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REPORT TITLE:	Prioritisation of our work in 2023/24		
SPONSORING EXECUTIVE:	Richard Beeken, Chief Executive		
REPORT AUTHOR:	Richard Beeken, Chief Executive		
MEETING:	Public Trust Board	**DATE:**	13th September 2023

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

At the Board workshop last month, I set out my concerns about the size of the agenda that the senior clinical and general management leaders in the Trust were being asked to deliver, either set out ourselves in our 2023/24 annual plan, or as a result of the combined effects of industrial action, the intense delivery programme of the Midland Metropolitan University Hospital (MMUH) and performance management of constitutional standards recovery by NHS England and our ICBs.

This paper sets out the three priorities I wish to hold ourselves to account on for the remainder of this year, sets out the limited capacity our leadership will have in 2024/25 due to commissioning and opening the MMUH and describes some of the current projects and initiatives which I feel should be deferred, in order to protect delivery of leadership capacity and morale, business as usual expectations and those three priorities.

Whilst I do not anticipate that we overtly defer the pursuit of any specific annual plan objective, I propose that we ask each Board Committee to review our 14 annual plan objectives through the lens of the three priorities, before then assessing their respective work programmes for the remainder of the year, through the same lens. This paper sets out some of the larger projects or initiatives which each committee may consider for re-sequencing or deferral.

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?]*

The Trust Board workshop in August 2023 set out our challenges and my proposed approach

4.	**Recommendation(s)**
The Public Trust Board is asked to:	
a.	**NOTE, COMMENT** on and **ACCEPT** the proposed priorities
b.	**AGREE** that each Board committee will review their respective work programmes against the three priorities and report their recommendations back to the Trust Board through highlight/assurance reports in the next Board cycle.

5.	**Impact** *[indicate with an **'X'** which governance initiatives this matter relates to and, where shown, elaborate in the paper]*							
Board Assurance Framework Risk 01	X	*Deliver safe, high-quality care.*						
Board Assurance Framework Risk 02	X	*Make best strategic use of its resources*						
Board Assurance Framework Risk 03	X	*Deliver the MMUH benefits case*						
Board Assurance Framework Risk 04	X	*Recruit, retain, train, and develop an engaged and effective workforce*						
Board Assurance Framework Risk 05	X	*Deliver on its ambitions as an integrated care organisation*						
Corporate Risk Register [Safeguard Risk Nos]								
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: 13th September 2023

Prioritisation of our work in 2023/24

1. Introduction and context

1.1 Sandwell & West Birmingham NHS Trust (SWB) and its wider leadership team are under significant pressure this financial year. Whilst every NHS Trust with a similar service profile to us is under similar pressure, we have acknowledged as a Board many times, that we have the additional responsibilities of working as a key partner within two Integrated Care Systems (ICS), have one of the most significant pandemic impacts in the country to recover from and are also leading the delivery of the biggest current capital and strategic change project in the NHS in the MMUH programme.

1.2 Whilst the MMUH programme and its constituent benefits offers a hugely exciting and once in a generation opportunity to transform care and work experience for both our patients and staff alike, the scale and intensity of that programme of work, when layered on top of our existing context and business as usual delivery expectations, is starting to put huge strain on the Trust's wider leadership team.

1.3 I outlined my proposed three priorities for the remainder of the financial year to the Board at its MMUH workshop in August and I outlined to the Board the discussions I would be having with executive colleagues and Group leadership triumvarates, to agree those priorities and to rehearse and understand the projects and initiatives that were not directly related to those priorities.

2. Approach taken to engagement

2.1 I met every executive team member and the leadership teams of all five of our Clinical Groups over the last three weeks.

2.2 I made it clear to them what my three priorities were and set out that I would be holding them to account on the delivery of those priorities and business as usual expectations.

2.3 We discussed all of their strategic, qualitative and tactical initiatives and projects that they were managing, either as a corporate directorate or a clinical team and agreed which of those which were not directly related to our annual plan objectives and the priorities I proposed.

3. The priorities proposed

3.1 I am clear that we have "business as usual" expectations on which all NHS Trusts have to deliver. For the avoidance of doubt, these include, not exhaustively:

- Patient safety and strong quality governance
- Good transactional finance
- Delivering our response to industrial action by medical colleagues
- Effective and safe patient flow
- Strong HR processes
- Elective care booking, management, and validation
- Responses to NHSE or CQC on regulated activities and concerns
- Emergency Planning, preparedness, and resilience

3.2 In addition to that business as usual expectations, I am proposing we prioritise three further things in 2023/24 and hold ourselves to account on these:

1. **Deliver the MMUH programme workstream requirements** to secure service transformation, service quality/safety, workforce engagement and preparedness and deliver the early stages of the strong MMUH benefits case.

2. **Deliver our financial recovery plan**, to assure the public we are managing public money wisely and do not materially harm our or our host system's ability to secure additional revenue or capital funding for longer term investment in our IT, our estate or our workforce, by virtue of being in significant deficit.

3. **Deliver improved workforce optimisation** through a clear recruitment plan, improved attendance management and agency/locum discipline, thereby enabling better safety and continuity of care in our services and ensuring we have the right ground conditions in place on which to "land" the MMUH next year.

3.3 It is these three priorities which we now need to assess our 14 annual plan objectives against, together with the associated work programmes sponsored by each of our Board committees.

4. The outcomes of the discussions, by Directorate/Group

4.1 The following sections of my report set out the key observations and conclusions reached in my discussions. They are set out in no particular order, but I have highlighted the significant projects or initiatives which will be part of our Board committee work programmes which now need assessing.

4.2 It is also important to note that whilst this report recommends an approach for the remainder of this financial year, the MMUH Managing Director and I are clear that the organisation's capacity to deliver on developmental initiatives and projects is likely to be constrained significantly in 2024/25 as well, because of the intense draw on leadership capacity arising from the MMUH commissioning period and then the vital period of transition to the new hospital.

A. Estates and capital development (including regeneration and net zero)

We will conclude our estates strategy work and high-level site master planning/development control plans. We will respond quickly should a step up of the incremental development of the South Black Country Elective Hub need to be resurrected.

Strategic estates development ideas and possible subsequent business cases may be paused. Our leadership role on Smethwick to Birmingham corridor regeneration will need to transfer to the West Midlands Combined Authority, if possible, albeit our input and work on this agenda must continue.

B. Chief Medical Officer portfolio

We will conclude our work on our research and development strategy and conclude our work with University Hospitals Birmingham FT on the transfer of the Radiopharmacy service.

We should assess each proposed clinical development emerging through the Black Country Provider Collaborative (BCPC) on its merits, however if any development does not significantly aid our priorities or those by consensus agreed by the BCPC for 2024/25, then we may elect to defer that work.

C. People & OD (POD)

Under the roll out of the Equality, Diversity & Inclusion (EDI) plan, we should prioritise the development and re-launch of our staff networks and the reset of the EDI team. Other elements of the EDI plan, including the extension of our cultural ambassador scheme, may need to be deferred.

We should continue to develop our approach to widening participation due to its critical contribution to full staffing in the Trust and landing the MMUH Learning Campus development as an enabler.

We should develop the roll-out plan for the ARC values, Trust-wide and try to enact that plan in 2024/25. Similarly, we should standardise our approach to mandatory training with BCPC partners this year, but possibly defer its roll-out until 2024/25.

We should pursue the year one deliverables of our Just Culture work only, namely our disciplinary, dignity at work and grievance policies. With the Chief Governance Officer, we should risk assess all other outstanding POD policy revisions and pursue those which cannot be deferred.

D. Integration and Place

Our community services and the Place Partnership in Sandwell are already explicitly prioritising the MMUH “rightsizing” work on admissions and attendance avoidance, together with improved complex discharge processes and length of stay.

We should consider pursuing our annual plan objective on respiratory and diabetes health access inequalities at pace and our Sandwell “Town Teams” development work at the pace originally intended. Palliative Care pathway redesign work should be suspended until 2024/25.

In terms of potential integration of GP practices within the Trust, we should continue to take existing discussions and due diligence work forward given the extent of such work already pursued as these are time critical.

E. Chief Operating Officer corporate portfolio

Given the reach of the COO role into both MMUH programme and oversight of business as usual, there was unsurprisingly few initiatives or projects of note which could be recommended for deferral.

F. Quality Governance and Corporate Governance

The Trust is close to concluding its extensive work on self-assessment against the new CQC standards. This will be explored in detail at a Board workshop this calendar year. We have prioritised a year 1 delivery plan for Fundamentals of Care (Harm Free Care and Communication) which is vital to MMUH delivery. The Board can now make a conscious choice at the right time, to possibly defer detailed CQC improvement work (other than Fundamentals of Care agreed workplan) until next year. I propose a more nuanced approach to prioritisation which assesses the areas of greatest risk emerging from the CQC self-assessment and a decision then taken by the Board about which areas to prioritise at that moment.

Of the 18 Fundamentals of Care projects linked to the MMUH programme, the 6 of these considered non-negotiable, must be prioritised.

We should agree our new risk management strategy but possibly taper/calibrate our planned large-scale relaunch, until an appropriate moment.

Outstanding organisational policies and guidelines should be risk assessed, with only the highest risk policy updates being prioritised in 2023/24.

We should defer a significant redesign of our PALs and complaints process until 2024/25.

G. **Strategy, improvement and Performance & Insight**

We are well prepared to be ready to launch a comprehensive approach to quality improvement in the organisation (adoption of a management system). The Trust Board will be aware that we have advanced the procurement process and have a preferred partner for this work. We have consciously chosen to defer the roll-out of any systematic approach to improvement until 2024/25 and even then, we must be considered about where we pilot this approach in the Trust during the activation year for MMUH. A few ideas about how we conduct a “soft launch” of this in one key part of the Trust, are currently being explored. I have already determined that the establishment of an internal improvement academy be deferred until April 2024, to allow current MMUH or financial recovery projects to continue to be served by improvement team members.

The performance and insight team will prioritise requests with work associated with the 14 annual plan objectives.

H. IT and Digital

The Executive Director for IT & Digital has already consciously prioritised projects which will benefit the proposed three priorities, including: MMUH infrastructure and service change requests, fibre implementation digital strategy investment bids and Unity (EPR) optimisation.

We should consciously defer our proposal to initiate a replacement patient administration system and potentially not prioritise our potential collaboration with Sandwell Council IT service. ICB digital programme projects should only be prioritised if a material benefit against our proposed priorities can be assessed.

I. Clinical Groups

Perhaps unsurprisingly, our clinical groups are heavily engaged on delivering business as usual and on MMUH, workforce optimisation and financial recovery.

One theme did emerge from the discussions, however. There is a burgeoning bureaucracy being established which our Group leaders are expected to engage with, driven by the ICB's response to delivery of community services development and elective/cancer recovery. The executive team must provide air cover to our Group leaders so that they engage only in mandated work or meetings which will add value to our delivery on our annual plan or our proposed three priorities.

5. Conclusions

5.1 It has been a valuable and instructive process to meet each Executive Director and Clinical Group, to set out the priorities which we will hold each other to account on and to explore where current projects and initiatives may or may not fit in to that agenda.

5.2 It is clear to me that our Group leaders are extensively engaged in business as usual work or on our three proposed priorities already, with little that they are taking forward themselves developmentally, beyond those priorities.

5.3 There are clearly initiatives and projects which our Executive Directors are leading and assuring our Board committees on, some of which are explicitly linked to our annual plan, some of which are not. We now have an opportunity to, as a minimum, accept as a Board that some of these may not be delivered at the pace originally intended. We may also consciously choose to actively defer some projects.

5.4 I propose each committee assess their oversight of related annual plan objectives through the lens of the proposed priorities, as well as their respective work programmes for the year, using my recommendations from this paper as a guide. I recommend each committee then report back to the Trust Board on their conclusions, through future assurance/highlight reports.

6. Recommendations

6.1 The Public Trust Board is asked to:

a. **NOTE, COMMENT** on and **ACCEPT** the proposed priorities.

b. **AGREE** that each Board committee will review their respective work programmes against the three priorities and report their conclusions back to the Trust Board through highlight/assurance reports in the next Board cycle.

Richard Beeken
Chief Executive
5 September 2023