AGENDA - TRUST BOARD SESSION IN PUBLIC

Venue:	Conference Room of the Sandwell Education Centre	**Date:**	Wednesday 10th July 2024, 10:00 – 13:00

Voting Members:

Sir D Nicholson	(DN)	Chair
Mr M Laverty	(ML)	Non-Executive Director
Mrs R Hardy	(RH)	Non-Executive Director
Mrs L Writtle	(LW)	Non-Executive Director
Prof L Harper	(LH)	Non-Executive Director
Mr A Argyle	(AA)	Non-Executive Director
Mrs V Taylor	(VT)	Non-Executive Director
Mr R Beeken	(RBe)	Chief Executive
Dr M Anderson	(MA)	Chief Medical Officer
Mrs J Newens	(JN)	Chief Operating Officer
Ms M Roberts	(MR)	Chief Nursing Officer
Mr S Sheppard	(SS)	Acting Chief Finance Officer

Non-Voting Members:

Mr M Hallissey	(MHa)	Associate Non-Executive Director
Mr J Sharma	(JS)	Associate Non-Executive Director
Mr A Ali	(AAl)	Associate Non-Executive Director
Mr A Ubhi	(AS)	Associate Non-Executive Director
Miss K Dhami	(KD)	Chief Governance Officer
Mr D Baker	(DB)	Chief Strategy Officer
Mr J Fleet	(JF)	Interim Chief People Officer
Mrs R Barlow	(RB)	Managing Director MMUH Programme Company
Mr D Fradgley	(DF)	Managing Director / Deputy CEO – Core Organisation

In attendance:

Ms L Abbiss	(LA)	Comms Lead
Mr M Sadler	(MS)	Executive Director of IT & Digital
Ms H Hurst	(HH)	Director of Midwifery
Mr D Conway	(DCo)	Associate Director of Corporate Governance/Company Secretary

Time	Item	Title	Reference Number	Lead
10:00	1.	**Welcome, apologies and declarations of interest** *To declare any interests members may have in connection with the agenda and any further interests acquired since the previous meeting.* **Apologies:**	Verbal	**DN**
10:05	2.	**Story – Youth Forum**	Verbal	**MR**
10:20	3.	**Minutes of the previous meeting, action log and attendance register** To approve the minutes of the meeting held on Wednesday 8th May 2024 as a true/accurate record of discussions, and update on actions from previous meetings	TB (07/24) 001 TB (07/24) 002	**DN**
	4.	**Chair's opening comments**	Verbal	**DN**
	5.	**Questions from members of the public**	Verbal	**DN**
10:25	6.	**Chief Executive's Report**	TB (07/24) 003 Verbal	**RBe**
10:35	7.	**Integrated Committee Chairs Report** • **Joint Provider Committee – Report to Trust Boards**	TB (07/24) 004 TB (07/24) 004a	**LW**
10:45	8.	**Board Metrics Exception Report**	TB (07/24) 005	**DB**

Time	Item	Title	Reference Number	Lead
		**Break (10 mins) 10:55**		
		MMUH		
11:10	**9.**	**MMUH Update Report**	TB (07/24) 006	**RBa**
		Our Population		
11:25	**10.**	**Place Based Partnership Update**	TB (07/24) 007	**DF**
		Our Patients		
11:45	**11.**	**MMUH Bed Fit and 2024/25 Winter Plan Contingencies**	TB (07/24) 008	**RBa**
12:05	**12.**	**Maternity and Neonates Report**	TB (07/24) 009	**MR**
12:10	**13.**	**Finance Report**	TB (07/24) 010	**SS**
		Our People		
12:35	**14.**	**Staff Survey/Pulse Survey Engagement Scores**	TB (07/24) 011	**JF**
		For Information		
	15.	**Annual Report & External Audit Report**	**Reading Room**	**RBe**
12:55	**16.**	**Any other business:**	Verbal	**DN**
	17.	**Details of next meeting of the Public Trust Board: 11th September 2024 at 10:00am. In person meeting in the Conference Room of the Sandwell Education Centre**		

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Trust Board story: 10th July 2024

<u>Population Story</u>

<u>Youth Space</u>

Summary of the Story:-
SWB has an active youth forum, known as Youth Space (YS). Less than 2 years old, YS currently has membership of approximately 210 young people between 13 and 21 years of age. Young people are primarily recruited through local schools and colleges. YS is representative of the population SWB serves; young people participate in YS from across protected characteristic groups.

YS is led the Head of Public and Community Engagement, and falls within the remit of Women and Children's Health, under the Group Director of Nursing. The Chief Nursing Officer is the YS Executive sponsor.

YS meets monthly and co-produces its agenda. YS has invited a range of professionals from across SWB under the agenda item 'Hello, my name is . . .' One of YS's aims is to inspire the next generation of healthcare professionals.

YS enlists views and support of young people across SWB. For example, YS supported the Associate Director of Strategy in the Annual Planning Process asked YS which SWB projects they would allocate what funding to. Responses were included in the SWB prioritisation.

Barnardo's, commissioned by the ICB to identify the most effective ways to engage children and young people within the healthcare system approached YS. Colleagues ran an interactive session with young people, based on several key questions, and used the TV game show 'Runaround' to move young people around the room.

YS has participated in the below, producing insight reports on each and has shared findings with ward, department and group staff.
- Survey of Children Emergency Department at Sandwell Hospital
- Survey of Children's Emergency Department and PAU at City Hospital
- 15 Steps Inspection of the Children's Ward on Lyndon Ground
- 15 Steps Inspection of the Children's Ward on Lyndon One

YS is participating in the children's ED, PAU, paediatric wards and the MMUH teen zone within MMUH. YS members have visited MMUH and advised on making MMUH child and young person friendly. In conjunction with an external artist YS will have opportunity to showcase their design to a staff panel and potential younger patients in a Dragon's Den style approach. The winning design will be created in the adolescent space within MMUH.

YS has recruited new members via careers fayres and large-scale events such as Youth Fest. At Easter YS members donated Easter Eggs and hand-delivered them to patients older adults wards.

YS and other young people were involved in the Sandwell Health and Wellbeing Board takeover and will shortly be participating in a young people's workshop organised by SHAPE Sandwell helping the local authority and its partners to shape children and young people's voices across Sandwell.

What are the key lessons / themes to emerge from this story?

The contribution YS makes to SWB was acknowledged early. It is important recognise and reward that contribution, the contribution of their time, their knowledge and expertise. To do that we ensure that we offer food at each YS meeting, and more recently we hold 'Thank you' activities which the young people select for themselves. So far, they have been:

- Go Karting
- Tubing
- Ice- Skating, with more fun to come!

The role and contribution of YS was recognised last year, when they were shortlisted and won the award for Partnership with the Community at the annual STAR Awards.

MINUTES OF THE PUBLIC TRUST BOARD MEETING

Venue: Conference Room of the Sandwell Education Centre **Date:** Wednesday, 8th May 2024, 10:00 – 13:00

Voting Members:

Sir D Nicholson (Chair)	(DN)
Mrs L Writtle, Deputy Chair	(LW)
Mr M Laverty, Non-Executive Director	(ML)
Prof L Harper, Non-Executive Director	(LH)
Mrs R Hardy, Non-Executive Director	(RH)
Mr A Argyle, Non-Executive Director	(AA)
Mrs V Taylor, Non-Executive Director	(VT)
Mr R Beeken, Chief Executive Officer	(RBe)
Dr M Anderson, Chief Medical Officer	(MA)
Mrs J Newens, Chief Operating Officer	(JN)
Mr S Sheppard, Acting Chief Finance Officer	(SS)

Non-Voting Members:

Mr J Sharma, Associate Non-Executive Director	(JS)
Mr A Ali, Associate Non-Executive Director	(AAl)
Mr A Ubhi, Associate Non-Executive Director	(AU)
Miss K Dhami, Chief Governance Officer	(KD)
Mr J Fleet, Interim Chief People Officer	(JF)

Patient / Service Story Presenters:

Sharon, Patient relative
Ms K Papavarnava, Deputy Group Director of Nursing

Members of the Public, Staff and External attendees

Mr K Elkin, Oceans Blue
Mr P Highton

Apologies:

Mr D Baker, Chief Strategy Officer	(DB)
Mrs R Barlow, Managing Director, MMUH Programme Company	(RBa)
Mrs M Roberts, Chief Nursing Officer	(MR)
Dr M Hallissey, Associate Non-Executive Director	(MH)

In Attendance:

Mr M Sadler, Executive Director of IT & Digital	(MS)
Ms L Abbiss, Communications Lead	(LA)
Mr D Conway, Associate Director of Corporate Governance/Company Secretary	(DC)
Mrs S Harris, Senior Executive Assistant (Minute taker)	(SH)
Mr L Kennedy, Delivery Director, MMUH	(LK)
Ms M Jarvis, Associate Director of Strategy	(MJ)
Mrs H Hurst, Director of Midwifery	(HH)
Mr J Johnson, Interim Lead, FTSU (part meeting)	(JJ)

Minutes	Reference
1. Welcome, apologies and declaration of interest	**Verbal**

The Chair welcomed members and attendees to the meeting. Apologies were received and noted above.

The Chair advised the Board that Mr Sadler had been offered a new job at Birmingham City Council and would sadly be leaving the organisation following the move to MMUH. He congratulated Mr Sadler on securing this new role as well as successfully publishing his first book "aspirationally idle" which was about a fresh approach to digital leadership.

2. Staff / Service Story	**Verbal**

The Chair welcomed Sharon and Ms Papavarnava to the meeting and a video was shared. In the video, Sharon talked about the care her nephew, Richard, received from the organisation. Richard had a learning disability / autism and had also suffered a recent and significant bereavement. His family had made efforts

to highlight deficits in his care which impacted his physical and mental health. Sharon advised the Board that she had initially been in contact with the Trust while Richard was still alive, however, felt that she and her family were not being listened to. She thanked the Trust for being open and honest in relation to the failings in Richard's care but felt that there had been a missed opportunity to improve this.

The Chair thanked Sharon for speaking to the Board about Richard and his family's experience and asked members for comments and questions. Mr Beeken apologised, as Accountable Officer for the Trust, for the failings in Richard's care. He asked whether the first response from the Trust had acknowledged the failings and whether learning and actions taken as a result had been shared. It was noted that the initial complaint had been sent to the service for a response and had not been reported as a serious incident. Ms Papavarnava highlighted that all complaints were now reviewed by the group triumvirate to ensure that issues were picked up and dealt with quickly. Work was ongoing within the group to embed the culture in relation to incident reporting and a Patient Safety Matron post had also been implemented to oversee and monitor progress with these issues. Dr Anderson added that a new mandatory training module had been implemented for all staff in relation to caring for patients with learning disabilities. He also talked about the implementation of Martha's rule which is the response to cases of missed sepsis and other conditions in hospitals and aims to ensure that patients, families, carers and staff can access a rapid review from a critical care team if they have concerns about a person's condition. The Trust would be launching a phone line this month to support families to access this service.

Mr Ali queried whether Sharon and her family were aware of who to contact to raise concerns when Richard was in hospital. Sharon explained that her brother had been given access to special visiting during the COVID pandemic, due to Richard's learning disability and he had been meeting with the nursing staff to discuss issues. Unfortunately, he had lost his wife during the previous year and had found dealing with this particularly difficult. Sharon felt that this had affected his ability to process the information being shared with him regarding his son's care.

Mr Ubhi raised concerns that the actions taken by the Trust seemed to be mainly procedural and there was more the Trust could do to test whether staff were applying the trust values to ensure patients and their relatives feel listened to. The Chair highlighted the need to share the learning from patient stories with staff. Ms Papavarnava thanked Sharon who had agreed to work with the Trust to share learning and advised the Board that that the Trust had recently employed two experienced Learning Disabilities nurses to work with families and staff to personalise the care being provided.

Finally, the Chair thanked Sharon for sharing her experience and acknowledged how difficult this must be. He apologised on behalf of the Trust for the care Richard received and the lack of response to Sharon and her family's concerns. Sharon thanked Ms Papavarnava for her ongoing support throughout this process.

Sharon and Ms Papavarnava left the meeting.

3. Minutes of the previous meeting, action log and attendance register	TB (05/24) 001 / 002

The minutes of the meeting held on Wednesday 13th March 2024 were reviewed and Dr Anderson requested an amendment to the first paragraph on page 11 which referred to a deanery visit looking at training in maternity services, however, the visit was to Neonatal services. With this one exception, the minutes were **APPROVED** as a true and accurate record of discussions. The action log was received, and there were two pending actions that were not due this month.

4. Chairs Opening Comments	Verbal

The Chair followed on from the patient story and recognised that the way in which people with learning disabilities were cared for raised the importance of all patients and their relatives being listened to and

appropriate action being taken. He thanked board members for the discussion following the story and the recognition given to the need to improve staff culture as well as changing processes.

The Chair advised members that the local elections for the Mayor of the West Midlands had recently taken place and Richard Parker had been appointed. He wanted to take the opportunity to thank Andy Street for the work and support he had offered the Trust in relation to the regeneration agenda, and particularly the success of the learning campus. The Trust would look forward to working with the new mayor.

5. Questions from members of the public	Verbal

Mr Highton, a member of the public, introduced himself to the Board. He explained that he was a service user of Sandwell Hospital and Bearwood Medical Centre as well as being a member of the Sandwell Pensioners Group. He asked the following question:

"Can the Trust Board comment on press reports that the Trust has been "omitting two-year waits from reported figures", in effect "breaching national guidance by excluding some long waiters from its reported waiting list figures"?
The Health Service Journal reported that "Its (the Trust's) policy means cases that unexpectedly "pop up" as two-year waits in its datasets are temporarily removed. The trust will then review whether the cases are data errors or genuine two-year waits, and if genuine, aim to provide treatment within a month. If not treated within a month, the cases would be added back to the reported waiting list the following month.
It is understood concerns have been raised internally and a draft report by the trust's auditors…."
It raises the question as to whether the public can trust the Black Country figures about waiting lists, particularly as, while the Trust has stated "the pop-up policy "brings us into alignment with the practice of the Black Country Integrated Care System" and that it was validated at the system elective strategic board", the auditors found "no evidence of this practice aligning to [the ICS]", and a spokesman for the ICS said: "We had not had prior sight of the audit reports … the reported practice (waiting before submitting data on a return for validated 104-week breaches) highlighted in this enquiry has not been directed by the [ICS] and has not been approved by the elective board."
Can the Board explain and comment on whether this issue has been resolved?"

Mr Beeken confirmed that the Trust had taken action in response to the internal audit report which included the deployment of one of the two organisations deemed as national experts in this field to review the patient access policy and the Trust's approach to reporting and validation. This work had now been concluded and the most important action that had been taken was in relation to the weekly minimum data set return which is now completed in line with national best practice. The Trust had always been compliant with national best practice for the statutory month end report and the referral to treatment data reflected any long waiting pop-ups. A detailed update on the action plan would be received by the Trust's Audit Committee this month and discussions were ongoing to resolve the issues relating to resources and capacity to complete rapid validation on long waiting pop-ups to ensure returns were accurate.

Mrs Newens added that the Trust had commissioned the internal audit report due to areas of inconsistency within the national policy and the appropriate actions had been taken as a result of the report as well as the third-party review. She confirmed that all 104-week waits were now reflected in the Trust's monthly and weekly returns.

Mr Highton thanked the Board for considering his question and providing such a candid response.

6. Chief Executive's Report	TB (05/24) 003

Mr Beeken presented the Chief Executive's report which included a high-level overview of progress and delivery against some of the NHS constitutional standards during 2023/24. An update was also provided

in relation to discussions ongoing in the Black Country regarding changes in urgent care patterns and how this may be impacted following the opening of MMUH.

Mr Laverty asked for clarification regarding performance being reported which was different to figures received through the Finance and Productivity Committee (FPC) at the end of April. Mr Beeken confirmed that the Cancer 62-day performance being reported related to the recovery target that had been set for the Black Country which had been achieved, as opposed to the NHS constitutional standard which remained unchanged. The data reported in relation to the Emergency Access Standard performance had been validated at the end of March and although the national expectation had not been achieved, there had been some improvement particularly in relation to some non-admitted pathways. It was agreed that it would be beneficial for the FPC and Trust Board to receive a final report on the outturn position for 2023/24 against the constitutional standards.

There was a further discussion about the impact of net importing of activity through the system and how this was being considered as part of planning assumptions for 2024/25 to ensure the Trust were being paid for the services being delivered. Mr Sheppard confirmed that there had been some improvements in the quality of coding through the information team during 2023/24 and the early part of 2024/25 to ensure this was being reflected accurately, as well as supporting the teams to drive quality improvements, however, there had been no benefits assumed as a result of this in the planning process. The impact of MMUH was discussed further and it was noted that it was difficult to model this, however, the team had undertaken some scenario testing in relation to activity from other areas in the Black Country.

Mr Argyle queried whether the costs associated with the Sandwell UTC would be solely picked up by the Trust or whether this was being picked up within the system. Mr Beeken confirmed that, as the Chair of the Urgent and Emergency Care Board, he had been working with colleagues in the Integrated Care Board (ICB) to prioritise the assessment of the emerging trends, how this may be impacted by the opening of MMUH, and the costs and income associated with this. This work was due to be concluded this month and a report will be shared at the Joint Provider Committee and with Black Country Provider Trusts before any request for investment would be taken through the ICB Strategic Commissioning Committee. It was noted that the system modelling had clearly identified a net importing effect which had not been anticipated prior to the opening of MMUH, this had resulted in approximately £109m worth of costs over the previous three years and only £35m income had been gained during this time.

The Board **NOTED** the content of the report.

ACTION: FPC and Trust Board to receive a final report on the outturn position for 2023/24 against the constitutional standards.

7. Annual Plan	**TB (05/24) 004**

Mr Beeken presented the Annual Plan 2024/25 which outlined the new strategic planning framework (SPF) for the Trust to deliver the operational plan which would be presented as part of the next agenda item. He also advised the Board that following further scrutiny from the ICB, the process of rolling out an improvement system within the Trust, with support from KPMG, had been approved. This would now be escalated to the regional NHS England team for final approval.

Mr Sharma queried whether there was enough emphasis on the cultural improvements required for the Trust within the plan. Mr Beeken explained that the plan focused heavily on workforce planning and control as well as sickness and absence management which would have a positive impact on culture. Four key priorities had also been agreed as part of the Equality, Diversity and Inclusion (EDI) work including the acceleration of the rollout of the ARC leadership programme to senior leaders prior to the no-fly zone for MMUH. Mr Fleet advised that the most important indicator for improvement of staff culture is the results of the staff survey and therefore the Trust would be focusing on the outcomes of that through the

implementation of patient engagement teams within the corporate groups and clinical directorates. It was also noted that the Trust staff networks had been relaunched today on National Staff Network Day and executive and non-executive sponsors had been identified for each of these.

The Board acknowledged that the comprehensive plan would be supported by the development of new board level metrics which would show progress against each of the objectives within the plan. Progress would be tracked through the executive performance management approach and the governance set out in the report. Board level committees would also be asked to structure their work programmes to measure success against the relevant SPF objectives. Mr Laverty raised that the Board would benefit from a more consistent and disciplined approach in relation to performance terminology throughout all reports.

The Board **APPROVED** the annual plan and **COMMITTED** to adjusting Board committee work programmes to reflect the SPF.

8. 2024/25 Operational Plan	TB (05/24) 005

Mr Sheppard presented the 2024/25 Operational Plan which had also been discussed in detail at the FPC with extended attendance from board members. There was a discussion about the risk in relation to the assumption of income from the Birmingham and Solihull (BSol) ICB for MMUH which had not been confirmed. Mr Beeken advised the Board that the regional team at NHS England had intervened with these discussions and had confirmed that decision making relating to activity, income and costs would be different to those usually deployed due to the unique nature of opening a new hospital and dealing with the financial implications. The BSol ICB team were now reflecting on these discussions, and this would be followed up by the Trust and NHS England in due course. The income assumption from BSol had been reduced from £20m to £18.7m due to a reduction in non-pay inflation costs.

The Chair thanked the executive team for presenting such a coherent annual plan and operational plan, which outlined what the Trust had set out to achieve and how. He felt that this was a good base for the Trust to move forward with performance and was assured by the process in place for planning.

The Board **APPROVED** the 2024/25 Operational Plan.

Break

Midland Metropolitan University Hospital (MMUH)

9. MMUH Opening Committee Assurance Report	TB (05/24) 006

Mr Laverty presented the report and raised that concerns remained in relation to operational readiness. He advised that additional efforts were being made to recover the position and protect the critical path. It was noted that soft activation had commenced, and positive feedback had also been received following the recent Leaders' Conference which had supported in raising awareness of actions required from senior leaders to support the opening of the building.

Mr Ali thanked Mrs Barlow and her team for showing him and Mr Ubhi around the building. He confirmed that it was useful to see how the works were progressing and get an update on the latest position.

The Board **NOTED** the content of the report.

10. MMUH Update Report	TB (05/24) 007

Mr Kennedy presented the MMUH report in the absence of Mrs Barlow.

Mr Argyle queried whether the private sector body would be included in the external stakeholder engagement to overcome any issues. Mr Kennedy advised that engagement had focused on stakeholders

directly impacted by the move to MMUH which had been mainly public sector organisations, however, acknowledged that engagement with private sector organisations would be beneficial moving forward. Mr Fradgley added that discharge simulation summits were being held with some of the private sector social care providers to look at potential challenges and opportunities particularly in relation to geography. He acknowledged that the Trust's relationship with care homes and domiciliary care would be one of the main challenges. Discussions had also commenced with third sector organisations in relation to discharge opportunities.

There was a further discussion about the move window being during the winter period and the impacts associated with this. Mr Kennedy confirmed that there had been some sensitive analysis in relation to the move period as well as the post move period going into winter. This had included the review of elective plans and planned activity and support had been requested from other providers to reduce this during the move period.

Mr Beeken highlighted that although engagement with both ICBs had been good so far in relation to the clinical model and revenue challenges associated with MMUH, there was a need to increase this to undertake a joint assessment of the clinical safety case model prior to the Board meeting in August and to ensure they are briefed on the outstanding risks and assured by the mitigations in place. A proposal to achieve this would be shared with both ICBs in the coming weeks.

Mr Laverty recognised that the current focus is on moving into MMUH safely, however, he emphasised the need for the Board to be focused on whether the benefits and transformation were being delivered as a result of the move. There would need to be further analysis with key stakeholders regarding what success looks like following the move to MMUH.

The Board **RECEIVED** assurance on the MMUH critical path.

Our Population	
11. Integration Committee Assurance Report	**TB (05/24) 008**

Mrs Taylor presented the report. It was noted that leadership capacity within West Birmingham is currently a risk, and the lack of middle leadership resources is impacting on progress with developing localities within Birmingham. The Chief Integration Officer had outlined some immediate plans that had been put in place to address these issues. Risks associated with the Home-Based Intermediate Care team continued and the Board were advised that this was impacting on delivery within the locality that had been providing support. The Committee had received some positive community take over presentations and was keen to summarise one of these to be shared at the next Board meeting.

The Board **NOTED** the content of the report.

ACTION: Community takeover presentation to be summarised and shared at a future Board meeting.

12. Place Based Partnership Update	**TB (05/24) 009**

Mr Fradgley presented the Place Based Partnership update. It was noted that the leadership issues within West Birmingham was an area of risk in relation to transformation for the partnership. The Board were advised that the APMS for the Summerfield GP practice which had been signed off at the previous meeting had now been implemented and the takeover of this had been very smooth with no issues which had been supported by the practice manager.

There was a further discussion about the issues within Home-Based Intermediate Care and whether these were related to inadequate commissioning. Mr Fradgley highlighted that the service had grown rapidly to support the ambition to get patients out of acute services and treated in their own homes, however there

were a number of vacancies within therapy services that were impacting the service's ability to keep up with this demand. He confirmed that the vacancies had been fully funded by the Better Care Fund, therefore the issues were not because of commissioning issues. Mr Argyle asked whether there were any other organisations that the Trust could collaborate with, such as housing associations, to resolve this issue. Mr Fradgley confirmed that the falls service were working with a voluntary sector to test whether they could support with some of the less skilled tasks allowing the therapy dosing guide to be changed.

Prof Harper raised that there seemed to be a lack of publication and sharing of good practice at a national level, she felt there was more the Trust could do to raise the profile of the place agenda within Sandwell and West Birmingham. Mr Fradgley highlighted that the exposure of practice within the partnerships had been limited to "show and tell" opportunities with other organisations due to a lack of funding for academic research and capacity for this to be documented. He confirmed that the national teams were working with the Trust to get practices written into national guidance and the learning and impact of values-based integration was being shared more widely. The Chair acknowledged that the work within place and the interaction between different initiatives within community services had resulted in unique outcomes in relation to the health of the population and the utilisation of healthcare. He asked Mr Fradgley and Prof Harper to explore options for academic research in this area.

The Board **NOTED** the content of the report.

ACTION: Mr Fradgley and Professor Harper to explore options for academic research into integration work within place.

Our Patients

13. Quality Committee Assurance Report	TB (05/24) 010

Mrs Writtle presented the report in the absence of Mr Hallissey and provided an update on key changes to the Board Assurance Framework risks. The Board were advised that the Trust is currently an outlier for hip fracture injuries which is thought to be because of data inaccuracies. An external review of services had been requested to identify any further actions required to improve the position. There had been an issue with the Trust's cardiac cath lab, however, this had now been resolved and costs had been reimbursed by the supplier. The University Hospitals Birmingham had supported with mitigating this issue. A continued key area of concern for the committee related to bed fit and rightsizing for MMUH and this was due to be picked up in a Risk Summit being chaired by Mr Hallissey during May.

The Board **NOTED** the content of the report.

14. Finance and Productivity Committee Assurance Report	TB (05/24) 011

Mrs Hardy presented the report and highlighted that the committee had approved the Operational Plan 2024/25 and there were some further comments that would be picked up at future meetings and escalated to the Board, as required.

The Board **NOTED** the content of the report.

15. Length of Stay Reduction including Winter Plan Update	TB (05/24) 012

The report was shared and outlined the actions being taken to focus on reducing the length of stay for the Trust. The key elements of the length of stay reduction plan were due to be discussed in more detail at the Risk Summit, previously mentioned. Actions agreed as a result of the summit would be driven during a two-week sprint period led by Mrs Newens, Dr Anderson and Mrs Roberts.

Mr Beeken highlighted that data within annex 3 of the report showed early indication of the potential impacts that moving to a 6-day emergency care could have on the bed fit. It was noted that there would be further benefits associated with having a 7-day frailty Same Day Emergency Care (SDEC) and other rightsizing initiatives for one co-located site, however, these had not been factored into the overall assumptions due to a lack of evidence to support this. Mr Laverty raised concerns that there were a number of hard to fill roles associated with the frailty SDEC and asked whether this would impact the ability to run 7-day services. Mr Kennedy confirmed that the clinical model had been revised in order to support the gaps in workforce.

The Board **NOTED** the report.

16. Finance Year End Position	TB (05/24) 013

Mr Sheppard presented the report which outlined the final year end position for 2023/24. It was noted that the Trust had reported a deficit of £14.1m and with the exception of assumptions made regarding MMUH income, the plan had been delivered. The Trust's capital plan and efficiency plan had also been delivered on a non-current basis. There were lessons to be learnt and the key focus for 2024/25 was in relation to recurrent financial improvement and delivering against the monthly profile. It was noted that there was an error in the report under section 2.3.3 which should read that the overall efficiency target had been met non-recurrently (not recurrently).

The Board **NOTED** the content of the report.

17. Maternity Report	TB (05/24) 014

Mrs Hurst presented the report and advised the Board that the results had been received from the maternity survey and actions were being driven by the Maternity EDI lead and Consultant Midwife to address the issues and to increase the response rate.

Mrs Taylor commended the team on the reduction identified in the perinatal mortality report over the previous year, however, was concerned that the Trust remained higher than comparators in this area. She asked whether data was available by ethnicity and locality. Mrs Hurst confirmed that the ethnicity breakdown was shared monthly through the Quality Committee and highlighted that the perinatal dashboard provides data by location and was used by the EDI lead to provide targeted support.

A further review of maternity services had recently commenced to look at progress since the review undertaken in 2021 and the work undertaken to improve the culture within the service. Dr Anderson highlighted that this would also build on feedback received from the neonatal review which identified that there were issues to address earlier in the pathway. He also provided some high-level feedback from a recent visit to neonatal services by the ICB, Safeguarding and Local Maternity and Neonatal System teams, which had been mainly positive particularly in relation to the culture change and improvements in governance processes.

It was noted that the initial findings from the system perinatal thematic review had been received within the system and would be shared at the next Board meeting along with the actions being taken as a result. It was noted that a number of actions had already been taken as a Trust and wider system and Professor Harper highlighted that significant progress had been made within the service particularly in relation to leadership and culture, as well as pathway changes to deliver quality improvements. The Chair recommended that the report due to be presented in July outline overall progress made against all reviews undertaken within maternity services.

The Board congratulated the maternity team for the achievement of 10 out of 10 safety actions for CNST.

The Board **NOTED** the content of the report.

18. Patient Story feedback and action report for the last 12 months	TB (05/24) 015

The report was received and provided an update on progress with the patient and staff stories shared with the Board during the previous 12 months. Dr Anderson highlighted that themes identified from these stories were used to inform the Fundamentals of Care workstream. The Board would continue to receive two stories to reflect each of the strategic objectives (People, Patients and Population) over the next 12 months. It was also noted that the principal of sharing patient stories had been cascaded throughout the organisation and had now been implemented within group level meetings.

The report was **NOTED** by the Board.

19. CQC Progress Report	TB (05/24) 016

Dr Anderson presented the report which outlined progress with the CQC self-assessment process and action plans in place for each group. The success of the implementation of this process had resulted in it being rolled out at other Trusts within the Black Country Provider Collaborative. An update was also received on the "must do" and "should do" actions from the previous CQC inspection.

Mr Laverty queried whether the data being displayed in service areas was reliable and it was noted that the data was taken directly from the patient administration system. Mrs Newens confirmed that each zone at MMUH would have specific data relevant to their area displayed so that this could be monitored by clinicians.

Mr Beeken asked whether the process for services to provide self-assessment ratings in October and November would impact on the no-fly zone for MMUH. Dr Anderson confirmed that there would be no additional work required from the front-line teams and the process would mainly include a stock take of work already undertaken which would be completed by the governance teams. It was agreed that engagement from the Board on these results would be beneficial.

The report was **NOTED** by the Board.

Our People

20. People Committee Assurance Report	TB (05/24) 017

Mrs Writtle presented the report and highlighted that a key risk remained in relation to the pace of recruitment which could impact the move to MMUH and workforce efficiency profile. This continued to be an area of focus for the committee along with sickness management.

There was a further discussion regarding agile working and the committee had acknowledged that there is more work to do to engage with staff and change behaviours. Mr Fleet explained that the agile working group are currently focusing on changes in the working environment to support the move to MMUH and retained estate and the agile working consultation is due to go live on 15th May. He added that there would be more to do to ensure the benefits were being realised following the move to MMUH.

Mrs Writtle advised the Board that today is Staff Network Day and work had commenced to relaunch the staff networks within the Trust to provide a vehicle for improving staff culture for the organisation.

The Board **NOTED** the content of the report.

21. Freedom to Speak Up Report	TB (05/24) 018

Mr Sadler welcomed Mr Johnson to the meeting to share the first annual Freedom to Speak Up report. Mr Johnson advised the Board that there had been some significant progress in relation to the number of

concerns being raised and assurance being provided. There continued to be barriers with managers reporting back on issues appropriately and there was more work to do to address this widely, including the need to improve staff culture and support staff to feel they are being listened to.

The Chair asked Mr Johnson to reflect on his time within the post and whether the position had changed during the previous year. Mr Johnson raised that there had been some challenges, however, he felt well supported by executive colleagues to overcome these. He felt that the organisation is a transformational one, however, felt there was more to do to change behaviours and empower staff to feel that they can challenge colleagues at all levels. Mr Johnson thought that the work in train would support in making these changes. Mr Fleet advised the Board that the number of formal processes being followed within the organisation had previously been higher than average, however, following further focus over the previous six months, this had started to reduce. Discussions were ongoing with staff side colleagues to explore how issues could be dealt with more informally.

There was a discussion about "silent" areas, for example, areas that do not raise concerns and Mr Johnson confirmed that visibility is increased in those areas to encourage staff to speak up if they need to.

Mr Sadler advised the Board that he would ensure that the Freedom to Speak Up lead role is permanently recruited to prior to his departure from the Trust. The Chair thanked Mr Johnson for attending the meeting and for his ongoing commitment to a difficult role.

The Board **RECEIVED** and **NOTED** the content of the report.

Governance, Risk & Regulatory	
22. BAF Report	**TB (05/24) 019**

Miss Dhami presented the report and acknowledged that changes to the BAF risks had been referred to throughout the meeting which provided evidence that it was well embedded within the organisation. It was noted that further work is required to ensure that the risks remained relevant for the Trust, and this was due to be assessed in a future Board Workshop session. It was acknowledged that some of the controls and mitigations relating to the BAF would need to be aligned with the SPF and annual plan objectives.

The Board **APPROVED** the current position of the BAF risks and scores.

For Information	
23. Any other business	**Verbal**

There was no other business.

Details of the next meeting of the Public Trust Board: 10th July 2024 at 10:00am.

Meeting close

List of action items

Agenda item	Assigned to	Deadline	Status
Public Trust Board 08/11/2023 21 Place Based Partnership Update			
685. Integration Committee and Quality Committee to receive a deep dive into the maximum realistic potential associated with virtual wards.	🟡 Fradgley, Daren	11/09/2024	🟨 Pending
Public Trust Board 10/01/2024 2 Staff/Patient Story			
814. Mr Fleet to bring a paper to a future Board meeting to update on widening participation work as well as opportunities associated with the learning campus.	🟡 Fleet, James	11/09/2024	🟨 Pending
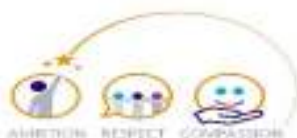
REPORT TITLE:	Chief Executive's Report
SPONSORING EXECUTIVE:	Richard Beeken, Chief Executive
REPORT AUTHOR:	Richard Beeken, Chief Executive
MEETING:	Public Trust Board
DATE	10th July 2024

1. Suggested discussion points *[two or three issues you consider the PublicTB should focus on in discussion]*

This month's report focuses on the following subjects:

1. **Paediatric Audiology Services**. In response to a recent request from the CQC to all providers to do so, the Trust is able to assure the Board of the quality of care offered by our Paediatric Audiology Service to children with hearing loss through its long-standing IQIPS accreditation.

2. **Organ Donation**. The Organ Donation team are to be commended for their excellent performance last year with the highest number of patients receiving transplants.

3. **Black Country Finance Undertakings**. The 2024/25 Undertakings agreed with NHSE are outlined, along with the governance arrangements to monitor on-going compliance.

4. *Staff Side Appointments*. Positive developments with the Learning Campus, our Staff Inclusion Networks and Staff Convenor appointments are shared.

2. Alignment to our Vision [indicate with an 'X' which Strategic Objective[s] this paper supports]

OUR PATIENTS	- To be good or outstanding in everything that we do	x
OUR PEOPLE	- To cultivate and sustain happy, productive and engaged staff	x
OUR POPULATION	- To work seamlessly with our partners to improve lives	x

3. Previous consideration *[at which meeting[s] has this paper/matter been previously discussed?]*

None

4. Recommendation(s)

The Public Trust Board is asked to:

a) **RECEIVE** assurance on the safety, quality, and accessibility of the Trust's children's hearing services.

b) **NOTE** the Organ Donation plans for the next 12 months

c) **CONSIDER** the agreed Undertakings and progress reporting arrangements.

d) **NOTE** the election of a new Staff Side Convenor and deputy.

5. Impact *[indicate with an 'x' which governance initiatives this matter relates to and, where shown, elaborate in the paper]*		
Board Assurance Framework Risk 01	x	*Deliver safe, high-quality care.*
Board Assurance Framework Risk 02	x	*Make best strategic use of its resources*
Board Assurance Framework Risk 03		*Deliver the MMUH benefits case*
Board Assurance Framework Risk 04	x	*Recruit, retain, train, and develop an engaged and effective workforce*
Board Assurance Framework Risk 05	x	*Deliver on its ambitions as an integrated care organisation*
Corporate Risk Register [Safeguard Risk Nos]		
Is Quality Impact Assessment required if so, add date: n/a		
Is Equality Impact Assessment required if so, add date: n/a		

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board: 10th July 2024

Chief Executive's Report

1. Paediatric Audiology Services

1.1 An expert review undertaken by NHS Lothian in Scotland found failings in the standard of paediatric audiology services that resulted in delayed identification and missed treatment of children with hearing loss. This resulted in permanent, avoidable deafness for some children. All NHS Trusts have received a letter requesting that Trust Boards consider the assurance they have regarding the safety, quality, and accessibility of their children's hearing services including assuring that they are IQIPS accredited or working towards.

1.2 The Trust's Audiology services have been accredited for Paediatric Audiology with UKAS, through the Improving Quality in Physiological Services (IQIPS) scheme, since 2013. The team has implemented and maintained a quality monitoring system as per the IQIPS standards, which has supported development of departmental audit plans, competency assessments, peer review, document control and equipment monitoring. The team are in the second year of the current 4-year IQIPS cycle and are due a surveillance visit. They have also been reviewed as part of the Midlands Paediatric Audiology Hearing Service Review in 2023 and rated Green.

1.3 At its June meeting, the Quality Committee reviewed the Paediatric Audiology report in light of this letter and were reasonably assured with progress. The rationale for reasonable assurance is that the Systems Engineering Initiative for Patient Safety (SEIPS) tool recently applied by the service identified some areas for improvement, such as "*Failed to put child back on waiting list after appointment and referral not processed or processed incorrectly leading to missed appointments*". A total of 36 related incidents have been reported since January 2022. This is a small number of incidents, but the team implemented the SEIPS approach to understand what further improvements could be made. An action plan has been developed to track progress and will be monitored by the Quality Committee.

1.4 As required by the CQC, a more detailed paper will be presented to the September Board.

2. Organ Donation

2.1 Between 1 April 2023 and 31 March 2024 the Trust cared for 10 deceased solid organ donors, resulting in 29 patients receiving a transplant. This is the highest number for SWB in the last ten years. This shows tangible success in the work of the transplant team. During the pandemic, all promotional activity ceased, and donation/transplant activity reduced dramatically. In the period 2023-2024, the team were re-establishing themselves as a service. The nursing workforce had decreased, and some senior nurses had left post Covid-19. Now the team has successfully recruited and has new starters to train.

2.2 There are numerous factors which affect organ donation. Key elements include the rate of referral to the organ donation service; the presence of the Specialist Nurse for Organ Donation (SNOD) whilst broaching organ donation with the patient's family; and the wider awareness of donation. Consent rates increase significantly with a SNOD presence. In the year April 2023 – March 2024,

100% of all eligible patients were referred to the team and 93% of approaches had a SNOD presence.

2.3   The team arranged three educational days about donation, and updated and reviewed the Trust policy. Their plans for the next 12 months include improving the consent rate; working with the eye hospital on corneal tissue donation; promoting the organ donation week in September and work on the ongoing educational programme.

2.4   This work is overseen by the Organ Donation Group which meets 3 times a year and reports to Executive Quality Group and Quality Committee.

3.   Black Country Finance Undertakings

3.1   The Black Country Integrated Care System (ICS) has faced significant challenges over the last 12 months to recover performance whilst balancing financial recovery and sustainability. Despite this, the system met key milestones by the end of 2023/24, such as reducing the cancer backlog to below the fair shares value, achieving over 75% for the Faster Diagnosis Standard, achieving over 76% for the Emergency Access Standard and significantly reducing the number of patients waiting over 13 weeks for a Diagnostic test. However, the Trust and system overall remain an outlier for financial performance, with a £119m deficit forecast for 2024/25 and a system Financial Recovery Plan that does not forecast returning to a breakeven position until 2027/28. The deficit for the Trust is £43.1m in 2024/25.

3.2   NHS England Midlands has concluded that, given the scale of financial challenge within the system, it is important to place a common and consistent set of expectations on all key NHS partners in the ICS. The regulatory mechanism to do this is via agreement of Undertakings.

3.3   The formal letter from NHS England was received on 13 June 2024 outlining the Undertakings to the Trust. Progress against the Undertakings, with each action having an Executive lead accountable for implementation, will be monitored monthly through the Finance & Productivity Committee through to the Trust Board.

4.   Learning Campus

4.1   Following support at the May meeting of the People Committee, and in line with the decisions made by the Trust Board in November 2023 and the commitments made to the Towns Fund in the original bid, the Trust has finalised a Strategic Partnership Agreement with Sandwell College for the Learning Campus. This is a hugely exciting development, not just for the Trust and Sandwell College, but for the Smethwick community and our wider system. This development delivers against the Towns Funds' focus on driving long-term economic and productivity growth locally; the Learning Campus development will target to assist 1,280 learners each year (this is the key Towns Fund target), support 50 people each year from within the local communities to access substantive employment with the Trust. It will facilitate an additional 100 apprenticeship opportunities per year, 250 work experience opportunities and 10 supported internships per year through programmes such as Project Search (supporting young adults with Learning Disabilities in accessing employment). It will support 60 people each year to participate in career insight days and 450 people each year to participate in discovery days.

4.2   To mark this significant milestone for the Learning Campus, a formal signing event is being scheduled for 17th July which will be attended by the Principal and Chief Executive of Sandwell

College, the Council Leader, Cabinet Member for Education and Skills, along with other members of the Smethwick town partnership, the West Midlands Mayor, and key others from the WMCA. SWB Board members will support this event.

5. Staff Inclusion Networks

5.1 Having re-launched the Staff Networks, we received 31 expressions of interest for 5 Network Chair and Vice-Chair roles. This level of interest is much higher than we had anticipated. The Trust has a great opportunity to utilise the Staff Networks to drive culture change, improved staff engagement and satisfaction. Once appointed the new Network Chairs will be invited to join some People Committee meetings to contribute to our ambitious SWB people agenda. Existing Network Chairs and Deputy Chairs are thanked for their contributions, as are Executive and Non-Executive sponsors who have supported recent elections. Embedding equality and inclusion across all areas and in all parts of our Trust is a priority within our SPF and sits at the heart of the SWB People Plan. We look forward to working more closely with the Networks to improve the experience of staff from diverse backgrounds.

6. Staff Side Convenor/Deputy Convenor elections

6.1 I am pleased to announce that following elections at the end of May, a new Trust Staff Side Convenor and Deputy Convenor have been elected. Danielle Sewell has been appointed to the role of Trust Convenor and Jenny Wright as Deputy Trust Convenor. I would formally like to congratulate Danielle and Jenny on their elections to these important roles and I look forward to working with them in the coming weeks and months to strengthen partnership working arrangements and practices for the benefit of the staff and ultimately patients of SWB. I would like to extend my thanks to Simon Morley during his time as Convenor for his hard work and dedication to the Trust Staff Side and in particular for supporting the ambitious Management of Change process for MMUH.

7. Recommendations

7.1 The Public Trust Board is asked to:

a. **RECEIVE** assurance on the safety, quality, and accessibility of the Trust's children's hearing services.
b. **NOTE** the Organ Donation plans for the next 12 months
c. **CONSIDER** the agreed Undertakings and progress reporting arrangements.
d. **NOTE** the election of a new Staff Side Convenor and deputy.

Richard Beeken
Chief Executive

2nd July 2024

Report title:	Integrated Committee Chairs Report
Sponsoring executive:	Kam Dhami, Chief Governance Officer
Report author:	Lesley Writtle , Non executive Director, Deputy Chair
Meeting title:	Public Trust Board
Date:	10th July 2024

1. Summary of key issues *two or three issues you consider the* PublicTB *should focus on in discussion]*

This report provides a summary of assurance levels and issues identified by the Trust Sub-Committee Chair's, offering an opportunity to review, triangulate, and escalate concerns, as well as identify good practices aligned with the strategic priorities. For the first time, it combines the committee assurance report's (underline in the June Board Reading Room). This was agreed following a Board development discussion on improving the Board Meeting agenda.

The report includes key issues to advise, assure and alert the Board from the May and June 2024 Quality, People, Finance and Productivity, MMUH opening, and Audit Committees.

2. Alignment to our Vision [indicate with an 'X' which Strategic Objective[s] this paper supports]

OUR PATIENTS	- To be good or outstanding in everything that we do	
OUR PEOPLE	- To cultivate and sustain happy, productive and engaged staff	
OUR POPULATION	- To work seamlessly with our partners to improve lives	

3. Previous consideration *[at which meeting[s] has this paper/matter been previously discussed?]*

None

4. Recommendation(s)

The Public Trust Board is asked to:

a) **NOTE** the report and assurance provided.

b) **PROVIDE** feedback for any identified issues shared for escalation

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]*

Board Assurance Framework Risk 01	x	*Deliver safe, high-quality care.*
Board Assurance Framework Risk 02	x	*Make best strategic use of its resources*
Board Assurance Framework Risk 03	x	*Deliver the MMUH benefits case*
Board Assurance Framework Risk 04	x	*Recruit, retain, train, and develop an engaged and effective workforce*
Board Assurance Framework Risk 05	x	*Deliver on its ambitions as an integrated care organisation*
Corporate Risk Register [Safeguard Risk Nos]		
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

KEY ITEMS DISCUSSED AT THE BOARD COMMITTEES IN MAY & JUNE 2024

ALERT

- Operational readiness of MMUH including rightsizing and bed fit work. A range of committees heard that a focused 12-week sprint programme has commenced placing focus on 3 areas: Length of Stay, Streaming and Same Day Emergency Care (SDEC). This was being supported by KPMG and subject matter experts. This remains an area of significant concern within the committees.
- Toxicology Lab Service: the license for this service was not renewed by Black Country Pathology Services in error, unbeknown by the Trust. Discussions to remedy this have taken place with the Home Office and CQC. Governance related to this needs to be reviewed do we are not in this position in the future.
- Agile working: this requires a real cultural shift and way of working in the Trust overall, not just related to MMUH. The project team are proving tremendous support, but there is a need to ensure funding for changes are in place and staff have capacity to engage.

ADVISE

- Maternity: significant work has been underway over the last few months with help and guidance from several sources: quality improvement plans, external reviews, and benchmarking work. All of this would benefit from some dedicated support to consolidate plans and actions. This would enable the leadership team to focus on tangible delivery and assurance. A CQC visit was undertaken and is raised in the Maternity Report on the agenda.
- Internal audit Split opinion: whilst there has been improvement in the last 12 months, there needs to be concerted effort to improving responsiveness to audit queries, timely clearance of actions and overall management of finalising reports.
- Delivery of the Financial Improvement Programme: Finance & Productivity Committee raised concerns around the overall pace and capacity to see tangible results from the programme and specific concerns were also raised at the People Committee at the potential capacity to delivery very significant change linked to the Trusts workforce systems ESR, Job Planning and Allocate. There are plans to accelerate and consolidate a clear view of delivery in year and develop a 3 year review tracker.

ASSURE

- Improvement in the External Audit position on the Value For Money Audit, moving from 3 reds last year to 1 red (financial sustainability) and 2 amber(governance and economy, efficiency, effectiveness [CQC])
- Positive progress with Organ Donation, the Trust has the highest level of donation in 10 years and consent rate has doubled.
- Approval of Midland Metropolitan Learning Campus.
- Trusts Staff Turnover figures are at there lowest for 3 years at 12%.
- Urgent Treatment Centre progress being made in both permanent and temporary solutions.

Joint Provider Committee – Report to Trust Boards

Date: 21st June 2024

Agenda item: 004a

TITLE OF REPORT:	Report to Trust Boards from the 21st of June 2024 JPC meeting.
PURPOSE OF REPORT:	To provide all partner Trust Boards with a summary of key messages from the 21st of June 2024 Joint Provider Committee.
AUTHOR(S) OF REPORT:	Sohaib Khalid, *BCPC Managing Director*
MANAGEMENT LEAD/SIGNED OFF BY:	Sir David Nicholson - *Chair of BC JPC & Group Chair of DGFT, SWBH, RWT, & WHT* Diane Wake - *CEO Lead of the BCPC*
KEY POINTS:	The Joint Provider Committee (JPC) was held, and was quorate with attendance by the Chair, all four Deputy Chairs, and two CEO's. Key discussion points included: a. A progress update from the BCPC CEO Lead with a particular focus on Breast and Pharmacy Clinical Network developments. b. Review of the updates and revisions to the draft Collaboration Agreement, highlighting the key changes that have been made c. Update on the preparations being made to progress with the Corporate Services Transformation work, which will proceed with greater pace following the General Election.
RECOMMENDATION(S):	The partner Trust Boards are asked to: a) **RECEIVE** this report as a summary update of key discussions on the 21st of June 2024 JPC meeting. b) **NOTE** the key messages, agreements, and actions in section 2 of the report.
CONFLICTS OF INTEREST:	There were no declarations of interest.
DELIVERY OF WHICH BCPC WORK PLAN PRIORITY:	The Joint Provider Committee oversees and assures progress against the agreed BCPC annual Work Plan, as outlined in schedule 3 of the Collaboration Agreement.
ACTION REQUIRED:	☒ Assurance ☐ Endorsement / Support ☒ Approval ☒ For Information

Possible implications identified in the paper:	
Financial	N/A
Risk Assurance Framework	The following agenda items have a potential risk implication: ▪ Corporate Services Transformation – require a clear plan of planned efficiency savings, productivity improvement, and resilience.
Policy and Legal Obligations	N/A
Health Inequalities	N/A
Workforce Inequalities	N/A
Governance	The following agenda item has a potential health inequalities implication: ▪ Collaboration Agreement – will require all partner Trusts to amend their Scheme of Reservation & Delegations (SORD) in due course.
Other Implications (e.g. HR, Estates, IT, Quality)	N/A

1. PURPOSE

1.1   To provide all partner Trust Boards with a summary of key messages from the 21ˢᵗ June 2024 Joint Provider Committee.

2. SUMMARY

2.1   The Joint Provider Committee was held on the 21ˢᵗ ᵒᶠ June 2024. The meeting was quorate with attendance by the Chair, two CEO's and all four of the Deputy Chairs.

2.2   The minutes of the previous meeting were accepted as an accurate record. The Action Log was reviewed, with a short discussion on better understanding preparation plans for the forthcoming MMUH opening. A focus on this item has been requested for the next JPC meeting.

2.3   The following is a summary of discussions with agreements noted:

a) **Items for Approval / Noting**
   ▪ **CEO Leads update report** – The JPC received an update report from the Chair of the Collaborative Executive, which highlighted:

     o Three proposals received from the Breast Clinical Network, which were reviewed and supported for progression. They will focus on progressing feasibility / option appraisals for a BC Radiology Alliance, Consolidation of Breast Units, and the establishment of a BC Breast Reconstruction Service, over the remainder of the 24/25 financial year.

     o The change in Pharmacy Aseptic regulations which will have a significant impact for Aseptic services across the Black Country. The Collaborative Executive supported some further feasibility work to present a proposed way forward for the Collaborative Executives consideration.

b) **Items for Discussion**
   ▪ **Collaboration Agreement** – The JPC received a draft of the revised and updated Collaboration Agreement. A number of additional schedules have now been incorporated with appropriate adjustments made to the main document.

     The JPC approved the changes subject to agreement by the Collaborative Executive at its next meeting. A short paper for all Trust Boards will be established highlighting the key updates and revisions and seek formal delegation approval through use of Annex A in Part 1 of Schedule 5.

   ▪ **Corporate Services Transformation** – The JPC received a further progress update on organising for delivery, with recruitment underway, programme delivery group meetings being established, benchmarking work being undertaken, and a general engagement presentation being developed. Work will proceed at pace following the 'purdah' period of the General Election, with JPC committed to the pursuit of a 'radical' approach to transformation, with all BCPC partner Trusts agreeing to a way forward.

c) **Any Other Business**
   ▪ There was no A.O.B.

3. REQUIRED ACTIONS

3.1   The partner Trust Boards are asked to:

a. **RECEIVE** this report as a summary update of key discussions at the 21ˢᵗ June 2024 JPC meeting.

b. **NOTE** the key messages, agreements, and actions in section 2 of the above report.

NHS
Sandwell and West Birmingham
NHS Trust

Report title:	Board Metrics Exception Report
Sponsoring executive:	David Baker: Chief Strategy Officer
Report author:	Matthew Maguire: Associate Director of Performance Executive Lead provided commentary for each indicator
Meeting title:	Public Trust Board
Date:	10th July 2024

1. Summary of key issues two or three issues you consider the PublicTB should focus on in discussion

The report details 3 areas for assurance and each has an executive commentary to support the Board in understanding how the specific metric is being managed. They are:

- Staff Survey – Engagement Score & Response Rate
- Cancer – 28 Day Faster Diagnosis Standard
- Emergency Access Standard

The report is also escalating 3 areas as alerts. Each also has an executive commentary along with details of the associated risks and mitigations. The are:

- Shortest Time Necessary in Hospital – Average Length of Stay
- Referral to Treatment – Patients waiting over 65 Weeks
- Financial balance

2. Alignment to our Vision [indicate with an 'X' which Strategic Objective[s] this paper supports]

OUR PATIENTS	- To be good or outstanding in everything that we do	x
OUR PEOPLE	- To cultivate and sustain happy, productive and engaged staff	x
OUR POPULATION	- To work seamlessly with our partners to improve lives	x

3. Previous consideration [at which meeting[s] has this paper/matter been previously discussed?]

None

4. Recommendation(s)

The Public Trust Board is asked to:

a) **REVIEW** and **DISCUSS** the metrics under the assure heading

b) **REVIEW and DISCUSS** the metrics under the alert heading, raising any gaps in the risks and mitigations.

c) **COMMENT** on the revised approach to reporting the metrics

5. Impact [indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]

Board Assurance Framework Risk 01	x	*Deliver safe, high-quality care.*
Board Assurance Framework Risk 02	x	*Make best strategic use of its resources*
Board Assurance Framework Risk 03	x	*Deliver the MMUH benefits case*
Board Assurance Framework Risk 04	x	*Recruit, retain, train, and develop an engaged and effective workforce*
Board Assurance Framework Risk 05	x	*Deliver on its ambitions as an integrated care organisation*
Corporate Risk Register [Safeguard Risk Nos]		
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

Sandwell & West Birmingham NHS Trust

Report to the Public Trust Board on 10th July 2024

Board Metrics Exception Report

1.   Executive summary

The Board Metrics Exception Report highlights performance areas of note under *Assure* and *Alert*. All performance is taken from the Board Metrics Report available in the reading room, which uses the 2024/25 Strategic Planning Framework and the NHS Operational Framework. The relevant charts referenced in this report are included in annex 1. Commentary is provided by the relevant executive lead for each metric.

2.   Assure

2.1   **Staff Survey – Engagement Score & Response Rate (Annex 1.1)**

2.1.1   *Analyst Commentary*: There is improvement in both Engagement and Response Rate run charts. Response rate improvement is an in-year objective, and the engagement score is a Trust Measure of Success.

2.1.2   *Executive Commentary – James Fleet, Chief People Officer*: Since implementing the measures and actions that were presented to the Trust Board in March 2024 to improve staff survey performance (as the universal measure of staff experience and satisfaction), the improvement in the Trust's engagement score for the most recent 2024/25 Q1 Pulse Survey (April) has doubled, increasing by 6.4%, taking the current performance closer to the Trust's target engagement score of 7.0.

2.2   **Assure: Cancer – 28 Day Faster Diagnosis Standard (Annex 1.2)**

2.2.1   *Analyst Commentary*: The Statistical Process Control (SPC) chart shows special cause improvement. The last 7 months have been above the mean (average) and the target is within the upper control limit, indicating it is achievable. This target is part of the 2024/25 national operational framework and the Trust Measure of Success to Achieve Access Standards'.

2.2.2   *Executive Commentary – Johanne Newens, Chief Operating Officer*: The Trust is on track in meeting the 2024/25 trajectory. 75.7% was delivered in March 2024, 75.8% in April and for May the unvalidated position shows 80.7%. Plans are in place to achieve the standard of 80% by March 2025.

2.3   **Assure: Emergency Access Standard (EAS) (Annex 1.3)**

2.3.1   *Analyst Commentary*: The metric is currently failing the national target. However, since the step change in October 2023, the last 4 months have been above the mean (average). Two of these (February and April 2024) are in special cause improvement (indicating performance exceeding variation). This metric is part of the Trust Measure of Success – 'Achieve Access Standards.

2.3.2 *Executive Commentary – Johanne Newens, Chief Operating Officer*: Total EAS performance for May was 69.88%, a slight deterioration (0.82%) on last month, however, a 3.07% improvement from October's baseline.

2.3.3 *Operational Expansion*: March 2024 marked a significant milestone with the operationalisation of the Ambulatory Majors Unit at Sandwell. There continues to be medical staffing constraints resulting in shorter operational hours on some days. This is becoming less frequent. Door to Doctor time within 2 hours has shown deterioration by 3% on last month at Sandwell. However, the ambulatory majors area has been key in supporting de-escalation of the department resulting in earlier decision making for both admitted and non-admitted patients. Decision to admit within 2 hours improved from 18.9% in April to 20.50% in May. The mean time in department has also shown improvement.

2.3.4 *Recruitment*: We have held well-attended nurse recruitment events, which have aided in closing the gaps in Emergency Department nursing. Medical Consultant interviews were successful in recruiting 4 substantive Consultants and 1 locum Consultant commenced in May.

3. Alert

3.1 Shortest Time Necessary in Hospital – Average Length of Stay (Annex 1.4)

3.1.1 *Analyst Commentary*: The SPC chart is in special cause concern variation. The last 6 months have been above the target and mean (average) value. This is a risk to delivery of Trust Measure of Success – 'Achieve Access Standards' and 'Bed Days Saved and Bed Days Used'.

3.1.2 *Executive Commentary – Johanne Newens, Chief Operating Officer*: May saw an improved performance in overall Trust Length of Stay (LOS), being lower than previous 6 months. Specifically, Medicine LOS data is 5.7 for May, which was lower than the previous 7 months, sitting below the long-term average for the first time since September 2023. Average numbers of daily discharges remained lower than the target of 75, at 68.7 for May and are an area of focus.

3.1.3 *Actions:*
- Leadership from Group Triumvirate with engagement of nursing, medical and operational teams in identifying opportunities and resolving issues.
- Clearly defined aims and objectives in place with governance and oversight.
- Daily monitoring against discharge targets, and targeted actions. Weekly specialty level LOS meetings. Weekly review of LOS by speciality and ward, and targeted actions.

3.1.4 *Opportunities*: Criteria Based Discharge, Home 1st principles, To Take Out (TTO) Management, Board rounds, safety huddles, 6am bloods, early bird CT scanning, Harvest View use, redesign Transfer of Care (TOC) process, and diagnostic turnaround times.

3.1.5 *Risks*: Risk Score 15: There is a risk that the LOS reduction schemes may not deliver the required LOS reduction. The consequences are that we may not fit into Midland Metropolitan University Hospital (MMUH) without further mitigation actions.

3.1.6 *Mitigations*: The work is high profile with a confirmed governance structure, supported by Chief Operating Officer (COO) and Deputy COO as well as Group triumvirate driving improvements. Sprint methodology is being applied to the schemes for rapid implementation supported by a 3rd party provider. Right-sizing schemes are in place and

have intensive support. The bed fit challenge for MMUH is the subject of a separate report for Trust Board on 10th July.

3.2   Alert: Referral to Treatment – Patients waiting over 65 weeks (Annex 1.5)

3.2.1   *Analyst Commentary*: The SPC Chart remains failing the target, and the target is below the lower control limit. This is a risk to delivery of Trust Measure of Success – 'Achieve Access Standards'.

3.2.2   *Executive Commentary – Johanne Newens, Chief Operating Officer*: The 65-week waits actuals has seen an increase compared to previous month due to complex patients requiring suitable capacity and skill mix. The 65-week waits cohort has been reducing week on week in line with our September trajectory. The Trust delivered March month-end trajectory for patients waiting for a first appointment and was ranked 19th nationally for the rate of improvement. Most specialities have plan to deliver 65 weeks September cohort, but the risk remains in Oral surgery due to Service-Level Agreement issues with University Hospitals Birmingham. Getting it Right First Time Programme Benefits: Ahead in follow-up reductions and missed appointments, with on-going improvements in remote consultation and Patient Initiated Follow-Up (PIFU) pathway enhancement initiatives.

3.2.3   *Risks:*
- Mutual aid and independent sector delivery.
- Insufficient contract support currently available.
- Workforce resilience and recruitment.

3.2.4   *Mitigation*:

3.2.5   *Capacity Expansion*: Local arrangements are in place with extended and weekend sessions as additional capacity supported via Waiting List Initiatives (WLIs). There is an agreement via mutual aid with regional providers to support any in-month slippage as well forecasted capacity shortfall. Outsourcing and Insourcing plans are in place with two independent providers..

3.2.6   *Rigorous Monitoring and Validation Processes*: Continue rigorous monitoring and validation processes to uphold compliance with long wait targets and ensure timely care provision.

3.2.7   *Implement Targeted Interventions for PIFU Delivery:* Implement targeted interventions to address challenges identified in PIFU delivery, including enhancements to IT infrastructure and development of Standard Operating Procedures.

3.3   Alert: Financial Balance (Annex 1.6)

3.3.1   *Analyst Commentary:* This is a risk to delivery of Trust Measure of Success – 'Achieve Financial Surplus'.

3.3.2   *Executive Commentary – Simon Sheppard, Chief Finance Officer*: Income & Expenditure (I&E) - An adverse position at month 2 of £958k. This is driven by £1.1m income assumption from Birmingham & Solihull (BSOL) Integrated Care Board (ICB) for MMUH costs (the year-to-date balance of the annual plan assumption of £18.75m from BSOL less the contractual offer).

3.3.3   *Actions & Mitigation:*
- Deliver the Financial Improvement Programme
- Deliver the Production Plan
- Safely close the additional bed capacity

- Improve rostering and sickness absence to tackle temporary staffing expenditure
- Progress the orders aligned to the capital programme

3.3.4 *Risks:*
- Birmingham & Solihull Income for MMUH (I&E/Cash)
- Delivery of the Financial Improvement Programme inclusive of the deployed Whole-Time Equivalent (WTE) reduction (I&E/Cash)
- Additional capacity to support EAS target and emergency activity (I&E/Cash)
- Capacity and capability (All)
- Unforeseen costs of the move into MMUH

4.   Recommendations

4.1   The Public Trust Board is asked to:

  a. **REVIEW** and **DISCUSS** the metrics under the assure heading
  b. **REVIEW** and **DISCUSS** the metrics under the alert heading, raising any gaps in the risks and mitigations.
  c. **COMMENT** on the revised approach to reporting the metrics

Matthew Maguire
Associate Director of Performance and Strategic Insight

26th June 2024

Annex 1: Supporting Performance Charts

1.1 Staff Survey – Engagement Score & Response Rate
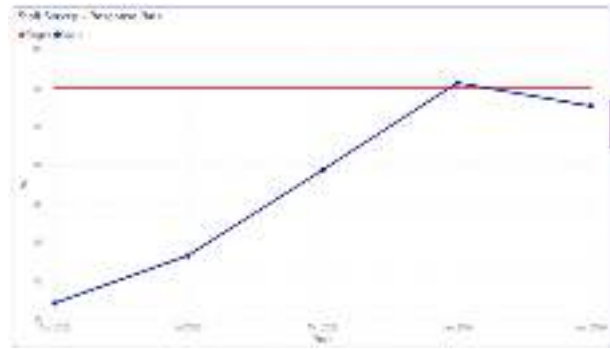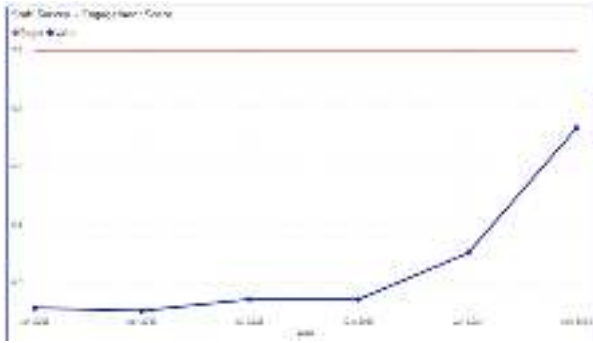
1.2 Cancer – 28 Day Faster Diagnosis Standard
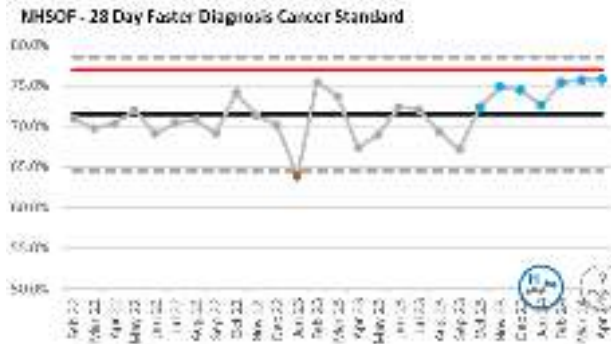
1.3 Emergency Access Standard

1.4 Shortest Time Necessary in Hospital – Average Length of Stay
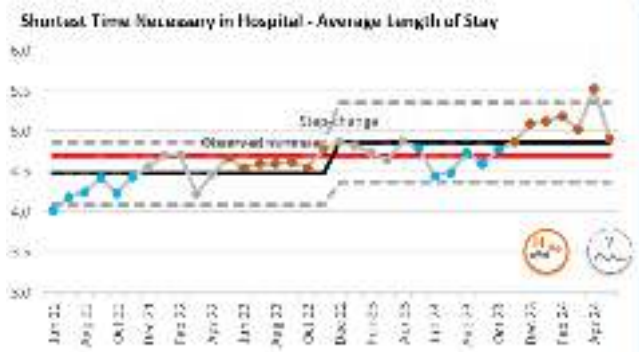
1.5 Referral to Treatment – Patients waiting over 65 weeks

1.6 Financial Balance

	Plan £000s	Actual £000s	Variance £000s
Patient Related Income	(107,570)	(107,306)	(34)
Other Income	(9,394)	(8,723)	(1,271)
Pay	76,000	77,390	110
Non Pay	48,391	48,374	17
Total	9,707	10,985	(1,188)

REPORT TITLE:	Midland Metropolitan University Hospital Programme Critical Path update
SPONSORING EXECUTIVE:	Rachel Barlow Managing Director MMUH Programme Company
REPORT AUTHOR:	Rachel Barlow Managing Director MMUH Programme Company
MEETING:	Public Trust Board
DATE	10th July 2024

1. Suggested discussion points [two or three issues you consider the PublicTB should focus on in discussion]

The current Midland Metropolitan University Hospital (MMUH) Programme critical path sets out deliverables and assurance activities to open MMUH to patient services from October 2024.

The paper sets out to provide assurance and evidence of some of the key foundations that inform the current critical path to open MMUH to patient services and the content of the Safety Case. The Safety Case is scheduled to be presented at an August 2024 Trust Board, which will set out the anticipated conditions for a safe patient move in October 2024.

As with a major infrastructure project of this scale and complexity, the Programme has a risk profile that needs continuous and effective mitigation and management. The paper is transparent about those risks. The significant areas of discussion should include the risk profile for planned completion (separately covered in the private Trust Board), bed fit (separate paper on today's agenda: MMUH Bed Fit and 2024/25 winter plan contingencies) and Operational Readiness.

The Trust Board should discuss the assurance, evidence and risks as presented.

2. Alignment to our Vision [indicate with an 'X' which Strategic Objective[s] this paper supports]

OUR PATIENTS	**-** To be good or outstanding in everything that we do	X
OUR PEOPLE	**-** To cultivate and sustain happy, productive and engaged staff	X
OUR POPULATION	**-** To work seamlessly with our partners to improve lives	X

3. Previous consideration [at which meeting[s] has this paper/matter been previously discussed?]

None

4. Recommendation(s)

The Public Trust Board is asked to:

a) **RECEIVE** assurance on the critical path plan to open MMUH to patient services in October 2024, inclusive of the significant risks and mitigation approaches.

5. Impact [indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]

Board Assurance Framework Risk 01		*Deliver safe, high-quality care.*

Board Assurance Framework Risk 02		*Make best strategic use of its resources*
Board Assurance Framework Risk 03		*Deliver the MMUH benefits case*
Board Assurance Framework Risk 04		*Recruit, retain, train, and develop an engaged and effective workforce*
Board Assurance Framework Risk 05		*Deliver on its ambitions as an integrated care organisation*
Corporate Risk Register [Safeguard Risk Nos]		
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board on Wednesday 10th July 2024

Midland Metropolitan University Hospital Programme Critical Path update

1.   Introduction

1.1   The Midland Metropolitan University Hospital (MMUH) Programme continues working to a critical path to open MMUH to patient services in October 2024. Construction is now complete and Balfour Beatty are completing the technical commissioning of the building. The major preparatory focus for the Trust is now on being operationally ready to open MMUH to patient services in October 2024.

1.2   The critical path is informed by a number of milestones:

- **Soft Activation commenced on March 28th 2024** which is part of a (minimum) 26 week period of commissioning where major equipment is installed, clinical scenario stress testing is completed, equipment and provisions are loaded into the building and staff are safely inducted. This is a major milestone in the Programme and the penultimate milestone to Planned Completion.
- Soft activation focuses on major equipment installation. In the last reporting period work has progressed cleaning spaces such as the pathology laboratory which has enabled the installation to start for major pathology equipment. Since the last Trust Board success includes mobile phone and land line testing, delivery of the MRI magnet onto site, the pharmacy robot and pathology kit installations and testing, commissioning of the cardiac catheter laboratory as well as progress with clinical cleans.

- **Building Handover (Planned Contract Completion) is now scheduled for 15th July 2024,** this has slipped by 6 weeks since the last public Trust Board report. The conditions for Planned Completion are contractually explicit. Construction is now complete and Balfour Beatty are completing the technical commissioning of the building. In order to protect a 2024 opening date, a 'soft landings' scenario has been worked up to enable Trust Soft Activation starting before Planned Completion.
- The Trust and Balfour have agreed the detail of a 'red line 'of critical technical systems that must be authorised compliant and fully commissioned before Planned Completion. Major efforts in focus and collaboration continues between the Trust and Balfour Beatty, supported by the New Hospitals Programme to manage the risk profile to Planned Completion.
- Full activation is scheduled to follow on from 16th July 2024, which includes the Trust completing clinical scenario stress testing, installing all equipment and provisions are loaded into the building and staff are safely inducted.

- **Patient Day 1 will occur in October 2024**. The total move plan will be over a 6-week period, of which the patient moves will take place on 3 days. Based on the current

critical path and subject to operational readiness, Sandwell patient services will move first on the 6th October 2024, then 5 weeks later the City patient services will move; Maternity and Neonatal patients will move on the 6th November and adult patient services will move on the 10th November 2024. MMUH will be fully operational by December 2024.

- **Transition to Business As Usual (BAU)** and closure of the MMUH Programme will occur approximately 100 days post last patient move.

1.3 It should be acknowledged that the continued slippage of final planned completion is requiring agility in the safe organisation of the soft activation plans and does add complexity to the full activation phase of the forward programme.

1.4 To be assured of the Programme trajectory and readiness to start the patient move in October 2024, there will be some key assurance activities prior to a formal recommendation to an extraordinary Trust Board on August 21st 2024 of the readiness to move. This recommendation will be made by the Senior Responsible Officer (SRO) and Clinical Safety Officer in a Safety Case which will include the following assurance:

1.5 Today's paper provides assurance to the Trust Board on aspects of the Programme to date and the forward critical path to meet the milestones set out in section 1.2 and inform the recommendation to the August 2024 Trust Board to safely move patient services in October 2024.   There are 3 risks that the Trust Board discussion should focus on; planned completion, bed fit and operational readiness.

2. Programme Information

2.1 In order to ensure we can safely open MMUH in 2024, the MMUH Programme has set criteria under the banner of '**Ready, Set, Go'** that must be delivered to demonstrate preparedness and readiness for service. Readiness will be demonstrated by the

aggregated position in relation to Programme Critical Success Factors (CSFs), Operational Readiness, Programme Risk and Clinical Safety/Hazard management. The Ready, Set, Go criteria agreed at MMUH Opening Committee in 2023, will inform the August 2024 Trust Board a Safety Case for which the criteria are part of an evidence and assurance base of readiness to move in October 2024. Board Committees review this information monthly.

2.2   At the time of May 2024 reporting the measures were rated:

Measure	Current RAG rating
Programme Critical Success Factors	**RED**
Operational Readiness	**RED**
Programme Risk	**RED**
Clinical Safety/Hazard management	**AMBER**

The subsequent sections in the paper provide oversight and assurance on these Ready, Set, Go criteria.

3.   Critical Success Factors

3.1   The **Critical Success Factors (CSFs)** are output measures from workstreams of performance indicators that inform a) safe move eg; Bed fit or b) Benefits eg; Sickness rate reduction. The goals to inform safe conditions to move are well defined.

3.2   **15 of the 22 CSFs measured are in line with or ahead of their current trajectory.**

3.3   **There are 7 CSFs currently behind trajectory or failing. 4 of these inform a safe decision to move**. **The key exceptions to the CSFs performance are related to the fit into the new acute bed base at MMUH, operational readiness, and Hard FM subcontract procurement.**

The Hard FM procurement has since been mitigated in June 2024.

3.4   **Fitting into our acute bed base is one of the most significant risks on our Programme risk register, if left unmitigated.** The scale of challenge is equivalent to circa 70 beds.

3.5   There remains evidence based opportunities to manage the 2 major variables of delivering our acute bed rightsizing schemes and reducing Length of Stay (LOS).

3.6   Following the failure of the Risk Summit on the 24th May 2024 to be able to determine assurance, there has been active work led by the Chief Operating Officer to further define the programme of work necessary to reduce bed days and inform a Winter plan. In the last reporting period progress has been made on revised documented plans and impact trajectories of high impact interventions against 3 workstreams; Streaming, Medical Same Day Emergency Care and Length of Stay reduction. The Trust have in place a number of subject matter experts and are working with KPMG to validate this work by 5th July 2024. At this stage, KPMG will provide assurance on the content of the plans and the impact assumptions which will either validate or reposition the improvement work to make

optimal impact. A separate paper on today's Trust Board agenda, MMUH Bed Fit and 2024/25 winter plan contingencies, expands this subject matter and risk profile out further.

A further Risk Summit will be scheduled prior to the extraordinary August Trust Board, to determine assurance ratings on this work and the associated risk assessment.

3.7 More broadly, there CSFs for the interim Urgent Treatment Centre (UTC) and the Communication workstream CSFs are now identified and will be subject to future reporting.

3.8 Patient clinical pathways are in the final stages of being documented, tested and quality impact assessed. This will be an essential part of the Trust Board Safety Case in August 2024. The MMUH Opening Committee received an assurance paper on Patient Pathways in June 2024. The process to document the top 40 high risk clinical pathways has been iterative, with good clinical engagement. The pathways align to local clinical guidelines, National Institute Clinical Excellence (NICE), National Clinical Audit and Getting It Right First Time (GIRFT) recommendations. The work has also identified service interdependencies which are now being reconciled.

3.9 The next steps to embed consistency of practice in the clinical pathways includes simulation scenario testing over July and August, which will utilise human factor expertise. This means we will design in systems and processes that take into account the capabilities, limitations, and needs of our staff and patients. This approach aims to enhance safety, efficiency, and overall patient care quality. Assurance on this aspect of readiness will be through both the Quality and MMUH Opening Committees, as we count down to move.

3.10 In the next month, the Programme will agree the post 100 day move plan and quality data set that will inform a new CSF, as the Trust must be ready to mange the immediate post move period safely. The Programme is working with external partners to inform this plan, ensuring lessons are learnt from former new hospital projects.

4. Operational Readiness

4.1 Getting operationally ready to move into MMUH requires a set of readiness conditions to be met to inform a decision to move. Those include the completion of management of change processes, documentation of standard operating procedures, business continuity planning, patient pathway interdependency assurance, completion of staff induction, agreed departmental move plans and staffing rotas.

4.2 The Operational Readiness project has a scheduled set of activities which are aligned to a trajectory of measures. The last reporting period shows minimal progress with a 3% movement to 43 % readiness against a 53% goal.

4.3 The cumulative completeness of operational readiness by month is an escalating concern, with a majority of in month activities incomplete for April, May and June. This was challenged at MMUH Programme Group in June 2024 and revised plans forecasts most of

the mitigation and recovery by the first week of July 2024. The MMUH Opening Committee had a robust discussion about the status of operational readiness as they were not reasonably assured.

4.6   The gap in delivery of the Operational Readiness work is totally recoverable, albeit the intensity of work increases with the slippage profile. There is little room for further slippage. Led by the Chief Operating Officer and MMUH Delivery Director, Oversight and grip on progress is tightened with increased frequency of twice weekly exception reporting against a weekly data set has been put in place with immediate effect. From July, a schedule of regular departmental visits and local conversations, will go further to triangulate a view of devolved operational readiness, against the dashboard reports.

4.7   Progress towards operational readiness in the last 2 months includes:
- Move planning workshops and successful completion of the mock move scenario week; this test completed with West Midlands Ambulance Service, clinical teams and our move partner Health Care Relocations, largely supported our logistical planning assumptions and provided some rich reflections to enhance patient and staff experience during move.

- Operational policies are now all completed and in the process of being signed off.

- Business continuity plan completion is above 90%, validated through assurance workshops, ahead of simulation scenario testing later this summer.

- Phase 3 Management of Change of staff moving base is completed; this has involved over 3000 staff.

- Cost centres and nominal roles are now agreed for all departments are agreed.

4.8   The main outstanding areas of completion and future operational work include:
- A list of Contracts/Service specifications that need to be changed for the new MMUH location change has been baselined. The tracking of these to completion for assurance will now be profiled.

- Job Planning completion.

- Sign off of patient communications and schedule of release of letters and communications (this is separate and complementary to the mass population campaign).

- Rotas for medical staff to be signed off.

- Induction training – which will be the main aspect of operational readiness activities to complete past July 2024.

5.   Programme Risk

5.1   There is a robust and healthy culture to risk management in the Programme with the risk register driving the agenda planning for the MMUH Programme Group and Opening

Committee. The risks are reviewed and updated monthly and managed against a trajectory linked to the critical milestones in section 1.2 of activation, planned completion and patient day 1.

5.2 **Annex 1 Programme Risk Register** documents the risks as presented to the MMUH Opening Committee for May 2024. The 6 top risk themes include:
- Rightsizing and bed fit (Safeguard risk 5157)
- Construction Planned Completion date (Safeguard risk 5168 and 5160)
- Capacity to deliver and delivery of the operational readiness objectives) (Safeguard risks 5159 and 5143)
- Revenue funding (Safeguard risks 5158)
- Urgent Treatment Centre (UTC) interim plans (Safeguard risk 5730)
- EQUANS Readiness of Service risk and Financial Delay Risk (Safeguard risk 5777)

5.3 Acute bed rightsizing and operational readiness have already been referred to in this paper.

5.4 The risk related to achieving **Planned Completion (Safeguard risk 5168 and 5160)** remains significant and the Trust team continue to manage this risk profile actively and in collaboration with Balfour Beatty with support from the New Hospital Programme. This risk is subject to discussion in the private Trust Board.

5.5 **Revenue funding (Safeguard risk 5158)** continues to be worked through as part of 2024/25 annual planning with the Integrated Care Boards. This risk is not a blocker to opening MMUH to patient services.

5.6 The interim UTC plans **(Safeguard risk 5730)** are confirmed as a mobile facility to be located on the skirt of the level 2 on the mobile pad facility. Procurement has commenced for the enabling facilities work and a project critical path determines a commissioned interim UTC in September 2024, allowing time for staff induction. This solution has been subject to a Quality Impact Assessment. The risk profile is anticipated to be reduced in the next reporting cycle. The substantive UTC remains on track to open in the summer of 2025.

5.7 **EQUANS (Safeguard risk 5777**); To be assured of readiness for service of our Hard FM provider, weekly Chief Executive Officer / Managing Director level meetings have had good engagement and have had a productive impact on collaboration and risk mitigation. Progress in month has been made towards assurance of the procurement of subcontracts. Asset tagging is largely complete, and the Planned Proactive Maintenance plans have been received and are pending Authorising Engineer sign off prior to planned completion. The immediate focus is a deep dive into a full critical path to service readiness for Patient Day 1. The Senior Responsible Officer will commission an Accountable Officer level assurance review of EQUANs readiness prior to planned completion in early July 2024.

6. Clinical Hazards

6.1 The **Clinical Hazard process** continues to embed, but numbers of hazards remain low. This process enables staff to log a hazard they are concerned about and the Hazards

Group review this to identify if it is a programme issue, risk or if departments need support. Examples of hazards raised to date are mainly related to the patient pathway interdependency work in train. Improved communications will be commissioned to support the rate of hazard reporting.

7.   External Stakeholders

7.1   As well as our own organisational preparedness to open MMUH safely, we are reliant on a range of critical providers to be ready to enable MMUH to open too.

7.2   The Trust is working with the Integrated Care Boards and the Critical Providers organisational groups listed below:
- Acute providers
- Community providers
- Mental Health providers
- West Midlands Ambulance Service (WMAS)
- Social Care providers
- Council providers
- Transport providers
- Education providers

7.3   There is excellent engagement from provider organisations which informed a baseline assessment of Critical Provider Readiness assurance which was presented in the MMUH Opening Committee. In the next fortnight the MMUH Programme will recommend the No Go parameters and complete risk assessments related to the Critical Provider baseline assessment, to inform the full Safety Case. The main risk area has a dependency with the System Activity work and risk assessment, presented separately on todays agenda.

7.4   In parallel, at workstream level a review of stakeholder communication and engagement is in train aligned to the scheduled move date. Procurement of an external marketing agency partner will be completed before the Trust Board meets in July 2024.

8.   Regulatory assurance

8.1   There are 2 main regulatory activities that will inform the Safety Case to the Trust Board; firstly, the Infrastructure Project Authority (IPA) Gate 4 Readiness for Service review and secondly gaining Care Quality Commission (CQC) registration.

8.2   The Trust has completed the IPA Gate 4 review in June 2024. The Senior Responsible Officer (SRO) has received the output report which is now in the process of quality assurance and factual accuracy checks, prior to finalisation. The SRO is able to report that the Gate process was a positive experience during which the panel met and interviewed 29 colleagues from the Trust, ICBs, EQUANs and Balfour Beatty. Gate reviews provide a positive learning opportunity and will enhance our chances of a successful move into MMUH, as well as a chance for our own good practice to be recognised. The final report once accepted will be shared with the MMUH Opening Committee and Trust Board.

8.3   Following a change in the Lead CQC registration inspector, the Trust have been advised of a revised approach in the CQC registration process for MMUH. This will involve a 2- 3 day assessment site visit where the CQC will speak to staff in their future work places to understand the work environment and patient pathways. This is likely to be the week commencing the 16th September 2024, with an output report and registration decision a couple of weeks following the visit. Prior to the visit, requests for documentation evidence will be made.

9.   Summary

9.1   The paper sets out to provide assurance and evidence of some of the key foundations that inform the current critical path to open MMUH to patient services in October 2024.

9.2   A Programme of this scale and complexity will have significant risks at this stage. The paper has been transparent about those risks. The next month is critical to progressing the mitigations and reducing the likelihood scores for planned completion, bed fit and operational readiness ahead of presenting a Safety Case to the Trust Board in August 2024.

9.3   The Programme continues to be proactive in learning from others and seeking 3rd party support.

9.4   The MMUH Opening Committee, Audit Committee and other relevant Tier 1 Trust Board Committees will have high visibility of information in July that will inform the Safety Case, with a recommendation to move patient services to MMUH in October. This will include a full brief on population and stakeholder engagement plans.

10.   Recommendations

10.1   The Public Trust Board is asked to:

a.   **RECEIVE** assurance on the critical path plan to open MMUH to patient services in October 2024, inclusive of the significant risks and mitigation approaches.

Rachel Barlow
Managing Director MMUH Programme Company

July 2024

Remember! A risk is an uncertain event that, should it occur, will have an effect (negative or positive) of the achievement of objectives

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Date Initiated	Safeguard ID	ID	Status	Category	Risk Description	Impacts	Risk Owner	Controls	Assurances	Residual Likelihood	Residual Consequen	Residual Risk Score	Actions	Action Due Date	Action Owner	Target Likelihood	Target Consequen	Target Score	Risk Timeline	Escalation to
03-Nov-22	5157	1	Open	Programme	There is a risk that the operational function of services at MMUH is impacted by health population and demographic demand changes	_Services not fitting within the building. _Clinical KPIs are not met. _Increase in affordability (revenue). _Increase in affordability (capital - further business cases to change) _Failure to realise full benefits, _Reputational impact	Liam Kennedy	_Close monitoring of activity profiles will be occurring on a monthly basis. _Forecast created that looks at monthly variation on MMUH position...	_Rightsizing dashboard – demonstrates success against all areas to date – suggest to review until the new year and then review for downgrading	1	4		_Modelling across the system is being conducted to ensure that the loss of activity is accurate system Modelling complete and being discussed at the system modelling meeting on the 5th April. Outputs to be decided and enacted by end of April. Work still on going through May to conclude the system modelling and impact. _Winter plan implementation agreed for May committee cycle. - Trust Board Paper on LOS and Winter plan being presented in May, with LOS working group established. _Risk summits established for the 24th May. Risk summit did not provide assurance. KPMG working on a 12 week sprint, with an additional summit scheduled for 6 weeks time for review the 3 pathways. Sight of the 12 week plans and trajectory required for review ahead of assurance (18/06/2024)	30/05/2024	Liam Kennedy	3			_A – Building Handover (as maintenance and monitoring of Winter Plan 2023) _B - Patient Day One (additional right sizing)	Yes
03-Nov-22	5158	2	Open	Programme	There is a risk of increased financial pressure from changes in health population demand and patient flow impacting clinical requirements for MMUH due to insufficient and timely planning in response to these changes.	_Financial deficit _Increase in affordability (revenue). _Increase in affordability (capital - further business cases to change) _Failure to realise full benefits, _Reputational impact	Simon Sheppard	_Regular engagement with the key Integrated Care Boards on the financial affordability is established. _Bed "right sizing" external review and monthly modelling of the clinical model implications...	_Monthly reporting to TMC, MMUH Programme Group, FIPC and MMUHOC	4	5	20	_Follow up meeting with NHSE to discuss financial due diligence review (February 2024) _Paper on the BSOL Investment Committee (22 Feb) _Awaiting feedback from both of the above sessions - Account submission due 02/06 which will include a going concern assessment and consequently provide assurance regarding funding for the 24/25 financial year.	02/06/2024	Simon Sheppard	2		10	_A – Building Handover (linked to 2024/25 planning) _C–Ongoing Transfer to BAU	Yes
03-Nov-22	5159	3	Open	Programme	There is a risk of delay to opening and safe transition of services due to lack of operational readiness therefore impacting on commissioning, clinical services, clinical support and workforce.	_Delay to decommissioning _Decrease in affordability _Reputational impact _Workforce recruitment and retention issues	Liam Kennedy	_Monthly reporting on interdependent activity progress and delay mitigation review. _Development of integrated critical path programme and close monitoring of all critical operational readiness activities across workstreams including key interdependencies...	_Monitor Operational readiness dashboard PI dashboard available for weekly view	4	5	20	_Draft operational policies and other operational actions complete up to Dec 23 - set of actions to complete before end of March 2024. sign off of operational policies and BCP in April. Scrutiny of BCPs and understanding of delivery to reviewed in EPPR meeting. _BCP plans and Operational policies behind schedule. Review deadline set for middle of May. Trustwide development group. Most Operational Policies and BCPs are now completed and awaiting Exec approval _Comms plan being created for operational readiness _JD/PMO to meet with Rhodri Morgans to discuss operational readiness CSFs to confirm duplication (06/06/2024)	17/05/2024	Liam Kennedy	2		10	_B - Patient Day One / Safe Opening	Proposed - July 2023
03-Nov-22	5168	4	Open	Programme	There is a risk that the construction Completion Date impacts on the operational commissioning.	_Delay to the overall commissioning period _Delay to the opening and safe transition of services to MMUH _Delay to decommissioning programme, including delay to Homes England contract and prolonged running of existing estate _Increase in affordability	Richard Molloy	_Working closely with BB and Gleeds each month to monitor construction progress and delay mitigation measures. _Regular scenario planning and Gleeds deep dives added to programme to review the situation regularly...	_Weekly SMT and monthly POB and PEB meetings will be used for escalation on BB performance. (Ongoing) _Accountable Officers for BB. Trust weekly meetings. (ongoing) _NHP meetings (ongoing) _National CEO level and Central Government involvement	5					Richard Molloy	2		10	_A – Building Handover	Yes
03-Nov-22	5169	5	Open	Programme	There is a risk that the workstreams are not fully integrated and issues occur which were not known/foreseen because the programme and Core Organisation (BAU) interdependencies were not identified.	_Delays across workstreams (unplanned, unintended) _Undefined scope gaps not being addressed by workstreams, impacting overall delivery _Impact on clinical pathways and physical assets (buildings and operational systems).	Rachel Barlow	_MMUH Exec in place monthly. MMUH Executive Quad Plus MMUH Directors meeting established fortnightly. _Core Organisation membership on MMUH Programme Group with Managing Director membership...	_Assurance on workstream level governance to be assessed for assurance purposes - QA review to be repeated quarterly. _Undertaken monthly by PMO as part of dashboard report development _MMUH now mainstreamed into weekly executive meetings to enable optimal integration with business as usual and create alignment with dual workstream and core executive workstream owners.	4	4	16	_Interdependency focus is at patient pathways and service level - this will be concluded for May 2024. _Operational readiness is an escalating risk with delays on delivery. A 'red line' needs to be determined to stop drift of timelines. the next 8 weeks is critical to protect the critical path to open MMUH to patient services in October 2024. The Delivery Director and Chief Operating Officer must jointly be accountable for the mitigation and leadership of operational readiness and are currently reviewing oversight, resources and delivery approach including how hotspot areas are supervised to deliver to time . Reporting of operatioanl dashboard to increase to weekly oversight 16.5.24: LK/JN _No Fly Zone review by Executive team due to be completed by 7.5.24. RB _Confirm reduction in workload from BAU meetings. _Confirm No Fly Zone decision frm Executive meetings.	30/05/2024	Rachel Barlow	2		4	_A – Building Handover	No
03-Nov-22	5160	6	Open	Programme	There is a risk that delayed practical completion impacts on the safe opening of MMUH due to a requirement to reduce the clinical commissioning period and achieve first patient move.	_Delay to opening and safe transition of services (clinical services, clinical support, IT, Workforce) or inadequate commissioning period to enable a safe opening _Increases revenue _Delays decommissioning programme _Reduced commissioning period which would compromise testing and readiness assessments.	Rachel Barlow	_The commissioning workstream is very well established and is clear on scope to ensure it can support what is required for day 1. Scenarios have informed a 26 week minimum commissioning period...	_Gateway reviews _Lessons learnt evidence (NHP/ HCR, Brighton, Manchester etc) _BAF	4	5	20	_SRO continues to work with NHP to agree contractual incentivisation levers to hold BB to account for Soft activation deliverables to protect the 1st July 2024 planned completion. 12.4.24 _Contractor proposals recieved and being risk assessed. SRO commissioning a review of planned completion risk, contractual dereliction and legal opinion re liabilities TBC by wc 13.5.24 (Complete) this will then advise a Trust level group of PC conditions, risk, liablities in advance of PC which will need agreement at Board level 16.5.24 RB in parallel to above action review and risk assess activation on a further delay scenario RB. RM, JD - with a workshop on the 17th June. (30.6.24)	12/04/2024	Warren Grigg/Richard Molloy/Jayne Dunn	2		10	_A – Building Handover	No
03-Nov-22	5163	9	Open	Programme	There is a risk that the scheme is not delivered within the financial envelope (capital) due to lack of ICB and NHP funding to address the shortfall	_Lack of ICB and NHP funding to address the shortfall resulting in sub optimal _The Trust may need to divert funding from other projects or workstreams. This could impact on the overall capital delivery of the programme.	Simon Sheppard	_The MMUH Programme Company will be working on the MMUH on a monthly basis and link into the Core Organisation into wider Trust finances. _Monthly reporting to NHP on financials...	_Monthly reporting to TMC, MMUH Programme Group, FIPC and MMUHOC	3	5	15	_Additional costs of delay modelled and shared with NHP as a worst case scenario if practical completion is delayed from 1 May 2024	30/04/2024	Simon Sheppard	2		10	_A – Building Handover	No
03-Nov-22	5164	10	Open	Programme	There is a risk of poor engagement with the MMUH Programme with the public, stakeholders and staff due to inadequate communication & engagement resulting in reputational damage for the Trust.	_Impact upon clinical safety _Reputational impact _Impact on workforce retention & recruitment	Jayne Ilic	_There is a Comms & Engagement plan is in place to ensure effective communication with the public and staff. _Comms and Engagement plan will be updated regularly to ensure up to date information is shared and available for all stakeholders...	_External stakeholder bulletin (Monthly) _Implementation of internal communications plan (Ongoing) _Monthly 6 month lookahead (Ongoing) _Review of staff facing / readiness milestones _Pulse surveys _Communications Oversight Group (fortnightly)	3	4	12	_First–Overarching Communications & Engagement plan to be taken through MMUH Governance cycle in May June 2024. _Recruiting an advertising agency for the mass advertising campaign (31/05/2024) _Upcoming Community Engagement event as part of the MMUH roadshow will focus on SCAT (for Word Sickle Cell Day on 19/06/24) _Rachel Barlow, as Core Internal Customer for the Population element of the workstream, has kicked off the development of Population Communication & Engagement plans. A number of these have been drafted and are ready to be reviewed. _Primary and Secondary Care Community Engagement event at Brass House Community Centre scheduled for 19/06/24 _Confirmation of link between Community Comms event, stakeholder mapping, Critical Providers and representative from key organisations	30/05/2024	Jayne Ilic	2			_A – Building Handover (staff) Maintain to B - Patient Day One / Safe opening (all)	No

Date Initiated	Safeguard ID	ID	Status	Category	Risk Description	Impacts	Risk Owner	Controls	Assurances	Residual Likelihood	Residual Consequence	Residual Risk Score	Actions	Action Due Date	Action Owner	Target Likelihood	Target Consequence	Target Score	Risk Timeline	Escalation to Trust
03-Nov-22	5171	11	Open	Programme	There is a risk that the Trust are unable to deliver the MMUH Programme due to resource capability and capacity (leadership & delivery).	_Integrated programme cannot be maintained, resulting in overall delay	Rachel Barlow	_Governance structure has been established for MMUH Programme Company including clarity of roles, responsibilities and objectives in line with MSP principles. _Quarterly leadership team development meets are in place. (with the exception recorded in outstanding actions). _MMUH Programme Company recruitment completed. _Assurance papers on MMUH Programme Company implementation provided assurance in December MMUH Programme Group and January 23 MMUH OC. _MMUH strategic Executive and Trust Management Board (to include MMUH Programme) established in January 2023. _Managing Director structure in place. Clinical Safety Officer appointed in February 2023. _Workforce 3rd party review accepted and reported to MMUH OC in April 2023 along with resource plan and improvement approach. _PwC confirmed as a delivery partner for the Benefits workstream. _New Programme Director in place. _New Communications Director in place. _Role development and triangulation of objectives with SRO and MMUH Delivery Director to optimise on programme delivery. (30/6/23) _Workforce maturity assessment has improved to just 2 residual red assessments following on from the improvement sprint. _PDR's conversations regarding retention and career planning completed. _OD programme scope and resources agreed in August 2023. _SMT membership reviewed and meetings transitioning to focus on horizon scan to go / no go and exit, finance and communications. _MMUH Exec Quad plus MMUH Directors to meet fortnightly to ensure joint delivery capability in countdown to Go/ No Go decision making and Programme Exit / closure. _Chief People Officer now in post, with other Directorate leadership appointments offers a sustainable POD Directorate leadership model. _Exit strategy now known as the Programme Closure plan agreed in October 2023. _Development work with Project Director and Delivery Director Q3 2023- 24. _Additional resources established in MEC at deputy Director of Operations level and in all clinical groups to support MOC and operational readiness. _PMO resource reviewed to accommodate comms and UTC work amongst other aspects. _MMUH People plan session on career development and wellbeing held in March 2024 which informs a programme of supportive activities this year. _SRO reappointed to NHP for senior support to create increased resilience - allocated 2 days a week of a senior leader. Work plan needs to be agreed LK 13.5.24 (Completed - ad hoc via SMT Leads)					_Continue to review resilience and team capacity along side delivering people career development and wellbeing plans. _LK and Jo to discuss recruitment of DGM support and redirection of authority.	01/10/2024	Rachel Barlow	2			_C – Transfer to BAU (via Exit Strategy)	No
03-Nov-22	5165	12	Open	Programme	There is a risk that the Trust has financial pressure (deficit) due to a failure to deliver the MMUH Benefits Case.	_Trust has an annual and underlying deficit _Restricted access to capital funding due to a deficit position _Increased controls required and/or NHSE regulation _Reduced ability to invest to new clinical pathways / developments	Simon Sheppard	_A benefits workstream has been established to ensure sole accountability and to realise benefits, with external support _Align benefits programme with core efficiency & productivity programme _Identify SRO's for the key SWB benefits (via a filter of all identified benefits) _Interim final report received 24 February. Final report to Board workshop _Engagement sessions with the Black Country and BSOL ICB Boards. _Discussion at MMUH Executive Group on 6 June 2023 clarified and approved the responsibilities and Executive accountabilities for the operational benefits _Strategic Benefits Realisation Group establishment with inaugural meeting in December 2023 _Development of a stakeholder heat map to identify the relationship of the benefits (operational and strategic) with the differing stakeholders (10/11/23) _Presentation of the draft benefits dashboard in the November reporting cycle (15/11/2023) _Confirm the actions required in response to the PAR feedback (14/12/2023) _Review workstream against the IPA gateway checklist 4 as an external benchmark (30/11/2023) _Operational benefits of beds and workforce reporting through the quarterly benefits report _Draft benefits and efficiency structure proposed to the Exec Group (31/12/2023). Further discussions with the wider Executive team in February 2024 _Finalised the benefits handbook _Quarterly meeting of the Strategic benefits group	_Monthly reporting to TMC, FIPC and MMUHOC	3	5		_Implement the actions required in response to the PAR feedback (30/04/2024) _Finalise the overall Improvement & Efficiency structure (incorporating MMUH benefits) by the end of February to support further discussion and approval at the Trust Board in March (13 March 2024) – Board supported an initial 4 month extension _Critical next step is to propose a recurrent and substantive structure to support the Trust Financial Improvement Plan (FIP) incorporating the operational benefits from MMUH (31 May 2024)	31/05/2024	Simon Sheppard	2	5	10	_C –Ongoing Transfer to BAU	No
03-Nov-22	5166	13	Open	Programme	There is a risk that the safe staffing levels required to deliver the models of care, based on externally validated good practice, and patient benefit are not achieved due to them not being fully funded. The impact could lead to unsafe derogations.	_Sub optimal models of care and patient outcomes _Reputational impact	Simon Sheppard	_Regular engagement with the key Integrated Care Boards on the financial affordability. _Engagement with NHSE regional teams on specific issues e.g capital charges as a consequence of MMUH. _Quarterly reporting on the financial implications through the MMUH governance and Trust governance. _Delivery of the 2022/23 Financial recovery plan. _Development and implementation of the one and three year efficiency and productivity plan (supported by the MMUH realisation workstream). _Monitoring and reporting of the Trust's financial position in the context of overall position and MMUH specific. _Development of the medium term cost model to reflect the financial impact of changes - and in particular the financial plans for 2023/24 and 2024/25. _ 6 monthly reviews and Board approval of nursing staffing levels _SWB Chief Exec to write to the NHS Director of Finance regarding MMUH funding and clinical models (05/05/23) _Board paper approved the recruitment of 64wte of Stage 3 posts to support activation (08/11/2023) _Clinical model workforce derogations to be modelled (30/09/23) _Review the recruitment position of the original 272 wte (22/02/2024) _Finalise the QIA of the 148wte in Phase 3 including the monthly trajectory in 2024/25 of being in post (22/02/24) _Confirm any additional posts due to changes in clinical models and the trajectory in 2024/25 (22/02/2024) _Assess the funding / cost implications of the above (22/02/2024) _Quad plus to review the recommended changes to funding to allow the correct allocation of the 484 funding to be allocated. _Extraordinary MMUHOC on 8 March 2024 to support the staffing proposal _Private Trust Board paper on 13 March seeking approval of the remaining stage 3 budget to be released (£7m) – supported subject to QIA and profiling of recruitment _Stage 3 posts QIA'd and profiled across 2024/25 to reflect a realistic recruitment timeline.		3	5		_SWB CEO letter to the Black County ICB CEO seeking support for the recruitment to the remaining stage 3 posts (these include the re-prioritisation of posts) – awaiting feedback	02/06/2024	Liam Kennedy	3	5		_B – Patient Day One / Safe Opening	Yes
03-Nov-22	5143	15	Open	Programme	There is a risk that there is tension and disruption to essential operational delivery or significant transformation to meet in year priorities and the Trust Strategic Objectives due to conflict between the Core Organisation operating priorities and MMUH Programme Company critical path to deliver the business case benefits.	_Failure to recruit - impacts on clinical model delivery and potential avoidable derogation. _Failure to agree budget authorisation to support timely recruitment processes delaying clinical transformation and 'fit' to MMUH. _Failure to deliver benefits case. _Impact on the MMUH Programme critical path that impacts on readiness and safe hospital opening.	Rachel Barlow	_MSP methodology in place with the Core organisation and MMUH Programme structure approved by Trust Board in October 2022. This includes an integrated governance structure which is evidenced by MSP best practice and advocated by the National Hospital Programme Team. _Leadership team for MMUH recruitment plan in train to conclude November 2022 with key relationships mapped to the Core Organisation. _Review of business case delivery including acute care and workforce model and medium term affordability model approved by Trust Board in April 2022. _MMUH Programme Company governance designed and in place. _ MMUH Programme Company leadership team fully staffed. _Executive operating structure with core organisation scheduled and in place. _NED meetings with Trust Committee chairs completed. _BAF linked to programme risk register. _MMUH Leadership team fully staffed. _Managing Directors in post. _Risk and audit committee paper in February 2023 re governance reached partial assurance. _Annual plan includes bed day reduction and workforce plans for 2023-24. _Governance framework for rightsizing established in the core organisation. _Noted on July 2023 BAF as an escalating risk. Subsequent discussion acknowledged the position and noted intent for Trust Board workshop in August 23. _MMUH Exec Quad plus MMUH Directors meeting now in place fortnightly to ensure capacity to work through the countdown activities to GoNo Go and Programme Exit/closure. _MMUH business now mainstreamed into core executive working with dual workstream and core executive ownership. _Critical path review completed to protect 2024 opening and will be a regular review process for the remainder of the Programme. _Mandated meetings agreed via Strategic Incident Executive to protect critical path. _Additional resource in place in clinical groups. _Trust Board in April 2024 accepted the critical path to open MMUH in October 2024.	_Output record of workshops _Trust Board paper _Risk register _BAF report - revised to reflect escalating risk	4	5		_2024 Strategic Planning Framework clearly sets out the organisations in year and multiyear objectives. This includes MMUH being a very major component of Trust business and work. _A Programme calendar of work theme focus and activities is now drafted and need to be implemented for use in May (LK/DMc) 16/5/24 _Ensure correct backfill for clinical groups (Jo Nowens) _Exec Group to agree no fly zone scope (NB 7.5.24) _Align priorities of financial recovery plan to MMUH activities.	30/06/2024	Rachel Barlow	2	5	10	_A – Building Handover (with monitoring)	No
02-Mar-23	5267	17	Open	Programme	There is a risk that a lack of quantifiable evidence for programme quality outcomes will fail to provide sufficient assurance to MMUH and Core organisation delivery due to lack of clarity and consistency in metrics and data are not meeting trajectory ownership.	_Lack of confidence in P&I data, unable to provide assurance to MMUH and Core organisation _Lack of data surety leading to delayed interventions where Programme CSFs are not meeting trajectory _Failure to track and manage the delivery of workstream and programme outcomes, including the MMUH Programme Benefits.	Deb McInerney	_Establishment of dedicated P&I resource (2Nr roles - Band 8 and band 6 in MMUH Company _Establishment of KPIs and reporting systems to track achievement of workstream and programme outcomes over time _Recruitment of dedicated P&I role - completed, in post from 06/03/23 _Production of workstream quadrant critical success factors at Away Day 3 on 13th March linked to Programme Strategic Objectives. Output to be reported to March Opening Committee (31/03/23) _Scoping for P&I requirements - requires further development with P&I resource into detailed requirements for system development with timeline/action plan associated (31/03/23) _P&I dashboard currently in development for bed capacity and transformation schemes (30/4/23- COMPLETE) _Recruitment and resourcing dashboard to be developed (17/05/23) Bed Modelling dashboard complete _Outline of work currently underway has been provided which aligns to capacity available and allows for new work to be allocated. Completed plan with associated capacity requirements for P&I resource now completed. _FOC dashboard nearly expected to be live 1st July with testing on pilot sites in July. _Work is ongoing on bed fit trajectories inlcuding LOS and rightsizing schemes. _Logistics KPIs which will feed into the CSFs have been agreed.	_Monitoring dashboard for bed modelling	3		9	_Agreement of validation process for all measures being reported to committees, including points of ownership (31/01/2024) _Meeting arranged between Dave Baker, Matthew Maguire, Liam Kennedy, Deborah McInerney, Rachel Heywood Clarke and Amardeep Johal on 16th Jan to agree data validation and ownership and consistent feed into committees. To be discussed at Quad Plus on 17th Jan. Not yet discussed at Quad Plus due to more urgent matters needing the time, the future development and operation of the core P&I team will be picked up as part of BAU _Identified an additional resource requirement to increase P&I resilience within the programme company. An individual has been sourced and we are awaiting confirmation of a start date before the contract can be agreed. Anticipated start date will be early April 24. _Jamil Iqbal is available to start on 10th April 24. A schedule of prioritised work has been agreed at Oversight Committee on 3.4.24 and will be discussed at QUAD plus on 4.4.24. A key part of the work will be aligning the MMUH P&I resource with the core team to facilitate access to data feeds to inform reporting. _There is an agreed prioritised programme of work in place, including the UTC modelling, FOC dashboard, Operational readiness dashboard and logistics KPI development. Further time is needed to receive the outputs of this work, estimated to be a month's reporting to reduce the risk score, estimated for June governance cycle.	07/06/2024	Deb McInerney	2	6		_A – Building Handover	No
24-Oct-23	5561	26	Open	Programme	This is a risk of Insufficient medical engineering resource for Activation and Move Periods due to low level current core organisation resource & additional temporary resource for activation and move periods. This is both a financial risk and skills/difficult to recruit risk.	_Delay to commissioning, testing and installing new and legacy medical equipment _Potential delay to opening date on safety grounds	Mark Taylor	_Additional resource required has been identified and funding request submitted. _Linked to risk 5169 _MTS have been approached to provide a quote for medical engineering resource to support activation activities. _Activation period funding confirmed with finance (22/04.24) _Recruitment commenced, Interviews to be held during May (01/05.2024) _Activation funding was validated against MTS quote (30.05.24) _ Funding confirmed _Ian G has approved Job Descriptions for recruitment process (MTS)to be special engineers to support Activation and GoLive		3	4	12	_Review programme to see if prioritisation on installation and testing of essential equipment for First Patient Day is required (30.06.24) _Obtain availability confirmation of MTS named resources (30.06.24)	31/10/2024	Ian Galligan Vicky Clifton & Louise Cupac	2	4			
03-Jan-24	5691	28	Open	Programme	There is a risk that there is disruption to the operational and clinical preparation for the move to MMUH due to pressures from recurrent episodes of industrial action affecting the time which teams and individuals have to contribute to current programme delivery, scenario testing in the activation period and the actual move itself.	_Disruption to move planning _Scenario testing not optimised _Disruption to move as a result of sub-optimal planning	Liam Kennedy	_Operational reviews at TMC and Group reviews - groups limited to Junior doctors and nurses, consultants no longer considered a risk - August bank holiday considered as a potential date but no definitive dates provided - Unions have been written to considering move date and how to mitigate the potential impact during this period		4	4		_Prospectively identify dates for any industrial action from any specific Healthcare worker groups – No further industrial action dates planned (Ongoing until 10/11/24) _Understand the time lost to industrial action and the subsequent impact on clinical groups of this on operational capacity for MMUH planning _Clarify the staff groups and time needed and processes to plan and deliver scenario testing in MMUH during the activation period. Further plan required in line with the additional planned industrial action. _Review how scenario testing can be delivered in the context of maintaining service delivery (backlog and BAU) and any future periods of industrial action. _Develop Plan B move without Junior Doctors.			2		8		
25-Oct-23	5729	29	Open	Programme	There is a risk that due to the delay in decision making on a medicines administration end to end process for drug administration, there may not be time to implement and train sufficient staff for MMUH patient day one	_Impact on standardised drug administration and safe medicines management	Danielle Joseph	_Pharmacy deep dive completed 31st October 23: Pharmacy workshop for w/e 10th November 23: Pharmacy paper through November governance (30/11/23) _Commercial engagement with Omnicell 27th December to identify costs and funding models (30/12/23) _Capital for ward cabinets in 24/25 plan, request to bring forward to 23/24 to allow delivery on site early 24/25. _Project support specifically for ward nurse training programme. Good engagement with nursing leadership across clinical groups (1/02/24) _Business case through Feb governance for SMART trolleys with detailed costs and funding options including lease/ revenue options (23/02/24). _Project management support to be brought into the project to align training, implementation, technical specification and move (1/04/24) _Training plan to be agreed in and taken through FOC meetings for commencement once ADCs onsite (9/04/24) _ESR tracking of staff trained and untrained to be developed through induction tracker (30/04/24). _ADCs likely on site start July (training ADCs x2 on site earlier date tbc) SMART carts in 24/25 capital to be ordered asap (15/04/24) _Project manager in place and project separated into workstreams for delivery (30/4/24) _On agenda for MMUHPG May, implementation and training plans (22/5/24). Order for SMART carts now placed (5/5/24)	_Project Plan _Risk Register _ Weekly Meetings	4	4		_Revised project governance with fortnightly steering group meetings and weekly workstream meetings (Deployment; training and Informatics). Timelines for deployment and training roll out now complete. Cabinets due on site 15th July, delivery date for SMART carts tbc	15/07/2024	Puneet Sharma	2	4		B– to move down to likelihood 3 once equipment on site, down to 2 once critical mass of training achieved	
22-Feb-24	5730	30	Open	Programme	There is a risk that the UTC interim solution is not approved through governance, due to a lack of assurances regarding feasibility, patient safety, cost, timescales etc.	_Patient safety/ Patient Experience/ Patient Flow and Navigation implications _Back log of patients within MMUH ED _Delays to the opening of MMUH _No co-located UTC Interim Solution	Daren Fradgely	_UTC Interim Solution Workshops _UTC Oversight Group Meetings _Modelling and Stress-testing of preferred options to provide assurances regarding feasibility, activity, demand, space and resource capacity. UTC Clinical Specification. _Development of Patient Flow and Navigation Strategy for chosen UTC interim solution. _UTC Interim Solution Assurance Report _UTC interim proposal due to go to MMUH OC May 2024 _Further assurance workshops to take place to ensure that there is consistency in the data and modelling used to ensure confidence. _Options appraisal criteria to be agreed and subsequent workshop to be held. _Structural assessment to confirm suitability for level 2 Skirt	_Project Plan _Risk Register _Assurance Paper _Weekly Meetings	4	4		_A substantive solution needs to be made urgently for general management responsibility for the UTC services ensuring consistency in role in order to manage the end to end project of both interim and substantive UTC services as a single effective project. Rachel Barlow to discuss and agree this solution with Daren Fradgley 20.04.24 (complete). Further discussions ongoing regarding leadership & governance. (mid - June confirmation) _Location of mobile unit to be approved by Trust Board within June Governance cycle (or extraordinary board) _QIA & EQIA of interim solution (07/06/24) _Confirmation from Health & Saftey review. _Understand UTC activity on a Sunday to cross reference with Patient Move Dat activity.	28/06/2024	Daren Fradgely	2		8		

Date Initiated	Safeguard ID	ID	Status	Category	Risk Description	Impacts	Risk Owner	Controls	Assurances	Residual Likelihood	Residual Consequen	Residual Risk Score	Actions	Action Due Date	Action Owner	Target Likelihood	Target Consequen	Target Risk Score	Risk Timeline	Escalation to Trust
05-Mar-24	5731	31	Open	Programme	There is a risk that insufficient progress (relative to trajectory) is made with regards to recruiting the 'hard-to-fill roles, due to market conditions and/or internal recruitment capacity.	_Patient safety _Service efficiency and wait times _Financial (use of bank and agency) _Delays to MMUH Programme	James Fleet	_Quadrant Leads Weekly Meeting. _ Recruitment Tracker. _MJ Monitoring of hard-to-fill roles (CV's, Candidates, Interview tracking). _Solution for Interim Change Leads to take a more active approach to recruitment, including leading on short-listing - to allow for a more flexible approach to recruiting. _ Interim Change Lead to work with Trust ESR team to understand headline reasons for employees leaving (in areas with low retention - e.g. ED nursing). _ LK to send list of 'hard-to-fill roles to Mel & Mark.		4	4		_Roles with insufficient trajectories flagged - discussions to take place with groups to understand plans and support required _GIM component to be filled with other roles (Diabetes too hard to fill) - Specialty roles to be agreed	16/06/2024	Jacob Lawrence/ Helen Smart	2	4			
14-Apr-23	5410	33	Open	Programme	There is a risk that Pharmacy will be unable to vacate their City site prior to MMUH day 1 due to the construction timeline for developing D43 into a pharmacy hub on the site not aligning with the timelines for vacating the main spine at City Hospital. Initial construction project timelines expect the pharmacy hub to be operational from August 2024.	_Impacts support infrastructure such as Security, Portering, catering, cleaning _Impacts estates ability to decommission the city retained estate. _Financial impact from additional resourcing support functions.	Warren Grigg	_Close correlation with MMUH construction and commissioning dates required. Close management of design phase with pharmacy clinical team (31/5/23) Critical milestones for user sign off and design sign off in May and July (1 7/7/23). _Pharmacy Dept to remain on the spine post other departments moving to MMUH enhanced security and minor Capital Works to be undertaken	_Weekly pharmacy/estates project group to manage plans and progress chaired by MMUH Associate Delivery Director for clinical support services.	5	1		_Work ongoing with procurement which may reduce some time on construction procurement timelines. Close correlation with MMUH construction and commissioning dates required. Current completion date 23/8/24. Construction partners appointed, programme showing completion against original timeline. Current completion date is start august WITHOUT Omnicell installation which is a 6-8 week programme. _Mitigation meeting scheduled 08/04/24 to discuss dispensary requirements at City site until conclusion of D43 _Construction completion slipped in Sept as a consequence of the flooring/structural issues previously reported. _Pharmacy report that Omnicell robot installation to start post Sept - install estimated at 15 wks. Pharmacy team working to a move date in January 25. _Ensure decommissioning in line with delayed move date.	08/04/2024	Warren Grigg	2	4	8	For escalation to programme risk register, convert to an estates risk and change risk owner to WG- 4 with BCP C	
	5777	35	Open	Programme	There is a risk that the ways of working between the Trust and Equans need to improve in order to enable the collaboration necessary to effectively manage a single integrated hard FM mobilisation, and for the mobilisation deliverables to satisfy the Trust's external technical advisors. This could impact service commencement and a hospital opening in October 2024.	_Delay to open to patient services _Unanticipated delay costs _Reputational damage	Warren Grigg	_SRO presented to a joint leadership team an open and candid reflection of current working. _A Project Oversight Board is agreed with TOR and an independent chair: this will report to both Trust and Equans executives and the NHP PEB. _Task Orders for Phase 1 (extended mobilisation) instructed. _Draft Task Orders for Phase 2 (Soft Landings) received for comment _De-Risking proposals agreed by POB: Enhanced AE Support & Project Management Support _Capital Works issues resolved with Buildiong Control Approval obtained and an indemnity provided. Works are commencing w/c 29th April. _Weekly CEO Reviews Established _Stop change observed in collaborative site working between the teams _Revised Weekly Rhythm of engagements in place	_POB and PEB	4	4		_Deep dive for April / May committee to provide assurance on this risk _Develop further risk mitigation proposals to table at POB in relation to: Enhanced Subcontractor support; Additional Water Safety Engineers. _Phase 1 'Extended Mobilisation' costs agreed and instructed _Risk Mitigation proposals going through the POB process - currently c.£700k of de-risking initiatives approved and due to go to PEB.	30/05/2024	Warren Grigg	2	4	8	Liklihood reduce to 3 when Phase 1 and 2 instructed and costs agreed (Target end May) Reduce to 2 when POB feels acceptable to reduce frequency of meetings (Target end June) Remove Risk at Phase 3 commencement (1st Sep)	
02-May-24	5838	36	Open	Programme	EQUANS Without Prejudice Discussions (Commercial) EQUANS continue to persue a settlement agreement due to the BB Delays (In the region of £5m)	Financial Consequences for the Trust	Warren Grigg	_ Agreed a phased approach to mobilisation and go live for MMUH. _ Commensurate increase in retained estate contract. _ Delay cost monies secured via NHP. _Phase 1 'Extended Mobilisation Period' instructed through the contract - this is a significant increase in EQUANS monthly fees pre-completion	Weekly POB oversight meetings	4	5		_Risk Mitigation proposals going through the POB process - currently c.£700k of de-risking initiatives approved and due to go to PEB.	30/05/2024	Warren Grigg	3	4	12	Agreed escalation to programme level (Raising consequence to 5). Further discussion with RBa required regarding potential escalation to Trust Risk.	
01-Jun-24	New	37	Draft	Programme	There is a risk of a negative impact on patient care if there is a delay in opening of MMUH and in-patient services remain on the current Trust estate into another winter (2024/25) due to poor estate infrastructure, persistence of fragmented services, decline in staff morale and cost of maintaining the existing estate for an extended period. This will result in low recruitment and retention of staff, poor clinical outcomes, financial pressures and reputational damage for SWBI, ICB and the NHS with failure to deliver the MMUH benefits case.	Negative impact on patient care and experience Persistence of fragmented services Additional cost of maintaining existing infrastructure Decline in staff morale compounding staff retention or recruiment challenges Significant reputational damages	Rachel Barlow	Adherence to the MMUH Delivery Programme	Oversight meetings Opening Committee Assurances Regular and detailed reporting structure allowing for early escalation of potential risks, or other challenges. Risk management strategy	3	5		_Establish costs of preserving current estate to clinical and regulatory standards as well as costs of MMUH sitting dormant _Consideration of impact on recruitment, retention and staff moral should there be a delay in MMUH opening _Review clinical pathways that wouldn't be instituted and potential impact of that on quality of clinical care _Understand extend of reputational damage to SWBH and impact on associated organisations. _Financial consequences from third party delays. _Extended double running costs to keep equipment on MMUH functional and safe. _Considration of timeline for amlagamation of consequences paper to Board.					1	5			
23-Oct-23	5524	38	Open	Clinical Services	There is a risk of an insufficient number of theatres sterile trays available across all theatre operating sites when MMUH opens due to financial challenges, failure to have an ongoing replacement and maintenance programme for existing equipment trays and contractual issues relating to a change in supplier for sterile services and trays. this would lead to poor theatre productivity and delays to surgery and reduced positive patient outcomes.	_Patients - delayed treatment and reduced positive patient outcomes _Staff - challenges to adequately equipping theatre, time wasting _Operational pressures - sub optimal management of waiting lists _Reputational damage - waiting lists not reducing and or increased waits	Liam Kennedy	_Existing tray inventory and replacement programme -Sterile trays mapped against theatre location _Specialty and Specialist Surgical Directorate sign off for trays in theatre locations _Urgent review by Group Director of the additional 96 trays requested by ENT _URGENT meeting with Sterile Services, Surgery, Delivery Director, Project Manager to review the capacity to deliver the scoping of the procurement exercise and agreed next steps _ Appointment of theatres subject matter expert to support work _Theatre tray additional requirements validation meeting 26-April _Tray standardisation sign off sessions with ENT, T+O, plastics, urology and general surgery - with procurement requirements and sign off as outputs _Link with suppliers for options for replacement / purchase of discontinued trays _Estimated cost of required instruments c £1.2m shared at Oversight Group with request to uplift to Programme Risk Register _Surgical Services Group Triumvirate and Executive meeting w/c 13/05/24 _Paper to May Programme Group _Quad guidance required on next steps (? papers to MMUH Programme Group (May) and / or PMC)	TBC	5	4		_Business case completed for additional sterile trays for 3 distinct areas - current increased activity, current broken equipment and equipment required as a result of MMUH site move requirements (30/06/24) _Finances with Chief Finance Officer - decision to fund required (14/06/24) _Arthrex and J&J contract issues resolution (30/06/24)	14/06/2024	Debbie Lloyd Smith	2	4	8	23/05/2024: Escalate to Programme Risk Register	

NHS
Sandwell and West Birmingham
NHS Trust

Report title:	Integrated Place Performance Report
Sponsoring executive:	Daren Fradgley, Chief Integration Officer
Report author:	Kulwinder Johal, GDOP PCCT
Meeting title:	Public Trust Board
Date:	10th July 2024

1. Summary of key issues *two or three issues you consider the* PublicTB *should focus on in discussion]*

The performance of Integrated Place services across Sandwell and within Ladywood and Perry Barr are fundamental to reducing urgent and emergency care demand. As key contributors to the annual plan and the MMUH rightsizing transformation, driving improvements in the following areas is vital:

- ED attendance reduction
- Admission avoidance
- Length of stay reduction

The report provides an overview of continued performance linked to the annual plan and MMUH rightsizing

2. Alignment to our Vision [indicate with an 'X' which Strategic Objective[s] this paper supports]

OUR PATIENTS	**-** To be good or outstanding in everything that we do	**X**
OUR PEOPLE	**-** To cultivate and sustain happy, productive and engaged staff	
OUR POPULATION	**-** To work seamlessly with our partners to improve lives	**X**

3. Previous consideration *[at which meeting[s] has this paper/matter been previously discussed?]*

None

4. Recommendation(s)

The Public Trust Board is asked to:

a) **NOTE** and **DISCUSS** the contents of the report in the absence of the Integration Committee

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]*

Board Assurance Framework Risk 01		*Deliver safe, high-quality care.*
Board Assurance Framework Risk 02		*Make best strategic use of its resources*
Board Assurance Framework Risk 03		*Deliver the MMUH benefits case*
Board Assurance Framework Risk 04		*Recruit, retain, train, and develop an engaged and effective workforce*
Board Assurance Framework Risk 05		*Deliver on its ambitions as an integrated care organisation*
Corporate Risk Register [Safeguard Risk Nos]		
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Trust Board on Wednesday 10th July 2024

Integrated Place Performance Report

1.   Introduction

1.1   Integrated Place performance directly impacts both urgent and emergency care demand and the ability to deliver the MMUH rightsizing plan. Appropriate oversight of delivery and improvement trajectories should therefore be a key area of focus.

1.2   It should be noted that the data relating to Sandwell is more accessible and easier to influence. However, the impact of work in Ladywood and Perry Barr will also be fundamental to success. The reporting of data from this area will improve in future months as engagement work with Birmingham and Solihull ICB and with Birmingham Community Healthcare Foundation Trust develops.

2.   Attendance reduction

2.1   The **Urgent Community Response (UCR)** pathways provide an alternative route to ED attendance. Within Sandwell we are delivering the 9 UCR pathways outlined in the national planning guidance.

2.2   The total UCR contacts reported include the following areas with the outlined target response times:
- UCR2 (9 pathways) – target response within 2 hours
- Palliative Care Urgent Response – target response with 2 hours
- Other Urgent Community Response (including District Nurse Urgent Response) – target within 4 hours.

2.3   The **Trust annual plan** sets out a target to increase total UCR contacts to 1500 per month.

Chart 1: UCR contacts vs target

UCR contacts vs target
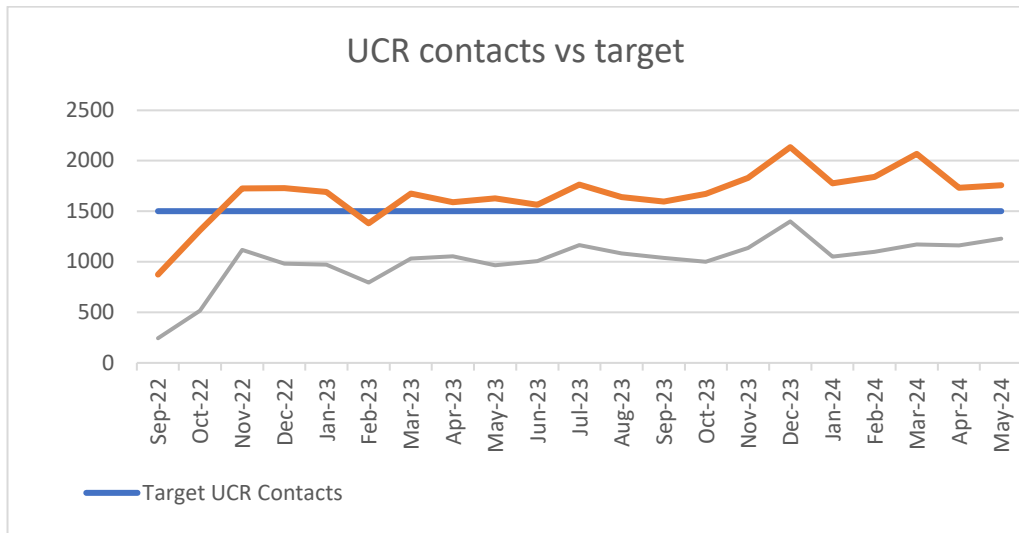
2.4   UCR activity continues to sustain above 1500 contract and exceeded linked to ongoing optimisation of utilisation of existing and flexible capacity through strengthening links with primary care, WMAS and community services. UCR is overseen within PCCT Group and the Sandwell Place workstreams.

Chart 2: UCR2 performance against 70% target

2 Hour Community Response (Total and by Service)
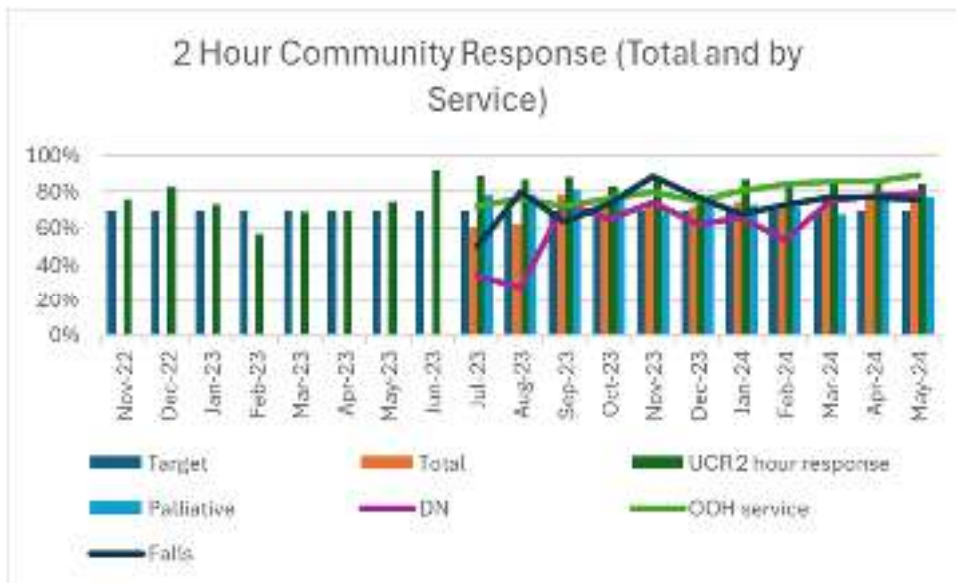
Chart 3: WMAS referrals, accept and rejected.

WMAS Referrals to SPA/UCR

Black Country SPA/CNC WMAS referrals

	Total Referrals	Total Accepted	Total Rejected
Sandwell	2292	2031	261
Walsall	1419	1128	291
Wolverhampton	1622	1352	259
Dudley	1902	1706	196
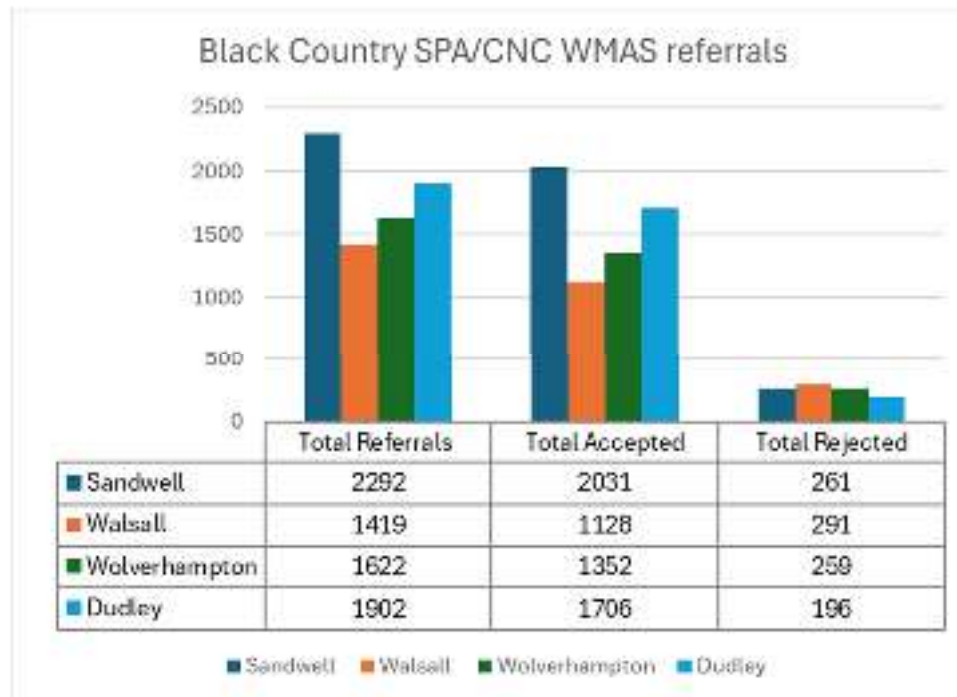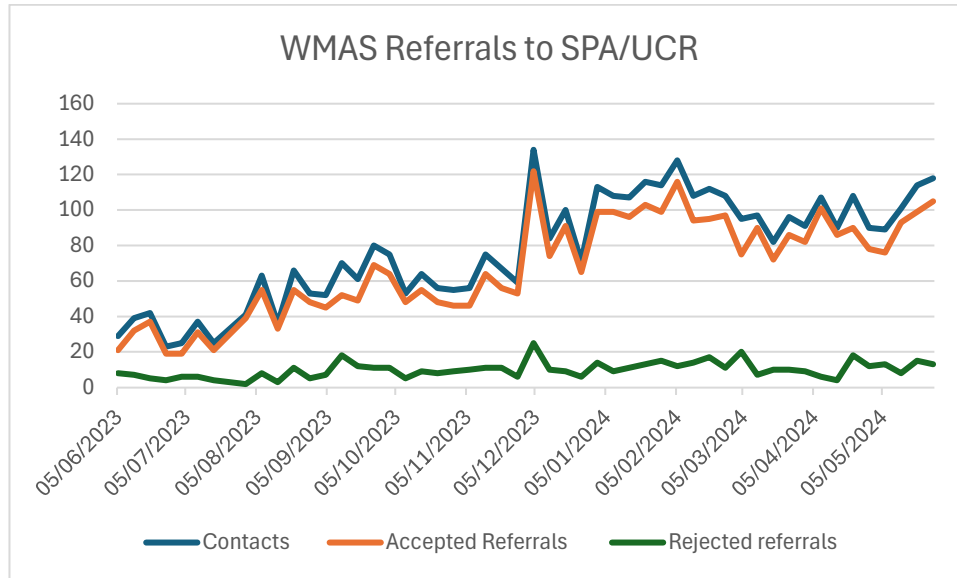
2.5   Sandwell continues to be the receive the highest WMAS referrals whilst maintaining lower threshold of rejections. Black Country wide and WMAS learning, and project forums continue with expanding the criteria across the system to include over 60's.

3.   Fall and Frailty

3.1   The falls pick up service expands UCR 2 providing 'pick up' services across 7 days, 8am -10pm, 7 days. The impact of the service is evident in falls admissions to SWB since the service become fully operational in March 2023 as shown in the data below which has shown a

month on month reduction in the number of admission due to a fall and the subsequent reduction in bed days used for falls.

3.2   The falls pick up service not only provides support for patient on the floor, but those patients that are stuck in a seated position. The UCR falls service can now manage minor injuries and suturing following a fall.

3.3   The forecasted annual activity for the service 23/24 was 1660 responses. The actual 23/24 A&A activity was 2131 falls (128% of the predicted activity).

3.4   In May 2024, 262 incidences were responded to, with only 2 (0.76%) resulting in WMAS calls.

Falls Admissions
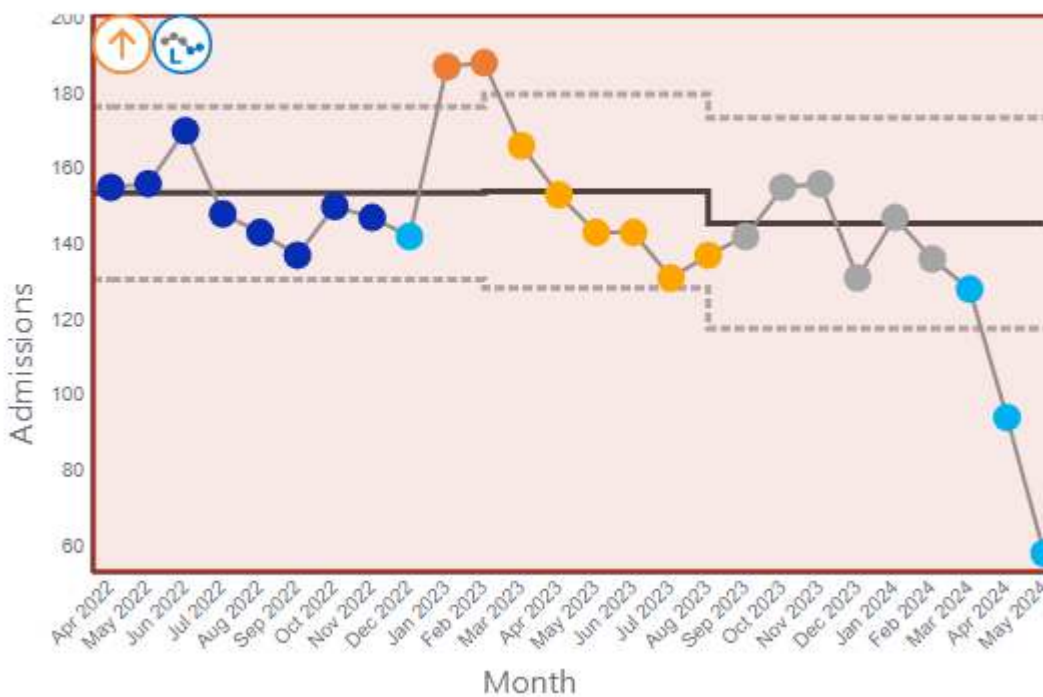
65yrs+ Falls Bed-Days
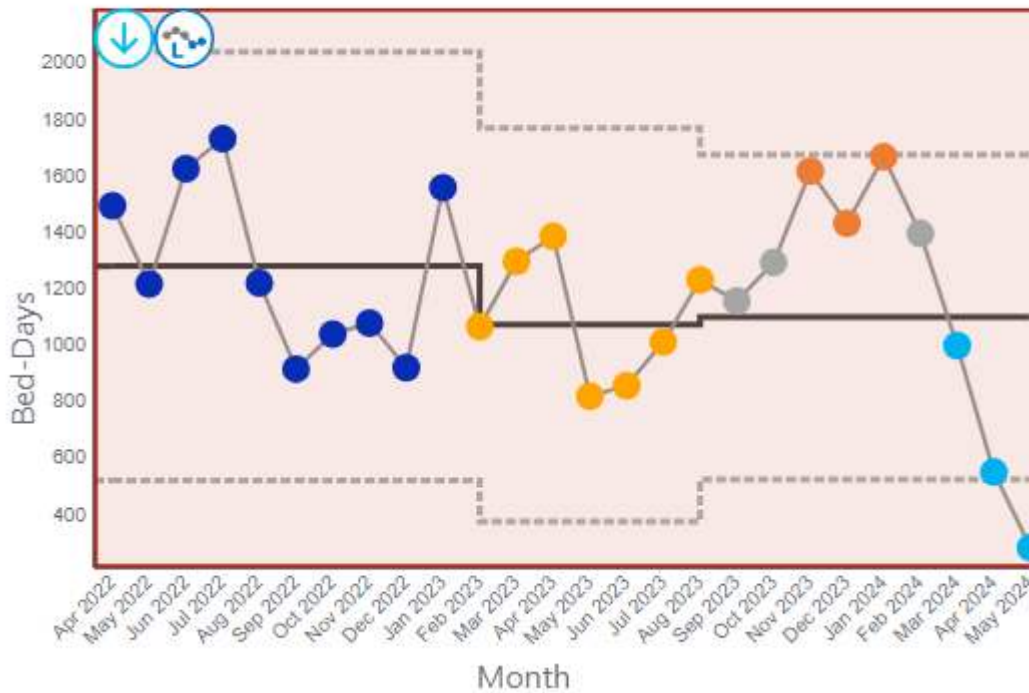
4.0 Care Navigation Centre (CNC) and Single Point of Access (SPA)

4.1 Through clinical triage the **Care Navigation Centre (CNC) and Single Point of Access (SPA)** assess and provide interventions for patients avoiding acute admission where appropriate.

4.2 The SPA consistently avoids attendances in > 70% of cases.

Table 2: SPA activity

Disposition	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24
Total No of Calls to SPA	2044	1514	1989	1782	2204	2076	1811	2422	2021	1812	2731	2214	2210	2664	2136
Total ED Divert	1483	1192	1597	1429	1748	1688	1326	1805	1551	1368	2000	1718	1691	1820	1596
% ED attendance avoidance	73%	79%	80%	80%	79%	81%	73%	75%	76.7%	75.5%	73%	77%	77%	68%	88%

Table 3: CNC activity

Call Disposition	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug 23	Sept-23	Oct 23	Nov-23	Dec 23	Jan 24	Feb 24	Mar 24	April 24	May 24
Attendance Avoidance	13233	10813	12721	12765	12298	12556	11903	11736	11408	9177	12405	11040	10214	11743	11729
Admission Avoidance	8692	7432	7635	7635	8023	7948	7730	5565	5340	5723	5754	5479	5415	5300	5442
Urgent Community Response	930	790	769	764	738	845	829	874	772	782	1063	923	903	845	832
Virtual Ward	503	306	467	511	575	520	571	622	685	655	802	772	660	674	909
Palliative Care	2589	1953	2021	2320	2598	2212	2137	2328	2143	1850	2212	2460	2319	2223	2287
Total	25947	21294	21592	23995	24232	24081	23170	21125	20348	18197	22236	20674	19511	20785	21199

6. Admission Avoidance

6.1 Admission avoidance is delivered in 2 main ways: Frailty Same Day Emergency Care (including Frailty Intervention) and Integrated Front Door.

6.2 The streaming workforce has been recruited and commenced, there is a requirement for Management for Change for the existing SPA employees due to change in job description and working hours which has been escalated to MMUH and BAU HR leads.

6.4 The community streaming SOP draft has been approved by PCCT group and was circulated in mid-February for socialisation and comments by key stakeholders and is reaching finalisation.

6.5 Streaming is intended to be piloted at Sandwell sites from 3rd July 2024.

7. Home Based Intermediate Care

7.1 The impact of **Home-Based Intermediate Care (HBIC)** to support Pathway 1 is critical to ensure prompt discharges. The demand through this pathway continues to be above the staffed capacity. Demand for this pathway is tracked to inform predicted demand and potential increases in capacity for winter. Time to treat delay has improved gradually over the last 3 months but remains persistently above the 2-day target. Due to fluctuation, we have now capped tolerance for first assess to 5 days and continue to monitor readmission within this window and throughout the episode. There were 3 (2%) readmissions in May 24 all which are related. The staffing for HBIC is improving 83% of the workforce have been recruited with 12.5 WTE posts remain in active recruitment. Average caseload in May 24 was 175 (97% occupancy).

7.2 HBIC provision continues to be a risk due to vacancies which are current being mitigated by locality teams and reduction in dosage provided increasing overall LOS.

Risks: The National KPI's for home Based immediate care have not been met since the service expanded including time to assess and time to treat, and reduced dosage resulting in increased length of stay beyond the anticipated 4-6 weeks.

7.3 Recruitment to these BCF funding posts is tracked and reported through place governance with partners.

7.4 **Current Mitigation:** Due to recruitment challenges the service is now staffed to 145 beds but demand continues to run above the 'staffed beds' but is now below the commissioned 180 beds. The service hasn't closed to referrals but implements a series of mitigations to maintain safe provision and met demand these include:
- Increased time to assess – safety netting in place
- Increased time to rehab commencement.
- Reduced intensity/dosage of rehab resulting in increased length of stay
- Ongoing active recruitment to 12.5 WTE in 24/25
- Bank and agency usage to mitigate 'hotspots'
- Suboptimal job plans (high ratio of Direct Clinical Care (DCC))

Chart 10: Actual vs commissioned and staffed HBIC beds.
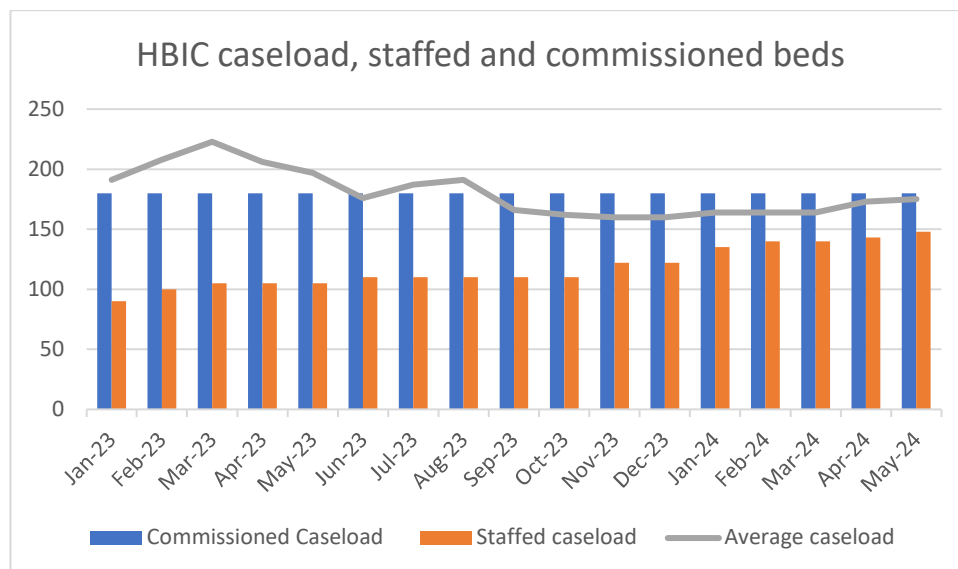
7.4 We continue to have 75 Virtual Ward beds open. May 24 saw the occupancy increase to 94.97% which is above the national target of 80% occupancy and saw 354 patients admitted to the VWs in month. Occupancy for the month for Cardiology (92%), paeds (174%), frailty (90%), epicentre (64%), palliative (86%) and respiratory improved to highest occupancy of 81%.

7.5 Frailty occupancy achieved 94.97% in May 24, admitting a total of 99 patients in month, which is slightly lower than the height of winter when monthly number admitted was 103. Respiratory admitted 57 patients in May 2024 which is the highest number of referrals received in month for Respiratory VW. Virtual ward steering group continues to support

several targeted interventions for increasing and sustaining occupancy but requires medical ownership and exec sponsorship needs to continue to support the message of utilisation.
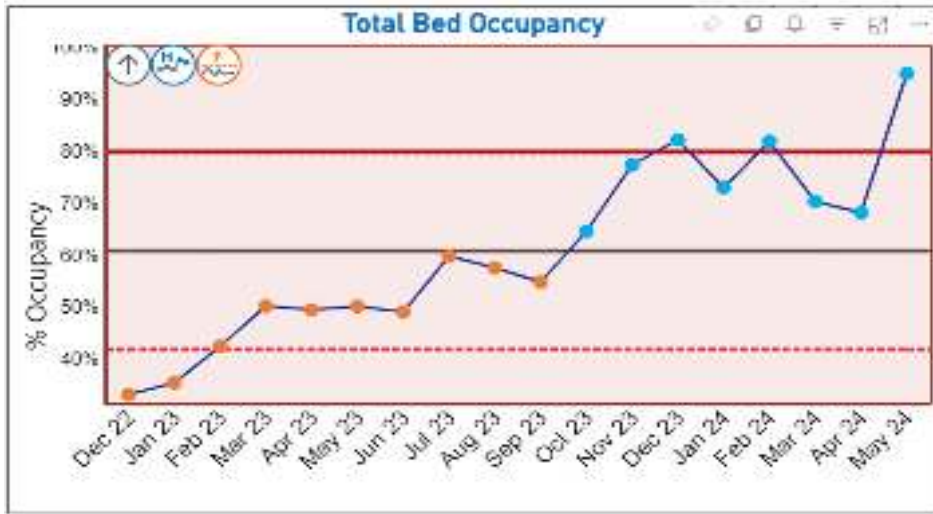
8. Operation Guidance 24/25 metrics

8.1 As per 24/25 planning guidance new metrics include:-
- Improve community services waiting times, with a focus on reducing long waits
- Continue to improve the experience of access to primary care, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within 2 weeks and those who contact their practice urgently are assessed the same or next day according to clinical need

8.2 Adult Community waiting times by service are represented below in Chart 15.

Chart 15: Adult Community Waits by total and by service
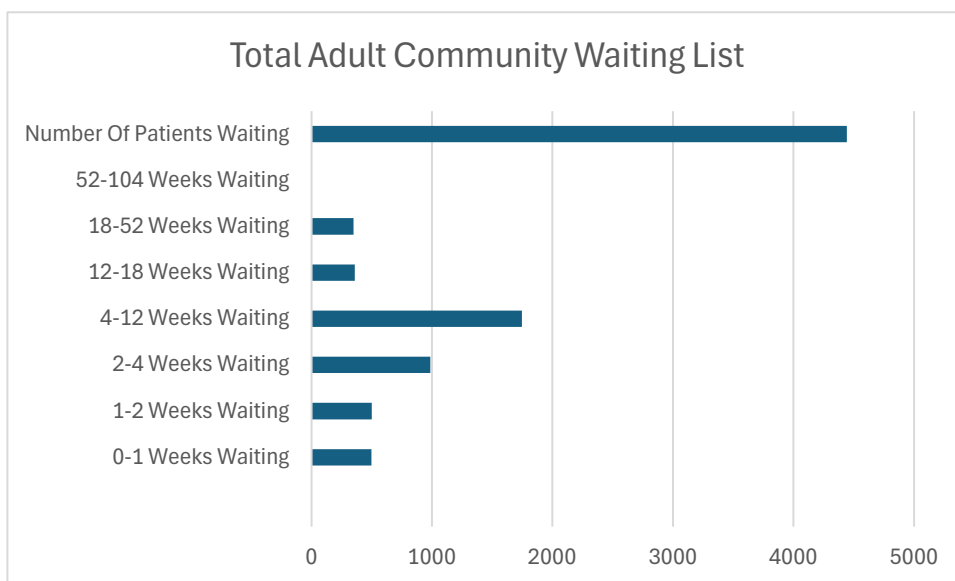
NB: Adult Community Services inclusive of foot health, heart failure, rehabilitation, MSK, Continence, Resp, community nursing, orthotic and dietetics.

	All Adult services total	0-1 week wait	1-2 week wait	2-4 week wait	4-12 week wait	12-18 week wait	18-52 week wait	52-104 weeks wait	104+
Total		497	500	988	1747	359	350	0	0

8.3 The 10 referrals over 104 weeks which were in dietetics (9) and podiatry (1), dietetic hotspot specifically in lipid and allergy relating to single point of failure, have been seen and treatment plans initiated

8.4 The 61 patients over 52 weeks in April have all been recovered. The mean waiting time for all services is shown int eh table below the protracted waiting times for Dietetics, Orthotics and Respiratory are due to the staff vacancies. The position for foot health will see a deterioration due to the number of vacancies

	Foot health	MSK Physio	Heart Failure	Dietetics	Rehabilitation	Continence	Respiratory	Community Nursing	Orthotics
Mean Waiting time	6	4	2	12	2	0	14	1	28

8.5 Sandwell place and YHP GP metrics are displayed in Table 5. Due the EMIS and BSOL ICB reporting for Summerfield and Heath Street is still in development. YHP have a transformation project for access launching in June 2024 when digital access will be switched from anima to system 1 and new clinical triage. YHP have been particularly successful recruiting to clinical and support posts over the last 6 months stabilising access capacity.

8.6 However the data that we can access from Heath Street Workload tool shows that the number of available appointments at the practice were 2350 with 1965 booked which is 83.6% utilisation rate. There was a DNA rate of 7.5% with 148 appointments DNA'd

Table 5:GP metrics for Sandwell Place and PCN

GP Appointment Indicators (March 2024)	Sandwell	YHP PCN
Appt Rate per 1000 population	455.87	452.03
% GP appointment	46.0%	44.77%
% F2F Appointments	67.0%	61.86%

% Same/Next Day Appointments	52.5%	45.77%
% 14 Days Appointments	86.9%	83.04%

7. Recommendations

7.1. The Trust Board is asked to

a. To **Note and Discuss** the contents of the report in the absence of the Integration Committee

Kulwinder Johal
Deputy Director of Operations

June 2024

Report title:	MMUH Bed Fit and 2024/25 Winter Plan Contingencies
Sponsoring executive:	Richard Beeken: CEO
Report author:	Johanne Newens: Chief Operating Officer
Meeting title:	Public Trust Board
Date:	10th July 2024

1. Summary of key issues *two or three issues you consider the* PublicTB *should focus on in discussion]*

Bed fit remains one of the biggest risks to safely occupying MMUH. To date the expected progress towards bed reduction and improved bed occupancy has not delivered to the pace and level that is needed. This has resulted in minimal assurance at committee and board level that we can safely occupy MMUH.

The need for additional executive oversight is essential to recovering both Urgent Care performance and safety and recovering the confidence in delivery of the MMUH bed fit programme. Twice weekly executive oversight of the programme, coupled with external third-party improvement methodology support will ensure tighter governance but also at pace, the identification and rectification of actions that are not delivering.

This paper attempts to articulate our measures of success more simply, provides an analysis of the current bed usage gap against forecast for MMUH and a focus on the 3 major workstreams that will deliver the greatest opportunity to further reduce the number of beds currently open and delver the necessary bed occupancy to maintain safe patient flow through the hospital.

These three "12-week sprints" are: Medical Same Day Emergency Care (MSDEC), Medical length of stay (LOS) and front door patient streaming. These sprints have been developed with the support of KPMG's continuous quality improvement approach and they will be a key part in the delivery of the 12-week plan. Increasing throughput in Medical SDEC and decreasing the Length of Stay (LOS) on medical wards offer the greatest opportunity to deliver the bed reduction. Streaming from our emergency departments will ensure our patients get to the right place first time, which ultimately will also reduce LOS and improve patient flow. Improvement in patient flow will deliver the greatest single impact on urgent care performance and patient safety on a day-to-day basis.

The Board should focus on the profiles of the 12-week sprints, note the trajectory for bed fit and the mitigating "winter plan" scheme of increased community beds.
The key winter plan contingency scheme associated with an additional 24 beds at Rowley Regis Hospital is detailed as are high level risks to overall delivery that the executive oversight group will also mitigate.

At our Private Board session on 10th July, the Chief Executive will also brief members on the system-wide plan being pulled together which sets out how the wider Black Country system will ensure resilience capacity for winter 2024/25, in the context of newly established urgent care flows into the Black Country and the likely predicted change in patient flows resulting from opening MMUH in October and November 2024

2. Alignment to our Vision [indicate with an 'X' which Strategic Objective[s] this paper supports]		
OUR PATIENTS	**-** To be good or outstanding in everything that we do	**X**
OUR PEOPLE	**-** To cultivate and sustain happy, productive and engaged staff	
OUR POPULATION	**-** To work seamlessly with our partners to improve lives	**X**

3. Previous consideration [at which meeting[s] has this paper/matter been previously discussed?]
MMUH Opening Committee

4. Recommendation(s)
The Public Trust Board is asked to:
a) **DISCUSS** the challenges and the risks associated with the MMUH bed fit,
b) **DISCUSS and ACCEPT** the governance arrangements put in place to provide greater assurance around delivery
c) **REVIEW** plans being developed as part of the 12-week sprint and associated governance and oversight

5. Impact [indicate with an '**X**' which governance initiatives this matter relates to and, where shown, elaborate in the paper]		
Board Assurance Framework Risk 01		*Deliver safe, high-quality care.*
Board Assurance Framework Risk 02		*Make best strategic use of its resources*
Board Assurance Framework Risk 03		*Deliver the MMUH benefits case*
Board Assurance Framework Risk 04		*Recruit, retain, train, and develop an engaged and effective workforce*
Board Assurance Framework Risk 05		*Deliver on its ambitions as an integrated care organisation*
Corporate Risk Register [Safeguard Risk Nos]		
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board on 10th July 2024

MMUH Bed Fit and 2024/25 winter plan contingencies

1.   **Introduction**

1.1   Fitting into our bed base at MMUH still remains one of the most significant risks on our programme risk register (risk 5157, risk score 20).

1.2   A Risk Summit was held in May 2024. There were 4 elements to the Key Lines of Enquiry (KLOE); i) Delivery to the intended trajectory of underperforming rightsizing schemes, which is focussed on Medical Same Day Emergency Care (SDEC), ii) Reduction in Medical Length of Stay, iii) Assurance of Winter 2024 plans, and iv) a single integrated data set for assurance reporting. The Risk Summit was utilised on the day to workshop ideas and focus in on high impact actions, and therefore didn't reach assurance for mitigation of the bed rightsizing schemes or Length of Stay (LOS) reduction but did determine the focussed work to be done.

1.3   This paper outlines the overall bed position at this moment in time and shows the trajectory for patient day 1 on MMUH. The sprint work and trajectories for Medical Same Day Emergency Care (MSDEC) and LOS and Streaming outline the inputs to deliver the trajectory.

2.   **Trajectory towards Day 1 of MMUH**

2.1   Appendix 2 demonstrates intended month on month improvement in our occupancy rates and our LOS for Medicine beds. At the time of writing this paper we are at week 3 of the sprint for MSDEC and week 2 for LOS and Streaming hence most of the sprint actions are yet to be delivered. It is important to note that the main aim of the bed reduction is to ensure we deliver an improved bed occupancy rate in MMUH, ultimately ensuring safe patient flow out of our emergency department.

2.2   This data indicates that we are on track to deliver our likely case scenario (Annex 3)where a need to open the additional 24 beds at Rowley Regis Hospital is forecast from September. Section 4 outlines the phasing of the opening of these beds in greater detail. Post move, there is a further benefit that will be achieved by co locating our frailty services on a single site, this has been factored into our rightsizing delivery trajectory. This equates to X beds.

2.3   At the required occupancy rates for MMUH (80% for direct admission areas and 90% for deeper bed base) we still require an additional 70 beds worth of demand to be mitigated. This is made up of 39 physical beds needing to be closed (to get down to the 460 MMUH beds) and a further 31 beds worth of demand to get down to the agreed MMUH Occupancy rates. If we simply close the 39 beds and move to MMUH, we will run at the average occupancy of 94.1%. So the additional transformation is required to align with the MMUH agreed occupancy, which is conducive to safe patient flow.

2.4   At the point of Move there is an expected bed benefit of 32 beds from the catchment loss to Walsall and Dudley and an expected benefit of 18 beds due to the co-location and 7 day operating of Frailty SDEC. The residual 20 gap can be mitigated by the delivery of Medical Same Day Emergency Care (MSDEC). The above data points are linked to the reduction in Length of Stay in May, which was back to 22/23 levels. This also must be maintained to ensure fit.

3.   Sprint Activity Plans

3.1   Below is a summary of the delivery structure and focus of the three improvement sprints over the coming weeks. The total programme will be overseen by a twice week executive oversight group formed of: CEO, Managing Director MMUH, Chief Operating Officer, Chief Medical Officer, Chief Nurse, Chief Integration Officer. Whilst this is might be perceived as resource intensive, delivery is key to safely opening MMUH hence the priority being placed on this approach.

3.2   The sprint methodology is an evidence-based process to accelerate improvements through tests of change and enhanced clinical support to embed these. The sprint work is being enabled by subject matter experts (SME) and the KMPG improvement team. The sprint covers Streaming, Medical SDEC and LOS. These areas are complimented by the wider Urgent Care improvement work being undertaken. Included within this is Executive led change through the Chief Medical Officer, of quality standards (former Internal Professional Standards) and the reset of expectations for the specialities to support timely patient transfers from the Emergency Departments (EDs).
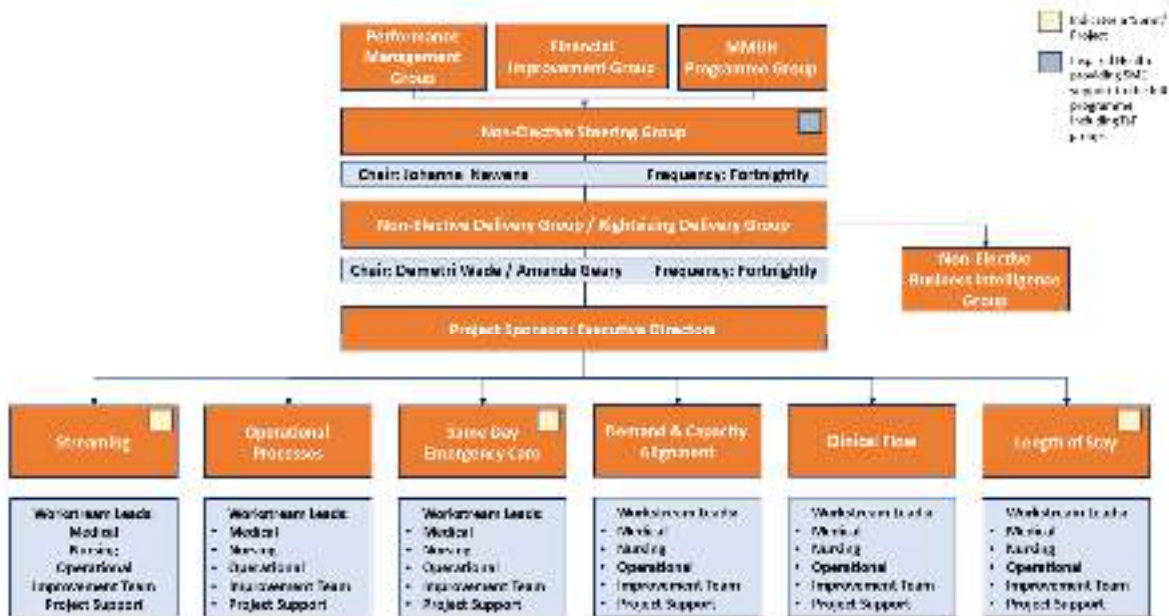
High level roadmap – Adapted Test of Change

Streaming

TaF Members

o Janice Barrett [Directorate Clinical Lead]
o Chris Mason (POCT)
o Rachel Clarke (Deputy GDO)
o Annabel Bottle [Head of Nursing]
o Neil Storey (SME)
o Amandeep Johal (TTI red)

Vision & Model

Ensure a safe, effective and efficient patient streaming service for those attending ED:

o 2 SPA nurses supporting streaming
o 1 nurse on ED reception
o Patients register first and then go to streaming
o 60-90 second interaction, empowered to direct patients without asking for permission
o Rearrange reception – chronological order
o 1 SPA nurse to support redirected pts

Deliverables

- Reduce time to first streaming
- Demonstrate safe processes that reduce clinical risk and ensure safety:
  - Increase in the number of patients redirected from streaming
  - Reduce time to first streaming
  - Reduce time to clinical decision / time to ambulance
  - Improvement in the 15 and 30 minute triage time
  - Reduce time to initial observations
  - Improvement in time to definition
  - Reduce ED LoS
  - Improvement in DToC performance
  - Reduce inpatients transfers to the MEDOC

Points for Escalation [Discussion/Decision]

- Current Nursing streaming service / contract

Update on Activities & Tests of Change

- Initial workshop with all key stakeholders has taken place
- Task and finish group is established and meeting frequently
- Key tasks agreed to enable go live of the Test of Change first week 1st July

Actions & Next Steps

- Define the Streaming model
- Agree the process map for patient flows – CM
- Agree the limitations including which cohort can move without permission
- Identify the estate changes required to alter the reception area – AB
- Determine the data time stamps at each stage of the process map – CM
- Determine the electronic flows – CM
- Implement Test of Change – All
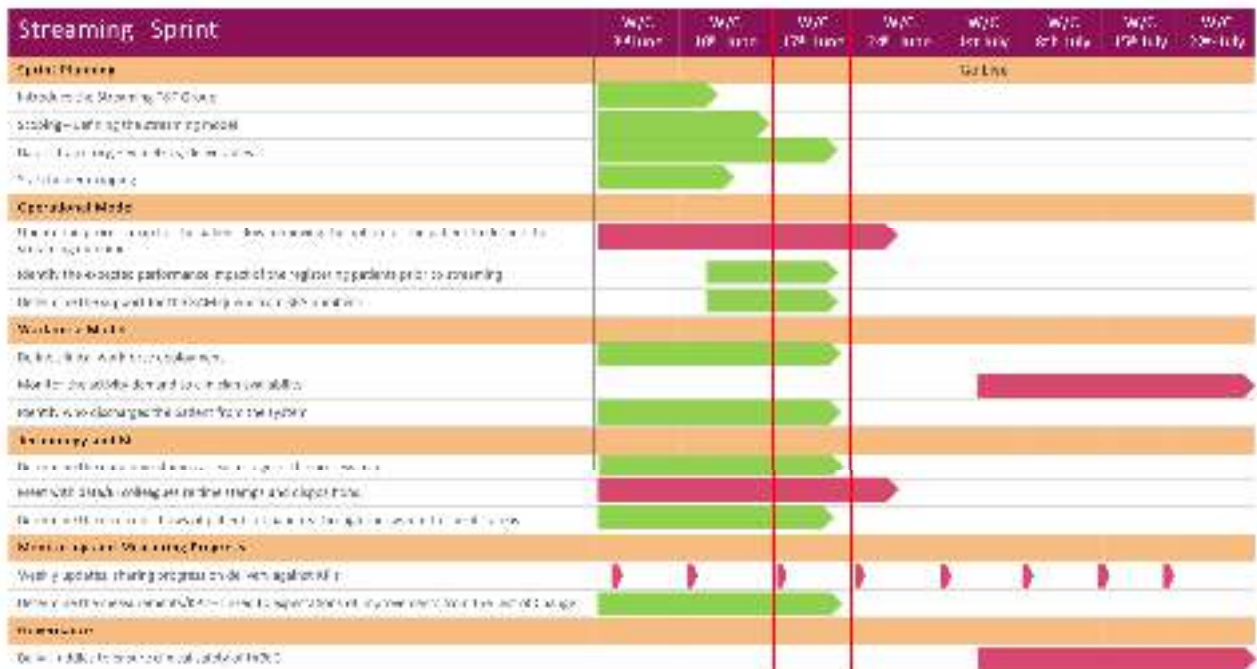
Medical Same Day Emergency Care (MSDEC)

TaF Members

- Tralee Chakravarty (Acute Med Lead)
- May Yen (AMU Clinical Director)
- Helen McGivern (Matron)
- Beth Greenaway (MSDEC Nursing Lead)
- Rachel Clarke (Deputy GEO)
- Annabel Bottrill (Head of Nursing)
- Sohnis Green (Deputy DCMO)
- Nithyananda Rajaiah (Acute Physician)
- Joanna Tracey (IM/UH Clinical Services HV)
- Ameenaee Islas (SL Lead)
- Neil Storey (SME), Hazin Mian (SME)

Vision & Model

To avoid unnecessary acute hospital admissions ensuring that medical patients receive the right care, in the right place, at the right time.

Optimise MSDEC as an alternative to inpatient admission through:

- An improved assessment model
- An improved workforce/skill-mix
- Utilising identified priority pathways
- Referring patients who meet the 'Four Principles' access criteria.

Deliverables

1. Fewer admissions each day reducing bed dependency by X No. of beds (cumulative CHV & Sandwell)
2. New Medical Model / process for patients upon arrival to MSDEC
3. Multidisciplinary workforce model
4. 1% increase in patients meeting 'priority pathways' being seen in MSDEC
5. Adoption of '4 principles', with evidence of number of patients who have met the access criteria

Points for Escalation (Discussion/Decision)

- 30-40% of existing activity is 'returns' – patients attending as follow-up from other areas of acute care – a plan will be developed to safely manage these patients and create capacity in MSDEC

Update on Activities & Tests of Change

- Initial workshop with all key stakeholders has taken place
- Proposed around a test of change to improve the referral process to MSDEC
- Discussions around the workforce requirement for MSDEC
- Agreement that 'returns' (patients seen in MSDEC as part of a follow-up) is to be reviewed and an alternative sought

Actions & Next Steps

- Embed and communicate an SDEC-first ethos with pathway guidance
- Identify patients to assess and refer to MSDEC
- Create capacity (alternative for 'returns')
- Ensure a treatment plan is developed by a senior upon arrival before full workup
- Develop a 'Test of change' which includes a senior reviewing referrals and a workforce plan to support
- Ensure that outflow from SDEC is safe, timely and consistent

Medical Same Day Emergency CareSprint (Gantt chart)

Length of Stay (LOS)

ToF Members

Vision & Model

Medicine Group's Deliverables

Points for Escalation (Discussion/Decision)

Update on Activities & Tests of Change

Actions & Next Steps

Length of Stay - Sprint

4. Winter Plan and Single Triangulated data

4.1 Delivery of our bed reduction trajectory and current data which is currently tracking against our likely scenario for winter (detail at Appendix 4), indicates we will require 30 additional community beds at the point at which MMUH opens.

4.2 Rowley Regis Hospital has been reviewed and assessed as ready to facilitate 24 extra beds required. We have planned to staff and utilise this from September through to March.

4.3   The Committee has already received assurance that the patient cohorts are available to deliver this plan, and this continues to be the case. From September on a phased basis 12 stroke rehabilitation patients will be moved into Rowley as part of the de-coupling of acute and therapy stroke. This will be shortly followed by 24 patients, again over a period of days who meet the "No Criteria To Reside" (NCTR) definition, i.e. those waiting for packages of care, intermediate care or permanent placement in 24 supported care. As can be seen in section 5.2 below, currently there are several patients who meet these criteria in an acute care setting. At the time of writing 44 patients with NCTR are waiting for more than 48 hours.

5. Risks

5.1   There remains a significant risk that due to pressures elsewhere within the Black Country and Birmingham and Solihull systems that the system winter plans will require additional capacity to support both the established urgent care activity increases from other systems, as well as the modelled impact of changes in patient flow resulting from opening MMUH. The Private Board session on 10th July will receive an up to date briefing from the Chief Executive about the Black Country system-wide plan to manage this risk.

5.2   We have been experiencing a rise in the number of NCTR patients in acute and community beds which is unusual for the month of June; their LOS is also rising (a total of 76 patients with 70 waiting more than the 48-hour standard. We would expect to see circa 50 patients with 15 exceeding 48 hours). These patients need ongoing support from either health or social care to support their discharge, a multi-partner solution to this is needed to support both current delays to patient flow and ultimately the risk to bed fit to MMUH. This is a key contributor to the current number of delays in patients moving from our EDs into beds.

5.3   Availability of workforce remains a key risk to staff the additional beds at Rowley, temporary and short-term arrangements are being explored and workforce plans are being supported by our recruitment partners currently.

5.4   The speed and volume of changes to be delivered primarily, but not exclusively by the group of Medicine and Emergency Care does impact on their management capacity and resilience. KPMG and external subject matter experts are in place to support with both planning and the delivery of the sprints. We have also put in place some bespoke leadership coaching for the operational and clinical leadership in the group which they are responding to.

6. Recommendations

The Public Trust Board is asked to:

a) **DISCUSS** the challenges and the risks associated with the MMUH bed fit,
b) **DISCUSS and ACCEPT** the breakdown of data sources that provide a single view of bed fit into MMUH**.**
c) **REVIEW** plans being developed as part of the 12-week sprint and associated governance and oversight

Liam Kennedy: MMUH Delivery Director
Demetri Wade: Deputy Chief Operating Officer
Amardeep Johal: Performance and Insight Lead for MMUH
June 2024

Annex 1: LOS Recovery Plan Elements
Annex 2: MMUH Bed Fit Overview
Annex 3: Winter 2024/25 Bed Position Based on Scenario

Annex 1: Length of Stay Recovery Plan Elements
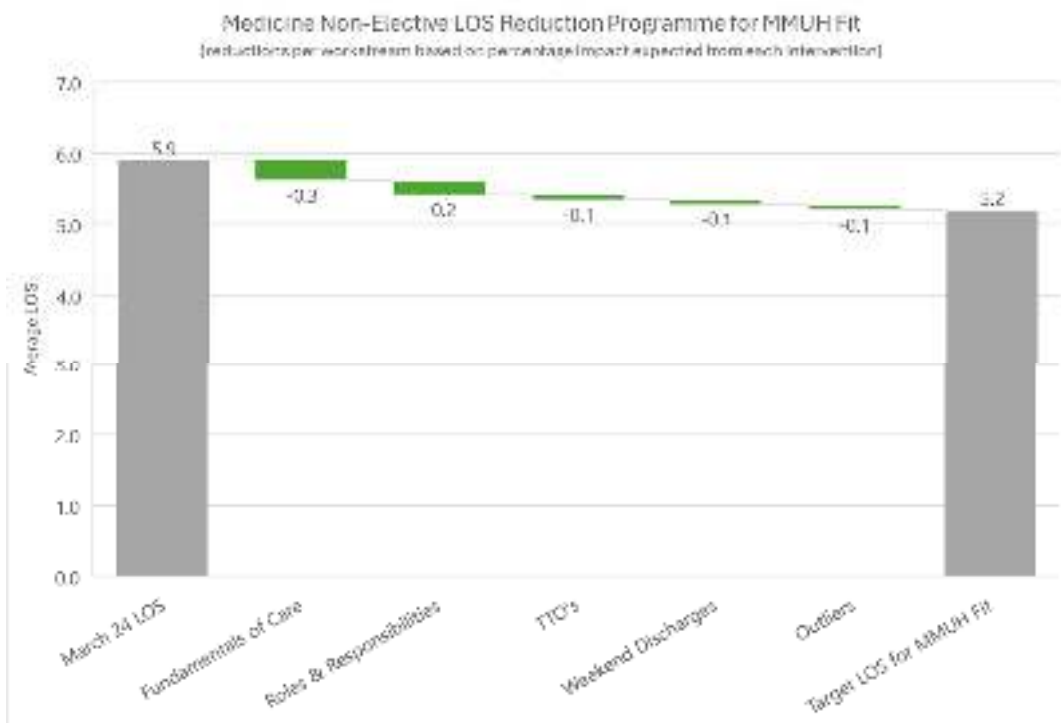
Annex 2: MMUH Bed Fit Overview
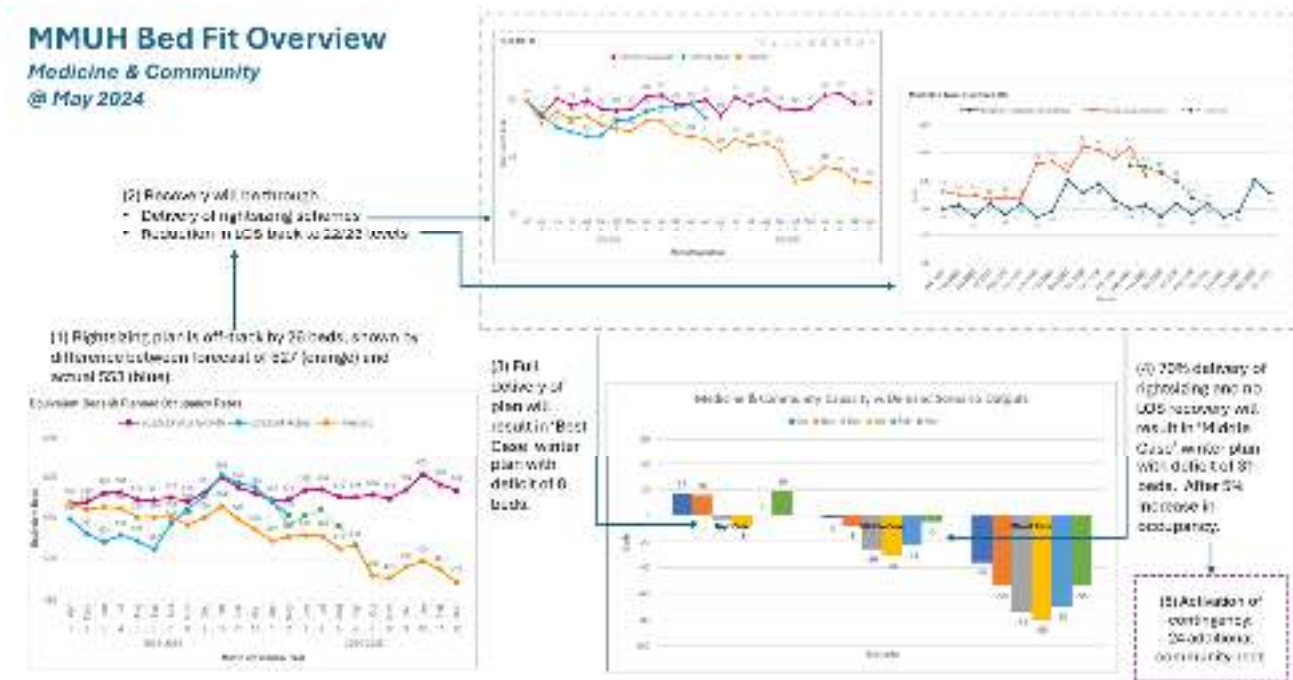
Annex 3: Winter 2024/25 Bed Position Based on Scenario

	Best Case	Likley Case	Worst Case
Future Rightsizing Scheme Delivery	100% of future forecast delivered	70% of future forecast delivery	50% of future forecast delivery
Rightsizing Scheme Recovery	100% recovery of under-delivery to date	70% recovery of under-delivery to-date	No recovery of under-delivery to-date
Medicine Length of Stay (LOS)	Recovered back to 2022/23 levels	The increase in LOS seen at December 2023 remains	LOS further deteriorates at rate seen over April-Dec 2023
MMUH Bed Occupancy	Original planned levels (AMU: 80%, Base Wards: 90%)	Operating at 5% higher than originally planned (AMU: 85%, Base Wards: 95%)	Operating at 5% higher than originally planned (AMU: 85%, Base Wards: 95%)
Peak Winter Bed Deficit/Surplus	**-8 Beds**	**-31 Beds**	**-80 Beds**
Mitigation	Increased bed occupancy expected on an infrequent basis. No requirement to open additional beds	Opening of 24 additional community beds over winter. Increased AMU bed occupancy expected on a frequent basis.	Opening of 24 additional community beds over winter. Outliers on non-medical wards. Ongoing increased bed occupancy.

			Re-direct of ambulances to other hospitals.

Report title:	Maternity and Neonatal Service Report
Sponsoring executive:	Melanie Roberts – Chief Nursing Officer, Dr Mark Anderson – Chief Medical Officer
Report author:	Helen Hurst – Director of Midwifery
Meeting title:	Public Trust Board
Date:	10th July 2024

1. Summary of key issues *two or three issues you consider the* PublicTB *should focus on in discussion]*

The main points for discussion within this month's report are:-_

- An increase of still births was noted in the first 6 month of 2023 across the Black Country leading to the commissioning an Independent Thematic Review. During the period of April to September 2023 there were 51 stillbirths reported from the Trusts within the Black Country. Of the 51, reviews and draft reports or final reports were available for 40 of the stillbirths. 10 themes were identified, with 7 recommendations being made.
- The birth trauma inquiry report was released in May 2024, this was the culmination of listening to 1300 women/birthing people and 100 members of the workforce. 7 key themes were identified, with National recommendations being highlighted, including a call for a National Maternity Strategy.
- The Care Quality Commission undertook an unannounced visit in June, following several direct contacts to them regarding the inpatient maternity service. High level feedback was received but we are awaiting a formal report.
- Independent Review – an independent review has been commissioned as a follow up to the previous independent review in 2021 which was commissioned primality to look at leadership and culture within the maternity department. The Terms of Reference is outlined in the report. The review and subsequent actions will tackle issues relating to leadership and culture which the CQC have identified as issues in their initial feedback.

Annex 1 contains Ockenden framework update.

2. Alignment to our Vision [indicate with an 'X' which Strategic Objective[s] this paper supports]

OUR PATIENTS	- To be good or outstanding in everything that we do	x
OUR PEOPLE	- To cultivate and sustain happy, productive and engaged staff	x
OUR POPULATION	- To work seamlessly with our partners to improve lives	x

3. Previous consideration *[at which meeting[s] has this paper/matter been previously discussed?]*

None

4. Recommendation(s)

The Public Trust Board is asked to:

a) **NOTE** and challenge the report

b) **APPROVE** the Ockenden Framework

c) **DISCUSS** the CQC inspection to date and TOR for the Independent Review

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]*

Board Assurance Framework Risk 01	x	*Deliver safe, high-quality care.*
Board Assurance Framework Risk 02		*Make best strategic use of its resources*
Board Assurance Framework Risk 03		*Deliver the MMUH benefits case*

Board Assurance Framework Risk 04		*Recruit, retain, train, and develop an engaged and effective workforce*
Board Assurance Framework Risk 05		*Deliver on its ambitions as an integrated care organisation*
Corporate Risk Register [Safeguard Risk Nos]		
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

Sandwell & West Birmingham NHS Trust

Report to the Public Trust Board on 10th July

Maternity and Neonatal Service Report

1.   Introduction

1.1   The paper supports Board level oversight for maternity and neonatal services which is fundamental to quality improvement, to ensure transparency and safe delivery of services.

2.   Independent Thematic Review of Still Births Across the Black Country Local Maternity and Neonatal System

2.1   The Black Country has high rates of perinatal mortality compared to the England average, the LMNS noted that rates of stillbirth and neonatal deaths appeared to increase despite the quality improvement work across the four providers, with a significant increase in the still birth rate. A decision was made to commission an independent thematic review with a multidisciplinary panel, of the stillbirths reported in 6 months April – September 2023.The aim was to identify themes that could then be used to prioritise and plan further improvement work as a system.

2.2   The review group brought together a breadth of experience, expertise, and perspective from across the system and expert leads at a national level. The review group used the Perinatal Mortality Review Tool (PMRT) report for each stillbirth to provide information and findings of the review undertaken within the provider Trust. The full report can be found in the reading room of the Public Board.

3   Analysis and Findings

3.1   During the period of April to September 2023 there were 51 stillbirths reported from the Trusts within the Black Country. Of the 51, reviews and draft reports or final reports were available for 40 of the stillbirths and in one instance the Trust also shared the Serious Incident Root Cause Analysis - RCA that had been completed.

3.2   The data is broken down into age, ethnicity, and gestation at the time of loss, given the demographics of the locality, 70% were in the non-white ethnicity, with 50.5% coming from a South Asian ethnicity. 75% of the still births occurred before 36 weeks, with 30% occurring at 24-28 weeks.

3.3   The report identified modifiable factors within the cases, with 22.5 % having significant factors and 7.5% having none.

4   Themes and recommendations of the Thematic Review

4.1   High level themes are (captured in full detail in the report):

- Booking appointments   Smoking and Carbon monoxide monitoring
- Aspirin   Interpreting Services
- Antenatal diagnosis of congenital abnormality   Non-Attendance
- Reduced Fetal Movements   Risk Assessment

- Clinical Oversight and Management   Ultrasound Scanning

4.2   The panel also felt the review tool itself was not being used in a standardised way to support the understanding of what happened and providing meaning explanations. The recommendations were as follows:

- Early access to aspirin in higher risk pregnancies is an important intervention. The Trust should consider introducing a supply of aspirin to individuals at risk without requiring a prescription from a GP.
- More accurate holistic risk assessments at booking and continuing through all stages of pregnancy including intrapartum are essential to ensure the women are on the correct care pathway. To include the assessments for aspirin, thromboprophylaxis, safeguarding risk including domestic violence, understanding of risk contribution of deprivation, and learning disabilities. Particular attention to assessment and action for smoking cessation
- Senior oversight of high-risk pregnancies, especially when risk categorisation changes during the pregnancy. Consultations should be made utilising all information.
- Consider adopting the Greater Manchester & Eastern Cheshire (GMEC) Strategic Clinical Networks Reduced fetal movement in pregnancy guideline as it includes some excellent documentation and discussion aides.
- System wide agreement of the documentation and MDT expertise required to foster clinical curiosity and critical appraisal during the perinatal mortality reviews and the essential information to be included in the perinatal mortality review tool report.
- All scan images related to stillbirths should be peer reviewed as part of the Perinatal Mortality Review process. It is important to include estimated fetal weights in the Perinatal Review Tool reports.
- Consider pathways for access when women experience reduced fetal movements particularly those who do not have English as a first language. Would open access improve early attendance?

5   What are we doing and Next Steps?

5.1   The service has undertaken quality improvement work to support reduction in health inequalities, this work also brings together some initial recommendations out of the ongoing review into maternity care at Nottingham University Hospitals:

- o   Over 60% of bookings now undertaken before 10+6 weeks, still often using virtual (due to workforce constraints), but early bird clinics introduced to undertake testing.
- o   Supported Access into Maternity Services – (now part of Sandwell Family Hubs Early Pregnancy Pathway)
- o   Aspirin to be given to all women at risk, joint work with pharmacy to realise this vital piece of quality improvement.
- o   Work led by the introduction of the Equality and Diversity Lead Midwife:
- o   22-36% of our women and birthing people first language is not English and need an interpreter
- o   Audit of interpreting services available
- o   Wordski on wheels – virtual interpreters for inpatients.
- o   Wordski connect -connecting to triage alongside an interpreter.
- o   Interpreter request cards given out at booking, including information in appropriate language on the back for reduced fetal movements.
- o   English for pregnancy and birth classes.
- o   Created patient information Videos – Fetal movement, pregnancy journey, Brief early pregnancy health information.
- o   Supporting digital poverty with access to data and tech.

        o   Working with local bus companies to provide bass passes, when we have been told, they cannot afford to get to hospital, where families are isolated, or they must wait for childcare.

5.2   A quality Improvement group will now be established to support system wide work to drive the improvement through the recommendations, this will include working collaboratively with all stakeholders.

6   Birth Trauma Inquiry Report - Listening to Mums: Ending the Postcode Lottery on Perinatal Care

6.1   The inquiry into birth trauma report was released on the 13th of May, brought together the findings of listening to 1300 patients and 100 members of the workforce, with 7 evidence sessions being undertaken, which included and equality and diversity lead within the Black Country LMNS.

6.2   Key facts the inquiry found:

- Marginalised groups had notably poorer outcomes
- 1.2% of Fathers develop post-traumatic stress disorder (PTSD) after witnessing their partner give birth (7000 people every year)
- 4-5% of women/ birthing people develop PTSD every year (30,000)
- Birth Injuries, obstetric anal sphincter injuries occur in an estimated 3.1% (14,000 cases), this service has noted an increase trend over the last 3 months and have commissioned a thematic review led by the patient safety team.

7   Key Themes

- Failure to listen
- Lack of informed consent
- Poor communication
- Lack of pain relief
- Lack of kindness
- Breastfeeding problems
- Postnatal care

7.1   A series of national recommendations were developed to demonstrate what a good service would look like, including recommendations on antenatal education, listening to women, sharing good practice and evidence-based care, consent, a safe working environment for staff, transparency and accountability, postnatal care, partners, racism, trauma informed care and mental health support.

7.2   Benchmarking of the current service against these recommendations is in progress and being led by the Consultant Midwife and will report through the maternity safety meeting and the Quality Committee. We have started to combine all action plans into a single maternity plan and will incorporate any actions post the independent review and CQC report. This maternity action plan will be monitored through the clinical group governance structure, the maternity safety meeting and Quality Committee

8.   Care Quality Commission Unannounced Visit

8.1   Following several contacts from the Care Quality Commission (CQC) over the last few months with concerns raised by both staff and patients, the service received a 2-day unannounced visit on the 4th and 5th of June 2024 and a further visit on the 17th June and 30th June 2024.

8.2 The visit focused purely on inpatients (where the concerns had been raised), looking specifically at the well led, safe and effective domains. The letter outlining the initial high-level feedback is in the Trust Board reading room, which reflects the feedback given to Executives and senior midwifery leads at the end of the 2nd day. This included feedback about staff stating there has been a culture of bullying and they felt they could not speak up. The staff have now started to approach the interim Head of Midwifery to discuss their concerns. Visibility of the senior maternity team was also raised

8.3 Further contact was received on the 28th June and 30th June respectfully regarding concerns over induction of labour as we are currently not at National guidelines which is from 40 + 7 gestation and concerns regarding Triage. An immediate response was sent to both letters on 1st July. A full submission of the evidence requested has been sent to the CQC.

8.4 We don't yet have a timescale as to when to expect the full report. The inspection team on 30th June explained that they are undertaking Maternity inspections differently to previous inspections and this will be more in depth and targeted where needed.

9. **Independent Review Update**

9.1 As Trust Board are aware, an independent review has been commissioned as a follow up to the previous independent review in 2021 which was commissioned primarily to look at leadership and culture within the maternity department and will address the initial feedback on leadership and culture issues raised by the recent CQC inspection verbal feedback. The Terms of Reference for this current review are as follows:

- What progress has there been in developing the culture in maternity?
- Have there been improvements in staff's ability to speak up, be developed and have equal opportunities?
- What changes are needed in leadership style?
- How is safety embedded in the department?
- What service improvements are in progress or required to further improve, safety, quality, and communication, as part of the three-year delivery plan?
- Do the current structures (Governance & Staffing/team) support a culture of quality, safety, staff engagement and ability to speak up?

9.2 The Trust should receive this report by the end of the month. 2 weekly meetings are in place with the independent reviewer, the Chief Nursing Officer and Chief Medical Officer.

10 Recommendations

10.1 The Public Board is asked to:

a. **NOTE** and **CHALLENGE** the report
b. **APPROVE** the Ockenden Framework
c. **DISCUSS** the CQC inspection to date and TOR for the Independent Review

Helen Hurst
Director of Midwifery
30th June 2024

Annex 1 – Ockenden Framework update

Annex 1 - Ockenden Framework Update for July (April and May data) 2024

Data Measures	Summary						Key Points
Findings of review of all perinatal deaths using the real time data monitoring tool Rate is per thousand births. 2/512 = 2 still births out of 512 in month births	**2023-24**	**Jan**	**Feb**	**March**	**April**	**May**	SB occurred between 28 and 36 weeks. The 2 NND occurred at 23+6 weeks and 39+6, first case in advanced extreme preterm labour the second case was an unbooked for maternity care, no previous contact made. Cases will be reviewed using the perinatal mortality review tool and graded according to the findings. The quarterly report on cases will be presented to quality committee next month.
	Corrected Stillbirth rate	3.9 2/512	3.95 2/506	6.09 3/493	2.0 1/487	4.2 2/474	
	Neonatal Mortality Rate	0 (0)	2 (1)	0	0	4.2 (2/472)	
	Perinatal Mortality Rate	3.9	5.9	6.09	2.0	8.4	
	Rolling PNMR from January	2/512 3.9	6/1018 5.9	9/1511 5.9	10/1998 5.0	14/2472 5.7	

Data Measures	Summary			Key Points
Findings of review all cases eligible for referral to Maternity and neonatal safety investigation MNSI)	Current ongoing MNSI / Serious Incident Investigations		Case details	MNSI has replaced the Health Services Investigations Branch (HSIB).
	Open MNSI Referrals (also reported as corporate SIs)	7	5 HIE / Cooling 1 Intrapartum Stillbirth	
	Open Corporate SI Cases	3	1 x IUD 1 x NND 1 x Extravasation Injury (Awaiting investigator allocation)	
	Concise Reviews Commissioned	0		
	Completed Reports		Case Details	
	MNSI	0		
	Corporate SI Cases	0		
The number of incidents logged graded as moderate or above and what action being taken.	2 cases reported to MNSI in April 0 reported in May			Comprising of 2 cases of HIE / therapeutic cooling, 1 case is on hold due to current ongoing external input.
Training compliance for all staff groups in maternity, related to the core competency framework and wider job essential training.	Current compliance is 90% for Midwives Consultants (impacted upon by industrial action) and trainees (new to Trust, plan in place) range. from 66%-88%% Anaesthetic Consultants and trainees 81-67% Trajectory in place to reach 90% with associated actions.			Professional training database (core competency framework) monitored by education team and reported through Group governance to QC.
Minimum safe staffing in maternity services, to include obstetric cover on the delivery suite, gaps in rotas and	Midwifery vacancy is 29 wte, Obstetric workforce			23 midwifery job offers made, this however will impact skill mix again and will require planning and support. The

Obstetric workforce	
Consultant	1 vacancy (locum in place)

minimum midwifery staffing, planned vs actual prospectively.	Middle Grade	3 Vacancies	service is impacted further by the current international midwives progressing through competency to work autonomously. The workforce gap does impact on the morale of our workforce, with support for health and wellbeing in place. Work continues to improve safety culture which is impacted. NNU nursing plan in place, to over recruit at band 5 to grow QIS.
	NNU Nursing vacancy mainly within QIS at 13 wte Neonatal Clinicians		
	Tier 1	0 vacancies	
	Tier 2	0 vacancies	
	Tier3	10 in post (includes 2 locums)	
	Both nursing and clinical establishment funding is British Association of Perinatal Medicine complaint.		
Service User Voice feedback	Complaints received related to communication, care and information sharing. Special mention for Specialist Midwife after providing care and support for a patient who has been able to make life changes and successfully able to take her baby home		
Staff feedback from frontline champions and walk-abouts	feedback from Executive and Non-Executive safety champion focus on morale and staffing, however staff have started to see a more supportive environment. Freedom to speak up walkabouts, listening events by the teams have also been taking place regularly to support the culture of staff being able to raise concerns has been positive overall.		LIA events have been held across the services. They will be working together on developing a vision and strategy aligned to the Trusts.
MNSI/NHSR/CQC or other organisation with a concern or request for action made directly with Trust	MNSI action plan monitored through quality committee, with good progress being made. Significant delay / 0 / In progress / 24 / All actions are monitored in accordance with completion date. Complete / 12 / Refer to evidence (folder available).		
Coroner Reg 28 made directly to Trust	None		None
Progress in achievement of CNST10	The team are working through MIS year 6, with governance in place to ensure oversight and provide update via the Group.		
Proportion of midwives responding with 'Agree or Strongly Agree' on whether they would recommend their trust as a place to work or receive treatment	Reported via staff survey report.		

Proportion of specialty trainees in Obstetrics & Gynaecology responding with 'excellent or good' on how they would rate the quality of clinical			
	GMC National Training Survey - Obs & Gynae specialty		
	Indicator	**Mean score**	**Outcome**
	Adequate Experience	67.76	Within IQR
	Clinical Supervision	90.66	Within IQR
	Clinical Supervision out of hours	86.46	Within IQR
	Educational Governance	62.72	Within IQR
	Educational Supervision	82.24	Within IQR
	Facilities	56.77	Within IQR
	Feedback	59.67	Within IQR
	Handover	71.27	Within IQR
	Induction	86.84	Within IQR
	Local Teaching	52.40	Within IQR
	Overall Satisfaction	67.11	Within IQR
	Regional Teaching	73.74	Within IQR
	Reporting Systems	68.42	Within IQR
	Rota Design	58.82	Within IQR
	Study Leave	63.16	Within IQR
	Supportive Environment	66.79	Within IQR
	Teamwork	73.69	Within IQR
	Work Load	52.46	Within IQR

Report title:	Financial Position – to 31 May 2024 (Month 2)
Sponsoring executive:	Simon Sheppard, Acting Chief Finance Officer
Report author:	Simon Sheppard, Acting Chief Finance Officer
Meeting title:	Public Trust Board
Date:	10th July 2024

1. Summary of key issues *two or three issues you consider the* PublicTB *should focus on in discussion]*

As of the end of May 2024, the Trust reported a deficit of £10.665 million, which is £958,000 worse than planned, and an underspend of £2.386 million in the capital programme with a cash balance of over £38 million.

Key issues include being 111 whole-time equivalents above the workforce plan and needing to address a significant shortfall in elective recovery activity, despite improvements in clinical coding and counting. The Trust Board is asked to note the financial position and the critical areas of focus, including workforce management, elective recovery, and the financial improvement programme.

2. Alignment to our Vision [indicate with an 'X' which Strategic Objective[s] this paper supports]

OUR PATIENTS	- To be good or outstanding in everything that we do	**X**
OUR PEOPLE	- To cultivate and sustain happy, productive and engaged staff	**X**
OUR POPULATION	- To work seamlessly with our partners to improve lives	**X**

3. Previous consideration *[at which meeting[s] has this paper/matter been previously discussed?]*

Performance Management Group; Trust Management Committee; Finance & Productivity Committee

4. Recommendation(s)

The Public Trust Board is asked to:

a) **NOTE** the financial position at the end of May 2024.

b) **DISCUSS** the key areas of focus of workforce trajectory, elective recovery and the financial improvement programme.

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]*

Board Assurance Framework Risk 01	X	*Deliver safe, high-quality care.*
Board Assurance Framework Risk 02	X	*Make best strategic use of its resources*
Board Assurance Framework Risk 03	X	*Deliver the MMUH benefits case*
Board Assurance Framework Risk 04	X	*Recruit, retain, train, and develop an engaged and effective workforce*
Board Assurance Framework Risk 05	X	*Deliver on its ambitions as an integrated care organisation*
Corporate Risk Register [Safeguard Risk Nos]		
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

Sandwell & West Birmingham NHS Trust

Report to the Public Trust Board on 10th July 2024

Financial Position – to 31 May 2024 (Month 2)

1.   Executive summary

1.1   This report updates the Trust Board on the financial position at the end of May 2024 against the Income & Expenditure plan and the capital and cash programmes. It also provides an update on the key drivers of the financial plan, these being, workforce, elective recovery and the financial improvement programme.
.

1.2   The key performance measures are:

- At the end of May the Trust has reported a deficit of £10,665k which is £958k adverse to the Income & Expenditure Plan.
- £2,386k under spend against the capital programme.
- A cash balance of over £38m.
- £269k favourable position against the elective recovery funding inclusive of significant clinical coding and counting improvements.
- 111 whole time equivalents above the plan trajectory reflecting the additional capacity open.

1.3   The Trust Board is asked to note the financial position, the key areas of focus and the mitigating actions to manage the risks.

2.   Introduction

2.1   The Trust Board on 8 May 2024 approved the Operational Plan for 2024/25. From a financial perspective this included:

- The Income & Expenditure (I&E) Plan of £43.2m deficit plan inclusive of a £44.1m (5.7%) efficiency plan.
- A capital plan of £16.5m.
- A monthly cashflow plan that ends the year with a circa £6m balance (from £65m as at 31 March 2024).
- A reduction in deployed workforce of 158wte by 31 March 2024.

2.2   All providers were asked to resubmit plans on the 12 June 2024. From a financial perspective there were no changes.

2.3   This report updates the Trust Board on the financial position at the end of May 2024 (Month 2), and the key elements of this position including performance against the workforce plan and the elective activity plan.

3.   Financial Overview

3.1   Table 1 provides a summary of the key financial metrics.

Table 1 – Financial Key Metrics

	In Month Plan £ms	In Month Actual £ms	In Month Variance £ms		Year to Date Plan £ms	Year to Date Actual £ms	Year to Date Variance £ms
I&E Performance	(4.70)	(3.29)	🟢 1.41		(9.71)	(10.67)	🔴 (0.95)
Agency Costs	0.57	1.61	🔴 (1.03)		1.82	3.03	🔴 (1.21)
Efficiency & Recovery Programme	1.96	1.54	🔴 (0.42)		3.91	3.51	🔴 (0.41)
Capital Expenditure (ICB Allocation)	2.20	0.80	🟢 1.39		3.58	1.39	🟢 2.19
Capital Expenditure (Other)	2.36	2.60	🔴 (0.24)		8.40	6.12	🟢 2.29
Cash Balance	45.63	38.05	🔴 (7.58)		45.63	38.05	🔴 (7.58)

Income & Expenditure Performance

3.2   At the end of May the Trust has reported a deficit of £10,665k which is £958k adverse to the Plan.

	Plan £000s	Actual £000s	Variance £000s
Patient Related Income	(107,570)	(107,536)	(34)
Other Income	(9,794)	(8,723)	(1,071)
Pay	78,080	77,950	130
Non Pay	48,991	48,974	17
Total	9,707	10,665	(958)

3.3   The key points for the Trust Board to note are:

- On plan against the key categories with the exception of other income.
- Other income – this includes the income planning assumption relating to £18.75m income from the Birmingham & Solihull (BSol) Integrated Care System.   Whilst the BSol ICB have confirmed a transfer of £12.06m recurrently to the Black Country Integrated Care Board (ICB) this still leaves a shortfall. The adverse position is the year to date shortfall.
- Excluding the income assumptions the Trust would be ahead of plan at M2.

3.4   The month 2 position, with the exclusion of the MMUH income assumptions, is encouraging. However, the Trust Board should note the trajectory of the plan becomes ever stretching and the mitigating actions described later in the paper need to be enhanced from an action and delivery perspective.

Workforce

3.5   The Trust has agreed on a stretch workforce plan for the current financial year targeting a 5% reduction, excluding MMUH, equivalent to approximately 400 whole time equivalent (WTE). With the need to recruit for MMUH (242 FWE), the net planned reduction is 158 'deployed' WTE, representing around a 2% reduction. However, by the end of May, the Trust is 111 FTE adverse to the plan. Details are provided in Annex 1.

3.6   Key actions to support getting back on track with the trajectory include:

- Group Establishment reviews and recurrent disestablishment of posts where safe to do so. There is a dedicated session with the Groups and Executive team on the 2 July.

- Whilst we have seen an increase of substantive recruitment over plan the challenge is ensuring that bank and agency are significantly reduced to offset this. A detailed review of agency, interim and fixed-term posts has commenced.

- The [safe] closure of additional capacity in Medicine (86 FTE) directly linked to the MMUH bed fit challenge.

- Implementation and delivery of the workforce related Financial Improvement Programme (FIP) schemes. Three workforce workstreams have been mobilised as part of the FIP, focusing on Rostering, Medical Workforce, and Temporary Staffing. This comprehensive approach aims to align workforce metrics with strategic goals, ensure optimal staffing levels, improve recruitment and retention, manage sickness absence effectively, and streamline workforce processes to support the Trust's objectives. These programmes of work are key 'enabling' workstreams for delivering the Trust's 2024/25 plan (deployed FTE reductions), and the wider FIP trajectories, including aligning to support delivery of the Operational Productivity programmes (Theatres/Outpatient productivity).

Elective Recovery

3.7   As part of the 2024/25 Operational Plan the Trust Board approved the activity and elective recovery trajectory.   This included a submission of 103.4% relating to the value weighted activity.   This SWB submission supported the Black Country ICB in submitting in excess of the national target of 107%.

3.8   In total the Trust needs to deliver a minimum £128.2m income in 2024/25 to meet the elective recovery funding (ERF) target. The monthly values reflect a realistic profile taking account of working days and the opening of MMUH. Annex 2 graphically shows performance to date and the monthly trajectory.

3.9   Month 2 performance is summarised in the table below and clearly shows a positive start to the 2024/25 financial year against ERF - £269k favourable.

Variable_Type	PodGrpCode2	Total Activity Plan	Total Activity Actual	Total Activity Diff	Total Price Plan	Total Price Actual	Total Price Diff
Variable ERF	Daycase	6,100	5,996	-104	£6,426,556	£6,117,721	-£308,835
	Elective	940	832	-108	£3,799,023	£2,882,246	-£856,778
	Excess Bed Days	260	296	36	£95,847	£94,357	-£1,490
	OP New Attendances	37,208	39,253	2,044	£7,246,369	£7,609,748	£363,379
	OP New Virtual Attendances	3,712	3,456	-256	£798,854	£754,038	-£44,835
	OP Procedures	21,954	28,607	6,654	£4,108,564	£5,225,198	£1,117,638
Variable ERF Total		70,174	78,441	8,267	£22,415,254	£22,684,329	£269,075
Variable Other Elective	Imaging - Direct Access	10,952	9,068	-1,883	£788,811	£621,670	-£167,141
	Imaging - OP Diagnostics	10,500	11,268	769	£1,221,915	£1,316,898	£94,983
	Chemotherapy	634	420	-213	£154,973	£117,405	-£37,566
Variable Other Elective Total		22,085	20,757	-1,328	£2,165,699	£2,055,972	-£109,727
Grand Total		92,259	99,198	6,939	£24,580,953	£24,740,301	£159,348

3.10 It is important for the Trust Board to be aware of the significant improvement in the coding and counting and the impact on the ERF numbers – both activity and £'s. This is estimated to be in excess of £6m in 2024/25.

3.11 Whilst the improved counting is an excellent start, if we exclude the in year improvement from this, it does highlight the significant adverse position in day case and elective activity. -11%, £1.2m, adverse on the income plan. The Theatres workstream of the Financial Improvement Programme needs to ensure the identified improvements are implemented to recover this position and support over-performance against the Plan.

Financial Improvement Programme

3.12 The Trust has a very stretching and ambitious financial improvement programme of £44.1m in 2024/25.

3.13 The target is profiled approximately 40% (£17m) in the first half of the year and 60% (£27m) in the second half. The year to date position is an actual performance of £3.5m against a plan of £3.9m.

3.14 The pipeline of opportunities currently stands at c£33m PLUS, significant hopper ideas not yet valued. Pipeline opportunities must progress through the gateway process before they can be reflected on the tracker for profiled reporting. Workstreams have been mobilised to progress this in addition to further ideas generation.

3.15 Each workstream has an accountable Executive with support from a responsible officer and the project management office. The workstreams can be grouped into 2 categories – those of a desk top nature / corporate driven such as contract review, clinical coding and counting and procurement and those requiring operational support and capacity such as workforce, theatres and outpatients.

Capital and Cash

3.16   The Trust is reporting a £2,386k underspend year to date against the plan of £11,798k. This underspend is across all the categories. The respective professional leads have been tasked with ensuring this underspend is recovered during quarters 2 and 3.

3.17   The cash balance at the end of May is £38m and the Trust is still forecasting not to require any borrowing during 2024/25.

4.   Risks & Mitigation

4.1   Overall, across all of the Operational Plan metrics the plan can be described as stretching, ambitious and realistic. That said, it is not without risks, which are actively being managed and mitigated.

4.2   The risks can be summarised into 4 categories and are shown in Annex 4.

4.3   The risks within the plan are well understood by the Executive team and will be reflected in the 2024/25 risks register and Board Assurance Framework (inclusive of actions and controls). Oversight of the management of these risks at Board level will be via the relevant Board committee.

5.   Recommendations

5.1   The Public Trust Board is asked to:

a.   **NOTE** the financial position at the end of May 2024.
b.   **DISCUSS** the key areas of focus of workforce trajectory, elective recovery and the financial improvement programme.

Simon Sheppard
Acting Chief Finance Officer

26 June 2024

Annex 1: Workforce trajectory and performance to date
Annex 2: Elective Recovery Performance
Annex 3: Capital Programme
Annex 4: Risks & Mitigations

Date	01/03/2024	01/04/2024	01/05/2024	01/06/2024	01/07/2024	01/08/2024	01/09/2024	01/10/2024	01/11/2024	01/12/2024	01/01/2025	01/02/2025	01/03/2025
	Baseline	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan
	Staff in post outturn Year End (31 Mar-24)	As at the end of Apr-24	As at the end of May-24	As at the end of Jun-24	As at the end of Jul-24	As at the end of Aug-24	As at the end of Sep-24	As at the end of Oct-24	As at the end of Nov-24	As at the end of Dec-24	As at the end of Jan-25	As at the end of Feb-25	As at the end of Mar-25
	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE
Total	8141.03	8109.50	8085.11	8080.48	8087.58	8122.53	8106.11	8088.69	8071.28	8063.25	7959.00	7995.50	7983.00
Contracted FTE	7041.03	7036.92	7039.94	7062.73	7097.26	7159.61	7170.61	7180.61	7190.61	7210.00	7212.00	7212.00	7212.00
bank	998.00	974.08	950.17	926.25	902.33	878.42	854.50	830.58	806.67	782.75	720.00	720.00	711.00
agency	102.00	88.50	95.00	91.50	88.00	84.50	81.00	77.50	74.00	70.50	67.00	63.50	60.00

In-Month Actuals / Contracted	Apr-24	May-24
Substantive - Contracted	7,060.9	7,094.0
Administration and Estates	1,062.0	1,075.3
Healthcare Assistants and Support Staff	1,310.7	1,331.7
Management	304.6	307.6
Medical Staffing	923.6	924.7
Other Pay	-	-
Qualified Nursing and Midwifery	2,377.5	2,375.8
Scientific, Therapeutic and Technical	1,082.5	1,078.9
Bank	981.6	977.7
Administration and Estates - Bank Staff	151.9	161.5
Healthcare Assistants and Support Staff - Bank	358.6	338.0
Medical Staffing - Bank Staff	97.5	100.9
Qualified Nursing and Midwifery - Bank Staff	329.4	336.4
Scientific, Therapeutic and Technical - Bank Sta	44.2	40.9
Agency	127.2	124.3
Administration and Estates - Agency Staff	2.6	16.3
Healthcare Assistants and Support Staff - Agenc	0.8	-
Medical Staffing - Agency Staff	52.2	43.8
Qualified Nursing and Midwifery - Agency Staff	51.7	40.8
Scientific, Therapeutic and Technical - Agency St	20.0	23.4
Grand Total	8,169.8	8,196.0

- Plan workforce trajectory at the end of May of 8,085 WTE
- Actual workforce WTE of 8,196.
- Adverse position of 111WTE, predominately due to additional capacity remaining open.

Chart 3: ERF Performance 2024-2025 - Cumulative Value v Plan and Forecast
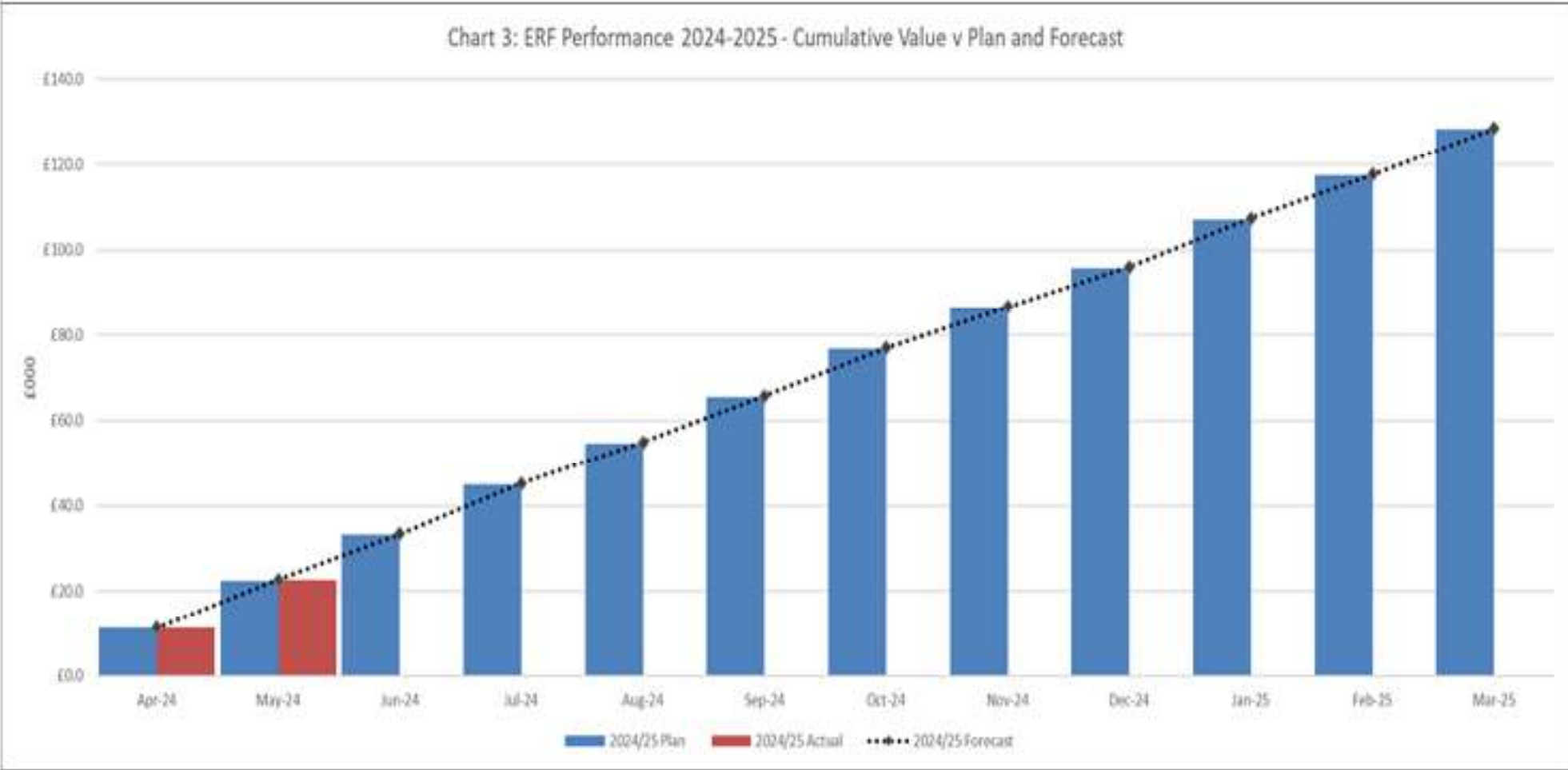
	Annual	Year to Date			Year End Forecast		
	NHSE Plan	NHSE Plan	Actual	Variance	NHSE Plan	Forecast	Variance
	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Internal - Self Financing							
Estates	8,500	2,090	868	1,222	8,500	10,150	-1,650
Mid Met Urgent Treatment Centre	11,127	0	15	-15	11,127	11,127	0
IT	4,147	846	505	341	4,147	4,147	0
Medical equipment	3,855	642	0	642	3,855	5,223	-1,368
Charity	0	0	0	0	0	90	-90
Sub total	**27,629**	**3,578**	**1,388**	**2,190**	**27,629**	**30,737**	**-3,108**
External - PDC Funded							
IT - Frontline Digitisation	4,200	700	36	664	4,200	4,200	0
MMUH - Cost to complete	15,739	4,822	4,195	627	15,739	15,739	0
Learning Hub / Campus	13,384	1,025	238	787	13,384	13,484	-100
Sub total	**33,323**	**6,547**	**4,470**	**2,077**	**33,323**	**33,423**	**-100**
TOTAL INTERNAL & PDC FUNDED	**60,952**	**10,125**	**5,858**	**4,267**	**60,952**	**64,160**	**-3,208**
Technical-IFRIC12							
BTC & MES	1,190	198	170	28	1,190	1,190	0
ROU Assets - IFRS16							
ROU Leased Assets (internally Funded)	1,475	1,475	3,384	-1,909	1,475	1,475	0
Trust Wide Programme	**63,617**	**11,798**	**9,412**	**2,386**	**63,617**	**66,825**	**-3,208**

The table above shows the Month 2 spend position against the agreed Trust plan for 24/25, which includes an overcommitment of £3.2m against the NHSE plan.

The Capital workstream leads are producing a rephased plan for the remainder of 24/25 to ensure progress can be monitored.

A revised MOU for MMUH will be released, the Trust's Finance teams are liaising with NHP Finance to agree a timescale and an agreed forecast for 2024/25.

Theme	Risk	Board Committee Oversight	Update
MMUH	Operational readiness Bed Fit Unforeseen costs	MMUH Opening Committee	12-week sprint to support the discussion at the Board on 21 August 2024. There is no contingency in the plan for additional beds
Financial	Efficiency at 5.7% Cash Excess inflation BSOL income assumption No contingency in the plan	Finance & Productivity Committee	CIP is £3.5m against a £3.9m target year to date. Urgently requires the opportunities moved to delivery particularly around reducing pay costs and increasing income
Workforce	Recruitment Retention Sickness levels Temporary staffing reduction Industrial Action	People	We are 111 adverse to our agreed trajectory. This requires immediate action as described in the paper. Additional capacity needs to safely be closed to support us getting on track. Granular review of temporary staffing needed for M3 reporting
Capacity	Winter Plan Additional beds required People to support MMUH opening and core business	Finance & Productivity Committee	

Report title:	Staff Survey/Pulse Survey Engagement Scores
Sponsoring executive:	James Fleet, Interim Chief People Officer
Report author:	James Fleet, Interim Chief People Officer
	Emily Smith, Head of Internal Communications
	Berenice Lufton, Head of Operational Insight
Meeting title:	Public Trust Board
Date:	10th July 2024

1. Summary of key issues *two or three issues you consider the PublicTB should focus on in discussion]*

The Trust's staff survey performance has been within the lower quartile for some years.

Improving the Trust's staff engagement score within the Staff Survey and Pulse Survey is one of the 10 strategic measures of success within the Strategic Planning Framework (SPF). Improving the Staff Survey and Pulse Survey response rates is one of the Trust's six priority in-year objectives for 2024/25.

A report summarising the 2023 Staff Survey and 2023/24 Q4 Pulse Survey results was presented to the March meeting of the Public Trust Board. This report also sets out a range of improvement actions, including a framework for driving continued improvements in the response rate, engagement scores and the People Promises and Themes. The Interim Chief People Officer committed to providing the Board with regular updates on the work to improve staff engagement, experience and satisfaction within the Trust.

A detailed paper summarising the 2023/24 Q4 and 2024/25 Q1 Pulse Survey results, with a focus on the staff engagement scores, was discussed at the June meeting of the People Committee. Whilst acknowledging the positive improvement in the Trust's overall engagement scores, the Committee convened a thorough discussion regarding the variation across different parts of the organisation, as well as the action required to support improvements.

This paper provides a summary update on the response rates and engagement scores from the recent Pulse Surveys, as well as on the mobilisation of the People Engagement Teams (PETs).

The paper covers the following:
- Improved response rates and engagement scores.
- Development and mobilisation of People Engagement Teams (PETs)

2. Alignment to our Vision [indicate with an 'X' which Strategic Objective[s] this paper supports]

OUR PATIENTS	- To be good or outstanding in everything that we do	
OUR PEOPLE	- To cultivate and sustain happy, productive and engaged staff	
OUR POPULATION	- To work seamlessly with our partners to improve lives	

3. Previous consideration *[at which meeting[s] has this paper/matter been previously discussed?]*

People Committee.

4. Recommendation(s)	
The Public Trust Board is asked to:	
a)	**NOTE** the improvement in staff engagement scores in the 2023/24 Q4 and 2024/25 Q1 Pulse Surveys
b)	Take **ASSURANCE** that the actions set out in the previous paper to the Trust Board (March 2024) are having a positive impact on overall staff engagement scores.
c)	Take **ASSURANCE** that targeted action is being taken to address those areas with low staff engagement scores.
d)	**SUPPORT** the action to mitigate the risk to reduced response rates and engagement scores for the Q2 Pulse Survey and annual Staff Survey during the 'no fly zone' for MMUH.
e)	**SUPPORT** the ongoing work to embed the newly established People Engagement teams.

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]*		
Board Assurance Framework Risk 01		*Deliver safe, high-quality care.*
Board Assurance Framework Risk 02		*Make best strategic use of its resources*
Board Assurance Framework Risk 03		*Deliver the MMUH benefits case*
Board Assurance Framework Risk 04	x	*Recruit, retain, train, and develop an engaged and effective workforce*
Board Assurance Framework Risk 05		*Deliver on its ambitions as an integrated care organisation*
Corporate Risk Register [Safeguard Risk Nos]		
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board on 10th July 2024

An update on our staff engagement journey

1.   Introduction Staff Engagement as a Strategic Priority

1.1   Staff engagement has a direct impact on the quality of care, patient outcomes, and overall organisational effectiveness. There is a wealth of research which highlights that engaged staff are more likely to be motivated, committed, and productive, which directly impacts the delivery of healthcare services.

1.2   The NHS Staff Survey measures progress and improvement against the seven elements of the People Promise. The NHS Staff Survey provides valuable insights into how to improve the way that the Trust engages, resources, supports, develops and communicates with staff across the organisation. Alternatively, the Quarterly Pulse Survey is designed to be a snapshot look at the culture, staff experience and leadership within NHS organisations. These surveys combine to inform the staff engagement score.

1.3   The staff engagement score is made up of three broad measures, these are motivation (related to individual job), involvement (at ward and wider level) and advocacy (willingness to recommend the organisation as a place to work and to be treated). The higher the engagement score the more likely staff are motivated, productive and committed to the organisation's success.

1.4   High levels of staff engagement are typically reflected in performance across wider workforce performance indicators, particularly, reduced sickness absence, improved levels of recruitment, reduced vacancy levels, reduced instances of bullying and harassment, as well as higher levels of workforce productivity and better patient care. Improvement in staff engagement scores is one of the core optimisation metrics and success measures for the move to MMUH.

1.5   Historically, the Staff Survey and Pulse Survey response rates and engagement score for the Staff Survey and Pulse Surveys at Sandwell and West Birmingham have remained within the lower quartile of performance of a similar size Trusts locally, regionally and nationally.

2.   Staff Engagement as a Strategic Priority

2.1   Improving the staff engagement score is one of the Trust's 10 success measures within the Strategic Planning Framework (SPF). Improving the Staff Survey and Pulse Survey response rates is one of the Trust's six priority in-year objectives for 2024/25.

2.2   The February meeting of the People Committee convened a deep dive into the 2023 annual Staff Survey results and the 2023/24 Q4 Pulse Survey results, which included a summary of the results at Trust, Clinical Group/Corporate, Directorate and Team levels. This deep-dive exercise informed the development of a set of improvement actions and interventions, which included establishing People Engagement Teams (PETs) for all Groups and Corporate Directorates.

2.3   A report was presented to the March 2024 public Trust Board, which summarised the Staff Survey and Pulse Survey results, along with the proposed local and corporate improvement actions, including the role of the PETs. The Interim Chief People Officer committed to providing the Board with regular updates on the work to improve staff engagement, experience and satisfaction within the Trust.

2.4   The PETs were formally launched at a trust wide event, which was attended by over 150 staff and supported by Professor Micheal West on 18th March.

2.5   A detailed paper summarising the engagement scores from the 2023/24 Q4 and 2024/25 Q1 Pulse Surveys was presented to the June People Committee. Whilst the Committee welcomed the positive improvement in the Trust's overall engagement scores, there was a thorough discussion regarding the variation in staff engagement scores across different parts of the organisation. The Committee noted that securing a consistently high level of staff engagement across the organisation will be critical to delivering a large part of the benefits case for MMUH, as well optimising the retained estate. Therefore, the People Committee supported the proposed action to target improvements in those areas with staff engagement scores which have fallen below the average for the Trust, based on the most recent Pulse Surveys, whilst also continuing to deliver improvements for staff locally through the People Engagement teams (PETs).

2.6   This paper provides the Trust Board with a summary update on:
   o Improved response rates and engagement scores from the 2023/24 Q4 and 2024/25 Q1 Pulse Surveys.
   o Development and mobilisation of PETs.
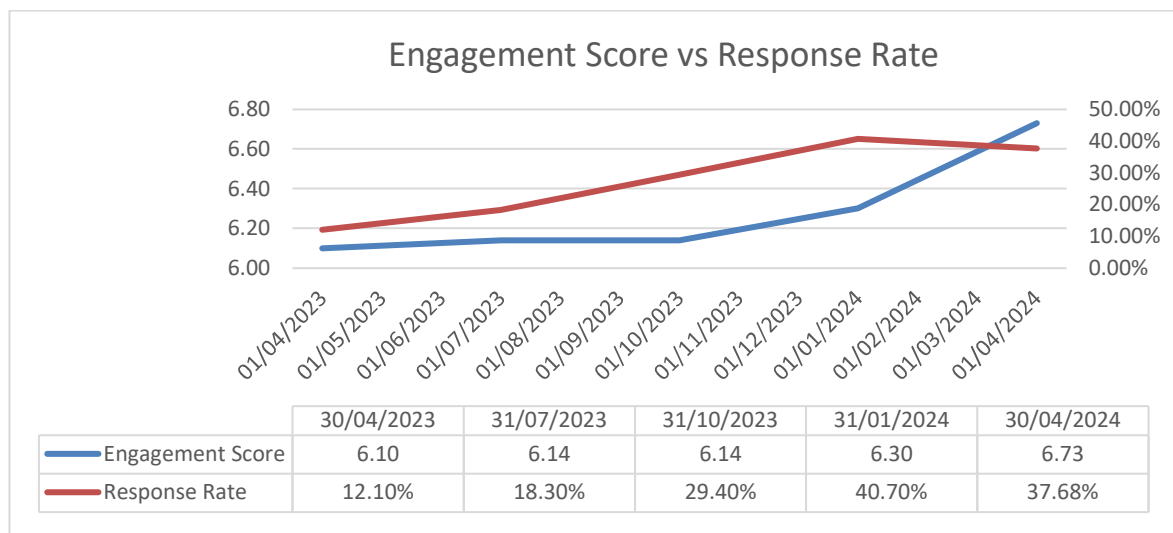

3.   **Pulse Survey Results – Engagement Score**

3.1   There is a direct correlation between the survey response rates and the staff engagement score. Therefore, a range of steps were taken to drive higher levels of staff participation for the last two Pulse Surveys, including encouraging leaders to take a more active role in facilitating survey completion. These actions were reflected in the most recent response rates. The response rate for the 2023/24 Q4 Pulse survey was 40.8% (the highest response rate for any Staff Survey or Pulse Survey at SWB). Whilst slightly lower (38%) the response rate for the latest 2024/25 Q1 Pulse Survey was significantly higher than the Trust's average Pulse Survey response rate of 21%. As previously reported, the 2023 National Staff Survey response rate (29%) was the Trust's lowest Staff Survey response for many years.

3.2   The graph below shows the staff engagement scores for previous pulse surveys. This data highlights the significant improvement in SWB's engagement score across the 23/24 Q4 and

2024/25 Q1 Pulse Surveys, against the Trust's engagement score target (7.0) as well as previous performance.
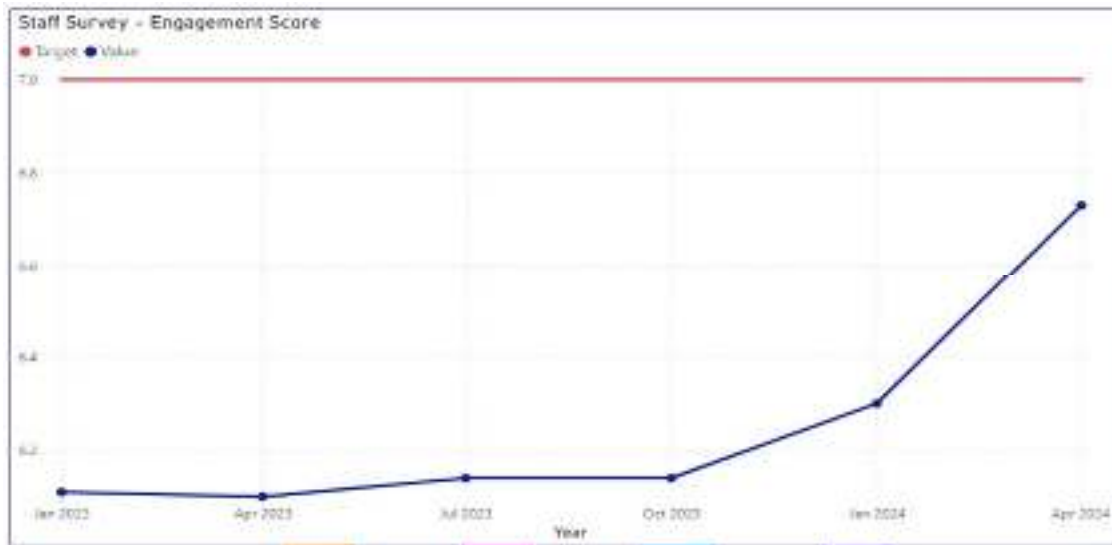
3.3 Whilst the Trust's engagement score increased by 3.2% from April 2023 to January 2024, the most recent engagement score has improved by 6.4%, which represents double the level of improvement achieved during the previous 12 months, in the most recent quarter.

3.4 The graph below demonstrates the direct relationship between the engagement score and response rate. These data points highlight the correlation between the response rate increase and the engagement rate increase. For each percentage increase in the Trust's response rate the engagement score increases by 0.07. Therefore, any decrease in the future Staff Survey or Pulse Survey response rates, including for the next Pulse Survey in July 2024 would most likely reduce future engagement scores. This risk has been discussed by the Trust Executive Team and the Trust Management Committee, given the requirement to focus leadership capacity on key MMUH transition activities during the no 'fly zone' (July – Dec 2024).

Engagement Score vs Response Rate

	30/04/2023	31/07/2023	31/10/2023	31/01/2024	30/04/2024
Engagement Score	6.10	6.14	6.14	6.30	6.73
Response Rate	12.10%	18.30%	29.40%	40.70%	37.68%

Nb. The January Q1 Pulse Survey 2024 data point was provided by a different supplier, it allowed for a level of duplicate entry, whereas the April Q4 Pulse Survey was provided by a different supplier (PICKER) and required an identifiable nhs.net email address, therefore avoiding any risk of duplicate entries.

4. Summary Analysis

4.1 The table below shows the latest 2024/25 Q1 Pulse Survey results, broken down by group and by the themes that make up the overall engagement score (advocacy, involvement, and motivation). The highest scoring clinical groups for engagement were Corporate Services, PCCT, Women & Child Health and Surgical Services. The lowest overall score was 5.62 for motivation in Imaging.

Group	Advocacy	Involvement	Motivation	Engagement
Corporate	6.82	7.18	7.03	7.01
PCCT	6.78	6.88	6.56	6.74
Surgery	6.75	6.93	6.36	6.69
Women and Child	6.72	6.89	6.44	6.69
Medicine	6.61	6.78	6.20	6.53
Imaging	6.20	6.31	5.62	6.05

4.2 Whilst all the groups (except for Imaging) showed an increase in their engagement score from the 2023 Staff Survey engagement score in Q4, surgery demonstrated a continued upward trend in Q1. Surgical Services have increased their engagement scores above both the staff survey and the Q4 pulse survey. This reflects the significant efforts by the Surgery leadership team to embrace the Pulse Survey and to actively encourage and facilitate staff to complete the survey within work time. The Surgery leadership team actively engaged staff on a face-to-face basis to drive up response rates.

4.3 Across the 28 directorates, 10 (35%) scored higher on engagement in the latest 2024/25 Q1 Pulse Survey than the previous 2023/24 Q4 Pulse Survey and 18 (64%) scored higher engagement than the 2023 Staff Survey. Only six directorates had lower scores in the latest survey than both the 2023/24 Q4 Pulse Survey and the 2023 staff survey. Targeted support will be provided to these areas to support improvement.

4.4 The analysis demonstrates that some areas have achieved engagement scores that are between 25% - 28% above the Trust's overall engagement score average. These areas have been highlighted as examples of internal 'best practice' and will provide valuable learning for the wider organisation.

4.5 The newly established People Engagement Teams (PETs), as well as the Staff Networks and Staff Side/trade unions, will also play a key role in:

   o Promoting best practice for staff engagement

   o Engaging staff at all levels

   o Encouraging staff to engaged withy the Staff Survey and Pulse Surveys

   o Developing and delivering meaningful local actions to improve the experience of staff in response to the valuable feedback from the Staff and Pulse Surveys

   o Reflecting and learning form what works and what does not, including drawing on key data points from the Staff Survey and Pulse Surveys.

5. Summary

5.1 The recent Pulse Survey results demonstrate a positive movement in the Trust's overall engagement scores, which reflects the ambitions of SWB's People Plan and SPF measures of success. Sustaining these improvements in staff engagement is a priority for the organisation and has been highlighted as a key enabler to optimising MMUH and the wider retained estate.

5.2 Building on the positive improvements in the engagement score will require a consistent leadership approach, including a sustained focus on embedding staff engagement as a day-to-day priority.

5.3 To mitigate the risk that limited leadership capacity, during the 'no fly zone' period for MMUH, will negatively impact on the response rate and therefore engagement score for the July (24/25 Q2) Pulse Survey and October (2024) annual Staff Survey, the Trust Management Committee have empowered the PETs to take a lead in supporting sustained levels of participation.

6. People Engagement Teams

6.1 In March 2024, the Trust launched its PETs at an event, where Professor Michael West spoke about the importance of engagement and the direct link to patient care and experience.

6.2 People Engagement Teams are now fully mobilised across the clinical groups and in the larger corporate directorates. Further support is being provided to enable the wider corporate directorates to implement PETs.

6.3 At the Trust Management Committee in May, groups presented their PET delivery plans. The Groups have fully embraced the PETs and have actively supported their development and mobilisation, including establishing large diverse, multi-disciplinary and representative teams. The PETs are committed to delivering actions to improvement morale, development, work-life balance, flexibility, reward and recognition, as well as promote the visible senior leadership.

6.4 Progress updates from the PETs is captured through the monthly Executive Group Review process. Groups triumvirates are also required to present regular updates on the actions being delivered through their PETs to the Trust Management Committee.

6.5 An update on the PETs will be communicated to the wider Trust during September, in advance of the launch of the 2024 national Staff Survey in October. This will highlight the way that the feedback from the previous survey has been used to drive improvements for staff and encourage participation in the upcoming Staff Survey.

6.6 At the most recent Group Reviews (June 2024), positive updates were shared, including updates on the membership of the PETs and feedback from the initial PET meetings.

6.7   The PETs are meeting regularly and are being supported to achieve their objectives by the Communications. People and OD and Improvement teams. A senior improvement project manager has also been assigned to support this important programme of work.

6.8   There is also an active programme of work to re-launch and re-energise the Trust's Staff Inclusion Networks, which will play a major role in improving the experience of staff across the Trust. Over 30 applications were received for the vacant Chair and Deputy Chair roles. The appointment process for these key roles will be finalised during July.

The Board is asked to:

a. **NOTE** the improvement in staff engagement scores in the 2023/24 Q4 and 2024/25 Q1 Pulse Surveys
b. Take **ASSURANCE** that the actions set out in the previous paper to the Trust Board (March 2024) are having a positive impact on staff engagement scores.
c. Take **ASSURANCE** that targeted action is being taken to address those areas with low staff engagement scores.
d. **SUPPORT** the action to mitigate the risk to reduced response rates and engagement scores for the Q2 Pulse Survey and annual Staff Survey during the 'no fly zone' for MMUH.
e. **SUPPORT** the ongoing work to embed the newly established People Engagement Teams.

James Fleet, Interim Chief People Officer
Emily Smith, Head of Internal Communications
Berenice Lufton, Head of Operational Insight

19th June 2024