Paper ref:	PublicTB (09/23) 017

REPORT TITLE:	Protecting and expanding elective capacity		
SPONSORING EXECUTIVE:	Richard Beeken, Chief Executive		
REPORT AUTHOR:	Alwin Luke, Associate Director of Operations, Elective Care		
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]*

On 4th August 2023, NHS England wrote to all Trusts asking them to provide assurance against a set of activities to drive outpatient recovery at pace. Boards are required to review the outcome of this exercise and provide appropriate discussion and challenge.

To support this exercise the Black Country system-wide elective care programme team have developed a standard template for the review, to support comparison at the system level. The template for Sandwell & West Birmingham NHS Trust is in the Board reading rooms, which includes a copy of the letter referenced above for ease of access.

In the attached summary report, we highlight the following:

By the end of March 2024, no patient should wait more than 65 weeks for their treatment. To ensure that the outstanding cohort for treatment is clearly understood, the ambition has been set that no patient in this cohort would be waiting for their first outpatient appointment by the end of October 2023. We share our self-assessment on this standard.

The Trust has established a programme of waiting list validation, which undertakes an administrative and technical review of all patients waiting more than 12 weeks for treatment. We share our self-assessment on national expectations on validation, which are being performance managed assertively by the regional and national team.

We are actively participating in the national Further, Faster Programme, which aims to expedite the achievement of a maximum wait of 52 weeks with a particular focus at present on outpatient redesign. We share our self-assessment on those standards in this report.

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		To work seamlessly with our partners to improve lives	

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

4.	**Recommendation(s)**

The Public Trust Board is asked to:	
a.	**NOTE AND COMMENT** on plans to improve elective care performance, beyond our production plan volume metrics
b.	**NOTE AND COMMENT** on our self-assessment against NHS England expectations on validation, outpatient redesign and waiting time trajectories, together with proposed mitigations on each.
c.	**AGREE** to detailed oversight of this plan monthly, via the Finance & Performance Committee.

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		*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	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

Chief Executive's Report

1. Black Country Provider Collaborative Joint Provider Committee inaugural meeting

1.1 At an extraordinary Board meeting held on 9th August 2023, the Trust Board agreed to the terms of reference and underpinning collaboration agreement for the formation of a joint provider committee (JPC) between the four NHS Trusts in the Black Country Provider Collaborative (BCPC). Established as a formal sub-committee of each Trust's Boards, the JPC will prospectively serve as a vehicle for accelerated decision making on key collaborative work between the four Trusts. It will be served by the BCPC executive forum, which oversees the delivery of all the clinical and corporate service collaboration in the partnership, enshrined within the current work programme. Each year, each Trust Board will formally delegate to the JPC, decisions which hitherto would have had to have come through each Trust Board separately. That delegation will take the form of an annual work programme for the JPC, which will set out the most impactful projects on which decisions need to be made. The committee membership will be the joint Chair of the four Trusts, each deputy Chair and the three Trust Chief Executives.

1.2 On 4th August 2023, a "shadow" meeting of the JPC was held. There were three main issues discussed:

- **Governance arrangements and decision making** – the delegated authority of each Trust Board to the JPC was discussed. It was agreed that within the current statutory context and available guidance to provider collaboratives, the proposed arrangements (now agreed by each Trust Board) maximised our freedom to act.

It was agreed that the phrase in the terms of reference relating to "performance oversight", described the oversight of the JPC annual work programme, not the assumption of sovereign Board duties set out in law, regarding the oversight of patient safety, performance against constitutional standards or our financial responsibilities.

The issue of resourcing the increasing work of the partnership and the administration of the JPC was not reflected in the papers but remains under discussion. We will continue to pursue the Integrated Care Board (ICB) for a transfer of personnel and resources to help us to manage a likely further increase in delegated responsibilities, which is likely to start with the delegation of the coordination and sub-contracting arrangements for elective care in the Black Country system, with effect from 1st April 2024.

- **Progress on extant BCPC work programme –** the committee noted a new, clearer set of criteria for inclusion of projects into the BCPC work programme, which focused on service fragility/sustainability, better constitutional standards performance for patients and the repatriation of sub-specialist work, currently delivered in other systems, to the Black Country.

The BCPC executive has a 2024/25 planning session to be held in early September which needs to take these principles, and the principles of better strategy development/alignment, so a more manageable and better prioritised work programme is developed for the future.

- **BCPC constituent Board joint development –** Sir David Nicholson, Chair of the JPC, set out a joint development session for the four Trust Boards of the BCPC, its agenda and its purpose. The event will be held on 12th September 2023. This was approved to proceed.

2. Revenue and capital support for the MMUH

2.1 The Trust Board is aware of and has approved both the revenue and capital consequences of the MMUH care model/workforce plan and the MMUH Urgent Treatment Centre (UTC) development, respectively. As we have rehearsed as a Board previously, the revenue costs already being incurred for MMUH recruitment in year, which are contributing to our current expenditure run rate and are contained within relative NHS workforce growth in recent years.

2.2 The Black Country UEC Board and the Birmingham and Solihull ICB investment committee (the main commissioner for this UTC) have approved the development of the co-located UTC at MMUH. There are no revenue consequences for the UTC, only a strategic capital need. A co-located UTC was not assumed in the last official version of the business case in 2019. Since then national policy has matured to expect co-location of UTCs alongside emergency departments, hence inclusion most recently in Trust plans.

2.3 Our two ICBs have reviewed the clinical model for MMUH and have declared their support for it, given much of our intentions in this space help us to "level up" to care models already being deployed for acute services across Trusts in both our systems.To that end, the two ICB CEOs and I have been engaging regional and national leaders to try to secure support for both the revenue and capital requirements.

2.4 On 21st August, I met the NHSE Regional Director with our two ICB CEOs at the NHSE regional office in Derby, to discuss both matters. We received commitment from the regional team to continue the conversation regarding both matters, including assistance for further scrutiny of our MMUH business case revision and UTC business case, to aid discussions with the national Finance Director at NHSE. Our securing of revenue and capital support is not being aided by the collective financial position of the Black Country system, both its plan and its in year delivery.

2.5 The next steps on both revenue and capital support are therefore as follows:

- Our Trust Chief Finance Officer will work with the Chief Finance Officers at both ICBs and the NHSE regional team, to further scrutinise our MMUH business case revisions from last year, as well as the UTC business case. This work should prepare detailed answers to questions which the NHSE Finance Director is requesting.
- I, the MMUH Managing Director and our Chief Finance Officer will present the MMUH care model, UTC requirements and associated financial consequences to the BCPC executive on 4th September, to get their support and backing formally, for each.

- There then remain two potential routes through which the revenue consequences of the MMUH care model can be resolved, either purused separately or through a combination of the two. The first route is via a solution, facilitated nationally or regionally, specifically for the Trust. The second would involve some of the annual growth monies for each ICB being allocated from 2024/25 to fund the MMUH revenue consequences. It is possible within that, that we may need to separate a solution for the capital charge implications from the other revenue costs relating to MMUH. Clearly, having provider collaborative partners in the Black Country and the regional NHSE team supportive of this, would be a major step to smoothing the way for that option to be pursued.

3. Recommendations

3.1 The Public Trust Board is asked to:

a) **NOTE** and **COMMENT** on plans to improve elective care performance, beyond our production plan volume metrics
b) **NOTE** and **COMMENT** on our self-assessment against NHS England expectations on validation, outpatient redesign and waiting time trajectories, together with proposed mitigations on each.
c) **AGREE** to detailed oversight of this plan monthly, via the Finance & Performance Committee.

Richard Beeken
Chief Executive
30 August 2023