

# **Wye Valley NHS Trust Annual Report 2024-25**

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## Chair's Welcome

The publication of this year's annual report offers a timely opportunity to look back on the work undertaken across Wye Valley NHS Trust during 2024/25.

It also allows us to consider how the experiences of the past year will inform our continued efforts to improve services and outcomes for the communities we serve.

As Chairman, I am privileged to witness first-hand the extraordinary commitment, compassion, and resilience of our staff, volunteers, and partners. This year has been no exception.

The past twelve months have seen the Trust continue to navigate a complex and evolving healthcare landscape. We have faced significant pressures—financial, operational, and clinical—but we have achieved progress in many areas that matter most to our patients and communities.

Among the most notable milestones was the opening of our new elective surgical hub, which has significantly enhanced our capacity to deliver planned care and reduce waiting times.

This development, alongside our continued investment in diagnostic services and digital infrastructure, has enabled us to improve access, efficiency, and outcomes for thousands of patients.

We also saw the expansion of our Virtual Ward and Urgent Community Response services, which are helping more people receive care in the comfort of their own homes – where they recover quickly in familiar surroundings.

These initiatives, developed in close collaboration with our One Herefordshire partners, reflect our shared commitment to integrated, patient-centred care.

Despite the pressures of winter and the declaration of a Critical Incident in January, our teams responded with professionalism and compassion, ensuring that services were restored swiftly and safely. This resilience is a testament to the strength of our workforce and the depth of our partnerships across Herefordshire and beyond.

At the heart of every achievement this year are the people who make up Wye Valley NHS Trust. Our staff have shown unwavering dedication in the face of continued demand and complexity.

We have seen improvements in key workforce indicators, including reduced vacancies, lower turnover, and improved sickness absence rates. These are not just statistics; they are signs of a healthier, more supported workforce. Our 2024 Staff Survey results were encouraging, with above-average scores across all themes and a particularly strong showings in flexible working, giving staff a voice that counts and a sense of team — a reflection of our efforts to listen to and act on staff feedback.

This year, we placed a renewed and expanded emphasis on staff health and wellbeing. Recognising the pressures our teams face, we have continued to invest in a comprehensive wellbeing offer that supports both physical and mental health.

No reflection on the year would be complete without acknowledging the incredible contribution of

our volunteers. Whether it's offering a friendly face at reception, providing companionship to patients, or supporting our community engagement efforts, our volunteers embody the very best of the NHS spirit. Their kindness and generosity make a real difference every day, and on behalf of the Trust Board, I offer them our deepest thanks.

Our achievements this year have not been ours alone. They have been made possible through strong and enduring partnerships—with our colleagues in primary care, social care, the voluntary sector, and across the wider Herefordshire and Worcestershire Integrated Care System.

Together, we are working to deliver more joined-up, preventative, and equitable care. We are tackling health inequalities, supporting people to live healthier lives, ensuring that services are shaped by the needs and voices of our communities.

The Foundation Group continues to provide a valuable platform for shared learning and strategic alignment across our partner trusts. Through this collaboration, we are strengthening our collective ability to meet the challenges of today and prepare for the opportunities of tomorrow.

As we look to 2025/26, we do so with a clear sense of purpose and a renewed commitment to our vision: to improve the health and wellbeing of the people we serve in Herefordshire and the surrounding areas.

However, we know that challenges remain.

Demand for urgent and emergency care continues to grow. Financial pressures are real. And the need to recruit and retain a skilled, diverse, and compassionate workforce is as urgent as ever.

But we also know that we have the people, the partnerships, and the plans in place to meet these challenges head-on. Our refreshed strategic objectives, shaped by the experiences of the past year, will guide our efforts to deliver safe, effective, and sustainable care.

To our patients and their families: thank you for your trust. We are here for you, and we will continue to strive to provide the quality of care we would want for our family and friends.

It is an honour to serve as Chairman of Wye Valley NHS Trust. I am proud of what we have achieved together this year, and I am confident in our ability to build an even stronger future.

**Russell Hardy MBE, Chairman**

## Group Chief Executive Officer's Foreword

It is with great pride and deep appreciation that I welcome you to the Wye Valley NHS Trust Annual Report for 2024/25.

This year has been one of both significant challenge and remarkable achievement. As we reflect on the past twelve months, I am struck by the resilience, innovation, and unwavering commitment of our staff, partners, and communities in delivering high-quality care to the people of Herefordshire and beyond.

The year began with considerable financial and operational pressures. Like many NHS organisations, we faced the dual challenge of recovering from the long-term impacts of the pandemic while responding to increasing demand across urgent, emergency, and elective care.

With enhanced oversight and the opening of our new Elective Surgical Hub we were able to stabilise our position and improve performance through the autumn but the winter months brought renewed pressure. Despite these challenges, we achieved several key milestones.

Our elective activity has recovered to 17 percentage points higher than it was before the pandemic.

We also met national targets for faster diagnostics and referral-to-treatment pathways, contributing to improved cancer performance.

Notably, we achieved the 62-day cancer treatment standard in March this year with 70.8 per cent of patients starting treatment within the target timeframe.

Our diagnostic services made substantial progress, with 78.6% of patients receiving tests within six weeks by year-end. While there is more to do, this represents a significant improvement from earlier in the year.

In urgent and emergency care, performance remained below target, with 66.1 per cent of patients seen within four hours across the year. We recognise the impact this has on patient experience and staff wellbeing, and improving this remains our top operational priority for 2025/26.

We made significant progress in implementing our digital strategy, which is helping us to deliver more personalised, efficient care and will be further embedded during the coming year.

This year, we invested £26.5 million in capital projects to modernise our estate and infrastructure. These projects are not only enhancing our clinical capacity and capability but also supporting our commitment to environmental sustainability.

Our hard-working staff are the heart of our organisation, and their dedication has been nothing short of inspiring. In the face of immense pressure, they have continued to deliver compassionate, high-quality care.

The results of our 2024 Staff Survey were encouraging, with above-average scores in all nine themes and an improved score for flexible working.

We have also seen growth in our staff networks, including the launch of a new Women's Network, and continued progress on our Equality, Diversity and Inclusion agenda. Over 28 per cent of our workforce now come from non-white British backgrounds, and we are working hard to ensure our leadership reflects this diversity.

We continue to benefit from our membership in the Foundation Group, working alongside South Warwickshire NHS Foundation Trust, George Eliot Hospital NHS Trust, and Worcestershire Acute Hospitals NHS Trust. This partnership enables us to share best practice, align strategic objectives, and strengthen our collective resilience.

Locally, our collaboration with One Herefordshire partners has been instrumental in improving patient flow, reducing admissions, and supporting timely discharges

As we look to 2025/26, we do so with a renewed sense of purpose and determination. Our strategic objectives have been refreshed to reflect the lessons of the past year and the opportunities ahead. Improving urgent and emergency care, reducing long waits, enhancing staff experience, and delivering financial sustainability will be our key areas of focus.

We will continue to invest in innovation, digital transformation, and sustainable development. We will also deepen our engagement with staff, patients, and communities to ensure that our services are inclusive, responsive, and of the highest quality.

I would like to extend my heartfelt thanks to every member of our staff, our volunteers, our partners, and our Board. Your commitment, compassion, and professionalism are the foundation of everything we do. I also want to thank our patients and communities for their continued trust and support.

Together, we have achieved a great deal in 2024/25. Together, we will go further in 2025/26.

**Glen Burley**

**Group Chief Executive Officer**

# Performance Report

## Performance Overview

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

## Chief Executive's Statement on Performance

The Trust faced significant financial challenges from the start of the year, driven partially by under-delivery of cost and productivity improvement plans (CPIP), including the cost of temporary staffing. A financial recovery plan was developed and a Financial Recovery Board, chaired by the Chair of the Trust Board and comprising all Trust Board members, was established in July 2024 to enhance scrutiny of delivery. Also at this time, the opening of our new elective surgical hub and a mid-year reset of our elective operational plans supported improved performance during the autumn. However, winter brought significant challenges, with increased emergency admissions and staff sickness, impacting capacity and reliance on temporary workforce.

In order to maintain patient flow in the urgent and emergency pathway we cared for high numbers of patients in temporary escalation spaces as 'boarders'. This meant more people could receive the urgent care they needed and we could free up more capacity in our emergency department and release ambulances more quickly. However, boarding is a poor experience for patients and increases the pressure on staff and despite this we continued to experience a congested Emergency Department and both patients and ambulances were often left waiting for longer than they should.

As a result of the increased demand for emergency admissions, combined with capacity issues due to staff sickness, it was necessary to declare a Critical Incident in January. Thanks to the dedication of our teams and partners we were able to revert to normal operations after three days.

Elective capacity increased in July, with the new elective surgical hub providing additional theatres and enabling enhanced productivity. Despite the pressures in urgent and emergency care we maintained our elective pathways and were able to deliver our elective plans, achieving 117% elective recovery performance, reducing the number of patients experiencing very long waits and impacting positively on financial performance.

We were also able to achieve national targets for faster diagnostics and referral to treatment pathways, contributing to improved cancer performance.

Working with our One Herefordshire Partners to both reduce the number of people needing admission to hospital and increase the speed at which they can be discharged back home or to a community setting was a key area of focus throughout the year. We saw positive progress on developments to support this, including initiatives such as Virtual Ward, Urgent Community Response and our Discharge2Assess model.

The perseverance and commitment of our staff has been incredible during the whole year despite the many pressures. It was really positive to see improvements in many of our annual key workforce indicators, including vacancies, turnover and sickness. Our staff survey results were also positive in this context and we will continue to engage with staff to understand their needs and the support we can provide so that they can continue to deliver excellent care to our patients.

## Trust's Purpose and Activities

Wye Valley NHS Trust was established in 2011 and provides healthcare services at Hereford County Hospital in Hereford and at community hospitals in Ross-on-Wye, Leominster and Bromyard.

The Trust provides community and hospital care to a population of approximately 195,000 people in Herefordshire and a population of more than 40,000 people in mid-Powys, Wales.

The Trust has four clinical divisions: Surgical, Medical, Integrated Care and Clinical Support.

## Vision, Mission and Values

**Our vision** is to improve the health and wellbeing of the people we serve in Herefordshire and the surrounding areas.

**Our mission** is to provide a quality of care we would want for ourselves, our families and friends.

**Our values** are embedded in the ways we work and are key components of our recruitment and staff appraisals processes.

<b>Our Values</b>
<b>Compassion</b>
We will support patients and ensure that they are cared for with compassion
<b>Accountability</b>
We will act with integrity, assuming responsibility for our actions and decisions
<b>Respect</b>
We will treat every individual in a non-judgemental manner, ensuring privacy, fairness and confidentiality
<b>Excellence</b>
We will challenge ourselves to do better and strive for excellence

## Integrated Care System

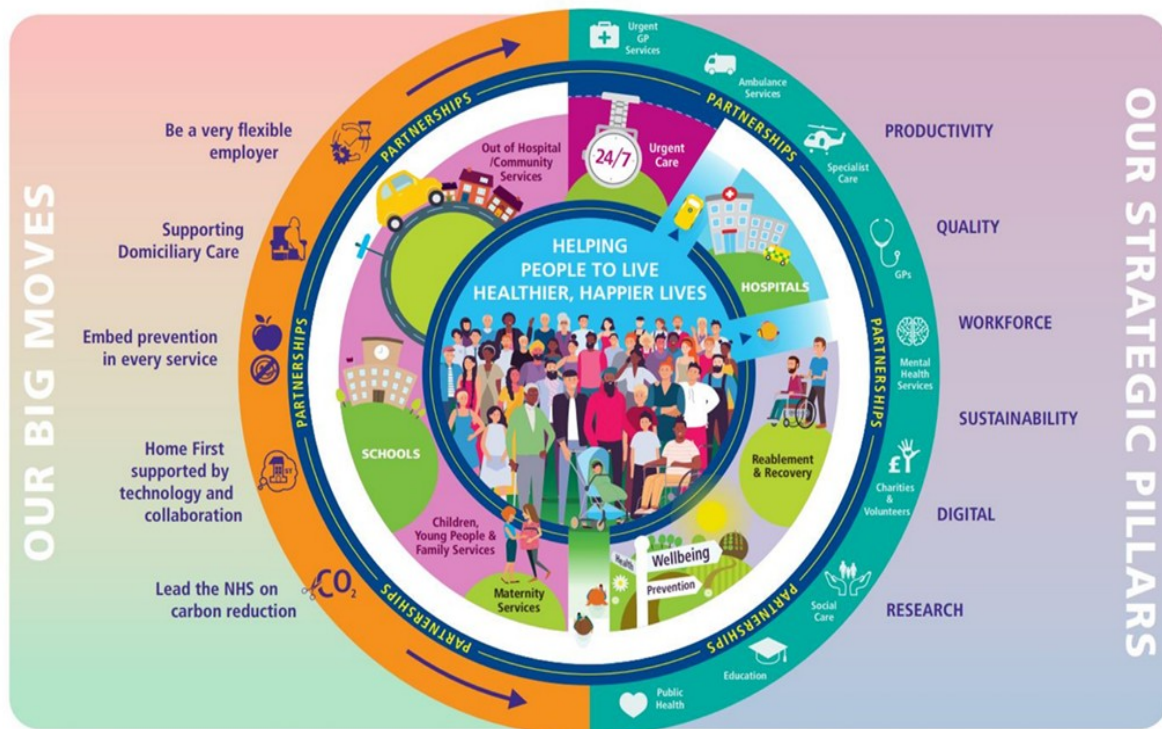
The Trust is part of the Herefordshire and Worcestershire Integrated Care System (ICS). The ICS is responsible for improving health outcomes for the local population, reducing health inequalities and supporting broader social and economic development. The Integrated Care Board does this through ensuring 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.

## Foundation Group

The Trust is part of a Foundation Group with South Warwickshire NHS Foundation Trust, George Eliot Hospital NHS Trust and Worcestershire Acute Hospitals 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.

## Trust Objectives

Our Trust objectives are reviewed and updated every year.

# Our objectives 2024/25

**NHS**  
Wye Valley  
NHS Trust



### QUALITY

- **Develop a business case and implement our blueprint** for integrated urgent and emergency care with our One Herefordshire partners
- Work with partners to **ensure that patients can move to their chosen destination rapidly**, reducing discharge delays
- Work with partners to **deliver the improvement plan for Children's services**



### WORKFORCE

- **Deliver plans for 'grow our own' career pathways** that provide attractive roles for applicants
- **Increasing the number and quality of green spaces for staff and improve the catering offer** at the County Hospital in order to improve the working environment for staff
- **Embed EDI objectives in our performance appraisals** in order to make a demonstrable improvement in EDI indicators for patients and staff



### PRODUCTIVITY

- **Deliver our Elective Surgical Hub project** and associated productivity improvements in order to increase elective activity and reduce waiting times
- **Continue our Community Diagnostic Centre project, ready for Summer 2025** in order to improve access to diagnostics for our population
- **Create system productivity indicators** to understand the value of public sector spending in health and care



### DIGITAL

- **Implement an electronic record into our Emergency Department** that integrates with other systems
- **Deliver the final elements of our paperless patient record plans** in order to improve efficiency and reduce duplication
- **Maximise the functionality of EMIS** with 1H partners and the shared care record



### SUSTAINABILITY

- Work with Group partners to **identify fragile services and develop plans to make them more sustainable** utilising the scale of the group and existing networks
- **Redesign selected services to focus more on prevention** in order to reduce secondary care activity
- **Build our integrated energy solution** on the County Hospital site to reduce carbon emissions



### RESEARCH

- **Increase both the number of staff that are research active and opportunities for patients to participate in research** through our academic programme in order to be known as a Research active Trust
- **Continue to progress our plans for an Education Centre** in order to develop our workforce and attract and retain staff



@WyeValleyNHS



@WVTNHS



www.wyevalley.nhs.uk



### Our mission:

To provide a quality of care we would want for ourselves, our families and friends



The principal risks to achievement of these objectives are set out in the Board Assurance Framework or as risks in the Trust's risk register as follows:

<b>Strategic Objective Heading</b>	<b>Principle Risks to Achievement</b>
Quality	Ability of system to manage flow across the urgent and emergency care pathway.
Productivity	Productivity and operational capacity plans and delivery
Workforce	Recruitment and retention of clinical and support staff.
	Delivery of equality, diversity and inclusion agenda.
Digital	Delivery of digital strategy
	Resource to delivery maximum functionality of EMIS.
	Cyber Security
Sustainability	Fragility of key services
	Delivery of Sustainable Development Management Plan
Research	Delivery of Academic Programme
All	Availability of capital funding
	Delivery of financial plan

## 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 performance targets.
- Achievement of quality priorities and targets.

The Trust did not meet the financial plan agreed at the start of the year but did deliver on a revised forecast to ensure, along with partners, that the ICS financial plan was met. Under-delivery of the Cost and Productivity Improvement Plan was a key driver of this and the deficit will be carried forward into a challenging 2025/26.

Operationally, there was some strong performance, particularly on cancer standards, and good progress on driving down long waits. Some of our productivity measures also showed good progress, particularly in Theatres.

However, Urgent and Emergency care was very challenged, with an increase in Emergency Department attendances from both England and Wales. While winter was a particular period of pressure, the position continued to be challenging into spring. This created risks to delivery of our objectives, our performance targets, our financial position, our workforce stability and, most importantly patient experience, safety and clinical outcomes.

The analysis below describes the ways these risks were managed during the year. We will introduce additional mitigations, controls and plans in 2025/26, with improvements in Urgent and Emergency Care our main priority.

At the end of the year we reviewed our progress on delivering our strategic objectives and refreshed these for 2025/26 based on an assessment of performance in 2024/25 and risks and opportunities in 2025/26. The Board Assurance Framework will be updated to reflect the most significant strategic risks aligned with these objectives.

### 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 £5.623m (£13,388m in 2023/24). In the 2025/26 plan the Trust forecasts a breakeven position which has been agreed in conjunction with Herefordshire and Worcestershire ICB.

Management have carefully considered the principle of going concern. The Trust has agreed activity plans 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. Management 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 and a detailed integrated performance 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

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 setting its annual strategic objectives. These include:

- **Rurality.** The Trust is one of seven across the NHS defined as “unavoidably small due to remoteness”, in areas with distinctive health and care needs. These trusts are recognised as requiring additional funding to support these particular needs. In addition to this, many of

the Trust's patients are resident in Powys, Wales, where the Trust has a lesser ability to influence successful discharge or to negotiate contractual funding to support provision of care. This issue affects the quality of care and both operational and financial performance.

- Remaining impact of the 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 until 2029.
- 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 report. Reference to how these risks impacted the Trust's performance during the year is included in the analysis below.

## Financial Performance Analysis

### 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 Department of Health and Social Care group accounting manual 2024 to 2025 (GAM) and the International Financial Reporting Standards which give a true and fair view in accordance therewith.

For 2024/25 the Trust's initial financial plan reflected a deficit of £31.4m. After recognition of non-recurrent national funding, this subsequently improved to a planned £3.1m deficit for the year. Performance on elective recovery has been strong, securing income in line with the plan, although workforce challenges in a small number of specialties resulted in a more expensive delivery model than we had planned for. During the year a number of unforeseen cost pressures materialised and this, coupled with urgent and emergency care demand pressures, adversely impacted our ability to fully deliver our cost and productivity improvement plans (CPIP). Although we were able to partially mitigate these pressures, largely through non recurrent measures, the Trust ended the year with a deficit of £5.6m.

### Financial Break-even

In 2024/25, the Trust delivered an unadjusted deficit on the face of the statement of comprehensive income (SOC1) of £2,648k. Once technical adjustments are made to remove the impact of tangible asset revaluations, capital grants, donated depreciation and the impact of IFRS16 on PFI accounting are accounted for this equates to an adjusted reported deficit of £5,623k. It is this adjusted measure against which NHS England (NHSE) assess performance.

The table below indicates the overall value of the deficit once 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. The impact of re-measuring the Trust's PFI liability under IFRS 16 is also adjusted, along with a small impact relating to centrally held and issued inventory linked to COVID-19.

In 2024/25 the Trust reported an adjusted deficit of £5,623k which was in line with the forecast position agreed with the ICS, which overall results in a balanced System position.

	2024/25
Adjusted financial performance (control total basis):	£000
Surplus / (deficit) for the period per SOC1	(2,648)
Remove net impairments not scoring to the Departmental expenditure limit	7,021
Remove I&E impact of capital grants and donations	(2,319)
Remove impact of IFRS16 impact on IFRIC 12 schemes	(7,731)
Remove net impact of inventories received from DHSC group bodies for COVID response	54
Adjusted financial performance surplus / (deficit)	(5,623)

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, the requirement is now to achieve financial duties set by NHS England. We still 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	2021/22	2022/23	2023/24	2024/25
	£000	£000	£000	£000	£000
Break-even duty in-year financial performance	2,347	1,536	(6,512)	(13,239)	2,108
Break-even duty cumulative position	(137,818)	(136,282)	(142,794)	(156,033)	(153,925)
Operating income	267,580	304,155	330,289	361,927	393,523
Cumulative break-even position as a percentage of operating income	(51.5)%	(44.8)%	(43.2)%	(43.1)%	(39.1)%

NHS trusts also have non-statutory (administrative) duties to:

- Pay a public dividend capital (PDC) dividend to the Department of Health and Social Care (DHSC) each year. In 2024/25 we paid £2,774k (£2,645k in 2023/24).
- Meet the capital resource limit (CRL). Details of our performance is included in the Annual Accounts at note 35.
- Comply with the better payment practice code 178 for the payment of invoices. Details of our performance is included in the Annual Accounts at note 34.

In previous years NHS Trusts also had a statutory duty to manage within a pre-set external financing limit (EFL). This requirement ceased in 2024/25.

### Cost productivity improvement programme (CPIP)

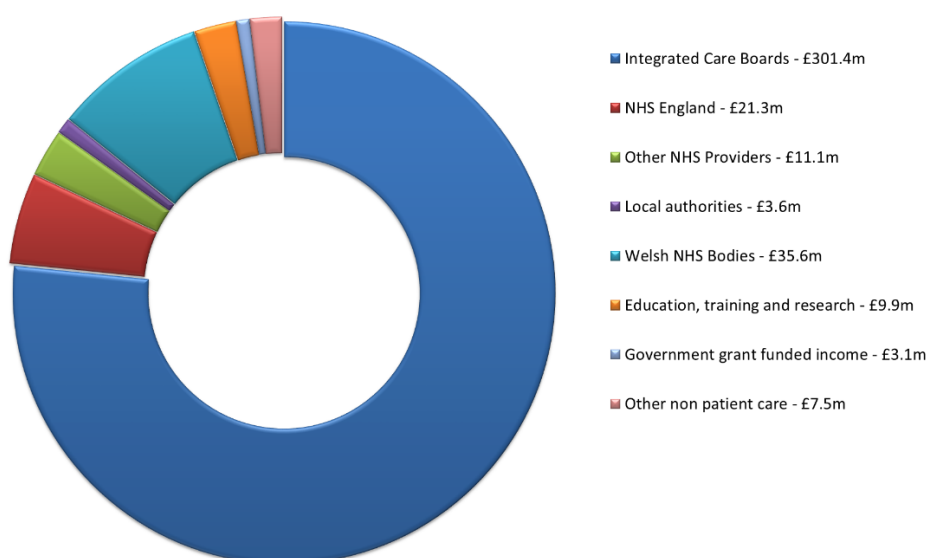
The Trust delivered £14.1m of savings from a broad range of best value for money, pay and non-pay saving initiatives. This was against a plan of £20.6m. As described above, unforeseen cost and operational pressures required mitigation and adversely impacted our ability to secure the level of savings targeted. £6.5m of the savings were delivered recurrently with a resulting benefit in future years.

### Resources – Income and Expenditure

The Trust generated income of £394m during 2024/25. This includes income for patient care activities and other operating income as described in the Annual Accounts. The largest share of income is derived from Integrated Care Boards (ICBs). The primary source of income was from our host commissioner, NHS Herefordshire and Worcestershire ICB.

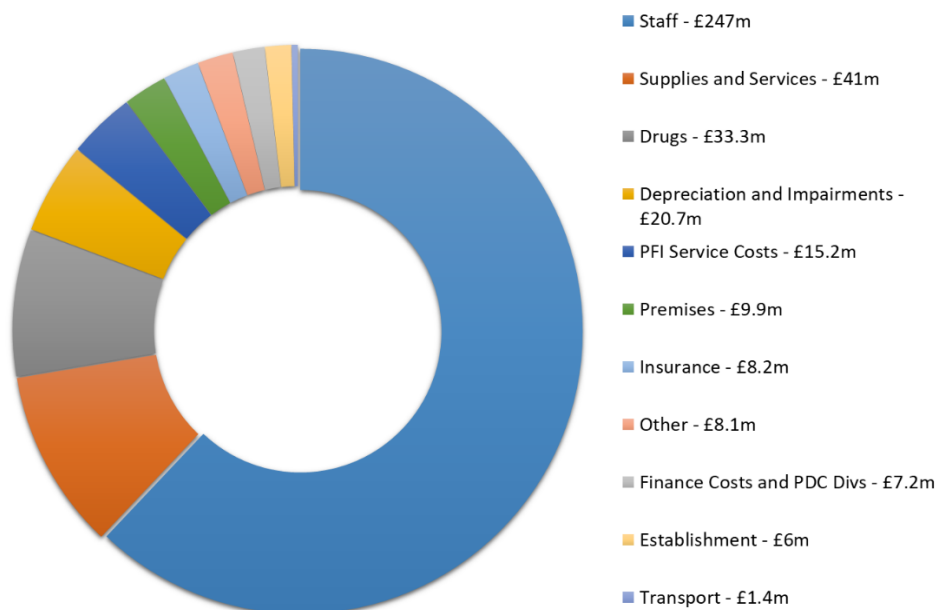


### 2024/25 Income Sources (£m)



Expenditure incurred in the year included salaries and wages paid to permanent and temporary staff, including those employed through agencies, totalling £247m. Total expenditure on goods and services amounted to £143.8m and finance costs plus PDC dividends totalled £7.2m.

### 2024/25 Annual Expenditure (£m)



### Resources - Agency Expenditure

The national NHS Oversight Framework sets out an ultimate cap on agency expenditure equal to 3.2% of the total pay bill for the year. For 2024/25 Herefordshire and Worcestershire Integrated Care System agreed its operational plan with NHSE which included an in-year agency cap of 5.9%. The Trust's actual agency expenditure in the year equated to 4.7% of the total pay costs and therefore came under the agreed system cap.

## Resources - How the Trust spends its capital

The Trust spent £26.5m on capital investments during 2024/25. The most significant elements within the capital programme were as follows.

2024/25 Capital Expenditure	2024/25
	£k
Community Diagnostic Centre	12,371
Clinical Equipment	1,347
Digital (Systems and ICT)	3,474
Elective Surgical Hub	2,744
Integrated Energy Scheme Phase 2	5,004
Capitalised building lease	73
Other Estates Schemes	1,530
Total Capital Expenditure	<b>26,543</b>

## Pension Liabilities

Within the annual accounts, ongoing employer pension contribution costs are included within employee costs (see notes 8 and 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](#).

## 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 per cent compliance rate target in terms of both value and number of invoices.

It can be seen in the earlier table that the Trusts performance against the Better Payment Practice Code improved both in invoice volume and value terms compared to 2023/24. The Trust achieved over 95 per cent against both measures.

## 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 2023/24 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.

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

We started the year in an improved position compared to the previous two years, with over 68% of patients seen within 4 hours in April 2024; however, a number of pressures drove performance below target through much of the year. These included continued increases in the number of people attending the Emergency Department (ED), which was consistently high throughout the year. In addition, the acuity of patients attending ED was generally higher, meaning their conditions were more severe, more urgent or more complex and were more likely to require inpatient care.

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 our workforce across all professions and 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:

- Working with our One Herefordshire Partners to improve discharge and reduce length of stay to improve patient flow through our services. This work included:
  - Expanding the Virtual Ward Service.
  - Expanding the Urgent Community Response Service
  - Continuing to develop our Discharge2Assess model.
- Working with other partners, including the West Midlands Ambulance Service and NHS Wales.
- 'Call Before Convey' priority phone line.
- Continued use and expansion of our Same Day Emergency Care Services (SDEC) for Medical Frailty, Gynaecology and Surgery.
- Implementation of a Community Referral Hub, working with our Primary Care partners to provide a single point of access, support people to leave hospital earlier or keep them well at home for longer.
- Valuing Patients' Time Programme to deliver changes to our Urgent and Emergency Care pathways.
- Increasing our medical bed capacity.
- Opening the new Elective Surgical Hub.

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, the Integrated Care Executive and the Valuing Patients Time Programme Board.

The Trust continues to have large waiting lists and long waits for elective care. Although the numbers waiting over 52 weeks has reduced significantly over the last two years, there were still some patients waiting over 78 weeks during the year.

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.
- The number of patients treated on each theatre operating list.
- On the day cancellations for non-clinical reasons.
- Clinic Utilisation.
- Patients who Did Not Attend.

The following summarises performance on the key metrics for the national priorities most relevant to the Trust.

- a. 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 standard was not met, though an improvement was achieved compared with the previous year.

March 2025	63.5%
Full Year 2024/25	66.1%

Comparison with previous years:

2019/20	2020/21	2021/22	2022/23	2023/24
76.3%	78%	65.6%	55.6%	56.3%

- b. 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, 130 patients had been waiting for 65 weeks or more for treatment. Two departments facing the most significant challenge in meeting this target were Orthopaedics and Ophthalmology.

The position at the end of the year in March 2025 was 32 patients.

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

Elective recovery performance for the full year was 117%.

- d. 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

Although the target for the full year was just missed, performance improved in the final quarter of the year and the target was met in March.

March 2025	47%
Full Year 2024/25	44%

## 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.

Improvements in diagnostics waits during the year had a significant impact on our cancer pathways, enabling consistent delivery of the Faster Diagnosis standard despite increased referrals.

Another important standard is the number of patients diagnosed with cancer starting their first treatment within 62 days. Performance at the start of the year dipped below the standard and we undertook detailed work at speciality level to understand the actions needed to improve, resulting in a reduction in the issues driving under-performance.

### e. Improve performance against the headline 62-day standard to 70% by March 2025

This target was achieved at **70.8%**.

Comparison with previous years:

2019/20	2020/21	2021/22	2022/23	2023/24
78%	76.3%	71.5%	65.2%	59.9%

### f. Improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026

A number of pressures impacted delivery of this target at the beginning of the year, including a nearly 30% increase in the number of referrals compared with 2021, workforce shortages in Gynaecology and increased demand for diagnostics.

Performance improved over the summer to above the target to **77.8%**.

Comparison with previous years:

2019/20	2020/21	2021/22	2022/23	2023/24
76.3%	78%	65.6%	55.6%	56.3%

### g. Diagnostics: Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%

As part of COVID recovery, our diagnostic services continued to drive increased activity and performance improvements throughout the year. Our most challenged services at the start of the year were Audiology and Echocardiography, and we achieved an overall performance in April 2024 of only 75%.

This improved over the course of the year, with performance at the end of October reaching 85% of patients waiting less than 6 weeks for a diagnostic test. A number of areas continued to experience

challenges, however, and performance declined again in the second half of the year to **78.6%**, similar to performance in March 2024 (78.5%).

#### **h. 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. More information 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 had the following key outcomes:

- A 34% survey response rate – an indicator of reasonable engagement.
- Above average scores in all nine themes.
- No significant change in the eight theme scores compared to the improved scores in 2023.
- Improved score for flexible working.

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

A number of workforce challenges remain, however, including:

- Healthcare support worker vacancies and growing turnover rate.
- Medical staff vacancies.
- High demand over winter requiring additional staff beyond establishment.

As a result, reducing our reliance on temporary staffing continued to be challenging throughout the year. Mitigations and actions to improve this position included:

- Retention initiatives.
- Targeted recruitment programmes.
- Strengthened agency staff usage controls.

Although there was good progress in targeted areas during the year, the level of agency staff usage remained at an unsustainable level and put pressure on delivery of the financial plan.

This will continue to be a challenge in 2025/26, when there will also be targeted reductions in the substantive workforce.

#### **i. Implementation of the Patient Safety Incident Response Framework**

The patient safety incident response framework (PSIRF) is a radical change to the way we respond to and learn from patient safety incidents. Under the PSIRF, we no longer refer to 'serious incident investigations' or 'root causes'. In their place is a more flexible, system focused approach, with improvement and engagement with patients, families and staff taking centre stage. Ensuring that patients, their families and clinical staff are directly involved in the incident response process is at the heart of the PSIRF, with 'compassionate engagement' being top of the list of the PSIRF stated aims

The Patient Safety Incident Response Framework was launched within the Trust on 1 November 2023 with a new Trust policy and processes, including a Patient Safety Panel. Five safety priorities

were agreed, each of which has a quality improvement plan which is overseen each month by the Quality Committee alongside any incidents linked to the priorities:

WVT Patient Safety Priorities				
<b>Tissue Viability incidents – Deterioration of moisture associated skin damage to G3/4 or unstageable pressure damage</b>	<b>Inpatient falls</b> In patients with dementia, delirium or a known high risk of falls	<b>Delays in assessment, diagnosis or treatment</b> Responding well to clinically changing conditions	<b>Admissions and discharges</b> Incidents relating to the movement of patients, particularly delays to follow up	<b>Medication incidents</b> Incidents relating to the failure of administration of critical medications

The Patient Safety Panel considers each patient safety event in detail and agrees an appropriate response, which might include:

- A rapid review and action plan
- Other nationally mandated investigation
- Immediate safety recommendations as an exception
- Patient Safety Incident Investigation (PSII)

The Quality Committee oversaw the implementation of PSIRF within the Trust and receives information each month on PSIRF activity, learning and progress on patient safety priorities.

### 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. Our performance or progress on each priority is set out below. More detail can be found in our Quality Account on our website.

Priority	Progress
<b>Safety</b>	
Implement the NatSSIPs2 standards and improve management and oversight of safety of interventional procedures.	Working Group established and developing prioritised implementation plan.
Ensure patients receive a timely VTE risk assessment in line with NICE guidance.	Improvements demonstrated over the year but more to do to meet the national target. This will continue to be a Trust priority in 2025/26.
Reduce cases of Grade 2 pressure ulcers.	Achieved a 30% reduction of incidents. Pressure Ulcer Panel now developing an improvement plan for 2025/26.
Improve care of deteriorating patients and implement Martha's rule.	Critical Care Outreach Team launched as a 24 hour service. Preparing to participate in a national pilot of 'Call for Concerns' programme.
<b>Experience</b>	
Improve responsiveness to patient experience data.	<ul style="list-style-type: none"> <li>• Reduced number of overdue complaint responses.</li> <li>• Improved complaint response times.</li> <li>• Improvement projects developed in response to patient surveys and Friends and Family Test results.</li> </ul>



Effective	
Implement QI project to target high-risk time critical medication (Parkinson's).	The percentage of medications administered on time has followed an improvement trajectory over the year, with the causes for any delays analysed for learning.
Implement Get it on Time campaign for Parkinson's medications.	

## Quality Governance

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

## Partnership Working

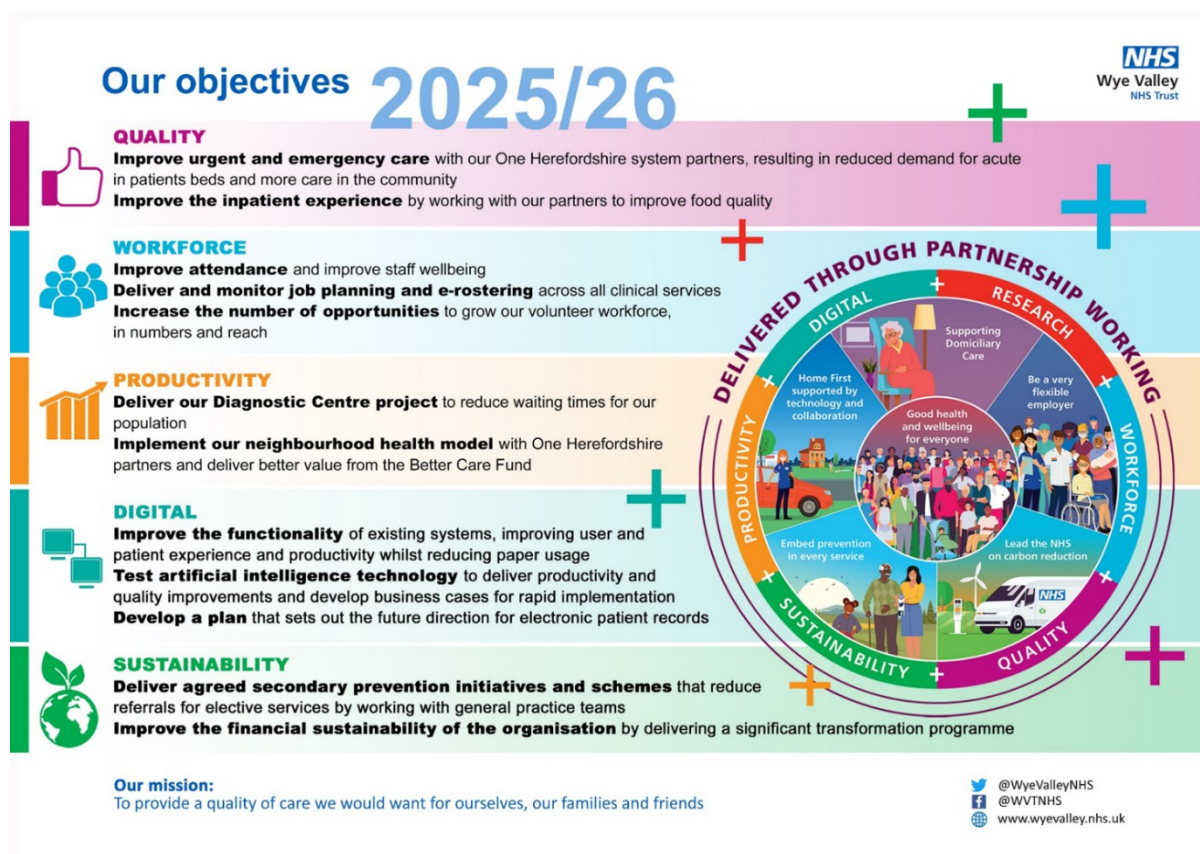
The Trust engaged as a key partner in the production of the ICB Joint Forward Plan.

The core areas of the plan align with the Trust's strategic priorities and objectives, for example a focus on left shift and prevention, reducing elective waits, and improving urgent and emergency care performance. These are reflected in our operational and financial plans against which performance is overseen by NHSE.

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

## Forward Planning

Following reflections on the Trust's performance in 2024/25 and the degree of achievement of our 2024/25 strategic objectives, the Trust Board developed its strategic objectives for 2025/26. These take into account known and anticipated risks, challenges and opportunities.





## Equality, Diversity and Inclusion as a Service Provider

As the main provider of healthcare services and one of the largest employers in Herefordshire, our aim is to deliver healthcare services that are appropriate to everyone's needs, taking account of differences in age, disability, race, ethnic or national origin, gender, religion, belief, sexual orientation, domestic circumstances, social and employment status or responsibilities as a carer.

The public sector equality duty requires us to consider how our decisions and policies impact people protected by the Equality Act. In order to meet this duty, all our business cases and policies require an equality impact assessment.

We work with the Herefordshire Community Partnership, a forum led by Healthwatch with the public, formal health and care services and voluntary and community sector organisations working in partnership to ensure that services are delivered in the best way possible.

Internally, the provision of an interpreting service and accessible information helped support equality within and access to the Trust's services.

### Health Inequalities

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

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' focus 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 on the development of a Health Inequalities strategy to reduce health inequalities in our system. We are also working with our One Herefordshire partners on a range of strategies and projects for the County, with a particular focus on ill health prevention and the best start to life. More information can be found on the Integrated Care Board's [website](#).

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 available to the Trust about people accessing our services, which can help us understand where health inequalities might exist and support the development of the strategy. The data does not in isolation reveal any health inequalities.

	Herefordshire census	Non- elective/emergency admissions		Elective inpatient day case activity		Outpatient Activity		Tooth extractions due to decay (number admitted as inpatients, inc day case)	Smoking cessation service offered	
	2021	2019/20	2024/25	2019/20	2024/25	2019/20	2024/25	2024/25	Proportion of adult acute inpatient settings	Proportion of maternity inpatient settings
<b>Total</b>	187,100	27,719	21,065	35,807	39,875	324,555	303,234		100%	100%
<b>Age</b>										
<b>% Patients under 18 years*</b>	Not available	21%	14%	5%	6%	10%	8%			
<b>% Patients over 18 years*</b>	Not available	79%	86%	95%	94%	90%	92%			
<b>Number of patients under 10 years</b>								78		
<b>Gender</b>										
<b>% Female</b>	51%	52%	51%	50%	51%	55%	53%			
<b>% Male</b>	49%	48%	49%	50%	49%	45%	47%			
<b>Ethnicity</b>										
<b>Asian, Asian British or Asian Welsh</b>	1.2%	0.15%	0.13%	0.17%	0.14%	0.13%	0.17%			
<b>Black, Black British, Black Welsh, Caribbean or African</b>	0.3%	0.06%	0.06%	0.09%	0.09%	0.09%	0.09%			

<b>Mixed or multiple ethnic groups</b>	0.7%	1.20%	1.24%	0.99%	1.08%	1.29%	1.16%			
<b>White</b>	96.9%	64.22%	56.65%	78.64%	64.25%	65.25%	78.43%			
<b>Other ethnic group</b>	0.5%	0.33%	0.12%	0.24%	0.22%	0.20%	0.25%			
<b>Not known</b>	n/a	34.04%	41.81%	19.88%	34.22%	33.05%	19.90%			

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

## 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 Trust employs RSM Risk Assurance Services LLP to provide a LCFS service. This service receives referrals about potential fraud and undertakes fraud investigations in addition to doing proactive work in relation to fraud in the NHS.

In 2024/25, the LCFS received nine new referrals and six were carried forward from 2023/24. Of the 13 investigations closed during the year, 12 were closed with no issues identified. One closed with a disciplinary outcome.

## Environmental Matters

The Trust's Sustainable Development Management Plan 2020-2025 outlines projects and activities to address sustainability, covering areas such as staff awareness and engagement and technical schemes aimed at reducing carbon emissions produced from the Trust's activity.

Although the Trust is relatively small compared with other NHS organisations, it is still a large consumer of natural resources, annually spending in excess of £1.5 million on gas, electricity and oil, with an additional £200,000 spent on water and £300,000 on waste. The Trust also uses substantial quantities of petrol, food, paper, clinical products and pharmaceuticals. As a result, the Trust has a sizeable carbon footprint, contributing to the effects of climate change and its associated impacts.

As a leading anchor institution, we play an important role beyond the boundaries of our estate and need to lead the way in delivering the national and international targets. The plan represents our focus on the steps needed to drive change up to 2025.

### 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 with more information published on our website in the Trust's [Sustainable Development Management Plan 2020-2025](#).

### Governance Pillar

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

The Trust Board receives an annual update on the Trust's performance against its Sustainable Development Management (Greener) Plan (SDMP). Sustainability and net zero is one of the Foundation Group's 'Big Moves', which enables benchmarking and learning to be shared on this topic when the four Boards meet as a Foundation Group.

The 2024/25 update to Board on the SDMP reported on a number of metrics that the Trust developed to demonstrate improvements in resource utilisation. The same report provided a complete analysis of progress against every commitment in the SDMP, with the majority delivered and the rest on track to being delivered.

- The role of Management in assessing and managing climate related issues

Board-level responsibility for sustainability lies with the Chief Strategy and Planning Officer who provides updates to the Board at least annually. Progress against the SDMP is monitored by the Trust Sustainability Group.

Major business cases require a Sustainability Impact Assessment, which are considered by the Sustainability Group.

Major capital projects usually have targets regarding sustainable buildings and the outcomes of the assessments of these are reported into the Capital Programme Board.

### 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. This is described in more detail in the Annual Governance Statement later in this document. Through the application of the framework the Trust has identified acute physical risks of flooding and extreme heat as the most material climate-related risks to the Trust's services based on likelihood and impact.

The Trust's Risk Register has been used to assess and record this risk, which is described as *a risk of harm, loss of life and environmental catastrophes due to climate change, which has the potential to impact the NHS service delivery, resources and infrastructure*. The risk is scored 12, High.

- Processes for managing climate-related risks

The Trust has a Climate Change Adaptation Plan which considers the key risks for each of the Trust's main building locations. The Trust works closely with Herefordshire Council on climate change adaptation and develops plans in collaboration.

The Climate Change Adaptation Plan and the risks described within it are reviewed annually by the Sustainability Group.

The Trust has an extreme weather policy which is regularly reviewed and updated. This is enacted in response to extreme weather events.

- Integration with the Trust's risk management approach

The climate-related risk described above is a Very High risk and as such is considered monthly by the Executive Risk Management Committee alongside all other high and rated risks.

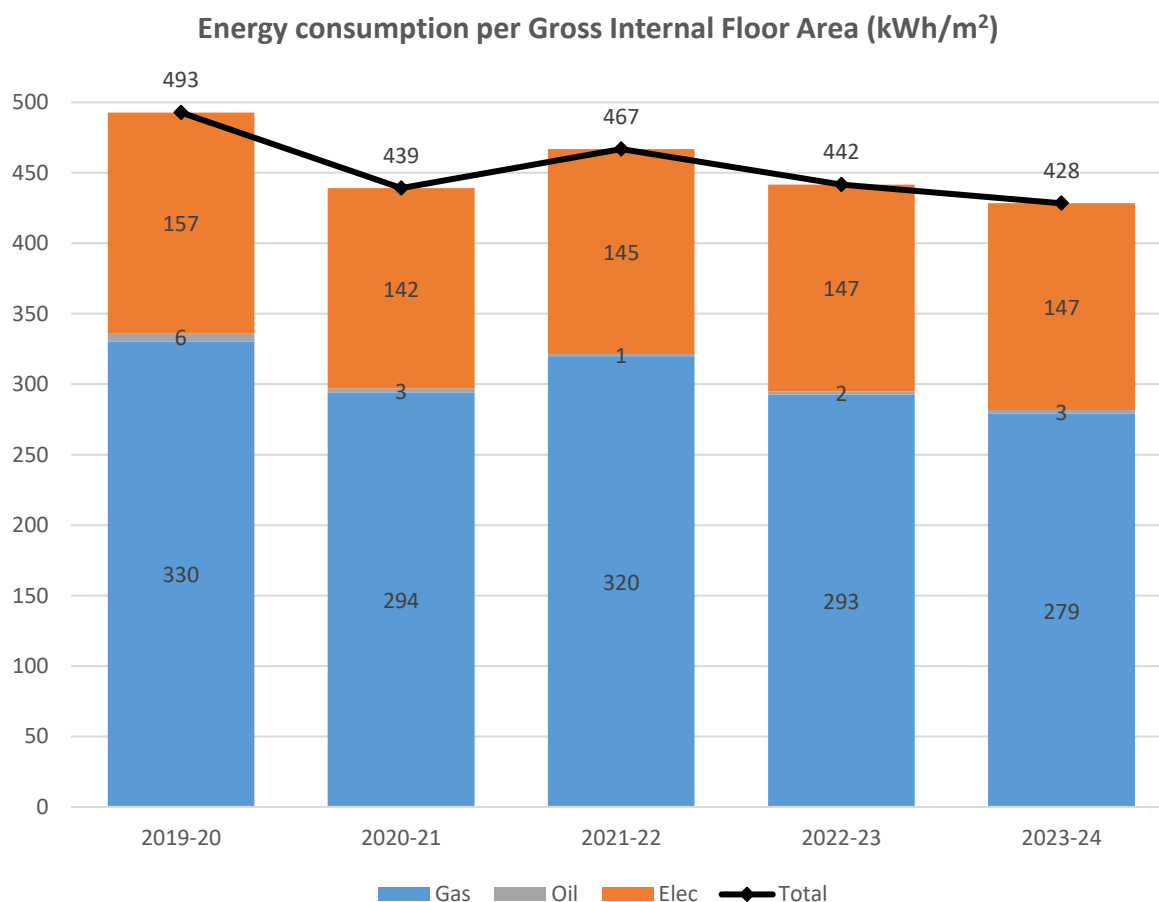
### Metrics and target pillar

In the absence of national metrics the Trust developed a limited suite in 2024 which includes gas, water and electricity usage per square metre, fleet mileage, waste generation and recycling. Emissions are reported by the NHS nationally and there is no requirement for NHS Trusts to report this. NHSE has now developed a wider suite of metrics for the Greener Plan and these will be adopted by the Trust in 2025.

The following table provides a summary of the Trust's progress on each module of the SMDP, which was reported to the Trust Board during the year.

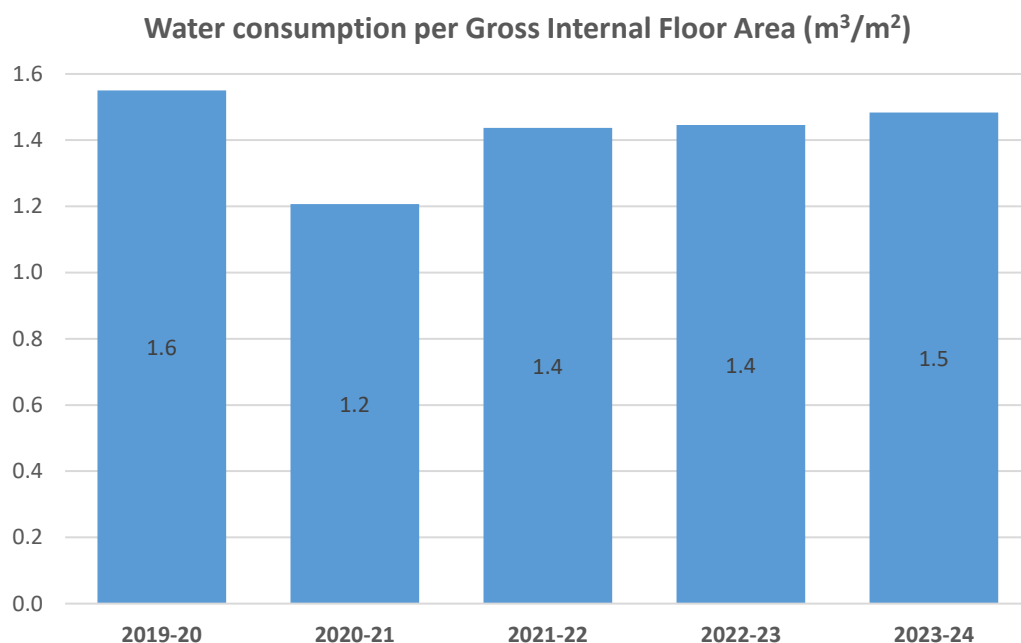
	Corporate approach	Asset Management & Utilities	Travel & Logistics	Adaptation	Capital Projects	Green Space and Bio-diversity	Sustainable Care Models	Our People	Sustainable Use of Resources	Carbon / GHG's	Total
Delivered	3	5	7	3	4	0	3	10	4	4	43
In progress	4	1	1	1	0	7	4	0	3	0	21
Undelivered	0	0	0	0	0	0	0	0	0	0	0
Undeliverable	0	1	0	0	0	1	0	0	0	0	2
											66

The following tables include the metrics currently monitored by the Trust. Where possible metrics have been converted to Kg of CO2 equivalent (KgCO<sub>2</sub>e). Data is not yet available for 2024/25.

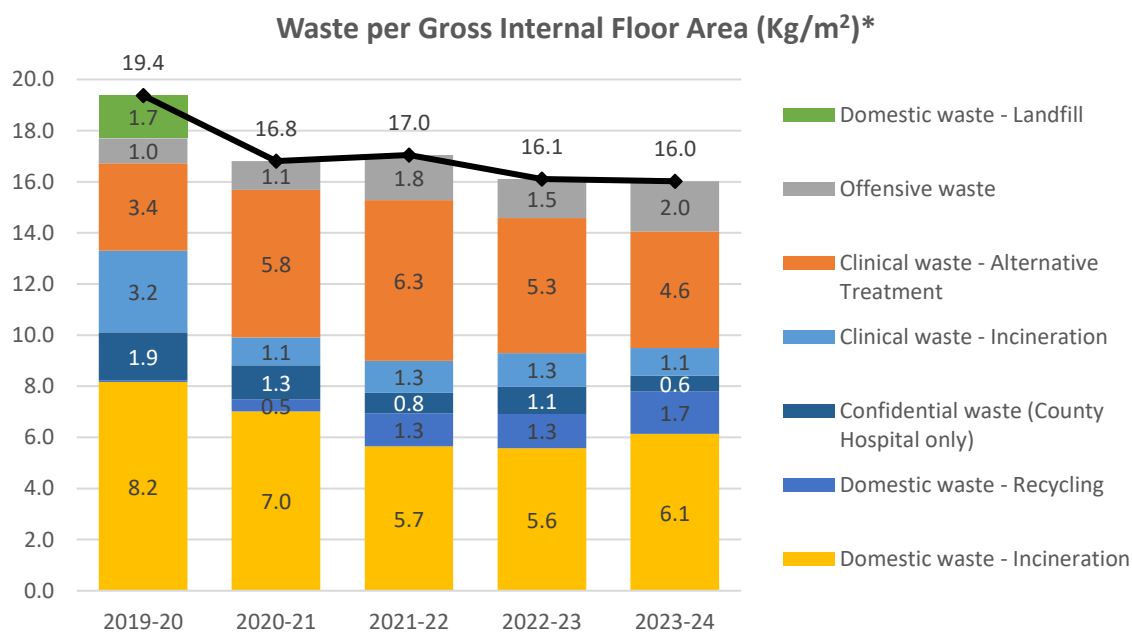


Overall energy consumption has fallen, mainly driven by a reduction in gas consumption.

Comparing 2023/24 to 2019/20 there has been a reduction of 12.3 KgCO<sub>2</sub>e per m<sup>2</sup> of Gross Internal Floor area.



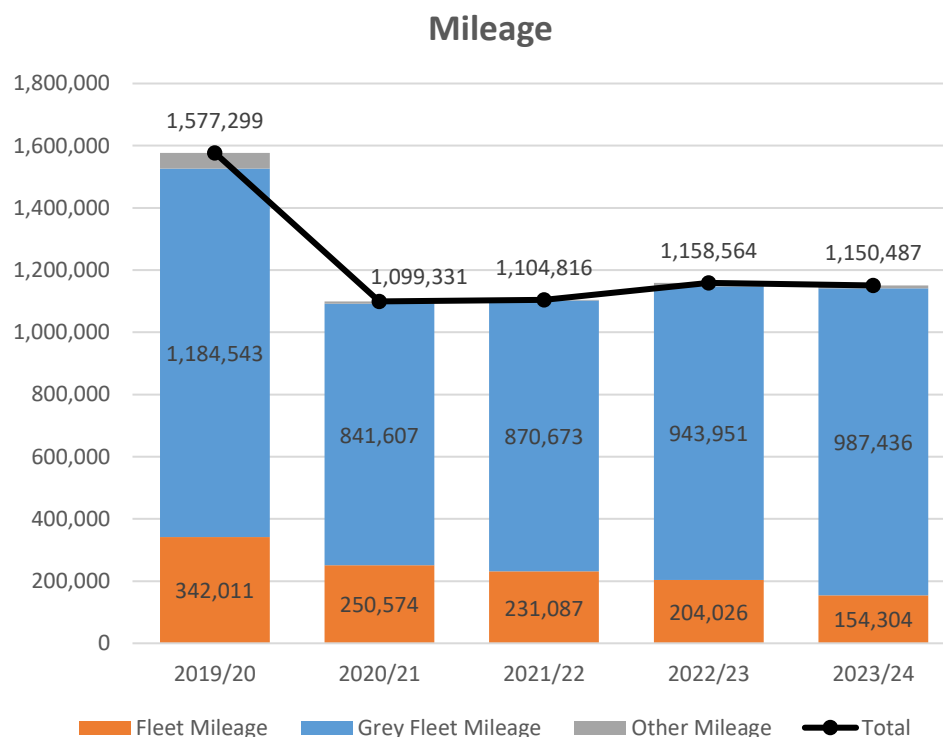
Water consumption has remained broadly static.



- Overall waste has reduced.
- Waste to landfill has been eliminated.
- Domestic waste for incineration has reduced.
- Recycling has increased.
- Clinical waste (incineration + alternative + offensive) has remained broadly the same.
- Confidential waste has reduced.



\*Excludes food waste as the data is incomplete.



There has been a large reduction in mileage compared to the 2019/20 year pre-Covid, equivalent to 112,593 KgCO<sub>2</sub>e (based on an average petrol car).

There has also been a steady reduction in (Trust owned vehicle) fleet mileage.

Grey fleet mileage (staff travel mileage claimed via expenses) has increased since 2019/20 but not up to pre-Covid levels

Overall mileage reduced between 2022/23 and 2023/24.

- [Targets used to manage climate-related risks and opportunities](#)

The Trust has no specific measureable targets beyond the objectives in the SDMP which are to:

- Reduce carbon
- Reduce energy usage
- Reduce mileage
- Reduce landfill disposal and waste
- Reduce consumption water
- Reduce the most harmful anaesthetic gases usage

Signed:

Acting Chief Executive

Date: 25/06/2025

## Accountability Report

### Corporate Governance Report

#### Directors' Report and Corporate Governance Disclosures

The Trust Board comprises a Non-Executive Chairman, 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 website: [Publications](#)

Non-Executive Directors during 2024/25			
Name	Title	Considered to be independent	Member of Audit Committee
Russell Hardy MBE	Chairman	✓	✗
Frances Martin	Non-Executive Director and Deputy Chair	✓	✗
Nicola Twigg	Non-Executive Director	✓	✓
Ian James	Non-Executive Director	✓	✓
Grace Quantock	Non-Executive Director	✓	✗
Sharon Hill	Non-Executive Director	✓	✓

Two Non-Executive Directors have served on the Trust Board for more than six years from the date of their first appointment.

Russell Hardy MBE was appointed as Trust Chair on 1 November 2016. NHS England is satisfied that Russell remains independent and his current, final term will end in March 2026.

Nicola Twigg was appointed as an Associate Non-Executive Director in February 2019 before appointment as a Non-Executive Director in February 2022. NHS England is satisfied that Nicola remains independent and her current, final term will end in August 2027.

Executive Directors during 2024/25	
Glen Burley	Chief Executive Officer
Jane Ives	Managing Director
Katie Osmond	Chief Finance Officer
Lucy Flanagan	Chief Nursing Officer
Juliana Chizomam Agwu	Chief Medical Officer

Non-Voting Board Members during 2024/25	
Eleanor Bulmer	Associate Non-Executive Director
Kieran Lappin	Associate Non-Executive Director
Joanne Rouse	Associate Non-Executive Director
Geoffrey Etule	Chief People Officer
Alan Dawson	Chief Strategy and Planning Officer
Andrew Parker	Chief Operating Officer
Jon Barnes	Chief Transformation and Delivery Officer

## Directors Skills, Expertise and Experience

### **Russell Hardy MBE, Chair**

Chair of Wye Valley NHS Trust since 2016. Experience in both NHS trusts and private companies including strategic development and leadership in large organisations,

### **Glen Burley, Chief Executive Officer**

CEO of Wye Valley NHS Trust since 2016, led the creation of the Foundation Group. Expertise and experience in finance, operations, strategic leadership, extensive NHS career.

### **Frances Martin, Non-Executive Director and Deputy Chair**

Career in senior leadership roles in health and social care, including acute, ambulance, community, and primary healthcare. Expertise in strategy, governance, organisational and personal development.

### **Sharon Hill, Non-Executive Director**

Chartered Accountant. Experience in various roles including audit, finance, and risk management. Expertise in strategic initiatives, risk management, governance, collaborative teamwork.

### **Ian James, Non-Executive Director, Chair of Quality Committee**

Experience in senior roles in local government, including director of adult social services, regional care and health improvement adviser. Expertise in partnership creation, service delivery improvement, digital program leadership.

### **Grace Quantock, Non-Executive Director, Chair of Charity Corporate Trustee Board**

Psychotherapeutic counsellor, researcher, experienced board member across health, social care, and human rights. Expertise in digital service delivery, trauma-informed data delivery, patient wellbeing, workforce development.

### **Nicola Twigg, Non-Executive Director**

Extensive experience in banking and finance. Expertise in risk management, financial strategies, customer experience, corporate governance.

### **Jane Ives, Managing Director**

Extensive NHS career starting in 1980. Expertise in nursing, operations, strategic leadership, service integration.

### **Chizo Agwu, Chief Medical Officer**

Consultant Paediatrician. Expertise in medical management, patient care improvement, clinical guidelines, medical education.

### **Lucy Flanagan, Chief Nursing Officer**

Experienced senior nursing roles in various hospitals. Expertise in nursing leadership and strategic development.

### **Katie Osmond, Chief Finance Officer**

Significant experience in senior finance roles within the NHS. Expertise in financial management, resource sustainability, team development.

### **Andy Parker, Chief Operating Officer**

Extensive career in NHS and Ambulance Service Trusts. Expertise in operational management, emergency medical services, strategic planning.

### **Alan Dawson, Chief Strategy and Planning Officer**

Experience in various senior planning and programme roles, former Registered Nurse. Expertise in strategy, planning, service improvement.

**Geoffrey Etule, Chief People Officer**

Extensive HR and OD experience in NHS, higher education, and hospice sector. Expertise in staff health and wellbeing, employee development, engagement.

**Jo Rouse, Associate Non-Executive Director**

**Experience** in higher education roles including strategic director of practice learning and inter-professional education. Expertise in educational opportunities, teaching and research excellence.

**Eleanor Bulmer, Associate Non-Executive Director**

Experience in senior healthcare roles including, National Trading Manager for Nuffield Health. Expertise in personalised care delivery, digital transformation, stakeholder collaboration.

**Kieran Lappin, Associate Non-Executive Director**

Experienced across 39 years in NHS, including multiple Finance Director posts. Expertise in financial management, healthcare administration, strategic leadership.

**Board and Committee Meeting Attendance**

Name, Title	Trust Board	Audit Committee	Quality Committee	Remuneration Committee
Russell Hardy MBE, Trust Chairman	9/9	n/a	n/a	1/2
Frances Martin, Non-Executive Director & Deputy Chair	11/12	n/a	11/12	2/2
Nicola Twigg, Non-Executive Director	11/12	6/6	10/12	2/2
Ian James, Non-Executive Director	11/12	4/6	12/12	2/2
Grace Quantock, Non-Executive Director	12/12	n/a	9/12	2/2
Sharon Hill, Non-Executive Director	11/12	6/6	9/12	2/2
Glen Burley, Chief Executive Officer	9/9	n/a	n/a	1/2
Jane Ives, Managing Director	12/12	n/a	n/a	n/a
Katie Osmond, Chief Finance Officer	10/12	6/6	n/a	n/a
Lucy Flanagan, Chief Nursing Officer	11/12	n/a	11/12	n/a
Juliana Chizomam Agwu, Chief Medical Officer	11/12	n/a	9/12	n/a
Eleanor Bulmer, Associate Non-Executive Director	10/12	n/a	10/12	2/2
Kieran Lappin, Associate Non-Executive Director	12/12	5/6	10/12	2/2
Joanne Rouse, Associate Non-Executive Director	10/12	4/6	8/12	2/2
Geoffrey Etule, Chief People Officer	12/12	n/a	n/a	n/a
Alan Dawson, Chief Strategy & Planning Officer	12/12	n/a	n/a	n/a
Andrew Parker, Chief Operating Officer	11/12	n/a	n/a	n/a
Jon Barnes, Chief Transformation and Delivery Officer	6/6	n/a	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 12 meetings were Foundation Group Boards meetings.

Three Trust Board meetings a year are, by agreement, not attended by the Chairman and Chief Executive Officer but chaired by the Deputy Chair with executive leadership from the Managing Director.

Audit Committee membership comprises Non-Executive Directors only. Associate Non-Executive Directors also attend meetings as advisory members. The Chief Finance Officer routinely attends all meetings of the Audit Committee. Other Executive Directors attend meetings of the Audit Committee by invitation.

From September 2024 Jon Barnes, stepped down from his Board role and became Operational Executive Lead for One Herefordshire, a dual role with the Integrated Care Board.

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 at Worcestershire Acute NHS Trust (WAHT), was appointed Acting Chief Executive for the both Wye Valley NHS Trust and WAHT for the duration of the interim secondment.

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

Two 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 has a number of significant partnerships with governance arrangements formalised through established boards and committees of which the Trust or members of the Trust Board are represented.

- Integrated Care System: Integrated Care Board, committee and partnership meetings across the Herefordshire and Worcestershire system.
- One Herefordshire Partnership: One Herefordshire Board and Integrated Care Executive meetings.
- Health and Wellbeing Board.
- Foundation Group: quarterly shared Board meetings and a regular meeting of the Foundation Group Strategy Committee.
- PFI Partnership Board: formal partnership meeting with partners delivering the PFI hospital contract.

### 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 Engagement Forum.
- Live streaming and published recording of Trust Board meetings.
- Friends and Family Test.
- PALS and Complaints.
- Volunteer support.
- Patient Reported Outcome Measures.

We also work in partnership with Healthwatch, which works with local communities on a range of engagement projects, including those connected with healthcare services.

### **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**

Wye Valley 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 51 out of 62 areas of the core standards achieving 'partial' compliance overall. Non-compliant areas include infection prevention, maintaining plans, communication, business continuity and chemical, biological, radiological nuclear. 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: 25/06/2025

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

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

In preparing those accounts, the directors are required to:

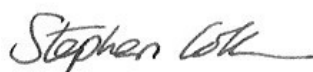
- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and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

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

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

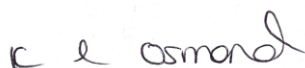
The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS Trust's performance, business model and strategy.

Signed:



**Acting Chief Executive**

Date: 25/06/2025



**Chief Finance Officer**

Date: 25/06/2025



## 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 Wye Valley 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, which 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 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 monthly to review all high and Very High rated risks with the senior divisional leadership teams who have leadership responsibility for risk management within their own areas. Through this forum, leaders are also guided in relation to risk assessment, mitigation and recording.

Other committees are responsible for overseeing management of risks specific to their terms of reference, including Quality, Health Safety and Wellbeing, Information Governance and Emergency Planning.

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.

Support and advice are provided to staff by the Risk Team, led by the Associate Director of Corporate Governance and the Quality and Safety 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 process, 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 systems and processes, including:

- Reporting incidents and events of good care or excellence in practice on the local risk management system.
- Weekly staff huddles.
- Team newsletters.
- Transformation Tuesday Sessions.
- Safety in Sync Forum.
- We Share We Learn poster competition.

#### 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 the 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 can be supported by 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.
- The processes for risk reporting, escalation and monitoring.
- Risk tolerance or appetite.

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 annually 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 (Inphase) 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. Risks may be designated 'accepted' where all possible controls have, for the time being, been put in place but a degree of risk remains. These risks are reviewed regularly to consider any changes in this status.

## 5. Quality Governance Arrangements

The Quality Committee oversees the Trust's quality governance arrangements on behalf of the Board. It sets an annual reporting schedule aligned to the quality framework and regulatory compliance requirements.

Quality Committee Reporting 2024/25	
Sub-Committee Reports	
Patient Safety Committee	Infection Prevention Committee
Patient Experience Committee	Learning from Deaths Committee
Clinical Effectiveness and Audit Committee	Patient Safety Panel
Other Regular Reports	
Safeguarding	Mortality
Safe staffing	Patient Safety Incident Reporting Framework (PSIRF)
Quality risks	Division and Department Quality Reports
Quality priorities	External Reviews and Accreditations (including Human Tissue Authority)

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

The Health, Safety and Wellbeing 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. Reports received during the year included the following.

Health, Safety and Wellbeing Committee Reporting 2024/25	
Health and Safety Education	Security, Violence and Aggression
Occupational Health	Health and Safety: Incidents, risks and audit
Division Health and Safety Reports	Fire Safety

CQC inspections and ratings for individual services since 2020 are as follows. As these did not include a whole-Trust or well-led inspection, the Trust's overall ratings have not changed.

Service	Location	Publication date	Rating
Urgent and Emergency	County Hospital	December 2023	Requires Improvement
Maternity	County Hospital	October 2023	Good

During 2024/25 the Quality Committee received updates from the Medicine Division on progress in implementing the recommendations and improvement requirements issued by CQC following the inspection of the Emergency Department/urgent and emergency services in 2023. These reports, combined with broader reports from the Medicine Division provided assurance about both compliance with CQC standards and the management of associated challenges connected with patient demand and discharge.

Regular reports on Maternity Services provided the Quality Committee with assurance each month on the quality of services, including progress in addressing CQC recommendations, compliance with national standards and QI and transformation projects.

The Quality Committee also oversees the selection and prioritisation of QI schemes based on monitoring of quality risks and compliance issues and receives regular updates on progress in addressing these QI programmes and quality priorities.

## **6. Well-Led Framework**

The last whole-Trust inspection by the CQC took place in 2020 and resulted in an overall rating of Requires Improvement. This included a rating of Requires Improvement for the well-led domain. The issues identified in 2020 were addressed, with improvements overseen by the Board and its committees.

The Trust last undertook an internal well-led board evaluation in December 2023, which indicated a well-functioning board. 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, including the One Herefordshire Partnership.
- 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.
- Quality Improvement (QI), including an established team, training and resources, and an annual Foundation Group Quality Improvement Week.
- Delivery of our Sustainable Development Management Plan.
- Implementation of the High Impact Actions to improve equality within the organisation.

## **7. Risks to Data Security**

The Information Governance Committee oversees information governance incidents, issues and risks, development and review of relevant policies and procedures, compliance with the Data Protection and Security Toolkit (DPST), including mandatory training rates, and compliance with other information governance standards, including the Freedom of Information Act and the General Data Protection Regulation (GDPR).

The Internal Auditor undertakes an annual review of the Trust's compliance with the DPST before submission of evidence each June to provide assurance to the Audit Committee and to ensure that gaps or issues with evidence or compliance are highlighted and addressed.

From 2024/25, the DSPT incorporates the National Cyber Security Centre's Cyber Assessment Framework (CAF), setting out CAF-aligned requirements. There is now, therefore, a greater emphasis

on the Trust having robust cyber security measures in place to protect the data it holds. Our Fraud Risk Assessment identifies Cyber Fraud risk level as high.

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 impacting the Trust's electronic systems is rated as 'Very High' reflecting the potential consequences for patient services and the likelihood of a successful attack due to the evolving nature of the external threat. The controls include technical controls implemented by the Trust's third party IT provider and internal controls such as staff training and monitoring compliance with Trust policies.

## **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. The Executive Risk Management Committee meets monthly to review the all corporate, Trust-wide and divisional risk registers as follows:

- Monthly review of risks scored 15-25 (Very High).
- Quarterly divisional deep dive of all risks scored 12+ (high).

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 urgent and emergency care pathway	S	IY	Valuing Patients' Time Board oversight Integrated Care Executive oversight of system programmes including: <ul style="list-style-type: none"> <li>• Virtual ward</li> <li>• Discharge to Assess</li> <li>• Urgent Community Response</li> <li>• Neighbourhood team implementation</li> </ul>	Maximum occupancy of community and virtual wards. Reduced emergency care demand Reduced emergency care admissions Reduced length of stay in ED Reduced delays for patients who are medically fit for discharge.
Risk to patient safety due to overcrowding in Emergency Department	O	IY	Triage Patient risk assessment Same Day Emergency Care (SDEC) Patient monitoring Staff redeployment.	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.
Risk to quality of care due to care of patients in temporary escalation spaces.	O	IY	Patient Flow and Escalation Policy and procedure Risk assessments of spaces Infection screening Monitoring of patient incidents and complaints	Reduced use of temporary escalation spaces Numbers of patient safety incidents Numbers of complaints.
Risk to delivery of financial plan and improvement of underlying position	S	IY & F	Executive oversight of divisional performance Board oversight of Trust performance Early development of annual CPIP Partnership working to develop cross-system plans Stakeholder engagement to address cost pressures	Delivery of financial plan Delivery of CPIP Improvement in underlying financial position Positive cash balances
Risk to cyber security	S	IY	Independently assessed compliance with National Cyber Security Centre's Cyber Assessment Framework (CAF). Oversight by Digital Programme Board	Full compliance with CAF. No successful cyber-attacks.
Fragile services	S & O	IY	Reliance on premium cost locum medical staff. Partnership working with system partners.	Minimal reliance on temporary workforce. Fully operational, sustainable services across the Integrated Care System.

## 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. No major risks to compliance with the NHS provider licence section 4 (governance) have been identified. Potential risks to compliance are managed in the following ways.

<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, including the Code of Governance for NHS Providers.
<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 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:

- One Herefordshire Partnership Board.
- Integrated Care Executive meetings, including membership from across the One Herefordshire Partnership.

- Membership of the Integrated Care Board (ICB) and ICB Finance Committee

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.

## 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. Breakeven Duty

The Trust has a statutory duty to deliver a cumulative breakeven position over a five year period. As described in the financial statements, this duty was not met over the three year period ending 31 March 2025 as required under paragraph 2(1) of Schedule 5 of the National Health Service Act 2006. More detail on the Trust's financial performance in this respect can be found in the Performance Report within this document.

## 14. 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 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.
- Oversight by the Education and Workforce Committee.

Each year the Audit Committee receives assurance on one or more areas of staffing governance or process. In 2024/25 assurance was received as follows.

Topic	Source	Rating
Job planning	Management	Not applicable (internal)
Junior doctors rota management	Internal Audit	Partial assurance

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

#### 15. Care Quality Commission

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

#### 16. 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.

#### 17. 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.

#### 18. 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.

#### 19. Freedom to Speak Up

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

- A dedicated Freedom to Speak Up Guardian
- Over 80 Freedom to Speak Up Champions in departments across the Trust
- Regular Freedom to Speak Up reports to Trust Management Board and to Trust Board
- Mandatory Freedom to Speak Up training for all staff.

## 20. 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 published in 2023. 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.

## 21. 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.

## 22. 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.
- The Financial Recovery Board (FRB) was established in August 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. Divisional monthly CPIP check and challenge meetings support the FRB review, alongside the F&PE.
- 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.

### 23. Information governance

Two serious information governance incidents during the year met the threshold for reporting to the Information Commissioner's Office (ICO). Both incidents concerned inappropriate access to records. The Trust took actions to address the breaches and put controls in place to avoid recurrence. No additional action was required by the ICO.

### 24. Data quality and governance

The Trust has dedicated data quality leads and informatics staff to regularly investigate, validate and quality assure operational 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.

Data quality is overseen by the Data Quality Forum, which is chaired by the Chief Finance Officer. Any data quality issues relating to clinical records are highlighted to the Electronic Patient Record team for correcting through an established procedure.

There is a particular focus on the quality of elective waiting time data. This includes:

- Weekly review of waiting times and associated data quality.
- Validation of long waiters by the Patient Access Team.
- Daily PowerBI report for the full waiting list.
- Speciality reviews of relevant waiting lists.

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, these reviews related to the following topics. The Audit Committee was assured by the management response to the improvement recommendations in both cases.

Data Quality: Venous Thromboembolism	Risk	Partial assurance
Data Quality: Emergency Department Pathways	Risk	Reasonable assurance

### 25. 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 Committee, Quality 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 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 linked to our fraud risk assessment, 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, the Fit and Proper Person Test and Raising Concerns (Freedom to Speak Up).</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 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>Integrated Care Executive</b>
<p>The vehicle by which One Herefordshire partners seek assurance that the objectives agreed at Place are being delivered. A formal sub-committee of the Trust Board, as lead provider for the delegated contracts.</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>
<b>PFI Expiry Committee</b>
<p>Provides 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.</p>
<b>Financial Recovery Board</b>

<p>Established during 2024/25 in response to below plan performance on delivering the financial plan.</p> <p>Receives assurance on:</p> <ul style="list-style-type: none"> <li>• Implementation of divisional cost improvement schemes.</li> <li>• Implementation of corporate/Trust-wide cost improvement schemes, particularly reduction of agency staff usage.</li> <li>• Identification of new cost improvement schemes or other measures to mitigate gaps or shortfalls in delivery of the overall financial plan.</li> <li>• Identification of cost improvement schemes for 2025/26.</li> </ul>
<p><b>Meeting of the four Boards of the Foundation Group</b></p>
<p>Each quarter the Trust Board meets in parallel with the other three boards of the Foundation Group trusts. Regular reports include a focus on 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.</p>

## b. Executive Performance and Accountability Framework

<p><b>Trust Management Board</b></p>
<p>Receives progress reports from subcommittees and programme Boards.</p> <p>Reviews cases for investment in line with the Standing Financial Instructions and Scheme of Delegation</p> <p>Provides assurance to the Trust Board regarding the decision making process and the value for money and quality impact assessments of each case requiring Board approval.</p>
<p><b>Finance and Performance Executive</b></p>
<p>Oversight of delivery by each Division (clinical and corporate) of key financial and operational performance targets and quality and workforce metrics.</p> <p>Observed by Non-Executive Trust Board members to gain direct assurance regarding performance management and accountability arrangements overseen by the executive directors.</p>
<p><b>Programme Boards</b></p>
<p>Responsible for overseeing delivery of key programmes of work, such as implementing major systems or major improvement plans.</p>

The Audit Committee is the main source of assurance to the Board about the strength of its internal controls and the management of any internal control issues and gaps. During the year the Audit Committee considered assurance reports on the following topics:

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Progress of Internal Audit Plan</li> <li>• Freedom to Speak Up</li> <li>• Huttred ward replacement post project evaluation</li> <li>• Consultant job planning</li> </ul> | <ul style="list-style-type: none"> <li>• Local Counter Fraud</li> <li>• Cyber security</li> <li>• Lionel Green Business Case evaluation</li> </ul>  |
| <ul style="list-style-type: none"> <li>• Implementation of External Audit recommendations 23-24</li> </ul>  | <ul style="list-style-type: none"> <li>• Inphase (risk and incident management system) implementation</li> <li>• Financial governance: single tender waivers, losses and special payments, cash position and governance.</li> </ul> |
| <ul style="list-style-type: none"> <li>• Board Assurance Framework</li> <li>• Contract Management</li> <li>• Financial reporting risks</li> </ul>   | <ul style="list-style-type: none"> <li>• Initiatives to reduce expired drugs losses</li> <li>• ICS finance and financial governance</li> <li>• Pre-operative improvements</li> </ul>  |

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 (the valuation methodology of Property, Plant and Equipment, and the radiology management equipment service).

### 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:

- Quarterly counter fraud newsletter, 'Notice Fraud' shared with all Trust staff.
- Sharing relevant intelligence alerts and national Fraud Prevention Notices
- Quarterly cyber fraud awareness sessions for staff.
- Counter fraud e-learning package.
- Fraud webinars for staff on procurement, human resources and general fraud awareness.
- Promotion of national Counter Fraud Awareness week with on-site engagement with staff

Reactive counter fraud work included receipt and investigation of nine referrals. No system weaknesses were identified by the LCFS during the year associated with any fraud investigations completed during the year. System weaknesses were identified and addressed by Trust management in relation to one case that was investigated and closed.

#### ii. Internal Audit

The independent Internal Auditor provides the Audit 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 Committee members and the executive directors.

A rating is applied to each review as follows.

Substantial assurance
Reasonable assurance
Partial assurance
Minimal assurance
Advisory

A report of each review, together with a management response and action plan are presented to the Audit Committee for assurance. For each review during the year, the Audit Committee was assured that the recommendations were taken seriously by management and that the response and action plan were appropriate. Tracking of recommendations during the year provided assurance of timely implementation. The internal audit review ratings and the delivery of associated action plans are key sources of assurance for the Board Assurance Framework.

The outcome of the Internal Audit Plan for 2024/25 was as follows:

Review	Rating
Mortuary: follow up of Human Tissue Authority actions	Substantial assurance
Data Quality: Venous Thromboembolism	Partial assurance
Data Quality: Emergency Department Pathways	Reasonable assurance

Junior Doctor Rota Management	Partial assurance
Pre-Operative Assessments	Reasonable assurance
Key Financial Controls: Treasury Management and Overtime Claims	Reasonable assurance
Risk management and Board Assurance Framework	Substantial assurance
Digital Nurse Noting	Advisory
Cyber Assessment Framework-aligned Data Security and Protection Toolkit (DPST)	Risk rating: High Confidence level: Low

Implementation of the Internal Auditor's recommendations on each review is tracked regularly by the Audit Committee, with a particular focus on high priority recommendations.

A key area of risk overseen by the Trust Board during the year was the Trust's reliance on temporary staff, including agency. Delivery of the cost reduction programmes associated with this was overseen by the Financial Recovery Board. The internal audit review of junior doctor rota management in the medical and surgical divisions was important in this context as robust rota management supports accurate forecasting of staffing levels which is essential in achieving a reduction in the usage of temporary staffing. The review found that actions were needed to strengthen the control framework and the Audit Committee was assured by the management action plan.

The Head of Internal Audit has assured me in the Annual Opinion that, based on the work undertaken during the year, described above, *'The organisation has an adequate and effective framework for risk management, governance and internal control. However, our work has identified further enhancements to the framework of risk management, governance and internal controls to ensure that it remains adequate and effective'*.

This finding is based on the outcomes of the reviews completed within the annual plan and adequate progress on implementation of management actions during the year.

The Audit Committee considers the effectiveness and independence of the Internal Audit function annually. The Trust employs RSM Risk Assurance Services LLP as its internal auditor.

### iii. External Audit

The External Auditor is Deloitte LLP. No non-audit services were provided by Deloitte during the year.

During 2024/25 the Trust participated in a joint Foundation Group procurement exercise for the appointment of an external auditor to each trust. Deloitte LLP was selected by the Auditor Panel for reappointment for a three year contract from 2025/26 following a thorough assessment, which included effectiveness and independence.

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 financial sustainability. The report for 2023/24 concluded that there were four significant weaknesses:

#### Financial Sustainability

- Failure to achieve the duty to break-even.
- Under-achievement of the CIP target.

#### Governance

- NHS Oversight Framework assessed as level 3.

- CQC Requires Improvement rating for the Emergency Department.

Implementation of the recommendations associated with these areas of weakness was overseen by the Audit Committee during the year. The Committee was assured that:

- Regular monitoring of delivery of the financial plan and the CPIP was undertaken by the Financial Recovery Board from August 2024.
- The Board was well-sighted on the drivers of and mitigations for the continued NHS Oversight Framework rating of 3.
- The Quality Committee received regular general assurance regarding quality and safety in the Emergency Department throughout the year as well as specific reports regarding implementation of the CQC recommendations for improvement.
- Actions taken in response to the External Auditor's recommendations were appropriate.

The 2024/25 report on value for money noted improvements but found as follows:

- A significant weakness in respect of how the Trust identifies and manages risks to financial resilience such as from unplanned cost pressures and plans to bridge its funding gaps or identifies savings.
- A significant weaknesses in respect of the Trust's NHS Oversight Framework (NOF) rating.

The Trust's NOF rating is 3, indicating a need for support, and relates to the Trust's financial performance.

## 26. Conclusion

No significant internal control issues have been identified.

The Trust Board has considered the findings the External Auditor that there is a significant weakness in respect of how the Trust identifies and manages risks to financial resilience and a significant weakness in respect of the NOF rating, which relates to financial performance. These matters are well recognised by the Board as significant risks, and the Trust's risk framework and governance arrangements ensure transparency, regular oversight and detailed monitoring and scrutiny of the development and implementation of financial plans, controls and mitigations. The Trust's risk framework has received a substantial assurance rating from the Internal Auditor and it, and the well-established governance framework will be further enhanced during 2025/26 to support improved financial performance. The Board is therefore assured that these risks do not indicate significant internal control issues.

The system of internal control has been in place at the Trust for the year ended 31 March 2025 and up to the date of approval of the Annual Report and Accounts.

Signed: 

Acting Chief Executive

Date: 25/06/2025



## Remuneration and Staff Report

### Remuneration Report

#### Remuneration Policy for Directors

The Remuneration and Terms of Service Committee decides salaries of executive directors at the time of appointment. All executive director salaries are in line with the established pay ranges listed for small acute NHS trusts and foundation trusts. Salaries are reviewed annually by the Committee in line with these pay ranges and with any national guidance on pay awards to very senior managers.

#### Appointments and Terms of Service

The Remuneration and Terms of Service Committee met twice during the year and considered the following matters:

- Executive Director annual appraisals
- Executive Director annual objectives
- Very Senior Manager pay award
- Chief Executive Officer's retire and return plan

The executive appointment process includes the following:

- Open advertising.
- Stakeholder interviews.
- Final panel interview comprising executive and non-executive Board members plus an Integrated Care Board representative.
- Decision by the Remuneration and Terms of Service Committee.

No executive appointments were made during the reporting period.

#### 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 and Social Care sets the level of remuneration for non-executive directors of NHS trusts, including the chair. The Chair and the Non-Executive Directors do not receive a pension from the Trust.

## Directors' Salaries and Allowances table (subject to audit)

Name	Title	Duration	2024/25						2023/24					
			Salary (bands of £5,000)	All taxable benefits (nearest £100)	Annual performance related bonus (bands of £5,000)	Long term performance related bonus (bands of £5,000)	All pension related benefits (bands of £2,500)	Total (bands of £5,000)	Salary (bands of £5,000)	All taxable benefits (nearest £100)	Annual performance related bonus (bands of £5,000)	Long term performance related bonus (bands of £5,000)	All pension related benefits (bands of £2,500)	Total (bands of £5,000)
			£000	£	£000	£000	£000	£000	£000	£	£000	£000	£000	£000
K Osmond	Chief Finance Officer	Jan 24-Mar 24	140-145				22.5-25	165-170	135-140				12.5-15	145-150
S Joberns	Acting Chief Finance Officer								25-30				35-37.5	60-65
L Flanagan	Chief Nursing Officer		125-130				15-17.5	140-145	120-125				0-2.5	75-80
J Barnes	Chief Transformation and Delivery Officer (Note 3)													
A Parker	Chief Operating Officer	To Oct-23 From Oct-23	125-130				92.5-95	215-220	110-115				82.5-85	195-200
G Burley	Chief Executive (Note 1)		55-60	1,600			5-7.5	65-70	50-55	1,600			5-7.5	60-65
J Ives	Managing Director		150-155	5,900			0	155-160	135-140	5,800				145-150
D Mowbray	Chief Medical Officer								115-120				0-2.5	0-5
J Agwu	Chief Medical Officer (Note 2)		220-225				37.5-40	260-265	85-90				0-2.5	35-40
G Etule	Chief People Officer		120-125				30-32.5	150-155	115-120				30-32.5	145-150
A Dawson	Chief Strategy and Planning Officer		115-120				0	100-105	115-120				0-2.5	115-120
R Hardy	Chairman (Note 4)		15-20					15-20	15-20					15-20
A Cottom	Non Executive Director								05-10					05-10
N Twigg	Non Executive Director		10-15					10-15	10-15					10-15
F Martin	Non Executive Director (Deputy Chair)		20-25					20-25	15-20					15-20
G Quantock	Non Executive Director	From Jul-23	10-15					10-15	10-15					10-15
I James	Non Executive Director		10-15					10-15	10-15					10-15
E Bulmer	Associate Non Executive Director		10-15					10-15	05-10					05-10
S Hill	Non Executive Director		10-15					10-15	05-10					05-10
K Lappin	Associate Non Executive Director		10-15					10-15	05-10					05-10
F Myers	Associate Non Executive Director								05-10					05-10
J Rouse	Associate Non Executive Director		10-15					10-15	10-15					10-15

Note 1. Glen Burley is seconded from South Warwickshire NHS Foundation Trust (SWFT) on a shared appointment with SWFT, George Eliot NHS Trust and Worcestershire Acute Hospitals NHS Trust for a proportion of his time and the remuneration identified reflects this. G Burley's secondment covers both 2024/25 and 2023/24 and his full salary was within the range £370-375k (2023/24 £345-350k).

Note 2. Note 2. J Agwu's remuneration includes £18,446 payable for her role as a Consultant Paediatrician in Diabetes and Endocrinology. Clinical excellence awards and management allowance are also included within the salary value.

Note 3. J Barnes excluded within 2024/25 and 2023/24 due to shared entity arrangement in which he works for the Herefordshire & Worcestershire ICB.

Note 4. R Hardy is seconded from South Warwickshire NHS Foundation Trust (SWFT) on a shared appointment with SWFT, George Eliot NHS Trust and Worcestershire Acute Hospitals NHS Trust for a proportion of his time and the remuneration identified reflects this. R Hardy's secondment covers both 2024/25 and 2023/24 and his full salary was within the range £100-105k (2023/24 £90-95k).

### Pensions table (subject to audit)

Name	Title	Real increase in pension at pension age (bands of £2,500) £000	Real increase in pension lump sum at pension age (bands of £2,500) £000	Total accrued pension at pension age at 31 March 2024 (bands of £5,000) £000	Lump sum at pension age related to accrued pension at 31 March 2024 (bands of £5,000) £000	Cash Equivalent Transfer Value at 31 March 2024 £000	Real increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31 March 2023 £000	Employer's contribution to stakeholder pension £000	Notes
J Ives	Managing Director	0	0	0	0	0	0	0		Opted out NHS Pensions in Jun 2023.
K Osmond	Chief Finance Officer	0-2.5	0	40-45	110-115	874	17	786		
L Flanagan	Chief Nursing Officer	0-2.5	0	45-50	125-130	1,146	23	1,038		
J Barnes	Chief Transformation and Delivery Officer	0-2.5	0	55-60	160-165	50	0	1,337		Opted out NHS Pensions in Oct 2022. Rejoined 01/04/24
G Etule	Chief People Officer	0-2.5	0	25-30	50-55	562	28	487		
A Dawson	Chief Strategy and Planning Officer	0-2.5	0	45-50	115-120	1,065	0	996		
A Parker	Chief Operating Officer	5-7.5	7.5-10	50-55	135-140	1,168	98	988		
J Agwu	Medical Director	2.5-5	0	75-80	205-210	1,989	56	1,790		

Note 1. G Burley did not make any contributions in to the NHS Pension Scheme in 2024/25.

Note 2. J Ives chose not to be covered by the pension arrangements during the reporting year.

Note 3. K Osmond, L Flanagan, A Dawson, and J Agwu are affected by the Public Service Pensions Remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 Scheme on 1 October 2023. Negative values are not disclosed in this table but are substituted for a zero.

CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2024. HM Treasury published updated guidance on 6 January 2025; this guidance will be used in the calculation of 2024 to 25 CETV figures.

The following information is subject to audit.

### Payments to past directors

During 2024/25 (as in the previous two years), no payments were made to past directors, including payment or compensation for early retirement or loss of office.

The Trust reported no exit packages in 2024/25.

### Fair pay disclosures

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

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.

Total remuneration includes salary, 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 covers staff engaged on a bank and agency basis as well as substantive posts. In addition to regular salaries, some staff receive additional remuneration relating to the delivery of activity outside their contracts such as the delivery of waiting list initiatives.

The information contained within the pay ratio calculation is consistent with the Trust's pay, reward and progression policies applied to its employees.

#### Pay Ratio Table

	Pay Ratio		
	25th Percentile	Median	75th Percentile
2024/25	8.2	6.0	4.6
2023/24	5.2	3.8	2.8
2023/24 Restated	8.0	5.9	4.3

#### Total Remuneration Table

	Total Remuneration		
	2024/25	2023/24	2023/24 Restated
Highest Paid Director	222,500	137,500	212,500
Minimum	622	1,476	1,476
Median	37,338	36,207	36,207
75th Percentile	48,895	49,689	49,672

25th Percentile	27,023	26,561	26,560
Average Remuneration	44,367	42,952	42,941

The ratios increased compared to the previous year which reflects an increase in the remuneration of the highest paid director.

The highest paid director in 2023/24 was based upon the individual director who received the highest remuneration in that period rather than based on the annualised pay of directors who started part way through the year. This has led to an increase in the highest paid director remuneration in 2024/25 of 61.82% (2023/24 was a 26.70% reduction). The remuneration for the highest paid director in 2023/24 would have been £212,500 using the annualised calculation approach resulting in a smaller increase of 4.71% between 2024/25 and 2023/24.

\*For comparison purposes the fair pay tables include 2023/24 figures using the annualised basis in addition to the 2023/24 figures as reported last year.

Average remuneration has increased in 2024/25 by 3.30% (2023/24 increase of 7.91%).

The total remuneration has been disclosed within the fair pay calculations; this is the same as the salary component, meaning these have not been split out.

Salaries paid by the Trust on a full time equivalent basis, varied between £1k and £288k per annum compared to £1k and £454k in 2023/24.

In 2024/25, 10 staff received remuneration in excess of the highest paid director based on payment received in the year (2023/24 – 82 as reported, 10 using the annualised method).

## Staff Report

### People Dashboard

Key people data for 2024/25 (as at 31 March 2025).

Metric	Staff	Senior Managers*
Numbers (headcount)	4,574	20
Gender numbers	891 male; 3,683 female	7 male; 10 female
Gender %	19% male; 81% female	41% male; 59% female
Turnover	8.9%	n/a
Staff Survey engagement score	7.03	n/a

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

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

Staff Costs	2024/25			2023/24		
	Permanent	Other	Total	Permanent	Other	Total
	£000	£000	£000	£000	£000	£000
Salaries and wages	182,953	262	183,215	163,253	248	163,501
Social security costs	18,264	0	18,264	16,635	0	16,635
Apprenticeship levy	958	0	958	817	0	817
Employer's contributions to NHS pension scheme	33,738	0	33,738	25,870	0	25,870
Temporary staff		12,087	12,087		16,308	16,308
<b>Total staff costs</b>	<b>235,913</b>	<b>12,349</b>	<b>248,262</b>	<b>206,575</b>	<b>16,556</b>	<b>223,131</b>
Of which						
Costs capitalised as part of assets	897	353	1,250	524	256	780
<b>Total staff costs charged to revenue</b>	<b>235,016</b>	<b>11,996</b>	<b>247,012</b>	<b>206,051</b>	<b>16,300</b>	<b>222,351</b>

Average number of employees (WTE basis)	2024/25			2023/24		
	Permanent	Other	Total	Permanent	Other	Total
Medical and dental	245	243	488	235	217	452
Administration and estates	837	49	886	824	46	870
Healthcare assistants and other support staff	718	170	888	704	149	853
Nursing, midwifery and health visiting staff	1,095	139	1,234	984	183	1,167
Nursing, midwifery and health visiting learners	1	1	2	0	2	2
Scientific, therapeutic and technical staff	411	30	441	381	34	415
Healthcare science staff	76	4	80	74	5	79
<b>Total average numbers</b>	<b>3,383</b>	<b>636</b>	<b>4,019</b>	<b>3,202</b>	<b>636</b>	<b>3,838</b>

Of which:						
Number of employees (WTE) engaged on capital projects	13	5	<b>18</b>	8	2	<b>10</b>

The average Whole Time Equivalent (WTE) number of staff increased by 5% from 3,838 in 2023/24 to 4,019 in 2024/25. The opening of the Elective Surgical Hub during the year and recruitment to support a growth in activity linked to the Community Diagnostic Hub contributed to this increase.

Total staff costs increased by 11% from £222m in 2023/24 to £247m 2024/24.

Both the WTE increase and increases in national pay awards were key drivers of the rise in staff costs.

## Workforce profile

### Average headcount

	2024/25	2023/24
	Total Number	Total Number
Medical and Dental	471	433
Estates and Ancillary	145	133
Administration and Clerical	952	942
Nursing and Midwifery registered	1395	1268
Healthcare Scientists	98	90
Allied Health Professionals	420	375
Additional Clinical Services	937	913
Students	0	0
Add Prof Scientific and Technical	156	136
<b>Total</b>	<b>4574</b>	<b>4290</b>

## Workforce Gender

	2024/25		2023/24	
	Number	%	Number	%
Female	3683	80.52	3490	81.35
Male	891	19.48	800	18.65
<b>Total</b>	<b>4574</b>	<b>100</b>	<b>4290</b>	<b>100</b>

## Workforce Ethnicity

	2023/24		2024/25	
	Number	%	Number	%
White - British	3146	73.33	3269	71.47
White - Irish	18	0.42	21	0.46
White - Any other White background	133	3.1	148	3.24
Mixed - White & Black Caribbean	10	0.23	12	0.26
Mixed - White & Black African	22	0.51	19	0.42
Mixed - White & Asian	22	0.51	24	0.52
Mixed - Any other mixed background	4	0.09	4	0.09
Asian or Asian British - Indian	454	10.58	523	11.43
Asian or Asian British - Pakistani	46	1.07	54	1.18
Asian or Asian British - Bangladeshi	33	0.77	32	0.70
Asian or Asian British - Any other Asian background	107	2.49	126	2.75
Black or Black British - Caribbean	8	0.19	5	0.11
Black or Black British - African	102	2.38	134	2.93
Black or Black British- Any other Black background	11	0.26	4	0.09
Chinese	15	0.35	19	0.42
Any Other Ethnic Group	91	2.12	100	2.19
Not Stated	68	1.59	80	1.75
<b>Total</b>	<b>4290</b>	<b>100</b>	<b>4574</b>	<b>100</b>

During 2024/25 the diversity of our workforce increased compared to the previous year, with over 28% of our staff now from non-white British backgrounds, reflecting a greater diversity than the local community based on the 2021 Herefordshire census. We continue to strive to achieve a Trust Board which reflects the diversity of our workforce, with the percentage of non-white-British members now 12%.

## Sickness Absence

	Figures Converted by DH to Best Estimates of Required Data Items		Statistics Produced by NHS Digital from ESR Data Warehouse		
	Average FTE*	Adjusted FTE days lost to Cabinet Office definitions	FTE-Days Available	FTE-Days Lost to Sickness Absence	Average Sick Days per FTE
2023/24	3,394	38,140	1,238,815	61,871	11.2
2024/25	3,631	41,686	1,325,139	67,624	11.5

\*Full Time Equivalent



## Staff turnover

The Trust's staff turnover data is captured as part of [NHS workforce statistics](#); this is an official NHS England statistics publication complying with the UK Statistics Authority's Code of Practice. The staff turnover percentage for 2024/25 was 8.9%, an improvement on the previous year (9.2%).

## Equality, Diversity and Inclusion

As the main provider of healthcare services and one of the largest employers in Herefordshire, the Trust aims to deliver healthcare services that are appropriate to everyone's needs, taking account of differences in age, disability, race, ethnic or national origin, gender, religion, belief or sexual orientation.

The Trust aims to recruit and retain a workforce that represents the rich diversity of the NHS at all levels. We have a framework of policies and processes in place to support us to achieve this.

Policies	Training	People
Equality & Diversity Flexible Working Freedom to Speak Up Reasonable Adjustments	Recruitment and selection training Mandatory EDI training Freedom to Speak Up training: Speak Up, Listen Up, Follow Up	Cultural Champions Freedom to Speak Up Guardian Staff Networks
Objectives and Commitments	Reporting and Action Plans	Collaboration
Board member annual EDI objective 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

## High Impact Improvement Plan

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 and selection training</li> <li>• Essential criteria interview guarantee scheme for disabled staff</li> <li>• Cultural ambassadors to help ensure recruitment and disciplinary processes are fair</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>• 9 People Promise work-streams</li> <li>• Staff Survey actions</li> <li>• Leadership &amp; management development programmes</li> <li>• Inclusive leadership pledge</li> </ul>	<ul style="list-style-type: none"> <li>• On-boarding programme</li> <li>• Pastoral Care</li> <li>• Staff networks</li> <li>• international staff charter</li> </ul>	<ul style="list-style-type: none"> <li>• FTSU Guardian</li> <li>• Over 120 FTSU Champions</li> <li>• Speak Up, Listen Up training</li> <li>• Sexual safety policy &amp; charter</li> </ul>

## Gender Pay Gap

The gender pay gap is the difference between the average pay of men and women in an organisation.

Any employer with 250 or more employees on a specific date each year must report their gender pay gap data. The Trust's most recent report is published here: [Wye Valley NHS Trust gender pay gap report 2024-25](#)

## Support for staff with disabilities

The Trust is a 'Disability Confident Committed Employer' that values the contribution of all staff and is committed to being inclusive and accessible to all.

Accessibility for our staff helps ensure that we attract and retain the most talented people to contribute to service delivery. This starts when someone is considering applying for a role with the Trust.

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

- Reasonable Adjustments Policy
- Flexible Working Policy through which people with a disability or long-term condition may request flexible working as part of their reasonable adjustments.
- Recruitment and Selection Guidance, which includes:

- Requirement to interview under the Disability Confident Committed scheme all applicants who meet the essential criteria for a role.
- Provision of reasonable adjustments at interview.
- All interview panels must include at least one member who is up to date with their equality and diversity training and/or have attended the recruitment and selection training course within the last three years.
- Sickness Absence Policy and toolkit including:
  - Recognising that staff with a disability or long-term condition may have more frequent sickness absence, managers may use their discretion to adjust triggers for action due to sickness absence.
  - If an employee becomes disabled during their employment, the Trust will make reasonable adjustments to enable the employee to continue working, which may include adjustments to the physical environment, equipment, responsibilities, working practices and hours of work.
  - Rehabilitation, treatment or assessment as appropriate
- Recruitment and selection training, which includes shortlisting, interviewing and appointing candidates fairly.
- A Health Passport to help staff manage their health at work and remove obstacles in communicating their condition.
- Webinars providing guidance to managers on recruiting, supporting and retaining staff with disabilities.
- Reasonable Adjustments section on staff intranet containing links to relevant policies, guidance and information.
- Health and wellbeing offer (see below).
- Staff Disability Network

## Staff Wellbeing

In addition to the support described in the section above, support for staff wellbeing includes:

- Occupational health service
- Counselling Service
- Health@Work
- Staff vaccinations
- Mental Health First Aiders
- Health and wellbeing areas on the staff intranet, including links to internal and external guidance, support and resources.
- Employee Assistance Programme (EAP) - available 24/7
- Nature Connection Project
- Staff Recognition: Going the Extra Mile (GEM) awards and Chairman's annual award.
- Staff roadshow showcasing support and benefits available.
- Cost of Living support

- Freedom to Speak Up Guardian and Champions
- Staff networks

## Employee consultation and participation

The Trust engages regularly with its staff through a number of means, including:

- Weekly newsletter, Trust Talk
- Monthly Senior Leaders Brief
- Open Door with an Exec
- Staff Friends and Family Test
- Rumour Mill
- Request for feedback from new staff after a settling in period
- Trust Board meetings and Annual General Meeting held virtually, streamed live and published as a recording.

In 2024/25 we also engaged with staff on quality improvement, with a week-long Foundation Group Improvement Event, and we consulted with senior staff on the development of the Trust strategic objectives for 2025/26.

We also formally consulted with staff across all the divisions on 11 occasions during the year on issues such as restructures of teams and services, 7-day working, shift or working pattern changes and on-call patterns.

A key way in which the Trust engages and consults with its staff is through the staff networks.

### Staff Networks

#### **Black, Asian, Minority Ethnic (BAME) Network**

Aims to improve the working lives of BAME staff and ensure a positive working experience for all. The Network will endeavour to enhance the quality of service to BAME communities by assisting the Trust in delivering better services for all and supporting the implementation of NHS and other national equality requirements such as the Workforce Race Equality Standard (WRES) and Equality Delivery System (EDS2).

#### **LGBT+ Network**

A network consisting of WVT staff from the LGBT+ community and allies. The group is open to any employee at WVT who wishes to play a positive part in this important area in driving forward the equality, diversity and inclusion agenda at WVT.

#### **Disability Network**

Committed to ensuring equality for people with a disability who work at the Trust and that those who may be disadvantaged have access to the right tools in order to access the same, fair opportunities as their colleagues.

We want to make a genuine difference to the lives of people with a disability at the Trust, whether their disability is visible or not.

#### **International and Overseas Staff Network**

We understand that coming to a new country and culture and new way of working can provide many challenges to our overseas and international colleagues, and we want, and need to make every effort to support those who have travelled to the UK and then to Hereford to work, to settle in, to grow, develop and achieve their goals within the Trust.

#### **Women's Network**

Newly established in 2024/25 to reflect issues faced by women working in the NHS, including gender pay gap, menopause, pregnancy, baby loss and sexual safety

## Health and safety at work

The most significant risks to the non-clinical safety of our patients, staff and visitors are monitored by our Health, Safety and Wellbeing Committee, which reports regularly to the Executive Risk Management Committee to provide assurance about what is being done to ensure our environment and practices are as safe and secure as they can be,

During 2024/25 the key health and safety matters considered by the Health, Safety and Wellbeing Committee were:

- Fire and electrical safety
- Water safety
- Incidents of verbal and physical aggression toward staff
- Incidents of sharps injuries
- Training levels
- RIDDOR reports
- Use of the Occupational Health Service
- Inspections by the Health and Safety Executive

## Human capital management

### Retention

Retaining our staff is a key priority for the Trust. We aim to achieve this by supporting our staff to stay safe, well, happy and fulfilled at work through:

- Our health and wellbeing offer.
- Engagement and communication.
- Training, education and career development, including apprenticeships.

### Career Development

The Trust has an online Education Hub, which was launched with the vision of promoting multi-professional education accessible to all staff, from our most junior students to our most experienced leaders.

The Trust supports a wide range of programmes for formal academic training as well as career development opportunities including management and leadership programmes.

We work collaboratively with key partners and stakeholders to ensure staff have access to a range of providers and a diverse portfolio of courses.

The Trust has an Education Strategy and an Education Prospectus which sets out a wide range of training and development opportunities for all staff.

### 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

### Relevant union officials

Number of employees who were relevant union officials during the relevant period	1
Full time equivalent employee number	0.87

### Percentage of time spent on facility time

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

### Percentage of pay bill spent on facility time

Total cost of facility time	£30,954
Total pay bill	£246,841k
Percentage of the total pay bill spent on facility time.	0.01%

## Consultancy expenditure

The Trust spent £17k on consultancy during 2024/25 compared to £127k in the previous year. This equates to 0.004 per cent of the Trust's turnover in 2024/25.

## Off-payroll arrangements

Off payroll engagements relate to individuals employed by the Trust but not remunerated via the Trust's payroll function. Typically, this would relate to self-employed individuals or those contracted via agencies. The Department of Health and Social Care requires NHS bodies to report any off payroll engagements as at 31 March 2025, for more than £245 per day. The £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant.

	Number
Number of existing engagements as of 31 March 2025	42
Of which, the number that have existed:	
For less than one year at the time of reporting	25
For between one and two years at the time of reporting	9
For between 2 and 3 years at the time of reporting	3
For between 3 and 4 years at the time of reporting	0
For 4 or more years at the time of reporting	5

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

	Number
Number of temporary payroll workers engaged between 1 April 2024 and 31 March 2025	115
Number subject to off-payroll legislation	0
Number subject to off-payroll legislation and determined as in scope of IR35	113
Number subject to off-payroll legislation and determined as out of scope of IR35	2
Number of engagements reassessed for compliance or assurance purposes in 2024/25	107
Of which, number of engagements that saw a change to IR25 status following review	0

The 115 engagements reported above all relate to individuals contracted to work for the Trust via employment agencies 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.

Number of off-payroll engagements of board members and/or senior officers with significant financial responsibility during the financial year.	0
Total number of individuals on payroll and off-payroll that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year.	11

Signed:  Acting Chief Executive

Date: 25/06/2025