

Bundle Public Trust Board 8 January 2025

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- 16 Workforce Systems Optimisation
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- 17 Board Skills and Experience Exercise
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- 18 Any other business

AGENDA - TRUST BOARD SESSION IN PUBLIC

Venue:

Conference Room of the Sandwell Education Centre

Date:

Wednesday 8th January 2025,
10:00 – 13:00

Voting Members:

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

Non-Voting Members:

Mr M Hallissey (MHa) Associate Non-Executive Director
Mr J Sharma (JS) Associate Non-Executive Director
Mr A Ali (AAI) Associate Non-Executive Director
Mr A Ubhi (AS) Associate Non-Executive Director
Miss K Dhani (KD) Chief Governance Officer
Mr D Baker (DB) Chief Strategy Officer
Mr J Fleet (JF) Interim Chief People Officer
Mrs R Barlow (RB) Managing Director MMUH Programme
Ms S Thomas (ST) Interim Chief Integration Officer

In attendance:

Ms H Hurst (HH) Director of Midwifery
Mr D Conway (DCo) Associate Director of Corporate Governance/Company Secretary

Time	Item	Title	Reference Number	Lead
10:00	1.	Welcome, apologies and declarations of interest <i>To declare any interests members may have in connection with the agenda and any further interests acquired since the previous meeting.</i> Apologies:	Verbal	DN
10:05	2.	Story – Patient	Verbal	MR
10:20	3.	Minutes of the previous meeting and action log To approve the minutes of the meeting held on Wednesday 11 th November 2024 as a true/accurate record of discussions, and update on actions from previous meetings	TB (01/25) 001 TB (01/25) 002	DN
	4.	Chair’s opening comments	Verbal	DN
	5.	Questions from members of the public	Verbal	DN
10:25	6.	Chief Executive’s Report	Verbal	DW
10:35	7.	Integrated Committee Chairs Report	TB (01/25) 003	LW
10:45	8.	Board Metrics Exception Report	TB (01/25) 004	DB
MMUH				
11:00	9.	MMUH Update Report (first 100 days)	TB (01/25) 005	JN
Our Population				
11:15	10.	Trust Charity Annual Report and Accounts	TB (01/25) 006	JSh

Time	Item	Title	Reference Number	Lead
Break (10 mins) 11:30				
Our Patients				
11:40	11.	Maternity and Neonates Report	TB (01/25) 007	MR
11:55	12.	Finance Report	TB (01/25) 008	SS
12:10	13.	CQC National Urgent and Emergency Care Survey 2024	TB (01/25) 009	MR
12:20	14.	Acute and Community and Winter Plan Report	TB (01/25) 010	JN
Our People				
12:30	15.	MMUH Learning Campus – Employability Update	TB (01/25) 011	JF
12:40	16.	Workforce Systems Optimisation	TB (01/25) 012	JF
Governance and Risk				
12:50	17.	Board Skills and Experience Exercise	TB (01/25) 013	KD
For Information				
12:55	18.	Board level metrics and IQPR exceptions	Reading Room	DB
	19.	Any other business:	Verbal	DN
	20.	Details of next meeting of the Public Trust Board: 12 th March 2025 at 10:00am. This meeting will take place on TEAMS.		

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Trust Board: 8 January 2025

Patient Story

Abdominal Aortic Aneurysm

Summary of the Story :-

'P' is a 62-year-old ex-smoker from Wednesbury. He was invited to a Targeted Lung Health Check by his GP. He attended his appointment at the Mecca Bingo car park in Oldbury and was told he would receive the results of his scan three to four weeks later.

However, clinicians reviewing his initial CT scan found he had an abdominal aortic aneurysm, which they estimated to be 5cm in size. NICE guidance recommends surgical repair of aneurysm when diameter exceeds 5.5cm, even if asymptomatic.

Four days after his initial scan, he received an appointment at the Vascular Surgery department at Sandwell.

There, a follow-up ultrasound showed that it was in fact 9cm in size and critical for 'P'.

Two weeks later, he was electively admitted to Heartlands Hospital in Birmingham, where he underwent five-hour abdominal aortic aneurysm open-repair surgery.

He spent five days recovering in hospital and was able to be discharged in time for his son 21st birthday.

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

Recovering at home, 'P' contacted the team via e-mail to highlight his experience and to pass on his thanks. In his e-mail, 'P' said: *"I can only say thank you to your team and, in particular, whoever spotted my aneurysm and started this whole thing rolling."*

"Without you I would not be here."

MINUTES OF THE PUBLIC TRUST BOARD MEETING

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

Voting Members:

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

Non-Voting Members:

Mr A Ali, Associate Non-Executive Director (AA)
Dr M Hallissey, Associate Non-Executive Director (MH)
Miss K Dhami, Chief Governance Officer (KD)
Mr J Fleet, Interim Chief People Officer (JF)
Mr D Baker, Chief Strategy Officer (DB)
Mrs R Barlow, Managing Director, MMUH (RBa)
Programme Company
Ms S Thomas, Interim Chief Integration Officer (ST)

Staff Story Presenters:

Ms D Fretwell, Group Director of Nursing for MEC (DF)
Ms M Williams, Senior Sister (MW)
Ms C Obiakor, Senior Sister AMU (CO)
Ms S Johnson, Organisational Development Consultant (SJ)

Members of the Public, Staff and External attendees

Ms HoJan Senya, Clinical Fellow, NHSE

In Attendance:

Mr D Conway, Associate Director of Corporate Governance/Company Secretary (DC)
Miss B Edwards, Senior Executive Assistant (Minute taker) (BE)
Mrs H Hurst, Director of Midwifery (HH)
Ms L Brown, Digital Transformation Lead (From Item 10 to 14) (LB)
Mr J Johnson, Lead Freedom to Speak Up Guardian (From item 14 to 16) (JJ)

Apologies:

Mr A Ubhi, Associate Non-Executive Director
Mr J Sharma, Associate Non-Executive Director (AU)
Prof L Harper, Non-Executive Director (JS)

(LH)

Minutes	Reference
1. Welcome, apologies and declaration of interest	Verbal
The Chair welcomed members and attendees to the meeting. Apologies were received and noted above. Sir Nicholson welcomed Ms Thomas to her first Trust Board meeting as Interim Chief Integration Officer.	
2. Staff Story	Verbal
Mr Fleet presented to members and advised the story today demonstrated the real impact of OD work and would also be picked up in a report later on the agenda. Members were introduced to the People Story that was on Elderly Care transition into MMUH and the want to reset the culture within the department.	

Mrs Writtle expressed the story had been presented had People Committee and that it was positive to hear the conversations were still ongoing. Mrs Writtle added she was interested to hear what was being done in relation to the change in culture. Members noted the work was positive but would not happen overnight. Members further questioned if they felt the right support was in place. It was confirmed the OD department were supporting and a workshop had been arranged for the band 6s. It was added there was a feeling they could reach out to OD if further support was needed.

Mrs Roberts questioned what the challenges had been. It was advised it was expected that engagement would be a big challenge but it was found a lot of staff had engaged with the workshops and it was added there was need to keep the momentum ongoing. There was an expectation there would be resistance across the staff but they were open and honest and to continue to the trust amongst staff, all staff were involved in the programme.

Mr Beeken expressed it was positive to hear the bold investment made by the Organisation come to fruition and to capture the feedback at Trust Board level was key. It was raised in the reading material there was a lot of reference to MDTs and questioned if this included the medical teams. It was advised there was some apprehension when the work started but engagement had started after some targeted work.

Sir Nicholson stated it was important to hear this work as it would support the Trust Board members when making decisions on investment within OD and to ensure the balance was right.

3. Minutes of the previous meeting, action log and attendance register

TB (11/24) 001 / 002

The minutes of the meeting held on Wednesday 11th September 2024 were reviewed and the minutes were **APPROVED** as a true and accurate record of discussions.

4. Chairs Opening Comments

Verbal

Sir Nicholson advised members that this meeting would be the Chief Executive, Richard Beeken's last meeting prior to his departure at the end of the year. It was noted that Mr Beeken joined the Trust as Chief Executive at a very difficult time for the Organisation. Members noted it was a tough job and was a risky role to take on as the population supported was deprived and also opening a new Hospital. This drove the "more than a hospital" approach. Sir Nicholson further stated that Mr Beeken had consistently driven and held the line for the Organisation with a large amount of integratory.

Mr Beeken was thanked for his exemplar public service by the whole Trust Board and wished well for his future.

5. Questions from members of the public

Verbal

There were no questions received from the public.

6. Chief Executive's Report

TB (11/24)003

Mr Beeken presented the report to members and the following information was highlighted.

- The Trust had successfully moved fully into MMUH against all the challenges faced such as Carillion collapse, COVID-19 pandemic which impacted staff, services and the construction. The Trust was able to deliver a 6 month activation work within 6 weeks whilst continuing to run business as usual alongside.
- Members were reminded the Organisation was Community Trust with an acute setting within it. The Trust had committed itself to a business case on 7 day service which was consultant lead but Trust Board members were asked to recommit.

- It was advised NHSE intervention was to be seen more directly now following comments made at a recent CEO meeting with a potential of ICB oversight stepping back.

Mr Argyle requested more information around the update on 7 day service. Mr Beeken advised there was a report on the Private Trust Board agenda where this would be explored in depth.

Sir Nicholson summarised the Trust Board had reaffirmed their commitment on the 7 day service and the importance of the Community being the focus as the Trust would often look to Community upon facing challenges.

The Trust Board **NOTED** the report.

7. Integrated Committee Chairs Report

TB (11/24)004

Mrs Writtle presented to members and advised she was starting to get into process now by working with the Committee Chair's to triangulate the issues faced by the Committees. The following information was highlighted.

- Members noted the Trust had rolled out a number of different Systems that had not been resourced properly. Workforce optimisation was given as an example where it had not been resourced appropriately.
- It was confirmed Missang were in to support the roll out from the sickness absence programme, Goodshape but concerns were raised that after December 24 the work would be picked up by 1 staff member. This was not a sustainable approach and there needed to be the right investment to ensure this was done correctly.
- The Trust was not achieving its workforce headcount reductions but assurance had been made to People Committee and Finance and Productivity Committee that progress would be continued to be made.
- It was advised the Improvement agenda had followed a similar pattern of the workforce system with a lack of investment but there was an opportunity to drive this next year. Members were reminded that this was not financial lead improvement.
- Quality Committee had received the Maternity Report and had been through it and challenge had been passed back to Mrs Hurst and her team. A number of reports had been requested from Maternity services but since the move of the service into MMUH, there had been a reset to allow the team to focus on their issues and moving forward.
- People Committee had approved the Medical Annual Revalidation report and required endorsement by Trust Board.

Mr Laverty expressed the success factors within the census work that was conducted prior to the move to MMUH needed to be reviewed and elements needed to be embedded. Mrs Newens agreed with comments raised and advised after the first successful census, she had met with the Medicine and Emergency Care Group and asked they pulled together finding from the census that could be utilised in business as usual. It was confirmed the report had been pulled together but needed further refinement. After the options had been worked through, it would be looked to be approved and implemented within November 24.

Sir Nicholson expressed the importance of ensuring projects being resourced properly and that it was often easier to find non recurrent solutions but there was a need to think of alternatives and the process taken to make it happen. Sir Nicholson stated the census work was important and requested a report at the next Trust Board meeting.

The Trust Board **RECEIVED** and **NOTED** the report.

8. Board Level Metrics

TB (11/24)005

Mr Baker presented to members and the following was highlighted.

- The target for staff turnover rate was being achieved and members were asked if the target needed to be reviewed and amended.
- The sickness target was not being achieved but the Trust position did continue to improve.

Mr Laverty raised to members it was positive to see the work in relation to optimising the workforce but advised there had been conversations held at Finance and Productivity Committee about owed hours within the workforce and questioned what the efficiency would be and how it would impact staff sickness. Mr Fleet advised the sickness rated within quarter 4 was circa 70 FTs, equates to Q4 proportion of sickness reduction and rostering opportunities that had been agreed. It was added each nurse owing hours, would have 1 shift recovered a month. This was a moderate approach agreed with the Group Directors of Nursing. Mr Laverty questioned what the owed hours in percentage. Mr Sheppard advised there was approximately 400 WTE off sick every day and the 1% in improvement in sickness was 70 staff back at work.

Mr Fleet advised the process now was much less aggressive than initially but there would still be a recurrent benefit. Mrs Writtle questioned if this could be reconciled and presented on a monthly basis so performance could be monitored.

Mrs Writtle added it was felt that performance metrics fell between the gaps often relating to Operational performance. It was advised it was not routinely discussed anywhere or own by any Committee and it was suggested there was a conversation with Committee Chairs. Mrs Newens advised she was happy to pick up a conversation outside of the meeting but some of the Operational metrics were picked up in Finance and Productivity Committee. Mrs Writtle acknowledged this but expressed it needed to be brought to the forefront. Mr Baker advised he agreed the Operational metrics should sit within Finance and Productivity Committee. Mrs Hardy agreed to add more information on Operational metrics to be added into the escalation report.

Sir Nicholson stated the report was positive but the ownership of the performance metrics needed to sharpened up and made clear it was Finance and Productivity Committee. It was added the progress on owed hours needed to be captured.

The Trust Board **RECEIVED** and **NOTED** the report.

Midland Metropolitan University Hospital (MMUH)

9. MMUH Update Report

TB (11/24)006

Mrs Barlow presented to member and the following was highlighted.

- It was 38 days post Sandwell services moving to MMUH, 8 days since Maternity Service and 3 day since City Services moved to MMUH. It was confirmed logistically all 3 moves went positively.
- Thanks was passed on to the patients and families involved with a total 326 patients being moved.
- MMUH was currently experiencing multiple different milestones, successfully, due to all the planning and preparation prior to the move.
- Lessons learnt continued to be captured and would be pulled together.
- Risk register had been amended to have the activation risk closed off and the lift risks mitigated down from a red to amber.
- Way finder issues had been picked up quickly and a working group was to be established and to get engagement from Healthwatch.
- Logistics was rated as a red critical success factor but so far no compliants had been received. It was running manually at the moment but from next week the AGVs would look to be included.

- The communication and media campaign following the move to MMUH had been successful with 0 critical incidents reported.

Mrs Newens expressed from a wider System, there was concern that had been expressed within the Committees, MMUH had only been open for a few days and there was no pattern or trend yet. However, it was raised there was an increase being seen in Dudley Emergency Department of Sandwell patients, but within the predicted range. It was added there had not yet been an impact on Dudley’s bed base. Members were reminded that Dudley had received additional funding for admission avoidance but their position would continue to be monitored and updates would be received at Finance and Productivity Committee.

Mr Argyle questioned the transport for MMUH and advise he was aware of further bus routes. Mrs Barlow advised MMUH had only been open for 3 days but the buses had been running successfully and the providers were happy with the usage. Mitigations ere in place for carparking space but it was too early to call out a trend. Mrs Barlow advised she was aware there was more work to get more bus routes to MMUH but expressed this needed to be a partnership working and the Council would need to drive this.

Mrs Writtle advised she had the privilege of walking around MMUH following the move of Sandwell and the remarkable work that had been ongoing. Mrs Writtle questioned the position on agile working. Mrs Barlow advised there had been reactions to agile working and within the first few weeks of the move, activation was still ongoing so the large agile working spaces were not being utilised. This had now stopped but there had been some negative experiences reported. Dr Anderson advised agile working spaces close to wards were being booked up so when clinical staff need to use an agile space to complete work on the computer, they are having to go to agile spaces further away from the wards. Dr Anderson advised it was looking at restricted access to agile working areas closer to the wards. It was anticipated this same issue would be seen this week, post the City move. Mr Fleet advised there was an agile working group that met every other week and would continue to do so until the end of December 24. It was expressed staff were getting used to agile working and Mr Fleet expressed the importance of not jumping to resolutions immediately but letting the change settle first. It was noted there was a few interventions that would be proposed to the Executive Group in the future.

Sir Nicholson thanked Mrs Barlow and the teams involved in doing a positive job on MMUH and that it had been successful due to the amount of planning put in. It was stated a reason it went so well was due to the amount of engagement from patients and the population.

The Trust Board **ACCEPTED** the report and members looked forward to the reporting on the 100 day quality indicators.

Break

Our Population

10. Place Based Partnership Update

TB (11/24)007

Ms Brown joined the meeting at 11:30.

Ms Thomas presented the report and the following was highlighted.

- Ms Thomas passed on her thanks to Mr Philips and Ms Maxfield for producing the report.
- The position presented was correct, more than a hospital and it was community first.
- The Organisation was in a prime position to take forward the Darzi report.
- It was reported the Integration Team was now up to capacity.
- A workshop would be held at the end of the month with Sandwell Health and Care partnerships, enabled by public health colleagues.

- West locality was working well and upon being asked it was asked to be shared that the West Locality was ready to change and wanted to innovate.
- Members were reminded the integration team had a broader role than working in Place that included Primary and Secondary care interface. It was noted this had gained in National profile recently. It was advised the Trust was in a good position as small amounts of work had been undertaken as it was a recognised area of work and would now be emphasised now with the National focus
- There was to be a refresh of the Integration Committee and the report to Board will change following the refresh.

Mrs Writtle advised she was proud to work in an Organisation that put Community first but expressed it was difficult to get the balance right and there was not a voice here in Primary care. It was requested this was reviewed within the refresh. Ms Thomas advised Primary Care needed to be reflected through 2 lenses, both as a direct provider of services and as a strategic partner.

Ms Thomas advised work was also required around the distinction between Community, Primary and Secondary care.

Mr Argyle questioned why there were no financial metrics on the Community side. Mr Sheppard advised the internal budgets were set, PCCT Group was included within Community but there was more roll out of service line reporting. It was noted the income was less and a lot of improvement was still required.

Sir Nicholson expressed he felt no doubt as the government lined itself up for the 10 year plan, Community resourcing would be monitored.

The Trust Board **RECEIVED** and **NOTED** the report.

Our Patients

11. Maternity and Neonates Report

TB (11/24)008

Mrs Roberts and Mrs Hurst presented to member and the following was highlighted.

- The report was in a different format and had been presented to Quality Committee. It was agreed all red and amber that deem to would be escalated to members attention.
- A single action plan was in development.
- CNST had flagged up in relation to saving babies lives and since the report was written, the paper had been accepted by NHSE.
- Positive progress around Care Quality Commission (CQC) had been made. Monitoring of harms and delays were being reported to Quality Committee.
- The CQC Action Plan following the section 29a warning notice, was complete except for the actions relating to change of environment of estate. This would now progress after the move to MMUH.
- Overall positive progress had been achieved and the benefits have been seen post move to MMUH, mainly seen in triage.

Mr Hallissey expressed there had been a lot of progress made and noted there was a chance to reset to address the environmental issues with the move to MMUH. It was noted the team were catching their breath following the move, but emphasis was put on that momentum could not be lost.

Mr Beeken advised the cot occupancy was unacceptably high and questioned if new money became available for neonatal care, would the service be staffed more. Mrs Roberts advised it was dependant if the cots were level 2s or 3s but advised the Trust would grow its own through the QIS. It was noted there was not neonatal nurses out there and it wouldn't be easy but cot occupancy needed to get under control.

Sir Nicholson expressed he was picking up there would be a reconfiguration of cot occupancy. Mr Beeken confirmed and expressed he was hopeful this would be soon. It was added the West Midlands Womens and Childrens Board had seen and produced a proposal around neonatal cot reconfiguration and if it was enacted there would be some providers that would miss out but would be making strong arguments around retaining their level 3 status. It was advised the next step would be for NHSE to make a commission decision around the designation of the neonatal unit. It was advised at a similar time there could be some resource for neonatal capacity increase. Mrs Roberts advised dependant on the decision made and the resource gained, would drive the change with the pathways.

The Trust Board took the report for **ASSURANCE** and Ockenden was **NOTED**.

12. Finance Report

TB (11/24)009

Mr Sheppard presented to members and the following was highlighted.

- The Trust Board had signed off a Financial deficit Plan of £43.2m inclusive of a £44.1m efficiency plan. Due to the deficit funding received the plan had improved to a £1.9m deficit plan. The requirement to deliver £44.1m financial improvement / efficiency remained the same.
- As of the end of September 24, the Trust reported a deficit of £3.4 million, £0.06m worse than planned.
- The end of October 24 position had been reported to NHSE to be on plan. Members were reminded that this position was not without risk and that mitigation were in place.
- It was advised there had been an Financial Improvement Plan (FIP) reset and there was a focus on workforce trajectories and theatre and outpatient's
- The Capital plan was behind the signed off plan but was a better position than recent years.
- The Trust had achieved 68% of its CIP recurrently, as of today this had increased to 73%. The target for the Trust was 80% but 100% was being aimed for.

Sir Nicholson questioned if this assumed the shortfall from the BSOL funding. Mr Sheppard confirmed from a CIP perspective. Sir Nicholson added it was positive to see the reports presented consistently and the Trust was doing what it said it was doing. Mr Sheppard agreed and advised the forecast came from the Groups and confirmed there was a good grip on the trajectories.

The Trust Board **NOTED** the financial position.

13. Care Quality Commission (CQC) National Inpatient Survey 2023 Results

TB (11/24)010

Mrs Roberts presented to members and the following was highlighted.

- The Trust had a response rate of 28.4%.
- The Trust benchmarked similar against other Trusts. Please see the report for a full breakdown.
- The report was triangulated with complaints received and the only complaints received were in relation to cleanliness within the Emergency Departments and Maternity delivery suite in the last 2 years.
- Positive comments were received around care and compassion.
- Majority of the work that was required was actioned following the move to MMUH, especially in relation to environmental issues raised.

Mr Lavery questioned where the Trust was against other Organisations and if this score contributed towards the overall CQC rating. Members were informed the Friends and Family Test the Trust could encourage patients and families to complete but were not allowed to encourage them to complete the CQC National Inpatient Survey. The Head of Patient Experience was starting to go and talk to patients at MMUH but it was acknowledged by members there were still a range of issues that needed to be worked

through. Mrs Roberts advised the Trust ranked middle, of the lower table but there was a focus on improving.

Sir Nicholson stated a lot of work had been done on the staff and pulse survey. It was added it would be positive to see this monitored and if the changes that are being made are making a difference.

Mr Ali questioned if there was a mechanism to report back to different departments a “you said, we did”. Mrs Roberts advised it was being done for different areas to make it suitable to their department but there would be an overarching plan at Group and Ward level. Members were reminded the CQC questionnaire could not be influenced.

The Trust Board **NOTED** the report and **ASSURANCE** was taken on the next steps.

14. NHS App and the Federated Data Platform

TB (11/24)011

Mr Baker introduced Ms Louise Brown, Digital Transformation Lead.

Ms Brown presented the NHS App to members and the following was highlighted.

- The NHS App was a pillar within the Digital Strategy.
- The Trust did not provision the information directly into the App but by a System that was approved by NHSE.
- A programme of work had been implemented and text messages and letters were all more clearer for patients. Work had also been done on the leaflets provided to bring them up to date and more clearer.
- Less physical letters were being issued, however, a cost saving had not been seen due to the increase of royal mail cost.
- The focus for next year would be looking into additional functionality of the App. It was advised access to clinical information was out of scope but the journey was being looked at by NHSE and the ICS.

Mr Beeken questioned if the local population was anymore or less affected by digital deprivation. Ms Brown advised the population was deemed deprived so there was an assumption there was a digital deprivation as well. Work was continuing with the ICS and Place to continue to improve the digital journey.

Members were informed of a small pilot that had taken place within Maternity where patients can access their maternity record on a mobile device. However, if a patient did not have a phone or required support in using the app, they would be put through to a member of Ms Brown’s team. A success story was shared with members.

Mr Sheppard questioned if there was an opportunity for the Trust Charity to be involved in this. Ms Brown agreed she would pick up with the Trust Charity lead.

Mr Jamil Johnson joined the meeting at 12:30.

Mr Barker presented to members on the Federated Data Platform and the following was highlighted.

- There was a 7 year National contract and there was a lot of data governance in place.
- It was advised the Trust currently had access to 4 products which came with support. They were Inpatients, Outpatients, RTT and OPTICA.
- The ICS had not rolled out the work to all Organisations yet due to other Trusts having other projects ongoing.
- Work needed to be done on how FDP ingested the Trust data. It was noted to do this FDP would need all access to the Trust Systems which would be with a large amount of risk.

Mr Laverty expressed he found the report was an interesting read but expressed that he did not get a sense that this had been quantified as it was not clear what the benefits would be, where the resource

would be from and who would run the programme. Mr Baker advised this had come from the in year objectives which was driving the production plan. Work was ongoing to move towards an SPF to ensure support was ready around projects as the Trust needed to stop trying to do too many projects at once and to have the capacity to complete projects. The approach was to start rationalise what the Trust wanted to go after, which would be completed through the SPF. Mr Laverty stated there needed to be a clear outline of what the benefits would be and this was not clear within the report. Mr Baker agreed to take this away.

Mrs Barlow advised the strategy refresh was being discussed at the Executive Group and the lessons learnt following Allocate and its failure to be optimised. It was noted that workforce was a red workstream for MMUH and the team had reflected that a different approach was needed to start projects successfully.

Mr Beeken agreed a clear outline of the benefits would be produced. It was expressed there were 3 other models of FDP that had not been utilised and it was added the Trust could not complete numerous projects and resource them appropriately.

Sir Nicholson expressed if the Trust was going to do this, then the measurable benefits would need to be pulled out.

Action:

- **Mr Baker to provide a clear report on the resourcing and benefits for using Federated Data Platform.**

Our People

15. SWB Culture Programme- ARC Leadership and Team Effectiveness Update

TB (11/24)012

Ms Brown left the meeting at 12:45.

Mr Fleet presented to members and the following was highlighted.

- Improvements had been seen and captured after stabilising over time. It was confirmed a deep dive had been undertaken within People Committee.
- Leaders were being moved through the ARC Leadership programme and positive comments had been received. Over 92% of participants say their leadership style had changed.
- There had been complete engagement across the programme.
- Members were asked to note the programme and the investment made was delivering and continued to do so.

Mrs Writtle stated there had been really powerful staff stories at People Committee and the ARC Leadership Programme overwhelmed members. Mrs Writtle stated it was clear this would not a quick fix but the right steps were being made. Mr Argyle raised it felt there was a consistent theme which was the absence of an effective line manager from middle management. Mr Fleet advised it had been discussed in People Committee that the programme was delivering for staff but there was a challenge in core line management capability. It was added phase 2 of the programme did cover more of the technical domains. Members noted the programme was scaled back during the MMUH no fly zone period.

The Trust Board **RECEIVED** the report.

16. Freedom to Speak Up Strategy Sign Off

TB (11/24)013

Members noted Dr Anderson was now the Executive lead for Freedom to Speak Up. Mr Johnson presented to members and the following was highlighted.

- An action plan was being worked on from NHSE and the Internal Auditors.

- A regional conference had been held and it was keen to be reflected within a Collaborative Board Workshop.
- The strategy was to include Freedom to Speak Up as a business as usual as this was lacked before. There had been improvement seen but it was noted that further work was still required.

Sir Nicholson expressed he liked the emphasis on “speak up, listen up and follow up” and added this was a more rounded view of what the Trust was trying to achieve as the speak up element was only as good as the listening element.

Mr Fleet expressed Mr Johnson and the team had done a brilliant job on Freedom to Speak Up and expressed he was not only starting to see more staff speak up but the lessons learnt element as well. It was added the focus was not just on reporting issues but much more around resolving and taking the learning away.

The Trust Board received the report for **ASSURANCE** and the Strategy was **APPROVED**.

Mr Johnson left the meeting at 13:00.

Governance and Risk

17. Well Led Review

TB (11/24)014

Ms Dhama presented to members and the following was highlighted.

- CQC had introduced an assessment framework. Guidance for the Well Led aspect was published in April 24.
- Well Led looked at how “well led” the Organisation was by the Executive team and Senior Managers.
- The guidance included what the rating “good” looked like.
- There was not a planned CQC visit but the Well Led review was usually the starting point of the inspection. The Trust undertook its last review in 2018 where the rating deteriorated from Good to Requires Improvement.
- It was expected a review would be within the next 12 months.
- It was good practice to bring in an independent, external body to come in to do a review as well as conducting a self evaluation. An evaluation form had been pulled together and would be reviewed at the workshop on the 12th December 24.

Mr Laverty expressed his support to this and advised it would be useful to see what had been done in the 12 months to support members in completing the form. Mrs Writtle agreed and advised that close down feedback had not been received from GGI. Ms Dhama confirmed a first draft had been received but further work was required.

Information

18. Board level metrics and IQPR exceptions

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

19. Any other business

Verbal

There was no other business discussed.

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

Meeting close



List of action items

Agenda item	Assigned to	Deadline	Status	
Public Trust Board 10/01/2024 2 Staff/Patient Story				
814.	Mr Fleet to bring a paper to a future Board meeting to update on widening participation work as well as opportunities associated with the learning campus.	● Fleet, James	11/09/2024	■ Completed
<i>Explanation action item</i> On the agenda				

Tier 1 - Paper ref: PublicTB (01/25) 003

Report title:	Integrated Committee Chairs Report
Sponsoring executive:	Kam Dhami, Chief Governance Officer
Report author:	Lesley Writtle , Non-executive Director, Deputy Chair
Meeting title:	Public Trust Board
Date:	8 th January 2025

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

This report provides a summary of assurance levels and issues identified by the Trust Sub-Committee Chair’s, offering an opportunity to review, triangulate, and escalate concerns, as well as identify good practices aligned with the strategic priorities.

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

The report includes key issues to advise, assure and alert the Board from November committees, only the Quality Committee met in December 2024:

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

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

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

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

Discussion amongst Sub Committee chairs

4. Recommendation(s)

The Public Trust Board is asked to:

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

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

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

Board Assurance Framework Risk 01	X	Deliver safe, high-quality care.
Board Assurance Framework Risk 02	X	Make best strategic use of its resources
Board Assurance Framework Risk 03	X	Deliver the MMUH benefits case
Board Assurance Framework Risk 04	X	Recruit, retain, train, and develop an engaged and effective workforce

Board Assurance Framework Risk 05	x	<i>Deliver on its ambitions as an integrated care organisation</i>
Corporate Risk Register [Safeguard Risk Nos]		
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

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

ALERT

- In November’s Board meeting the sub-committee chairs highlighted the risk of not addressing support to deliver successful programmes but perhaps more importantly to ensure robust, full delivery of system implementation. This theme related to ensuring strong project support has continued through this cycle of business. More generally the priority of ensuring there is sufficient “project management” capacity for e- rostering and similar projects across the trust remains vital. Audit committee in particular had requested checking how the process of using the capabilities from the of Midland Metropolitan University Hospital (MMUH) implementation team is going. In addition they have asked for a diagram to show how the KPMG work links to all the productivity / Finance Improvement Programme (FIP) related projects, this remains an outstanding request.
- The Trust remains off-track with urgent and emergency care (UEC) standards , this was discussed in Quality committee and will be discussed again in January
- Productivity – Particularly in surgical services and waiting lists were again highlighted in Finance Committee, Some key opportunities to address.
- Mental Health Service provision in Emergency Departments continues to be a concern.

ADVISE

- MMUH opening committee and the remaining Board sub committees have seen robust discussions linked to learning from the hospital moves, feedback from 100 day plans. For example from a quality perspective the 100 day plan has merged with the Fundamentals of Care work stream. The focus now being transition to BAU and work on benefits realisation. Lead executives and None Executive Directors are agreeing next steps.
- People committee received an update on two teams that have raised a grievance related to 7 day working , a key component of improved working practices for the future. A management of change process has commenced and consultation with the teams is underway. Initially the teams were met through the job planning process but this has not proven successful, therefore corrective action is taking place with a 30 day consultation period.
- Agile working is being implemented within the Trust , There are concerns abouts its implementation , People committee has been assured that strong support is in place. This will be monitored closely.

ASSURE

- The retender for new Internal and External Audit providers is now complete and will be announced in January 2025.
- Audit committee, People Committee and Finance committee have all seen comprehensive detail on the workforce optimization and workforce system improvement plan, significant work and deliverables for 2025/26

Tier 1 - Paper ref:	PublicTB (01/25) 004
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Report title:	Board Metrics Exception Report
Sponsoring executive:	David Baker - Chief Strategy Officer
Report author:	Martin Chadderton – Associate Director of Strategy
Meeting title:	Public Trust Board
Date:	8 th January 2025

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

The report highlights one metric for **Assurance**, two for **Alert**, and two with elements of both. Each metric is accompanied by executive commentary to provide the Board with an understanding of how these metrics are being managed:

As we move forward with the Improvement system it is important for the Board to note the value of **balancing metrics** as we pursue improvement in key operational targets. In the context of this paper, this is highlighted through the alert around recurrent and financial improvement and the two partial assure/ partial alerts relating to Emergency Access standard (EAS) improvement versus type 1 performance and the improved 28-day faster diagnosis standard versus the 31-day decision to treat standard.

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

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

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

None

4. Recommendation(s)

The Public Trust Board is asked to:

- a) **NOTE** progress of the metrics highlighted and the importance of considering the balancing metrics
- b) **REVIEW** the metrics that are alerting/partially altering, raising any concerns

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

Board Assurance Framework Risk 01	X	<i>Deliver safe, high-quality care.</i>
Board Assurance Framework Risk 02	X	<i>Make best strategic use of its resources</i>
Board Assurance Framework Risk 03	X	<i>Deliver the MMUH benefits case</i>
Board Assurance Framework Risk 04	X	<i>Recruit, retain, train, and develop an engaged and effective workforce</i>
Board Assurance Framework Risk 05	X	<i>Deliver on its ambitions as an integrated care organisation</i>
Corporate Risk Register [Safeguard Risk Nos]		

Is Quality Impact Assessment required if so, add date:

Is Equality Impact Assessment required if so, add date:

Sandwell & West Birmingham NHS Trust

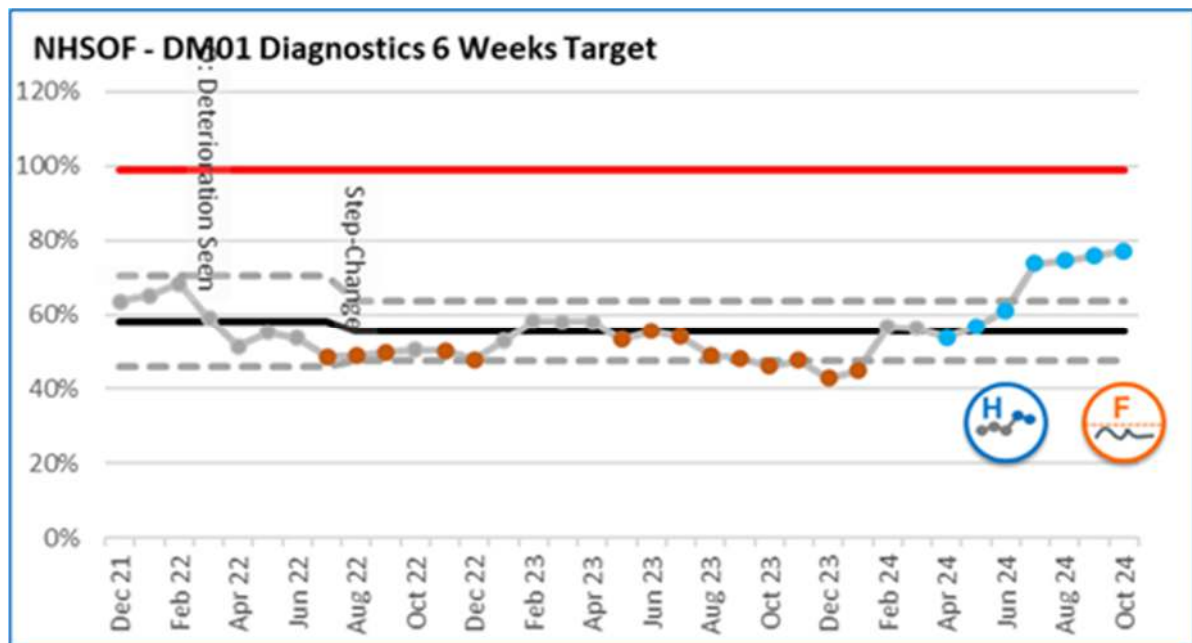
Report to the Public Trust Board on 8th January 2025 Board Metrics Exception Report

1. Executive summary

The Board Metrics Exception Report highlights key performance areas under Assure and Alert. All performance data is sourced from the Integrated Performance Report, available in the reading room aligned with the 2024/25 Strategic Planning Framework (SPF) and the NHS Operational Framework (NHSOF). Each metric is accompanied by commentary from the respective executive lead, with an overall summary provided by the Strategy & Governance (S&G) team. Appendix 1 provides guidance on interpreting Statistical Process Control (SPC) charts, and the terminology used within S&G commentary.

2. Assure

2.1 Assure: DM01 Diagnostics 6 Weeks Target



2.1.1 *Strategy and Governance team:* Our DM01 6-week Performance has been steadily improving over the previous four months and remains in special cause improvement. We have risen from 23rd (last place) in April 2024 to 15th in October 2024 against the 23 Midlands Providers for this performance measure.

2.1.2 *Executive Commentary:* We have risen nationally from 106th/157 (September 2024) to 78th/157 (October 2024) for DM01 performance. The November unvalidated position demonstrates a slight increase DM01 position of approximately 1.8% from 77.3% to 79.1%.

2.1.3 *Increasing Capacity:* The additional capacity within Non-Obstetric Ultrasound (NOUS) continues and this has contributed to the improved performance. Further increase in capacity is being created with the addition of three additional NOUS machines which were awarded by NHS England funding and, in the interim, will be staffed by increasing insourcing capacity. Mutual aid continues to be provided by Dudley; however, there is a drive to reduce

this following the eradication of 13+ weeks within NOUS. Additional mutual aid from the independent sector continues at 50 per week which will continue. Going forward, mutual aid has been offered by two independent sector providers for Endoscopy and these are currently being reviewed against quality standards and financial tariff implications.

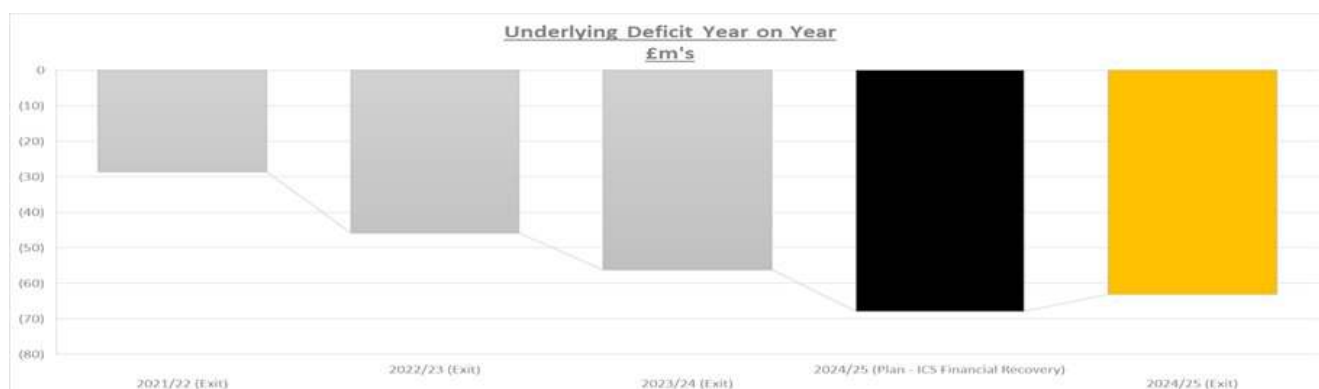
3. Alerts

3.1 Alert: Deliver recurrent financial improvement

3.1.1 The metric of recurrent financial improvement is a key in-year objective for 2024/25 and will likely continue into 2025/26 and beyond.

3.1.2 Recurrent financial improvement is much more than just the annual cost improvement programme and includes other key factors such as the recurrency of income, managing cost pressures and ensuring any developments/investments have a financial return on investment. The overall position is generally monitored via the underlying financial position of the Trust.

3.1.3 The chart below shows the underlying position of the Trust from 2021/12 to the forecast for 2024/25; the 2024/25 Plan (black bar) is the 2024/25 financial recovery "target" as per the Black Country ICS financial recovery plan and includes the financial implications of MMUH. The orange bar is our current forecast for the underlying deficit – this is being updated in January 2025 as part of the planning for 2025/26.



3.1.4 Based on the current assumptions we would see a further year-on-year deterioration in the underlying deficit to £63.1m, although this now includes all MMUH costs. This position would, however, be circa £5m favourable to the ICS financial recovery target.

3.1.5 Outside of the MMUH investment, the key factors affecting our underlying position are:

- £41.2m non-recurrent deficit funding;
- £8.9m non-recurrent income in 2024/25 from the Black Country Integrated Care system
- An assumption of £8.8m of the CIP is non-recurrent (20% of the target); this assumes £35.3m of our 2024/25 efficiency target (financial improvement programme) is recurrently delivered in the full year.

3.1.6 The key area of focus for the Trust in the final quarter of 2024/25 is maximising the full-year recurrent impact of our financial improvement programme. As discussed at the Finance & Productivity Committee on 3 January 2025 the current year-end forecast of the full-year effect recurrent efficiency value is £33.4m. (76%). This is £1.9m below the 80% target.

Whilst this current forecast is an improvement on previous years there needs to be continued and enhanced focus on the following key areas:

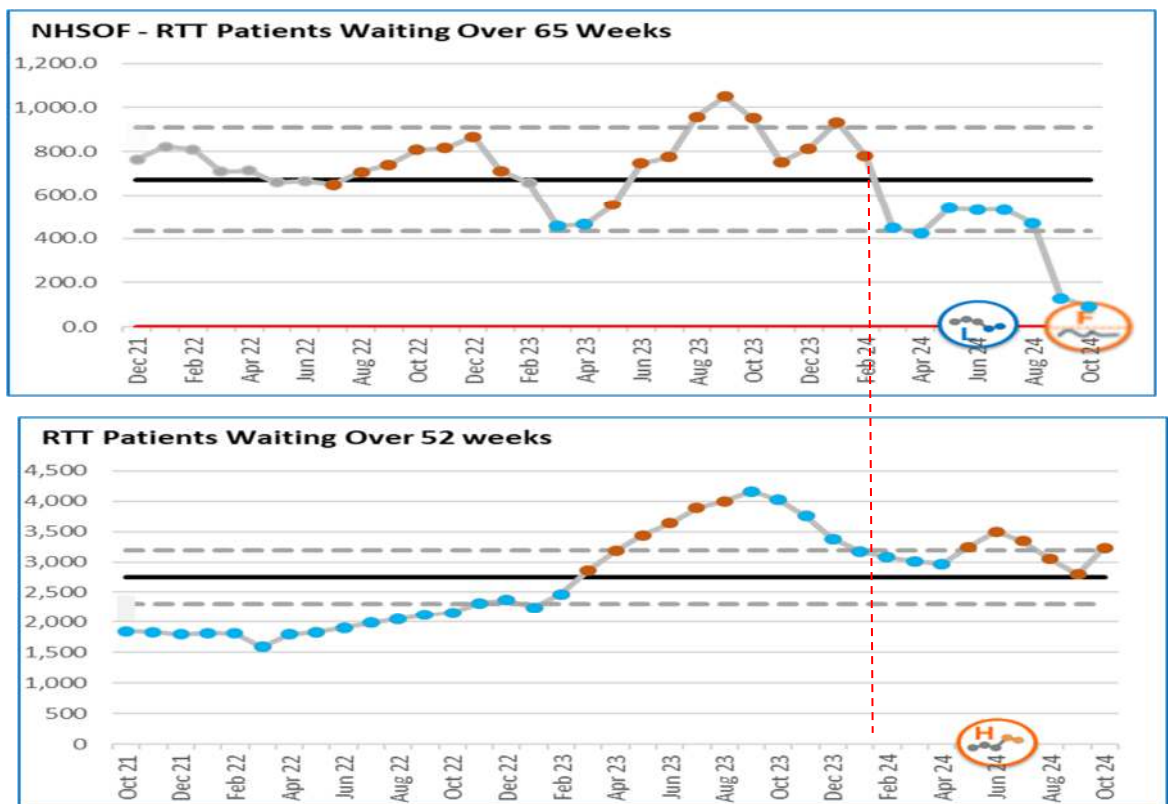
- Quality Impact Assessments of the workforce schemes to ensure the recurrent changes to establishments can be approved
- Delivery of the actions from the Theatres and Outpatients' workstreams
- Implementation of further mitigating actions to ensure the year-end position delivers at least 80% recurrency.

3.1.7 The continued reporting of the underlying financial position will continue into 2025/26 to support our ongoing objective of recurrent financial improvement.

3.2 **Alert: Referral to Treatment (RTT) - Patients Waiting > 52 Weeks**

3.2.1 *Strategy and Governance Team:* We did not achieve the elimination of 65-week waits by the original NHS England target date of 30 September 2024. This time period for the delivery of this target has been extended by 3 months to the end of December 2024. Whilst we continue to improve we will not achieve this target either with some waiters still in Oral Surgery and ENT. We do, however, anticipate achieving zero 65-week waiters across all specialities by January 2025.

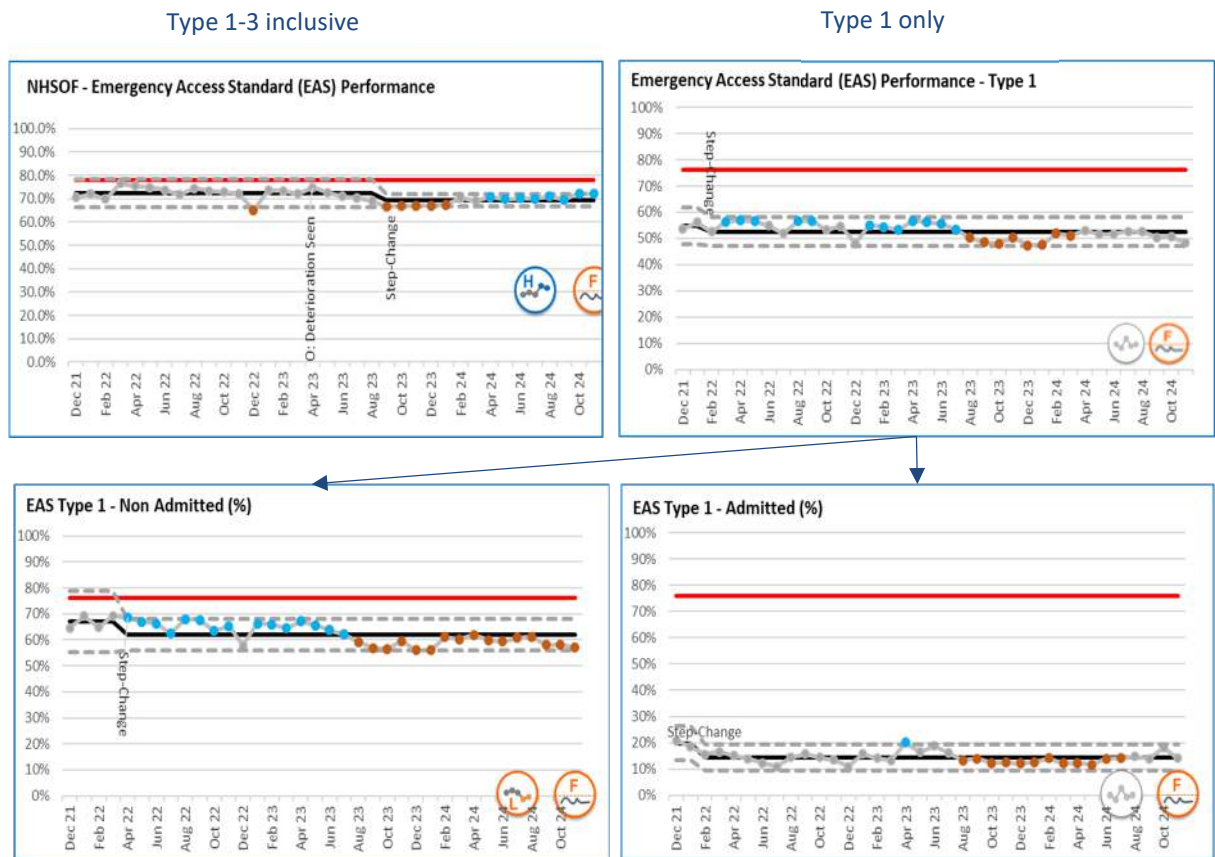
3.2.2 Whilst the 2024/25 focus on reducing patients waiting >65 weeks has shown statistically significant improvements since the beginning of the year, we have yet to see a similar sustained downward trend in the >52 weeks cohort which will be a focus in the New Year.



----- Red-dotted line indicates the start of RTT >65 improvement

- 3.2.3 Specialities with over 300 patients in the >52 weeks cohort include Oral Surgery (686), Trauma and Orthopaedics (490), ENT (459) and Dermatology (332).
- 3.2.4 *Executive Commentary: As we continue to reduce waiting lists in line with National policy we anticipate a trajectory towards the elimination of 52-week waits and towards 18 weeks for the end of the new government's first term. Key actions are as follows:*
- 3.2.5 Revised Plan: A revised 52-week plan with actionable steps has been developed by clinical groups. This is monitored at the Planned Care Delivery Group.
- 3.2.6 *Guidance and Policy:* A revised patient access policy has been implemented for clinical groups to effectively manage patient availability.
- 3.2.7 Clinical Improvement: Getting It Right First Time (GIRFT) Further Faster Programme Objectives are regularly reviewed, adjusting strategies as necessary to maximise benefits and optimise service delivery.
- 3.2.8 *Engagement:* The tender is currently under review to find a provider who can perform a comprehensive validation of the waiting list.
- 3.2.9 *Increasing Capacity:* Local arrangements have been established that include extended sessions and weekend activities to increase capacity, supported by Waiting List Initiatives (WLIs). We have a mutual aid agreement with regional providers to address any unexpected delays and forecasted capacity shortfalls. Additionally, we have plans for both outsourcing and insourcing in collaboration with Modality and Optimised Care.
- 3.2.10 *Risks remain around recruitment delays:* There are several vacancies at various stages, but there have been significant delays in recruiting for these posts, resulting in greater risk to service delivery.
- 3.2.11 *Service Level Agreement (SLA):* The SLA with University Hospitals Birmingham (UHB) for oral surgery has not been fully delivered, resulting in cancellations of planned session activity.
- 3.3 **Partial Assure and Partial Alert: Emergency Access Standard (EAS)**
- 3.3.1 *Strategy and Governance Team: (partial Assure):* Our Emergency Access Standard (EAS) Performance has achieved statistically significant and sustained improvements over the year and throughout the MMUH move (November 2024, our performance for overall EAS and Type 1 ranks us 5th and 12th respectively out of the 21 Midlands Acute Providers). It is now consistently above 70% and edging towards 75%.
- 3.3.2 Whilst the improved overall performance is noteworthy this improvement is not mirrored in our type 1 (main Emergency Department) activity. Our non-admitted performance is in special cause concern variation (Alert), performing at ~50%. Our admitted performance is in normal variation but is only achieving 14%.

3.3.3 As we look across the system at the type 1 admitted performance we appear to be the lowest performer when we look at the ICB data which shows DGFT at 52%, WHT at 39% and RWT at 64%, however in looking at this data there may be some inconsistencies in how this data is recorded, for example, ICB data showed SWBT performing at 26% for type 1 admitted. The differential between our ~14% and the 26% captured by the ICB is explained by the ICB including our discharges from the Emergency Department to our ambulatory services, for example, Same Day Emergency Care (SDEC). As we move forward as a Black Country Provider Collaborative the Urgent Care Board is working towards standardising this so that benchmarking is as meaningful as possible.



3.3.4 *Executive Commentary:* Total EAS performance for November 24 was 71.24%, a 0.68% deterioration on last month, and a 4.42% improvement on October's baseline. The Urgent & Emergency Care (UEC) Phase 2 Improvement Programme has work streams that underpin Type 1 Performance.

3.3.5 *Processes Workstream:* a systematic review of operational processes across Emergency Care commenced in December, beginning with Emergency Department (ED) process mapping. In Phase 2 of the process mapping, Emergency Care will review available data to identify the top 3 areas that will drive EAS improvement. Breach analysis is underway and informs workforce rota changes. The analysis supports a drive for more senior decision-makers later into the evening and overnight, which is when most breaches occur.

3.3.6 *Length of Stay Workstream underpinned by the quality standards work:* current focus areas are the removal of telephone handovers between the Acute Medical Unit (AMU) and base wards from the transfer processes and, securing support from a volunteer organisation to

support home delivery of To Take Outs (TTOs) post-discharge. There is a continued focus on the right patient right bed and flow.

3.3.7 *Same Day Emergency Care (SDEC) Workstream:* Surgical and Gynaecology SDECs are accepting patients on respective pathways from streaming to reduce unnecessary ED attendance. A workforce review to take place in Surgery to optimise SDEC capacity. A review of exit routes including hot clinics has already commenced.

3.3.8 *Streaming Workstream:* There is a plan in January to re-start direct streaming to Medical SDEC (MSDEC). In addition, there are workshops scheduled for January 25 to explore direct streaming to Surgical and Gynaecology SDEC.

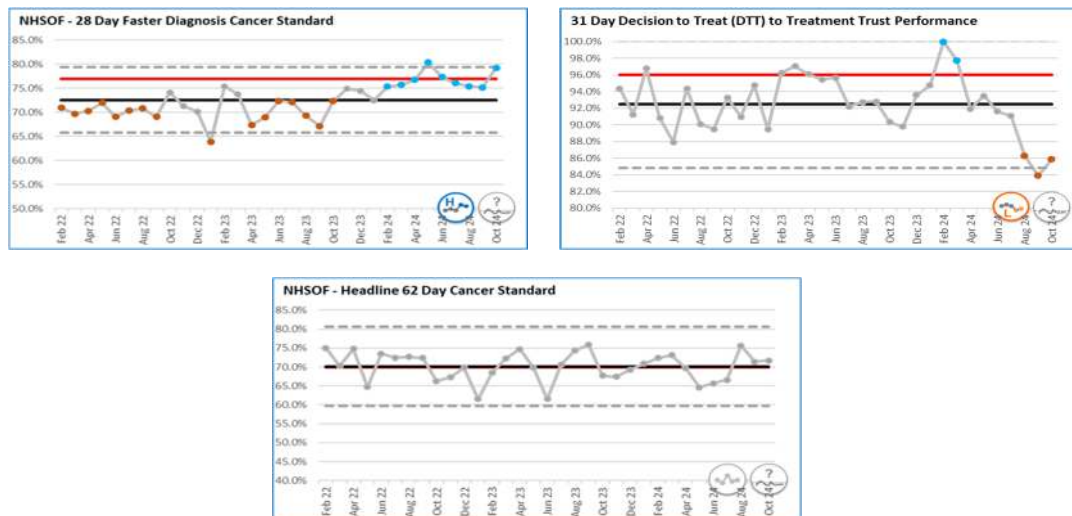
3.4 Partial Assure and Partial Alert: Cancer Waiting Times Standards

3.4.1 *Strategy and Governance team:* The 28-Day Faster Diagnosis Standard (FDS) is in special cause improvement variation. Our 2024 year-to-date average performance is at 76.3%, compared to 70.9% in 2023. October 2024's position, 79.2%, is above the current national target and our local trajectory of 77.0%. We rank 11th against the 23 Providers in the Midlands.

3.4.2 *31-Day Decision to Treat (DTT) to Treatment Standard:* The initial part of the patient journey to diagnosis is positive (the 28-day faster diagnosis standard). The Trust failed to achieve 31-day performance against the 96% target due to plastic surgeon vacancy in Skin and breast patients requiring subsequent treatments and complex pathway and workforce challenges in Gynae. There are mitigation plans, and a trajectory has been drawn with action plans to recover 31-day performance.

3.4.3 The submitted October performance is 85.6%, significantly below the national target of 96.0%. For the past 24 months, the average performance has been 92.0%. In the past 3 months, average performance has fallen to 85.3%. For October, the three main drivers behind the decline in performance have been in the Breast (8), Gynaecology (9) and Skin (7) tumour sites, contributing 24 of the 25 breaches.

3.4.4









- 3.4.5 *Effect on the overall 62-Day Referral to Treatment Standard:* Our overall 62-day position is in common cause variation, highlighting that improvements within the FDS standard are not translating to the overall pathway as gains in the first half of the pathway are being offset by reductions in the second half of the pathway.
- 3.4.6 *Executive Commentary:* The Trust FDS performance was 79.2% in October 2024, against the trajectory and national target of 77%. The Trust 62-Day Combined is currently non-compliant against the trajectory. 71.7% was delivered in October, against the trajectory of 74%. However, we are above the national target of 70%. The Trust's unvalidated position for 31-Day DTT in November shows 86.5% against the 96% target. Dermatology's 31-day performance has increased from 61.11% in October to an unvalidated 81.25% position in November.
- 3.4.7 *Ongoing Actions:* The Weekly Patient Tracking List (PTL) and action log have had a positive impact on the management of pathways, improving FDS as well as reducing the 62-day backlog. The Cancer Services team are working closely with Clinical Groups to ensure the Cancer Access Policy is utilised and best practice is adopted. Demand and Capacity work has been carried out with specialities that have seen demand increases, with plans for additional capacity being implemented where required.
- 3.4.8 *Gynaecology Clinic Improvement:* patient consent for treatment, which triggers the 31-day clock will occur after diagnostic tests, ensuring that theatre capacity is provided within the standard timeframe.
- 3.4.9 *Skin Workforce:* The long-standing vacancy in the plastics department will be temporarily covered by a locum contract until a permanent position is filled.

4. Recommendations

- 4.1 The Public Trust Board is asked to:
- a. **NOTE** progress of the metrics under the assure heading
 - b. **REVIEW** the metrics under the alert heading, raising any concerns.

How to Interpret Statistical Process Control Charts

		Assurance		
		Passing the Target / Plan 	Hit & Miss the Target 	Failing the Target / Plan 
Variation	Special Cause Improvement 	Good and getting better We consistently pass the target, and performance is improving	Getting better We hit the target sometimes and performance is improving	Poor but getting better We consistently fail the target, but performance is improving
	Common Cause Variation 	Predictably good We consistently pass the target and performance stays within a reliable range.	Hits & misses We hit the target sometimes but performance stays within a reliable range	Predictably poor We consistently fail the target and performance stays within a reliable range.
	Special Cause Concern 	Good but getting worse We consistently pass the target but performance is worsening	Getting worse We hit the target sometimes but performance is worsening	Poor and getting worse We consistently fail the target and performance is worsening
	Not an SPC Chart	Good We don't track this using an SPC chart, but it is hitting the target or plan.	Hits & misses We don't track this using an SPC chart, but it is occasionally passing the target or plan – but not consistently.	Poor We don't track this using an SPC chart, but it is consistently failing the target or plan.

A Statistical Process Control (SPC) chart is a time series graph with three reference lines - the mean, upper and lower control limits. The limits help us understand the variability of the data. We use them to distinguish between natural variation (**common cause**) in performance and unusual patterns (**special cause**) in data which are unlikely to have occurred due to chance and require investigation.

Special Cause Variation is a statistically significant pattern in data which may require investigation, including:

- Trend: 6 or more consecutive points trending upwards or downwards
- Shift: 7 or more consecutive points above or below the mean
- Outside control limits: One or more data points are beyond the upper or lower control limits

Orange indicates a decline in performance; Blue indicates a performance improvement.

Tier 1 - Paper ref: PublicTB (01/25) 005

Report title:	Midland Metropolitan University Hospital Update
Sponsoring executive:	Johanne Newens – Chief Operating Officer
Report author:	Rachel Barlow – Managing Director Johanne Newens – Chief Operating Officer
Meeting title:	Public Trust Board
Date:	8 th January 2025

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

The final reconfiguration and move of acute services to the Midland Metropolitan University Hospital (MMUH) was completed on the 10th November 2024. At just 60 days post the final configuration of the new clinical model including a single acute site, the Trust continues to see early signs of success as the new working methods are embedded.

This paper provides an update on the First 100 Days of establishing new ways of working ahead of closing the MMUH Programme in March 2025 and transferring accountability for the longer-term benefits delivery to the Core Organisation.

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

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

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

Charity Trustee Board, November 2024

4. Recommendation(s)

The Public Trust Board is asked to:

- a) **ACCEPT** the update on the First 100 Day safety and quality indicator reporting
- b) **UNDERSTAND** the Programme Risk Profile
- c) **UNDERSTAND** the approach to MMUH Programme Closure

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

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

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board on 8th January 2025

Midland Metropolitan University Hospital Update

1. Introduction

- 1.1 The Midland Metropolitan University Hospital (MMUH) opened to patient services on October 6, 2024, which is a significant milestone for our Patients, People, and Population, given that it is one of the largest hospitals to open in England in the last decade.
- 1.2 At the time of the Trust Board meeting, it is just circa 59 days post the final consolidation of acute services onto the MMUH site. This paper sets out to provide an overview of these first weeks of MMUH in relation to an early view of our clinical and workforce models, patient activity, quality standards and bed utilisation. It also sets out the approach to Programme Closure which will be a subject of the Trust Board in March 2025.

2. Overview

- 2.1 We are still embedding services and ironing out a few anticipated teething issues, but there is no doubt about the scale of success that colleagues and partners have collectively achieved.

Talking with members of the Trust Management Committee and MMUH Programme leadership teams recently, it was so rewarding to hear their early reflections;

- I love this place
- Feels like I belong here
- The increase in side rooms is making such a positive difference in managing flu and other infections this year; we never have to search for an isolation room now.
- Bed occupancy has reduced by 3% since we moved the 2 hospitals to a single site.
- The Winter Garden has a great vibe - is a brilliant space to meet colleagues.
- We have delivered huge clinical transformation, a lot of that based on the community hashtag#CommunityFirst
- Clinical Teams are inspired to continue to transform services as they adapt to and learn in their new environment.
- There is a real feeling of happiness and joy.
- In addition to opening Midland Met, we have completed over 200 team/ service moves into our retained City and Sandwell Health Campuses. This includes significant clinical reconfiguration such as establishing a new Stroke Rehab Service at Rowley Regis and a Care Navigation Centre at Sandwell Council house I love my new working environment
- The sense of pride in our teams is palpable

- 2.2 We have now embedded the performance and quality standards metrics into our committee cycle reporting and at the end of January all clinical groups and corporate

services will undertake an executive lead 100-day review. Many of the estates and IT-related issues that arose in the first 30 days have now been resolved and any minor issues or future emerging issues will be incorporated into our "business and usual" process from January.

3.3 In addition to the clinical group reviews a deep dive into the 12 complex pathways is being undertaken with a report going to the Quality Committee in February.

3. Risk Profile

3.1 The MMUH Programme Risk Profile is decreasing and as shown below now only has 6 open risks;

The 2 significant risk themes are:

- Risk 5157 Bed Fit and Risk 5941 System Activity – continue to track as expected; these will be reviewed and reassessed in February 2025 once the clinical model and associated system-wide patient flows are more embedded and settled.
- Risks 6148/9 are related to the implementation of the substantive 7-day workforce model – management of change is in train and will conclude in February to mitigate the significance of this risk.

Risk 6150 is a new risk since the last Trust Board and is related to the potential risk of further construction defects and the affordability of mitigation if these were to occur; this is a matter under consideration with the New Hospitals Programme and is part of good governance ahead of closing the MMUH Programme.

Other Programme-level risks are forecast to close in the next month, with residual risks handed over to the Trust in January 2025.

Optimising Transition – December 2024 | Risk Summary

The level of programme risk continues to reduce, with 9 programme level risks still active. Five of these risks have a trajectory to reach target score prior to Programme Company close. Four are expected to hand over to BAU. The profile as at 5th December is outlined below.

Risk ID	Category	Description	Actual (as at 5th December)	Mitigations	Month end profile				
					29/11/2024	31/12/2024	31/01/2025	28/02/2025	31/03/2025
5157	Clinical Services	Bed Fit	20	On Track	20	15	15	15	15
5941	Operational	ICS UEC Patient Modelling	16	On Track	16	16	18	16	18
5183	Financial	ICB & NHP Funding - Capital	10	On Track	10				
5164	Comms & Engagement	Poor Engagement	8	On Track	8	8			
6122	Estates	Door Security - Patient access to secure areas	12	On Track	12	8			
6148	Operational	Weekend cover compromised by lack of 7 day implementation	16	On Track	16	16	16	4	
6149	Benefits	Benefits of ACM/7 day cover not realised	20	On Track	20	20	20	15	15
6150	Estates	Carillon legacy defects - capital to support rectification	15	On track	15	15	12	12	12
6151	Estates	Insufficient capital to complete MMUH works - delay costs	15	On track	15	15	8		

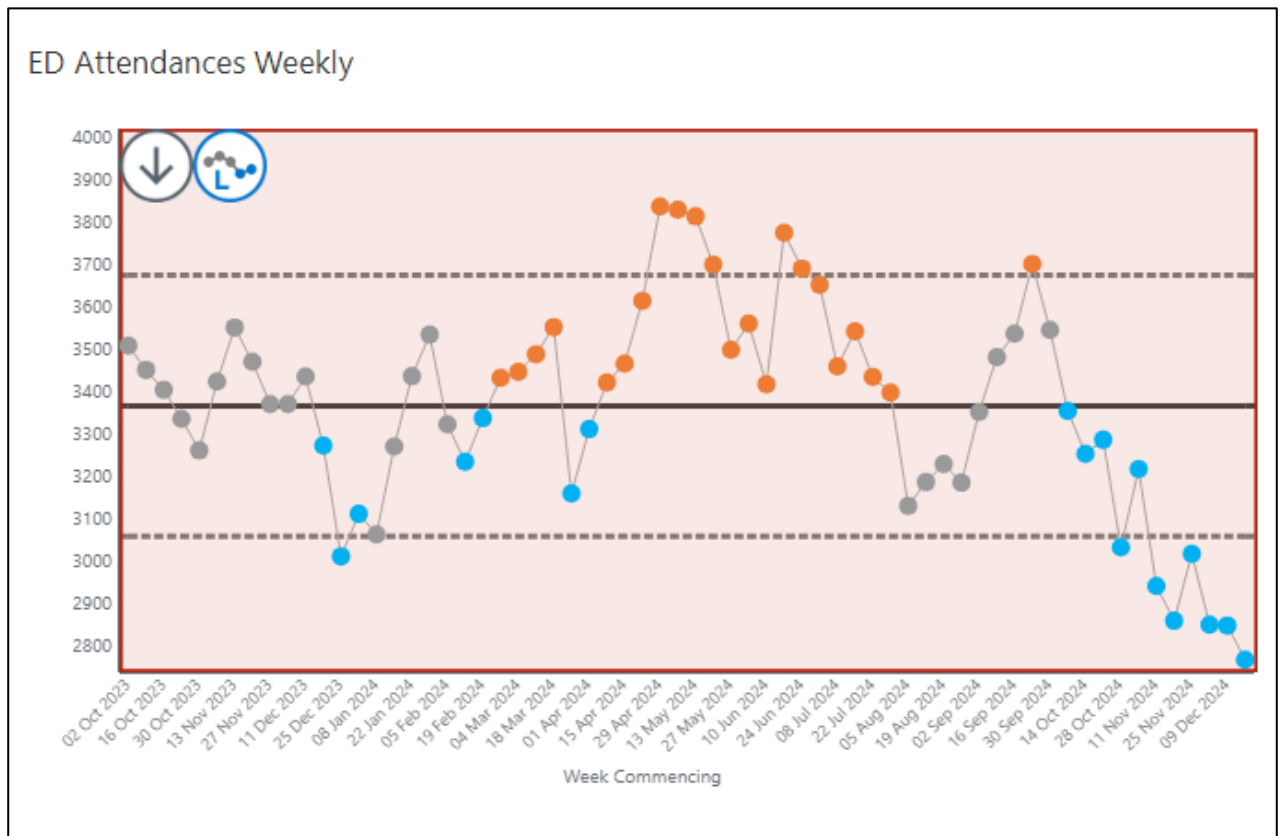


Classification - Public

3.2 **Type 1 ED Activity**

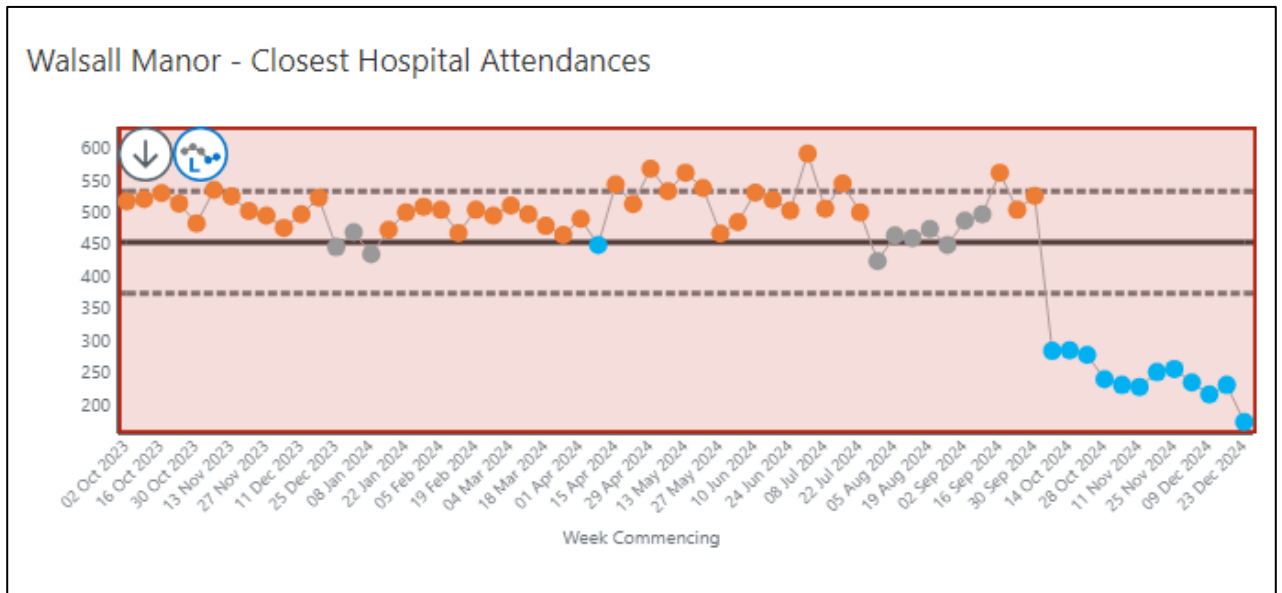
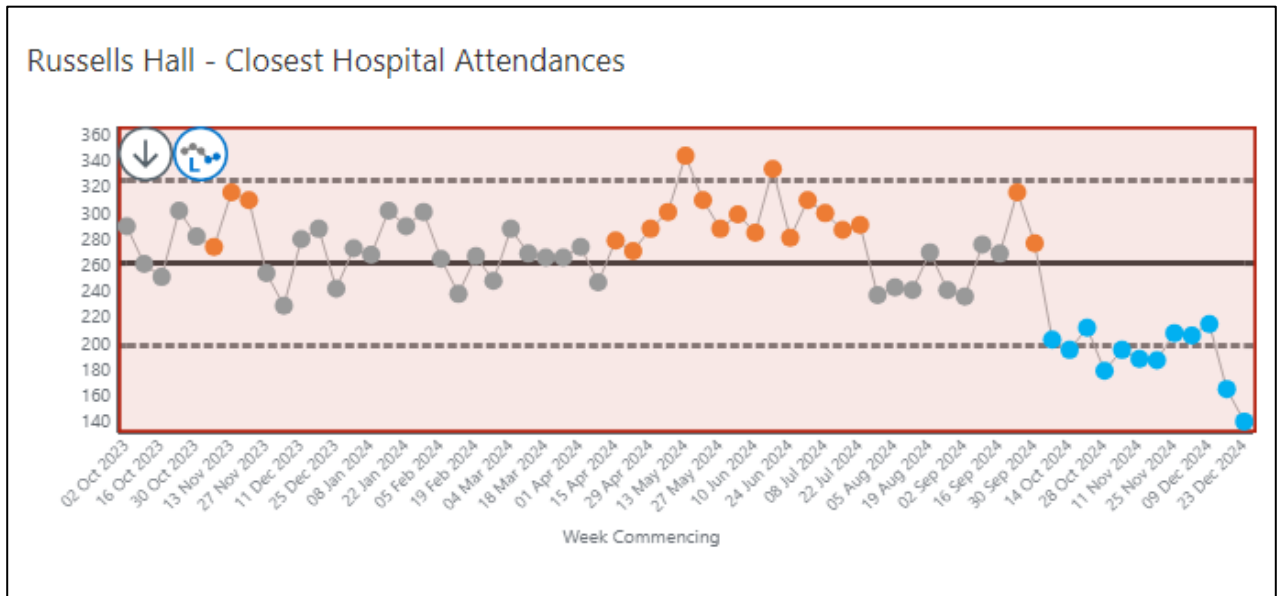
Type 1 Emergency Department activity has remained within the normal range post-move of Sandwell ED to MMUH Emergency Department (ED) (see chart A below).

Chart A: Type 1 Attendance



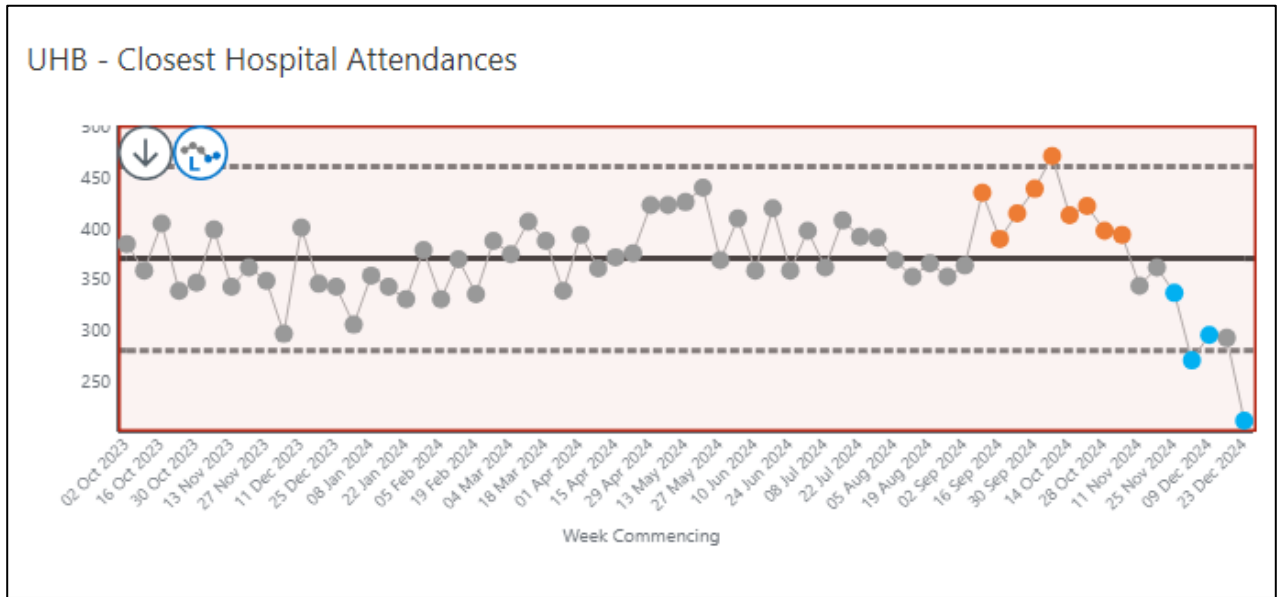
Within this activity, there have been variations in demand from certain catchment areas, in particular a reduction of walk-in patients from postcodes which are now closer to Walsall Manor and Russells Hall Hospitals (See charts B1 & B2 below). These reductions are largely in line with the SWB and Integrated Care Board forecasts that were shared with the other Black Country trusts. These forecasts were incorporated into other trusts' winter plans.

Chart B1 and B2



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

Chart C



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

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

Urgent Treatment Centre (UTC) / GP Assessment Unit (GPAU) (Type 3) Activity

UTC/GPAU in Chart E activity across all units has increased post-MMUH move and is currently above baseline levels (see Chart E below). An audit of these attendances will take place to understand if this is now the typical pattern or whether this is a result of seasonal variation.

Chart E

Metric	PRE-MOVE									MMUH		
	5 Aug 2024	12 Aug 2024	19 Aug 2024	26 Aug 2024	2 Sep 2024	9 Sep 2024	16 Sep 2024	23 Sep 2024	30 Sep 2024	7 Oct 2024	14 Oct 2024	21 Oct 2024
Type 3 (UTC / GPAU) Attendances	1458	1469	1533	1465	1470	1549	1682	1731	1668	1958	2191	2145

Since the merger of the 2 emergency departments, our overall month-end EAS performance (all types) has improved by nearly 3%. Our focus has now to be on improving the operational process for the admitted patients and delivering the benefits associated with the clinical model pathway redesign.

3.3 Admissions and Discharges

Non-Elective Medical discharges saw a spike during the Patient Census week which preceded the Sandwell move to MMUH, with 73 discharges per day compared with the pr census norm of 65.

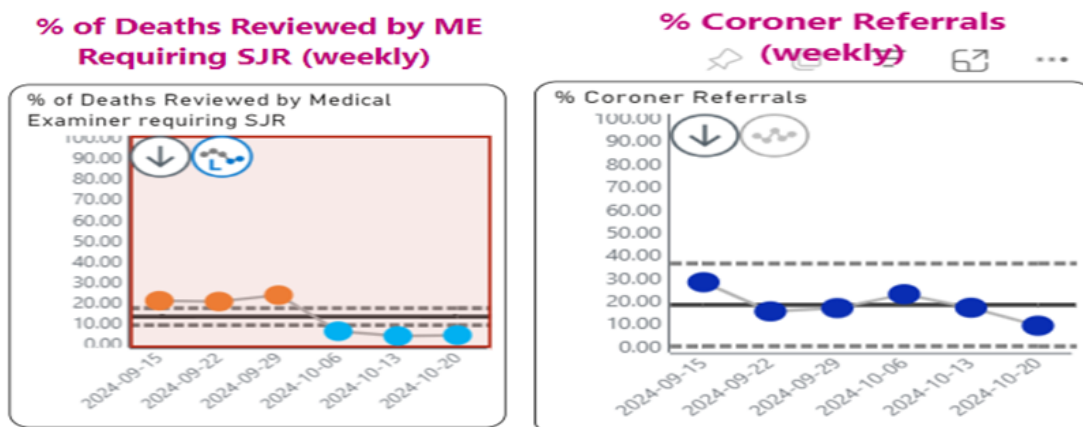
Learning from the Census experience and impact has been considered and the group of Medicine and Emergency Care have introduced a modified version of this process to run at regular intervals throughout the calendar year.

3.4 **Quality metrics of note**

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

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

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



3.5 **Incident trends**

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

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

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

Further meetings have taken place and the UTC team to agreed appropriate use of the EMRT team calls, and to ensure it is not used as a source of advice or support that a UTC should be able to manage independently of EMRT teams.

- 3.7 **Quality standards** - The quality standards have been launched and continue to be communicated and reinforced at the Clinical Group and Directorate level. These outline the responsibilities of each clinical team. They state that the decision to refer to a specialty from ED should be made by the most senior doctor in ED, and not left to more junior staff. They set standards in terms of specialty responsiveness, and they lend themselves to a push model of patients out of ED to the right specialty area, not waiting for pull.

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

Specialty response from referral

- Time to specialty bed from referral
- Time in ED before moving to Same day emergency care (SDEC)
- Number of DTAs requested by ED (a good measure of the impact of the senior referral approval)

These Quality standards have taken on a new level of significance given the decision by the ICB and West Midlands Ambulance Service (WMAS) to implement the 45-minute offload process from the 6th of January. The Quality standards will support flow out of ED and free up cubicles for patients who WMAS rapid offload.

4. Future Focus of Benefits Delivery and Conclusion of the MMUH Programme

- 4.1 As the First 100 days conclude and new ways of working begin to embed, the focus transitions onto the longer-term delivery of the MMUH benefits case. In March 2025, the MMUH Programme is due to close and hand over all residual work to the Trust, where the longer-term benefits delivery will be governed as part of Business As Usual.

- 4.2 As part of the Managing Successful Project methodology, the MMUH Programme Closure process will follow best practice, providing evidence and reasonable assurance that the Programme is safe to close and the Core Organisation is ready to accept the transition of residual work and ongoing benefits delivery.
- 4.3 The MMUH Programme Closure Report will be presented as a formal output report to the Trust Board in March 2025 and be similar to the style of the Trust Annual Report. The content of the report will include:
- An Executive Summary
 - A review of the Managing Successful Programme Methodology and the case for investment.
 - Programme handover to Trust Governance; this will include evidence of all work completed in the Programme and record the open work that has been formally handed over to the Trust, the risk register status and handover, as well as assurance of full Programme documentation archiving.
 - Evaluation of the status of the MMUH Programme Purpose, Vision and Objectives.
 - A summary of all 10 Workstreams (Clinical, Clinical Support, Workforce, IT, Commissioning, Estates, Communication and Engagement, Finance, Benefits and Construction).
 - A Closure Report of the First 100 Days.
 - Re- baselining and forecasting of the Benefits Case via external audit.
 - Evidence of Lessons Learnt and Case Studies.
 - External Programme Closure Assurance via a 3rd Party commissioned Programme Closure Assurance Review.
 - MMUH Communication and Engagement Plan for 2025.
- 4.4 As well as the ongoing delivery of the benefits case which will be positioned in the Strategic Planning Framework, embedded in the Executive Operating model and subject to annual external audit, there are activities to complete the first year's assurance and evaluation post Programme Closure. These include:
- The Infrastructure Project Authority Gate 5 Operations Review and Benefits Realisation Assessment, is likely due in Summer 2025.
 - Seasonal Commissioning of the Building via the NEC 4 contract.
 - Evaluation of the investment and benefits cases for:
 - End-end medicines management
 - Logistics service inclusive of Automated Guided Vehicles
 - 7 Day Service investment impact
 - Evaluation of the Organisational Development Programme Investment Impact

All these items will be scheduled in the Programme Closure document and handed over to lead Executive Directors and where relevant included in Trust Board Committee agendas for assurance.

5. Recommendations

5.1 The Public Trust Board is asked to:

- a) **ACCEPT** the update on the First 100 Day safety and quality indicator reporting
- b) **UNDERSTAND** the Programme Risk Profile
- c) **UNDERSTAND** the approach to MMUH Programme Closure

Rachel Barlow – Managing Director
Johanne Newens – Chief Operating Officer
Mark Anderson – Chief Medical Officer

January 2025

Tier 1 - Paper ref:	PublicTB (01/25) 006
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Report title:	Trust Charity Annual Report and Accounts 2023/24
Sponsoring executive:	Steve Allen, Chair of Charity Trustee Board
Report author:	Johnny Shah, Head of Trust Charity
Meeting title:	Public Trust Board
Date:	8 th January 2025

1. Summary of key issues <i>two or three issues you consider the PublicTB should focus on in discussion]</i>
<p>The Trust Charity Annual Report and Accounts for 2023/24 has been shared with the new independent Charity Trustee Board, which includes members of the previous Charitable Funds Committee, as drafts during the July meeting and with the audited accounts in the November 2023 meeting.</p> <p>Charity Trustee Board received and reviewed the Audit Findings Report and has accepted recommendations from the auditors. On approval and adoption from the Trust Board the Annual Report and Accounts will be submitted to the Charity Commission.</p> <p>The final version of the Trust Charity’s Annual Report and Accounts 2023/24 are in the Board Reading Room</p>

2. Alignment to our Vision <i>[indicate with an ‘X’ which Strategic Objective[s] this paper supports]</i>						
<table border="1"> <tr> <td>OUR PATIENTS - To be good or outstanding in everything that we do</td> <td style="text-align: center;">X</td> </tr> <tr> <td>OUR PEOPLE - To cultivate and sustain happy, productive and engaged staff</td> <td style="text-align: center;">X</td> </tr> <tr> <td>OUR POPULATION - To work seamlessly with our partners to improve lives</td> <td style="text-align: center;">X</td> </tr> </table>	OUR PATIENTS - To be good or outstanding in everything that we do	X	OUR PEOPLE - To cultivate and sustain happy, productive and engaged staff	X	OUR POPULATION - To work seamlessly with our partners to improve lives	X
OUR PATIENTS - To be good or outstanding in everything that we do	X					
OUR PEOPLE - To cultivate and sustain happy, productive and engaged staff	X					
OUR POPULATION - To work seamlessly with our partners to improve lives	X					

3. Previous consideration <i>[at which meeting[s] has this paper/matter been previously discussed?]</i>
Charity Trustee Board, November 2024

4. Recommendation(s)
The Public Trust Board is asked to:
a) APPROVE and adopt the Trust Charity’s Annual Report and Accounts 2023/24.
b)
c)

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

Tier 1 - Paper ref: PublicTB (01/25) 007

Report title:	Maternity and Neonatal Service Update to Board
Sponsoring executive:	Melanie Roberts – Chief Nursing Officer Dr Mark Anderson – Chief Medical Officer
Report author:	Helen Hurst, Director of Midwifery
Meeting title:	Public Trust Board
Date:	8 th January 2025

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

The Care Quality Commission (CQC) inspection report has been received by the Trust. The Maternity service has been awarded a rating of ‘requires improvement’. Initial work to address the 29A warning notice raised by the CQC at the time of the inspection is fully completed and the Perinatal Improvement Plan is in place, any additional actions from the full report will form part of this plan.

The Directorate can declare compliance with 9/10 Safety Actions for Year Six of the Maternity Incentive Scheme (MIS). Compliance with training for Fetal Monitoring and Basic Neonatal Life Support is below the required standard of 90%, preventing compliance with MIS Safety Action 8.

The 2024 CQC Maternity Survey results have been received by the Directorate, with the Trust performing worse than expected in 16 questions.

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

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

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

Quality Committee

4. Recommendation(s)

The Public Trust Board is asked to:

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

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

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

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

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to Trust Public Board on 8th January 2025

Maternity and Neonatal Service Update to Board

1. Introduction

- 1.1 The paper supports Board level oversight for maternity and neonatal services which is fundamental to quality improvement, to ensure transparency and safe delivery of services. The paper presents three areas to highlight as matters of information and escalation, as well as an update on progress.

2. Escalations

2.1 Care Quality Commission Inspection Report Publication

- 2.1.1 The findings of the CQC Inspection conducted in June and July 2024 for In-patient Maternity Services were published in November 2024. Ratings were received individually for the key domains of Safe, Effective and Well Led, with Safe rated as inadequate, Effective rated Requires Improvement, and Well Led rated Requires Improvement. An overall rating for the service of Requires Improvement was received.

- 2.1.2 The actions following the 29A warning notice are fully completed, which was acknowledged by the CQC at the time of publication of the final report on the 29th of November. The Perinatal Improvement Plan is in place and any further actions will be implemented via this route.

2.2 Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme Year Six

- 2.2.1 The Directorate is able to report on the achievement of 9/10 Safety Actions for Year Six of the Maternity Incentive Scheme.

- 2.2.2 Compliance for Obstetric Consultants, Doctors in Training and Community Midwives is below the required 90% standard with fetal monitoring training and Neonatal medics and nurses (excluding Advanced Neonatal Nurse Practitioners) for resuscitation of the newborn, leading to non-achievement of CNST MIS Year Six Safety Action 8.

- 2.2.3 The Board Declaration requires to be completed, with the action plan agreed to address areas of non-achievement and submitted to NHS Resolution by 1st March 2025.

- 2.2.4 Training to ensure compliance from January 2025 will be delivered face-to-face for all elements, removing the impact of non-completed e-learning. A move to a ten-month training schedule is under review, which will ensure all staff can attend annual training at least two months in advance of training expiry. A trajectory will be presented at the next Quality Committee.

2.3 CQC Maternity Survey 2024

- 2.3.1 The CQC National Maternity Services Survey 2024 benchmark results were published in November. Mothers were eligible to participate if they were aged 16 years or over at the time of delivery and had a live birth during February 2024. For SWB, 471 mothers were invited to take part, and 145 responses were completed (32% response rate). CQC results are 'weighted' to individual responses and account for different Trust profiles. Trust performance for each question is benchmarked either 'better' (including 'somewhat' and 'much'), about the same or worse (including 'somewhat' and 'much') than other Trusts nationally.
- 2.3.2 In most questions (39), the service was benchmarked 'about the same' as other Trusts nationally. In the remaining 18 questions, the service was:
- Better in 1 question.
 - Somewhat better in 1 question.
 - Somewhat worse in 9 questions.
 - Worse in 6 questions.
 - Much worse in 1 question.
- 2.3.3 There were no statistically significant variations against performance in the same 2023 survey. The Trust, however, was reported by the CQC as a national outlier because the proportion of women who answered negatively to questions about their care during labour and birth and on the ward after the birth was significantly above the national average.
- 2.3.4 The service performed best in awareness of medical history (ante-natal), advising of induced labour risk and involving mothers in this decision, minimising discharge delays and information provided post-discharge. Areas identified for improvement were partners being able to stay as much as mothers wanted feeling that concerns raised during labour were taken seriously, being sent home when mothers-to-be were worried and being able to speak with a midwife or specifically for advice about feeding postnatally.
- 2.3.5 The Head of Midwifery and Head of Patient Experience will collaborate to introduce regular and routine service user-reported measurement of experience across maternity services during 2025.
- 2.3.6 **Action:** The full data for 2024 will be reviewed by the Directorate and Maternity and Neonatal Voices Partnership to identify actions to address areas where the service is a negative outlier, which will be actioned via the Perinatal Improvement Plan.

3. Perinatal Improvement Plan

3.1 The overarching plan to bring all ongoing actions into one, is in place, with four program priorities have been agreed upon to drive sustainable improvement of the safety culture, they are:

Priority 1 – Safe and Effective

Priority 2 – Grow, retain and develop our workforce in line with the needs of the service

Priority 3 – Work with service users, staff and community voices to shape our service.

Priority 4 – Create a collaborative culture of safety and support through effective leadership

3.2 Service priorities have been developed to cover the next 12 months, divided into 6 months, 6-9 months and 12-month timescales.

3.3 The majority of actions are on track, as can be seen in Annex 1. Monitoring will be via bi-weekly progress meetings, between the Group and Directorate, a monthly exec meeting with the group and further monthly oversight through the Safety Champion meeting with reporting to the Quality Committee.

4. Summary

4.1 In summary, this report provides key areas of focused escalations from the Directorate. The Directorate will now work to progress its Perinatal Improvement Plan, which will be monitored through both the Women and Children's Group, Maternity Safety Group and at Quality Committee. Sustainability is now a key focus for the whole Directorate and key stakeholders, to continue to drive quality improvement.

5. Recommendations

5.1 The Public Board is asked to:

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

Helen Hurst
Director of Midwifery

16th December 2024

Annex 1: Perinatal Improvement Master Plan

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

Perinatal Improvement Master Plan

SWB Perinatal Improvement Master Plan

Priorities	What do we expect to achieve	Associated action plans	Total Actions Applicable	Percentage completion			
1) Safe and Effective Care - Through improving standards and structures	<p>>Patient choice and personalisation of care planning will be in place in line with national requirements.</p> <p>>We will deliver Service Improvement and Development through co-production with service users.</p> <p>>We will proactively seek out feedback from voices to ensure the population we serve is equally represented.</p> <p>>We will remove barriers to care to reduce health inequalities and improve outcomes and experience.</p> <p>>We will work collaboratively across organisational boundaries with all partners and stakeholders to shape our services.</p>	Maternity Independent Review	4	25%	25%	50%	0%
		Birth Trauma Benchmarking	4	0%	100%	0%	0%
		NHSE 3-year Delivery Plan	19	0%	47%	11%	42%
		MNSI Action Plan	29	3%	3%	34%	59%
		NHSResolution Thematic Review	42	5%	12%	10%	74%
		ATAIN Action Plan	15	0%	60%	33%	7%
		LMNS Still Birth Review	7	14%	71%	14%	0%
		WMNODN Action Plan	19	0%	26%	16%	58%
		Neonatal Improvement Plan	25	4%	20%	20%	56%

SWB Perinatal Improvement Master Plan

2) Grow, retain and develop our workforce in line with the needs of the service.	<p>>We will model our workforce establishment in line with service requirements and national guidance.</p> <p>>We will have the right number of trained staff on duty, on each shift, and we will fill existing vacancies to support the team.</p> <p>>We give all staff the opportunity to reach their full potential, by having clear development pathways and opportunities.</p>	Maternity Independent Review	7	14%	57%	0%	29%
		NHSE 3-year Delivery Plan	18	6%	33%	11%	50%
		MNSI Action Plan	9	0%	22%	22%	56%
		NHSResolution Thematic Review	2	0%	0%	0%	100%
		WMNODN Action Plan	4	0%	0%	0%	100%

	<p>>The service will have an appropriate level of senior Nursing & Midwifery Leadership support in place to deliver and sustain improvements in the service.</p> <p>>We will optimise staff engagement/co-production to; drive staff experience, increase inclusion and reduce incivility.</p> <p>>We will evidence increased multi-disciplinary team (MDT) training which will lead to improved care</p>	Neonatal Improvement Plan	19	0%	5%	42%	53%
3) Work with service users, staff and community voices to shape our services. Listening to and working with women and families with compassion	<p>>We will have a clear MDT leadership & Accountability structure</p> <p>>We will have strong governance and meeting structures with MDT attendance</p> <p>>We will shape the environment through the principles of compassionate leadership to create a culture of psychological safety to drive quality & safety within our services</p> <p>>Implementing a just and learning culture</p>	Birth Trauma Benchmarking	3	0%	100%	0%	0%
		NHSE 3-year Delivery Plan	25	0%	44%	0%	56%
		NHS Resolution Thematic Review	3	0%	0%	0%	100%
		CQC Patient Survey Actions	49	0%	37%	49%	14%
		Neonatal Improvement Plan	4	0%	0%	50%	50%
4) Create a collaborative culture of safety, learning and support through effective leadership	<p>>Delivery of Maternity care against national standards.</p> <p>>Delivery of Neonatal care against national standards.</p> <p>>We will be able to evidence safer services through regular audits, monitoring and shared learning.</p> <p>>We will streamline our systems and enhance digital capabilities to improve, support and monitor, outcomes.</p> <p>>Ensure the workforce structures are aligned to national standards across the MDT and that staff have the skills and competencies to provide safe and effective care.</p>	Maternity Independent Review	12	0%	33%	33%	33%
		NHSE 3-year Delivery Plan	20	0%	25%	25%	50%
		MNSI Action Plan	4	0%	0%	25%	75%
		Neonatal Improvement Plan	24	0%	17%	17%	67%
Stand-alone additional Action Plans		CQC Section 29a	32	0%	0%	0%	100%

RAG Rating	
Delayed/Not yet delivered	
On track/not yet delivered	
Delivered/Not yet evidenced	
Evidenced/Assured	

Ockenden Framework (August and September 2024)

Data Measures	Summary							Key Points																																			
<p>Findings of review of all perinatal deaths using the real-time data monitoring tool</p> <p>The rate is per thousand births. 2/512 = 2 stillbirths out of 512 in-month births</p>	<table border="1"> <thead> <tr> <th>2024</th> <th>June</th> <th>July</th> <th>Aug</th> <th>Sept</th> <th>Oct</th> <th>Nov</th> </tr> </thead> <tbody> <tr> <td>Corrected Stillbirth rate</td> <td>2.2 1/447</td> <td>4.02 2/497</td> <td>8 4/497</td> <td>4.2 2/437</td> <td>6.1 3/488</td> <td>0</td> </tr> <tr> <td>Neonatal Mortality Rate</td> <td>2.2 (1)</td> <td>2.05 (1)</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Perinatal Mortality Rate</td> <td>4.5</td> <td>6.1</td> <td>8</td> <td>4.2</td> <td>6.1</td> <td>0</td> </tr> <tr> <td>Rolling PNMR from January</td> <td>16/2919 5.5</td> <td>19/3416 5.6</td> <td>23/3913 5.9</td> <td>25/4350 5.7</td> <td>28/4838 5.8</td> <td>28/5296 5.3</td> </tr> </tbody> </table>							2024	June	July	Aug	Sept	Oct	Nov	Corrected Stillbirth rate	2.2 1/447	4.02 2/497	8 4/497	4.2 2/437	6.1 3/488	0	Neonatal Mortality Rate	2.2 (1)	2.05 (1)	0	0	0	0	Perinatal Mortality Rate	4.5	6.1	8	4.2	6.1	0	Rolling PNMR from January	16/2919 5.5	19/3416 5.6	23/3913 5.9	25/4350 5.7	28/4838 5.8	28/5296 5.3	<p>SB occurred between 24 and 37 weeks. 1 case occurred extreme preterm, and another with known abnormalities. Cases will be reviewed using the perinatal mortality review tool and graded according to the findings.</p>
2024	June	July	Aug	Sept	Oct	Nov																																					
Corrected Stillbirth rate	2.2 1/447	4.02 2/497	8 4/497	4.2 2/437	6.1 3/488	0																																					
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Perinatal Mortality Rate	4.5	6.1	8	4.2	6.1	0																																					
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<p>Findings of review all cases eligible for referral to Maternity and neonatal safety investigation (MNSI)</p> <p>The number of incidents logged graded as moderate or above and what action is being taken.</p>	<table border="1"> <thead> <tr> <th colspan="3">Current ongoing MNSI</th> <th colspan="4">Themes of Cases</th> </tr> </thead> <tbody> <tr> <td>Open MNSI Referrals</td> <td>6</td> <td colspan="5">HIE/cooling Intrapartum stillbirth/ 1 maternal death (SWB not the provider of any maternity care, but sadly died in our ED)</td> </tr> <tr> <th colspan="3">Draft/Completed Reports</th> <td colspan="4"></td> </tr> <tr> <td>Draft</td> <td>2</td> <td colspan="5"></td> </tr> <tr> <td>Completed</td> <td>0</td> <td colspan="5"></td> </tr> </tbody> </table>							Current ongoing MNSI			Themes of Cases				Open MNSI Referrals	6	HIE/cooling Intrapartum stillbirth/ 1 maternal death (SWB not the provider of any maternity care, but sadly died in our ED)					Draft/Completed Reports							Draft	2						Completed	0						<p>2 cases were referred for investigation in October</p>
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<p>Service User Voice feedback</p>	<p>Complaints received related to communication, care and information sharing.</p>														
<p>Staff feedback from frontline</p>	<p>Feedback from the NED visit:</p>														

champions and walkabouts	The morale of the team seems to be much improved. There is real pride in their achievements at the safe move to MMUH. They constantly talk about "we" rather than "they" which is a major change from my last visit. They feel more empowered and part of the solution rather than just being "put on". They wish to improve care and be involved in the strategy for future changes to the service.																																																										
MNSI/NHSR/CQC or other organisation with a concern or request for action made directly with the Trust	None																																																										
Coroner Reg 28 made directly to Trust	None	None																																																									
Progress in achievement of CNST10	Included in the report.																																																										
The proportion of midwives responding with 'Agree or Strongly Agree' on whether they would recommend their trust as a place to work or receive treatment	Reported via staff survey report.																																																										
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Tier 1 - Paper ref: PublicTB (01/25) 008

Report title:	Financial Position – to 30 November 2024 (Month 8)
Sponsoring executive:	Simon Sheppard, Acting Chief Finance Officer
Report author:	Simon Sheppard, Acting Chief Finance Officer
Meeting title:	Public Trust Board
Date:	8 January 2025

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

As of the end of November 2024, the Trust reported a deficit of £2.81 million, which is £0.04 million favourable to the plan, an underspend of £5.07 million against the capital programme with a cash balance of almost £26 million.

Key issues to highlight include the Trust being 402 whole-time equivalents above the workforce plan and needing to address a significant shortfall in elective recovery activity, despite improvements in clinical coding and counting. The Trust Board is asked to note the financial position and the critical areas of focus, including workforce management, elective recovery and the financial improvement programme.

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

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

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

Trust Management Committee; Finance & Productivity Committee

4. Recommendation(s)

The Public Trust Board is asked to:

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

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

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

Board Assurance Framework Risk 01	X	<i>Deliver safe, high-quality care.</i>
Board Assurance Framework Risk 02	X	<i>Make best strategic use of its resources</i>
Board Assurance Framework Risk 03	X	<i>Deliver the MMUH benefits case</i>
Board Assurance Framework Risk 04	X	<i>Recruit, retain, train, and develop an engaged and effective workforce</i>
Board Assurance Framework Risk 05	X	<i>Deliver on its ambitions as an integrated care organisation</i>
Corporate Risk Register <small>[Safeguard Risk Nos]</small>		

Is Quality Impact Assessment required if so, add date:

Is Equality Impact Assessment required if so, add date:

Sandwell & West Birmingham NHS Trust

Report to the Public Trust Board on 8 January 2025

Financial Position – to 30 November 2024 (Month 8)

1. Executive summary

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

1.2 As the Board is aware, the Trust submitted a plan at the beginning of May, a deficit of £43.24m. During September, NHSE released details of deficit funding, of which the Trust's share is £41.3m, moving the plan to a deficit of £1.95m.

1.3 The key performance measures are:

- At the end of November, the Trust reported a deficit of £2.81m which is £0.04m favourable to the Income & Expenditure Plan.
- £5.07m under spend against the capital programme.
- A cash balance of almost £26m.
- £25.64m delivered against the financial improvement (efficiency)
- £0.48m adverse position against the elective recovery/ variable activity funding exclusive of significant clinical coding and counting improvements.
- 402 whole time equivalents (WTE) above the plan trajectory reflecting the additional capacity open and the stretching nature of the trajectory.

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

2. Introduction

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







- The Income & Expenditure (I&E) Plan of £43.2m deficit plan inclusive of a £44.1m (5.7%) efficiency plan. Due to the deficit funding the I&E plan has now improved to a £1.95m deficit plan. The requirement to deliver £44.1m financial improvement/efficiency remains the same.
- A monthly cashflow plan that ends the year with a circa £6m balance (from £65m as of 31 March 2024). This is now £47m as a consequence of the deficit funding.
- A reduction in deployed workforce of 158wte by 31 March 2025, net of the Midland Metropolitan University Hospital agreed staffing investment.

2.2 This report updates the Trust Board on the financial position at the end of November 2024 (Month 8), and the key elements of this position including performance against the workforce plan and the elective activity plan.

3. Financial Overview

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

Table 1 – Financial Key Metrics

		In Month Plan £ms	In Month Actual £ms	In Month Variance £ms	Year to Date Plan £ms	Year to Date Actual £ms	Year to Date Variance £ms
	I&E Performance	0.31	0.09	● (0.22)	(2.85)	(2.81)	● 0.04
	Agency Costs	0.79	1.67	● (0.88)	6.70	12.38	● (5.68)
	Financial Improvement Programme	4.10	6.73	● 2.63	25.59	25.64	● 0.05
	Capital Expenditure (ICB Allocation)	1.15	3.65	● (2.51)	12.22	14.39	● (2.17)
	Capital Expenditure (Other)	15.12	13.15	● 1.97	74.65	67.42	● 7.23
	Cash Balance	55.20	26.39	● (28.81)	55.20	26.39	● (28.81)

Income & Expenditure Performance

3.2 At the end of November, the Trust reported a deficit of £2.807m which is £0.045m favourable to the Plan.

	Plan £000s	Actual £000s	Variance £000s
Patient Related Income	(470,591)	(477,488)	6,897
Other Income	(39,176)	(37,947)	(1,229)
Pay	318,877	327,612	(8,735)
Non Pay	193,742	190,630	3,112
Total	2,852	2,807	45

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

A favourable position at month 8 of £0.045m. This is driven by:

- £4m+ adverse “other income” from Birmingham & Solihull Integrated Care Board for Midland Metropolitan University Hospital (MMUH) costs (the year-to-date balance of the annual plan assumption of £18.75m from Birmingham and Solihull (BSOL) less the contractual offer)
- Pay deficit as a consequence of being above the workforce trajectory.

- ERF performance below plan after excluding the significant coding and counting improvements
- Offset by non-recurrent benefits e.g. favourable Elective Recovery Funding settlement of £2.6m relating to 2023/24; higher interest receivable.

3.4 Whilst the month 8 position is broadly on plan the Trust Board should note the trajectory of the plan becomes ever more stretching and the mitigating actions described later in the paper need to be enhanced from an action and delivery perspective.

Workforce

3.5 The Trust has agreed on a stretch workforce plan for the current financial year targeting a circa 5% reduction, excluding MMUH, equivalent to approximately 400 whole time equivalent (WTE). With the need to recruit for MMUH (242 FWE), the net planned reduction is 158 'deployed' WTE, representing around a 2% reduction. However, by the end of November, the Trust is 402 FTE adverse to the plan. Details are provided in Annex 1.

3.6 The key workforce-related actions to support the delivery of the overall financial plan in the final quarter of the financial year are:

- Delivery against the Group / Corporate Directorate workforce trajectories.
- Implementation and delivery of the workforce-related Financial Improvement Programme (FIP) schemes. Three workforce workstreams have been mobilised as part of the FIP, focusing on Rostering, Medical Workforce, and Temporary Staffing.

Elective Recovery

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

3.8 In total, the Trust needed to deliver a minimum £128.2m income in 2024/25 to meet the elective recovery funding (ERF) target. This target has been increased to £142.6m as a consequence of the significant improvements in coding and counting, the increase being part of the financial improvement programme, and the impact of the pay award.

3.9 The monthly values reflect a realistic profile taking account of working days and the opening of MMUH. Annex 2 graphically shows performance to date and the monthly trajectory.

3.10 Month 8 performance is summarised in the table below - £0.481m adverse to the plan.

Variable_Type	PodGrpCode2	Total Activity Plan	Total Activity Actual	Total Activity Diff	Total Price Plan	Total Price Actual	Total Price Diff
Variable ERF	Daycase	24,034	23,919	-115	£26,148,691	£24,976,566	£-1,172,126
	Elective	3,679	3,437	-242	£15,085,390	£13,356,062	£-1,729,327
	Excess Bed Days	1,047	1,000	-47	£397,760	£334,663	£-63,097
	OP New Attendances	142,933	146,956	4,023	£28,926,442	£29,735,368	£808,926
	OP New Virtual Attendances	14,845	14,690	-155	£3,270,787	£3,268,243	£-2,544
	OP Procedures	123,364	132,759	9,395	£21,892,103	£24,401,605	£2,509,502
	Other	0	0	0	£0	£-486,914	£-486,914
Variable ERF Total		309,902	322,761	12,859	£95,721,173	£95,585,592	£-135,581
Variable Other Elective	Imaging - Direct Access	44,058	39,990	-4,068	£3,260,908	£2,755,187	£-505,721
	Imaging - OP Diagnostics	46,087	46,658	571	£5,338,149	£5,625,125	£286,976
	Chemotherapy	2,550	1,848	-702	£643,191	£516,797	£-126,395
Variable Other Elective Total		92,695	88,495	-4,199	£9,242,249	£8,897,108	£-345,140
Grand Total		402,597	411,257	8,660	£104,963,422	£104,482,700	£-480,721

3.11 The improved coding and counting are excellent, however, we have a significant adverse position in day case and elective activity, 357 patients, £2.9m, adverse on the income plan. There are areas of overperformance, particularly in the specialities under the Women & Child Health Group and Gastroenterology. The key specialties underperforming are Trauma & Orthopaedics and Ophthalmology.

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

Financial Improvement Programme

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

3.14 The target is profiled approximately 40% (£17m) in the first half of the year and 60% (£27m) in the second half. The year-to-date position is an actual performance of £25.642m against a plan of £25.592m.

3.15 The risk-adjusted forecast stands at c£43.514m PLUS, significant new ideas not yet valued. Pipeline opportunities must progress through a robust gateway process before they can be reflected on the tracker for profiled reporting. Workstreams have been mobilised to progress this in addition to further ideas generation.

3.16 The Executive Sponsors of each workstream have “approved” the year-end financial value to ensure accountability and delivery of the 2024/25 financial plan. The details were discussed at the Finance & Productivity Committee on 3 January 2025.

3.17 As well as the in-year position we are also monitoring the recurrent full-year impact of the financial improvement programme. As of 31 December, this was at 76% of the annual target, £33.424m.

Capital and Cash

- 3.18 The Trust is reporting a £5.07m underspend year to date against the plan of £86.87m. This underspend is across all the categories. The respective professional leads have been tasked with ensuring this underspend is recovered during quarter 4.
- 3.19 The cash balance at the end of November of £26.4m. With the receipt of the deficit funding the Trust is still forecasting not to require any borrowing during 2024/25 – year-end forecast cash balance of circa £47m.

4. Risks & Mitigation

- 4.1 Overall, across all the Operational Plan metrics the plan can be described as stretching, ambitious and realistic. That said, it is not without risks, which are actively being managed and mitigated.
- 4.2 The risks can be summarised into 4 categories and are shown in Annex 4.
- 4.3 The risks within the plan are well understood by the Executive team and will be reflected in the 2024/25 risks register and Board Assurance Framework (inclusive of actions and controls). Oversight of the management of these risks at Board level will be via the relevant Board committee.

5. Recommendations

- 5.1 The Public Trust Board is asked to:
- a. **NOTE** the financial position at the end of November 2024.
 - b. **NOTE** the key areas of focus of workforce trajectory, elective recovery, and the financial improvement programme.

Simon Sheppard
Acting Chief Finance Officer

27 December 2024

Annexe 1: Workforce trajectory and performance to date

Annex 2: Elective Recovery Performance

Annex 3: Capital Programme

Annex 4: Risks & Mitigations

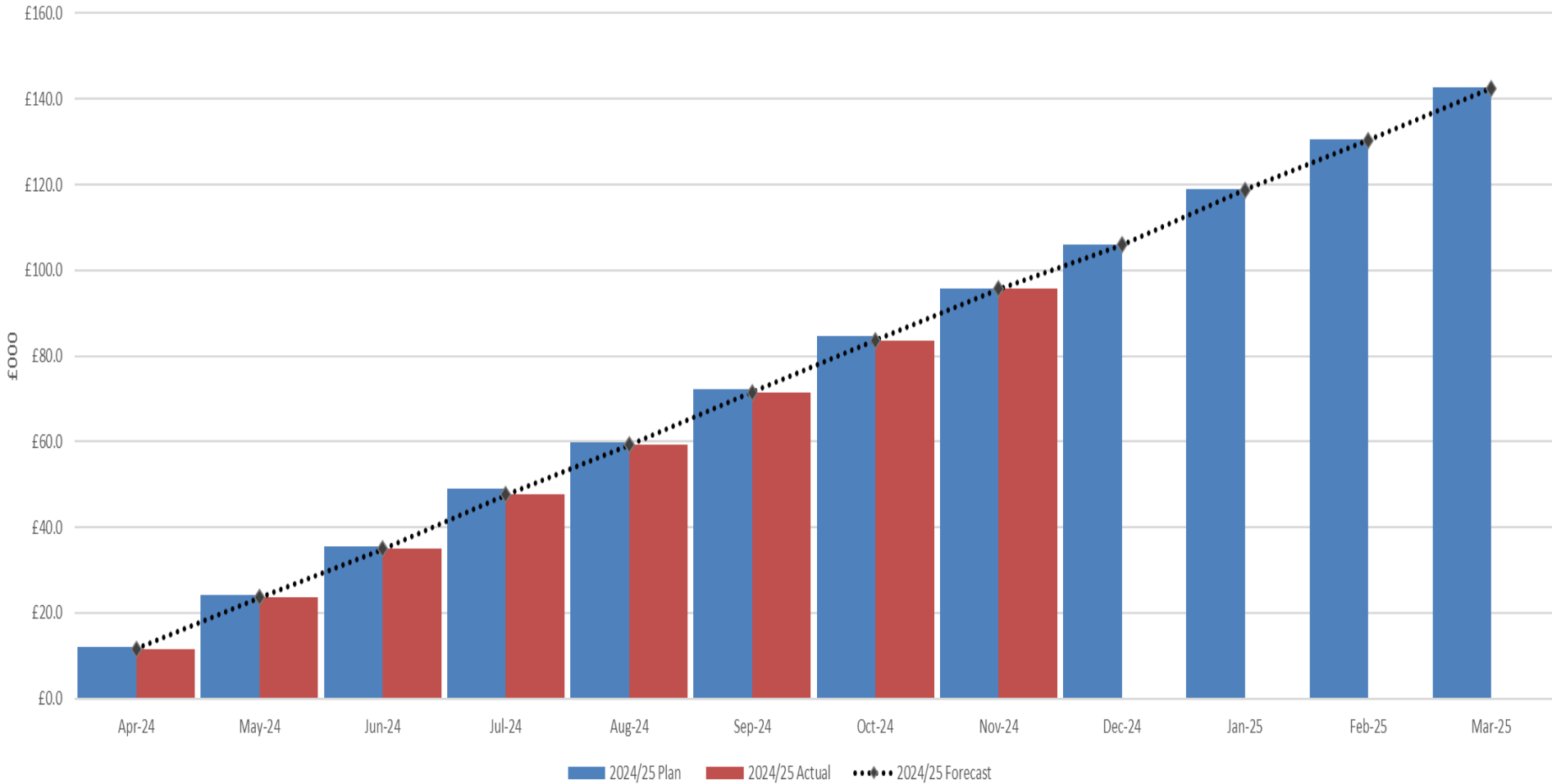
Annex 1 - Workforce trajectory and performance to date

Date	01/03/2024	01/04/2024	01/05/2024	01/06/2024	01/07/2024	01/08/2024	01/09/2024	01/10/2024	01/11/2024	01/12/2024	01/01/2025	01/02/2025	01/03/2025
	Baseline	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan
	Staff in post Year End (31 Mar-24)	As at the end of Apr- 24	As at the end of May- 24	As at the end of Jun- 24	As at the end of Jul- 24	As at the end of Aug- 24	As at the end of Sep- 24	As at the end of Oct- 24	As at the end of Nov- 24	As at the end of Dec- 24	As at the end of Jan- 25	As at the end of Feb- 25	As at the end of Mar- 25
	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE
Total	8141.03	8109.50	8085.11	8080.48	8087.58	8122.53	8106.11	8088.69	8071.28	8063.25	7999.00	7995.50	7983.00
Contracted FTE bank	7041.03	7036.92	7039.94	7062.73	7097.25	7159.61	7170.61	7180.61	7190.61	7210.00	7212.00	7212.00	7212.00
agency	998.00	974.08	950.17	926.25	902.33	878.42	854.50	830.58	806.67	782.75	720.00	720.00	711.00
	102.00	98.50	95.00	91.50	88.00	84.50	81.00	77.50	74.00	70.50	67.00	63.50	60.00

In-Month Actuals / Contracted								
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
Substantive - Contracted	7,060.9	7,094.0	7,102.5	7,116.2	7,127.4	7,200.6	7,253.9	7,293.1
Administration and Estates	1,062.0	1,075.3	1,084.3	1,082.6	1,078.2	1,082.7	1,064.2	1,065.2
Healthcare Assistants and Support Staff	1,310.7	1,331.7	1,335.9	1,357.5	1,356.3	1,373.5	1,391.9	1,412.9
Management	304.6	307.6	310.2	310.5	306.4	301.7	305.7	307.1
Medical Staffing	923.6	924.7	921.9	904.1	930.4	946.6	959.2	959.8
Other Pay	-	-	-	-	-	-	-	-
Qualified Nursing and Midwifery	2,377.5	2,375.8	2,376.4	2,382.9	2,371.8	2,388.0	2,402.1	2,417.8
Scientific, Therapeutic and Technical	1,082.5	1,078.9	1,073.8	1,078.6	1,084.4	1,108.2	1,130.7	1,130.3
Bank	981.6	977.7	1,033.0	993.6	994.5	975.3	1,075.6	1,053.6
Administration and Estates - Bank Staff	151.9	161.5	164.0	172.8	161.4	187.8	215.1	192.3
Healthcare Assistants and Support Staff - Bank	358.6	338.0	365.0	325.6	339.8	327.8	328.5	333.3
Medical Staffing - Bank Staff	97.5	100.9	103.1	116.7	114.9	96.8	112.4	101.1
Qualified Nursing and Midwifery - Bank Staff	329.4	336.4	362.1	334.0	340.4	320.5	364.7	375.5
Scientific, Therapeutic and Technical - Bank Staff	44.2	40.9	38.8	44.5	38.1	42.4	55.0	51.4
Agency	127.2	124.3	122.2	133.3	131.0	135.7	132.3	126.0
Administration and Estates - Agency Staff	2.6	16.3	16.2	16.2	14.6	15.0	15.0	4.8
Healthcare Assistants and Support Staff - Agency Staff	0.8	-	3.5	2.4	1.6	9.9	12.2	18.6
Medical Staffing - Agency Staff	52.2	43.8	42.8	44.1	51.6	45.2	38.4	41.3
Qualified Nursing and Midwifery - Agency Staff	51.7	40.8	40.6	43.4	32.1	31.8	37.5	38.0
Scientific, Therapeutic and Technical - Agency Staff	20.0	23.4	19.2	27.2	31.1	33.8	29.3	23.4
Grand Total	8,169.8	8,196.0	8,257.7	8,243.0	8,252.9	8,311.6	8,461.9	8,472.7

- Plan workforce trajectory at the end of November of 8,071 WTE
- Actual workforce WTE of 8,473.
- Adverse position of 402WTE, predominately due to additional capacity remaining open and the stretching trajectory.

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



Annex 3: Capital Programme

	Annual	Year to Date			Year End Forecast		
	NHSE Plan £000s	NHSE Plan £000s	Actual £000s	Variance £000s	NHSE Plan £000s	Forecast £000s	Variance £000s
Internal - Self Financing							
Estates	7,468	6,961	6,862	99	7,468	5,360	2,108
Mid Met Urgent Treatment Centre	2,000	15	715	-700	2,000	2,000	0
IT	4,147	2,936	3,274	-338	4,147	4,147	0
Medical equipment	3,855	2,310	3,537	-1,227	3,855	5,223	-1,368
Charity	0	0	0	0	0	90	-90
Sub total	17,470	12,222	14,387	-2,165	17,470	16,820	650
External - PDC Funded							
IT - Frontline Digitisation	4,200	2,532	2	2,530	4,200	4,200	0
MMUH - Cost to complete	67,000	63,595	63,595	-0	67,000	67,000	0
Learning Hub / Campus	13,384	6,182	1,033	5,149	13,384	13,484	-100
Eradication by RAAC (PDC)	12,233	29	29	0	12,233	12,233	0
Genesis Handheld Devices (PDC)	60	59	59	-0	60	60	0
CT Scanner (PDC)	1,725	0	0	0	1,725	1,725	0
Sub total	98,602	72,397	64,718	7,679	98,602	98,702	-100
TOTAL INTERNAL & PDC FUNDED	116,072	84,619	79,106	5,513	116,072	115,522	550
Technical-IFRIC12							
BTC & MES	1,190	780	678	102	1,190	1,190	0
ROU Assets - IFRS16							
ROU Leased Assets (internally Funded)	1,475	1,475	2,025	-550	1,475	2,025	-550
Trust Wide Programme	118,737	86,874	81,809	5,065	118,737	118,737	0

The table above shows the Month 8 spend position against the agreed Trust plan for 24/25, which includes an overcommitment of £3.2m against the NHSE plan.

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

Annex 4: Risks & Mitigations

Theme	Risk	Board Committee Oversight	Update
MMUH	Operational readiness Bed Fit Unforeseen costs	MMUH OC	12 week sprint to support the discussion at the Board on 21 August 2024 completed There is no contingency in the plan for additional beds We are seeing increased costs arising in October and November.
Financial	Efficiency at 5.7% Cash Excess inflation BSOL income assumption No contingency in the plan	FPC	Financial Improvement Programme requires the opportunities moved to delivery particularly around reducing pay costs and increasing income to ensure the financial plan is delivered
Workforce	Recruitment Retention Sickness levels Temporary staffing reduction Industrial Action	People	We are 402 adverse to our agreed trajectory. This requires immediate action. Additional capacity needs to safely be closed to support us getting on track.
Capacity	Winter Plan Additional beds required People to support MMUH opening and core business	FPC	

Tier 1 - Paper ref:	PublicTB (01/25) 009
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Report title:	CQC National Urgent and Emergency Care Survey 2024
Sponsoring executive:	Mel Roberts, Chief Nursing Officer
Report author:	Joshua Walker, Patient Experience Analyst
Meeting title:	Public Trust Board
Date:	8 th January 2025

1. Summary of key issues <i>two or three issues you consider the PublicTB should focus on in discussion]</i>
<p>The CQC National Urgent and Emergency Care Survey 2024 benchmark reports for each NHS acute Trust in England (both Type 1 and Type 3 departments) were published in November 2024. SWB summary national benchmark results and commentary are provided in the following pages.</p> <p>Analysis of quantitative comments is also provided.</p>

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

3. Previous consideration <i>[at which meeting[s] has this paper/matter been previously discussed?]</i>
None

4. Recommendation(s)
The Public Trust Board is asked to:
a) NOTE the contents of this report
b) DISCUSS its contents

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

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Trust Board on 8 January 2025

CQC National Urgent and Emergency Care Survey 2024

1. Introduction

- 1.1 The purpose of this report is to provide the SWB benchmark results for the CQC National Urgent and Emergency (UEC) Survey 2024. Benchmark reports for Type 1 Emergency Departments (ED) and 3 Urgent Treatment Centres (UTC) were published in November 2024.
- 1.2 ED and UTC patients were eligible for the survey if they were aged 16 years or older and had attended UEC services during the sampling period of February 2024.
- 1.3 172,025 Urgent and Emergency Care patients were invited to participate in the survey across 120 NHS Trusts. Trusts that directly run both Type 1 (ED) and 3 (UTC) departments sampled 950 patients from Type 1 departments and 580 patients from Type 3 departments, totalling 1,530 patients.
- 1.4 The CQC standardises results, applying weighting to individual responses, and accounting for differences in profiles between Trusts. This helps ensure that no Trust appears better or worse than another due to the respondent profile. If fewer than 30 patients answered a question, no score is displayed in the benchmark report. The full CQC benchmark reports for SWB are available via the link below:

<https://nhssurveys.org/all-files/03-urgent-emergency-care/05-benchmarks-reports/2024/>

2. Participation and demographics

- 2.1 Of the 950 Type 1 Sandwell and West Birmingham NHS Trust (SWB) patients invited to participate, 168 responded (19% response rate, national average 29%). Of the 580 Type 3 SWB patients invited, 102 responded (18% response rate, national average: 26%).
- 2.2 High diversity amongst SWB participants was evident in both national and local contexts.

3. Results and findings – national benchmarking

- 3.1 To show how the Trust scored for each question in the survey, and how it performed compared with other Trusts, an 'expected range' analysis technique was used. Expected range categories are as follows:

- | | |
|--|---------------------------------------|
| ✓ Much better than expected | ✓ Somewhat worse than expected |
| ✓ Better than expected | ✓ Worse than expected |
| ✓ Somewhat better than expected | ✓ Much worse than expected |
| ✓ About the same | |

3.2 UEC Type 1: ED

3.2.1 In twenty-two questions, SWB was found to have performed ‘about the same’ as other Trusts. In two questions, SWB performed ‘somewhat worse than expected’ compared to other Trusts. In five questions, SWB performed ‘worse than expected’ compared to other Trusts (**annex 1**).

3.2.2 The CQC summarises SWB performance, highlighting five areas where experience is best and where experience could be improved (**annexe 2**).

3.3 UEC Type 3: UTC

3.3.1 In eighteen questions, SWB was found to have performed ‘about the same’ as other Trusts. In three questions, SWB performed ‘somewhat worse than expected’ compared to other Trusts. In seven questions, SWB performed ‘worse than expected’ compared to other Trusts (**annex 3**).

3.3.2 The CQC summarises SWB performance, highlighting five areas where experience is best and where experience could be improved (**annex 4**).

3.3 The themes across the questions in which SWB were poor benchmark performers were regarding advice and communication, behaviours and overall experience. In particular, common to both the ED and UTC were explanations of reasons for and findings of tests. Was Social Care support available to patients post-ED attendance, although this is not necessarily a reflection of SWB ED experiential performance?

3.4 Further and specific to the ED were descriptions of access to Social Care support, respect and dignity, medication advice and feeling safe.

3.5 Specific to the UTC were clinical issues in obtaining help with symptoms including pain, advice on care at home, time spent with a professional, privacy and overall experience.

4. **Results and findings – regional benchmarking type 1 ED and type 3 UTC**

4.1 The questions asked in the CQC report are divided into multiple sections (UEC T1 – 11 section, UEC T3 – 10 sections). The five Trusts with the highest (regional high score) and lowest (regional low scorer) scores across the Midlands region were cited for each section (**annexes 5 and 6**).

4.2 For ED T1, regionally, SWB was not one of the five highest-scoring Trusts in any of the sections and was one of the five lowest-scoring Trusts in eight sections. For UEC T3,

regionally, SWB was not one of the five highest-scoring Trusts in any section and was one of the five lowest-scoring Trusts in ten sections.

5. Results and findings – type 1 ED and type 3 UTC patient comments.

- 5.1 Survey participants were asked to provide additional written free-text information. This information is provided to Trusts locally and is not published nationally.
- 5.2 For ED T1, there were 74 individual comments provided. Within these comments, approximately **26 % of these were positive, 19% were neutral, and 55% were negative**. In comparison, for UEC T3, approximately **30% were positive, 18% were neutral and 52% were negative**.
- 5.3 The most commonly occurring themes within the positive, neutral and negative comments were identified (**annexes 7 and 8**). For type 1 ED, care and treatment were the most common positive themes, whilst waiting time was the most common in neutral and negative comments. For type 3 UTC, care and treatment were also the most common positive themes, whilst clinical care and waiting times were the most common negative comments.

6. Results and findings – SWB year-on-year performance type 1 ED and type 3

- 6.1 A full breakdown is provided (**annexes 9 and 10**)

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

- 7.1 An important and significant element of improving patient experiences has been driven by year one FoC, in preparation for Midland Metropolitan University Hospital (MMUH) readiness and the opportunities that this significant move should make for our patients; in particular, in ensuring the site is inclusive facilitating provision of equitable care.

Key deliverables were:

- Family support spaces - comfortable waiting areas and outdoor gardens with seating.
 - Sites compliant with Equality Diversity and Inclusion requirements (e.g. changing places toilets).
 - Explore a meet-and-greet facility to support wayfinding around the site.
- 7.2 All deliverables were completed on time, including the following action specifically:
- SWB Transgender Policy was written and ratified.
 - Waiting environments are updated for those with mental health needs to reduce the risk of harm, with proper risk assessments in place where needed.
 - The interior design strategy sought to be dementia-friendly throughout where needed.
 - Wheelchairs are stored in designated spaces across ED, maternity and main entrance areas.

- Sign Live (for remote British Sign Language (BSL)) and was procured, to provide immediate BSL translation, particularly relevant for ED teams.
- The Birmingham Institute of Deaf delivered hearing loop training to the Trust training team. This training has been delivered to reception staff. MMUH hearing loops have been installed in the ED main reception.
- Over 100 volunteers were recruited to support MMUH wayfinding (ED is the primary location people attending the site need to find).
- Two day-long customer service sessions were delivered to ED reception staff; a follow-up session is to be arranged with ongoing support.

8. Next steps in Improvement

8.1 Initial steps will be to conduct impact assessments of the above, conducted via the Friends and Family Test, PALS feedback, complaints and other sources of feedback. The Group Director of Nursing, Patient Insight and Involvement Lead, and the Head of Complaints supported by the Associate Deputy Chief Nurse for MMUH will collaborate to develop an improvement plan for the areas and year 2 MMUH.

8.2 Specific works in progress are:

- Support package for patients' essential companions.
- Communication boxes to support diverse communication needs.
- Hot food access and increased domestic services support.
- Cold-water installation in ED waiting areas is imminent.
- A working group in place to improve ED food provision.
- Developing electronic up-to-date information regarding wait times.

9. Summary

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

- i) Nationally, SWB is a low performer in some identified areas and evidence exists in qualitative information that supports this.
- ii) Work is in progress to target improvements where issues were identified.
- iii) Progress will be tracked during 2025 through feedback received.

10. Recommendations

10.1 The Public Trust Board is asked to:

- a. **NOTE** the contents of this report.
- b. **DISCUSS** the content

Joshua Walker
Patient Experience Analyst

11 December 2024

CQC Urgent and Emergency Survey Care 2024 – type 1 ED question classification. SWB in the national context.

CQC classification	Section	Question no.	Question description	SWB	National Average	Variance
Somewhat worse	Support and care after leaving	Q40.	Did hospital staff discuss with you whether you may need further health or social care services after leaving A&E?	5.9	7.2	-1.3
	Respect and dignity	Q42.	Overall, did you feel you were treated with respect and dignity while you were in A&E?	7.6	8.3	-0.7
Worse	Communication about tests	Q28.	If you had any tests, did a member of staff explain why you needed them in a way you could understand?	7.1	7.9	-0.8
		Q29.	Before you left A&E, did a member of staff explain the results of the tests in a way you could understand?	6.5	7.5	-1.0
	Hospital environment and facilities	Q31.	While you were in A&E, did you feel safe around other patients or visitors?	6.4	7.8	-1.4
	Information to support recovery at home	Q35.	Thinking about any new medication you were to take at home, were you given any of the following?	3.1	4.4	-1.3
	N/A	Q41.	If you contacted any health or social care services after leaving A&E, was the care and support available when you needed it?	4.6	5.9	-1.3

SWB national benchmarking – type 1 ED five top performing areas and those for improvement

Where experience is best	Where experience could improve
Arrival: Patients told why they had to wait with the ambulance crew	Information: Patients given information about new medications to be taken at home
Hospital environment: Patients able to get food or drinks whilst in A&E	Care after leaving A&E: Staff discussing further health or social services patient may need after leaving A&E
Waiting: Informing patients about wait times to be examined or treated	Hospital environment: Patients feeling safe around other patients or visitors while in A&E
Privacy: Patients being given enough privacy when discussing their condition with the receptionist	Communication about tests: Staff explaining test results in a way patients understand
Waiting: After the first assessment, patients being told what would happen next	Communication about tests: Staff explaining the reasons for tests in a way patients can understand

CQC Urgent and Emergency Care Survey 2024 – type 3 UTC question classification. SWB in the national context.

CQC classification	Section	Question no.	Question description	SWB	National Average	Variance
Somewhat worse	Waiting	12	While you were waiting, were you able to get help with your condition or symptoms from a member of staff?	3.3	4.7	-1.4
	Your care and treatment	27	Do you think the staff helped you to control your pain?	4.9	6.3	-1.4
	Information to support recovery	34	To what extent did you understand the information you were given on how to care for your condition at home?	8.1	9.0	-0.9
Worse	Interactions with Health Professionals	14	Did you have enough time to discuss your condition and treatment with the health professional?	7.4	8.7	-1.3
		19	If a family member, friend or carer wanted to talk to a health professional, did they have enough opportunity to do so?	6.3	7.7	-1.4
	Privacy	22	Were you given enough privacy when being examined or treated?	8.2	9.3	-1.1
	Communication about tests	25	If you had any tests, did a member of staff explain why you needed them in a way you could understand?	6.7	8.6	-1.9
		26	Before you left the Urgent Treatment Centre, did a member of staff explain the results of the tests in a way you could understand?	6.2	8.3	-2.1
	Overall	40	Overall, how was your experience while you were in the Urgent Treatment Centre?	7.2	8.3	-1.1
	N/A	38	If you contacted any health or social care services after leaving the Urgent Treatment Centre, was the care and support available when you needed it?	4.8	6.5	-1.7

SWB national benchmarking – type UTC five top performing areas and those for improvement

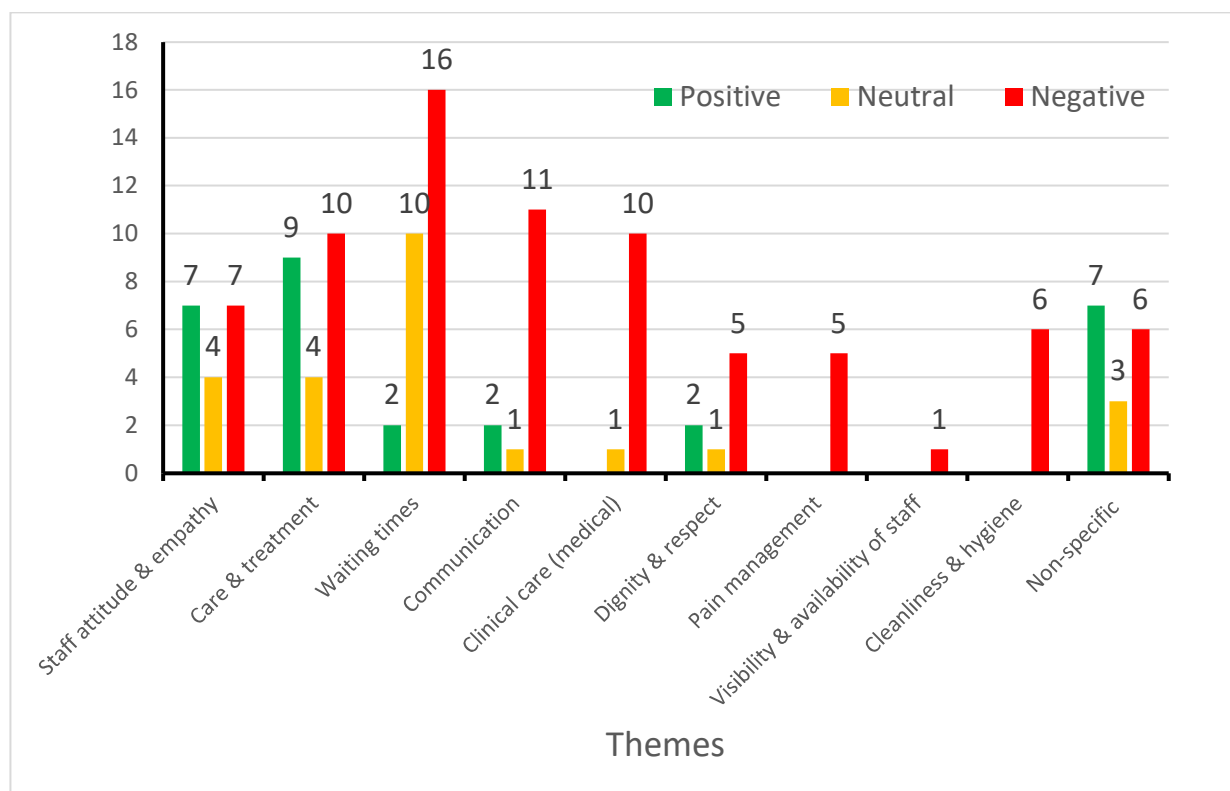
Where experience is best	Where experience could improve
Privacy: Patients being given enough privacy when discussing their condition with the receptionist	Communication about tests: Staff explaining test results in a way patients understand
Waiting: Patients being informed about how long they would have to wait before being examined and treated	Communication about tests: Staff explaining the reasons for tests in a way patients can understand
Waiting: After the first assessment, patients being told what would happen next	Care and treatment: Staff helping to control patients' pain
Hospital environment: Patients being able to get food or drinks	Care after leaving the UTC: Staff discussing further health or social services patient may need after leaving UTC
Information: From information provided by staff, patients feeling able to care for condition at home	Communication & compassion: Family, friends, or carers having enough opportunity to talk to professionals

SWB Regional Benchmarking – Performance by section compared to other Trusts (Type 1 ED)

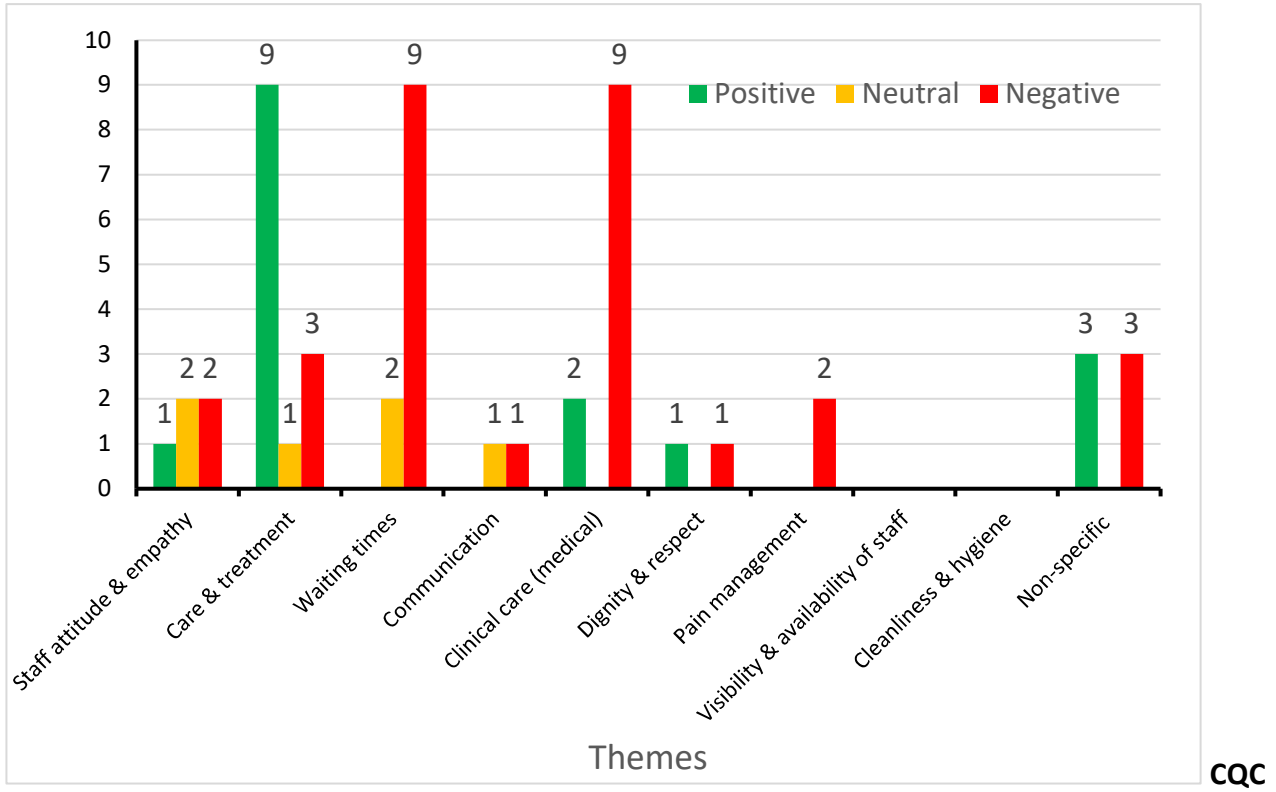
Section	CQC Classification	Regional high scorer	Regional low scorer
Arrival	About the same		
Waiting	About the same		
Privacy	About the same		
Interactions with doctors and nurses	About the same		✓
Your care and treatment	About the same		✓
Communication about tests	Worse		✓
Hospital environment and facilities	About the same		✓
Information to support recovery at home	Worse		✓
Support and care after leaving A&E	About the same		✓
Respect and dignity	Somewhat worse		✓
Overall experience	About the same		✓

SWB Regional Benchmarking – Performance by section compared to other Trusts (Type 3 UTC)

Section	CQC Classification	Regional high scorer	Regional low scorer
Arrival	N/A		
Waiting	About the same		✓
Interactions with doctors and nurses	Worse		✓
Privacy	About the same		✓
Your care and treatment	Somewhat worse		✓
Communication about tests	Worse		✓
Hospital environment and facilities	About the same		✓
Information to support recovery at home	Somewhat worse		✓
Support and care after leaving A&E	About the same		✓
Respect and dignity	About the same		✓
Overall experience	Worse		✓



CQC Urgent and Emergency Survey Care 2024. Free-text themes (type 1 - ED)



Urgent and Emergency Survey Care 2024. Free-text themes (type 3 - UTC)

CQC Urgent and Emergency Survey Care 2024. Performance by question (type 1 - ED)

SWB - UEC T1 2024	SWB	National Average	Variance
Section 1. Arrival			
Q7. Were you told why you had to wait with the ambulance crew?	6.5	6.2	0.3
Section 2. Waiting			
Q12. After your first assessment, did the nurse or doctor tell you what would happen next?	9.2	9.3	-0.1
Q13. Were you informed how long you would have to wait to be examined or treated?	2.7	2.6	0.1
Q14. Were you kept updated on how long your wait would be?	3.0	3.4	-0.4
Q15. While you were waiting, were you able to get help with your condition or symptoms from a member of staff?	4.8	5.6	-0.8
Section 3. Privacy			
Q10. Were you given enough privacy when discussing your condition with the receptionist?	6.7	6.7	0.0
Q25. Were you given enough privacy when being examined or treated?	8.2	8.6	-0.4
Section 4. Interactions with doctors and nurses			
Q17. Did you have enough time to discuss your condition and treatment with the doctor or nurse?	7.0	7.7	-0.7
Q18. While you were in A&E, did a doctor or nurse explain your condition and treatment in a way you could understand?	7.0	7.6	-0.6
Q19. Did the doctors and nurses listen to what you had to say?	7.9	8.3	-0.4
Q20. If you had any anxieties or fears about your condition or treatment, did a doctor or nurse discuss them with you?	5.5	6.1	-0.6
Q21. Did you have confidence and trust in the doctors and nurses examining and treating you?	7.5	8.1	-0.6
Q22. If a family member, friend or carer wanted to talk to a doctor or nurse, did they have enough opportunity to do so?	6.6	6.9	-0.3
Section 5. Your care and treatment			
Q26. If you needed help to take medication for any pre-existing medical conditions, did staff help you?	7.1	7.3	-0.2
Q27. Were you involved as much as you wanted to be in decisions about your care and treatment?	7.0	7.4	-0.4
Q30. Do you think the hospital staff helped you to control your pain	5.8	6.1	-0.3
Section 6. Communication about tests			
Q28. If you had any tests, did a member of staff explain why you needed them in a way you could understand?	7.1	7.9	-0.8
Q29. Before you left A&E, did a member of staff explain the results of the tests in a way you could understand?	6.5	7.5	-1.0
Section 7. Hospital environment and facilities			
Q31. While you were in A&E, did you feel safe around other patients or visitors?	6.4	7.8	-1.4
Q32. While you were in A&E, were you able to get food and drinks?	6.4	6.2	0.2
Section 8. Information to support recovery at home			
Q35. Thinking about any new medication you were to take at home, were you given any of the following?	3.1	4.4	-1.3

Q36. Before you left A&E, did hospital staff give you information on how to care for your condition at home?	6.2	6.8	-0.6
Q37. To what extent did you understand the information you were given on how to care for your condition at home?	8.1	8.6	-0.5
Q38. From the information you were given by hospital staff, did you feel able to care for your condition at home?	7.9	8.4	-0.5
Section 9. Support and care after leaving A&E			
Q39. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left A&E?	7.7	8.0	-0.3
Q40. Did hospital staff discuss with you whether you may need further health or social care services after leaving A&E?	5.9	7.2	-1.3
Section 10. Respect and dignity			
Q42. Overall, did you feel you were treated with respect and dignity while you were in A&E?	7.6	8.3	-0.7
Section 11. Overall experience			
Q43. Overall, how was your experience while you were in A&E?	6.7	7.3	-0.6
Questions not included in a section			
Q41. If you contacted any health or social care services after leaving A&E, was the care and support available when you needed it?	4.6	5.9	-1.3

Key:

	Somewhat worse than expected
	Worse than expected

CQC Urgent and Emergency Survey Care 2024. Performance by question (type 3 - UTC)

SWB - UTC T3 2024	SWB 2024	National Average	Variance
Section 1: Waiting			
Q9. After your first assessment did the health professional tell you what would happen next?	9.3	9.4	-0.1
Q10. Were you informed how long you would have to wait to be examined or treated?	4.0	3.9	0.1
Q11. Were you kept updated on how long your wait would be?	3.4	4.0	-0.6
Q12. While you were waiting, were you able to get help with your condition or symptoms from a member of staff?	3.3	4.7	-1.4
Section 2: Interactions with Health Professionals			
Q14. Did you have enough time to discuss your condition and treatment with the health professional?	7.4	8.7	-1.3
Q15. While you were in the Urgent Treatment Centre, did a health professional explain your condition and treatment in a way you could understand?	7.7	8.5	-0.8
Q16. Did the health professional listen to what you had to say?	8.3	9.0	-0.7
Q17. If you had any anxieties or fears about your condition or treatment, did a health professional discuss them with you?	6.6	7.1	-0.5
Q18. Did you have confidence and trust in the health professional examining and treating you?	7.9	8.7	-0.8
Q19. If a family member, friend or carer wanted to talk to a health professional, did they have enough opportunity to do so?	6.3	7.7	-1.4
Section 3: Privacy			
Q7. Were you given enough privacy when discussing your condition with the receptionist?	7.4	7.1	0.3
Q22. Were you given enough privacy when being examined or treated?	8.2	9.3	-1.1
Section 4: Your care and treatment			
Q24. Were you involved as much as you wanted to be in decisions about your care and treatment?	7.6	8.3	-0.7
Q27. Do you think the staff helped you to control your pain?	4.9	6.3	-1.4
Section 5: Communication about tests			
Q25. If you had any tests, did a member of staff explain why you needed them in a way you could understand?	6.7	8.6	-1.9
Q26. Before you left the Urgent Treatment Centre, did a member of staff explain the results of the tests in a way you could understand?	6.2	8.3	-2.1
Section 6: Hospital environment and facilities			
Q28. While you were in the Urgent Treatment Centre, did you feel safe around other patients or visitors?	8.1	8.8	-0.7
Q29. While you were at the Urgent Treatment Centre, were you able to get food or drinks?	5.7	5.9	-0.2
Section 7: Information to support recovery at home			
Q32. Thinking about any new medication you were to take at home, were you given any of the following?	3.9	4.8	-0.9
Q33. Before you left Urgent Treatment Centre, did health professionals give you information on how to care for your condition at home?	7.2	8.2	-1.0
Q34. To what extent did you understand the information you were given on how to care for your condition at home?	8.1	9.0	-0.9

Q35. From the information you were given by health professionals, did you feel able to care for your condition at home?	8.5	8.8	-0.3
Section 8: Support and care after leaving the Urgent Treatment Centre			
Q36. Did a member of staff tell you who to contact if you were worried about your condition or treatment after you left the Urgent Treatment Centre?	7.7	8.2	-0.5
Q37. Did a member of staff discuss with you whether you may need further health or social care services after leaving the Urgent Treatment Centre?	6.6	8.0	-1.4
Section 9: Respect and dignity			
Q39. Overall, did you feel you were treated with respect and dignity while you were in the Urgent Treatment Centre?	8.4	9.0	-0.6
Section 10: Overall experience			
Q40. Overall, how was your experience while you were in the Urgent Treatment Centre?	7.2	8.3	-1.1
Not included in a section			
Q38. If you contacted any health or social care services after leaving the Urgent Treatment Centre, was the care and support available when you needed it?	4.8	6.5	-1.7

Tier 1 - Paper ref:	PublicTB (01/25) 010
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Report title:	Acute and Community and Winter Plan Report
Sponsoring executive:	Johanne Newens – Chief Operating Officer
Report author:	Demetri Wade – Deputy Chief Operating Officer Taj Virk-Dhugga – Assistant Director of Urgent Care
Meeting title:	Public Trust Board
Date:	8 th January 2025

1. Summary of key issues <i>two or three issues you consider the PublicTB should focus on in discussion]</i>
<p>This paper provides an update on the winter plan for 2024-2025 for Sandwell and West Birmingham Places and Acute Hospital following the opening of Midland Metropolitan University Hospital (MMUH) in October 2024. The paper focuses on progress to date against:</p> <ul style="list-style-type: none"> • Our winter plan • Urgent and Emergency Care Improvement Plan • The MMUH Rightsizing schemes, quality and safety considerations • The revised governance arrangements for oversight and leadership of delivery against our targets.

2. Alignment to our Vision <i>[indicate with an 'X' which Strategic Objective[s] this paper supports]</i>						
<table border="1"> <tr> <td>OUR PATIENTS - To be good or outstanding in everything that we do</td> <td style="text-align: center;">x</td> </tr> <tr> <td>OUR PEOPLE - To cultivate and sustain happy, productive and engaged staff</td> <td style="text-align: center;">x</td> </tr> <tr> <td>OUR POPULATION - To work seamlessly with our partners to improve lives</td> <td style="text-align: center;">x</td> </tr> </table>	OUR PATIENTS - To be good or outstanding in everything that we do	x	OUR PEOPLE - To cultivate and sustain happy, productive and engaged staff	x	OUR POPULATION - To work seamlessly with our partners to improve lives	x
OUR PATIENTS - To be good or outstanding in everything that we do	x					
OUR PEOPLE - To cultivate and sustain happy, productive and engaged staff	x					
OUR POPULATION - To work seamlessly with our partners to improve lives	x					

3. Previous consideration <i>[at which meeting[s] has this paper/matter been previously discussed?]</i>
<p>The plan's progress against delivery, mitigations, safety and quality considerations, and performance metrics in this paper have been considered by the Performance Management Group, Trust Management Committee and Quality Committee. The Winter plan was presented to the Trust Board on September 24.</p>

4. Recommendation(s)
The Public Trust Board is asked to:
a) REVIEW and DISCUSS the Urgent and Emergency Care (UEC) performance update and contributing factors
b) REVIEW and DISCUSS progress of UEC Improvement and Rightsizing Schemes
c) DISCUSS and ACCEPT the winter plan update

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

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board – 8th January 2025

Acute and Community and Winter Plan Report

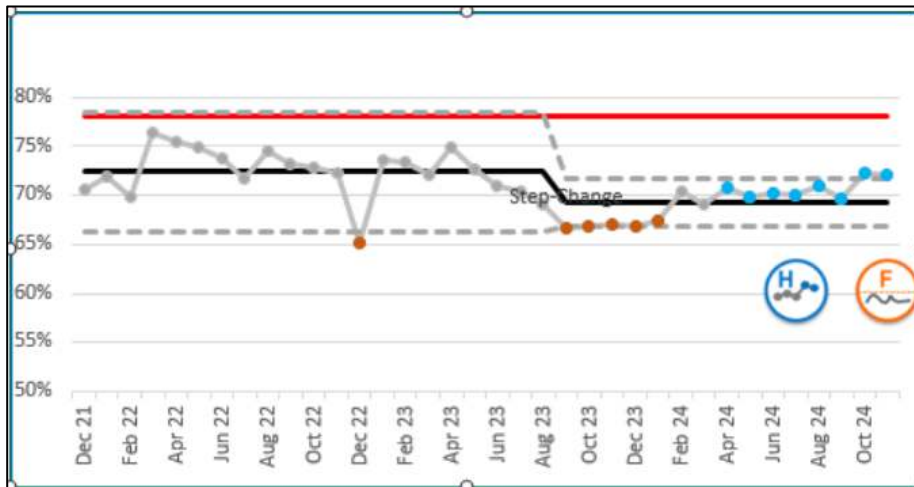
1. Introduction

1.1. This report provides a summary of Urgent and Emergency Care (UEC) performance for November 2024. There will be a focus on the MMUH rightsizing programme that has concluded and is currently in monitoring, and progress thus far of the UEC Improvement plan which recently moved into phase 2 following a 12-week phase 1 sprint. There will also be an update on the governance and oversight framework for UEC.

2. UEC Performance Update

2.1. Emergency Access Standard (EAS) performance has remained static at around 70%. It is below the 78% March 31st target.

Emergency Access Standard (EAS) Performance



2.2. The Trust's benchmark ranking for EAS performance is 5th out of 23 providers in the Midlands region for November 24.

KPI	Latest month	Measure	In-Month Target	Target (Icons use this)	Variation Assurance	Mean	Benchmark Latest Month	Benchmark Ranking (against ICB partners)	Benchmark Ranking (Regional Midlands)	23/24 Outturn Performance
NHSOF - Emergency Access Standard (EAS) Performance	Nov 24	72.0%	73.0%	78.0%	 	69.3%	2024-11-30	4th	5th	69.1%

2.3. Whilst our in-month target for EAS was not met since the completion of phase 1 of the UEC Improvement Programme and the move to MMUH there has been some improvement although not yet statistically significant.

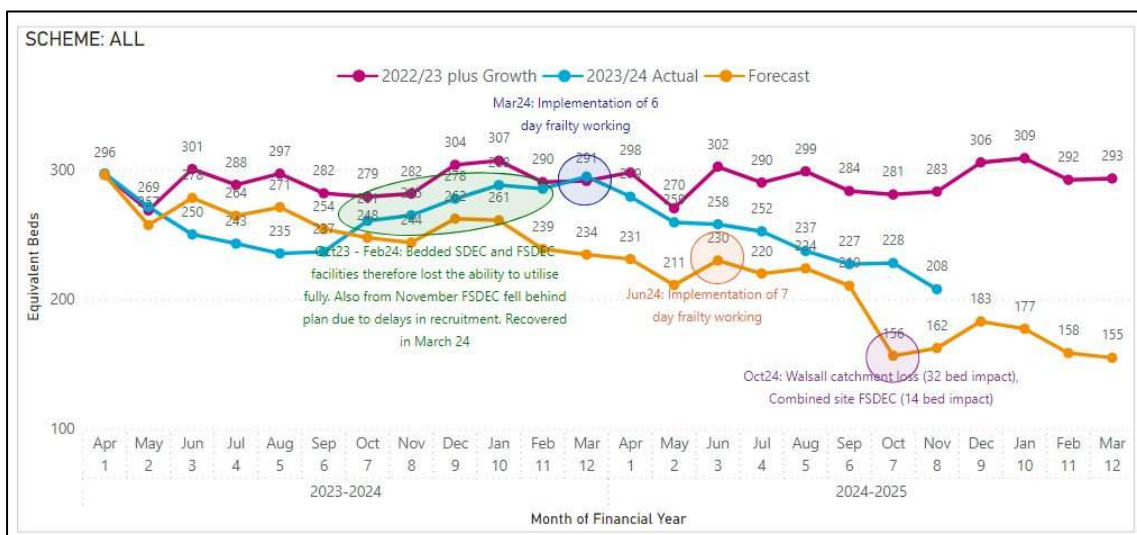
2.4. In November we improved our performance in the number of ambulances handed over under 30 minutes. Trust level handover data indicates that the number of handovers over 60 minutes have gone down in November from 676 to 459 (-217), and as a percentage, down from 17.14% to 14.03% of all conveyances. 12+ hour Decision to Admit (DTA) trolley waits were reported significantly lower in November and below the average at 113. The improvements in ambulance handover and 12-hour trolley waits are attributed in part to fewer ambulance conveyances in November and the improved outflow out of the Emergency Department. These improvements are linked to initiatives as part of the UEC Improvement programme including Length of Stay (LOS), operational processes and the Quality Standards work.

3. MMUH Rightsizing Schemes

3.1. The 5 transformational schemes that are supporting the overall MMUH bed rightsizing and our winter resilience include:

- Medical Same Day Emergency Care (SDEC) – Funded in current run rate
- Frailty Virtual Ward (VW) and Frailty Intervention Team (FIT) – System Development Funding and within the current run rate
- Respiratory Virtual Ward (VW) – System Development Funding
- Heart Failure – System Development Funding and within the current run rate
- Birmingham Care Homes – Birmingham Community Healthcare funding

3.2. These schemes have provided significant benefits to the reduction of attendance, admissions, and length of stay. The graph below illustrates delivery against these schemes collectively and shows bed usage above forecast.



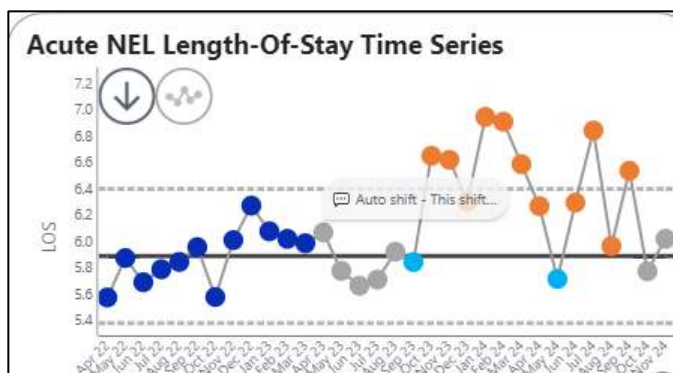
Scheme	Actual bed usage	Forecast bed usage	Variance	% Variance	Baseline 2022/23	Variance to Baseline	% Variance
Frailty	53	44	9	20%	87	-34	-39%
Medical SDEC	43	32	11	34%	54	-11	-20%
Heart Failure	15	10	5	50%	13	2	15%
Respiratory VW	35	35	0	0%	39	-4	-10%
Cardiology VW	5	7	-2	-29%	11	-6	-55%
Bham Care Homes	22	21	1	5%	24	-2	-8%
Falls	10	9	1	11%	19	-9	-47%
Walsall/Dudley Catchment	25	6	19	317%	37	-12	-32%
Total	208	162	46	28%	283	-75	-27%

- 3.3. The patient cohorts targeted by rightsizing schemes continued to see a reduction in bed usage in November. An equivalent of 75 fewer beds were used for these patient groups compared with the Pre-MMUH-Program baseline. However, November bed usage was +46 higher than forecast.
- 3.4. The largest deficit was related to the transfer of activity to Walsall/Dudley (+19 beds), where despite the planned number of ED Attendances shifting, a much smaller than anticipated proportion of these were Ambulance conveyances, resulting in a much smaller impact on MMUH bed usage.
- 3.5. The Medical SDEC scheme saw a smaller deficit than in previous months (+11 beds) and although a more positive trend is emerging, data suggests significant opportunities for further bed reductions exist.
- 3.6. The Frailty Scheme continued its reduction in bed usage, saving the organisation the equivalent of 41 inpatient beds: although above the ambitious forecast for October. This is expected to be delivered further in November with the City Hospital caseload being added to the service.
- 3.7. There were small variances in other schemes which represent normal variation rather than any particular trend. The Rightsizing programme has concluded, however, monitoring against schemes continues through the UEC Delivery and Steering Groups. Several of the schemes are also being monitored at a local level as business as usual.
- 3.8. To support the winter plan, Rightsizing was expected to deliver at 70% and over-delivery would mitigate against any slippage. At the end of November, Rightsizing is delivering at 62%. If the Walsall/Dudley ambulance conveyances shift as agreed with the ICB, that would boost delivery to 78%. There will be ongoing monitoring of ambulance conveyance activity and further discussion with the ICB through the UEC System meetings.

4. Medicine and Emergency Care Length of Stay Improvement Measures

4.1. Acknowledging the importance of reducing the length of stay (LoS) for enhancing the patient experience and EAS performance, targeted measures are being implemented, encompassing various aspects such as patient journey, bed base management, and access to support services.

4.2. The Medicine and Emergency Care acute average LOS for November is reported as 6 days, which is on target, although a slight increase from October. Many of the interventions are to support the discharge of pathway 0 patients. Unrecorded + Pathway 0 LOS was 4.8 days, which was within confidence limits.



4.3. Analysis of the data for November shows:

- The average discharge per day for the group of medicine was 61, within confidence limits but slightly lower than in October. A review of discharge targets is planned for 6 weeks post MMUH move, once sufficient data is available for an evaluation.
- Compared to the 22/23 baseline, all specialities were equal to or improved from baseline, apart from Gastroenterology, Respiratory, Acute Medicine and Elderly Care.

LOS for pathways 1-3 has been higher in November with pathway 1 and pathway 3 having longer LOS:

Average Length-of-Stay by Pathway						
Discharge Pathway	Latest Month Cases	Latest Month	vs Prev Month	vs Prev 6 Months	vs 22/23 Avg	vs 22/23 minus 0.5
Not Recorded	180	0.8	-25%	-50%	-58%	-43%
Pathway 0 = Home - no follow up required	1362	5.4	2%	-3%	-6%	3%
Pathway 1 = Home with support in place	199	11.1	9%	7%	13%	19%
Pathway 2 = Temporary bed (social/rehab)	53	15.9	8%	-1%	-1%	2%
Pathway 3 = Permanent new 24 hour care	8	23.5	6%	38%	54%	59%
Pathway 4 = EOL pathway	27	11.9	-14%	-13%	-13%	-10%
Total	1829	6.0	4%	-2%	2%	12%

4.4. Areas of focus for the programme currently are the removal of telephone handovers from the transfer processes, between AMU and base wards, and securing support from a volunteer organisation to support doorstep delivery of 'to take out' medication (TTOs) post-

discharge. We continue to focus on ensuring patients are bedded in the correct speciality bed “right patient right bed.”

4.5. The Midlands UEC dashboard suggests that SWB benchmark well against other acute trusts in the region with 50 fewer beds open when compared to the same period last year. The chart below demonstrates how we compare against the Midlands average for 7+, 14+ and 21+ Length of stay. The trust also has a lower proportion of No Criteria To Reside patients in acute beds demonstrating the impact of collaborative work with partners, and pathway 0 focus as part of the length of stay workstream.

Trust Name	Bed Occupancy %	7+ LoS occupancy %	7+ number	14+ LoS occupancy %	14+ number	21+ LoS occupancy %	21+ number
Midlands	95.2%	44.3%	8615	23.6%	4599	15.0%	2787
Sandwell and West Birmingham Hospitals NHS Trust	93.5%	41.2%	238	17.8%	103	10.0%	54

4.6. The bed decommissioning plan has been completed for the MMUH bed fit target with all 59 beds having been decommissioned. Before the move to MMUH, the discharge lounge was being utilised for escalation at periods of high demand this is no longer the case. Weekend discharges are being targeted within the Medicine and Emergency Care improvement programme with the reinvigorating of Criteria Led Discharge to support weekend planning; this is in progress.

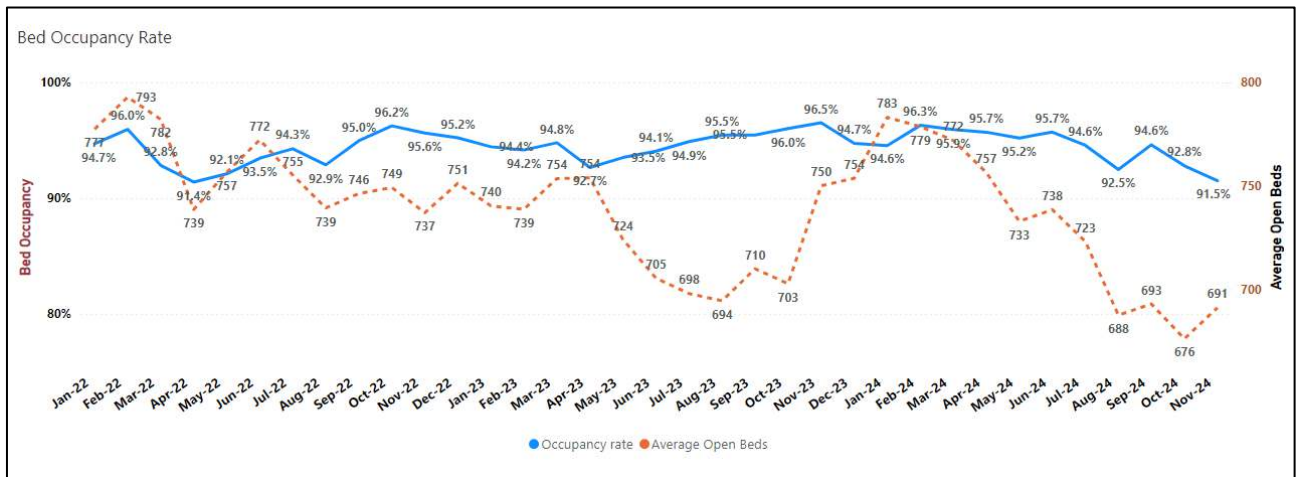
4.7. Our winter plan assumed that the Length of stay would remain similar to December 2023 at 6.3 days. However, in October and November, we improved on last winter with length of stay was reported at 5.8 days and 6 days, respectively.

5. PCCT Bed Capacity

5.1. In preparation for the Sandwell site move to MMUH, 12 Primary Care, Community & Therapies (PCCT) beds were released into the Trust capacity. Preparations were made to support the release of a further 12 beds into the Trust capacity for the City move and remained open post-MMUH move. These beds remain available and are consistently flexed to support the winter plan.

6. Bed Occupancy

6.1. The bed occupancy rate in November was 91.5% with 691 average beds open across all of our general and acute beds. The six-week average bed occupancy for the Midlands’ region range is 97.57-94.83%.



6.2. The 2023/24 NHS operational planning guidance states that bed occupancy should be a maximum of 92%. The chart shows how bed occupancy is the lowest reported since January 2022. Bed occupancy has not increased at this point during the winter.

7. Clinical Group Interventions

7.1. Each clinical group identified and subsequently implemented a separate set of interventions to reduce bed occupancy before the move to MMUH and into winter.

7.2. Primary Care, Community and Therapies

Stroke Decoupling and delivery/optimisation of integrated care systems (ICSs) for the move of rehabilitation services to Rowley Regis Hospital has been completed. To ensure that there is the appropriate use of community beds, the Therapy lead, representing therapies and Integrated Discharge Hub, routinely attends all scheduled length-of-stay meetings.

Several services in PCCT, continue to work on Level 4 action cards. The Integrated Discharge Hub was trialled and implemented in early December with newly defined admin roles with the aim of ensuring capacity to accommodate 'live' TOCs throughout the entire shift to prevent delays. To maintain flow and discharge to Town Teams, there are routine reviews of Home-Based Intermediate Care (HBIC) caseloads for additional confirm and challenge.

7.3. Medicine and Emergency Care

Medicine and Emergency Care continue to run daily Length of Stay meetings with senior leadership representation. To avoid variation in the length of stay and daily discharges from ward to ward, there is a review of consultant ward cover routinely undertaken to ensure that discharge numbers remain as expected and that there is a Clinical Director-led review of the ward areas/referee rounds where appropriate.

The clinical group reviews rotas for the medical wards, AMU and SDEC to ensure that there is experienced substantive Consultant presence. Additional Acute Medicine shifts have been added to rotas to support admission avoidance, although filling them consistently has been challenging.

7.4. Surgical Services

In preparation for the move to MMUH and reduction in bed occupancy, Surgical Services increased Consultant presence on the wards by introducing 7-day Consultant rounds for every specialty with the presence of the senior leadership team at huddles to provide confirmation and challenge. Communication from the senior leadership team to medical colleagues emphasised the importance of optimised discharges to support the safe transfer of patients to MMUH and post-move.

Capacity was doubled daily for trauma and NCPOD to facilitate earlier intervention, reducing the overall length of stay. Multi-Agency Discharge Events (MADE) were held with the purpose of supporting improved patient flow, identifying and unblocking delays, and challenging the complex discharge processes with the support of Trust services and system partners.

7.5. Women's and Child Health

The clinical group have continued to focus on appropriate and timely escalation where increased support is required from external partners e.g. Child and Adolescent Mental Health Services (CAMHS) patients for social admissions.

Increased consultant presence on ward rounds across the groups was implemented and facilitated timely discharges across all specialties. Support from the network for the induction of labours and utilisation of network cots translated to a reduction in patient numbers prior to the MMUH move.

In Gynae, Gynae oncology and Breast services, there continues to be a specific focus on the review of elective caseloads to reduce length of stay including patients on long-term Total parenteral nutrition (TPN) who could be suitable for earlier discharge into the community. Inpatients waiting for procedures such as SCP are routinely identified earlier and receive treatment facilitating timely transfer of care or discharge.

7.6. Imaging and Pathology

To support the clinical groups in the reduction of bed occupancy, additional imaging hot slots have been made available alongside additional computerised tomography coronary angiography (CTCA) scan sessions during weekends. To support the MMUH Mock Census, the imaging booking team were available to pull forward imaging appointments for patients awaiting diagnostics before discharge decision. This activity had a significant

impact in assisting earlier discharges and reducing length of stay. Mutual aid for Non-Obstetric Ultrasound Diagnostic Services (NOUS) and Insourcing will continue to meet diagnostic demands.

7.7. MMUH Mock Census

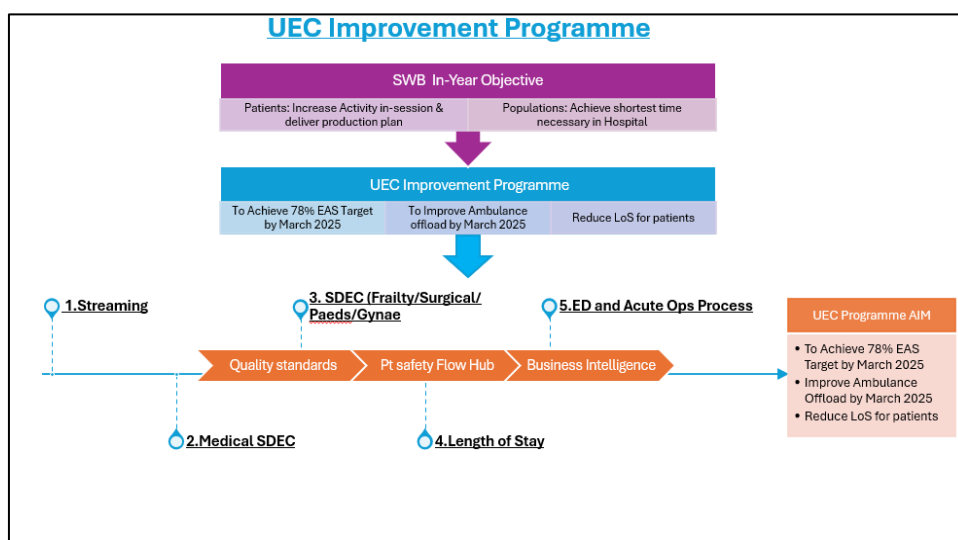
In preparation for the transfer of patients to MMUH, a Mock Census was run the week commencing 2nd September for Sandwell and 9th September for City. This involved attendance at a daily meeting by the Ward Manager/Nursing Lead, Consultant and Operational lead for the ward.

Identical proformas to those planned for use during the move period will be completed by the ward teams to familiarise them with the documentation which will be presented to a panel made up of an MDT from clinical support services (Imaging, Pharmacy, IDU, Therapies, Virtual Wards) and clinical leaders for confirm and challenge.

The census prior to the Sandwell and City move to MMUH was successful in reducing the number of patients for transfer. Sandwell safely transferred 176 of 320 inpatients (55%) and City transferred 112 of 220 (51%) with the remaining discharged or transferred to PCCT beds. The census facilitated a reduction in length of stay and improved flow.

8. Urgent And Emergency Care (UEC) Improvement Programme

8.1. The UEC Phase 2 Improvement Programme aims to deliver EAS performance of 78% and improve ambulance handover by the end of March 25. The programme consists of 5 workstreams including Streaming, SDEC, ED and Acute Operational Processes, and Length of Stay underpinned by Quality Standards, Patient Safety Flow Hub and Business Intelligence. New KPIs and project plans are in the process of being developed alongside improvement trajectories with governance and assurance through the UEC Delivery and Steering Groups.



8.2. With external support, clear opportunities have been identified for ED processes in line with bed occupancy and length of stay. An emergency care ICB peer review and an informal visit from NHSE focused on the patient pathway post-MMUH move have taken place and areas for further development identified to support flow through the Emergency Departments to achieve an improvement in EAS performance. Further visits will be scheduled for the new year with a plan to complete process mapping and establish opportunities to improve efficiency. A review has also been completed by the Emergency Care Improvement Support Team (ECIST) Clinical Associate in Emergency Care, who has made recommendations for how risk related to patient waits can be managed in the Emergency Department through effective workforce planning, changes in operational processes and clinical pathways. The recommendations from all these reviews are being tracked through the UEC Improvement Programme.

9. Oversight and Leadership

9.1. The MMUH Rightsizing programme has concluded, however, all of these schemes are now business-as-usual services. Delivery of expected benefits will continue to be monitored locally at the service and group level as well as the UEC Delivery and Steering Groups.

9.2. Length-of-stay meetings run daily to monitor and identify wards that may need additional support to meet their discharge targets. The weekly task and finish group tracks the Length of Stay and implements strategies to facilitate earlier discharge whilst improving the quality and safety of services.

9.3. Bed occupancy including the availability of additional PCCT beds is tracked daily through site meetings and formal performance reporting with immediate actions taken where required. During the winter NHS England will require bed occupancy reporting with all organisations expected to deliver occupancy of no more than 92%.

10. Winter Plan Update Summary

10.1. This year's winter plan continues to focus on realising the potential of attendance and admission avoidance and reduction in length of stay.

10.2. The table below shows our progress against the plan:

	Expected delivery	Actual- November month-end
Rightsizing schemes	70%	62%
Length of Stay- Dec 2023	6.3 days	6 days
PCCT beds available (24 beds)	24 beds	24 beds- in use with capacity available

Occupancy Increase (8 beds)	1.7%	Not required. Occupancy sits below 92%
Clinical Group interventions	All actions completed	All actions implemented with outcomes being monitored

11. Recommendations

The Trust Board is asked to:

- a. **REVIEW** and **DISCUSS** the UEC performance update and contributing factors
- b. **REVIEW** and **DISCUSS** progress of UEC Improvement and Rightsizing Schemes
- c. **DISCUSS** and **ACCEPT** the winter plan update

Demetri Wade
Deputy Chief Operating Officer

Taj Virk-Dhugga
Assistant Director of Urgent Care

20th December 2024

Tier 1 - Paper ref:	PublicTB (01/25) 011
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Report title:	MMUH Learning Campus – Employability Update
Sponsoring executive:	James Fleet, Interim Chief People Officer
Report author:	James Fleet, Interim Chief People Officer & Meagan Fernandes, Director of People and Organisational Development
Meeting title:	Public Trust Board
Date:	8 th January 2025

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

The Midland Metropolitan University Hospital (MMUH) Learning Campus (LC) is a key enabler in promoting, supporting and enabling education, training and employability for local people and communities. The MMUH benefits case reflects the substantial opportunities that the LC provides to further expand and scale the employability successes that have been delivered during the past 18 months, through the Learning Works. The LC will promote local community regeneration, in line with the Towns Fund's focus on driving long-term economic and productivity growth for the local population. The LC will also support Sandwell and West Birmingham Hospitals NHS Trust (SWB), as well as the wider Black Country system in addressing future workforce planning and sustainability challenges. Increasing the volume of local people employed and trained is one of the Trust's Strategic Planning Framework (SPF) eleven success measures for 2025/26.

Through its #MoreThanAJob employability programme, the Trust is positively and fundamentally breaking down social barriers and tackling the detrimental and long-standing impact of deprivation on employment and health, through creating more inclusive routes into employment (widening participation). During the last 18 months, the Trust's employability team have supported 203 local people to receive a job offer, 155 of these people at SWB and 48 externally with other local employers. During the past 12 months over 81% of SWB's new recruits have come from local communities, thereby exceeding the board target of recruiting 34% of vacancies from local communities.

Alongside the employability programme, there is significant work being undertaken with SWB's Learning Campus partners Sandwell College, Aston University and Wolverhampton University to develop and finalise the education offer for the LC, to deliver the Towns Fund commitments, whilst also addressing the Trust's own Training Needs Analysis (TNA) and workforce planning requirements. This involves focused work to optimise the Trust's ring-fenced education budget and CPD funding allocations to support the strategic aim of increasing the training and employment of local people.

This paper briefs the board on the progress to date in delivering SWB's employability commitments, in advance of the opening of the LC and updates Board colleagues on the approach being taken to progress future education commitments with SWB's LC Partners.

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

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

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

None

4. Recommendation(s)

The Public Trust Board is asked to:

- a) **NOTE** the progress made so far in exceeding the delivery of the employability commitments linked to the Learning Campus.
- b) **RECOGNISE** the significant opportunities that the LC provides to expand and scale the Trust's current employability achievements, deliver the Trust's 2025/26 SPF success measure to increase the volume of local people employed and trained and increase the representation of local communities in senior management roles.
- c) **SUPPORT** the important work that is being undertaken with local LC partners to optimise the provision and impact of the LC in driving regeneration, and social value, as well as improving the health, well-being and prosperity of local people and communities.

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

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

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board on 8th January 2025

MMUH Learning Campus Employability Update

1. Introduction

- 1.1 The MMUH Learning Campus (LC), which is scheduled to be built on the MMUH Health Campus site by the end of 2025, provides the opportunity to accelerate and scale the impact and benefits of local and regional healthcare education and training. The LC significantly enhances the Trust's existing capacity and facilities, as well as building the quality of education and employment partnerships that are required to truly enable the widest possible participation and engagement of local people and communities. The LC is much more than an educational institution, it is a catalyst and a platform for supporting longer-term employability.
- 1.2 The LC reflects the key anchor role held by Sandwell and West Birmingham NHS Trust (SWB) and will deliver substantial benefits to local communities, aligned to the MMUH benefits case and the Towns Fund's focus on driving long-term economic and productivity growth for the local population.

This paper briefs the board on the progress to date in delivering SWB's employability commitments, in advance of the opening of the LC and updates Board colleagues on the approach being taken to progress future education commitments with SWB's LC Partners.

2. Background and Context

- 2.1 The LC project is funded through the Smethwick Towns Fund and additional funding from the West Midlands Combined Authority (WMCA). Key stakeholders are:
- Sandwell & West Birmingham Hospitals NHS Trust (SWB or the Trust)
 - Sandwell Metropolitan Borough Council (SMBC)
 - Sandwell College (SC)
 - University of Wolverhampton
 - Aston University
 - The Learning Works (part of SWB)
- 2.2 As part of the Smethwick Towns Fund bid the Project will provide:
- A facility that can accommodate 1,280 learners assisted by 2025/26;
 - 2887m² of total new floorspace delivered by 2025
- 2.3 The WMCA funding requires SWB to commit to future employment, internship and work experience opportunities for those accessing the LC. This is detailed as follows:
- 50 people per year from within local communities are supported to access substantive employment within the Trust through employability programmes such as the Sector Based Work Academy Programme (SWAP).

- 100 apprenticeship opportunities per year.
- 250 work experience opportunities per year.
- 10 supported internships per year through programmes such as Project Search (supporting young adults with Learning Disabilities in accessing employment)
- 60 people each year supported to participate in career insight days.
- 450 people each year supported to participate in discovery days.

2.4 **Figure 1** below provides an overview of the governance and oversight arrangements for the delivery of the MMUH Learning Campus.

Accountable Executive James Fleet, Interim Chief People Officer				
Warren Grigg SRO for Construction and Design	Meagan Fernandes SRO for Occupancy, Education, Employability and Communications			
Design & Construction	Occupancy, operations and Towns Fund deliverables	Education	Employability	Engagement and Branding
Oversight and management of construction and build with Kier Key design matters, planning approvals and compliance with planning requirements construction delivery, timetable, risks. Commissioning of new building Handover Move mobilisation	Lease arrangements and negotiations with Partners College lease; Other formal occupation arrangements; Cafe procurement and operation Occy Health, Wellbeing / Gym occupation Facilities management Commercial opportunities Finance and capital funding Monitoring returns to Council, WMCA; benefits realisation IT Technology and operations	Education delivery plans curriculum development; reporting and delivery of key metrics; any research opportunities; Future strategy	Employability programmes #morethanajobprogramme Apprenticeships Work experience Engagement with employers Future strategy	Communication and engagement Branding Community engagement

3. The Learning Campus Employability Programme

- 3.1 The Trust’s purpose is to ‘*improve life chances and health outcomes*’ for our local population and to play a key role in supporting our local people beyond the provision of health care, we are, #MoreThanAHospital.
- 3.2 It is well established that being in good and fulfilling employment is protective of physical and mental health and well-being. Conversely, unemployment contributes to poor health. Supporting residents into employment is critically important to reducing health inequalities. As an anchor organisation, SWB is one of the largest employers of local people within the area. The LC provides the opportunity, through SWB’s established employability pathways and apprenticeship routes, to further scale the health and wellbeing benefits of the existing employability services for local people and communities, through offering more inclusive and diverse routes into employment and providing long-term sustainable work and career development opportunities.
- 3.3 With the construction of the LC underway and the Trust’s strategic partnership with Sandwell College now formally in place, as well as emergent working arrangements with local higher education providers, such as Aston University and University of Wolverhampton, live partnership dialogue with the West Midlands Combined Authority (WMCA), Sandwell Council, Department for Work and Pensions and other key stakeholders, the opportunity to leverage the Trust’s #MoreThanAJob Programme as a catalyst for growth, to support social and economic regeneration within our community, is greater than ever.

3.4 In preparation for the opening of the LC, the Trust has brought together the apprenticeship and widening participation provision (the Trust Learning Works) to operate as one “single front door” for employability. This includes the launch of the Trust’s widening participation #MoreThanAJob programme, which supports local people who are predominantly unemployed and living in the top 20% of deprived areas nationally (according to the Index of Multiple Deprivation). This provision includes supporting local people who hold overseas healthcare qualifications, refugees and migrants from the 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.

Figure 2 below summarises the breadth of the #MoreThanAJob Programme.



3.5 Through this programme, the Trust is breaking down barriers, social injustice and stigma through creating and embedding more inclusive and participative routes into employment. In the last 18 months since launching the #MoreThanAJob programme 203 local people have received support to secure job offers, 155 of these people have been employed at SWB and 48 externally with other local employers.

3.6 The table below provides a summary overview of the progress in delivering the Towns Fund and WMCA employability requirements over the last 12 months:

	Annual Target	Actual Period 01/01/2024 – 06/12/2024
People supported into substantive employment through employability programmes	50	118
Apprenticeship Opportunities	100	96 (internal) 186 (external)
Work Experience Placements	250	251
Supported Internships	10	10
People participating in Career Insight Days	60	120
People Participating in Discovery Days	450	628

3.7 In 2022 the Trust Board agreed that at least 34% of all Trust vacancies would be filled from within the local population. This target has been consistently exceeded, with over 81% of new recruits coming from within the Trust’s local communities. A large proportion of these

roles are being recruited through our employability programmes and are mainly into lower banded roles with the highest number of roles at Band 2(29 %), followed by Band 5 roles (17%) and Band 3 roles (13%). Recruitment to circa 14 % of senior medical roles, predominantly within the Specialty and specialist (SAS) doctor group, has also been from local communities. A full breakdown of the demographic data can be found in Annex 1.

3.8 The Trust recognises that there is more to do to increase recruitment into senior management roles, particularly at Band 8a and above, from local candidates. This work is being progressed through our Inclusive Resourcing and Talent Management Programme, which has the support of Val Taylor (Non-Executive Director and co-chair of the Group). An update on the progress of this far-reaching programme of work was presented to the board at its September meeting. The Board has also previously received a People Story from SWB staff who have been supported and enabled through the employability programme. Furthermore, the work with regional higher and further education partners represents a significant opportunity to access management and leadership development opportunities for aspirant leaders within our workforce.

3.9 **Our employability approach**

Our #MoreThanAJob employability programme utilises a process of inspire, attract, train, recruit and retain:

- **Inspire-** working in partnership with key external stakeholders to deliver Discovery Days. Discovery Days are half-day sessions which we run in the community at partner sites or community venues, they are aimed at 'inspiring' local communities to think about a career in the NHS and to talk through the different roles available and the career pathways linked to those roles. The employability team also participate in numerous job fairs and events across the region to promote the Trust's employability programmes.
- **Attract-** individuals who express an interest following an event or Discovery Day, are booked in for a 1:1 Training Needs Analysis (TNA) and Action Plan meeting with a member of the employability team. The employability team explore previous experience and transferable skills, as well as identify any additional support that may be required and future career aspirations.
- **Train-** following the TNA, people are put forward for an employability training course, the course will support general employability skills and showcase through 'day in the life of' sessions the plethora of careers available within the NHS and the career progression pathways linked to those careers. Participants are supported to achieve a level 2 certificate in Employability Skills and Customer Service.
- **Recruit-** upon completion of the employability programme, participants are put forward for job and apprenticeship opportunities. The employability team provide a range of support, including mock interviews and access to a recently introduced clothes bank for interview attire, if needed. Successful participants are supported throughout the time-to-hire period and those who are unsuccessful are supported by the employability team to look at alternative opportunities.
- **Retain** - once in post pastoral support is available, this includes helping to develop individual career pathways and identifying appropriate training and apprenticeships

that would support ongoing progression and retention. We work closely with line managers to identify suitable career progression opportunities and provide practical support. All recruits are tracked through ESR and there is a 97% retention rate for learners hitting a 13-week sustain period.

- 3.10 The employability team are also working closely with external partners to build relationships and extend the reach and impact of the employability programme and the benefits that this brings to local communities and organisations. The team have recently delivered employability programmes on behalf of Equans and Compas Group, resulting in 5 people securing employment with Equans and 14 with Compass Group.
- 3.11 The following targeted support is also offered for people who may face additional barriers to gaining employment through several well-established award-winning projects:
- **Live and Work** – Working with St Basils to support young people who are homeless or at risk of becoming homeless with somewhere secure to ‘live’ on the Sandwell Hospital site and working internally and with external partners to explore apprenticeship and ‘work’ opportunities. In total 19 young people have been referred, 10 have been through training, 6 have been offered employment and 1 is waiting for accommodation.
 - **Healthcare Overseas Professionals Project** – Supporting local overseas refugees who hold professional overseas healthcare qualifications such as Nurses, Doctors and Dentists. The Trust offers one-to-one pastoral support to help and support them navigate the NHS recruitment processes and explore opportunities to gain experience and employment. The Trust has supported 6 internal staff with relevant qualifications to move from Band 2/3 to Band 5, as well as supporting 56 people within the community to access training and employment opportunities.
 - **Project Search** – Supporting young people with a learning disability and/or autism with a 12-month supported internship opportunity and thereafter support to secure a substantive employment opportunity. The Trust currently has 4 interns on the programme and a further 6 new interns.
- 3.12 Within the past 18 months the Trust has delivered a range of employability programmes from the Employability programmes to Sector Based Work Academy (SWAP) programmes with Sandwell College and has supported recruitment for Healthcare Assistants, Logistic Operatives, Ward Service Officers, Care Navigators, Catering Assistants and with our partners Compass Group, Customer Service Assistants and with Equans, Maintenance Assistants as described in table 1 above.
- 3.13 In order to support the widening participation agenda and create more job opportunities through #MoreThanAJob, the SWB Inclusive Resourcing and Talent Management Group is exploring a process for recruiting to a set percentage of Band 2 – 4 job opportunities through a social value route for the widening participation. This will ensure inclusion and support local people facing barriers to employment to move into sustainable employment.
- 3.14 The LC, as well as the external funding received through the employability programmes provides the unique opportunity for the Trust to further grow develop and scale the employability offer to local communities. The successes to date, as summarised within this paper, as well as the research evidence in this area, highlight that the Trust’s

#MoreThanAJob programme has and will continue to positively affect the life chances and health outcomes for local people.

4. Working with Learning Campus Partners to deliver our Education Commitments

- 4.1 Ahead of opening the Learning Campus, there is a considerable programme of work being undertaken with our Learning Campus partners; Sandwell College, Aston University and University of Wolverhampton, to develop and finalise the education offer for the LC.
- 4.2 The People and Organisational Development team are working with professional leads to optimise the existing ring-fenced Training and Development budget, as well as NHS England Continuous Professional Development (CPD) monies, to support the delivery of the Trust's strategic priorities. This work identifies education needs requiring external provider support potentially through the LC partners. Some common and recurring areas of need have been identified such as non-medical prescribing and health assessment programmes for nursing, continuation of the nurse associate and nursing degree programmes alongside more individual and intermittent needs. New areas being explored include further maximisation of AHP degree apprenticeship programmes and investigating higher development awards for AHP support workers; some additional bespoke ACP support and some bespoke cohorts for particular subjects for staff e.g.: British Sign Language; further scoping to test the appetite for cohorts of higher-level leadership/management degrees for staff (e.g. master's level).
- 4.3 The Trust's current contribution to the Apprenticeship Levy is circa £1.72m per annum. Plans are being developed to recover as much of this levy fund as possible. In the last 12 months through apprenticeship career development for staff, the Trust has spent approximately £1,214,645 on apprenticeship levy. In addition to internal accredited apprenticeship provision, the Trust is currently supporting 186 staff on levy-funded external apprenticeships with 23 external providers, across a wide range of programmes and levels such as pharmacy technician and nursing associate programmes; registered nursing degrees; operations management; dietitian, physiotherapist, occupational therapy degrees; healthcare science; midwifery and advanced clinical practitioners (master's degree level).

5. Learning Campus Occupancy

- 5.1 Sandwell College has signed up to lease part of the LC building whilst Wolverhampton and Aston Universities are currently favouring renting space as required. Regular meetings are held with Sandwell College for areas of study offered by them, there is also focussed work being undertaken with the University of Wolverhampton and Aston University to progress the finalisations of their delivery requirements from the LC site.

6 Recommendations

- 6.1 The Trust Board is asked to:
- a) **NOTE** the progress made so far in exceeding the delivery of the employability commitments linked to the Learning Campus.

- b) **RECOGNISE** the significant opportunities that the LC provides to expand and scale the Trust's current employability achievements, deliver the Trust's 2025/26 SPF success measure to increase the volume of local people employed and trained and increase the representation of local communities in senior management roles.

- c) **SUPPORT** the important work that is being undertaken with local LC partners to optimise the provision and impact of the LC in driving regeneration, and social value, as well as improving the health, wellbeing and prosperity of local people and communities.

Annex 1 Demographic Breakdown of Local Employment

James Fleet
Interim Chief People Officer

Meagan Fernandes
Director of People and Organisational Development

11 December 2024

Tier 1 - Paper ref:	PublicTB (01/25) 012
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Report title:	Workforce Systems Optimisation
Sponsoring executive:	James Fleet, Interim Chief People Officer
Report author:	James Fleet, Interim Chief People Officer Andy Harding, Associate Director of People Transformation and Optimisation Meagan Fernandes, Director of People and OD
Meeting title:	Public Trust Board
Date:	8 th January 2025

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

Delivering operational readiness for opening the Midland Metropolitan University Hospital (MMUH), including embedding the new clinical model, as well as realising the multi-year MMUH benefits case and delivering the challenging Financial Improvement Programme (FIP) for 2024/25 and beyond requires the Trust to fully implement, optimise and scale its workforce systems and processes. 'Optimising workforce capacity' is also a strategic objective and success measure for the Trust's Strategic Planning Framework (SPF).

Recent discussions at the Trust's People Committee, Finance and Performance Committee and Audit Committee have highlighted that there has been a historical under-investment in mobilising workforce systems, which has undermined the Trust's ability to realise the scale and scope of the anticipated organisational benefits (efficiencies, strengthened operational and performance management, staff engagement) from implementing and embedding these key systems and processes. This issue was escalated to the Trust Board in November, through the Deputy Chairs Committee report, which highlighted the importance of a sufficiently resourced and systematic programme approach to implementing and optimising core workforce systems such as e-rostering and job planning, including the importance of building line manager capability and proficiency. The Deputy Chairs report and discussions at the November Board recognised the significant progress that has been made in this area since April 2024.

Building on the success of the MMUH readiness work on the Electronic Staff Record (ESR), the Trust launched an ambitious and comprehensive programme of work in April 2024 to fully implement, align and optimise its key workforce systems.

The benefits of this work will include:

- Reduced reliance on temporary staffing, and enhanced operational efficiency through full visibility of available workforce capacity across all staff groups (i.e. rostering attainment level 4).
- Improved visibility of workforce capacity across the Trust and strengthened operational decision-making.
- A proactive and consistent approach to absence management.
- Delivering the ambitious multi-year MMUH benefits case.
- The capability to undertake strategic workforce planning, aligned to financial and activity planning.

- A robust governance framework, led by a newly established Workforce Systems Group, to ensure accountability, progress tracking, and timely interventions, where required.

The paper provides the board with an overview of the workforce systems optimisation work programme, highlights the key timelines for implementation and delivery, summarises the interim achievements and describes the anticipated longer-term benefits for the Trust, as well as the opportunities to scale this for the benefit of the wider system, as part of the work being advanced to transform corporate services across the Black Country.

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

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

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

None

4. Recommendation(s)

The Public Trust Board is asked to:

- NOTE** the ambitions, scope, objectives and benefits of the workforce optimisation work programme
- RECOGNISE** progress made so far through this programme of work.
- CONSIDER** the ongoing risks and challenges to the programme and the action being taken to mitigate and address these risks
- TAKE** assurance from the robust governance arrangements that have been established to oversee the effective implementation and optimisation of workforce systems.

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

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

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board on 8th January 2025

Driving Workforce Systems Optimisation

1. Introduction & Background

- 1.1 Opening Midland Metropolitan University Hospital (MMUH) and delivering the major multi-year people and workforce benefits within the MMUH benefits case requires the optimisation of workforce systems to support seamless day-to-day operational effectiveness, as well as the visibility of core workforce capacity to support the realisation of financial sustainability.
- 1.2 As reported to the Trust's Finance Committee, People Committee and Audit Committee, the workforce optimisation programme also represents a major pillar of the Financial Improvement Programme (FIP) for 2024/15 and beyond.
- 1.3 These systems, such as e-rostering and e-job planning are critical for enabling the Trust to have full visibility of all available workforce capacity and to ensure the most efficient and effective deployment of the Trust's workforce to deliver against constitutional performance measures, quality, people and financial indicators.
- 1.4 There has been historical under-investment in implementing, deploying and optimising some key workforce systems, as well as the lack of a consistent programme approach to rolling out and embedding these systems. There has been limited success in training and equipping line managers to utilise workforce systems proficiency. This has resulted in fragmentation, poor alignment of systems, as well as sub-optimal interoperability. On this basis, the quality of some of the Trust's key workforce data points (i.e. e-rosters, job plans, absence) has lacked the depth and accuracy that is required to inform effective and efficient operational decision-making, in particular visibility of core workforce capacity.
- 1.5 In April 2024, the Trust mobilised a comprehensive piece of work to integrate and optimise all core workforce systems. This work will streamline systems and processes, enhance resource allocation and ensure workforce management and planning tools are robust and aligned with operational and financial priorities. A sufficiently resourced and robust programme approach has been adopted, which includes a phased and comprehensive roll-out plan, supported by an active engagement model which has increasingly driven buy-in and ownership from key operational and clinical leaders, particularly since the final move into MMUH. The workforce optimisation programme is underpinned and enabled by robust training and knowledge transfer offered at individual and team levels. This programme of work will deliver sustainable, intuitive, integrated and value-adding workforce systems, underpinned by a clear strategy to meet both immediate and long-term needs.

- 1.6 This paper provides the board with an overview of the workforce systems optimisation work programme, highlights the key timelines for implementation and delivery, summarises the interim achievements and describes the anticipated benefits for SWB, as well as the opportunities to scale for the benefit of the wider system, as part of the work being advanced to transform corporate services across the Black Country.

2. Drivers for Workforce Systems Optimisation

- 2.1 There are several key drivers for optimising the Trust's workforce systems, including:
- Opening MMUH and establishing the Sandwell and City Health Campuses have necessitated a robust and reliable approach to workforce alignment and optimisation. The scale and complexity of the workforce requirements to deliver the new clinical model have demanded a much greater clarity of resource allocation, workforce planning and reporting, workforce compliance and workforce capacity than ever before. The significant work undertaken to enhance the Trust's ESR and strengthen associated workforce data and planning capabilities, in readiness for opening MMUH, was recognised by the New Hospitals Programme Team (NHPT) in their formal feedback in February 2024. *"We were particularly impressed with ongoing work around ESR...We would be keen to spend some time with the team to understand their approach so we can share good practice"*. In a recent review of ESR functionality and performance across all Black Country providers SWB was highlighted as the most effective.
 - Realising the MMUH benefits case requires the Trust to embed optimised workforce systems and processes to drive efficiency, effectiveness and control costs, whilst also strengthening and embedding a culture which promotes and enhances staff engagement, and staff satisfaction and improves the overall experience for our people. The people benefits represent the largest component of the MMUH multi-year benefit profile. The Trust Board received a paper at its November meeting which highlighted the key people metrics within the MMUH Benefits case.
 - Equipping the Trust's leaders with the tools, processes, information, knowledge and skills to optimise the capacity within their teams is critical to delivering the immediate 24/25 financial plan, as well as medium-term financial sustainability. Reducing reliance on costly temporary staffing solutions, through ensuring the most efficient allocation of substantive staff underpins the Financial Improvement Plans for SWB and the wider Black Country system. Driving the maximum benefits through workforce systems, such as eRoster/Optima, eJob Plan and Activity Manager, SafeCare, eLearn and the GoodShape platforms will be vital to achieving the levels of cost-effectiveness and efficiency that are required going forward.
 - Optimising workforce capacity is one of the Trust's 11 Strategic Objectives within the SPF.

3. The Case for Change

3.1 A comprehensive review of the Trust's workforce systems during April and June 2024 has highlighted some key issues and challenges, specifically:

- Fragmentation across platforms has created silos that impede integration and limit real-time decision-making. This lack of cohesion leads to inefficiencies, delays, and missed opportunities for optimising resource allocation.
- Inaccuracies in data quality in some areas such as owed hours and unapproved rosters undermine the Trust's ability to use workforce data effectively. These inaccuracies not only hinder decision-making but also erode leaders' confidence in the systems, reducing their adoption and utility.
- Over-reliance on temporary staffing exacerbates financial strain. This dependency is often driven by inefficiencies in roster compliance, sub-optimal absence management, and skill alignment. The associated high costs highlight the urgent need for robust and integrated workforce planning.
- Poor and inconsistent coverage of training for line managers and reduced capacity of leaders to engage in training ('no fly zone') has resulted in many managers lacking adequate capability and proficiency to utilise and optimise workforce tools such as eRostering, job planning, and absence management systems. This variability has led to uneven outcomes, limiting the systems' potential to deliver efficiencies and actionable insights.

4. Scope and Objectives of the Workforce Optimisation Programme

4.1 The workforce systems optimisation programme will establish a comprehensive and unified framework and scalable platform for effective workforce management, integrating capacity management tools across all staff groups and equipping leaders with the knowledge, skills and support to realise the major performance, efficiency and productivity benefits of these systems across all parts of the organisation, on a day-to-day basis. The work covers the following key workforce systems:



4.2 **eRoster/Optima (e-Rostering Academy)** is a critical tool that currently supports nursing and midwifery but will expand to include all staff groups. By improving roster efficiency, enabling real-time absence management, and reducing owed hours, eRoster addresses mismatches between budgeted establishments and demand

templates. This expansion will support nursing, midwifery, consultants, junior doctors and eventually all staff groups, including AHP's and A&C staff, through tailored rostering and rotation management. The Trust will have a fully established e-rostering Academy in place which will optimise e-rostering for all staff groups to level 4 attainment. Therefore, "The Trust will have in place organisation-wide e-rostering, this means there is board-level accountability for monitoring e-rostering across all workforce groups, ensuring audit and review. Team objectives, departmental budgets and the trust's objectives are aligned, so it can respond dynamically to services' changing needs" (ref 'E-rostering the clinical workforce: levels of attainment and meaningful use standards June 2019).

- 4.3 **Consultant Job Planning & eJob Plan**, focuses on the medical workforce and integrates job planning with activity management to ensure resources are effectively aligned. The fully integrated Consultant Job Planning & eJob Plan system will act as a seamless, real-time platform to align the medical workforce with MMUH's operational priorities. By eliminating outdated paper-based processes, the system will ensure that consultant job plans are accurate, current, and compliant with Trust policies. This integration will allow for dynamic activity management, enabling real-time adjustments to schedules to meet service demands effectively. Workforce utilization will be optimized through improved visibility of resource availability, while data-driven insights will identify productivity and cost-saving opportunities. Ultimately, the system will enhance decision-making, enabling collaborative planning between consultants, managers, and operational leads, ensuring better patient care and greater operational efficiency.
- 4.4 **Activity Manager** bridges job planning and resource utilisation by aligning the medical workforce with patient care pathways. The fully implemented Activity Manager will bridge job planning and resource utilization by integrating consultant schedules with patient care pathways. It will ensure that workforce resources are consistently aligned with service demand, minimizing mismatches in capacity and patient flow. By providing real-time oversight, managers will be able to monitor and adjust staffing levels dynamically, reducing delays in care delivery. Advanced analytics will enhance predictive planning, allowing for proactive resource allocation based on forecasted service needs. Furthermore, the system will facilitate better coordination across specialities and services, creating a more cohesive and responsive operational environment that enhances both clinical outcomes and workforce efficiency.
- 4.5 **SafeCare** provides acuity-based rostering for nursing and midwifery, ensuring safe staffing levels that adapt to dynamic patient needs. By redeploying skilled staff, when necessary, SafeCare enhances patient safety while reducing reliance on temporary workers. SafeCare will provide a fully integrated, acuity-based rostering system for nursing and midwifery, ensuring that staffing levels are always aligned with dynamic patient needs. The system will adapt in real-time to changes in acuity, automatically adjusting rosters to maintain safe and effective care. It will also enable flexible redeployment of skilled staff to high-demand areas, minimizing the reliance on temporary workers while ensuring patient safety remains a priority. By fully

embedding SafeCare, the Trust will achieve a balance between optimal staffing levels, enhanced patient outcomes, and sustainable workforce management practices.

- 4.6 **eLearn** serves as a centralised learning management platform for all staff groups, ensuring training compliance, supporting skill development, and retaining knowledge critical for sustainability. It complements tools such as Ward Guardian by providing near-real-time compliance data and performance insights to ward managers and directors. The fully integrated eLearn platform will serve as the centralized hub for learning management, supporting training compliance, skill development, and knowledge retention across all staff groups. It will provide managers with real-time insights into compliance gaps and performance data, enabling them to address training needs proactively. By integrating with tools such as Ward Guardian, eLearn will complement operational systems by offering near-real-time compliance data and actionable performance insights. The platform will ensure that staff development aligns with organizational priorities, creating a more skilled and adaptable workforce capable of meeting future challenges sustainably.
- 4.7 **GoodShape Employee Health & Wellbeing Platform** was launched On December 24. This system provides real-time absence tracking, proactive well-being management, and early interventions to support staff health. The fully implemented GoodShape platform will offer real-time absence tracking, proactive well-being management, and early intervention to support staff health and engagement. By providing managers with immediate access to absence trends, the system will enable early identification of issues and implementation of tailored interventions to address staff wellbeing concerns. Through integration with workforce planning processes, GoodShape will help reduce absence rates, enhance staff morale, and create a healthier, more engaged workforce. In its final state, the platform will be a cornerstone for improving staff wellbeing and productivity across the organization.
- 4.8 **A Master Vendor and Centralised Medical Agency Team** are being established to deliver cost control and accountability in managing agency staff. Once fully established, the Master Vendor and Centralised Medical Agency Team will streamline the procurement and management of agency staff to deliver cost control and accountability. By consolidating agency staffing under a single framework, the Master Vendor approach will improve efficiency and transparency, allowing the Trust to better manage costs while maintaining quality care delivery. Fully implemented, this system will significantly reduce reliance on agency staff and create a more sustainable and cost-effective workforce model.
- 4.9 These systems, supported by a strong governance framework, provide the platform to optimise efficient workforce management across the organisation, as well as effective leadership and staff engagement. Embedding this integrated platform of workforce systems will help address workforce inefficiencies, enhance leadership decision-making, and support the Trust's strategic priorities, including workforce optimisation as a key enabler to delivering fundamentals of care and financial sustainability.

4.10 There is also a significant opportunity to leverage and scale this work for the benefit of the wider system, as part of the work being advanced to transform corporate services across the Black Country.

5. Current Progress

5.1 Since launching the programme in April 2024, considerable progress has been made in implementing and optimising key workforce systems, which is reported to the People Committee (as a standardised item), as well as updates to the Finance Committee and Audit Committees. This includes the following:

- **GoodShape (Health & well-being platform) and System Optimization -**
GoodShape was launched in December 2024 and is now live for all staff groups, supporting real-time absence tracking and wellbeing management. From January 2025 reporting from this new system will be presented to the People Committee on a monthly basis. Implementation of this system is targeting a significant and consistent reduction in sickness absence, down to 5% in 2025 and ultimately to 4.5% (or lower) recurrently.
- **Rostering Improvements and Governance:**
 - Considerable work has been undertaken to address the underlying system configuration issues in OPTIMA, preventing recurring problems such as overtaking annual leave and accumulation of owed hours due to zero-hour unavailability. From January 3 tiers of thresholds will be activated within the system, to restrict and eliminate the accumulation of owed hours going forward. The ultimate ambition is to deliver and sustain rostering for all staff groups to attainment level 4.
 - The work to 'clean up' net hours has engaged 165 units across both OPTIMA and Barnacle systems.
 - Rostering KPI reports via "Ward Guardian" have been distributed to 124 units, providing matrons and managers with data-driven insights for decision-making.
 - Training in the Ward Guardian Console has been provided to GDONs and Deputy GDONs, empowering clinical leaders to support and hold their matrons accountable.
 - A Standard Operating Procedure (SOP) for effective rostering governance has been developed, offering structured support for GDONs.
 - The Staff Rostering Policy is under review, with collaboration through the Ocean Blue framework and Confirm and Support meetings scheduled across 20 units and 4 Care Groups from January to March 2025.
 - Senior Finance Managers and Group Heads of People have been trained in using OPTIMA for proactive data analysis and decision-making.

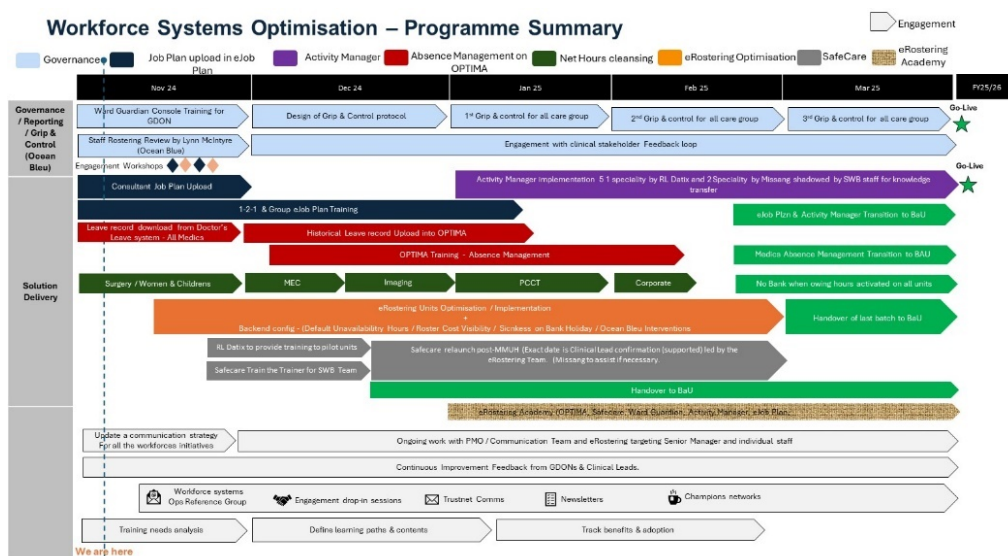
○ **Consultant Job Planning and eJob Plan**

- A detailed and comprehensive review of all job plans has been completed to ensure alignment with the Trust’s Job Planning Policy, with a focus on non-DCC elements.
- All job plans have been uploaded to the eJob Plan system, creating a robust baseline for current capacity.
- Training in the use of eJob Plan has commenced, with a framework agreed upon for all consultant staff.
- A Trust-wide and Clinical Group-level dashboard has been developed to track job plan metrics.
- An activity-based job planning framework has been developed and agreed upon by the CMO and Group Medical Directors, incorporating a bottom-up approach.
- Activity-based job planning for the 2025/26 round has commenced in Trauma & Orthopaedics, Imaging, ENT, Rheumatology, and Gastroenterology, aligning with production planning and commissioning processes.
- A draft WLI policy has been developed to address escalating spend, with final approval expected by the Job Planning Steering Group in January 2025.

6. Programme Arrangements, Risks and Issues

6.1 The workforce optimisation programme will deliver transformative outcomes and benefits for the organisation, aligned to addressing day-to-day operational resourcing and capacity challenges, as well as delivering the MMUH benefits case, the financial improvement programme and the SPF success measures.

6.2 A robust programme management approach is being implemented to ensure governance, accountability, and progress tracking across all workstreams. The visual below provides a summary overview of the programme activities through to the end of March 2025.



- 6.3 As Board members will be aware, particularly through escalations and reporting to Board sub-committees, there have been some significant challenges in fully mobilising and progressing key areas of the programme, such as the optimisation of e-rostering due to:
- A lack of leadership capacity to engage with the work (principally during the 'no-fly zone').
 - A deficit in local leadership knowledge, experience and capability to utilise key operational workforce systems such as e-roster and e-job plan.
 - The importance of ensuring effective staff engagement in the changes being made, as well as taking a fair and reasonable approach to implementing measures, controls (i.e. thresholds) and timescales for implementing key provisions such as the re-payment of owed hrs.
- 6.4 Since the opening of MMUH the level of engagement with local leaders has improved considerably, therefore enabling engagement groups to be established, such as a weekly meeting with all Group Directors of Nursing, chaired jointly by the Interim Chief People Officer and Chief Nurse has been established. Therefore, whilst the capacity to engage remains a significant and 'live' risk to the delivery, a range of targeted interventions are being taken forward at pace to reduce and mitigate this risk during Q4. Progress and risk reporting is also subject to scrutiny through the Executive Financial Improvement Group (every two weeks) and the monthly Finance Committee.
- 6.5 The Workforce Systems Steering Group, chaired by the Interim Chief People Officer, and led by the SRO (Associated Director of Workforce Optimisation) has been established to oversee the work programme, including; engaging key leaders within the Trust, reporting on delivery against strategic goals and escalating risks. Detailed programme plans for each workstream have been developed and signed off by the Interim Chief People Officer and other sponsoring Executives (Chief Operating Officer, Chief Nurse and Chief Medical Officer). The implementation activities for all of the workstreams and system components are underpinned by dynamic engagement, socialisation, training and up-skilling interventions and where the Trust has commissioned subject matter expertise support, knowledge transfer actions have been embedded into the engagement arrangements and contractual provisions. By way of example, a key component of the support from Ocean's Blue (e-Roster data mining specialists) is the provision of 'Confirm and Support' workshops that are being run with the Trust's Group Directors of Nursing and Matrons by Lyn McIntyre, MBE (Senior Nurse advisor to Lord Carter, Lyn also previously led work with the Department of Health to develop nurse productivity metrics/indicators and was also the Chief Nurse for Allocate Software). Lyn is facilitating a programme of workshops with the Trust's senior nurses to embed governance, oversight, and system optimisation principles. This approach ensures accountability, improved policy and governance, and consistent delivery across all systems.

- 6.6 The overall programme of work is targeting Level 4 compliance across all platforms. Tailored development plans will up-skill managers and frontline teams, fostering proficiency in new processes.
- 6.7 To maintain momentum, standardised KPIs will track progress, enable timely interventions, and ensure data-driven decision-making. This comprehensive approach will lay the foundation for sustained improvements in workforce utilisation, delivering clinical and financial benefits alongside enhanced workforce resilience.
- 6.8 Whilst formal governance of the workforce optimisations work programme will be through the People Committee, regular updates will also be provided to the Finance Committee as part of reporting on the FIP.
- 6.9 Dedicated internal and external (SME) resourcing has been secured to enable to success of this key programme of work.

7. Recommendations

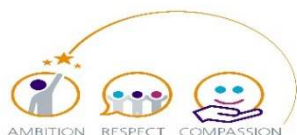
- 7.1 The Public Trust Board is asked to:
- a) **NOTE** the ambitions, scope, objectives and benefits of the workforce optimisation work programme.
 - b) **RECOGNISE** progress made so far through this programme of work.
 - c) **CONSIDER** the ongoing risks and challenges to the programme and the action being taken to mitigate and address these risks.
 - d) **TAKE** assurance from the robust governance arrangements that have been established to oversee the effective implementation and optimisation of workforce systems.

James Fleet
Interim Chief People Officer

Andy Harding
Associate Director People Optimisation and Transformation

Meagan Fernandes
Director of People and OD

13 December 2024



REPORT TITLE:	Board Skills and Experience Exercise
SPONSORING EXECUTIVE:	Kam Dhami, Chief Governance Officer
REPORT AUTHOR:	Daniel Conway, Associate Director of Corporate Governance
MEETING:	Public Trust Board
DATE	8 th January 2025

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

Recent self-reviews assess Board members’ skills and experience, supporting the NHS Leadership Competency Framework, to ensure alignment with strategic and operational goals. This paper highlights areas of strength, where gaps exist for the Board to address, and how this information will be taken forward through committee reviews, professional development, and periodic reassessment to ensure the Board remains equipped to meet future challenges and deliver its strategic objectives.

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

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

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

None

4. Recommendation(s)

The Public Trust Board is asked to:

- SEEK** opportunities to address skills deficits in future Board member appointments
- SUPPORT** the review of Committee membership to ensure appropriate Board member skills and experience.
- PARTICIPATE** in a repeat skills and experience survey in November 2025.

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

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

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board on 8th January 2025

Board Skills and Experience Exercise

1. Introduction

1.1 The NHS Code of Governance requires that every trust should be led by an effective and diverse board that is innovative and flexible, and whose role it is to promote the long-term sustainability of the trust, delivering high-quality, equitable care and the best outcomes for patients, service users, communities and its workforce.

1.2 The membership of the Sandwell and West Birmingham NHS Trust (SWBT) Board of Directors is determined in statute by the Trust Establishment Order (2002) and comprises Non-Executive Directors and Executive Directors.

1.3 Under the Establishment Order, SWBT can have a maximum of 12 voting directors, of whom the majority must be Non-Executive Directors (NEDs) and no more than five Executive Directors (EDs). The voting members of the SWBT Board are the Chair (NED), six NEDs, the Chief Executive, Chief Finance Officer, Chief Operating Officer, Chief Medical Officer and Chief Nursing Officer.

In addition, the following Executive Directors contribute to the Board (non-voting), the Chief Development Officer, Chief Governance Officer, Chief Integration Officer, Chief People Officer, and Chief Strategy Officer.

1.4 Together, the NEDs and EDs form a unitary Board that brings a good mix of knowledge, skills, professional expertise and lived experience. This paper focuses on the outputs of recent annual self-reviews to identify areas of strength and opportunities for development, both for individuals and across the Board as a whole.

2. Board Skills and Experience Review

2.1 All SWBT Board members are appointed to their roles following an open and transparent recruitment process and are experienced and professionally qualified experts in their fields. They also bring broad and generic leadership and management skills and experience, honed across multiple disciplines and within different operational and organisational contexts. This position is kept under review with all Board members undertaking an annual appraisal and performance review which includes the identification of training and development needs.

2.2 A new NHS Leadership Competency Framework was introduced in February 2024 to support the recruitment, appraisal, and development of Board members. The Framework has six leadership competency domains, which are:

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

2.3 The Framework is designed to support individual board members to self-assess against the six competency domains and identify development needs. All SWBT Board members completed the self-assessment with the feedback used by the Deputy Vice-Chair and Chief Executive in the 2024 appraisals for NEDS and EDs respectively. Achievement against the six competency domains supports the Fit and Proper Person assessment for individual board members.

2.4 To further strengthen the Board’s understanding of the breadth of professional skills and experience, each Board member completed a survey to facilitate a composite analysis of the Board’s skill mix against the following headings:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Strategy and Planning • Health Sector Knowledge • Financial Experience • Patient and Public Engagement • Workforce / HR Strategy • Workforce / OD • Business / Commercial / Entrepreneurial • Governance Experience • Clinical Experience | <ul style="list-style-type: none"> • Regulation / Legal • Community / Voluntary / Third Sector • Politics / Stakeholders / Partnerships • IT / Digital • Culture • Public Health • Primary Care • Artificial Intelligence (AI) • Improvement |
|---|---|

2.5 The survey asked the 21 Board members (11 NEDs and 10 EDs) to self-score their skills and experience in each of the above 18 areas, using the following score descriptors:

Please score your experience/skills for each area on a range of 0 -10

9-10 = Expertise and substantial experience in the areas
7-8 = Reasonably experienced (7-8 being the benchmark for sufficient experience to lead an area)
4-6 = Limited experience in the area
0-3 = No experience and limited or no knowledge of the area.

3. Board Skills Survey Results

3.1 There was a 100% response rate to the self-assessment survey. **Annex 1** summarises the skills, experience and attributes specific to key areas set out in the survey. Areas that were

scored as '9-10 = *Expertise and substantial experience*' are included. This focus highlights where the Board demonstrates the highest level of proficiency and proven capability. This approach prioritises strengths that can drive strategic decision-making, minimise risks, and maximise impact.

- 3.2 The table below summarises the number of individual NEDs and EDs who identified their skills and experience as 9-10 or 7-8, the latter being the benchmark for sufficient experience to lead an area.

	NED	Executive
Strategy and Planning	10/11	9/10
Health Sector Knowledge	9/11	10/10
Financial Experience	8/11	8/10
Patient / Public Engagement	7/11	6/10
Workforce / HR Strategy	8/11	9/10
Workforce / OD	7/11	7/10
Business / Commercial / Entrepreneurial	5/11	5/10
Governance Experience	9/11	10/10
Clinical Experience	3/11	3/10
Regulation / Legal	3/11	3/10
Community / Voluntary / Third Sector	8/11	2/10
Politics / Stakeholders / Partnerships	9/11	6/10
IT / Digital	2/11	2/10
Culture	9/11	8/10
Public Health	3/11	3/10
Primary Care	0/11	2/10
Improvement	9/11	7/10
Artificial Intelligence (AI)	1/11	1/10

4. Key Observations and Skill Gaps

4.1 Strengths Across Key Domains:

- 4.1.1 The Board demonstrates significant expertise in **Strategy and Planning, Health Sector Knowledge, Governance Experience, and Workforce/HR Strategy**, with both Non-Executive Directors (NEDs) and Executive Directors scoring highly in these areas.
- 4.1.2 Strong representation exists in **Culture, Patient and Public Engagement, and Improvement**, with clear evidence of leadership and impactful initiatives.
- 4.1.3 **Financial expertise** is well-represented, with a solid mix of professional qualifications and applied experience across the Board.
- 4.1.4 **Clinical Experience:** representation is broadly typical of most NHS Trust Boards.

4.2 Skill Gaps Identified:

- 4.2.1 **Primary Care:** Limited expertise, particularly among NEDs, with minimal representation in this area.

- 4.2.2 **Artificial Intelligence (AI):** Very few Board members demonstrate significant knowledge and experience in AI, an increasingly relevant area for healthcare innovation.
- 4.2.3 **Digital/IT:** While there is some representation, expertise remains concentrated among a few individuals, indicating a potential vulnerability in digital transformation capabilities. This gap is covered for Executives by having Mark Taylor as a Board Advisor but could be strengthened in the future with some NED expertise.
- 4.2.4 **Public Health:** The Board is fortunate in having some public health experience across both NEDs and Executives, with a very small number having relative academic expertise. Strengthening this position is recommended to support the Population agenda.
- 4.3 Underrepresented Areas:
 - 4.3.1 **Regulation/Legal:** Relatively low expertise, which may impact compliance and risk challenges.
 - 4.3.2 **Community/Voluntary/Third Sector:** Executive representation is low, indicating a gap in operational-level community integration.

5. Opportunities for Development / Next Steps

- 5.1 Potential Board Workshops to build understanding and capability in AI and digital transformation.
- 5.2 Targeted succession planning to address identified gaps in Primary Care, Public Health, and Regulation/Legal expertise.

6. Next Steps

- 6.1 The data will be used as part of the 2024/25 committee reviews, this will help the Deputy Chair evaluate the composition of each committee to ensure that the NED membership complements the necessary skills.
- 6.2 The individual responses will be shared with the Deputy Chair and the Chief Executive, as part of appraisal/development reviews.
- 6.3 It is important to periodically repeat this exercise (at least annually) to track changes and adjust as needed. This will ensure that skills gaps are continuously addressed to support the Board to meet future challenges. We will run the survey again in November 2025.
- 6.4 By addressing these key observations and skill gaps, the Board will be better positioned to deliver on its Strategic Objectives and meet evolving challenges.

7. Recommendations

7.1 The Public Trust Board is asked to:

- a. **SEEK** opportunities to address skills and experience deficits in future Board member appointments.
- b. **SUPPORT** the review of Committee membership to ensure appropriate Board member skills and experience.
- c. **PARTICIPATE** in a repeat skills and experience survey in November 2025

Daniel Conway
Associate Director of Corporate Governance

31st December 2024

Sandwell and West Birmingham NHS Trust

Board members' skills, experience, and attributes specific to key area

Key: Non-Executive Directors Executive Directors

Strategic Planning				
NHS Divisional Director for over 8 years	Deputy Medical Director for over 10 years and Chief Medical Officer for over 2 years	CEO and oversaw Student Loans Company's transition into a Government (designated) digital exemplar	Chief Executive of a Charitable Trust	8 years as an NHS CEO
Managed audit and corporate finance teams at KPMG.	Advisory work on major transactions for global corporates, for example, BP Plc and BMW AG	NHS director/board experience for 20 years	CEO & Principal of a large local College	Chief Operating Officer for an educational organisation
Developed research strategies across institutions for Birmingham health partners	Experience as a COO and have driven strategy development and deployment as a CEO	Lead for regeneration work and joint strategy framework with 2 councils, WMCA and the Canals and River Trust	Programme Senior Responsible Officer for the Midland Metropolitan University Hospital	Work with the national New Hospitals Programme team influencing Programme Delivery.
Degree with an option in final year and thesis on Corporate Strategy	25 Years Consulting management consulting experience	Operated as Executive Director of Strategy & Improvement in a previous NHS provider Trust	Operated as Commercial & Strategy Director for a healthcare consultancy provider	

Health Sector Knowledge				
Consultant Surgeon for 32 years	Experience in Housing and Social Care	46 years in health including 10 years as Professor of Global Health Innovation at Imperial College	Audit partner for NHS Foundation Trusts (acute and mental health)	Advisory work on NHS mergers.
Led KPMG's public sector team in Midlands.	25 years Consulting into NHS	Lead on BLACHIR (Birmingham and Lewisham African & Caribbean Health Inequalities Review)	Project Manager Genomics Education Programme at NHS England	NHS consultant for 20 years involved in higher level management
National Institute of Health and Social Care Research Academy Associate Dean	31 years continuous experience as an NHS manager. worked in Trusts and at Regional Tier level	36 years in NHS, originally as a nurse and then operational management. 13.5 years at Trust Board level	15 years' experience across acute, community, primary care, mental health, learning disability, voluntary sector and private sector.	30year experience in the NHS. various NHS leadership courses plus MSC in leadership
20+ years' experience working in/with the NHS, including 12+ years in an Executive leadership capacity	NHS Chief operating officer experience at board level			

Patient and Public Engagement				
Led major service reconfiguration in multiple parts of the country, engaged directly with service users in service changes mental health and learning disabilities	National/ regional work on Mental Health	Experienced in dealing with public in particular safeguarding	Founder of the Birmingham Pakistani Report. involved in public engagement efforts within the Pakistani and Kashmiri communities	Senior Responsible Officer of the MMUH Programme significant stakeholder engagement inclusive of patient and public engagement

Participating in major service redesign consultations sessions.	Leading public engagement on partnership working Running patient sessions for service specific issues/developments	lead the patient experience agenda which involves engagement. Attendance at HOSC and public meetings over the years. Co-produced several strategies and team changes	Experience of public engagement, e.g. seeking Governors when applying to become an FT, running patient forums on behalf of the Chair	
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Financial Experience				
Chartered accountant (CIPFA)	8 years' experience as a Finance Director	Accountable officer to parliament for 100billion	Audit partner at KPMG	Qualified Accountant, experienced in private practice, industry and public sectors as well as Government funding and respective agencies.
Experience of leading major healthcare financial and efficiency improvement programmes, as a Director in PwC's health consulting practice	financial responsibility for a £750 million capital major infrastructure programme	10 years at Chief Finance Officer level	Qualified accountant and Chief Finance Officer for many years in different health organisations	Qualified Accountant

Workforce / HR Strategy				
Held a role that was responsible for 1.3 million staff	Managed complex service and workforce transformation including managing redundancies and compromise agreements	lead HR teams as part of public sector portfolio. Currently responsible for 1,000 staff in education.	Qualified in human resource management and over 20 years of experience leading HR in education sector	At Birmingham City Council drove organisational change to better support underrepresented employees
Current advisory role at Coventry University involving organisational change	Significant experience in all aspects of core HR - major staff consultations, all aspects of case management, tribunals, workforce data & systems.	Multiple experience of workforce issues including leading on rotas, team job planning, grievances, disciplinary investigations, professional revalidation, and engagement with external regulators and unions	Several year's experience applying polices and working in partnership with staff side to achieve positive outcomes	Significant experience developing training plans and learning strategies
Experienced NHS Chief People Officer and a HR/OD professional	CIPD qualified. Previous experience / role as Executive lead for medical workforce management.	Led the new workforce plan for MMUH and supporting the clinical model, the workforce drivers for the benefits case and management of change for over 6000 staff.	Significant experience in programmes to improve the quality and safety of patient care and enabling staff to transform systems.	

Workforce Organisation Development (OD)				
Current advisory role at Coventry University involving organisational change	Participated in a range of NHS leadership programmes	Lead organisation development programmes	Strong on Organisational Design and Development through formal studies, extensive reading and training and strategy design and delivery	Post graduate diploma in organisational development
Led and delivered several OD interventions and initiatives over career	Currently completing an OD PhD.			

Business / Commercial / Entrepreneurial

CEO of a medium size business (2023/24: turnover was c£65m, surplus was c£24m).	Audit / transactions lead for private sector clients	25 years in Private Sector selling and managing projects within budget and running teams	Strategic adviser to a private sector company	Founder and Managing Partner/Commercial Director, developed and sold a market leading clinical workforce healthcare consulting business
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Governance Experience

Experienced in reporting on patient safety	Held numerous NED roles - across the public, private and charity sectors	Chair of 5 NHS boards over 5 years	Involvement in annual strategic planning process and delivery	Non-exec on board of many different institutions, large and small, public sector and private.
Part of the leadership team with responsibility for strategic planning, financial and risk management	Led on the Divisional structures and full operational governance in a Trust Merger	established the MMUH Programme using MSP methodology - which has been advocated by the national New Hospitals Programme	Trustee experience in two charities	MBA in public administration.
Significant experience in the risk management side of strategic planning and performance management				

Clinical Experience

32 years as a consultant in the NHS	Previous Senior level Nurse experience	Divisional / Group Director Surgery Theatres Critical Care Adults	30 years as a practising doctor	Qualified Nurse working as a clinician. set up new services including a Major Trauma Centre
Full time clinical role for over 25 years, and been service lead and MDT lead at various times.	Qualified as a nurse in 1992, in leadership roles since 1997. Managed AHPs since 2003			

Regulation / Legal

Set up current NHS regulatory framework	Experience of financial / quality regulation from audit and advisory roles	Several years' experience of professional regulation and revalidation, including liaison with private practice, GMC, etc	Masters Degree in Employment Law.	Significant experience as lead Executive Director on the NHS regulatory framework
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Community / Voluntary / Third Sector

Member at city centre multi academy trust team	Led KPMGs third sector / charity liaison when part of public sector	worked in organisations with a strong community, primary care and mental health presence in last 20 years	Extensively work with the 3rd sector and voluntary groups as well as other public sector agencies	25 years experience of working in a variety of community setting to develop and deliver service provision to disadvantaged young people and families.
10 years of experience in the voluntary and community sectors. focused on community development for disadvantaged groups in Birmingham	Trustee of a local charity	Former Vice Chair of the Bham Voluntary Services Council	Several years experience as a Trustee and then Chair of a small local charity supporting people with mental health through access to art.	Current Trustee of a large house/social housing charity.

Politics / Stakeholders / Partnerships

Delivered regeneration and economic development projects in partnership with Govt bodies/private sector/universities/local authorities	Regular engagement with national politicians (ministers, MPs) and regional/local politicians.	NHSE CEO worked with 5 Secretaries of State and 3 Prime ministers	Led KPMG relationship with West Midlands Combined Authority and local councils / stakeholders	Educational lead extensive experience in dealing with government and agencies.
Significant experience in managing relationships with national and local government politicians	Board member at both the Lunar Society and Birmingham Rep, worked to strengthen ties between the arts, civic leadership, and local government, ensuring that diverse voices are represented in decision-making processes	Managing Director a complex organisation working across a complex healthcare system	Engaged with local, regional, national and international political partners and stakeholders - building meaningful relationship , advocacy and driving improvement.	Extensive experience of working within boundaries of local government scrutiny and accountability, developing and then enacting stakeholder engagement plans for specific or significant projects or issues and working with lobby groups and national politicians
MMUH programme experience working with local politicians, the regional mayor and officers, council CEOs and officers, national and regional NHS colleagues.	Previous experience of dealing with MPs making patient complaints on behalf of their constituents	Working with stakeholders and BCPC governance lead to support collaboration		

IT / Digital / Artificial Intelligence				
Developed the prescribing information and communication system (PICS) at another NHS Trust	Previously Senior Responsible Officer for National Programme for IT	Member of the health advisory committee for Google Deepmind	lead executive for the electronic patient record role out.	

Culture				
Lead three organisations - reviewed/ revised their mission/vision/values and sought to embed them throughout the organisation.	Drew up NHS constitution took NHS through 3 major reorganisations	Extensive experience in producing change programmes and strategic plans.	Led organisational change management programmes in education sector	HR Management experience including culture change in voluntary / automotive / oil & Gas / manufacturing sectors
Have developed and rolled out new Values and Behaviours framework at several NHS Trusts	Strong experience of visioning, values, programme management as a Management Consultant. Used rich picture approach at two trusts, led the work to develop values at another and across two places.	Exec lead for major culture development programmes, current ARC leadership, culture & team effectiveness	Significant experience in leading system development and introduction cross organisation e.g. incident reporting,	

Public Health				
involved with public health in earlier career when leading children's services and community and primary care	Led initiatives focused on addressing health inequalities within the African Caribbean communities	actively contributed to the COVID-19 response, developing strategies to ensure that public health messaging reached vulnerable populations effectively	Degree in Public Health	led the set up and management of the vaccine Centre
Part of role in previous organisation where we set up population health management				

Primary Care				
worked Primary care services widely in last 20 years was a director of primary care	experienced in Primary Care systems from lived experience as a carer	Significant experience working with primary care as well as responsibility for running primary for 4 years - 9 GP practices with 55,000 list size	ICB Executive responsibility for the Primary Care Workforce Strategy and worked closely with the primary care leaders to develop a long-term workforce plan for primary and community care services	

Improvement				
Experience in Virginia Mason process	Experienced in lean approaches	Research experience and Clinical Quality Improvement Projects	previously led the improvement team as part of a former executive portfolio	Trained in a range of techniques including NHS CQI and private sector LEAN methodologies
QSIR training	Won an SHA award in South central for work done in Buckinghamshire using Lean	Leading the Trust Improvement System work	previously designed and implemented a lean academy in a health care setting	trained in improvement approaches, including NHS Vital Signs and have previously held executive leadership for Improvement.