

# INTEGRATED ANNUAL REPORT AND ACCOUNTS 2023/24





### **Front Cover captions**

Left to right are: Critical Care Sister Noku Sileya, Dr Bishwajeet Elangbam, Consultant in Emergency Medicine and Dr Arvind Rajasekaran, Respiratory Physician.





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# Foreword

## Welcome to the Trust's 2023/24 Annual Report and Accounts.

The health landscape over the last year has been both challenging and demanding of our staff as they strive to deliver compassionate care for our patients. Set against a backdrop of continued industrial action and efforts to make up the ground we lost during the extended period of the post pandemic, we nevertheless have much to applaud in terms of progress towards our long-term goals.

Last year we saw the launch of the Black Country Integrated Care Partnership (ICP) strategy aimed at reflecting how the Black Country plan to work together to tackle the priorities for 1.2 million population of our system, which are access, care navigation and care quality, and importantly influencing the Black Country ICB Five Year Plan. The strategy positively addresses the view our Board has previously expressed, which is that 'Place' (i.e. each of the system's boroughs) should be the main focus of improvement work done by partner agencies on improving

population health. With regard to population health, it considers the challenges we face on this in the Black Country, in particular declining healthy life expectancy, higher than national average rates for chronic disease and obesity, and a deprived system.

Across the year industrial action continued to cause concern as we considered the immediate issues, risks and mitigations we had to manage in relation to ongoing action of both consultants and junior doctors. Obviously aimed at peak times the junior doctors' strikes were called for periods when traditionally the acute hospital is heavily reliant on non-consultant grade staff. The impact on non-elective care was regrettable but managed, however with no deal in sight this remains a concern going into the new financial year.

At an extraordinary Board meeting held on 9th August 2023, the Trust Board agreed to the terms of reference and underpinning collaboration agreement for the formation of a joint provider committee (JPC) between the four

## Our strategic objectives: The 3 Ps

### Patients



To be good or outstanding in everything we do

### People



To cultivate and sustain happy, productive and engaged staff

### Population



To work seamlessly with our partners to improve lives





NHS Trusts in the Black Country Provider Collaborative (BCPC). This serves as a vehicle for accelerated decision making on key collaborative work between the four Trusts. The criteria for inclusion of projects into the BCPC work programme is focused on service fragility/sustainability, better constitutional standards performance for patients and the repatriation of sub-specialist work, currently delivered in other systems, to the Black Country.

Following a change to national policy expecting co-location of Urgent Treatment Centres (UTCs) alongside emergency departments, the Black Country Urgent and Emergency Care Board and the Birmingham and Solihull ICB investment committee approved the development of the co-located UTC at Midland Metropolitan University Hospital. While the new hospital will open in October this year, the new UTC will follow next year, and until then patients will use the current Summerfield Urgent Treatment Centre (on Heath Street).

Throughout the year we prioritised four elements aligned to our workforce. These are; staff satisfaction; sickness/absence management; relaunching of staff networks, expansion of the cultural ambassador's programme;

recruitment and retention. You can read more about our People Plan later in this report in our Staff Report.

And finally, we were pleased that following an Ofsted inspection of our Sandwell Day Nursery, the nursery was rated good in all areas. Inspectors called out how the children are confident and form strong attachments with staff, which helps them to feel safe and secure. They also highlighted the opportunity allowed for outdoor learning which has seen the children grow a variety of organic produce in their garden area, including tomatoes, lettuce and carrots.

We hope as you read through the achievements of our colleagues on the following pages you will get a sense of the ambition driving our people to deliver respectful and compassionate care. We think it is evident in the stories we have highlighted and in the concern with which we deliver care. As we look forward to opening our new hospital later this year, we also look forward to sharing our story with you next year as we start a new chapter in our history and lay the foundation stones for the next hundred years of NHS care.



Sir David Nicholson KCB CBE, Chairman



Richard Beeken, Chief Executive Officer



# Performance Report

## Our story

From the outside you could be forgiven for thinking that our story over the last year is one in two parts – that of our core organisation comprising our business as usual, our outreach, our primary and integrated care, community teams and patient experience and our focus on the Midland Metropolitan University Hospital and the all consuming focus on opening this year. It could be seen like that, but from the inside you would know that these two are seamlessly joined and now as we are only months away from a historic moment for health when we welcome our first patients over the threshold, it is fair to look back over the high points of this our last full year in our current configuration.

Last April we went beyond medicine to embed social prescribing at Heath Street Health Centre. By providing help to parents needing support with their asthmatic child or simply offering a cup of tea and a chat, volunteers from Newbigin Community Trust, Flourish, Earth Gardening, and Humanify are working with our GP surgery to set up an integrated hub within the reception area of the surgery which is based at Summerfield Primary Care Centre, in Winson Green.

Preparing for our long goodbye to City hospital we arranged a reunion for current and former nurses so they could share their stories, by telling them on camera to be beamed across the region as part of ITV Central news coverage. The stories are part of our history to be held for future generations to enjoy.

We are proud of our long tradition in research and never more so than in celebrating our colleague Professor Sudha Sundar consultant in gynaecological cancer surgery who worked in partnership with Walsall Healthcare NHS Trust (WHT), primary care provider Modality and the University of Birmingham on a £2 million study to introduce an advanced blood test at GP surgeries in the West Midlands to diagnose early-stage ovarian cancer – potentially saving thousands of lives a year. Also in the field of research in October our Alcohol Care Team started working with academics at the University of South Wales to introduce a new way of treating patients for the little-known condition alcohol-related brain damage (ARBD).

Never has the rise of Artificial Intelligence (AI) been more in the news than over the last year and within the Trust Artificial intelligence aids faster stroke diagnosis. Our stroke specialists can now diagnose the condition faster and more accurately thanks to artificial intelligence software accessed on their smart devices. Patients who are rushed to Sandwell and City hospitals with a suspected stroke, will undergo a CT scan with the results being checked by RapidAI – new software that processes images and detect brain abnormalities. An alert is sent to the doctor which will be checked. If there's a blood clot detected, the patient will be either injected with a clot-busting drug called thrombolysis, or where a large artery is blocked, will undergo a procedure, known as a mechanical thrombectomy, to remove the clot, restoring blood flow to the brain and preventing long-term harm. This will take place at a specialist neuroscience centre.

A ground-breaking service was launched in June which saw stroke patients receiving specialist hospital care in their own homes. The Integrated Community Stroke Service (ICSS) means patients are discharged earlier from hospital and given the intensive rehabilitation needed to get them back on their feet in the comfort of their home. Pictured are the Stroke Services team.

Marking our 75<sup>th</sup> anniversary on the 5<sup>th</sup> of July last year we used the opportunity to invite ITV Central to broadcast their flagship evening news programme live from the winter garden at the Midland Met. And celebrating our colleagues who are descendants of Windrush we commissioned a very special musical composition to mark Windrush75. Composed by Kyle Corbin, the piece 'Sons and Daughters' was set to lyrics written in house in recognition of 75 years of service in the NHS by people originally from the Caribbean.

We have always been bold in trying creative ways to attract new talent into our organisation and have enjoyed success over the last year particularly in advertising a variety of radiographer roles. By filming a snapshot into the role of a radiographer we attracted more than 700 applicants on the first release after it was shared to promote the imaging department. Following a second airing months later to advertise more band 5 radiographer





roles, the video continued to attract job seekers with around 400 applying.

Sustainability in the NHS is key to delivering our Green Plan, and last September we were proud that nurse Rhea Conn was appointed to the Greener NHS programme in a year-long secondment to teach healthcare staff how to be greener across England. The critical care senior sister at the Trust introduced a range of cost-saving net carbon zero initiatives at the organisation and has shared her learnings nationally so that other organisations can follow suit. The programme aims to reduce the impact on public health and the environment, save money and reach net carbon zero.

Six new recruits started work at Your Health Partnership (YHP) last autumn thanks to a pioneering programme which aims to boost employment. The new employees were hired via the Sector-based Work Academy Programme (SWAP) which saw them take part in a two-week training course. The SWAP programme is integral to our People Plan for Midland Met.

Marking the first anniversary of our 'cancer hotline' (a number for patients to call if they are worried about symptoms that could be cancer) our figures demonstrate that more than 30 per cent of callers accessing the helpline have been referred for further investigative tests. Funded by the West Midlands Cancer Alliance, the service is a partnership between the Trust and the Black Country Integrated Care Board and is the first of its kind in the country.

The Trust's District Nurses, Foot Health team, Community Heart Failure Nurses and Anticoagulant Service started operating from the newly opened Richard Nugent Centre in Wednesbury following a joint development project between Sandwell Council and the NHS, proving that collaboration is the way forward for truly integrated care.

Our Trust strategy centres on the three Ps – Patients, People and Population and how we prioritise wellbeing and improvements in our service. To this end in February patient Frank Farrell, became the first to undergo a targeted lung health check in the Black Country. The test is for current or ex-smokers, aged between 55-74 and from Sandwell, in a bid to identify early signs of disease and act quickly if found.

## Key operational and financial risks

In common with all NHS organisations, we face continual challenges balancing delivery of high quality care with rising demand, the rising acuity of our patients, and the pressing need to increase both productivity and efficiency. We recognise the important role that strategic and transformational change, both internally and across our local health economy, will play as we address operational and financial risks.

These are outlined as the major in-year risks for 2024/25 set out on page 64 of the Annual Governance Statement. In summary, the Trust's main priorities and risks are the safe opening of the Midland Metropolitan University Hospital the increasing levels of activity and operational productivity, controlling finances and improving delivery of efficiencies in addition to these, and critical to core business, is the continued delivery of quality care.

The directors have reasonable expectations that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason the Trust continues to adopt the 'going concern' basis in preparing the accounts.

## Quality Governance

Our aim is to be good and outstanding in everything we do. We want to deliver better care to our patients. This means being seen in a timely and convenient way, feeling respected and listened to, and achieving the best clinical outcome possible. This ambition informs our values, underpins our goals and is reflected in our developing approach to continuous improvement.

Although challenging, we have had much to be proud of in our achievements during the last 12 months. We have continued to make, and sustain, improvements in quality and safety whilst facing significant operational pressures. We are extremely proud of our staff and the courage and resilience they have shown in challenging times, not only caring for our patients but taking the time to care for each other.

Over the year, we have developed key projects in line with our identified priorities described in the Fundamentals of Care programme, our flagship clinical improvement framework to improve the basic standards of care and ensure these are applied consistently across all services. Improving the care of the deteriorating patient, personalised



care and planning a safe transfer of patients to MMUH in 2024 were are focus areas where much progress has been made.

We have continued to work with our external stakeholders and regulators to ensure that we provide safe care to all our patients in the face of sustained pressures across the health care system. Care Quality Commission standards compliance is managed through the Executive Quality Group and regular meetings with the CQC attended by the Chief Nursing Officer and Chief Medical Officer and overseen by the Board's Quality Committee.

Further information on key improvements in the quality of care and patient safety, the Trust's performance against national standards and our plans for 2024/25 is summarised in our Quality Account, published in June 2024.

### Our values

The best organisations have strong healthy cultures with values at their heart, and we've taken the last year to further embed the values we launched in 2022. Our colleagues chose our values because they are the ones already intrinsic to how we operate – Ambition, Respect and Compassion. Working alongside the senior leadership team, colleagues have been further embedding our values and behaviours to strengthen our culture and deliver our strategic objectives. We have been reviewing the People Plan to understand how staff experiences impact on culture and development and how we establish a cultural change for the better. It's clear that behaviours should be clearly demonstrated by everyone at all levels – from the newest to the most senior, but it's also important to understand that the relationship between the new values and behaviours and the Fundamentals of Care. Our values are central to our Fundamentals of Care standards - they are the heart of everything we do and will be demonstrated through our actions and behaviours. By living our behaviours and delivering on our values, we will meet our three strategic objectives:

- **Patients:** To be good or outstanding at everything we do.
- **People:** To cultivate and sustain happy, productive and engaged staff.
- **Population:** To work seamlessly with our partners to improve lives.

Our values support us in being a stronger organisation because we hold ambition, respect and compassion at

the heart of our work. They support a culture where everyone is valued and listened to, where people are given the opportunities to grow and develop and where the care we provide to all is truly good or outstanding.

**Ambition** - We're ambitious for our communities. We want to make a difference, improving life chances and health outcomes. We're ambitious for our people. We want them to be happy here, to feel supported to achieve their own goals and ambitions. We're ambitious for our Trust, open to new ideas, developing new technology and treatments to provide the best possible care. Working together, and alongside our partners to continually improve.

- We put our hands up when something goes wrong seeking to learn and grow from mistakes, asking "why has this happened?" rather than "who is to blame?"
- We work to be better and do better for ourselves, each other and our patients.
- We work as a team with our people and our partners, supporting and lifting each other up.
- We take pride in what we do, we recognise and celebrate success.
- We are brave and willing to step outside our comfort zone to try new things and share new ideas.

**Respect** - We're a place of inclusivity. We value, celebrate and draw strength from the diversity among us, and in our communities. This is what makes us special. Our people and our patients feel listened to. Everyone's voice counts. We're a place where people feel safe to speak up knowing their voices will be heard. Respect and dignity for everyone.

- We treat everyone as an individual with respect and genuine interest, speaking to the person, not their role, band or condition.
- We make sure everyone feels welcomed, valued and respected equally, with tolerance and without judgement.
- We keep people informed and explain what is happening, with clear communication at each step of the way.
- We actively listen, making sure everyone's voice is heard and they feel safe and able to speak up.
- We have respect for resources, other people's and our own time and the environment.



**Compassion** - We're a welcoming, friendly Trust. We have care, kindness and compassion at our heart. For us, everyone matters. We're a place where compassion is not just for our patients and their families, but a right for all of us. Our people are amazing, meeting challenges head on. They put patients first, day after day, to deliver the best care they can.

- We put our patients at our heart, caring for them with dignity at all times.
- We have empathy, understanding everyone has different life experiences, skills and resilience.
- We take time to do the small things that can make a big difference.
- We won't walk by when someone or something doesn't seem right.
- We are kind, open and approachable, saying a friendly good morning with a smile, and a thank you at the end of the day.

The following stories illustrate how we demonstrate our values in our daily lives and how we are embedding Ambition, Respect and Compassion into our culture.

## Ambition

### All new SDEC unit for patients

A new look Same Day Emergency Care (SDEC) unit was unveiled at Sandwell Hospital ahead of schedule. The modular facility is adjacent to the existing A&E department and includes six bays, two triage rooms and a treatment room. Part of the design includes a comfortable and bright waiting room for patients. Feedback for the new building, which opened on 3 April at the West Bromwich site, has been positive so far, as Kiran Jassal, Unit Manager, explained: "Patients have said how much brighter the space is and they have found it really comfortable.

"We want to ensure they receive the best care possible. No one likes coming into hospital, but this new facility helps to make the experience better as they are in nicer, newer surroundings." She added: "SDEC aims to provide the right care, in the right place and at the right time for our patients. This is a benefit to our patients as patients are assessed, diagnosed and start treatment on the same day, improving patient experience and reducing hospital admissions. "Colleagues are also really pleased with

the new space. It's much larger than our previous base which was set within the chest clinic." SDEC provides rapid assessment, diagnosis and treatment for patients without the need to stay on a hospital ward. And if clinically safe to do so, they will go home the same day their care is provided.



Staff at the new SDEC building.

### Imaging team recognised for work with AI

Our Trust has been recognised in a leading technology award for its work around using artificial intelligence to assist diagnosis. The imaging team picked up the Automation, Artificial Intelligence and Machine Learning accolade in the Smarter Working Live Awards – known as the Oscars of the technology industry. We have worked with IBM to trial the software, called Clinical Review 3, which supported radiologists in analysing X-ray and CT imaging results. The software is able to pick up lung nodules, rib fractures and perforated lungs in a matter of seconds and highlight the findings to radiologists if the finding is not in the report.

Dr Sarah Yusuf, Group Director for Imaging at the Trust, explained: "This is an exciting time for us to work on an AI project, and has paved the way forward in collaborating on other future projects. "Our radiologists analyse around 350,000 imaging studies every year, and this figure is growing. Radiological diagnoses are complex and CR 3 has aided the quality of those reports and improved patient experience and safety. "The technology uses AI algorithms to identify potential differences between what they would expect (based on data from similar tests) and what the radiologist actually reports. This is then reviewed by the radiologist who decides whether a second look is needed."



## SWB surgeons lead the way in innovative breast surgery

City Hospital's breast unit, renowned for its exceptional care for women with breast cancer, has garnered international attention by hosting training courses in innovative surgeries aimed at preserving patients' breasts during cancer treatment. Led by Oncoplastic and Reconstructive Breast Surgeons Mrs. Geeta Shetty and Ms. Melissa Ley Hui Tan, the twice-yearly courses attract surgeons globally. Participants gain in-depth knowledge of chest wall perforator flap surgery and mammoplasty, offering alternatives to mastectomy and total breast reconstruction for larger cancers. Attendance, capped at 12 external delegates per session, draws interest from around the world, primarily through word of mouth. The surgeries, pioneered by Geeta and Melissa, have significantly impacted patient outcomes, with over 97% discharged within 23 hours post-surgery and high patient satisfaction rates. Geeta and Melissa's expertise has elevated the unit's profile, attracting talent and accolades, including the SWBH Quality of Care Award. Their success underscores the unit's commitment to innovative, patient-centric care, positioning it as a leader in day case breast surgeries nationwide. Melissa said: "We are proud to offer partial breast reconstruction with chest wall perforator flaps as standard day case practice." Geeta echoed this sentiment, acknowledging the surgery's transformative impact and the unit's growing reputation.



Breast Surgeons Mrs. Geeta Shetty and Ms. Melissa Ley Hui Tan

## Mayor welcomes training course which will boost staffing

A collaboration between the Trust and Sandwell College has launched a fast-track training package aimed at boosting employment opportunities. West Midlands Mayor Andy Street visited Learning Works to learn about the Sector-based Work Academy Programme (SWAP), a three-week initiative designed to swiftly transition individuals into employment. Impressed by the candidates trained as ward services officers, Andy praised the program, stating, "The SWAP programme helps get people into work through a training course that is short and sharp and helps people get into those jobs very quickly."

Sir David Nicholson, Chairman of the Trust, highlighted the significance of Learning Works within the community. He said: "The learning works is based in the heart of our community and prides itself in how it offers a variety of opportunities to the people of Sandwell and West Birmingham by working with local employers."

The training covers a range of essential skills, including food service duties, customer service, health and safety, communication skills, and infection control awareness. Simon Griffiths, Executive Director of Strategy and Development at Sandwell College, said: "We are delighted to be working in a close delivery partnership with the Trust and to play a critical role in ensuring local residents can access jobs and careers with such an important and well-recognised employer."



West Midlands Mayor Andy Street with Sir David Nicholson and representatives from Sandwell College, the Learning Works and the Department of Work and Pensions.



### Vanessa Wright – from nurse to sonographer

At our Trust we always encourage colleagues to go the extra mile, doing what they can to improve the care and life chances of our patients. Vanessa Wright has exemplified this spirit, recently achieving the remarkable milestone of qualifying as a sonographer to bolster our gynae unit's capabilities. Vanessa's journey from a dedicated general nurse to a skilled sonographer is a testament to her unwavering commitment to her patients.

Six years ago, Vanessa began in A&E, but her passion for women's health led her to the Gynaecology Unit. Despite the challenges of the COVID-19 pandemic, Vanessa embraced the opportunity to train as a sonographer, balancing work, family, and study. The scarcity of mentors in this specialised field was a hurdle she overcame with determination. Today, Vanessa's achievement enhances the unit's capabilities, contributing to a one-stop clinic model alongside colposcopists and hysteroscopists. This transformation has significantly reduced patient wait times and improved access to swift diagnosis and treatment planning, particularly for cancer patients.



Vanessa Wright

### Pioneering training programme see six new recruits join YHP

Six new recruits have joined Your Health Partnership (YHP) through a pioneering Sector-based Work Academy Programme (SWAP), aiming to enhance employment opportunities. Hired by YHP, a part of the Trust, the recruits underwent a two-week training course, securing administrative roles at Lyndon Primary Care Centre within Sandwell Hospital. Hyacinth Crossfield, one of the recruits, expressed gratitude: "SWAP changed everything. I had the skill set and drive to do the job at YHP." This collaboration between the Trust's Learning Works division, the Department of Work and

### New Service will treat skin cancer

A new £1.3 million facility providing specialist skin cancer treatment with a near 100 per cent success rate, will benefit patients across Sandwell and West Birmingham. The facility, offering Mohs Micrographic Surgery, aims to treat up to 200 patients annually, ensuring timely access to this gold standard treatment.

The collaborative approach to working between our Trust, Royal Wolverhampton NHS Trust, Walsall Healthcare NHS Trust, and The Dudley Group NHS Foundation Trust, signifies an advancement in skin cancer treatment. Diane Wake, Elective Care Lead for the BCPC, emphasised the collaborative approach to reduce health inequality and ensure equitable access to specialised care. The facility, equipped with a satellite laboratory and upgraded procedure rooms, minimises tissue removal, reducing morbidity and healthcare costs. Funded partly by the Black Country Provider Collaborative (BCPC), the facility also receives support from the ex-Goodyear workers' charity.

### Trust professor recognised for inspiring the next generation

Stepping forward as this year's winner of the WeLearn Poster Competition was Professor Nick Makwana. The Consultant Paediatrician captured the attention of judges after detailing how he delivered educational sessions to children across Ladywood and Perry Barr. The Trust's WeLearn poster competition focuses on showcasing innovating ideas to improve the experience across our population.



Professor Makwana partnered with Birmingham’s local education authority and Birmingham Medical School to place third year students in primary schools in areas of high deprivation. They went with the aim of changing the aspirations of the children from deprived areas as well as be an important formative influence on the next generation of healthcare professionals.

### West Birmingham hub focuses on community care

The Trust is working with Birmingham and Solihull Integrated Care Board to deliver a system which triages patients directly to community services. The recently launched Locality Care Co-ordination Centre (CCC) is based at Summerfield Primary Care Centre in Winson Green. It will support residents in the West Birmingham area who would normally be taken to hospital unnecessarily.

Patients may be referred to a Virtual Ward, the Urgent Community Response team (UCR) which provides up to two hours of urgent care for people in their own home or receive remote monitoring – all services provided by the community arm of the Trust. Emily Freer, Service Integration Manager, for the Birmingham Community Healthcare NHS Foundation Trust, said: “This locality focussed approach will help local citizens to stay as independent as possible for longer, recover more quickly than they would in hospital in their own surroundings and receive the treatment they need in the community.

“The two teams co-locating to the Hub has been a hugely positive step forward in creating a big knowledge bank of expertise with which to provide a better joined up health and care service for local residents. We have already found that both teams often know the same resident and hold joint multi-disciplinary meetings to agree the best approach to meet their health and care needs.” The West Birmingham CCC is the third care coordination centre to mobilise across Birmingham and Solihull. The first is collocated between Heartlands Hospital and Washwood Heath Health Centre and the second is based at Solihull Hospital.

Findings show that by introducing the hub model across Birmingham and Solihull over a 12-month period, the system could:

- Reduce 33,000 hours of ED attendance for high intensity users
- Save over 15,000 ambulance conveyances to ED
- Save over 9,000 hospital bed days

### A 5,000-mile journey into employment

They’ve travelled nearly 5,000 miles from Mumbai to their new home overlooking the Midland Metropolitan University Hospital – in the hope that their dreams of working for the NHS would become a reality. And now husband and wife team Murtaza and Lamiya Zaveri have done just that – both landing a job at Sandwell and West Birmingham (SWB) NHS Trust which will run the new hospital in Smethwick when it opens later this year. Their ambitions were boosted with the help of The Learning Works, the Trust’s service which supports local people looking to move into the world of work or for a career change.

Sharing their journey into employment, Pharmacy Support Officer, Murtaza said: “We moved to Unett Street in 2023 and exactly opposite the house is The Learning Works. We also have a bird’s eye view of Midland Met. “Of course, we’d heard of the world-renowned NHS and it was somewhere we’d hoped to work when we came to the UK. So, it was by a stroke of luck that we moved into a street near the organisation and were supported by staff from the Learning Works.” Curious about the service, Lamiya decided to head over to the building to find out more about what they did, and she was delighted to discover they could offer both support. Fast forward a few months on and both are enjoying their roles within the Trust.



Murtaza and Lamiya in their street which is overlooked by the Midland Met.



We were proud to see that Dr Sarb Clare was named as the first female president of the West Midlands Physicians Association (WMPA). Dr Clare MBE, Deputy Medical Director and Acute Medical Consultant at the Trust, took on the role overseeing the WMPA, which was established 74 years ago. She said: "I am delighted to be announced as the President of the WMPA. It is humbling to carry this baton on from so many great inspirational physicians; many of whom I have had the pleasure to work with, learn from and master the craft of medicine. As the first female President since the inception of WMPA in 1950, this is a pivotal time for the association. I am dedicated to ensuring we keep our principles of advancing internal medicine and promoting friendship amongst physicians as prime, whilst also ensuring we promote diversity and representation from all colleagues creating safe and rich conversations amongst our fabulous West Midlands family of physicians."

### Physio team show drive in ambition to serve patients

A new system which allows patients to self-refer into the physiotherapy service at the Trust has been shortlisted for two prestigious awards. Phio is a digital system which triages patients to the right care, offers early support, increases patient choice, and is helping to reduce waiting times for patients with musculoskeletal conditions.

Now the system has been shortlisted for two categories in the HSJ Digital Awards – Optimising Clinical Pathways through Digital, and Supporting Elective Recovery through Digital. Dr Roanna Burgess, Consultant Physiotherapist and Musculoskeletal (MSK) Service Lead, said: "We are really proud to be shortlisted for these HSJ digital awards. It is testament to the hard work and dedication that our MSK team has put into developing new digital pathways to improve care for our population." Carolyn Casey, Consultant Physiotherapist for the Trust added: "Digital pathways improve access for our population, by increasing choice and flexibility for those that would struggle to access traditional care. In addition to releasing clinical time, live dashboards support the management of patient flow."

### Confidence and well-being workshops for cancer patients

Cancer patients are invited to attend a beauty workshop on a regular basis to rebuild their confidence and meet others facing a similar diagnosis. They are pampered during the sessions and given make-up tips and tricks by Sally Basketfield, a volunteer with the charity Look Good Feel Better. Cancer patient, Sarah Brown said: "It's been a great afternoon meeting other people going through similar things to me.

"I picked up some really good tips about how to apply makeup, which has boosted my confidence and we also got a goodie bag filled with beauty products to take home with us." Sally added: "This is an amazing charity that supports ladies and gentlemen with any type of cancer. It is the only cancer support charity offering support to women, men and young adults to combat the visible and emotional side-effects of their treatment.

"The goal is to help people combat the visible side effects of their cancer treatment from hair and eyebrow loss to brittle nails, body confidence and dry skin. I love running these sessions as they are so beneficial for the patients in many ways – they get a couple of hours where they can really make time for themselves and play with make-up. We have lots of laughs and great fun."



Cancer patients with the Look Good Feel Better team after an afternoon of fun.



### BMEC Theatres go green

As part of the Trust's continued efforts to respect our environment and go green, we recently introduced an efficient waste stream in BMEC theatres. The waste stream was introduced as part of the Trust's ongoing project to move over to using the offensive waste stream, known as tiger bags. "BMEC theatres have been proactive in trying to be more sustainable and are keen to reduce the negative impact we have on environment as well as our carbon footprint." said James Morrissey, BMEC Theatre Manager.

Dawn Hall, Waste and Decommissioning Manager believes colleagues in BMEC theatres are playing their part in making the area they work in more sustainable. She said: "The staff within BMEC are engaged and have been a joy to work with. They're keen to make a difference. Training around waste management has been delivered and will be cascaded across the department. The majority of waste generated across wards and departments is not infectious and as such can be disposed of as tiger bag offensive. This subsequently reduces costs and is more sustainable. The changeover won't cause any additional work for staff, however, there are significant cost benefits."



The BMEC theatres team.

### Respect

The Black Country Alliance, a partnership between our Trust, The Dudley Group NHS Foundation Trust, and Walsall Healthcare NHS Trust, has won the Procurement Transformation Award for the work done on respecting, understanding and promoting equality diversity and inclusion (EDI) with our local supplier base.

The accolade in the Procurement Excellence in Supply Awards recognised the work undertaken to ensure EDI in procurement is integral to our team's social value and sustainability strategy. Janice Nelson, Deputy Head of Clinical Products Management at our Trust, has led and championed this innovative work. She said: "By focusing on EDI, and through increasing the amount of NHS budget that is spent locally, we are supporting local jobs, businesses, and maximising the opportunities to access our contracts and spend. Through this work, there has been an improvement in our TIDE (Talent, Inclusion, Diversity and Equality) assessment which is a national benchmarking tool and our score has improved substantially. We acknowledge that there is more work to do, but believe we are leading the way in this nationally and believe we are the only procurement team in the NHS to be undertaking this work."

Clare Nash, Head of Clinical Products Management for the Black Country Alliance, said: "I am incredibly proud of Janice and the procurement team and the influence nationally on this vitally important aspect of procurement. The award is extremely well deserved, and many of our colleagues in the region are looking to replicate the work that has started."



Janice Nelson with the procurement award.



### Memorial tree planted at Sandwell Hospital

In a poignant service, a tree was planted at Sandwell Hospital in memory of healthcare workers who have taken their own life. UK Charity, Doctors in Distress donated the tree to the Trust and hope that this will be a nationwide initiative covering every hospital. The tree was planted by Adam Kay, a former NHS doctor and bestselling author of the book *This is Going to Hurt*, Dr Ananta Dave, Chief Medical Officer at the Black Country Integrated Care Board and our Chief Executive, Richard Beeken. It signifies a place where people can

go to remember colleagues, family and friends who are no longer with us.

Richard said: “The issue of suicide within the medical profession is a very real one and some of us will have been affected by such a tragedy. By acknowledging this problem, we can address the factors that can lead to suicide. This is why we as a Trust have extensive mental health and emotional support in place for colleagues. Any of us can be affected at any time, nobody is immune, and we all need protection.”



Richard Beeken, Dr Ananta Dave and Adam Kay with the memorial tree at Sandwell Hospital .

### Critical care outreach team announce Call for Concern launch

It was announced that the Critical Care outreach team at the Trust would be launching an initiative giving seriously ill patients and their families easy access to a second opinion if their condition worsens. The Call for Concern system is in response to Martha’s Rule, named after Martha Mills who died of sepsis because her symptoms were missed.

Patients and their families can directly ask the Critical care Outreach Team for a “rapid review” of treatment

if they feel they need an urgent second opinion. The Critical Care Outreach Team specialise in the care of patients who are deteriorating and will respond promptly, assess the situation, and coordinate with the medical team and other healthcare professionals as needed. Mel Roberts, Chief Nursing Officer at the Trust, which runs Sandwell, City and Rowley Regis Hospitals, said: “This initiative incorporates many of the elements of Martha’s Rule outlined by NHS England. Ensuring that patients have the right to a second opinion if their condition deteriorates is really important and Call For Concern will give them and their families access to a rapid review should they request it.”





### Sandwell Hospital awarded for commitment to patient safety by the national joint registry

Celebrations are in order following Sandwell Hospital being named as a National Joint Registry (NJR) Quality Data Provider, after successfully completing a national programme of local data audits. Sandwell Hospital's recent recognition signifies a sizable step in our dedication to patient safety. Lauren Wattle, Clinical Effectiveness Manager, emphasised: "Improving patient safety is of the utmost importance. This award means that we have submitted the data correctly for more than 95 per cent of our patients who have received a hip or knee replacement."

This achievement follows meticulous local data audits and showcases our commitment to excellence in orthopaedic care. The NJR plays a crucial role in monitoring joint replacement surgeries, aiming to enhance clinical outcomes and support patients and orthopaedic clinicians alike. National Joint Registry Medical Director, Mr. Tim Wilton, praised our efforts, he said: "Congratulations to colleagues at Sandwell General Hospital. The Quality Data Provider Award demonstrates the high standards being met towards ensuring compliance with the NJR."



Left to right: Manoj Veettil, Cardinal Vutabwarova, Sabine Brookes and Lauren Homer.

### Discharge Lounge celebrate first birthday

For 365 days and almost 4,000 patients later... the team running City's discharge lounge have been living our Trust values caring for patients who are ready to leave. Such was their excitement at achieving their first milestone they decided to celebrate the efforts of all involved with a tea party. Sister Jessel Pacis explained: "The team has worked extremely hard to ensure our patients are on the correct pathways to be discharged safely from hospital, so I organised a small celebration for colleagues to come together to recognise what they have achieved over the past year. I am proud to work with such a compassionate

team who consistently put patients at the forefront of every decision. It is our ambition for the service to be recognised as a welcome resource for colleagues in wards across our organisation, to enable more timely, safe and efficient discharges."

Jody Stubbs, Matron, added: "I am so proud of the work the discharge lounge has achieved over the past year. The staff have been tremendous at discharging 3,895 patients from various wards, AMU and A&E. As a team, we are determined to safely discharge our patients and ensure that our population remain happy and healthy after their visit to hospital." Hospital discharge lounges are designed to reduce the demand for acute beds by moving patients who have received their treatment to a relaxed waiting area prior to going home. The lounges focus on ensuring patients have the right medication and plan in place for a smooth recovery when they return home.



Staff at City discharge lounge celebrating their first birthday.

### Skin tone prostheses donated to Trust

The charity Ladies Fighting Breast Cancer generously donated its first batch of soft prostheses in different skin tones to the Breast Unit at City Hospital. Around 80 Softies were gifted, which are available in four shades. Helen Taylor, Breast Care Nurse at City Hospital, expressed delight at the expanded options for patients. She said: "Having a mastectomy can have a psychological and emotional impact on your life. We want women to feel good about themselves and gain back their confidence."

Veronica Kumeta, co-founder of the charity, emphasised the importance of providing prostheses that match skin tone, stating: "It's important that women are offered a soft prosthesis that matches their skin tone as we want

to give women their confidence back." Some women use Softies temporarily before reconstructive surgery, while others wear them before transitioning to permanent silicon prostheses. Veronica highlighted the dedication of City Hospital's Breast Unit staff and honoured the

donation in memory of her friend Tanya. The charity is collaborating with Sew With Holly to create a more affordable version of Softies, with hopes to supply them to other NHS trusts in the area in the future.



The Breast Unit nurses take delivery of the skin tone coloured prostheses from the charity Ladies Fighting Breast Cancer.

### Focus on the Birmingham and Midland Eye Centre

The Birmingham and Midland Eye Centre (BMEC) recently commemorated its 200-year legacy with a milestone conference, drawing clinicians from around the globe. Established in 1823, the centre, formerly known as the Birmingham and Midland Eye Hospital (BMEH), began its journey at The Infirmary for Diseases of the Eye in Cannon Street, Birmingham. Led by BMEH Alumni Association and the Academic Unit of Ophthalmology Alumni Association from the University of Birmingham, the conference highlighted the centre's rich history and advancements in ophthalmology. Notable consultants from BMEC, including Arijit Mitra and Ajai Tyagi, spearheaded the event, showcasing extensive knowledge and research.

Arijit, Consultant Ophthalmologist at BMEC, reflected on the significance of the conference: "This year is particularly special because we are celebrating the 200th anniversary of the hospital. It is an opportunity for us to share our

memories and also the rich history of the facility." In addition to honouring its past, BMEC continues to innovate in the field. Arijit Mitra emphasised the centre's contributions, from pioneering slit-lamp usage to advancements in microsurgery and simulation training in Ophthalmology.



Marking 200 years of BMEC – a two day conference was held in Birmingham which attracted worldwide attention.



## Bringing Hope to Midland Met

When sculptor Jacob Chandler's father was admitted to City Hospital during the pandemic for a heart attack, he was terrified that he would not survive. But thanks to life-saving surgery by Dr. Leong Lee followed by excellent care from the critical care team, his father is fighting fit today. As a thank you to medics Jacob, best known for his iconic Commonwealth Games model of a bladed athlete, decided to create a unique sculpture called 'Hope' to honour the healthcare heroes who saved his father's life. Jacob's inspiring artwork will be seen by all those who enter Midland Metropolitan University Hospital. It will stand as a symbol of gratitude for the tireless efforts of our remarkable colleagues who have dedicated their lives to saving others.

Jacob recently visited Midland Met to scope out the area where his newest sculpture will be installed. "The sculpture will be of a figure holding out her arm, referencing the image of the Lady with the Lamp, and with her head held high to face the fray," Jacob said. Looking at exactly where Hope will stand Jacob remarked: "This is the first time I've been back on site in two years and seeing where Hope will be displayed makes this project all the more real. I am delighted to be able to give a little back to support those brave medics who worked so heroically throughout the COVID-19 pandemic. So many of us continue to be indebted to them for their care and dedication."

## Hospital romance leads to bumper donation

A businessman chose to give back to the Trust where he found love – by helping to fund outdoor equipment for staff and patients. Chris Slezakowski, 61, from manufacturing firm Thomas Dudley Ltd, handed over a cheque for £2,500 to Your Trust Charity, the registered charity for our organisation.

"I met my wife Dawn on a ward at City Hospital," recalled Chris, who is the Business Unit Director at the Dudley-based firm. "I was recovering after having my wisdom teeth out, whilst she was visiting her dad. We kept looking over at each other making eye contact and then, a month later bumped into each other at a restaurant and the rest is history. We're celebrating 40 years of marriage this year and have a son Thomas together." And as a result of this, City Hospital has always been close to Chris's heart. The Trust's new state-of-the-art hospital – Midland Metropolitan University Hospital

(MMUH) – in Smethwick, which opens later this year, also has a close link to Chris. "At a previous business we designed and built more than 250 bathroom pods in our factory which were installed inside the new hospital," he explained. "We are now working once again on site at MMUH so it's only fitting that the funds are invested into enhancing the outdoor areas."

## Heated chemotherapy treatment a first in the Midlands

The Trust has become the first in the Midlands to use the heated chemotherapy technique which will prolong the life of ovarian cancer patients. The new form of treatment is delivered by a special HIPEC (hyperthermic intraperitoneal chemotherapy) machine which directly bathes the stomach in a highly concentrated chemotherapy solution to kill any remaining cancer cells remaining after the surgical removal of tumours. Mr Janos Balega, Consultant Gynaecological Oncologist, said: "HIPEC is a targeted surgical technique that attacks abdominal cancer with fewer side effects than traditional chemo. This technology has been proved to improve the survival and outcomes of patients with ovarian cancer and we are extremely pleased to be able to now offer this treatment to our patients.

"We are the first in the Midlands to have this machine and will see our first cohort of patients benefitting directly from the treatment throughout this month, which also happens to be Ovarian Cancer Awareness month."

## Compassion

### Heart failure team receive donation from thankful family

The community heart failure team received a generous donation as a sign of gratitude for the care they delivered to a family's late mother. Valerie Haywood had been cared for by the team since 2014 until she passed away. Her family, recognising the compassionate and dedicated care she'd received, decided to donate specialist heart monitoring devices as their way to say thank you. Isobel Blake, Community Heart Failure Specialist Nurse, said: "We are extremely grateful for the very generous donation of KardiaMobile devices - they can record a heart tracing to determine the heart rhythm.





“The devices will help over 1,500 patients a year and give staff the ability to make quicker, informed decisions about treatment and find course for deterioration – saving time.” The community heart failure team endeavour to improve heart failure patients' quality of life, reduce their hospital admissions and support each patient throughout their journey living with heart failure from diagnosis to end of life. Valerie's daughter Joy Haywood has worked for the Trust for 42 years and continues to work as a

bank nurse despite retiring five years ago. She said: “We decided to not have flowers at my mum’s funeral, and instead request donations to be made for the heart failure team. The family wanted to do something in her memory that would benefit patients and staff. The whole family are thankful to the heart failure team who made Val’s life easier. She wouldn’t have lived as long without them, and some of them have become like family.”



Roger and Joy Haywood giving the heart failure team their donations.

### Blood test for ovarian cancer could save thousands of lives

The Trust led the launch of a £2 million study will saw an advanced test used at GP surgeries to diagnose early-stage ovarian cancer – potentially saving thousands of lives a year. The Trust is working with Walsall Healthcare NHS Trust (WHT) pairing up with primary care provider Modality and the University of Birmingham, to offer a blood test called ROMA to patients experiencing symptoms of ovarian cancer. Signs of the disease include bloating, stomach pain, needing to wee more often and always feeling full. If they are persistent, severe, frequent or out of the ordinary women are urged to see their GP where a CA-125 blood test will usually be carried, which picks up 50 per cent of patients with early stage cancer.

need to increase the understanding and awareness of the symptoms associated with it amongst our population and GPs. We know that 90 per cent of women diagnosed with ovarian cancer at stage one will survive, but this drops drastically to 15 per cent if it is picked up during stage four. Research conducted with my team at the University of Birmingham found out that the ROMA test is significantly better than current tests (CA125 and ultrasound) used in both pre and postmenopausal women.”

However, the advanced ROMA test used during this trial at Modality-run GP services in Walsall, Sandwell and West Birmingham, will identify key markers of this particular disease at an earlier stage. Speaking about the study, called SONATA (transForming Ovarian caNcer diAgnostic paThwAys), University of Birmingham Professor Sudha Sundar and Consultant in Gynaecological Cancer Surgery at the Trust, said: “Ovarian cancer is rare and there is a



Prof Sudha Sundar who is leading the study.



### Doctors join forces with patients to create multi-language material

Patients and their families are now able to access multi-language information about the link between ovarian cancer and genetic testing which could help to boost survival rates. A £100,000 charity grant awarded to the Pan-Birmingham Gynaecological Cancer Centre, run by Sandwell and West Birmingham NHS Trust, and the University of Cambridge, has funded the co-creation of the materials with patients. The information, in leaflet and video format, is now available online and free for all to access. The project, called Demonstration of Improvement for Molecular Ovarian Cancer Testing (DEMO), will help to increase the uptake in genetic testing, especially in Black, Asian and Minority Ethnic communities (BAME) where survival rates are low.

DEMO will also improve the quality of the sample taken to aid diagnosis when there is suspicion of ovarian cancer by establishing a guidance document for all healthcare professionals involved in the process. Mr Janos Balega, Consultant Gynaecological Oncologist at Pan-Birmingham Gynaecological Cancer Centre, commented: "The management of patient with ovarian cancer is a complex, multidisciplinary effort, including complex diagnostics, specialist cancer surgery, and genetics driven chemotherapy. Unfortunately, outcomes for ovarian cancer in the United Kingdom are generally poor and highly variable in different regions of the country, and we aim to take every opportunity to improve the complex management process of these patients."



Doctors worked with the patients to produce multi-language information about genetic testing as part of the DEMO project.

### Cancer patients pampered at wellbeing event

The annual Cancer Wellbeing event, hosted by Blind Dave Heeley, provided a rejuvenating experience for around 100 cancer patients, offering massages, makeovers, and various activities facilitated by dedicated volunteers. "Cancer affects everyone in life, and over the years, it's affected me," shared Dave, underscoring the event's importance in raising awareness and fostering support. "It's been such a good day for everyone who came along," remarked Jenny Donovan, the event's lead organiser and Cancer Services Manager, highlighting its diverse range of activities and fundraising efforts.

One volunteer, Florentina Tutuianu, a Staff Nurse, expressed her delight in participating, stating, "My passion is aromatherapy, and I am also a wellness advocate. I was so happy to hear Sandwell Hospital is doing this." Jo Harvey, Lead Cancer Nurse said: "You can really see the benefits it brings to patients," and highlighting the value of community support and connection for those facing similar challenges.



Jenny Donovan with Dave Heeley at the Cancer Wellbeing event.



## Transforming care in the community with our neonatal community outreach team

In August we celebrated the Neonatal Community Outreach Team (NCOT) after it was revealed to have supported over 140 families – reducing hospital stays and enhancing their journey. The service was established to facilitate the early discharge of babies with ongoing medical or nursing needs, empowering parents to confidently care for their child at home. Carmen Nuttall, NCOT Team Leader, highlighted the team's focus on empowering families and educating colleagues to support training needs, ensuring

a smooth transition home. Carmen emphasised the team's role in optimising services ahead of the opening of the Midland Metropolitan University Hospital.

"We provide essential care outside of the neonatal unit, optimising special care cots usage and improving service provision," Carmen stated. "Since our launch, we've saved 1,500 cot days, alleviating the burden on families and improving our service. This family-focused approach will only continue to evolve as we progress towards opening Midland Met."



Members of our NCOT team with some of the babies and families they have cared for.

## Light therapy blanket helps to reduce over 75 bed days in hospital

A new light therapy treatment for newborn babies with jaundice is reducing hospital stays and allowing families to provide necessary care whilst remaining at home. The paediatric virtual wards team at the Trust introduced the BiliCocoon, a light therapy blanket, providing a convenient alternative of treatment. Initially, newborn babies spend the first 24 hours within the light therapy blanket until blood tests are taken, allowing parents to feed and comfort their baby throughout the process. The team offers home visits and on-call support, ensuring parents are confident in using the BiliCocoon and providing essential care. Parents like Mandeep Kaur and Jagjeet Singh, who recently welcomed Mehar, commend the treatment's convenience and support. Mandeep said: "This treatment has saved us from travelling and given us the opportunity to be at home with our baby."



Baby Mehar receiving light therapy treatment at home.





### Medics find 25 polyps in gran after bowel screening test

A Tipton mother shared how routine bowel cancer screening proved lifesaving, detecting 25 polyps despite no symptoms. Lorraine Whitehouse, 73, underwent the test at home, expecting a negative result as in previous years. However, a positive result prompted a colonoscopy at Sandwell Hospital, revealing numerous polyps.

Lorraine emphasised the importance of screening. She said: "It just shows you how important it is to carry out the test." Typically, two to three polyps are found through screening or symptom reporting. The screening, available every two years to those aged 56-74, will expand to include individuals from age 50. Lorraine's husband, John, coincidentally received a positive result, with two polyps detected and removed. Claire Beats, Lead Bowel Cancer Screening Practitioner, stressed the significance of early detection. She said: "Screening, easily done at home, can prevent cancer or detect it early, improving treatment outcomes.



Lorraine Whitehouse with her husband John. Both went for their regular bowel screening check at the same time and discovered they both had polyps.

### Organ donation saves four lives in 48 hours at SWB

Every day, the selfless acts of organ donors bring hope and transform lives, exemplifying the profound impact of giving the gift of life. Earlier this year, our teams collaborated closely with patients and their families to facilitate four life-saving organ donations, turning tragedy into triumph for those awaiting transplants. Within 48 hours, organs were retrieved and transplanted, showcasing the dedication and efficiency of our colleagues. Alison Morris, Specialist Nurse Organ Donation, said: "It is an amazing gift to save the life of another - this truly is a special and unique gift to give." The unique challenge of coordinating three consented donors within 48 hours highlighted the exceptional teamwork and commitment of our hospital. Kelly Papavarnava, Deputy Group Director of Nursing for Surgical Services, praised the multidisciplinary teams, saying: "I want to sincerely thank all our multidisciplinary colleagues for helping to make such a significant difference." Thanks to these donations, patients received vital heart, liver, and kidney transplants, underscoring the profound impact of organ donation.

### Recurrent miscarriage clinic referrals

Women who have suffered consecutive miscarriages can be referred to special clinic for treatment at the Trust. Run by Mr Ayman Ewies, with support from consultant Miss Hoda Harb and two clinical nurse specialists, the clinic offers a range of investigations and a holistic approach for women who have had three miscarriages, and those under 40, who have no children and have suffered two miscarriages.

Mr Ewies said: "Suffering a miscarriage is an extremely sad experience for couples. This clinic not only investigates why this is happening, but also offers evidence-based treatments, including progesterone therapy – there is some evidence it may help improve the chances of having a live birth - and opportunities to participate in cutting-edge research trials." GPs who have patients meeting the criteria can refer into the service which was first established in 2012. It has grown since then and treats up to 100 women a year. Mr Ewies added: "Treatments will be given according to the results of tests. Whilst still under our care, if a woman finds out she is expecting, she will be given progesterone therapy until she is 16 weeks pregnant. This can be provided directly by our specialist nurses without the need to go to the GP as interval to start the treatment is critical. Women under our care also are offered early scan at six weeks' gestation for reassurance once they fall pregnant again. "

### Baby Amber home for Christmas thanks to leading service

Parents Adam and Kirsty have commended the Paediatric Virtual Ward team at SWB for enabling them to spend Christmas at home with their newborn, Amber Stephens, who developed jaundice. Adam expressed gratitude, stating: "Amber was provided with a cocoon system to treat her jaundice in the comfort of our own home without having to be admitted to hospital." He highlighted the significance of being able to have family around during the festive season. Kirsty added: "The staff were brilliant, they'd come out to us every day to check Amber's bloods and the turnaround of the results were so quick."

Their daughter's remarkable improvement was evident after the treatment, with Amber "radiating with glow, happiness, and she seemed more like herself." Ruth Hartland, Clinical Nurse Specialist for the Paediatric Virtual Ward, said: "Providing an alternative to hospital-based treatment for our babies with jaundice enables families to be together and bond with their new infant." She hopes the team can continue to extend similar support to more families in the future.

### Cancer patient praises early screening programme

Patient Janet Cowley has spoken about the importance of an NHS screening programme for lungs after revealing how an early test saved her life. The Sandwell Hospital patient, from West Bromwich, was diagnosed with cancer after she had a routine X-ray for a shoulder replacement which found a lesion on her lung. After catching the disease early, doctors were able to operate to remove the organ and she is now on the road to recovery. However, Janet is raising awareness of the Targeted Lung Health Checks (TLHC), after her brother was diagnosed with lung cancer at the same time – but sadly passed away after it was caught too late.

The TLHC is part of a national drive to screen current and past smokers, and those aged 55-74, to detect any problems with their lungs. In the Black Country, it's currently being rolled out to patients who have a Sandwell GP by Sandwell and West Birmingham NHS Trust. Janet, aged 74, said: "I am one of the lucky ones, but my brother wasn't. After my operation I was able to spend every waking hour with him as we found out he was incurable. I would sit with him at night, talking to him." She added: "I've often thought that I wouldn't

want to go for a scan because I wouldn't want to know if anything was wrong. But now it's happened to me and I've gone through the system and had my operation, I realise how lucky I am to come out of it alive. I just want people to know that if they're offered anything at all to diagnose cancer or to check that they're ok at any stage, they should accept every bit of help they get. If you get it early the more chance you have of surviving it, rather than just burying your head in the sand."

### Making a difference in end of life care

Bereavement Lead Nurse Sue Edwards is the friendly face who delivers compassionate support to people at one of the most difficult and emotional times in their lives. Based at Sandwell and West Birmingham (SWB) NHS Trust, Sue works closely with the palliative care team, mortuary services, the chaplaincy and many more to ensure she aids those who are grieving following the death of a loved one. She explained: "It's a very emotional job, but one that is truly rewarding. I feel privileged to be able to support people at such a sensitive time. As a student nurse I knew that I wanted to work within palliative care and have worked within the speciality since 2008 as a clinical nurse specialist.

"I felt drawn to making a difference, especially as a patient approached the end of their life – whether that was helping to manage their symptoms or helping to ensure they were discharged to their chosen place of care or death. I was also there to help personalise their care whilst they were on staying on a ward."



Sue Edwards, Bereavement Lead Nurse.



## Equality, diversity and inclusion

The Trust serves some of the most diverse communities in the UK, as well as caring for patients from further afield. This diversity is also reflected in our staff and brings many benefits to our organisation that we are incredibly proud of. We are constantly striving to ensure that our services meet the needs of everyone regardless of their age, disability, ethnicity, sex, religion or beliefs, gender reassignment, sexual orientation, pregnancy and maternity, and marriage or civil partnership, in accordance with the Equality Act 2010 and our Public Sector Equality Duty.

We work hard to ensure all of our processes, practices and outcomes are fair for all and this work is supported and assured by the Trust's equality, diversity and inclusion team. We continue to develop ways to collect and analyse key performance metrics to help us identify and address any inequalities experienced by our patients or staff.

We recognise that there is work to do to ensure our board and senior workforce are fully representative of the population and the communities that we serve as evidenced in our Workforce Race Equality and Workforce Disability Equality Data. We are however taking steps to help address this through the work we are undertaking as part of our Inclusive Talent Management and Resourcing Programme and other key programmes of work that we have implemented in partnership with systems partners e.g. the Race Code.

The Trust undertakes equality and quality impact assessments to provide assurance that our policies, functions and services are fair and equitable. This helps to drive service level improvements, as well as partnership working with our communities and patients, to reduce inequalities which impact our patient population.

For our patients, we continue to:

- review and improve the way we design, develop and deliver both new and existing services to meet the needs of all patients, carers and staff;
- collect and analyse patient experience data and feedback, including through the Friends and Family Test, concerns received by our Patient Advice and Liaison Service and complaints and compliments analysed by protected characteristics
- work with patients and their carers to ensure they receive information and communication in their preferred format;

- ensure that our environment, facilities and services are accessible to all;
- work closely with local schools, colleges and organisations to improve social mobility by raising awareness of the different careers within the Trust, as well as education and work experience opportunities.

For our staff, we continue to:

- work hard to offer all staff at all levels equality of opportunity
- for career progression and development by ensuring structural processes are equitable,
- transparent and free from bias and discrimination;
- build strong alliances with our developing staff networks to allow them to help shape, influence and critique our actions;
- create a safe space for staff to share their experiences and feelings, including issues relating to race, racism and discrimination;
- foster a compassionate and inclusive culture by looking after and valuing all staff;
- prioritise our commitment to ensure our senior management reflects the diversity of our wider organisation.

The Trust is committed to safeguarding all our patients, including the most vulnerable. Our safeguarding service, work closely with statutory bodies to provide support, guidance and decisions on all safeguarding issues.

The Trust provides a comprehensive language and accessible support service to meet the communication needs of our diverse population. Our new website has been designed to ensure everyone can access the information they need, regardless of background, ability or needs.

## Sustainability

Climate change is a global phenomenon, with far-reaching implications for our planet and public health.

Climate change is driven by human activities, primarily the release of greenhouse gases into the atmosphere, leading to rising global temperatures, changing weather patterns, and an array of environmental transformations. The consequences are profound and multifaceted, posing substantial risks to both the natural world and human health.



With the opening of the new Midland Metropolitan University Hospital (MMUH) imminent, the Trust is committed to embedding sustainability across all of our sites. We will contribute to work collaboratively with partners locally and nationally to drive positive sustainable healthcare outcomes.

Aligned with our 'Population' strategic objective, we aim to empower others at a local and national level so that sustainable practices are incorporated into the heart of our organisation and that we enable positive contributions to public health.

Our key overarching aims remain:

- To **deliver high-quality care without exhausting resources or causing environmental damage** to preserve resources for future generations
- To **develop ambitious net carbon zero plans**, including decarbonising our estates
- To **embed sustainability into the heart of our**

**organisation** and lead on driving working practice towards using resources, like energy and water, more efficiently to reduce wastage

- To **engage and inspire our colleagues and patients** to take actions that will collectively make a big impact

### Transitioning to Net Carbon Zero

The total scope 1,2 & 3 emissions for the Trust are estimated to be 198,102 tCO<sub>2</sub>e. Scope 1 and 2 emissions are those that we can control directly. Scope 3 emissions make up the largest proportion of the Trust emissions at approximately 92%. Scope 3 emissions are indirect emissions and are more difficult to tackle. We will be exploring how we can reduce emissions from our Scope 3 (i.e. indirect emissions). Figures 1 and 2 below illustrate our scope 1, 2 and 3 emissions impact.

Figure 1: Trust Scope 1, 2 and 3 carbon emissions split by emission type (tonnes CO<sub>2</sub>e)

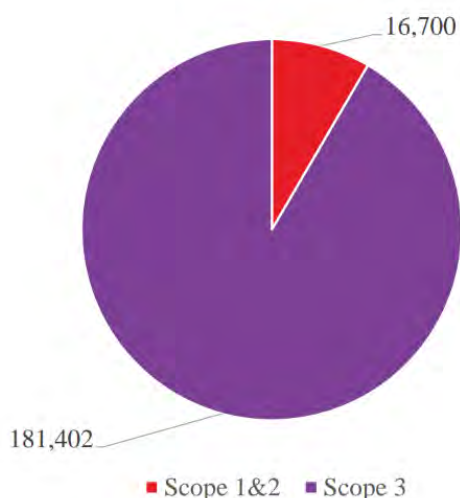
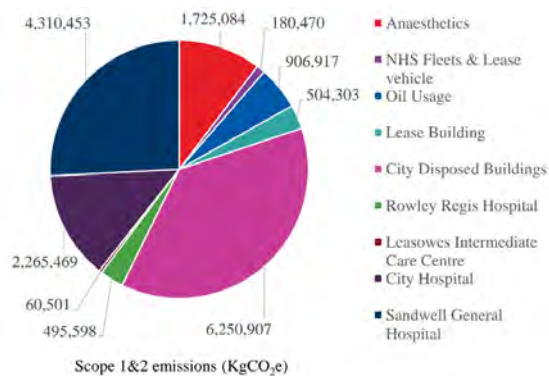


Figure 2: Focus on scope 1 and 2 emissions

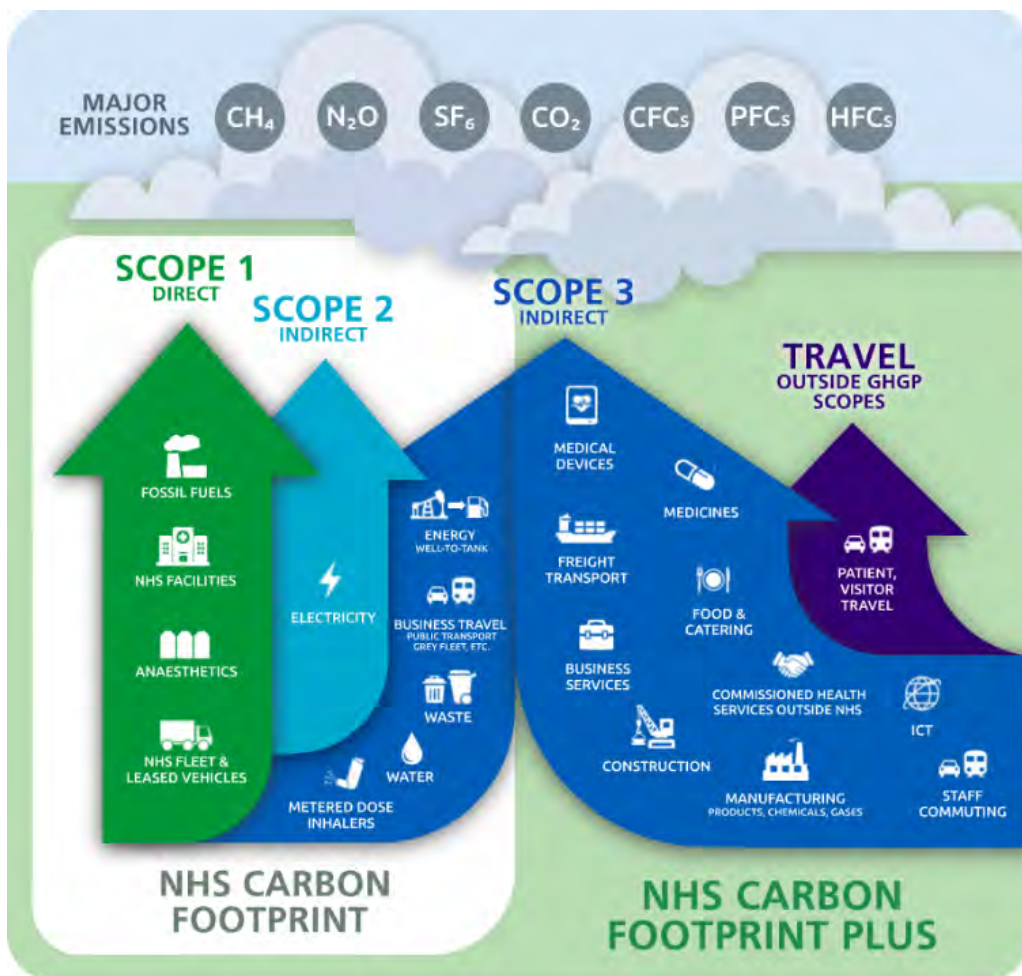


The largest share from the City Hospital site buildings due for disposal, followed by Sandwell Hospital and the City Hospital site remaining buildings. Anaesthetic gases and fuel oil also make up a significant proportion of overall emissions.

With the opening of MMUH in 2024, energy will no longer be supplied to the non-retained estate. MMUH will have a significant energy consumption despite energy efficiency measures being installed. The operational energy consumption is predicted to be 46.7 GJ/100m<sup>3</sup> with the Combined Heat and Power (CHP) systems. This energy target is aligned with industry standards for sustainable energy practices.



Figure 3: NHS scope 1,2 and 3 emission source



Source: Delivering a net zero NHS (NHS England)

We have developed a Trust Board approved Green Strategic Plan to transition the organisation towards sustainable healthcare excellence. The plan takes a coordinated, strategic and action-oriented approach to sustainability, delivering sustainable healthcare to ensure services remain fit for purpose today, and for the future. It addresses impact through medicines, asset management, travel and logistics, climate adaption, capital projects, green spaces, sustainable care models, our people, sustainable use of resources including local procurement and management of carbon emissions.

The plan reaches beyond the walls of our hospital and community buildings and aims to affect our people and local population. Working with strategic partners our influence allows us to contribute to local regeneration

through improved health, wealth and environmental improvements.

For the plan to be successful, it requires everyone to work collaboratively with other partners whose services impact all facets of healthcare provision, including clinicians looking at care pathways, procurement for goods and services, and finance to where investment is needed in order to meet standards and generate efficiencies. Our patients and service users are also integral in providing insight and feedback on how we can continually improve and strive towards providing outstanding sustainable healthcare.

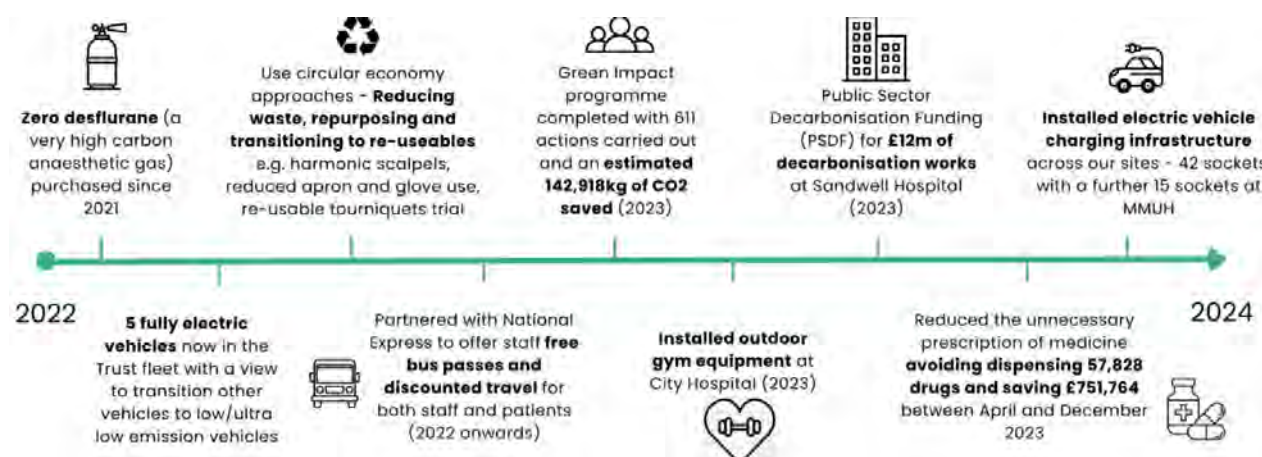
Alongside this plan, we are also working to develop a decarbonisation roadmap. It will highlight projects, funding and resource requirements, and timeframes to allow us to prioritise those that contribute the highest impact.

We will support the NHS commitment to reach:

- Net carbon zero by 2040 for all direct emissions, including an 80% reduction by 2028 to 2032, and
- Net carbon zero by 2045 for indirect emission sby 2045, including an 80% reduction by 2036 to 2039

### Our Green Strategic Plan Highlights

Since launching the Green Strategic Plan in 2022, we have achieved the following:



Here is more detail:

### Our People, Workforce & Leadership

Working to encourage and inspire staff, local population and wider stakeholders to implement good environmental practices.

- Our ‘Green Impact’ staff engagement programme is now in its 5th year. ‘Green Impact’ involves colleagues working together in teams to complete simple actions that collectively have a big impact. The programme makes strides towards more efficient ways of working, reducing costs and has a positive impact on wellbeing. The number of teams and actions completed is increasing year-on-year:
  - In 2021-22, 462 actions were completed over 7 months and an estimated over 77,000 kg of CO2 saved
  - In 2022-23, 611 actions were completed over 7 months and an estimated 142,918kg of CO2 saved
- Working in partnership with National Express to offer a range of discounts and free bus passes for new starters and wider colleagues

### Estates, Facilities & Adaptation

Transition to low carbon technologies, ensuring our estates are as energy and utility efficient as possible.

The Trust is focused on the continual reduction of operational resource use and running costs of essential utilities such as water, electricity, gas and fuel oil. Figures 4 and 5 illustrate the total electricity and gas use trends for the Trust.

We are developing ambitious plans to decarbonise our energy - reaching net carbon zero for energy related activities. To support this ambition, we will carry out major infrastructure changes including:

- Upgrading our Building Management Systems so we can better monitor and adjust our energy usage dependant on what is required
- Installing more solar PV so we can generate more renewable energy on site
- Rolling out further LED (energy efficient) lighting programmes
- Mapped our scope 1, 2 and 3 carbon emissions for 2022-23 (covering energy, buildings, medicines, travel, supply chain, and wider)
- Worked with a consultancy to develop Excel based decarbonisation intervention tool has been developed





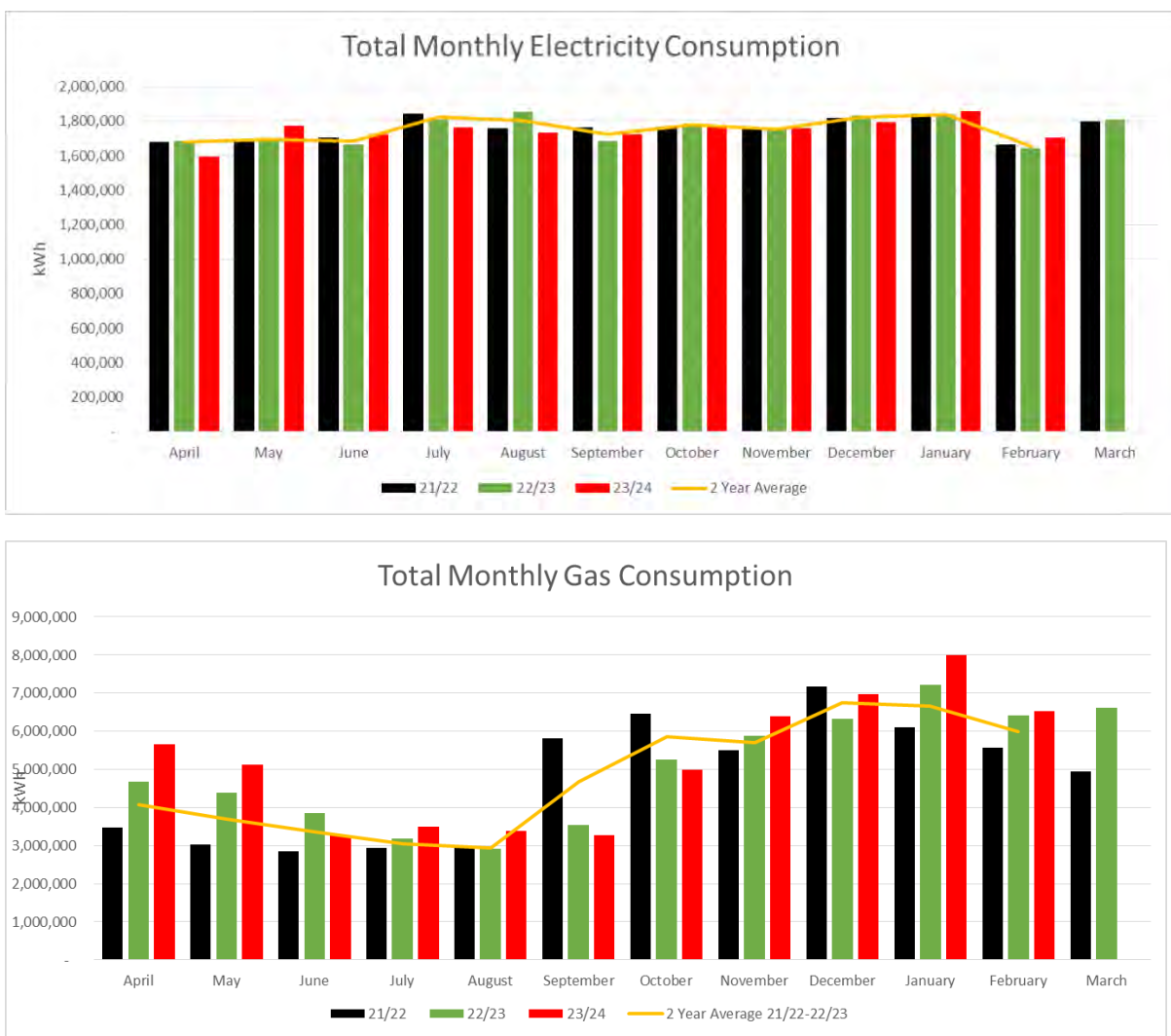
for the estate. The tool will allow the scope 1&2 emissions source usage data to be entered annually to keep track of the ongoing annual emissions for the estate. It has a high-level, integral decarbonisation intervention planner focused on the buildings located on the Sandwell, City, Leasowes and Rowley Regis sites.

- Moved towards on-site renewable energy with solar PV installed at City, Sandwell Hospital and Rowley Regis Hospital sites

- De-steaming our estates

The Trust has secured £11.1m government 'Public Sector Decarbonisation Funding', which together with £1.5m of internal funding will fund the installation of air source heat pumps, put in place further external wall insulation, install further LED lighting and solar PV at Sandwell Hospital to improve the energy performance of the site.

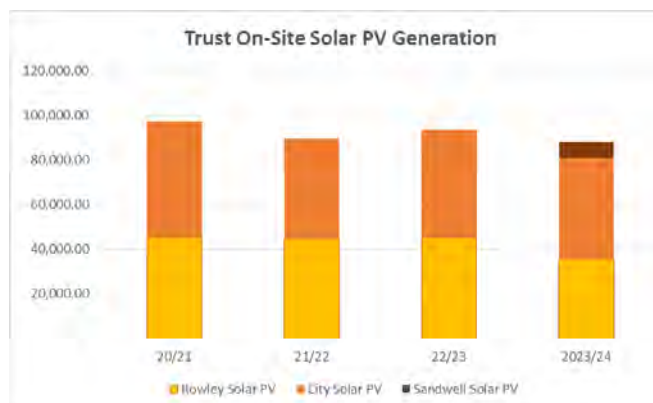
Figure 4 and 5: Total electricity and gas use (2021-22 to 2023-24)



\*Note: March 2024 data is not included as it was not available from suppliers at the time of compiling this report.

The Trust has three owned solar PV systems to increase the amount of renewable energy we generate on our sites. These are located at City Hospital (Birmingham Midland Eye Centre), Rowley Regis Hospital and Lyndon Primary Care Centre at Sandwell Hospital. Figure 6 illustrates the total electricity generated by the on-site solar panels.

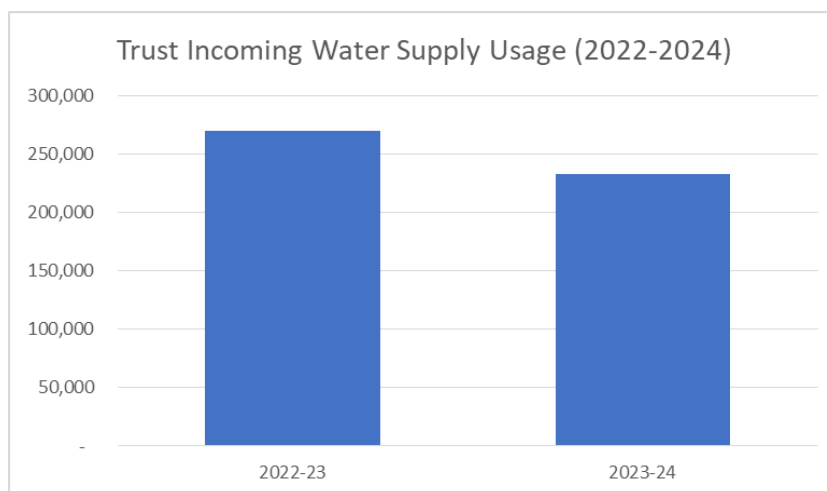
Figure 6: Total Trust on-site solar PV generation



\*Note: March 2024 data has not been included as this data was not available from suppliers at the time of compiling this report.

Our water consumption has remained relatively stable since 2022 (see Figure 7). We are committed to making on-going improvements to ensure that water is used wisely and efficiently so that we can work towards our aim of improving water efficiency. This has been a challenge in recent times, with more intensive services and stringent regulations on water safety and hygiene.

Figure 7: Trust total incoming water usage trends



## Medicines

Enable care pathways that improve patient outcomes whilst reducing resource use and carbon emissions.

- Run in-house and ICS engagement ‘lunch and learn’ sessions with guest speakers to engage colleagues on the importance of assessing inhaler technique and prescribing, where clinically appropriate, Dry Power Inhalers (DPI) which have a much lower carbon impact than Meter Dose Inhalers (MDIs)
- Greener Theatres Working Group established with an action plan to drive moving to greener ways of working
- Collaborate with the ICS to support engagement
- ZERO desflurane (a very high carbon anaesthetic gas) purchased since 2021. Sevoflurane is the primary volatile anaesthetic gas used across the Trust. Sevoflurane is one of the lowest carbon inhalational anaesthetic agents



## Travel & Logistics

Encourage more active and sustainable modes of travel and transition to low emission vehicles.

- There has been a significant increase in the number of electric vehicle charging points installed and available for staff – we now have 23 EV charging sockets across City, Sandwell and Rowley Regis Hospitals. Due to the electric vehicle charging points across our sites, 323,519 miles of charge have been delivered and an estimated 74,000 kg of CO2 emissions saved
- There are now 5 fully electric vehicles in our Trust fleet with a view to transition the other vehicles to low/ultra-low emission vehicles
- Our free e-bike loan scheme during Covid has supported patients with recovery. We extended this scheme to staff, providing a greater number of e-bikes to colleagues. This project has been very successful amongst staff, with over 150 first applications
- We were awarded 'Approved Travel Plan' Modeshift STARS accreditation for our efforts to increase levels of cycling, walking, and other forms of sustainable travel
- We have supported staff and patients in transitioning towards more sustainable travel. 26% of non-bus users were converted into bus users. Working in partnership with National Express, we now offer a range of discounted travel and free passes to encourage modal shift
- Promoted the Kinto car sharing app for staff and implemented incentives to encourage further registrations
- Submitted the Green Fleet Review report produced by the Energy Saving Trust to consider the environmental and financial cost of the Trust's staff business travel fleets and makes recommendations that will help reduce emissions and meet net zero targets
- Produced a Green Travel Plan in accordance with the NHS Net Zero Document. Also, conducted annual staff travel surveys and compiled the results

of the Staff Travel Survey 2022 to include in the Green Travel Plan to support active and sustainable travel

- Ran annual staff travel surveys and a new patient and visitor survey to capture travel habits and inform how we can better support people with travel to our sites
- We chair the Black Country ICS Greener NHS Travel and Transport Group - sharing best practice, any issues and working to develop partnerships

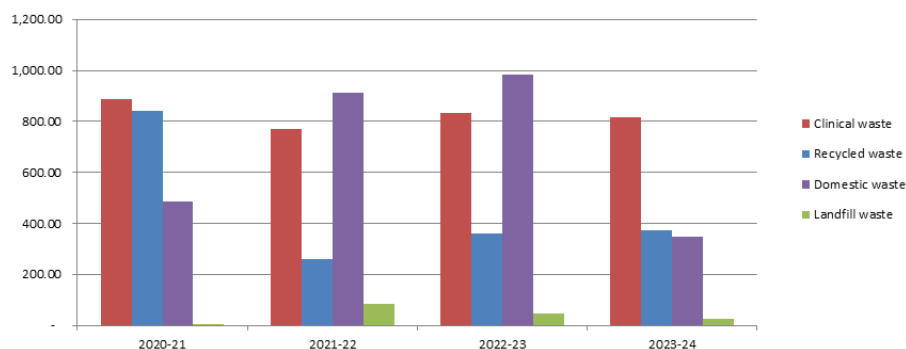
## Sustainable use of resources, waste and procurement

Think before we purchase and reduce the use of disposables. Consider environmental, social, and economic factors before purchasing. We also aspire to improve correct waste segregation and engage our staff in resource efficient ways of working.

- Identified all contracts over £5m. Suppliers can now upload their Green Plans onto a system where they are reviewed by our Procurement Team for consideration in tenders
- Social value: The mandatory minimum 10% weighting for social and environmental considerations in procurement decisions will help to bridge the gap whilst we wait for Evergreen to be fully implemented, allowing Trusts like ours to use discretionary scoring in evaluations to try to encourage bids that offer greater sustainability benefits
- A Sustainability Impact Assessment (SIA) template has been created for development, investment and procurement decisions. This is to ensure that energy, waste, water, travel, models of care, and other sustainability measures are considered before purchasing decisions are made.
- System wide collaboration with the national Greener NHS Team and local ICS to ensure alignment
- Reduced the total amount of clinical and general waste we generate since the previous year and reduced the amount of waste we send to landfill (see figure 8).



Figure 8: Trust total general and clinical waste generated trends (tonnes) (2020-21 to 2023-24)



Example projects that have reduced waste:

- Reduced the amount of unnecessary single-use theatre scrub brushes being used, saving 220kg of plastic being wasted and 734 kg CO<sub>2</sub>e
- Ran a successful ‘gloves off’ campaign to remind colleagues of the correct and appropriate use of gloves. This will help reduce healthcare associated infections, reduce the level of (occupational related) dermatitis in colleagues, decrease waste and environmental impact and improve patient experience
- 25% of our harmonic scalpels are now medically remanufactured so the devices are used and returned to us “as new”. This saves circa 1.74kgCo<sub>2</sub>e per device and an average of £282 each time a device is purchased
- We have switched to an alternative provider of IV extension sets that have less plastic packaging and no plastic clips
- In Theatres, we have switched to re-usable baskets from polymer carrier bags. We are also transitioning to re-usable theatre hats
- We have stopped using the red drug round disposable aprons, saving circa 212,250 polythene aprons each year
- We no longer use the Theatre warm-up gowns, saving circa 32,460 gowns from incineration each year
- Rolling out a re-usable tourniquets project, with 450 purchased to replace to disposable tourniquets across Phlebotomy, Antenatal Clinic, Medical Infusion Suite and Critical Care Outreach
- ‘Patients Own Medicines’ scheme running well, reducing medicines waste and costs (see graph for data)
- Transitioned to more environmentally friendly packaging in catering e.g. sandwiches which are packed in environmentally friendly wrap and cardboard and the salad bar now uses paper-based products rather than plastic containers
- No longer purchasing single-use plastic stirrers, straws (unless clinically required), cutlery and plates

### Green Space & Biodiversity

Preserve the natural environment for future generations and encourage others to enjoy outdoor space.

- New outdoor gym at City Hospital now opened in Summer 2023
- Sandwell Hospital - A sensory garden was created (2023) to provide a peaceful and colourful space for patients, visitors and staff. Arts company ‘Spectra’ has transformed a grassy area outside the main entrance of the hospital in West Bromwich into an interactive community garden called ‘Buzz Stop’ which boasts wildlife-friendly plants
- City Hospital - Our ‘Abundance’ Project with ‘Spectra’ is a play space for all, created as part of the Birmingham 2022 Festival. ‘Abundance’ is a collaboration, where artists, growers and makers worked with local communities to create a truly magical environment
- Advertised local, accessible green spaces that are in close proximity to City and Sandwell Hospital to staff by working with Sandwell Council to create walking e-maps



# Your Trust Charity



We are the registered charity of Sandwell and West Birmingham (SWB) NHS Trust, funding added-value activities over and beyond what the NHS pays for. We do not receive any money from the NHS, local or central government. Instead, all the money we raise comes from the wonderful efforts of our population in Sandwell and West Birmingham, including donations from our grateful patients, families and supporters, and our valued people, including staff and volunteers.

### Our mission is:

*“To enhance the experience of all people using our services including staff, patients and their families. We will do this by providing additional facilities and supporting innovative projects that create a comfortable and secure environment.”*

### We exist to achieve the following four priorities:

#### 1. Infrastructure

- Improving the organisation's environment and making the capital improvements to facilities
- Supporting integrated care across the estate of SWB and allied providers

#### 2. Education

- Supporting the educational development of clinical and non-clinical staff
- Aims to secure the long term future of health and social care in Sandwell and West Birmingham
- To support education within the local community

#### 3. Innovation

- Help the Trust to be a leader of innovation, pump priming activities, running pilots and testing out new ideas and technologies for care that enhances outcomes for local people

#### 4. Community resilience

- Support communities to improve their health outcomes, enabling them to provide outstanding, compassionate care independent of statutory providers

### What we have achieved

In this past year, the charity has taken the momentous decision to become an independent charity, although we will still be primarily supporting SWB NHS Trust's healthcare and hospital services. We are now in the exciting phase of finalising our strategic direction to deliver our ambitious plans for growth over the next five years. This will be closely aligned to the Trust's purpose to

improve life chances and health outcomes, and support our people, patients and population.

Thank you again to all of our tireless donors, fundraisers, supporters, staff and volunteers for the amazing support you have given us during this past year. We have been able to make a huge difference thanks to your time and generosity.



With your help we have raised over £1,000,000\* in 2023/24 and have also received a number of in-kind contributions to help us. We are also delighted to report charitable expenditure for the year of over £500,000\*, which includes spend against our four priority areas of **infrastructure, education, innovation** and **community resilience**, and our We Are Metropolitan campaign.

\* provisional financial figures (unaudited)

We continue to extend thanks to NHS Charities Together, whose funding enabled us to launch our outdoor gym at City Hospital in June 2023, as well as providing developmental support as our team began converting to an independent charity. Within infrastructure and equipment, we were delighted to purchase state-of-the-art early mobilisation chairs for our critical care department. These allow our patients to be moved from bed to chair and then slowly mobilized, providing ongoing and enhanced care, making a real difference as the health of our critically ill patients gradually improves.

### Grants and Commissions

#### SCORE (Supporting Career Opportunities, Recruitment and Employment)

As part of our community resilience priority, 'SCORE' was a payment by results contract by The Prince's Trust, via the Department of Health and Social Care. Working alongside partners including SWB NHS Trust's Nursing and Midwifery team, Aston Villa Foundation and local colleges, the aim was to recruit, train and equip 16-30-year-olds from across the region in readiness for entry level jobs and apprenticeships.

Up to contract completion date of 31 March 2024, we were absolutely delighted to engage with 123 young people. 94 went on to achieve a level two or three qualification in health and social care, and 41 secured jobs for a minimum of 16 hours per week with SWB NHS Trust bank, or within our local health and social care supply chain. A one in three progression rate to employment is a fantastic achievement for these young people, and the charity can also demonstrate a tangible track record of creating youth employment opportunities in health and social care.

#### Emergency Department (ED) IDVA (Independent Domestic Violence Advocate) Service

Your Trust Charity is grateful to Sandwell Safer Partnership for their ongoing grant support towards the ED IDVA project, which covers SWB NHS Trust's catchment area. Two IDVAs are embedded in Sandwell and City Hospital ED departments respectively, and an Information Officer captures data across both sites. Both EDs will relocate from Sandwell and City Hospital to the Midland Metropolitan University Hospital in Smethwick towards the end of 2024.

Since April 2020, victims of domestic abuse accessing SWB NHS Trust ED services has increased:

This table shows the number of victims of domestic abuse who have accessed services provided by the Trust.

	2020-21	2021-22	2022-23
<b>Total referrals to ED IDVA Service</b>	<b>241</b>	<b>264</b>	<b>334</b>
Annual per cent increase		9.5	26.5
Cumulative 3 year per increase			38.6

These cases indicated a number of complex and multiple presenting issues, including psychological, physical, sexual, financial, digital, honour and coercive control abuse. The service provides victims with earlier support and safeguarding, increasing their safety and reducing their impact on ED.

Comments included:

*"I have had years of support and counselling and felt at times patronised. Thank you for talking to me you made me feel as if I was understood."*

*"I wasn't aware of the help available until I spoke to different people at the hospital. I never realised how much I needed the help and feel much better after speaking to the mental health team and you. Thank you I really appreciate you listening to my personal information and doing something with it that's so positive."*





Here is a selection of our many successful projects and fundraisers in this past year:

### Fundraising and working within our community

A huge thank you to Dr Sarb Clare MBE, our Acute Medical Consultant and Deputy Chief Medical Officer, who took on the Berlin Marathon on 24 September. In completing her sixth marathon, Dr Clare incredibly raised over £3,000 for two charities, including our We Are Metropolitan fundraising campaign. This will help us enhance the garden area and the arts programme at our Trust’s new super hospital, the Midland Metropolitan University Hospital, due to open in 2024.

Dr Clare said: “Our new hospital will not only treat some of the sickest patients in our community but will also be a hub for our population. Providing areas of relaxation for patients, visitors and staff is something we are developing.

“A winter garden will be abundant with greenery and enclosed areas where people will be able to sit and reflect. It will be a place for people to focus on their mental health and wellbeing. Whilst the arts programme is about bringing our community together and giving them an opportunity to take part in various activities, from crafts, to performance arts.”

### We Are Metropolitan

As of 31 March 2024, we had almost secured our minimum target of £2 million for our ‘We Are Metropolitan’ fundraising campaign for the Midland Metropolitan University Hospital. We’d like to sincerely thank our Campaign Council, chaired by Peter Salt, Chief Executive of Salts Healthcare, as well as our business committee co-chaired by Henrietta Brealey, Chief Executive of the Greater Birmingham Chamber of Commerce, and Deb Leary, President of the Chamber to October 2023 and CEO/Founder of Forensic Pathways. Huge thanks also to our community committee, co-chaired by Dr Sarb Clare and Dr Nick Makwana from our Trust.

We’re also extremely grateful to over 100 supporters who braved our 120-foot zip wire challenge outside of the Midland Metropolitan University Hospital to mark the 75<sup>th</sup> anniversary of the NHS in July 2023. Your support has made a massive difference - thank you so much!

### Our Future Plans

As our charity prepares to relaunch as an independent charity during 2024, we are finalising a new five-year business plan, the development of which has engaged over 200 of our key stakeholders to date. We are really looking forward to introducing our purpose, vision, and new brand later on in the year. However, we simply cannot succeed as a charity without your continued support and would like to thank you all for everything you have helped us to achieve to date.

### How you can get involved

- **Donate to We Are Metropolitan** online: <https://www.justgiving.com/campaign/WeAreMetropolitan>
- **Donate by cheque**
- **You can always fundraise for us** – take a look at our events and we will be in touch to support you: <https://www.swbh.nhs.uk/charity-fundraising/fundraising/>
- **Direct debit** - print out the direct debit form on our website, or complete and send a donation form back to us via Freepost: <https://www.swbh.nhs.uk/charity-fundraising/ways-to-donate/>
- **Bank transfer** - you can donate to us directly by bank transfer. Please contact us for our bank details
- **Leaving a gift in your will to Your Trust Charity** - a wonderful way to ensure you will still help make a difference beyond your lifetime
- **Follow us on social media:**  
<https://twitter.com/SWBHCharity>  
<https://www.facebook.com/SWBHCharity/>



@SWBHnhs SWBHnhs SWBHnhs

#### Contact us:

Telephone: 0121 507 5196  
 Email: [trustcharity@nhs.net](mailto:trustcharity@nhs.net)  
 Website: <https://www.swbh.nhs.uk/charity>



Mr L Smith; Mr J Grainger and Mr Q Smith from our longstanding supporters Bristnall Hall Academy completing the Birmingham Half Marathon to raise money for us in May 2023





The opening of our outdoor gym at City Hospital in June 2023, funded by NHS Charities Together



Spiderman, as part of Team RSM UK, undertakes our zip wire challenge in July 2023



Alisha Gulfraz, one of our many successful SCORE candidates who secured employment with SWB NHS Trust

### Our appeals

Your Trust Charity currently operates eight appeals (including a general appeal), complemented by a number of themes detailed below:

#### Your Trust Charity General Appeal

#### Women's & Child Health Appeal

- Neonatal Care
- Maternity
- Paediatrics
- Bereavement Services

#### Medicine & Emergency Appeal

- Cardiology
- Diabetes
- Respiratory Medicine
- Emergency Department
- Gastroenterology & Hepatology
- Sickle Cell & Thalassaemia

#### Surgical Appeal

- Cancer
- Breast Care
- Critical Care Services

#### Research & Development Appeal

- Neurology
- Rheumatology
- Cardiology

#### Community Appeal

- iCares
- Palliative Care
- Dementia Support

#### Birmingham Midland Eye Centre (BMEC) Appeal

#### Midland Metropolitan University Hospital Appeal





#hello my name is... **NHS**  
**Stephen**  
Ward Service Officer

Ward Services Officer Steve Willetts.





## Our part in two Integrated Care Systems

With our geographical boundaries crossing two Integrated Care Systems and our activity equally coming from both we are a full member of the Healthier Futures, Black Country Integrated Care System (ICS), and also an active member of Birmingham and Solihull Integrated Care System.

### Black Country Integrated Care System - Healthier Futures

People are living longer, but with more complex conditions. Evidence shows that whilst access to good quality healthcare is vitally important, it is the wider aspects of people's lives – housing, income, employment, education and environment – that have the greatest impact on their health. Services that support people with these issues all have a role to play in improving people's health.

This means local government, the voluntary sector, the NHS and wider partners need to work together to create joined up health and care services that meet the needs of local people, focusing on prevention, better outcomes and on reducing health inequalities.

Integrated Care Systems (ICS) were created in July 2022 to encourage and enable this. They bring a wide spectrum of local organisations together with a duty to collaborate, to understand how the health and wellbeing of local people can be improved, agree priorities and strategies for achieving this, and plan different ways to deliver care.

ICSs put the budget and decision making into the hands of local partnerships who will work with local communities to decide how best to design and deliver efficient services that meet local needs and avoid duplication.

In the Black Country, the two key elements of our ICS are the Black Country Integrated Care Partnership (ICP) and the Integrated Care Board (ICB):

- The ICP is a statutory committee with membership from our four local authorities, the voluntary sector, police and fire services, education and the NHS. The ICP is responsible for working with health and

wellbeing boards and developing a long-term strategy to improve health and social care services and people's health and wellbeing in the area.

- The ICB is an NHS organisation responsible for planning health services for their local population. It manages the NHS budget and works with local providers of NHS services including hospitals, GP practices, community services, pharmacists, dentists and optometrists, to agree a joint five-year plan which sets out how the NHS will contribute to and deliver the ICP's integrated care strategy.

To find out more about the ICP and ICB, please visit our ICS website <https://blackcountry.icb.nhs.uk/>

### Sandwell integrated care partnership

As the host of Sandwell health and care partnership, we have continued to work with our partners to create services to improve the experiences and outcomes for local people. Our vision is that people living in Sandwell will receive excellent care and support within their local area, exactly when they need it, from teams of people working together. As this is our third year hosting the partnership we have refined the areas of work into three following areas

- Prevention & Self Care
- Integrated Primary Care – Includes Town Teams
- Urgent and Intermediate Care

Our integrated care workstream has focussed on supporting people to avoid unnecessary attendance and admission to hospital or to be discharged home safely as soon as possible. Our flagship intermediate care facility, Harvest View has now been open for 12 months and is now working on aligning care for our patients with greater need on discharge. This facility, being the first purpose-built facility in the system, is shortening the recovery cycle and improving the quality of care we can provide in partnership with social care colleagues.



Our Urgent Community Response Teams have now completed phase one of the transformation to provide quicker access to citizens in need. The team are now meeting our plan of about 1500 responses per month with a performance in excess of the 70% sustainably. This is supported by our Care Navigation and Single Point of Access call centres that are now handling 20000 calls per month and diverting activity away from our emergency departments and to the right service first time.

Our integrated discharge hub involves health and social care partners supporting people to leave hospital as soon as their hospital treatment is completed. The team have made considerable progress this year and gained national recognition from the national team who are now using this facility as a blue print for other providers to replicate. Moreover substantial progress has been made on the length of stay reduction for patients awaiting discharge back home with support (Pathway 1). Over the last 18 months this has now reduced by a further 1 day to 2.3 days.

We now have 75 virtual ward beds open including for people with frailty and respiratory conditions. People receiving virtual ward care can leave hospital to be treated within their own homes whilst still receiving consultant led care. This has resulted in a reduction in acute hospital length of stay and positive experiences for patients. The Trust had originally set a target of occupancy of 70% which it is now exceeding and with the planned admissions within 24 hrs this now exceeds 80% consistently

As part of our integrated town teams work, our community teams are working with social care colleagues, children's services, public health and voluntary services to create teams in each Sandwell town to respond to the needs of local people and provide proactive care for those most in need. Alongside creating integrated teams, we have been meeting with local people in our 'Guided by you' citizen forums. The forums have been delivered in

partnership with Health Watch and have provided an opportunity for us to listen to local people and shape future town-based services.

### **West Birmingham locality partnership**

In West Birmingham we have strengthened our partnership with other providers, particularly Birmingham Community Healthcare NHS Foundation Trust and local GPs. As a key stakeholder in developing the locality partnership in this area, we are focussing on improving pathways of care between our hospitals, GPs and community providers. We are particularly working to ensure the most prevalent conditions in the area such as diabetes, respiratory illness and heart disease are managed better to reduce inequalities. Our specialist teams in partnership with GPs, are using population health data to provide the right care to the right people at the right time. In diabetes care, this has resulted in less people needing to be admitted to hospital.

We have now worked in partnership with GP's in West Birmingham and added a new practice to the Trust primary care portfolio at Summerfield. This further enhances the integrated care we can deliver in partnership for one of the youngest and most deprived areas in the country.

In February the Trust took over the leadership of the West Birmingham locality on behalf of Birmingham Community Healthcare NHS Foundation Trust. This locality role covers the areas of Ladywood and Perry Barr and works in partnership with the Birmingham Community Care Collaborative to delivery care closer to home where possible. Part of this work will be to delivery on a care coordination centre similar to the one deployed in Sandwell, ensuring that the patients in this area get equitable care from the partners in Birmingham





## Black Country Provider Collaborative (BCPC)

Over the course of 23-24 the Trust has continued to work with BCPC partners across its agreed three key programmes of work:

- **Clinical Improvement Programme** – a focus on supporting and contributing to improvements in cancer health outcomes and elective care recovery.
- **Corporate Improvement Programme** – a focus on exploring and progressing opportunities for consolidation and delivery at scale resulting in better service productivity and efficiency.
- **System & Transformation Priorities** – a focus on identifying and progressing priorities at scale which would support and enable better service delivery and / or transformation.

We have continued to identify and progress key areas of joint work that align with the principles for collaboration, where unwarranted variation exists, where there is fragility, or in areas where modernisation and transformation to improve services are best undertaken once at scale.

Our progress and early successes have been outlined in the 18-month BCPC Annual Report published in September, with a summary of some of our notable success this year as follows:

- **Quality** – improvements made across Critical Care, Orthopaedics, and Skin networks by establishing consistent guideline for use across the system, in addition to improving access to care through work in driving down waiting times in the HVLC specialties and raising health outcomes by attaining or exceeding GiRFT metrics.

Furthermore, we have pursued a range of modernisation and transformative activities in ENT, General Surgery, Ophthalmology, and Urology with plans being developed for progression very shortly.

And finally, we have begun to focus on some key fragile services (Neurology, Renal Medicine, Stroke, and Vascular Services) to explore and identify a 'Networked Service Solution' across multiple Trust sites which may provide greater resilience through better use of resources at scale.

- **Strategic Developments** – the commencement of robotically assisted surgery (RAS) at DGFT, as part of the wider Urological Cancer Services Transformation

In time we hope to see improvements in a range of urological cancers through faster access to urgently required cancer care, as well as better patient experience, and health outcomes for the Black Country population.

- **Engagement** – continued active engagement with our clinical and service leadership teams through Clinical Summits and dedicated away days for our Clinical Networks.

This has been central to the success of collaborative working through a strong focus on inclusion, engaging, empowering, and enabling through partnership working, building trust and relationships, and a desire to change the long-embedded culture of 'competition' in an evolving health and care environment.

The BCPC has continued to grow and mature and has taken the opportunity to strengthen and formalise our governance arrangements by being the first system in the country to utilise the legislative levers in the new NHS Health & Care Act to establish a Joint Committee between the four partner Trusts.

In short this is enabling the four partners to strategically pursue priorities at scale, better use system wide resources, and faster decision making, transitioning to benefits realisation more quickly, and we hope to continue showcasing the positive impact being made through our collaborative work over the coming period.





Janice Nelson, Clinical Procurement Specialist Nurse





# Overview 2023/24

Sandwell and West Birmingham NHS Trust is an integrated care organisation. We are dedicated to improving the lives of local people, to maintaining an outstanding reputation for teaching and education, and to embedding innovation and research.

We employ over 8,000 people and spend around £700m of public money, largely drawn from the Integrated Care Boards (ICBs) which serve the Sandwell and West Birmingham areas. The ICBs and the Trust are responsible for the care of 530,000 local people from across North-West Birmingham and all the towns within Sandwell.

Our teams are committed to providing compassionate, high quality care from City Hospital on Birmingham’s Dudley Road, from Sandwell General Hospital in West Bromwich, and from our intermediate care hubs at Rowley Regis and Leasowes in Smethwick.

The Trust includes the Birmingham and Midland Eye Centre (a supra-regional eye hospital), as well as the Pan-Birmingham Gynae-Cancer Centre, our Sickle Cell and Thalassaemia Centre, and the regional base for the National Poisons Information Service – all based at City.

Inpatient paediatrics, most general surgery, and our stroke specialist centre are located at Sandwell. We

have significant academic departments in cardiology, rheumatology, ophthalmology, and neurology.

Our community teams deliver care across Sandwell providing integrated services in GP practices and at home and offering both general and specialist home care for adults, in nursing homes and hospice locations.

### Our strategy

In 2021/22, we signed off our five year Trust strategy, which set our long term direction. The strategy set out:

- **Our purpose:** To improve life chances and health outcomes
- **Our vision:** To be the most integrated health care provider
- **Our values:** Ambition, Respect and Compassion
- Our strategic objectives:
  - Patients: To be good or outstanding at everything we do
  - People: To cultivate and sustain happy, productive, and engaged staff
  - Population: To work seamlessly with partners to improve lives

We also set our several priorities to be completed prior to the opening of MMUH. These are shown in the diagram.

## Our Trust Priorities

### Before MMUH

- Launch our Strategy and co-develop the plans e.g. Fundamentals of CareValue and Behavioural Framework
- Prepare for and open MMUH
- Staff journey from recruit to retire
- Budget reset and cost control
- Place Base Partnership Development
- Agree a Continuous Quality Improvement approach



### After MMUH

- Embed new ways of working and Continuous Quality Improvement
- Make significant improvement in our Board Level Metrics, Staff Survey and Patient Experience
- Develop a Learning Campus
- Work closer with partners in the Integrated Care System





## Performance summary 2023/24

As we reflect on the past year, it's imperative to recognise both our successes and the areas where improvement is still needed. The annual objectives set out for 2023/24 have been a guiding light, shaping our efforts to provide exemplary healthcare services while ensuring patient safety and satisfaction remain paramount. This year, we enhanced our strategic development through a set of 14 clear, measurable objectives for the Trust to focus on, shown in our plan on a page.

**Richard Beeken**

**Chief Executive Officer**

14th August 2024

## 2023/24 Annual Plan

### Purpose

To improve life chances and health outcomes

### Vision

To be the most integrated health care provider

### Our values

Ambition - Respect - Compassion

### Our strategic objectives: The 3 Ps

#### Patients

To be good or outstanding in everything we do

#### People

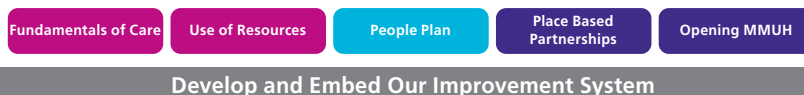
To cultivate and sustain happy, productive and engaged staff

#### Population

To work seamlessly with our partners to improve lives

### Multi-Year Strategic Changes

## Our 14 Objectives for 2023/24



Develop and Embed Our Improvement System

## Our 14 Objectives for 2023/24

### 6 High Impact Objectives



These objectives were aligned to key frameworks including: NHS England operational planning guidance 2023/24 and NHS Oversight Framework, Care Quality Commission (CQC), NHS Staff Survey, NHS Long Term Plan and Five Year Joint Forward View in Black Country Integrated Care System. Here, we delve into each objective, assessing our achievements and outlining the path forward.



## How the Trust Measures Performance

We use a comprehensive framework of data collection systems, reports, and self-service tools to oversee our performance. Monitoring extends across all aspects of our services, including operations, finance, workforce, and quality and safety, aiming to provide complete visibility of performance from ward to board and vice versa.

We complement these arrangements with a rigorous regime of internal and external audits and are held accountable to various stakeholders including the Black Country Provider Collaborative, Black Country Integrated Care Board, Birmingham and Solihull Integrated Care Board, NHS England, and regulatory bodies.

We provide a wide range of services commissioned by different organisations including Integrated Care Boards (ICBs), NHS England (NHSE), local authorities, resulting in a variety of performance indicators used to monitor service quality.

We measure performance through various means, including:

- NHS England's NHS Oversight Framework.
- Performance against national targets.
- Staff and patient survey results.
- Quality measures in patient safety, clinical effectiveness, and patient experience.
- Outcomes of improvement projects.
- Key financial and workforce targets.
- Service user and carer outcomes and experiences.
- Results of CQC inspections.

To track progress and improvement, we have an established measurement system guided by certain principles:

- Integrating strategic and operational measures to engage all staff in delivering high quality services and developing them.
- Selecting measures that are relevant to the vision, mission, and strategic outcomes, linking to portfolios of work.
- Regularly monitoring a small number of measures at Board, committee, and Trust operational meetings, with other measures reviewed as exceptions.

- Allowing appropriate variation in measurement across directorates and services.
- Using measures as indicators of progress rather than strict targets, supplemented by quantitative and qualitative information for overall assessment.
- Recognising the need for developing measures over time if they don't currently exist.
- Integrating information across various operational performance, quality, and outcome measures to enhance business intelligence and service delivery.
- Utilising benchmarking whenever possible, comparing performance against external standards and benchmarks.

## Key Performance Indicators

The Trust's key performance metrics are collated on a monthly basis into an 'integrated performance report', which is reviewed by the Board and a number of its subcommittees. This report allows effective triangulation between the data from different parts of the organisation. Ultimately, the Trust's key metrics are those that demonstrate quality and safety performance, operational performance (including national performance standards such as referral to treatment targets), financial performance (month end position against plan and the factors affecting that performance) and workforce performance metrics (including staff survey responses).

Risks in relation to achieving these targets are recorded and monitored through the Trust's risk management process, and ultimately the Board Assurance Framework if it is deemed that there is a risk to the Trust's strategic objectives.

## Performance Analysis

Over 2023/24 we have tracked delivery of our 14 objectives through monthly key performance indicator reporting in our Board subcommittees and to our bimonthly public Board meetings. The following performance analysis is structured by our three strategic objectives, Patients, People, Population and includes a summary of performance and the measurable indicator.

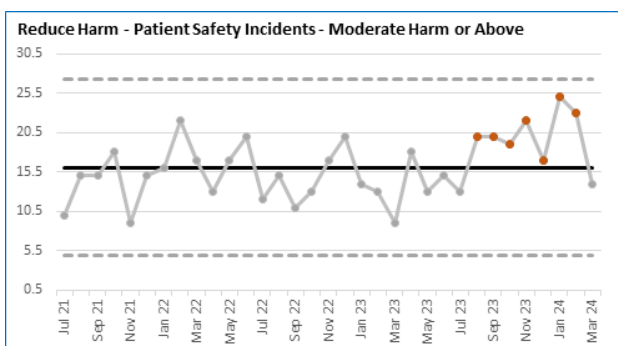
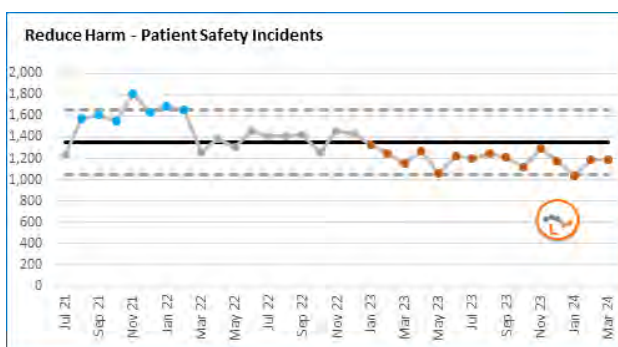


## Patients

### Objective 1: Patient safety

Measure: Patient safety incidents reported (total and moderate and above harm)

Our commitment to patient safety remains unwavering. Not wanting to discourage the reporting of incidents the objective we set was about reporting all incidents and reducing those with moderate harm and above. In a year full of industrial action and significant pressures we reported a decline in the total number of incidents (chart 1 below), whilst maintaining the same average number of incidents of moderate harm and above (chart 2 below). There was some significant increased variation in incidents with harm and above between August 2023 and February 2024 with 7 consecutive points above the average.



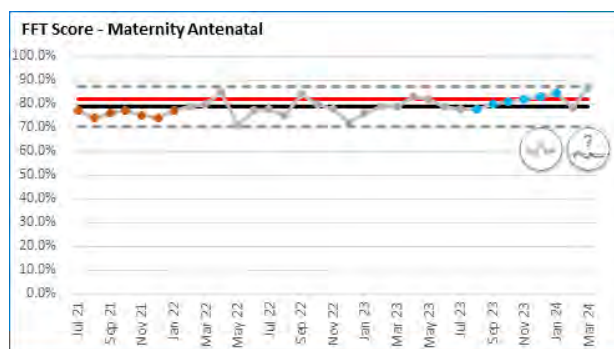
In 2023/24 we successfully implemented the new national Patient Safety Incident Response Framework (PSIRF) and in 2024/25 we will implement increased rigour around measuring and improving our compliance to NEWS2 (National Early Warning Score) protocols with a view to reducing the deterioration of patients in our care.

### Objective 2: Enhancing patient experience

Measure: Friends and Family Test - Patients rating their experience as good or very good for all touchpoints

Improving patient experience across all touchpoints has been a focal point with individual targets being set for each.

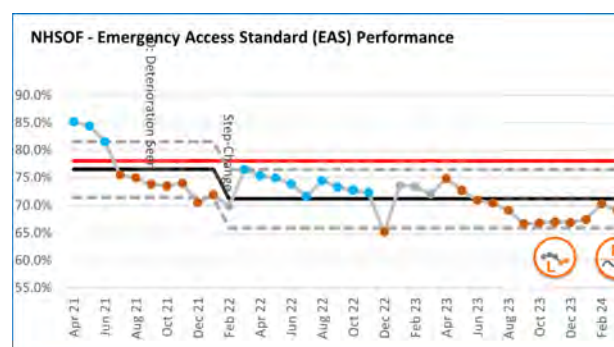
Whilst some marginal improvements has been seen and some targets have been achieved we have not yet managed to consistently sustain the desired levels of performance. By way of an example the graph below shows that maternity ante natal was oscillating between hitting and missing its target prior to 2023/24 and continued to do the same in 2023/24. Significant improvement was achieved between the period from July 2023 to January 2024 with 6 consecutive months of improvement but this did not sustain in February. Encouragingly there were twice as many data points above the target in 2023/24 than there were in the prior year.



The most challenged areas throughout the year were emergency medicine and inpatient experience. Urgent care improvement initiatives are underway to address these concerns and will remain a focus for 2024/25.

### Objective 3: Urgent care efficiency

Measure: 4-hour Emergency Access Standard (EAS)



Our objective for 2023/24 was to achieve 76% of patients with the Nationally set 4 hour target, as set in the NHS England operational planning guidance. The first 6 months of the year saw reducing performance through each of these months, hitting a low in September 2023. Since

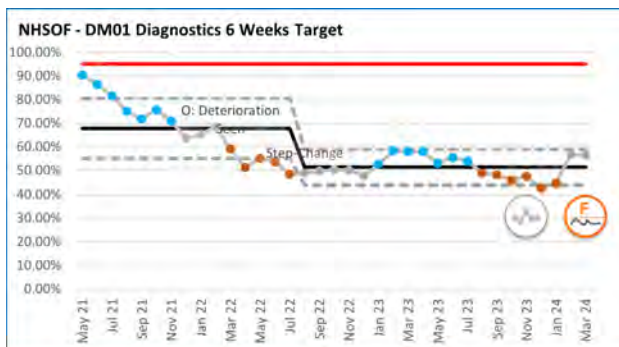




September (and through winter) we have stabilised but have not managed to increase performance back to our average level of around 70% or the target of 76%. This can be seen in the chart above.

Strategies around streaming, better use of medical same day emergency care (SDEC) and reducing length of stay are expected to positively impact urgent care in the upcoming year as we prepare to open Midland Metropolitan University Hospital.

**Objective 4: Timely diagnostics**



Measure: Patients who have their diagnostic completed within 6 weeks of referral (DM01) A graph with numbers and lines

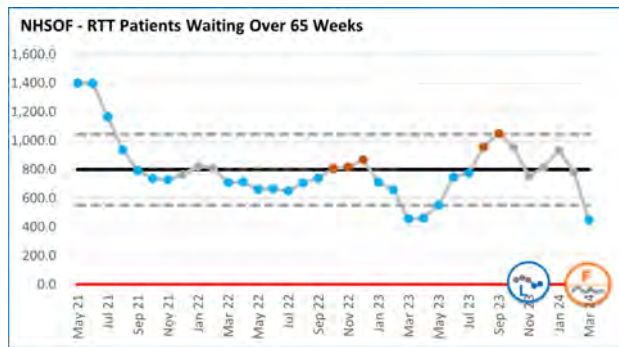
Our objective was to increase the number of patients receiving their diagnostic within 6 weeks of referral from an average of around 50% to the NHS Operational Planning guidance target of 85%.

Our performance in this area declined significantly between August 2023 and January 2024 with 6 consecutive data points below the average. This can be seen in the graph above. It then recovered to being above the average in February and March 2024. The most significant contributor to the performance challenge has been, and continues to be non-obstetric ultrasound. Recruitment drives and strategic partnerships are being used to improve diagnostic performance along with the development of the next Black Country Community Diagnostic Centre.

**Objective 5: Tackling waiting times**

Measure: Referral to Treatment Standard: Reduce maximum waiting length

Our objective for reducing waiting times was to reduce the maximum length of our waiting list from 100 weeks to 65 weeks in line with the National operational planning guidance.

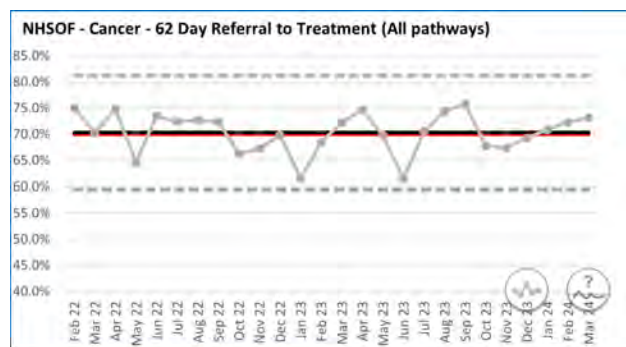


We finished the year with around 400 patients waiting over 65 weeks which is very similar to where we started the year. The graph shows increasing numbers of waits in the first half of the year followed by reductions in the second half of the year. In March 2024 we saw a significant improvement.

Overall, good progress has been made in reducing waiting times in most specialties. Unfortunately, challenges persist in areas such as Ear, Nose and Throat (ENT) due to consultant vacancies. Like many Trusts nationally, there was risk to delivering our plan due to industrial action. This was partially mitigated through temporary staffing cover. Resolving capacity issues and enhancing theatre productivity are key strategies moving forward.

**Objective 6: Cancer care timeliness**

Measure: Cancer patients who are seen and treated within 62 day

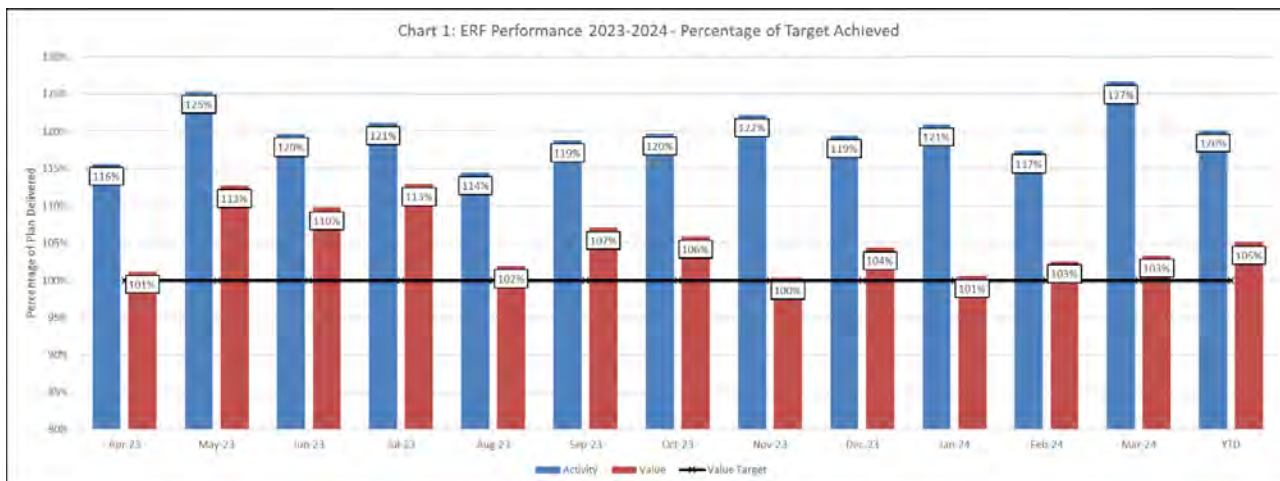


The 62 day cancer target was achieved in February and March 2024 having achieved 4 consecutive months of improving performance. Furthermore, the variation by month has reduced, showing that our process has become more stable. We expect this to continue to improve and stay ahead of target in 2024/25.

### Objective 7: Elective activity

Measure: Elective activity as measured in our Production Plan

Our objective was to deliver a volume and value of elective activity equivalent to 104% of the pre-Covid elective levels achieved in 2019/20. We were successful in delivering this objective, achieving 120% of the activity levels and 105% of the value. This was achieved despite significant amounts of industrial activity.



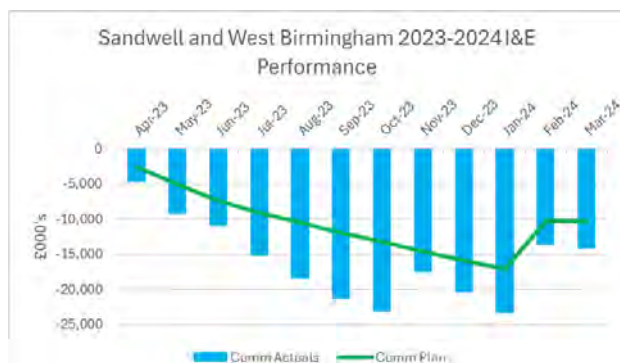
Enhancing outpatients and theatre productivity will be a priority in the upcoming year to ensure sustained progress.

### Objective 8: Income and Expenditure and Underlying deficit

Measure: Delivery of our income and expenditure plan and underlying deficit

The Trust set a planned deficit position for the year of £10.3m (cumulative plan). We delivered a deficit position of just over £14m (cumulative actuals), therefore missing our target by around £3.7m. Our overall position was helped by a favourable performance against plan in the second half of the year.

We failed to deliver our ambitions to reduce the size of the underlying deficit, which actually increased. In 2024/25 one of our objectives is to achieve a higher value of recurrent financial savings so that we can begin to reduce our underlying deficit.



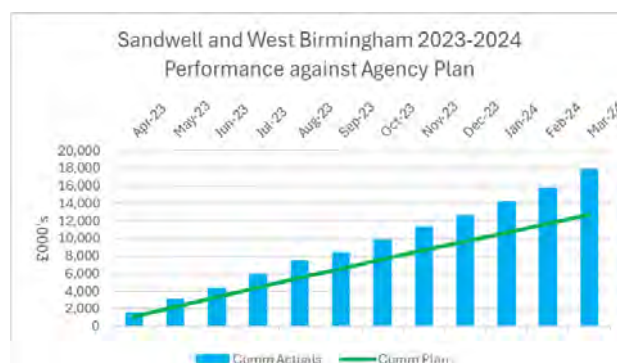
### People

#### Objective 9: Controlling staffing costs

Measure: Bank and agency staff expenditure

In 2023/24 we set out to reduce our Bank and Agency spend from £64.4 m to £45.6m. Our actual bank and agency spend in the year increased. Whilst vacancies, sickness and industrial action were key contributors to the high levels of spend and the overall increase, we learned that we needed to have a better understanding of how we will reduce the spend before we commit to what, in hindsight was an over ambitious target.

The graph below shows the actual agency spend per month against the plan.



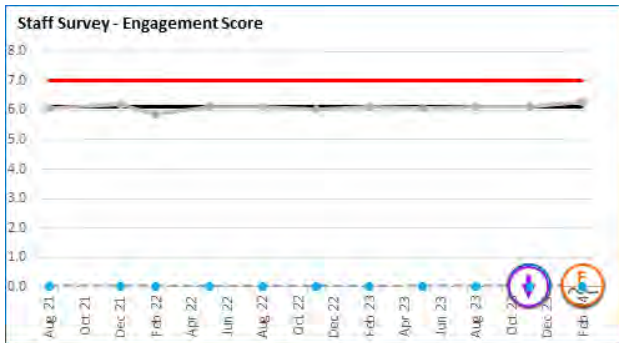
Workforce Control is a key objective within our 24/25 plans. Its improvement is fundamental to the delivery of safe care and to our financial success.



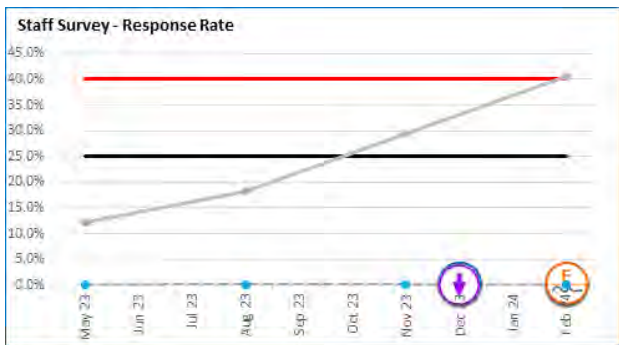
### Objective 10: Staff Engagement

Measure: NHS Staff Survey and Pulse Engagement Scores  
Improving staff experience remains a priority, with efforts to enhance engagement and address concerns regarding line management.

With regards to the overall staff engagement score, we finished the year with a higher score than we started (graph below). We do not yet have sufficient data points to establish whether this is statistically significant.



In the quarter 4 pulse survey we recorded our highest ever response rate from our staff (graph below). This is very encouraging.



Establishing staff engagement governance and management structures are steps towards fostering a positive work environment. Ultimately, we must work towards creating great staff experiences by developing our culture, creating workspaces to be proud of and technology that is easy to use.

### Objective 11: Leadership development

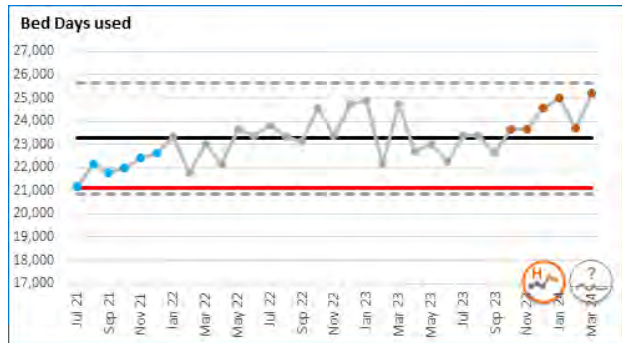
Measure: Count of leaders who have completed Compassionate Leadership training

This year, the ARC Leadership programme has engaged over 300 colleagues in the foundations of compassionate leadership. Using Professor Michael West's approach, the first phase of this work focused on a key area of development from our staff survey results, online manager support. Continued focus on leadership development with phase 2 will be pivotal in driving lasting change.

### Population

### Objective 12: Bed management

Measure: Reduce the acute care occupied beds by 86.  
Efforts to optimise bed management have seen some successes, such as admission avoidance and the impact of our frailty schemes. However, we have incurred challenges with our average length of stay, which has risen. This has meant that the total number of bed days used by our patients has increased throughout the year



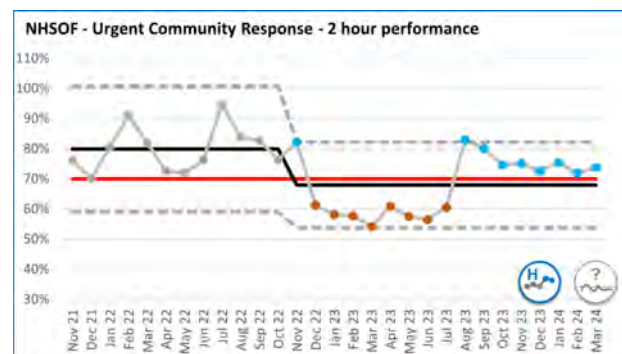
The successful implementation of strategies to reduce occupied bed days in medicine are a key part of our 2024/25 plan as we prepare to move into the new Midland Metropolitan Hospital.

### Objective 13: Urgent Community Response

Measure: Urgent Community Response (UCR) within 2 hours along with an increase in contact volumes

We were successful with both parts of this objective. The graph below that we achieved 8 consecutive data points above the mean and above the target from August 2023 to March 2024 for response times.

Achieving and maintaining high standards in urgent community response has been a notable achievement, with initiatives in Sandwell Place attracting national recognition for their success in admission avoidance and care navigation.







### Objective 14: Addressing Health Inequalities

Measure: Reduced attendances at the Emergency Department from patients with diabetes or respiratory conditions.

Early on the year the organisation took a decision to defer this explicit objective as we redirected focus on other priorities in the run up to opening the new hospital.

#### Risks & Mitigation

As with any organisation, there are risks to the Trust's ability to deliver its goals and ensure patient safety. The Trust has to ensure it defines these risks, analyses them and identifies how to mitigate against them, and this is key to how the Trust manages risk.

The Board Assurance Framework comprises strategic risks as defined by the Board; the major risks that could prevent the Board from fulfilling the objectives in the Trust's agreed five-year Strategy. Mitigation plans are in place for the five key risks to achieving the Trust's Strategic Objectives, Patients, People, and the Population (the 3 Ps). Each risk has been assigned to a Board Committee, with regular updates received on actions being taken to address gaps in controls and assurance. This is accompanied by the Corporate Risk Register, which includes the most significant operational 'red' risks scoring 15 or above.

#### Key risks during 2023/24:

Strategically the Trust has 5 key risks. These risks and their mitigations are set out in our Board Assurance Framework (BAF). Each is overseen by a Non-Executive led Committee. The 5 risks, their respective Committee are, their 2023/24 starting position and end position are set out below

Risk	Committee	Starting Score	End of year score
There is a risk that the Trust fails to deliver constant, safe high quality care.	Quality	16/25 – Major	12 - Major
There is a risk that the trust fails to make best strategic use of resources.	Finance and Productivity	16/25 – Major	20/25 - Catastrophic
There is a risk that the trust fails to recruit, retain, train and develop an engaged workforce	People	12/25 – Major	12 - Major
There is a risk that the Trust fails to deliver on its ambitions as an integrated care organisation	Integration	16/25 – Major	12 - Moderate
There is a risk that the Trust fails to deliver the MMUH business case.	MMUH Opening	16/25 - major	16 - Major

The table shows that we have managed to reduce the scale of the risk quality risk and integration risk within the year. Risks around the new hospital business case and our people have remained the same. Our risk around use of resources and increased.

#### Key risks looking ahead to 2024/25:

The key strategic risks to the organisation remain the same as the prior year with the financial use of resources risk needing increasing time and money to manage. Recurrent financial improvement, productivity and workforce control are all key objectives for the 2024/25 plan. In support of financial improvement we have invested in significant external subject matter expertise to support key workstreams and to provide a financial Programme management office.

Bed fit is another is another key risk. It impacts our plans to move into the new Hospital and its business case, it impacts our use of resources and it impacts our people. To mitigate this we have applied focus to three key areas: reducing length of stay; improving the use of medical same day emergency care and streaming. Existing resource has been supplemented with external subject matter experts and the use of sprint methodology.

We have actively chosen to reduce the scope of our initiatives this year so that we can do the most important work well, making the impact that we need to.

#### Looking ahead to 2024/25

As set out in our 2024/25 annual plan, safely opening our new hospital, Midland Metropolitan University Hospital, will be a key focus in the year ahead. We will also deliver against the 2024/25 national operational guidance in line with our plan, including key targets such as Emergency Access Standard, Cancer, Diagnostics (DM01), Referral to Treatment as well as Community and Primary Care.

In order to achieve this and the continuous improvement of the Trust, we have identified six in-year objectives to focus on:

- Reduce harm related to deteriorating patients
- Engagement response rate for staff & patients surveys.
- Shortest stay necessary in hospital
- Increase activity in-session & deliver production plan
- Workforce control
- Recurrent Financial Improvement



We have also prioritised 20 task & finish projects to support delivery including: Urgent & Emergency Care Improvement, 'ARC' Leadership programme, and e-Rostering. The 6 in year objectives and the 20 task and finish projects form the basis of our 2024/25 annual plan.

**Richard Beeken**  
**Chief Executive Officer**  
14th August 2024





Dr Erin Lawson-Smith, a doctor on Critical Care.





# Corporate Governance Report

## Trust Board role

The Trust Board is a unitary board accountable for setting the Trust's strategic direction, vision and values, monitoring performance against annual objectives, ensuring high standards of corporate governance and helping to promote links between the Trust and the local community. The Board consists of the Chair, Chief Executive, four Executive Directors and four Non-Executive Directors (NEDs) all with voting rights, plus five other Executive Directors and two Associate NEDs who attend board meetings in a non-voting capacity. As of 31st March 2024, there were no Executive or Non-Executive vacancies. The Trust Board seeks to reflect the local population it serves and, as part of succession planning.

The Trust Board has overall responsibility for the Trust's strategy, quality and safety of healthcare services, education, training and research. Day-to-day responsibility for implementing the Trust's strategy and delivering operational requirements is delegated through the Chief Executive to the Executive Directors and their teams. Key duties are set out in the Trust's standing orders and standing financial instructions, which are reviewed every year.

Our Board of Directors also has overall responsibility for the operational and financial management of our Trust. The Board operates in line with its standing financial instructions, standing orders, scheme of delegation, and terms of its provider licence as issued by its regulator, NHS Improvement.

The annual accounts have been audited by Grant Thornton UK LLP. The Directors confirm that:

- As far as they are aware there is no relevant audit information of which Grant Thornton is unaware.
- They have taken all steps they ought to have taken as Directors to make themselves aware of any relevant audit information and to establish that Grant Thornton are aware of this information.
- The Trust can confirm there have been no regulatory investigations undertaken at the Trust

The Trust Board meet regularly in public to discharge its duties and met six times in public during 2023/24, excluding the Annual General Meeting.

The Board has oversight on data quality issues and this is detailed more in the Annual Governance Statement. I can confirm that during 2023/24 there were no personal data breaches that met the threshold for reporting to the Information Commissioner's Office (ICO).

## Board appointments

The Chair and Chief Executive take into account the required skills, qualifications, experience and diversity of the Board's composition as part of the recruitment process to the Board of Sandwell and West Birmingham. The Remuneration Committee help to identify the skills and experience required for new appointments to Executive Director positions, while the Chair works with NHS England to identify the skills and experience required for any new appointments to NED positions. In view of The Trust's joint membership of the Black Country Provider Collaborative, due consideration is given to the potential for any new appointments to be joint appointments (i.e. serving on Boards of Dudley Group Foundation Trust, The Royal Wolverhampton NHS Trust & Walsall Healthcare NHS Trust).

## Independence of NEDs

A revised code of governance indicates that generally NED appointments will be for an initial three-year term, with the potential for reappointment of NEDs for further terms of office (within a maximum length of service of six years).

The Chair leads on monitoring the composition of the Board, ensuring that it provides an appropriate balance of skills, experience and knowledge. National guidance reflects the wider collaboration across the NHS with increasing numbers of NEDs serving on more than one Trust board. Mick Laverty was the Senior Independent Director (SID) during 2023/24 and Lesley Writtle was appointed as the Deputy Chair of the Trust on 1st April 2023.



## Board Members – biographies of Board Members (as at 31st March 2024)

**Sir David Nicholson KCB CBE (Chair)** - Sir David Nicholson joined the Trust as Chair on 1st May 2021. He is also currently Chair of the Dudley Group NHS Foundation Trust, The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust.

Sir David Nicholson's career in NHS management has spanned more than 40 years and included the most senior posts in the service. He was Chief Executive of the NHS for seven years from 2006-2013 and then, following a major national restructure, became the first Chief Executive of the organisation now known as NHS England from 2013-2014.

Since his retirement from the NHS in 2014, he has taken on a number of international roles providing advice and guidance to governments and organisations focused on improving population health and universal healthcare coverage.

He has worked in China, Brazil, USA, Europe and the Middle East, independently, and in association with the World Health Organisation, and World Bank. Sir David chaired the State Health Services organisation of the Republic of Cyprus and more recently was also the Chair of the Metropolitan Group of Hospitals, Nairobi.

Sir David is Chair of the Universal Health Coverage Forum of the World Innovation Summit for Health. Other roles include adjunct Professor of Global Health at the Institute of Global Health Imperial College, Advisor to the British Association of Physicians of Indian Origin and Lancet Commissioner to Global Surgery.

His contribution to healthcare was recognised by the award of the CBE in 2008, and he was knighted by Her Majesty the Queen in 2010. He lives in Worcestershire with his wife and two children.

**Richard Beeken (Chief Executive)** - Richard was appointed as Chief Executive at the Trust in September 2021 after joining the organisation from Walsall Healthcare NHS Trust where he served as CEO for three years.

He has had several senior roles at NHS Trusts across the Black Country, including as Chief Operating Officer at The Dudley Group NHS Foundation Trust

Richard has previously been Chief Executive at Wye Valley NHS Trust where he led the Trust out of special measures, as he has also done successfully at Walsall, along with

leading the creation and implementation of the Walsall Together place-based Integrated Care Partnership with a number of partners in the town. He is committed to working collaboratively with partners at Place and across Birmingham and the Black Country ICS footprints.

**Lesley Writtle (Non-Executive Director, Deputy Chair)** - Lesley joined our Trust in March 2020, after retiring as Chief Executive of Dudley and Walsall Mental Health Partnership. She previously served at Black Country Partnership NHS Foundation Trust as Director of Operations and Deputy CEO.

She had joined Black Country Partnership NHS Foundation Trust in 2011 from Wolverhampton PCT where she had been Director of Mental Health since 2006. Prior to this, Lesley was Director of Primary Care and Children's Services.

She started her NHS career as a registered general nurse at Sandwell District Hospital. After qualifying as a registered sick children's nurse she then worked at Birmingham Children's Hospital occupying a range of specialist roles in children's oncology services before moving into general management in late 1990 where she was General Manager.

Lesley has had a successful record in managing a range of complex health services and has spent the majority of her career leading operational delivery and numerous transformation and service redesign programmes across a range of acute, community and primary care settings.

**Professor Lorraine Harper (University Nominated Non-Executive Director)** - Lorraine Harper joined the Trust in January 2023, bringing a wealth of research experience to the Trust. Currently Professor of Nephrology at University of Birmingham, she has focused on the management of patients with inflammatory kidney disease at University Hospitals Birmingham. She has helped support the development of a regional network of nephrologists and rheumatologists to support best practice in the management of vasculitis. Lorraine has published over 100 research papers in scientific journals as well as reviews and book chapters in the fields of inflammation and nephrology. She was recently appointed as Birmingham Health Partners Research and Health Innovation Director to help bring the benefits of research rapidly to patients.

She is a strong supporter of academic training and development, ensuring research is embedded as normal in healthcare and is the National Institute of Health and Social Care Research Academy Associate Dean responsible



for academic training pathways. She is committed to increasing the diversity of individuals engaged with research and chaired the working group that developed the NIHR fellowships awards for research in local authority and changes to the awards for nurses, midwives and allied health professionals.

She is an enthusiastic communicator on the theme of translational renal research and regularly presents at both local and national level. She has been a member of several committees, including Chair of the Inaugural UK Kidney Research Consortium Glomerulonephritis Clinical Study Group. She was Honorary Secretary of the UK'S Renal Association.

**Mick Laverty (Non-Executive Director and Senior Independent Director)** - Mick is a chartered accountant by background and a graduate of the government's Major Project Leadership Academy. Mick is Chief Executive of the ExtraCare Charitable Trust, a charity that develops and operates large multi-tenure integrated retirement communities. Before joining the ExtraCare Charitable Trust Mick was Chief Executive of the Student Loans Company, a government body and 'digital exemplar' organisation that lends c£20 billion per annum and has over seven million customers. Prior to that, Mick was Chief Executive of Advantage West Midlands, the regional development agency for the West Midlands.

Mick has held a number of non-executive director roles in the public, private and charity sectors including: governor of Coventry University, chair of Business Link West Midlands, board member of Marketing Birmingham, board member of Birmingham Hippodrome Theatre and board member and honorary fellow of the National Manufacturing Technology Centre (MTC). Mick is currently a Council member and chair of audit at the University of Birmingham, vice chair of the Associated Retirement Community Operators (ARCO) and was appointed as a Deputy Lieutenant for the West Midlands in 2018.

**Andrew Argyle (Non-Executive Director)** - Andrew joins the Trust following his recent retirement from KPMG after a 35-year career working in corporate audit, transaction services and latterly the public sector. Andrew qualified as a UK chartered accountant in 1989, before moving to KPMG in Düsseldorf as an audit manager. On returning to KPMG in the Midlands, he established the company's German desk to coordinate work with German and UK clients.

In 2005, he led the KPMG Midlands transaction services team developing relationships across the corporate and private equity sectors and secured a number of high profile deals, which led to a return to KPMG in Frankfurt, to support the transaction services team grow its corporate deals business.

On returning to Birmingham in 2010, he joined the public sector team with a remit to facilitate closer working between KPMG's private and public businesses. Since 2015, he took on a market development role and designed and led KPMG's client relationship strategy with the Metro Mayor, the West Midlands Combined Authority and regional government across the region. He also led on CSR for KPMG in the Midlands and through this work developed a strong relationship with many third sector and charitable organisations in the region.

Andrew chaired CORE, a central Birmingham based academy trust, and remains a member there. He also chaired the Greater Birmingham Professional Services Academy until 2019 and held a board role at the City REDI Institute at the University of Birmingham.

**Val Taylor (Non-Executive Director)** – Val has 15 years' leadership experience in organisational development, HR, Governance and policy development at Director level. She is currently working as a Director of Corporate Services where she is advising on HR response functions. She also leads and coordinates on all activities to do with governance within the organisation. She has been successful in securing an 'investing in people' kite mark.

Val is a governor at a local academy trust school that was placed in special measures. She was appointed to this position to support the leadership team to improve the school levels of attainment. Her experience in leadership and organisational change management, which is a key requirement to progress the performance of the school. Since being in this post Val has seen a significant rise in the school's attainment levels across the board.

Val also sits on a board for the Voluntary Sector Health and Social Care Board for an organisation that provides intermediate and respite services to those living in the community requiring support with mental health conditions. She works in partnership with SWBHT Raid Team and Birmingham and Solihull Mental Health Foundation Trust, enabling them to provide much needed services to individuals.





**Rachel Hardy (Non-Executive Director)** - Rachel has over 35 years' experience within the NHS where she has held senior positions within the organisation. She has board level experience leading strategic change, financial and change management in complex health businesses at an organisational, regional, and national level. She worked on a commissioning system for one of four regions in NHS England for six years. Prior to that, Rachel worked across the Birmingham and Solihull Health System, developing a financial approach to accelerating clinical strategy with seven health providers, two local authorities and GPs across the city.

In 2019, she has been successful in developing a business specialising in developing financial strategy in complex systems, development and coaching for senior directors individually and in teams, teaching and developing academic and research work with the HFMA. The values learnt whilst working for the NHS are now adopted in her business, her passion which has driven her career is improving health for people.

**Jatinder Sharma CBE (Associate Non-Executive Director)** – As a qualified accountant and highly experienced leader, Midlands-born Jatinder Sharma is Principal and Chief Executive of Walsall College. He has previously held a number of senior positions in both private and public sectors.

Jatinder is a passionate champion of the vital role that skills and training play in the development of the West Midlands economy and the ongoing regeneration of Walsall and the Black Country. He is a board member of the Association of Colleges and is a member of the Walsall Proud Partnership.

He also represents further education on the Department for Education (DfE) Principals' Reference Group. Jatinder was awarded a CBE in 2023 New Year Honors for his services to Further Education.

**Mike Hallissey (Associate Non-Executive Director)** - Mike currently works for University Hospitals Birmingham holding the position of Medical Director, Director of Education and Consultant in General Surgery.

Mike began his career in 1992 where he held the position of a senior lecturer at the University of Birmingham. In 1996 he gained his consultants position for the Queen Elizabeth Hospital in Surgical Oncology where he focused on breast and more recently upper gastrointestinal cancers.

He helped support the development of a regional service in Angiosarcoma as well still supporting the breast services clinically.

He has been a member of several committees and was a member and the president of the British Association of Surgical Oncology and served as the Chair of the Cancer Service Committee for the Royal College of Surgeons of England. He has supported the Trial Management Committee and has been involved with two major cancer trials.

Throughout his career, Mike, has been actively involved in medical education and was once a member of the Deanery Committee, overseeing the training of house officers now known as foundation trainees. In addition to this, he has worked with colleagues to validate a cognitive stimulation which is used as a tool for trainee surgeons.

**Amrick Singh Ubhi (Associate Non-Executive Director)** - Amrick's professional background is diverse and varied; an innovative, forward thinking Organisational Development Consultant/Transformation Manager who more recently has strategically led and provided direction on the development, implementation and monitoring of civic and interfaith engagement and partnership building with many organisations. He brings experience of developing effective relationships with local/regional government; faith organisations; academic institutions; community and business organisations; law and order agencies; and the health sector with the aim of working in partnership to empower, uplift and engage all in the transformation process.

His previous and current Non-Executive Directorships, Advisory Boards, and representation roles, and also his substantive role as Director of Nishkam Civic Engagement and Partnerships, have at their core the key determinants of health inequality as drivers, namely, deprivation and economic factors; ethnicity and other protective characteristics; children and young people, long-term conditions, social injustice and, mental health.

He is driven by tackling inequalities and furthering inclusion, understanding the user's needs aligned with organisational objectives and the specific nuances of each sector in delivering practical services and changes. He brings a vast experience of working with educational, voluntary, public agencies, charities, criminal services, faith, and community organisation to the Trust.



**Atif Ali BEM (Associate Non-Executive Director)** - As a seasoned Project and Programme Manager, Atif has a proven track record of establishing deliverables across designated projects and navigating critical project challenges. His expertise extends to in-house resource development and strategic project management, underpinned by a Master's in Law (LLM) from the University of Birmingham and a Bachelor's in Law (LLB) from the University of Wolverhampton. These qualifications equip him with the legal acumen and analytical skills necessary to effectively oversee complex and diverse projects.

During his tenure at Birmingham City Council, Atif spearheaded the successful delivery of the Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR). This pivotal initiative positively impacted local communities by addressing social determinants of health. He also served as the Vice-Chair of the Employee's Network of Corporate Black Workers Support Group, where he demonstrated exceptional leadership by significantly increasing membership, enhancing engagement, and optimising the group's budget. In recognition of his outstanding service to the community, Atif was honoured with the British Empire Medal (BEM) and the British Citizens Award. Passionate about effecting positive change in the public sector, Atif is dedicated to empowering others through his adept leadership, strong negotiation skills, and effective communication strategies. His commitment to driving meaningful impact and fostering inclusivity underscores his role as a catalyst for progress within the healthcare landscape.

**Waseem Zaffar (Non-Executive Director)** – Waseem's term of Office ended in September 2023. Born and brought up in the Lozells neighbourhood in Birmingham, the area he represents, Councillor Waseem Zaffar is the Cabinet Member for Transport and Environment at Birmingham City Council. Waseem was for many years a local magistrate, as well as the CEO of a local not-for-profit organisation and has had his community work recognised by a number of awards including an MBE for services to the voluntary sector. Waseem has previously served as the Birmingham City Council Cabinet Member for Transparency, Openness and Equality as well as being the Chairman of a number of committees during his time at Birmingham City Council.

Jo-Ann Wass, Associate Non-Executive Director – Jo-Ann's term of office ended in January 2024. Jo is Director of Health Partnerships at the University of Leeds, and was formerly the Chief Operating Officer of the Leeds Academic Health Partnership.

Prior to this, Jo had a long career in the NHS. She was NHS Chief of Staff at the Department of Health, reporting directly to the NHS Chief Executive, and also the National Director for Human Resources and Organisational Development at NHS England. She has held a number of senior operational and strategic management posts in the NHS, broadly in the areas of human resources management, organisational development, public relations and communications.

She is a graduate of the University of Liverpool and holds a masters degree in Strategic Human Resources Management from Durham University, and a Post-Graduate Diploma in Public Relations from Leeds Metropolitan University. She is a Fellow of the Chartered Institute of Personnel and Development.

**Johanne Newens (Chief Operating Officer)** - Johanne was appointed Chief Operating Officer in September 2022, having served as the Deputy COO at SWB for the previous two years. She was previously at The Dudley Group NHS FT where she was Divisional Director of Operations for Medicine and Emergency Care. She is a voting member of our Trust Board, leading service delivery for all our hospital services and having Board oversight of IT & digital services, and will work closely with the Chief Integration Officer on community and primary care services and Place Based Partnerships.

**Dr Mark Anderson (Chief Medical Officer)** - Mark previously served as one of our Deputy Medical Directors who was the responsible officer for medical professional standards and revalidation.

Graduating from the University of Cambridge Medical School in 1994, Mark obtained his PhD from the University of Birmingham in 2005 following work on growth factor receptors in oesophageal cancer. He has been a Consultant Gastroenterologist with the Trust since 2006, having served as clinical lead for the endoscopy units, lead for the Upper GI Cancer Service and Clinical Director for scheduled care and long-term conditions within the Medicine and Emergency Care Group.

Mark brings a wealth of knowledge about our organisation, plus enthusiasm and commitment to support us in achieving our integrated care vision and our three strategic objectives for Patients, People and Population.



**Mel Roberts (Chief Nursing Officer)** - Mel joined the Trust in December 2018 as Director of Operations for Primary Care, Community and Therapy Services and was appointed as Chief Nursing Officer in September 2021.

She is an accomplished NHS Senior Leader with a successful track record of delivering and transforming services that provide high quality patient care across acute, community and mental health settings.

Before joining the Trust, Mel worked at Worcestershire Health and Care NHS Trust where she served as Deputy Chief Operating Officer/Associate Director Integrated Community Services.

Mel is proud to be a nurse and is known for being an inclusive, informative, empowering kind and compassionate leader.

**Daren Fradgley (Chief Integration Officer)** - Daren joined the Trust in 2022 and is the Chief Integration Officer. He was previously at Walsall Healthcare NHS Trust where in the last two years he was Deputy Chief Executive and then Acting Chief Executive. At Walsall he developed Walsall Together, the Place-Based Care Model which is responsible for the smooth running of all out of hospital health and social care services under a single integrated management team.

Daren Joined the Ambulance Service 28 years ago and trained as a Paramedic. He moved into operational management and spent 20 years in the Ambulance Service in operational leadership roles finishing as the NHS 111 Director and Assistant Chief Ambulance Officer. Daren still clinically practices today with a specialism in admission avoidance.

He leads on the Place-based Partnership in Sandwell as the jointly appointed integration role together with the accountability of all out of hospital Trust services including the Trust Primary Care function. He is also the Lead Executive for the West Birmingham Place Partnership.

Daren holds a number of qualifications which include a Masters Degree from Cranfield University and a Pilot License.

**Rachel Barlow (Managing Director, MMUH Programme Company)** - Rachel's career started in the NHS as a nurse in 1988 working in London, specialising in critical care, vascular surgery and major trauma.

She has worked at Trust Board level since 2011 serving as a Chief Operating Officer for nearly nine years with a

responsibility for the delivery of hospital and community based clinical services.

Rachel is now the Managing Director of the Midland Metropolitan University Hospital Programme Company at the Trust. She is leading a significant transformation project to open the Midland Metropolitan University Hospital which is part of the Government's New Hospital Programme and major projects portfolio.

Rachel is also the executive lead for the Trust's estates function, capital development, the green net zero sustainability portfolio and leads the 'anchor institution' work on social and economic regeneration with strategic partners.

**Kam Dhami (Chief Governance Officer)** - Kam has almost 30 years' experience in the NHS, all of it locally. She has driven our Consistency of Care Programme and chairs the Risk Management Group.

Her portfolio at Sandwell and West Birmingham NHS Trust includes aspects of corporate and clinical governance.

**Dave Baker (Chief Strategy Officer)** - Dave joined the Trust in 2017. Previously the Director of Partnerships and Innovation, he formally became the Chief Strategy Officer in April 2022 having led the development work on the Trust's 5-year strategy. He has a portfolio covering Strategy and Strategy Deployment, Performance and Insight Reporting and the development of an improvement system.

Dave is a former Management Consultant who has worked in Consulting (KPMG and Ernst & Young) and Transformation Houses (Atos Origin, Capgemini and Capita). He is an ILM Level 7 Coach, an MSP Advanced Practitioner and holds a certificate in International Advanced Consulting and Leadership.

He has led large change programmes using different approaches such as Kotter's 8 Step Change Model and Theory of Constraints. He is passionate about helping teams and individuals "play to win" rather than "playing not to lose" and to helping people to live their best lives.

**James Fleet (Interim Chief People Officer)** - James Fleet joined the Trust on an interim basis as Chief People Officer (CPO) in October 2023, providing executive leadership and support to the people and organisation development directorate and embedding our people plan.

He joins us from Lancashire and South Cumbria Integrated





Care Board where he was Chief People Officer. James knows the Black Country well as he was previously CPO at The Dudley Group NHS Foundation Trust and is delighted to be making a return to the area. He is a fellow of the Chartered Institute of Personnel and Development and brings a huge amount of experience from leadership roles within the NHS and private healthcare/consulting sector.

James has led major workforce transformation and service improvement programmes as a national director in Price Waterhouse Cooper's health team and as executive leader and co-founder of Four Eyes Insight Clinical Productivity Consulting.

He is passionate about health and care organisations working better together to plan and deliver joined up services for the benefit of local people.

***Simon Sheppard (Acting Chief Finance Officer) -***

Simon has overall management and stewardship of financial resources including the development of financial strategy and maintenance of effective budgetary control. He also has oversight of procurement arrangements for the Trust, which is part of a collaborative alliance with Dudley and Walsall hospitals. Simon has made a proactive contribution to continuous improvement in the Trust's activities including achieving optimum efficiency and service line management for quality, operational and cost improvement.

***Dinah McLannahan, Chief Finance Officer*** – Dinah went on secondment to the Black Country Provider Collaborative in January 2024. She was the Chief Finance Officer for the Trust since 2019. She played an instrumental role in the implementation of the finance and investment strategy to support the delivery of the Trust's core aims.

***Frieza Mahmood, Chief People Officer*** – Frieza went on secondment to the Black Country in September 2023. She has vast HR management experience, 15 years of which has been at a Senior level, with an extensive knowledge of the workforce agenda within the NHS where the majority of her career has been focused.

She takes the greatest professional satisfaction from facilitating organisational culture where leaders feel empowered to achieve excellence and are supported in being able to adapt to the changing environment around them.

**NHS Fit and Proper Person Test Framework for Board Members**

NHS England has recently issued its Framework for the Fit and Proper Person Test ("FPPT") for board members. Whilst there is no change to the underlying legal requirements around the FPPT (set out at regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014), the Framework provides guidance to NHS organisations about steps they should take to comply with the FPPT. The Framework came into effect on 30 September 2023.

A Standard Operating Procedure for managing the FPPT process, was agreed by the Trust Board in September 2023. A submission on compliance will be made to NHS England by 30th June 2024.

**Declarations of Interest**

Members of the Board are required to make an annual declaration of any interests which they have.

In addition, Board members are required to provide an update during the year should a new interest arise, or an interest cease. Where the interest ceases, the information will be held on the record for a period of at least six months.

In 2023/24, all Board members were required to complete a self-certificate to confirm compliance with these standards, and where appropriate external assessments, including Disclosure and Barring Service checks were undertaken. The results were scrutinised by the Trust Chair who concluded that the Board members were, and remain, fit to carry out the roles they are in.



### Trust Board Register of declared interests 2023/24

Name	Role	Description of declared interest	Comment / reasoning for acceptance of material interest (where required)
Sir David Nicholson	Trust Chair	<ul style="list-style-type: none"> <li>• Chair – Dudley Group NHS Foundation Trust</li> <li>• Chair – The Royal Wolverhampton NHS Trust</li> <li>• Chair - Walsall Healthcare NHS Trust</li> <li>• Sole Director – David Nicholson Healthcare Solutions</li> <li>• Member - Institute for Public Policy Research (IPPR) Health Advisory Committee</li> <li>• Senior Operating Partner for Healfund (Investor in healthcare in Africa)</li> <li>• Non-Executive Director – Lifecycle</li> <li>• Visiting Professor – Global Healthcare Solutions</li> <li>• Advisor to KMPG Global</li> <li>• Spouse Chief Executive to Birmingham Women’s and Children’s NHS Foundation Trust (ended 31/12/2022)</li> <li>• Spouse appointed National Director of Urgent and Emergency Care and Deputy Chief Operating Officer of the NHS</li> </ul>	Will withdraw from any business discussions that could have any potential conflict of interest
Mick Lavery	Non-Executive Director	<ul style="list-style-type: none"> <li>• CEO: ExtraCare Charitable Trust</li> <li>• Council Member &amp; Audit Committee Chair: University of Birmingham</li> <li>• Associated Retirement Community Operators Limited - Director</li> </ul>	Will withdraw from any business discussions that could have any potential conflict of interest
Lesley Writtle	Non-Executive Director	<ul style="list-style-type: none"> <li>• Nil declared</li> </ul>	n/a
Rachel Hardy	Non-Executive Director	<ul style="list-style-type: none"> <li>• Sole Director - Doodle Health Limited</li> <li>• Consultancy work with Doodle Health Limited primarily in the NHS.</li> <li>• Teaching and coaching through the HFMA</li> <li>• Trustee of WE Dunne Charitable Trust</li> </ul>	Will withdraw from any business discussions that could have any potential conflict of interest
Mike Hallissey	Associate Non-Executive Director	<ul style="list-style-type: none"> <li>• Director of Assure Dialysis, wholly owned subsidiary of UHB</li> </ul>	Will withdraw from any business discussions that could have any potential conflict of interest



Name	Role	Description of declared interest	Comment / reasoning for acceptance of material interest (where required)
Val Taylor	Non-Executive Director	<ul style="list-style-type: none"> <li>Director of Servol Community Trust</li> </ul>	Will withdraw from any business discussions that could have any potential conflict of interest
Jo-Anne Wass	Associate Non-Executive Director	<ul style="list-style-type: none"> <li>Husband is Locality Director (West Yorkshire) for NHS England/ Improvement</li> <li>Director of Health Partnerships at the University of Leeds (Resigned on 6 June 2017)</li> <li>Occasional management consultancy assignments in an independent capacity, including in the NHS</li> </ul>	Will withdraw from any business discussions that could have any potential conflict of interest
Lorraine Harper	Non-Executive Director	<ul style="list-style-type: none"> <li>Ad hoc lectured fees</li> </ul>	Will withdraw from any business discussions that could have any potential conflict of interest
Andrew Argyle	Non-Executive Director	<ul style="list-style-type: none"> <li>Director Sal Germany Ltd</li> <li>Sole Director German Desk Ltd</li> <li>Consultant to Folkes Worton LLP</li> <li>Employee Coventry University</li> <li>CORE Education Trust</li> </ul>	Will withdraw from any business discussions that could have any potential conflict of interest
Jatinder Sharma CBE	Associate Non-Executive Director	<ul style="list-style-type: none"> <li>AoC F&amp;GP Committee Member</li> <li>AOC Sports Board Chair</li> <li>AoC Board member</li> <li>Black Country Chamber of Commerce Director</li> <li>Black Country Colleges Ltd. (change of name from Black Country Partnership for Learning – 11 June 2016) Director</li> <li>Broadway Training Director (Dormant)</li> <li>Collab Group Education Director</li> <li>Principals' Reference Group (PRG) Member</li> <li>Walsall Economic Board Member</li> <li>Walsall Proud Partnership (previously called Walsall Borough Management Team) Member</li> </ul>	Will withdraw from any business discussions that could have any potential conflict of interest





Name	Role	Description of declared interest	Comment / reasoning for acceptance of material interest (where required)
Richard Beeken	Chief Executive	<ul style="list-style-type: none"> <li>• Director and Company Secretary of Watery Bank Barns Ltd</li> <li>• Spouse is a senior lecturer in midwifery at Wolverhampton University</li> <li>• Son works for the Trust Communications department via Trust Bank contract</li> </ul>	Will withdraw from any business discussions that could have any potential conflict of interest
Mel Roberts	Chief Nursing Officer	<ul style="list-style-type: none"> <li>• Director – Star leather (husband’s company)</li> </ul>	Will withdraw from any business discussions that could have any potential conflict of interest
Frieza Mahmood	Chief People Officer	<ul style="list-style-type: none"> <li>• Non-Executive Director - Washwood Heath Multi Academy Trust</li> <li>• Enterprise Adviser – Birmingham Schools</li> </ul>	Will withdraw from any business discussions that could have any potential conflict of interest
Mark Anderson	Chief Medical Officer	<ul style="list-style-type: none"> <li>• Company secretary for Woodland Gardens Management Company</li> </ul>	Will withdraw from any business discussions that could have any potential conflict of interest
Jo Newens	Chief Operating Officer	<ul style="list-style-type: none"> <li>• Nil declared</li> </ul>	n/a
Kam Dhami	Chief Governance Officer	<ul style="list-style-type: none"> <li>• Nil declared</li> </ul>	n/a
Daren Fradgley	Managing Director / Deputy CEO Core Organisation	<ul style="list-style-type: none"> <li>• Non Exec Director – Walsall Housing Group</li> <li>• Director – Wombourne Management Company</li> <li>• Spouse – System Manager – West Midlands Ambulance Service NHS Foundation Trust</li> <li>• Practice Plus Group Employee - NHS 111 Clinical Advisor</li> </ul>	Will withdraw from any business discussions that could have any potential conflict of interest
David Baker	Chief Strategy Officer	<ul style="list-style-type: none"> <li>• Director of PB Health Ltd since June 2020</li> <li>• Trustee of the Liaison Group Workforce Charity</li> </ul>	Will withdraw from any business discussions that could have any potential conflict of interest
Simon Sheppard	Acting Chief Finance Officer	<ul style="list-style-type: none"> <li>• Nil</li> </ul>	n/a



Name	Role	Description of declared interest	Comment / reasoning for acceptance of material interest (where required)
James Fleet	Interim Chief People Officer	<ul style="list-style-type: none"> <li>• Nil</li> </ul>	n/a
Amrick Singh Ubhi	Associate Non-Executive Director	<ul style="list-style-type: none"> <li>• Director, Civic Employment &amp; Partnerships – Nishkam Group of Organisations</li> <li>• Non-Exec Director, Acorns Children’s Hospice</li> <li>• Non-Exec Director, Birmingham Children’s Trust</li> <li>• Non-Exec Director, Soho Road Business Improvement District</li> <li>• Chair of WMCA Faith Strategic Partnership Group</li> <li>• Chair of Council of Sikh Gurudwaras Birmingham</li> <li>• Chair of Birmingham Faith Leaders Group</li> <li>• Vice Chair National Spirituality &amp; Mental Health Forum (Resigned on 28 Feb 2019)</li> <li>• Inclusion Advisory Board member at Warwickshire County Cricket Club</li> <li>• Council of Governors, University Hospitals Birmingham NHS Foundation Trust (Stakeholder Governor)</li> <li>• Former Vice Chair of Birmingham Voluntary Sector Council</li> <li>• 12. Deputy Lieutenant with West Midland Lieutenancy</li> </ul>	Will withdraw from any business discussions that could have any potential conflict of interest
Afif Ali	Associate Non-Executive Director	<ul style="list-style-type: none"> <li>• Project Manager – NHS England</li> <li>• Birmingham Repertory Theatre – Non-Executive Director and Trustee</li> <li>• Birmingham Race Impact Group – Board Member</li> <li>• The Lunar Society – Trustee and Executive Team Member</li> <li>• Bournville Village Trust – Housing and Community Services Committee Co-opted Independent Member</li> <li>• Director at Vibrant Voices CIC</li> </ul>	Will withdraw from any business discussions that could have any potential conflict of interest



Name	Role	Description of declared interest	Comment / reasoning for acceptance of material interest (where required)
Martin Sadler	Executive Director of IT & Digital	<ul style="list-style-type: none"> <li>Minority shareholder in software and services company for Digital Co-Production. They principally work in Local Government Sector. I have no day to day involvement with them.</li> <li>First Rate Ltd – Director</li> <li>Director of CIO Download</li> </ul>	Will withdraw from any business discussions that could have any potential conflict of interest
Dinah McLannahan	Chief Finance Officer	<ul style="list-style-type: none"> <li>Independent Member of the Audit Committee and Black Country Museum.</li> </ul>	Will withdraw from any business discussions that could have any potential conflict of interest
Waseem Zaffar	Non-Executive Director	<ul style="list-style-type: none"> <li>Elected Councillor: Lozells Ward (Birmingham City Council)</li> <li>School Governor: Heathfield Primary School.(Chair)</li> <li>Member: Unite the Union and the Labour Party.</li> <li>Director: Midlands Community Solutions CIC</li> <li>Member of GMB Union</li> <li>General Secretary at Labour Friends of Kashmir</li> <li>Member – The Co-operative Party</li> </ul>	Will withdraw from any business discussions that could have any potential conflict of interest

### Trust Board and Board Committees

The Trust Board has elected to establish board committees to assist it in carrying out its functions, which can include the implementation of time-limited board committees or board committee sub-groups. The approved board committee structure and current chairs as at 31st March 2024 are shown following in Chart 1.

Trust Board meetings are held in public and the papers are made available on the Trust website in advance of each meeting. The Board regularly reviews performance against national standards and regulatory requirements via a Board level metrics and IQPR exceptions Report.

The Board places a strong emphasis on the quality and safety of patient care and, in addition to performance reports, regularly hears directly from patients, carers and staff including through patient and staff stories and a programme of ward and department visits.

Terms of reference for board committees are subject to review on an annual basis. Exception reports are provided to the Trust Board (based on use of a standard proforma reporting template) by each of the board committees following their meetings. Board assurance committees also produce an annual report summarising how each has met its duties during the year. Terms of reference for the board committees are published on the Trust's website.





## Audit Committee

The following are key duties of the Audit Committee:

- To provide assurance to the Board based on review of the establishment and maintenance of an effective system of governance, risk management and internal control across the Trust's activities that support the achievement of the organisation's objectives. The Audit Committee is assisted in this duty by the Quality Committee, which has responsibility for providing assurance in relation to clinical quality and safety aspects.
- To ensure that there is an effective internal audit function put in place by management that meets mandatory NHS internal audit standards and provides appropriate independent assurance to the Audit Committee, Chief Executive, and Board.
- Consideration of the major findings of internal audit work and the management response and ensuring coordination between the Internal and External Auditors to optimise audit resources.
- To review the work and findings of the External Auditor and consider the management responses to their work.
- To act as an Auditor Panel, making recommendations to the Board on appointment and removal of External Audit Partners, and to agree the approach to be taken to maintain objectivity of external auditors in the event that the External Audit Partner is commissioned by the Trust to undertake any non-audit work
- To review proposed changes to the Standing Orders and Standing Financial Instructions.
- To review the Annual Accounts to determine their completeness, objectivity, integrity, and accuracy before they are presented to the Trust Board.

The Chair of the Audit Committee has a strong background in corporate finance and audit. Membership consists only of NEDs and Associate NEDs, in line with good practice recommendations. Exception reports are provided to the Trust Board (based on use of a standard proforma reporting template) following each meeting.

### Membership:

- Andrew Argyle, Non-Executive Director & Chair
- Rachel Hardy, Non-Executive Director
- Lesley Writtle, Non-Executive Director
- Mick Laverty, Non-Executive Director

- Lorraine Harper, Non-Executive Director
- Val Taylor, Non-Executive Director
- Mike Hallissey, Assoc Non-Executive Director
- Jatinder Sharma, Assoc Non-Executive Director
- Atif Ali, Assoc Non-Executive Director
- Amrick Ubhi, Assoc Non-Executive Director

### In attendance:

- Chief Finance Officer
- Chief Governance Officer
- CEO (once per year).

## Quality Committee

The Quality Committee is a standing assurance committee of the Trust Board and acts on its behalf to monitor, review and report on the quality of clinical services provided by the Trust. In carrying out its role, the Quality Committee complements the Audit Committee through providing dedicated time and resources to review, for example, clinical aspects of assurance work carried out by Internal Audit and the clinical audit functions. There is a shared membership of the Audit Committee and the Executive Quality Group. The Chair of the Quality Committee has relevant clinical experience and qualifications.

The terms of reference include a remit to examine on the Board's behalf the quality and safety aspects of operational delivery, given its close relationship to the quality agenda. Exception reports were provided to the Trust Board (based on use of a standard proforma reporting template) following each meeting.

### Membership:

- Mike Hallissey, Assoc Non-Executive Director & Chair
- Lesley Writtle, Non-Executive Director
- Lorraine Harper, Non-Executive Director
- Atif Ali, Assoc Non-Executive Director
- Chief Nursing Officer
- Chief Medical Director
- Chief Operating Officer
- Chief Integration Officer

### In attendance:

- Chief Strategy Officer



## Remuneration Committee

The Trust's Remuneration Committee comprises the Chair and all NEDs and Associate NEDs. The Chief Executive and the Chief People Officer usually attend meetings. The Committee has delegated authority from the Trust Board to appoint and remove the Chief Executive and, together with the Chief Executive, to appoint and remove other Executive Directors. Appointments to Non-Executive Director posts are approved externally by NHS England, which also sets the remuneration and terms and conditions for Chairs and NEDs of NHS Trusts appointment, removal, remuneration, allowances and terms and conditions of office for executive directors (and the structure of remuneration, allowances and terms and conditions for other defined senior officers) and any changes to these terms is determined by the Remuneration Committee with due regard to performance and national guidance. Exception reports (based on use of a standard proforma reporting template) accompanied by oral updates from the chair are provided to the Trust board following each meeting.

The remuneration of all Board Members is published in the Remuneration Section of this report and covers all remuneration received.

### Membership:

- Chair
- All Non-Executive Directors
- All Associate Non-Executive Directors

### In attendance:

- Chief Executive
- Chief People Officer

## Finance and Productivity Committee

In addition to the above statutory committees, the Trust Board is supported by a Finance and Productivity Committee. This Committee undertakes, on behalf of the Trust Board, objective scrutiny of the Trust's financial plans and major investment decisions.

The Committee reviews the Trust's monthly financial performance and identifies the key issues and

risks requiring discussion or decision by the Trust Board. Exception reports (based on use of a standard proforma reporting template or provided orally) are provided to the Trust Board following each meeting. The Finance and Productivity Committee monitors financial performance in line with the key duties set in its terms of reference.

### Membership:

- Rachel Hardy, Non-Executive Director & Chair
- Andrew Argyle, Non-Executive Director
- Mick Lavery, Non-Executive Director
- Jatinder Sharma, Assoc Non-Executive Director
- Chief Finance Officer
- Chief Operating Officer
- Chief Integration Officer
- Chief People Officer

### In attendance:

- Chief Strategy Officer

## Charity Committee

The Committee provides oversight and assurance in respect of how the Trust's charitable funds are invested to the benefit of patients in accordance with the wishes of donors. The Trust Board approved Your Trust Charity to begin conversion to an independent charity in January 2023 and would be complete for the financial year of 2024/25. Exception reports (based on use of a standard proforma reporting template) accompanied by oral updates from the chair are provided to the Trust board following each meeting.

### The Committee meets quarterly.

### Membership:

- Andrew Argyle, Non-Executive Director & Chair
- Lorraine Harper, Non-Executive Director
- Chief Executive
- Chief Nursing Officer



## Integration Committee

The purpose of the Committee is to provide the Board with assurance concerning the strategy and delivery plans for the Trusts Population Strategic Objective. Exception reports (based on use of a standard proforma reporting template) accompanied by oral updates from the chair are provided to the Trust Board following each meeting.

### The Committee meets Monthly

#### Membership:

- Val Taylor, Non-Executive Director & Chair
- Jatinder Sharma, Assoc Non-Executive Director
- Amrick Ubhi, Assoc Non-Executive Director
- Chief Integration Officer
- Chief Nursing Officer
- Chief Strategy Officer
- Managing Director, MMUH Programme Company

## Midland Metropolitan University Hospital (MMUH) Opening Committee.

The MMUH Opening Committee provides assurance to the Trust Board on the construction, practical completion, operational commissioning and opening of the hospital, specifically including the safe transfer of clinical services. The Committee will provide assurance to the Trust Board, that the MMUH is safe to receive patients into the new building alongside other necessary clinical configuration in the treatment centres and community service. Exception reports (based on use of a standard proforma reporting template) accompanied by oral updates from the Chair are provided to the Trust board following each meeting.

### The Committee meets Monthly.

#### Membership:

- Mick Lavery, Non-Executive Director & Chair
- Rachel Hardy, Non-Executive Director
- Mike Hallissey, Assoc Non-Executive Director
- Amrick Ubhi, Assoc Non-Executive Director
- Chief Executive
- Managing Director, MMUH Programme Company
- MMUH Delivery Director
- Chief Operating Officer
- Chief People Officer
- Chief Integration Officer

#### In attendance:

- Chief Medical Officer
- Chief Nursing Officer
- Chief Finance Officer

## Board Committee Effectiveness

During 2022/23 the members of the board committees undertook a self-assessment survey (with the same questionnaire used for each in order to provide a basis for comparison across the committees). The scores, comparators and comments were reviewed by the respective committees in May 2023 with the outputs summarised in a paper to the Trust Board in June 2023. Some key themes from these effectiveness reviews included:

- Committee papers need to enable effective decision making.
- Improve the triangulation between the work of the other committees and how this could affect the other agenda's.
- Greater understanding of and familiarity with the Terms of Reference.





## Non-Executive Directors: Board and Committee attendance

	Trust Board	Remuneration & Terms of Service	Audit and Risk Management	Quality and Safety	Finance and Investments & Performance	Charitable Funds	People & Organisational Development	Integration Committee	MMUH Opening
Sir David Nicholson Chair	6/6	4/4							1/1
Lesley Writtle, Non-Executive Vice-Chair	6/6	3/4	4/6	8/12			11/10		
Mick Laverty, Non-Executive Director	5/6	4/4	5/6		11/12				12/12
Andrew Argyle, Non-Executive Director (1)	5/6	3/4	6/6		10/12	3/3			
Waseem Zaffar, Non-Executive Director (2)	1/1	1/2	0/3			2/2		4/4	
Rachel Hardy, Non-Executive Director	5/6	0/4	6/6		9/12				8/12
Michael Hallissey, Associate Non-Executive Director	6/6	4/4	5/6	10/12					11/12
Jo-Ann Wass, Associate Non-Executive Director (3)	2/3	2/3	1/5				8/12		5/9
Val Taylor, Associate Non-Executive Director	6/6	4/4	1/6				11/12	9/9	
Lorraine Harper, Non-Executive Director	5/6	4/4	5/6			2/2	5/9	2/3	
Jatinder Sharma, Associate Non-Executive Director (4)	6/6	3/4	5/6		8/12			4/9	
Atif Ali, Associate Non-Executive Director (5)	1/1	N/a	1/1	0/1			1/1		
Amrick Ubhi, Associate Non-Executive Director (6)	1/1	N/a	1/1					N/a	N/a



## Executive Directors: Board and Committee Attendance

	Trust Board	Remuneration & Terms of Service	Audit and Risk Management	Quality and Safety	Finance and Investments & Performance	Charitable Funds	People & Organisational Development	Integration Committee	MMUH Opening
Richard Beeken, Chief Executive	5/6	4/4	3/3			3/4			10/12
Mel Roberts, Chief Nursing Officer	6/6			11/12		3/4	8/11	8/9	4/12
Dinah McLannahan, Chief Finance Officer (7)	2/3		5/5		1/9	3/3			7/9
Frieza Mahmood, Chief People Officer (8)	1/1				3/5		3/5		2/6
Kam Dhami, Chief Governance Officer	6/6		5/6	6/8					
Jo Newens, Chief Operating Officer	5/6			8/12	9/12		8/11		6/12
Daren Fradgley, Chief Integration Officer (9)	5/6			8/12	5/12		6/11	8/9	7/12
Mark Anderson, Chief Medical Officer	6/6			10/12					8/12
Rachel Barlow, Chief Development Officer	6/6		3/3					6/9	12/12
Simon Sheppard, Acting Chief Finance Officer (10)	2/2		1/1		3/3	1/1	3/3		3/3
James Fleet, Interim Chief Finance Officer (11)	4/4	2/2			5/6		5/6		5/6

KEY			
1	Appointed May 2023	7	Seconded to the Black Country ICB January 2024
2	Employment ceased September 2023	8	Seconded to another organisation September 2023
3	Employment ceased January 2024	9	Stood down from the role of Managing Director/Deputy CEO (Core Organisation) February 2024
4	Appointed May 2023	10	Appointed January 2024
5	Appointed March 2024	11	Appointed September 2023
6	Appointed March 2024		



## Trust Board appraisals

The process for appraisals has been established with the Chair and Regional Director of NHSE responsible for overseeing appraisals of the Trust Chair; the Chair conducting appraisals for the

Non-Executive Directors and the Chief Executive; and the Chief Executive conducting appraisals for Executive Directors. These are completed on an annual basis. Annual appraisals of Non-Executive Director performance are due to be completed by the Deputy Chair and appraisals of Executives are due to be completed by the CEO. The output of the review of executives' performance against objectives will be reported to the Trust's Remuneration Committee for review, in line with the committee's terms of reference.

The process for the Chair's appraisal was set out in the new FPPT Framework and will be taken forward in 2024.

Other risk and control framework details - interests, gifts and hospitality; fit and proper persons regulations; declarations and expenses

The staff policies and remuneration section of this report includes details of all Non-Executive Director and Executive Director interests. As a standing item at every Board and Board Committee Members are asked to declare any new interests, gifts or hospitality and these are minuted. Board Members are also required to complete and sign a declaration of interest form on an annual basis (details

of declared interests are included in this annual report). Fit and Proper Persons Self-Assessments are completed annually in line with National Fit and Proper Persons Regulations and the Trust Standard Operating Procedure (SOP) (which sets out the scope and application of the regulations within the Trust). The Trust Associate Director of Corporate Governance/Company Secretary (on behalf of the Chair) maintains records of the following for each Executive Director and Non-Executive Director:

- An annual self-declaration on fitness to practice completed and signed by everyone.
- Evidence of disclosure and barring service status checks.
- Confirmation of a central check against register of individuals' subject to bankruptcy restrictions, sequestration or debt relief orders.
- Confirmation of professional qualifications and professional registration (for clinicians or relevant others).

The annual accounts include a summary of non-executive director and executive director expenses claimed.

Richard Beeken  
Chief Executive Office

14th August 2024





# Annual Governance Statement 2023/24

## Scope of Responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the Trust's policies, aims and objectives, while safeguarding the public funds and the organisation's assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NH Trust Accountable Officer Memorandum.

## The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives of Sandwell and West Birmingham NHS Trust, to evaluate the likelihood of those risks being realised and the impact they should be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Sandwell and West Birmingham NHS Trust for the year ended 31 March 2024 and up to the date of approval of the annual report and accounts.

## Capacity to handle risk

The Trust Board has overall responsibility for the effective and efficient management of Sandwell and West Birmingham NHS Trust and for ensuring the organisation adheres to the principles of good governance. It is responsible for reviewing the effectiveness of the system of internal control, and for ensuring that the Trust has effective systems and processes in place for risks that threaten the Trust's ability to meet the objectives set out in its five-year Strategy (2022-2027), and the achievement of its values.

The overall responsibility for the management of risk lies

with me as Chief Executive and Accountable Officer. I am supported in my role through the assurance committees of the Trust Board, each under the chairmanship of a non-executive director, with appropriate membership or input from members of the Executive team. The Board's assurance committees comprise of the Audit Committee, Quality Committee, Finance & Productivity Committee, People Committee, the Integration Committee and the MMUH Opening Committee. In 2023/24, the delegation of responsibility for the management of risk throughout the Trust sat with the Chief Governance Officer and was reported and monitored via the Executive Risk Management Group.

The Audit Committee comprising of non-executive directors, oversees the systems of internal control and the overall assurance process associated with managing risk. The Trust Board receives the Chairs' highlight assurance report and receives specific assurances from the Quality Committee relating to the management of all serious incidents. All assurance committees also received a monthly performance report which includes metrics on committee specific matters.

There are also established governance arrangements provided through the Clinical Group triumvirate team structure of medical staff, nursing and managers who hold regular bi-monthly meetings with Executive directors which provide a mechanism where performance is reviewed and key risks to delivery of services identified, and mitigating actions considered.

Risk management training is available to all managers to ensure they are aware of their roles and responsibilities, and where required specialist training. This includes support in how to raise, document and mitigate risks.

## Code of Governance

The Trust has applied the principles of the NHS Code of Governance on a 'comply or explain' basis. The Trust keeps its governance arrangements under regular review, including membership of Board committees, their terms of reference and Board performance assessments. The NHS Code of Governance, is based on the principles of the UK Corporate Governance Code



### The risk control framework

There is a Risk Assessment and Risk Register Policy in place which provides a continual, systematic approach to the assessment of all types of risk across the Trust. The same process is used to identify clinical, service and health & safety hazards, analyse risk and identify controls to remove or minimise risk. Roles and responsibilities in relation to the identification of and management of risk are set out in this and other related documents including the incident reporting policy. The delivery of risk management is supported by a central risk management and health and safety team, which following a restructuring will be led by a Deputy Director of Risk and Compliance in 2024/25. This post will also oversee the development of a new Risk Management Framework to improve risk management further and to embed this as a routine part of how we operate.

All staff have both the opportunity and expectation of reporting risks within their area of operation, which are then subject to a process of review, validation and (if appropriate) scoring and management. Management of risk is undertaken at a level appropriate to the potential impact of the risk.

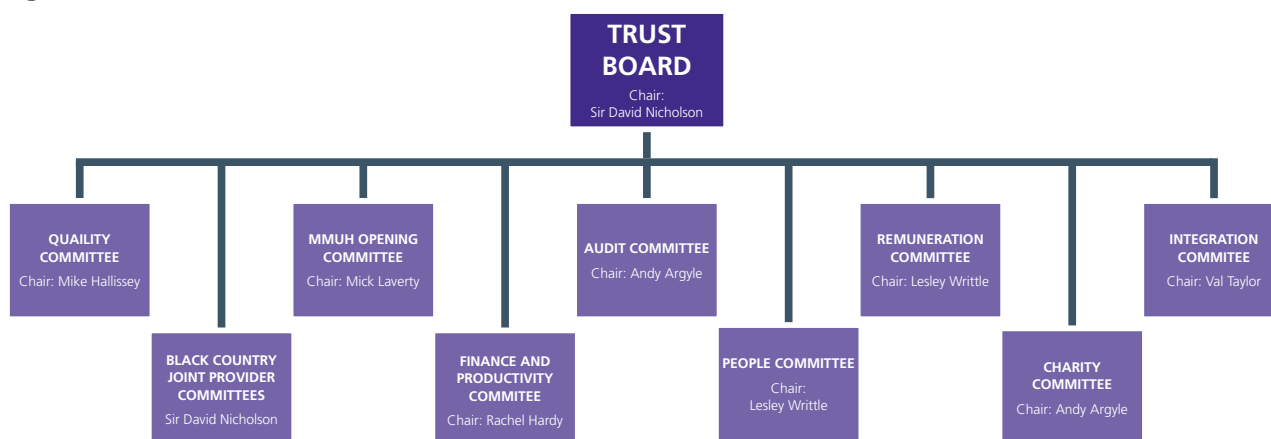
At an operational level, risks are monitored at Ward/ Department, Directorate or Clinical Group level. Oversight of operational risks, captured in a Corporate Risk Register (CRR), is undertaken by the Executive Risk Management Group to ensure that there is appropriate leadership and accountability for the management of risk.

Where a risk cannot be managed locally, has a major impact on service capability or Trust reputation or may result in major litigation, this is presented to the Risk Management Group where any escalation decisions are made.

The Trust has applied the principles of the NHS Code of Governance on a 'comply or explain' basis. The Trust keeps its governance arrangements under regular review, including membership of Board committees, their terms of reference and Board performance assessments. The NHS Code of Governance, is based on the principles of the UK Corporate Governance Code

All Board and committee meetings (see the chart below) demonstrate strong evidence of peer challenges across all disciplines. A meeting is between the Chair and Chief Executive is held before each Board meeting, attended by all Non-executive directors.

Figure 1





Committee	Key Risk Management Responsibilities
<b>Audit Committee</b> Chair: Non-executive Director	<ul style="list-style-type: none"> <li>Review the establishment and maintenance of an effective system of internal control and risk management.</li> </ul>
<b>Quality Committee</b> Chair: Non-executive Director	<ul style="list-style-type: none"> <li>Provide strategic oversight to ensure that all risk management activity is co-ordinated across the Trust in a systematic plus clinically and patient focused.</li> <li>Through regular and co-ordinated reports to Trust Board, provide an overview of all areas of risk.</li> <li>Monitor the Trust Risk Register</li> </ul>
<b>Finance &amp; Productivity Committee:</b> Chair: Non-executive director	<ul style="list-style-type: none"> <li>Consider business risk management processes in the Trust.</li> <li>Review arrangements for risk pooling and insurance</li> <li>Consider the financial implications of pending litigation against the Trust.</li> <li>Consider operating risks arising from major change programmes and investments</li> <li>Examines transformation load as against management capacity</li> </ul>
<b>Trust Management Committee</b> Chair: Chief Executive	<ul style="list-style-type: none"> <li>Provide operational scrutiny of Clinical Group/corporate directorate risk management activity (i.e. receipt of regular reports)</li> <li>Ensure that risk management processes are integrated with other key governance activities.</li> <li>Provide support to line managers and advise the Risk Management Committee of the on-going risk profile of the Trust, the changing trends in risks and priorities for action.</li> <li>Agree the Risks to be overseen by the Trust Board</li> </ul>
<b>Risk Management Group</b> Chair: Chief Governance Officer	<ul style="list-style-type: none"> <li>Provide detailed scrutiny and moderation of risk scores for risks proposed by groups/corporate directorates for inclusion on the Risk Register before presentation to Trust Management Committee.</li> </ul>
<b>Health and Safety Group</b> Chair: Chief Governance Officer	<ul style="list-style-type: none"> <li>Monitor significant health &amp; safety risks facing the Trust.</li> <li>Provide an open forum for discussion of risk management issues with staff side representatives</li> </ul>

Terms of reference for board committees are subject to review on an annual basis. Exception reports are provided to the Trust Board (based on use of a standard proforma reporting template) by each of the board committees following their meetings. The Board and its assurance committees also produce an annual report confirming that each has met its duties during the year. Terms of reference for the board committees are published on the Trust’s website.

In this year we have appointed 1 new Non-Executive Director, Andrew Argyle and 3 new Associate Non-Executive Directors, Jatinder Sharma, Atif Ali and Amrick Ubhi. These appointments were made following Waseem Zaffar, Non-Executive Director and Jo-Ann Wass, Associate Non-Executive Director completing their full terms.

There have been some changes in Executive Team Dinah McLannahan, Chief Finance Officer has gone on a secondment to the Black Country ICB and Simon Sheppard took up the role of Acting Chief Finance

Officer for the period. Frieza Mahmood also went on a secondment to the Black Country ICB and James Flett was appointed as the Interim Chief People Officer, he has come on a secondment from Lancashire and South Cumbria Integrated Care Board.

Board Committees review the Board Assurance Framework (BAF) quarterly and it is formally reviewed by the Trust Board three times a year. Risks on the BAF are assigned both a lead director and a lead Trust Board Committee. The respective Board Committees review, at each of their meetings, progress against those risks assigned to the Committee.

The principal risks were identified through Board Workshops and committee led meetings, where the risks to the strategic objectives were identified and debated. As part of the identification of strategic risks the level and type of risk the lead committee was prepared to accept, or its appetite, was also agreed.





The overarching Board Risk Appetite is *'As a Board, we are willing to take decisions that are likely to bring scrutiny of the organisation. We outwardly promote new ideas and innovations where potential benefits outweigh the risks'*.

During 2023/24, the format of the BAF was amended to place greater emphasis on embedding Impact Descriptions, to identify what might cause each risk to happen.

Risk scoring is undertaken on a 5x5 matrix (Consequence x Likelihood). Risks rated 15 or over are rated high (Red), 10-12 are medium (Amber), 4-8 are moderate (Yellow) and 1-3 are low (Green).

The principal risks on the BAF as at the end of 2023/24 and current risk scores are:

1. There is a risk that the Trust fails to deliver safe, high-quality care (4x3 = 12).
2. There is a risk that the Trust fails to make best strategic use of its resources (5x4=20).
3. There is a risk that the Trust fails to recruit, retain, train, and develop an engaged and effective workforce (4x3=12).
4. There is a risk that the Trust fails to deliver on its ambitions as an integrated care organisation (4x3=12).
5. There is a risk that the Trust fails to deliver the MMUH benefits case (5x4=20).

The BAF is based on the Trust's strategic objectives and identifies the principal risks to the achievement of those objectives, the key controls in place to manage those risks and the sources of assurance about the effectiveness of those controls. It also details the identified risk appetite linked to the relevant objective/enabler and any gaps in control and assurance in relation to the risks, together with actions to address them.

The BAF is updated through a 'top down' assessment by Executive Directors and Board Committee Chairs of key risks. The 2023/24 internal audit review of the BAF indicated a 'Reasonable' assurance opinion regarding the controls upon which the organisation relies to manage this area are suitably designed, consistently applied and effective. Action will be taken by the Executive to address recommendations for refinements identified in the audit report, including have identified issues that need to be addressed to ensure that the control framework is effective in managing the identified risk(s). This includes visibility of the Corporate Risk Register at the Trust Management

Committee, Board Committees and the Trust Board and escalation of any risks that may impact on the delivery of the Trust's Strategic Objectives.

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

There have been no inspections by the CQC in the 2023/24 period. Regular meetings have been held with our local CQC Inspector throughout the year to ensure that a constructive relationship is maintained and any concerns or queries from either organisation may be addressed in a timely manner. Topics within these discussions included the new CQC inspection and rating framework, to understand the changes and impact this will have. We have also commenced the registration process for the MMUH opening in October 2024, to ensure a smooth transition is maintained for patients.

The Trust has considered whether it has complied with provider license conditions G6(3) - Systems for compliance with license conditions and related obligations and CoS7 – Availability of Resources. The organisation's governance infrastructure and arrangements, risk management strategy and risk management processes identify risks to compliance and these processes and systems are regularly reviewed through a range of internal audit reports and management reviews of systems and processes.

Assurance for compliance against license condition CoS7 is derived through going concern assessment processes, external audit opinion, financial reports and updates and the financial plan.

The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to the guidance) within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance. A broader declarations of interest process is in place, which brings the management approach into a more automated system via the Electronic Staff Record. A full communication plan was implemented and accomplished to support staff in use of the new system.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with



the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

We as a Trust recognise that individual and institutional discrimination obstruct the fundamental aims and objectives of the Trust as a public service provider. In addition, the Trust respects and values the diversity of its workforce and its patients, service users, relatives, carers and visitors. We are committed to working towards genuine equality of opportunity and outcome. Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Trust has undertaken risk assessments of the effects of climate change and severe weather and has developed a Green Strategic Plan following the guidance of the Greener NHS Programme. The Trust ensures that its obligation under the Climate Change Act and the Adaptation reporting requirement are complied with.

### **Well-led framework**

It is important to ensure that the Trust is well-led so services are safe and patient-centred. In 2018 we welcomed the Care Quality Commission (CQC) to inspect our services, which included a well-led inspection.

The overall well-led rating for the Trust remains 'requires improvement' following the inspection, The Trust developed an action plan to address the specific issues identified to ensure that it can continue to improve.

A self-assessment against the well-led standards will be carried out in 2024/25 and delivery of identified actions monitored by the Trust Board. An externally supported well-led review will take place next year.

### **Developing workforce safeguards**

The Trust monitors its compliance with the "developing workforce safeguards" recommendations by a number of measures. Nursing establishments are reviewed regularly and safer staffing reports, based on the National Quality Board model, are received by the Quality Committee.

The People Committee, chaired by a non-executive director, has been in operation throughout the year and regularly considers all aspects of staffing for all groups of staff. It

has a specific focus on role development, hard to recruit roles, culture, and leadership.

The Trust Board approved the People Plan in January 2022, which sets out our commitment to work tirelessly to ensure the best possible experience for all of our staff. In the last year good progress has been made in relation to implementing key programmes of work of the People Plan, through the Workforce Optimisation Programme (e-rostering, e-job planning, sickness absence), MMUH Workforce. Also, in the areas of culture and staff experience e.g. ARC Leadership and Team Effectiveness programmes.

The Trust has an active Bank Partner; this has achieved a high level of bank fill. Agency staff are employed, as necessary, to ensure critical gaps are filled and services maintained for all staff groups.

### **Review of economy, efficiency and effectiveness of the use of resources**

A range of processes are applied to ensure that the Trust's resources are used economically, efficiently and effectively. The monitoring of this is primarily overseen by the Trust Board, Finance and Productivity Committee and Audit Committee.

The Trust has an agreed risk-based annual audit programme with the Trust's Internal Auditors. These audit reports are aimed at evaluating effectiveness in operating in an efficient and effective manner and are focused on reviewing our operational arrangements for securing best value and optimum use of resources in respect of the services we provide. As part of their annual audit, the External Auditor is also required to satisfy itself that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and report by exception if, in their opinion, the Trust has not.

### **Information Governance**

There are several controls in place to mitigate Information Governance (IG) related risk. The reporting and management of both data and security risks is supported by local risk registers. Information governance forms part of the Trust's mandatory training requirements. There are also a number of measures in place such as physical security, data encryption, access controls, audit trail monitoring, departmental checklists and spot checks.



In addition, a comprehensive assessment of information security is taken annually as part of the Data Security and Protection Toolkit (DSPT) and further assurance is provided from Internal Audit and other reviews.

The effectiveness of these measures and oversight of the DSPT is undertaken by the Information Governance Group (IGG), chaired by the Associate Director of Corporate Governance/Company Secretary. This includes details of any personal data-related serious incidents, the Trust's annual DSPT score and reports of other information governance incidents, risks, and audit reviews. During 2023/24 there were no personal data breaches that met the threshold for reporting to the Information Commissioner's Office (ICO).

The DSPT is an on-line tool that enables organisations to measure their performance against data security and information governance requirements which reflect legal rules and Department of Health policy.

The Trust has achieved moderate assurance across all 10 required standards and a moderate confidence level in its self-assessment in the report from its Internal Auditors for this year's audit of the 2023/24 DSPT evidence. The submission date for evidencing compliance with the assertions in the DSPT is 30 June 2024, which will be completed and assured through the Audit Committee.

### **Data quality and governance**

The Chief Governance Officer has overall responsibility for Information Governance, Data Security and Data Protection compliance in her capacity as Senior Information Risk Owner (SIRO). The Chief Medical Officer is the Caldicott Guardian, the senior member of Trust staff responsible for protecting the confidentiality of patient information and enabling appropriate and lawful patient information sharing. The Chief Strategy Officer takes the lead responsibility for data quality and compliance within the Trust. The key tool used to manage this is the data quality log which captures all known data quality issues and reports them to the Executive Performance Management Group (PMG) for consideration, prioritisation and action. The Data Quality Group meets monthly to monitor progress of data quality issue resolution and reports to PMG. This Group is made up from a core within the Strategy and Governance Directorate and the solution leads allocated to the data quality issues prioritised by the lead executive.

The NHS Trust ensures the quality and accuracy of elective waiting time data through a comprehensive approach that involves, a robust data governance framework, which includes policies, procedures, audits and standards for data management. By implementing these measures, the Trust strives to maintain the highest levels of quality and accuracy in elective waiting time data, while continuously addressing and mitigating potential risks.

### **Review of effectiveness**

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review has been informed by the work of the internal auditors, clinical audit and the executive directors and clinical leads within the NHS trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in the annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their Annual Audit Report. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit committee and quality committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

During the year Internal Audit reviews were conducted using a risk-based approach covering areas considered to be the priority for review based on a risk assessment agreed between the Board, Audit Committee, the Executive, and the Auditors.

The Internal Audit reports completed within the programme of work for the year ended 31 March 2024 concluded that four reports, were issued with positive assurance, Board Assurance Framework, Budget Setting, Budgetary Control Plans, DSP Toolkit, Recruitment and Selection.

However, five reviews were issued with negative assurance, 78+ Week Waits (Data Quality), Consultant Job Planning, Compliance with the Patient Consent Policy, Sickness Absence, Agency Staffing.

The audit findings are accepted, and work has commenced to ensure improvements are made in 2024/25. The Performance Management Group will oversee the action plans in place to address the recommendations set out in each internal audit review report, with progress reported at each Audit Committee.





The Head of Internal Audit Opinion for 2023/24 outlines a split opinion, in that:

*“The organization has an adequate and effective framework for risk management and governance. However, our work has identified further enhancements to the framework of risk management and governance to ensure that it remains adequate and effective.”*

*“There are weaknesses in the framework of internal control such that it could become inadequate and ineffective.”*

We have finalised 11 audit reports for Sandwell and West Birmingham Hospitals NHS Trust. Of the 11 reports issued, four of these resulted in positive assurance opinions (one substantial assurance, two reasonable assurance and one Risk assurance: Moderate / Confidence level: Moderate); five reports have resulted in negative assurance opinions (two minimal assurance and three partial assurance); and the remaining two reviews were of a follow up nature where an overall opinion was not assigned

Significant improvement is planned for 2024/25 and will be overseen by the Executive Team, through increased rigor on the planned internal audits. This will include executive oversight from the initial scoping stage through to the agreement of the final management actions, in order to increase the responsiveness to the Internal Auditors’ recommendations.

The Trust Board has played a key role in reviewing risks to the delivery of the Trust’s performance objectives through monitoring and discussion of the performance reports comprising operational, financial, quality and workforce elements; through Board and Committee reporting on progress against strategic objectives; and oversight of the Board Assurance Framework. A performance review mechanism has enabled the Executive to retain effective oversight of the progress in delivering their operational plans.

The Audit Committee in conjunction with the Board Committees has overseen the effectiveness of risk management arrangements and the Board Assurance Framework, supported by an Executive Risk Management Group undertaking regular reviews of the Trust’s risk register. Executives have ensured that key risks have been highlighted and monitored within their functional areas and the necessary action taken to address them.

Both Internal Audit and the External Auditors have provided

scrutiny and assurance in relation to governance and control arrangements across a wide range of the Trust’s activities.

## Conclusion

**My review confirms that no significant internal controls issues have been identified** and that Sandwell and West Birmingham NHS Trust has a generally sound system of internal control that supports the achievement of its objectives, policies and aims and minimises exposure to risk. The Trust is committed to the continuous improvement of processes of internal control and assurance and as such may introduce additional controls within the forthcoming financial year (2024/25).

Richard Beeken  
Chief Executive Office

August 2024





Inside the Midland Metropolitan University Hospital, on floor five where patients and visitors will head to when they arrive.





# Remuneration and Staff Report

Tables marked with an (\*) have been subject to external audit.

SALARIES AND ALLOWANCES OF SENIOR MANAGERS *								
Name and Title	2023-24				2022-23			
	(a) Salary (bands of £5,000)	(b) Expenses payments (taxable) to nearest £100	(c) All pension related benefits (bands of £2,500)	(d) Total all payments and benefits (bands of £5,000)	(a) Salary (bands of £5,000)	(b) Expenses payments (taxable) to nearest £100	(c) All pension related benefits (bands of £2,500)	(d) Total all payments and benefits (bands of £5,000)
	£'000	£	£'000	£'000	£'000	£	£'000	£'000
Sir David Nicholson, Chair (from May 2021)	25-30	0	0	25-30	50-55.	0	0	50-55.
Cathryn Thomas, Non-Executive Director (to July 2022)	0	0	0	0	0-5	0	0	0-5
Mick Laverty, Non-Executive Director	10-15.	0	0	10-15.	10-15.	0	0	10-15.
Waseem Zaffar, Associate Non-Executive Director (to Oct 23)	5-10.	0	0	5-10.	10-15.	0	0	10-15.
Lesley Writtle, Non-Executive Director	20-25.	0	0	20-25.	10-15.	0	0	10-15.
Michael Hoare, Non-Executive Director (to July 2022)	0	0	0	0	0-5	0	0	0-5
Michael Hallissey Associate Non-Executive Director (from January 2022)	10-15.	0	0	10-15.	10-15.	0	0	10-15.
Rachel Hardy Associate Non-Executive Director (from January 2022)	10-15.	0	0	10-15.	10-15.	0	0	10-15.
Val Taylor Associate Non-Executive Director (from January 2022)	10-15.	0	0	10-15.	10-15.	0	0	10-15.
Lorraine Harper, Non Executive Director ( from Jan 23)	10-15.	0	0	10-15.	0-5	0	0	0-5
Jo-Anne Wass Associate Non-Executive Director (to January 2024)	10-15.	0	0	10-15.	10-15.	0	0	10-15.
Jatinder Sharma, Non Executive Director ( from May 23)	10-15.	0	0	10-15.	0	0	0	0
Andrew Argyle, Non Executive Director ( from May 23)	10-15.	0	0	10-15.	0	0	0	0
Amrick Singh Ubhi, Non-Executive Director (from Mar 24)	0-5	0	0	0-5	0	0	0	0
Atif Ali, Non Executive Director (from Mar 24)	0-5	0	0	0-5	0	0	0	0
Richard Beeken, Chief Executive	210-215	200	0	210-215	215-220	100	200-202.5	415-420
Dinah McLannahan, Chief Finance Officer (to Dec 23)	130-135	0	0	130-135	170-175	0	0	170-175
Mel Roberts, Chief Nurse	135-140	0	0	135-140	130-135	0	60.0-62.5	190-195
Mark Anderson, Chief Medical Officer (from 01/09/2022)	180-185	0	0	180-185	180-185	0	125.0-127.50	305-310
David Carruthers, Medical Director (to 14/09/2022)	0	0	0	0	85-90.	0	0	85-90.
Johanne Newens, Acting Chief Operating Officer (from 07/03/2022 - 17/07/2022) Chief Operating Officer (from 18/07/ 2022)	135-140	0	10.0-12.5	150-155	125-130	0	417.5-420	545-550
Liam Kennedy, Chief Operating Officer (from 10/03/2020 - 30/09/2022)	0	0	0	0	65-70.	0	0	65-70.
Kam Dhami, Director of Governance	110-115	0	0	110-115	105-110	0	77.5-80.0	185-190
Frieza Mahmood, Chief People Officer (to 18/09/2023)	60-65.	0	40.0-42.5	105-110	115-120	0	40.0-42.5	155-160
James Fleet, Interim Chief People Officer (From Oct 23)	0	0	0	0	0	0	0	0
Daren Fradgley, Managing Director and Deputy CEO (from 01/04/2022)	145-150	800	0	150-155	155-160	0	65.0-67.5	220-225
Rachel Barlow, Managing Director MMUH Programme Company	145-150	0	0	145-150	130-135	0	90.0-92.5	225-230
Dave Baker, Chief Strategy Officer	135-140	400	35.0-37.5	170-175	125-130	0	52.5-55.0	175-180
Simon Sheppard, Acting Chief Finance Officer (from Jan 24)	35-40.	0	0	35-40.	0	0	0	0
Martin Sadler, Executive Director of IT and Digital	120-125	500	30.0-32.5	150-155	120-125	0	30.0-32.5	150-155





### Notes to Salaries and Allowances of Senior Managers

1. The total remuneration for Sir David Nicholson in 2023-24 is £105,000 the cost of which has been shared equally between Sandwell & West Birmingham NHS Trust, Walsall Healthcare NHS Trust, The Dudley Group NHS Foundation Trust and Royal Wolverhampton NHS Trust.
2. Dinah McLannahan opted out the pension scheme in Sept 2021 and therefore chosen not to be covered by the pension arrangements during the reporting year.
3. Mark Anderson received a salary in the banding of 150-155 for his role as a medical consultant during the reporting year. The salary banding for 22-23 has been restated to include an additional consultancy role undertaken in the prior year.
4. The remuneration for James Fleet in 2023-24 is paid by Lancashire and South Cumbria ICB who received a salary in the banding of 185-190.
5. Non-Executive Directors - do not receive pensionable remuneration and therefore do not accrue any pension related benefits.
6. Pension Related Benefits are a nationally determined calculation designed to show the in year increase in notional pension benefits, excluding employee contributions, which have accrued to the individual. Changes in benefits will be dependent on the particular circumstances of each individual.
7. Performance pay and bonuses and Long term performance pay and bonuses are not applicable to the Trust and are therefore excluded from the table above

### Pensions

The pension information in the table below contains entries for Executive Directors only as Non-Executive Directors do not receive pensionable remuneration.

### Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pensions payable from the scheme. CETV's are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

### Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It excludes the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period. The benefits and related CETVs do not allow for a potential adjustment arising from the McCloud judgement (a legal case concerning age discrimination over the manner in which UK public service pension schemes introduced a CARE benefit design in 2015 for all but the oldest members who retained a Final Salary design.)

### Pay Multiples

Reporting bodies are required to disclose the relationship between the total remuneration against the 25th percentile, median and 75th percentile of total remuneration of the organisations workforce. Total remuneration of the employee at the 25th percentile, median and 75th percentile is further broken down to disclose the salary component.

The remuneration of the highest paid director / member in Sandwell and West Birmingham NHS Foundation trust in the financial year 2023-24 was £215,000 (2022-23, £215,000). The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

### Pay Ratio information table \*

	2023-24			2022-23		
	25th Percentile	Median	75th Percentile	25th Percentile	Median	75th Percentile
Total remuneration £	£24,336	£34,581	£50,056	£23,177	£32,934	£41,659
Salary component of total remuneration £	£23,464	£29,833	£43,923	£21,343	£28,458	£40,588
Pay Ratio information	8.73:1	6.14:1	4.25:1	8.95:1	6.30:1	4.98:1



In 2023-24, 25 (2022-23, 6) employees received remuneration in excess of the highest-paid director/member. Remuneration ranged from £210,000 to £295,000 (2022-23 £215,000 to £275,000)

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions

### Fair Pay Disclosure \*

The calculation of the percentage change for the highest paid director is based upon the change in the midpoint of the salary band, whereas for employees as a whole this is based upon the salary total for all employees divided by the total FTE, excluding the highest paid Director.

The average percentage change in remuneration of all employees ( excl highest paid director ) in the prior year has been restated in line with this calculation.

Percentage change in remuneration of highest paid director.	£ decrease from 2022/23 to 2023/24	% decrease from 2022/23 to 2023/24	£ increase from 2021/22 to 2022/23	% increase from 2021/22 to 2022/23
Salary and allowances	-£5,000.00	-2.30%	£15,000.00	7.79%
Performance pay/bonuses	0	0	0	0
Average percentage change in remuneration of all employees (excl highest paid director)	£ increase from 2022/23 to 2023/24	% increase from 2022/23 to 2023/24	£ increase from 2021/22 to 2022/23	% increase from 2021/22 to 2022/23
Salary and allowances	£3,199.00	7.97%	-£90.00	-0.22%
Performance pay/bonuses	0	0	0	0



PENSION BENEFITS *								
Name and Title	Real increase in pension at age 60	Real increase in Lump sum at pension age	Total accrued pension at pension age at 31st March 2024	Lump sum at pension age related to accrued pension at 31st March 2024	Cash Equivalent Transfer Value at 31st March 2024	Cash Equivalent Transfer Value at 31st March 2023	Real Increase in Cash Equivalent Transfer Value	Employers Contribution to Stakeholder Pension
	(bands of £2500)	(bands of £2500)	(bands of £5000)	(bands of £5000)				To nearest
Richard Beeken, Chief Executive		42.5-45.0	75-80.	205-210	1738	1333	242	0
Rachel Barlow, Managing Director MMUH Programme Company		27.5-30.0	55-60.	155-160	1337	1086	122	0
Simon Sheppard Acting Director of Finance	0-2.5	0	45-50.	120-125	1021	920	0	0
Mark Anderson, Chief Medical Officer		47.5-50.0	65-70.	175-180	1525	1118	272	0
Kam Dhami, Director of Governance		20.0-22.5	50-55.	140-145	1200	1002	81	0
Mel Roberts, Chief Nurse		27.5-30.0	50-55.	145-150	1234	934	187	0
Frieza Mahmood, Chief People Officer (to 18/09/2023)	0-2.5	30.0-32.5	30-35.	80-85.	585	356	176	0
Johanne Newens, Chief Operating Officer	0-2.5	30.0-32.5	45-50.	120-125	1136	862	168	0
Daren Fradgley, Managing Director and Deputy CEO (from 01/04/2022)		12.5-15.0	50-55.	135-140	1097	943	40	0
Dave Baker, Chief Strategy Officer	2.5-5.0	0	15-20.		281	187	56	0
Martin Sadler, Executive Director of IT and Digital	0-2.5	0	5-10.		152	92	35	0

\* Richard Beeken, Mel Roberts, Mark Anderson, Rachel Barlow, Kam Dhami and Daren Fradgley are affected by the Public Service Pensions Remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 Scheme on 1 October 2023. Negative values are not disclosed in this table but are substituted with a zero.

Richard Beeken  
Chief Executive Office

14th August 2024





## Staff Report

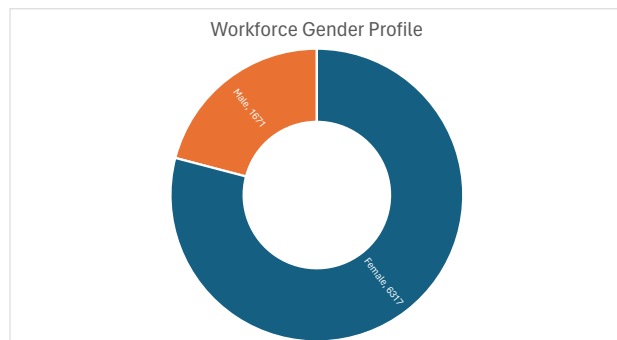
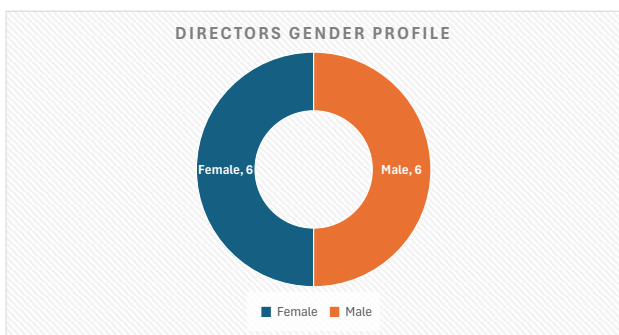
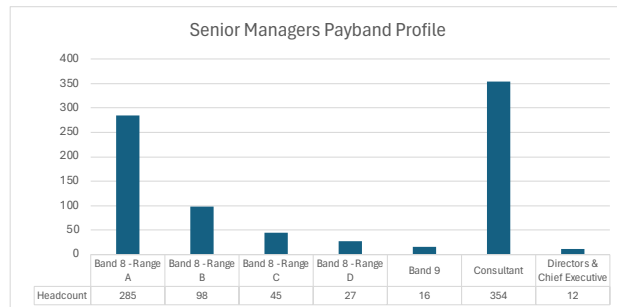
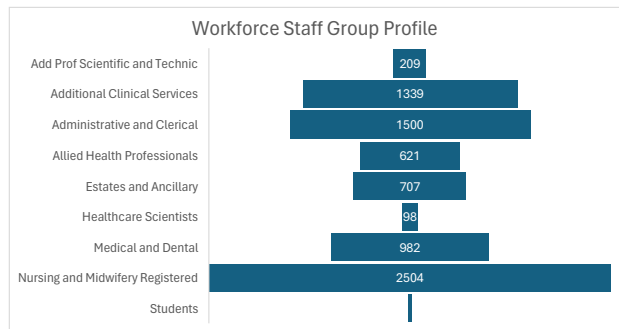
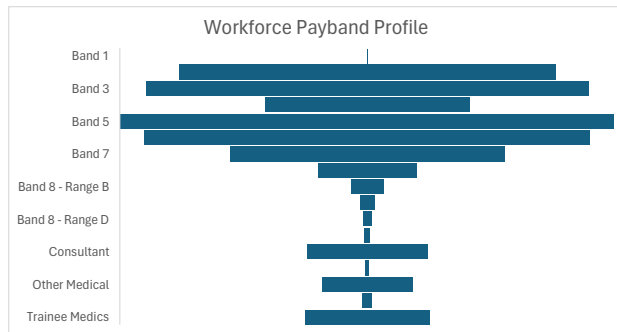
Our workforce is our biggest asset and we invest heavily in education, development and health and wellbeing services for all colleagues.

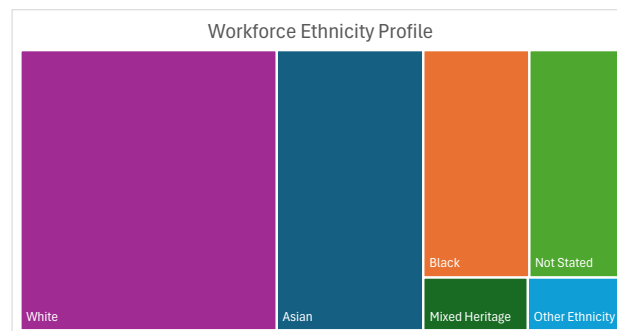
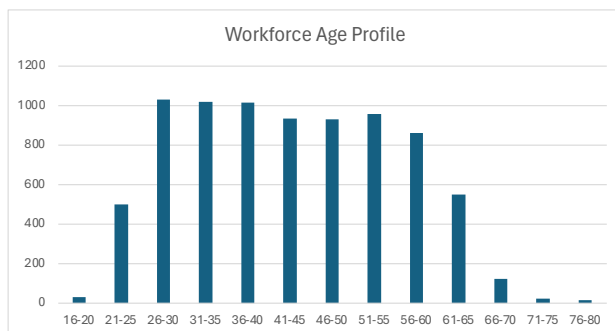
### Workforce by band

#### Staff policies applied during the financial year.

Pay Band	Count of FTE
Band 1-4	35.53%
Band 5-7	44.64%
Band 8a	3.77%
Band 8b	1.29%
Band 8c	0.60%
Band 8d	0.38%
Band 9	0.23%
Consultant	7.14%
Directors & Chief Executive	0.17%
Other Substantive	0.69%
Speciality	3.45%
Trainee Doctors	2.10%
<b>Grand Total</b>	<b>100%</b>

Managers and Senior Managers	Count
Band 8 - Range A	77
Band 8 - Range B	47
Band 8 - Range C	24
Band 8 - Range D	12
Band 9	11
Directors & Chief Executive	12





### Staff costs

	Permanent	Other	2023/24 Total	2022/23 Total
	£000	£000	£000	£000
Salaries and wages	358,235	-	358,235	345,918
Social security costs	39,575	-	39,575	36,300
Apprenticeship levy	1,928	-	1,928	1,662
Employer's contributions to NHS pension scheme	54,165	-	54,165	51,375
Temporary staff	-	17,820	17,820	10,193
<b>Total gross staff costs</b>	<b>453,903</b>	<b>17,820</b>	<b>471,723</b>	<b>445,448</b>
Recoveries in respect of seconded staff	-	-	-	-
<b>Total staff costs</b>	<b>453,903</b>	<b>17,820</b>	<b>471,723</b>	<b>445,448</b>
<b>Of which</b>				
Costs capitalised as part of assets	2,810	-	2,810	2,046

### Average number of employees (WTE basis)

	Permanent	Other	2023/24 Total	2022/23 Total
	Number	Number	Number	Number
Medical and dental	890	103	993	933
Administration and estates	1,726	236	1,962	1,317
Healthcare assistants and other support staff	1,293	267	1,560	1,848
Nursing, midwifery and health visiting staff	2,240	443	2,684	2,698
Scientific, therapeutic and technical staff	702	12	714	580
Healthcare science staff	130	2	132	140
Other	7	-	7	5
<b>Total average numbers</b>	<b>6,987</b>	<b>1,063</b>	<b>8,050</b>	<b>7,521</b>
<b>Of which:</b>				
Number of employees (WTE) engaged on capital projects	43	-	43	33

### Sickness absence data

Groups	Group FTE	Target (%)	Baseline (20/21) (%)	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Corporate	1509.85	5.50	5.66	5.58	5.58	5.41	5.34	5.34	5.37	5.38	5.22	5.06	5.01	4.73
Imaging	348.16	5.50	5.75	5.63	5.49	6.11	5.91	6.12	6.16	6.04	5.78	5.63	5.52	6.39
Medicine and Emergency Care	1623.56	5.50	6.47	6.40	6.35	6.33	6.22	6.14	6.47	6.46	6.43	6.25	6.21	5.72
Primary Care Community and Therapies	1308.54	5.50	5.80	5.64	5.65	5.70	5.64	5.67	5.78	5.86	5.96	5.98	6.03	5.17
Surgical Services	1346.01	5.50	6.49	6.31	6.26	6.28	6.03	5.97	6.06	6.11	6.15	6.14	6.08	5.81
Women and Child Health	909.93	5.50	6.54	6.47	6.61	6.62	6.61	6.48	6.54	6.47	6.40	6.38	6.30	5.61
<b>Trust</b>	<b>7046.05</b>	<b>5.50</b>	<b>6.16</b>	<b>6.05</b>	<b>6.04</b>	<b>6.04</b>	<b>5.93</b>	<b>5.90</b>	<b>6.03</b>	<b>6.04</b>	<b>6.00</b>	<b>5.91</b>	<b>5.88</b>	<b>5.44</b>

**Disclosures of Trade Union facility time**

Number of employees who were relevant union officials during the relevant period	Full time equivalent employee number
54	4
Percentage of time spent on facility time	Number of employees
0%	47
1-50%	3
51-99%	
100%	4
<b>Provide the total cost of facility time</b>	180,257.63
<b>Provide the total pay bill</b>	£468,912,892.08
<b>Provide the percentage of the total pay bill spent on facility time, calculated as: (Total cost of facility time/ total pay bill) x 100</b>	0.04

**Expenditure on consultancy**

The Trust spent £491,000 on consultancy during 2023/24. This equates to 0.07 per cent of the Trust's turnover in 2023/24

**Off Payroll Engagements**

For all off-payroll engagements as of 31 March 2024, for more than £245 per day :

	Number
Number of existing engagements as of 31 March 2024	6
Of which, the number that have existed:	
for less than one year at the time of reporting	2
for between one and two years at the time of reporting	
for between 2 and 3 years at the time of reporting	
for between 3 and 4 years at the time of reporting	
for 4 or more years at the time of reporting	4

For all off-payroll engagements between 1 April 2023 and 31 March 2024, for more than £245 per day

	Number
No. of temporary off-payroll workers engaged between 1 April 2023 and 31 March 2024	1
Of which...	
No. not subject to off-payroll legislation	1
No. subject to off-payroll legislation and determined as in-scope of IR35	
No. subject to off-payroll legislation and determined as out of scope of IR35	
The number of engagements reassessed for compliance or assurance purposes during the year	0
Of which: No. of engagements that saw a change to IR35 status following review	

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2023 and 31 March 2024

	Number
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year	0
Total no. of individuals on payroll and off-payroll that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year. This figure must include both on payroll and off-payroll engagements	26





## Staff policies applied during the financial year

Over the last 12 months there has been continued work undertaken in partnership with Trade Union colleagues to review and update Trust Human Resources policies.

In the last 12 months our new flexible working and retirement policies were launched to support colleagues to maintain and enhance their work life balance, providing colleagues with further flexibility and flexible retirement options. Subsequent to the implementation of the new flexible working policy the Trust has seen an increase in flexible working requests and acceptance of these.

A revised management of change policy has been developed alongside a management of change toolkit as well as both technical and soft skills training on change management was launched in 2023 to support staff with the psychological, emotional and legal and technical aspects of change, as we prepare for the move to the Midland Metropolitan University Hospital. The policy enhances benefits and support for colleagues.

The Trust has agreed and launched our Baby Loss Policy as part of our Family Leave Policy supporting all employees who suffer the loss of a pregnancy, whether it happens directly to them, their partner or their baby's surrogate, regardless of the nature of their loss, or their length of service and have enhanced leave and support available to colleagues who suffer this trauma. The Trust will be signing up to the Smallest Things Employee Charter alongside the launch of the policy.

Significant work has been undertaken to transform our approach to managing conduct and safety issues at work. A review has been undertaken of our disciplinary policy and a revised policy has been developed to include a decision-making framework which embeds Just and Learning principles. The policy is currently being consulted upon with trade unions however a pilot of the decision-making framework has been undertaken within the Medicine and Emergency Care Directorate and a hybrid approach is being implemented across all groups whilst the new policy is being agreed. A comprehensive management toolkit is also being developed and will be rolled out alongside the new policy in 2024/25.

A review is also being undertaken into our grievance and dignity at work policies to bring this together to form one resolution policy that builds on our Trust behavioural framework and incorporates Civility Saves Lives principles.

An Inclusive Recruitment Policy is currently in development. The policy will support us in developing a values based and inclusive approach to recruitment with a core focus on addressing underrepresentation with regards to our disabled staff and BME staff in senior roles.

In addition to the delivery of our Ambition Respect Compassion (ARC) Leadership Programme, there will also be specific training for the HR team and managers involved in leading and commissioning investigations in the legal, technical and procedural elements related to these processes to help ensure ownership and clarity of roles and responsibilities.

Appreciative Inquiry will be incorporated within our investigation processes to support exploration of issues through a positive framework to develop a deeper understanding of a person's experience and enable improvement and learning.

Since November 2022 the Trust has also formally introduced the "Cultural Ambassador Role" into the disciplinary processes as part of our commitment to eradicate discrimination and ensure all colleagues are treated with fairness, dignity and respect. An evaluation into the impact of the Cultural Ambassador Programme will be undertaken in 2024/25.

The revised People and Organisation Development Target Operating Model will also be instrumental in enabling us to transform the way the function operates and will include developing our staff, so they effectively support and advocate a Just and Learning culture in the way they engage and operate.

The Trust has established two Groups with responsibility for developing key programmes of work focussed on transforming our culture and improving the experience of our staff:

- (a) The ARC Compassionate, Inclusive and Restorative People Management Group chaired by the Director of People and Organisation Development with key stakeholders from across the Trust including Group representatives, clinical colleagues, Staff Network Leads, Equality, Diversity and Inclusion Leads and Trade Union representatives. The Group has responsibility for the delivery of the Just and Learning Culture Programme, overseeing the development of policies and practices related to improving the experience of our staff including specifically addressing inequalities experienced



by our BME, Disabled and LGBT + staff groups , the ARC Leadership Programme and other key culture and OD programmes of work .

- (b) The Inclusive Resourcing and Talent Management Group chaired by the Director of People and Organisation Development with key stakeholders from across the Trust including Group representatives, clinical colleagues, Staff Network Leads, Equality, Diversity and Inclusion Leads and Trade Union representatives. The Group has a core focus on addressing key gaps in representation of our workforce particularly from a Workforce Race Equality and Workforce Disability Equality perspective. This includes addressing barriers to improving the diversity of our workforce , improving our WRES and WDES scores with regards to staff representation particularly in senior roles and supporting career progression and development for underrepresented groups

The Trust has established the ARC Compassionate, Inclusive and Restorative People Management Group chaired by the Director of People and Organisation Development with key stakeholders from across the Trust including Group representatives, clinical colleagues, staff network leads, equality, diversity and inclusion leads and trade union representatives. The group has responsibility for the delivery of the Just and Learning Culture Programme including related policies, the ARC Leadership Programme and other key culture and organisation development programmes of work.

### Diversity issues and equal treatment in employment and occupation

The Trust Equality, Diversity and Inclusion (EDI) plan 2023 to 2027 was agreed at People Committee in January 2023.

The EDI plan focuses on four areas as set out within the diagram below:



The Equality Diversity and Inclusion (EDI) plan incorporates key programmes of work set out within the Trust People Plan that are aligned to the EDI agenda and linked to improving culture and staff experience at the Trust.

The programmes of work are designed to help us get the

basics right with regards to our EDI obligations, address consistent underperformance in workforce representation and set up the building blocks necessary to create a strong foundation to build a more diverse and inclusive organisation.



Below is an overview of the key programmes of work delivered in 2023/24:

### **1. Enabling Collective Leadership**

We have developed and launched module one of our Trust ARC Leadership Development Programme focussed on Compassionate and Inclusive Leadership. In total, 210 leaders have undertaken training in the leadership module and 490 staff have been trained in the Compassionate Care Giver Team Member module. A dedicated board session was organised in December 2023, lead by Professor Michael West for 60 leaders this includes the Trust senior clinical and corporate leaders as well as our Trust Board. We are supporting our teams to work effectively through the ARC team effectiveness programme (in partnership with Affina Od) which is currently being rolled out to teams within surgery including theatres, medicine and emergency care, imaging, maternity and neonatal services and logistics. This programme has a focus on both embedding our values and supporting high performance compassionate and inclusive team working.

Our first ever Inclusive Talent Management and Resourcing Group has been established with a focus on tackling underrepresentation with regards to senior roles within the workforce. The group is co-chaired by a non-executive director and the director of people and OD with key stakeholders from the across the Trust including staff networks, trade union colleagues, EDI, a Freedom To Speak Up (FTSU) representative and corporate and group representatives. The group has developed an inclusive Talent Management Programme initially aimed at black and minority ethnic staff. We are initially piloting our approach with the six leaders who have currently participated for the ICS Next Generation Programme. An overhaul and review of our recruitment processes including a review and reset of our employer brand is currently being undertaken through the group with a view to launch our new employment brand and high priority refreshed approach to recruitment in quarter two 2024/25.

### **2. Creating a positive culture of compassion and inclusion**

Through our Restorative People Management Programme, we have undertaken significant work to embed a Just and Learning approach in relation to people management. We are currently working with our Trade union colleagues to completely transform our approach to dealing with conduct and safety issues at work through a revised policy, decision- making framework and toolkit that helps

reduce the number cases going through formal processes and aims to tackle overrepresentation of BAME staff in disciplinary processes. A well-being framework is also being developed alongside training for those involved in decision making and investigation processes. This is due to be launched in Q1 24/25.

We have recently taken our internal HR team on a training programme focussed on tackling disability discrimination and implementation of reasonable adjustments. This will help is ensuring managers receive consistent advice in the management of disabilities.

The review of our Sickness Policy is due in 24/25, as part of this review we will work with our Disability Staff Network to look at how we take a “recovery based” approach to sickness and strengthen our approach to supporting staff with disabilities, this will include the implementation of a reasonable adjustment passport – something staff can take with them when they move roles internally and externally so their reasonable adjustments transfer with them.

The Cultural Ambassador (CA) Programme was launched last November 2022. We have 14 Cultural Ambassadors representing all specialities and grades. CAs have a very specific role to support equity and fairness in the Disciplinary process. Their remit is to identify and explore any issues of cultural and unconscious bias, less favourable treatment and discrimination and ensure that these matters are taken into consideration in the decision-making process. We will undertake an evaluation of the role of the CAs in 24/25 to consider the possibility of extending the scope of these roles to support wider EDI priorities such as recruitment.

As part of our commitment to create safe spaces for people to share their stories and learn about issues of prejudice, the Trust introduced the first Human Library within the region in October. This is a global innovative and hands-on learning platform which hosts personal conversations designed to challenge stigma and stereotypes. The Human Library is in essence a library of people. The Human Book is essentially a person who has volunteered to serve as an open book to answer questions from readers based upon personal experience. All of the books are drawn from groups in society that are subject to prejudice, stigma, disadvantage or discrimination because of their diagnosis, belief, social status, ethnic origin, gender, sexuality etc.

We have revised and relaunched our Freedom to Speak Up programme for the organisation.



We launched our new ARC values and new behavioural framework and have embedded our values within our ARC leadership Training, our PDR process and we are now working to embedding a values-based approach to recruitment through our Inclusive Talent Management and Resourcing Group.

### **3. Improving staff experience**

We undertook a review of our staff equality networks with a view to strengthen and revitalise our networks ensuring they are empowered to effectively be a source of staff engagement, to drive meaningful change and help us on our journey towards actively tackling discrimination at all levels within the organisation. The review has included a reset of the terms of reference, redefining the role of the networks, the membership and leadership including executive sponsorship and allyship arrangements and a focus on skills and capacity assessment. A Staff Network Development programme is currently being developed with a view to be launched in Q1 of 24/25.

We signed up to the Race Code and are actively progressing the key actions identified through the Race Code diagnostic assessment as part of the delivery of our Trust EDI plan. The Race Code provides best practice guidance that helps organisations to understand, not only what is required of them by their sector, regulator and/or their stakeholders in relation to tackling issues of race equality within the organisation but also how to apply what is required. The Trust has completed all the required stages of the assessment, and the outcome was presented to the Board and a workshop also took place at the People Committee. There were key recommendations identified to support us in applying the principles of the REC these recommendations have been incorporated within our EDI Plan. We are now working towards achieving the Race Code quality mark by Q1 24/2.

We have signed up to Stonewall who are providing support to our LGBT +network and have supported us in developing our Transgender and Non-Binary patient policy.

We have taken part in phase two of the Rainbow Badge Scheme. The Rainbow Badge Scheme was created to be a way for NHS staff to demonstrate that they are aware of the issues that LGBT+ people can face when accessing healthcare. Phase two is an assessment and accreditation model and allows Trusts to demonstrate their commitment to reducing barriers to healthcare for LGBT+ people, whilst evidencing the good work they

have already undertaken. Following our assessment, we have achieved bronze status.

The Trust has signed up to the Sexual Safety in Healthcare Charter and the EDI team are working with a number of key stakeholders to develop a communication campaign to socialise the ten principles and actions associated with the charter.

Through Project Search which is a one-year transition to work programme for young adults with a learning disability or autism spectrum conditions, or both we welcomed five project search interns in September 2023.

Employers Network for Equality & Inclusion (ENEI) TIDE Assessment is the diversity and inclusion (D&I) self-assessment evaluation and benchmarking tool developed by the Employers Network for Equality & Inclusion (enei). We currently have "silver" status.

### **4. Delivering inclusive services to our patients and communities**

There is significant work being undertaken across the organisation around engaging our patients and communities in delivering inclusive services. This includes:

- Community groups (led by Head of Community Engagement) such as the Youth Forum, community groups including the Bangladeshi community, the Iman group (umbrella group of Muslim organisations), engagement with charities e.g. Different Strokes to discuss experiences of stroke services and how they can be improved in partnership with parents and families, Near Neighbours meetings for MMUH engaging local communities.
- Work undertaken within Maternity and Neonatal Services led by the Maternity EDI Lead –including Pregnancy2Parent classes, sessions where interpreters in multiple language are present to educate and advise patients have a potential to be adapted as a model for use in other directorates.
- Work on literacy through the libraries team (– stocktake of how information is currently presented, goals around improving language/terminology/format for all (bearing in mind average reading age is 9, including braille, large print etc.).
- Work of the Integration Committee and communities to improve health and provide service feedback e.g. at Saathi House, Sapphire Project (learning disabilities project) and ongoing work with Healthwatch Sandwell which provides regular opportunities





for local residents to share views on services.

- Community involvement in co-production of Community Health and Wellbeing events provide an opportunity to gain further insights e.g. event at the Balaji Temple in Oldbury on 22 April 2023.

### System Work

- ICS Next Generation of Senior Leaders Programme (NGSL) - We have six colleagues on the NGSL Programme. This programme supports Black, Asian and Ethnic Minority colleagues with their career progression. Over time we hope to see improved representation of senior leaders within our organisation. These candidates will be supported on their career development journey through the newly established SWB inclusive Talent Management programme and includes using the Knowledge Mobilisation Framework.
- ICS Workstreams - The Director of People and OD Co-Chairs the ICS Inclusive Culture Group for the system and the Lead EDI Midwife and the Head of EDI are part of the Black Country ICB system expert reference group. They are leading the work in regard to improving culture, leadership as well as career progression and increased representation for nursing and midwifery colleagues.
- Diversity in Health and Care Partners Programme- We are part of the Diversity in Health and Care Partners Programme, hosted by NHS Employers. Being part of the programme affords us the opportunity to network and share best practice in regard to the EDI agenda.
- Global Majority Nursing and Midwifery & AHP Board- The Trust is a member of the board. The purpose of the Global Majority Nursing, Midwifery & AHP Board is to establish a credible and effective leadership group and experts by experience to advise and support the development and delivery of system actions to address the historical inequity faced by global majority nursing, midwifery & AHP's staff.
- Birmingham & Lewisham African & Caribbean Health Inequalities review (BLACHIR) The Trust is a member of the BLACHIR Group, through this Group there is joint work being undertaken alongside Birmingham ICS and Lewisham ICS (South London) to address barriers to access of healthcare services in our regions for African & Caribbean young men & women.

### Events

- South Asian Heritage Month - We were proud to host our first ever SAHM celebration on the 7 August 2023 in partnership with Sampad. The day featured poetry, classical Indian music, dance, a craft class and delicious food. SAHM seeks to commemorate, mark and celebrate South Asian cultures, histories, and communities. The month seeks to understand the diverse heritage and cultures that continue to link the UK with South Asian communities
- National Inclusion Week 2023 - Founded by Inclusive Employers, National Inclusion Week is a week dedicated to celebrating inclusion and taking action to create inclusive workplaces. On Thursday 28 September our EDI team hosted a special celebration event in Sandwell Courtyard Gardens and were supported by our Staff Networks, Chaplaincy Team, Wellbeing Team, Cultural Ambassadors, Freedom to Speak Up Guardians, Library Services and the Learning Disability Team

We recognise despite the significant work that has been undertaken to transform our culture and the experience of our staff, our staff survey results, Workforce Race Equality System (WRES), Workforce Disability Equality System (WDES) and Gender Pay Gap data show that there is still work to do to address underrepresentation, improve the experience of our staff and to ensure we are consistently meeting our EDI obligations.

The work that has been undertaken so far has been focussed on creating the conditions necessary that enable a shift in mindset and behaviour across the organisation. The impact of this work will take time to embed as all culture change does, however it is expected over time as the Trust continues to drive forward the delivery of the SWB People Plan ambitions related to culture and staff experience, we will start to see a shift in the experience of staff through our Staff Survey and Pulse Check results as well as our other People indicators linked to EDI.

It is however important that alongside the delivery of the People Plan priorities, that we move forward at pace in delivering on critical EDI specific priorities that will visibly shift the perception of staff in relation to the Trust's commitment to taking active and tangible action in addressing inequalities, stamping out discrimination and tackling underrepresentation within our workforce. Accordingly for 2024/25 the Trust has agreed to focus on building and strengthening the work undertaken so far



through a focus on four critical priorities set out below:

- i. Empower, equip and enable the staff networks
- ii. Optimise the role and function of the EDI Team within the Trust
- iii. Deliver and embed a robust framework for inclusive Recruitment.
- iv. Launch a SWB inclusive Talent Management programme.

### Chaplaincy Service

The Trust chaplaincy team provides a 24-hour call service and works across sites and includes men and women from all the major faiths established in our wider community, Hindu, Muslim (male and female), Sikh and Christian (Roman Catholic, Free Church and Anglican). Although our chaplaincy team serves the above faiths, the team also facilitate support for anyone of a religion which is not listed above or for those who do not have any religious beliefs and still seek spiritual care.

We have a number of volunteers who currently provide day to day ward visiting and support for our patients and staff and it is our intention to develop that team.

Hospital chapels are designated multi-faith prayer rooms and in addition to these facilities City Hospital has two separate Muslim Prayer Rooms (Salat) with separate wash facilities (Wudu).

The Chaplaincy Team work closely with the Patient Experience Group Committee to help improve patient experience. This financial year, the team were able to visit a total of 9,215 new patients and follow up visits of 446 and had meaningful conversations with 3,223 family members/carers.

This year, the Chaplaincy Team also had meaningful discussions and supported 1,890 staff members.

### Our Activities

- Successfully hosted host religious festivals in the Trust such Vaisakhi, Ramadan, Easter, Diwali and Christmas. For the first time, with the support of our Hindu community, we were able to celebrate Krisna Janmashtami, a Hindu festival celebrating the birthday of Lord Krishna.
- Held Baby Loss Memorial Services in partnership with

Maternity, Supporting Death of a Colleague, Memorial Tree Service for healthcare staff who succumbed to suicide, and our yearly Remembrance Memorial Service in November.

- Introduced a new activity last Valentine’s Day by singing love songs to the wards. The idea of music as a therapy and combined by meaningful visits was welcomed by our patients, families and our healthcare professionals. With meetings held with some of our matrons, we are looking forward to making this as a regular activity in the hope that it will help aid patients’ recovery and raise their satisfaction level whilst in our care.
- Continue on our regular activities such as Midweek Catholic Mass, Ecumenical Sunday Services, and Friday Prayers. We reintroduced prayer time for staff during lunch break and it is indeed progressing. This is a staff led time (not necessarily a chaplain). We would like to offer our spiritual care spaces for staff wellbeing, a quiet area to pause, meditate or pray, where they could just spend few minutes to clear their minds especially when the ward/work gets busy.
- Partnered with Bereavement Services Committee in hosting a community event on Bereavement, spearheading a memorial service on Tree of Hope at Leasowes Intermediate Care Centre, and co-hosting Dying Matters Week and National Grief Awareness.

### Our Success

In October, the team was awarded Non- Clinical Team of the Year at the Trust Star Awards. This was a real boost for the team to continue the work that they do. It is also a platform to showcase what they do and raise awareness of the service they provide to our staff and patients across the Trust.

### Trade union relationships

Collaborative working with our Trade Union colleagues continues to be strengthened and partnership working has increased, ensuring that open communication and transparency is maintained especially given the ambition change agenda currently in progress linked to the move to MMUH. We continue to hold regular formal forums such as our Joint Consultative and Negotiation Committee (JCNC), Joint Local Negotiating Committee (JLNC) and Staff Terms and Conditions Committee (STACC) as well as



informal information sharing meetings and focus group sessions with our union colleagues to review any issues that arise and support joint resolution. Our staff side colleagues are also actively involved and engaged in wider programmes of work related to the implementation of our People Plan and related culture change and staff satisfaction programmes.

The Trust has in place a full time Staff Side Convenor and a full time Deputy Staff Side Convenor. We have also retained in post a full time Organisational Change Led

to support with the Management of Change required for MMUH, and a full time Policy led to support the review, update and introduction of all policies.

Trade union representatives are granted facility time to cover duties carried out for the trade union or as a union learning representative, for example, accompanying an employee to disciplinary or grievance hearing. It also covers training received and duties carried out under the Health and Safety at Work Act 1974.

Number of employees who were relevant union officials during the relevant period	Full time equivalent employee number
54	4

Percentage of time spent on facility time	Number of employees
0%	
1-50%	50
51-99%	
100%	4

Provide the total cost of facility time	
Provide the total pay bill	
Provide the percentage of the total pay bill spent on facility time, calculated as: (Total cost of facility time/ total pay bill) x 100	
Provide the total cost of facility time	

### Human capital management

Over the last 18 months we have filled more than 180 band 5 nursing vacancies, this includes successfully recruiting and supporting internationally trained nurses and midwives.

We have developed strategies with the help of external recruitment partners to fill our hard-to-fill priority posts including AHP, Nursing and specific Consultant posts. Our Emergency Medicine and Acute Medicine Consultant posts are now fully appointed to for the first time.

We are also focusing on increasing employment opportunities we offer to our local population with targeted local recruitment events for Health Care Support Worker (HCSW) roles. Our workforce consists of more than 60 per cent from our local population and we are targeting local people for new to care roles to further widen the available pool of staff. Our Sector Based Work Academy Programme (SWAP) in partnership with Sandwell College has been instrumental in helping us recruit from our local communities. We have been successful so far in recruiting to HCSW roles, Ward Services Officers and Logistics roles. We have also piloted the use of the Care

Friends App, which was successful in the Care Home Sector, to refer people to our HCSW jobs.

Our new Induction & Onboarding framework was launched in March 2023. This aims to ensure a consistent approach is in place across the organisation to onboarding new colleagues, so they have the support, resources and training they need to settle in well. It includes a number of key touch points from conditional offer stage up to the first 12 months in service and includes the use of settling in conversations.

A new Corporate Induction Handbook was also launched which helps new starters orientate to the Trust, alongside a template for departments/directorates to use to create their own local induction handbook. Our leavers data shows that we have started to see a reduction in the number of people leaving with less than 2 years' service. Our New Starter Survey also shows that, overall, new starters report a positive experience of the recruitment and induction process, with improvements being seen over a number of aspects during 2023.

Acting on the staff survey results, the annual PDR time cycle was lengthened from April to June to April to



December, to enable managers to have sufficient time to hold high quality PDR conversations, particularly across larger teams. Pre-set objectives continue to be included to support the focus on achieving the 3 Ps of the Trust strategy: Patients, People, Population. For 2024, this will be further strengthened to ensure there is a focus for all colleagues on creating an inclusive environment, in line with our ARC values. We are also increasing our focus on good quality career conversations and improving access to information on the different development options available to colleagues to help them achieve their full potential.

The Trust continues to provide a ring-fenced training budget to support staff to undertake further development for their role and future careers. In 2023/24 this was also supplemented by Health Education England (HEE) Continuing Professional Development (CPD) funding for nurses, nurse associates, midwives and allied health professionals (AHPs). This is also supplemented by the apprenticeship levy which is available for staff to undertake a wide range of externally provided apprenticeships ranging from entry level qualifications to degree and postgraduate/master’s levels. A wide range of development opportunities were undertaken by staff ranging from university modules to short courses, conferences and internal training courses.

### Widening Participation and Apprenticeship Provision

Widening participation’ has been part of our Trust’s identity for several years, where we have undertaken numerous schemes to support disadvantaged groups in our community to access training and employment. This includes our ‘live and work’ scheme for young people who are homeless or at risk of becoming homeless, internships for people with learning disabilities and/or

autism and recruiting former offenders to support the construction of our new hospital.

In 2023 we brought together our apprenticeship and widening participation provision to operate as one “single front door” for employability in preparation for the opening of the new MMUH Learning Campus .As part of this we have also launched our new widening participation #morethanajob programme which supports local people who are predominantly unemployed and living in the top 20 per cent of deprived areas nationally (according to the Index of Multiple Deprivation). This includes supporting people who may be overseas healthcare qualified refugees or migrants from our local population to access and return to a career in healthcare, alongside working with young people at risk of homelessness through our Live and work programme.

Working closely with local partners we have delivered numerous community Discovery Days, we have attended a variety of jobs fairs and careers events and we have supported our local population with accessing opportunities for training, upskilling and employment.

Through our employability and Sector-Based Work Academy Programmes (SWAP) we have supported 75 people into employment, 58 internally and 17 in external roles.

We have embedded Project Search into the organisation and have supported 5 young people with a learning disability and/or autism into a 12-month supported internship. Once completed, we will identify supported pathways into apprenticeship or employment opportunities. In addition, our wider work experience placement programme works with local schools to offer a range of work experience places across the Trust.





PATIENTS  
PEOPLE  
POPULATION



Jake has just turned 21 and lives in West Bromwich. Jake was a full-time Carer for his Mum from the age of 13 and comes from a workless household. In January 2023, Jake's Mum passed away leaving him on his own in the flat. Jake was struggling to cope with day-to-day financial pressures and felt lonely and isolated.

Jake was referred to the Learning Works by Job Centre Plus (JCP) in May 2023. With no previous paid work history and 1 GCSE, Jake was struggling to find employment. To improve Jake's life chances and health outcomes, the Learning Works team helped him address some of the wider determinants of health.

In June 2023 Jake attended a Ward Service Officer SWAP course, jointly delivered by the Learning Works and Sandwell College, he gained a level 1 qualification. Jake was supported to look at alternative accommodation through the Live & Work Project and received financial support from JCP and Prince's Trust to purchase a new bike.

In October 2023 Jake started his first full time job as a Ward Service Officer at Sandwell & West Birmingham NHS Trust (SWB). He aspires to undertake level 2 qualifications and develop his career at SWB to become a specialist in his area. He is being supported in his transition into work by the Learning Works team and a very supportive Manager.

## Work Experience

259 work experience placement opportunities were offered over the last 12 months. Work experience takes place in the workplace and allows people to experience what it's like to undertake a job supervised by staff who already work in the environment. We offer experience varying from 'tasters' lasting just half a day through to programmes over one or two weeks. Some work experience placements offer a hands-on experience, while some provide insights or observation only. All can provide a valuable experience for people looking to move into a career in the health sector.

There are over 350 different job roles within the NHS and work experience is vital for people from our local community to experience what it is like in a healthcare working environment. This experience helps individuals decide on their future career pathway and assist with:

- Broadening awareness of the numerous careers available within the NHS
- Developing an understanding of a chosen career
- Gaining transferable skills, such as communicating with others, which will be used within a wide range of job roles.
- Experiencing how working roles within the NHS are often much more complex.
- Strengthening college, university or job applications by allowing an individual to discuss work experiences on application forms and at interview.

## Careers Insight

To support our work experience, offer, we have introduced Careers Insight days. The first one was held in November where over 120 students from our local schools and young people on the St Johns Ambulance Cadet programme were invited to Sandwell Hospital for our Insight into NHS Careers event organised by the Widening Participation Apprenticeship Team. It targeted students aged 16-18 years wanting to learn more about the careers we have on offer here at the Trust and the journey of getting into those roles. Teams from across the Trust supported in both our careers marketplace and expert panels. These included experts from medicine, nursing & midwifery, AHPs, apprenticeships, business administration, IT, portering & security, and ward services.

Feedback from students was excellent and we entered everyone who attended into a prize draw. The winner is pictured with staff from the Trust and Sandwell Academy, who was delighted to receive her prize and said, "she really enjoyed the day, had an individual discussion with a junior doctor who gave her advice on following her aspirations to study medicine." She went on to say that she had applied to join our Youth Space and would be interested in volunteering. Since then, she has also secured a work experience placement at the Trust in Cardiology as an aspiring medic.



## Apprenticeship Provision

The Trust is one of a small number of NHS Apprenticeship Providers holding an ESFA contract, and we continue to be proud of our 'Good' Ofsted rating achieved in 2021. The apprenticeship provision supports employment for local people with progression into careers in the Trust and the development of our own workforce.

87 apprentices are currently on our own internal apprenticeship provision, undertaking programmes in both clinical and non-clinical settings. The teaching and learning from our own provision include Healthcare, Business Administration, Customer Service and Team Leader Apprenticeship Standards. 43 apprentices successfully achieved in the last 12 months through our provision, with 72% graded at distinction.

The Trust follows an apprenticeship 1st strategy to review all entry level vacancies to offer these job roles through apprenticeship posts to kick-start careers and reduce the barriers to long-term employment.

We continue to work closely with 22 local universities, colleges, and external providers for the provision of apprenticeship programmes we do not provide ourselves which include training from level 2 up to level 7. We support staff across 33 apprenticeship standards including clinical practitioners at master's degree level, chartered manager degrees, nurse associates, nurse degree, healthcare science, occupational therapy, and physiotherapy degree apprenticeships and many more. We have 180 staff undertaking apprenticeships through external provision utilising the apprenticeship levy funding.

We plan for an additional 100 internally provided apprenticeships over the next two to three years in support of our Learning Campus ambitions.

## Apprenticeship Awards Success

### *Scott Shenton - Decontamination Manager*

Scott was nominated and won the Health, Education and Care Apprentice of the Year 2023 at the Ladder for Greater Birmingham Apprenticeship Awards.

Scott first joined the Trust 15 years ago as a ward service officer and progressed with his career into his current post as Decontamination Manager at the Trust. His progress was supported by undertaking apprenticeship programmes in Healthcare Level 2, Team Leader/Supervisor Level 3.

During Covid, Scott led a specialist face mask fitting process for staff – known as FIT testing - so that they would protect themselves and patients from the COVID-19 virus. His process, created whilst he was undergoing the course, was highly commended across the Trust and he was later asked to give advice about the system across multiple NHS Trusts within the area.

Scott said "I'm really honoured to receive this recognition for the project. The skills I've learnt during my apprenticeship have been amazing and I've been able to share my learning with the team, teaching them ways in which to develop their own careers."

Scott continues to demonstrate his excellent and outstanding work ethic and brilliant can-do attitude within his role, whilst also leading his team. The apprenticeship team are so proud of him.

### **House of Commons Visit and Apprentice Ambassador**

Since winning his award, Scott was invited to attend the House of Commons, along with his Trainer/Coach – Emma Hill, as part of the 10 year celebration of the Greater Birmingham Apprenticeship Ladder. Scott is now a recognised Apprentice Ambassador.

## Celebrating Success!

In December 2023, the Apprenticeship Team held their annual awards ceremony which was the first one since before Covid.

At the event, celebration filled the air as our apprentices proudly received their certificates signifying the triumphant end of their apprenticeship journey. This ceremony marked not just the acquisition of skills but the determination that impacted their growth.

This event celebrated the achievements of staff from

over the last two years. With 115 people invited to collect an award at the ceremony. This is a marked event to celebrate the development of existing staff and new staff, investing in the future long-term workforce. The Apprenticeship Awards is one of the highlights of the team's work, showcasing the achievements of all apprentices and the hard work of the team. The learners felt that doing an apprenticeship not only gave them a breadth of experience but also the qualifications. One learner said, "Without the support and help from the apprenticeship team he would have never imagined to ever achieve this milestone".



Scott Shenton who has been recognised for his achievements as an apprentice.





## Occupational Health

The Occupational Health and Wellbeing service for Sandwell and West Birmingham NHS

Trust receives referrals from both NHS and non-NHS organisations and meets the needs of over 50,000 employees across the region, including income generating contracts with other NHS Trusts and commercial organisation. In addition to providing services to SWBH NHS Trust, it also provides services to Primary Care, Pharmacies, Dental Practices and local authorities. Regionally our Trust continues to be regarded as a leader in the Occupational Health and Wellbeing space and, an exemplar of good practice.

This year Sandwell and West Birmingham NHS Trust Occupational Health department undertook the year 1 of 4 accreditation reviews for SEQOHS and there were no concerns raised following the successful SEQOHS re-accreditation last year. This is key in providing assurance to all stakeholders that we protect people at work by ensuring the highest professional standards of competence, quality and ethical integrity and indeed helped us secure a further local authority contract.

The wellbeing service continues to be used widely by Trust staff and we offer a comprehensive range of services provided by trained coaches to deliver evidence-based interventions. We are proud to be able to deliver the widest range of physical and mental support activities including a well-equipped gym, yoga, therapeutic massage, counselling and meditation. In addition, we are working closely with Sandwell College Hair and Beauty Students who come on site and provide services to staff at Sandwell; the benefit is a feeling of wellbeing for staff that use the free service and experience for the students as part of their training programme,

Our Enhanced Occupational Health and Wellbeing Service offers end to end pathways for staff requiring musculoskeletal and mental health support. The Counselling is currently provided by our external partner Kaleidoscope Plus Group and delivered face-to-face, online or by telephone according to client preference. Clients are offered between 4 and 6 sessions, depending on need, with an option for onwards referral to other agencies should an extended period of counselling be required.

Musculoskeletal problems are another major area of concern with regards to staff wellbeing and sickness absence. We continue to adopt a multi-disciplinary

team approach with physiotherapy, specialist input and occupational health support as a one-stop-shop to help avoid delays for colleagues with MSK problems who may have difficulty accessing services due to pressures on primary care. In addition, the support from the Trust Physiotherapy Department for staff remains available via self-referral and management referral as well. We target all musculoskeletal absence by early identification, assessment and intervention with particular focus on proactively managing all staff members who are off work for more than 8 days with musculoskeletal problems. The aim is to prevent any long-term sickness absence where possible, by taking a coordinated and proactive approach.

There are three Wellbeing Leads for medical staff in the Trust, who work closely together as a team cross covering junior and senior clinician work:

Dr Mike Blaber (Palliative Medicine Specialist) heads up the focus on the junior doctor cohort. In the past 12 months, progress and achievements in this area have included:

1. Regional adoption of a new educational resource (Thriving in Medicine) to crystallise the 'hidden curriculum' of developing a strategy for professional wellbeing amongst Foundation Doctors. Dr Blaber led the design of this scheme, creating learning materials (short video presentations, small group exercises and individual reflective materials) which are housed on the Post-Graduate Virtual Learning Environment. The scheme was piloted across the Black Country in 2022-23 (SWB, New Cross, RHH, Walsall), receiving very positive feedback. 97% of participating Foundation Trainees reported the content to be relevant / highly relevant to their professional development, 96% found the sessions engaging and 76% said it would change their approach to professional wellbeing. The Scheme has now been rolled out across the West Midlands, with Dr Blaber training facilitators and overseeing the process alongside Prof Helen Steed (at New Cross). Live impact data is very encouraging. Dr Blaber has presented the work at the National "Developing Excellence in Medical Education Conference (DEMEC) and his abstract is being published in The Clinical Tutor Journal this month. Dr Naqvi and Dr Blaber have delivered the sessions to the F1 and F2 cohorts at SWB this academic year.



2. Development of monthly educational lunchtime meetings for Locally Employed Doctors (LEDs). Dr Blaber, Dr Naqvi and Dr Madhavan (Geriatrician) have developed these gatherings on the last Thursday of each month. A bespoke curriculum has been developed to accommodate the needs of LEDs, recognising a large proportion are International Medical Graduates new to the NHS. The aim is to create a sense of belonging (community), provide CPD learning, champion the development of this vital aspect of the workforce, facilitate mentoring opportunities. Attendance has grown throughout the year with 10 to 15 attending at each site.
3. Creation of Enhanced Induction Programme for Locally Employed Doctors. Dr Blaber has led this initiative, working with Dr Rachel Rajadurai (NHSEI Clinical Policy Fellow based at the Trust) and Medical Staffing team. Learning from neighbouring Trusts has facilitated the design of an enhanced, in person induction programme to ease the transition into working in the NHS in a non-training capacity. The programme addresses a range of topics, spanning ethics / communication / documentation and governance / wellbeing and support / how the hospital works. It is hoped that enhancing induction, alongside the monthly LED gatherings, will optimise recruitment and retention and minimise stress related sickness / clinical incidents for this cohort of medical staff.
4. Fortnightly 'Samosa and Support' sessions continue, providing a context of psychological safety for junior doctors to process life in the NHS. Dr Blaber and Dr Naqvi facilitate these sessions.
5. Dr Blaber provides one to one pastoral support meetings for the junior doctor cohort, meeting two to four doctors each week. These are often prompted by a particular issue facing an individual and impacting their holistic wellbeing. Dr Blaber liaises closely with occupational health, medical staffing, the PG education team and the regional Professional Support and Wellbeing Unit in ensuring bespoke support for individuals.
6. Dr Blaber gathers a 'junior doctors wellbeing committee' monthly to oversee QI initiatives relevant to wellbeing and gain insight into the issues faced across various departments and stages of training.
7. Dr Blaber has led on a process to improve the rest facilities for junior doctors based at BMEC. Legacy funds from the MERP moneys (received from the BMA in 2019) have been allocated to enhancing the rest areas at this site. Work has been done to ensure adequate rest facilities have been allocated at MMUH. This has been achieved with a Junior Doctor Common room on the 4th floor that meets the criteria set out in the BMA Fatigued and Facilities Charter.
8. Important cultural festivals have been marked this year in recognition that our diverse workforce bring their 'whole selves' to work. Acknowledging



Dr Mike Blaber who has led many health and wellbeing initiatives for his colleagues.



the significance of festivals is an important valuing exercise (Diwali, Christmas, Ramadan amongst those marked). Dr Blaber and Dr Naqvi have worked with the Chaplaincy team to achieve this.

- 9. Dr Blaber has been meeting Wellbeing Leads across the Black Country to standardise the Wellbeing offer for junior doctors across the patch. The SWB strategy of four key domains: 'Meeting Ordinary Human Needs', 'Caring for Carers', 'Culture of Connection', 'Enhancing Awareness of Support' has been adopted to model plans moving forward.

Dr Naqvi (Geriatrician) and Dr Venugopalan (Neonatologist) have led initiatives to support the wellbeing of senior clinicians across the Trust. Dr Naqvi was voted 'Employee of the Year' in 2023 in recognition of her numerous contributions of excellence in the Trust, with the contribution to senior clinician wellbeing particularly highlighted.

During a year of industrial action, there has been a need to focus on morale and togetherness amongst the senior staff. Achievements have included:

- 1. Identification and equipping of Senior Clinician rest spaces, a focused rest space has been identified at the City Site.
- 2. Increased Frequency Samosa and Support / Coffee Drop ins for senior clinicians with greatly increased attendance (15 – 20 per site), running bimonthly across site. Bespoke sessions delivered during JDIA & very positively received and acknowledged.

- 3. Developed an established role during tactical meetings pre planning and throughout Industrial Action. Attendance at regular cold and hot debriefs post JDIA.
- 4. One to one pastoral support for senior clinicians facing difficulty in an aspect of their wellbeing.
- 5. Championing Cultural and religious festivals
- 6. Producing an evidenced base paper of wellbeing recommendations to take into the MMUH move.
- 7. Supporting the delivery and awareness of the above listed junior doctor provisions amongst clinical team leaders.

An external review into the psychological and wellbeing offer for staff was commissioned by the People and OD Directorate in 2023 in response to feedback from staff and managers regarding the need for an integrated enhanced model of support to deal with the complex requirements of staff as well as high sickness rates linked to mental health and psychological reasons.

A multi-disciplinary short life Task and Finish Group was established to oversee the review, with membership from across different clinical groups and corporate directorates within the Trust. The outcome of the review has resulted in the development of a comprehensive wellbeing programme "Fundamentals of Care for People" which is based on the NHS England Health and Wellbeing Framework and will be implemented in 24/25.



## People Plan

Our workforce has always been important to who we are and what we do as an organisation, but supporting our staff has not been a strategic objective in its own right before. Along with 'Patients' and 'Population', we have made 'People' a priority in our five-year strategy and developed a 5-year Plan to support our strategic People objective of *"Developing and cultivating happy, productive and engaged staff"*. This was approved by our Trust Board in January 2023.

The focus of our People Plan is to improve staff satisfaction and experience and develop a positive organisational culture.

We aim over the next 5 years through the People Plan to improve staff satisfaction and be in the top 25% of NHS Trusts through:

- Focus on Compassionate Leadership and create a *Just Culture* where we listen, learn and live our values. This includes a new training offering and changing our processes e.g. in HR and Patient Safety.
- Investing in leaders as part of our 'breakthrough objective' in 2023 to take ownership of their services, create a great staff experience, and be supported to do so.

- Open our new hospital site, Midland Metropolitan University Hospital, and improve our existing sites. We are creating new roles and ways of working, a state of the art working environment, and a Learning Campus to develop our local population to access employment opportunities.
- Take real action on fairness, equality, diversity and inclusion.
- Work differently by adopting a Continuous Quality Improvement approach, where everyone can make positive changes, every day.
- Improve our digital technology so that work is easier and more productive.
- Work more closely with our neighbouring Trusts in the Black Country, West Birmingham and our Place Based Partnerships as an extension of our own teams.

We have recognised that we can't do everything at once, especially as we prepare to open our new hospital, Midland Metropolitan University Hospital (MMUH). We also know that our staff are tired and stretched following the pandemic, as well as there being lower levels of morale across the wider NHS. This People Plan is our commitment to our staff that we will do better and keep doing better. The diagram below is our agreed priorities from our Trust 2022-27 strategy, separated by before and after opening the new hospital.



After the opening of MMUH, we expect to see the full benefits of closely integrated working arrangements with our Place and other Hospital Provider partners in our two Integrated Care Systems. At this time, we will also demonstrably evidence clear approaches to

the standardisation and engagement of our workforce across the system. We will grow further our role as an influential employer in our communities, including the development of our Learning Campus in collaboration with partners in higher education and local authorities.





## Compassionate Communities

Following the launch of our 'Trust Values' of Ambition, Respect and Compassion (ARC) and behavioural framework, we have continued to embed these into our processes and practices. For instance, our new ARC Leadership Development programme has our values at the heart of its design. Our values and behaviours are also woven into our Performance Development Review (PDR) and Induction & Onboarding processes. Our recognition offer celebrates colleagues who consistently demonstrate our values through our ARC Star award.

As part of our Trust retention programme, we have continued to develop and implement a range of support options and tools to support our people throughout their employment lifecycle and promote these via Retention Roadshows. This includes an improved induction and onboarding process, a more supportive approach to flexible working and flexible retirement, pension awareness seminars, enhanced menopause support, promotion of our reward & recognition offers etc. We are developing an inclusive and supportive approach to talent management, working collaboratively with our Integrated Care System partners. This will initially aim to address issues with under-representation within our senior leadership roles but will then be expanded to focus on how we better support our people to develop in their careers more widely. We also continue to work with our ICS partners to improve retention in nursing and midwifery, through a focus on the Nursing & Midwifery 5 high-impact changes and the working being done through the Local Maternity and Neonatal System (LMNS) which includes the recruitment of a Retention Midwife. Across the Trust, we have seen a reduction in turnover of 1.86% since July 2022 and continue to strive to improve further through the work being done through our People Plan.

Following our participation in the Flex for the Future programme, we have continued to develop and implement changes to support a culture that embraces flexible working, these include:

- Launch of a new Flexible Working policy in June 2023, which promotes the ethos of a supportive flexible working culture and encompasses the changes to the National Terms and Conditions and the national policy framework.
- Launch of a new Retirement Policy in June 2023, which promotes different flexible retirement options, to support our experienced colleagues to work

for longer in a more flexible way.

- Alongside the promotion of the NHSE Flexible Working Toolkits for managers and individuals, we have also created a range of flexible working guides in response to focus group feedback. These are designed to help managers navigate some of the trickier flexible working scenarios. This includes a myth busting guide, guidance on how to review flexible working arrangements with compassion, how to manage multiple requests and how to design flexible jobs.
- Active promotion of the benefits of flexible working and the support available has taken place via a series of Retention Roadshows. These roadshows have been conducted with Group and directorate leadership teams to showcase and embed the range of retention support options and tools available in the Trust.
- Continued use of ESR for our Flexible Working applications has allowed us to understand what types of flexible working people want and the extent to which this is supported.
- Management training on flexible working has been developed and will be included within the Restorative People Practice modules of the ARC leadership programme during 2024.

An evaluation of the Continuous Quality Improvement approach to staff retention, which was initially piloted in two departments, was completed. The approach used quality improvement methodology and appreciative inquiry to involve colleagues in making relevant changes in their working environment to improve their experience at work. The results showed an average reduction in staff turnover of 15% across the two departments, as well as improvements across 75% of the pulse survey questions over a 12-month period. The approach has received recognition in a joint report published by Birkbeck University on "organisational interventions to support staff health wellbeing in the NHS" and has been shared with NHS England, the Society of Occupational Medicine, and the European Academy of Occupational Health Psychology. We will continue to support teams through our investment in Team Effectiveness and our new approach to staff engagement, which encompasses the learning from this project and extends the scope of the project on a wider scale.



We have launched a strengthened approach to improving staff experience following the publication of our 2023 staff survey results. We recognise that we have much to do to ensure our people receive a positive experience at work. In March 2024 we launched our People Engagement Teams. This places ownership and accountability for engaging with colleagues and improving staff experience within the Clinical Groups and Corporate Directorates. Our People Engagement Teams will be made up of a diverse group of leaders and staff members from across the specific groups and will work closely with our staff inclusion networks to develop actions that make a difference to the everyday experience of colleagues in those particular areas. They will also be responsible for proactively supporting colleagues to participate in the completion of the NHS Staff Survey and Pulse Surveys.

We have developed our “Fundamentals of Care for our People” which is a programme of work to strengthen our existing wellbeing provision, in particular our psychological and mental health support for staff. The work is overseen through the People and OD Directorate and included the development of a new evidence-based model that effectively supports the mental health and psychological wellbeing needs of our staff.

Our Trust Equality, Diversity and Inclusion Plan (EDI) was approved by our People and OD Board Sub Committee in January 2023. The plan supports us in getting the basics right with regards to our EDI obligations, addressing consistent underperformance in workforce representation

and in setting up the building blocks necessary to creating a strong foundation to build a more diverse and inclusive organisation.

We have spent the last two years forecasting our workforce requirements and developing a multidisciplinary evidence-based workforce model to support MMUH which has been externally validated through an independent professional feasibility assessment. This is also supported by a resourcing plan that tackles ‘hard to recruit’ posts and is informed by upskilling requirements that are fed through into Learning Campus course planning and provision. We continue to actively recruit to roles within the new hospital through widening access routes from our own local communities, facilitated by the Learning Campus #more than a job employability programme.

Our workforce information and planning processes are informed by a more sophisticated approach to analysis with the use of a comprehensive demand and supply forecast tool which has been developed in house by the People and OD Directorate. This has received national recognition for the additional insights it provides to ensure an intuitive and sustainable approach to workforce planning to reduce the reliance on temporary staffing solutions. This will inform the development of innovative workforce models so that we build teams that are led by patient need rather than roles. This includes growing our Advanced Practitioner workforce and new roles outside of the hospital setting.



A Fundamentals of Care event held in July 2023.



## Education, Development and Growth

### Leadership Development

In 2023 we launched our new ARC Leadership Programme based on the work of Professor Michael West on Compassionate and Inclusive Leadership, Sidney Dekker on developing a Just Culture and Amy Edmundson's work on creating fearless organisations and developing psychological safety.

The programme has a focus on three core areas (1) Compassionate and inclusive leadership (2) Restorative People Management Practice and (3) Leading and Inspiring Safety and Service Innovation. Ensuring the right balance on core technical skills and Trust values aligned behavioural competencies to support culture transformation commitments.

The Trust had a breakthrough objective in 2023 of training 200 leaders in module 1 (Compassionate and Inclusive Leadership) and has met this target by training 210 leaders at the end of March. Additionally, 60 senior leaders and board members participated in the board version of this session on Compassionate and Inclusive Leadership led by Prof Michael West and a further 490 staff members have been trained in the Compassionate Care Giver (team member) module. The Trust plans to train a further 289 leaders by the end of October 2024 alongside rolling out module 2 and 3 of the programme in Q4 of 24/25. With the aim to roll out the full programme to the remainder of the Trust by 2026.

### MMUH Learning Campus

The future development of the MMUH Learning Campus on the site of our new hospital is a brilliant opportunity to improve the life chances not only of our staff but also of our communities, thereby starting to deliver on our Population objective and our organisation's purpose. The Chief People Officer has oversight for the Learning Campus Construction and development programme and the education and employability aims of the 'Learning Campus' is led by the Director of People and OD who chairs a multi-disciplinary group involving the Trust, Aston University, Sandwell College, Wolverhampton University, the West Midlands Combined Authority and Health Education England. Through the Subgroup we have developed our learning as well as employability

offering, the focus of which is to develop clear "learning journeys" and career progression pathways support our local communities to gain sustainable employment. This includes level 1 -7 programmes for over 1280 learners within the 1st year opening and extensive opportunities for pre-employment learning and work placements to provide access to job relevant skills, apprenticeship programmes and opportunities to deliver long term careers.

### Environment and Technology

A safe and supportive culture is not the only driver of staff experience. We know that access to getting to work (including car parking), catering, IT systems and equipment can frustrate colleagues and chip away at morale. It is important that we get these basic needs right if we are to enable staff to improve the life chances and health outcomes of our communities. Through this delivery workstream we are looking at how we improve staff experience of IT systems, including Digital Proficiency to develop staff and to deliver against estates improvement requests more quickly, to make staff rooms and areas better.

### Agile Working

Following COVID-19 and the requirement for a number of staff to work off site, many of our colleagues work effectively in an agile manner.

We have recognised the need to further develop modern working practices to enable our staff to maximise their performance and productivity and deliver the greatest value to the organisation, whilst maintaining a good work life balance.

Our new hospital (MMUH) has been designed with a focus on patient care and consideration for staff wellbeing (for example there is a staff rest area and changing facilities on each level, a Winter Garden environment etc). The design incorporates the optimal use of information technology to enable flexible working patterns and practices and supports an agile working environment for administrative work which will be replicated for the retained estate.

Our Home Working Policy supports the safe and effective utilisation of home working to ensure working obligations are met and to help create an environment which allows



employees to achieve an improved work life balance, greater job satisfaction, and improved motivation, morale and productivity. This is further supported by our Flexible Working Policy and agile working principles developed through our newly established Agile Working Group which has a key focus on defining the non-clinical working space arrangements for our staff inclusive of remote and home working, as well as the principles, support systems, communication and consultation needed to achieve this.

Feedback from our staff demonstrates that implementing an effective agile working environment at Midland Metropolitan University Hospital and for the future estate at City, Sandwell and Rowley Regis Hospitals will be a critical success factor.

Establishing an effective agile working environment includes creating a flexible and dynamic working environment as well as implementing effective remote working practices and access.

An agile working environment enables optimal space utilisation, whilst also supporting staff to achieve a positive work-life balance. The benefits of improved work life balance, employee engagement and reduced travel make a direct contribution to this strategic priority.

### NHS Staff Survey - Encouraging advocacy

The annual NHS Staff Survey provides an opportunity for organisations to survey their staff in a consistent and systematic way. This makes it possible to build up a picture of staff experience to compare and monitor change over time and to identify variations between different staff groups. Obtaining feedback from staff, and taking account of their views and priorities, is vital for driving real service improvements in the NHS. The results are primarily intended for use by organisations to help them review and improve their staff experience so that their staff can provide better patient care. The Care Quality Commission uses the results from the survey to monitor ongoing compliance with essential standards of quality and safety. The survey will also support accountability of the Secretary of State for Health to Parliament for delivery of the NHS Constitution.

The NHS staff survey poses nine mandatory questions to ascertain how engaged staff are. All NHS staff are given the opportunity to give their feedback on these

questions every quarter in the national staff survey and the newly introduced quarterly pulse survey. Below is a comparison of results between 2022 and 2023 in relation to advocacy. These results are based on staff who agreed or strongly agreed as part of the NHS Staff survey in 2022 and 2023.

### The NHS Staff Survey engagement scores

NHS Staff Survey	2022	2023
Staff who would recommend the Trust as a provider of care to their family and friends	52.3%	54.9%
Staff who would recommend our organisation as a place to work	52.1%	54.7%
I look forward to going to work	50.5%	54.3%
I am enthusiastic about my job	64.4%	69.3%
Time passes quickly when I am working	71.1%	71.9%
There are frequent opportunities for me to show initiative in my role	67.5%	70.7%
I am able to make suggestions to improve the work of my team / department	65.8%	67.7%
I am able to make improvements happen in my area of work	51.3%	54.3%
Care of patients / service users is my organisation's top priority	69.7%	70.5%
I would recommend my organisation as a place to work	52.4%	55.5%
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	52.6%	55.2%

Data Source: National NHS Staff Survey Co-ordination Centre. The Trust considers that this data is as described for the following reasons: It is the latest available on the NHS Digital website

This year, we have seen a small increase in most of our scores within the annual staff survey, in fact, amongst all the questions, only 4 per cent have seen a slight decline. This shows that some of the work we have done, since we introduced our People Plan last year, is working. However, when we compare our results against the national average, it is clear that we still have some work to do. The table shows our scores against the seven people promises. The two areas which we scored lowest (when compared to the average) were 'we are always learning' and 'we are compassionate and inclusive.' This year, we have introduced a new year-round approach to the staff survey – as shown in the graphic below – which is designed to ensure that we are continually engaging with staff about their experience of working at SWB and the improvements we are making as a result of their feedback.



As a direct result of feedback in the staff survey, we have developed people engagement objectives for 24/25. These are:

**Improve teamwork**

- We will roll out our compassionate ARC leadership and team effectiveness programme across the organisation.
- Improve our wellbeing programme
- We will strengthen and enhance our health and wellbeing offer.
- Implement our EDI delivery priorities
- Empower, equip, and enable our staff inclusion networks
- Optimise the role and function of the EDI Team within the Trust
- Deliver and embed a robust framework for inclusive recruitment

- Launch a SWB inclusive Talent Management programme

**Trust wide approach to improvement**

- We will implement the SWB Improvement System, working with colleagues at all levels of the organisation.
- Support our line managers
- All line managers will have a clear PDR objective for strengthening staff engagement, through role-modelling compassionate, restorative and inclusive leadership behaviours.

**Establish our People Engagement Teams**

Each group will have a People Engagement Team which will be made up of colleagues from a diverse range of roles, backgrounds, and levels. They will be responsible for supporting and championing the actions that are required to improve the experience for staff in their group.





## **Emergency Preparedness, Resilience and Response (EPRR) Statement of Compliance**

As a category one responder under the Civil Contingencies Act 2004, we completed the annual self-assessment for the NHS England Core Emergency Preparedness Response and Recovery (EPRR) Standards, although due to extensive changes to the scoring process we achieved partial compliance and are working on achieving full compliance.

Over the past year we have been focussed on working to ensure our emergency plans are in place for our move to our new hospital, ensuring we have a more robust approach to business continuity whilst proactively supporting colleagues on plans to maintain a safe service during escalating industrial action.

### **Modern slavery statement**

We fully support the Government's objectives to eradicate modern slavery and human trafficking and recognise the significant role the NHS has to play in both combatting it, and supporting victims. In particular, we are strongly committed to ensuring our supply chains and business activities are free from ethical and labour standards abuses. We confirm the identities of all new employees and their right to work in the United Kingdom, and pay all our employees above the National Living Wage. Our Dignity at Work, Grievance and Disputes and Whistleblowing policies additionally give a platform for our employees to raise concerns about poor working practices. We provide training on safeguarding in respect of adults and children which includes reference to modern slavery as a form of abuse. Our policy on safeguarding adults provides advice and guidance to front line practitioners to ensure they are aware of and able to respond to incidents of modern slavery within care settings. Our procurement approach follows the Crown Commercial Service standard and includes a mandatory exclusion question regarding the Modern Slavery Act 2015. When procuring goods and services, we additionally apply NHS Terms and Conditions (for non-clinical procurement) and the NHS Standard Contract (for clinical procurement). Both require suppliers to comply with relevant legislation. Procurement staff receive training on ethical and labour issues in procurement.

## **Countering fraud and corruption**

Sandwell & West Birmingham NHS Trust value our reputation for top quality patient care and financial probity, and we conduct our business in a fair and ethical manner. The Trust supports the NHS Counter Fraud Authority strategy that aims to reduce fraud, bribery and corruption within the NHS. We are committed to the prevention, detection and investigation of any such allegations and will seek to apply criminal, disciplinary, regulatory and civil sanctions where allegations are upheld. This includes the recovery of identified financial losses to ensure that NHS resources are used for their intended purpose - the delivery of patient care. We expect all organisations / contractors instructed by our organisation to demonstrate a comparable commitment in order to do business with us. This enables us to reassure our patients and staff that public funds are protected and safeguarded. The Trust purchases a Counter Fraud service from RSM, who conduct both proactive and reactive work in line with the requirements of the Government Functional Standard 013: Counter Fraud ('functional standards'). To limit our exposure to the risks of fraud, bribery, and corruption we also have a number of key policies and procedures which includes, but is not limited to Counter Fraud, Bribery And Corruption Policy, FTSU policy and Declarations of Interest policy. These policies apply to all colleagues and individuals who act on behalf of our organisation. The success of our approach is dependent on colleagues, stakeholders, service users, visitors or anyone associated with the Trust to report suspicions of Fraud, Bribery and Corruption. We actively encourage reporting to the nominated Counter Fraud Managers, Chief Finance Officer or to the NHS Counter Fraud Authority.

### **Health and safety at work**

Our organisation accepts its humane, economic and legal responsibilities in respect of the management of health and safety risks arising from its activities that may affect staff, patients and others. We are committed to:

- provision of adequate control of the health and safety risks arising from its work activities.
- consultation with its employees on matters affecting their health and safety.
- provision and maintenance of safe plant and equipment.



- safe handling and use of substances.
- provision of information, instruction, training and supervision for employees.
- developing and maintaining the competence of all employees to do their work safely.
- prevention of accidents and workplace ill-health.
- maintenance of safe and healthy working conditions.
- review and revision of this policy at three-yearly intervals and whenever necessary

## STAR Awards

More than 100 healthcare workers were honoured at our annual staff awards held at a Birmingham football club. The 2024 Star Awards took place at Villa Park boasting a colourful Bollywood theme and saw a host of staff from Sandwell and West Birmingham NHS Trust recognised for their dedication over the past year.

BBC Asian Network star Noreen Khan hosted the event, with Dr Huma Naqvi took the coveted 'Employee of the Year' crown for her contribution to the orthogeriatrics and geriatrics medicine and for the wellbeing support she provided to junior and senior medics at the Trust. She said: "It's a fantastic honour to be recognised for my contribution by my colleagues and great to be representing the service. I recently celebrated 10 years at the Trust, and it's the perfect way to mark the anniversary." Huma was voted as the majority winner by the 8,000-strong staff from the Trust.

There were 13 categories in total, including the Partnerships within the Community Award which was won jointly by

midwife Angela Arnold and Jayne Salter-Scott with the Youth Forum. Meanwhile, others who were recognised included The Cancer Hotline team for the Clinical Team of the Year award. The service was launched a year ago and urges people in Sandwell and West Birmingham to call the team if they are suffering from symptoms of the disease. They will be triaged and assessed over the phone and then referred to the relevant service if they need further investigating.

Lead Cancer Nurse, Jo Harvey, said: "It's a real honour for the team to be acknowledged for their hard work. Figures for the first-year show that 40 per cent of people calling in have been referred to the two week wait cancer pathway, demonstrating it's a much needed service which is making a difference to the health of our population." Chairman Sir David Nicholson said at the event: "We have a dedicated, compassionate and ambitious workforce who are respectful to their patients and their needs. This is what The Star Awards demonstrates as it highlights the great work they do. The staff continue to deliver outstanding care to our population no matter what challenges they face and this event is a chance for us to thank them for their hard work. I would like to thank our sponsors for this year's event, without whom it would not have been possible for us to put on such a wonderful evening."

The Star Awards was sponsored by headline sponsors, Amazon Web Services and The University of Wolverhampton, alongside other sponsors; Equans, MTS Health Limited, Your Trust Charity, Q Park, Capsticks, Woodreed, Heimstaden, Tendable, Oceans Blue, Morgan McKinley, Mindray, Wavenet, Platform81, Ricoh, Natwest and Health Care Relocations.





Janet Cowley has praised the care she's received at the Trust following her cancer diagnosis.



## Our finances and investments

The 2023/24 priorities and operational planning guidance for the NHS in England recognised the challenges that the NHS had faced in the previous year which were not expected when the 2022/23 priorities were published. However, the guidance acknowledged progress that has been made in 2022/23, especially around eradicating two year waits for elective care and delivery against urgent cancer diagnosis.

Throughout the guidance there were several emerging themes. As would be expected, ensuring the best outcomes for patients and the wider population remained central to national priorities. To achieve this, the NHS continued to address the health inequalities that were brought into sharp focus during the Covid-19 pandemic. Complementary to this are the priorities that focus on improving access to services, including commitments to increase capacity and continuing to recover elective care activity. The Trust's operational and financial plan for 2023/24 had these priorities as its central strand.

Many of the priorities build on those included in 2022/23, recognising the role of local system collaboration and decision making. Developing the workforce and ensuring that recruitment and retention is addressed, is core to achieving the national priorities and implementing local solutions, as is the need for a robust digital infrastructure.

The system submitted a £69m deficit financial plan for 2023/24, based on stretching efficiency plans and an assumption that much of the unfunded capacity opened during the pandemic would be closed. The Trust as part of the system plan set a deficit budget of £18.8m, including £46m of cost improvement (c6%) and identified that in order to reach the deficit plan, funding would be required for the costs of MMUH in 2023/24 (£14m).

During the year, the Trust was not able to deliver planned closures of unfunded capacity, due to continued pressure in urgent and emergency care, driven in the main by an inflow of patients from the Birmingham and Solihull ICS who typically then had high levels of acuity and required a longer than average length of stay. In the second half of the financial year, the system was at significant risk of not delivering its plan and developed a financial recovery plan / revised year end forecast.

Whilst the Trust ended the financial year £4m favourable to its revised forecast this was £3.7m adverse to the deficit plan. The adverse position reflects an over achievement against cost improvement but with the income relating to MMUH not being secured. Despite this headline success on cost improvement, a significant amount of improvement delivered in year was non-recurrent in nature. The Trust therefore exited the financial year with an underlying deficit position much worse than its starting deficit. A key objective with the Trust's Strategic Planning Framework for 2024/25 is recurrent financial improvement to reduce its underlying deficit.

The Trust continued to focus on completing the construction of our new hospital, the Midland Metropolitan University Hospital (MMUH) in Smethwick, working with the New Hospitals Programme to agree a revised completion contract with Balfour Beatty. Alongside the construction progress, the Trust completed in year an extensive governance process to refresh the clinical and workforce associated with the MMUH care model. This was required as we approach completion of the building, begin to change services outside the hospital to support the care model inside the hospital, and to ensure activity and bed capacity are appropriate to fit within the new hospital and meet demand.

During 2023/24 we also finalised our review of the benefits associated with MMUH across all our stakeholders. The benefits from a number of areas including construction, workforce and operational productivity will be reviewed annually and reported through the board committees.

### Budgetary Framework

The budgeting framework was set within the overall Operational Planning guidance for the financial year. The Operational Planning process was established to integrate and align all dimensions of business planning which outlines the future vision and objectives and incorporates the achievement of targets and service improvements to achieve them. The core components of business planning include:

- Activity forecasting;
- Capacity planning;



- Income and expenditure budget setting;
- Cost improvement programme (CIP);
- Workforce;
- Capital expenditure planning; and
- Quality impacts

The budgetary framework is based on the starting point of expenditure budgeting being the 2022/23 recurrent baseline budgets, adjusted by non-recurring items and the full year effect of approved income and expenditure changes. The process from the start point will therefore include such factors as:

- National inflationary assumptions will be applied.
- The costs associated with MMUH.
- Alignment with the activity plans.
- Reconciliation with the patient related activity contracts; and
- Will include the agreed level of cost improvement.

The year end Income and Expenditure performance, as reflected in the Annual Accounts, is shown in Figure 1 below.

The Trust's financial performance continues to be measured against four primary duties:

- The delivery of an Income and Expenditure (I&E) position consistent with the target set by the Department of Health (DH) (the breakeven target);
- Not exceeding its Capital Resource Limit (CRL);

- Not exceeding its External Financing Limit (EFL); and
- Delivering a Capital Cost Absorption Rate of 3.5%.

These duties are further explained as follows:

### Breakeven Duty

The Trust delivered a deficit position of £14.079m.

Figure 1 shows how the Trust's reported performance is calculated. The surplus in the published Statutory Accounts is subject to technical adjustment and does not affect the assessment of the Trust's performance against the duties summarised above (i.e., I&E breakeven, CRL, EFL, capital cost absorption)

### Figure 1 Income and Expenditure Performance

Although impairments and reversals are not counted towards measuring I&E performance, they must be included in the Statutory Accounts and on the face of the Statement of Comprehensive Income (SOI). Impairments and reversals transactions are non-cash in nature and do not affect patient care budgets. However, it is important that the Trust's assets are carried at their true values so that users of its financial statements receive a fair and true view of the Statement of Financial Position (Balance Sheet). The Department of Health and Social Care (DHSC) holds allocations centrally for the impact of impairments and reversals.

Income and Expenditure Performance	2023/24	2022/23
	£000s	£000s
Income for Patient Activities	657,556	640,604
Income for Education, Training, Research & Other Income	68,503	56,644
<b>Total Income</b>	<b>726,059</b>	<b>697,248</b>
Pay Expenditure	(467,145)	(441,863)
Non Pay Expenditure including Interest Payable and Receivable	(230,835)	(207,460)
Public Dividend Capital (PDC) - Payment	(4,996)	(5,544)
<b>Total Expenditure (Including Impairments and Reversals)</b>	<b>(702,976)</b>	<b>(654,867)</b>
Surplus/(Deficit) per Statutory Accounts	23,083	42,381
Exclude Impairments and Reversals	(25,988)	(42,449)
Exclude impact of IFRS16 on IFRIC12 Schemes	692	0
Adjustment for elimination of Donated and Government Grant Reserves	(11,866)	167
<b>Total I&amp;E Performance</b>	<b>(14,079)</b>	<b>99</b>



## CRL

Further detailed information on capital spend is shown below at Figure 5. The CRL sets a maximum amount of capital expenditure a Trust may incur in a financial year (April to March). Trusts are not permitted to overshoot the CRL although the Trust may undershoot. Against its CRL of £68.33m for 2023/24, the Trust's relevant expenditure was £64.18m, undershooting but achieving this financial duty.

## EFL

The EFL is a control on the amount of funding a Trust may source externally and also determines by default the amount of cash that must be held at the end of the financial year. Trusts are not allowed to overshoot the EFL although the Trust is permitted to undershoot. Against its EFL of £25.37m, the Trust's cash flow financing requirement was £25.37m, thereby achieving this financial duty.

## Capital Cost Absorption Rate

The capital cost absorption rate is a rate of return on the capital employed by the Trust and is set nationally at 3.5%. The value of this rate of return is reflected in the SOCI as PDC dividend (as shown in Figure 1), an amount which trusts pay back to DHSC to reflect a 3.5% return. The value of the dividend/rate of return is calculated at the end of the year on actual capital employed being set automatically at 3.5%, and accordingly the Trust has achieved this financial duty.

It should be noted that the Trust has not charged a 3.5% dividend charge on MMUH construction costs during 2023/24 as this is an exceptional item to be excluded from the calculation (DH GAM 2020/21). This policy and PDC dividend charge exclusion applies to all assets of over £50m in construction value.

## Income from Commissioners and other sources

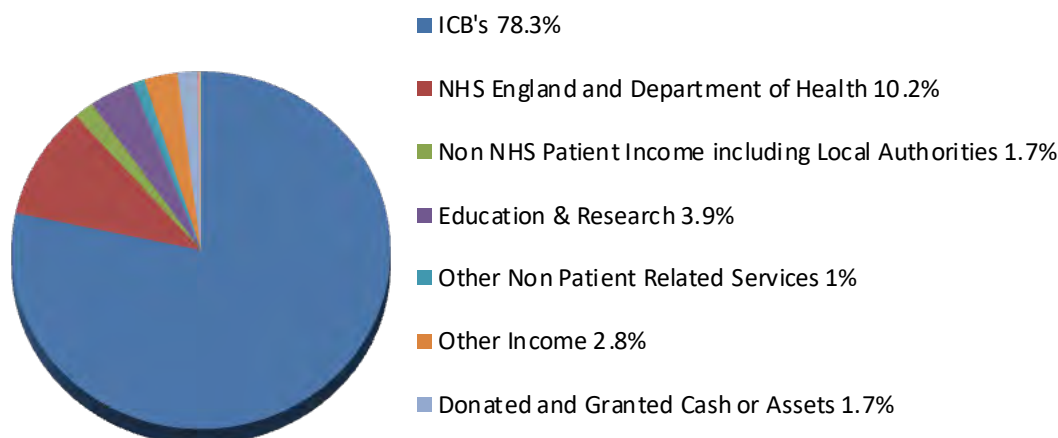
The main components of the Trust's income of £726.059m in 2023/24 are shown below in Figure 2, showing an overall increase of £30.798m – of which £0.662m was funding for the Consultants Pay Award, to be settled in 2024/25. The remaining increase is driven by the income received by commissioners, mainly under the income block arrangements.

**Figure 2 Sources of Income**

Sources of Income £000s	2023/24 £000s	2022/23 £000s
NHS England and Department of Health	73,961	84,971
NHS Trusts and Foundation Trusts	1,726	3,350
ICB's	568,759	535,582
NHS Other (including Public Health England and Prop Co)	662	596
No NHS Patient Income including Local Authorities	12,448	16,105
Education & Research	28,226	24,859
Other Non Patient Related Services	7,504	12,336
Donated Assets	12,138	64
Other Income	20,635	19,385
<b>Total Income</b>	<b>726,059</b>	<b>697,248</b>

Within Figure 3, the pie chart below, the largest element of the Trust's resources flowed directly from ICBs, 10.2% from NHSE, and education training and research funds at 3.9%. The Trust is an accredited body for the purposes of training undergraduate medical students, postgraduate Doctors, and other clinical trainees. It also has an active and successful research community, which continued during and since the pandemic. The proportions of income received are consistent to that received in previous years.

**Figure 3 – Income by Category**



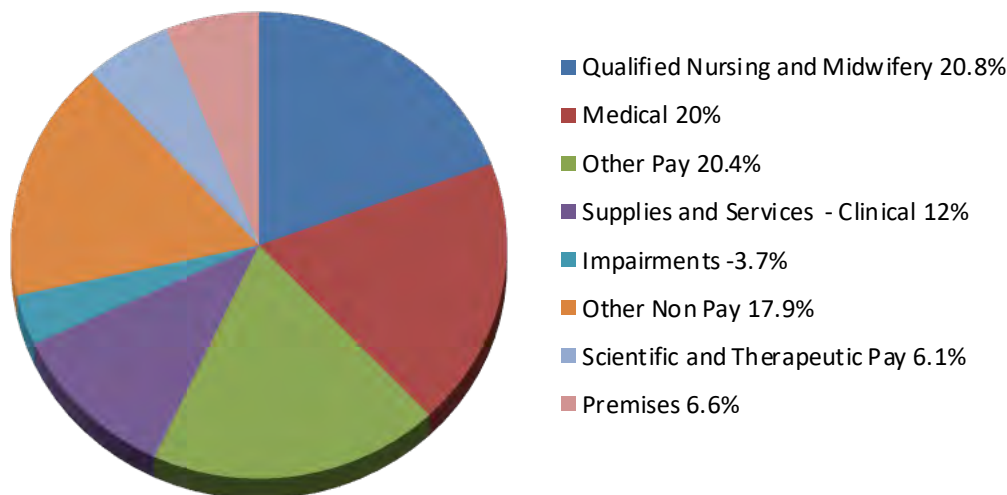
### Expenditure

Expenditure Analysis	2023/24	2022/23
	£000s	£000s
Qualified Nursing and Midwifery Pay	144,690	144,473
Medical Pay	139,537	123,453
Scientific and Therapeutic Pay	42,648	41,080
Other Pay	142,038	134,396
Supplies and Services - Clinical	83,475	80,658
Impairments	-25,988	-42,449
Other Non Pay	124,708	119,786
Premises	45,803	45,091
<b>Total Expenditure</b>	<b>696,911</b>	<b>646,488</b>

Figure 4 shows that this year, 67% (2022/23, 64%) of the Trust's cost was pay and, within this, nursing and midwifery 20.8% (2022/23, 22%), medical staff 20.0% (2022/23, 19.0%), other pay 20.4% (2022/23, 20.7%) and scientific and therapeutic 6.1% (2022/23, 6.3%). The categories contain total annual agency spend of £17.82m for the Trust. This included the continued impact of additional capacity (beds) required for urgent and emergency care pressures, and elective recovery during the year, and the filling of vacancies and sickness backfill. The remaining 32.7% (2022/23, 36%) of operational expenditure was non pay, the largest elements of which was clinical supplies and services at 12.0% (2022/23, 12.5%), which includes drug costs.



Figure 4 Expenditure by category



### Use of Capital Resources

Capital expenditure differs to day-to-day operational budgets and involves tangible and non-tangible items costing more than £5,000 and having an expected life of more than one year. The Trust is provided with Capital Resource as part of the ICS arrangements for managing a fair distribution of funds to all providers in the System. Monitoring of Capital Resource utilisation is reviewed on a monthly basis by the ICB to ensure that funds are used effectively and within the appropriate financial year. In total, the Trust's gross spend during 23/24 on capital items was £80.47m, including self-funded schemes and those externally funded by PDC, the latter being mainly MMUH and PDC awards to support IT and Medical Equipment Purchases in line with in national initiatives. This figure is adjusted by any donated items and the book value of assets disposed when measured against the CRL (see above). A breakdown of this gross expenditure is shown in the pie chart below.

The Trust spent a significant proportion, 48.5% (2022/23, 75%) of its capital budget on the Midland Metropolitan University Hospital (MMUH); the spend of £36.992m was funded by PDC contributions. The Trust also spent £22.283m (2022/23, £11.028m) on upgrading the Trust's residual Estate, including ensuring compliance with statutory standards.

Key schemes within the Estates capital programme included

- Expenditure for the new Learning Campus on the MMUH site
- £11m of Expenditure on decarbonisation schemes
- Local projects at the City and Sandwell health campuses; and
- Backlog maintenance and statutory standards.

Medical and Other Equipment accounted for £7.018m all of which has a direct impact on clinical quality improvement.

Key schemes include:-

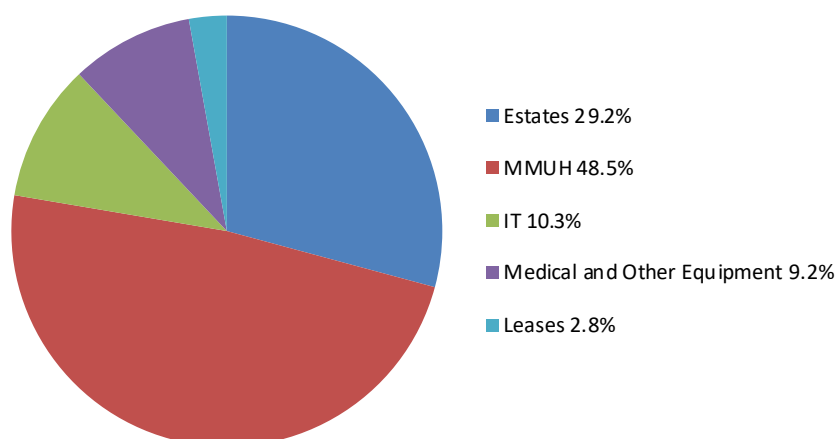
- Routine replacement rolling programme.
- Additional MRI Imaging Equipment
- Managed Equipment Service

IT spend included planned investment on the IT Infrastructure, including networks and end user devices. This totalled £7.869m. Key schemes included:

- Continued development of the Trust's new EPR system;
- Network infrastructure investment;
- Hardware; and
- Telephony.



**Figure 5 Capital Spend, 2023/24**



**Figure 6 Statement of Financial Position**

The table below represent the Trust’s Statement of Financial Position, summarising the key assets and liabilities as at 31st March 2024, with a comparator for 31st March 2023

Statement of Financial Position	2023/24	2022/23
	£000s	£000s
Non-current assets	879,136	806,399
Current assets	116,827	116,047
Current liabilities	-127,135	-118,244
Total assets less current liabilities	868,828	804,202
Non-current liabilities	-65,417	-48,467
<b>Total assets employed</b>	<b>803,411</b>	<b>755,735</b>
Financed by Taxpayers' equity in the form of: Public dividend capital (PDC)	803,717	760,998
Reserves (Revaluation, Other and I&E)	-306	-5,263
<b>Total taxpayers' and others' equity</b>	<b>803,411</b>	<b>755,735</b>

The main movements in the balances from 31st March 2023 were in Non-current Assets and Public Dividend Capital, which is represented by the investment made in the building of the Trust’s new Midland Metropolitan University Hospital (MMUH), funded by additional PDC.

### Audit

The Trust’s External Auditors are Grant Thornton UK LLP. They were appointed for the 2017/18 audit by the Trust, following a competitive tendering process undertaken during 2016/17 ready for when the previous contract with KPMG LLP expired. The contract has been extended to provide an audit service for 22/23 and 23/24.

The cost of the work undertaken by the Auditor in 2023/24 was £0.217m including VAT.

As far as the Directors are aware, there is no relevant audit information of which the Trust’s Auditors are not aware. In addition, the Directors have taken all the steps they ought to have taken as directors to ensure they are aware of any relevant audit information and to establish that the Trust’s Auditor is aware of that information.

The Trust does not have a policy in place for the purchase of non-audit services. The plan is to implement this in 2024–25.

The members of the Audit Committee as at 31 March 2024 were Andrew Argyle (Chair), Rachel Hardy, Lesley Writtle, Mick Laverty, Lorraine Harper, Mike Hallisey, Jatinder Sharma and Val Taylor.



# Statement of directors' responsibilities in respect of the accounts

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

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

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

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

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

By order of the Board

Date : 14th August 2024 ..... Chief Executive

Date : 14th August 2024 ..... Chief Finance Officer



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

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

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

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

I take personal responsibility for the ARA and the judgments required for determining that it is fair, balanced and understandable.

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

By order of the Board

Date : 14th August 2024 ..... Chief Executive



## Statement of Comprehensive Income

		2023/24	2022/23
	Note	£000	£000
Operating income from patient care activities	3	657,556	640,604
Other operating income	4	68,503	56,644
Operating expenses	6, 9	(722,899)	(688,937)
Net (impairments) / reversals*	6	25,988	42,449
<b>Operating surplus/(deficit) from continuing operations</b>		<b>29,148</b>	<b>50,760</b>
Finance income	11	3,414	1,232
Finance expenses	12	(4,487)	(2,628)
PDC dividends payable		(4,996)	(5,544)
<b>Net finance costs</b>		<b>(6,069)</b>	<b>(6,940)</b>
Other gains / (losses)	13	4	(1,439)
<b>Surplus / (deficit) for the year</b>		<b>23,083</b>	<b>42,381</b>
<b>Other comprehensive income</b>			
Will not be reclassified to income and expenditure:			
Impairments	8	(609)	234
Revaluations	17	14	1,846
<b>Total comprehensive income / (expense) for the period</b>		<b>22,488</b>	<b>44,461</b>

\*of the net impairment reversal for 23/24, £33,105k relates to the remeasurement of the carrying value of the MMUH asset, more information regarding the treatment and calculation can be found in Note 1.19. The remaining Impairment of £7,117k is as a result of the valuation of the remainder of the Trust's Estate.





## Statement of Financial Position

		31 March 2024	31 March 2023
	Note	£000	£000
Non-current assets			
Intangible assets	14	91	136
Property, plant and equipment	15	867,770	794,380
Right of use assets	18	10,768	11,260
Receivables	20	507	623
<b>Total non-current assets</b>		<b>879,136</b>	<b>806,399</b>
<b>Current assets</b>			
Inventories	19	4,517	4,561
Receivables	20	43,322	55,270
Cash and cash equivalents	21	68,988	56,216
<b>Total current assets</b>		<b>116,827</b>	<b>116,047</b>
<b>Current liabilities</b>			
Trade and other payables	22	(109,056)	(98,644)
Borrowings	24	(6,098)	(4,353)
Provisions	25	(3,351)	(3,513)
Other liabilities	23	(8,630)	(11,734)
<b>Total current liabilities</b>		<b>(127,135)</b>	<b>(118,244)</b>
<b>Total assets less current liabilities</b>		<b>868,828</b>	<b>804,202</b>
<b>Non-current liabilities</b>			
Borrowings	24	(44,913)	(30,519)
Provisions	25	(2,862)	(3,057)
Other liabilities	23	(17,642)	(14,891)
<b>Total non-current liabilities</b>		<b>(65,417)</b>	<b>(48,467)</b>
<b>Total assets employed</b>		<b>803,411</b>	<b>755,735</b>
<b>Financed by</b>			
Public dividend capital		803,717	760,998
Revaluation reserve		12,534	13,954
Other reserves		9,058	9,058
Income and expenditure reserve		(21,898)	(28,275)
<b>Total taxpayers' equity</b>		<b>803,411</b>	<b>755,735</b>

The notes on pages 116 to 170 form part of these accounts.

Name   
Position Chief Executive  
Date 14th August 2024

**Statement of Changes in Equity for the year ended 31 March 2024**

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
<b>Taxpayers' and others' equity at 1 April 2023 - brought forward</b>	<b>760,998</b>	<b>13,954</b>	<b>9,058</b>	<b>(28,275)</b>	<b>755,735</b>
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023	-	-	-	(17,531)	<b>(17,531)</b>
Surplus/(deficit) for the year	-	-	-	23,083	<b>23,083</b>
Other transfers between reserves	-	(825)	-	825	-
Impairments	-	(609)	-	-	<b>(609)</b>
Revaluations	-	14	-	-	<b>14</b>
Public dividend capital received	44,209	-	-	-	<b>44,209</b>
Public dividend capital repaid	(1,490)	-	-	-	<b>(1,490)</b>
<b>Taxpayers' and others' equity at 31 March 2024</b>	<b>803,717</b>	<b>12,534</b>	<b>9,058</b>	<b>(21,898)</b>	<b>803,411</b>



## Statement of Changes in Equity for the year ended 31 March 2023

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
<b>Taxpayers' and others' equity at 1 April 2022 - brought forward</b>	<b>664,942</b>	<b>14,660</b>	<b>9,058</b>	<b>(73,442)</b>	<b>615,218</b>
Surplus/(deficit) for the year	-	-	-	42,381	<b>42,381</b>
Other transfers between reserves	-	(2,673)	-	2,673	-
Impairments	-	234	-	-	<b>234</b>
Revaluations	-	1,846	-	-	<b>1,846</b>
Public dividend capital received	106,487	-	-	-	<b>106,487</b>
Public dividend capital repaid	(10,431)	-	-	-	<b>(10,431)</b>
Other reserve movements	-	(113)	-	113	-
<b>Taxpayers' and others' equity at 31 March 2023</b>	<b>760,998</b>	<b>13,954</b>	<b>9,058</b>	<b>(28,275)</b>	<b>755,735</b>



## Information on reserves

### Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

### Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

### Other reserves

The other Reserve of £9.058m (as per the Statement of Financial Position) represents the difference between the carrying value of Assets at the Trust inception date and the value of PDC attributed to the Trust. This reserve was created under the guidance of the Department of Health as a result of imbalances between the transfer of assets to Sandwell Primary Care Trusts and the issue of Public Dividend Capital (PDC) to Sandwell & West Birmingham Hospitals when the remainder of the Trust merged with City Hospital NHS Trust to become Sandwell and West Birmingham Hospitals NHS Trust on 1st April 2002.

### Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the trust.





## Statement of Cash Flows

		2023/24	2022/23
	Note	£000	£000
<b>Cash flows from operating activities</b>			
Operating surplus / (deficit)		29,148	50,760
Non-cash income and expense:			
Depreciation and amortisation	6.1	28,862	24,522
Net impairments	8	(25,988)	(42,449)
Income recognised in respect of capital donations	4	(12,138)	(59)
Amortisation of PFI deferred credit		(532)	-
(Increase) / decrease in receivables and other assets		12,084	(10,957)
(Increase) / decrease in inventories		44	(976)
Increase / (decrease) in payables and other liabilities		537	28,973
Increase / (decrease) in provisions		(402)	(353)
<b>Net cash flows from / (used in) operating activities</b>		<b>31,615</b>	<b>49,461</b>
<b>Cash flows from investing activities</b>			
Interest received		3,414	1,232
Purchase of PPE and investment property		(64,048)	(130,425)
Receipt of cash donations to purchase assets		12,074	-
<b>Net cash flows from / (used in) investing activities</b>		<b>(48,560)</b>	<b>(129,193)</b>
<b>Cash flows from financing activities</b>			
Public dividend capital received		44,209	106,487
Public dividend capital repaid		(1,490)	(10,431)
Capital element of finance lease rental payments		(2,582)	(2,570)
Capital element of PFI, LIFT and other service concession payments		(1,991)	(2,231)
Interest paid on finance lease liabilities		(111)	(118)
Interest paid on PFI, LIFT and other service concession obligations		(3,302)	(2,555)
PDC dividend (paid) / refunded		(5,016)	(7,647)
<b>Net cash flows from / (used in) financing activities</b>		<b>29,717</b>	<b>80,935</b>
<b>Increase / (decrease) in cash and cash equivalents</b>		<b>12,772</b>	<b>1,203</b>
<b>Cash and cash equivalents at 1 April - brought forward</b>		<b>56,216</b>	<b>55,013</b>
<b>Cash and cash equivalents at 31 March</b>	21	<b>68,988</b>	<b>56,216</b>



## Notes to the Accounts

### Note 1 Accounting policies and other information

#### Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2023/24 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

#### Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

#### Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

#### Note 1.3 Interests in other entities

The Trust does not have any interests in associates, joint ventures or joint operations.

#### Note 1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.



## Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS) which replaced the National Tariff Payment System on 1 April 2023. The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

Aligned payment and incentive contracts form the main payment mechanism under the NHSPS. In 2023/24 API contracts contain both a fixed and variable element. Under the variable element, providers earn income for elective activity (both ordinary and day case), out-patient procedures, out-patient first attendances, diagnostic imaging and nuclear medicine, and chemotherapy delivery activity. The precise definition of these activities is given in the NHSPS. Income is earned at NHSPS prices based on actual activity. The fixed element includes income for all other services covered by the NHSPS assuming an agreed level of activity with 'fixed' in this context meaning not varying based on units of activity. Elements within this are accounted for as variable consideration under IFRS 15 as explained below.

In 2022/23 fixed payments were set at a level assuming the achievement of elective activity targets within aligned payment and incentive contracts. These payments were accompanied by a variable-element to adjust income for actual activity delivered on elective services and advice and guidance services.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner and accounted for as variable consideration under IFRS 15. Payment for CQUIN and BPT on non-elective services is included in the fixed element of API contracts with adjustments for actual achievement being made at the end of the year. BPT earned on elective activity is included in the variable element of API contracts and paid in line with actual activity performed.

Where the relationship with a particular integrated care board is expected to be a low volume of activity (annual value below £0.5m), an annual fixed payment is received by the provider as determined in the NHSPS documentation. Such income is classified as 'other clinical income' in these accounts.

Elective recovery funding provides additional funding to integrated care boards to fund the commissioning of elective services within their systems. In 2023/24, Trusts do not directly earn elective recovery funding, instead earning income for actual activity performed under API contract arrangements as explained above. The level of activity delivered by the trust contributes to system performance and therefore the availability of funding to the trust's commissioners. In 2022/23 elective recovery funding for providers was separately identified within the aligned payment and incentive contracts.

## Revenue for Education and Training

The Trust receives income from NHS England Core for education and training of medical and non-medical trainees. Revenue is in respect of training provided and is recognised when performance obligations are satisfied when training has been performed. All performance obligations are undertaken within the financial year and is agreed and invoiced to NHS England Core.

## Revenue from Local Authorities:

The Trust's main income from Local Authorities is from a contract held with Sandwell Council for Public Health Services. The related performance obligation is the delivery of Healthcare and related services during the period, with the trust's entitlement to consideration based on the levels of activity performed.



## Note 1.5 Other forms of income

### Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the Statement of Comprehensive Income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

### Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income in accordance with IAS 20, Accounting for Government Grants. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, non cash income and a corresponding non cash training expense are recognised, both equal to the cost of the training funded.

## Note 1.6 Expenditure on employee benefits

### Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

### Pension costs

#### *NHS Pension Scheme*

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

#### **a) Accounting valuation**

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.





The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

### **b) Full actuarial (funding) valuation**

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the employer contribution rate will increase to 23.7% of pensionable pay from 1 April 2024 (previously 20.6%). The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

### **Note 1.7 Expenditure on other goods and services**

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

### **Note 1.8 Property, plant and equipment**

#### **Recognition**

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.



### *Subsequent expenditure*

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

### **Measurement**

#### *Valuation*

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the trust's Private Finance Initiative (PFI) scheme where the construction is completed by a special purpose vehicle and the costs have recoverable VAT for the trust.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.



### *Depreciation*

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

### *Revaluation gains and losses*

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

### *Impairments*

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment. An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised. Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

### **De-recognition**

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.



## Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

This includes assets donated to the trust by the Department of Health and Social Care or NHS England as part of the response to the coronavirus pandemic. As defined in the GAM, the trust applies the principle of donated asset accounting to assets that the trust controls and is obtaining economic benefits from at the year end.

## Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions

PFI and LIFT transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on-Statement of Financial Position' by the trust. Annual contract payments to the operator (the unitary charge) are apportioned between the repayment of the liability including the finance cost, the charges for services and lifecycle replacement of components of the asset.

### *Initial recognition*

In accordance with HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Initial measurement of the asset and liability are in accordance with the initial measurement principles of IFRS 16 (see leases accounting policy).

### *Subsequent measurement*

Assets are subsequently accounted for as property, plant and equipment and/or intangible assets as appropriate.

The liability is subsequently reduced by the portion of the unitary charge allocated as payment for the asset and increased by the annual finance cost. The finance cost is calculated by applying the implicit interest rate to the opening liability and is charged to finance costs in the Statement of Comprehensive Income. The element of the unitary charge allocated as payment for the asset is split between payment of the finance cost and repayment of the net liability.

Where there are changes in future payments for the asset resulting from indexation of the unitary charge, the Trust remeasures the PFI liability by determining the revised payments for the remainder of the contract once the change in cash flows takes effect. The remeasurement adjustment is charged to finance costs in the Statement of Comprehensive Income.

The service charge is recognised in operating expenses in the Statement of Comprehensive Income.

### *Initial application of IFRS 16 liability measurement principles to PFI and LIFT liabilities*

IFRS 16 liability measurement principles have been applied to PFI, LIFT and other service concession arrangement liabilities in these financial statements from 1 April 2023. The change in measurement basis has been applied using a modified retrospective approach with the cumulative impact of remeasuring the liability on 1 April 2023 recognised in the income and expenditure reserve.

Comparatives for PFI, LIFT and other service concession arrangement liabilities have not been restated on an IFRS 16 basis, as required by the DHSC Group Accounting Manual. Under IAS 17 measurement principles which applied in 2022/23 and earlier, movements in the liability were limited to repayments of the liability and the annual finance



cost arising from application of the implicit interest rate. The cumulative impact of indexation on payments for the asset was charged to finance costs as contingent rent as incurred.

### Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Buildings, excluding dwellings	15	74
Plant & machinery	5	15
Transport equipment	7	7
Information technology	5	10
Furniture & fittings	2	10

### Note 1.9 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

The Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

### Note 1.10 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

### Note 1.11 Financial assets and financial liabilities

#### Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.



## Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

Financial liabilities classified as subsequently measured at amortised cost

### Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable. Amortised cost is not materially different to fair value.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

### Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

Credit losses are determined by review of individual debt over 90 days old, in addition, a full provision is made for overseas visitors income and invoices raised for delayed treatment of care with Local Authorities

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.



## Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

### Note 1.12 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

### The Trust as a lessee

#### *Recognition and initial measurement*

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 3.51% applied to new leases commencing in 2023 and 4.72% to new leases commencing in 2024.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term or other systematic basis. Irrecoverable VAT on lease payments is expensed as it falls due.

#### *Subsequent measurement*

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.



The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

### *Finance leases*

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

### *Operating leases*

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

## **Initial application of IFRS 16 in 2022/23**

*IFRS 16 Leases* as adapted and interpreted for the public sector by HM Treasury was applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaced IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations. The standard was applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 were only applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments were not revisited.

### *The Trust as lessee*

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability. Hindsight was used in determining the lease term where lease arrangements contained options for extension or earlier termination.

No adjustments were made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets had a value below £5,000. No adjustments were made in respect of leases previously classified as finance leases.

## **Note 1.13 Provisions**

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2024:

		<b>Nominal rate</b>	<b>Prior year rate</b>
Short-term	Up to 5 years	4.26%	3.27%
Medium-term	After 5 years up to 10 years	4.03%	3.20%
Long-term	After 10 years up to 40 years	4.72%	3.51%
Very long-term	Exceeding 40 years	4.40%	3.00%



HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2024:

	Inflation rate	Prior year rate
Year 1	3.60%	7.40%
Year 2	1.80%	0.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.45% in real terms (prior year: 1.70%).

### Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at Note 25.2 but is not recognised in the Trust's accounts.

### Non-clinical risk pooling

The trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

### Note 1.14 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in Note 26 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in Note 26, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

### Note 1.15 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.



A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for the following additions and deductions as defined by the Department of Health and Social Care:

Donated and grant funded assets, charitable funds, average daily cash balances held with the Government Banking Service (GBS) and National Loans Fund (NLF) deposits (excluding cash balances held in GBS accounts that relate to a short term working capital facility), approved expenditure on COVID-19 capital assets, assets under construction for nationally directed schemes, Any PDC dividend balance receivable or payable.

The average net assets are calculated as a simple average of opening and closing relevant net assets.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result of the audit of the annual accounts.

### **Note 1.16 Losses and special payments**

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Trust not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure). The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

### **Note 1.17 Early adoption of standards, amendments and interpretations**

No new accounting standards or revisions to existing standards have been early adopted in 2023/24.

### **Note 1.18 Standards, amendments and interpretations in issue but not yet effective or adopted**

#### **IFRS 17 Insurance Contracts**

IFRS 17 is expected to apply from 1 April 2025, where insurance liabilities are due to be measured using discounted probability-weighted current estimates of future cash flows.

The impact of this has not yet been identified for disclosure in 2023-2024.

### **Note 1.19 Critical judgements in applying accounting policies**

The following are the critical judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

- Accounting for PFI
- Application of IFRIC 4 Determining whether an Arrangement contains a Lease
- Application of IFRIC 12 Service Concession Arrangements

Birmingham Treatment Centre are owned by Birmingham Healthcare Services Ltd and provided to the trust under a Private Finance Initiative (PFI) contract.



The Managed Equipment Scheme represent individual equipment items owned by Siemens and provided to the trust under a PFI contract

Multi Storey Car Parking at the Trust is owned by QPark and provided to the trust under a PFI contract.

The accounting judgement is around the classification of the transaction under IFRIC 4 and IFRIC 12. Management have reviewed the service concession of each PFI scheme and has confirmed it is within the scope of IFRIC 12. The PFI schemes are 'on-balance sheet' meaning that the buildings and equipment are recognised in the Trust's balance sheet along with a finance lease liability for the amount owed by the Trust over the PFI contract term.

### Note 1.20 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

#### Property Valuation

Assets relating to land and buildings were subject to a formal valuation at 31st March 2024, completed on an 'alternate MEA' basis. Note 15.1 provides the detail of the carrying value for land and building assets as at this date. The basis assumes the asset would be replaced with a modern equivalent on a smaller site due to changes in the way services are provided. The site is valued based on the size of the modern equivalent, and not the actual site area occupied at current. The objective of the valuation is to place a value upon the asset, and in this the value of the land in providing a modern equivalent facility must be considered. The Depreciated Replacement Cost approach assumes that the current cost of replacing an asset with its modern equivalent less deductions for physical deterioration and all relevant forms of obsolescence and optimisation, and not a building of identical design, with the same service potential as the existing asset. VAT is excluded from any IFRIC12 valuations.

Significant inflationary pressures have impacted the UK economy over the last two years and led the Bank of England to raise interest rates for 15 consecutive months, although rates have been held since August 2023. The most recent inflation figures indicate that inflation has levelled at around 4% CPI but remains well above the Bank's 2% target. The market is suggesting that interest rates have now reached their peak at 5.25% with expectations that we could see rates reducing towards the middle of this year.

For classes of asset held at a revalued amount, the effective date of the most recent valuation is 31 March 2024 and was carried out by an independent valuer ( Cushman & Wakefield) who applied the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 ('Red Book'). The values in the report have been used to inform the measurement of property assets at valuation in these financial statements. Further information is disclosed in Note 17. The carrying value of these assets total £197,287k, as presented in Note 15.1

Methods and significant assumptions applied in valuing the assets comprise; using build cost information published by the RICS Building Costs Information Service. It is acknowledged that there are uncertainties when using BCIS indices, as these are not formalised in real time, instead finalised and reported historically. It is accepted by the Trust that changes to the indices could have a material impact on the reported carrying values, an example of the range of potential change is presented below.

Possible % change in indices	Revised Carrying value of Assets	Change in valuation
+3% change in BCIS Indices	203,206	5,919
-3% change in BCIS Indices	191,368	-5,919



## Valuation of Assets Under Construction - Midland Metropolitan Hospital

As at 31/3/24 the Trust considered the carry value of the asset under construction "Midland Metropolitan University Hospital". The IAS16 compliant carrying value is Cost less Impairment and the Trust has previously disclosed that an impairment was expected at the date of completion which would reflect the known inefficiencies in building costs and contracts. The Trust, in 21/22 sought an estimate of cost of the asset at 31/3/22, to represent the investment it would require to build the hospital without contractual delays or inefficiencies that have been experienced on the build historically. The valuation included estimated Finance Costs at a rate of 3.5%. The valuation was then reduced to reflect the current percentage of completion at 31/3/22, to provide a proxy for the costs to build the hospital to its present state. This valuation was then compared to the current 'at cost' carrying value, and the difference impaired. As there is no market for partly completed hospitals or a reliable method to measure the cost to re-provide the partly completed asset, the Trust utilised this as a reasonable estimate. In 23/24 the Trust has repeated the valuation exercise on the same basis, which has given rise to a reversal of the past impairment.

The revaluation details and impact on the Financial statements is shown below:

	£'000
Valuation at 31/3/2024 (a)	£599,463
Assessed completion % of the Asset at 31/3/24 (b)	99.20%
Carrying value of estimated cost at 31/3/2024 (a x b) = (c)	£594,667
Carrying value of asset at 31/3/24 (Previous valuation plus costs incurred in 23/24) (d)	£561,562
Reversal of Impairment recognised in 23/24 (c-d)	£33,105

The Trust recognises that this process will need to be repeated at subsequent reporting dates, until completion. It is also acknowledged that there are uncertainties when using BCIS indices, as these are not formalised in real time, instead finalised and reported historically. It is accepted by the Trust that changes to the indices could have a material impact on the reported carrying values, an example of the range of potential change is presented below. The revaluation details and impact on the Financial statements is shown below:

Possible % change in indices	Change in Carrying Value	Absolute change	Change in Impairment Reversal	Absolute change
+3% change in BCIS	612,507,895	17,840,036	46,794,349	17,840,036
-3% change in BCIS	576,827,824	-17,840,036	11,114,278	-17,840,036

On completion of the build, the Hospital will revert to a IAS16 compliant valuation and will be included within the revalued amounts held under Note 15.1 as Buildings. This will resolve the specific uncertainty.

## Note 2 Operating Segments

The Board, as 'Chief Operating Decision Maker', has determined that the Trust operates in one material segment which is the provision of healthcare services. The segmental reporting format reflects the Trust's management and internal reporting structure.

The provision of healthcare (including medical treatment, research and education) is within one main geographical segment, the United Kingdom, and materially from Departments of HM Government in England.

The Trust has only one business segment which is provision of healthcare. A segmental analysis is therefore not applicable.



### Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4

<b>Note 3.1 Income from patient care activities (by nature)</b>	<b>2023/24</b>	<b>2022/23</b>
	<b>£000</b>	<b>£000</b>
<b>Acute services</b>		
Income from commissioners under API contracts - variable element*	142,409	136,114
Income from commissioners under API contracts - fixed element*	311,688	296,716
High cost drugs income from commissioners	24,565	25,184
Other NHS clinical income	114,597	107,304
<b>Community services</b>		
Income from commissioners under API contracts*	38,944	38,079
Income from other sources (e.g. local authorities)	8,524	8,483
<b>All services</b>		
Private patient income	-	-
Elective recovery fund	-	-
National pay award central funding***	266	13,037
Additional pension contribution central funding**	16,563	15,687
<b>Total income from activities</b>	<b>657,556</b>	<b>640,604</b>

\*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners.

\*\*The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

\*\*\* Additional funding was made available by NHS England in 2023/24 and 2022/23 for implementing the backdated element of pay awards where government offers were made at the end of the financial year. 2023/24: In March 2024, the government announced a revised pay offer for consultants, reforming consultant pay scales with an effective date of 1 March 2024. Trade Unions representing consultant doctors accepted the offer in April 2024. 2022/23: In March 2023, the government made a pay offer for staff on agenda for change terms and conditions which was later confirmed in May 2023. The additional pay for 2022/23 was based on individuals in employment at 31 March 2023.

**Note 3.2 Income from patient care activities (by source)**

	2023/24	2022/23
	£000	£000
<b>Income from patient care activities received from:</b>		
NHS England	73,961	84,971
Clinical commissioning groups	-	125,046
Integrated care boards	568,759	410,536
Other NHS providers	1,726	3,350
NHS other	1,025	1,224
Local authorities	8,310	11,888
Non-NHS: private patients	208	147
Non-NHS: overseas patients (chargeable to patient)	1,328	1,492
Injury cost recovery scheme	1,577	1,354
Non NHS: other	662	596
<b>Total income from activities</b>	<b>657,556</b>	<b>640,604</b>
<b>Of which:</b>		
Related to continuing operations	657,556	640,604
Related to discontinued operations	-	-

**Note 3.3 Overseas visitors (relating to patients charged directly by the provider)**

	2023/24	2022/23
	£000	£000
Income recognised this year	1,328	1,492
Cash payments received in-year	207	380
Amounts added to provision for impairment of receivables	1,418	1,062
Amounts written off in-year	1,111	1,036



#### Note 4 Other operating income

	2023/24			2022/23		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	2,525	-	2,525	2,300	-	2,300
Education and training	25,701	217	25,918	22,559	264	22,823
Non-patient care services to other bodies	7,504		7,504	12,336		12,336
Reimbursement and top up funding				449		449
Receipt of capital grants and donations and peppercorn leases		12,138	12,138		59	59
Charitable and other contributions to expenditure		160	160		1,228	1,228
Revenue from operating leases		-	-		-	-
Amortisation of PFI deferred income / credits		532	532	-	532	532
Other income	19,726	-	19,726	16,917	-	16,917
<b>Total other operating income</b>	<b>55,456</b>	<b>13,047</b>	<b>68,503</b>	<b>54,561</b>	<b>2,083</b>	<b>56,644</b>
<b>Of which:</b>						
Related to continuing operations			68,503			56,644
Related to discontinued operations			-			-

\*Other income comprises

	2023/24			2022/23		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
MMUH/Taper Support			-			-
Car Parking income	2		2	1		1
Catering		2,398	2,398		1,949	1,949
Staff accommodation rental	171		171	153		153
Toxicology		1,422	1,422		3,893	3,893
Distinction awards		389	389		419	419
Taper Relief		7,653	7,653		4,330	4,330
Projects income		865	865		309	309
Other income		5,925	5,925		5,124	5,124
Other income generation schemes		901	901		739	739
<b>Total 'Other Income'</b>	<b>173</b>	<b>19,553</b>	<b>19,726</b>	<b>154</b>	<b>16,763</b>	<b>16,917</b>

**Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the period**

	2023/24	2022/23
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	7,766	5,995
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	-	-

Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:

**Note 5.2 Transaction price allocated to remaining performance obligations**

	31 March 2024	31 March 2023
	£000	£000
within one year	8,098	7,765
after one year, not later than five years	615	615
after five years	2,667	2,821
Total revenue allocated to remaining performance obligations	11,380	11,201

The trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the trust recognises revenue directly corresponding to work done to date is not disclosed.





## Note 6.1 Operating expenses

	2023/24	2022/23
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	27,994	31,086
Purchase of healthcare from non-NHS and non-DHSC bodies	17,742	19,645
Staff and executive directors costs	465,651	439,932
Remuneration of non-executive directors	203	177
Supplies and services - clinical (excluding drugs costs)	40,590	38,957
Supplies and services - general	12,554	6,526
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	42,885	41,701
Consultancy costs	491	2,752
Establishment	5,946	5,898
Premises	45,825	44,367
Transport (including patient travel)	2,093	2,114
Depreciation on property, plant and equipment	28,817	24,475
Amortisation on intangible assets	45	47
Net impairments	(25,988)	(42,449)
Movement in credit loss allowance: contract receivables / contract assets	2,423	3,051
Change in provisions discount rate(s)	(159)	(846)
Fees payable to the external auditor		
audit services- statutory audit*	229	178
Internal audit costs	233	167
Clinical negligence	17,143	16,546
Legal fees	1,058	430
Insurance	61	56
Research and development	2,209	1,913
Education and training	2,918	3,705
Expenditure on short term leases	138	138
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	2,965	3,097
Car parking & security	750	739
Losses, ex gratia & special payments	77	333
Other	2,018	1,745
<b>Total</b>	<b>696,911</b>	<b>646,480</b>
<b>Of which:</b>		
Related to continuing operations	696,911	646,480
Related to discontinued operations	-	-

\* The External Audit Fees presented in the table above, represent the Fees paid to the Auditor inclusive of irrecoverable VAT

**Note 7.1 Limitation on auditor's liability**

The limitation on auditor's liability for external audit work is £1 million (2022/23: £1 million).

**Note 8 Impairment of assets**

	2023/24	2022/23
	£000	£000
<b>Net impairments charged to operating surplus / deficit resulting from:</b>		
Changes in market price	(25,988)	(42,449)
<b>Total net impairments charged to operating surplus / deficit</b>	<b>(25,988)</b>	<b>(42,449)</b>
Impairments charged to the revaluation reserve	609	(234)
<b>Total net impairments</b>	<b>(25,379)</b>	<b>(42,683)</b>

The reversal of impairment relating to Midland Metropolitan University Hospital of £33.1m is included within the total above, further information on this impairment can be found at Note 1.19 in these Accounts.

**Note 9 Employee benefits**

	2023/24	2022/23
	Total	Total
	£000	£000
Salaries and wages	358,235	345,918
Social security costs	39,575	36,300
Apprenticeship levy	1,928	1,662
Employer's contributions to NHS pensions	54,165	51,375
Temporary staff (including agency)	17,820	10,193
<b>Total gross staff costs</b>	<b>471,723</b>	<b>445,448</b>
Recoveries in respect of seconded staff	-	-
<b>Total staff costs</b>	<b>471,723</b>	<b>445,448</b>
<b>Of which</b>		
Costs capitalised as part of assets	2,810	2,046

**Note 9.1 Retirements due to ill-health**

During 2023/24 there were 8 early retirements from the trust agreed on the grounds of ill-health (2 in the year ended 31 March 2023). The estimated additional pension liabilities of these ill-health retirements is £644k (£295k in 2022/23).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.



## Note 10 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions). Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

### a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

### b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the employer contribution rate will increase to 23.7% from 1 April 2024 (previously 20.6%). The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

**Note 11 Finance income**

Finance income represents interest received on assets and investments in the period.

	2023/24	2022/23
	£000	£000
Interest on bank accounts	3,414	1,232
<b>Total finance income</b>	<b>3,414</b>	<b>1,232</b>

**Note 12.1 Finance expenditure**

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2023/24	2022/23
	£000	£000
<b>Interest expense:</b>		
Interest on lease obligations	111	119
<b>Finance costs on PFI, LIFT and other service concession arrangements:</b>		
Main finance costs	3,302	1,169
Contingent finance costs*	-	1,387
Remeasurement of the liability resulting from change in index or rate*	1,029	
<b>Total interest expense</b>	<b>4,442</b>	<b>2,675</b>
Unwinding of discount on provisions	45	(47)
<b>Total finance costs</b>	<b>4,487</b>	<b>2,628</b>

\* From 1 April 2023, IFRS 16 liability measurement principles are applied to PFI, LIFT and other service concession liabilities. Increases to imputed lease payments arising from inflationary uplifts are now included in the liability, and contingent rent no longer arises. More information is provided in Note 29.

**Note 13 Other gains / (losses)**

	2023/24	2022/23
	£000	£000
Gains on disposal of assets	241	-
Losses on disposal of assets	(237)	(1,439)
<b>Total gains / (losses) on disposal of assets</b>	<b>4</b>	<b>(1,439)</b>
Other gains / (losses)	-	-
<b>Total other gains / (losses)</b>	<b>4</b>	<b>(1,439)</b>

The above Loss on Disposal wholly represents the loss for disposals of property, plant and equipment.





#### Note 14.1 Intangible assets - 2023/24

	Software licences	Licences & trademarks	Total
	£000	£000	£000
<b>Valuation / gross cost at 1 April 2023 - brought forward</b>	<b>3,201</b>	<b>43</b>	<b>3,244</b>
Disposals / derecognition	(2,758)	-	(2,758)
<b>Valuation / gross cost at 31 March 2024</b>	<b>443</b>	<b>43</b>	<b>486</b>
<b>Amortisation at 1 April 2023 - brought forward</b>	<b>3,108</b>	<b>-</b>	<b>3,108</b>
Provided during the year	45	-	45
Disposals / derecognition	(2,758)	-	(2,758)
<b>Amortisation at 31 March 2024</b>	<b>395</b>	<b>-</b>	<b>395</b>
<b>Net book value at 31 March 2024</b>	<b>48</b>	<b>43</b>	<b>91</b>
<b>Net book value at 1 April 2023</b>	<b>93</b>	<b>43</b>	<b>136</b>

#### Note 14.2 Intangible assets - 2022/23

	Software licences	Licences & trademarks	Total
	£000	£000	£000
<b>Valuation / gross cost at 1 April 2022 - as previously stated</b>	<b>3,201</b>	<b>43</b>	<b>3,244</b>
Disposals / derecognition	-	-	-
<b>Valuation / gross cost at 31 March 2023</b>	<b>3,201</b>	<b>43</b>	<b>3,244</b>
<b>Amortisation at 1 April 2022 - as previously stated</b>	<b>3,061</b>	<b>-</b>	<b>3,061</b>
Provided during the year	47	-	47
<b>Amortisation at 31 March 2023</b>	<b>3,108</b>	<b>-</b>	<b>3,108</b>
<b>Net book value at 31 March 2023</b>	<b>93</b>	<b>43</b>	<b>136</b>
<b>Net book value at 1 April 2022</b>	<b>140</b>	<b>43</b>	<b>183</b>



### Note 15.1 Property, plant and equipment - 2023/24

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
<b>Valuation/gross cost at 1 April 2023 - brought forward</b>	<b>21,015</b>	<b>182,587</b>	<b>532,803</b>	<b>63,210</b>	<b>130</b>	<b>76,814</b>	<b>2,724</b>	<b>879,283</b>
Additions	-	6,093	58,190	4,535	-	5,344	-	74,162
Impairments	-	(4,358)	-	-	-	-	-	(4,358)
Reversals of impairments	-	3,749	-	-	-	-	-	3,749
Revaluations	-	(17,692)	33,105	-	-	-	-	15,413
Reclassifications	-	2,838	(2,838)	-	-	-	-	-
Disposals / derecognition	-	-	-	(3,237)	-	(13,292)	-	(16,529)
<b>Valuation/gross cost at 31 March 2024</b>	<b>21,015</b>	<b>173,217</b>	<b>621,260</b>	<b>64,508</b>	<b>130</b>	<b>68,866</b>	<b>2,724</b>	<b>951,720</b>
<b>Accumulated depreciation at 1 April 2023 - brought forward</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>33,621</b>	<b>126</b>	<b>49,267</b>	<b>1,889</b>	<b>84,903</b>
Provided during the year	-	10,589	-	6,716	2	8,742	116	26,165
Impairments	-	9,706	-	-	-	-	-	9,706
Reversals of impairments	-	(2,589)	(33,105)	-	-	-	-	(35,694)
Revaluations	-	(17,706)	33,105	-	-	-	-	15,399
Disposals / derecognition	-	-	-	(3,237)	-	(13,292)	-	(16,529)
<b>Accumulated depreciation at 31 March 2024</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>37,100</b>	<b>128</b>	<b>44,717</b>	<b>2,005</b>	<b>83,950</b>
<b>Net book value at 31 March 2024</b>	<b>21,015</b>	<b>173,217</b>	<b>621,260</b>	<b>27,408</b>	<b>2</b>	<b>24,149</b>	<b>719</b>	<b>867,770</b>
<b>Net book value at 1 April 2023</b>	<b>21,015</b>	<b>182,587</b>	<b>532,803</b>	<b>29,589</b>	<b>4</b>	<b>27,547</b>	<b>835</b>	<b>794,380</b>

The Trust has analysed the method, data and assumptions used to derive the depreciation accounting estimate for equipment and IT assets. The range of useful lives applied in the depreciation calculation do not appear to be unreasonable for the assets in question, and our analysis suggests that the depreciation charge is not materially misstated.



## Note 15.2 Property, plant and equipment - 2022/23

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
<b>Valuation / gross cost at 1 April 2022 - as previously stated</b>	<b>18,850</b>	<b>177,019</b>	<b>393,731</b>	<b>102,246</b>	<b>348</b>	<b>70,105</b>	<b>2,828</b>	<b>765,127</b>
Additions	-	5,355	104,839	8,909	-	7,221	43	126,367
Impairments	-	(657)	-	-	-	-	-	(657)
Reversals of impairments	3	888	-	-	-	-	-	891
Revaluations	2,162	(1,006)	35,221	-	-	-	-	36,377
Reclassifications	-	988	(988)	-	-	-	-	-
Disposals / derecognition	-	-	-	(47,945)	(218)	(512)	(147)	(48,822)
<b>Valuation/gross cost at 31 March 2023</b>	<b>21,015</b>	<b>182,587</b>	<b>532,803</b>	<b>63,210</b>	<b>130</b>	<b>76,814</b>	<b>2,724</b>	<b>879,283</b>
<b>Accumulated depreciation at 1 April 2022 - as previously stated</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>73,829</b>	<b>342</b>	<b>42,296</b>	<b>1,897</b>	<b>118,364</b>
Provided during the year	-	7,918	-	6,297	2	7,483	139	21,839
Impairments	-	1,599	-	-	-	-	-	1,599
Reversals of impairments	(1,826)	(7,001)	(35,221)	-	-	-	-	(44,048)
Revaluations	1,826	(2,516)	35,221	-	-	-	-	34,531
Disposals / derecognition	-	-	-	(46,505)	(218)	(512)	(147)	(47,382)
<b>Accumulated depreciation at 31 March 2023</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>33,621</b>	<b>126</b>	<b>49,267</b>	<b>1,889</b>	<b>84,903</b>
<b>Net book value at 31 March 2023</b>	<b>21,015</b>	<b>182,587</b>	<b>532,803</b>	<b>29,589</b>	<b>4</b>	<b>27,547</b>	<b>835</b>	<b>794,380</b>
<b>Net book value at 1 April 2022</b>	<b>18,850</b>	<b>177,019</b>	<b>393,731</b>	<b>28,417</b>	<b>6</b>	<b>27,809</b>	<b>931</b>	<b>646,763</b>

**Note 15.3 Property, plant and equipment financing - 31 March 2024**

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	21,015	128,040	517,099	22,829	2	24,149	719	713,853
On-SoFP PFI contracts and other service concession arrangements	-	44,155	-	4,102	-	-	-	48,257
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	-
Owned - donated/granted	-	1,022	104,161	477	-	-	-	105,660
<b>Total net book value at 31 March 2024</b>	<b>21,015</b>	<b>173,217</b>	<b>621,260</b>	<b>27,408</b>	<b>2</b>	<b>24,149</b>	<b>719</b>	<b>867,770</b>

The Assets under construction balance at 31st March 2023 is predominantly represented by the carrying value of the Midland Metropolitan University Hospital, at £594.6m. Details regarding the treatment of the asset in 23/24 can be found in the Notes to these Accounts under section 1.19

**Note 15.4 Property, plant and equipment financing - 31 March 2023**

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	21,015	134,338	433,714	24,060	4	27,547	835	641,513
On-SoFP PFI contracts and other service concession arrangements	-	47,127	-	4,945	-	-	-	52,072
Owned - donated/granted	-	1,122	99,089	584	-	-	-	100,795
<b>Total net book value at 31 March 2023</b>	<b>21,015</b>	<b>182,587</b>	<b>532,803</b>	<b>29,589</b>	<b>4</b>	<b>27,547</b>	<b>835</b>	<b>794,380</b>



### Note 16 Donations of property, plant and equipment

	<b>Cost</b>
	<b>£000</b>
Ocument Beacon Retinal Metabolic Analyser	32
Mobilise® CH5 Early Mobilisation Chair x2	6
Mobilise® CH5 Early Mobilisation Chair x2	6
MED1017, Nidek GS-1 Gonioscope x1-CHT	19
<b>Total Assets donated in 2023-24</b>	<b>64</b>

### Note 17 Revaluations of property, plant and equipment

The valuation exercise was carried out in November 2023 with a valuation date of 31 March 2024. In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 ('Red Book'). The values in the report have been used to inform the measurement of property assets at valuation in these financial statements and the Valuer continues to exercise professional judgement in providing the valuation and this remains the best information available to the Trust.

The Trust owns non Operational Land assets of £911,375 which are currently held as surplus assets and are included within the Land Valuation in Note 15.1.

These assets are required to be valued at 'Fair Value' in accordance with IFRS13. The valuation technique applied by the appointed Valuer in respect of all the Fair Value figures contained in his assessment was the market approach using prices and other relevant information generated by market transactions involving identical or comparable assets.

For classes of asset held at a revalued amounts, the effective date of the most recent valuation is 31 March 2024 and was carried out by an independent valuer. Methods and significant assumptions applied in valuing the assets comprise; using build cost information published by the RICS Building Costs Information Service. Additionally, the valuers have adjusted the remaining useful lives for each element within a building to take account of the expected physical depreciation since the previous assessment. This has been undertaken on a desktop basis other than for significantly altered buildings and new additions which have been assessed through site inspection. There have been no changes in accounting estimates related to the valuation of property, plant and equipment - including changes to residual values, useful lives, valuation methodology or depreciation methods.

The Trust holds no temporarily idle assets or assets not in active use but not classified as held for sale.



## Note 18 Leases - Sandwell And West Birmingham Hospitals NHS Trust as a lessee

This note details information about leases for which the Trust is a lessee.

The Trust is a Lessee for a number of properties held by NHS Property Services and Community Health Partnerships, in addition the Trust holds leases for fleet vehicles and medical equipment.

The standard has been applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 have only been applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments have not been revisited.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate ( if applicable) and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 0.95% applied to new leases commencing in 2022/23 and 3.51% to new leases commencing in 2023/24

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term or other systematic basis. Irrecoverable VAT on lease payments is expensed as it falls due.

As required by a HM Treasury , the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.



**Note 18.1 Right of use assets - 2023/24**

	Property (land and buildings)	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Intangible assets	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000	£000	£000	£000	£000
<b>Valuation / gross cost at 1 April 2023 - brought forward</b>	<b>13,220</b>	<b>46</b>	<b>630</b>	-	-	-	<b>13,896</b>	<b>12,818</b>
Additions	1,498	21	-	-	-	-	1,519	1,270
Remeasurements of the lease liability	1,441	11	-	-	-	-	1,452	1,319
Disposals / derecognition	(1,113)	-	-	-	-	-	(1,113)	(1,052)
<b>Valuation/gross cost at 31 March 2024</b>	<b>15,046</b>	<b>78</b>	<b>630</b>	-	-	-	<b>15,754</b>	<b>14,355</b>
<b>Accumulated depreciation at 1 April 2023 - brought forward</b>	<b>2,428</b>	<b>27</b>	<b>181</b>	-	-	-	<b>2,636</b>	<b>2,257</b>
Provided during the year	2,445	23	184	-	-	-	2,652	2,233
Disposals / derecognition	(302)	-	-	-	-	-	(302)	(241)
<b>Accumulated depreciation at 31 March 2024</b>	<b>4,571</b>	<b>50</b>	<b>365</b>	-	-	-	<b>4,986</b>	<b>4,249</b>
<b>Net book value at 31 March 2024</b>	<b>10,475</b>	<b>28</b>	<b>265</b>	-	-	-	<b>10,768</b>	<b>10,106</b>
<b>Net book value at 1 April 2023</b>	<b>10,792</b>	<b>19</b>	<b>449</b>	-	-	-	<b>11,260</b>	<b>10,561</b>
Net book value of right of use assets leased from other NHS providers								120
Net book value of right of use assets leased from other DHSC group bodies								9,986



**Note 18.2 Right of use assets - 2022/23**

	Property (land and buildings)	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Intangible assets	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000	£000	£000	£000	£000
<b>Valuation / gross cost at 1 April 2022 - brought forward</b>	-	-	-	-	-	-	-	-
IFRS 16 implementation - adjustments for existing operating leases / subleases	12,656	46	602	-	-	-	13,304	12,292
Additions	564	-	28	-	-	-	592	526
<b>Valuation/gross cost at 31 March 2023</b>	<b>13,220</b>	<b>46</b>	<b>630</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>13,896</b>	<b>12,818</b>
<b>Accumulated depreciation at 1 April 2022 - brought forward</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
Provided during the year	2,428	27	181	-	-	-	2,636	2,257
<b>Accumulated depreciation at 31 March 2023</b>	<b>2,428</b>	<b>27</b>	<b>181</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>2,636</b>	<b>2,257</b>
<b>Net book value at 31 March 2023</b>	<b>10,792</b>	<b>19</b>	<b>449</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>11,260</b>	<b>10,561</b>
<b>Net book value at 1 April 2022</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
Net book value of right of use assets leased from other NHS providers								206
Net book value of right of use assets leased from other DHSC group bodies								10,355



### Note 18.3 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 24.1.

	2023/24	2022/23
	£000	£000
<b>Carrying value at 31 March</b>	<b>11,327</b>	-
IFRS 16 implementation - adjustments for existing operating leases		13,304
Lease additions	1,519	592
Lease liability remeasurements	1,452	-
Interest charge arising in year	111	119
Early terminations	(815)	-
Lease payments (cash outflows)	(2,693)	(2,688)
<b>Carrying value at 31 March</b>	<b>10,901</b>	<b>11,327</b>

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 6.1. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

### Note 18.4 Maturity analysis of future lease payments

	Total	Of which leased from DHSC group bodies:	Total	Of which leased from DHSC group bodies:
	31 March 2024	31 March 2024	31 March 2023	31 March 2023
	£000	£000	£000	£000
<b>Undiscounted future lease payments payable in:</b>				
- not later than one year;	2,662	2,265	2,680	2,360
- later than one year and not later than five years;	4,956	4,733	5,194	4,863
- later than five years.	4,449	4,449	3,853	3,853
<b>Total gross future lease payments</b>	<b>12,067</b>	<b>11,447</b>	<b>11,727</b>	<b>11,076</b>
Finance charges allocated to future periods	(1,166)	(1,160)	(400)	(392)
<b>Net lease liabilities at 31 March 2024</b>	<b>10,901</b>	<b>10,287</b>	<b>11,327</b>	<b>10,684</b>
<b>Of which:</b>				
Leased from other NHS providers		121		207
Leased from other DHSC group bodies		10,166		10,477

**Note 19 Inventories**

	31 March 2024	31 March 2023
	£000	£000
Drugs	1,999	2,019
Consumables	2,152	2,151
Energy	366	391
<b>Total inventories</b>	<b>4,517</b>	<b>4,561</b>
<b>of which:</b>		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £43,070k (2022/23: £43,152k). Write-down of inventories recognised as expenses for the year were £0k (2022/23: £0k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2023/24 the Trust received £160k of items purchased by DHSC (2022/23: £1,228k).

The deemed cost of these inventories was charged directly to expenditure on receipt with the corresponding benefit recognised in income.

**Note 20.1 Receivables**

	31 March 2024	31 March 2023
	£000	£000
<b>Current</b>		
Contract receivables	37,136	52,966
Allowance for impaired contract receivables / assets	(4,228)	(5,336)
Prepayments (non-PFI)	3,508	601
PFI lifecycle prepayments	5,147	5,098
PDC dividend receivable	715	695
VAT receivable	1,044	1,246
<b>Total current receivables</b>	<b>43,322</b>	<b>55,270</b>
<b>Non-current</b>		
Other receivables	507	623
<b>Total non-current receivables</b>	<b>507</b>	<b>623</b>
<b>Of which receivable from NHS and DHSC group bodies:</b>		
Current	13,202	38,108
Non-current	507	623

## Note 20.2 Allowances for credit losses

	2023/24		2022/23	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 April - brought forward	5,336	-	4,884	-
New allowances arising	2,423	-	3,051	-
Utilisation of allowances (write offs)	(3,531)	-	(2,599)	-
Allowances as at 31 Mar 2024	4,228	-	5,336	-

\* Increases in the allowances for credit losses is predominantly represented by a proportionate increase in the Trust's indebtedness with Overseas Patients, for which the Trust provides in full. Write offs in 2023/24 represent the impact of the Trust writing off debts due from prior years and not solely debts that relate to 2023/24 - see Note 29 of these Accounts.

During 2023/24 the Trust wrote off debts relating to Overseas Visitors following external NHSE/I instruction. This write off is 'ledger only' as per best practice guidance and included debt raised in both the current and previous financial years, since the Trust began invoicing for activity where the receiver does not have the right to NHS funded care. The Trust always provides in full for its Overseas debt each year, to limit financial risk and exposure. Once written off in the Trust ledger, the debt is referred to a specialist debt recovery agent to pursue to ensure the Trust achieves maximum possible recovery. Monthly debt recovery has been reported to the Chief Executive and during 2023/24.

Other Write Offs included charges raised to Birmingham City Council for delayed treatment of care, a charge made to represent the additional cost the Trust incurs as a result of the lack of Social Care beds which prevents patients being discharged from Hospital Beds. The Audit Committee considered the charges and the likelihood of repayment, determining that payment would not be received and the debt should be written off, the Debt had previously been provided for in full.

## Note 20.3 Exposure to credit risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2024 are in receivables from customers, as disclosed in the Trade receivables and other receivables note.

**Note 21 Cash and cash equivalents movements**

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2023/24	2022/23
	£000	£000
<b>At 1 April</b>	56,216	55,013
Net change in year	12,772	1,203
<b>At 31 March</b>	<b>68,988</b>	<b>56,216</b>
<b>Broken down into:</b>		
Cash at commercial banks and in hand	30	34
Cash with the Government Banking Service	68,958	56,182
<b>Total cash and cash equivalents as in SoCF</b>	<b>68,988</b>	<b>56,216</b>

**Note 21.1 Third party assets held by the trust**

Sandwell And West Birmingham Hospitals NHS Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2024	31 March 2023
	£000	£000
Bank balances	8	15
<b>Total third party assets</b>	<b>8</b>	<b>15</b>

**Note 22.1 Trade and other payables**

	31 March 2024	31 March 2023
	£000	£000
<b>Current</b>		
Trade payables	49,383	52,823
Capital payables	23,128	13,078
Accruals	19,164	17,522
Receipts in advance and payments on account	528	738
Social security costs	5,520	4,786
Other taxes payable	5,906	4,470
Pension contributions payable	5,427	5,227
<b>Total current trade and other payables</b>	<b>109,056</b>	<b>98,644</b>
<b>Of which payables from NHS and DHSC group bodies:</b>		
Current	6,419	1,815

**Note 22.2 Early retirements in NHS payables above**

The payables note above includes no amounts in relation to early retirement (2022-23 £0)



**Note 23 Other liabilities**

	31 March 2024	31 March 2023
	£000	£000
<b>Current</b>		
Deferred income: contract liabilities	8,098	11,202
Deferred PFI credits / income	532	532
<b>Total other current liabilities</b>	<b>8,630</b>	<b>11,734</b>
<b>Non-current</b>		
Deferred income: contract liabilities	3,282	-
Deferred PFI credits / income	14,360	14,891
<b>Total other non-current liabilities</b>	<b>17,642</b>	<b>14,891</b>

**Note 24.1 Borrowings**

	31 March 2024	31 March 2023
	£000	£000
<b>Current</b>		
Lease liabilities	2,536	2,583
Obligations under PFI, LIFT or other service concession contracts	3,562	1,770
<b>Total current borrowings</b>	<b>6,098</b>	<b>4,353</b>
<b>Non-current</b>		
Lease liabilities	8,365	8,744
Obligations under PFI, LIFT or other service concession contracts	36,548	21,775
<b>Total non-current borrowings</b>	<b>44,913</b>	<b>30,519</b>

**Note 24.2 Reconciliation of liabilities arising from financing activities**

	Lease Liabilities	PFI and LIFT schemes	Total
	£000	£000	£000
<b>Carrying value at 1 April 2023</b>	<b>11,327</b>	<b>23,545</b>	<b>34,872</b>
<b>Cash movements:</b>			
Financing cash flows - payments and receipts of principal	(2,582)	(1,991)	<b>(4,573)</b>
Financing cash flows - payments of interest	(111)	(3,302)	<b>(3,413)</b>
<b>Non-cash movements:</b>			
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023		17,531	<b>17,531</b>
Additions	1,519	-	<b>1,519</b>
Lease liability remeasurements	1,452	-	<b>1,452</b>
Remeasurement of PFI / other service concession liability resulting from change in index or rate	-	1,029	<b>1,029</b>
Application of effective interest rate	111	3,302	<b>3,413</b>
Early terminations	(815)	-	<b>(815)</b>
Other changes	-	(4)	<b>(4)</b>
<b>Carrying value at 31 March 2024</b>	<b>10,901</b>	<b>40,110</b>	<b>51,011</b>

	Lease Liabilities	PFI and LIFT schemes	Total
	£000	£000	£000
<b>Carrying value at 1 April 2022</b>	<b>-</b>	<b>25,776</b>	<b>25,776</b>
<b>Cash movements:</b>			
Financing cash flows - payments and receipts of principal	(2,570)	(2,231)	<b>(4,801)</b>
Financing cash flows - payments of interest	(118)	(1,169)	<b>(1,287)</b>
<b>Non-cash movements:</b>			
Impact of implementing IFRS 16 on 1 April 2022	13,304		<b>13,304</b>
Additions	592	-	<b>592</b>
Application of effective interest rate	119	1,169	<b>1,288</b>
<b>Carrying value at 31 March 2023</b>	<b>11,327</b>	<b>23,545</b>	<b>34,872</b>

**Note 25.1 Provisions for liabilities and charges analysis**

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Re-structuring	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000	£000
<b>At 1 April 2023</b>	<b>543</b>	<b>2,120</b>	<b>235</b>	<b>7</b>	<b>224</b>	<b>3,441</b>	<b>6,570</b>
Change in the discount rate	(16)	(143)	-	-	-	-	(159)
Arising during the year	82	253	-	-	-	216	551
Utilised during the year	(78)	(168)	(23)	(7)	(224)	(254)	(754)
Reversed unused	(33)	(7)	-	-	-	-	(40)
Unwinding of discount	9	36	-	-	-	-	45
<b>At 31 March 2024</b>	<b>507</b>	<b>2,091</b>	<b>212</b>	<b>-</b>	<b>-</b>	<b>3,403</b>	<b>6,213</b>
<b>Expected timing of cash flows:</b>							
- not later than one year;	75	168	212	-	-	2,896	3,351
- later than one year and not later than five years;	301	671	-	-	-	53	1,025
- later than five years.	131	1,252	-	-	-	454	1,837
<b>Total</b>	<b>507</b>	<b>2,091</b>	<b>212</b>	<b>-</b>	<b>-</b>	<b>3,403</b>	<b>6,213</b>

Provisions relating to Early Departure Costs covers pre 1995 early retirement costs. Liabilities and the timing of liabilities are based on pensions provided to individual ex-employees and projected life expectancies using government actuarial tables. The major uncertainties rest around life expectancies assumed for the cases.

Legal claims cover the Trust's potential liabilities for Public and Employer liability. Potential liabilities are calculated using professional assessment of individual cases by the Trust's insurers. The Trust's maximum liability for any individual case is £10,000 with the remainder being covered by insurers.

Other provisions cover Working Time Directive £2,179k, Clinician Pension Tax Provision £507k, OIC provision of £500k and Equal Value Pay Claims £216k.

Pensions: Injury benefit provisions are calculated with reference to the NHS Pensions Agency and actuarial tables for life expectancy.

Redundancy provisions covers staff who will be made redundant as part of the Trust's ongoing restructuring scheme.

The timing and amount of the cash flows is shown above but it must be pointed out that, in the case of provisions, there will always be a measure of uncertainty. However, the values listed are best estimates taking all the relevant information and professional advice into consideration.

**Note 25.2 Clinical negligence liabilities**

At 31 March 2024, £271,697k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Sandwell And West Birmingham Hospitals NHS Trust (31 March 2023: £284,535k).

**Note 26 Contingent assets and liabilities**

	31 March 2024	31 March 2023
	£000	£000
<b>Value of contingent liabilities</b>		
NHS Resolution legal claims	(105)	(153)
Other	(592)	(429)
<b>Gross value of contingent liabilities</b>	<b>(697)</b>	<b>(582)</b>
Amounts recoverable against liabilities	-	-
<b>Net value of contingent liabilities</b>	<b>(697)</b>	<b>(582)</b>
<b>Net value of contingent assets</b>	<b>-</b>	<b>-</b>

NHS Resolution Legal claims are informed by NHS Resolution. Other includes claims for Pension and Injury Benefit which are informed by the NHS Pensions Agency.

**Note 27 Contractual capital commitments**

	31 March 2024	31 March 2023
	£000	£000
Property, plant and equipment	33,924	26,672
<b>Total</b>	<b>33,924</b>	<b>26,672</b>

**Note 28 On-SoFP PFI, LIFT or other service concession arrangements**

**Birmingham Treatment Centre (BTC)** Length of Contract is 30 Years: The purpose of the scheme was to provide a modern, acute facility on the City Hospital site which has now been fully operational since June 2005. The Trust is committed to the full unitary payment until 30th June 2035 at which point the building will revert to the ownership of the Trust. **Multi Storey Car Parking** Length of Contract is 25 Years: The purpose of the scheme is to provide car parks with an associated car parking service. The scheme has no unitary payment **Managed Equipment Scheme (MES)** Length of Contract is 10 Years: The Scheme provides for the maintenance and replacement of the Trust's Imaging Equipment. This contract was assessed against the scope of IFRC 12 to establish the appropriate accounting treatment and it was determined that the criteria to account for the scheme as an on SOFP service concession arrangement had been met. The contract, with Siemens Healthcare Limited, commenced on 1st May 2016 and the Trust is committed to the full unitary payment until May 2026 at which point the Trust has the right to exercise an option to take ownership of the equipment.



### Note 28.1 On-SoFP PFI, LIFT or other service concession arrangement obligations

The following obligations in respect of the PFI, LIFT or other service concession arrangements are recognised in the statement of financial position:

	31 March 2024	31 March 2023
	£000	£000
<b>Gross PFI, LIFT or other service concession liabilities</b>	<b>54,102</b>	<b>31,556</b>
<b>Of which liabilities are due</b>		
- not later than one year;	6,460	3,136
- later than one year and not later than five years;	19,372	11,423
- later than five years.	28,270	16,997
Finance charges allocated to future periods	(13,992)	(8,011)
<b>Net PFI, LIFT or other service concession arrangement obligation</b>	<b>40,110</b>	<b>23,545</b>
- not later than one year;	3,562	1,770
- later than one year and not later than five years;	12,644	7,695
- later than five years.	23,904	14,080

### Note 28.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future commitments under these on-SoFP schemes are as follows:

	31 March 2024	31 March 2023
	£000	£000
<b>Total future payments committed in respect of the PFI, LIFT or other service concession arrangements</b>	<b>80,128</b>	<b>80,056</b>
<b>Of which payments are due:</b>		
- not later than one year;	10,641	9,593
- later than one year and not later than five years;	30,163	29,607
- later than five years.	39,324	40,856

\* The above table for 31 March 2023 has been restated and detailed in Note 39 PPA Disclosure.

### Note 28.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	2023/24	2022/23
	£000	£000
<b>Unitary payment payable to service concession operator</b>	<b>10,604</b>	<b>9,445</b>
<b>Consisting of:</b>		
- Interest charge	3,302	1,169
- Repayment of balance sheet obligation	2,084	2,222
- Service element and other charges to operating expenditure	2,965	3,097
- Capital lifecycle maintenance	2,198	1,570
- Contingent rent	-	1,387
- Addition to lifecycle prepayment	55	-
<b>Total amount paid to service concession operator</b>	<b>10,604</b>	<b>9,445</b>

**Note 29 Impact of change in accounting policy for on-SoFP PFI, LIFT and other service concession liabilities**

IFRS 16 liability measurement principles have been applied to PFI, LIFT and other service concession arrangement liabilities from 1 April 2023. When payments for the asset are uplifted for inflation, the imputed lease liability recognised on the SoFP is remeasured to reflect the increase in future payments. Such increases were previously recognised as contingent rent as incurred.

The change in measurement basis has been applied retrospectively without restatement of comparatives and with the cumulative impact on 1 April 2023 recognised in the income and expenditure reserve. The incremental impact of applying the new accounting policy on (a) the allocation of the unitary charge in 2023/24 and (b) the primary statements in 2023/24 is set out in the disclosures below.

**Note 29.1 Impact of change in accounting policy on the allocation of unitary payment**

	IFRS 16 basis (new basis)	IAS 17 basis (old basis)	Impact of change
	2023/24	2023/24	2023/24
	£000	£000	£000
<b>Unitary payment payable to service concession operator</b>	<b>10,604</b>	<b>10,604</b>	-
<b>Consisting of:</b>			
- Interest charge	3,302	1,390	<b>1,912</b>
- Repayment of balance sheet obligation	2,084	2,083	<b>1</b>
- Service element	2,965	2,965	-
- Lifecycle maintenance	2,198	2,198	-
- Contingent rent	-	1,913	<b>(1,913)</b>
- Addition to lifecycle prepayment	55	55	-

**Note 29.2 Impact of change in accounting policy on primary statements**

<b>Impact of change in PFI accounting policy on 31 March 2024 Statement of Financial Position:</b>	<b>£000</b>
Increase in PFI / LIFT and other service concession liabilities	(18,559)
Decrease in PDC dividend payable / increase in PDC dividend receivable	-
Increase in cash and cash equivalents (impact of PDC dividend only)	636
<b>Impact on net assets as at 31 March 2024</b>	<b>(17,923)</b>
<b>Impact of change in PFI accounting policy on 2023/24 Statement of Comprehensive Income:</b>	<b>£000</b>
PFI liability remeasurement charged to finance costs	(1,029)
Increase in interest arising on PFI liability	(1,912)
Reduction in contingent rent	1,913
Reduction in PDC dividend charge	636
<b>Net impact on surplus / (deficit)</b>	<b>(392)</b>
<b>Impact of change in PFI accounting policy on 2023/24 Statement of Changes in Equity:</b>	<b>£000</b>
Adjustment to reserves for the cumulative retrospective impact on 1 April 2023	(17,531)
Net impact on 2023/24 surplus / deficit	(392)
<b>Impact on equity as at 31 March 2024</b>	<b>(17,923)</b>
<b>Impact of change in PFI accounting policy on 2023/24 Statement of Cash Flows:</b>	<b>£000</b>
Increase in cash outflows for capital element of PFI / LIFT	(1)
Decrease in cash outflows for financing element of PFI / LIFT	1
Decrease in cash outflows for PDC dividend	636
<b>Net impact on cash flows from financing activities</b>	<b>636</b>



## Note 30 Financial instruments

### Note 30.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS Trust has with CCGs/ICB's and the way those CCGs/ICB's are financed, the NHS Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The NHS Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Trust in undertaking its activities.

The Trust treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. The treasury activity is subject to review by the Trusts internal auditors.

#### Credit Risk

As the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposure as at 31st March 2024 are in receivables from customers, as disclosed in the trade and other receivables note.

#### Liquidity Risk

The Trust's operating costs are incurred under contract with Integrated Care Boards (ICB's) which are financed by resources voted annually by parliament. Liquidity risk for both Revenue and Capital funding is managed by the availability of Public Dividend Capital from the DHSC. The Trust is not therefore, exposed to significant liquidity risks.

#### Currency Risk

The Trust is principally a domestic organisation with the majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

#### Interest Rate Risk

The Trust borrows from Government for capital expenditure, subject to affordability. Funding is provided as Public Dividend Capital, attracting a nationally set dividend payment of 3.5% on net relevant assets. The Trust therefore has low exposure to interest rate fluctuations.

### Note 30.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2024	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	32,908	-	-	32,908
Cash and cash equivalents	68,988	-	-	68,988
<b>Total at 31 March 2024</b>	<b>101,896</b>	<b>-</b>	<b>-</b>	<b>101,896</b>



Carrying values of financial assets as at 31 March 2023	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	44,882	-	-	44,882
Cash and cash equivalents	56,216	-	-	56,216
<b>Total at 31 March 2023</b>	<b>101,098</b>	<b>-</b>	<b>-</b>	<b>101,098</b>

A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the Trust elected to measure an equity instrument in this category on initial recognition.

### Note 30.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2024	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Obligations under leases	10,901	-	10,901
Obligations under PFI, LIFT and other service concession contracts	40,110	-	40,110
Trade and other payables excluding non financial liabilities	92,203	-	92,203
<b>Total at 31 March 2024</b>	<b>143,214</b>	<b>-</b>	<b>143,214</b>

Carrying values of financial liabilities as at 31 March 2023	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	-	-	-
Obligations under leases	11,327	-	11,327
Obligations under PFI, LIFT and other service concession contracts	23,545	-	23,545
Trade and other payables excluding non financial liabilities	84,161	-	84,161
<b>Total at 31 March 2023</b>	<b>119,033</b>	<b>-</b>	<b>119,033</b>





### Note 30.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2024	31 March 2023
	£000	£000
In one year or less	101,325	89,977
In more than one year but not more than five years	24,328	16,617
In more than five years	32,719	20,850
<b>Total</b>	<b>158,372</b>	<b>127,444</b>

### Note 30.5 Fair values of financial assets and liabilities

All of the financial assets and all of the financial liabilities of the Trust are measured at fair value on recognition and subsequently amortised cost.

### Note 31 Losses and special payments

	2023/24		2022/23	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	3	-	5	230
Claims waived or abandoned (excluding cases between DHSC group bodies)	315	3,563	366	2,636
Stores losses and damage to property	13	132	12	146
<b>Total losses</b>	<b>331</b>	<b>3,695</b>	<b>383</b>	<b>3,012</b>
<b>Special payments</b>				
Ex-gratia payments	69	124	67	175
Special severance payments	-	-	1	2
<b>Total special payments</b>	<b>69</b>	<b>124</b>	<b>68</b>	<b>177</b>
<b>Total losses and special payments</b>	<b>400</b>	<b>3,819</b>	<b>451</b>	<b>3,189</b>
Compensation payments received				

These amounts are reported on an accruals basis but excluding provisions for future losses.

Write Offs for bad debt included charges raised to Birmingham City Council for delayed treatment of care, a charge made to represent the additional cost the Trust incurs as a result of the lack of Social Care beds which prevents patients being discharged from Hospital Beds. The Audit Committee considered the charges and the likelihood of repayment, determining that payment would not be received and the debt should be written off, the Debt had previously been provided for in full.

	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Claims waived or abandoned (excluding cases between DHSC group bodies)- Birmingham Council	1	1544	1	1535

### Note 32 Related parties

During the year none of the Department of Health Ministers, Trust Board members or members of the key management staff, or parties related to any of them, have undertaken material transactions with Sandwell & West Birmingham Hospitals NHS Trust.

The Department of Health and Social Care is regarded as a related party as parent organisation of the Trust. During the year 2023/24 Sandwell and West Birmingham Hospitals NHS Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These are NHS Black Country ICB, NHS Birmingham and Solihull ICB, The Royal Wolverhampton NHS Trust, NHS Resolution, NHS England, Midlands Regional Office (including specialised commissioning) and NHS England Core, incorporating Health Education England from 1st Apr 23.

The Trust has also received capital payments from the Sandwell & West Birmingham Hospitals NHS Trust Charity, certain of the trustees for which are also members of the Trust board, the transactions in 2023-24 are detailed in Note 16.

### Note 33 Events after the reporting date

There were no events after the reporting date.

### Note 34 Better Payment Practice code

	2023/24	2023/24	2022/23	2022/23
<b>Non-NHS Payables</b>	<b>Number</b>	<b>£000</b>	<b>Number</b>	<b>£000</b>
Total non-NHS trade invoices paid in the year	92,516	408,724	103,126	447,020
Total non-NHS trade invoices paid within target	85,096	380,001	93,750	421,060
Percentage of non-NHS trade invoices paid within target	92.0%	93.0%	90.9%	94.2%
<b>NHS Payables</b>				
Total NHS trade invoices paid in the year	2,196	39,170	2,073	44,780
Total NHS trade invoices paid within target	1,737	34,285	1,652	40,042
Percentage of NHS trade invoices paid within target	79.1%	87.5%	79.7%	89.4%

The Better Payment Practice code requires the Trust to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later. The NHS recommended target is 95%.

### Note 35 External financing limit

The Trust is given an external financing limit against which it is permitted to underspend.

	2023/24	2022/23
	<b>£000</b>	<b>£000</b>
Cash flow financing	25,374	90,052
Leases taken out in year		-
Other capital receipts		-
<b>External financing requirement</b>	<b>25,374</b>	<b>90,052</b>
External financing limit (EFL)	25,374	98,617
<b>Under / (over) spend against EFL</b>	<b>0</b>	<b>8,565</b>

**Note 36 Capital Resource Limit**

	2023/24	2022/23
	£000	£000
Gross capital expenditure	77,133	126,959
Less: Disposals	(811)	(1,440)
Less: Donated and granted capital additions	(12,138)	(59)
<b>Charge against Capital Resource Limit</b>	<b>64,184</b>	<b>125,460</b>
Capital Resource Limit	68,335	134,054
<b>Under / (over) spend against CRL</b>	<b>4,151</b>	<b>8,594</b>

**Note 37 Breakeven duty financial performance**

In 2023/24 the Trust revalued assets which resulted in a net reversal of impairment of £21m, the details for which can be found at Note 1.19 , Note 15.1 and Note 17.

	2023/24	2022/23
	£000	£000
Surplus / (deficit) for the period	23,083	42,381
Remove net impairments scoring to the Departmental expenditure limit	(25,988)	(42,449)
Remove impact of IFRS 16 on IFRIC 12 schemes	692	
Remove I&E impact of capital grants and donations	(11,866)	167
<b>Adjusted financial performance surplus / (deficit) (control total basis)</b>	<b>(14,079)</b>	<b>99</b>
Add back incremental impact of IFRS 16 on PFI revenue costs in 2023/24	(692)	-
IFRIC 12 breakeven adjustment	-	350
<b>Breakeven duty financial performance surplus / (deficit)</b>	<b>(14,771)</b>	<b>449</b>

**Note 38 Breakeven duty rolling assessment**

	1997/98 to 2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
	£000	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance		7,260	2,193	1,863	6,523	6,751	4,653	3,857
Breakeven duty cumulative position	4,669	11,929	14,122	15,985	22,508	29,259	33,912	37,769
Operating income		384,774	387,870	424,144	433,007	439,022	446,590	443,698
<b>Cumulative breakeven position as a percentage of operating income</b>		<b>3.1%</b>	<b>3.6%</b>	<b>3.8%</b>	<b>5.2%</b>	<b>6.7%</b>	<b>7.6%</b>	<b>8.5%</b>

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
	£000	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	(11,933)	24,165	17,835	576	383	4,411	449	(14,771)
Breakeven duty cumulative position	25,836	50,001	67,836	68,412	68,795	73,206	73,655	58,884
Operating income	460,197	494,158	655,374	544,033	615,209	660,315	697,248	726,059
<b>Cumulative breakeven position as a percentage of operating income</b>	<b>5.6%</b>	<b>10.1%</b>	<b>10.4%</b>	<b>12.6%</b>	<b>11.2%</b>	<b>11.1%</b>	<b>10.6%</b>	<b>8.1%</b>

The Trusts Financial Performance was materially different to the expected breakeven duty level in the following years:

In 2016-17 there were environmental factors that contributed to the underlying deficit which continued to impact the Trust. Manifestations of these included greater attendances at A&E, high levels of beds occupied by people medically fit for discharge as well as difficulties in the recruitment of certain staff groups. As a consequence of these factors elective income was below the level planned and agency spend continued at high levels.

In 2017-18 the Trust disposed of land at the City Hospital site in preparation for the completion of the new Midland Metropolitan University Hospital development. As a result, the Trust recorded a profit on disposal of £16,288k.

In 2018-19 the Trust began the year with a headline surplus, over-achieving against its control total by £5m, which attracted a "£2 for £1" Sustainability and Transformation Fund (STF) bonus payment from the Department of Health of £12,573k.

In 2023-24 the Trust began with a planned deficit position which was reviewed during the year and subject to reforecasting to ensure the Trust supported the overall financial position of the Healthcare System it is working in. The final SOCI surplus was £23,083k, this included non-performance/operational elements, including the reversal of past impairments on Assets of £25,988k and Income from Grants of £11,866k - after these are removed - the actual operational performance of the Trust was a £14,771k deficit.

**Note 39 PPA Disclosure****Original Note 28.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments**

Total future commitments under these on-SoFP schemes are as follows:

	31 March 2023
	£000
<b>Total future payments committed in respect of the PFI, LIFT or other service concession arrangements</b>	<b>91,226</b>
<b>Of which payments are due:</b>	
- not later than one year;	9,692
- later than one year and not later than five years;	31,514
- later than five years.	50,020

**Movement in Note 28.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments**

Total future commitments under these on-SoFP schemes are as follows:

	31 March 2023
	£000
<b>Total future payments committed in respect of the PFI, LIFT or other service concession arrangements</b>	<b>(11,170)</b>
<b>Of which payments are due:</b>	
- not later than one year;	(99)
- later than one year and not later than five years;	(1,907)
- later than five years.	(9,164)

**Restated Note 28.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments**

Total future commitments under these on-SoFP schemes are as follows:

	31 March 2023
	£000
<b>Total future payments committed in respect of the PFI, LIFT or other service concession arrangements</b>	<b>80,056</b>
<b>Of which payments are due:</b>	
- not later than one year;	9,593
- later than one year and not later than five years;	29,607
- later than five years.	40,856

**The March 2023 values have been restated because the prior period value of future payments included inflation of 2.5% in error.**





The Midland Metropolitan University Hospital fifth floor outside space in full bloom last spring.





# Independent auditor's report to the directors of Sandwell and West Birmingham NHS Trust

## Report on the audit of the financial statements

### Opinion on financial statements

We have audited the financial statements of Sandwell and West Birmingham NHS Trust (the 'Trust') for the year ended 31 March 2024, which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Equity and Statement of Cash Flows for the year ended 31 March 2024 and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 15 of the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2023-24.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2024 and of its expenditure and income for the year then ended; and
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2023-24; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

### Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2020) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Trust's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the Trust to cease to continue as a going concern.

In our evaluation of the directors' conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2023-24 that the Trust's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services provided by the Trust. In doing so we had regard to the guidance provided in Practice Note 10 Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2022) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the Trust and the Trust's disclosures over the going concern period.



In auditing the financial statements, we have concluded that the directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this report.

### **Other information**

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

### **Other information we are required to report on by exception under the Code of Audit Practice**

Under the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not comply with the requirements of the Department of Health and Social Care Group Accounting Manual 2023-24 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

### **Opinion on other matters required by the Code of Audit Practice**

In our opinion:

- the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2023-24; and
- based on the work undertaken in the course of the audit of the financial statements, the other information published together with the financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.



## Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we refer a matter to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we make a written recommendation to the Trust under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit.

We have nothing to report in respect of the above matters.

## Responsibilities of directors

As explained more fully in the Statement of Directors' Responsibilities in respect of the accounts, the directors are responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions and for being satisfied that they give a true and fair view, and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the directors are responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

## Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. Irregularities, including fraud, are instances of non-compliance with laws and regulations. The extent to which our procedures are capable of detecting irregularities, including fraud, is detailed below.

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the Trust and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2023-24).
- We enquired of management and the Audit Committee, concerning the Trust's policies and procedures relating to:
  - the identification, evaluation and compliance with laws and regulations;
  - the detection and response to the risks of fraud; and



- the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.
- We enquired of management, internal audit and the Audit Committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.
- We assessed the susceptibility of the Trust's financial statements to material misstatement, including how fraud might occur, evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls and any other fraud risks identified for the audit. We determined that the principal risks were in relation to:
  - Journal entries that altered the Trust's financial performance for the year;
  - Potential management bias in determining accounting estimates, especially in relation to the valuation of property, plant and equipment, accuracy of accruals, valuation of the Midland Metropolitan Hospital assets under construction, and valuation of PFI liability
  - Variable income or year-end expenditure that has been manipulated for improving financial performance
  - Significant segregation of duties issues identified in the IT audit
- Our audit procedures involved:
  - evaluation of the design effectiveness of controls that management has in place to prevent and detect fraud;
  - journal entry testing, with a particular focus on significant journals at the end of the financial year which impacted on the Trust's financial performance, those which were posted by officers who in our view had access and/or approval privileges in excess of the requirements of their role, capitalisation of revenue expenditure to improve the Trust's financial position; and Segregation of duties conflict in Oracle- excessive user privileges increase the risk that system controls can be bypassed and fraudulent journals posted.
  - challenging assumptions and judgements made by management in its significant accounting estimates in respect of land and building valuations, Asset under construction – Midland Metropolitan Hospital valuation, Accrual calculations and valuation of PFI liability
  - Detailed review of variable income by reconciling the same from contracts and email communication from authorities under DHSC and sample selected for expenditure to confirmed the occurrence and accuracy of the recorded expenses.
  - assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item.
- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error and detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.
- We communicated relevant laws and regulations and potential fraud risks to all engagement team members, the potential for fraud in revenue and/or expenditure recognition, and the significant accounting estimates related to valuation of the Trust's property, plant and equipment and income and expenditure accruals incl. Annual leave accrual. We remained alert to any indications of non-compliance with laws and regulations, including fraud, throughout the audit.





- Our assessment of the appropriateness of the collective competence and capabilities of the engagement team included consideration of the engagement team's:
  - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
  - knowledge of the health sector and economy in which the Trust operates
  - understanding of the legal and regulatory requirements specific to the Trust including:
    - the provisions of the applicable legislation
    - NHS England's rules and related guidance
    - the applicable statutory provisions.
- In assessing the potential risks of material misstatement, we obtained an understanding of:
  - The Trust's operations, including the nature of its income and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, expected financial statement disclosures and business risks that may result in risks of material misstatement.
  - The Trust's control environment, including the policies and procedures implemented by the Trust to ensure compliance with the requirements of the financial reporting framework.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

Report on other legal and regulatory requirements –the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2024.

We have nothing to report in respect of the above matter, except in the prior year we identified a significant weakness relating to the development of cost improvement plans and unfunded revenue risks associated with the move in to the new Midland Metropolitan Hospital. This constituted weaknesses in the Trust's arrangements to secure financial sustainability. We made two key recommendations: that the Trust needs to develop its recurrent CIP and vacancy hold programme; and financial, clinical and operational colleagues need to work together to identify and deliver transformation schemes, and work with system partners to identify wider opportunities to support financial goals; and the Trust should work with the ICB and NHSE to secure additional funding to address the revenue funding gaps relating to the Midland Metropolitan Hospital.

As part of our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2024, we have reviewed the Trust's progress against the two key recommendations. We found that limited progress has been made, therefore, the significant weakness in arrangements remains in place.



## Responsibilities of the Accountable Officer

As explained in the Statement of directors' responsibilities in respect of the accounts, the Chief Executive, as Accountable Officer, is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

## Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under Section 21(2A)(c) of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in January 2023. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We have documented our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we have considered whether there is evidence to suggest that there are significant weaknesses in arrangements.

## Report on other legal and regulatory requirements – Certificate

We certify that we have completed the audit of Sandwell and West Birmingham NHS Trust in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

## Use of our report

This report is made solely to the directors of the Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Trust's directors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's directors as a body, for our audit work, for this report, or for the opinions we have formed.

Andrew Smith

**Key Audit Partner for and on behalf of Grant Thornton UK LLP, Local Auditor**

Birmingham

16 August 2024



### Our year in pictures

APRIL 23



A social prescribing service was proving successful at Heath Street Health Centre after Practice Manager Sandra Whitelock partnered with community organisations to deliver support

MAY 23



Past and present nurses gathered at City Hospital for a special reunion event

AUGUST 23



Radiographers Robert Hornsby and Jaskeert Biring in the recruitment video which attracted hundreds of applicants

SEPTEMBER 23



Nurse Rhea Conn was picked to join NHS England in teaching other Trusts how to be more green following her work

DECEMBER 23



The Trust's District Nurses, Foot Health team, Community Heart Failure Nurses and Anticoagulant Service started operating from the newly opened Richard Nugent

JANUARY 24



Stroke specialists at the Trust introduced RapidAI software to diagnose strokes more accurately





**JUNE 23**



A ground-breaking service was launched which saw stroke patients receiving specialist hospital care in their own homes. The Integrated Community Stroke Service

**JULY 23**



We celebrated the 75th birthday of the NHS by inviting ITV Central News to broadcast live from the Midland Metropolitan University Hospital which is opening later this year

**OCTOBER 23**



The Alcohol Care Team started working with academics at the University of South Wales to introduce a new way of treating patients for the little-known condition

**NOVEMBER 23**



The Cancer Hotline Team celebrated their one year anniversary

**FEBRUARY 24**



Pictured is patient Frank Farrell, who was the first to undergo a targeted lung health check in the Black Country.

**MARCH 24**



We launched our new website with the added functionality for patients to see live accident and emergency (A&E) department waiting times.



## Further information about the Trust

### Car parking

Car parks are situated near the main entrance of each hospital. Vehicles are parked at owners' risk. Spaces for disabled badge holders are at various points around our sites.

For convenience patients and visitors can now tap in and out on their credit/debit card to save on taking a ticket. Alternatively, they can take a ticket and pay by credit/debit card at the exits of the car parks as well as by cash at the traditional pay stations around site. The car parks operate a pay on foot facility except for one pay and display car park at City Hospital next to Hearing Services.

Following its opening this year, City Hospital also has a multi-storey car park available for use. The multi-storey car park at Sandwell Hospital is only available to staff. Besides the car park outside the main and outpatient entrances, patients and visitors attending Sandwell Hospital or the Lyndon Primary Care Centre are able to access the All Saints car park, situated on Little Lane, opposite the Emergency Department.

### Visitor Charges

The visitor charges are:

#### Standard tariff for City Hospital and Sandwell Hospital

Up to 15 minutes	FREE
Up to 1 hour	£3.20
Up to 2 hours	£4.30
Up to 3 hours	£4.80
Up to 5 hours	£5.20
Up to 24 hours	£5.90

#### Tariff for Rowley Regis Hospital

Up to 15 minutes	FREE
Up to 6 hours	£3.20
Up to 24 hours	£5.90

#### Season tickets

3 days	£10
7 days	£20.80
3 months	£46.60

### Disabled parking

Parking for Blue Badge Scheme users is free and is located as close to main hospital buildings as possible. To qualify for free parking you must be parked in a blue badge bay with your blue badge clearly displayed while parked on site. Please take a paper ticket to enter. When you are ready to leave please press and hold the telephone symbol on the exit barrier machine and show your blue badge to the camera to leave.

### Patients on benefits

Patients on a low income who are entitled to qualifying benefits, or receive income support, can claim for reimbursement of bus fare or receive a ticket to allow free exit from hospital car parks. Bring proof of your benefits/income support to one of the following places:

- Birmingham Treatment Centre reception
- Birmingham and Midland Eye Centre general office
- City Hospital Cash Office (ground floor, main corridor, near the Medical Assessment Unit)
- Sandwell General Hospital main reception
- Rowley Regis Hospital main reception

For further information on the Healthcare Travel Costs Scheme and to check qualifying benefits, please visit <https://www.nhs.uk/nhs-services/help-with-health-costs/healthcare-travel-costs-scheme-htcs/>

### Frequent outpatient attenders

If you attend outpatient appointments three or more times per month for a period of at least three months (eg nine or more appointments per three month period) you can reclaim the cost of your parking. You must ensure that you ask for (and retain) a receipt at the pay station each time you pay for your parking. Once you have reached the nine appointments in three months please take your nine parking receipts and proof of your nine appointments (this might be appointment letters, cards or text messages) to one of the places below to claim your refund. You will be given a V5 parking application form to also fill out:

- Birmingham Treatment Centre reception





- Birmingham and Midland Eye Centre general office
- City Hospital Cash Office (ground floor, main corridor, near the Medical Assessment Unit)
- Sandwell General Hospital main reception
- Rowley Regis Hospital main reception

### Parents/carers of sick children staying overnight

We offer free parking for the parent or guardian of a child or young person, under 18 years of age, who is admitted as an inpatient at hospital overnight. The parent or guardian can receive free parking between the hours of 7.30pm and 8am while visiting the child. This applies to a maximum of two vehicles per child or young person. Please ask a member of staff on the Neonatal or Children's Wards for your car park exit ticket.

### Parking charge notices

Parking Charge Notices (PCNs) may be issued if a vehicle causes an obstruction or if a permit or pay and display ticket isn't displayed. Please note:

- Only vehicles displaying a valid blue disabled badge can be parked in a disabled bay.
- Vehicles must be parked in designated parking bays. Vehicles must not be parked on double red/double yellow lines or yellow hatched areas.
- Vehicles must not cause an obstruction, e.g. blocking building entrances, fire access/exit routes, cycleways, car park entrances, coned off areas and pavements/footpaths

If a vehicle breaches the Trust parking regulations a notice may be placed on it advising that an additional parking charge will be payable. The date, time, location, violation, vehicle make, model and registration will be recorded, and a photograph will be taken showing the position of the vehicle. The PCN will be attached to the windscreen. Payment of PCNs should be made to a third party contractor by telephone or online. The appeals process and method of payment is detailed on the reverse of the PCN.

If you are not satisfied with the outcome, you can make a further appeal to Parking On Private Land Appeals (POPLA). Imperial may engage with the POPLA service at their discretion should further dispute arise over this charge in the future.

### Security

Security officers are on duty at City and Sandwell Hospitals 24 hours per day, 365 days per year. Intercoms are linked directly to Security from entry/exit barriers and the pay on foot machines. All car parks at City and Sandwell Hospitals are illuminated at night, monitored by CCTV and patrolled regularly by security officers.

The Trust has installed electric vehicle charging points across our sites to allow patients, visitors and staff to charge their electric vehicles. This is part of our commitment to reduce our environmental impact and is aligned to our Green Strategic Plan. The charge points are located at:

- City Hospital (outside the Sheldon Block entrance, Birmingham and Midland Eye Centre car park, outside and inside of the multi-story car park)
- Sandwell Hospital (in the main entrance of the visitor car park and on the outpatients car park)
- Rowley Regis Hospital (in the main car park by the barriers)

To use these charge points, you need to register on the Genie website: [www.cpsgenie.com](http://www.cpsgenie.com) (opens in a new tab).

#### *Location of charge points:*

Rowley Regis Hospital has a dual charger that can be used by staff and the public:

### Loss of power

The Trust runs regular generator tests at City Hospital and Rowley Regis Hospital which may interrupt power to the charge points. When the power resumes, the charging session should also resume.

### Faults and any issues

For any issues or faults, please contact GeniePoint support via the website, call or email:

Tel: 020 3598 4087

Email: [geniesupport@chargepointservices.com](mailto:geniesupport@chargepointservices.com)



## Cost of vehicle charging

The user will be charged for the energy consumption during charging. Please see guidance below for staff and public use. The current rate to charge is 30p per KWH and a transaction fee of 50p as at September 2017. For up to date pricing and to register, please visit [www.cpsgenie.com](http://www.cpsgenie.com) (opens in a new tab). Once registered, you will also be able to access the wider GeniePoint Network charge points.

## Compliments and Complaints

When we have not been able to resolve your concerns, you can make a complaint; we can investigate further and respond as soon as we can. We might ask you to meet with us to talk through your concerns and where we need to put things right, we will.

## Who can complain?

Anyone who is receiving, or has received, NHS treatment or services can complain. You can complain for yourself, a friend or a relative, but you must have their permission to do so. If the patient is deceased, young or very ill, then you need consent from the next of kin.

## How can I complain?

To make a complaint, you can; Send it in writing to: Complaints Department, Sandwell and West Birmingham NHS Trust, Sandwell Hospital, Lyndon, West Bromwich, B71 4HJ

Phone: 0121 507 6440, 4080, 5892 10am – 4pm, Monday – Friday.

Email: [swbh.complaints@nhs.net](mailto:swbh.complaints@nhs.net)

## Further Information Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator for all health and social care services in England. They can be contacted for information and advice. You can also give them feedback about your experiences of health and social care services, although CQC cannot investigate individual complaints.

Telephone: 0300 616161 – Monday to Friday 8.30am – 5.30pm

Fax: 0300 616 171

Address: CQC National Correspondence, Cityscape, Newcastle Upon Tyne, NE1 4PA

Website: [www.cqc.org.uk](http://www.cqc.org.uk)





The Midland Metropolitan University Hospital our new purpose built healthcare facility.



## Sandwell and West Birmingham NHS Trust

Sandwell General Hospital  
Lyndon  
West Bromwich  
West Midlands  
B71 4HJ  
Tel: 0121 553 1831

Birmingham City Hospital  
Dudley Road  
Birmingham  
West Midlands  
B18 7QH  
Tel: 0121 554 3801

Birmingham Treatment Centre  
Dudley Road  
Birmingham  
West Midlands  
B18 7QH  
Tel: 0121 507 6180

Leasowes Intermediate Care Centre  
Oldbury Rd  
Smethwick  
B66 1JE  
Tel: 0121 612 3444

Rowley Regis Hospital  
Moor Lane  
Rowley Regis  
West Midlands  
B65 8DA  
Tel: 0121 507 6300

[www.swbh.nhs.uk](http://www.swbh.nhs.uk)

## Find out more

