Paper ref:	TB (09/22) 004

PATIENTS PEOPLE POPULATION

NHS
Sandwell and West Birmingham
NHS Trust

REPORT TITLE:	Chief Executive's report		
SPONSORING EXECUTIVE:	Richard Beeken, Chief Executive		
REPORT AUTHOR:	Richard Beeken, Chief Executive Dave Baker, Chief Strategy Officer Sohaib Khalid, Programme Director, Black Country Provider Collaborative		
MEETING:	Public Trust Board	**DATE:**	7th September 2022

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

The first item in my report this month relates to the Black Country Provider Collaborative. Two key developments in the last month reflected in the attached paper (Appendix 1):

1) The position statement of the Black Country Provider Collaborative Board on the future strengthening of collaboration between the constituent Trusts. This paper is being taken to all 4 Trust Boards in the collaborative, over the course of August and September.
2) Progress on the development of the case for change post the Chief Strategy Officers meeting on 12 August.

The second item covered in my report relates to our rationalised Board level metrics. The appendix 2 sets out our latest position, which is ready today for Board approval. The Board Level Metrics have been amended to reflect some changes following discussion:

- Complaints is suggested as a rate per 1000 Whole Time Equivalent (WTE). This is the national benchmark standard which a) creates equitable comparisons between larger and smaller Trusts b) WTE is universal across all care provision (in/outpatient, community, primary care) whereas other methods such as bed days or episodes are inpatient only.
- Discharge to Assess will show pathways 1-4, and pathway 0 when data quality has improved.
- Beds delivered in Community has been rephrased to 'referrals to avoid admission' and will include the Frailty Intervention Team (FIT) as a further admission avoidance mechanism.

2. Alignment to our Vision *[indicate with an 'X' which Strategic Objective[s] 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 *[at which meeting[s] has this paper/matter been previously discussed?]*

Integration Committee of Trust Board – August 2022
Clinical Leadership Executive – July 2022

4.	**Recommendation(s)**
The Public Trust Board is asked to:	
a.	**NOTE** the changing system environment and context, which has led to the discussions and the production of the Provider Collaborative paper
b.	**NOTE** the content of the paper entitled "Strengthening collaboration across the Black Country" (Appendix 1)
c.	**CONFIRM** support for the next steps articulated in paragraph 3.4, as recommended by the Black Country Provider Collaborative Board
d.	**AGREE** the proposed Board Level Metrics (Appendix 2)

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

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board on 7th September 2022

Chief Executive's Report

The key focus for this month's report is the attached paper, which sets out a position statement of the Black Country Provider Collaborative Board, on the future strengthening of collaboration between the constituent Trusts. This paper is being taken to all 4 Trust Boards in the collaborative, over the course of August and September.

Key elements of the report and the supporting appendix are:

- A reminder of the changing environment in which we work – referenced in the appendix "Our changing environment"
- Frequent enquiries from NHS England to the collaborative and ICB leadership on the work being done to define the "end state" for provider collaboration and its consequent benefits
- The Provider Collaborative Board on 28th June 2022, discussed and agreed some potential future long term developments, including a Trust "Group" model for the Black Country. This may involve a "North & South" Black Country model in the first instance
- The Provider Collaborative Board also resolved to support the appointment of Sandwell & West Birmingham Trust Chair, Sir David Nicholson, as Chair of The Dudley Group FT, which has since been confirmed with effect from 1st September 2022. It was also agreed that a subsequent natural next step, would be to pursue a single Chair for all 4 Acute & Community Trusts in the system
- No changes to organisational sovereignty or local accountability via Trust Boards, were proposed or agreed

Work on a detailed "Case for Change" regarding the further need for and potential for service improvement through closer collaboration, has begun. This is being managed by the four Trust Chief Strategy Officers and driven through the collaborative's executive forum. Only when the Case for Change is complete and accepted by all, will work on a "target operating model" begin.

I have encouraged the collaborative's executive group members, to manage the output of the executive to include more systematic exception reporting on the collaboration and integration proposals of our 9 key clinical specialities, to come to the Collaborative Board. That way, we can manage clinical integration proposals and change at a better pace, whilst pursuing the form and leadership changes, in parallel.