

<b>Report Title:</b>	Chief Executive's Report		
<b>Sponsoring Executive:</b>	Richard Beeken, Chief Executive		
<b>Report Author:</b>	Richard Beeken, Chief Executive		
<b>Meeting:</b>	Trust Board (Public)	<b>Date</b>	4 <sup>th</sup> May 2022

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

This month's report focuses on recent developments within the Black Country Provider Collaborative. Key points of note are:

- The agreement that our Trust Chair, Sir David Nicholson, will Chair the Provider Collaborative Board on an ongoing basis
- Revised governance arrangements were agreed, including terms of reference for the Board and terms of reference for the executive group, which will steer the detail of the work between the Trusts in the Collaborative
- Developing a clearer vision and refreshing the Case for Change for the Collaborative has begun
- A review and potential reprioritisation of work within the acute collaboration/integration programme will shortly begin

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

Our Patients		Our People		Our Population	
To be good or outstanding in everything that we do	X	To cultivate and sustain happy, productive and engaged staff	X	To work seamlessly with our partners to improve lives	X

**3. Previous consideration** *[where has this paper been previously discussed?]*

N/A

**4. Recommendation(s)**

The Trust Board is asked to:

- NOTE** the report
- GIVE** its continued support to the CEO, The Chair and the Chief Strategy Officer, to work within the new governance arrangements of the Collaborative
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**5. Impact** *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register						
Board Assurance Framework						
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed

# SANDWELL AND WEST BIRMINGHAM NHS TRUST

## Report to the Public Trust Board: 4<sup>th</sup> May 2022

### Chief Executive's Report

#### 1. Purpose of the Report

- 1.1 The Chief Executive's report is a monthly opportunity to update the Board on pertinent matters in the strategic, regulatory or system environment, not reported on elsewhere in the Board papers or agenda.

#### 2. Provider Collaborative

- 2.1 Our Trust Chair, Sir David Nicholson, has been asked to Chair the newly formed Collaborative Board on a permanent basis and he has agreed to do so.
- 2.2 Diane Wake, CEO of The Dudley Group FT, has agreed to continue as Senior Responsible Officer.
- 2.3 We agreed, in principle, some new governance arrangements which creates a Board of Chairs and CEOs on a quarterly basis, adopts Black Country Healthcare FT, West Midlands Ambulance FT and Dudley Integrated Health & Care Trust as associate members and which delegates day to day delivery of the acute care programme and the wider work of the member Trusts, to an executive group which will meet monthly.
- 2.4.1 The scope of the Collaborative and the decision-making authority of the Collaborative Board, will be relating to acute care service integration/reconfiguration, corporate service integration/reconfiguration, signing off the multi-Trust system response to developments in the recovery of elective care performance and the case for change regarding any joint leadership or tighter organisational alignment between the Trusts in the medium to longer term.
- 2.4.2 A revised vision statement for the Collaborative was proposed. Chief Strategy Officers will refine this, and we will sign this off, once aligned to wider Integrated Care System (ICS) objectives and vision, at our next Collaborative Board meeting.
- 2.4.3 A paper was received regarding refreshing the Case for Change, given how much the strategic and system landscape has shifted since 2020 when the last case was penned. It was agreed that any Case for Change revision, needed to also be framed in the context of the new national guidance on provider collaboratives and the legal advice we have received on the governance for them. The case for more closely aligning organisational decision making and possibly for a "Group" leadership model in the longer term, needs to be explored and either rejected or accepted in due course.

- 2.4.4 Linked to the above, there was a strong consensus that if the ICS wishes to delegate responsibilities to the Provider Collaborative, “commissioning” resource linked to secondary care needs to transfer under our collective remit. This would enable us to not only get on with making some service changes more rapidly, but also help us to engage stakeholders in those changes and revise the Case for Change document.
- 2.4.5 Prompted by our own Chief Strategy Officer (CSO), it was agreed that the acute collaboration programme now needs an “in flight” review and possible reprioritisation of its portfolio of projects. The other Trust CSOs will now work on this together, proposing a methodology and timeline for the review and a refocusing of our work on the areas of greatest patient or staff benefit.

### **3. Recommendation(s)**

3.1 The Trust Board is asked to:

- a) **NOTE** the report
- b) **GIVE** its continued support to the CEO, The Chair and the Chief Strategy Officer, to work within the new governance arrangements of the Collaborative

**Richard Beeken**  
**Chief Executive**

25<sup>th</sup> April 2022