AGENDA - TRUST BOARD SESSION IN PUBLIC

Venue:	Conference Room of the Sandwell Education Centre	**Date:**	Wednesday 13th November 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
Ms S Thomas	(ST)	Interim Chief Integration Officer

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 –**	Verbal	**MR**
10:20	3.	**Minutes of the previous meeting and action log** To approve the minutes of the meeting held on Wednesday 11th September 2024 as a true/accurate record of discussions, and update on actions from previous meetings	TB (11/24) 001 TB (11/24) 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 (11/24) 003	**RBe**
10:35	7.	**Integrated Committee Chairs Report** • **Joint Provider Committee – Report to Trust Boards**	TB (11/24) 004 TB (11/24) 004a	**LW**
10:45	8.	**Board Metrics Exception Report**	TB (11/24) 005	**DB**
		MMUH		
10:55	9.	**MMUH Update Report**	TB (11/24) 006	**RBa**

Time	Item	Title	Reference Number	Lead
Break (10 mins) 11:15				
Our Population				
11:25	10.	Place Based Partnership Update	TB (11/24) 007	ST
Our Patients				
11:40	11.	Maternity and Neonates Report	TB (11/24) 008	MR
11:55	12.	Finance Report	TB (11/24) 009	SS
12:10	13.	Care Quality Commission (CQC) National Inpatient Survey 2023 Results	TB (11/24) 010	MR
12:20	14.	NHS App and the Federated Data Platform	TB (11/24) 011	DB
Our People				
12:30	15.	SWB Culture Programme- ARC Leadership and Team Effectiveness Update	TB (11/24) 012	JF
12:40	16.	Freedom to Speak Up Strategy Sign Off	TB (11/24) 013	MA
Governance and Risk				
12:50	17.	Well Led Review	TB (11/24) 014	KD
For Information				
12:55	18.	Board level metrics and IQPR exceptions	Reading Room	DB
	19.	Any other business:	Verbal	DN
	20.	Details of next meeting of the Public Trust Board: 8th January 2024 at 10:00am. This meeting will take place on TEAMS.		

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Trust Board: Wednesday 13th November

<u>Staff Story</u>

Summary of the Story :-

The board story focusses on the OD (team effectiveness and leadership development) interventions that have been deployed to support the transition of the Elderly Care service to MMUH to ensure safe patient care, whilst also strengthening team dynamics and staff well-being.

Context :

- The Elderly care service is a vital service requiring specialist competencies.
- A busy team seeing 1 in every 3 patients.
- Bringing 5 wards into 4 and merging different leadership styles.

Drivers for the improvement support:

- Targeted and focused OD support has been provided during the past 6 months to help and enable Elderly Care to form and embed a strong leadership team.
- New reporting structure – need for greater clarity of roles and responsibilities within the new environment.
- Reset and roll out of new expectations, including behaviours, new ways of working, compassion and care for patients and colleagues.
- Fresh start and reset the culture in new environment to optimise clinical productivity, effectiveness and efficiency.
- EC Consultants – core leadership team to review consultant team working.

Overview of interventions:

- Focused workshops to strengthen leadership (Matrons & B7s)
- Whole MDT workshops to shape vision and service in MMUH.
- Creation and clarification of MDT roles and responsibilities.
- Creation of rhythm of day and expectations.
- Setting of EC values and team culture shaped by behaviors.
- Creation of Gold standards document and expectations for staff to level up the practice within the team.
- Optimise the patient pathway – Right Patient, Right Bed, Right Time.
- Affina Team Performance Inventory diagnostic – ongoing development of effective team working with core leadership team.

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

Staff Satisfaction

- The Elderly Care team have immense pride in the quality of care that they provide.
- The OD support has been valued by the individuals and the team. This work has supported work to improve staff engagement and experience, alongside the People Engagement Team (PET) and other local actions.
- The OD support has helped to establish a shared vision and standards for the service.
- The work has strengthened team dynamics
- Collaborative and cohesive approach to changes enabling staff across wards to build strong working relationships and consistency.

The OD Intervention has provided:

- The benefits of the OD support have been reported at 3 different levels; individual team members have greater role clarity and have benefitted from individual coaching for improved performance, strengthened team effectiveness and optimised multi-disciplinary/inter-team working.
- An early evaluation of the impact of the OD support has shown the following:
  - 80% of staff strongly agreed that the OD support has enabled greater role clarity.
  - 80% of staff strongly agreed that the OD support has improved team culture and effectiveness:
  - 80% of staff strongly agreed that the OD support has enabled better communicate as a team.
  - 80% of staff strongly agreed that as a result of the OD intervention, patient safety will be improved.

Right Patient – Right Bed – First Time:

The OD work has helped to drive the following improvements:

- Improved clarity on admission criteria
- Smoother transition of patients and staff across the wards.
- Shared leadership across wards.
- Gold standards embedded across all wards.
- Greater & faster sharing of knowledge and information about patients
- More upskilled competencies.

MINUTES OF THE PUBLIC TRUST BOARD MEETING

Venue: Conference Room of the Sandwell Education Centre

Date: Wednesday, 11th September 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)
Mr A Argyle, Non-Executive Director	(AA)
Mrs V Taylor, Non-Executive Director	(VT)
Mr R Beeken, Chief Executive Officer	(RBe)
Mrs M Roberts, Chief Nursing Officer	(MR)
Mrs J Newens, Chief Operating Officer	(JN)
Mr S Sheppard, Acting Chief Finance Officer	(SS)
Dr M Anderson, Chief Medical Officer	(MA)

Non-Voting Members:

Mr J Sharma, Associate Non-Executive Director	(JS)
Mr A Ali, Associate Non-Executive Director	(AA)
Mr A Ubhi, Associate Non-Executive Director	(AU)
Miss K Dhami, Chief Governance Officer	(KD)
Mr J Fleet, Interim Chief People Officer	(JF)
Mr D Baker, Chief Strategy Officer	(DB)
Mrs R Barlow, Managing Director, MMUH Programme Company	(RBa)

Patient / Service Story Presenters:

Members of the Public, Staff and External attendees
None

Apologies:

Mrs R Hardy, Non-Executive Director	(RH)
Dr M Hallissey, Associate Non-Executive Director	MH)
Prof L Harper, Non-Executive Director	(LH)

In Attendance:

Mr M Sadler, Executive Director of IT & Digital	(MS)
Mr D Conway, Associate Director of Corporate Governance/Company Secretary	(DC)
Miss B Edwards, Senior Executive Assistant (Minute taker)	(BE)
Mrs H Hurst, Director of Midwifery	(HH)

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.

Sir Nicolson advised the Annual General Meeting had taken place yesterday and had a good attendance. A range of topics was covered with a wide range of questions asked.

2. Story – Bereavement Service	**Verbal**

Mrs Roberts introduced Julie Thompson, Patient Experience Manager and Sue Edwards, Bereavement lead Nurse the Trust Board and advised the story was in relation to end of life and bereavement and the improvement across the service for both staff and patients.

A number of engagement events had been held and common themes were identified such as lack of communication between staff and families and staff feeling that they did not have the skills to hold the conversations. It was added the families felt staff were not educated properly on end of life care and the

Staff had been receptive and were keen to be taught the skills. Members were informed a culture was being implemented to support staff but to encourage staff to ask for support.

Members were informed that at a public engagement session it was brought up a few older ladies had stillbirths and were still grieving from the loss due to there not being proper understanding and support around grief. It was advised there was a lot of engagement in the process of getting good practice in place across the pathway.

Mr Beeken advised when he had first started at the Trust he had meet with the Palliative Care team and based on the experience had been inspired to write a blog. Mr Beeken questioned in relation to modern medicine and the educational process that Doctors undertake, what did it teach staff how to acknowledge when a patient was at end of life. Members noted that patients and families were subject to investigations and interventions and the cycle needed to be broke. Dr Anderson agreed and expressed this was the case across the nursing profession as well. Members discussed that staff were often very busy in their roles and they felt permission would be needed to sit with a dying patient as it was not a good use of their time. It was agreed this needed to be picked up and would be done within the re-launch of the fundamentals of care.

Mr Baker questioned what mechanisms were in place. It was advised resource boxes in most departments containing all useful information, communication and guidance on care after death had been made available and would be implemented at MMUH.

Mr Ubhi expressed he was grateful the story was shared and added it was not an easy topic of conversation. Mr Ubhi expressed there needed to be further engagement with the communities to support families going through grief that included cultural work. Mrs Roberts informed members this was not a project on its own and it sat within personalised care. It was advised that cultural training was no longer included within nursing or medical training so some staff would call and wait for the chaplaincy to support. Mr Sharma advised there was a bereavement model of work within care piece but agreed to check whether this included a culture element as well.

Sir Nicholson summarised from a Trust Board perspective there was a lot of positive work ongoing within the area but further thought was required on how the positive work was extended out into the community service.

3. Minutes of the previous meeting, action log and attendance register	TB (09/24) 001 / 002

The minutes of the meeting held on Wednesday 10th July 2024 were reviewed and 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

Sir Nicholson stated this week was significant for the NHS with it being the first stage of the government approach with the publication of DARS report. It was advised it did not provide a lot of answers but would set out a picture of what happened within the NHS. Part of the image was a reduction in relation, state of relations within workforce and the impact on COVID-19. Sir Nicholson expressed he was not sure what the next big step would be but advised he felt that if there was extra money, it would be targeted. Members noted the NHS plan would be released in the middle of next year.

Sir Nicholson expressed to members the Trust needed to deliver what it signed up to deliver at the start of the year.

5. Questions from members of the public	Verbal

There were no questions received from the public.

6. Chief Executive's Report	TB (07/24) 003

Mr Beeken requested to put his thanks on record to Mr Sadler as it was his last Trust Board meeting before leaving the Trust for another role. Mr Sadler was a credit to the Organisation and to the Trust Board.

Mr Beeken presented the report and the following was highlighted.

- The CQC had written to all Organisations, for the Trust Boards to consider the assurance around the safety, quality, and accessibility of their children's hearing services. It was confirmed the accreditation was approved but there was an issue outlined with DMO01 sitting at 70%. This would be monitored by the Quality Committee.
- The CQC adult inpatient results had benchmarked 8 out of the 41 questions, worst category. It was advised an element would be picked up through the relaunch of fundamentals of care framework.
- The healthcare leaders update from November 24 would include evidence on the Trust providing assurance.
- VCHA National Steering Group has approved Sandwell and West Birmingham Hospitals NHS Trust application for Veteran Aware accreditation.

Mr Sharma questioned what work was being undertaken in relation to skill piece with veterans. Mr Fleet advised the veterans charter had been approved and there was a whole stream of work and a working group had been pulled together with a number of senior leaders involved. It was advised the first meeting would be taking place in the next few weeks.

Mr Laverty agreed there needed to be a 5 year strategy review and acknowledged it had been widely dominated by MMUH but expressed the benefits needed to be focuses on as it would be an enabler to do other things.

Mr Argyle advised there had been a lot of media coverage around young people being out of work due to mental health and how the NHS would be tasked with supporting. Mr Beeken advised the best route to supporting mental health was through a stable job, roof over their head and stable opportunity. It was expressed the Trust achieves the target for employing people from the local population at roughly 70%. It was advised the Trust was working with St Basils to support a community facing approach. Mrs Roberts advised there was a lot of work ongoing with the youth forum to give back to the community and to allow the young people to be involved.

The Trust Board **NOTED** the report.

7. Integrated Committee Chairs Report	TB (07/24) 004

Mrs Writtle presented to members and advised this was the second time this repot had been produced based on the feedback from each subcommittee. Mrs Writtle advised she was pleased the Committees were identifying the same issues such as the workforce control as it remained a challenging area with the Trust reporting 155 posts a drift from the agreed plan. It was advised non-recurrent savings have been seen but the shift to recurrent had not yet been made.

Members were made aware of the large amount of work that had taken place within the maternity services and the input from a number of different services to embed changes, but it was expressed the leadership team would need to be supported.

The delivery of the financial improvement programme remained challenged and Internal Audit identified areas of low assurance which led to a split opinion from significant parts of the Cost saving programme assumptions in the Financial Improvement programme.

Mrs Writtle advised members that due to the leadership roles being vacant within integration the Integration Committee had not been held for a few months. However, the recruitment to the posts were underway and it was anticipated that Integration Committee would take place in October 24.

Sir Nicholson expressed this was learning curve for the Organisation and would prevent the Trust Board looking at the Committee escalations in silo. Mr Baker agreed and stated the report would also support the Trust in regard to the strategy and SPF.

Mrs Writtle drew members attention to the JPC report, which was a part of the collaborative work, across the 4 Black Country Organisations with the ICB and meets on a monthly basis.

The Trust Board **NOTED** the report.

8. **Board Level Metrics**	TB (07/24) 005

Mr Baker presented the Board Level Metrics to members and picked out the key themes. Mrs Newens advised members the report did not include a "so what" explanation but agreed this would be included in future reports.

Members discussed that if Orthopaedics could get back on track the service would be able to achieve a surplus. However, due to the volume in Orthopaedics, the Trust was not delivering due competency or knowledge to achieve this. However, it was confirmed, subject matter experts had been brought into support. It was noted a recovery trajectory had been requested at Group Reviews and it had been agreed that Mrs Newens and Mr Sheppard would review the plan ahead of it being presented back at the next Group Review. Mrs Newens expressed she was confident the position was recoverable but there would be a need for some ongoing support and technical skills. It was added this would be monitored and feed through to Performance Management Group and Finance and Productivity Committee.

The Trust Board **NOTED** the report.

Midland Metropolitan University Hospital (MMUH)

9. **MMUH Update Report**	TB (07/24) 006

Mrs Barlow presented to members. It was noted the building handover from Balfour Beatty had been achieved and EQUANs were now running the building. Planned completion had been accepted with a further bit of construction requiring to be completed. This progress was still ongoing, but it was expected to be completed. The population and engagement events were progressing well and it was confirmed the radio scripts had been signed off. It was added the soft FM services were in place and equipment was being installed that included racking. Members were informed the mock CQC registration event had taken place and had been well received and the Organisation was ready for the formal CQC registration event next week. The activation plan was on track but members were advised there was a risk profile over the next 25 days. The Extraordinary Trust Board session was due to take place on the 4th October 24 to determine the acceptable tolerance for go live. It was advised the risk register was also now live and risks was being added on. Members were informed the stakeholder event was coming up next week and would be a major event in celebrating the pre-opening of MMUH. It was noted there would be a chance to allow the media access to the building to decrease the media attention during the patient move. It was confirmed if current progress continued, it was expected there would be a recommendation to go live on the 4th October 24.

Members discussed the media option on the journey of MMUH. Mrs Barlow advised the media had offered to do a series that looked at the build through a community lens but there was no funding nationally to support this.

Mr Laverty pulled out section 5.3 and questioned the right sizing and length of stay status. It was noted the Trust remained on track in relation to bed status and the need of winter beds at Rowley Regis. It was expressed there needed to be some reflection around patient sensuous and that more patients had been charged in recent weeks compared to previously. Mrs Roberts advised there needed to be further education on why patients are kept in and more support around discharging patients when it was safe to do so.

Mr Sharma advised previously there had been concerns around the logistics externally. Mrs Barlow advised an activation manger was now in post to support manage getting supplies on site but stated there had been some teething problems.

The Trust Board **ACCEPTED** the report and **NOTED** the Trust was still on track for patient day 1.

Break

Our Population

10. Place Based Partnership Update	TB (07/24) 007

Mr Beeken presented the report to members. It was highlighted due to the leadership gaps within integration, the Integration Committee has not met in the previous few months. The interviews for the Interim Chief Integration Officer would be taking place in the following week and would look to fill the post as soon as possible.

The report was presented the following was highlighted.

- Place partners were thanked for their support in Emergency Department (ED) attendance reduction, admission avoidance and length of stay reduction. This support had made the move into MMUH possible.
- The UCR was performing 115 contacts above the agreed contract.
- A trend had been seen in care home reduction, underpinned by the care navigation centre.
- The length of stay reduction was maintaining within Sandwell.
- 0 patients were waiting over 52 weeks in community waiting times.
- Section 8.7 would need to be refined and Integration Committee would need to review.

Sir Nicholson advised the Non-Executives were impressed with this and it had been challenged why this was not being done over the Black Country. Mr Ubhi advised the Trust could use MMUH as a catalyst of change across the whole System to bring about innovation. It was questioned how integration Committee would look across the whole work and bring together innovation. Mr Beeken advised that was what continuous quality improvement was and there had been investments made. It was added the Organisation was being coached and it was looking to be used across the whole Organisation. Mr Sheppard added he agreed with the work and having the information was going to be critical moving forward.

Mr Argyle questioned if any university partners were working with the Trust. Mr Beeken advised he and the previous Chief Integration Officer had held a conversation with Professor Harper in relation to understand Birmingham health partners. It was agreed Mr Beeken would follow up with Professor Harper. Mr Argyle expressed it could be beneficial and there could be funding to support.

The Trust Board **NOTED** the report.

Our Patients

11. Maternity and Neonates Report	TB (07/24) 008

Mrs Roberts presented to members and the following was highlighted.

- The CQC had visited the Trust in April, May and June 24. It was agreed from the 12th August 24 there would be a weekly maternity meeting and feedback following it had been very assuring. It was confirmed the report on findings had not yet been received but it was anticipated that would be received after the final submission.
- An independent review was requested earlier in the year the high-level finds were similar to what was found by the CQC. The investigator has remained within the Trust to support the team.
- Maternity currently had 5 different action plans in place. NHSE would be meeting with the Trust in relation to looking for assurances around maternity and whether the Trust would go into the Maternity Safety programme. It was requested a further diagnostic review could be performed in the early stages of next year and this was approved.
- Some of the concerns raised could be resolved with the move to MMUH due to environmental factors. It was advised some of the other recommendations had been challenged back.
- The Maternity services was under a lot of scrutiny and that this was not always helpful to staff getting on to do their job.

Sir Nicolson agreed and expressed a lot had been driven by publicity and that staff would feel under pressure from all the criticism. Sir Nicholson requested to know what the top 4 issues the Trust was trying to achieve and what was going to make a difference. Mrs Roberts advised the top issue was in relation to the culture and victim mentally within the department, but not all staff. A further issue was staffing but it was confirmed there was a route to this and a plan to retain and develop staff. It was questioned where the leadership fitted in. Mrs Roberts advised it was at all levels and all levels had a part to play. It was confirmed there was a new senior leadership team now in post. Mrs Hurst expressed the importance of staffing and stated without the combination of City and Sandwell there would be a number of posts vacant. Mr Fleet echoed comments raised and expressed there had been a lot of work within the department over the last 6 months and it was starting to be reported and analysed.

Mr Ali confirmed he had a positive walk around the maternity department.

Mr Sharma questioned with the CQC visiting how it fed into the visit on how. Mrs Roberts expressed the CQC visits were different to how they been experienced previously and she did not think there would be a further visit this year unless there was noise.

Ms Dhami expressed to members she expects CQC to come to do an inspection a few months after the opening of MMUH. It was noted the Maternity department would move to MMUH on 6th November 24 and there was some degree of excitement towards the move. Mrs Hurst confirmed but advised there was fatigue within the staff.

Mr Ubhi stated the report was looking to assure members but questioned how the Trust Board would assure staff members there was support. Mrs Roberts advised a key would be having plan in place. It was advised after the weekly meetings are stepped down, the department would be met with every month to allow a step back and providing the senior leadership team with the skill and support required.

Sir Nicholson expressed part of the issue highlighted was that nobody felt in control and expressed the Trust Board needed to assert control to provide protection. The Integrated plan within the Maternity department, would address culture, staffing and extended leadership. It was expressed the plan needed to be believed in and control.

It was agreed the Leadership team within Maternity would be invited to Board Development Workshop to allow members to provide their support to the team.

The Trust Board **NOTED** the report.

Action: The Maternity Leadership team to be invited to a Board Development Workshop.	
12. Finance Report	**TB (07/24) 009**

Mr Sheppard presented to member and the following was highlighted.

- At the end of month 4, the Trust was reporting a £3.4m position adverse to plan. The key drivers were loss of activity during industrial action and the gap in funding for the MMUH contribution from BSOL.
- Workforce was 155 a drift from plan.
- It was confirmed funding for industrial action would be received in September 24.
- The Trust was half way through the year and at the next Finance and Productivity Committee there would be a revised forecast trajectory presented.
- The Trust had identified £40.4m against a plan of £44m CIP but there would need to be delivery in the remaining 7 months.
- Positive Cash position remained. The capital programme was £5m underspent but was forecasting to fully delivery.
- The Trust was 12% less productive than in 1920 based on the metrics being used. There were challenges on the information and Mr Sheppard had volunteered to be apart of the working group as none of the community work was being tracked.

Mr Fleet advised members that workforce was the most significant bit of the FIP and there were a lot of processes ongoing that had started to work to achieve the target. It was advised that workforce trajectories had been complied and a number of posts would be taken through the QIA process which were each rag rated green, amber and red. Hard to recruit posts were started to be filled and a reduced vacancy position was noticed. The Trust was reporting in month a sickness percentage of 5.2% which was the lowest reported. Mr Fleet advised that grip and control measures would be reviewed over the next week and would be increasing over the next few weeks. It was advised any members of staff who owe the Trust hours will not be able to complete bank work and it was confirmed this could be confidently confirmed who owes what. Sir Nicholson stated the report showed good progress but there was short comings and stated the workforce numbers were in the wrong place.

Mr Laverty questioned the underlying deficit and the importance of keeping focus on it. It was confirmed an element of the undertaking letter was the progress of the underlying deficit. Elective recovery performance was questioned and how much was to do with a coding element. Mr Sheppard advised the underlying deficit would be monitored at Finance and Productivity Committee on a monthly basis but a position update would be brought to the next Trust Board session to track recurrent improvement. Members noted the productivity income was largely down to coding rather than activity.

Mr Beeken expressed there was an emerging generalised view on productivity and expressed there was 1 element of the data that was right but the Trust was not as product as it was. It was noted the Trust had invested time, money and people into the Community services, but this had not been captured within the data. It was advised that same day emergency care was also captured differently in the Trust to other Organisations. It was confirmed that this would be aligned in 2025/26. Mr Beeken added the Trust had also implemented a new patient record in 2019 and there was a need to test out activity capture in a post unity world.

The Trust Board **NOTED** the report.

13. Mortality and Learning from Deaths	

Dr Anderson presented to members and advised a report would be brought back every 6 months. The next report and moving forward will include deteriorating patients.

Dr Anderson presented the report and the following points were highlighted.

- The Trust had a high SHMI, places the trust in the low quartile.
- The Trust had achieved an improvement in the SHMI index for deaths from sepsis. The overall SHMI remained high for the Organisation.
- A common theme of poor recognition of deteriorating patients had been identified and work was ongoing with the deteriorating patient working group to address this as part of the Trust priorities for 2024/25.

Mrs Writtle advised there was a lot of scrutiny in the Quality Committee on a monthly basis but it was easy to see the good direction of travel that was being taken. Mr Sharma expressed he welcomed the spotlight on the disability metric and advised the Trust was in a deprived area. Dr Anderson advised SHMI tried to capture all. Mrs Roberts added there was a vulnerable people group arranged and some SJRs were highlighting issues.

Mr Baker advised to members in relation to the issue in coding, it was not an issue with the coders but the process of documenting the coding. Dr Anderson agreed and advised the coders did rely on the information inputted in by the clinician. Mr Argyle raised the Walsall Trust had made large improvements and if there was anything the Trust could learn from. Dr Anderson advised Walsall Trust had a different approach to coding and advised the Trust had an issue with the clinicians as well. Sir Nicholson advised there had been clinician improvements made within the Walsall Trust.

Sir Nicholson questioned would the SHMI be lower in the next report in 6 months' time. Dr Anderson advised he thought the SHMI would be lower but expressed it would take 12 months to change but there was the SJR feedback as well.

The Trust Board **NOTED** the report.

14. Length of Stay Reduction Including Winter Plan Update

Mrs Newens presented, and the report would be regular to Trust Board but with more of a focus on winter and the move into MMUH. It was advised a reflection piece on the previous winter and the consequences had been completed. It was noted located within the reading room there was an additional paper from the ICB that needed to be presented to all Trust Board and provided a forward look in relation to comparison of beds against the Black Country Trusts.

It was advised the main focus was rightsizing and the opening of the 24 beds within Rowley. It was confirmed the Trust was on track to achieve this in the next 4 weeks. Significant improvement had been seen over the last few weeks on the length of stay reduction for MEC beds. It was noted the KPMG input had been received to provide capacity to the leaders within the Division. It was confirmed the Trust was on track to deliver the likely MMUH bed occupancy. The final element of the papers advised on the work conducted by the other Groups to contribute to supporting the bed pressures. It was noted an MMUH mock consensus and the multidisciplinary team was reviewing every patient in Sandwell and was starting at City. It was noted the numbers of increase in discharges was starting to increase but there was a need to capture themes and the learning from this.

Sir Nicholson questioned which sub committee had reviewed the report. It was advised part of the report was shared with MMUH Opening Committee and Quality Committee. Mrs Writtle advised Quality Committee had picked up that the EAS target was not being achieved. Mr Laverty stated the right sizing position was fairly sighted on but not on length of stay. It was added the length of stay reduction was being

compared to December 23 level which was also very high. It was questioned what the Trust was actually delivering. Mrs Newens advised there had been an improved bed occupancy level and MEC Group had a focus on pathway 0. It was confirmed the Trust was still on track for recommending bed occupancy near 90%. Mr Laverty expressed concern he could not track progress and advised there was no data available for August. Mrs Newens advised the data was still being validated but could be shared with members by the end of the week. Mr Beeken stated the timing of this had been driven away by the winter plan element tethered to the System Urgent and Emergency Care Board. It was noted other Trusts had predicted beds gaps in January to absorb the activity that would come to them after the opening of MMUH.

It was stated a sub committee would need to review and satisfy the concerns raised to provide the Trust Board with assurance.

The Trust Board **NOTED** the report.

Our People	
15. Freedom to Speak Up 6 monthly Report	**TB (07/24) 011**

Mr Sadler presented to members. It was advised the report presented the number of concerns raised and the progress recorded against each case. It was advised there was an aim to increase the number of people who feel safe to raise concerns. In a bid to support this a portal had been set up to allow staff to raise concerns anonymously, however, feedback was difficult to provide.

Mr Sharma raised it was the middle tier management level that needed support. Mr Sadler agreed and advised the ARC development programme had been launched to support managers. Mr Fleet added there was a lot of detail included within the People Committee where themes and trends are reviewed.

Mr Ubhi agreed with comments made and expressed it boiled back to culture and personal reflection and staff ability to change their behaviour appropriately. Sir Nicholson highlighted the report painted a picture of a deteriorating position. Mr Fleet advised there was an improved reporting mechanism and added annex 1 had been pulled from the staff survey in 2023, where the Trust was in the bottom quartile with the lowest response rate but had since seen an improvement in the engagement score. It was confirmed more accurate data was available.

Sir Nicholson questioned if what the Trust was going was going to make a difference. Mrs Writtle advised there was a long journey ahead, but it was not for FTSU to resolve but about the changing of managers behaviour. Members noted the maturity in leaders dealing with issues had not changed. Mr Fleet informed members the headline from the survey in 2024 was the worst performing area was "your manager". However, due to capacity the timescales for ARC had been pushed back but localised training plans was being developed for after the no fly zone.

The Trust Board **NOTED** the report.

16. Equality, Diversity and Inclusion Update

Mr Fleet presented to members and the following was highlighted.

- The Trust was to own the SPF and improve on the EDI, WRES and DES.
- The report had been presented at People Committee and members had requested it was presented at Trust Board.
- A Quality and Inclusion plan had been set out in January 23. In February 24 an full review was undertaken on the programme of work and it was agreed there was too many programmes in play. The programme was reduced from 12 workstreams down to 4.

- All networks had Chair's appointed expect for 1 but that was planned to be finalised soon. Each network had an Executive and Non-Executive sponsor assigned. It was noted terms of reference and annual cycles of business had been created for each and would be monitored through the People Committee.
- Good progress had been made on the top 4 priorities and continued to move in the right direction.
- WRES position had improved and there had been an improvement in the BAME staff, staff engagement score.

Sir Nicholson expressed he was proud of the ability to do things to support the Trusts staff. It was noted the Trust had tried to do too much at the same time but it was positive to hear that external support was being provided.

The Trust Board **NOTED** the report.

Governance and Risk

17. Core standards for EPRR	

Mrs Newens presented to members. The following was highlighted.

- Each year the Trust has to complete a self assessment in EPRR against the core standards and provide evidence to each.
- Last year the Trust submitted a partial compliant status but this year had submitted a substantial compliance. Based on feedback received would be presented to Audit Committee.
- The difference in the assessment was the training exercise but that was due to be completed in September 24. It was confirmed a business continuity champion had been put in place.
- 3 areas were highlighted as non-compliant.

The Trust Board **NOTED** the report.

18. BAF Report

Ms Dhami presented the quarter 2 updates and advised there had been lengthy discussions at the Board Committees in which reasonable assurance had been received. It was advised that good risk management would see the movement of risk score but it was recorded there was minimal movement in the last few years. If scores could be reviewed now, it would fit in with the review of the strategy. Members were asked what would need to happen for the score to change.

The Trust Board **NOTED** the report.

19. Annual Board and Committee Effectiveness Report

Ms Dhami advised this was an annual process and had been managed well by Mrs Writtle and Mr Conway. Meetings had been arranged with the Executive lead and the Non-Executive Chair. It was advised the response rate would need to be improved. Ms Dhami advised there would be a formal paper to Board to review what was delegated from Trust Board to each Committee.

Mr Beeken challenged the statement within the report on meetings that have been extended to 2.5 hours and advised if it was in line with the SPF, the meetings should conclude on time. Sir Nicholson advised the Committees had taken on a developmental issue and could understand the need to extend the meeting. Mrs Writtle advised if MMUH Opening Committee had not been extended it would have ran the risk of not all business being addressed appropriately. Mrs Writtle added that at the end of each agenda, the meeting reflects on performance.

The Trust Board **NOTED** the report.

20. Annual Fit and Proper Persons Report

It was confirmed all Trust Board members had met the Fit and Proper Persons Test and it had been signed off by the ICB.

The Trust Board **NOTED** the report.

Information

21. Board level metrics and IQPR exceptions

Members noted this item was for information and was available in the reading room.

22. Any other business	**Verbal**

Sir Nicholson passed on his thanks to Mr Sadler for his hard work within the Organisation and upon speaking to frontline staff, the IT issues was not verbalised. The IT department had not received more investment but had a good customer service. Sir Nicholson thanked Mr Sadler for his hard work and the support he had provided the Trust Board since being an Executive. The Trust Board wished Mr Sadler well on his new journey.

Details of next meeting of the Public Trust Board: 13th November 2024 at 10:00am. In person meeting in the Conference Room of the Sandwell Education Centre

Meeting close

NHS
Sandwell and West Birmingham
NHS Trust

REPORT TITLE:	Chief Executive's Report
SPONSORING EXECUTIVE:	Richard Beeken, Chief Executive
REPORT AUTHOR:	Richard Beeken, Chief Executive
MEETING:	Public Trust Board
DATE	13th November 2024

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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. Midland Metropolitan University Hospital phase 1 opening - personal reflections
2. NHS Oversight Framework 2024/25 – Quarter 1 outcome
3. Black Country Finance Undertakings: monthly update
4. NHS England Healthcare Leaders' update

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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

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

None

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4. Recommendation(s)

The Public Trust Board is asked to:

a) **CONSIDER** the Trust position against the priority areas of focus within the Oversight and Assurance Framework

b) **NOTE** performance against the Undertakings actions.

c) **RECEIVE** assurance that action is taken by the Executive following receipt of guidance from NHS England

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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]		

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board: 13th November 2024

Chief Executive's Report

1.   Midland Metropolitan University Hospital Phase 1 Opening: personal reflection

1.1   By the time we meet as a Board on 13th November, the Trust will have completed a remarkable, once-in-a-generation achievement – the full opening of a new hospital. As I write these reflections, the move of maternity and neonatal services to MMUH is underway and planning for the move of City Hospital inpatient and ED services, concluding.

1.2   I have many personal reflections on what we have achieved, as will all of us, whatever our respective role in either the MMUH business case, its design, its care model implementation or the moves themselves. My key reflections, however, are these:

1.3   Firstly, we should be proud of this achievement. This new hospital, its care model, its resourcing and its construction, have faced multiple challenges. Our leadership team and the whole organisation have met these challenges head on and overcome them or mitigated them safely. I have been in awe of how this has been led, managed, coordinated and delivered:

- The collapse of Carillion, the original construction company and the subsequent time-consuming negotiation with the Treasury, for the capital money to complete the build
- The impact of COVID-19 pandemic and Brexit, on our supply chain, sub-contractual labour in key trades and the speed of construction
- The unforeseen practical problems in technical systems commissioning, which led to the programme team and wider organisation, having to deliver 6 months' worth of activation, commissioning and induction, in a compressed, 6-week period
- The need to resource a radical new care model and its consequent staffing requirement, at a time when the NHS is facing one of its biggest financial squeezes in its history
- The maintenance of our full range of health services in the Trust, combined with all the external regulatory scrutiny and demands, whilst simultaneously preparing over 6000 staff to change their practice and their place of work, and equip and risk assess the new hospital
- The challenge of bucking the national trend of increasing admissions to hospital and increasing length of stay, in order to assure ourselves and the wider community, that occupancy levels in MMUH would be safe

1.4   Secondly, we must accept that there are teething problems and/or a change to the way colleagues are expected to work, which is causing some tension. The MMUH report for our Board meeting sets some of this out. The leadership team have responded pragmatically to these concerns, but I must stress that most colleagues that executive team members and I are interacting with, are proud, excited and thankful, for the vastly improved environment in which we now work.

1.5   Thirdly, we must remain faithful to the MMUH care model, business case and delivery principles. We are experiencing some tension and resistance from some, again referred to in the MMUH Board report, about 7-day working expectations. I ask the Board to minute its commitment to 7-day service provision, the benefits it will bring and reaffirm the fact that the bold investment decision we took regarding additional staffing, when revenue funding wasn't at that point secured, must not lead to more clinicians working in the same way as they did before. The hospital

environment is a radical departure from the past. So must be its care model and staffing deployment.

1.6   Finally, we must consider as a Board, through the work we are doing through the November committee cycle, what our key strategic aims and objectives are in a world in which MMUH is our "business as usual" and is no longer a strategic aim in its own right. Central to the refresh of our strategy and future annual plans must be Patients, People and Population:

- Delivering the MMUH benefits case in full and ideally, beyond current projections
- Building on the trend reversing work we have already done on admission avoidance and length of stay reduction, continuing to invest in primary care, community services and alternatives to hospital
- Making bold choices about the cultural change watershed that MMUH represents, investing in the leaders of the future
- Taking the unique site redevelopment opportunities we now have, to truly start to invest both in our communities as well as our organisation, ensuring we do demonstrably seek to improve life chances as well as health outcomes.

2.   NHS Oversight Framework 2024/25 – Quarter 1 outcome

2.1   The segmentation of both Integrated Care Boards (ICB) and NHS Provider organisations was reviewed and approved by the NHS England Midlands Regional Support Group (RSG) at its meeting on 25 July 2024. The decision was made to keep the Trust in segment 3 of the NHS Oversight Framework.

The segmentation is based on a quantitative and qualitative assessment of the five national and one local priority themes contained within the NHS Oversight Framework. It was determined that there had been no material change compared to Quarter 3 2023/24, as such the segmentation of 3 was still valid. Progress has been made in the priority areas considered within the Framework and the latest position can be found below.

a.   Section 29A Warning Notice

The Care Quality Commission (CQC) carried out an on-site assessment of the Maternity Service between 5th June to 28th June 2024. This assessment was in response to the CQC receiving information of concern. Following the assessment, the CQC issued the Trust with a Section 29A Warning Notice requiring the service to make significant improvements and take immediate action to keep women, birthing people and babies safe. Following the assessment the Trust provided the CQC with an action plan in relation to the concerns we raised in line with the set deadlines.

The CQC has received weekly updates from the Trust and acknowledged that their helpfulness. The outstanding actions with the plan will be achieved with the move to MMUH on 6th November and relate to privacy and dignity in Triage and moving to Term +7. There is a plan in place to achieve our mothers to be, being inducted from Term +7 and pre move we are achieving 25% which is ahead of schedule. The national guidelines state that women should be inducted from Term +7 not at Term +7 which the Trust is now adhering to. The third action, that is work in progress, is relates to staffing. A trajectory has been provided to the CQC as required and is on target to be met. Triage staffing has to be a Band 6 and a Band 7 which the Trust has achieved since 14th October. Where this cannot be achieved an appropriately Band 5 trained will be placed in triage. We continue to provide weekly updates to the CQC and have received a draft final report for factual accuracy checking.

b.   Financial position headlines

The Trust Board on 8 May 2024 approved the Operational Plan for 2024/25 inclusive of £43.2m deficit financial plan, and a capital programme of £16.5m, excluding the Midland Metropolitan University Hospital (MMUH) funding.

The Trust Board is asked to note that during October the Trust received £41.2m of non-recurrent deficit funding, as part of the £119m allocated to the Black Country Integrated Care System. The result being an amended financial plan for 2024/25 to a £1.9m deficit.

At the end of month 6 (to 30 September) the key headlines are:

- A £3.45m deficit position, which is £0.05m adverse to the financial plan
- £7.39m spent on our capital programme, which is £2.1m underspent against the profile year to date
- A cash balance of £19.6m at the end of September.

Whilst the financial performance year to date is encouraging, the second half of the year is more challenging. There must be continued focus and delivery against our key improvement programmes, particularly those covering workforce, theatres and outpatients.

Further details are provided in the finance report to the public Trust Board.

c.   Workforce reduction plan headlines

At month 6, the Trust's full-time equivalent (FTE) staffing levels (deployed FTE) are 206 FTE adverse to the in-month plan and 329 FTE adverse to the position forecast for March 2025. This measure reflects the impact of substantive, bank and agency staffing usage. An intensive range of actions have been taken to address the variance, as far as possible, including 3 rounds of Group workforce trajectory validation, check and challenge sessions with the Executive team.

Several enabling workstreams are being delivered to support the Trust to achieve its 2024/25 workforce plan, these include reducing sickness absence levels, optimising rostering and job planning and also reducing the unit cost and usage of agency staffing. Whilst the pace and scale of implementation has been limited by factors such as operational capacity to engage due to opening MMUH, requirements for additional bank staffing to cover MMUH induction, as well as measures to ensure a fair and reasonable approach to recovering owed hours, there is visible Group leadership engagement and commitment to delivering the recurrent multi-year efficiencies that have been identified. This work is delivering fundamental improvements to the functioning and effectiveness of the Trust's core workforce utilisation systems and processes which will underpin and enable long-term efficiency improvements.

There have been notable improvements in a key workforce metrics which underpin the work to deliver the Board approved workforce plan sustainably, specifically:

- For the fourth consecutive month, the rolling sickness rate has improved. The rolling 12-month sickness absence rate decreased from 5.80% in August 2024 to 5.72% in September 2024, with a year-on-year comparison showing a reduction of 36.5 FTEs. In the in-month sickness rate for September was 5.3% which was below the wider ICS absence level @ 5.5%. The implementation of the Good Shape absence management platform in December will support an annual reduction of sickness-related absences by 60-70 FTE.
- The vacancy rate has decreased from 13.08% to 12.53%.

- The rolling 12-month turnover rate has continued its downward trajectory, reaching 11.04% in September 2024.

d.   Leadership and capability

New appointments have been made at Executive and director level and will strengthen the senior leadership.

- Sian Thomas has been appointed as Interim Chief Integration Officer for the Trust. Sian joins us from The Royal Wolverhampton NHS Trust where she was Deputy COO and led on all GP and community services, as well as being the lead for the Wolverhampton Place Partnership.

  Sian will be the executive lead for all primary care and community service provision at SWB, as well as the lead director for the Sandwell Health & Care Partnership. Sian will also assume this lead director role for the West Birmingham Locality Partnership. Sian's team includes two recent senior appointments, Steve Phillips, Deputy Chief Integration Officer, and Lisa Maxfield, Associate Chief Integration Officer.

- Mark Taylor has been appointed as Director of Information Technology and Digital and will report to the Chief Strategy Officer. Mark has for the past 18 months been seconded to the MMUH Programme and successfully led the IT workstream for the new hospital.

- Mark Anderson, Chief Governance Officer, has taken on the Executive lead role for Freedom to Speak Up, following Martin Sadler's departure.

3.   **Black Country Finance Undertakings: monthly update**

As the Trust Board is aware NHS England Midlands 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 via agreement of undertakings.

The Undertakings letter was received from NHS England, outlining the Undertakings to the Trust and an action tracker (Annex 1) developed to monitor the Trust's performance throughout the year. Performance is monitored through the Performance Management Group and the Finance & Productivity Committee prior to the Trust Board.

The key points to bring to the Trust Board's attention are:

- The Chief Finance Officer is working with system colleagues to develop the next iteration of the financial recovery plan following the conclusion of Phases 1 and 2 of the Investigation and Intervention Review.

- The Private Trust Board will receive the first iteration of medium-term plan on the 13 November 2024 inclusive of the route to break even (including key assumptions).

- Progress against all the actions as described in Annex 1.

4.   NHS England Healthcare Leaders' Update

4.1   This bulletin is sent every Monday to ICB and NHS provider senior leaders including chief executives, chairs, chief operating officers, finance, medical and nursing directors and includes guidance and instructions.

4.2   The bulletin is issued weekly to the Executive Group with a lead Director identified to act, where required. Annex 2 includes a summary response to the 'headline' items during Q2

5.   Recommendations

5.1   The Public Trust Board is asked to:

   a.   **CONSIDER** the Trust position against the priority areas of focus within the Oversight and Assurance Framework
   b.   **NOTE** performance against the Undertakings actions.
   c.   **RECEIVE** assurance that action is taken by the Executive following receipt of guidance from NHS England

Richard Beeken
Chief Executive

6th November 2024

Annex 1: 2024/25 Undertakings: Progress report as at the end of October 2024
Annex 2: NHS England Healthcare Leaders' Update: Q2 July – September 2024

Status Key:	On-going	1	Met	2

	Undertakings	Compliance actions taken/planned	Exec Lead	Progress Update	Status
1.	**Financial Governance**				
1.1	**Recovery Plan**				
1.1.1	The Trust will work with its partner NHS Trusts, NHS Foundation Trusts (system Trusts) and ICB to develop a single ICS Recovery Plan that brings together the ICB, provider and additional system wide recovery initiatives. The plan should:	The CFO is working with system colleagues to develop the next iteration of the recovery plan. The CEO/Chairs are receiving the draft report from the first Phase of the Investigation and Intervention review on 19 August 2024 The Trust Board received the final Phase 1 report on the 11 September including recommendations for Phase 2	CFO	The Board will receive the first iteration of medium-term plan on the 13 November 2024 inclusive of financial improvement initiatives.	1
1.1.1.1	Reflect NHS England planning guidance for 2024/25;	All iterations of the plans reflect NHSE national guidance	CFO	Achieved	2
1.1.1.2	Demonstrate recurrent financial improvement to the Trust and ICS underlying deficit, reduce the Trust and ICS monthly deficit run-rate, preserve cash and minimise the deficit;	Recurrent financial improvement is a key focus of the Trust's Strategic Planning Framework Draft underlying position presented to Performance Management Group on 19 August 2024	CFO	The Board will receive the first iteration of medium-term plan on the 13 November 2024 inclusive of the underlying position and forward looking.	1

Undertakings	Compliance actions taken/planned	Exec Lead	Progress Update	Status
	Detailed run rate forecast (monthly) for 2024/25 has produced and will be presented to Execs on 24 September Underlying position will be a quarterly report to FPC			
1.1.1.3 Provide a high-level milestone plan to address the key financial issues (including actions to deliver efficiency plans) for the ICB and system Trusts to return to a breakeven financial position in accordance with timeframes agreed with NHS England;	The CFO is working with system colleagues to develop the next iteration of the recovery plan.	CFO	The Board will receive the first iteration of medium-term plan on the 13 November 2024 inclusive of the route to break-even (including key assumptions).	1
1.1.1.4 Establish immediate financial and operational grip and control actions, followed by transformational initiatives and options such as financially sustainable clinical services, clinical support services and corporate services;	Implementation of a weekly vacancy control panel. Implementation of the system workforce grip and control measures Executive led sessions with the Clinical Groups to deliver the planned deployed workforce reduction to be completed by 31 July 2024	CFO	The CEO/Chairs are receiving the draft report from the first Phase of the Investigation and Intervention review on 19 August 2024 inclusive of an assessment of the grip and control measures Phase 2 of the I&I process will be implemented during September 2024	1
1.1.1.5 Include details of how the ICB and system Trusts will deploy sufficient resources to ensure implementation of the Recovery Plan;	ICB Financial Recovery Director in post Paper being presented to the Black Country Provider Collaborative	CFO	Proposal to Executive team on 20 and 27 August then to FPC on 30 August and the Trust Board on 11 September 2024. Trust Board approved resources for 2024/25 and recurrently	2

Undertakings		Compliance actions taken/planned	Exec Lead	Progress Update	Status
1.1.1.6	Provide a description of systems and processes the system will use to gain assurance on the delivery of the Recovery Plan and with governance arrangements for approval and delivery of the Recovery Plan.		CFO	The CFO is working with system colleagues to develop the next iteration of the recovery plan inclusive of the governance arrangements Resource plans presented to CEOs on 22 October to support the Recovery Plan in 2024/25. Approval to be agreed by 31 October 2024.	1
1.1.2	When developing the plan, the Trust will, working with the ICB and other system Trusts, engage effectively with key stakeholders, including commissioners, and will reflect their views appropriately in the Plan.		Director of Comms		1
1.1.3	The Trust will, working with the ICB and other system Trusts, ensure the system demonstrates to NHS England a period of successful implementation of the Recovery Plan and assurance of continued focus, capability and capacity to sustainably maintain financial recovery and deliver the Recovery Plan.	Progress will be reported to the monthly Oversight meetings chaired by NHSE	CFO		1
1.1.4	The board of the Trust will, working with the ICB and the boards of the other system Trusts, keep the Recovery Plan under continuous review and will update it as required. Any proposed updates will be subject to the review and approval by NHS England.	Monthly reporting to the Finance & Productivity Committee and regular reports to the Trust Board	CEO	In place	2
1.2	**Financial Controls**				

	Undertakings	Compliance actions taken/planned	Exec Lead	Progress Update	Status
1.1.1	The Trust commits to recurrent delivery of efficiency schemes from quarter 1 to achieve a full year effect in 2024/25 to compensate for any non-recurrent measures required to achieve the 2023/24 plans.	Implementation of the Trust's Financial Improvement Programme	CFO	Commitment to deliver the 2024/25 efficiency target in year and recurrently	2
1.1.2	The Trust will fully engage in national pay and non-pay savings initiatives, in particular around national agreements for medicines and other non-pay purchasing.	Initiatives included within the Procurement and Medicines Management workstreams of the Financial Improvement Programme	CFO	Agreed	2
1.1.3	The Trust will monitor agency usage and compliance with usage and rate limits.	Tracked via the Workforce Oversight meeting and reported weekly to the ICB	CPO	In place	2
1.1.4	The Trust must have robust financial controls and processes and reporting must be in place and overseen through appropriate financial governance issues when they arise.	Included within the 2023/24 and 2024/25 Internal Audit Programme	CFO	In place	2
1.1.5	The Trust must be able to demonstrate internal capabilities around finance resource management (grip and control).	The Trust Board received the final Phase 1 report on the 11 September including recommendations for Phase 2	CFO	Phase 2 of the I&I process will be implemented during September 2024	1
2.	**Funding conditions and spending approvals**				
1.2	Where interim support financing or planned term support financing is provided by the Secretary of State for Health to the Trust under Schedule 5 to the National Health Service Act 2006, the Trust will comply with any terms and conditions which attach to the financing.		CFO	The Trust does not plan to require interim financing support in 2024/25 based on the operational plan assumptions.	2

	Undertakings	Compliance actions taken/planned	Exec Lead	Progress Update	Status
1.3	The Trust will comply with any reporting requests made by NHS England in relation to any financing to be provided to the Trust by the Secretary of State for Health pursuant to schedule 5 to the NHS Act 2006.		CFO	If it does arise, that interim financing is required, the agreed process and terms and conditions will be adhered to.	2
1.4	The Trust will comply with any spending approvals processes that are deemed necessary by NHS England.		CFO	Expected and agreed	2
3.	**Programme management**				
3.1	The Trust will implement sufficient programme management and governance arrangements to enable delivery of these undertakings.	The Trust has established the Financial Improvement Programme PMO Regular updates to the Executive Group Monthly reporting to the Finance & Productivity Committee Reporting to the Trust Board	CFO	In place	2
3.2 3.2.1 3.2.2 3.2.3	Such programme management and governance arrangements must enable the board to: obtain clear oversight over the process in delivering these undertakings; obtain an understanding of the risks to the successful achievement of the undertakings and ensure appropriate mitigation; and hold individuals to account for the delivery of the undertakings.	Monthly update on progress provided to the Performance Management Group and FPC	CFO	Monthly updates continue to be provided	1
4.	**Meetings and reports**				

	Undertakings	Compliance actions taken/planned	Exec Lead	Progress Update	Status
3.3	The Trust will provide quarterly reports to NHS England on its progress in complying with the undertakings set out above.	Agreed and will be approved via the Finance & Productivity Committee	CEO	Monthly updates to ICB as part of the assurance meeting	1
3.4	The Trust will attend meetings or, if NHS England stipulates, conference calls, at such times and places, and with such attendees, as may be required by NHS England. These meetings will take place once a month unless NHS England otherwise stipulates, at a time and place to be specified by NHS England and with attendees specified by NHS England.	Agreed, members of the Executive team attend the monthly Oversight meeting	CEO		2
3.5	Upon request, the Trust will provide NHS England with the evidence, reports or other information relied on by its Board in relation to assessing its progress in delivering these undertakings.		CEO	Agreed	2
3.6	The Trust will comply with any additional reporting or information requests made by NHS England.		CFO	Agreed	2

NHS England healthcare leaders update: July to September 2024

Response Report

Status Key	1. Open	2. Overdue	3. Actioned

Issued	NHSE message	Lead	Trust response	Status
24-07-01	**Safeguarding accountability and assurance framework.** Our updated framework sets out the safeguarding roles and responsibilities of all individuals working in providers of NHS-funded care settings and commissioning organisations. It includes content on national, regional, and local safeguarding; the fit and proper persons test; and duty of candour.	CNO	Shared with head of Safeguarding and incorporated into the Teams' workplan. Also highlighted and discussed at Vulnerable Adults Group	3
24-07-01	**Allied Health Professional (AHP) learning disability videos.** Watch these films, designed to raise the profile of AHP roles in services that care for people with a learning disability and autistic people. They highlight the impact of AHPs providing care and in improving health outcomes.	CNO	Shared with the Vulnerable Adults team to be incorporated into training for AHPs	3
24-07-01	**New medical certificate of cause of death (MCCD).** DHSC has published updated guidance on how organisations can get the new MCCD. The reforms to death certification and the introduction of medical examiners will start on Monday 9 September. Please check that your organisation is on the MCCD distribution list.	CMO	The new MCCD to be used for all deaths from September. Ensured our Mortality team are prepared. New SWB 7-day process including rapid release tabled as a paper to EQG August and updated TMC.	3
24-07-15	**Discontinuation of Hologic fetal fibronectin testing.** Read our letter about the discontinuation of Hologic fetal fibronectin testing. It confirms that Hologic has decided to cease production of fetal fibronectin (FFN) cassettes, which are used as a preterm birth marker at the point of care. As a result, these will not be available for the foreseeable future. This follows the supply disruption of FFN test kits, as notified in December 2022.	CNO/CMO	Discussed with Obstetrics lead. The issue is being picked up via LMNS and another marker will be used.	3

Issued	NHSE message	Lead	Trust response	Status
24-07-15	**Guidance for trusts on the use of insourcing.** Our medical specialty insourcing guidance explains the insourcing process; the rules around it; and sets out due diligence expectations for insourcing and temporary staff. It includes contact details for regional framework operators.	COO/CNO/CMO	Response awaited	
24-07-15	**Children and young people diabetes toolkit.** Our toolkit supports ICSs to design, plan, and deliver high-quality treatment and care for children and young adults with diabetes. It describes: the ICSs role in delivering care; areas for focus and action; commissioning support; and provides a checklist to improve diabetes treatment and care.	CNO/CMO	Shared with Women's and Children Group and PCCT to read and include within their pathways	3
24-07-15	**General ophthalmic services.** Our updated contracts set out the terms and conditions for commissioning general ophthalmic services. It comprises mandatory services model contract, mandatory contract variation notice, additional services model contract, additional services contract variation.	COO/CFO	This is in relation to high street ophthalmology type services as opposed to secondary care ophthalmology therefore there is no action for the Trust to take.	3
24-07-22	**Medical Certificates of Cause of Death.** DHSC started the delivery of new Medical Certificates of Cause of Death (MCCDs) earlier this month and are on track to finish by the end of July. The new MCCD must be used for all deaths from Monday 9 September but cannot be used before this date. Healthcare providers who use MCCDs and have not yet checked they are on DHSC's distribution list should do so as soon as possible. For further information email mccd@dhsc.gov.uk.	CMO	The new MCCD to be used for all deaths from September. Ensured our mortality team are prepared. New SWB 7-day process including rapid release tabled as a paper to EQG August and updated TMC.	3
24-07-22	**ICB annual assessments.** Read our updated guidance describing the process of ICB annual assessment for 2023/24. It sets out the evidence we are using to underpin our assessments, expanded from 2022/23 to include Joint Forward Plans and Integrated Care Strategies, and the key lines of enquiry that will guide each section of the assessment.	CSO	This relates to proposed changes to the NHS Oversight Framework - Read and fed back on the 11 questions on behalf of the Trust into the ICB so we could send a Black Country consolidated response.	3
24-07-22	**Emergency preparedness, resilience and response (EPRR).** The EPRR assurance process for 2024/25 asks organisations to complete the assurance process by Friday 27 December. It provides information about the theme of this year's deep dive questions and highlights changes from 2025/26.	COO	Response awaited	
24-07-22	**Framework for managing the response to pandemic diseases**. Our framework is for use when managing the response to a pandemic. It sets out the aims and objectives and outlines the pandemic-specific roles and responsibilities of NHS England, with a	COO	Response awaited	

Issued	NHSE message	Lead	Trust response	Status
	focus on the command, control, coordination, communication and governance arrangements for the NHS			
24-07-22	**Hospital appointments in the NHS App.** Patients under the care of 85 trusts can use the NHS App to view their hospital referrals and outpatient appointments. We're continuing to develop new features as the number of trusts increases. Please share these promotional materials to encourage patients to use the NHS App. For further information visit FutureNHS, the NHS App webpages or email wayfinder.comms@nhs.net.	COO	Response awaited	
24-07-22 3	**New legal duty to prevent sexual harassment.** From October there will be a new duty on employers to take reasonable steps to prevent sexual harassment. NHS Employers provides further detail and signposts to further resources.	CPO	SWB signed up to the Sexual Safety in Health Care Charter in October 2023 Since then, the EDI Team have arranged several meetings with a number of key stakeholders, this includes our Women's Staff Network Leads, Domestic Abuse and Safeguarding colleagues, Health & Well-being colleagues. In the process of drafting a policy, NHS England have a draft template we can adapt NHS England » NHS England sexual misconduct policy. NHS England have also developed an assurance framework NHS England » Sexual safety charter assurance framework Developed posters for our comms campaign, these will also serve as screen savers. Will be meeting with colleagues in Occupational Health to discuss a pilot scheme, supporting colleagues who report sexual harassment, also encouraging colleagues to speak up and report these incidents, ensuring they are investigated in a timely manner.	3

Issued	NHSE message	Lead	Trust response	Status
			NHS England have recently launched an e-learning module. Considering including this as part of our mandatory training offer.	
24-07-30	**Amber alert for O type blood**. Following the amber alert for blood group O issued by NHS Blood and Transplant our letter provides additional background information and offers links to guidance on best clinical practice. It includes a request for senior clinical oversight of all blood usage in individual patients and across hospitals and signposts to further guidance.	CMO/CNO	We sent guidance out to all doctors about appropriate use, and we have a process in place that haematology use as the gatekeepers to ensure only appropriate use.	3
24-07-30	**NHS IMPACT resources**. Our NHS IMPACT assessment and improvement resources support your organisation to understand where you are on your journey to embed the components of NHS IMPACT. They cover quality management systems; how to build capacity and capability for improvement; what is improvement and how to get involved; and improvement guide for programmes.	CSO	We are sighted, we do have a low NHS Impact score and have delayed our implementation plans due to: 1) seeking ICB and regional approval to proceed with plan (Board now re-approved); 2) MMUH commitments; 3) Formation and recruitment to academy. We have fed back our position to NHS Region who have not pursued a meeting. Separately, we have briefed the National Clinical Director for NHS Improvement who commented that our low score shows we are taking it seriously. Contract with support partner signed in October and academy beginning to form.	3
24-07-30	**Pharmacy Incident Reporting**. Our pharmacy incident reporting guide explains that pharmacies must have a patient safety incident log for all incidents and maintain a record of errors identified as part of the checking process (near misses) for internal review and learning. It sets out the details that the log should capture and explains which incidents should be reported through the Learning from Patient Safety Events Service.	CMO	Guidance shared with pharmacy to check current process matches this guidance.

Reporting already through Safeguard. All 'escaped errors' (i.e. have left the dept) are recorded on this. All near miss are recorded on PTS (our tracker). We don't capture ethnicity or disability and would refer back to the information on the patient record to answer these points if required.

We were reporting through NRLS, but note in the guidance that this is in the process of being | 3 |

Issued	NHSE message	Lead	Trust response	Status
			decommissioned and moved to LFPSE, so will need to sign up to that in time. CMO directed him to patient safety team.	
24-07-30	**National Cancer Patient Experience Survey (NCPES).** The 2023 NCPES results present data and insight into people's experiences with cancer care in England. Visit the National Cancer Patient Experience Survey website to see the results, broken down by national, cancer alliance and trust level. For further information email england.insight-queries@nhs.net.	CNO/COO	This is open and has been sent to Jamie Emery and the EOL service to action	1
24-08-12	**Covid-19 vaccination**. The government has accepted JCVI advice for the COVID-19 autumn/winter vaccine offer. Those eligible are adults aged 65 years and over, residents of older adult care homes, those at increased clinical risk (including pregnant women) and frontline health and social care professionals. We will shortly write to systems and trusts to advise on the next steps.	CNO/CMO/ CPO	The Trust put arrangements in place from 7th October 2024 to offer the COVID-19 vaccination to its workforce through Occupational Health Services. RSV Vaccination will be available for Maternity and Neonatal Staff, Birmingham Community Trust will be vaccinating maternity patients.	3
24-08-12	2024 NHS Staff Survey. Our NHS Staff Survey guidance for bank only workers includes an updated communications toolkit and pre-fieldwork assets to support promotion. Mandated fieldwork runs from Monday 7 October to Friday 29 November.	CPO	The survey was issued to 282 Bank only workers via e-mail. The current response rate 2.48% Targeted e-mails and texts to be sent via the bank team to encourage workers to take the survey before it closes at the end of November.	3
24-08-19	**Medicines procurement and supply chain frameworks.** Our guidance details which providers and organisations contracted to deliver NHS England commissioned services are in and out of scope for being a purchasing point, and can access medicines procurement and supply chain framework prices.	CFO	The frameworks have been accessed as required for the agreed services	3
24-08-19	**Emergency preparedness, resilience and response.** Our letter to ICBs and trusts outlines the programme from 2024 to 2030 for routine, systematic testing. It confirms that from October, we will set 7 exercise themes for NHS organisations to	COO	Response awaited	

Issued	NHSE message	Lead	Trust response	Status
	exercise in turn, and asks that organisations work together to plan, exercise and report on their capabilities within each theme.			
24-08-28	**Maximising uptake of antenatal vaccinations.** Our letter outlines the role of maternity, community pharmacy and primary care services in advising pregnant women of their eligibility for vaccination against pertussis, flu, COVID-19, and RSV. The appendix provides further information and guidance on antenatal vaccinations.	CNO/CMO	This is shared with mums to be within antenatal services. RSV is currently being undertaken by BSOL on our behalf	3
24-08-28	**RightCare dementia scenario.** This RightCare scenario about dementia puts the person at the centre of the story. It uses fictional patients to show the difference between a suboptimal, but realistic, pathway of care compared to an optimal one. The scenario invites systems to consider how this patient journey reflects your local service provision through a series of questions.	CNO/CMO	This has been shared with our vulnerable adults service and will be used in training and within the patient experience group	3
24-09-03	**RightCare cystic fibrosis toolkit.** The RightCare cystic fibrosis toolkit will help you to understand how to optimise cystic fibrosis care by providing key actions for improvement. It includes a self-assessment questionnaire to assess and benchmark current services.	CNO/CMO	Checked with respiratory lead if this is relevant to us. It is not a service we run.	3
24-09-03	**New virtual wards operational framework.** Our operational framework supports standardisation across the country by highlighting the core components, requirements and benefits of delivering virtual wards at scale for our patients. It is in line with the objectives of the UEC recovery plan year 2. We'll hold a webinar to answer your questions and details will be shared shortly.	COO	Response awaited	
24-09-03	**New Single Point of Access guidance to support winter resilience.** The Single Point of Access (SPoA) guidance supports you with winter resilience, operational planning and UEC recovery priorities. It sets out the foundations that all systems need to have in place for winter 2024/25, and best practice case studies and learning.	COO	Response awaited	
24-09-03	**Same day emergency care (SDEC) service specification.** Our SDEC service specification outlines the essential components required for the delivery of safe and effective same day services across healthcare systems. It includes links to reference documents and key metrics for measurement, ensuring consistent, high-quality UEC services.	COO	Response awaited	

Issued	NHSE message	Lead	Trust response	Status
24-09-09 3	**All deaths in England now reviewed independently.** From Monday 9 September the Death Certification Reforms, including the statutory medical examiner system, are in effect. This marks the first major change to death certification in decades, ensuring all deaths in England and Wales are now independently reviewed by either a coroner or an NHS medical examiner.	CMO	The new MCCD to be used for all deaths from September. Ensured our mortality team are prepared. New SWB 7-day process including rapid release tabled as a paper to EQG August and updated TMC. Medical examiners community rollout and national medical examiners report is something 2e are already set up for. National report sent to our medical examiners lead to check for any further learning for us.	3
24-09-09 1	**Eye care support pathway**. In this letter, Louisa Wickham, National Clinical Director for Eyecare, NHS England and Moorfields Eye Hospital, encourages all stakeholders in the eye care sector to adopt the RNIB eye care support pathway, highlighting it as a significant advancement in efforts to improve eye care services across England.	COO/CMO	Sent to BMEC triumvirate to see if useful tool to use here	1
24-09-23	**Providing safe and good quality care in temporary escalation spaces**. Our guidance for providing safe and good quality care in temporary escalation spaces sets out the principles and includes content on: risk assessment, escalation, quality of care, raising concerns, data collection and measuring harm, and de-escalation.	COO/CNO/ CMO	Seen and read by the CNO and shared with Medicine & Emergency Care and deputy chief nurse to check our areas , ensure this is used if we open new spaces	3
24-09-23	Managing conflicts of interest. Our updated guidance on managing conflicts of interest incorporates changes introduced by the Health and Care Act 2022 relating to establishing ICBs and the Provider Selection Regime. It includes principles to support good judgement about how interests should be approached and managed.	CGO	Our Trust-wide policy is in line with the guidance as well as supporting procedures.	3
24-09-23	Infection prevention and control measures – mpox. Guidance for clinically suspected and confirmed cases of mpox in healthcare settings includes a case definition, diagnostics, risk assessment, IPC measures, ambulance and patient transport guidance, and visitor guidelines	CNO/CMO	Shared with IPC team who have checked and updated our current guidance	3
24-09-23	**2024/25 pay awards: revenue finance and contracting guidance.** Our updated pay award guidance sets out the actions that commissioners and providers should take	CFO	The Trust has complied with all the required actions including ensuring the pay awards are paid	1

Issued	NHSE message	Lead	Trust response	Status
	to implement the 2024/25 PRB and DDRB pay awards, resident doctor pay deal, consultants and SAS pay reform deals. It includes guidance on how contracts should be amended in-year.		to staff in a timely manner (i.e. AFC staff in October) and has drawn down the cash to support payment.	
24-09-23	**Frontline healthcare worker winter vaccinations**. Communications materials to support winter vaccination uptake for frontline healthcare professionals can be downloaded from the Campaign Resource Centre. Eligible frontline health and care professionals may be offered a COVID-19 vaccination by their employer from Thursday 3 October or can book online from today. The seasonal flu vaccine will be offered to all eligible frontline healthcare workers, including both clinical and non-clinical staff, through their employer from 3 October.	CPO	Vaccination programme has commenced	3
24-09-30	**NHS IMPACT Improvement guides.** Our Improvement guides bring together the best clinical and operational practice. A supporting letter introduces new improvement features in the Model Health System, provides additional information on learning and improvement networks and sets out next steps. Improvement guides: outpatient services, theatres, surgery and perioperative care, medical consultant job planning, urgent and emergency care	CSO	We are sighted on the Improvement guides, internally. The Director of Improvement and Director of Operational Delivery (Deputy COO) are working together to map overlap and gaps between the guides and ongoing improvement work at the Trust. Conversations have been initiated between Black country Improvement directors (within the Provider collaborative), to scope out how best to develop a local LIN to support the guides to have most impact across the system	3
24-09-30	**National patient safety alert: oxytocin.** Our national patient safety alert to reduce the risk of harm from inadvertent administration of a postnatal dose of oxytocin prior to birth requires NHS funded maternity care providers to cease pre-preparing oxytocin infusions at ward level in all clinical areas.	CNO/CMO	Asked the directorate leads to check against the 4 key actions. Await response.	1
24-09-30	**Sampling and testing for blood group genotyping.** This national programme to better identify blood groups for patients living with sickle cell, thalassemia and transfusion-dependent rare inherited anaemias to improve blood typing, and matching, aims to ensure safer transfusions and reduce antibody formation. Our letter asks trust medical directors, nurse directors and healthcare sciences leads	CNO/CMO	Haematology have been steadily working on this; I don't know how many samples have been sent. They plan to include anyone coming through the service for an extra blood test to be sent.	3

Issued	NHSE message	Lead	Trust response	Status
	to promote patient referrals and ensure that eligible patients are invited to have a blood group genotype DNA-based test alongside routine blood tests.			

6 November 2024

NHS
Sandwell and West Birmingham
NHS Trust

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:	11th November 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.

Sub Committees provide regular reports to the Trust Board providing assurance on key items discussed and progress made to resolve identified issues. This report combines the committee assurance report's, which were previously separate agenda items (they are still produced and available in the Board Reading Room).

The report includes key issues to advise, assure and alert the Board from September and October 2024 committees:

Quality Committee: Chaired by Mike Hallisey
People Committee: Chaired by Lesley Writtle
Finance and Productivity Committee: Chaired by Rachel Hardy
MMUH opening Committee: Chaired by Mick Laverty
Integration Committee: Chaired by Val Taylor
Audit Committee: Chaired by Andy Argyle

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

- **Reduction of workforce numbers and workforce control** : was discussed in both Finance and People committee, there remains a significant challenge in seeing a fall in workforce numbers on a recurrent basis. Currently we are 206 posts adrift of the trajectory. Committees were assured that this position would improve. All Sub Committees are sighted on this and working closely together. Post the MMUH moves it is important to see ownership of delivery at Group level.
- **Workforce system implementation concerns** :People Committee and Finance Committee raised concerns linked to the on-going system management of Allocate and ESR. There is a consistent theme of not resourcing project management and implementation appropriately. This has led to huge challenges for staff in the Trust but also a range of errors causing practical problems for system management. This has become even more highlighted with the launch of 'Goodshape' our sickness management and wellbeing support service in December. Whilst People committee has been assured of adequate support to launch we know that on-going system support must be taken seriously and supported. Chair of Audit has escalated a planned internal Audit review of Allocate this is a critical piece of work given the chaotic implementation to date which the interim CPO is attempting to resolve.
- **BMA GP collective action** was discussed in Integration Committee :The BMA has published safe working guidance, the advice includes ceasing all non-contractual work and diverting resources to core services. This could potentially have an impact and be a significant risk to the Trust. The GPs in Sandwell and West Birmingham are currently considering how best to respond, safely and appropriately for patients and to ensure minimal impact contractually/regulatory for them.

ADVISE

- **MMUH opening committee** discussed 7-day working; a couple of staff groups haven't introduced this approach on day one and is being disputed by some of the staff. The CMO and CPO are working through the issues. Full 7-day working makes a significant contribution to the benefits realisation target so is important to resolve swiftly.
- **First 100 day assurance and emerging themes** were discussed at most sub committees; data will start to be provided into committees to be able to comment accurately on risk and quality. Rightsizing was discussed in quality committee and MMUH opening committee noting being on track at this stage achieving the likely scenario. Reflection showed that the first move had gone well with some key learning for the November moves. Patient census work was felt to be excellent if not very time intensive, but there is significant learning from this work that needs to factor into day to day work.
- **Improvement agenda**: Finance committee will receive a plan in November that looks at

a 2 year outlook to provide an affordability framework rather than a 1 year plan. Crucial the organisation comprehensively delivers improvement in H2. Finance committee had a comprehensive report on the theatre and orthopaedics deep dive at the meeting with many areas for improvement that would help patients and staff and be more efficient. People Committee also saw excellent examples of potential improvement linked to proper resourcing of allocate and delivery of Goodshape but as an organisation we must understand how we resource these improvement programmes and ensure delivery.

- **SHMI Improvement** stubbornly remains at 110, quality committee has agreed a refreshed approach to seeking improvement.
- **Maternity Services :** reporting of continued improvement received, noted that a tremendous amount of work is taking place regarding the CQC action plan and other improvement programmes. This in conjunction with being ready to move to MMUH is leaving staff exhausted. Quality committee recognised that staff need space after the move to consider how they can be best supported to improve from within the service.

ASSURE

- **Annual medical revalidation and Appraisal report**: People committee approved the submission, we heard that we have 115 appraisers and 700 doctors to appraise which is a good ratio. We also heard that 'Just Culture ' approach has been important and using the 'Back on Track Plan' The report was approved

Joint Provider Committee – Report to Trust Boards

Date: 18th October 2024

Agenda item: <mark>TBC</mark>

TITLE OF REPORT:	Report to Trust Boards from the 18th of October 2024 JPC meeting.
PURPOSE OF REPORT:	To provide all partner Trust Boards with a summary of key messages from the 18th of October 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, three Deputy Chairs, and all three CEO's. Key discussion points included: a. A progress update from the BCPC CEO Lead with a particular focus on resetting the Clinical Improvement Programme, implementing the urological cancer services transformation work, and the proposed Clinical Summit. b. Progress update on the Corporate Services Transformation work, with a focus on the preparations for the first Engagement Workshop. c. Delivery against the FRP is broadly on target at month 6 but will become increasingly challenging over the latter part of the plan. d. Request to review R&D arrangements across the four partners with a proposal for a way forward to be presented to the JPC in the near future.
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

1. PURPOSE

1.1   To provide all partner Trust Boards with a summary of key messages from the 18^{th of} October 2024 Joint Provider Committee.

2. SUMMARY

2.1   The Joint Provider Committee was held on the 18^{th of} October 2024. The meeting was quorate with attendance by the Chair, three CEO's and three of the Deputy Chairs.

2.2   The minutes of the previous meeting were accepted as an accurate record and the Action Log was reviewed for progress with completed actions noted.

2.3   On behalf of the JPC the Chair congratulated SWBH on their significant efforts to successfully open the new Midland Metropolitan University Hospital, and also DGFT & WHCT in supporting this process.

2.4   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   Positive and productive workshop held in September with the BCPC Clinical Leads, CMO's, CNO's and COOs to re-invigorate / reset the Clinical Improvement Programme, which will be further engaged on at the forthcoming Clinical Summit on the 29th November 2024. Slight concern expressed over the recent development of the Primary Care Strategy, which appears to have not been engaged on with secondary care.

  o   Significant progress is being made with the establishment of new arrangements for urological cancer services, which should see the full service commence from December 24 / January 25. This should help the system improve access to urological cancer services quicker, which in turn should support much needed improvements with cancer health outcomes.

  o   Work is due to commence to better align operational and strategic planning processes for the ICS, led by the new BC ICB Chair. This will be a focus of the next Joint Board Development Workshop in December, with a desire to establish a system health strategy with clear vision and goals over a medium-term period.

b)   **Items for Discussion**

- **Corporate Services Transformation** – Positive progress was reported in preparing for the forthcoming first Corporate Services Transformation Engagement Workshop. Primary purpose is to ensure all corporate service leaders have a common understanding of the drivers and intentions of the programme of work that we will pursue over the remainder of 24/25, with registration from all partners very strong.

- **Financial Recovery** – The JPC received an update on progress, which was largely to plan. Future months may be more challenging with a "stepped change" in the delivery expectations. Attention is fast turning to the requirements for yr 2, which currently remains equally challenging.

  A proposal for potentially pursuing a 'delivery partner(s)' in parallel to existing capacity is to be considered by the Collaborative Executive shortly and brought to the next JPC.

c)   **Any Other Business**

- **Research & Development** – The Chair brought to the attention of the JPC a need to review arrangements for Research & Development across the four partners, requesting

the Collaborative Executive to discuss and return with a proposal for consideration in the near future.

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 18th of October 2024 JPC meeting.

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

NHS
Sandwell and West Birmingham

Report title:	Board Metrics Exception Report
Sponsoring executive:	David Baker: Chief Strategy Officer
Report author:	Martin Chadderton, Head of Improvement Analytics
Meeting title:	Public Trust Board
Date:	13th November 2024

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

The report highlights four important areas for **Assurance**, each accompanied by executive commentary to provide the Board with a comprehensive understanding of how these specific metrics are being effectively managed:

- **Optimise Workforce Capacity : Staff Turnover**
- **Optimise Workforce Capacity : Staff Sickness**
- **Deliver Access Targets : Outpatient Attendances attracting a Procedure Tariff**
- **Deliver Access Targets : DM01 Diagnostic 6 Weeks Target**

Additionally, the report flags three areas as **Alerts** that require consideration. Each alert includes executive commentary, detailing the associated risks and the mitigation strategies in place:

- **Financial Control/Workforce Oversight – Workforce Trajectory**
- **Financial Control/Workforce Oversight – Agency Spend %**

Deliver Access Targets - Patients waiting over 65 weeks

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** progress of the metrics under the assure heading

b) **REVIEW** the metrics under the alert heading, raising any concerns

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 13ᵗʰ November 2024

Board Metrics Exception Report

1.   Executive summary
The Board Metrics Exception Report highlights key performance areas under Assure and Alert. All performance data is sourced from the Board Metrics Report, available in the reading room aligned with the 2024/25 Strategic Planning Framework and the NHS Operational Framework. Each metric is accompanied by commentary from the respective executive lead, with an overall summary provided by the Strategy and Governance (S&G) team.

2.   ASSURE

2.1   **Strategic Objective : Optimise Workforce Capacity | Staff Turnover**
2.1.1 *Strategy and Governance team:* Starting from a high point around 15% in early 2022, turnover percentage has steadily declined, reaching approximately 11% by September 2024. This suggests an effective reduction in employee turnover over the observed period. Special Cause Variation (SCV) suggests that the downward trend is not due to random fluctuations but to specific factors or interventions positively impacting turnover.

2.1.2 The target turnover percentage is set at 13%. Initially, turnover was well above this target. However, since mid-2023, the turnover rate has consistently stayed below the target, indicating sustained improvement and stability in retaining employees.

2.1.3 Assurance: The continued downward trend implies that, with current interventions, turnover should remain low.

2.1.4 *Executive Commentary – James Fleet, Chief People Officer*: The rolling 12-month turnover rate has continued its downward trend for the seventh consecutive month, extending a positive trend that began in August 2022. The turnover rate for September 2024 is 11.04%, this reflects the impact of a range of targeted initiatives, including the impact of the ARC Leadership Development and Team Effectiveness interventions, the retention initiatives, the work of the People Engagement teams and improvements from the 2023/24 Staff Survey

and Pulse Surveys, improvements in the accessibility of training, development and career opportunities, as well as the deployment of Retention Leads with services with high turnover. To further enhance staff well-being and retention, the Trust is developing a Wellbeing Brochure to showcase its holistic support offerings and is also implementing Mental Health First Aid training in October 2024.

2.2 **Assure: Strategic Objective : Optimise Workforce Capacity | Staff Sickness**

2.2.1 *Strategy and Governance team:* The rolling 12-month sickness rate initially rose and peaked close to 6.5% around mid-2023. Since then, it has gradually declined, reaching 5.72% by September 2024. This indicates a positive trend in reducing sickness levels. Special Cause Variation suggesting that specific interventions or factors are effectively contributing to this reduction in sickness rates, rather than it being due to random variation.

2.2.2 Target and Variance: The target sickness rate is set at 5.5%. While the current rate of 5.72% is close, it has not yet reached the target. The steady improvement, however, is encouraging, indicating progress toward meeting or potentially achieving the target in the near future.

2.2.3 *Executive Commentary – James Fleet, Chief People Officer*: The rolling sickness rate has continued to show positive improvement for the fourth consecutive month. The rate decreased from 5.80% in August 2024 to 5.72% in September 2024. In-month comparisons between September 2023 and 2024 revealed a decrease in absence equivalent to 36.5 full-time equivalents (FTEs). While the top four reasons for absence remained unchanged, the overall reduction has been driven by improvements across various absence categories, which reflects targeted interventions to reduce long-term sickness absence, which has been comparably high at SWBT historically. The implementation of the Good Shape absence management platform in December will support an annual reduction of sickness-related absences by 1% (71 Whole Time Equivalents).

2.3 **Assure: Outpatient Attendances attracting a Procedure Tariff**

2.3.1 *Strategy and Governance team:* In early 2023, there is a marked improvement (indicated by blue markers) where the percentage rises towards 60%. This stabilises around 55-60%, suggesting that recent initiatives or procedural changes positively impacted this metric.

2.3.2 Recent Performance: Following the step change, the percentage remains consistently in the upper range, near 60%, signifying stability in outpatient procedures attracting tariffs.

NHSOF - Outpatient attendances attracting a procedure tariff
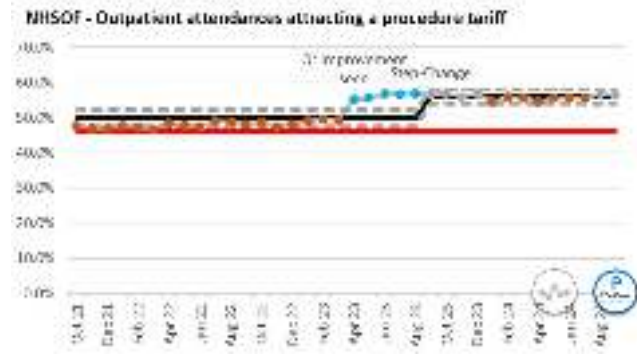
2.3.3 Working with the clinical and operational teams the Performance & Improvement (P&I) team undertook substantial work to integrate systems, capturing previously unmined activity data to enhance the accuracy and completeness of coding. This initiative was strengthened by a targeted education program, equipping staff with essential skills to maintain high standards in data entry and coding accuracy.

2.4 **Assure (Partial) Deliver Access Targets - Planned Care – DM01 Diagnostic 6 Weeks Target**

2.4.1 *Strategy and Governance Team*: By early 2024, the performance shows signs of improvement, reaching closer to 80% with blue markers indicating further progress. However, the performance remains below the target level, suggesting that while improvements are ongoing, additional efforts are required to reach the 99% target.

NHSOF - DM01 Diagnostics 6 Weeks Target

2.4.2 *Executive Commentary – Johanne Newens, Chief Operating Officer*:

2.4.3 Performance: The August published performance shows an improvement nationally from having the 17th largest waiting list in the NHS to having the 21st largest. Benchmarked to other Trusts we have improved from 114/157 in July to 102/157 in August. The September unvalidated position demonstrates a slight improvement of DM01 of 0.3% but an increase of 13+ weeks. This has been due to the addition of surveillance patients as mandated by NHSE/I. Whilst Non-Obstetric Ultrasound (NOUS) contributed to the improvement; it remains a risk to the Trust's DM01 and 13+ week performance. The other largest drivers are Endoscopy (Colonoscopy and Flexi Sig), Neurophysiology and Audiology.

2.4.4 Increasing capacity: The additional capacity within NOUS continues and this has contributed to the improved performance. Bank rates have now been aligned to the System bank rates and this is supporting the Obstetric service particularly. Mutual aid continues to be provided by The Dudley Group NHS Foundation Trust.

2.4.5 Temporary workforce plan – There are several temporary workforce plans across multiple modalities. This includes the use of insourcing across Ultrasound which will continue and reviewing insourcing opportunities in Neurophysiology. Outsourcing continues to be provided in Endoscopy

3. ALERTS

3.1 Alert : Workforce Oversight – Workforce Trajectory

3.1.1 *Strategy and Governance Team:* The deployed whole time equivalent (WTE) for September was 8100. This is above our budgeted WTE by 166. Our previous forecasting shows a further increase to 8300 in October before dropping down to 8293 by March 2025. The forecast is unrealistic in terms of recruitment trajectory and unaffordable as regards the 2024/25 financial plan. Following a series of detailed executive led reviews with the Clinical Groups, and agreed trajectories for implementing the e-rostering and sickness and absence systems, the Executive team have approved a revised year end trajectory of circa 8,051wte. Furthermore, the work that is being undertaken to optimise rostering, job planning and sickness management is delivering fundamental improvements to the functioning and effectiveness of the Trust's core workforce capacity and utilisation systems and processes, which will underpin and enable multi-year efficiency and improvement benefits.

3.2 Revised and Improved Workforce Trajectories, assumptions and Actions

3.2.1 Our revised forecasting still sees our numbers increase through October and November but to a high of 8118 in November before reducing down to 8051 by year end.

	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Medicine and Emergency Care	2,215.62	2,084.75	2,133.38	2,070.27	2,081.46	2,158.43	2,091.00	2,092.35	2,069.35	2,041.24	2,058.30	2,234.32
Surgical Services	1,503.87	1,460.21	1,525.19	1,485.61	1,496.56	1,468.01	1,460.37	1,485.35	1,453.09	1,465.56	1,453.01	1,467.73
Women and Child Health	1,013.68	1,025.15	1,017.76	982.17	986.27	964.77	947.70	905.40	962.51	960.24	977.38	972.76
Primary Care Community and Therapies	1,312.12	1,318.14	1,312.85	1,319.00	1,282.50	1,308.82	1,310.09	1,305.47	1,382.06	1,382.06	1,365.06	1,386.15
Imaging	314.21	312.80	315.15	305.57	315.54	314.36	314.05	314.34	312.15	312.21	310.17	313.52
Chief Development Officer	610.86	586.17	580.25	611.75	649.00	721.38	722.25	722.18	721.28	719.56	720.25	721.75
Chief Integration Officer	132.87	132.15	134.00	135.06	141.07	147.00	147.21	147.40	146.59	146.57	146.56	146.74
Chief Medical Officer	250.73	251.12	249.46	255.51	250.54	258.11	270.52	272.15	274.01	275.16	270.49	270.05
Chief Nursing Officer	155.56	154.45	156.62	154.16	151.27	152.00	160.00	162.21	162.76	162.32	162.52	162.72
Chief Operating Officer	131.57	134.72	134.00	131.14	130.32	125.46	125.61	125.25	125.34	124.91	124.17	125.22
Finance	94.31	102.04	102.77	119.39	119.29	130.14	140.31	140.44	140.52	140.36	145.53	145.70
People and Organisation Development	131.36	140.14	140.18	142.31	141.46	142.41	142.62	142.30	142.31	141.47	142.16	142.25
Strategy and Governance	86.25	86.64	90.51	82.75	87.67	86.46	86.60	86.71	85.41	86.12	86.22	86.05
	8,312.56	8,326.97	8,121.31	8,040.72	8,066.00	8,100.07	8,116.52	8,117.39	8,094.74	8,069.62	8,073.86	8,051.40

3.2.2 This revised forecast is based on a series of interventions and assumptions including:

• A sickness reduction of 1% which is equivalent to 71 WTE across all areas (from Q4) as part our continued work and through our work with Goodshape;
• E rostering bank shift improvement of 80wte across Groups;
• MMUH recruitment above current deployed of 38WTE
• Assumed general recruitment of 60WTE across the Trust net of leavers.

Whilst this would not deliver the original 2024/25 workforce plan, the Executive Team are confident this work has delivered the potential workforce reduction possible, without causing detriment to the quality, delivery or resilience of clinical and/or corporate services.

3.3   Alert : Workforce Oversight – Agency Spend %

3.3.1   *Strategy and Governance Team:* The gap between the NHSE submission target and actuals suggests that agency usage is not only surpassing internal planning expectations but is also above the level anticipated. Starting from a minimal baseline in April 2024, there is a marked increase in agency usage, with notable growth around the midpoint of the year. By March 2025, the actual usage approaches nearly double the initial levels, signalling a trend that may indicate sustained or increased dependency on agency staffing.

3.3.2   *Executive Commentary* –Whilst the national target is set at 3.2% we set a target of around 2% at the start of the year. We are currently tracking at ~3.9% which includes ~£0.5m relating to the MMUH Programme (care model and programme company spend). Elimination of this cost post-MMUH would reduce our agency spend to ~3.5%. Outside of a limited and agreed number of nursing areas the Trust's spend is principally driven by medics, pharmacy and imaging.

3.3.3   Actions:
Whilst continuing with our initiatives to deliver the overall workforce plan this year our plan is to re-visit our drivers for agency costs post the MMUH final moves and establish whether these are caused by grip and control issues or whether they are caused by longer term workforce gaps. For the longer-term workforce gaps we will need to consider whether there are some more innovative options available than previously considered. Work to reduce Medical Agency unit rate and cost avoidance (volumes) continues with the Chief Medical Officer and Group leadership teams.

3.4   Alert : Deliver Access Targets - Patients waiting over 65 weeks

3.4.1   Strategy and Governance Team: Following the peak in September 2023, there is a sharp decline, bringing the count to a lower level by early 2024, stabilizing below 600 patients but above the desired target of zero.

NHSOF - RTT Patients Waiting Over 65 Weeks

3.4.2 *Executive Commentary – Johanne Newens, Chief Operating Officer*:
The Trust did not meet the 65-plus week "route to zero" target in September 2024, mainly because of a capacity shortage in Ear, Nose Throat (ENT) (adult & paeds). This issue is currently being addressed through outsourcing and insourcing models. 78-plus week patients are monitored at daily long waiter catch-up calls. At the end of September, there were 3 breaches – 1 due to clinical need and 2 due to patient choice. November is predicted to have no breaches by the end of the month.

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 as any forecasted capacity shortfall. Outsourcing and insourcing plans are in place with both Modality and Optimised Care.

Rigorous Monitoring and Validation Processes: Validation processes are being enhanced with the expansion of the validation team within Patient Access. This will ensure reporting of elective performance is accurate, improvement planning is evidence based, and pathway changes are appropriately reflected.

Implement Targeted Interventions for Patient-Initiated Follow up (PIFU) Delivery: Actions are being taken to address challenges identified in PIFUdelivery, including enhancements to the IT infrastructure and development of Standard Operating Procedures (SOPs) for consistent application of PIFU across all Specialities. Patients with over 12 months follow-up and not requiring clinical input are being clinically reviewed and assessed. These patients will be added to the PIFU pathway.

GIRFT Further Faster Programme Objectives: We regularly review progress against Getting It Right First Time (GIRFT) Further Faster Programme objectives, adjusting strategies as necessary to maximise benefits and optimise service delivery.

4. Recommendations

4.1 The Public Trust Board is asked to:

a. **NOTE** progress of the metrics under the assure heading
b. **REVIEW** the metrics under the alert heading, raising any concerns.

Martin Chadderton (Head of Improvement Analytics – 28/10/2024)

PATIENTS PEOPLE POPULATION

NHS Sandwell and West Birmingham NHS Trust
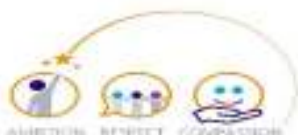
REPORT TITLE:	Midland Metropolitan University Hospital Update
SPONSORING EXECUTIVE:	Richard Beeken Chief Executive Officer
REPORT AUTHOR:	Rachel Barlow – Managing Director Jo Newens – Chief Operating Officer Mark Anderson – Chief Medical Officer Laura Broster – Strategic Communications Director
MEETING:	Public Trust Board
DATE	13th November 2024

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

The Midland Metropolitan University Hospital (MMUH) opened to patient services on the 6th October 2024 and at the time of writing, it is just circa 30 days post the move of Sandwell Emergency Department and acute in-patient services relocating to MMUH, and just circa 4 days away from completing the move of City Hospital ED and acute in-patient services to MMUH on the 10th November 2024.

As well as the Trust Board receiving feedback on the City Service moves to MMUH, the Trust Board is guided to discuss the risk profile, and early observations on the immediate impact of the move of services to MMUH based on activity, critical patient pathways, workforce indicators, bed fit, the logistics service and the mass population Communications Campaign.

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) **ACCEPT** the update on the Move of Patient Services to the Midland Metropolitan University Hospital

b) **UNDERSTAND** the Programme Risk Profile

c) **EXPECT** comprehensive reporting of the First 100 day safety and quality indicators to relevant Trust Board Committees

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 13th November 2024

Midland Metropolitan University Hospital Update

1. Introduction

1.1   The Midland Metropolitan University Hospital (MMUH) opened to patient services on the 6th October 2024 which is a significant milestone for our Patients, People and Population, given it is one of the largest hospitals to open in England in the last decade.

1.2   At the time of writing, it is just circa 30 days post the move of Sandwell Emergency Department and acute in-patient services relocating to MMUH, and just circa 4 days away from completing the move of City Hospital ED and acute in-patient services to MMUH on the 10th November 2024.

1.3   This paper sets out to provide an overview of the first of three moves of services to MMUH, an update on the Programme Risk Register, as well as an overview of the start of the First 100 Days of MMUH in relation to the building infrastructure and function, an early view of partially established Clinical and Workforce model (which will be fully realised on completion of the City move and embedded over the subsequent period), patient activity, quality standards, forecast bed fit, Patient Experience, Workforce experience, the Logistics service and mass population Communication Plan.

2. The Move

2.1   On Sunday 6th October 2024, Sandwell ED and acute in-patient services were relocated to the MMUH. The Move plan was led by the Trust in collaboration with Health Care Relocations, West Midlands Ambulance Service and specialist transport partners for critical care and children's services.

2.2   A Patient Census exercise preceded the move, meticulously planning at patient level the plans for each individual patient in terms of clinical and personal care for the move day. The patient level plans were supported by pre agreed Patient Transfer Protocols. The Census started a week before the move and was a multi professional exercise where plans of care towards either discharge in advance of the 6th October or transfer to MMUH were overseen with local clinical teams. The impact of the Census was significant driving increased patient discharges home and transfers of care to community based locations in advance of the 6th October. This reduced the number of patients to be transferred to MMUH from an anticipated maximum of circa 320 to 175 patients transferred on the day of the move itself. Rowley Regis opened to 24 beds to support the Census impact and demand for community bed based care.

2.3   On the move day, the logistics and oversight of the move, was coordinated by a Move Control Centre based at MMUH, with an equivalent Sending Team based at Sandwell Hospital. The ED at MMUH opened shortly after 5am, in-patient transfers started at circa 7.30am and were completed successfully by 1.30pm.

2.4   Over all the move was very successful. There were no incidents reported over the move period itself. The Sandwell Move was logistically impressive and was a positive experience of collaborative working with transport partners. Subsequent to the move, there has been lessons learnt activities to refine the plans for the Maternity and Neonates Move, scheduled for the 6th November 2024, and the City (adult) Move, scheduled for the 10th November 2024.

2.5   The plans for the Maternity and Neonates Move and the City (adult) Move have been assured via the MMUH Programme Group in terms of readiness and preparedness.

3.   Risk Register

3.1   **Annex 1 Summary MMUH Programme Risk Summary**, shows the Programme risk profile and forecast at the time of writing.

3.2   **Risk 5157 Bed Fit and Risk 5941 related to the Integrated Care System Urgent and Emergency Care Modelling** continue to follow their risk forecast trajectory as presented to the last Trust Board. Both these subjects are presented in sections 5.1 and 5.5 respectively. At the time of writing just circa 30 days after the Sandwell Move to MMUH and before the City moves are complete, further reporting and analysis will continue to inform the risk score and status.

3.3   **Risks 5974 and 5973 both pertain to risks of the activation critical path impacting on the move of City services.** The risk profile remains significant at the time of writing given the impact of compressed activation due to the late planned completion and building handover to the Trust. The risks are managed live and intensive work to mitigate these for the move date, is in train to enable the move dates to go ahead.

3.4   Risks 2 new risks have been added to the Risk Register related to working **Lifts capacity**. At the time of writing 2 out of 4 bed lifts are subject to essential maintenance works which are due to be complete by the 5th November 2024. Whilst this causes no operational impact to the current clinical service portfolio in MMUH, this work is essential to support the move of City adult acute services. It is anticipated the risk rating is on track to decrease and the risk be closed by the 5th November 2024.

3.5   A new risk has been recorded related to **Door Security**. The subject matter and mitigation is referenced in section 4.2 below.

4.   The Building Infrastructure and function

4.1   MMUH is a technically advanced infrastructure in terms of the Building Management System. The building function has performed well since opening, with a few anticipated teething issues which had pre planned resources on site as part of previous lessons learnt and proactive risk management of a condensed full activation period and system handover from Balfour Beatty to our Hard FM provider, EQUANs.

4.2   The anticipated teething issues included:

4.3

- **Doors** – The building has 4300 sets of doors which are a mix of manual and power assisted opening and closure mechanisms. The user experience is different to that at Sandwell and City Hospitals with the amount of power assisted doors increased and the speed of opening and closing different to that provided by the older technology at the Health Campuses. Door issues were predicted as a lesson learnt from previous schemes. In a live use environment users learn to use new doors and inevitably with loading the hospital of equipment and stock in a highly compressed activation period, the sheer intensity of activation would potentially produce unintentional damage in a new and unknown environment. The NHP delay costs proactively supported door specialists on site for the first few weeks of the hospital being open. Since then, doors surveys have been repeated by the Estates Team and 100 issues raised for resolution via EQUANs and subcontractors. The survey will be repeated after the City move. Mitigation decisions to increase security at strategic locations of the building to ensure local departmental security controls are consistent, has been put in place until consistent local door performance is demonstrated.

- **Temperature** – The Building Temperature Control is regulated centrally via the Building Management System and locally in rooms by a local control panel which enables a +/- 2 degree adjustment to temperature. In our old estate, this adjustment would be made by opening windows which is not the case at MMUH. In new hospitals with sophisticated heating and cooling systems, as both people occupy the building, and equipment is switched on and working, the temperature systems need to settle and be regulated. User experience of temperature was variable in the first 10 days of occupation and there were some limited local issues with temperature control and experience. Where necessary risk assessments were completed to ensure acceptable mitigation for clinical areas. A full survey of the heating and cooling systems isolated a local issue which is now corrected. There has been user education via the Get Set For Midland Met daily communications to support staff understanding how temperature regulation works. As a result of both interventions, calls to the EQUANs helpdesk are now reduced and minimal.

- **Lifts** – Lifts is a theme in lessons learnt from previous new hospital projects. Lift engineers were commissioned to be on site to support the move period. Since then, 4 lifts have been isolated for maintenance work which will be completed by the 5th November 2024. The business continuity plan for lift outage is under review.

- **Wayfinding** – Wayfinding in MMUH has separate routes for the public, patients/staff and for the logistical movement of supplies and equipment. This is a very different approach to circulation in the building. To support this and lessons learnt from previous new hospital projects, volunteers provided wayfinding support for the public and Trust advisors and members of the Programme Team staff provided wayfinding support for staff over move and the subsequent period.

  Quickly themes were identified that needed support to navigate routes to and from the Carpark as well as to and from ED as a 'walk in' patient. A Task and Finish Group was established, and visual solutions were commissioned with lift cores in the carpark

and associated zonal columns colour coded, and pathways routes to ED and maternity lifts in the carpark painted. We have started to receive positive feedback on this change.

As we have started to settle and use the building a few additional sign requirements have been identified and are being commissioned.

Alignment of the Volunteers Service with the Welcome Desk Team has enabled refinement of the placement of Volunteers at strategic places to enhance the wayfinding experience.

The Task and Finish Group remain in situ to respond to feedback on wayfinding as the move to MMUH is completed. A longer-term strategy for Volunteers and Wayfinding will be completed in the First 100 Days and a proactive invitation will be made to Healthwatch to visit the site in the new year.

5.   **Activity, patient pathways and bed fit forecast**

At the time of writing the Sandwell acute services and ED move has been completed to MMUH, with Maternity, Neonatal Care, acute adult services and the ED at City hospital being relocated to MMUH on the 6th and 10th November 2024 respectively. The data presented is that baselined before the move of Sandwell service to MMUH. Given the timeline since move of circa 30 days, this is not reliable trend information, but does show activity analysis largely within normal range and no aspects of safety that cause concern.

5.1   **Type 1 ED Activity**
Type 1 Emergency Department activity has remained within the normal range post move of Sandwell ED to MMUH ED (see chart A below).

Chart A: Type 1 Attendances
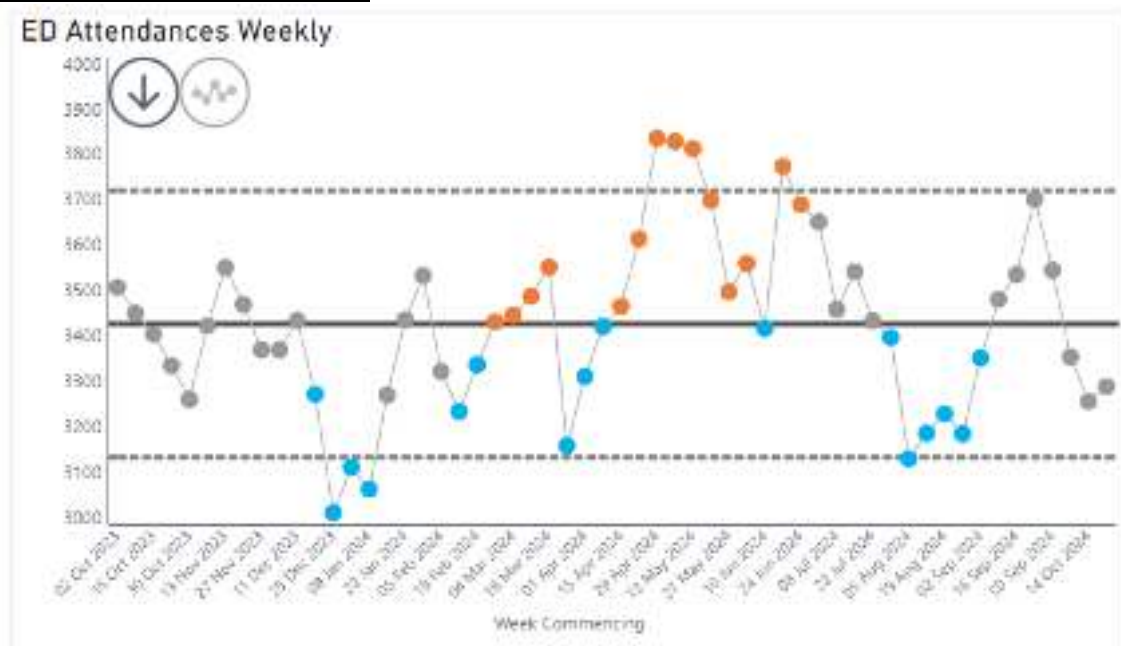
Within this activity there have been variations in demand from certain catchment areas, in particular a reduction of walk-in patients from postcodes which are now closer to Walsall Manor and Russells Hall Hospitals (See charts B1 & B2 below). These reductions are largely in line with the MMUH Programme and ICB forecasts.

Chart B1 and B2
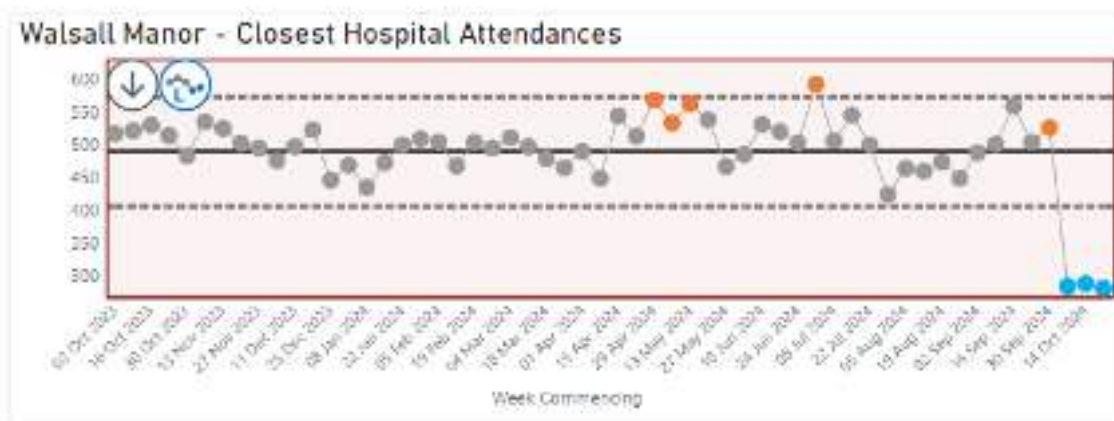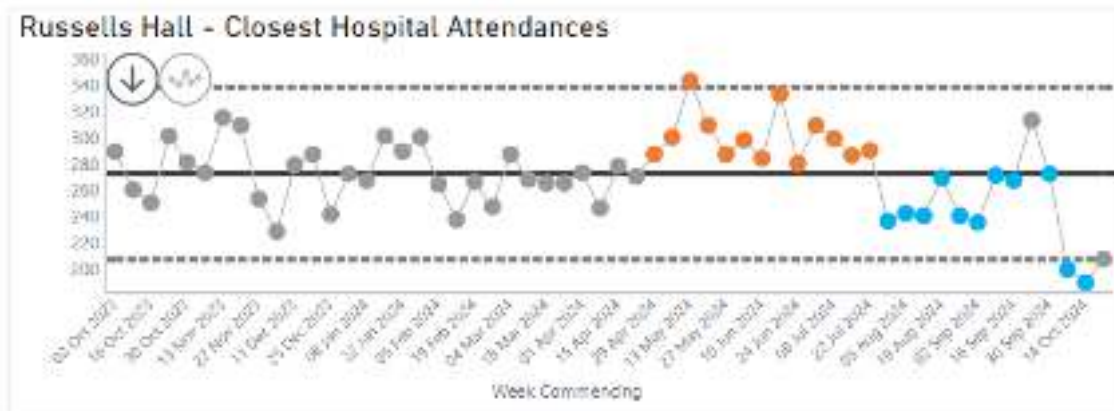
Attendances from postcodes closer to University Hospitals Birmingham NHS FT sites did see an initial increase at MMUH opening, particularly conveyances; however, this has since dropped back within the normal range. (see chart C below).

Chart C
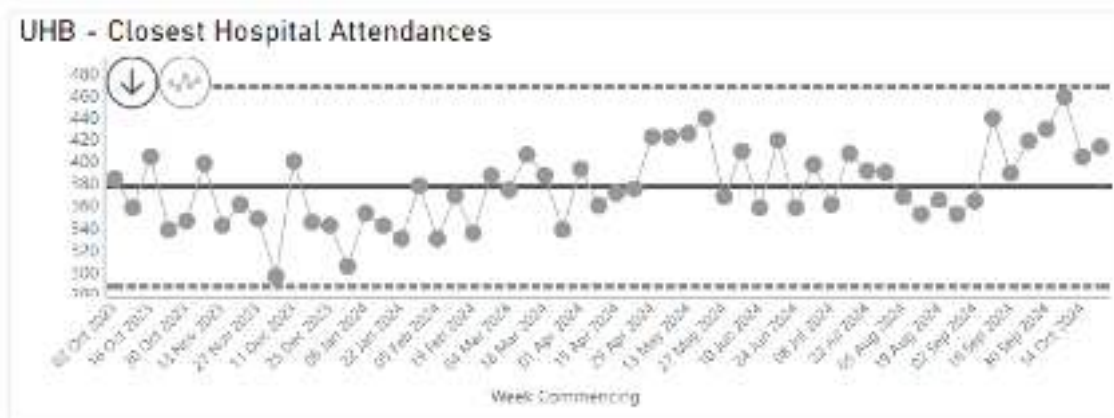
Some of these observed shifts within the first few weeks of MMUH may be partly normal variation, and some shifts may occur or reverse in coming weeks, for example due to…

1. The location and links to MMUH becoming better known to the public.
2. Ambulance crews change practice from where they would normally convey to from a particular postcode.

A number of weeks data post-City hospital move is needed before the real shift of activity between trusts can be reliably understood and quantified. An initial summary report on the first month's activity post-MMUH opening, will be available from the ICB Information Team, by 7th November 2024.

Type 1 (Main ED) EAS performance has remained steady during Sandwell to MMUH move (See chart D below). Although performance is below the desired/target levels, it remains significantly higher than the pre-*MMUH Improvement Programme* baseline of 46% (Oct-Jan 22/23)

Chart D: Sandwell > MMUH Type 1 EAS

Urgent Treatment Centre (UTC) / GPAU (Type 3) Activity

UTC/GPAU activity across all units has increased post MMUH move and is currently above baseline levels (see Chart E below). A major factor is recovery of activity following the reductions seen during Front-Door Streaming.

The MMUH GPAU has seen a weekly average of 279 patients, which is expected to increase to 462 per week following closure of City UTC, with some City UTC activity expected to shift to MMUH ED.

Chart E

Type 3 EAS performance has remained strong post-MMUH at 96-98% (see chart F below).

Chart F
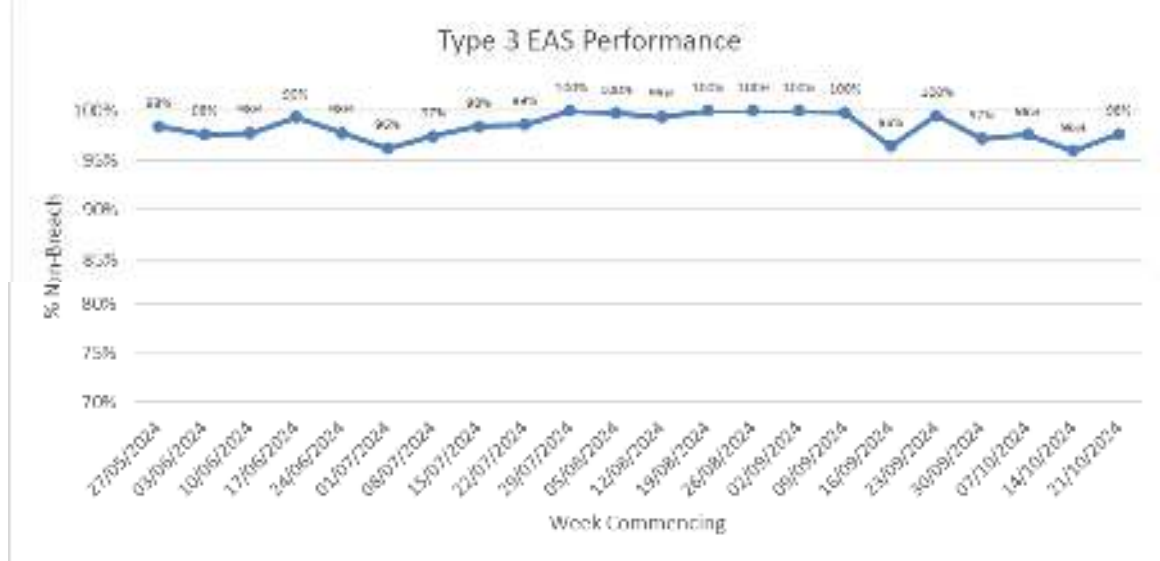
Since the closure of Sandell ED our month end EAS performance (all types) improved by nearly 3%.

5.2   **Admissions and Discharges**

Non-Elective Medical discharges saw a spike during the Patient Census week which preceded the Sandwell move to MMUH, with 73 discharges per day compared with the recent norm of 65. (see chart G below).

Post-MMUH opening, Medical discharges across all sites have remained within levels seen previously. However, City Hospital has seen a sustained period of lower discharges since September which has continued post-MMUH (see Chat H1 below).

Chart G – Medical Discharges, All Sites
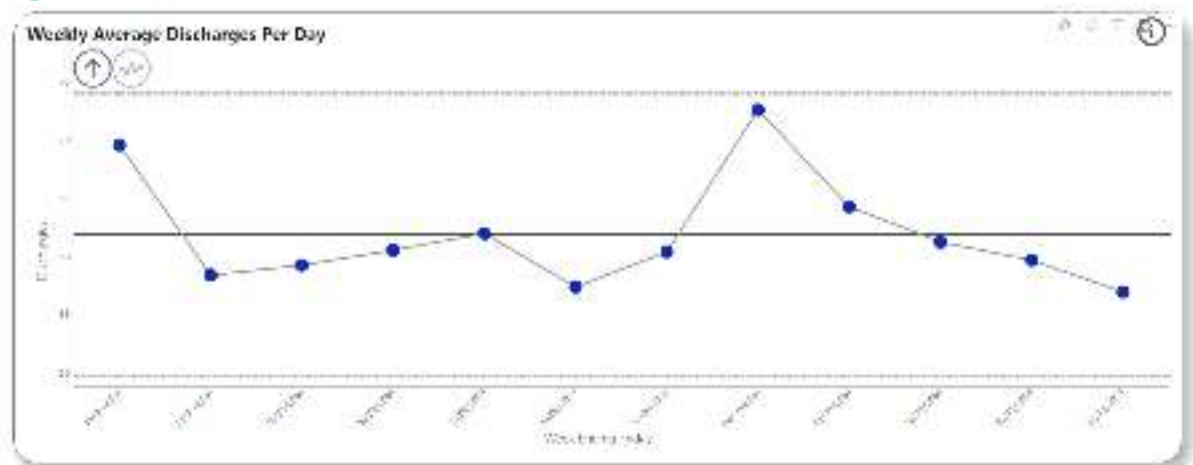
Chart H1 – Medical Discharges, City Hospital
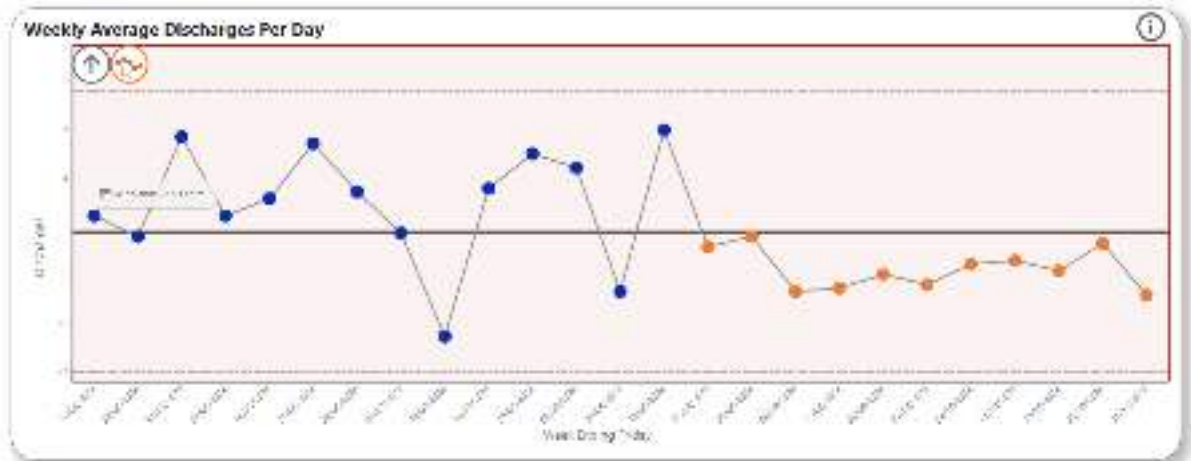
Chart H2 – Medical Discharges, Sandwell > MMUH Hospital
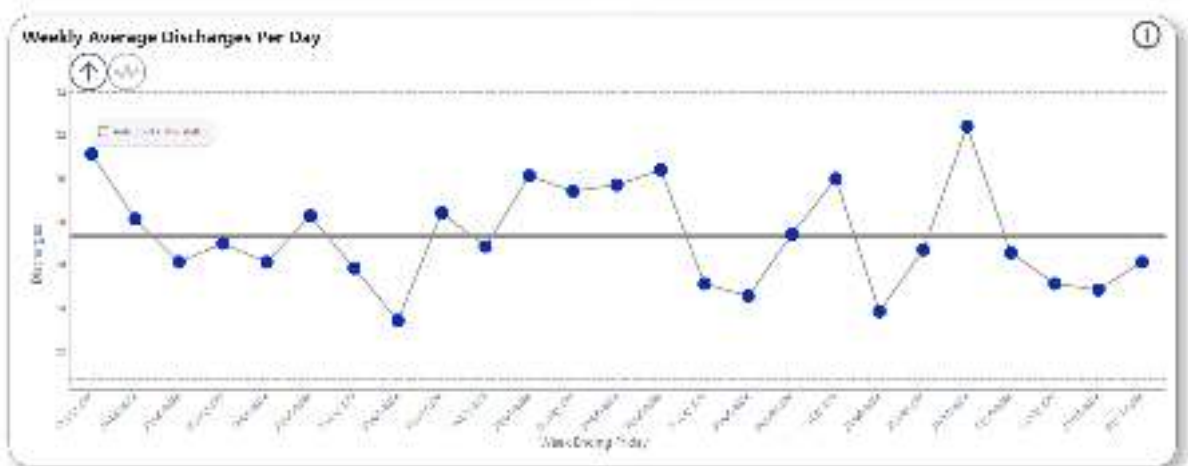
With the larger number of discharges during Census week, this allowed increased admissions from ED for the first weeks of MMUH, but overall admissions remain within the expected range (See Chart I below).

Chart I

Weekly Admissions to Medicine Specialties
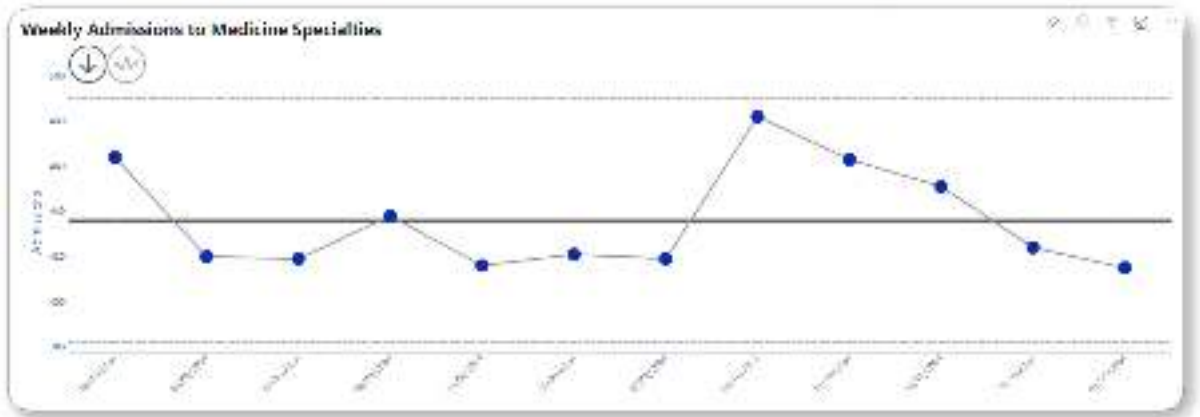
Learning from the Census experience and impact is currently being considered to inform future ways of working.

5.3   **Bed Fit Forecast**

Overall inpatient bed days in October were 2.1% above forecast (see Chart J below). Medical & Community Bed-Days were 6.5% above forecast.

Chart J

Acute Medical Length of stay dropped to 5.8 in October, which is below the 22/23 baseline of 6.0.

Chart K: Medical Acute NEL LOS

Acute NEL Length-Of-Stay Time Series
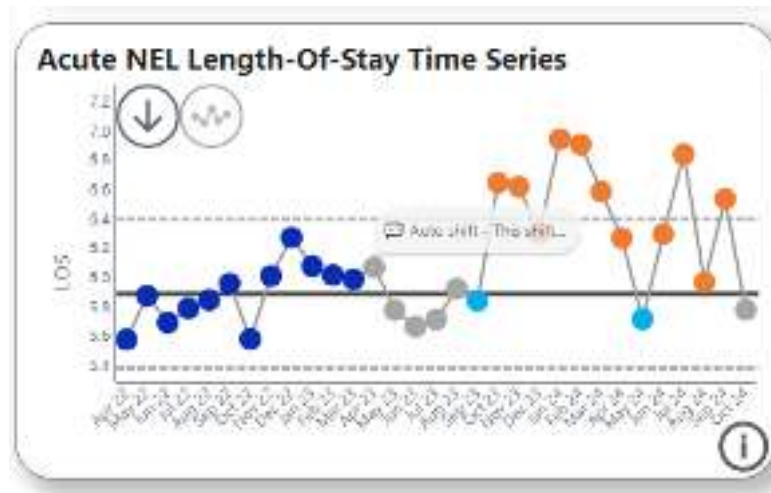
The drivers for the higher-than-expected bed-days are likely to be…

1. Under-delivery of certain Bed-Rightsizing schemes in October. Detail around this will be available in 3rd week of October post-Clinical-Coding.
2. Recent lower discharges at City Hospital (see section 5.2) causing increased bed-usage which may not necessarily reflect in the average length-of-stay if the length-of-stay profile has shifted post-Census.

Detailed October bed-fit data will be available post-Clinical Coding. That information is likely to confirm that despite bed-days not being above forecast equivalent bed-usage is within the MMUH Planning 'Likely Scenario'.

5.4   Death data review

The number of deaths that occur in Emergency Department is tracked and reported monthly to quality committee. There has been no special cause concern or significant increase to date.

We measure % of deaths that are reviewed by our Medical Examiners that require a Structured Judgement Review (SJR): to ensure independent scrutiny of deaths, providing greater transparency, improving the accuracy of death certification, supporting bereaved families, and identifying any quality-of-care issues that may need further investigation. We also monitor the % of deaths that are referred to the coroner.

This data is normally reported monthly however the team are providing this weekly during the first 100 days. There has been no increase in either of those metrics (see graphs).

% of Deaths Reviewed by ME Requiring SJR (weekly)

% Coroner Referrals (weekly)
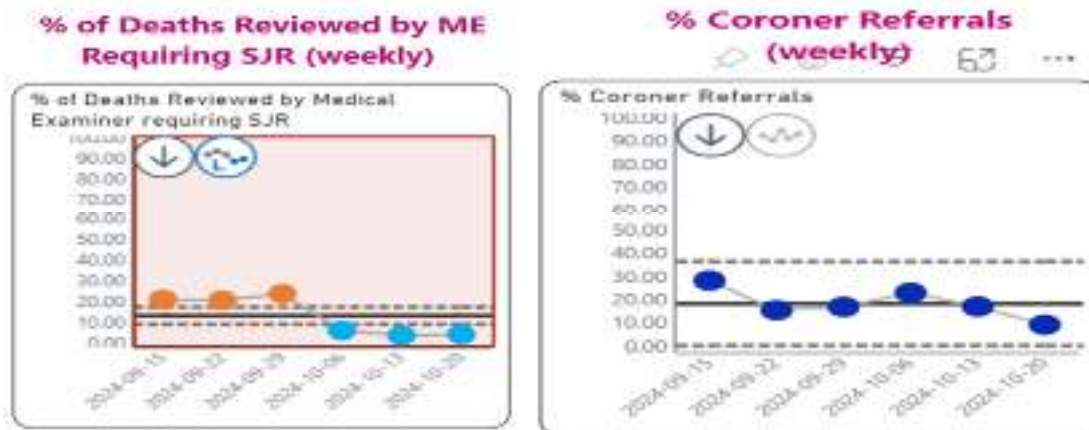
5.5 **Incident trends**

There have been no incidents reported to date in relation to the 41 critical patient flows with the greatest risk of harm. 31 of those patient flows are 'live' since the first move date. 10 of those pathways will not have moved into MMUH yet at the time of writing (eg; obstetric flows, PCI for acute cardiac cases).

The clinical hazard log has had nothing new added of significance. The existing hazards are being closed off through Get Set meetings and final move planning (eg; maternity flows).

5.5.1 The number of Emergency Medical Response Team (EMRT) calls on Sandwell Health Campus have been higher than predicted in the first month. 21 EMRT calls have been made at Sandwell Health Campus, of which 17 were to the Urgent Treatment Centre (UTC) and patients required a conveyance to MMUH. The impact of the ED closure has been the impetus behind the increase of EMRT calls to UTC as patients have been inappropriately referred by GPs. The patients were safely managed and where a 999 call was required to convey there were no reported delays in conveyance. There have since been additional communications to Primary Care and notably one practice has met with the lead for UTC to provide clarity and guidance on appropriateness of referrals.

Further meetings are scheduled with the UTC team to agree appropriate use of the EMRT team calls, and to ensure it is not used a source of advice or support that a UTC should be able to manage independent of EMRT teams.

5.5.2 There has been 1 incident related to the use of ceiling hoists. No harm occurred to the patient. Ongoing training in the new hoists is in place.

5.6 **Quality standards -** The quality standards have been launched and continue to be communicated and reinforced at Clinical Group and Directorate level. These outline the responsibilities of each clinical team. They state that the decision to refer to a specialty from ED should be made by the most senior doctor in ED, and not left to more junior

staff. They set standards in terms of specialty responsiveness and they lend themselves to a push model of patients out of ED to the right specialty area, not waiting for pull.

The key metrics we will monitor, through our 100-day plan oversight, to assess them are:

Specialty response from referral
- Time to specialty bed from referral
- Time in ED before moving to SDEC
- Number of DTAs requested by ED (good measure of the impact of the senior referral approval)

6.   Patient and visitor experience

6.1   The move to MMUH would not have been possible without the support of our Patients and the Public, who have been supportive of the intensive activities to prepare the building to open, the move day itself and the initial settling into MMUH.

6.2   Overall, the patient and visitor experience has been positive in terms of the care environment and Winter Garden facilities. Being only circa 30 days into partial occupancy of the building, we are yet to survey the experience. Anecdotally the bed spaces, side room experience is regarded as a positive environment. Families are able to meet and utilise the Winter Garden, with previous experiences on our older estate being sitting in busy hospital corridors.

6.3   Themes of feedback and improvement include initial wayfinding (see section 4.2) and waits in the ED department.

6.4   Patient surveys and commitment to a Health Watch visit will provide data on the experience of the patients and public as part of our First 100 day assessment.

7.   Workforce

7.1   Moving into a new work environment is not to be underestimated. The size and scale of clinical environments, number of side rooms and shared staff facilities are all significant changes. The staff have adapted incredibly well, supporting and engaging in the intensive preparation for the site moves, and working to establish a new Midland Met way of working, taking benefit from the new environment and starting to embed new ways of working. The benefits of all staff on a single site of course come after the City Move, which is positively anticipated. Anecdotally staff are appreciating the increased natural day light the building offers, the retail options and rest areas including the Winter Garden.

7.2   The workforce teams have been monitoring the risks, issues, and successes of the agile working programme, providing support to users, and monitoring staff welfare benefits.

7.3   The initial turnover rates, currently only available for the first week of MMUH, show sickness decreased from 5.3% in the nine-weeks leading up to the opening of MMUH to 4.6% for the first week of MMUH being open.

7.4   The initial sickness rates, currently only available for the first week of MMUH, show turnover decreased from an average of 0.6% in the nine weeks leading up to the opening of MMUH to 0.4% in the first week of MMUH being open. However, in the nine weeks leading up to the opening of MMUH the weekly turnover figure varied between 0.2% and 1.3%. Further to this, the baseline monthly average for the trust is currently 0.3%.

7.5   The impact of staff welfare measures, particularly turnover and sickness, will become clearer as time in MMUH progresses; the data on turnover and sickness from previous winters has been collated for the purposes of benchmarking. The table below details these benchmarked figures.

	Oct-21	Nov-21	Dec-21	Oct-22	Nov-22	Dec-22	Oct-23	Nov-23	Dec-23
Turnover (%)	12.0	13.2	13.3	14.6	14.3	14.1	12.8	12.7	12.8
Sickness (%)	5.7	5.6	5.8	6.4	6.4	6.4	6.0	6.0	5.9

Table 1 - Benchmark: Sickness & Turnover

7.6   It should be noted, the impact of the Organisational Development interventions appear to have has some impact in the high priority areas; the table below details the changes in turnover and sickness amongst ED Nurses.

ED Nursing Performance Data		
	Turnover	Sickness
2022-23 Cumulative	City – 13.5% Sandwell – 17.4%	City – 5.6% Sandwell – 7.4%
2024-25 (April - October)	City – 5.7% Sandwell – 3.3%	City – 4.6% Sandwell – 5.0%

Table 2 - Benchmark: ED Nursing Sickness & Turnover

7.7   In addition to the above metrics, the staff welfare team have also been monitoring the implementation of Agile Working. Early observations from the team notes that the space and technology is working well, with queries related to agile working decreasing and queries relating to Optispace increasing. Some challenges have been noted around staff behaviour and inappropriate use of agile spaces; however, this is a small minority and ongoing project work supports embedding new ways of working. The agile team have also been managing change control requests, which are being resolved where necessary and paused until post-100 days in non-urgent scenarios.

7.8   An unexpected issue has emerged regarding a couple of specific 7 day Consultant Rotas, which the Chief Medical Officer has under rapid review and will provide an update to the Private Trust Board on this matter.

8. Logistics project

8.1   The Logistics Service at MMUH went live successfully for Patient Day 1 with a manual service, moving stock, waste, linen, catering and pharmacy in compliant transfer trollies using the AGV lifts.

8.2   Due to the amount of equipment and stock arriving and being loaded into the hospital, the decision was made to pause the full implementation of the Automated Guided Vehicles (AGV) for the first patient move. The amount of goods and people traffic on the ground floor in receipt and distribution area and the associated flow, unintentionally interrupted and cut across the AGV flow, making it impossible to roll out consistent AGV usage. The Logistics Project Plan was reviewed and given the intensity of activation work to prepare for the Maternity, Neonates and adult City service moves, the AGV roll out has been paused until the end of November 2024.

8.3   The Logistics Project critical path will be reset for the end of November to include full AGV roll out, leadership and team development inclusive of organisational development and dashboard development. This approach will ensure after a busy and intensive start, the project is able to move on a journey to realise the benefits case associated with the pan Trust Logistics Strategy. The MMUH Opening Committee will receive reports on this project monthly.

9. Communication and Engagement

9.1   On Patient Day 1, the media plan developed and executed by the communications team resulted in extensive local and national media coverage (all with positive sentiment). There was also significant social media engagement, with posts on the Trust's external communications channels alone, achieving an organic reach of nearly 1 million on the 6th October 2024. Key deliverables included pre-filming segments and substantial live broadcasts that showcased the new hospital facilities.

9.2   Additionally, the Trust website saw a notable increase in traffic, peaking at 38,500 users, a 197% increase compared to the same period last year. There is now a steady flow of feedback from those using the new hospital. This is being monitored by the communications team and is being fed back to Trust leads through the regular Tactical and Get Set for Midland Met.

9.3   The communications team has been agile in responding to various issues raised through feedback, such as implementing temporary signage to support wayfinding, adjusting the maternity plan, and refocusing on UTC wayfinding and awareness at Sandwell.

9.4   The digital mass campaign has continued to be a success, achieving over 6 million impressions and over 5.5 million reach, with a click through rate of 0.86% (industry standard for display ads shows average of around 0.6%). This demonstrates substantial engagement and cost-effective outreach. Evaluating the effectiveness of targeted

messaging, and the broader campaign in raising awareness will be key to informing any future paid advertising.

9.5 A comprehensive plan to thank and welcome staff to MMUH has been developed, recognising their dedication and hard work. This includes distributing chocolates, sending personalised thank you notes, and organising team-building activities.

9.6 The MMUH engagement roadshow has continued to inform patients, staff, and the wider population about the service changes, allowing more targeted messaging to key audiences.

9.7 Engagement with Near Neighbours and stakeholders continues, addressing concerns like travel and sustainability. The MMUH Community Ambassadors Initiative aims to help communities understand service locations, especially those with limited internet access or non-English speakers. Patient information packs are being distributed to practices and community staff.

10.   Future Focus for the Programme

10.1 The move all acute service to MMUH will be completed on the 10th November 2024. The First 100 days will oversee embedding new ways of working inclusive of the full clinical model and will conclude on the 12th January 2025. An output report to the MMUH Opening Committee and Quality and People Committees will conclude this period.

10.2 Service reconfiguration across the Health Campuses continues with over 100 service moves already completed. While these have been primarily administration related to-date we have now completed some important clinical moves:

- The Ophthalmology team have moved back into D44 in Sheldon block, freeing up D47 to become an outpatient hub at City accommodating, diabetes, endocrinology and rheumatology teams who will all move in in the coming weeks.

- Our Medical Infusion Suite (MIS) have moved from City to Priory 4 at Sandwell

- Neurophysiology move week commencing the 5th November 2024 within the City site from the main spine into their temporary home within the Birmingham Treatment Centre.

The full service reconfiguration programme will be completed after the new year; which then enables the decommissioning of the non-retained estate at the City site to commence.

10.3 MMUH opening is the start of major Benefits Realisation. In Quarter 3, the Benefits Case will be reassessed by external auditors to include benefits delivery to date, new benefits and a revised baseline forecast. This work will report to the MMUH Opening Committee and Finance Committee and inform the Annual Accounts to be published for 2024 – 25. The Chief Finance Officer and Managing Director are working to ensure the MMUH

benefits are aligned to the Finance Improvement Plan, which will integrate MMUH Benefits as a specific Workstream.

10.4   In parallel with the activities above, the MMUH Programme will schedule out lessons learnt activities between now and February 2025, as part of the approach to close the MMUH Programme in March 2025. The MMUH Opening Committee will receive Programme Closure Proposal in November 2024 for approval.

11.   Recommendations

11.1   The Public Trust Board is asked to:

   a. **ACCEPT** the update on the Move of Patient Services to the Midland Metropolitan University Hospital
   b. **UNDERSTAND** the Programme Risk Profile
   c. **EXPECT** comprehensive reporting of the First 100 day safety and quality indicators to relevant Trust Board Committees

Rachel Barlow – Managing Director
Jo Newens – Chief Operating Officer
Mark Anderson – Chief Medical Officer
Laura Broster – Strategic Communications Director

October 2024

Annex 1: MMUH Programme Risk Summary

                                                                      Annex 1

Overall, Risk performance has seen improvement. This is driven by the reduction in the total number of risks currently as well as an overall reduction in score reductions.

NHS
Sandwell and
West Birmingham
NHS Trust

					Weekly Profile - Position at week ending								
Risk ID	Category	Description	Actual (as at 31st October)	October Mitigations	08/10/2024	15/10/2024	15/10/2024	29/10/2024	01/11/2024	08/11/2024	15/11/2024	22/11/2024	25/11/2024
	Clinical Services	Staff...	20	On track									
	Operational	ICT / ... Patient Statement	16	On track									
	Commissioning	... changes to providers ...	15	On track									
	Commissioning	Activation of... ...	15	On track									
	Operational	Operational Readiness	10	On track									
	Financial	... Hosting ...	10	On track									
	Comms & Engagement	Staff Engagement	8	On track	8	8	8	8	8	8	8	8	8
New	Equip...	...	15	On track									
New	Equip...	Test of failure during phase 2 move	15	On track									
New	Equip...	Test of failure during phase 3 move	20	On track									

Patient Copy 1

Phase 2 Move

Phase 3 Move

NHS
Sandwell and West Birmingham
NHS Trust

REPORT TITLE:	Place Based Partnership Report
SPONSORING EXECUTIVE:	Siân Thomas, Interim Chief Integration Officer
REPORT AUTHOR:	Steve Phillips, Deputy Chief Integration Officer
	Lisa Maxfield, Associate Chief Integration Officer
MEETING:	Public Trust Board
DATE	13th November 2024

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

This report provides an update on the Sandwell Health & Care Partnership (SHCP) and the West Birmingham Locality Delivery Partnership (WLDP). The paper includes the headlines in relation to strategic priorities and highlights the key workstreams being undertaken across both place-based partnerships.

The importance of Place, community first and care delivery in integrated neighbourhoods has been highlighted by the Darzi review and is likely to feature strongly in the new NHS 10-year plan expected in the spring of 2025. The paper therefore further outlines some of the wider workstreams the Integration Team is developing and influencing as these will be fundamental in ensuring we are not only able to deliver against the new NHS plan but are leading the way wherever possible.

The Board should note that the Integration Committee was re-established in October 2024, following the successful recruitment to the full integration leadership team.

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?]*

The Integration Committee met on 31st October 2024 and received detailed Place Based Partnership reports and an update on some of the wider workstreams the Integration Team is developing and influencing.

4. Recommendation(s)

The Public Trust Board is asked to:

a) **RECEIVE** and **DISCUSS** the updates on both place-based partnerships and workstreams being undertaken across both places

b) **NOTE** and **SUPPORT** the work being undertaken in relation to the Primary and Secondary Care Interface workstreams and mitigating actions.

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	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 AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board on 13ᵗʰ November 2024

Place Based Partnership Report

1.   Introduction

1.1   This report provides an update on the Sandwell Health & Care Partnership (SHCP) and the West Birmingham Locality Delivery Partnership (WLDP). The paper includes the headlines in relation to Strategic Priorities and highlights the key workstreams being undertaken across both place-based partnerships.

1.2   The importance of Place, community first and care delivery in integrated neighbourhoods has been highlighted by the Darzi review and is likely to feature strongly in the new NHS 10-year plan expected in the spring of 2025. The paper therefore further outlines some of the wider workstreams the Integration Team is developing and influencing as these will be fundamental in ensuring The Trust is not only able to deliver against the NHS plan but are leading the way wherever possible.

2.   Sandwell Health and Care Partnership

2.1   As part of the ongoing development and governance of SHCP the partners agreed it would be helpful to reaffirm the vision and strategic priorities for Place and then to agree objectives for each of the delivery groups for 2024/25. This will enable measuring success across the Partnership.

2.2   It was also recognised that during the previous year the partnership did not fully support delivery for all partners, particularly Mental Health and Children's Services. It has therefore been agreed that a delivery group for mental health will be established and the current priorities will actively consider an all-age approach thereby ensuring a stronger focus on Children and Young People.

2.3   These changes have been incorporated into a 'plan on a page', which is shown in figure 1 below.

Figure 1. Sandwell Health and Care Partnership Plan on a Page

2.4 Sandwell Health and Care Partnership Delivery Groups Update

2.4.1 Intermediate Care & Care Navigation Delivery Group

2.4.1.1 As outlined in figure 2 below, Discharge to Assess (D2A) 48-hour performance on all 4 pathways improved in August following a drop in July 24, compared with the improving picture in the preceding months.

2.4.1.2 Year on year data shows an 8% increase in the number of people who leave hospital within 48 hours of no criteria to reside (NCtR), alongside a 14% increase in referrals.

Figure 2 – D2A pathway activity and performance (Sandwell residents)

	YTD Apr 24-Aug 24	Q4 Jan–Mar 24	Q1 April–June 24	In Month Aug 2024
Total Discharges through the hub	1900 (380 p/m)	1184 (395 p/m)	1211 (404 p/m)	310
Sandwell residents d/c through hub	1017 (203 p/m)	684 (228 p/m)	676 (225 p/m)	144
Median Average NCtR (days)	5.47	5.48	4.63	5.60
Mean Average NCtR (days)	6.78	6.47	6.03	7.33
Number of people 7+ days	192 (38 p/m)	182 (61 p/m)	113 (38 p/m)	32

2.4.1.3 In support of Sandwell Council's 2024-2027 Adult Social Care Transformation Programme a consultancy group have been commissioned to undertake a deep dive and options appraisal for Intermediate Care. They will be undertaking a phased approach between September 2024 and August 2025, with Phase 1 focussing on the future of the Short-Term Assessment and Reablement Service (STAR). Further phases will look at the wider pathway, including Harvest View, to identify opportunities for improved delivery and commissioning. Initial findings and are expected in November 2024 and will be shared with partners.

2.4.2 Integrated Primary Care Delivery Group

2.4.2.2 In further support of the Integrated Neighbourhood Team (INT) approach, referred to locally as the 'Town Teams', a monthly Multi-Disciplinary Team (MDT) meeting has now been established in all 6 of the Sandwell Towns. Led by the Trust's ICares directorate with representation from Community Nursing, Social Care, Mental Health and Social Prescribers cases are brought for discussion by any of the partners.

2.4.2.3 In order to further enable Place to understand the needs of each Town the Health Economics Unit in conjunction with Sandwell Public Health have completed a Town specific Joint Strategic Needs Assessment (JSNA). Work is currently underway to shape the reports into clear delivery priorities for each town, with further iterations of the reports aiming to include wider data sets from primary care.

2.4.2.4 A Place workshop with primary care colleagues has agreed an engagement model for how the Town Teams will work with the Primary Care Networks (PCNs) recognising that the current configuration of PCNs is not geographically based and will therefore cross multiple Town Teams.

2.4.2.5 Our local work on Town Teams and primary care engagement aligns with the aspirations of the wider Black Country Primary Care Transformation strategy and the anticipated national direction of travel awaited in the NHS 10-year plan, outlined in figure 3, which has been supported by the ICB. Work is now underway on translating the strategy into a delivery plan.

Figure 3 – Black Country Primary Care Transformation Model

2.4.3 Prevention & Health Improvement Delivery Group

2.4.3.1 The aforementioned work between the Health Economics Unit and Sandwell Public Health will enable a wider population health management data set to inform our approach to prevention and health improvement going forward.

2.4.3.2 A full refresh of the local Directory of Services has been completed and shared across all partners, this is actively being used through social prescriber networks, as well as being incorporated into Integrated Town Team approach.

2.4.3.3 Following the success of last years "Winter Booklet", work is currently underway on this year's booklet, with a refresh of the information and themes specifically supporting the Sandwell population.

2.4.4 Mental Health & Wellbeing Delivery Group

2.4.4.1 It has been agreed that an existing group, co-chaired by Public Health and the Mental Health Trust, will take forward our place-based objectives.

2.4.4.2 The Sandwell Better Mental Health Strategy launched on the 10 of October 2024 and will inform the work plan for the group going forwards.

3. West Birmingham Locality Delivery Partnership

3.1 The West Locality, which comprises Ladywood and Perry Barr, has a long history of strong partnership working. An Integrated Care Partnership (ICP) was established and then led by the Trust in 2019. The ICP has now become the West Locality Delivery Partnership (LDP) with a refreshed Terms of Reference and a West Birmingham GP as Chair.

3.2 The Trust took on the hosting of the West LDP earlier in 2024 and have the role of Senior Responsible Officer, working with partners in the Locality.

3.3 The West LDP has a locally agreed set of priority areas, that were informed by local data and population needs. Aligned to these priorities is an outcomes framework that is currently being refreshed. The agreed priorities are:
- Children and Young People – with a focus on infant mortality
- Mental Health – with a focus on drug & alcohol abuse
- Respiratory Health
- Cardiovascular disease
- Healthy Aging
- Diabetes
- Wider Determinants of health
- Health Literacy

3.4 Birmingham and Solihull Community Care Collaborative

3.4.1 The Trust is also a member of the Birmingham and Solihull (BSol) Community Care Collaborative (CCC). The CCC is a new partnership hosted by Birmingham Community Health Care (BCHC) as the lead provider. The CCC has 5 key ambitions to deliver over the next 3 years: -
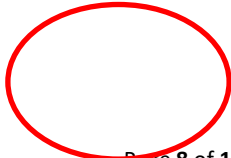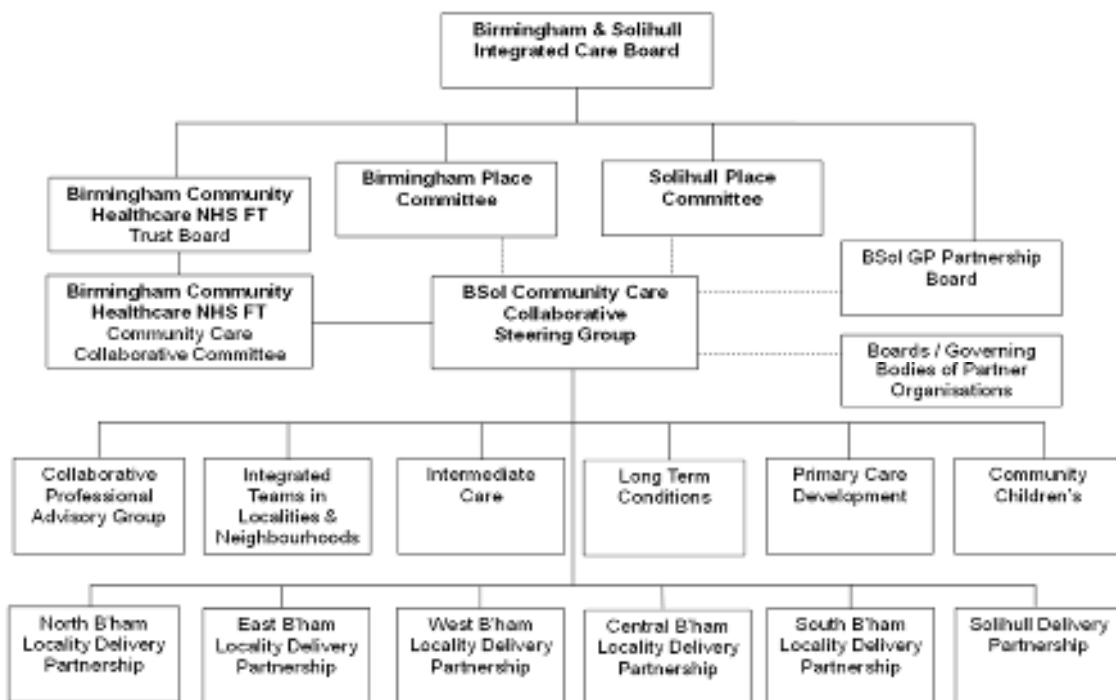- Delivery of Integrated Neighbourhood Teams (equivalent to the Sandwell Town Teams)
- Intermediate Care Transformation
- Coordination of a long-term condition programme
- Supporting Primary Care Development
- Delivery of a Children's and Young Peoples programme

3.4.2   Whilst the objectives are BSol centric in their design, there is a high degree of alignment with the Sandwell place priorities and the delivery of the benefits case for the Midland Metropolitan University Hospital (MMUH).

3.5 Locality Delivery Partnership System Governance

3.5.1   The below diagram shows the BSol governance structure and where the West Locality Delivery Partnership sits within the framework. The refreshed Integrated leadership roles in the Trust are now appropriately represented across are all areas of the structure, with defined membership in all key meetings.

Figure 4 – BsoL CCC and LDP Governance Diagram

3.6 BSoL CCC Programme Updates

3.6.1 Integrated Teams in Localities & Neighbourhoods

3.6.1.1 At the time of compiling this report there is one Integrated Neighbourhood Team (INT) in the West Locality that has been live for almost a year. Initially the team focussed on patients from the Modality Primary Care Network (PCN) however service provision has now been rolled out to the other 5 PCNs within the West Locality.

3.6.1.2 Like in Sandwell, The INT consists of a multidisciplinary team from health and social care partners. The CCC has defined role of the INT as: -
- Case manage and care co-ordinate for the most complex patients within the 6 PCNs in the locality.
- Provide holistic intervention
- Putting in place interventions to support the reduction of future service use.
- Work with the locality hub to ascertain up to date information on citizens within the locality.

3.6.1.3 Data shows that over the last year 1213 people have been discussed at the INT MDT, with over 260 people supported by targeted interventions. Figure 5 below shows the total pre and post health and care contacts across all citizens that received an INT intervention in the West Locality.

3.6.1.4 The data shows there has been a reduction in service use across health and social care providers however further work will be required to ensure the sustainability of this reduction.

Figure 5 - West Birmingham Locality Integrated Neighbourhood Team Intervention Impact

WEST INT	GP Appointments	ED Attendancies	Inpatient Spells	Outpatient Appointments	Community Contacts	Mental Health Contacts	Social Care Packages
Pre- INT Intervention	3643	1177	255	1994	2082	3429	41
Post INT Intervention	1997	1189	255	1951	1985	2968	5
VARIANCE (#)	-1646	12	0	-43	-97	-461	-38
VARIANCE (%)	-45%	1%	0	-2%	-5%	-13%	-88%

3.6.2 Coordination of a long-term condition (LTC)

3.6.2.1 The LTC programme has only recently commenced. The Trust leadership team are engaging, and senior medical leadership are involved in this emerging programme. Further updates will be bought to the Board in due course.

3.6.3 Primary Care Development

3.6.3.1 BSol Integrated Care Board intends to TUPE part of its Primary Care Development team to the Community Care Collaborative in early 2025. The Trust will ensure it works alongside the team

to support the West Birmingham practices within the PCCT Directorate and that changes continue to support and align with our strategic direction. Further updates will follow, as this programme emerges.

3.6.4 Children and Young People

3.6.4.1 This work is yet to start under the Community Care Collaborative, updates will follow as this programme commences.

3.6.5 Intermediate Care Services

3.6.5.1 A redesign of inpatient intermediate care beds has commenced as part of a wider transformation of intermediate care aiming to support a home-first approach and more locality-based delivery. This is a complex programme of work across Birmingham and Solihull health and social care partners, co-ordinated through the Community Care Collaborative.

3.6.5.2 A management consultancy have been bought in to develop a business case for the proposed changes to the intermediate care model. This could impact on the Trust in relation to discharge into bed based Intermediate Care across the West locality. The LDP are sighted on this potential risk, and this will be a regular agenda item at the locality delivery partnership.

3.6.5.4 As part of this redesign, Birmingham City Council are consulting on their use of the existing care centres, and the Trust will be required to submit a response to the consultation.

3.7 West Locality Hub

3.7.1   The West Integrated Locality Hub is funded through the Birmingham Better Care Fund (BCF) and is commissioned via the Community Care Collaborative. There are six Locality Hubs across the each of the BSol localities. The purpose of the hubs is to: -
•   Be a critical role in overall care coordination
•   Provide an overview across the Urgent and Emergency Care (UEC) pathway
•   Identify and support response to demand escalation
•   Act as a central referral point for services (including Single Point of Access)
•   Will act as the Locality 'HQ' for teams – examples include INT's and Intermediate Care

3.7.2   The West Hub has been delivering the following services: -
•   Care-co-ordination
•   Same day urgent access for specific ambulatory sensitive conditions (11 conditions agreed by BCF and detailed in figure 6).
•   Long term condition specific preventative appointments, with a focus on respiratory conditions or adult COPD and paediatric asthma.
•   System surge capacity

3.7.3   The LDP was presented with evidence that the West Locality is making a difference to a suite of metrics related to ambulatory care sensitive conditions. Figure 6 below shows the difference between the six localities across BSol for 11 ambulatory sensitive conditions. Board members are asked to draw their attention to the middle table where the lighter blue shaded areas demonstrate significant improvement across the West Locality (last line).

Please note:
The data shown below relates to Birmingham and Solihull residents (as per BCF reporting criteria) plus BSOL registrants' admissions at any hospital provider.
Data shown is SUS data (as opposed to HES data used by BCF), so will be broadly similar to what is reported on the Better Care Exchange.

BSOL resident population split: Locality / West / South / North / Solihull / East / Central

Figure 6 - Ambulatory Care Sensitive Conditions

4.0 Primary and Secondary Care Interface

4.1 In May 2023, NHS England published 'A Delivery Plan for Recovering Access to Primary Care'. This outlined the need for Integrated Care Systems to focus on several aspects relating to General Practice including a reduction in bureaucracy. Published alongside this plan was a report from the Academy of Medical Royal Colleges on how bureaucracy and workload can be cut by improving the interface between primary and secondary care. General Practice nationally report that they spend 10% - 20% of their time on lower-value administrative work and work generated by issues at the primary-secondary care interface.

4.2 NHS England will ask Integrated Care Boards (ICBs) to report on their progress at public boards quarterly during 2024/25. All Trusts will therefore need to submit their progress against required actions to the ICB to form an overall system report. As a Trust, we are working closely with Birmingham and Solihull ICB and Black ICB and have completed self-assessments against the 4 national requirements outlined in figure7 below.

Figure 7 – core areas of self-assessment for the primary-secondary care interface

Area	Requirement detail

Onward referrals	If a patient has been referred into secondary care and they need a further referral for an immediate or related need, the secondary care provider should make this rather than sending the action back to general practice.
Complete care (fit notes and discharge letters)	Trusts should ensure that on discharge or after an outpatient appointment, patients receive everything they need, rather than leaving patients to return prematurely to their practice. Discharge letters should highlight clear actions for general practice (including prescribing medications required). By 30 November 2023, providers of NHS-funded secondary care services should have implemented the capability to issue a fit note electronically.
Call and recall	NHS trusts should establish their own call/recall systems for patients under their care requiring ongoing follow-up tests or appointments. This means patients will have a clear route to contact secondary care and will no longer have to ask their practice to follow up on their behalf.
Clear points of contact	Providers need to establish single routes for general practice and secondary care teams to communicate rapidly: e.g. a speciality outpatient department contact for GP practices.

4.3 The Trust undertook the first self-assessment in April 2024, with a second assessment undertaken in Sept 2024. Figure 8 highlights the self-assessment scores, which have highlighted some areas of good practice but also areas where the Trust needs to improve.

Figure 8 – primary-secondary care interface self-assessment

	April 2024	**Sept 2024**
Onward referrals	Level 1	Level 2
Fit notes	Level 0	Level 0
Discharge summaries/OPD	Level 0	Level 1
Call and recall	Level 1	Level 2
Clear point of contact	Level1	Level 2

Each is scored 0= Criteria not met at all 1= Partially met 2= Fully met.

4.4 To take forward the work required to improve our interface, including a specific action plan for the self-assessment, a Primary-Secondary Care Interface Group has been established. Led by the Trust's Deputy Chief Medical Officer for Integration with attendance from General Practice senior leaders this work will be crucial to ensuring the Trust and local Primary Care colleagues continue to develop effective working relationships that ultimately ensure patients receive more seamless care.

4.5 The Interface Group is also providing a collaborative space for primary and secondary care colleagues to discuss the response to, and impact of, collective action by General Practices.

5. **Recommendations**

5.1 The Public Trust Board is asked to:

a. **RECEIVE** and **DISCUSS** the updates on both place-based partnerships and workstreams being undertaken across both places
b. **NOTE** and **SUPPORT** the work being undertaken in relation to the Primary and Secondary Care Interface workstreams and mitigating actions

Lisa Maxfield
Associate Chief Integration Officer
Steve Phillips
Deputy Chief Integration Officer

6th November 2024

NHS
Sandwell and West Birmingham
NHS Trust

Report title:	Maternity and Neonatal Service Update to Board
Sponsoring executive:	Melanie Roberts – Chief Nursing Officer
Report author:	Dr Mark Anderson – Chief Medical Officer
Meeting title:	Public Trust Board
Date:	13th November 2024

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

There are five key areas to update Trust board following discussion at Quality Committee:

- Clinical Negligence Scheme for Trusts (CNST) - There is a significant risk of non-achievement of Safety Actions 6 (Saving Babies Lives Care Bundle) and 8 (Multiprofessional Training).

- Newborn Hip Screening (KPI) - 8 Neonates have breached the national KPI for hip screening in September, due to reduced capacity within the imaging service. A further 47 babies are at risk of breaching.

- National Neonatal Audit Programme NNAP Standard – Parent's involvement with Neonatal Unit (NNU) ward round and decision making: Currently achieving only 13% for September 2024, which is significantly below the national average of 36%.

- Compliance against the target for being see within 15 minutes of attending triage, remains below the agreed target of 70% at 57% in month.

- Due to continued workforce issue within the neonatal unit, from both vacancy and high levels of sickness (long term), the supernumerary nurse in charge, has been required to provide direct patient care for 33% of shifts.

- The Care Quality Commission (CQC) Action Plan following the section 29a warning notice, is complete, except for the actions relating to change of environment of estate, which will progress following the move on the 6th of November to the Midland Metropolitan University Hospital.

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?]

October Quality Committee

4. Recommendation(s)

The Public Trust Board is asked to:

a) **NOTE** and **DISCUSS** the report and supporting data

b) **NOTE** the Ockenden Framework Update in Annex 2

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]		

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to Trust Public Board on 13th November 2024

Maternity and Neonatal Service Update to Board

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. The paper presents five areas to highlight as matters of information and escalation, as well as an update on progress following the receipt of the section 29a warning notice from the CQC.

2.   Escalations

2.1   **Clinical Negligence Scheme for Trusts – Maternity Incentive Scheme Year 6**

2.1.1   The service is at significant risk of non-achievement of all ten safety actions required by the Maternity Incentive Scheme Year Six, due to lower than acceptable levels of compliance with multiprofessional training, driven by consultant availability. This was further impacted upon by step down to cover shifts during industrial action and sickness levels.

2.1.2   Secondly the introduction of Element 2 of the Saving Babies Lives Care bundle version 3, covers fetal growth: risk assessment, surveillance, and management. This builds on the widespread adoption of mid-trimester uterine artery Doppler (UtAD) screening for early onset fetal growth restriction (FGR) and placental dysfunction. The Trust has made progress with UtAD consistently offering as a screening tool to those women deemed at highest risk (as per previous meeting) which includes women with:

- Chronic kidney disease
- Chronic hypertension ·
- Autoimmune disease ·
- Cyanotic heart disease ·
- Previous severe pre-eclampsia requiring delivery at less than 34 weeks.
- Previous SGA stillbirth
- Single umbilical artery · Echogenic bowel

2.1.3   However, there remain areas of delay with the introduction and a trajectory has been set:

- In the next 3 months the trust to offer UtAD to women with estimated fetal weight less than 10th centile at anomaly scan and PAPP-A less than 1st centile (December 2024)
- In next 6 months' time offer UtAD to all women as per The Saving Babies' Lives Care Bundle' (SBLCB) v3 and Royal College of Obstetricians and Gynaecologists fetal growth guideline No. 31 (March 2025).

2.1.4   To mitigate these risks all non-compliant staff have been advised they must attend a scheduled Practical Obstetric Multi-Professional Training (PROMPT) day before the end of November 2024 and attendance is being closely monitored by the Governance Team and individual line managers.

2.1.5   A divergence request has been agreed by NHS England (NHSE) to reflect the challenges in providing Uterine Artery Doppler Ultrasound (UtAD), this comes with a trajectory for implementation. Maternity and the Imaging Group are working closely, with a well-established working group to manage this work.

2.2   **Hip Screening – Newborn Screening Key Performance Indicator (KPI)**

2.2.1   Due to workforce issues with the Imaging Group, a significant decline in the ability to meet the current KPI of a scan within 6 weeks has been tracked. In September there were 8 babies at present who breached the KPI, for receiving a hip scan, with a further 47 neonates awaiting a hip scan but currently remaining within the national target of 6 weeks. Attempts at arranging mutual aid with neighbouring trusts to support capacity for Hip USS have been unsuccessful.

2.2.2   To reduce the risk 2 Locum Sonographers have been appointed and commence in November but will require a period of supervision before being able to offer scanning appointments. An additional Agency Sonographer has been recruited to complete additional lists in October to support the service. So in effect extra clinics to reduce wait.

2.3   **National Neonatal Audit Programme (NNAP) Standard – Parent's Involvement with Neonatal Unit Ward Round.**

2.3.1   The neonatal unit are currently achieving only 13% of parents being involved in the ward round, which is significantly below the national average of 36%. There are a number of factors impacting on this, for example the ability for parents to attend due to other children, with often no family to support. See graph 1 from NNAP national dashboard in the data appendix.

2.3.2   To improve the position Baby Badger diaries have commenced and a working group has been established to work towards implementation of virtual ward rounds to improve parental presence and involvement. this will require digital assistance for some families and is already supported by the Trust (recently appointed FiCare nurse lead will support this action).

2.4   **Birmingham Symptom Specific Obstetric Triage System (BSOTS) Compliance)**

2.4.1   Compliance with meeting the target for women attending Triage to be assessed within 15 minutes remains below the 70% target (Trust stretch target, no national target) at 57% in month, however improvement is noted from January. The Directorate is exploring options to increase the provision of a dedicated Obstetrician for Triage, alongside monitoring the reasons for non-achievement to support focused quality improvement. Recruitment to existing triage vacancies is in progress.

2.4.2 A dedicated telephone triage service was launched in September 2024 following our CQC visit, using a roster of bank midwives. To develop a robust staffing solution, additional resources will be required to increase the funded establishment for Triage.

2.4.3 To address the risk a remote working option is in development and as is a review of resources and establishment to support triage. The Local Maternity and Neonatal System has a working group to implement a central Black Country triage in conjunction with the West Midlands Ambulance Service. This is progressing well, with a trajectory to implement in quarter 1 next year.

2.5 **Supernumerary Nurse in Charge – British Association of Perinatal Medicine (BAPM) Standard**

2.5.1 There has been a significant number of shifts recorded as understaffed in line with the set standard for acuity, to support safe staffing. This has meant that the nurse in charge has been required to deliver direct patient care (33% of all shifts). The current sickness rate and vacancies are a driving factor this, with the sickness rate of 14.6% for September, mainly driven by long-term sickness, which is being managed with HR. Recruitment in September has been successful, and this will support further improvements to BAPM nurse standards in due course.

2.5.2 To address these issue there is ongoing sickness management and recruitment to remaining vacant posts. A pathway for development of the non – QIS is in place to support improvement with the Qualified in Specialty (QIS) vacancy, which is now the current gap. There is a National shortage in QIS. Funded establishments within the Trust are above the minimum BAPM requirement of 80%.

3. **CQC Update**

3.1 A rapid review was conducted by NHSE, including stakeholders with the Trust on the 20th of September, following the section 29a warning notice from the CQC. The aim of the rapid review was to support a decision on whether the service met the criteria for entry to the Maternity Safety Support Program (MSSP). The conclusion of the review team was that significant progress had already been made, with further improvement plans in place, whereby immediate additional intervention by the MSSP was currently not required. It was agreed that ongoing system oversight, with regional support where required would be appropriate to monitor actions and progress, this has now commenced.

3.2 Following the section 29a warning notice, all actions are complete, except for those relating to change of environment and estate, which will progress following the move on the 6th of November to the Midland Metropolitan University Hospital. The weekly Maternity Oversight Meetings continue to scrutinise progress, this will now look to move into a embed, monitor and audit phase.

3.3 The Directorate introduced the move to induction of labour from term plus 7 days earlier than the set date of the end of November, this is a notable achievement, with a full suite of metrics monitored via the Quality Committee, including any delays and harm.

3.4 The overarching single delivery plan to bring all ongoing actions into one has been drafted, this will form the basis for the NHSE/Integrated Care Board (ICB) Perinatal Improvement Programme. The four program priorities have been agreed to drive sustainable improvement of the safety culture, they are:

- **Priority 1** – Safe and Effective
- **Priority 2** – Grow, retain and develop our workforce in line with the needs of the service
- **Priority 3** – Work with service users, staff and community voices to shape our service.
- **Priority 4** – Create a collaborative culture of safety and support through effective leadership

3.5 The draft report from the CQC has been received into Trust for factual accuracy and returned to the CQC.

4. Summary

4.1 In summary this report provides key areas of focused escalations from the Directorate. These will be monitored through both Women and Children's Group, Maternity safety Group and at Quality Committee. Good progress is noted following the section 29a warning notice, with both local, system and regional oversight in place. The Directorate will now move into the development of their Perinatal Improvement Program, which will be shared with Board once complete.

5. Recommendations

5.1 The Public Board is asked to:

a. **NOTE** and **DISCUSS** the report and supporting data
b. **NOTE** the Ockenden Framework Update in Annex 2

Helen Hurst
Director of Midwifery

29TH October 2024

Annex 1: Escalation Data
Annex 2: Ockenden Framework Update (August and September Data)

Escalation Data

Clinical Negligence Scheme for Trusts – Maternity Incentive Scheme Year 6

Table 1, CNST Maternity Incentive Scheme Year 6 Progress Update:

|	
Safety Action 1: Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?	**On Track**
Safety action 2: Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?	**On Track**
Safety action 3: Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies?	**Work Required**
Safety action 4: Can you demonstrate an effective system of clinical workforce planning to the required standard?	**Work Required**
Safety Action 5: Can you demonstrate an effective system of midwifery workforce planning to the required standard?	**Work Required**
Safety Action 6: Can you demonstrate that you are on track to compliance with all elements of the Saving Babies' Lives Care Bundle Version Three?	**Significant Concern**
Safety Action 7: Listen to women, parents and families using maternity and neonatal services and coproduce services with users	**On Track**
Safety Action 8: Can you evidence the following 3 elements of local training plans and 'in-house', one day multi professional training?	**Significant Concern**
Safety Action 9: Can you demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety and quality issues?	**On Track**
Safety Action 10: Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB/MNSI) and to NHS Resolution's Early Notification (EN) Scheme from 6 December 2022 to 7 December 2023?	**On Track**

Graph 1, PROMPT compliance
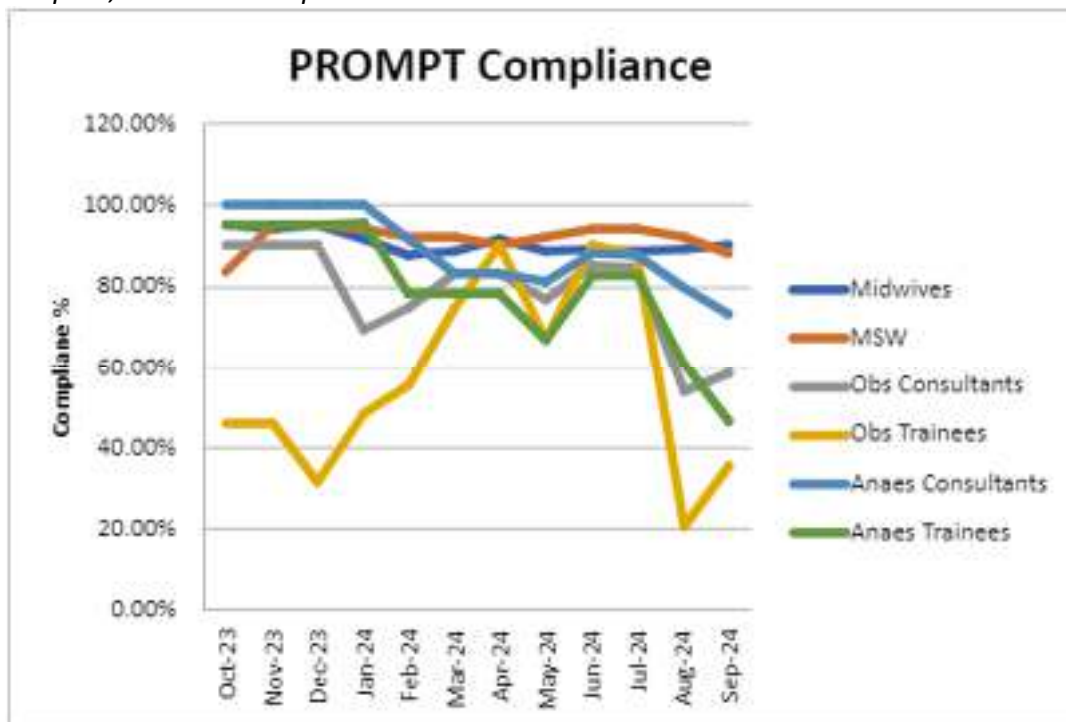
Table 1, PROMPT Multiprofessional Study Day Compliance

	Consultants	58.3%
	Obstetric Trainees	35.5%
PROMPT Multiprofessional **Study Day Compliance (%)**	**Midwives**	90.4%
	MSW/MCA	88.5%
	Anaesthetic Consultants	73.3%
	Anaesthetic Trainees	46.4%

National Neonatal Audit Programme (NNAP) Standard – Parent's Involvement with Neonatal Unit Ward Round.

Graph 1,

Parent ward - Birmingham City Hospital: All lengths of stay
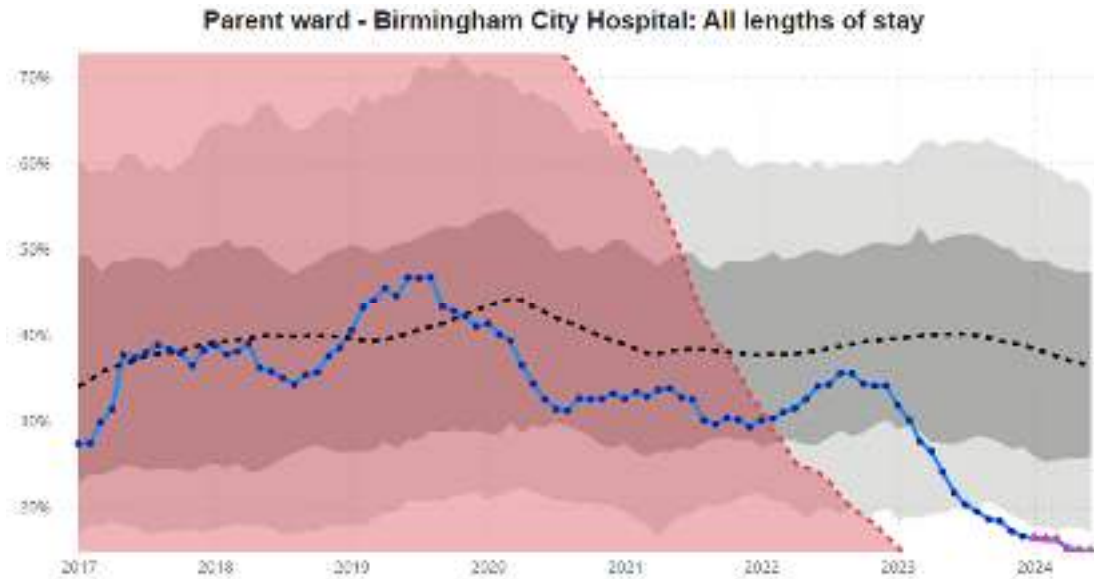
Graph 1, above, shows SWB compliance on the blue dotted line against the national average on the black dashed line.

BSOTS Compliance/Telephone Triage

Total % Compliance within 15 Min Target
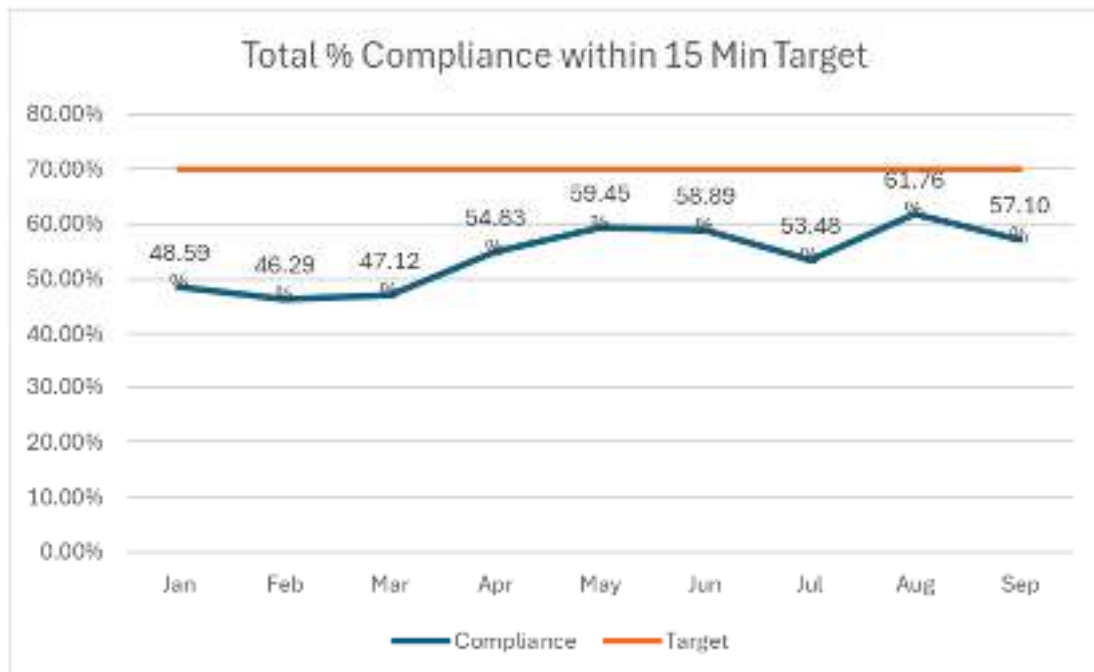
Graph 1,

BSOTS Compliance

Ockenden Framework (August and September 2024)

Data Measures	Summary							Key Points

Data Measures	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	SB occurred between 24 and 37 weeks. 1 case occurred during extreme preterm, another with known abnormalities. Cases will be reviewed using the perinatal mortality review tool and graded according to the findings.

2024	April	May	June	July	Aug	Sept
Corrected Stillbirth rate	2.0 1/487	4.2 2/474	2.2 1/447	4.02 2/497	8 4/497	4.2 2/437
Neonatal Mortality Rate	0	4.2 (2)	2.2 (1)	2.05 (1)	0	0
Perinatal Mortality Rate	2.0	8.4	4.5	6.1	8	4.2
Rolling PNMR from January	10/1998 5.0	14/2472 5.7	16/2919 5.5	19/3416 5.6	23/3913 5.9	25/4350 5.7

Data Measures	Summary	Key Points
Findings of review all cases eligible for referral to Maternity and neonatal safety investigation MNSI) The number of incidents logged graded as moderate or above and what action being taken.	**Current ongoing MNSI** / **Themes of Cases** Open MNSI Referrals — 4 — HIE/cooling Intrapartum still birth/ 1 maternal death (SWB not the provider of any maternity care, but sadly died in our ED) **Completed Reports** MNSI — 0	

Current ongoing MNSI		Themes of Cases
Open MNSI Referrals	4	HIE/cooling Intrapartum still birth/ 1 maternal death (SWB not the provider of any maternity care, but sadly died in our ED)
Completed Reports		
MNSI	0	

Data Measures	Summary	Key Points
Training compliance for all staff groups in maternity, related to the core competency framework and wider job essential training.	Included in report.	

Minimum safe staffing in maternity services, to include obstetric cover on the delivery suite, gaps in rotas and minimum midwifery staffing, planned vs actual prospectively.	Midwifery vacancy 15.33 wte(B5&6) 6.8 (B7 including specialist mw and manager roles)) Obstetric workforce <table><tr><td>Consultant</td><td>2 vacancy (locum in place)</td></tr><tr><td>Middle Grade</td><td>3 Vacancies</td></tr></table> NNU Nursing vacancy at QIS at 14.94 wte Neonatal Clinicians <table><tr><td>Tier 1</td><td>0 vacancies</td></tr><tr><td>Tier 2</td><td>0 vacancies</td></tr><tr><td>Tier3</td><td>10 in post (includes 2 locums)</td></tr></table> Both nursing and clinical establishment funding is British Association of Perinatal Medicine complaint.	10.84 MW commenced in post at the end of September, overall, 19 wte will have started in post by March 2025, leave a vacancy of 5.36 wte, based on current establishment, however this will alter dependent on leavers/starters. NNU nursing plan in place, to over recruit at band 5 to grow QIS.
Service User Voice feedback	Complaints received related to communication, care and information sharing.	
Staff feedback from frontline champions and walk-abouts	feedback from Executive and Non-Executive safety champion focus on morale. Freedom to speak up walkabouts and work undertaken by the recruitment and retention lead, as well as feedback via the Improvewell App from staff have also been taking place regularly to support the culture of staff being able to raise concerns has been positive overall. Concerns and issues raised are actioned by the Perinatal Quad.	People plan developed in collaboration with the teams in draft.
MNSI/NHSR/CQC or other organisation with a concern or request for action made directly with Trust	CQC section 29A	See above Weekly executive led oversight meeting in place
Coroner Reg 28 made directly to Trust	None	None
Progress in achievement of CNST10	Included in report.	
Proportion of midwives responding with 'Agree or Strongly Agree' on whether they would	Reported via staff survey report.	

recommend their trust as a place to work or receive treatment		
Proportion of specialty trainees in Obstetrics & Gynecology 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	59.07	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	30.02	Within IQR
Study Leave	63.16	Within IQR
Supportive Environment	66.79	Within IQR
Teamwork	73.99	Within IQR
Work load	32.46	Within IQR		

NHS
Sandwell and West Birmingham
NHS Trust

Report title:	Financial Position – to 30 September 2024 (Month 6)
Sponsoring executive:	Simon Sheppard, Acting Chief Finance Officer
Report author:	Simon Sheppard, Acting Chief Finance Officer
Meeting title:	Public Trust Board
Date:	13 November 2024

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

As of the end of September 2024, the Trust reported a deficit of £3.452 million, which is £0.06 million worse than planned, an underspend of £6.140 million in the capital programme with a cash balance of almost £19 million.

Key issues to highlight include the Trust being 206 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 September 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 13 November 2024

Financial Position – to 30 September 2024 (Month 6)

1.   Executive summary

1.1   This report updates the Trust Board on the financial position at the end of September 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   As the Board is aware, the Trust submitted a plan at the beginning of May, a deficit of £43.241m. During September, NHSE released details of deficit funding, of which the Trust's share is £41.3m, moving the plan to a deficit of £1.95m.

1.3   The key performance measures are:

- At the end of September, the Trust has reported a deficit of £3.452m which is £0.06m adverse to the Income & Expenditure Plan.
- £6.140m under spend against the capital programme.
- A cash balance of almost £20m.
- £15.21m delivered against the financial improvement (efficiency)
- £1m adverse position against the elective recovery funding exclusive of significant clinical coding and counting improvements.
- 206 whole time equivalents (WTE) above the plan trajectory reflecting the additional capacity open and the stretching nature of the trajectory.

1.4   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. Due to the deficit funding the I&E plan has now improved to a £1.95m deficit plan. The requirement to deliver £44.1m financial improvement / efficiency remains the same.
- A monthly cashflow plan that ends the year with a circa £6m balance (from £65m as at 31 March 2024). This is now £47m as a consequence of the deficit funding.

- A reduction in deployed workforce of 158wte by 31 March 2025, net of the Midland Metropolitan University Hospital (MMUH) agreed staffing investment.

2.2   This report updates the Trust Board on the financial position at the end of September 2024 (Month 6), 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	17.62	18.83 🟢	1.21		(3.40)	(3.45) 🟡	(0.06)
Agency Costs	0.79	1.40 🔴	(0.61)		5.13	9.03 🔴	(3.90)
Financial Improvement Programme	4.09	3.10 🔴	(0.99)		17.40	15.21 🔴	(2.19)
Capital Expenditure (ICB Allocation)	1.54	1.27 🟢	0.27		9.54	7.39 🟢	2.14
Capital Expenditure (Other)	18.40	17.26 🟢	1.14		47.06	43.06 🟢	4.00
Cash Balance	34.92	19.63 🔴	(15.30)		34.92	19.63 🔴	(15.30)

Income & Expenditure Performance

3.2   At the end of September the Trust has reported a deficit of £3.452m which is £0.06m adverse to the Plan.

	Plan £000s	Actual £000s	Variance £000s
Patient Related Income	(343,969)	(347,766)	3,777
Other Income	(29,382)	(27,074)	(2,308)
Pay	231,104	236,492	(5,388)
Non Pay	145,664	141,799	3,865
Total	**3,397**	**3,452**	**(55)**

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

An adverse position at month 6 of £0.06m. This is driven by:

- £3m+ adverse "other income" from Birmingham & Solihull Integrated Care Board for MMUH costs (the year to date balance of the annual plan assumption of £18.75m from BSOL less the contractual offer)
- Pay deficit as a consequence of being above the workforce trajectory.
- ERF performance below plan after excluding the significant coding and counting improvements
- Offset by non-recurrent benefits e.g. favourable Elective Recovery Funding settlement of £1.7m relating to 2023/24

3.4 Whilst the month 6 position is broadly on plan the Trust Board should note the trajectory of the plan becomes ever more 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 circa 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 September, the Trust is 206 FTE adverse to the plan. Details are provided in Annex 1.

3.6 The key workforce related actions to support the delivery of the overall financial plan in the second half of the financial year are:

- Delivery against the Group / Corporate Directorate workforce trajectories.

- 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.

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 needed to deliver a minimum £128.2m income in 2024/25 to meet the elective recovery funding (ERF) target. This target has been increased to £138m as a consequence of the significant improvements in coding and counting – The increase being part of the financial improvement programme.

3.9 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.

3.10 Month 6 performance is summarised in the table below - £1.004m adverse to the plan.

Variable_Type	PodGrpCode2	Total Activity Plan	Total Activity Actual	Total Activity Diff	Total Price Plan	Total Price Actual	Total Price Diff
Variable ERF	Daycase	18,155	17,788	-367	£19,126,656	£18,145,175	-£981,481
	Elective	2,798	2,693	-105	£11,128,046	£10,100,681	-£1,027,365
	Excess Bed Days	774	813	38	£285,260	£263,029	-£22,231
	OP New Attendances	107,437	108,579	1,141	£21,073,090	£21,194,205	£121,115
	OP New Virtual Attendances	11,211	9,905	-1,306	£2,398,646	£2,158,041	-£240,605
	OP Procedures	92,190	95,956	3,766	£15,876,759	£17,126,238	£1,249,479
Variable ERF Total		232,565	235,732	3,167	£69,888,456	£68,987,369	-£901,088
Variable Other Elective	Imaging - Direct Access	32,603	30,832	-1,771	£2,348,966	£2,078,650	-£270,316
	Imaging - OP Diagnostics	34,088	35,157	1,068	£3,828,761	£4,107,770	£279,008
	Chemotherapy	1,886	1,314	-572	£461,230	£349,371	-£111,859
Variable Other Elective Total		68,577	67,302	-1,275	£6,638,956	£6,535,790	-£103,166
Grand Total		301,143	303,035	1,892	£76,527,413	£75,523,159	-£1,004,254

3.11 The improved coding and counting is excellent, however we have a significant adverse position in day case and elective activity, 472 patients, £2m, adverse on the income plan. There are areas of over performance, particularly in the specialties under the Women & Child Health Group and Gastroenterology. The key specialties underperforming are Trauma & Orthopaedics and Ophthalmology.

3.12 The key outputs from the Theatres workstream, as presented to the Finance & Productivity Committee, need to ensure the identified improvements are implemented to recover this position and support over-performance against the plan.

Financial Improvement Programme

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

3.14 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 £15.2m against a plan of £17.4m.

3.15 The risk adjusted forecast stands at c£42.7m PLUS, significant new ideas not yet valued. Pipeline opportunities must progress through a robust 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.

3.16 The Executive Sponsors of each workstream have "approved" the year-end financial value to ensure accountability and delivery of the 2024/25 financial plan. The details were discussed at the Finance & Productivity Committee on 1 November 2024.

3.17 As well as the in year position we are also monitoring the recurrent impact of the financial improvement programme. As at 31 October this was at 68% of the annual target.

Capital and Cash

3.18   The Trust is reporting a £6.140m underspend year to date against the plan of £56.60m. This underspend is across all the categories. The respective professional leads have been tasked with ensuring this underspend is recovered during quarters 3 and 4.

3.19   The cash balance at the end of September of £19.6m. With receipt of the deficit funding the Trust is still forecasting not to require any borrowing during 2024/25 – year end forecast cash balance of circa £47m.

4.   Risks & Mitigation

4.1   Overall, across all 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 September 2024.
b.   **NOTE** the key areas of focus of workforce trajectory, elective recovery, and the financial improvement programme.

Simon Sheppard
Acting Chief Finance Officer

1 November 2024

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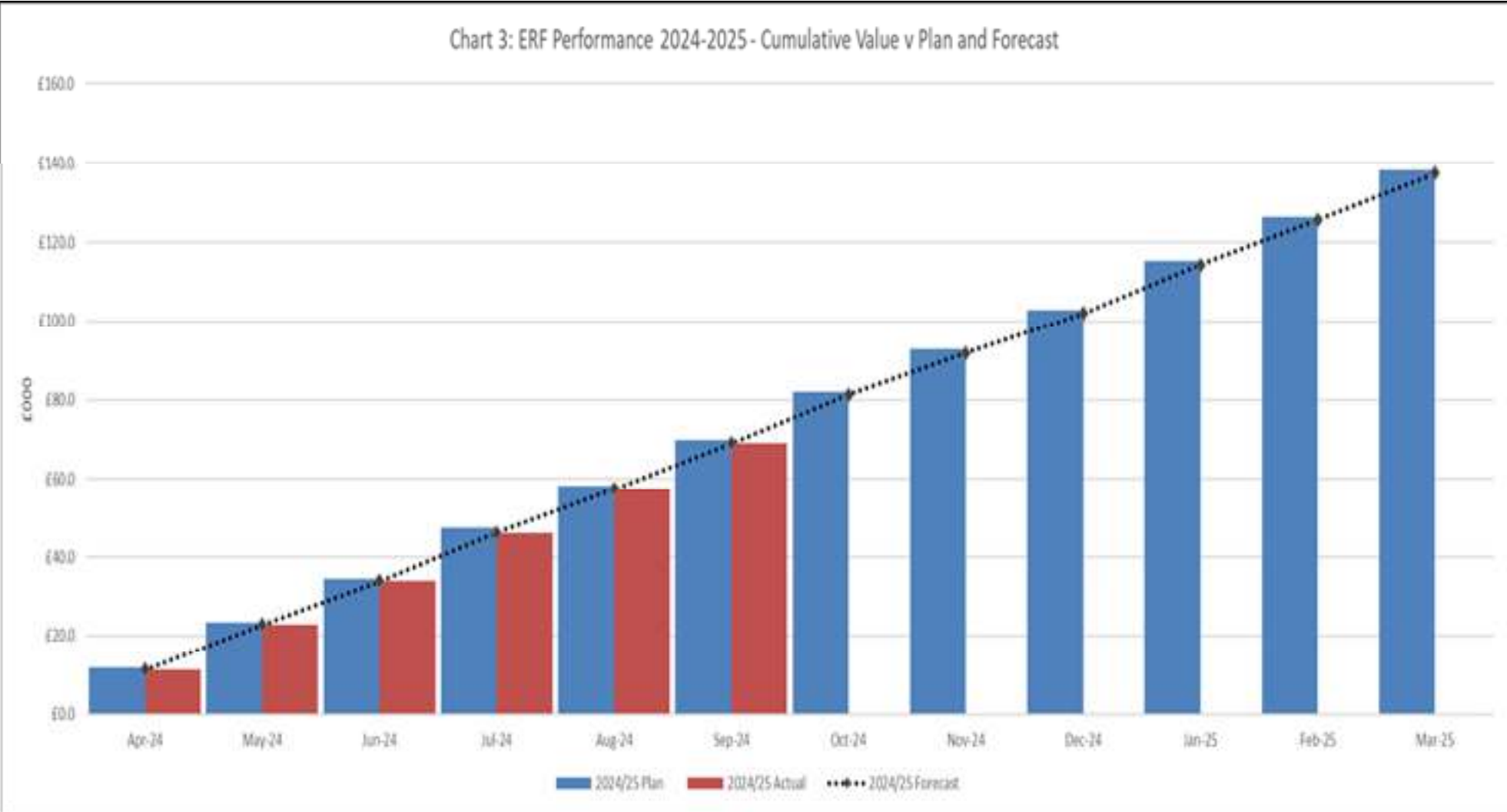**Annex 2:** Elective Recovery Performance
Annex 3: Capital Programme
Annex 4: Risks & Mitigations

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	7097.25	7169.61	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	98.50	95.00	91.50	88.00	84.50	81.00	77.50	74.00	70.50	67.00	63.50	60.00

- Plan workforce trajectory at the end of August of 8,106 WTE

- Actual workforce WTE of 8,312.

- Adverse position of 206WTE, predominately due to additional capacity remaining open and the stretching trajectory.

In-Month Actuals / Contracted						
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Substantive - Contracted	**7,060.9**	**7,094.0**	**7,102.5**	**7,116.2**	**7,127.4**	**7,200.6**
Administration and Estates	1,062.0	1,075.3	1,084.3	1,082.6	1,078.2	1,082.7
Healthcare Assistants and Support Staff	1,310.7	1,331.7	1,335.9	1,357.5	1,356.3	1,373.5
Management	304.6	307.6	310.2	310.5	306.4	301.7
Medical Staffing	923.6	924.7	921.9	904.1	930.4	946.6
Other Pay	-	-	-	-	-	-
Qualified Nursing and Midwifery	2,377.5	2,375.8	2,376.4	2,382.9	2,371.8	2,388.0
Scientific, Therapeutic and Technical	1,082.5	1,078.9	1,073.8	1,078.6	1,084.4	1,108.2
Bank	**981.6**	**977.7**	**1,033.0**	**993.6**	**994.5**	**975.3**
Administration and Estates - Bank Staff	151.9	161.5	164.0	172.8	161.4	187.8
Healthcare Assistants and Support Staff - Bank	358.6	338.0	365.0	325.6	339.8	327.8
Medical Staffing - Bank Staff	97.5	100.9	103.1	116.7	114.9	96.8
Qualified Nursing and Midwifery - Bank Staff	329.4	336.4	362.1	334.0	340.4	320.5
Scientific, Therapeutic and Technical - Bank Sta	44.2	40.9	38.8	44.5	38.1	42.4
Agency	**127.2**	**124.3**	**122.2**	**133.3**	**131.0**	**135.7**
Administration and Estates - Agency Staff	2.6	16.3	16.2	16.2	14.6	15.0
Healthcare Assistants and Support Staff - Agenc	0.8	-	3.5	2.4	1.6	9.9
Medical Staffing - Agency Staff	52.2	43.8	42.8	44.1	51.6	45.2
Qualified Nursing and Midwifery - Agency Staff	51.7	40.8	40.6	43.4	32.1	31.8
Scientific, Therapeutic and Technical - Agency St	20.0	23.4	19.2	27.2	31.1	33.8
Grand Total	8,169.8	8,196.0	8,257.7	8,243.0	8,252.9	8,311.6

Chart 3: ERF Performance 2024-2025 - Cumulative Value v Plan and Forecast

The table above shows the Month 6 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.

	Annual	Year to Date			Year End Forecast		
	NHSE Plan £000s	NHSE Plan £000s	Actual £000s	Variance £000s	NHSE Plan £000s	Forecast £000s	Variance £000s
Internal - Self Financing							
Estates	7,458	5,579	3,727	1,852	7,458	8,558	-1,100
Mid Met Urgent Treatment Centre	6,045	15	258	-243	6,045	6,045	0
IT	4,147	2,401	1,547	854	4,147	4,147	0
Medical equipment	3,855	1,540	1,859	-319	3,855	5,223	-1,368
Charity	0	0	0	0	0	90	-90
Sub total	**21,505**	**9,535**	**7,391**	**2,144**	**21,505**	**24,063**	**-2,558**
External - PDC Funded							
IT - Frontline Digitisation	4,200	1,700	10	1,690	4,200	4,200	0
MMUH - Cost to complete	63,000	39,844	39,844	0	63,000	63,000	0
Learning Hub / Campus	13,384	3,461	670	2,791	13,384	13,484	-100
Eradication by RAAC (System Capital Support PDC)	12,233	0	0	0	12,233	12,233	0
Sub total	**92,817**	**45,005**	**40,524**	**4,481**	**92,817**	**92,917**	**-100**
TOTAL INTERNAL & PDC FUNDED	**114,322**	**54,540**	**47,915**	**6,625**	**114,322**	**116,980**	**-2,658**
Technical-IFRIC12							
BTC & MES	1,190	575	509	66	1,190	1,190	0
ROU Assets - IFRS16							
ROU Leased Assets (internally Funded)	1,475	1,475	2,025	-550	1,475	2,025	-550
Trust Wide Programme	**116,987**	**56,590**	**50,448**	**6,142**	**116,987**	**120,195**	**-3,208**

Theme	Risk	Board Committee Oversight	Update
MMUH	Operational readiness Bed Fit Unforeseen costs	MMUH OC	12 week sprint to support the discussion at the Board on 21 August 2024 completed There is no contingency in the plan for additional beds We are seeing increased costs arising in October.
Financial	Efficiency at 5.7% Cash Excess inflation BSOL income assumption No contingency in the plan	FPC	Financial Improvement Programme requires the opportunities moved to delivery particularly around reducing pay costs and increasing income to ensure the financial plan is delivered
Workforce	Recruitment Retention Sickness levels Temporary staffing reduction Industrial Action	People	We are 206 adverse to our agreed trajectory. This requires immediate action. Additional capacity needs to safely be closed to support us getting on track.
Capacity	Winter Plan Additional beds required People to support MMUH opening and core business	FPC	

NHS
Sandwell and West Birmingham
NHS Trust

Report title:	Care Quality Commission (CQC) National Inpatient Survey 2023 Results
Sponsoring executive:	Melanie Roberts Chief Nursing Officer
Report author:	Jamie Emery Patient Insight and Involvement Lead Marsha Jones Associate Deputy Chief Nurse MMUH
Meeting title:	Public Trust Board
Date:	13th November 2024

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

The CQC National Inpatient Survey 2023 for Sandwell and West Birmingham NHS Trust (SWB) revealed mixed results, with most responses rated "about the same" as other Trusts, though areas for improvement include patient communication, individualized care, and cleanliness. Steps are being taken to address these issues through environmental changes at the new Midland Metropolitan University Hospital and the Year 2 Fundamentals of Care program, targeting improvements in food access, staff behaviour, and discharge planning. The Trust Board is advised to accept the report's outcomes, note the benchmarking, and proceed with planned improvements to enhance patient experience.

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?]*

Chief Nursing Officer Forum September 2024

4. Recommendation(s)

The Public Trust Board is asked to:

a) **ACCEPT** the outcome of the CQC Report

b) **NOTE** the Benchmarking of the Trust against other Acute Trusts

c) **TAKE** assurance of the next steps, including the assumed impact of Midland Metropolitan University Hospital on environmental concerns and changes to associated services.

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		*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]		

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Trust Board on 11ᵗʰ November 2024

CQC National Inpatient Survey 2023

1. Introduction

1.1 The purpose of this Paper is to provide the Trust Board with the details and findings of the CQC National Inpatient Survey 2023 published in October 2024**: where SWBT benchmarks nationally against other Acute Trusts and our next steps in response to the findings.

1.2 Patients eligible to take part in the Survey were: aged 16 years or older and had spent at least one night in hospital during November 2023 (excluding maternity).

1.3 Three hundred and twenty-two SWBT patients took part, being a 28.4% response rate.

1.4 The CQC results are 'weighted' to individual responses and accounting for different Trust profiles with each question benchmarked as:
- 'about the same',
- 'Somewhat better',
- 'somewhat worse',
- 'worse than expected'

2. Results and findings of the Questions:

2.1 National benchmarking (quantitative data) results against other Acute Trusts

- 40 Questions we benchmarked 'about the same' as other Trusts.
- 1 Questions we benchmarked 'somewhat better' than other Trusts in one question.
- 2 Questions we benchmarked 'somewhat worse' than other Trusts.
- 6 Questions we benchmarked 'worse' than other than other Trusts.

2.2 Areas found for improvement:

- Discussions with patients about care both during their stay and post-discharge.
- Individualised care.
- Access to food (outside of set mealtimes).
- Room / ward cleanliness.

Annex 1 provides details of the 9 Questions where we benchmarked as a positive or negative outlier (that is not 'about the same' as the 40 above).

3. Results and findings – inpatient comments (qualitative data) (See Annex 2 and 3).

3.1   Surveyed participants were provided with free text to share details of their experience of which were asked to comment on three questions:

- Was there anything particularly good about your hospital care?
- Was there anything that could be improved?
- Any other comments

In response, there were 454 experiences provided: 44.3% of these were positive and 55.7% were negative. *N.B Full comments are not published in the benchmark reports.*

3.2   Positive comments made were about:

- Care, Kindness and Compassion and non-specific positive comments were the top-three themes.
- It is worth noting that there were twenty-seven positive comments about medical or surgical care.

3.3   Negative comments reflected a broader range of themes. The most common were:

- Nutrition and hydration; attitude and behaviour; cleanliness and discharge.

3.4   The actual food quality provided was cited most amongst nutrition and hydration comments and inability to always access food out of hours for patients.

3.5   The discharge related concerns were about information, delays and medication; and some patients reported not feeling well enough to be discharged.

4. Year one Fundamentals of Care (FoC): patient experiences

4.1   An important and significant element of improving patient experiences has been driven by Year One FoC with a lens to The Midland Metropolitan University Hospital (MMUH) readiness and the opportunities that this significant move should make for our patients: with a particular lens to ensure the hospital is inclusive for the provision of equitable care.

Key deliverables were:

- Family support spaces - comfortable waiting areas, overnight beds in patient rooms and outdoor gardens with seating.
- Sites compliant with Equality Diversity and Inclusion requirements (e.g. changing places toilets, communication) for an inclusive hospital.
- Explore a meet and greet facility to support wayfinding around the site.
- Create stimulating environments to minimise isolation and loneliness, promoting rehabilitation.
- Standardise visiting times, rest periods, protected mealtimes and lights down.

4.2   All deliverables were completed on time, which including the following action specifically:

- SWBT Transgender Policy was written and ratified.
- Waiting and ward environments are fit for purpose for those with mental health needs to reduce risk of harm, with proper risk assessments in place where needed.
- Interior design strategy looked to be dementia-friendly throughout where needed.
- Wheelchairs will be stored in designated spaces across Emergency Department (ED), Maternity and main entrance areas.
- Sign Live (for remote British Sign Language) and Word 360 for spoken language have been procured.
- The Birmingham Institute of Deaf delivered hearing loop training to the Trust training team. This training has been delivered to reception staff throughout the Trust. MMUH hearing loops have been installed in ED main reception, Level 5 Welcome desk, Education Centre, and Multi-Faith Area. An added 25 mobile loops have been delivered across all sites.
- Easy and free access to hot and cold drinks facilities for patients/relatives and carers.
- Overnight accommodation available for carers/families where needed: with four rooms available booked through ward services.
- Over 100 volunteers were recruited to support visitors at MMUH for the first six months.

5. Next steps in Improvement

5.1 It should be noted that there was year on year deterioration about cleanliness: an overview of the comparison of the 2023 results against 2022 results can be seen in Annex 2. On triangulating this feedback, the only complaints regarding cleanliness received over the last 2 years have been about the Emergency Department(s) and the Maternity delivery suite. Additional housekeepers were placed in both areas over 12 months ago to improve the situation.

However, there is also a degree of assurance that can be provided to the Trust Board with regards to our move to the Midland Metropolitan University Hospital. The concerns of perceived cleanliness issues in our 'deteriorating' estates (particularly our clinical areas e.g. wards) will be mitigated. Thereby we would expect to see this area of required improvement mitigated, particularly as there is now an added resource of extra housekeepers in clinical areas from 15 hours to 22.5 hours per day.

5.2 Operational changes to the structure of services means that we have new leadership of our soft facilities management, including catering. There is a plan for FoC Year 2 Patient Experience along with the Nutrition and Hydration workstream, that the Head of Soft Facilities Management will be a key stakeholder to work to improve the concerns raised about food quality and significantly access to out of hours food for patients. This is currently underway with our Emergency Department.

5.3 Where we need to focus areas of improvements (i.e. negative themes) that will not be addressed by service provision or environmental changes that MMUH provide are staff attitude/behaviour and discharge planning. Attitude and behaviour is being addressed by the values work and cultural change work that is ongoing within the Trust. Discharge planning continues to be a focus of the clinical groups and integrated discharge hub and is part of the work we have developed on "rhythm of the day" for patients and staff as part of FoC.

5.4   The next steps will be to conduct impact assessments of the above, conducted via the Friends and Family Test: noting we now have the support of our Volunteers Service to collate patient feedback and that through the month of November, the Patient Insight and Involvement Lead, the Head of Complaints supported by the Associate Deputy Chief Nurse for MMUH will develop an improvement plan.

5.5   Preparation for the 2024 CQC National Inpatient Survey is currently underway. The sample will be based on patients who spend at least one night in hospital during November 2024.

6.   Summary

6.1   Three key summary points to note from this survey are:

i)   Nationally, SWB is a low performer in how routinely we communicate with our patients during their stay and how we assure them around discharge.
ii)   The issues found in this survey are to be addressed either via the estate improvements realised in moving to MMUH or through FoC year two scoping and delivery.
iii) The 2024 CQC National Inpatient Survey SWB participants will be MMUH patients in the majority.

7.   Recommendations:

The Trust Board is asked to:

a) **ACCEPT** the outcome of the CQC Report
b) **NOTE** the Benchmarking of the Trust against other Acute Trusts
c) **TAKE** assurance of the next steps, including the assumed impact of Midland Metropolitan University Hospital on environmental concerns and changes to associated services.

CQC National Inpatient Survey classification 2023 - SWB in the national context

Of the 9 Questions where we did not rate as 'about the same' the below information shows the 9 questions in which SWB was either:

- ✓ 'somewhat better',
- ✓ 'somewhat worse' or
- ✓ 'worse'

CQC classification	Section	Question no.	Question description
Somewhat better	**Hospital and the ward**	**8.**	Were you ever prevented from sleeping at night by any of the following? I was not prevented from sleeping
Somewhat worse	**Nurses**	**22.**	When nurses spoke in from of you, were you included in the conversation?
	Leaving hospital	**37.**	Did hospital staff discuss with you whether you would need any additional equipment in your home or any changes to your home after leaving hospital?
Worse	**The hospital and the ward**	**9.**	How clean was the hospital room or ward that you were in?
		15.	Were you able to get hospital food outside of set mealtimes?
	Your care and treatment	**27.**	Did you feel able to talk to members of staff about our worries and fears?
		31.	Did the hospital staff take into account your existing individual needs?
	Virtual ward	**34.**	Before being admitted onto a virtual ward, did hospital staff give you information about the risks and benefits of continuing your treatment on a virtual ward?
	Leaving hospital	**43.**	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

SWB - CQC National Inpatient Survey: Year on year (2022 / 23) and SWB v national comparison 2023	SWB 2023	SWB 2022	Yr on yr +/-	Nat Av'ge	SWB v nat av'ge
1. Admission to hospital					
How did you feel about the length of time you were on the waiting list before your admission to hospital?	6.6	7.2	-0.6	7.0	-0.4
How would you rate the quality of information you were given, while you were on the waiting list to be admitted to hospital?	7.5			7.5	0.0
How long do you feel you had to wait to get to a bed on a ward after you arrived at the hospital?	6.5	6.3	0.2	6.7	-0.2
2. The hospital and the ward					
Were you ever prevented from sleeping at night by noise from other patients?	6.9			6.5	0.4
Were you ever prevented from sleeping at night by noise from staff?	8.6			8.4	0.2
Were you ever prevented from sleeping at night by hospital lighting?	8.5			8.4	0.1
Were you ever prevented from sleeping at night by room temperature?	9.2			9.1	0.1
Not prevented from sleeping	4.5			3.8	0.7
Did the hospital staff explain the reasons for changing wards during the night in a way you could understand?	6.2	6.8	-0.6	6.7	-0.5
How clean was the hospital room or ward that you were in?	8.3	8.8	-0.5	9.0	-0.7
Did you get enough help from staff to wash or keep yourself clean?	7.8	7.5	0.3	8.1	-0.3
If you brought in medication with you to hospital, were you able to take it when you needed to?	7.7	7.6	0.1	8.0	-0.3
Were you offered food that met any dietary requirements you had?	8.0	7.9	0.1	8.3	-0.3
How would you rate the hospital food?	6.9	7.2	-0.3	6.9	0.0
Did you get enough help from staff to eat your meals?	6.6	7.0	-0.4	7.4	-0.8
Were you able to get hospital food outside of set meal times?	4.6	5.0	-0.4	6.0	-1.4
During your time in hospital, did you get enough to drink?	9.3	9.2	0.1	9.4	-0.1
3. Doctors					
When you asked doctors questions, did you get answers you could understand?	8.3	8.7	-0.4	8.6	-0.3
Did you have confidence and trust in the doctors treating you?	9.0	9.1	-0.1	9.0	0.0
When doctors spoke about your care in front of you, were you included in the conversation?	8.2	8.3	-0.1	8.6	-0.4
4. Nurses					
When you asked nurses questions, did you get answers you could understand?	8.3	8.3	0.0	8.6	-0.3
Did you have confidence and trust in the nurses treating you?	8.6	8.7	-0.1	8.9	-0.3
When nurses spoke in from of you, were you included in the conversation?	8.1	8.1	0.0	8.6	-0.5
In your opinion were there enough nurses on duty to care for you in the hospital?	7.3	7.2	0.1	7.4	-0.1
5. Your care and treatment					
Thinking about your care and treatment, were you told something by a member of staff that was different to what you had been told by another member of staff?	8.0	7.7	0.3	7.7	0.3
To what extent did staff looking after you involve you in decisions about your care and treatment?	6.9	6.9	0.0	7.1	-0.2
How much information about your care and treatment was given to you?	9.0	8.5	0.5	8.8	0.2
Did you feel able to talk to members of staff about our worries and fears?	6.9	7.0	-0.1	7.7	-0.8
Were you given enough privacy when being examined or treated?	9.4	9.5	-0.1	9.5	-0.1
Did you think the hospital staff did everything they could to help control your pain?	8.6	8.5	0.1	8.8	-0.2
Were you able to get a member of staff to help you when you needed attention	7.8	7.8	0.0	8.2	-0.4
Did the hospital staff take into account your existing individual needs?	6.7			7.6	-0.9
6. Virtual Ward					
Were you given enough information about the care and treatment you would receive while on a virtual ward?	7.0			7.7	-0.7
Before being admitted onto a virtual ward, did hospital staff give you information about the risks and benefits of continuing your treatment on a virtual ward?	4.8			6.4	-1.6
7. Leaving hospital					
To what extent did staff involve you in decisions about you leaving hospital?	6.4	6.8	-0.4	6.6	-0.2
To what extent did hospital staff take your family or home situation into account when planning for you to leave hospital?	5.4	5.2	0.2	5.5	-0.1
Did hospital staff discuss with you whether you would need any additional equipment in your home or any changes to your home after leaving hospital?	7.4	6.8	0.6	8.2	-0.8
Were you given enough notice about when you were going to leave hospital?	6.7	6.5	0.2	6.8	-0.1
Before you left hospital, were you given any information about what you should or should not do after leaving hospital?	7.2	7.3	-0.1	7.8	-0.6
To what extent did you understand the information you were given about what you should or should not do after leaving hospital?	8.7	8.6	0.1	8.9	-0.2
Thinking about any medicine you were able to take at home, were you given any of the following?	3.7	4.0	-0.3	4.3	-0.6
Before you left hospital, did you know what would happen next with your care?	6.1	6.5	-0.4	6.6	-0.5
Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	6.6	6.6	0.0	7.5	-0.9
Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?	7.7	7.6	0.1	7.8	-0.1
After leaving hospital, did you get enough support from health or social care services to help you recover or manage your condition?	5.8	5.4	0.4	6.3	-0.5
8. Kindness and compassion					
During your hospital stay, were you given the opportunity to give your views on the quality of your care?	2.9			3.5	-0.6
9. Respect and dignity					
Overall, did you feel you were treated with kindness and compassion while you were in the hospital?	8.9			9.0	-0.1
10. Overall experience					
Overall, did you feel you were treated with respect and dignity while you were in the hospital?	8.8	8.9	-0.1	9.1	-0.3
11. Feedback on quality of care					
Overall, how was your experience while you were in the hospital?	7.8	7.9	-0.1	8.1	-0.3

Somewhat better than expected					
Somewhat worse than expected					
Worse than expected					

**Annex 3 CQC: National Inpatient Survey 2023 - SWB patient free-text comments**

Themes found: Patients were asked to comment in response to three questions:

- Was there anything particularly good about your hospital care?
- Was there anything that could be improved?
- Any other comments

In response, there were:

- 408 individual comments,
- 454 individual issues found.

- 201 were positive (44.3%),
- 253 were negative (55.7%).

NHS
Sandwell and West Birmingham
NHS Trust
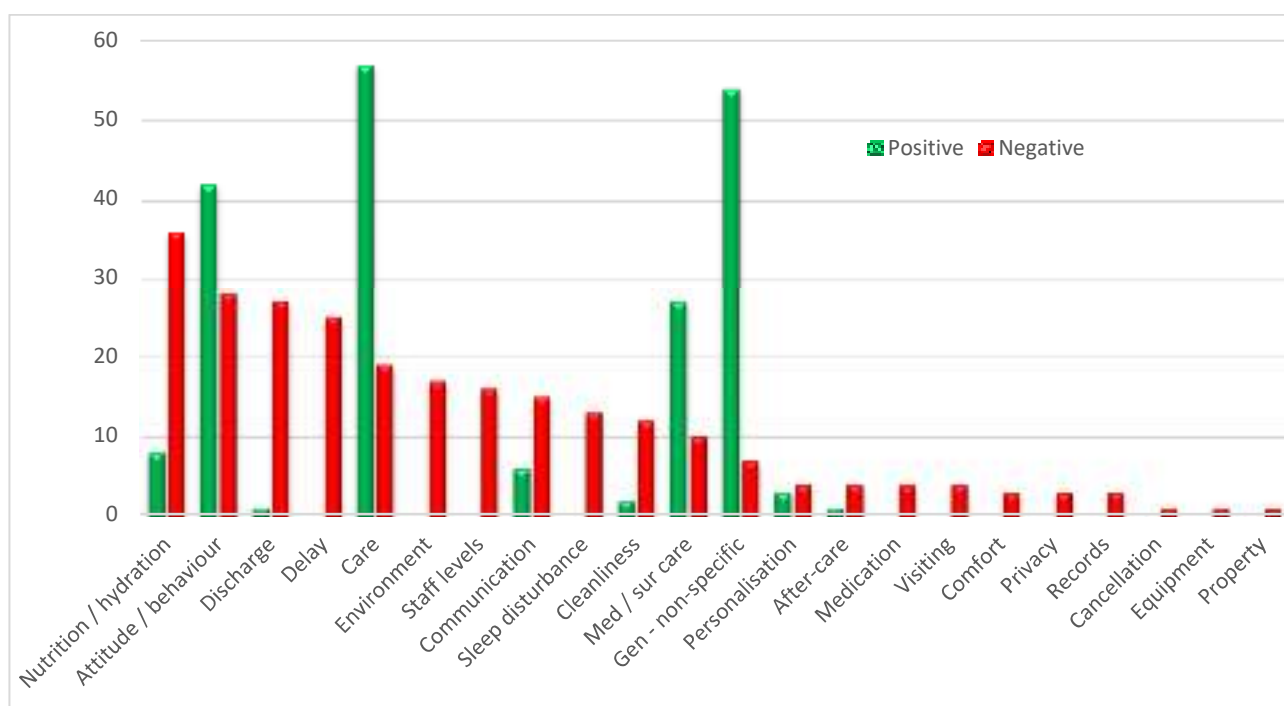
Report title:	NHS App and the Federated Data Platform (FDP)
Sponsoring executive:	Dave Baker – Chief Strategy Officer
Report author:	Dave Baker/Louise Brown
Meeting title:	Public Trust Board
Date:	13th November 2024

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

This paper aims to provide the Board with some more detail around the NHS App and the FDP, providing a brief around the Trust position and some factors to consider about how these opportunities can underpin strategy delivery in the future.

The 2024 Darzi report highlights the NHS App and Federated Data Platform (FDP) as pivotal tools for modernizing patient services, yet underutilisation remains a challenge, with less than 20% of registered users engaging monthly. To advance the NHS's digital strategy, the Trust is implementing the FDP for inpatient care coordination, alongside a roadmap to expand NHS App functionality and patient engagement, though full-scale integration depends on additional funding and careful adherence to data protection regulations.

Key Points as we move forwards are about how we set ourselves up to succeed: eliminating waste; improving the experience of our patients, our people and our population; and enhancing productivity.

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** this report and offer any further considerations

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		*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]		

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board on Wednesday 13th November 2024

NHS App and FDP

1. Introduction or background

1.1. Darzi Report

1.2. The 2024 Darzi report references both the NHS App and the Federated Data Platform as technology that could support the future improvement of the NHS.

1.3. With regards to the NHS App, the report comments that:

1.4. Although 80% of adults are now registered fewer than 20% use it monthly and although there is some growth in ordering repeat prescriptions and managing hospital appointments it is not delivering a "digital first" experience similar to that found in many aspects of daily life.

1.5. With regards to the Federated Data Platform (FDP) the report talks about the significant investment made and its potential.

1.6. Underneath both references is a desire and need to implement at scale, embed and drive through improvements to the patient experience, eliminate waste and deliver productivity benefits.

1.7. This paper aims to provide the Board with some more detail around the NHS App and the FDP, providing a brief around the Sandwell and West Birmingham NHS Trust (SWBT) position and some factors to consider strategically.

2. Policy

2.1. The Policy Paper, June 2022, "A plan for digital health and social care" highlights that the long-term sustainability of health and social care is dependent on having the right digital foundations in place, and the NHS App is at the heart of these plans. https://www.gov.uk/government/publications/a-plan-for-digital-health-and-social-care

2.2. Four goals have been identified as part of this plan:

- Prevent people's health and social care needs escalating
- Personalise health and social care and reduce health disparities
- Improve the experience and impact of people providing services
- Transform performance

2.3. To fulfil these goals the NHS App is expected to be a front door to the NHS, extending the functionality and features available through the App; the range of features is available here: https://digital.nhs.uk/services/nhs-app/nhs-app-features

Ten areas are set out:
- For patients over 16, managing hospital referrals and appointments;
- Patients sending non-urgent enquiries to their GP practice who can reply using the clinical system;
- Patient view of digital prescriptions, including repeat and one-off prescriptions enabling patients to see and manage their health online
- For patients over 16 it shows the mean average waiting time for an acute trust. This allows patients to see that they are on a waiting list and their average wait time for hospital treatment;
- Patients can register with a GP Surgery;
- Patients can view new health information in their GP health record;
- Patients can receive in-app messages from their surgery rather than traditional communication methods;
- Carers can see linked profiles for a child or someone that they care for once a GP has set up proxy access.

2.4. The NHS.uk website https://www.nhs.uk/ is also a key front door to the NHS which has a wealth of information including a vast array of patient information leaflets about clinical conditions https://www.nhs.uk/conditions/

2.5. The delivery roadmap for the NHS App and NHS.uk website is based upon the vision of supporting people to:

- Manage their health (and social care)
- Stay well
- And Get well

3. NHSE Wayfinder Programme

3.1. To enable patients to access their secondary care appointments and clinic letters via the NHS App, NHSE commenced a 'Wayfinder programme' which asked all Trusts to procure a Patient Engagement Portal (PEP).

3.2. The PEP (a new IT system) provides the functionality to send communications such as patient appointment letters and clinic letters digitally in the first instance (a postal letter is activated if the patient does not access the digital portal). This communication is then also available for the patient to view in the NHS App.

3.3. The first phase of the Wayfinder programme onboarded Primary Care. Acute Trusts are part of phase two, and phase 3 which commences 2025 will include Mental Health. The NHSE roadmap below illustrates the expected start points and deliverables of the Wayfinder programme:

Roadmap
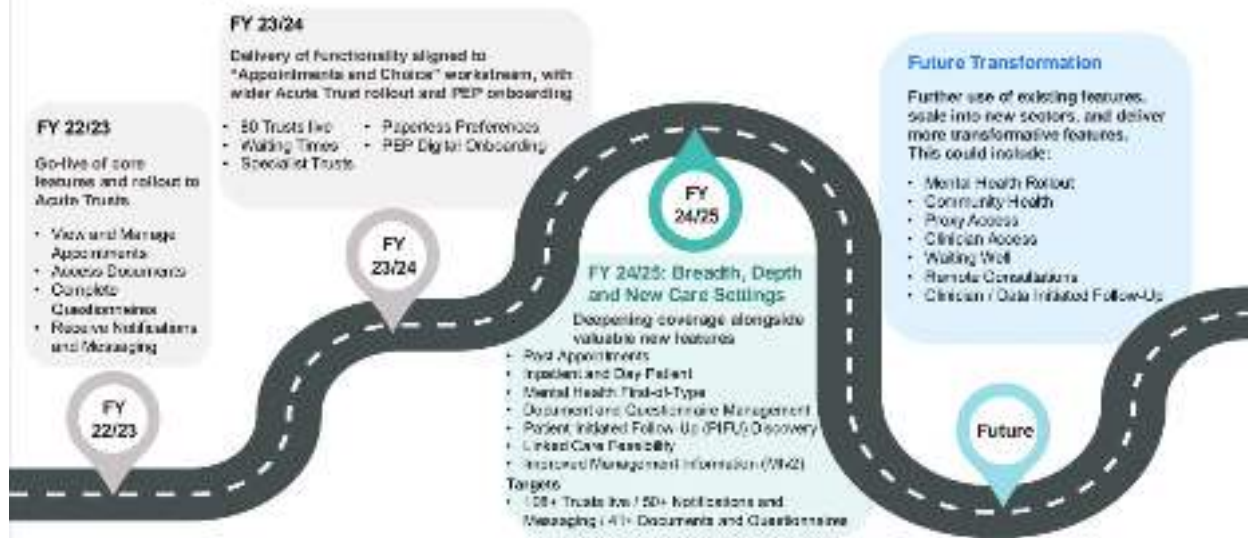
3.4. The table below highlights our position against each expected deliverable from the Wayfinder programme:

Digital Function	Description	SWB Status
Appointment letters	Patients able to receive and view appointment letters digitally and associated patient information leaflets via a patient engagement portal or the NHS App (patient choice).	• Completed for Outpatient Appointments (OPA). • Due Dec 2025 for 'To Come In' Appointments • Due March 2025 for other OPA (non iPM – i.e. our other Patient Administration Systems)
Confirm, rebook and cancel appointments	A digital 'button' in the portal for patients to use which alert staff to the response by patients	In progress
Alerts and notifications	For new notifications and issues	In progress
Two-way communication	Text message replies from patients to confirm, rebook or cancel their appointment (in addition to the existing functionality of doing this in the patient engagement portal)	• Requires funding – each module (4 noted here) c. £22k year 1, £11k annually. • Bid submitted to NHSE, response expected Nov 2024 • Each module can be purchased independently of the others
Patient Initiated Follow Up (PIFU)	Ability to request a PIFU appointment through the portal rather than calling the Trust	Awaiting funding

Forms	Ability to complete pre-appointment forms and questionnaires such as for Patient reported Outcome Measures (PROMs) or pre-admissions.	Awaiting funding
Surveys	Ability for generic surveys to be sent to patients such as satisfaction surveys (Patient Reported Experience Measures - PREMs).	Awaiting funding
eConsent	Ability to send and receive completed eConsent forms – this is already in place with a supplier Concentric – provision to the NHS App may need to be explored.	• Deployed Aug 2024 to T&O and Breast Surgery. • Deployment to other services planned during 2024/25. • This is not yet linked to the NHSApp
Patient education & self-care	Includes but not limited to signposting, digital support, ED wait times	Some of this information available via our new website https://www.swbh.nhs.uk/
Care plans and pathway documentation	Potential ability for patient to see the stage of their care pathway, be invited to research, access triage, or check in for their appointment (scope not yet fully developed)	Not yet in scope
Remote monitoring & patient observations	Ability for patients to enter data such as food plans and next of kin; and remote monitoring, wearables information to be integrated	Not yet scoped

4.   SWB Journey

4.1.   Procurement of our Patient Engagement Portal (PEP) was completed in March 2024. The supplier is Healthcare Communications, who are also used by The Dudley Group NHS Foundation Trust and procurement by Walsall and Wolverhampton Trusts has been completed during 2024.

4.2.   This PEP was an approved supplier by NHSE to enable patient data to be made available to the NHS App. Funding was provided by NHSE to procure and deploy the system.

4.3.   Our deployment plan is as follows:
- In March 2024 SWBT went live with outpatient appointments, and included access for patients via the NHS App. This provides a text message to the patient with a link to the portal to view their letter; in the portal the patient can select 'confirm', 'rebook' or 'cancel' (rebook and cancel options simply provides a request to the admin team to contact the patient to rearrange the appointment).
- November 2024 is the planned go live for 'to come in appointments' such as day cases and inpatients.
- The remainder of the outpatient appointments, managed outside of the Trusts iPM PAS (Patient Administration System), will be deployed early in 2025; preparations are in place, and this is on track.

4.4.   The digital enablement provides the following benefits:

4.5. Rapid access (within 24 hours) for patients to their appointment information and the option to confirm, or request to rebook or cancel their appointment.

4.6. The response by patients provides increased visibility for admin staff to clinic utilisation by more quickly being able to reallocate patients as requested.

4.7. Financial savings by sending digital correspondence versus paper -a paper letter currently costs about 70p (subject to Royal mail costs which are passed through from the supplier) compared to 11p for a digital letter.

4.8. Additional functionalities such as surveys, Patient Reported Outcome Measures (PROMs) two-way communication and Patient Initiated Follow Up (PIFU) are subject to funding and an NHSE bid should be announced in November 2024 . These additional modules will offer a range of benefits such as reducing the use and cost of paper forms, improve effectiveness of communication with patients thus reducing delays and improving satisfaction.

4.9. The ongoing roadmap to provision additional functionality will need to be mapped with both NHSE regarding priorities and expectations, the supplier regarding costs, feasibility and resource, and the financial and people resource available within the Trust to deliver this ongoing programme of work.

4.10. Finally, access for patients to their own clinical record via a 'patient portal' also needs to be scoped and considered alongside this programme. This will provide patients access to elements of their clinical record such as test results and medications provided by secondary care, as is currently offered by GPs through the NHS App.

5. **NHS Federated Data Platform (FDP)**

5.1 **Strategic Objectives:**

5.2 The vision for the Federated Data Platform is revolutionising healthcare for a modern, sustainable, and efficient service, prioritising quality and patient experience through data-driven transformation. **The federated data platform programme represents a major strategic shift in the way that the NHS can use data to transform the delivery of healthcare services.**

5.3 It aims to:

5.4 **What is the federated data platform?**

5.5 The NHS FDP enables NHS Organisations to integrate data that is stored in separate systems to address their challenges. Every Trust and System will have access to their own version of the data platform, which they will have complete control over. They will also be the data controller for their federated platform and will make decisions about how their local data is used.

5.6 The FDP seeks to address a number of key issues around data:
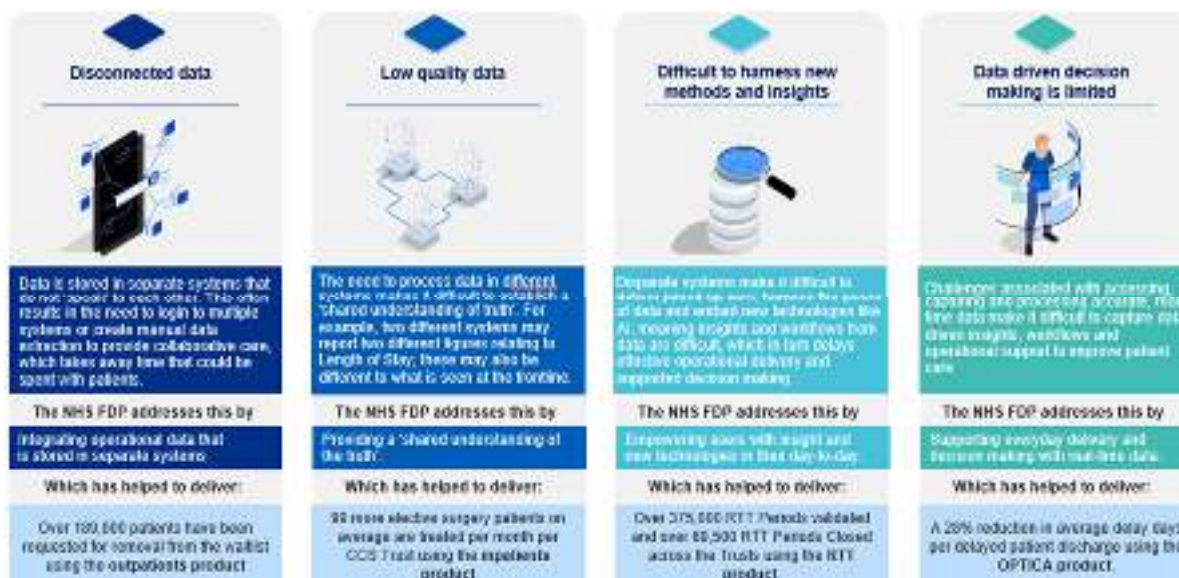
5.7 "Instances"

5.8 The NHS FDP is a series of separate data platforms, that are called 'instances'. Every hospital trust and ICB (on behalf of the ICS) will have their own instance of the NHS FDP, these are called "local instances". NHS England is responsible for the national instances of the NHS FDP. Each NHS organisation with an instance of the NHS FDP **will have the ability to connect and share information between them when it is helpful and in relation to any personal information, where data protection law allows it**. For example, to discharge a patient from hospital into a care setting.

5.9 FDP can help provide NHS staff (frontline clinicians, operational staff, and planners, including NHS England) with timely information and insight, promoting the efficient use of resources to support the delivery and planning of patient care. For trusts, the NHS FDP securely brings together operational data, currently stored in separate systems, for example from hospital health records, waiting lists, and theatre and staff rosters, to better manage patient care.

5.10 **National FDP Instance**

5.11 NHS England is responsible for a national instance of the NHS FDP. This instance ensures consistent data strategy and integration across the entire health service. The NHS FDP provides nationally developed Products* to support five key NHS priorities and NHS England's objective to improve services.

5.12 **System FDP Instance**

5.13   Each System can have their own local instance of the NHS FDP, hosted by a statutory organisation, and can opt into any of the Products***** that are developed Nationally. The FDP will improve connectivity, enabling systems to make more effective, data-driven decisions.

5.14   **Local FDP Instance**

5.15   Each Trust can have their own local instance of the NHS FDP and can opt into any of the Products that are developed Nationally.

6   Sharing

6.1   Each NHS organisation with an instance of the NHS FDP **will have the ability to connect and share information between them when it is helpful and in relation to any personal information, where data protection law allows it**. For example, to discharge a patient from hospital into a care setting.

6.2   FDP can help provide NHS staff (frontline clinicians, operational staff, and planners, including NHS England) with timely information and insight, promoting the efficient use of resources to support the delivery and planning of patient care. For trusts, the NHS FDP securely brings together operational data, currently stored in separate systems, for example from hospital health records, waiting lists, and theatre and staff rosters, to better manage patient care.

7   What products are currently available and what are the benefits?

7.1   SWBT have an opportunity to improve how we use technology to assist in operational improvement in key areas of focus for the organisation. This could well involve implementing all of the current products available. Driven by the desire of the Financial Improvement Programme for improved theatre productivity we have commenced with *the Inpatients case coordination solution.* Products currently available are:

7.2   **Inpatients CCS (Care Coordination Service):**

- **Treating more patients -** 114 more elective surgery patients on average are treated per month per CCS Trust
- **Utilising theatres more efficiently -** +6.6% increase in booked theatre utilisation on average
- **Safely removing patients from the waiting list -** Over 64,000 patients have been requested for removal from the waitlist
- **Stopping patients being missed from the waiting list -** CCS identified hundreds of patients that were "lost to follow up" and would have been referred back to their GPs

Improving the lives of NHS staff - Reduced administrative burden and saved hours of time for NHS staff on a weekly basis and provided better visibility and control over use of their theatre facilities

7.3 **Outpatients CCS:**

- **A reduction in Trust priority waitlist populations** - Over 189,000 patients have been requested for removal from the waitlist
- **Stopping patients from being missed on the waiting list** - Identified a number of cancer 2-week waiter patients who had been waiting for 30+ weeks and were subsequently given an appointment
- **More efficient booking and management of clinics** - Improved prioritised patient throughput in outpatient clinics, providing services with more proactive tools for managing upcoming clinics and booking in future appointments

8 Referral to Treatment (RTT) Validation:

8.1 **Validation of RTT pathways and acceleration of RTT pathways through landing actions with the right teams**

- Over 375,000 RTT Periods validated and over 69,500 RTT Periods Closed across the Trusts using CCS RTT
- Trusts have not always known their rate of RTT validations and closures. CCS RTT now allows Trusts to capture this.
- 253% average increase in RTT closures

8.2 **Accurate RTT waitlists and ability to track live performance against national targets for RTT elective recovery**

- Timely identification of delays in patient pathways with central validation teams supporting services to reduce time to care and visualize validation impact

- **4.3.6 Discharge Planning (OPTICA Treating more patients** - Improving the lives of NHS staff
- **Reducing the number of days when discharges are unnecessarily delayed** - 28% reduction in average delay days per delayed patient discharge
- **Reducing the number of beds occupied by 'stranded' patients (i.e. > 7 days in hospital)** - 36% reduction in average delay days for long length of stay patients
- **Managing more complex patients** - OPTICA has prevented hundreds of complex and out of area patients, in particular homeless people or younger people with addictions, to be 'lost in the system' and discharged to the wrong care setting
- **Improving the lives of NHS staff** - On average the duration to complete discharge tasks related to hospital processes was reduced by 66.5%

8.3 There are further products in development:

8.4 **Future of FDP:** The central FDP programme will continue to develop new products along five core themes:

8.4.1 **Population health & person insight:** Understand, predict and plan for the health and care needs of local (and national) populations. Enable the tailoring of individual care, the design of sustainable health services, and better use of public resources.

8.4.2 **Care coordination:** Efficient organisation and management of patient care. Ensure timely treatment, reducing unnecessary service duplication, and improving communication between healthcare providers.

8.4.3 **Supply chain:** Sourcing, delivery, and supply of healthcare products and services to support NHS trusts and healthcare organisations across England. Ensure resource allocation is responsive to surges in demand, and items are delivered to the NHS frontline in a timely and efficient manner.

8.4.4 **Vaccination & immunisation:** Nationally coordinated and locally executed programmes to deliver vaccine doses to citizens across England. Equip national and local teams with the necessary tools for managing vaccination and immunisation efforts, enhancing efficiency and programme management.

8.4.5 **Elective recovery:** Covers a wide range of non-urgent services, with an emphasis on addressing increased waiting times for treatments e.g. diagnostics, outpatient care, surgery, and cancer treatment. Address service disruption as a result of the COVID-19 pandemic.

9 **What Trusts get when they join FDP:**

9.1 **NHS FDP Data Platform**

- o **Full control:** Joining the NHS FDP provides SWBT with a dedicated platform that we control.
- o **Integration support:** The FDP team connects existing data systems to the NHS FDP with the FDP selected products.
- o **Nationally approved, secure:** NHS FDP and all products meet national privacy and confidentiality standards.
- o **Core Licencing Costs covered**.

9.2 Access to Analytics & Evolving FDP Core Products

- **Self-Serve and Application Development Capability:** Access to our own platform with analytical solutions and application building capability.
- **The 4 core products ready now:** Inpatients, Outpatients, RTT & OPTICA are live with benefits already delivered.

9.3 Implementation and Delivery Resource

- **Self-Serve and Application Development Capability:** Access to our own platform with analytical solutions and application building capability.
- **The 4 core products ready now:** Inpatients, Outpatients, RTT & OPTICA are live with benefits already delivered.

9.4 Stakeholder Engagement, Comms and Change Readiness

- **Onboarding:** A technical and operational assessment of change readiness will support tailored interventions to enable a smooth onboarding.
- **Team empowerment:** Supplementing our internal data capabilities including product development with the support of the NHS FDP.

9.5 Training and Adoption support

- **Full control:** In-person training including desk-side and classroom style training for core user groups, with a focus on realising operational benefits. This includes:

  - Operational Power Users and product champions
  - "Train the trainer" for nominated Trust trainers
  - Operational product users

9.6 Ongoing support & training through the Centre of Excellence

- **Full control:** In-person training including desk-side and classroom style training for core user groups, with a focus on realising operational benefits. This includes:

  - Operational Power Users and product champions
  - "Train the trainer" for nominated Trust trainers
  - Operational product users

10 Data Ingest Methods

10.1 There are currently 3 methods of data ingestion that are used to flow data into the FDP. They are as follows with the pros and cons of each outlined below:

OPTION 1 Direct Connection	OPTION 2 Staged Raw Tables	OPTION 3 Tables Built to Data Spec
Direct connection to source system backend database or production mirror	Tables from source system backend databases are staged in data warehouse, keeping original schemas	Tables are built according to the application data specifications and hosted in data warehouse
✅ Very little effort required from trust BI team	✅ Little effort required from trust BI team	✅ Can improve overall development time if no connector is available
✅ Enables quick deployment if connector is available	✅ Enables quick deployment if connector is available	✅ Essential data access only
✅ No ongoing maintenance required from trust BI team	❌ Can take longer to deploy if no connector is available	❌ Requires substantial effort from trust BI team to setup tables
❌ Can take longer to deploy if no connector is available	❌ Some initial effort from trust BI team to setup plus ongoing maintenance	❌ Requires ongoing maintenance by trust BI team
		❌ Can often hide data quality issues due to legacy SQL logic

10.2 Option one is typically preferred, but requires providing a service account for the system to use to tap into as there is a lesser amount of resource support required from the BI team. If not able to do this, option two is the next most preferred, which assumes the trust has a service account / method to extract raw tables. **Typically, option 3 has been the most common due to the service account requirements and difficulties getting the raw tables out of trust systems.**

11 Factors to consider during implementation

11.1 Three main factors to consider with the **NHS App** are:

11.1.1 The programme of access to information for patients via the NHS App is being driven by NHSE.

11.1.2 The NHS App is the single point of digital entry for patients to their own health record; it is highly likely we will have a multitude of IT systems in use that provide patient data to the NHS App.

11.1.3 The ICS has approximately 50% of patients registered with the NHS App (all four Places are similar to each other) and is in line with the national average; an ICS programme continues to work within Primary Care to increase this uptake by patients.

11.2 With regards to the **Federated Data Platform**, the three main factors are:

11.2.1 How we allow the FDP to ingest our data.

11.2.2 Understanding and complying with data protection laws.

11.2.3 The implementation journey, including the embedding, alongside the volume of other activities that core teams are involved in.

12 Conclusion

12.1 All Trusts are proceeding with the NHSApp roadmap with the Regional NHSE team overseeing the implementation. SWBT would be the first Black Country Trust to begin its FDP implementation. Our initial implementation around Inpatients will help us to better understand the journey for the rest of the products and to better support our colleagues in the Black Country if and when they wish to implement. We are in communication with the ICB as we progress.

13 Recommendation

13.1 The Board is asked to:

a) **NOTE** this report and offer any further considerations.

Dave Baker – Chief Strategy Officer
Louise Brown – Digital Transformation Lead

Tier 1 - Paper ref:	PublicTB (11/24) 012

Report title:	SWB Culture - ARC Leadership and Team Effectiveness Update
Sponsoring executive:	James Fleet, Interim Chief People Officer
Report author:	James Fleet, Interim Chief People Officer
Meeting title:	Public Trust Board
Date:	13th November 2024

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

The Sandwell and West Birmingham NHS Trust (SWBT) People Plan was approved by the Trust Board in January 2023 and focusses on improving staff experience which includes creating a positive culture for all existing and future staff.

The transition to Midland Metropolitan University Hospital (MMUH) and the associated changes to the Sandwell and City Campuses provides a key lever to accelerate and optimise the delivery of the People Plan. The people elements of the MMUH benefits case, represent one of the most significant drivers of long-term efficiency and return on investment.

A key enabler for delivering both the SWB People Plan and the MMUH Benefits case is a comprehensive set of actions on our culture, which was launched in January 2023, with a range of workstreams with the overriding objective of driving and embedding a positive employment environment, culture and improved staff experience. The ARC Leadership and ARC Team Effectiveness work represent a major investment by SWBT.

Given the scale of the Trust's investment, the extensive reach of the ARC Leadership and ARC Team Effectiveness activity and the progress being made through the wider workstreams, the People Committee asked that the Board receive an update on the early progress and impact of this work.

This paper outlines the progress made in delivering the first phases of the SWBT Culture change, drawing on examples of early successes from the work with operational and clinical teams. The paper provides a focus on the implementation of the ARC Leadership and ARC Team Effectiveness, which are major enablers for the workforce and organisational development (OD) Key Performance Indicator (KPI's) which underpin the MMUH Benefits Case, the SWB People Plan and align directly to the Trust's Strategic Planning Framework (SPF) objectives.

Future updates will be provided to the People Committee and Board, to demonstrate the delivery of the workforce/people KPIs within the People Plan and MMUH benefits case.

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** the progress made so far in implementing and rolling-out the SWB Culture change work as a key enabler to delivering the SWB People Plan and MMUH Benefits Case
b) **RECOGNISE** the positive impact and evaluation of the ARC Leadership intervention and the team effectiveness interventions for the priority service areas.
c) **SUPPORT** the work being undertaken to roll-out and embed SWB Culture change across the wider Trust.

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]		

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board on 13th November 2024

SWB Culture Programme
ARC Leadership and Team Effectiveness Update

1. **Introduction**

1.1 The SWB People Plan sets out the Trust's commitment and plans for "*Developing and cultivating happy, productive and engaged staff*". The transition to MMUH and the associated changes to the Sandwell and City Campuses provides a key lever to accelerate and optimise the delivery of the People Plan. Furthermore, the people elements of the MMUH benefits case, represent one of the most significant drivers of long-term efficiency, resilience and return on investment.

1.2 This paper outlines the progress made to date in delivering our SWB Culture work with a specific focus on the ARC Leadership and ARC Team Effectiveness interventions which sit at the heart of the MMUH People workstream and will support the delivery of the MMUH Benefits case..

1.3 The paper also summarises progress across the wider people, workforce and OD workstreams which contribute directly to delivering the workforce and OD KPI's within the MMUH benefits case and the SWB People Plan.

2. **MMUH Benefits Realisation**

2.1 The people components of the MMUH benefits realisation case focus on staff satisfaction measures and workforce availability measures (as summarised below). The People and OD team have worked closely with the MMUH benefits realisation team to develop a robust set of measures and KPI's that will support and enable the delivery of the performance, efficiency and quality dimensions of the MMUH benefits case. These KPI's/measures have been reviewed and approved through the People Committee and MMUH Opening Committee and aligned to the monthly People Committee workforce KPI reporting.

2.2 **Staff Satisfaction – Measures**

- Improvement in combined staff engagement score (Staff Survey and Pulse Check) (Trust Target 70%)

- Engagement – the OD Diagnostic Tool (ATPI) provides an engagement score, (% of teams presenting score 2,3,4,5 (score of 4 and above ideal) baseline 2024, measure progress on the metric within 12month cycle.

2.3 **Workforce Availability – Measures**

- Reduction in sickness absence
- Reduction in turnover (improved retention)
- Improved recruitment (reduction in vacancies/use of agency)

3.   SWBT culture change overview and progress

3.1   The SWBT Culture work, has nine key workstreams, which are all being delivered with and through the Group and Corporate leadership teams, Staff Inclusion Networks and through partnership working with the Trust's staff side and trade union representatives. These workstreams will continue to shape and drive a positive culture and staff experience. The below infographic provides an overview.
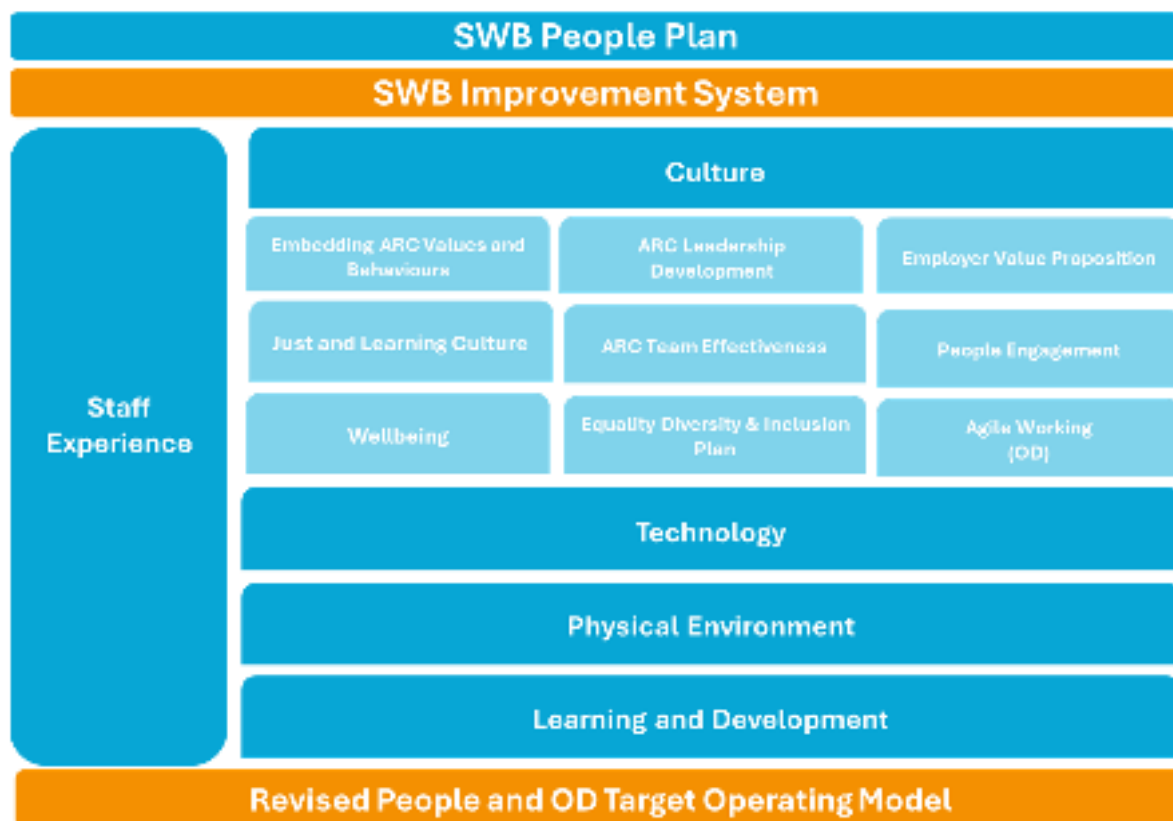
3.2   As updates to the People Committee have demonstrated, the most current workforce/people performance data demonstrate the impact of this work through improved performance across several of the core workforce/people KPI's, specifically:

- The Trust's rolling sickness absence rate has decreased during the past 4 months to its lowest comparative position for some time, with a year-on-year (2023-2024) comparison showing a reduction of 36.5 FTEs and a lower in- month (September 2024) sickness rate than the wider system.

- The Trust's vacancy rate has decreased from 13% to 12%.

- The Trust's time to hire for new employees has improved significantly and in September overachieved against the target (actual of 61 days v target of 64 days).

- The Trust's rolling 12-month turnover rate has continued to demonstrate a downward trajectory, reaching 11% in September 2024 from a high of 15%.

- The Trust has used no off-framework agency since May 2024.

- The Trust's staff engagement score has improved to its highest level ever during the past 9 months and during this time the highest response rates have also been achieved.

4   ARC Leadership Development

4.1   In November 2022, the Trust ran a pilot of the ARC Phase 1 Compassionate and Inclusive Leadership intervention with a target to train 200 leaders by the end of March 2024 and to train the Trust's full leadership population (2,100 leaders) by the conclusion. The March 2024 target was achieved with 211 people completing the training.

4.2   In February 2024, the New Hospitals Programme (NHP) Workforce Team undertook an external review of the MMUH workforce workstream. The NHP team reported positively and with high levels of assurance that the ARC interventions reflect best practice.

4.3   During the last six months a further 247 leaders have completed phase 1, and a further 389 leaders have booked to commence.

4.4   Phase 2 focuses on Restorative People Management and Leading and Inspiring safety and innovation is being launched in January 2025 and rolled-out during Q4. Phase 2 includes a focus on the key technical aspects of leadership, including people and financial management.

4.5   As Board colleagues will be aware the roll-out profile and pace of ARC Leadership Development was adapted to reflect the 'no-fly zone' and the leadership capacity challenges associated with opening MMUH and the 100 day plan period. The revised roll-out schedule was supported by the People Committee and MMUH Committee.

4.6   Figure two below provides a summary of the key components of the ARC Leadership Development approach.

4.7   Module 1 of our ARC Leadership Programme has evaluated positively, with the majority of participants (93%) reporting that they will make positive changes to their practice as a direct result of the training. Participants also reported an increase in their compassionate and

inclusive leadership knowledge as a result of the programme, with 98% giving it the top two ratings (4 and 5 on a 5-point scale where 5 = very good).

4.8   The ARC Leadership Development approach focuses on all three of the staff engagement measures within the quarterly Pulse Survey's (motivation, involvement and advocacy). Through the impact of ARC Leadership Development, a focus on improving the 'your manager' domain with Group and Directorate leadership teams and the launch of People Engagement Teams (PETs), the Trust has delivered a consistent improvement in the staff engagement score across the Pulse Survey's conducted during 2024.

5   ARC Team Effectiveness Programme

5.1   The ARC Team Effectiveness intervention is an organisation development approach for achieving optimal team performance. Affina OD (Michael West Associates) were selected to partner with the Trust in the summer of 2023. The Affina approach brings with it significant benchmarking data for comparison and improvement purposes.

5.2   The initial phase of OD support was targeted at high priority services, determined because of their criticality to the opening of the MMUH. Eight major service areas (36 individual teams) have received targeted support during the OD readiness phase (October 2023 to October 2024), with 100% engagement. This was a significant achievement, given the capacity challenges across operational areas. Despite these challenges there has been positive and active engagement from the priority services.

5.3   Improving team effectiveness and accountability is a long-term endeavour. However, the organisational appetite for implementing OD interventions to drive leadership and team effectiveness has been significant and much higher than anticipated. The OD team are currently 123% utilised, with further unmet demand from services, leaders and teams to access these interventions and support.

5.4   A range of case studies are being developed to showcase the impact of the work being undertaken across the Trust. A case study of the recent work with the Emergency Department (ED) team has been annexed to this document (**Annex One**) and summarised, using some of the core MMUH Benefits Case KPI's, below.

5.5   Measuring the direct impact from OD and culture change interventions is typically demonstrated over an 18–36-month period. However, there is early evidence that these interventions are positively impacting the priority MMUH clinical services. A set of KPIs to measure and capture the impact of the leadership development and OD work have been developed and supported by the People Committee and also the MMUH Opening Committee. These measures form a core part of the MMUH Benefits Case.

5.6   The OD team has worked closely with the Trust's emerging Improvement Team to achieve strategic alignment and lever the benefits of Continuous Quality Improvement, as part of the wider work to embed the Trust's Strategic Planning Framework (SPF). This has also helped to target outcome metrics for related operational and clinical improvement programmes, for example theatres productivity.

5.7   Feedback from leaders, leadership teams, as well as from front line staff within some of the Trust's most capacity challenged areas, demonstrates a high level of understanding and confidence in the approach and content of the ARC Leadership approach. A range of interventions have been deployed, with demonstrable evidence of success, including the implementation of a Team Canvas which has been widely used to encourage and facilitate open team communication. Work on psychological safety and dealing with conflict has been used to support teams to resolve and move beyond historic interpersonal or team legacy issues and complexities. Other OD approaches, including team and individual coaching have been deployed. These developments underpin work by the Interim Chief People Officer and Chief Nurse to align the fundamentals of care and fundamentals of people, which will feature heavily in the re-fresh of the Trust Strategy.

5.8   The evaluation of the OD workstream has been completed for the priority MMUH service areas. All priority services have completed their OD Transition Status evaluation and action plan. Even at this early stage there are positive correlations in the data particularly relating to improvements in the workforce outcome metrics within the MMUH Benefits Case. By way of example, an extract of Emergency Department metrics for nursing workforce below highlights positive changes in sickness and turnover following the leadership and OD intervention. Similar data points are available for the other priority transformation areas.

ED Nursing Performance Data		
	Turnover	Sickness
2022-23 Cumulative	City – 13.5% Sandwell – 17.4%	City – 5.6% Sandwell – 7.4%
2024-25 (April - October)	City – 5.7% Sandwell – 3.3%	City – 4.6% Sandwell – 5.0%

Table 1: ED Nursing Performance

5.9   Further work on the team effectiveness scores and on SPC trend data for the people metrics will continue to highlight the impact and benefits of the ARC Leadership, OD and wider culture interventions. Baseline effectiveness scores have been produced, with the re-assessments scheduled for nine months' time, to establish the scale of improvement in team effectiveness scores.

5.10   An OD Transition plan is being considered by the Trust Executive in November. This plan covers the resource required to continue to roll-out the SWBT Culture change work.

6   SWBT People Plan: other cultural interventions

6.1   A summary of delivery across the other SWBT cultural interventions is set out below:

7   Just and Learning Culture

7.1   The Just and Learning Culture approach aims to create a safe environment where employees can raise safety concerns without fear, focusing on understanding issues rather than assigning blame. This work has involved a re-set of the Trust's approach to addressing employment casework, to seek informal opportunities to resolve cases wherever possible, working closely and in partnership with trade union colleagues. The benefits of this work area

already evident, by way of example, during the past twelve months the Trust has seen a 50% reduction in the number of BME staff entering formal HR processes (WRES 2024 indicator 3).

8   Equality, Diversity, and Inclusion

8.1   The Trust Equality Diversity and Inclusion (EDI) Plan 2023-2027, approved in January 2023, prioritises EDI within the SWB People Plan. The Board received an update on this work in August 2024 which highlighted early positive impacts on Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES) indicators. The EDI team are working closely with the Groups and the Inclusion Networks to further accelerate the pace of this work.

9   People Engagement Teams

9.1   In March 2024, the Trust launched People Engagement Teams (PETs) to boost staff engagement and experience within Clinical Groups and Corporate Directorates. Progress on the PETs is now captured each month through the Group Reviews as well as through regular PET updates to the Trust Management Committee and People Committee. Recent Group Review feedback has demonstrated positive progress across all of the PETs. Furthermore, the work of the PETs has contributed to the positive results from the Pulse Survey's during the past 12 months.   The Trust achieved a record 40% response rate in the Q4 2023/24 January Pulse Survey. Engagement scores rose by 3.2% from April 2023 to January 2024 and by another 6.4% in the next quarter. Despite a drop to 25% in the Q2 Pulse Survey response rate, engagement scores remained stable due to improvements in staff involvement and empowerment.

10   Wellbeing

10.1   The Trust's wellbeing approach aims to enhance staff wellbeing, particularly focusing on psychological and mental health support. This includes an evidence-based model, Mental Health First Aid training, and a wellbeing brochure launching in November. As reported earlier in the paper, this work along with improvements in the rigour of local absence management, have delivered a consistent reduction in sickness absence in recent months. The Trust will launch the GoodShape health and wellbeing platform on December 11th, which is a whole scale transformation of the Trust's approach to supporting the health and wellbeing of staff.

11   Employer Value Proposition

11.1   The Trust is finalising work on its employer value proposition, which highlights the strengths of SWBT's employment offer to existing and future staff.

12   Supporting Developments

12.1   The Improvement System, an underpinning enabler of SWBT's 2022-2027 Strategy, empowers employees to drive daily improvements, supported by an Improvement Academy. There is a significant crossover between the roll-out of the improvement system and our cultural change work, emphasising restorative leadership and coaching behaviours to sustain continuous improvement practices.

12.2   A new Target Operating Model for the People and OD Function is being implemented, which will enable full implementation of the SWB People Plan and the people components of the MMUH benefit requirements.

13   Recommendations

13.1   The Trust Board is asked to:

a) **NOTE** the progress made so far in implementing and rolling-out the SWB Culture programme as a key enabler to delivering the SWB People Plan and MMUH Benefits Case

b) **RECOGNISE** the positive impact and evaluation of the ARC Leadership Programme and the team effectiveness interventions for the priority transformation service areas.

c) **SUPPORT** the work being undertaken to roll-out and embed the SWB Culture Programme across the wider Trust.

James Fleet
Interim Chief People Officer

Meagan Fernandes
Director of People and OD

31st October 2024

Annex One: Case Studies – ED Nursing

NHS
Sandwell and West Birmingham
NHS Trust

REPORT TITLE:	Freedom to Speak strategy
SPONSORING EXECUTIVE:	Mark Anderson- Chief Medical Officer
REPORT AUTHOR:	Jamil Johnson- Interim lead for Freedom to Speak Up
MEETING:	Public Trust Board
DATE	14th November 2024

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

The paper outlines steps taken to ensure a robust process for staff to raise concerns, following Internal audit and a review by NHS England (NHSE) that identified areas for improvement. The strategy, aligned with the Trust's objectives, emphasises "Speak Up," "Listen Up," "Follow Up," and "Link Up/guardian" initiatives to close identified gaps and continuously monitor the effectiveness of the FTSU mechanism.

The Board is asked to approve the attached Freedom to Speak Up strategy (in the Reading Room).

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	

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** the contents of the report

b) **APPROVE** the Freedom to Speak Up strategy

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	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 14th November 2024

Freedom to Speak Up strategy and Internal audit assurance report.

1.   Introduction or background

1.1   The organisation had an NHS England (NHSE) review of its speaking up culture which provided the organisation with key actions to ensure the organisation had robust processes in place to ensure colleagues were able to raise concerns. Further to this the organisation had an Internal governance audit undertaken by RSM: Audit, tax and consulting services (RSM) which provided the organisation with further actions to support compliance of the Freedom to Speak Up (FTSU) function at Sandwell and West Birmingham NHS Trust against national guidance.

1.2   The report will provide the Trust Board with assurance of the actions which have been completed to ensure the FTSU mechanism remains robust for colleagues to raise concerns within Sandwell and West Birmingham NHS Trust (SWBH).

1.3   A key action was to ensure the organisation had developed a FTSU strategy to address any further gaps identified from the reflection and planning tool and colleague engagement. The report will outline the strategy with the key actions and measures.

2.   NHSE 30, 60, 100 action plan and Internal audit actions update

2.1   The FTSU mechanism at Sandwell and West Birmingham has been reviewed by NHSE and our internal auditors RSM, resulting in clear actions to support the development of robust speaking up mechanisms for all colleagues within the organisation.

2.2   The FTSU team have undertaken extensive work to implement the actions identified to support a robust speaking up process within the organisation as noted in previous Trust reports. The team continue to work on the combined RSM and NHSE actions **(**Annex 1).

2.3   The FTSU team hosted a Black Country system FTSU event which was extended to the FTSU to support the awareness of FTSU and provide key insights for the participants. The conference was the first of its kind and will be repeated on yearly basis with all the Black Country system partners. The same approach taken for the FTSU board development session which is currently being planned for early 2025.

2.4   The organisation liaised with Liverpool Heart and Chest Hospital (LHCH) as an organisation identified by the National Guardians Office, as a leading organisation for developing a positive Speaking Up culture. The Lead FTSU guardian at LHCH and the Interim lead FTSU guardian from SWBH both met which supported the Interim lead to incorporate key actions into the FTSU strategy and day-day working of FTSU. The key learning points were,

utilising a trust wide communication channel to share FTSU progress, sharing themes with clinical directorates and ensuring the FTSU mechanism has clear visible presence.

2.5 The Team have developed the FTSU strategy (Reading room) to ensure we have reassessed the FTSU mechanisms and mitigated the gaps identified, which are further explored in section 3.

3. Freedom to Speak Up Strategy 2025-2027

3.1 The FTSU team undertook a reflection and planning tool with the executive colleagues, in addition to engagement activities with colleagues throughout the organisation to ascertain the gaps in the FTSU mechanisms, as noted within the FTSU Strategy (Reading Room).

3.2 The strategy supports the enablement of achieving the two of the three strategic objectives set out in the Trust strategy 2022-2027; Our people- to cultivate and sustain happy, productive engaged staff and Our patients- to be good or outstanding in everything we do. Through ensuring a robust process for all colleagues to raise concerns regarding barriers to them being able to undertake their roles safely, matters affecting their wellbeing or concerns relating to patient safety.

3.3 The FTSU strategy looks at addressing the gaps through key priorities which are sub divided into four key elements; Speak Up, Listen Up, Follow Up and Link up/guardian (Reading room) with clear measures to monitor the effectiveness of the implementation.

4. Recommendations

4.1 The Public Trust Board is asked to:

   a. **RECEIVE** the contents of the report
   b. **APPROVE** the Freedom to Speak Up strategy

Mark Anderson
Chief Medical Officer.
Jamil Johnson
Interim Lead for Freedom to Speak Up.

29/10/24
Annex 1: NHSE 30. 60, 100 day and Internal Audit action plan
Annex 2: The Freedom to Speak Up Strategy (in the Reading Room)

Annex 1- NHSE 30. 60, 100 day and Internal Audit action plan

Owners	Actions	Variable Target	Fixed Target	Status
Mark Anderson/ Jamil Johnson	Board development session	30/04/2025	30/03/2025	In progress
Mark Anderson/Jamil Johnson	A Freedom to Speak Up Strategy will be developed in line with the guidance issued by NHSE/I.	14/11/2024	21/12/2022	In progress
Mark Anderson/ Jamil Johnson	Confirm qualitative reporting supporting and quantitative metrics and triangulation approach	30/08/2024	01/09/2022	Completed
Mark Anderson/ Jamil Johnson	Review of HR processes in line with strategy	01/01/2024	30/10/2023	Completed
Mark Anderson/ Jamil Johnson	Guardians to develop plan to host regional events and meetings	25/10/2024	25/10/2024	Completed
Mark Anderson/ Jamil Johnson	Visit Trusts viewed as outstanding for Speak Up culture	27/11/2023	21/12/2022	Completed

Tier 1 - Paper ref:	PublicTB (11/24) 014

REPORT TITLE:	Preparing for a CQC Well-led Review
SPONSORING EXECUTIVE:	Kam Dhami, Chief Governance Officer
REPORT AUTHOR:	Kam Dhami, Chief Governance Officer
MEETING:	Public Trust Board
DATE	13th November 2024

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

In April 2023, the Care Quality Commission (CQC) published a revised approach to regulation which included a new assessment framework. In April 2024, the CQC published new guidance for trusts on assessing the well-led key question under the new approach. The previous key lines of enquiry (KLOEs) have been replaced by quality statements of which there are eight within the well-led question. Under the new approach, an overall rating will be provided for the well-led question with an overall score calculated from those individual scores provided against each of the statements, explanatory 'judgement statements' and a summary of key evidence findings.

In line with best practice, regular developmental reviews of leadership and governance should be undertaken. It is proposed the Trust Board undertakes a self-assessment against the eight quality standards under the well-led question this calendar year, this will consist of individual board members completing a self-evaluation questionnaire and the results being collated and presented to the full board for discussion and challenge. Having established an agreed baseline, the plan is to commission external support to work with the Board to identify the areas for focus and development.

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) **COMPLETE** a self-assessment against the CQC's eight well-led quality statements during November 2024 and consider the findings at the 11th December Board Workshop.

b) **SUPPORT** the proposal to commission an external provider-level well-led developmental 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	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: 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: 13th November 2024

CQC Well-led Review

1.   Background

1.1   The CQC has inspected this organisation twice against the trust well-led framework. In 2017 we achieved a 'Good' rating because of what was labelled a 'strategy override' in which we were highly rated because of employee engagement and familiarity with our 2020 Vision. In 2018 our rating fell to 'Requires Improvement' because there was not considered to be a consistent narrative between Board members about how the Trust ran. We produced a Board agreed well led improvement plan. Covid-19 interrupted that work it was agreed to stand down that plan and replace it with work to implement the areas for development arising from an externally commissioned Governance Review, the plan for which has now in the main been completed.

2.   Introduction

2.1   In April 2024, the Care Quality Commission (CQC) published new guidance for trusts on assessing the well-led key question under its new approach. The guidance was developed jointly by the CQC and NHS England (NHSE) and aims to provide a consistent understanding of what it means to be a 'well-led' trust and reflect shared expectations across regulators. It incorporates key developments in health and care policy and best practice.

2.2   This paper sets out to provide an overview of the guidance, other relevant NHS frameworks and a suggested self-assessment process for the Trust to undertake, followed by an externally commissioned well-led developmental review.

3.   New CQC approach to regulation

3.1   In 2023, the CQC published its revised regulation approach which included a new assessment framework applicable to providers, local authorities and integrated care systems. The five key questions (safe, effective, caring, responsive and well-led) and four ratings (outstanding, good, requires improvement, inadequate) remain central to the approach but several changes were set out:

a. Quality statements setting clear expectations and focussing on specific topic areas would replace the previous key lines of enquiry (KLOEs), prompts and ratings characteristics.

b. Six new evidence categories were introduced to organise information under these statements.

c. Registration would also be based on the framework.

Rather than the previous inspection regime the new approach includes:

- Using a range of information flexibly and frequently; assessment is no longer tied to specific dates or driven by previous ratings.
- Collecting evidence on an ongoing basis, using this data to decide which services to visit and subsequently updating ratings at any time.
- Using inspections/site visits as a tool to support evidence collection rather than the primary method of collecting evidence.
- Scoring evidence to make judgements more structured/consistent.
- Producing shorter and more simpler reports with more detailed scoring methods (within the four key ratings) to enable tracking of changes within ratings.

4. Well-led quality statements

4.1 The CQC acknowledge that good leadership has a significant impact on staff morale, patient experience and enables better patient care and more sustainable health and care services. Eight quality statements maintain a focus on leadership, culture and governance and these are listed below:

1. Shared direction and culture	2. Capable, compassionate and inclusive leaders	3. Freedom to speak up	4. Workforce equality, diversity and inclusion
We have a shared vision, strategy and culture. This is based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding challenges and the needs of people and our communities in order to meet these.	We have inclusive leaders at all levels who understand the context in which we deliver care, treatment and support and embody the culture and values of their workforce and organisation. They have the skills, knowledge, experience and credibility to lead effectively. They do so with integrity, openness and honesty.	We foster a positive culture where people feel that they can speak up and that their voice will be heard	We value diversity in our workforce. We work towards an inclusive and fair culture by improving equality and equity for people who work for us.
5. Governance, management and sustainability	6. Partnerships and communities	7. Learning, improvement and innovation	8. Environmental sustainability
We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.	We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.	We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.	We understand any negative impact of our activities on the environment and we strive to make a positive contribution in reducing it and support people to do the same.

Annex 1 provides more detail on each of the quality statements including what each statement means and what good looks like.

5.   Assessment of the well-led questions

5.1   The first trust-level assessments using the single assessment framework will cover all eight quality statements under the well-led question with the intention of setting a baseline and building confidence in judgements and ratings under the new approach.

5.2   Following a well-led assessment, reports will now be structured around the eight quality statements and include an overall rating, a score and a summary of key findings for each evidence category. The score will be out of 100 and calculated from individual scores provided against each of the eight quality statements. Judgement statements will explain what each score means.

5.3   The new approach to regulation is now in use by the CQC across England. At the time of writing the paper, the Trust does not have a date for the first planned local assessment.

6.   Other relevant documents

6.1   There are several frameworks which should be considered alongside the well-led guidance. Efforts have been made by national bodies to align expectations on providers.

   a.   The NHS Leadership Competency Framework (LCF)

   The LCF, published in February 2024 by NHSE, is for chairs, chief executives and all board members in NHS systems and providers as well as for any aspiring leaders of the future. It is designed to support:

   - The appointment of diverse, skilled and proficient leaders.
   - The delivery of high-quality, equitable care and the best outcomes for patient, service users, communities and colleagues.
   - Organisations to develop and appraise all board members.
   - Individual board members to self-assess against the six competency domains and identify development needs.

   The framework contains six competency domains:

   i.   Driving high-quality and sustainable outcomes.
   ii.   Setting strategy and delivering long-term transformation.
   iii.   Promoting equality and inclusion, and reducing health and workforce inequalities.
   iv.   Providing robust governance and assurance.
   v.   Creating a compassionate, just and positive culture.
   vi.   Building a trusted relationship with partners and communities.

Within each of the leadership competency domains are a series of 'I' statements indicating personal actions and behaviours that board members are required to demonstrate in undertaking their roles. A full list of these can be found in **Annex 2.**

b. <u>NHS England Fit and Proper Person Framework</u>

The development and publication of the LCF responded to recommendations from the Kark Review (2019) and forms part of the NHSE Fit and Proper Person Framework for board members published in August 2023.

The purpose of the framework is to strengthen individual accountability and transparency for board members, enhancing the quality of leadership within the NHS and ultimately impact on patient safety. It places requirements on NHS trusts to ensure robust processes are in place for new board level appointments, monitoring and reviewing whether existing board members are fit for their role and principles for conducting investigations into concerns about the fitness of a director.

The framework applies to all executive and non-executive directors and was effective from 30 September. The Trust made the required annual submission in July 2024.

c. <u>NHS Oversight Framework</u>

In trust-level assessments of the well-led question, the CQC will work closely with NHSE who will use the NHS Oversight Framework (NOF) to identify where trusts may benefit from/require support. The results of NHSE oversight and assessment and of trusts will be used by CQC in their assessments.

The NOF outlines NHSE's approach to NHS Oversight, aligning with the NHS Long Term Plan and Operational Planning and Contracting Guidance and reflecting the changes enabled by the Health and Care Act 2022. A set of oversight metrics are used to indicate potential issues and prompt further investigation/support. These are split into five themes; quality of care, access and outcomes; preventing ill health and reducing inequalities; people; finance and use of resources and leadership and capability.

7. Reviews of leadership and governance using the well-led framework

7.1 It is widely considered good practice for trusts to regularly review their leadership and governance and NHSE strongly encourage providers to use the well-led framework to undertake such reviews as part of their continuous improvement.

7.2 Recognising providers will wish to tailor the scope of such reviews to the new well-led guidance, new NHSE guidance on developmental reviews is currently under development. In the meantime, providers are signposted to the 2017 guidance which remains broadly relevant in planning and running developmental reviews.

a. Developmental reviews of leadership and governance using the well-led framework: guidance for NHS trusts and NHS foundation trusts (2017).

NHSE highlight that regular developmental reviews of leadership and governance are good practice, particularly in identifying areas that would benefit from further targeted development work (rather than assessing current performance). Ahead of any external review, the board of the organisation should initially reflect on its own performance with a self-assessment against the well-led framework. Whilst information and evidence may be collected from board members individually, this should be collated and presented to the full board for discussion and challenge.

b. Local development review

In line with NHSE guidance and generally accepted best practice, a locally managed developmental review is planned for the Trust against the CQC well-led question for 2024/25.

Board members will be requested to individually complete a self-evaluation questionnaire against the eight quality statements, and provide reasons for their assessment. Results will be collated and presented to the Trust Board for sign-off at the 11th December Board Workshop. **Annex 3** provides a blank version of the proforma.

8. Recommendation

8.1 The Public Trust Board is recommended to:

a. **COMPLETE** a self-assessment against the CQC's eight well-led quality statements during November 2024
b. **SUPPORT** the proposal to commission an external provider-level well-led developmental review

Kam Dhami
Chief Governance Officer

6th November 2024

Annex 1: CQC well-led quality statements
Annex 2: Leadership Competency Framework domains and associated 'I' statements
Annex 3: Trust Board well-led self-evaluation proforma

Appendix 1: CQC well-led quality statements

What is this statement	What good looks like	Subtopics covered
Shared direction and culture We have a shared vision, strategy and culture. This is based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding challenges and the needs of our people and our communities in order to meet these.		
Leaders ensure there is a shared vision and strategy and that staff in all areas know, understand and support the vision, values and strategic goals and how their role helps in achieving them. Staff and leaders ensure that the vision, values and strategy have been developed through a structured planning process in collaboration with people who use the service, staff and external partners. Staff and leaders demonstrate a positive, compassionate, listening culture that promotes trust and understanding between them and people using the service and is focused on learning and improvement. Staff at all levels have a well-developed understanding of equality, diversity and human rights, and they prioritise safe, high-quality, compassionate care. Equality and diversity are actively promoted, and the causes of any workforce inequality are identified and action is taken to address these. Staff and leaders ensure any risks to delivering the strategy, including relevant local factors, are understood and have an action plan to address them. They monitor and review progress against delivery of the strategy and relevant local plans	The trust has an aspirational vision and a statement of values, with a realistic strategy and robust plan for delivery with clear objectives and timescales. These have been produced together with people who use the trust's services, staff and system partners. The strategy is based on a clear understanding of: • quality of care • improvement • finances • operational performance. It explicitly addresses challenges for workforce, estates, procurement, and information technology. It is clear which leader is responsible and accountable for delivering each component of the trust's strategy and delivery plan. The trust's strategy and plan considers the wider local and national context, and is aligned to the strategies and plans of relevant integrated care partnerships, health and wellbeing boards, integrated care boards, place-based partnerships, and provider collaboratives. This is to ensure that services are high quality and planned to meet the needs of relevant population groups. There are joint strategies and plans with relevant integrated care boards and, where appropriate, other key system partners. The trust transparently monitors and reviews how it delivers its objectives. This is supported by effective governance structures and clear systems of accountability at all levels. These structures support multidisciplinary, integrated working and effective risk mitigation and management. The trust understands the challenges to delivering the strategy, including relevant local health and care system factors. It has a realistic action plan to address them.	Strategy and vision Organisational culture Values Addressing social impact

What is this statement	What good looks like	Subtopics covered
	Staff feel positive and proud to work in the trust. They understand the vision, values and strategic goals and their role in achieving them. Most staff are aware of, and demonstrate, the vision and values of the trust. Staff understand the importance of equality and human rights in their work and the factors that can lead to closed cultures. Delivering for patients and communities and tackling health inequalities is at the heart of the trust's ways of working. Compassion is shown at all levels within the organisation and with people who use services. The trust has a strong emphasis on the safety and wellbeing of staff. There is a culture of collaboration, openness, integrity, respect, and collective responsibility. Staff have co-operative, supportive and appreciative relationships, and teams and system partners come together quickly to resolve conflicts constructively. The trust has mechanisms to identify and address behaviours that are inconsistent with the values of the NHS. These enable staff to raise concerns without fear of reprisal or repercussions.	
Capable, compassionate and inclusive leaders We have inclusive leaders at all levels who understand the context in which we deliver care, treatment and support and embody the culture and values of their workforce and organisation. They have the skills, knowledge, experience and credibility to lead effectively. They do so with integrity, openness and honesty.		
Leaders have the experience, capacity, capability and integrity to ensure that the organisational vision can be delivered and risks are well managed. Leaders at every level are visible and lead by example, modelling inclusive behaviours. High-quality leadership is sustained through safe, effective and inclusive recruitment and succession planning. Leaders are knowledgeable about issues and priorities for the quality of services and can access appropriate support and development in their role.	The trust's leaders have the experience, capacity, capability and integrity to ensure that the trust's strategy and plan are put into practice through practical actions to benefit patients and address risks to quality (including safety) and performance. The board has an appropriate mix of skills and experience to enable its members to exercise effective and visible leadership, including clinical leadership, across the trust. Leaders at all levels within the trust promote and demonstrate a culture of health, wellbeing, safety and compassion at work. This enables individual members of staff and teams to perform at their best, and is reflected in care for patients. Leaders influence and promote equality and human rights in their roles. They demonstrate and actively encourage compassionate, inclusive and supportive relationships among staff so that they are all respected and valued equally. Leaders proactively seek out and listen to the views of the people they lead and demonstrate	Leadership competency, support and development Safe recruitment of Leaders / FPPR Compassionate and capable leaders Roles and accountability Succession

What is this statement	What good looks like	Subtopics covered
Leaders are alert to any examples of poor culture that may affect the quality of people's care and have a detrimental impact on staff. They address this quickly.	an understanding of their role in preventing and detecting closed cultures early. When something goes wrong, people are informed and supported, and the duty of candour is followed. Leaders across the trust routinely consider the holistic health and wellbeing of staff in the way they communicate and the language they use, in strategic and operational plans, and performance reporting. Leaders seek to ensure a safe and secure working environment for staff and proactively manage and mitigate risks. They support staff to be empowered, understand discrimination and its effects and how to build equity in their roles. This helps to develop the skills to test innovations to deliver high-quality care for all. Leaders at all levels understand and demonstrate their responsibility to model positive behaviours through leading with integrity, openness and honesty. They understand that successful leadership is not just about what they deliver as an organisation, but how it is delivered. The trust has development activities and interventions for leaders that are centred around their principles and behaviours, to help leaders learn more about what exemplary behaviours entail. The trust proactively sustains compassionate, inclusive, collaborative and capable leadership through its: • leadership strategy and development programmes • processes for effective selection, retention, deployment and support • succession planning. These are visible to staff. Leaders actively encourage and support staff at all levels to develop themselves and they provide opportunities through formal and informal training.	Planning / talent management

Freedom to speak up
We foster a positive culture where people feel that they can speak up and that their voice will be heard.

What is this statement	What good looks like	Subtopics covered
Staff and leaders act with openness, honesty and transparency.

Staff and leaders actively promote staff empowerment to drive improvement. They encourage staff to raise concerns and promote the value of doing so. All staff are confident that their voices will be heard.

There is a culture of speaking up where staff actively raise concerns and those who do (including external whistleblowers) are supported, without fear of detriment.

When concerns are raised, leaders investigate sensitively and confidentially, and lessons are shared and acted on.

When something goes wrong, people receive a sincere and timely apology and are told about any actions being taken to prevent the same happening again. | The trust has a culture of speaking up. All staff at all levels within the trust are equally encouraged and empowered to speak up. They feel safe to speak up without fear of detriment, that is without experiencing disadvantageous and/or demeaning treatment as a result.

All staff are confident that their voices will be heard. Managers across the trust feel confident to listen and act when someone speaks up and improvements happen as a result. These are communicated back to those who raise matters. Leaders are seen to promote Freedom to Speak Up through actively demonstrating positive behaviours. Appropriate training and support is available to equip freedom to speak up leads to actively support the Freedom to Speak Up Guardian.

The trust's policies and procedures positively support this process. | Speaking up culture

Freedom to speak up guardian

Whistleblowing

Closed cultures |

Workforce equality, diversity and inclusion
We value diversity in our workforce. We work towards an inclusive and fair culture by improving equality and equity for people who work for us

Leaders take action to continually review and improve the culture of the organisation in the context of equality, diversity and inclusion.

Leaders take action to improve where there are any disparities in the experience of staff with protected equality characteristics, or those from excluded and marginalised groups. Any interventions are monitored to evaluate their impact.

Leaders take steps to remove bias from practices to ensure equality of opportunity and experience for the | The trust takes an anti-discriminatory approach to continually review and improve the culture of the organisation in relation to equality, diversity and inclusion. All staff are treated equitably, including those with protected equality characteristics under the Equality Act 2010 and those from excluded and marginalised groups. The trust takes necessary steps to fully empower these staff in their roles throughout their employment.

The trust develops equitable processes and structures, ensuring that all staff are treated ethically. It uses national mandated programmes relating to workforce equality to achieve this aim. Any interventions taken as a result are monitored to evaluate their impact. | Fair and equitable treatment of staff

Staff human rights

Well-being of workforce

Gender pay gap

Workforce diversity |

What is this statement	What good looks like	Subtopics covered
workforce within their place of work, and throughout their employment. Checking accountability includes ongoing review of policies and procedures to tackle structural and institutional discrimination and bias to achieve a fair culture for all. Leaders take action to prevent and address bullying and harassment at all levels and for all staff, with a clear focus on those with protected characteristics under the Equality Act and those from excluded and marginalised groups. Leaders make reasonable adjustments to support disabled staff to carry out their roles well. Leaders take active steps to ensure staff and leaders are representative of the population of people using the service. Leaders ensure there are effective and proactive ways to engage with and involve staff, with a focus on hearing the voices of staff with protected equality characteristics and those who are excluded or marginalised, or who may be least heard within their service. Staff feel empowered and are confident that their concerns and ideas result in positive change to shape services and create a more equitable and inclusive organisation.	There is evidence of actions the trust has taken to prevent and address bullying and harassment at all levels. This has a clear focus on those with a protected equality characteristic and those from excluded and marginalised groups. The trust is taking active steps to promote diversity by ensuring: • staff equality profiles are representative of local communities • staff at management grades and leaders at board level reflect the staff profile. There is fairness in recruitment and career progression with equally good outcomes for staff in equality groups. The trust takes action to address ethnicity and gender pay gaps. Disciplinary and capability processes are fair and are evaluated to ensure no detriment based on any protected equality characteristic. Reasonable adjustments are made to support disabled staff to carry out their roles well. There are effective and proactive ways of engaging with and involving staff. These have a specific focus on hearing and empowering the voices of staff with equality characteristics, including staff equality networks. Their concerns and ideas result in positive change to shape services, create a more equitable and inclusive organisation and address health inequalities. When improving equality and inclusion, the trust considers the experiences and needs of staff working under different contractual arrangements such as agency, bank and contracted-out staff. Feedback from staff reflects both the data from nationally mandated programmes and corresponding feedback and commitments made by senior leaders regarding workforce equality.	Flexible working arrangements WRES and WDES
Governance, management and sustainability We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.		
There are clear and effective governance, management and accountability arrangements. Staff understand their role and responsibilities. Managers can account for the actions, behaviours and performance of staff.	The trust's board members and senior leaders can show evidence that they understand and effectively meet their personal accountability for the organisation's: • quality of care and outcomes for patients • workforce	Roles, responsibilities and accountability

What is this statement	What good looks like	Subtopics covered
The systems to manage current and future performance and risks to the quality of the service take a proportionate approach to managing risk that allows new and innovative ideas to be tested within the service.

Data or notifications are consistently submitted to external organisations as required.

There are robust arrangements for the availability, integrity and confidentiality of data, records and data management systems. Information is used effectively to monitor and improve the quality of care.

Leaders implement relevant or mandatory quality frameworks, recognised standards, best practices or equivalents to improve equity in experience and outcomes for people using services and tackle known inequalities. | • operational and financial performance.
The trust has clear governance, assurance, risk and accountability structures. These interact well with each other and support effective decision making. They provide robust assurance that risks are effectively and sustainably mitigated, and the quality of care is consistently sustained. Trust staff at all levels are clear about roles and responsibilities.

When planning services, improvements or efficiency changes, the trust understands the impact of decisions on its workforce, quality of care, and financial sustainability, including for the wider health and care system. The trust has a robust financial governance framework. It manages financial risk effectively and actively engages with system partners to support the delivery of system-wide financial balance.

The trust's governance and management of partnerships, joint-working arrangements and third parties is effective and supported by effective and robust assurance systems. The trust regularly reflects on and reviews its governance and leadership across the organisation to ensure continuous improvement and development. The trust has clear processes, robust data and suitable information systems to effectively identify, manage, escalate and sustainably mitigate current and future risks. These include:
• estates and equipment
• cyber and information governance risks to the quality of care
• safety
• workforce
• operational delivery
• finance performance.
The trust implements appropriate measures and training to minimise the impact of incidents, such as software or hardware failures, cyber-attacks and or/data breaches.

Delivering good quality care is underpinned by evidenced-based decisions, up-to-date information and knowledge and relevant data. Staff are actively supported to access upto-date guidance on quality, standards and good practice. Clinical and internal audit processes, information governance, cyber security, and library and knowledge services function well. They have a positive impact in driving improvements in the quality of care and internal systems of control. Trusts can show evidence of effective and sustained action to resolve concerns raised. | Governance quality assurance and management

Cyber security and DPST

Emergency preparedness, including climate events

Sustainability, including financial and workforce

Data security/data protection

Statutory and regulation requirements

Workforce planning
External recommendations (e.g. safety alerts)

Records/digital records |

What is this statement	What good looks like	Subtopics covered
	Leaders at all levels of the organisation receive and analyse relevant, timely, accurate, valid and reliable data. This supports them to gain insight into patient experience, performance and use of resources, and make changes to improve as necessary. The trust has clear structures and systems of accountability, and it uses performance information to hold staff to account. Data is triangulated with clinical insight, observation and feedback from staff and patients to gain robust assurance. The trust shares data and information externally with integrated care boards, placebased partnerships, and provider collaboratives. It does this in line with data protection legislation and in a timely way as required. There are processes and plans to enable the trust to be prepared to deal with emergencies such as internal incidents, significant equipment failures or extreme weather events.	

Partnerships and communities
We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Staff and leaders are open and transparent, and they collaborate with all relevant external stakeholders and agencies. Staff and leaders work in partnership with key organisations to support care provision, service development and joined-up care. Staff and leaders engage with people, communities and partners to share learning with each other that results in continuous improvements to the service. They use these networks to identify new or innovative ideas that can lead to better outcomes for people.	The trust's leaders at all levels are committed to identifying opportunities to improve services, tackle unwarranted variation and health inequalities, and strengthen resilience. They do this by consistently and proactively collaborating with partners to agree and deliver ambitious outcomes for the health of populations. Leaders at the trust invest time in building relationships, understanding perspectives, and constructively engaging with: • partners within integrated care boards • place-based partnerships • provider collaboratives • any other relevant forums, including primary and social care partners. The trust proactively engages in shared planning and decision-making and takes responsibility for the agreed delivery of services and improvements. The trust's board can demonstrate that it is meaningfully taking the views of partners into account, to understand impacts for the wider health and care system and what is in the best interests of local populations, as part of the decision-making process.	Sharing good practice and learning Integration health and social care Partnership working and collaboration

What is this statement	What good looks like	Subtopics covered
	Leaders collaborate with partner organisations to address challenges in the service and the wider integrated care system to meet local needs. Partner organisations include community groups with a focus on those that represent people who are more likely to have poor access, experience and outcomes from care.

Leaders at all levels support a culture of proactively seeking the views of, listening to and acting on feedback from patients, carers and communities. The trust has a diverse range of formal and informal ways of working with people and communities to ensure different groups can take part, co-ordinating engagement and sharing insights with partners where relevant. People and communities, particularly those who are more likely to have poor access, experience and outcomes from care, are empowered, supported and involved in the design, testing, roll-out and evaluation of new ways of delivering care, as well as delivering continuous improvements to existing care models.

The trust can demonstrate to its communities how they have influenced services and are involved in governance. It acts on people's views and concerns to shape culture and deliver high-quality services for all while addressing health inequalities.

The governance and management of partnerships, joint working arrangements and third parties is effective, accessible, transparent and supported by effective assurance systems and data sharing arrangements.

The trust is open, transparent and collaborative with all relevant stakeholders about performance. This is to build a shared understanding of challenges to the system and the needs of the population, and to design improvements to meet them. | |
| **Learning, improvement and innovation**

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research | | |
| Staff and leaders have a good understanding of how to make improvement happen. The approach is consistent and includes measuring outcomes and impact. | The trust has a systematic approach to improvement. It works to embed a quality improvement method aligned with the NHS improvement approach to support increased productivity and enable improved health outcomes for people. | Innovation

Learning and improvement

Research |

What is this statement	What good looks like	Subtopics covered
Staff and leaders ensure that people using the service, their families and carers are involved in developing and evaluating improvement and innovation initiatives. There are processes to ensure that learning happens when things go wrong, and from examples of good practice. Leaders encourage reflection and collective problem-solving. Staff are supported to prioritise time to develop their skills around improvement and innovation. There is a clear strategy for how to develop these capabilities and staff are consistently encouraged to contribute to improvement initiatives. Leaders encourage staff to speak up with ideas for improvement and innovation and actively invest time to listen and engage. There is a strong sense of trust between leadership and staff. The service has strong external relationships that support improvement and innovation. Staff and leaders engage with external work, including research, and embed evidence-based practice in the organisation.	Improvement capability is enabled across the trust. All teams can access in-house expertise and/or an external partner for support to improve. Staff at the trust work together across teams and services to improve services by: • facilitating and promoting research • using research evidence • offering opportunities to take part in research • implementing innovations. Staff are actively encouraged to improve how the trust uses its resources. They can access analytical experts to support specific improvement projects to do this. There is appropriate strategy, governance, oversight, evaluation and accountability to ensure research, innovation and improvement projects are taken forward effectively. This incorporates learning from patient safety events and appropriate data protection requirements. The trust participates effectively in national improvement initiatives. Plans to improve services take into account the resources required to deliver them. Leaders build a shared purpose and vision that provides the strategic goals for all the trust's improvement activities and alignment of improvements to individual processes. There are clear goals for research, improvement, and innovation in terms of outcomes for people who use services and staff. There is evaluation against these goals. The trust invests in its people and culture. It gives those closest to the point of care the opportunities to develop skills. This includes through continued professional development and through leaders being role models for research, innovation and improvement. This helps to ensure quality improvement is embedded in the way all staff work. The trust has a culture of research, innovation and improvement and staff feel supported by leaders, with support and reflection if new approaches do not work. The trust invests in delivering digital transformation in line with its digital and data strategy. This empowers staff by giving them the tools, services and skills they need to do their jobs effectively. There are plans to build capacity and capability for developing the behaviours and skills needed to facilitate and nurture research, innovation and improvement. In doing	Learning from deaths

What is this statement	What good looks like	Subtopics covered
	this, leaders make effective use of data and team coaching to enhance their workplace and practices. There is an active approach to finding out what has worked elsewhere and examples of ideas that have been successfully adopted. The trust uses digital tools to transform pathways, increase productivity and improve services. It works proactively to enable applications for research funding and recruitment to research trials. There are robust processes to ensure the timely adoption of proven innovation and processes to identify promising innovations that align with local health needs working with system partners. The trust has a structured approach to quality assurance, quality management, quality improvement and quality planning, as recommended by the National Quality Board. Insights gained from responding to patient safety incidents feed into the trust's improvement efforts. The trust's patient safety incident response plan (PSIRP) demonstrates a thorough understanding of ongoing improvement work and demonstrably takes this into consideration as part of patient safety incident response planning. People and communities, particularly those who are more likely to have poor access, experience and outcomes from care, are involved and empowered to take part in identifying clinical and care needs, research opportunities, and in developing and coproducing improvements and innovations. This aims to actively tackle and reduce health inequalities.	
Environmental sustainability We understand any negative impact of our activities on the environment and we strive to make a positive contribution in reducing it and support people to do the same.		
Staff and leaders understand that climate change is a significant threat to the health of people who use services, their staff, and the wider population. Staff and leaders empower their staff to understand sustainable healthcare and how to reduce the environmental impact of healthcare activity.	The trust's leaders demonstrate a commitment to environmental sustainability. The trust has appropriate governance and support from leaders, with a board member who is responsible for approving and delivering their net zero targets and Green Plan. These targets are also represented in the Integrated Care Board Green Plan. The trust can demonstrate that it has taken all reasonable steps to minimise the adverse impact of climate change on health. It does this through processes and interventions to simultaneously improve patient care and reduce carbon emissions	Staff awareness and education Carbon reduction (e.g. travel, transport, medicines, supply chain) Health promotion and prevention

What is this statement	What good looks like	Subtopics covered
Staff and leaders encourage a shared goal of preventative, high quality, low carbon care which has health benefits for staff and the population the providers serve, for example, how a reduction in air pollution will lead to significant reductions in coronary heart disease, stroke, and lung cancer, among others. Staff and leaders have Green Plans and take action to ensure the settings in which they provide care are as low carbon as possible, ensure energy efficiency, and use renewable energy sources where possible. Staff and leaders take active steps towards ensuring the principles of net zero care are embedded in planning and delivery of care. Low carbon care is resource efficient and supports care to be delivered in the right place at the right time.	and environmental harm, while tracking their progress. The trust communicates these actions to its workforce, patients and partners in the system. The trust makes its workforce aware of their individual carbon footprint in the context of their role and enables and supports them to reduce this.	Estates and facilities (e.g., energy saving measures, lower carbon options incl. recycling) Efficient service delivery with resource optimisation

Appendix 2: Leadership Competency Framework domains and associated 'I' statements

What does good look like	Competencies
1. Driving high quality and sustainable outcomes	
I am a member of a unitary board which is committed to ensuring excellence in the delivery (and / or the commissioning) of high quality and safe care within our limited resources, including our workforce. I seek to ensure that my organisation* demonstrates continual improvement and that we strive to meet the standards expected by our patients and communities, as well as by our commissioners and regulators, by increasing productivity and bringing about better health and care outcomes with lasting change and improvement	**1. I contribute as a leader:** a. to ensure that my organisation delivers the best possible care for patients b. to ensure that my organisation creates the culture, capability and approach for continuous improvement, applied systematically across the organisation **2. I assess and understand:** a. the performance of my organisation and ensure that, where required, actions are taken to improve b. the importance of efficient use of limited resources and seek to maximise: i. productivity and value for money ii. delivery of high quality and safe services at population level c. the need for a balanced and evidence-based approach in the context of the board's risk appetite when considering innovative solutions and improvements **3. I recognise and champion the importance of:** a. attracting, developing and retaining an excellent and motivated workforce b. building diverse talent pipelines and ensuring appropriate succession plans are in place for critical roles c. retaining staff with key skills and experience in the NHS, supporting flexible working options as appropriate **4. I personally:** a. seek out and act on performance feedback and review, and continually build my own skills and capability b. model behaviours that demonstrate my willingness to learn and improve, including undertaking relevant training
2. Setting strategy and delivering long-term transformation	
I am a member of a unitary board leading the development of strategies which deliver against the needs of people using our services, as well as statutory duties and national and local system priorities. We set strategies for long term transformation that benefits the whole system and reflects best practice, including maximising the	**1. I contribute as a leader to:** a. the development of strategy that meets the needs of patients and communities, as well as statutory duties, national and local system priorities b. ensure there is a long-term strategic focus while delivering short-term objectives c. ensure that our strategies are informed by the political, economic, social and technological environment in which the organisation operates d. ensure effective prioritisation within the resources available when setting strategy and help others to do the same **2. I assess and understand:** a. the importance of continually understanding the impact of the delivery of strategic plans, including through quality and inequalities impact assessments

What does good look like	Competencies
opportunities offered by digital technology. We use relevant data and take quality, performance, finance, workforce intelligence and proven innovation and improvement processes into account when setting strategy.	b. the need to include evaluation and monitoring arrangements for key financial, quality and performance indicators as part of developing strategy c. clinical best practice, regulation, legislation, national and local priorities, risk and financial implications when developing strategies and delivery plans **3. I recognise and champion the importance of long-term transformation that:** a. benefits the whole system b. promotes workforce reform c. incorporates the adoption of proven improvement and safety approaches d. takes data and digital innovation and other technology developments into account **4. I personally:** a. listen with care to the views of the public, staff and people who use services, and support the organisation to develop the appropriate engagement skills to do the same b. seek out and use new insights on current and future trends and use evidence, research and innovation to help inform strategies.
3. Promoting equality and inclusion, and reducing health and workforce inequalities	
I am a member of a unitary board which identifies, understands and addresses variation and inequalities in the quality of care and outcomes to ensure there are improved services and outcomes for all patients and communities, including our workforce, and continued improvements to health and workforce inequalities.	**1. I contribute as a leader to:** a. improve population health outcomes and reduce health inequalities by improving access, experience and the quality of care b. ensure that resource deployment takes account of the need to improve equity of health outcomes with measurable impact and identifiable outcomes c. reduce workforce inequalities and promote inclusive and compassionate leadership across all staff groups **2. I assess and understand:** a. the need to work in partnership with other boards and organisations across the system to improve population health and reduce health inequalities (linked to Domain 6) **3. I recognise and champion:** a. the need for the board to consider population health risks as well as organisational and system risks **4. I personally:** a. demonstrate social and cultural awareness and work professionally and thoughtfully with people from all backgrounds b. encourage challenge to the way I lead and use this to continually improve my approaches to equality, diversity and inclusion and reducing health and workforce inequalities.
4. Providing robust governance and assurance	
I understand my responsibilities as a board member and how we work together as a unitary board to reach	**1. I contribute as a leader by:** a. working collaboratively on the implementation of agreed strategies b. participating in robust and respectful debate and constructive challenge to other board members

What does good look like	Competencies
collective agreement on our approach and decisions. We use a variety of information sources and data to assure our financial performance, quality and safety frameworks, workforce arrangements and operational delivery. We are visible throughout the organisation and our leadership is underpinned by the organisation's behaviours, values and standards. We are seen as a Well Led organisation and we understand the vital importance of working collaboratively.	c. being bound by collective decisions based on objective evaluation of research, evidence, risks and options d. contributing to effective governance and risk management arrangements e. contributing to evaluation and development of board effectiveness **2. I understand board member responsibilities and my individual contribution in relation to**: a. financial performance b. establishing and maintaining arrangements to meet statutory duties, national and local system priorities c. delivery of high quality and safe care d. continuous, measurable improvement **3. I assess and understand:** a. the level and quality of assurance from the board's committees and other sources b. where I need to challenge other board members to provide evidence and assurance on risks and how they impact decision making c. how to proactively monitor my organisation's risks through the use of the Board Assurance Framework, the risk management strategy and risk appetite statements d. the use of intelligence and data from a variety of sources to recognise and identify early warning signals and risks – including, for example, incident data; surveys; external reviews; regulatory intelligence; understanding variation and inequalities. **4. I recognise and champion:** a. the need to triangulate observations from direct engagement with staff, patients and service users, and engagement with stakeholders b. working across systems, particularly in responding to patient safety incidents, and an understanding of how this links with continuous quality improvement **5. I personally:** a. understand the individual and collective strengths of the board, and I use my personal and professional knowledge and experience to contribute at the board and support others to do the same.
5. Creating a compassionate, just and positive culture	
As a board member I contribute to the development and ongoing maintenance of a compassionate and just learning culture, where staff are empowered to be involved in decision making and work effectively for their patients, communities and colleagues. As a member of the board, we are each committed to continually improving our approach to quality	**1. I contribute as a leader:** a. to develop a supportive, just and positive culture across the organisation (and system) to enable all staff to work effectively for the benefit of patients, communities and colleagues b. to ensure that all staff can take ownership of their work and contribute to meaningful decision making and improvement c. to improve staff engagement, experience and wellbeing in line with our NHS People Promise (for example, with reference to equality, diversity and inclusion; freedom to speak up; personal and professional development; holding difficult conversations respectfully and addressing conflict) d. to ensure there is a safe culture of speaking up for our workforce **2. I assess and understand:**

What does good look like	Competencies
improvement, including taking a proactive approach and culture.	a. my role in leading the organisation's approach to improving quality, from immediate safety responses to creating a proactive and improvement-focused culture **3. I recognise and champion:** a. being respectful and I promote diversity and inclusion in my work b. the ability to respond effectively in times of crisis or uncertainty **4. I personally:** a. demonstrate visible, compassionate and inclusive leadership b. speak up against any form of racism, discrimination, bullying, aggression, sexual misconduct or violence, even when I might be the only voice c. challenge constructively, speaking up when I see actions and behaviours which are inappropriate and lead to staff or people using services feeling unsafe, or staff or people being excluded in any way or treated unfairly d. promote flexible working where possible and use data at board level to monitor impact on staff wellbeing and retention
6. Building trusting relationships with partners and communities	
I am part of a board that recognises the need to collaborate, consult and co-produce with colleagues in neighbouring teams, providers and systems, people using services, our communities and our workforce. We are seen as leading an organisation that proactively works to strengthen relationships and develop collaborative behaviours to support working together effectively in an integrated care environment.	**1. I contribute as a leader by:** a. fostering productive partnerships and harnessing opportunities to build and strengthen collaborative working, including with regulators and external partners b. identifying and communicating the priorities for financial, access and quality improvement, working with system partners to align our efforts where the need for improvement is greatest **2. I assess and understand:** a. the need to demonstrate continued curiosity and develop knowledge to understand and learn about the different parts of my own and other systems b. the need to seek insight from patient, carer, staff and public groups across different parts of the system, including Patient Safety Partners **3. I recognise and champion:** a. management, and transparent sharing, of organisational and system level information about financial and other risks, concerns and issues b. open and constructive communication with all system partners to share a common purpose, vision and strategy

SANDWELL AND WEST BIRMINGHAM NHS TRUST

CQC well-led self-evaluation proforma for Boad members

Name:	

Please indicate your agreement with each Quality Statement by selecting one of the rating options below by inserting an 'X' in the grey shaded box. Provide 5 reasons to support your position.

1. **We have a shared vision, strategy and culture. This is based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding challenges and the needs of people and our communities in order to meet these.**

Strongly Disagree		Disagree	Slightly Disagree	Neither Agree nor Disagree		Slightly Agree	Agree	Strongly Agree	
a.									
b.									
c.									
d.									
e.									

2. **We have inclusive leaders at all levels who understand the context in which we deliver care, treatment and support and embody the culture and values of their workforce and organisation. They have the skills, knowledge, experience and credibility to lead effectively. They do so with integrity, openness and honesty**.

Strongly Disagree		Disagree	Slightly Disagree	Neither Agree nor Disagree		Slightly Agree	Agree	Strongly Agree	
a.									
b.									
c.									
d.									
e.									

3. **We foster a positive culture where people feel that they can speak up and that their voice will be heard.**

Strongly Disagree		Disagree		Slightly Disagree		Neither Agree nor Disagree		Slightly Agree		Agree		Strongly Agree	
a.													
b.													
c.													
d.													
e.													

4. **We value diversity in our workforce. We work towards an inclusive and fair culture by improving equality and equity for people who work for us.**

Strongly Disagree		Disagree		Slightly Disagree		Neither Agree nor Disagree		Slightly Agree		Agree		Strongly Agree	
a.													
b.													
c.													
d.													
e.													

5. **We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely**

Strongly Disagree		Disagree		Slightly Disagree		Neither Agree nor Disagree		Slightly Agree		Agree		Strongly Agree	
a.													
b.													
c.													
d.													
e.													

6. **We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.**

	Strongly Disagree		Disagree		Slightly Disagree		Neither Agree nor Disagree		Slightly Agree		Agree		Strongly Agree	
a.															
b.															
c.															
d.															
e.															

7. **We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.**

	Strongly Disagree		Disagree		Slightly Disagree		Neither Agree nor Disagree		Slightly Agree		Agree		Strongly Agree	
a.															
b.															
c.															
d.															
e.															

8. **We understand any negative impact of our activities on the environment and we strive to make a positive contribution in reducing it and support people to do the same.**

	Strongly Disagree		Disagree		Slightly Disagree		Neither Agree nor Disagree		Slightly Agree		Agree		Strongly Agree	
a.															
b.															
c.															
d.															
e.															

Thank you for participating in this Board CQC well-led self-evaluation

Please email your completed form to kdhami@nhs.net by 6th December 2024

October 2024