The Green Plan is being refreshed and divisional leadership teams have been required to set objectives in their yearly plans against the strategic priority to 'lead the NHS on carbon reduction'.

The Trust is an active participant in the Public Sector Sustainability Partnership for Worcestershire, which collaborates on elements of the climate change adaptation plan to assess the region wide climate change consequences and adaptation measures. Examples include targeted reduction of poor air quality and strategic assessment of heat network provision.

### **Risk Management Pillar**

- [Processes for identifying and assessing climate-related risks.](#)

The Trust's established risk management framework is used to assess climate-related risks. Through the application of the framework the Trust has identified a strategic risk, which is described on the Board Assurance Framework as a risk to achievement of the sustainability objectives. The risk is regularly reviewed and updated.

Assessment of climate-related risks is also described in the Trust's climate adaptation policy and plan (approved in 2024). A Climate Adaption Working Group reviews these risks as part of business resilience under the Emergency Prevention, Preparedness and Response (EPPR) committee.

Risks include funding to achieve our objectives and the management of climate related issues such as overheating of buildings and disruption caused by flooding or problems with supply of clinical equipment and medication.

The Trust will be working to agree a standard set of performance metrics and measures as part of the delivery action plan emerging from the Green Plan Refresh in 2025/26.

- [Processes for managing climate-related risks](#)

Climate-related risks are included within the Trust risk register, which is overseen by the Executive Risk Management Committee as well as the Climate Adaptation Working Group to ensure appropriate mitigations, controls and plans are in place.

## Metrics and target pillar

### Carbon Footprint

A 5% reduction in total emissions is required on an annual basis. Taking 2020/21 as the Trust baseline, total emissions needed to be reduced by 25% or 6.85tCO<sub>2</sub>e by 2023/24 to meet the NHS net zero commitment by 2040. We have delivered 9.4tCO<sub>2</sub>e. the table below depicts the trajectory so far. The Trust's GHG emissions footprint has been calculated according to the GHG Protocol for Corporate Reporting and aligned to ISO 14064:1. The carbon footprint for 2024/25 will be calculated by summer 2025 when all the necessary data has become available.

#### Trust GHG emissions trajectory by emission source.

Grouped Emission Source and metric	2019/20	2020/21	2021/22	2022/23	2023/24
	Total Emissions (tCO <sub>2</sub> e)	Total Emissions (tCO <sub>2</sub> e)	Total Emissions (tCO <sub>2</sub> e)	Total Emissions (tCO <sub>2</sub> e)	Total Emissions (tCO <sub>2</sub> e)
Building Energy (Scope 1 and 2 Emissions)	22,840	16,085	16,158	14,562	14,973
Water Consumption & Treatment (Scope 3 Emissions)	222	260	69	84	74
Waste Arisings (Scope 3 Emissions)	1,445	1,120	1,259	1,126	694
Business Travel inc commuting (Scope 1 and Scope 3 Emissions)	NA	NA	NA	NA	NA
Anaesthetic Gases & Inhalers (Scope 1 Emissions)	1,974	1,563	1,680	1,501	1,372
Patient & Visitor Travel (Scope 3 Emissions)	Not available				
<b>Carbon Footprint Plus</b>	<b>26,481</b>	<b>19,028</b>	<b>19,166</b>	<b>17,273</b>	<b>17,113</b>

Source: NHS Greener Dashboard

### Waste

The current recycling rate across Trust-owned sites is 25%. 2024/5 saw a recycling roadshow to educate staff supported by a waste management online training module.

NHS England have set a 20:20:60 target for clinical waste to be segregated with the aim of 20% going for high-temperature incineration, 20% alternative treatment and 60% offensive waste by 2026. In 2024/25 we improved our split on clinical waste.

Our waste strategy is site specific. For example, at the Alexandra Hospital waste incineration provides steam heating for the hospital.

### Medicines and Anaesthetic Gases

Having been one of the first Trust's nationally to eliminate desflurane, one of the most harmful anaesthetic gases, the trust has forged ahead to pilot nitrous oxide reduction. Remarkably 99% of this gas escapes from manifolds which is both inefficient and harmful from a carbon perspective. We have secured NHSE funding to replace all manifolds across all 3 sites with gas cannisters, which reduces usage by 50%. Our clinical green lead Dr Paul Southall has gone on to co-author Royal College of Anaesthetists guidelines which have been published in national and international journals.

Signed: 

Acting Chief Executive

Date: 24 June 2025

## Accountability Report

### Corporate Governance Report

#### Directors' Report and Corporate Governance Disclosures

The Trust Board comprises a non-executive Chair, five other non-executive directors and five executive directors.

Non-voting members of the Board include associate non-executive directors and other executive directors.

Significant interests of all Board members can be found in the Board's Register of Interests, which is published annually on the Trust's website: [Board Member Register of Interests 2024/25](#)

Non-Executive Directors during 2024/25		
Name	Skills and Expertise	Audit Committee Member
Russell Hardy MBE, Chair	Finance, executive leadership, board leadership – private, public and charitable sector.	✘
Simon Murphy, Deputy Chair	Leadership, management, strategy, politics.	✔
Dame Julie Moore	Nursing, NHS executive leadership	✘
Colin Horwath	Accountancy, audit, NHS board leadership.	✔
Tony Bramley	Executive leadership, housing, NHS Board leadership	✔
Karen Martin	Human resources, organisational development, NHS executive leadership, board leadership.	✔

All the non-executive directors are considered to be independent.

Two non-executive directors have served on the Trust Board for more than six years from the date of their first appointment.

- Dame Julie Moore was appointed as Non-Executive Director on 1 October 2018 and her current term is due to end on 30 September 2025.
- Colin Horwath was appointed as Non-Executive Director on 1 February 2019 and his current term is due to end on 10 October 2025.

NHS England is satisfied that both non-executive directors remain independent.

Executive Directors during 2024/25		
Name	Role	Skills, Expertise and Experience
Glen Burley	Chief Executive Officer	Financial accountant, NHS executive leadership, local, regional and national
Stephen Collman	Managing Director	Mental health nursing, NHS operational management and executive leadership
Neil Cook	Chief Finance Officer	Financial accountant, financial and executive leadership, NHS acute, commissioning and regulatory
Sarah Shingler	Chief Nursing Officer	Nurse consultant, emergency and critical care, NHS clinical and executive leadership.
Dr Juliette Walton	Chief Medical Officer	Consultant in Emergency Medicine

<b>Non-Voting Board Members during 2024/25</b>		
<b>Name</b>	<b>Role</b>	<b>Skills, Expertise and Experience</b>
Michelle Lynch	Associate Non-Executive Director	Accounting and finance, strategic leadership.
Sue Sinclair	Associate Non-Executive Director	Consultant in Anaesthesia and Critical Care Medicine, NHS management, governance and leadership.
Alex Moran	Associate Non-Executive Director	Senior executive leadership in healthcare and charity.
Catherine Driscoll	Associate Non-Executive Director	Strategic transformation in public sector, health, social care and community services.
Richard Ooesterom	Associate Non-Executive Director	Senior executive leadership, IT and Technology.
Ali Koeltgen	Chief People Officer	Human Resources and organisational development, senior NHS leadership.
Helen Lancaster	Chief Operating Officer	Senior NHS leadership.
Chris Douglas	Interim Chief Operating Officer	Senior NHS leadership – operations, transformation, performance and regulatory.
Jo Newton	Chief Strategy Officer	Senior executive NHS leadership – provider and commissioning.
Julian Berlet	Chief Clinical Strategy Officer	Consultant Anaesthetist, senior operational NHS leadership.
Richard Haynes	Director of Communications and Engagement	Senior NHS leadership.
Vikki Lewis	Chief Digital Officer	Senior NHS leadership.
Rebecca Brown	Interim Chief Digital Officer	Senior NHS and local government leadership.

Juliette (Jules) Walton and Julian Berlet were co-Interim Chief Medical Officers from 8 January 2024. Jules was appointed to the substantive Chief Medical Officer role on 21 February 2025. Julian was appointed to the substantive role of Chief Clinical Strategy Officer on 21 February 2025.

The role of Executive Director of Communications and Engagement ceased to be a Board role on 13 November 2024.

Sue Sinclair, Alex Moran and Catherine Driscoll all joined the Board as Associate Non-Executive Directors during 2024/25.

Helen Lancaster took a leave of absence from the Trust from 20 August 2024 and her Board role formally ended on 3 February 2025.

Chris Douglas was Acting Chief Operating Officer from 6 November 2024 and was formally appointed to the role of Interim Chief Operating Officer on 4 February 2025.

Vikki Lewis' resignation from the Trust was effective from 21 October 2024. Rebecca Brown was appointed Interim Chief Digital Officer from 22 October 2024.

From 1 April 2025, after the end of the reporting period, Glen Burley was seconded to a national role with NHSE, retaining his role as Foundation Group Chief Executive but stepping back temporarily from his role as Accountable Officer for the Trust. Stephen Collman, Managing Director was appointed Acting Chief Executive for the for the duration of the interim secondment as a joint role for both the Trust and for Wye Valley NHS Trust, its Foundation Group partner.

## Board and Committee Meeting Attendance

Name Title	Trust Board	Audit & Assurance	Quality & Governance	Remuneration	People & Culture
Russell Hardy MBE, Chairman	10/11	n/a	n/a	2/4	n/a
Simon Murphy, Non-Executive Director and Deputy Chair	11/11	7/8	7/11	4/4	2/6
Dame Julie Moore, Non-Executive Director	8/11	n/a	8/11	3/4	1/6
Colin Horwath, Non-Executive Director	11/11	8/8	n/a	1/4	6/6
Tony Bramley, Non-Executive Director	10/11	8/8	n/a	4/4	n/a
Karen Martin, Non-Executive Director	11/11	5/8	n/a	3/4	6/6
Glen Burley, Chief Executive Officer	9/11	n/a	n/a	2/4	n/a
Stephen Collman, Managing Director	11/11	6/8	6/11	¾	5/6
Neil Cook, Chief Finance Officer	9/11	8/8	n/a	n/a	1/6
Sarah Shingler, Chief Nursing Officer	9/11	n/a	9/11	n/a	3/6
Dr Juliette Walton, Chief Medical Officer	10/11	n/a	10/11	n/a	3/6
Michelle Lynch, Associate Non-Executive Director	9/11	n/a	9/11	1/4	n/a
Sue Sinclair, Associate Non-Executive Director	8/11	n/a	7/11	2/4	4/6
Alex Moran, Associate Non-Executive Director	6/7	n/a	n/a	1/3	n/a
Catherine Driscoll, Associate Non-Executive Director	5/7	n/a	n/a	2/3	n/a
Ali Koeltgen, Chief People Officer	11/11	n/a	n/a	4/4	5/6
Helen Lancaster, Chief Operating Officer	5/9	n/a	1/6	n/a	n/a
Chris Douglas, Interim Chief Operating Officer	5/6	n/a	3/5	n/a	2/2
Jo Newton, Chief Strategy Officer	8/11	n/a	n/a	n/a	n/a
Julian Berlet, Chief Clinical Strategy Officer	9/11	n/a	n/a	n/a	1/6
Richard Haynes, Director of Communications and Engagement	8/8	n/a	n/a	n/a	5/6
Vikki Lewis, Chief Digital Officer	6/7	n/a	5/7	n/a	n/a
Rebecca Brown, Interim Chief Digital Officer.	3/4	n/a	3/4	n/a	n/a

Each quarter, the Trust Board meets alongside the three Boards of the other members of the Foundation Group. Four of the 11 meetings outlined above were Foundation Group Boards meetings.

Audit Committee membership comprises non-executive directors only. The Chief Finance Officer and the Managing Director routinely attend meetings of the Audit Committee. Other executive directors attend meetings of the Audit Committee by invitation.

Each director knows of 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; has taken “all the steps that he or she ought to have taken” to make himself/herself aware of any such information and to establish that the auditors are aware of it.

## **Code of Governance disclosures**

### **Personal data related incidents reported to the Information Commissioner**

Four information governance incidents were reported to the Information Commissioner during the year. More information is provided in the Annual Governance Statement later in this document.

### **Partners**

The Trust’s relationships with its key Integrated Care System and Foundation Group partners are described in the Performance Report. Governance arrangements relating to these partnerships include:

- Membership of Integrated Care Board, committees and working groups.
- Four Boards Foundation Group Meeting.
- Foundation Group Strategy Committee.

### **Stakeholders**

Our most important stakeholders are our patients and their families and our staff. Information about how we have engaged and consulted with staff during the year is included in the Staff Report.

Engagement with patients and our communities includes:

- A patient story at each of our Trust Board workshops.
- An active Patient and Public Forum (PPF).
- A biannual report on the work of the PPF presented to the Trust Board in public by the PPF Chair.
- Regular observation of Board meetings by the PPF Chair.
- Live streaming and recording publication of Trust Board meetings.
- External Learning Disabilities Stakeholders Group.
- Big Quality Conversation survey about people’s experiences of care at our hospitals.
- d/Deaf Community Workshop.
- Cancer Patient Forum
- Growing our volunteer service (now 303 volunteers). The service includes services such as discharge response, wayfinding, patient experience (supporting completion of Friends and Family Test surveys), Ward and Emergency Department Volunteers, Clinic Volunteers, Chaplaincy Volunteers, Transformation Team, Administration support, Breast-Feeding Friends, Dementia Buddies and Therapy Dogs.

### **Opportunities and risks to future sustainability**

This information is included in the Performance Report and the Annual Governance Statement.

### **Activities to promote the wellbeing of the workforce**

Information about how the Trust invests in and promotes the wellbeing of its workforce is included in the Staff Report.

### **Work of the Remuneration Committee**

This information is included in the Remuneration Report.

### **Emergency Preparedness, Resilience and Response**

Worcestershire Acute Hospitals NHS Trust needs to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care. These could include extreme weather conditions, an infectious disease outbreak, a major transport accident or a terrorist act. This requirement is underpinned by legislation contained in the Civil Contingencies Act 2004 (CCA), the Civil Contingencies Act 2004 (Contingency Planning Regulations) 2005, the NHS Act 2006 and the Health and Care Act 2022. This work is referred to in the health service as 'emergency preparedness, resilience and response' (EPRR).

Each year the Trust is subject to an EPRR assurance process carried out by NHS England to assess performance in relation to EPRR core standards. The Trust was found to be fully compliant in 55 out of 62 areas of the core standards achieving 'Substantial' compliance overall. Partially compliant areas include a live exercise and testing, as well as new plans development and testing. An action plan is in place, developed in consultation with stakeholders, and progress will be monitored by the Emergency Planning Committee, Trust Management Board and Trust Board.

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

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

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

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

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

Signed:



**Acting Chief Executive**

Date:

**24 June 2025**

## Statement of Directors' Responsibilities in Respect of the Accounts

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

In preparing those accounts, the directors are required to:

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

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

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

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

Signed:



**Acting Chief Executive**

Date:

**24 June 2025**

Signed:



**Chief Finance Officer**

Date:

**24 June 2025**

## Annual Governance Statement

### 1. 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.

### 2. 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 Worcestershire Acute Hospitals 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 Wye Valley NHS Trust for the year ended 31 March 2025 and up to the date of approval of the annual report and accounts.

### 3. Capacity to handle risk

As Accountable Officer, I have overall responsibility for risk management, including the maintenance of a Board Assurance Framework that supports the identification of emerging and principal risks to achievement of the Trust's strategic objectives.

The Trust Board is responsible for approving the Risk Management Strategy and for considering the Trust's most significant operational risks alongside the Board Assurance Framework.

The Audit and Assurance Committee's role is to review the effectiveness of the system of risk management.

Oversight of risk management is the responsibility of the Board's committees. This includes the Executive Risk Management Committee, which meets regularly to review all high and extreme rated risks with the senior divisional leadership teams who have responsibility for risk management within their own areas. Through this forum, leaders are also guided about risk assessment, mitigation and recording.

Other committees are responsible for overseeing management of risks specific to their terms of reference, including Quality Governance (safety, experience and effectiveness), Health and Safety, Information Governance and Digital Risk.

Risk management guidance is available to staff on the Trust intranet, including the risk management framework and associated policy and guidance on the use of the Trust risk register system.

Support and advice are provided to staff by the Risk Team, with executive leadership from the Chief Nursing Officer.

The Freedom to Speak Up Guardian can also provide advice to staff by directing them to the most appropriate reporting route, including incident and risk reporting, as well as the raising concerns process.

Staff are encouraged to share learning from incidents, good practice, transformation and Quality Improvement (QI) through a range of methods, including:

- Lessons of the Week.
- Wide sharing of learning from Patient Safety Incident Framework (PSIRF) thematic reviews, including with national patient safety specialists.
- Divisional meetings.
- Department and team huddles.

#### **4. The risk and control framework**

The Trust's Risk Management Framework sets out the Trust's aim to promote:

- A risk awareness culture in which all risks are identified, assessed, understood and proactively managed.
- A way of working that ensures risk management is embedded in the Trust's culture and becomes an integral part of the Trust's objectives, plans, practices and management systems.

The Board recognises that to deliver its strategic objectives there is a need for robust systems and processes to support continuous improvement, enabling staff to integrate risk management into their daily activities wherever possible and supporting better decision making through a good understanding of risks and their likely impact.

This may be achieved through an open and just culture where risks, accidents, mistakes and near misses are identified promptly and acted upon in a positive and constructive way. Staff are, therefore, encouraged and supported to share best practice in a way that creates a culture of learning and a drive to reduce future risk.

The Risk Management Framework sets out:

- the responsibilities for risk management of leaders, staff and committees.
- the risk assessment process using a likelihood and impact risk matrix.
- Risk reporting, escalation and monitoring.
- Risk tolerance, or appetite.

The Trust Board recognises that risk is inherent in the provision of healthcare and its services and therefore a defined approach is necessary to identify risk context, ensuring that the Trust understands and is aware of the risks it is prepared to accept in the pursuit of the delivery of its aims and objectives.

The Trust's Risk Appetite Statement makes clear the Board's expectations in relation to the category of risks and the level of such risk that is acceptable. The statement is based on the premise that the lower the risk appetite, the higher the levels of controls that must be put in place to manage the risk.

Risk appetite for each category of risk is assessed using the following matrix:

<b>Avoid</b>	Avoidance of risk and uncertainty is a key organisational objective
<b>Minimal</b>	Preference for ultra-safe delivery options that have a low degree of inherent risk and only for limited reward potential
<b>Cautious</b>	Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward
<b>Open</b>	Willing to consider all potential delivery options and choose while also providing an acceptable level of reward
<b>Seek</b>	Eager to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk)
<b>Mature</b>	Confident in setting high levels of risk appetite because controls, forward scanning and responsive systems are robust

Each risk is recorded on the Risk Register with a target risk score, which is aligned to the risk appetite for the relevant risk category.

The Trust has in place a digital risk management system (Datix) which is used by staff to assess, record, monitor and report risks. New risks are reviewed at a divisional and executive level to ensure they are appropriately assessed and scored, with mitigations and controls properly described. Once agreed, risks are regularly monitored to ensure they are appropriately updated at a frequency in line with the Risk Management Policy. Risks are closed with executive approval based on assurance that the risk has been effectively controlled and the target risk score has been achieved.

## 5. Quality Governance Arrangements

The Quality Governance Committee (QGC) oversees the Trust's quality governance arrangements on behalf of the Board. It sets an annual reporting schedule aligned to the quality framework (safety, effectiveness and experience) and regulatory compliance comprising key reports on matters of compliance, risk and assurance.

<b>Quality Governance Committee Reporting 2024/25</b>	
<b>Sub-Committee Reports</b>	
Improving Patient Safety	Infection Prevention and Control
Fundamentals of Care	Safeguarding
Clinical Audit and Effectiveness	Medical Devices
<b>Other Regular Reports</b>	
Safe staffing	Perinatal safety and incidents
Medicines safety and optimisation	Learning from Deaths
Integrated Performance Report	Learning Disabilities
Patient safety alerts	Deep-dive reviews – risks and QI projects

Urgent and Emergency Care dashboard	High-scored risks
End of life care	Health and Safety

Through this broad oversight of the Trust’s clinical services through a quality lens, the Quality Governance Committee is able to identify and obtain assurance regarding any risks to compliance with Care Quality Commission (CQC) registration requirements.

The Trust’s overall CQC ratings remain as follows:

Location	Rating
Alexandra Hospital	Requires Improvement
Kidderminster Hospital and Treatment Centre	Good
Worcestershire Royal Hospital	Requires Improvement

During the year the CQC undertook inspections of a number of individual services and published four reports that demonstrated improvements in a number of areas but continued challenges in urgent and emergency care and stroke services.

Service	Location	Rating
Services for Children and Young People	Kidderminster Hospital and Treatment Centre	Good
Services for Children and Young People	Alexandra Hospital	Good
Medical Care (including older people’s care)	Worcestershire Royal Hospital	Requires Improvement
Urgent and Emergency Care (UEC)	Worcestershire Royal Hospital	Requires Improvement
Critical Care	Worcestershire Royal Hospital	Good

During the year the Quality Governance Committee received assurance on progress in addressing the issues identified by the CQC, particularly in relation to UEC and the management of associated challenges, including older people’s care and discharge.

Regular reports from Maternity Services provided the Quality Governance Committee with assurance each month on the quality of services, compliance with CQC and other national standards and delivery of QI and transformation projects.

The Health and Safety Committee oversees the management of risks to the health and safety of the Trust’s estate and the people that use it and compliance with relevant regulatory requirements, including those monitored by the CQC.

## 6. Well-Led Framework

The CQC has not undertaken a well-led inspection of the Trust since November 2022 and the Trust’s rating for this domain remains Requires Improvement.

The Trust Board undertook an internal well led board evaluation in January 2024 to identify areas of leadership and governance that would benefit from development. Becoming a full member of the Foundation Group supported a range of improvements, including the adoption of a well-established governance framework, joint leadership posts and the ability to benchmark and share learning.

During 2024/25, in relation to the well-led framework, areas of particular focus included:

- Further development of our System, Foundation Group and community partnerships and collaborations.
- Freedom to Speak Up, with regular management and Board reports demonstrating a strong culture of speaking up.
- Continued development of our risk management arrangements, resulting in improved assurance from our independent Internal Auditor on risk management and the Board Assurance Framework.
- Implementation of High Impact Actions to improve equality and inclusivity within the organisation.
- Development of a new patient voice and engagement strategy.
- Development of new Trust values through comprehensive staff engagement.
- Development of a new Trust strategy.

## 7. Risks to Data Security

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees. This applies to both personal confidential data and special category data (sensitive). The framework is supported by the Data Security and Protection Toolkit and the annual submission process provides assurances to the Trust, partner organisations and data subjects (patients and staff) that personal information is dealt with legally, securely, efficiently, and effectively.

The Information Governance Steering Group (IGSG) manages information risks and is chaired by the Senior Information Risk Owner (SIRO). It receives assurance from sub-committees, including the IT Security Forum, the Data Quality Steering Group and the Health Records Group.

IGSG met regularly throughout 2024/25 and assessed risks to security and integrity of information and the management of confidential information. IGSG also monitored the completion of the Data Security and Protection Toolkit (DSPT) submission and ensured an effective framework with up-to-date policies, processes, and management arrangements was in place.

The Trust DSPT submission was made at the end of June 2024 with a status of 'standards not met'; alongside an improvement plan, which put the Trust in the position of 'approaching standards'.

This demonstrated that the Trust has appropriate technical and organisational measures in place to keep personal, confidential data and special category data secure, but did not provide evidence for four elements, which has formed the basis of the Trust improvement plan.

The Trust carried out an annual assessment of its position against the Data Security and Protection Standards and submitted a 'Baseline Assessment' on 31 December 2024. An internal audit in April 2025 will ensure that any evidence gaps can be addressed prior to the final submission by the end of June 2025.

The Information Governance Team monitors the management of data security incidents through review of the Risk Register. The IGSG reviews all incidents each quarter to identify any themes and ensure action is taken to address any issues.

The management of cyber security is a key strategic risk area for the Trust and is described in the Board Assurance Framework. The risk of a successful cyber-attack on the Trust's electronic systems

is rated as 'extreme' reflecting the potential consequences for patient services and the likelihood of a successful attack due to the evolving nature of the external threat.

## **8. Major Risks**

The Trust Board, its committees and the Trust's Divisions regularly review the Trust's major risks, including strategic, corporate and operational to ensure they are well managed, controlled and mitigated, with appropriate plans to reduce or eliminate the risk. The Executive Risk Management Committee meets regularly to review the all corporate, Trust-wide and divisional risk registers including routine reviews of every risk scored 15-25 (extreme) and a regular divisional deep dive into all risks scored 12+ (high).

One new strategic risk relating to fire safety was escalated to the Board Assurance Framework during the year. This is described below and explored in more detail later in this statement.

The major organisational risks are set out below. The impact of these risks and their management is described within the Performance Report earlier in this document.

Risk	Strategic (S) or Operational (O)	In-year (IY) or Future (F)	Management & mitigation	How outcomes will be assessed
Ability of the System to manage flow across the UEC pathway	S	IY	Ambulance Pit Stop model. Call Before Convey model with Ambulance Service. Command and control structure. Increased medical staffing overnight. Extended medical Same Day Emergency Care (SDEC) overnight Length of Stay programme. Revised complex discharge process. Out by Five programme in partnership with community services provider.	Reduction in ambulance turnaround times Improved 4-hour wait performance Reduction in length of stay in ED Reduction in patient safety incidents Reduction in patient complaints. Reduced use of Temporary Escalation Spaces (TES).
Overcrowding in Emergency Department (ED)	O	IY	Regular monitoring (and audit) of safety and patient experience metrics and associated improvement actions within the department. Oversight by QGC. Triage prioritisation process. Incident reporting, investigation and learning. Falls prevention training. Provision of refreshments. Audit of waiting room and temporary escalation spaces (based on conversations with patients).	Improvement in metrics. Improvement in audit results.
Delivery of operational capacity plans	S	IY	UEC pathway improvement programmes. Length of stay and discharge improvement programmes. Use of escalation spaces. Demand audit and modelling. Partnership working across system. Additional internal and insourced capacity. GIRFT programme implementation. Elective hub accreditation. Optimisation of outpatient and theatre capacity. Additional diagnostic capacity.	Improved performance on operational and productivity targets throughout the year and achievement of year-end targets.

Cyber security	S	IY	<p>Perimeter level cyber security mechanisms</p> <p>Risk-based approach to cyber and infrastructure funding</p> <p>Testing exercises (e.g. phishing)</p> <p>Contract monitoring (oversight by Digital Strategy Group)</p> <p>Business Continuity plans</p> <p>Capital planning programme</p> <p>Mandatory information governance training</p> <p>Security Operations Centre</p> <p>Cyber Health Dashboard monitoring</p> <p>Cyber Security Operations Centre monitoring and protecting systems from cyber threats</p>	<p>Full compliance with Cyber Security Centre's Cyber Assessment Framework (CAF).</p> <p>No successful cyber-attacks.</p>
Fire safety risk to patients, staff and visitors at the Alexandra Hospital resulting in an Enforcement Notice from the Fire Authority.	S	IY	<p>Staff fire safety training (generic, all-staff)</p> <p>Evacuation plans</p> <p>Regular engagement with Fire Authority</p> <p>Monthly fire drills</p> <p>Monthly fire safety audits</p> <p>Ongoing remedial works pending permanent design solutions</p> <p>Increased alarm response from fire service</p> <p>Increased vigilance by security and porter staff</p> <p>Role specific fire incident training</p> <p>Heightened staff awareness</p>	<p>Removal of Enforcement Notice.</p>
Delivery of financial plan	S	IY & F	<p>Executive oversight of divisional performance</p> <p>Board oversight of Trust performance including via Financial Recovery Board</p> <p>Early development of annual CPIP</p> <p>Partnership working to develop cross-system plans.</p>	<p>Delivery of financial plan</p> <p>Delivery of CPIP</p> <p>Improvement in underlying financial position</p> <p>Positive cash balances</p>

## 9. Principal Risks to Compliance with the NHS Provider Licence

There are processes in place to identify and mitigate risks to compliance with the NHS provider licence.

In July 2022, the Trust signed enforcement undertakings regarding quality (specifically around the UEC pathway from concerns raised by the Care Quality Commission), Diagnostics, Elective Recovery, Cancer and UEC performance. In February 2025 NHS England (NHSE) acknowledged the improvement the Trust had made regarding Elective and Cancer Waiting Times recovery, which was one of the best regionally, and produced compliance certificates which indicate that NHS England is satisfied that the Trust has met its obligations under this element of the enforcement action.

NHSE also acknowledged the improvement made with the Trust's Diagnostics programme and discontinued the undertakings in place regarding Diagnostics.

There was further acknowledgement that while UEC continued to be a challenging area, the CQC inspection in May 2024 demonstrated that quality aspects had been or were being robustly addressed, and a compliance certificate was issued. However, new enforcement undertakings were issued regarding UEC performance, which continued to deliver below trajectory. It was recognised that part of the improvement plan included working with system partners to enhance or share the risk of front door demand.

Existing and planned controls of potential risks to compliance with section 4 (governance) of the licence include the following:

<b>Effective Governance Structures</b>
The Trust has well-established governance structures in place, which mirror those of the other trusts in the foundation group. The effectiveness of the overall structure and of the individual components are regularly reviewed with oversight of the Audit Committee. These reviews take into account the most recent regulatory requirements and corporate governance requirements.
<b>Responsibilities of Directors and Committees</b>
The Remuneration Committee oversees the performance of the executive directors in delivering their responsibilities. Each committee of the Trust Board has approved terms of reference, setting out their responsibilities, which are regularly reviewed and updated.
<b>Reporting lines and accountabilities</b>
In 2025/26 we intend to strengthen reporting lines between some of the Board and executive committees by enhancing reporting from committees to Board, using an escalation and assurance report.
<b>Timely and accurate information</b>
Meetings of the Board and its committees are set at a frequency to ensure a timely flow of information that has been assessed for accuracy and effectively analysed. Where necessary, additional meetings of the Board or its committees are called.
<b>Rigour of oversight</b>
<ul style="list-style-type: none"> <li>• The Foundation Group has agreed a standard dataset for regular reporting on performance to the prospective Trust Boards, which includes national, regional and local priorities and metrics covering: quality, operational performance, workforce and finance in an Integrated Performance Report (IPR).</li> <li>• Each quarter a joint four-trust report is presented to the four Foundation Group Boards including performance information aligned with the individual IPRs to enable benchmarking analysis and learning.</li> <li>• Non-executive directors observe executive led finance and performance meetings with the divisions to enhance their knowledge and understanding of divisional level issues and the executive oversight.</li> <li>• During the reporting year the Board established a short-term Financial Recovery Board to oversee management of the risks relating to delivery of the annual financial targets.</li> </ul>

## 10. Code of Governance

The Trust's governance arrangements comply with the provisions of the current Code of Governance for NHS Provider Trusts, which is modelled on the 2018 version of the UK Corporate Governance Code.

## 11. Governance and Strategy

The Trust's strategy is reviewed and refreshed each year to ensure a continual focus on the key strategic priorities for the Trust. The Board Assurance Framework is aligned to the refreshed strategic objectives and reviewed regularly by the Trust Board. A focus on delivery of the strategic objectives is embedded on the work of the Trust Board and its committees throughout the year, with programme boards established where necessary to oversee delivery of key strategies.

The Board Assurance Framework is also used to escalate to Board level strategic risks that emerge during the year through analysis of operational risks. The Board Assurance Framework is then used to inform the review of the strategic objectives at the year end and the development of new strategic objectives for the following year.

The Trust is also a partner in the development and delivery of strategies at a regional level, including production of the Joint Forward Plan for NHS Herefordshire and Worcestershire.

Governance arrangements relating to this work include membership of the Integrated Care Board (ICB) and ICB Finance Committee.

## 12. Embedded Risk Management

Risk management is embedded in the activity of the organisation in a range of ways, including:

- Regular reviews of the risk register within departments and divisions, with advice and guidance from the Risk Team.
- Appropriate escalation of risk through the governance structure to the Board.
- Annual review of the Trust's strategic objectives, using the Board Assurance Framework (BAF) and Risk Register to support decision making for future strategies.
- Use of the Risk Register and BAF to inform the development of an agreed annual Internal Audit Plan targeted at potential internal control issues.
- Setting annual quality priorities based on assessment of the highest risks to quality care through analysis of quality data.
- Oversight within the governance framework of the delivery of strategic objectives and quality improvement priorities based on assessment of risk.
- Openly encouraging incident reporting across the Trust relating to patient and staff safety and data security and ensuring guidance is available to staff on use of the incident reporting system.
- Established Quality Improvement processes to encourage the development of long-term solutions to quality issues and risks.
- Quality impact assessments undertaken on cost improvement projects and business cases.
- Equality Impact Assessments required for all business cases and policies.

### 13. Workforce Standards

In 2018 NHS England published a 'Developing Workforce Safeguards' document to help trusts manage common workforce problems, with recommendations to support informed, safe and sustainable workforce decision making.

The Trust has adopted the recommendations into its processes as follows:

- Incorporating evidence-based tools, professional judgement and outcomes in safe staffing processes.
- Regular review of the nursing establishment and skill mix
- Monthly safe staffing reports (nursing and midwifery) presented to Quality and Governance Committee and Trust Board and published on the Trust website. This includes the planned and actual number of nursing and midwifery staff working on each ward, together with the percentage of shifts meeting safe staffing guidelines.
- Triangulation of workforce metrics with quality indicators and productivity measures.
- An annually updated workforce plan.
- Senior nursing staff review of staffing levels at every shift.
- Triangulation of data: review of staffing levels with other indicators of care quality to identify any correlation between staffing levels and the incidence of patient safety events.
- Reporting and investigation of incidents related to staffing levels.
- Reporting and escalation of workforce related risks.

Each year the Audit and Assurance Committee receives assurance on one or more areas of staffing governance or process. In 2024/25 assurance was received as follows. In each case the Committee was assured by the management response and improvement plans and plans for continued oversight by the People and Culture Committee.

Topic	Source	Rating
Bank and Agency Staffing (Nursing)	Internal Audit	Moderate Assurance
Consultant Job Planning	Internal Audit	Limited Assurance

Through these processes, tools and sources of assurance, the Trust Board is assured that staffing governance processes are safe and sustainable.

### 14. Care Quality Commission

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

### 15. Register of Interests

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.

### 16. NHS Pension Scheme

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.

## **17. Equality, Diversity and Human Rights**

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

## **18. Freedom to Speak Up**

The Trust has well-established arrangements to support staff to raise concerns, including:

- Dedicated Freedom to Speak Up Guardian (FTSUG).
- Raising concerns portal.
- Network of FTSU Champions across the Trust's three sites.
- Regular Freedom to Speak Up reports to Trust Management Board and to Trust Board.
- Speak Up training for all staff.
- Sharing of learning from FTSU concerns across the Trust.

## **19. Fit and Proper Person Regulations**

The Trust has designed its arrangements to comply with the Fit and Proper Person Regulations through alignment with the NHS England Fit and Proper Person Test Framework for Board Members. This includes a policy, process and annual report to the Trust Board.

In line with the guidance, the Internal Auditor will conduct its first three-yearly review of compliance with the framework in 2025/26.

## **20. Climate Change**

The 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.

## **21. Review of Economy, Efficiency and Effectiveness of the Use of Resources**

The Trust has a range of processes in place to monitor and improve the economic, efficient and effective use of resources, including:

- An annual cost and productivity improvement programme (CPIP). CPIP schemes are developed by each division and reviewed by the Executive Team to ensure the completion of an appropriate quality impact assessment before approval.
- The Finance and Performance Executive (F&PE) oversees divisional performance each month across a range of financial operational performance, quality and workforce metrics, including delivery of the CPIP, the use of Model Hospital benchmarking data and key productivity measures. Executive Directors are F&PE members and meetings are observed by Non-Executive Directors to enhance their understanding of performance, risks and challenges at divisional level.
- The Financial Recovery Board (FRB) was established in 2024, with membership comprising all Trust Board members, to undertake a monthly review of delivery of the CPIP and actions to achieve or recover performance on delivery of the financial plan.
- An integrated performance report is presented at each meeting of the Trust Board providing data and analysis on key national, regional and local metrics, including productivity.
- A joint performance report is presented to the four Boards of the Foundation Group at each of its quarterly meetings providing parallel data and analysis on key performance metrics, including productivity measures, enabling comparison, benchmarking and learning.

- An annual review of the Trust’s key financial controls is included within the Internal Audit Plan.
- The Audit Committee receives regular reports to provide assurance on financial governance matters including single tender waivers, losses and special payments.
- The Trust Management Board reviews each business case to ensure proposals will achieve value for money before approval and undertakes evaluations of business case implementation to ensure delivery of planned benefits and value for money.
- Business cases that require Board approval under the Standing Financial Instructions are reviewed informally in detail by non-executive directors prior to submission to the Board to ensure that any queries, concerns or gaps are addressed before formal approval.
- An annual review is undertaken by the External Auditor of the Trust’s processes to ensure delivery of Value for Money.

## 22. Information governance

Four serious information governance incidents were reported during the year that met the threshold for reporting to the Information Commissioner’s Office (ICO). The Trust took actions to address the breaches and put controls in place to avoid recurrence. No additional action was required by the ICO.

## 23. Data quality and governance

The Trust has dedicated data quality leads and informatics staff to regularly investigate, validate and quality assure performance and waiting time data. Their work is supported by operational business intelligence reporting tools that all staff can access and use for detailed analysis. Nationally available tools such as LUNA complement investigations.

The Trust complies with the national requirement to validate directly with patients waiting over 12 weeks whether they still require their appointments and treatments.

Executive oversight of divisional performance provides an opportunity to triangulate and assess data and identify any areas requiring more detailed analysis or validation.

The Trust works with its foundation group partners to develop a consistent suite of performance metrics for inclusion in its Integrated Performance Report, which is reported each month to the Trust Board. This report includes a Data Quality Mark for key indicators to provide assurance as to the data quality of individual data.

Each year the Internal Audit Plan includes one or more reviews of data quality. In 2024/25, this included an Internal Audit of diagnostic waiting times and activity data (DM01), which was rated *moderate assurance*. The Audit and Assurance Committee was assured by the management response to the improvement recommendations.

## 24. 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 Board, the Audit and Assurance Committee, Quality Governance Committee and Executive Risk Management Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Trust Board maintains oversight of the system of internal control through a framework of governance and assurance. This includes delegating assurance functions to Board committees and receiving direct assurance from the Executive Directors. Key elements of this framework are set out below.

**a. Board Governance and Assurance Framework**

<b>Audit and Assurance Committee</b>
<p>Responsible for providing assurance to the Board on the Trust’s financial and internal controls and risk management systems, the integrity of the financial statements and the effectiveness of the internal audit function. This includes:</p> <ul style="list-style-type: none"> <li>• Agreeing an annual Internal Audit Plan that includes both core internal control matters and areas identified as high risk or high priority for improvement.</li> <li>• Agreeing an annual counter fraud plan that is both proactive in reviewing and establishing fraud controls, and reactive in responding to possible incidences of fraud.</li> <li>• Reviewing the Trust’s governance framework and processes, including risk management and the Board Assurance Framework.</li> <li>• Reviewing the processes to ensure compliance with and effectiveness of policies including managing conflicts of interest and the Fit and Proper Person Test.</li> </ul> <p>A review of the work and effectiveness of the Committee during the year has identified full compliance with the terms of reference and a good link between assurance mechanisms and risks to internal control.</p>
<b>Quality Governance Committee</b>
<p>Provides assurance to the Board on the adequacy of controls to ensure the provision of high quality and safe care. This includes:</p> <ul style="list-style-type: none"> <li>• Oversight of the delivery of quality improvement plans aligned with the priorities set out in the annual Quality Account.</li> <li>• Receiving regular reports from sub committees and groups focused on the core elements of quality – safety, effectiveness (including clinical audit) and patient experience.</li> <li>• Monitoring compliance in areas such as safeguarding and infection control and safe working environments.</li> <li>• Monitoring the quality of care provision within each Division.</li> <li>• Reviewing independent assurance on quality from regulatory and other review bodies.</li> <li>• Monitoring key quality metrics</li> <li>• Reviewing the effectiveness of governance and assurance processes such as mortality review and Patient Safety Incident Response.</li> </ul> <p>A review of the work and effectiveness of the Committee during the year has identified full compliance with the terms of reference and a broad and detailed oversight of risks to the delivery of high-quality services.</p>
<b>Remuneration Committee</b>
<p>Oversees the performance of the executive members of the Board and assesses the mix of skills required on the Board.</p>
<b>Executive Risk Management Committee</b>
<p>Provides assurance to the Board regarding:</p> <ul style="list-style-type: none"> <li>• Appropriate oversight and management of moderate to serious risks by divisions and corporate departments.</li> <li>• Compliance with statutory health and safety responsibilities.</li> </ul>

The Committee's arrangements will be strengthened in 2025/26 with an increased focus on assurance from the sub-committees responsible for overseeing corporate risks and regular audits of the risk register to identify any improvement needs regarding operational risk management. The Committee's conclusions on these matters will be reported to the Board alongside the regular BAF and high-risk report.

**PFI Expiry Committee**

A new committee was established at the end of 2024/25 to provide assurance to the Board on the implementation of a compliant process to manage the expiry of the Private Finance Initiative (PFI) arrangements and associated contracts, including identifying and managing future risks and obtaining and following independent advice as appropriate.

**Financial Recovery Board**

Established during 2024/25 in response to below plan performance on delivering the financial plan, membership of the FRB mirrors that of the Board, enabling a detailed focus on:

- Implementation of divisional cost improvement schemes.
- Implementation of corporate/Trust-wide cost improvement schemes, particularly reduction of agency staff usage.
- Identification of new cost improvement schemes to mitigate gaps or shortfalls in delivery.
- Identification of cost improvement schemes for 2025/26.
- Partnership working support improved services across the Integrated Care System, including discharge, transfer between services and mutual arrangements such as shared support for fragile services.

**Meeting of the four Boards of the Foundation Group**

Each quarter the Trust Board meets in parallel with the other three Boards of the Foundation Group trusts. Regular reports include a focus in key performance measures across finance, operations, workforce and quality and enable comparisons and learning to be drawn. This provides additional assurance to the Board on the effectiveness of its own internal controls particularly in relation to the quality of data and the oversight and management of performance.

**b. Executive Governance and Performance Framework**

**Trust Management Board**

Receives progress reports from subcommittees and programme Boards.  
Reviews cases for investment in line with the Standing Financial Instructions and Scheme of Delegation  
Provides assurance to the Trust Board regarding the decision-making process and the assessments of value for money and quality impact of each case requiring Board approval.

**Finance and Performance Executive**

Oversight of delivery by each clinical division of key financial and operational performance targets.  
Observed by non-executive Trust Board members to gain direct assurance regarding performance management and accountability arrangements overseen by the executive directors.

The Audit and Assurance Committee is the Board's main source of assurance about the strength of its internal controls and the management of any internal control issues and gaps. During the year the Audit and Assurance Committee considered the following matters:

- Contract governance
- Cyber security
- Security, violence and aggression
- Internal Audit Reviews
- Financial governance
- Counter fraud
- Conflicts of interest policy
- External Audit Reports

The Audit and Assurance Committee agrees an annual Internal Audit Plan to provide independent assurance on governance matters that are core elements of the Head of Internal Audit Opinion or areas of known risk or potential gaps in internal control.

The Committee undertook a detailed review of the draft financial statements for 2024/25 in April 2025. This included consideration of the going concern assessment and significant critical judgements.

### **c. Audit and Assurance**

#### **i. Counter Fraud**

The Trust has appointed an independent Local Counter Fraud Specialist (LCFS), which sets an annual counter fraud work plan aligned to the NHS Counter Fraud Authority Functional Standards, provides regular progress reports to the Committee on its proactive and reactive work, assesses fraud risks and engages with staff to encourage the raising of concerns about potential or actual fraud.

During 2024/25 the counter fraud work plan included:

- Awareness raising sessions with senior leaders, including Trust Management Board.
- New starter induction presentation and information pack.
- Staff briefing on working whilst sick.
- Sharing fraud alerts, fraud prevention notices and intelligence bulletins.

Reactive counter fraud work included receipt of 11 referrals during the year. Of these, seven were investigated and no fraud was found, one resulted in dismissal. Of the investigations closed during the year, no system weaknesses were identified by the LCFS.

#### **ii. Internal Audit**

The independent Internal Auditor provides the Audit and Assurance Committee with its key source of assurance on its internal controls. The Internal Audit Annual Plan sets out the reviews to be undertaken during the financial year. The plan comprises core reviews, which are key to the findings of the Head of Internal Audit's Opinion and include financial controls, governance and risk management, and risk-based reviews of areas where the Trust Board requires independent assurance regarding the strength of internal controls. The reviews within the plan are selected and prioritised based on an examination of the Board Assurance Framework and the Risk Register and consultation with Audit and Assurance Committee members and the executive directors.

An assurance rating is applied to each review as follows.

<b>Substantial assurance</b>
<b>Significant assurance</b>
<b>Moderate assurance</b>
<b>Limited assurance</b>
<b>Weak assurance</b>

During the year the Committee received reports on the following reviews:

Review	Rating
Annual planning process	Significant assurance
PFI Deviation assessment Forms (DAF)	Moderate assurance
Medical staff pre-employment checks	Significant assurance
Performance and accountability framework	Significant assurance
Complaints (follow-up review)	Moderate assurance
Expenses	Significant assurance
BAF and Risk Management	Significant Assurance
Finance & payroll - client end controls	Significant Assurance
Bank and Agency Staffing	Moderate Assurance
Data Quality - DM01 (diagnostics)	Moderate Assurance
Cost and Productivity Improvement Plan (CPIP)	Moderate Assurance
Data Security and Protection Toolkit (DPST)	NHSE rating of moderate risk and high confidence

For each review the Internal Auditor made recommendations for improvement. In each case the Audit and Assurance Committee was assured by the management responses to the recommendations and the implementation plans. Where appropriate, oversight of those plans was referred to the most relevant committee; for example, oversight of the bank and agency staffing response was referred to the People and Culture Committee.

A number of reviews demonstrated improvements compared to the previous year, with further improvements planned. These included:

- BAF and Risk Management
- Complaints
- Performance and accountability framework

The Audit and Assurance Committee also received regular updates on progress in implementing the Internal Auditor's Recommendations. Progress improved during the year, with no overdue high or medium priority recommendations in March 2025.

At the end of each year, the Head of Internal Audit provides an annual opinion based on delivery of the plan and the Trust's response. The annual Head of Internal Audit Opinion 2024/25 was:

*I am providing a final opinion of significant assurance that there is a generally sound framework of governance, risk management and control designed to meet the organisation's objectives, and controls are generally being applied consistently.*

*There have been a number of moderate assurance opinions provided in the year to date; we acknowledge that, in the main, the Trust was aware of the issues.*

### iii. External Audit

The Trust's external auditor is Grant Thornton UK LLP, appointed for the financial years 2021/22 to 2024/25. No non-audit services were provided by Grant Thornton during the year.

During 2024/25 the Trust participated in a joint Foundation Group procurement exercise for the appointment of an external auditor for each trust. Following a thorough assessment, which included

effectiveness and independence, Grant Thornton was selected by the Auditor Panel for reappointment on a three-year contract with an optional 12-month extension from 2025/26.

Each year, alongside an opinion on the financial statements, the External Auditor undertakes an assessment of the Trust's arrangements for securing value for money, which includes opinions on governance and on 'improving economy, efficiency and effectiveness'. The report for 2023/24 was presented to the Audit and Assurance Committee in June 2024 and outlined the following opinion:

**Governance:** *Our work has not identified any evidence which leads us to conclude that there are significant weaknesses present which require key recommendations to be raised. However, we have reported on several areas where improvements are required to strengthen the Trust's overall governance and internal control framework.*

Updates on progress in addressing these recommendations were provided to the Audit and Assurance Committee during the year together with plans to further strengthen governance in the recommended areas.

**Improving economy, efficiency and effectiveness:** *Our work identified that limited progress has been made to address the previously reported significant weaknesses relating to:*

- a. strengthening the PFI contract management process and*
- b. securing more value from arrangements and managing the Trust's dependency on high-cost agency staff.*

These two areas continued to be areas of focus throughout the year as follows and were added to the Internal Audit Plan for 2024/25.

- **PFI:** The Private Finance Initiative contract will expire in 2032. At the end of 2024/25 the Trust Board established a PFI Expiry Committee to oversee the complex project to transfer ownership of the Trust's estate and associated contracts to the Trust's responsibility. This oversight will include ensuring the contract management supports a stable transfer of a fit for purpose estate and facilities management services.
- **Agency Staff Usage:** This was a high priority area for the Trust Board in 2024/25 and formed a substantial element of the Cost and Productivity Improvement Programme underpinning the Trust's financial plan. At the end of the year, while the position improved, this continued to be a challenge as the Trust continued to maintain all its additional winter capacity and temporary escalation spaces, which required additional staffing only achievable through reliance on agencies. Positively, however, the use of off-framework agencies decreased over the year with none used in March 2025, demonstrating improved governance around this issue.

The Trust anticipates an improved opinion in the 2024/25 report based on progress in strengthening the areas of identified weakness, the improvements demonstrated through the work of the Internal Auditor and the improved delivery of the Cost and Productivity Improvement Plan in 2024/25.

#### **iv. Board Assurance Framework**

The areas of priority focus for the Trust Board during the year were reflected in the Board Assurance Framework, which is aligned to the annual strategic objectives. The governance and performance frameworks ensured that these priority areas were well controlled and appropriately escalated.

Where additional assurance is required, these will be prioritised in the development of the 2025/26 Internal Audit Plan.

During the year, one area of risk was escalated from the Trust's risk register to the Board Assurance Framework as potential internal control issues were identified. This is described as a Major Risk in the table above: *Fire safety risk to patients, staff and visitors at the Alexandra Hospital resulting in an Enforcement Notice from the Fire Authority.*

Prior to issue of the enforcement notice the Trust had been liaising closely with the Fire Authority on plans to address the relevant issues, which had been monitored via the Risk Register and Health and Safety Committee.

Upon notification that an enforcement notice would be issued, the matter was escalated to the Trust Board both directly and via the Quality Governance Committee. Health and Safety governance and reporting arrangements were strengthened and the Board agreed an improvement and oversight plan supported by capital investment.

The BAF was used to assess the strategic risk and to provide assurance to the Board on the current and planned controls, mitigations and plans. The Trust Board was assured that the risk was well understood, and that the controls and remedial plans were appropriate.

The Trust continues to engage closely with the Fire Authority on the management of the risk and the immediate and longer-term remedial plans.

#### **v. Outsourced Financial Services**

The Trust outsources elements of its transactional financial services, employment services (Payroll) and Procurement Services (iProc ordering system) to a third-party supplier. Assurance on the effective operation of the control environment is gained through measures including independent Auditor reports. In April 2025, the Trust received the supplier's Finance and Accounting, Employment Services and Procurement Services ISAE3402 reports. These covered Finance and Accounting and associated general IT controls, Employment Services controls and, Procurement Services controls for the period 1 April 2024, to 31 March 2025.

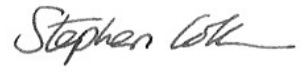
The Finance and Accounting audit identified an exception in three out of the 25 control objectives and an unqualified opinion was issued. The Chief Finance Officer has reviewed the audit report and management response and is satisfied that no material control weaknesses were identified.

The Employment Services audit identified exceptions in one out of 14 control objectives and an unqualified opinion was issued. The service auditor advised that in all material respects, except for the matters identified, the controls were suitably designed and operated effectively during the period. The Chief Finance Officer has reviewed the audit report and management response and is satisfied that no material control weaknesses were identified.

#### **25. Conclusion**

No significant internal control issues have been identified in the reporting period other than those described above where the Board is assured that appropriate improvement plans are in place.

**Signed:**

A handwritten signature in black ink that reads "Stephen Cook". The signature is written in a cursive style with a long horizontal stroke at the end.

**Acting Chief Executive**

**Date:**

**24 June 2025**

## Remuneration and Staff Report

### Remuneration Report

The purpose of this report is to provide transparency and accountability relating to the remuneration of the Trust's senior managers.

The following disclosures are made in accordance with the Department of Health and Social Care (DHSC) Group Accounting Manual.

Pension related benefits have been calculated in line with the 2024/25 Group Accounting Manual.

### Remuneration Policy

The remuneration of executive directors is determined by the Remuneration Committee with reference to national guidance, pay awards made to other staff groups through national awards, benchmarking data and intelligence from independent specialists in pay and labour market research. Executive director contract terms and conditions and remuneration are aligned with NHS England guidance and established pay ranges for acute NHS trusts.

No performance related pay, long-term performance related pay or bonuses were paid to the directors in 2024/25 or 2023/24.

The Trust's executive directors include the Foundation Group Chief Executive Officer whose salary is contributed to by each of the four Group trusts.

### Performance Appraisal

Performance appraisals of each executive director are undertaken annually to review performance against objectives set at the start of the year and to agree objectives for the coming year, aligned to the Trust's strategic objectives. A mid-year review is undertaken to assess progress.

### Remuneration Committee

The Remuneration Committee is chaired by the Trust Chair and its membership comprises all the non-executive directors, with associate membership of the associate non-executive directors. The Chief Executive Officer and Chief People Officer routinely attend to support the Committee's deliberations and are absent when a conflict of interest arises.

The Remuneration Committee met four times during the year and considered the following matters:

- Interim arrangements, appointments and terms of office for interim and acting executive roles continuing or arising during the year:
  - Chief Medical Officer
  - Chief Operating Officer
  - Chief Digital Officer
- Very Senior Manager pay award in line with NHS England recommendations.
- Appointment of a Chief Clinical Strategy Officer.
- Substantive Chief Medical Officer appointment.
- Appointment of a Chief Financial Improvement Officer (non-Board role).
- Executive Director of Communications and Engagement becoming a non-Board role.

Diversity within our Board, as within our workforce, is a priority for the Trust and part of Board appointment processes and succession planning. The approach to succession planning and talent

management is developed and overseen at Foundation Group level to share best practice, align processes and identify opportunities for joint development.

### Appointment Process

The executive appointment process includes the following:

- Open advertising.
- Stakeholder interviews.
- Final panel interview comprising executive and non-executive Board members.
- Decision by the Remuneration Committee.

### Succession Planning

Executive succession planning is incorporated within the wider workforce approach, which is consistent across the Foundation Group. This comprises the following:

Talent Management					
Attracting	Identifying	Developing	Engaging	Retaining	Deploying
Critical Enablers					
Inclusivity	Skilled support	Protected development	Pipeline visibility	Alignment to demand	
Identifying readiness and Gaps through Performance Appraisal					
Ready Now		Ready Soon		Long-Term Ready	

### Chair and Non-Executive Director Remuneration

The Secretary of State for Health sets and reviews the level of remuneration payable to the chair and non-executive directors of NHS trusts. The Chair and Non-Executive Directors are not entitled to a pension provision as part of their remuneration.

## Remuneration tables (subject to audit)

### Executive Director Remuneration 2024/25

		Salary & fees (in bands of £5k)		All taxable benefits (nearest £100)	All pension-related benefits (bands of £2.5k)		Total (bands of £5k)	
Name	Job title (and period of office if relevant)	£000s		£s	£000s		£000s	
Richard Haynes	Director of Communications & Engagement	120	125	0	22.5	25	140	145
Glen Burley	Chief Executive (excludes SWFT, WVT and GEH)	145	150	0			145	150
Helen Lewis (known as Vikki)	Chief Digital Officer to 20 October 2024	80	85	0	2.5	5	85	90
Joanna Newton	Chief Strategy Officer to 30 September 2024, Chief Strategy & Sustainability Officer from 01 October 2024	135	140	100	37.5	40	175	180
Neil Cook	Chief Finance Officer	170	175	100	22.5	25	195	200
Helen Lancaster	Chief Operating Officer - To 3 February 2025	165	170	200	105.0	107.5	270	275
Sarah Shingler	Chief Nursing Officer	165	170	400			165	170
Stephen Collman	Managing Director	210	215	0	195.0	197.5	405	410
Julian Berlet	Interim Chief Medical Officer to 20 February 2025, Chief Clinical Strategy Officer from 21 February 2025	220	225	0	147.5	150	370	375
Juliette Walton	Interim Chief Medical Officer to 20 February 2025, Chief Medical Officer from 21 February 2025	210	215	0	122.5	125	335	340
Ali Koeltgen	Chief People Officer	130	135	200	135.0	137.5	270	275
Rebecca Brown	Acting Chief Digital Officer from 21 October 2024	55	60	100	27.5	30	85	90
Chris Douglas	Acting Chief Operating Officer from 06 November 2024, Interim Chief Operating Officer from 04 February 2025	55	60	0	90.0	92.5	145	150

## Executive Director Remuneration 2023/24

Name	Job title (and period of office if relevant)	Salary & fees (in bands of £5k)		All taxable benefits (nearest £100)	All pension-related benefits (bands of £2.5k)		Total (bands of £5k)	
		£000s	£s	£000s	£000s	£000s		
Richard Haynes	Director of Communications & Engagement	115	120	0			115	120
Glen Burley	Chief Executive from 1 August 2024 (excludes SWFT, WVT and GEH)	95	100	0			95	100
Helen Lewis (known as Vikki)	Chief Digital Officer	140	145	0			140	145
Joanna Newton	Director of Strategy & Planning	115	120	300	30	32.5	145	150
Neil Cook	Chief Finance Officer/Deputy Chief Executive	165	170	100	72.5	75	240	245
Helen Lancaster	Chief Operating Officer from 1 July 2023	115	120	0	147.5	150	265	270
Sarah Shingler	Chief Nursing Officer from 1 July 2023	115	120	300			115	120
Stephen Collman	Managing Director from 6 November 2023	80	85	0	102.5	105	185	190
Julian Berlet	Acting Chief Medical Officer from 1 January 2024	0	5	0			0	5
Juliette Walton	Acting Chief Medical Officer from 1 January 2024	0	5	0	37.5	40	40	45
Ali Koeltgen	Chief People Officer from 11 March 2024	5	10	0	32.5	35	40	45

Note 1. Glen Burley is seconded from South Warwickshire University NHS Foundation Trust on a shared appointment with SWFT, Wye Valley and George Eliot NHS Trust for a proportion of his time and the remuneration identified above reflects this and includes on-costs. G Burley's full salary was within the range £285k to £290k.

Note 2. Mrs Helen Lancaster is seconded from the 03 February 2025 but the remuneration identified above includes the salary costs incurred by the Trust until 31 March 2025.

Note 3. Chris Douglas commenced acting as Chief Operation Officer covering Mrs Helen Lancaster from 6 November 2024

Note 4. Julian Berlet was Acting Chief Medical Officer for the period 1 April 2024 to 20 February 2025 while he continued with the majority of his clinical duties. Remuneration split by element is set out below:

Basic Pay as Deputy Chief Medical Officer/Consultant	£125,948.02
Additional Elements (Clinical duties)	£76,420.59
Basic Pay as Acting Chief Medical Officer	£5,357.14
Basic Pay as Chief Clinical Strategy Officer	£15,474.32
Total	£223,200.08

Note 5. Juliette Walton was Acting Chief Medical Officer for the period 1 April 2024 to 20 February 2025 while she continued with her clinical duties. Remuneration split by element is set out below:

Basic Pay for Clinical Duties	£125,948.03
Additional Elements (Clinical duties)	£60,233.83
Basic Pay as Acting Chief Medical Officer	£5,357.14
Basic Pay as Chief Medical Officer	£22,875.00
Total	£214,414.00

Note 6. Richard Haynes had the same title and role throughout the year but the role of Executive Director of Communications and Engagement ceased to be a Board role on 13 November 2024. The remuneration above includes £46,257 for the period 14 November 2024 to 31 March 2025.

Note 7. All taxable benefits relate to cars and the benefits in kind are based on the HMRC guidance.

## Non-Executive Director Remuneration 2024/25

Name	Job title (and period of office if relevant)	Salary & fees (bands of £5k)		All taxable benefits (to nearest £100)	Total (bands of £5k)	
		£000s	£s	£s	£000s	£s
Julie Moore	Non-Executive Director	10	15	0	10	15
Colin Horwath	Non-Executive Director	10	15	0	10	15
Richard Oosterom	Associate Non-Executive Director (until 30 June 2024)	0	5	0	0	5
Simon Murphy	Non-Executive Director/Deputy Chair	20	25	0	20	25
Susan Sinclair	Associate Non-Executive Director	15	20	0	15	20
Tony Bramley	Non-Executive Director	10	15	100	10	15
Karen Martin	Non-Executive Director	10	15	100	10	15
Michelle Lynch	Associate Non-Executive Director	10	15	0	10	15
Russell Hardy MBE	Chair (excludes SWFT, WVT and GEH)	40	45	0	40	45
Catherine Driscoll	Associate Non-Executive Director (from 1 August 2024)	5	10	0	5	10
Alex Moran	Associate Non-Executive Director (from 1 August 2024)	5	10	0	5	10

## Non-Executive Director Remuneration 2023/24

Name	Job title (and period of office if relevant)	Salary & fees (bands of £5k)		All taxable benefits (to nearest £100)	Total (bands of £5k)	
		£000s	£s	£s	£000s	
Julie Moore	Non-Executive Director	10	15	0	10	15
Colin Horwath	Non-Executive Director	10	15	0	10	15
Richard Oosterom	Associate Non-Executive Director	10	15	0	10	15
Simon Murphy	Non-Executive Director/Deputy Chair	20	25	0	20	25
Susan Sinclair	Associate Non-Executive Director	5	10	0	5	10
Tony Bramley	Non-Executive Director	10	15	100	10	15
Karen Martin	Non-Executive Director	10	15	100	10	15
Michelle Lynch	Associate Non-Executive Director	5	10	0	5	10
Russell Hardy MBE	Chair from 1 August 2023 (excludes SWFT, WVT and GEH)	25	30	0	25	30

Note 1. Russell Hardy is seconded from South Warwickshire University NHS Foundation Trust on a shared appointment with SWFT, Wye Valley and George Eliot NHS Trust for a proportion of his time and the remuneration identified above reflects this. Russell Hardy's full salary was within the range £90k to £95k.

Note 2. Included in Susan Sinclair remuneration is £6K that are pay arrears for the full year 2023/24.

Note 4. All taxable benefits relate to cars and the benefits in kind are based on the HMRC guidance.

Pensions table 2024/25 (subject to audit)

	Real increase in pension at pension age (bands of £2,500)	Real increase in Lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2025 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2025 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2025 £000	Cash Equivalent Transfer Value at 01 April 2024 £000	Real increase in Cash Equivalent Transfer Value £000	Employer's contribution to stakeholder pension £000
Sarah Shingler	0	0	0	0	0	0	0	0
Richard Haynes	0-2.5	0-0	25-30	65-70	684	646	23	0
Helen Lewis (known as Vikki)	0-2.5	0-0	40-45	115-120	1,078	1,054	14	0
Joanna Newton	2.5-5	0-0	20-25	0-0	328	279	33	0
Neil Cook	0-2.5	0-0	65-70	165-170	1,583	1,528	34	0
Helen Lancaster	5-7.5	7.5-10	80-85	225-230	2,101	1,948	132	0
Stephen Collman	10-12.5	17.5-20	85-90	220-225	1,943	1,708	210	0
Julian Berlet	7.5-10	12.5-15	55-60	155-160	1,388	1,209	162	0
Juliette Walton	5-7.5	10-12.5	45-50	120-125	1,025	888	119	0
Ali Koeltgen	5-7.5	12.5-15	30-35	70-75	598	460	121	0
Rebecca Brown	0-2.5	0-0	25-30	0-0	414	384	17	0
Chris Douglas	0-2.5	2.5-5	25-30	60-65	493	407	72	0

Note 1: CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2025.

Note 2: Sarah Shingler chose not to be covered by the pension arrangements during the reporting year.

*The following information is subject to audit.*

### **Pension Benefits**

Pension-related benefits represent the value accrued during the financial year through participation in the NHS Pension Scheme. This includes benefits arising from service in previous roles within the Trust prior to an individual's appointment as a Very Senior Manager (Board Member).

The amount is calculated by taking the full pension due to the Director upon retirement if they were to retire on 31 March 2025 and deducting the equivalent value from the amount due on 31 March 2024. This includes lump sum and annual pension entitlement and uses a factor of 20 for grossing up purposes in accordance with the HMRC method (derived from section 229 of the Finance Act 2004).

Where no figures are calculated for 2024/25 the Director was either not a director at the beginning of the year or is not a member of the NHS Pension Scheme.

### **Calculation of Pension Benefits**

The value of pension benefits accrued during the year is calculated as the real increase in pension benefits, grossed up using a factor of 20, less any contributions made by the individual. This calculation excludes increases due to inflation and any changes resulting from 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.

No additional benefits will become receivable by the individuals if they retire early.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member as a particular point in time.

The CETV is a payment made by a pension scheme, arrangement to secure pension benefits in another pension scheme or 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 and any contingent spouse's pension payable from the Scheme, not just their service in a senior capacity to which the disclosure applies.

The Real Increase in CETV does not include the effects of inflation or 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.

Trust employees are covered by the provisions of the NHS Pension Scheme, which is a defined contribution scheme and provides pensions related to final salary. No payments are made to any other pension scheme on behalf of executive directors.

The CETV figures and 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.

NHS Pensions are using pension and lump sum data from their systems without any adjustment for a potential future legal remedy required as a result of the McCloud judgement (a legal case concerning age discrimination over the manner in which UK public service pension schemes introduced a CARE benefit design in 2015 for all but the oldest members who retained a Final Salary design.

The table above details the current pension benefits of the Trust’s senior managers. Where the executive director in post on 31 March 2025 is not a member of the NHS Pension Scheme, there are no pension benefits to be disclosed.

As non-executive directors do not receive pensionable remuneration, there are no entries in respect of non-executives.

### Exit Packages

Exit packages might include redundancies or other departures. No exit packages were agreed during the year.

### Compensations for loss of office and payments to past directors

No compensation payments were made for loss of office nor payments made to past directors in 2024/25.

### Fair Pay Disclosures

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation to the median 25th and 75th percentile remuneration values. These are disclosed in the table below for 2024/25 and the prior year. The table also discloses the remuneration for the highest paid director and remuneration of the median, 75th and 25th percentile employees. The increase in each value compared to the prior year is also disclosed. The values include the impact of the paid element of the 2024/25 pay award.

The table shows a significant increase in pay ratios. The ratios have changed compared to the previous years, which reflects an increase in the remuneration of the highest paid director compared to increases in the median, 75th and 25th percentile salaries.

	Pay Ratio		
	25 <sup>th</sup> percentile	Median	75 <sup>th</sup> percentile
<b>2024/25</b>	11.2:1	7.9:1	6.2:1
<b>2023/24</b>	8.8:1	6.2:1	4.6:1

The purpose of the ratios is to demonstrate the range of remuneration within the Trust by expressing the remuneration of the highest paid director as a multiple of the remuneration of the median, 25th and 75th percentiles.

The ratios have changed compared to the previous years, which reflects an increase in the remuneration of the highest paid director compared to increases in the median, 75th and 25th percentile salaries.

The banded remuneration of the highest paid director in the financial year 2024-25 was £287,900 (2023-24, £213,500). The relationship to the remuneration of the Trust’s workforce is disclosed in the below table.

	<b>Total Remuneration</b>			
	<b>2024/25</b>	<b>% Change</b>	<b>2023/24</b>	<b>% Change</b>
Minimum	10,324	0%	10,324	93%
Median	36,483	6%	34,581	5%
75 <sup>th</sup> percentile	46,148	0%	45,996	10%
25 <sup>th</sup> percentile	25,674	5%	24,336	5%

Salaries paid by the Trust on a full-time equivalent basis varied between £10,324 and £273,756 per annum.

In 2024/25 no employees received remuneration in excess of the highest paid director. In 2023/24, nine employees received remuneration in excess of the highest paid director.

The annualised salary of £273,756 is for two separate consultants who worked shifts through NHSP compared to the highest paid director of £287,900.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind and severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. The remuneration calculation also cover staff engaged on a bank and agency basis as well as substantive posts.

## Staff Report People Dashboard

Key people metrics on 31 March 2025 were as follows.

Metric	Staff	Senior Managers*
Numbers (headcount)	8,058	20
Gender %	20% male; 80% female	50% male; 50% female
Sickness absence	5.53% (cumulative)	n/a
Turnover	9.15%	n/a
Staff Survey engagement	6.82	n/a

\*Senior Managers are defined as board members, both voting and non-voting

### Staff numbers and costs analysis (subject to audit)

The average number of Full Time Equivalent (FTE) staff during the year was 6807.61.

The workforce profile on 31 March 2025 compared with previous years was as follows:

Workforce Profile	Full Time Equivalent (FTE)					
	Mar-20	Mar-21	Mar-22	Mar-23	Mar-24	Mar-25
Add Prof Scientific and Technic	193	204	145	144	143	151
Additional Clinical Services	1050	1085	1075	1142	1305	1343
Administrative and Clerical	1043	1095	1100	1124	1238	1306
Allied Health Professionals	356	374	438	427	443	496
Estates and Ancillary	294	305	313	309	333	342
Healthcare Scientists	174	167	163	176	176	188
Medical and Dental	653	676	689	738	794	854
Nursing and Midwifery Registered	1800	1871	1958	2024	2144	2348
Students	2	52			1	4
<b>Grand Total</b>	<b>5567</b>	<b>5827</b>	<b>5881</b>	<b>6084</b>	<b>6577</b>	<b>7032</b>

Assignment status of our on-payroll staff as at 31 March 2025:

Assignment Category	FTE	Headcount
Fixed Term/Temporary/Locum	598.93	635
Permanent	6,433.32	7423
<b>Grand Total</b>	<b>7,032.25</b>	<b>8,058</b>

The Trust contracts with NHS Professionals as sole provider of Bank and Agency staff. As at 31 March 2025 the following substantive and temporary staff actually worked during the month (Source: Worked from Finance ADI):

Type Breakdown	Total
Agency	275.14
Bank	535.51
Substantive (worked)	6,920.52
<b>Grand Total</b>	<b>7,731.17</b>

Staff Costs during 2024/25 compared with the previous year were as follows.

Staff Cost 2024/25	Permanent £'000	Other £'000	Total £'000	2023/24 Total
Salaries and Wages	315,461	0	315,461	283,511
Social Security Costs	34,098	2,897	36,995	33,698
Apprenticeship Levy	1,614	79	1,693	1,544
NHS Pension Costs	62,503	2,333	64,836	49,901
Other Pension Costs	79	0	79	61
Temporary Staff	0	78,510	78,510	73,182
Less: recoveries in respect of outward secondments (where treated net)	0	0	0	0
<b>Total Staff Costs</b>	<b>413,755</b>	<b>83,819</b>	<b>497,574</b>	<b>441,897</b>

This shows a 12.6% increase in staffing costs over the year, reflecting an increase in the FTE workforce overall and in every staff group as well as increases in national pay awards.

### Staff Turnover

The Trust's staff survey data is captured as part of [NHS workforce statistics](#); this is an official MHS England statistics publication complying with the UK Statistics Authority's Code of Practice.

The Trust achieved target performance in 2024/25 and revised its target for 2025/26 to reflect an ambition to maintain a strong position. As at 31 March 2015 our Annual Staff Turnover was 9.15% compared to Model Hospital benchmark of 15.33% which puts the Trust in the best Quartile nationally.

### Equality, Diversity and Inclusion

As an NHS provider we are committed to ensuring that our services are accessible to, and meet the diverse needs of, all our patients and visitors. We work in partnership with colleagues in other NHS organisations, voluntary and community groups and our key stakeholders to enable us to plan and deliver our services in a way which best meets the needs of everyone in the communities we serve.

We are an equal opportunities employer committed to fair and equitable treatment of all our staff and all job applicants. We are opposed to any form of negative discriminatory or unfair treatment in all aspects of employment.

We are committed to the elimination of discrimination and ensure our workforce is given the necessary training to support this.

We have a framework of policies and processes in place to support us to achieve this.

<b>Policies</b>	<b>Training</b>	<b>People and Teams</b>
Equality, Diversity and Inclusion Flexible Working Family Leave Freedom to Speak Up Reasonable Adjustments Dignity at Work Supporting Colleagues who are Transgender, Non-Binary or Gender Non-Conforming	Recruitment and selection Recruitment champion Mandatory EDI Freedom to Speak Up: Speak Up, Listen Up Unconscious Bias	Freedom to Speak Up Guardian Freedom to Speak Up Champions Staff Networks
<b>Objectives and Commitments</b>	<b>Reporting and Action Plans</b>	<b>Collaboration</b>
Board member annual EDI objectives Inclusive Leadership Pledge	Gender Pay Gap WRES WDES EDS 22 High Impact Improvement Actions	Foundation Group: benchmarking, shared learning, collaboration Integrated Care System: Culture and Inclusion Strategy 2024-29

The NHS High Impact Equality Diversity and Inclusion (EDI) Improvement plan sets out targeted actions to address the direct and indirect prejudice and discrimination that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce.

The EDI Improvement Plan supports the long-term Workforce Plan by improving the culture of workplaces and the experiences of the workforce.

To support the achievement of strategic EDI outcomes for patients and employees, NHS trusts are expected to do the following:

- Address discrimination, enabling staff to use the full range of their skills and experience to deliver the best possible patient care
- Increase accountability of all leaders to embed inclusive leadership and promote equal opportunities and fairness of outcomes in line with the NHS Constitution, the Equality Act 2010
- Improving EDI within the NHS workforce, enhancing the NHS's reputation as a model employer and an anchor institution, and thereby continuing to attract diverse talents to our workforce
- Make opportunities for progression equitable, facilitating social mobility in the communities we serve.

The Trust's progress on these areas was reported to the Trust Board when it met with the other three members of the Foundation Group, which enabled information sharing, learning and benchmarking.

<b>Board leadership</b>	<b>Fair and inclusive recruitment</b>	<b>Pay gaps</b>
<ul style="list-style-type: none"> <li>• Annual EDI objective for every Board member</li> <li>• The Trust is acting as anchor organisation</li> </ul>	<ul style="list-style-type: none"> <li>• Recruitment champion training</li> <li>• Essential criteria interview guarantee scheme</li> </ul>	<ul style="list-style-type: none"> <li>• Gender pay gap action plan</li> <li>• Developing an action plan to address race and disability pay gaps</li> </ul>
<b>Health inequalities in the workforce</b>	<b>Programme for international staff</b>	<b>Address bullying, discrimination, harassment, physical violence</b>
<ul style="list-style-type: none"> <li>• People Promise workstreams</li> <li>• Staff Survey actions</li> <li>• Leadership &amp; management development programmes</li> <li>• Health and Wellbeing checks</li> </ul>	<ul style="list-style-type: none"> <li>• Pastoral Care</li> <li>• Staff networks</li> <li>• international staff charter</li> </ul>	<ul style="list-style-type: none"> <li>• FTSU Guardian and champions</li> <li>• Speak Up, Listen Up training</li> <li>• Sexual safety policy &amp; charter in place</li> <li>• Safe Learning Charter</li> </ul>

### Staff with Disabilities and Long-Term Conditions

<b>Workforce by Disability</b>	<b>Total Headcount Mar 23</b>	<b>Total Headcount Mar 24</b>	<b>Total Headcount Mar 25</b>	<b>Total % Mar 25</b>
No	4559	7057	7478	92.80%
Not Declared	145	141	137	1.70%
Prefer Not to Answer	26	35	32	0.40%
Unspecified	2083	14	15	0.19%
Yes	202	299	396	4.91%
<b>Grand Total</b>	<b>7015</b>	<b>7546</b>	<b>8058</b>	

Support for colleagues with disabilities and long-term conditions includes:

- The Trust's Recruitment and Selection Policy requires a guaranteed interview for applicants with disability who meet the essential person specification criteria for the role, in line with the DWP Disability Confident Employer scheme.
- For senior posts (band 8a and above) selection processes must include a dedicated Recruitment Champion who has received Inclusive Recruitment Training to ensure inclusive practice within all stages of selection.
- The Inclusive Recruiting Managers toolkit includes unconscious bias training.
- The Sickness Absence, Health and Wellbeing Policy describes the approach that may need to be taken where an employee becomes disabled during their employment, including making reasonable adjustments to support return to work.
- Health and Wellbeing Passport launched in September 2023 in partnership with the Staff Disability Network supports colleagues to undertake their role effectively within a supportive environment. It can be used by any member of staff who feels that they need support at work in relation to their wellbeing.
- Health and wellbeing offer, which includes:
  - Occupational health service
  - Staff psychological wellbeing service
  - Counselling Service
  - Mental Health First Aiders
  - Stress Management toolkit for employees and managers
  - Free health checks for all staff

- Monthly wellbeing webinars
- Stress awareness drop-in sessions
- Diverse Ability Working Network (DAWN) (see below).

### Health and safety at work

Risks to the health and safety of our staff at work are overseen by the Health and Safety Committee, which meets monthly and reports to the Executive Risk Management Committee. Sub-committees and groups reporting to the Committee cover areas such as security and water, electrical, ventilation and fire safety. Key matters considered during the year included:

- Fire risks.
- Violence and aggression incidents and workplan.
- Risks to staff associated with patients 'boarding' in temporary escalation spaces.
- Inoculation injuries.

### Staff Wellbeing

A Wellbeing Hub on the staff intranet draws together all the information about the Trust's wellbeing offer to staff.



Key elements of this offer are:

- Occupational health service
- Staff psychological wellbeing service
- Counselling Service
- Mental Health First Aiders
- Stress Management toolkit
- Free health checks
- Monthly wellbeing webinars
- Stress awareness drop-in sessions
- Wellbeing and relaxation rooms
- Health and wellbeing passport
- Financial wellbeing hub

### Human Capital Management

To attract and retain our workforce we need to support staff to stay safe, well and fulfilled at work. As well as supporting their safety and wellbeing, ensuring our staff are able to progress and develop in their careers is an essential element of this.

The Trust's Education Academy includes a range of opportunities available for staff from all professional groups. These include:

- Apprenticeships
- Coaching and mentoring
- Reciprocal mentoring
- Fellowships

- Professional Nurse/Midwife Advocates
- Career frameworks for different staff groups
- Leadership programmes
- Leadership management and development
- Team engagement development

### Employee consultation and participation

The Trust maintains regular communication with its staff in a number of ways, including:

- Weekly emailed newsletters
- Staff intranet containing up to date information and daily news.
- Monthly 'Exec Live' Teams Session for all staff.
- Monthly Trust Board meetings – live streamed and recordings published.

During 2024/25 the Trust consulted with staff on the development and implementation of strategies and plans including:

- Trust Values
- Trust Strategy
- Patient engagement strategy
- Electronic patient record implementation

One of the main ways in which the Trust engages with its staff is through the staff networks; details of each of these are as follows:

## **Staff Networks**

### **Diverse Ability Working Network (DAWN)**

Aims and purpose:

- Support a fairer and more diverse Trust for everyone.
- Tackle issues for under-represented and disadvantaged groups and individuals.
- Share experiences and facilitate learning and development.
- Help shape and deliver organisational strategy and policy.
- Provide training and guidance to aid an understanding of disability.
- Listen to the voices of disabled colleagues.
- Improve workforce data.

### **EmbRACE Network**

Active network of colleagues and allies working together to help create a culture where all staff and patients - regardless of their race or ethnicity - feel supported, cared for and are treated with dignity, kindness and respect. Key areas of focus:

- Support and Advocacy.
- Training and Education.
- Recruitment and Retention.

### **Faith and Spirituality Network**

Objectives:

- Assist in formulating new and reviewing existing policies and procedures
- Support the Trust to attract, recruit and retain staff of all faiths and none.
- Provide learning and development opportunities within the Trust's training and education offer.
- Encourage Trust volunteers with a faith or belief, to be part of the Network.
- Build resilient and positive partnerships with faith groups and leaders across the County.

### **LGBTQ+ Network**

Purpose:

- To influence and support the Trust Board tackle the key barriers to healthcare for LGBTQ+ patients, whilst also promoting a more diverse and inclusive workplace.
- Safe space for colleagues to share experiences and ideas to improve staff and patient experience.
- Supporting staff and answering questions.
- Reviewing and creating policies to shape the way the Trust supports LGBTQ+ patients and staff.
- Working with fellow Staff Networks to foster an intersectional approach for our communities.

### **Women's Network**

Aims:

- Create a supportive and inclusive environment for all women and those who identify as women.
- Share experiences and champion positive change.
- Promote equality and raise awareness of the challenges women may face in their daily lives.
- Break down barriers to healthcare
- Create a workplace where all women feel valued and empowered.
- Collaboration with all staff networks to foster an equitable culture for all women.

### **Armed Forces Network**

Network of veterans, reservists, military spouses and staff with an interest in the armed forces. Aims:

- To support the aims of the Armed Forces Covenant.
- Maintain 'Gold standard' Armed Forces Covenant accreditation.
- Support patients, families and staff with links to the armed forces.
- Help to maintain our 'Veteran Accreditation' standard.

### Trade Union Relationships

In the NHS, 'Staff Side' is a term for the interface between various trade unions and recognised professional bodies. These bodies have locally accredited representatives and working together they are termed 'Staff Side'. The role of Staff Side is to ensure a collective approach to issues such as terms and conditions of employment and receiving advice and guidance from the various unions and organisations. They consider concerns raised by staff members and consult and negotiate with Trust managers through the Joint Negotiating Consulting Committee (JNCC) where staff side and management come together to discuss matters arising.

Staff side plays a vital role in looking after employee interests and has an excellent working relationship with the Trust.

### Trade Union Facility Time

Number of employees who were relevant union officials during the relevant period: 15

Full time equivalent employee number: 12.62 Whole Time Equivalent (WTE).

### Percentage of time spent on facility time

Percentage of time (%)	Number of employees
0%	0
1-50%	15
51% - 99%	0
100%	0

Total cost of facility time £22,630.49

Total pay bill £497,574

Percentage of the total pay bill spent on facility time: 0.03%

### Expenditure on consultancy

The Trust spent £284,000 on consultancy during 2024/25 compared to £665,000 the previous year. This equates to 0.035% per cent of the Trust's turnover in 2024/25.

### Off Payroll Engagements

Off payroll engagements relate to individuals employed by the Trust but not remunerated via the organisation's payroll function. Typically, this would relate to self-employed individuals or those contracted via agencies. The Department of Health requires NHS bodies to report any off-payroll engagements as at 31 March 2025, for more than £245 per day\*

**Table 1: length of all highly paid off-payroll engagements**

<b>For all off-payroll engagements as of 31 March 2025, for more than £245 per day :</b>	<b>Number of Engagements</b>
Number of existing engagements as at 31 March 2025	7
No. that have existed for less than one year at time of reporting	3
No. that have existed for between one and two years at time of reporting	1
No. that have existed for between two and three years at time of reporting	0
No. that have existed for between three and four years at time of reporting	1
No. that have existed for four or more years at the time of reporting	2

For all off-payroll engagements between 1 April 2024 and 31 March 2025, for more than £245 per day:

**Table 2: off-payroll workers engaged at any point during the financial year**

<b>For all off-payroll engagements between 1 April 2024 and 31 March 2025, for more than £245 per day:</b>	<b>Number of Engagements</b>
Number of temporary off-payroll workers engaged between 1 April 2024 and 31 March 2025	7
of which:	
Number not subject to off-payroll legislation	7
Number subject to off-payroll legislation and determined as in-scope of IR35(1)	
Number subject to off-payroll legislation and determined as out of scope of IR35(1)	7
Number of engagements reassessed for compliance or assurance purposes during the year	1
of which:	
Number of engagements that saw a change to IR35 status following review	0

The seven engagements reported above all relate to engagements outside of IR35 and therefore the Trust have not been required to introduce contractual clauses.

For any off-payroll engagements of board members, and/or senior officials with significant financial responsibility, between 1 April 2024 and 31 March 2025:

**Table 3: off-payroll board member/senior official engagements**

<b>Off-payroll engagements of board members, and/or senior officers with significant financial responsibility between 1 April 2024 and 31 March 2025</b>	<b>Number of Engagements</b>
Number of off-payroll engagements of board members, and/or senior officials with significant responsibility, during the financial year (1)	1
Number of individuals that have been deemed 'board members and/or senior official's with significant financial responsibility' during the financial year, including both off-payroll and on-payroll engagements.	24

Signed: 

**Acting Chief Executive**

Date: 24 June 2025