NHS
Sandwell and
West Birmingham
NHS Trust

INTEGRATED ANNUAL REPORT AND ACCOUNTS 2022/23

PATIENTS
PEOPLE
POPULATION

Front Cover captions

Left to right are: Dr Aziz Abdul, Specialist registrar, the main corridor at City Hospital and Dr David Nicholl, Neurologist.

Contents

Foreword

Welcome to the Trust's 2022/23 Annual Report and Accounts

This year we have begun the delivery plans for our five year strategy that was launched in early 2022. Retaining our vision to be the most integrated care provider, we have progressed plans against our three strategic objectives.

We spent time during the year engaging with staff, patients and people within our communities to develop a new set of values for the organisation: Ambition, Respect and Compassion. These values are accompanied by a set of behaviours and run through everything we do, guiding our decisions and the way we go about our work.

We have needed to rely on our values through a challenging year for the NHS and for this Trust. Our teams have worked hard to build back services following the significant impact of the COVID-19 pandemic. We experienced severe pressure on our urgent and emergency care services during the year and particularly over winter. The impact of industrial action has also affected our ability to provide care to the best standards.

Despite these challenges our teams have much to celebrate in terms of achievements.

During the year we launched two significant strategic initiatives:

Fundamentals of Care

Launched in September 2022, the fundamentals of care framework sets out an approach for getting the basics of good care in place consistently, and in driving towards ever higher standards of care for patients.

The People Plan

Our People Plan sets out how we will build a strong workforce that is happy, productive and engaged, improving people's working lives and supporting wellbeing. A key part of this is creating a more inclusive culture and investing in leadership development.

We have seen progress in both these areas during the year with improved results in staff satisfaction with line management and a focus on harm free care for patients. And, following an NHS England/Improvement (NHSEI) visit in March which focused on infection control practices, we achieved the equivalent of 'Green' status. The inspectors felt that we all shared the same commitment to infection control, from ward to board, and noted the positivity of our staff who were proud of their work.

Partnerships have become ever more important during the year with the creation of Integrated Care Boards and a more formal structure around system working. The Trust has a footprint in both the Black Country and the Birmingham and Solihull integrated care systems so partnership working is essential in delivering consistent care pathways for all our patients. We continue to work closely with other acute and community NHS Trusts through the Black Country Provider Collaborative where we are addressing variations in health care treatment and outcomes for the population.

Our place partnership arrangements have also been strengthened with significant progress in developing shared pathways across multiple organisations, supporting people at home or in settings other than an acute hospital bed. As a Trust, we host the Sandwell Health and Care Partnership.

Our Trust's contribution to a successful Commonwealth Games in Birmingham over the summer is of note, where we played our part in providing care for visitors to the region and an overwhelming response from our staff who volunteered during the events.

We are proud to share this report that highlights the Trust's performance and achievements. We would like to thank all colleagues and partners for their dedication and commitment throughout the year and to our patients and their families for your ongoing support.

Sir David Nicholson KCB CBE, Chairman

Richard Beeken, Chief Executive Officer

Performance Report

Our story

Our Trust has continued to respond to the impact of COVID-19 in building back services, tackling backlogs of planned care and the vaccination programme for staff and patients. COVID-19 infection is still a danger, particularly for vulnerable people and those who are unvaccinated.

The COVID-19 wave of infection over the winter period, combined with flu outbreaks, created a very challenging period for urgent and emergency care. We have continued to focus on ensuring we have robust ongoing care arrangements in place for every patient who is admitted to an acute or community hospital bed. The creation of discharge lounges at Sandwell and City Hospitals is helping to ease long waits in our emergency departments.

During the year, Harvest View opened which is a new health and social care facility, designed and managed in partnership with Sandwell Metropolitan Borough Council. The 80 bedded facility in Rowley Regis helps people get back home after a hospital visit or avoid a hospital stay altogether, with structured support in place.

We are delighted that infection prevention and control at the Trust has been rated well by external assessors from NHS England and the Black Country Integrated Care Board, demonstrating how we are making this a priority for our patients.

A significant benefit of our new acute and emergency hospital – the Midland Metropolitan University Hospital - due to open in 2024, is that half of the beds are in single, ensuite bedrooms, which will reduce the risk of infection transmission.

We have made significant progress towards opening the new hospital. As part of our preparations, we have formed a new governance structure in line with national best practice on managing major projects. The Midland Metropolitan University Hospital Programme Company was established in October 2022, creating new temporary Managing Director roles for the programme (Rachel Barlow) and for the core organisation (Daren Fradgley).

Midland Met is #morethanahospital and significant transformation is taking place in clinical services within the Trust and with partners in the community to get ready for the opening.

This includes:

- Opening of the medical Same Day Emergency Care facility at Sandwell Hospital
- The creation of a frailty intervention team
- Expansion of virtual wards
- Community respiratory clinics
- Establishing the neonatal community outreach team.

We have improved and increased our engagement with local communities, patients and families through:

- Attending the summer Shine a Light festival events in Sandwell
- Conversations about changes to day case surgery and stroke services
- Establishing a youth forum.

We've also been meeting with our Midland Met near neighbours because being a good neighbour is a priority for us. We've held a series of meetings for people who live within a mile of Midland Met which were attended by over 120 members of the local community. Chief Executive, Richard Beeken, shared the history and latest updates relating to the new hospital and Rachel Barlow, Managing Director for the Midland Met Programme Company, talked about the clinical model and how Midland Met is a catalyst for regeneration.

We have committed to continuing to engage with local residents and business owners and will hold future engagement sessions themed around traffic, transport and parking where we will invite partners including local transport providers to join us.

Our estates and sustainability plans have also progressed with clear proposals for the remaining Trust estate, once Midland Met opens. To ease congestion at Sandwell and City Hospitals, two new car parks were created

improving access for patients, staff and visitors. Over the summer, City Hospital became the site for a special garden, created by neuro-diverse arts organisation Spectra as part of the Commonwealth Games Festival 2022 activities. This green space provided a tranquil area for visitors and staff, amidst our busy city centre hospital.

Quality and safety has remained a priority with the launch of our fundamentals of care framework. Working with international leaders, our framework describes how we are making changes to patient care so that consistent standards are applied in all our services. Our work towards a "good" CQC rating has also continued with in house inspection visits and a "WeLearn" programme embedding learning within the Trust.

New developments have improved rapid access to care for patients, such as the Cancer Hotline, where anyone with a worrying symptom can speak to a nurse specialist by telephone for advice and onward referral.

A project to help reduce health inequalities for people with significant mental health illnesses has seen over 50 patients given intensive support by our team at Your Health Partnership Primary Care Network. The project is based on the principle that patient preferences matter and helps to address the wider determinates to people's health as well as treating individual medical conditions that are presented.

In September we began the roll out of Allocate, a new end to end rostering platform designed with staff in mind. Allocate supports our staff and rota coordinators to work together seamlessly to develop rosters that meet our safe staffing requirements. The system will also help the Trust to optimise and efficiently manage our temporary workforce, ensuring compliant and safe staffing, whilst reducing the reliance on agency spend.

Our staff networks continue to play a huge role in providing support to our colleagues, raise awareness and impact decision making in our organisation. This year we saw the formation of the women's network which aims to improve the working lives of staff who identify as female by empowering them and ensuring that their rights are respected. To celebrate our networks, in May we hosted our first staff network day which saw all the networks come together and encourage others to get involved.

Acute Medicine Matron Helen McGivney

Values will show ambition, respect and compassion

The best organisations have strong healthy cultures with values at their heart. And as suggested by colleagues within the Trust our values are – Ambition, Respect and Compassion. Working alongside the senior leadership team, colleagues have been looking closely at how we can embed our new values and behaviours to create a culture to deliver our strategic objectives.

We have been reviewing the People Plan to understand how staff experiences impact on culture and development and how we establish a cultural change for the better. It's clear that behaviours should be clearly demonstrated by everyone at all levels – from the newest to the most senior, but it's also important to understand that the relationship between the new values and behaviours and the Fundamentals of Care.

Our values are central to our Fundamentals of Care standards - they are the heart of everything we do and will be demonstrated through our actions and behaviours. By changing our behaviours and delivering on our values, we will be able to meet our three strategic objectives:

- **Patients:** To be good or outstanding at everything we do
- **People:** To cultivate and sustain happy, productive and engaged staff
- **Population:** To work seamlessly with our partners to improve lives.

Our new values will support us in being a stronger organisation because we hold ambition, respect and compassion at the heart of our work. They will support a culture where everyone is valued and listened to, where people are given the opportunities to grow and develop and where the care we provide to all is truly good or outstanding.

Ambition - We're ambitious for our communities. We want to make a difference, improving life chances and health outcomes. We're ambitious for our people. We want them to be happy here, to feel supported to achieve their own goals and ambitions. We're ambitious for our Trust, open to new ideas, developing new technology and treatments to provide the best possible care. Working together, and alongside our partners to continually improve.

- We put our hands up when something goes wrong seeking to learn and grow from mistakes, asking "why has this happened?" rather than "who is to blame?"
- We work to be better and do better for ourselves, each other and our patients.
- We work as a team with our people and our partners, supporting and lifting each other up.
- We take pride in what we do, we recognise and celebrate success.
- We are brave and willing to step outside our comfort zone to try new things and share new ideas.

Respect - We're a place of inclusivity. We value, celebrate and draw strength from the diversity among us, and in our communities. This is what makes us special. Our people and our patients feel listened to. Everyone's voice counts. We're a place where people feel safe to speak up knowing their voices will be heard. Respect and dignity for everyone.

- We treat everyone as an individual with respect and genuine interest, speaking to the person, not their role, band or condition.
- We make sure everyone feels welcomed, valued and respected equally, with tolerance and without judgement.
- We keep people informed and explain what is happening, with clear communication at each step of the way.
- We actively listen, making sure everyone's voice is heard and they feel safe and able to speak up.
- We have respect for resources, other people's and our own time and the environment.

Compassion - We're a welcoming, friendly Trust. We have care, kindness and compassion at our heart. For us, everyone matters. We're a place where compassion is not just for our patients and their families, but a right for all of us. Our people are amazing, meeting challenges head on. They put patients first, day after day, to deliver the best care they can.

- We put our patients at our heart, caring for them with dignity at all times.
- We have empathy, understanding everyone has different life experiences, skills and resilience.
- We take time to do the small things that can make a big difference.

- We won't walk by when someone or something doesn't seem right.
- We are kind, open and approachable, saying a friendly good morning with a smile, and a thank you at the end of the day.

The following stories will illustrate how we demonstrate our values in our daily lives and how we are embedding Ambition, Respect and Compassion into our culture.

Ambition

Nursing associate apprentices graduate at SWB

Education and on-the-job training is key when it comes to building our future workforce. Over the past year we've worked hard to deliver just this to our nursing associate apprentices. Made up of students from across the University of Wolverhampton and Birmingham City University, we have seen many recognised in a ceremony as they graduate.

Hosted by our nursing and midwifery clinical education Team at the Sandwell Education Centre, students are presented with certificates, having completed their two-year foundation degree course.

As part of their course, alongside their academic studies at their respective universities, students are placed across various departments, wards and clinical areas at the Trust, including within adult nursing, children's nursing and learning disabilities.

Stacey Clarke, Nursing Associate Practice Educator said the students should be delighted with their achievements. She said: "All the graduates should feel immensely satisfied with their achievements in having attended their foundation degrees. They have all worked extremely hard over the past 24 months and will have faced many challenges both throughout their placements here and their academy assignments and work. I and the rest of the nursing and midwifery clinical education team are proud of all the graduates and what they have attained."

Emma Murray, Registered Nursing Associate and graduate said: "I feel a sense of relief to be finally graduating. I, like many of my fellow students, have faced many difficulties whilst studying but adjusting to the second wave of the pandemic was certainly the most challenging. However, with this being said, both the Trust as a whole and the nursing education team have always been very supportive with our mental wellbeing."

Nursing associate students at their graduation ceremony

Taking action to improve experience at work

Every quarter, colleagues are approached to give their feedback about how they feel about working at our organisation. This process is done via anonymous surveys, the Quarterly Pulse Surveys (in January, April and July) and the national staff survey (in October).

The feedback received helps the organisation to understand how to improve the lived experience of all our colleagues – this is why it is crucial for everyone to take the opportunity to have their say.

The People Plan is the overall strategy to improve staff experience and the survey results can be used to track how well it is being embedded and improving experience.

Key to this plan is the People Promise - what our NHS colleagues in many different healthcare roles and organisations have said would make the greatest difference to them in their working lives:

- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team.

The Trust has arranged several listening events over the course of the past year to engage with colleagues about the results of the surveys, understand key issues or concerns, develop responses and suggestions and feedback on action taken. These events have been at Trust and directorate level enabling localised reporting and feedback.

As an organisation we are always looking to learn from others who are performing much better than we are. We have therefore engaged with local NHS organisations who have sustained good scores in relation to the surveys or have improved in recent years. Fairness, equity and line manager development have been identified as important priorities to address in order to improve staff feedback in future staff surveys and staff experience.

Nurses in our Tissue Viability Team

Imaging team recognised for work with AI

Our Trust has been recognised in a leading technology award for its work around using artificial intelligence to assist diagnosis. The imaging team picked up the Automation, Artifical Intelligence and Machine Learning accolade in the Smarter Working Live Awards – known as the Oscars of the technology industry.

The award is related to the way we have worked with IBM to trial software, called Clinical Review 3 (CR3), which supported radiologists in analysing X-ray and CT imaging results. The software can pick up lung nodules, rib fractures and perforated lungs in a matter of seconds and highlight the findings to radiologists if it's not in the report.

Dr Sarah Yusuf, Group Director for Imaging, explained: "This is an exciting time for us to work on an AI project, and has paved the way forward in collaborating on other future projects.

"Our aim has been to release expert clinician time to focus on reports which need specialist analysis and this project has certainly done that.

"Our radiologists analyse around 350,000 imaging studies every year, and this figure is growing. Radiological diagnoses are complex and CR3 has aided the quality of those reports and improved patient experience and safety. The clinical conditions we expect the system to identify across both X-ray and CT scans are in the chest and abdomen, including rib fractures, pneumothorax, emphysema, abdominal and thoracic aortic aneurysms, pulmonary embolisms and pulmonary nodules. The technology uses AI algorithms to identify potential differences between what they would expect (based on data from similar tests) and what the radiologist actually reports. This is then reviewed by the radiologist who decides whether a second look is needed. It also highlighted that our current discrepancy rate is well below the national threshold which is something that our Radiology team should be really proud of.

"If the radiologist is feels an addendum is appropriate, the report will be amended. Any clinical decisions are then made more promptly which will help minimise potential patient harm. Data identifying patients will not be shared with IBM or leave the UK.

"The main benefits of the trial led to improved quality of reporting, and hence improving quality and safety of radiology reports and hence improve the quality and safety of clinical care provided to the patient in a timely fashion."

The Imaging team and their IT colleagues receive their award at the Smarter Working Live Awards event

Coming together for the Commonwealth Games

All eyes were on Birmingham in August last year as it hosted the Commonwealth Games.

And for our colleagues it was a chance for them to become part of history – representing the Trust and their local community.

Here's a focus on some of those who volunteered their time to be involved in the event.

- Aoife Murphy, Senior Radiographer, was a member of the Commonwealth Collective medical volunteers, and provided high-quality imaging services throughout the duration of the games.
- Theresa Hickey from the procurement team played a key role in the management of experience for the spectators. As 'Umpire Chair' for the Events Services, her role was to create a long-lasting impression on spectators through her front of house and departure work.
- Rebecca Burt, Respiratory Clinical Nurse Specialist, was part of the opening ceremony entertainment, portraying the chain makers of Cradley Heath and the Black Country through dance.
- Cheryl Newton, Group of Director of Nursing for Women and Child's Health, saw volunteering within the transport team as an opportunity to "give something back" and "represent the Midlands as the friendly place it is".
- Martin Holmes, Advanced MSK Practitioner (Physiotherapist) volunteered as a physiotherapist in the University of Birmingham polyclinic where he supported the development of fellow practitioners in preparation for the games.
- Sarah Gibson, working within the recruitment team, keen to use her skills to help construct an efficient team of volunteers.
- Dr Sarb Clare, Deputy Medical Director, was a baton bearer for the relay and joined a list of inspirational individuals that made up the 2,000-strong team.
- Rachael Falkner, a Highly Specialised Clinical Scientist (Neurophysiology), stepped away from her day job to be part of the medal ceremony team, based at Arena Birmingham in the City Centre for gymnastics, and the University of Birmingham for hockey.
- Prinith de Alwis Jayasinghe, a Paediatric Dietician, took part in the closing ceremony performing a dance routine.
- Ellie Patel, Intensive Care Nurse, was appointed as a first responder team leader. Trained to deal with any medical emergencies, Ellie was there to ensure anyone with health issues was given the best care possible.
- Sarah Cooke, Head of Infrastructure, volunteered to be a part of the event services team this summer, appointed to meet and greet audiences for Netball games, held at the NEC Arena.
- Sukhjinder Kaur Nagra, Healthcare Assistant, volunteered her time as a T2 driver – choosing something completely different to her normal day job. "It was amazing. I met so many lovely people from all over the world," she said.
- Lizzie Isaacson, a Resuscitation Officer had the vital role of spectator nurse at Arena Birmingham where she responded to any type of medical emergency.

Sarah Cooke volunteering at the Commonwealth Games

Trust receives Heartworks and POCUS simulator worth £75,000

The Trust was gifted a Heartworks and POCUS (point of care ultrasound) simulator courtesy of Intelligent Ultrasound after a successful submission to Health Education England. The bid for the £75,000 equipment was put together by both Dr Sarb Clare, Deputy Medical Director and Acute Physician and Jilly Croasdale, Head of Radiopharmacy Department and Associate Director Healthcare Science.

The innovative and state of the art simulator plays a key role in educating and training our clinicians who practice POCUS to echocardiographers who provide detailed scanning for our patients. Dr Clare said: "This simulator enables us to teach colleagues who are starting in their ultrasound training journey to those who are established. It provides consolidation and enables assessments which are mandated for many of the national accreditation pathways.

Jilly added: "I am so pleased and excited as this supports the training of so many of our staff as this is such an invaluable piece of kit."

Free lung health checks coming to Sandwell

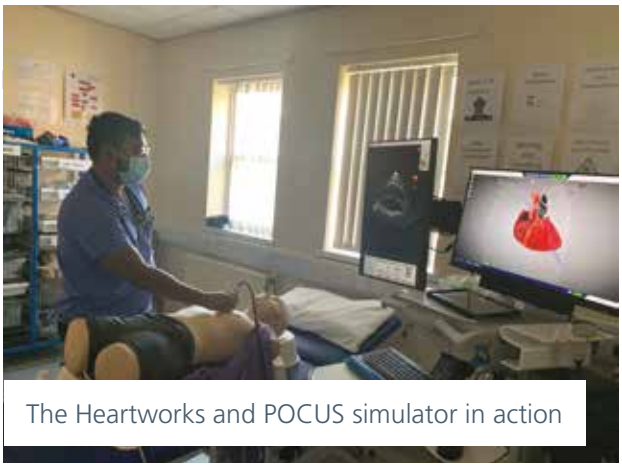
The Trust is gearing up to offer people who are aged between 55 and 74, who smoke or used to smoke and have a Sandwell GP, a free NHS lung health check. Run by specially-trained nurses, lung health checks aim to find out how well the lungs are working in a patient fitting the criteria.

The Trust is part of a phased campaign by NHS England/ Improvement introducing the checks. The service has been introduced in a handful of other areas across the country and has been successful in early detection of cancer in smokers and ex-smokers.

Steve Nelson, Project Manager, said: "This is a really important service which could save lives. It's all about detecting any problems early and ensuring treatment is given quickly so that the person can enjoy a good quality of life. This is a service for our Sandwell population at the moment and we're keen to spread the word so that those who do receive an invite for a lung health check take up this offer. Colleagues should be aware of the campaign so that if they do know of people who fit the criteria they can reassure them share the importance of the checks."

Those eligible will be sent a letter inviting them to make a lung health check appointment which will take place over the phone and last around 20 minutes. They'll be asked some questions about their breathing and overall health and they'll have time to talk to the nurse about any concerns they may have. They may be offered an appointment to have a CT scan for further investigation.

Steve Nelson has been promoting the arrival of the Targeted Lung Health Checks for residents with a Sandwell GP



The Heartworks and POCUS simulator in action

Harvest View in Rowley Regis opened to patients - offering specialist support from both social care and health staff all under one roof, with 80 en-suite rooms and friendly communal areas as well as lovely outdoor spaces.

The facility helps people get back home after a hospital visit and also those who need some structured support to avoid a hospital stay altogether. It has been opened in partnership with the Trust and Sandwell Council.

Harvest View replicates the home environment, where residents can be encouraged back to their normal health in familiar surroundings. The focus is on maintaining and improving independent living rather than specifically treating the medical condition.

Councillor Suzanne Hartwell, Sandwell Council's Cabinet Member for Adults, Social Care and Health, said: "This is such an innovative and collaborative project. Harvest View is a magnificent building. For Sandwell residents who will be using this facility, for their families and for the staff who will be working there, this is an amazing person-centred place. Harvest View offers residents choice and control over their care and also promotes independence, helping us with our ambition for Sandwell people to live well and age well."

Sarah Oley, the Trust's Clinical Directorate Lead – iBeds, added: "This is a fantastic example of partnership working between us at the Trust and our partners at Sandwell Council and we look forward to caring for those people of Sandwell who need the reablement support offered here at Harvest View."

Cancer Hotline service launched for Sandwell and

Coming together to work in partnership – the opening of Harvest View demonstrates collaboration between health and social care

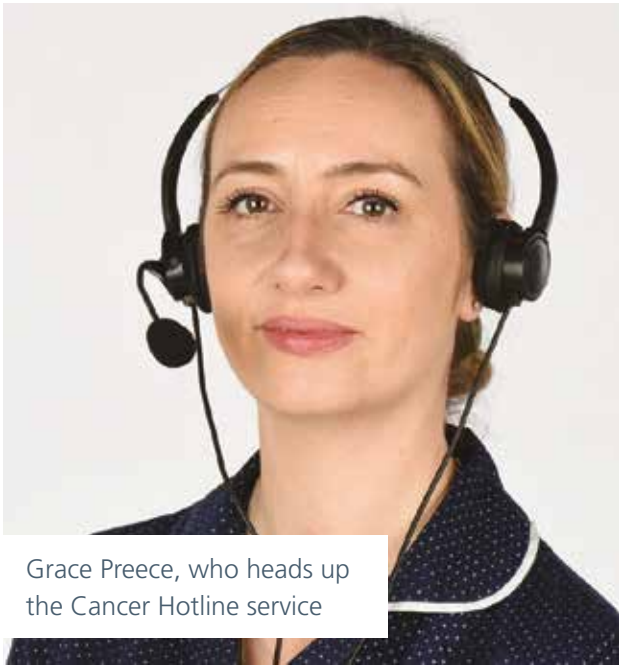
West Birmingham residents

An NHS cancer hotline offering advice for residents worried they may have symptoms of cancer launched for those with a Sandwell or West Birmingham GP. Concerned patients can speak to a specialist nurse who can discuss their symptoms and offer advice on the next steps to take.

This one-year pilot service has been funded by the West Midlands Cancer Alliance. It has been set up by the Healthier Futures Black Country Integrated Care System (ICS) and Sandwell and West Birmingham NHS Trust in partnership.

Jenny Donovan, Cancer Services Manager at the Trust, said: "This hotline means people who are concerned about new or persistent symptoms that could be a sign of cancer can speak quickly to an expert. We want to make sure that they have the tests they may need, and any treatment required as quickly as possible. Anyone who is worried can ring the advice line on 0121 507 3330, Monday to Friday, between 8am and 4pm."

Symptoms of cancer include unexplained weight loss, unusual swellings or lumps, changes to a mole, blood in wee or poo, changes in bowel habits for more than six weeks, a hoarse voice for more than three weeks, difficulties in swallowing, unusual changes to your breast and vaginal bleeding after menopause or between periods.



Grace Preece, who heads up the Cancer Hotline service

Partnership working continues to improve care pathways

A service ensuring safe and timely discharge of patients from acute beds has been one of the main focuses of development by the Sandwell Health and Care Partnership, the place-based collaboration with partners working together to address the needs of the population.

The Sandwell Integrated Discharge Hub (IDH) was formed in 2021 and brings together nursing and therapy staff from the Trust, with colleagues from adult social care and Place-Based colleagues from the Black Country Integrated Care Board.

The service has adopted the national Discharge to Assess (D2A) model, which focuses on identifying patients' likely discharge needs on admission to reduce unnecessary delays. If people have care or therapy needs, they are discharged when medically appropriate and then assessed in their discharge destination.

This contrasts with the previous models where all assessments took place in the acute ward, causing unnecessary delays. The team utilise a 'trusted assessor' approach, where the assessment of a professional from one organisation is used by all others rather than having multiple, often duplicated assessments.

The Sandwell Health and Care Partnership has collectively invested in ensuring people can receive rehabilitation at home rather than in a community bed with a collective 'home first' approach. This is in line with the ambition to create citizen-centred, individualised care.

Daren Fradgley, Chief Integration Officer, said: "The Integrated Discharge Hub is an early example of the extent at which care for local citizens can improve when organisations move beyond collaboration and fully integrate."

The partnership has expanded the Integrated Discharge Hub by creating a Care Navigation Centre (CNC), which coordinates all health and care needs for people in Sandwell. The CNC provides advice and direct access for patients, citizens and professionals to ensure people receive the right service at the right time regardless of their age or requirements.

Respect

Cultural Ambassadors introduced to identify and challenge discrimination and cultural bias

In November 2022, the Trust formally introduced the cultural ambassador role into the disciplinary processes, as part of our commitment to eradicate discrimination and ensure all colleagues are treated with fairness, dignity and respect. Fourteen colleagues have been trained as cultural ambassadors to identify and challenge discrimination and cultural bias. They use these skills in their role as a neutral observer within disciplinary processes, formal investigations and grievance hearings for colleagues.

Danielle Sewell, Deputy Convenor, Specialist Podiatrist and Cultural Ambassador, said: "Within the NHS we have the Workplace Race Equality Standard (WRES), a national reporting system for issues and themes on race. Black, brown and minority ethnic colleagues may or may not be comfortable sharing, but I am able to state that experiences through the workplace are different from our white colleagues. On a surface level it might look the same, but the struggle is real."

The role is essential in changing the culture of the organisation and the need to speak up for the underrepresented – hence the name. An ambassador can simply focus on maintaining a fair and stable process and the need to identify and remove any bias that may be uncovered within an investigation.

Danielle Sewell, Deputy Convenor

March for equality at the 2022 Pride Festival

The LGBT staff network called on all its allies from across the Trust to come together, join in and march for equality at the 2022 Birmingham Pride festival. After a quiet couple of years where colleagues had focussed all of their time and energy on fighting COVID-19, our Trust stood shoulder to shoulder with colleagues from across 14 other NHS organisations and formed one of the largest walking contingents at the parade.

Andy Churm, Vice Chair of the LGBTQA+ Network and District Nursing Matron, said: "We had an incredible turn out for Birmingham Pride with colleagues from the Trust and allies coming together to celebrate equality and diversity.

"Unfortunately, the past few years have been overshadowed by COVID-19 and we haven't been able to take part as we have done in the past, but this year we finally returned."

NHS colleagues at the Birmingham Pride Festival

Jobs boost for nutrition and dietetics service

A number of new roles have been created within the nutrition and dietetics service, leading to a more expanded service. It also meant that patients would benefit from more specialised treatment and support with an increased focus around nutrition-based care pathways in the hospital and community environment.

Ben Biffin, Professional Lead Nutrition and Dietetics, said: "The investment we are seeing within the service shows fantastic recognition by the Trust of the value of good nutrition and hydration in promoting dignity, independence and quality of life for our patients. As dietitians and nutrition nurses we use the most up-to-date public health and scientific research on food, health and disease and translate this into practical guidance to

enable people to make appropriate lifestyle and food choices. Nutrition and hydration are often one of the main factors that when given the tools, patients can be independent with their care.

"Evidence proves that good nutrition and hydration can be effective in supporting healthy lifestyles; reducing the risk of future infection, or hospital admission and supporting rehabilitation after illness or injury. This investment comes alongside the release of a new Trust nutrition and hydration strategy promoting it as a fundamental point of care in the journey of our patients."

Trust commits to Trade Union Congress Dying to Work Charter

The Trust signed up to the Trade Union Congress (TUC) Dying to Work Charter which sets out a voluntary agreement providing additional employment protection for terminally ill colleagues.

It is a fact of life that sickness and serious illness is something that many of us will have to deal with, often for days, week or months. However, for some people, where treatment is not an option, this often leads to a terminal diagnosis and a significant amount of stress, fear and concern.

The Dying to Work Charter helps alleviate some of the stresses, by setting out an agreed approach to how an organisation can actively support a colleague in the event of a terminal diagnosis.

Richard Beeken, Chief Executive Officer said: "I am proud to say that we have signed up to the Dying to Work Charter. The health and wellbeing of our colleagues remains absolutely paramount. Colleagues spend their careers caring for those around them, so as an organisation we are committing to providing the same support to colleagues when they need it most."

We have signed up to the Dying to Work Charter

World Sickle Cell Day puts affliction under the microscope

To mark World Sickle Cell Day, the sickle cell and thalaessmia team (SCaT) at City Hospital hosted an awareness event about the disease which affects so many in the Sandwell and West Birmingham area.

Specialist Registrar in Haematology, Dr Sandeep Potluri said: "One of the most common blood disorders we deal with is sickle cell disease, it's the fastest growing genetic disease in the UK. We offer a full range of treatment: acute complications such as pain management, it can be a very painful disease and we do our best to minimise this. But we also work to prevent issues happening in the future, to see what we can do to prevent a crisis or the complications that patients often have."

The Trust also became one of the first to roll out a "new and exciting" monoclonal therapy to patients, which, although not long in circulation has shown in early tests to be beneficial in reducing issues including episodes.

He continued: "It's still early days but the feedback has been great. For a long, long time we haven't had any new therapies for patients with sickle cell disease, and so it's really good that there's something new we can potentially use going forward, that will help make things even better for patients."

Raising awareness of sickle cell wonder drug

In 2022 we became one of the first Trusts in the region to administer the crizanlizumab drug to sickle cell patients. The new treatment reduces chronic pain which leads to trips to accident and emergency and dramatically improves the quality of life for patients.

Loury Mooruth, who was one of the first to receive it, is pleased with the results the drug is having so far and her journey has been documented by a filmmaker so that she is able to raise awareness of the treatment. She said: "Since I started on crizanlizumab, I have had one crisis which was in March. It lasted five days – normally they last 10 and I will have a major one every two months."

"I've suffered for years and years thanks to this disease and as a result have a number of health issues. I definitely feel had I had this drug when I was younger, I wouldn't be suffering as much with the various ailments I have."

The Trust is one of the 10 dedicated centres to treat sickle cell disease across the country. Patients will be able to access the new treatment through their consultant at one of these clinics regardless of where they live in

Loury Mooruth is highlighting how crizanlizumab is helping her condition by featuring in a film about the drug

Fundamentals of Care – back to basics

Going back to basics may sound simple enough - but it is essential when it comes to the care we deliver to our patients. This is what our Fundamentals of Care framework will address, as many colleagues heard at the official launch of the programme in September 2022.

The day-long event at West Bromwich Albion FC, heard from patients, carers and staff about what mattered to them whilst receiving consistent care from either clinicians at our hospitals or in the community. Mel Roberts, Chief Nursing Officer, said: "We heard from many during the event - our patients, people and population - about why it's so important to get the basics right. Now we need to turn that energy into action and work hard to provide high quality patient care."

Success will be measured using our current suite of metrics which will be brought together in a quality dashboard. There will be metrics attached to each standard, Tenderable, Safety Huddles, patient and staff feedback and We Assure inspections.

Patient, public and staff engagement is key to the development of our Fundamentals of Care approach

Fundamentals of Care launch event

Pharmacy team get green

The pharmacy team enjoyed the great outdoors throughout 2022 as part of the Trust's Green Impact programme. The initiative is an environmental engagement programme which encourages colleagues to make small sustainability actions that collectively make a big impact.

"Some of the actions in the Green Impact toolkit suggested we make an effort to enjoy the outdoors more so that is what collectively as a team we decided to do," said Amy Challinor, Lead Pharmacy Technician for Quality Assurance. So, at the start of 2022, we made a little departmental competition out of it to encourage us all to get moving. Our wellbeing team came up with the idea to go for walks on lunchtimes. To help support this, members of the Green Impact team found safe routes from each site that could be walked in an hour or less."

Amy believes there have been many benefits to enjoying greener spaces across the region. She said: "As our jobs are inside a lot of the time, we are limited to the amount of daylight we see especially in the winter months, so we knew it was imperative that we get outside. Having spoken to the team, many of them have said just being outside has improved their mental health and general mood."

The pharmacy team.

Kate Sambrook, Pre-registration Pharmacy Technician enjoying the outdoors.

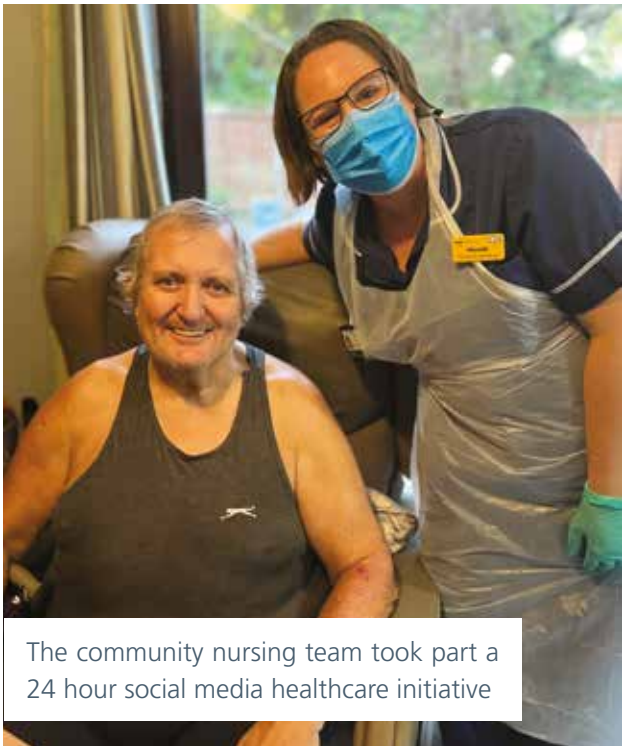
Community teams take to TikTok to showcase skills

In November the Trust took part in a "24 hours in healthcare" initiative designed to showcase many of the roles involved in urgent and emergency care.

Community Staff Nurse Hannah Charlton, took External Communications Manager Anuji Evans with her on a visit to the home of elderly patient Phil, to check his leg ulcers and change his dressings. Gaining consent to film from Phil before the visit meant Anuji was able to capture the visit on video and share on the Trust's TikTok account under the hashtag BlackCountryHealth247.

Hannah explained: "Working in the community is a vital part of integrated care, as we support our colleagues in acute care by looking after many patients in their own home, and by having good relationships with patients we are there early to intervene before medical issues become more serious perhaps even requiring admission to hospital."

Since being posted on TikTok the video has been viewed more than 90,000 times, and another one showcasing Hannah's colleagues has been watched by over 25,000 people. Tammy Davies speaking in an earlier role as Group Director of PCCT said: "We know that our community colleagues are truly valued by the patients they care for, and I think seeing the response on TikTok demonstrates that there is a genuine interest from the general population in the work we do."



The community nursing team took part a 24 hour social media healthcare initiative

Trust raises living wage in line with national foundation

The Trust is a long-standing member of the Living Wage Foundation where employees commit to paying their staff the real living wage. It is based on real living costs and is higher than national Government minimum wages set for adults.

New real living wage rates were announced in September and introduced the new rate in October. The new real living wage rate applicable to all areas outside London is now £10.90 per hour – more than the national minimum of £9.50 per hour.

We are among a minority of NHS organisations who are committed to the real living wage that reflects cost of living increases and are proud to be able to honour this commitment.

Dangers of "laughing gas" warns Trust's clinicians

Two clinicians have stepped into the media spotlight to raise awareness about the rise in cases of nerve damage linked to the use of nitrous oxide. We've seen a marked rise in admissions – from six between 2015 to 2020, to now roughly one every two weeks. Both neurologist Dr David Nicholl and toxicologist Dr Mark Pucci have been talking to the media about the serious harm the substance can have on users.

Dr Pucci said: "Even when we had around one admission per year, that was felt to be frequent. "But in the past year or so there has been an exponential growth in hospital admissions. We're now seeing one admission every two weeks or so." Users typically inhale by filling a balloon with laughing gas. The effects can be devastating, with both Dr Nicholl and Dr Pucci seeing patients with spinal cord damage and an inability to walk.

Dr Nicholl believes boredom that came about over several lockdowns led many to take up balloons, which then turned into a habit – so much so that he even sees patients who have lived the worst effects take it up again after leaving hospital. He is so concerned about the trend that he's taken to TikTok @swbhnhs to warn people about the dangers.

Dr David Nicholl who has been vocal about the dangers of nitrous oxide.

Youth forum at SWB

Capturing our young people to gauge their views on healthcare and the way our services are run is vitally important to us. The engagement team led by Jayne Salter-Scott, has been working hard to establish a Youth Forum since October and now has a regular attendance of around 30 young people on a monthly basis.

Jayne explained: "Patient and public involvement has no age limit. I, like many others think that children and young people should be encouraged and facilitated to participate in decisions about their own care. The forum discusses issues that are important to them such as work experience, volunteering, mental health, and deaf awareness. The events will also give the Trust the opportunity to talk to young people about its key priorities such as the Midland Metropolitan University hospital, and Fundamentals of Care."

At the Trust, we are working towards the recruitment of several youth ambassadors who will represent the youth forum at a number of meetings and activities within the Trust such as PLACE audits, recruitment panels, redesign workshops, task and finish groups. There will also be seats available on the children and young people's board, for the youth ambassadors to represent the wider youth forum. This aims to ensure that the views of children and young people are heard and acted upon.

New people plan

The People Plan was approved by our Board in January and sets out how we will deliver on our People objective - to cultivate and sustain happy, productive and engaged staff. Our new People Plan supports that strategic objective by focussing on improving staff satisfaction and experience in order to support a positive organisational culture to thrive.

Frieza Mahmood, Chief People Officer, said: "The People Plan is really about the things that matter to everyone who works in our organisation. Every time staff give us feedback via the national staff surveys or the quarterly Pulse surveys, we genuinely listen and take the time to understand what staff views really mean.

"This plan is a very detailed commitment about what we will do to give colleagues a great experience as a member of our team here at our organisation. For instance, there are a number of elements linked to development as a direct effort to support our staff in having the tools they need to do their job well and accelerate their career in the Trust.

"There is also an important focus on key areas such as fairness which can result in poor staff experience if not consistently managed well. We want to make SWB a great place to work – we want our people to develop and grow their careers with us. We also want members of our communities to choose us an employer and establish a long-term career in our organisation."

Trust partners with St Giles to offer violence intervention service

Across SWB we're seeing an increase in partnership working, which aims to facilitate a smooth pathway through the healthcare system. This doesn't just apply to medical care: some vulnerable young people require support with their lifestyle as well as their health, and the hospital setting provides a unique opportunity to reach this group.

Working in conjunction with St Giles Trust, we have had in place a violence intervention service across our two accident and emergency (A&E) departments. The aim of the service is to offer timely and tailored support to young people aged 11-25 who have been a victim of a violent attack and have attended the A&E department. The service aims to support them to establish lifestyles that move them away from gang activity, violence, crime, and victimisation.

Caseworkers are embedded in the A&E departments, taking referrals from clinicians for young people that have been the victims of serious youth violence. Colleagues are predominantly people with lived experience, who have the necessary credibility and cultural competence to effectively engage with young people who are scared, at risk, worried about the criminal justice system and in some cases groomed to reject support.

Chief People Officer, Frieza Mahmood

The Sandwell Hospital-based violence intervention service team.

Compassion

New service for neonates receives high praise

In 2022 we launched the Neonatal Community Outreach Team (NCOT) help to ensure babies have a smooth transition from City Hospital back to their home and that the parents are given the confidence to care for their little one.

Carmen Nuttall, Neonatal Community Outreach Team Leader, explained: "The service is about empowering parents to look after their baby and having the confidence to do so." One mum who benefited from the service is Melissa Hyde. Her baby was born at 30 weeks weighing just 1.66kg. After a six week stay on the neonatal unit, Jayvion went home with his nasogastric tube – which carries food and medicine to the stomach through the nose.

Melissa said: "The way the team dealt with and treated my son was lovely to see and I felt nothing but comfort knowing that my baby was being well looked after. They were supportive giving me all the advice I needed and helpful numbers. I am really happy with the experience and my baby got better within one day."

Melissa Hyde's baby son Jayvion

Inaugural Chief Registrar Award and new Chief Registrar appointment

Dr Vaishnavi Kumar was known across our Trust as a compassionate and caring Chief Registrar who always put her patients, colleagues and those around her first. With her passion for care, courage and tenacity to lead, she quickly became a leading light for junior doctors so with her passing, it was clear that what she stood for should be honoured and celebrated.

As a result, the Dr Vaishnavi Kumar Chief Registrar Award was introduced as an annual accolade presented to a junior doctor who demonstrates the leadership qualities and behaviours of what a doctor should be - caring, kind and empathic all whilst striving to give the best high quality care at all times.

The 2022 inaugural award was awarded to Dr Stephanie Wallis, an Internal Medicine Trainee (IMT).

She was recognised as astute, compassionate and working to a very high standard - someone whom the team saw a future Registrar within. Stephanie worked very closely with and was mentored by Vaish which made the award very poignant.

Meanwhile, Dr Laura Pearson took up the position of Chief Registrar in September. She said: "I was pleased to be appointed Chief Registrar for SWB, as I have a very soft spot for the Trust, gained through different periods working here. Although I am new to the Trust in this role, I feel like I've come home, for even as I walk down the corridor there is always someone saying hello. It is a really warm and friendly place to work. What stands out is that senior colleagues treat you as their equal. They really care and support you and that is important when you are starting out in your career."

Dr Stephanie Wallis is presented with the Inaugural Chief Registrar Award.

New project launched to support mental illness across Black Country and West Birmingham

A new project is now underway to support patients identified with serious mental illness across the region. Nationally, one in four people experience mental ill health each year in England and one in six people with mental health problems die between 15 to 20 years earlier than those without. Regionally these statistics correlate as patients with serious mental illness across the Black Country and West Birmingham have approximately 15 to 18 years shorter life expectancy due to premature deaths from preventable physical illnesses.

They also tend to not engage with routine care services and utilise emergency care when their needs become urgent. The personalised care project is being clinically led by James Gwilt, Lead GP from Your Health Partnership and has involved setting up a small team of colleagues to deliver personalised care.

"The model itself for the project is based on the design principles that patient preferences matter and that healthcare professionals do not always understand the healthcare decisions patients would make," said James.

New project launched to support mental ill health across the Black Country and West Birmingham areas.

Inside the mortuary – the patient journey continues

What happens when someone dies? It can be one of the daunting questions some of us may get asked during our working hours. And if you don't know the answer, you might not find it easy to find the right words.

For Lauren Wood, Mortuary Manager, it's important to highlight the patient journey does not stop when a person dies, it stops when that person leaves our care entirely. "Showing families their loved ones are being looked after, even after they pass, their wishes are being respected and there are treated with dignity is a very important step which falls within the patient journey," she said.

Often, ward colleagues are the first contact for family members with questions, who may be fragile, in shock or distressed upon hearing the sad news their loved ones have passed. Explaining exactly 'what happens next' is a stepping stone to the right support and information they need.

Lauren added: "Death can be an uncomfortable subject, but it would be great to see more colleagues become 'in the know' about exactly what happens to those people who pass, and able to signpost with ease and reassure family members that their loved ones are still in good care. The more people who understand the process and continued journey for patients who pass, the better the quality of care and patient journey for those who have left us, and also for their loved ones."

Lauren Wood, Mortuary Manager.

New mental health Lead driving improvements in practice

The need to improve mental health provisions in the NHS has been a longstanding and well-known issue, with increasing numbers of patients needing specialist support. In response to this, we appointed Lee Hurst as Mental Health Lead to offer this help to our patients.

Lee said: "I have taken up a unique secondment opportunity, developed in partnership with Black Country Healthcare NHS Foundation Trust and our organisation. My role focusses on providing mental health expertise and to help lead work on key priorities that support delivering the Trust's vision of improving access to mental health care and support across all core services.

"It is hoped that my role will help drive standards of mental health practice across acute care pathways. As this is a seconded role, I am hopeful that I can influence change and improve services for patients through collaborative approaches, working beyond organisational boundaries."

Lee Hurst, the newly appointed Mental Health Lead.

Heart expert focuses on prevention

After performing more than 5,000 lifesaving operations in the cardiac catheter labs at our Trust, consultant cardiologist Professor Derek Connolly has hung up his scrubs to focus on prevention across our population. For more than 34 years, Derek has devoted himself to coronary intervention setting up the primary angioplasty service after arriving from Papworth, Cambridge in 2000.

Derek, who is also the Trust's Director of Research and Development, said: "For 34 years I have dedicated myself to coronary intervention. Five years after starting up the service at the Trust, it went 24/7 for heart attacks and we were one of very first organisations in the country to do this."

He added: "I am giving up treating patients presenting with heart attacks and instead preventing heart attacks happening. Prevention is definitely better than cure, but I am grateful for my younger colleagues continuing the phenomenal primary angioplasty programme."

Professor Derek Connolly who will now be focusing on prevention

It's time to talk about poo – Mr Rai's story

The bowel cancer screening service at the Trust is just one of a few in the country to test people from the age of 56 as part of a roll out by NHS England. The lifesaving test is sent to the homes of Sandwell and West Birmingham residents who are then asked to follow the instructions which involves taking a sample of their poo and sending it back to the laboratory.

One patient who experienced a positive result is Mr Rai, now aged 57. The dad-of-three carried out the test when he received it through the post last year.

He explained: "I didn't hesitate in doing the test. It was a no brainer to me – a free NHS test that potentially could save my life, there was nothing to really stop me. When I received the positive result, of course I was worried, but I went for the colonoscopy and they found two polyps which were precancerous. These were removed."

Mr Rai added: "I was relieved that they were caught at an early stage as further down the line it would have been too late and they would have turned into cancer. The poo testing kit saved my life. I can't stress the importance of the bowel screening test. If you have received one through the post, then I would urge you to make sure you do the test. I am still under the care of the team and undergo screening every two years."

The next phase for Live and Work begins

In January this year work to develop the next phase of the innovative Live and Work project at Sandwell Hospital began with the refurbishment of former doctors and nurses' residences to create an aspirational young workers' village.

The Live and Work concept, launched by the Trust in partnership with St Basils in 2015, delivers a truly affordable housing option to young workers, many of whom have experienced homelessness. The scheme enables young workers to pay rent from their earned income without the need to rely on welfare benefits for additional support. The ground-breaking scheme delivered in partnership with Sandwell Council, the Trust and St Basils builds on the learning from the award-winning phase one which was completed in 2015, providing student-style accommodation for young apprentices. Phase two of the scheme will deliver 54 self-contained apartments for young workers.

Colleagues from SWB and St Basils at the launch of phase two of the Live and Work project

Your Trust Charity

Your Trust Charity
making everyone matter

Your Trust Charity is the registered charity of Sandwell and West Birmingham NHS Trust. We exist to fund added-value services above and beyond what the NHS pays for. We do not receive any money from the NHS, local or central government. Instead, all the money we raise comes from our local population of Sandwell and West Birmingham, donations from our grateful patients and their families, and the wonderful efforts of our people, including our staff and volunteers.

Our mission is:

"To enhance the experience of all people using our services including staff, patients and their families. We will do this by providing additional facilities and supporting innovative projects that create a comfortable and secure environment."

We exist to achieve the following four priorities:

1. Infrastructure

- Improving the organisation's environment and making the capital improvements to facilities
- Supporting integrated care across the estate of SWB and allied providers

2. Education

- Supporting the educational development of clinical and non-clinical staff
- Aims to secure the long term future of health and social care in Sandwell and West Birmingham
- To support education within the local community

3. Innovation

- Help the Trust to be a leader of innovation, pump priming activities, running pilots and testing out new ideas and technologies for care that enhances outcomes for local people

4. Community resilience

- Support communities to improve their health outcomes, enabling them to provide outstanding, compassionate care independent of statutory providers

Albion players deliver festive cheer to young patients

What we have achieved

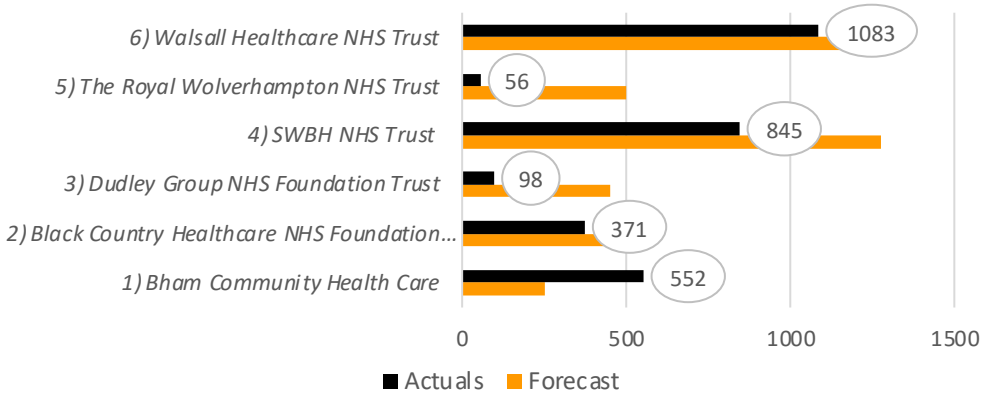
During this past year the charity has continued to support the recovery of services at our Trust following the pandemic, focusing on creating added-value services for our people, patients and population. Despite a challenging year for fundraising with the impact of cost of living affecting many people, we'd like to say a sincere thank you to all of our generous supporters, donors, staff and volunteers. They have helped us to raise over £700,000* in 2022/23, and have also made a number of in kind contributions to help us.

We are delighted to report charitable expenditure for the year of over £700,000*, which includes spend of over £500,000* against our four priority areas of ***infrastructure, education, innovation and community resilience***, and our We Are Metropolitan campaign.

* provisional financial figures (unaudited)

We'd like to say a particular thanks to supporters of NHS Charities Together, who have continued to support us with a wellbeing grant towards our people, patients and population. This has included funding towards the creation of an outdoor gym at City Hospital, which will be undergoing construction and launching in spring 2023.

NHS Charities Together have also funded our youth volunteering programme, which engaged with 140 young people providing over 3,000 volunteer hours before its conclusion in March 2023. Also concluding in March 2023 was the charity's major partnership project with five of our NHS charity partners across the Black Country and West Birmingham as shown below. This engaged with a tremendous diversity of over 3,000 beneficiaries during the lifespan of the project, including children from local primary schools, and patients receiving end of life care:



Grants and Commissions

SCORE (Supporting Career Opportunities, Recruitment & Employment)

Your Trust Charity, in partnership with Aston Villa Foundation, began delivery of 'SCORE', a payment by results contract by The Prince's Trust, via the Department of Health and Social Care. This contract aims to recruit, train and equip 16-30-year-olds from across the region in readiness for entry level jobs and apprenticeships.

We were delighted to support 60 young people to complete our programme in this past year, with at least nine of these going onto sustained employment for a minimum of three months in a health and social care setting. We have successfully received funding to continue delivery of this programme during 2023.

One of our participants was Wari Gharib (pictured), aged 19, who has ambitions to become a neurosurgeon. He has applied to study medicine at university and hopes that the experience he has gained at the Trust will lead to better opportunities in the future.

He said: "My passion is in neurosurgery and when I found out about the programme I was keen to build on my experience within clinical settings. School obviously prepares you academically but what this initiative does is give you the opportunity to work within healthcare settings and see first-hand what it is like. I think it's a really important programme and opens up so much to those who are on it."

Here is a selection of our many successful projects and fundraisers in this past year:

Albion players deliver festive cheer to young patients

Albion players embarked on a Christmas mission to bring festive cheer to the children's ward at Sandwell General Hospital. Dara O'Shea, Jed Wallace, Jake Livermore and Conor Townsend all spent time chatting with youngsters and their families, as well as hospital staff.

There were special surprises for the children too, who all received an early Christmas gift from the Albion quartet. Defender Dara O'Shea says he was "humbled" by the visit and insists it's crucial the players and the club offer support and well wishes to those facing a challenging festive period.

Dara said: "I've been told the club have been doing Christmas visits at the hospital for at least 90 years. I think it's a fantastic thing to do and to be a part of.

"We've met some wonderful children, parents, guardians and hospital staff workers today. It was a pleasure to meet them all and hear their stories.

"I really hope the children and their families can enjoy as much of a normal Christmas as possible and we wish them nothing but happiness and health for the future."

Dr Nick Makwana, Consultant Paediatrician added: "It's always a pleasure to welcome the Albion players to our hospital, especially at Christmas.

"It's been really heart-warming to see how happy it makes our young patients. No one likes being in hospital, especially at this time of year and it really has brought so much joy to the children.

"It's very kind that the footballers take time out of their busy schedule to bring in gifts and chat to them."

We Are Metropolitan

We are so grateful to the many supporters of our 'We Are Metropolitan' fundraising campaign for the Midland Metropolitan University Hospital. This includes our business committee members, co-chaired by Henrietta Brealey, chief executive of the Greater Birmingham Chamber of Commerce, and Deb Leary, president of the Chamber and CEO/Founder of Forensic Pathways. We'd also like to thank our community committee members, co-chaired by Dr Sarb Clare and Dr Nick Makwana from our Trust, and a particular thank you to Peter Salt, Chief Executive of Salts Healthcare, who continues to chair our Campaign Council.

As at 31 March 2023, we have secured 80 per cent towards our minimum target of £2 million. However, the final hurdle of fundraising campaigns is always the most challenging, and we'd like to urge our local community and businesses to help us get to £2 million by the time our hospital opens. We want to make Midland Met more than a hospital, but that can only be achieved with your help.

Our Future Plans

The charity has taken the exciting decision to become an independent charity after April 2024, although we will still be primarily supporting Sandwell and West Birmingham NHS Trust's healthcare services. A new five-year business plan is being developed by the end of 2023. For this year, Your Trust Charity will continue to act **as a key service deliverer and facilitator of partnerships within the region**, supporting our people, patients and population. We simply cannot succeed without your support, and would like to thank you all your help.

How you can get involved

- **Donate to We Are Metropolitan** online: https://donorbox.org/your-trust-charity
- **Donate by cheque**
- **You can always fundraise for us** - we would love to hear your ideas. Contact us for an event registration form online and we will be in touch to support you
- **Direct debit** - print out the direct debit form on our website, or complete and send a donation form back to us via Freepost
- **Bank transfer** - yyou can donate to us directly by bank transfer. Please contact us for our bank details
- **Leaving a gift in your will to Your Trust Charity** - a wonderful way to ensure you will still help make a difference beyond your lifetime
- **Follow us on social media:** @SWBHnhs SWBHnhs SWBHnhs

Contact us:

Telephone:	0121 507 5196
Email:	trustcharity@nhs.net
Website:	https://www.swbh.nhs.uk/charity

Zaheer Iqbal, Portering and Security Manager

Acute Medical Unit Sister Sabah Hussain.

Professor Nick Makwana, Consultant Paediatrician

Our appeals

Your Trust Charity currently operates eight appeals (including a general appeal), complemented by a number of themes detailed below:

Your Trust Charity General Appeal

Women's & Child Health Appeal

- Neonatal Care
- Maternity
- Paediatrics
- Bereavement Services

Medicine & Emergency Appeal

- Cardiology
- Diabetes
- Respiratory Medicine
- Emergency Department
- Gastroenterology & Hepatology
- Sickle Cell & Thalassaemia

Surgical Appeal

- Cancer
- Breast Care
- Critical Care Services

Research & Development Appeal

- Neurology
- Rheumatology
- Cardiology

Community Appeal

- iCares
- Palliative Care
- Dementia Support

Birmingham Midland Eye Centre (BMEC) Appeal

Midland Metropolitan University Hospital Appeal

Our part in two Integrated Care Systems

With our geographical boundaries crossing two Integrated Care Systems and our activity equally coming from both we are a full member of the Healthier Futures, Black Country Integrated Care System (ICS), and also an active member of Birmingham and Solihull Integrated Care System.

The formal establishment of ICSs on 1 July 2022 created the framework for the integration of health and care. The Integrated Care Partnership, Integrated Care Board our provider collaboratives and place-based partnerships are working together to positively impact the health and lives of those in our local communities. Our collective purpose is to:

- Improve outcomes in population health and healthcare.
- Tackle inequalities in outcomes, experience and access.
- Enhance productivity and value for money.
- Help the NHS support broader social and economic development.

The NHS is now actively working with local authorities at place and system level, to understand and collate our initiatives, aiming to improve lives. Over the last year we have made progress as we begin to understand each other as partners and recognise that whilst one organisation will take a lead at times, the understanding and value of integrated working allows for collective support to become available. Building trust, both with our care partners and the public is essential, with the common objective of improving health, care and prospects across the entirety of the system.

Black Country Integrated Care System

Our Integrated Care Partnership has now published the Black Country Integrated Care Strategy online: https://blackcountryics.org.uk/ which sets out how we will work together to meet the health and wellbeing needs of local people. The strategy which is available to download online, builds on and compliments the work of the Health and Wellbeing Boards in each area, but looks at the additionality that can be achieved through system level working.

The themes of Healthier People - Healthier Places - Healthier Futures provide a framework for the strategy:

1. **Healthier People -** Black Country people face a range of health challenges and poorer health outcomes. This strategy sets the context for how we can work together to improve these.
2. **Healthier Places -** The Black Country is a place where **1,202,528** people live in nearly 500,000 homes on about 138 sq. mi. / 360 km2 of land. Today, it's a place where there are almost 40,000 businesses, with over 450,000 jobs, generating £17.2billion gross value added per annum. These are tremendous resources, and it is the power that comes from the strength of the communities in these places which will drive much of our work.
3. **Healthier Futures -** One of the purposes of a strategy is to look ahead. It is recognised that it takes time to tackle the wider determinants of health and improve health life expectancy.

None of this can happen overnight, and in our Black Country Integrated Care Partnership, we have worked hard to begin the journey we are on. We are building on our previous achievements in developing a Healthier Future Partnership between the NHS and the Councils initially. This strategy identifies key priority areas for us to work together on so that we can properly understand their issues and find the solutions to the challenges that we all face.

1. Workforce retention and recruitment
2. Children and families
3. Social Care System
4. Mental health and emotional wellbeing

This is a new way of working for health and care across the Black Country. But it is an evolution rather than a revolution, and there is an enormous amount of value that can be taken from learning from each other. Together,

we will take action when we foresee benefits for our population, and we will celebrate when improvements in health and care are achieved. However, the importance of integrated working allows for us to face the challenges and opportunities we have together.

Sandwell and West Birmingham NHS Trust is committed to working with partners moving forwards to use our collective resources to plan and deliver joined up health and care services, and to improve the lives of people who live and work in the Black Country.

Engaging people and communities

Recognising the importance of the patient voice to how we provide services, we are committed to pro-actively engaging with the people who use our services, members of the public and our local communities in all aspects of our work. The views and experiences of people who use our services are important to us and are an integral part of how we have reviewed, designed, and provided the highest quality of care.

Our priorities and the way we work are based on what local people, communities and the organisations who support them tell us. At a time when the NHS faces considerable challenges, this has never been more important. We have invested time, energy, and resource in developing strong relationships with the people who use our services, our local communities and our voluntary, community, faith, and social enterprise sectors to achieve better outcomes for our population by working in partnership. We are immensely proud of what we have achieved to-date and how our connections with local people have challenged us to think and work differently. As we move towards the opening of our new hospital, the relationship we have with the people we serve, and our communities is vitally important. It is important to continue to build on the strong foundation we have created by continuing to strengthen those partnerships, support and build on those valued assets in our communities and continue to make a real difference to the lives of local people.

Near Neighbours

We have a programme of engagement activities in place to ensure that we raise awareness of Midland Metropolitan University Hospital (MMUH) and the changes that are and will continue to take place as we edge closer to opening the doors of our new hospital. One of the things we are very conscious of is the impact that MMUH has on those people who live and work within a 1-mile radius of the front door. To ensure that we first established then continue a dialogue with residents, local businesses, schools etc in the area we have created a Near Neighbours Group. We have held two very successful meetings in local venues, encouraging people to come along and talk to members of our senior leadership team. We have heard some powerful messages around travel and access, the environment, local employment, and business opportunities. We are committed and continue to work with our partners, residents, and local businesses to address the concerns raised.

Young People's Voice

In the autumn of last year, we held our inaugural youth forum. Working closely with local schools, colleges, and other community-based organisations we have recruited 120 young people, who are now part of Youth Space. Youth Space meets monthly and assists the Trust to engage and listen to the voices of young people. This year members of Youth Space have been part of a wider contingency of young people who presented their views on the priorities of Sandwell Council's Health and Well-being Board. They have also responded to Integrated Care Boards across Birmingham, Solihull, and the Black Country Joint Forward Plan. We have 'hello my name is' at every Youth Space meeting. This is an opportunity for young people to learn about the many varied roles in the NHS. It is important to the trust that we inspire the next generation/workforce of the future.

Jayne Salter-Scott Engament lead, Cheryl Newton Group Director of Nursing W&CH and Mel Roberts Chief Nurse at a Youth Space meeting.

Sandwell integrated care partnership

As the host of Sandwell health and care partnership, we have continued to work with our partners to create services to improve the experiences and outcomes for local people. Our vision is that people living in Sandwell will receive excellent care and support within their local area, exactly when they need it, from teams of people working together. This year we have been concentrating on five main areas:

- Intermediate care
- Integrated town teams
- Care navigation
- Primary care
- Healthier communities

Our integrated care workstream has focussed on supporting people to avoid unnecessary attendance and admission to hospital or to be discharged home safely as soon as possible. In November 22 we opened Harvest View, an 80 bedded flagship health and social care facility which provides support and rehabilitation for local people following discharge from hospital or to help avoid a hospital admission. The facility was opened in partnership with Sandwell Council and is the first of its kind in the West Midlands. To date we have only opened 60 beds as we continue to recruit additional colleagues, with the final beds due to open in May 2023.

In January we commenced our community falls response service, where in partnership with A&A services we are now supporting people who have fallen at home, by lifting them to safety and carrying out a full clinical assessment. This is reducing the need for people to wait unnecessarily for an ambulance or attend hospital. The service is part of the urgent community response team who are consistently responding to at least 70 per cent of people within two hours who would otherwise have required a visit to hospital. Eighty-five per cent of people seen by the team, safely remain in their own homes.

Our integrated discharge hub involves health and social care partners supporting people to leave hospital as soon as their hospital treatment is completed. The team have made considerable progress this year with more people now discharged within 48 hours of completing hospital care.

We now have 61 virtual ward beds open including for people with frailty and respiratory conditions. People receiving virtual ward care can leave hospital to be treated within their own homes whilst still receiving consultant led care. This has resulted in a reduction in acute hospital length of stay and positive experiences for patients.

As part of our integrated town teams work, our community teams are working with social care colleagues, children's services, public health and voluntary services to create teams in each Sandwell town to respond to the needs of local people and provide proactive care for those most in need. Alongside creating integrated teams, we have been meeting with local people in our 'Guided by you' citizen forums. The forums have been delivered in partnership with Health Watch and have provided an opportunity for us to listen to local people and shape future town-based services.

A theme from the citizen forums has been the need for services to be more accessible and coordinated. In response, we are continuing to develop our care navigation centre which provides a single point of access for people needing help and support. The centre receives more than 50 thousand calls per month from people who need our services, ensuring that people get the right support at the right time. This year we will extend our care navigation centre further by working with local voluntary services to ensure people receive even more holistic support.

West Birmingham locality partnership

In West Birmingham we have strengthened our partnership with other providers, particularly Birmingham Community Healthcare NHS Foundation Trust and local GPs. As a key stakeholder in developing the locality partnership in this area, we are focussing on improving pathways of care between our hospitals, GPs and community providers. We are particularly working to ensure the most prevalent conditions in the area such as diabetes, respiratory illness and heart disease are managed better to reduce inequalities. Our specialist teams in partnership with GPs, are using population health data to provide the right care to the right people at the right time. In diabetes care, this has resulted in less people needing to be admitted to hospital.

This year with our Heath Street GP practice, alongside Tower Hill and Handsworth Medical Practice, we created a new Primary Care Network, Pioneers Integrated Practice. The new PCN has provided an opportunity for us to progress our work to support primary care and reduce health inequalities for local people. For example, we are recruiting to exciting new roles to support primary care delivery, including therapists, advanced clinical practitioners, and pharmacists. These roles will help improve access and care for local people in addition to GPs.

In February, we strengthened our partnership with the local voluntary sector, specifically working with Flourish. Together we have commenced a service where community navigators have joined our Heath Street team, providing advice, support and signposting to people visiting their GP. This enables people to receive support with issues beyond health which may be affecting their health and wellbeing.

Working in partnership

As part of working with the Ladywood and Perry Barr Locality Partnership (LPBLP) which represents the NHS in West Birmingham, our paediatric consultants have been raising awareness of asthma, hayfever and eczema.

That involves them visiting schools in these localities and talking to the parents of the children about these conditions, treatment and care that can be accessed and other support.

Dr Nick Makwana, Consultant Paediatrician (Paediatric Allergy) and Group Director, Women's and Child Health, is pictured here at Benson Community School in Hockley delivering important information.

Patient experience

We have developed our patient experience work programme in line with the plan we implemented last year. Having assessed our position, the following is some of the work we have progressed. Further information describes our plans for the year ahead.

Communication was identified as a key priority in line with the Fundamentals of Care standards. To enable monitoring and oversight of this we established a multi-disciplinary Patient Experience Group (PEG). This created an experience-focussed reporting line through to Trust Board. A dedicated plan of projects to improve communication across individual clinical groups and across the organisation is in place through PEG. Some of these projects are described further below.

We are utilising real-life examples across the organisation to bring patient experiences to life. Patient stories are sourced and described either directly by the patients, carers or relatives themselves or via a video-recording. These are presented at Trust Board and other committees and within groups to frame the discussions and work plans.

Real-life stories are also used in our patient experience training. We have developed and delivered this to support our people in better understanding experiences and using this to undertake their roles. We will expand this training package in the year ahead, drawing on expertise across the organisation and from external partners to educate our people about the impact on experience of aspects such as bereavement, vulnerabilities and faith/spirituality, for example. We plan to make this an educational day-session in patient experience and for this to be available to our people across the organisation.

The Friends and Family Test (FFT) asks patients to provide a single overall rating of their care. To further understand insights gathered via the FFT we have developed a programme of Patient Reported Experience Measures (PREMs). This is to facilitate measurement and monitoring of our Fundamentals of Care framework from a patient perspective. PREMs questions are based upon our standards and give us more detail to better understand our FFT scores at various layers throughout the organisation. Over the past year we have implemented this across 45 areas and we will continue to develop this in the year ahead.

The graph below shows our FFT performance from January 2022 to March 2023. The comments that patients made most prominently through the FFT describe kindness, compassion and professionalism of our people in the challenging circumstances they work within. Their expertise and assurance was noteworthy in these comments.

Comments about involvement, communication and some unhelpful behaviours confirm that our plans to improve and support communication are founded up upon our patients and their loved ones' needs and wishes.

We have implemented a number of stretch targets for our FFT score for 2023/24 based on our recent historical performance.

Fundamentals of Care launch event

Sandwell & West Birmingham NHS Trust FFT targets 2023/24

Area of care	FFT target (per cent)
Inpatient/day case (combined)	90
Outpatient (OPD)	93
Emergency department (ED)	68
Ante-natal	82
Birth	86

To support specific assurance groups such as nutrition and hydration, we have recruited a dedicated patient partner panel to work with us in our nutritional improvement work. We have taken a similar approach with our Mental Health Assurance Group, building relationships with partners across the region. We have also spoken with patients, carers and relatives to bring their experiences to our mental health needs training.

Developing this approach to further integrate our population as our partners, we have devised a framework for engaging specific interest patient partner groups and an over-arching patient forum. Patient and population voice will continually feed into the organisation through to Trust Board via the PEG in this way.

We commissioned the Sandwell Consortium to undertake focus groups about our interpreting services. Ten of these were held across the diverse populations in the region. Trust staff conducted additional sessions in the community with our interpreters themselves. From this we have devised a set of actions based on the recommendations of this review. As such, will implement remote video interpreting to enhance our current provision. We will also introduce quality standards and produce information for patients about what they should expect from our interpreting services and their consultation.

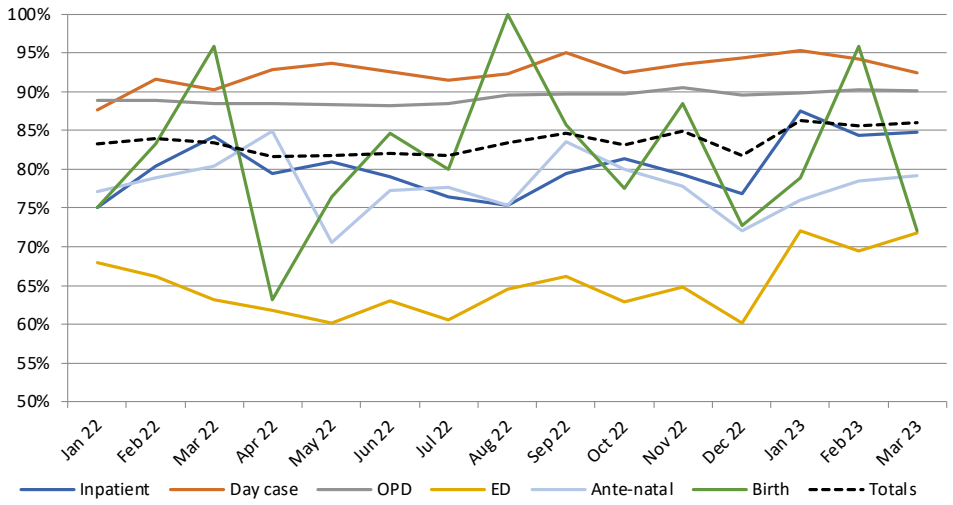
Similarly, we worked with Engaging Community Solutions to conduct research into experiences of our Birmingham and Midland Eye Centre (BMEC). A work plan to improve experience has since been devised and will be delivered throughout the coming year across BMEC.

In the year ahead, we will use lived experiences to improve how we personalise our care, supporting carers to work with us as equal partners in caring for their loved-ones. We will work to improve how we communicate with vulnerable people and their carers.

As we look ahead to moving to MMUH, we will articulate to our patients and population what they should expect from us in terms of communication, care and routines. We will use this to empower patients, carers and relatives to speak with us if they don't feel assured about this.

Sandwell & West Birmingham NHS Trust FFT – percentage proportion of people who responded positively*

January 2022 to March 2023



* Average total monthly participation – inpatient n=502, day case n=358, outpatient n=3873, emergency department n=1228, ante-natal n=178, birth n=23.

Care Quality Commission

In October 2022, the Your Health Partnership (YHP) Primary Care Network, who joined the Trust in April 2020, were visited by the Care Quality Commission (CQC) and underwent an announced inspection. The CQC visited the main practice at Rowley Regis Medical Centre and a branch practice at Lyndon Primary Care Centre which is located on the Sandwell General Hospital site. While their overall rating remained 'requires improvement' the inspection noted positive patient experiences and rated caring as 'good'. Another practice, The Great Bridge Health Centre, in West Bromwich, was also inspected and rated as 'requires improvement' and 'good' for caring. Two regulatory breaches were identified by the inspectors relating to control of infection oversight and monitoring of patients on long term medication or treatment. Action has been taken to address both areas of concern.

The overall rating for the Trust remains 'requires improvement' following the 2018 inspection, as the CQC put on hold all inspections during the pandemic, unless they had concerns about services or trusts. A programme of unannounced in-house inspections has been in place for two years as part of our commitment to making continuous improvement to ensure that patients receive high quality care across all parts of the Trust. All wards have been inspected, some more than once, and have developed plans for improvement with notable practices highlighted and shared across the organisation.

The Trust's patient-related strategic objective is 'to be good or outstanding in everything we do', which is supported by our plans to attain an overall provider 'good' rating through delivery of our new Fundamentals of Care framework.

Sandwell and West Birmingham NHS Trust is registered with the Care Quality Commission and has no conditions attached to that registration. The Care Quality Commission has not taken enforcement action against Sandwell & West Birmingham NHS Trust during 2022/23 and the Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

Lyndon Health Centre team

Caroline Rennalls, Emergency Planning Lead pictured in front of her portrait in our 'Here to Stay' Windrush exhibition at Sandwell Hospital.

Performance overview 2022/23

As an integrated NHS Trust, we span a range of services and structures that support the delivery of this strategy. Sandwell and West Birmingham NHS Trust:

- Is made up of five clinical groups and corporate directorates
- Employs over 7,500 people and has a budget of over £750m
- Is part of the Black Country Integrated Care System whilst being the main acute provider for the West Birmingham place which forms part of the Birmingham and Solihull Integrated Care System
- Has its main sites at City Hospital on Birmingham's Dudley Road and Sandwell General Hospital in West Bromwich along with Intermediate Care Hubs at Rowley Regis and Leasowes in Smethwick
- Owns and runs the Birmingham and Midland Eye Centre (a supra-regional eye hospital), as well the regional Sickle Cell and Thalassaemia Centre, and the regional base for the National Poisons Information Service based at City Hospital
- Has significant academic departments in cardiology, rheumatology, ophthalmology, and neurology
- Has community teams that deliver care across Sandwell providing integrated services in GP practices, in community clinics and at home, offering both general and specialist home care for adults, in nursing homes and hospice locations
- Is building the new Midland Metropolitan University Hospital on Grove Lane, on the Smethwick border with West Birmingham. This will see a consolidation of our acute services into a state-of-the art facility with outpatient and day case procedures being provided at City and Sandwell Hospital.

Dr Laura Pearson, Chief Registrar

Our strategy

In 2021/22, we signed off our five year Trust strategy, which set our long term direction. The strategy set out:

- **Our purpose:** To improve life chances and health outcomes
- **Our vision:** To be the most integrated health care provider
- **Our values:** Ambition, Respect and Compassion
- Our strategic objectives:
  - Patients: To be good or outstanding at everything we do
  - People: To cultivate and sustain happy, productive, and engaged staff
  - Population: To work seamlessly with partners to improve lives

We also set our several priorities to be completed prior to the opening of MMUH. These are shown in the following diagram.

Our Trust Priorities

Before MMUH

- **Launch our Strategy and co-develop the plans e.g. Fundamentals of Care**
- **Value and Behavioural Framework**
- **Prepare for and open MMUH**
- **Staff journey from recruit to retire**
- **Budget reset and cost control**
- **Place Base Partnership Development**
- **Agree a Continuous Quality Improvement approach**

MIDLAND METROPOLITAN UNIVERSITY HOSPITAL

After MMUH

- **Embed new ways of working and Continuous Quality Improvement**
- **Make significant improvement in our Board Level Metrics, Staff Survey and Patient Experience**
- **Develop a Learning Campus**
- **Work closer with partners in the Integrated Care System**

We have:

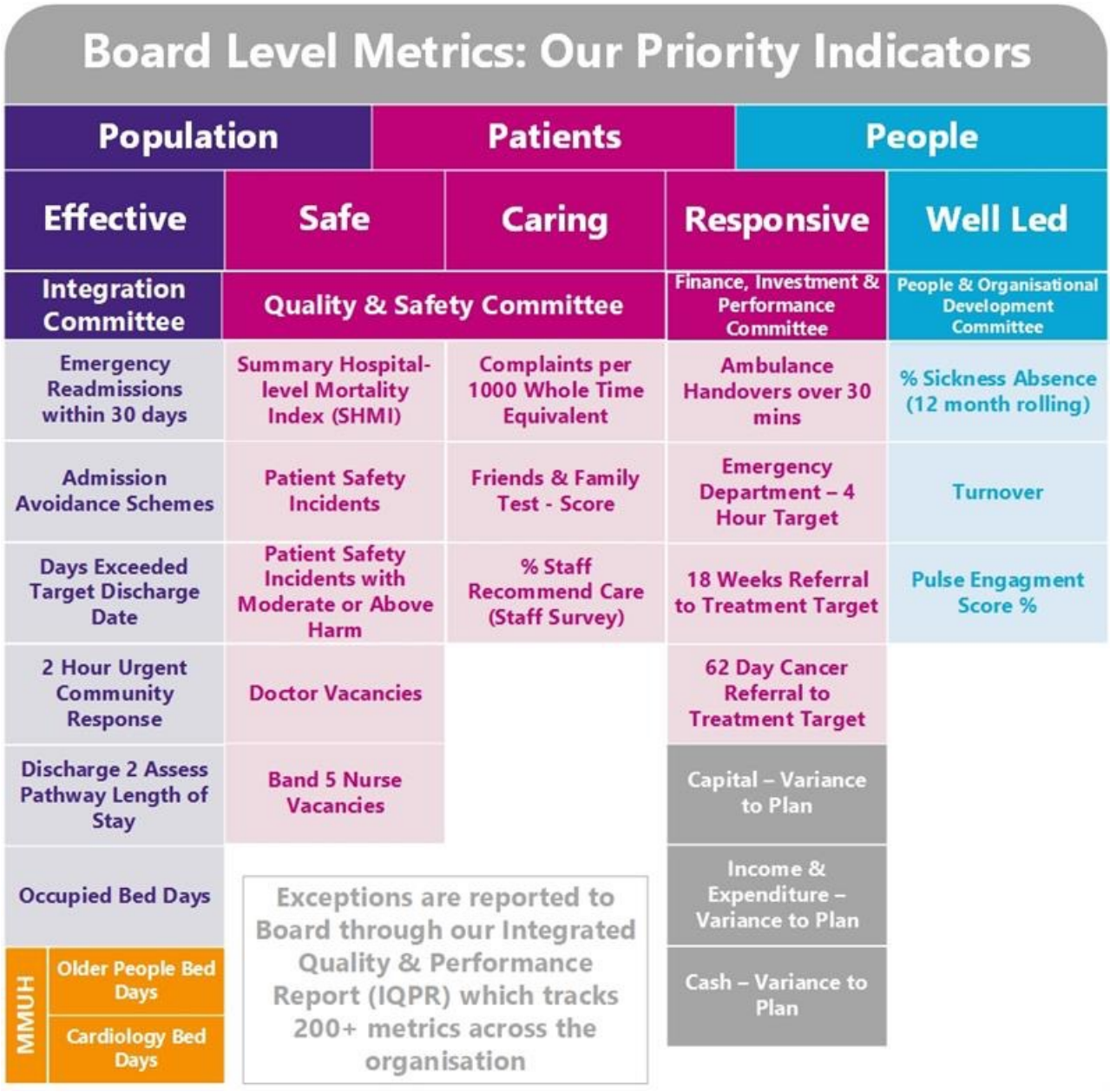
- Developed and launched the underpinning strategic plans/frameworks including the Fundamentals of Care, People Plan and Digital Strategy
- Developed and launched our new values and behavioural framework
- Developed our hosting of "Place" and made improvements in integrated discharge planning and admission avoidance
- Created the Midland Metropolitan University Hospital programme company, to focus the organisation on a safe and successful opening
- Gained approval from our Board to move to full business case for the implementation of our continuous improvement system.

Whilst we are making progress we still have much work to do:

- Our patient and staff experience scores remain low
- We are faced with an unprecedented financial challenge as the NHS works to restore productivity levels to and beyond pre-pandemic levels whilst dealing with double digit levels of inflation
- Our waiting lists are long
- Our staff are tired and many are working extra shifts to sustain safe care
- To safely fit into the new hospital we need to remove approximately 100 beds but our length of stay is increasing
- We remain "requires improvement" with the Care Quality Commission.

Performance summary 2022/23

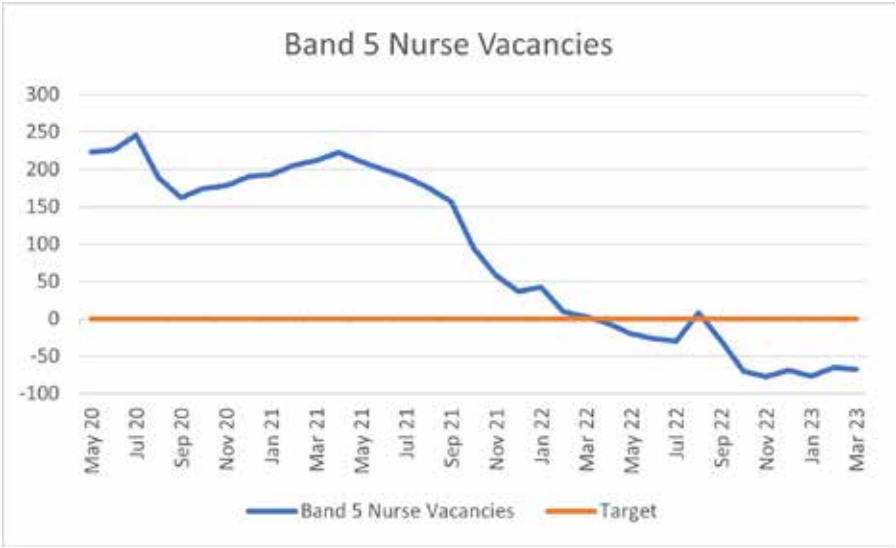
2022/23 we have continued and further developed our approach to tracking performance. We have reviewed, rationalised and re-focused our Board Level Metrics so that they align with our three strategic objectives. We have also developed the metrics scorecards in our board committees to provide further assurance and detail to support out Board Level Metrics. The following diagram shows the metrics we track at Board.:

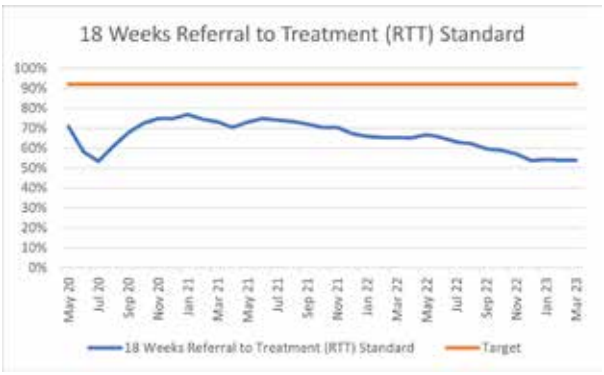


Patients – Performance Highlights

- In the last year, we have made significant positive progress in reducing band 5 nursing vacancies, hitting our zero vacancies target.
- Performance has remained consistent in several areas including:
  - Patient safety including levels of harm
  - Complaints
  - Friend and Family test
  - Staff service recommender score
  - Emergency access standard, which consistently ranks in the top quartile nationally.
- Performance has declined in some areas. These include:
  - 18 week referral to treatment standard
  - 62 day cancer referral to treatment standard
  - Ambulance handovers within 30 minutes
  - Doctors in post.
- Our financial position has worsened, impacted by several factors including:
  - Inflation
  - Reduction in COVID financial support
  - Pressures related to the build of our new hospital.

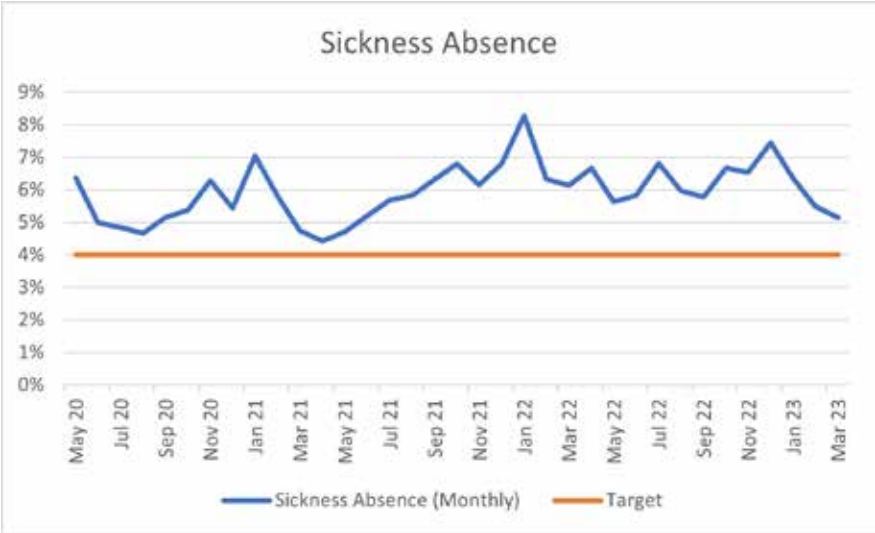
Our use of resources emerges as a particular concern in the years ahead as we deliver against an ambitious financial plan.





People – performance highlights

Performance in our People metrics has largely remained consistent. Sickness, turnover and our engagement score on the quarterly pulse check have neither improved nor declined and remain below their respective targets.

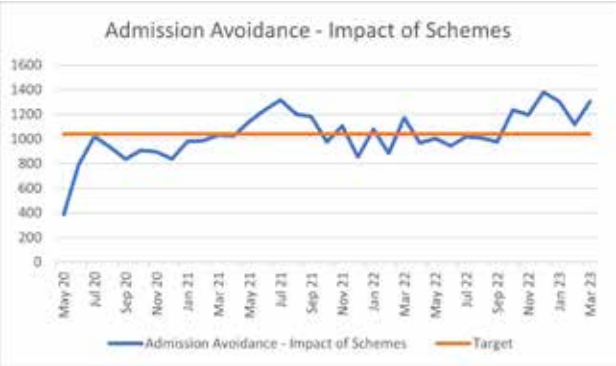


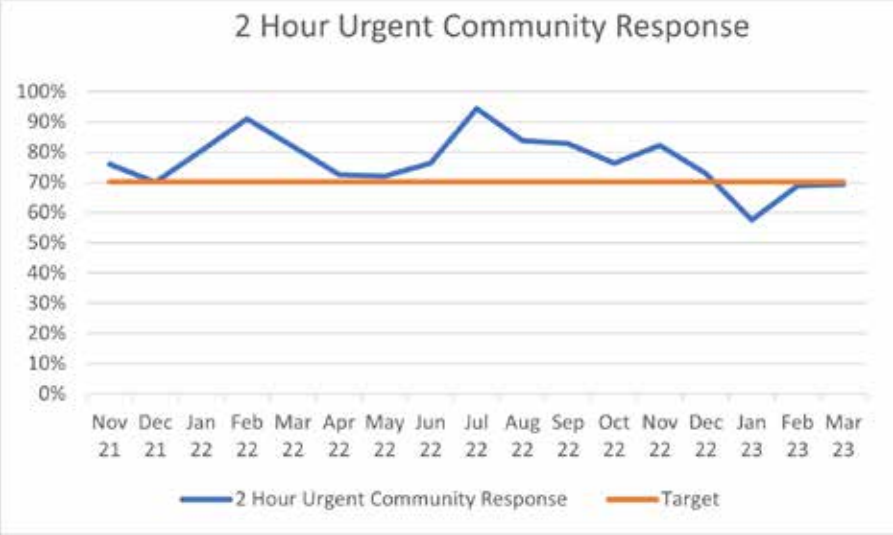
However, we have seen improvement in our scores from the annual national staff survey, particularly in how staff feel about their line manager. This is a substantial improvement the like of which has not previously been seen. They provide a positive indication that the work of the socialisation of the new strategy and values with leaders at all levels in the Trust may have had an early impact.

Population – performance highlights

In 2022/23 we have developed several new metrics in our Population strategic objective of our performance reporting. This looks at performance against schemes in our Sandwell Place Based Partnership and schemes supporting the delivery of MMUH.

- Readmissions have remained stable at the target level.
- However, there are several areas where we have not achieved the targets set, particularly in relation to bed occupancy:
  - Our occupied bed days, older people bed days and cardiology bed days remain above target.
  - Similarly, performance in length of stay across all pathways has stayed consistent.
- Bed occupancy is a particular area of concern as we plan the opening of our new hospital in 2024 and so we have set an annual plan objective to reduce bed occupancy for 2023/24.





Scott Shenton, Infection Prevention and Control Support Officer

Priorities for 2023/24

The table below outlines the 14 objectives to be delivered in 2023/24 against our three strategic objectives. These draw from and align with the national operational planning guidance 2023/24.

Patient Priorities
To increase patients rating their experience as good or very good for all touchpoints including Friends & Family Test (FFT) by area.
Reduce patient safety incidents with moderate or above harm
Balancing metric: no reduction in reporting of no harm / low harm incidents
To reduce the length of our waiting list in all specialities so that no patients have to wait 65 weeks or more for Referral to Treatment standard
To see and treat at least 76% of our emergency patients within 4 hours
To see and treat at least 85% of cancer patients within 62 days of being referred to our services.
To provide at least 85% of our patients with access to diagnostic services with 6 weeks of referral
To deliver income and expenditure plan and improve our underlying deficit position
To deliver 104% or more of our 2019/20 elective activity levels
To reduce our bank and agency spend
People Priorities
To improve staff experience as measured in the national NHS staff survey
To develop leaders in compassionate and inclusive leadership, restorative people management, and in safety and service innovation
Population Priorities
To reduce the acute care occupied bed days in line with our plans to fit into the new Midland Metropolitan Hospital.
To deliver a 2-hour response to 70% or more of our patients in the community whilst increasing the volume of our population that use this service
To reduce health inequalities through targeted improvements for patients with type 1 diabetes and for patients with respiratory conditions

Accountability Report

Corporate Governance Report

Director's Report

The Trust Board met monthly until November 2022, when it was agreed that they would be held every two months in order to use the other month for board development and strategy work. Board and Committee attendance is detailed below with changes in membership during the year highlighted.

Non-Executive Directors: Board and Committee attendance

	Trust Board	Remuneration & Terms of Service	Audit and Risk Management	Quality and Safety	Finance and Investments & Performance	Charitable Funds	People & Organisational Development	Integration Committee	MMUH Opening
Sir David Nicholson Chair	9/9	3/3							1/1
Lesley Writtle, Non-Executive Vice-Chair	8/9	3/3	4/5	10/11			10/11		
Mick Laverty, Non-Executive Director	9/9	3/3	5/5		10/11				11/12
Kate Thomas, Non-Executive Director[1]	3/4	1/1	2/3	3/4					
Mike Hoare, Non-Executive Director [2]	4/4	1/1	2/3		6/6				
Waseem Zaffar, Non-Executive Director	8/9	2/3	4/5			4/4		11/11	
Rachel Hardy, Non-Executive Director	7/9	3/3	5/5		10/11				8/12
Michael Hallissey, Associate Non-Executive Director[6]	7/9	3/3	4/5	11/11					10/12
Jo-Ann Wass, Associate Non-Executive Director[7]	7/9	3/3	5/5				10/11		9/12
Val Taylor, Associate Non-Executive Director[8]	9/9	3/3	5/5	2/2			10/11	6/11	
Lorraine Harper, Non-Executive Director[3]	3/3	0/1	2/3					0/2	

Executive Directors: Board and Committee Attendance

	Trust Board	Remuneration & Terms of Service	Audit and Risk Management	Quality and Safety	Finance and Investments & Performance	Charitable Funds	People & Organisational Development	Integration Committee	MMUH Opening
Richard Beeken, Chief Executive	9/9		1/1			3/4	1/1		11/12
Liam Kennedy, Chief Operating Officer (4)	4/4			5/6	4/6		3/4		5/5
David Carruthers, Chief Medical Officer (5)	5/5			5/6			3/4		5/5
Mel Roberts, Chief Nursing Officer	9/9			9/11		4/4	7/11	8/11	8/12
Dinah McLannahan, Chief Finance Officer	8/9		5/5		8/11	3/4			10/12
Frieza Mahmood, Chief People Officer	9/9				8/11		10/11		10/12
Kam Dhami, Chief Governance Officer	9/9		5/5	10/11					
Jo Newens, Chief Operating Officer (6)	5/6			5/5	5/6		6/7		9/12
Daren Fradgley, Daren Fradgley, Managing Director / Deputy CEO Core Organisation	9/9			1/3	2/3		3/6	10/11	11/12
Mark Anderson, Chief Medical Officer (7)	5/5			6/7			6/7		5/7
Dave Baker, Chief Strategy Officer	9/9			9/11			9/11	9/11	10/12
Rachel Barlow, Managing Director MMUH Programme Company	8/9							8/11	9/12
Martin Sadler, Executive Director of Information Technology & Digital	7/9						10/11		

KEY			
	Chair		Chair
1	Employment ceased July 2022	7	Appointed September 2022
2	Employment ceased July 2022	8	
3	Appointed January 2023	9	
4	Employment ceased July 2022	10	
5	Employment ceased September 2022	11	
6	Appointed September 2022		

The Trust Board

The Trust Board is a unitary board accountable for setting the trust's strategic direction, vision and values, monitoring performance against objectives, ensuring high standards of corporate governance and helping to promote links between the trust and the local community. The board consists of the chairman, chief executive, five executive directors and six non-executive directors (NEDs) all with voting rights. Additionally, there are three associate non-executive directors, plus four other executive directors in a non-voting capacity.

As at 31 March 2023, there were no executive or non-executive vacancies. The Trust Board seeks to reflect the local population it serves and, as part of succession planning.

The Trust Board has overall responsibility for the Trust's strategy, quality and safety of healthcare services, education, training and research. Day-to-day responsibility for implementing the Trust's strategy and delivering operational requirements is delegated through the Chief Executive to the Executive Directors and their teams.

The Trust Executive Group (at 31 March 2023) is:

- Richard Beeken, Chief Executive (Board Member)
- Daren Fradgley, Managing Director / Deputy CEO Core Organisation (Board Member)
- Jo Newens, Chief Operating Officer (Board Member)
- Dr Mark Anderson, Chief Medical Officer (Board Member)
- Mel Roberts, Chief Nursing Officer (Board Member)
- Dinah McLannahan, Chief Finance Officer (Board Member)
- Frieza Mahmood, Chief People Officer
- Kam Dhami, Chief Governance Officer
- Martin Sadler, Executive Director for Information Technology and Digital.
- Dave Baker, Chief Strategy Officer
- Rachel Barlow, Managing Director Midland Metropolitan University Hospital Programme Company

Trust Board and board committees

The Trust Board elects to establish board committees to assist it to carry out its functions, which can include the implementation of time-limited board committees or board committee sub-groups.

Trust Board meetings are held in public, and the papers are made available on the Trust website in advance of each meeting. The Board regularly reviews performance against national standards and regulatory requirements via an Integrated Performance Report and a focus on a key set of Board Level Metrics, each of which is aligned to a strategic objective. The Board places a strong emphasis on the quality and safety of patient care and, in addition to performance reports, regularly hears directly from patients, carers and staff including through patient and staff stories.

Exception reports are provided to the Trust Board (based on use of a standard proforma reporting template) by each of the board committees chair following their meetings.

Committee	Purpose
Trust Board	The Committee provides oversight and assurance in respect of all aspects of quality and safety relating to the provision of care and services to patients, staff and visitors. During the year the Committee has contributed to the development of the Trust's Quality and Safety Plans which form core pillars of the Trust's strategic direction. The Board meets bi-monthly.
Remuneration and Terms of Service Committee	The Committee advises on the terms and conditions of employment and remuneration packages for the Chief Executive and Executive Directors. The Committee meets three times a year.
Audit & Risk Management	The Committee provides oversight and assurance in respect of all aspects of governance, risk management, information governance and internal controls across Trust activities. The committee meets five times a year.
Quality and Safety	The Committee provides oversight and assurance in respect of all aspects of governance, risk management, information governance and internal controls across Trust activities. The committee meets five times a year.
Finance, Investments and Performance Committee	The Committee provides scrutiny and challenge with regard to The Trust's financial and operational planning and performance relating to Its achievement of business and operational objectives, planning and delivery of capital investments and major projects and Estates, facilities and digital strategy and implementation. The Committee meets monthly.
Charitable Funds	The Committee provides oversight and assurance in respect of how the Trust's Charitable Funds are invested to the benefit of patients in accordance with the wishes of donors. The Committee meets quarterly.
People and OD	The Committee provides oversight and assurance of delivery against the Trust's workforce and OD strategies, including the programme of workforce transformation, recruitment and retention and sickness absence management. During the year the Committee has contributed to the development of the Trust's People Plan which form one of the core pillars of the Trust's strategic direction. The Committee meets monthly.
Midland Metropolitan University Hospital (MMUH) Opening Committee.	The MMUH Opening Committee provides assurance to the Trust Board on the construction, practical completion, operational commissioning and opening of the hospital, specifically including the safe transfer of clinical services. The Committee will provide assurance to the Trust Board, that the MMUH is safe to receive patients into the new building alongside other necessary clinical configuration in the Treatment Centre's and community services. The Committee meets monthly.
Integration Committee	The purpose of the Committee is to provide the Board with assurance concerning the strategy and delivery plans for the Trusts Population Strategic Objective. The Committee meets Monthly

Trust Board Register of declared interests 2022/23.

Name	Role	Description of declared interest	Comment / reasoning for acceptance of material interest (where required)
Sir David Nicholson	Trust Chair	• Chair – Dudley Group NHS Foundation Trust • Chair – The Royal Wolverhampton NHS Trust • Chair - Walsall Healthcare NHS Trust • Member - Institute for Public Policy Research (IPPR) Health Advisory Committee • Visiting Professor – Institute of Global Health Innovation Imperial Collage • Spouse Chief Executive to Birmingham Women's and Children's NHS Foundation Trust (**ended 31/12/2022**) • Spouse appointed National Director of Urgent and Emergency Care and Deputy Chief Operating Officer of the NHS	This role does not bring any business decisions that would be in direct competition with Sandwell and West Birmingham NHS Trust Will withdraw from any business discussions that could have any potential conflict of interest
Waseem Zaffar	Non-Executive Director	• Elected Councillor: Lozells Ward (Birmingham City Council) • School Governor: Heathfield Primary School.(Chair) • Member: Unite the Union and the Labour Party. • Director: Midlands Community Solutions CIC • Member of GMB Union • General Secretary at Labour Friends of Kashmir • Member – The Co-operative Party	Will withdraw from any business discussions that could have any potential conflict of interest
Mick Laverty	Non-Executive Director	• CEO: ExtraCare Charitable Trust • Council Member & Audit Committee Chair: University of Birmingham	Will withdraw from any business discussions that could have any potential conflict of interest
Lesley Writtle	Non-Executive Director	• Nil declared	n/a
Rachel Hardy	Non-Executive Director	• Sole Director - Doodle Health Limited • Consultancy work with Doodle Health Limited primarily in the NHS. • Teaching and coaching through the HFMA • Trustee of WE Dunne Charitable Trust	Will withdraw from any business discussions that could have any potential conflict of interest

Name	Role	Description of declared interest	Comment / reasoning for acceptance of material interest (where required)
Mike Hallissey	Associate Non-Executive Director	• Director of Assure Dialysis, wholly owned subsidiary of UHB	Will withdraw from any business discussions that could have any potential conflict of interest
Val Taylor	Associate Non-Executive Director	• Trustee of Servol Community Trust	Will withdraw from any business discussions that could have any potential conflict of interest
Jo-Anne Wass	Associate Non-Executive Director	• Husband is Locality Director (West Yorkshire) for NHS England/ Improvement • Director of Health Partnerships at the University of Leeds • Occasional management consultancy assignments in an independent capacity, including in the NHS	Will withdraw from any business discussions that could have any potential conflict of interest
Lorraine Harper	Non-Executive Director	• Ad hoc lectured fee's	n/a
Richard Beeken	Chief Executive	• Director and Company Secretary of Watery Bank Barns Ltd • Spouse is a senior lecturer in midwifery at Wolverhampton University	This role does not bring any business decisions that would be in direct competition with Sandwell and West Birmingham NHS Trust
Dinah McLannahan	Chief Finance Officer	• Independent member of the Audit Committee of the Black Country Living Museum	This role does not bring any business decisions that would be in direct competition with Sandwell and West Birmingham NHS Trust
Mel Roberts	Chief Nursing Officer	• Company Secretary – Star leather (husband's company)	This role does not bring any business decisions that would be in direct competition with Sandwell and West Birmingham NHS Trust
Frieza Mahmood	Chief People Officer	• Non-Executive Director - Washwood Heath Multi Academy Trust • Enterprise Adviser – Birmingham Schools	These role does not bring any business decisions that would be in direct competition with Sandwell and West Birmingham NHS Trust

Name	Role	Description of declared interest	Comment / reasoning for acceptance of material interest (where required)
Jo Newens	Chief Operating Officer	• Nil declared	n/a
Kam Dhami	Chief Governance Officer	• Nil declared	n/a
Daren Fradgley	Managing Director / Deputy CEO Core Organisation	• Non Exec Director – Walsall Housing Group • Director – Wombourne Management Company • Spouse – System Manager – West Midlands Ambulance Service NHS Foundation Trust • Practice Plus Group Employee - NHS 111 Clinical Advisor	These role does not bring any business decisions that would be in direct competition with Sandwell and West Birmingham NHS Trust
David Baker	Chief Strategy Officer	• Director of PB Health Ltd since June 2020	These role does not bring any business decisions that would be in direct competition with Sandwell and West Birmingham Hospitals NHS Trust

Abha Sinha, Consultant Gynaecologist

Fit and Proper Persons Requirement (FPPR)

The 2014 Health and Social Care Act imposed additional requirements on the posts of Directors to be 'Fit and Proper Persons'. In assessing whether a person is of good character, the matters considered must include convictions, whether the person has been struck off a register of professionals, bankruptcy, sequestration and insolvency, appearing on barred lists and being prohibited from holding directorships under other laws. In addition, Directors should not have been involved or complicit in any serious misconduct, mismanagement or failure of care in carrying out an NHS regulated activity.

The Trust requires all Directors to make an annual declaration of compliance with the FPPR standards. In 2022/23, all Board members were required to complete a self-certificate to confirm compliance with these standards, and where appropriate external assessments, including Disclosure and Barring Service checks were undertaken. The results were scrutinised by the Trust Chairman who concluded that the Board members were, and remain, fit to carry out the roles they are in.

Signed

Chief Executive Officer Date: 30th June 2023

Cheryl Newton, Group Director of Nursing, W&CH being interviewed by ITV Central at a nurses reunion event.

Annual Governance Statement 2022/23

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Trust Accountable Officer Memorandum.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Sandwell & West Birmingham NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Sandwell & West Birmingham NHS Trust for the year ended 31 March 2023 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The chief executive (CEO) has overall responsibility for there being an effective governance system, including risk management, in place in the Trust and for meeting all statutory requirements and adhering to national guidance. Much of the responsibility is delivered through the chief governance officer. The Trust Board ultimately is accountable for risk management and must be satisfied that appropriate policies and strategies are in place, that systems are functioning effectively and that risk management and internal controls are effective and maintained across all of the organisation's activity ensuring the strategic objectives of the organisation are achieved.

The Board has an established Audit and Risk Management Committee which assists the Board in this process by reviewing the effectiveness of risk management and governance activities supported by the internal auditor's annual work, report and opinion on the effectiveness of the system of internal control.

The Board considers risk on a regular basis through the review of our risk register at the Public Board and on a strategic level through consideration of the Board Assurance Framework (BAF) at both Board committees and Trust Board. The Trust Board is supported by a range of committees that scrutinise and review risk assurances such as the Quality and Safety Committee, Finance, Investments and Performance Committee, Integration Committee, MMUH Opening Committee and People and Organisational Development Committee.

Risk management training is available to all managers to ensure they are aware of their roles and responsibilities and is a core part of the Trust's Accredited Manager's Programme. This includes support in how to raise, document and mitigate risks.

The risk and control framework

The Trust has a Risk Management Policy which provides a framework for the identification and management of risks, the role of the Board and its standing committees, together with individual responsibilities.

The Trust promotes a culture of openness and encourages all staff and patients to actively report any issues, incidents or near misses, where they feel inappropriate action may have occurred, or systems and practices could be improved.

Our approach to risk is to bring to life the processes we have long applied.

The Risk Management Policy provides a structured, systematic approach to risks to ensure that risk assessment is an integral part of clinical, managerial and financial processes across the organisation. Oversight of operational risks is undertaken by the Executive Risk Management Group to ensure that there is appropriate leadership and accountability for the management of risk. The Board and Board committees are regularly updated on high-rated risks, enabling them to challenge and assess the level of assurance available. The Audit and Risk Management Committee considered the Risk Management Framework during the year.

Executive directors have responsibility for risk management within their own services and an overall responsibility for risks highlighted by clinical groups and directorates, which come under their area of accountability. There is an expectation that thematic risks, for example across safety or workforce, are considered by the executive team as necessary.

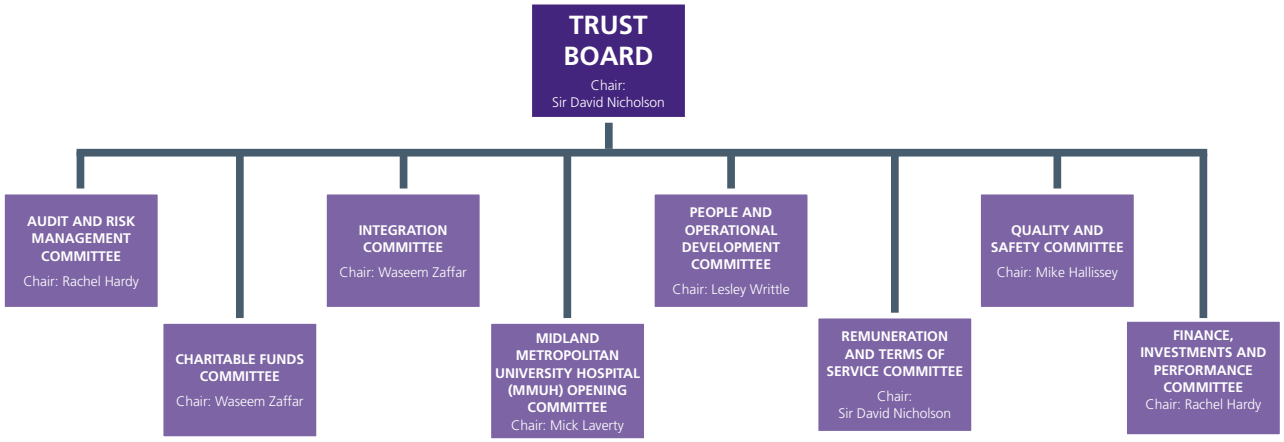
The risks and mitigation faced by the Trust is based on analysis undertaken at team, directorate and group level. The risks are scrutinised in those tiers, whilst always being visible corporately. They are collectively considered at the Risk Management Group, chaired by an executive director. The Trust Management Committee, chaired by the chief executive, and attended by the full executive team, then scrutinises these risks monthly.

All staff have both the opportunity and expectation of reporting risks within their area of operation, which are then subject to a process of review, validation and (if appropriate) scoring and management. Management of risk is undertaken at a level appropriate to the potential impact of the risk.

At an operational level, risks are monitored at ward/department, directorate or clinical group level. Where a risk cannot be managed locally, has a major impact on service capability or Trust reputation or may result in major litigation, this is presented to the Risk Management Group where any escalation decisions are made.

The Board committees discussions (see figure 1 below) are very much the first third of most of our Board meetings and drive decision making. All Board and committee meetings demonstrate strong evidence of peer challenges across all disciplines. A meeting is held with the chief executive before each Board meeting, attended by all non-executive directors.

Figure 1



The following structure supports the Trust Board in discharging this responsibility:

Committee	Key Risk Management Responsibilities
Audit & Risk Management **Chair:** Non-executive Director	• Review the establishment and maintenance of an effective system of internal control and risk management.
Quality and Safety **Chair:** Non-executive Director	• Provide strategic oversight to ensure that all risk management activity is • co-ordinated across the Trust in a systematic and focused way. • Through regular and co-ordinated reports to Trust Board, provide an overview of all areas of risk. • Monitor the Trust Risk Register
Finance, Investments and Performance: **Chair:** Non-Executive Director	• Consider business risk management processes in the Trust. • Review arrangements for risk pooling and insurance • Consider the financial implications of pending litigation against the Trust. • Consider operating risks arising from major change programmes and investments • Examines transformation load as against management capacity
Trust Management Committee **Chair:** Chief Executive	• Provide operational scrutiny of Clinical Group/corporate directorate risk • Management activity (i.e. receipt of regular reports) • Ensure that risk management processes are integrated with other key governance activities. • Provide support to line managers and advise the Risk Management Committee of the on-going risk profile of the Trust, the changing trends in risks and priorities for action. • Agree the Risks to be overseen by the Trust Board
Risk Management Group **Chair:** Chief Governance Officer	• Provide detailed scrutiny and moderation of risk scores for risks proposed by groups/ corporate directorates for inclusion on the Risk Register before presentation to Trust Management Committee.
Health and Safety Group **Chair:** Chief Governance Officer	• Monitor significant health & safety risks facing the Trust. • Provide an open forum for discussion of risk management issues with staff side representatives
Clinical Leadership Executive **Chair:** Chief Executive Risk Management Committee Chair: Director of Governance	• Provide operational scrutiny of Clinical Group/corporate directorate risk • management activity (i.e. receipt of regular reports) • Ensure that risk management processes are integrated with other key governance activities. • Provide support to line managers and advise the Risk Management Committee of the on-going risk profile of the Trust, the changing trends in risks and priorities for action. • Agree the Risks to be overseen by the Trust Board • Provide detailed scrutiny and moderation of risk scores for risks proposed by groups/ corporate directorates for inclusion on the Risk Register before presentation to CLE
Health and Safety Committee Chair: Director of Governance	• Monitor significant health & safety risks facing the Trust • Provide an open forum for discussion of risk management issues with staff side representatives
People and OD Chair: Non-executive Director	• Provide oversight to the risks of delivery against the Trust's workforce and OD plans. • Identify workforce risks to organisational performance and recommend mitigation strategies.
Midland Metropolitan University Hospital (MMUH) Opening Committee Chair: Non-executive Director	• Provide assurance to the Board on the construction, practical completion, operational commissioning and opening of the new hospital, specifically including risks to the safe transfer of clinical services.
Integration Committee Chair: Non-executive Director	• Provide the Board with assurance concerning risks to the delivery plans for the Trust's Population Strategic Objective.

Board Assurance Framework (BAF)

The Board agreed to introduce a new structure for the BAF. This was agreed as an enhancement and on the basis that whilst the previous format included lists of controls and assurances, there was an appetite to develop a more outcome focused structure providing more clarity on the outcomes to be achieved in response to the recently approved Trust strategy.

There was significant facilitated engagement between the Board to produce a new BAF from April 2022 which detailed all the agreed risks that may compromise the achievement of the Trust's strategic objectives in line with the three Trust strategy headings - Patients, People, Population.

The principal risks were identified through Board workshops and committee lead meetings, where the risks to the strategic objectives were identified and debated. As part of the identification of strategic risks the level and type of risk the lead committee was prepared to accept, or its appetite, was also agreed.

The overarching Board risk appetite is 'As a Board, we are willing to take decisions that are likely to bring scrutiny of the organisation. We outwardly promote new ideas and innovations where potential benefits outweigh the risks'.

The previous SBAF had 19 risks. The new BAF has five risks, one each for the nominated assurance Committees. This was a bold and radical departure with the aim to make it easier for Committees (and the Board) to identify the key issues to drive agendas and cycles of business.

I summarise below a brief description of the organisation's key risks, drawn from the most significant risks as set out in our Board Assurance Framework (BAF).

- There is a risk that the Trust fails to deliver safe, high-quality care.
- There is a risk that the Trust fails to make best strategic use of its resources.
- There is a risk that the Trust fails to recruit, retain, train, and develop an engaged and effective workforce.
- There is a risk that the Trust fails to deliver on its ambitions as an integrated care organisation.
- There is a risk that the Trust fails to deliver the MMUH benefits case.

These risks above are each aligned to a board committee, and each are reviewed quarterly.

Governance framework

Notwithstanding these exceptional items, the Governance framework by which the Trust is managed has been stable over some time, with incremental alterations made based on internal learning and external advice. It remains the case that our systems and approaches include:

- Quality governance at the heart of the work of each Clinical Management Group meeting. Arrangements are in place for each Group to ensure that data on safety and quality is a standing local discussion item leading to action. Our Quality Improvement Half-Day (QIHD) programme then provides an improvement emphasis to that work that helps teams to identify and act on areas for betterment.
- Monthly review within the executive-led Performance Management Group considers data quality across all aspects of the organisation's work including HR, finance and service information. Both internal data quality assessment and the use of Internal Audit is deployed through that locus.
- Care Quality Commission standards compliance is managed through Trust Management Committee, the Executive Quality Group and through regular meetings with the CQC attended by the Chief Governance Officer, Chief Nursing Officer and the Chief Executive, overseen by Quality and Safety Committee and Audit and Risk Management Committee.
- Under Information Governance we explain how data security is managed.

The Trust continues to be a good reporter of incidents, maintaining a top centile level as benchmarked from the NRLS. We reviewed the ease with which we capture incidents and are adapting our incident reporting system based on staff feedback, to make it easier to report. With the WeLearn framework it is expected that staff will see the benefit of reporting incidents through the shared learning and improvements that are evident.

Well-led framework

It is of paramount importance to ensure that the Trust is well-led so services are safe and patient-centred. In 2018 we welcomed the Care Quality Commission (CQC) to inspect our services, which included a well-led inspection.

The overall well-led rating for the Trust remains 'requires improvement' following the inspection, The Trust developed an action plan to address the specific issues identified to ensure that it can continue to improve.

The CQC put on hold all inspections during the pandemic, unless they had concerns about services or trusts. A programme of unannounced in-house inspections has been in place for two years as part of our commitment to making continuous improvement to ensure that patients receive high quality care across all parts of the Trust.

Compliance issues

The Trust is fully compliant with the registration requirements of the Care Quality Commission.

The Trust has considered whether or not it has complied with provider licence conditions G6(3) - Systems for compliance with licence conditions and related obligations and CoS7 – Availability of Resources. The organisation's governance infrastructure and arrangements, risk management strategy and risk management processes identify risks to compliance and these processes and systems are regularly reviewed through a range of internal audit reports and management reviews of systems and processes.

Assurance for compliance against licence condition CoS7 is derived through going concern assessment processes, external audit opinion, financial reports and updates and the financial plan.

The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to the guidance) within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance. A broader declarations of interest process has been implemented, which brings the management process into a more automated system for recording and data reports. A full communication plan was implemented and accomplished to support staff in the new system.

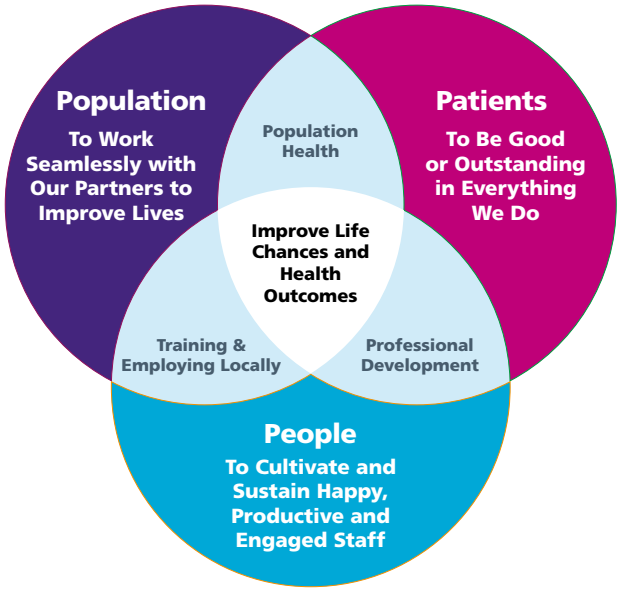
As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

Trust five Year strategy

In February 2022 the Trust adopted our new Trust strategy for the next five years. The strategy set out the three strategic objectives:

1. **Our People** – to cultivate and sustain happy, productive and engaged staff
2. **Our Patients** – to be good or outstanding in everything we do
3. **Our Population** – to work seamlessly with our partners to improve lives



The strategic objectives will be delivered through a number of key strategic initiatives; The People Plan, Fundamentals of Care, Place Based Partnership Plans and the Digital Strategy.

Governance review

The Value Circle undertook an independent Governance Review. The conclusion of the review was received in August 2021 and stated, that the Trust had experienced significant changes in its leadership team in the past two years.

A series of actions were agreed and a number of these have been completed in the last year; A review of Executive Portfolios, a view of Trust Board Governance and Committee Structure, the Trust Strategy refresh, SBAF review, risk management review and an executive operating model that was more aligned to Board Committees.

The report also recommended that a Board Development and Executive Development programme was taken forward.

The Executive Development Programme has been agreed and is being lead by Gatesby Sanderson with the aim for growth as a high performing executive team. This included individuals receiving personal executive on-going coaching.

The Board Development Programme is currently out to tender with an expected start date of early Summer 2023.

Developing workforce safeguards

The Trust monitors its compliance with the "developing workforce safeguards" recommendations by a number of measures. Nursing establishments are reviewed regularly and safer staffing reports, based on the National Quality Board model, are received by the Quality and Safety Committee.

The People and Organisational Development Committee, chaired by a non-executive director, has been in operation throughout the year and regularly considers all aspects of staffing for all groups of staff. It has a specific focus on role development, hard to recruit roles, culture, and leadership.

The Trust Board approved the People Plan in January 2022, which sets out our commitment to work tirelessly to ensure the best possible experience for all of our staff. It is created in direct response to feedback from staff and sets out the expectations that every one of our colleagues should expect to receive in the workplace. In line with our new values which we have co-designed with our staff, our People Plan is ambitious and has a strong focus on culture and workforce transformation, to support the achievement of the Trust's objectives for People, Patients and Population.

The Trust has an active Bank Partner; this has achieved a high level of bank fill. Agency staff are employed, as necessary, to ensure critical gaps are filled and services maintained for all staff groups.

Executive review

The Trust is operating in the context of a challenging time post-pandemic, delivering restoration and recovery, operating uniquely across two Integrated Care Systems, and delivering the most major transformation programme in the organisation's history – the Midland Metropolitan University Hospital Programme (MMUH).

To support the delivery of MMUH the Trust established a temporary organisation programme structure for the remainder of the programme in line with the Managing Successful Programmes (MSP) methodology. This approach will help to ensure effective resource and governance to deliver at pace the remainder of the programme which will intensify as we deliver transformation prior to move and help demonstrate readiness that can inform a safe decision to move when completed. This would also help effective capacity and leadership in the core organisation, balancing the challenges of improvement delivery in then here and now, with major transformation.

During 2022/23 there have been a number of Executive Director changes with the appointment of Daren Fradgley as Managing Director / Deputy CEO Core Organisation, Jo Newens as Chief Operating Officer. Dr David Carruthers retired from his Chief Medical Officer role and was replaced by Dr Mark Anderson. Rachel Barlow moved from the Chief Development Officer role to become the Managing Director of the MMUH Programme Company.

Review of economy, efficiency and effectiveness of the use of resources

A range of processes are applied to ensure that the Trust's resources are used economically, efficiently and effectively. The monitoring of this is primarily overseen by the Trust Board, Finance, Investment and Performance Committee and Audit and Risk Committee.

The Trust has an agreed risk-based annual audit programme with the Trust's internal auditors. These audit reports are aimed at evaluating effectiveness in operating in an efficient and effective manner and are focused on reviewing our operational arrangements for securing best value and optimum use of resources in respect of the service we provide. As part of their annual audit, the external auditor is also required to satisfy itself that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and report by exception if, in their opinion, the Trust has not.

Information governance and data security

Information governance provides the framework for handling information in a secure and confidential manner. Covering the collection, storage and sharing of information, it provides assurance that personal and sensitive data is managed legally, securely, efficiently and effectively in order to deliver the best possible care and service.

The Associate Director of Corporate Governance leads on the Trust's Information Governance Group, the principal body overseeing the management of information risks. This group reports into the Risk Management Group and oversees the development and submission of the Trust's annual Data Security and Protection toolkit.

The Trust's control and assurance processes for information governance include:

- Information asset owners covering patient and staff personal data areas.
- A trained Caldicott Guardian, a trained Senior Information Risk Owner and a trained Data Protection Officer.
- A risk management and incident reporting process and related risk register.
- Mandatory data security training for all staff.
- Data protection, information security, records management and confidentiality policies.

The NHS Digital data security and protection toolkit for 2022/23 was given a later deadline for submission, 30 June 2022, than had been historically the case. The Data Security and Protection Toolkit includes 10 mandatory data standards. The next submission evidencing compliance with the assertions in the Data Security and Protection Toolkit is 30 June 2023.

In 2021 the Trust was in a position of 'not met' the required standard for the Data Security and Protection Toolkit. A comprehensive improvement plan was put in place and now the overall risk assurance rating for the Trust is 'Substantial' for all 10 data standards for 2022.

The Information Governance service continue to strive for further improvement over the next year and maintain the DSPT compliance.

On the 30 November 2021, the Trust lost more than 19 systems and their respective data due to a server malfunction caused by reversal of a national upgrade. This was reported to the Information Commissioner's Office (ICO) in accordance with national guidance and in December 2022, after consideration of the case the ICO decided not to take any formal enforcement action in this case.

To ensure the secure management of patient and staff information, the Trust continually seeks to further develop and improve its information security systems and processes, embedding clear policies and procedures in our staff's daily work and ensuring that staff receive appropriate information governance training.

Data quality and governance

The data quality items contained in the Quality Account are all ones routinely considered within the Board and its committees, other than the consolidated report back on the clinical audit programme. In particular, data on amenable mortality, on VTE, on sepsis, and on infection are discussed as standing items.

The Board oversight of data quality is maintained through the Audit and Risk Management Committee with regular reports being received.

Waiting list accuracy is considered by a distinct team operated outside the control of the Chief Operating Officer. The Trust remains in a position of having too many people waiting too long. The recovery work of

the Trust, system and NHS as a whole will be a priority in 2023/24, in a post COVID-19 environment.

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit, the executive directors and clinical leads within the NHS Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me.

My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit and Risk Management Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

In evaluating our effectiveness I have benefitted from contributions from across the Board's membership, considered the matters within the Audit and Risk Management Committee, and examined internal and external audit opinions. I have considered in turn clinical audit reports both internal and those examining peer comparisons.

I note that there remains improvement work for us to deliver, with regard to providing the Board with assurance on progress against our strategic objectives. Notable in this space is work to improve our staff survey and pulse survey results, quality assurance, especially on CQC standards, delivery against NHS Constitutional standards and on key workstreams within the MMUH Programme.

Moreover, the Executive has failed to fully assure the Board that it had in place a timely response to the recommendations from internal and external audit reports, an important issue which as been addressed through the systematic review of those recommendations through the Performance Management Group and recovery actions presented to the Audit and Risk Committee.

Conclusion

2022/23 was a year of significant challenge for the whole NHS. The Board is committed to continuous improvement of its governance arrangements to ensure that systems are in place to identify and manage risks and ensure that Serious Incidents and incidents of non-compliance with standards and regulatory requirements are escalated and are subject to prompt and effective remedial action.

During 2022/23, the Trust has further embedded its revised governance arrangements at corporate level to further strengthen the Trust's systems and processes for controls and assurance, and support the delivery of the Trust's annual plan.

Signed 

Chief Executive Officer Date: 30th June 2023

Remuneration and Staff Report

Tables marked with an (*) have been subject to exeternal audit.

SALARIES AND ALLOWANCES OF SENIOR MANAGERS *

Name and Title	2022-23				2021-22			
	(a) Salary (bands of £5,000) £'000	(b) Expenses payments (taxable) to nearest £100 £	(c) All pension related benefits (bands of £2,500) £'000	(d) Total all payments and benefits (bands of £5,000) £'000	(a) Salary (bands of £5,000) £'000	(b) Expenses payments (taxable) to nearest £100 £	(c) All pension related benefits (bands of £2,500) £'000	(d) Total all payments and benefits (bands of £5,000) £'000
Sir David Nicholson, Chair (from May 2021)	50-55.	0	0	50-55.	45-50.	0	0	45-50.
Richard Samuda, Chair (to April 2021)	0	0	0	0	0-5	200	0	0-5
Cathyrn Thomas, Non-Executive Director (to July 2022)	0-5	0	0	0-5	10-15.	0	0	10-15.
Mick Laverty, Non-Executive Director	10-15.	0	0	10-15.	10-15.	0	0	10-15.
Waseem Zaffar, Associate Non-Executive Director	10-15.	0	0	10-15.	10-15.	0	0	10-15.
Harjinder Kang, Non-Executive Director (to November 2021)	0	0	0	0	5-10.	0	0	5-10.
Lesley Writtle, Non-Executive Director	10-15.	0	0	10-15.	10-15.	0	0	10-15.
Michael Hoare, Non-Executive Director (to July 2022)	0-5	0	0	0-5	10-15.	0	0	10-15.
Michael Hallissey Associate Non-Executive Director (from January 2022)	10-15.	0	0	10-15.	0-5	0	0	0-5
Rachel Hardy Associate Non-Executive Director (from January 2022)	10-15.	0	0	10-15.	0-5	0	0	0-5
Val Taylor Associate Non-Executive Director (from January 2022)	10-15.	0	0	10-15.	0-5	0	0	0-5
Lorraine Harper, Non Executive Director (fron Jan 23)	0-5	0	0	0-5	0	0	0	0
Jo-Anne Wass Associate Non-Executive Director (from January 2022)	10-15.	0	0	10-15.	0-5	0	0	0-5
Richard Beeken, Chief Executive (from October 2021)	215-220	100	200-202.5	415-420	100-105.	0	52.5-55.0	150-155
Richard Beeken, Interim Chief Executive (from February 2021 to September 2021)*	0	0	0	0	0	0	0	115-120
Dinah McLannahan, Chief Finance Officer	170-175	0	0	170-175	150-155	0	32.5-35.0	185-190
Mel Roberts, Chief Nurse	130-135	0	60.0-62.5	190-195	120-125	0	115.0-117.5	240-245
Mark Anderson, Chief Medical Officer (from 01/09/2022)	95-100.	0	125.0-127.50	205-210	0	0	0	0
David Carruthers, Medical Director (to 14/09/2022)	85-90.	0	0	85-90.	190-195	0	0	190-195
Johanne Newens, Acting Chief Operating Officer (from 07/03/2022 - 17/07/2022) Chief Operating Officer (from 18/07/ 2022)	125-130	0	417.5-420	545-550	0	0	0	0
Liam Kennedy, Chief Operating Officer (from 10/03/2020 - 30/09/2022)	65-70.	0	0	65-70.	125-130	0	0	125-130
Kam Dhami, Director of Governance	105-110	0	77.5-80.0	185-190	100-105.	0	22.5-25.0	120-125
Frieza Mahmood, Chief People Officer (from January 2021)), Acting Director of Workforce & Organisational Development (from October 2020 until December 2020)	115-120	0	40.0-42.5	155-160	110-115	0	97.5-100.0	210-215
Daren Fradgley, Managing Director and Deputy CEO (from 01/04/2022)	155-160	0	65.0-67.5	220-225	0	0	0	0
Dave Baker, Chief Stategy Officer	125-130	0	52.5-55.0	175-180	120-125	0	30.0-32.5	150-155
Martin Sadler, Executive Director of IT and Digital	120-125	0	30.0-32.5	150-155	110-115	0	0	110-115

Notes to Salaries and Allowances of Senior Managers

1. Non-Executive Directors - do not receive pensionable remuneration and therefore do not accrue any pension related benefits.

2. Pension Related Benefits are a nationally determined calculation designed to show the in year increase in notional pension benefits, excluding employee contributions, which have accrued to the individual. Changes in benefits will be dependent on the particular circumstances of each individual.

3. Performance pay and bonuses and Long term performance pay and bonuses are not applicable to the Trust and are therefore excluded from the table above

* costs for the Interim Chief Executive reflect the recharged cost from Walsall Healthcare NHS Trust and are not specifically the direct pay costs paid to Mr R Beeken, employers costs will be included as part of the recharge.

Pensions

The pension information in the table below contains entries for Executive Directors only as Non-Executive Directors do not receive pensionable remuneration.

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pensions payable from the scheme. CETV's are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It excludes the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period. The benefits and related CETVs do not allow for a potential adjustment arising from the McCloud judgement (a legal case concerning age discrimination over the manner in which UK public service pension schemes introduced a CARE benefit design in 2015 for all but the oldest members who retained a Final Salary design.)

Pay Multiples

Reporting bodies are required to disclose the relationship between the total remuneration against the 25th percentile, median and 75th percentile of total remuneration of the organisations workforce. Total remuneration of the employee at the 25th percentile, median and 75th percentile is further broken down to discose the salary component.

The remuneration of the highest paid director / member in Sandwell and West Birmingham NHS Foundation trust in the financial year 2022-23 was £215,000 (2021-22, £193,000). The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

Pay Ratio information table *

	2022-23			2021-22		
	25th Percentile	Median	75th Percentile	25th Percentile	Median	75th Percentile
Total remuneration £	£23,177	£31,688	£40,588	£21,777	£29,384	£39,027
Salary component of total remuneration £	£21,318	£27,055	£40,257	£19,918	£25,655	£39,027
Pay Ratio information	8.95:1	6.55:1	5.11:1	8.88:1	6.58:1	4.96:1

In 2022-23, 6 (2021-22, 7) employees received remuneration in excess of the highest-paid director/member. Remuneration ranged from £215,000 to £275,000 (2021-22 £200,000 to £240,000).

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

Fair Pay Disclosure *

The calculation of the percentage change for the highest paid director is based upon the change in the midpoint of the salary band, whereas for employees as a whole this is based upon the salary total for all employees divided by the total FTE, excluding the highest paid Director.

Percentage change in remuneration of highest paid director.	£ increase from 2021/22 to 2022/23	% increase from 2021/22 to 2022/23	£ decrease from 2020/21 to 2021/22	% decrease from 2020/21 to 2021/22
Salary and allowances	£15,000.00	7.79%	-£15,000.00	-7.23%
Performance pay/bonuses	0	0	0	0

Average percentage change in remuneration of all employees (excl highest paid director)	£ increase from 2021/22 to 2022/23	% increase from 2021/22 to 2022/23	£ increase from 2020/21 to 2021/22	% increase from 2020/21 to 2021/22
Salary and allowances	£2,304.00	7.84%	£1,968.00	7.18%
Performance pay/bonuses	0	0	0	0

PENSION BENEFITS *								
Name and Title	Real increase in pension at age 60	Real increase in Lump sum at pension age	Total accrued pension at pension age at 31st March 2023	Lump sum at pension age related to accrued pension at 31st March 2023	Cash Equivalent Transfer Value at 31st March 2023	Cash Equivalent Transfer Value at 31st March 2022	Real Increase in Cash Equivalent Transfer Value	Employers Contribution to Stakeholder Pension
	(bands of £2500) £'000	(bands of £2500) £'000	(bands of £5000) £'000	(bands of £5000) £'000	£'000	£'000	£'000	To nearest £0
Richard Beeken, Chief Executive (from October 2021)	10.0-12.5	5-7.5	70-75.	145-150	1333	1116	153	0
Dinah McLannahan, Chief Finance Officer *					187	591	0	0
Mark Anderson, Chief Medical Officer	2.5-5.0	2.5-5.0	60-65.	115-120	1118	956	55	0
Kam Dhami, Director of Governance	2.5-5.0	5-7.5	50-55.	105-110	1002	878	82	0
Mel Roberts, Chief Nurse	2.5-5.0	5-7.5	50-55.	105-110	934	825	66	0
Johanne Newens, Chief Operating Officer	17.5-20.0	50.0-52.5	40-45.	80-85.	862	398	434	0
Daren Fradgley, Managing Director and Deputy CEO (from 01/04/2022)	2.5-5.0	2.5-5.0	55-60.	110-115	943	839	57	0
Dave Baker, Chief Stategy Officer	2.5-5.0	0	10-15.		187	145	37	0
Martin Sadler, Executive Director of IT and Digital	0-2.5	0	5-10.		92	57	16	0
Frieza Mahmood, Chief People Officer	2.5-5.0	0-2.5	25-30.	40-45.	356	310	19	0

*The Chief Finance Officer opted out of the pension scheme in September 2021 and has made no contributions during 2022-23.

Rheumatologist Dr Perpetual Uke

Speaking Up

During 2022/23 we began the year with a renewed focus on Freedom to Speak up. This included an articulation of the Trust's vision, which is to lead the way nationally in relation to Speak Up. In order to achieve this, we have worked on ensuring commitment from all colleagues to support the agenda and prioritise the work of the Freedom to Speak Up Guardians (FTSUG) and Speaking Up, and promote a culture that supports its growth and profile in the organisation. "It is the behaviour of executives and non-executives (NED), which is then reinforced by managers, that has the biggest impact on organisational culture. How an executive director (or a manager) handles a matter raised by a worker is a strong indicator of a trust's speaking up culture and how well led it is". As lead executive director for Speak Up our Chief Finance Officer (CFO) has focused on ensuring all speak up matters raised are handled as swiftly as possible and for the individual who raised the concern, they do so without fear of detriment.

During the year, a full time Speak up Lead Guardian role commenced in post. This was a key signal in relation to our Trust's commitment to Speak Up as a function. She has focused on delivery of the April 2022 Board approved action plan which aimed to set the tone for the above vision and identified specific actions from the previous in depth review of the Trust's performance against National Guardian's Office standards.

The main areas of progress during the year have been;

- To establish the lead speak up role
- To establish a regular meeting timetable with the CEO, Chair, CFO and Lead NED – in place
- To begin recruitment of more FTSUG – During the year we received 21 expressions of interest from colleagues across the Trust keen to become a FTSUG. We started the year with six in post, three left in year, so we have operated with three for most of the year. This level of interest is really exciting for the Trust and much more than we have seen before.
- To refresh content at Trust induction
- FTSUG job descriptions updated and aligned with the National Guardian's Office
- Templates for FTSUG to use to record concerns have been produced
- We have visited other organisations and networked with trusts where the approach to Speak Up is deemed excellent
- Beginning to link FTSU activity to patient safety and incident reporting
- Planning of regular communication and promotion of awareness
- Review of the FTSU policy to a new national template, currently working in partnership with our staff side colleagues
- Internal audit review of action plan against best practice completed with recommendations in progress

Next steps;

- Alignment of the vision with the wider Trust and stakeholder groups
- Establish regular Board reporting (currently annual)
- Recruiting to FTSU Champion vacancies
- Consider administrative support to the team to ensure good management of data and information
- Establish a stakeholder group including network chairs, staff side, Equality Diversity and Inclusion, HR, cultural ambassadors, faith groups and chaplaincy
- FTSUG and lead to develop plan to host regional events and meetings
- Input into a Board development session
- Qualitative reporting
- Confirm relationships of policies and pathways – Just and learning culture, Whistleblowing, Grievance and Disciplinary
- Confirm training plans for all staff – including consideration of the NHS FTSU training for all managers
- FTSUG and lead to attend Board meeting
- Completion of strategy and plan to evaluate and measure progress and results
- Review of HR processes in line with strategy
- Development of a dedicated intranet page for speaking up

Our approach to Speak Up has been to continue to focus on introducing mechanisms to build a restorative and just culture, as part of reinforcing the importance of creating a culture of openness, trust, learning and accountability. We have created a related decision-making framework for all conduct related employee relations concerns to ensure that all relevant matters are dealt with in a fair

and consistent manner, enabling swift and proportionate action to be taken to address identified concerns in line with just and learning principles. This is supported by a multi-disciplinary group, led by the medical Responsible Officer which is called the Responsible Officer Advisory Group. This group independently assesses concerns raised about medical staff and monitors progress against recommendations and actions. This includes identifying areas where wellbeing or professional support is needed.

Our Chief Executive, Chief Nursing Officer and Chief People Officer have made concerted efforts to engage with staff offering regular drop in sessions for staff to raise concerns and share ideas for improvement and regularly go on "walkabout" in the Trust. In addition to this feedback hundreds of leaders participated in providing feedback on the new people plan which includes Speak Up commitments under psychological safety and values which will help to drive and embed the cultural improvements required in this area. The plan was launched in year.

The outcome of this work will lead to a new behavioural compact and aligned leadership development framework to support the required change in emphasis. We are currently reviewing our whistleblowing policy as one of the priority policies for engagement with trade union colleagues through the Trust's negotiating and consultative mechanisms to support subsequent ratification. This will be followed by a relaunch of Trust communications and training.

There is a current gap in reporting of concerns and taking action on themes through the group management structure. These gaps can act as a barrier to learning and restrict the ability for local improvements to be made. Currently no central log is maintained of all whistleblowing concerns raised and investigated therefore the overall quantum of such issues is difficult to gauge. A central whistleblowing recording system will be established and maintained by the lead FTSUG to document all issues raised of a whistleblowing nature and a template investigation document will be developed to ensure that an audit trail is maintained of cases to ensure consistency. This will allow lessons learnt to be disseminated trust-wide.

We will be reviewing the appropriateness of our current system used to record all whistleblowing concerns and reviewing other organisation's systems to ensure we record all speak up concerns in a secure, confidential and where necessary anonymous manner, to ensure all they are centrally logged and able to be reported on, and triangulated. This will also enable tracking against key performance indicator resolution targets.

A cultural barometer has been produced for our People and Organisational Development Committee which acts as a heat map identifying teams in difficulty by triangulating key performance indicators such as sickness absence, turnover levels, staff satisfaction scores etc across a range of people measures. Speak Up and incident numbers will also be included in this tool moving forwards to ensure deeper dives and intervention work is appropriately targeted to tackle emerging trends and themes in this area.

Speak up concerns can be raised through a number of routes which include;

- Emailing an individual speak up guardian directly
- Emailing the speak up guardian email address which only one guardian and the executive lead for speak up can access
- Through the staff networks
- Through a trade union or staff side representative
- Contacting Safecall, a confidential external 'hotline'
- By contacting a member of the executive team
- By contacting the non-executive lead for Speak up.

The key priority for the year ahead is continued delivery of the action plan, and further development.

Matron Acute Care Sherry Craig.

Staff Report

Our workforce is our biggest asset and we invest heavily in education, development and health and wellbeing services for all colleagues.

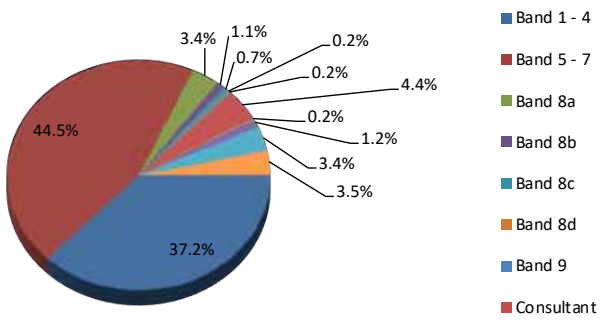
Workforce by band

The information included in the table below has been subject to external audit

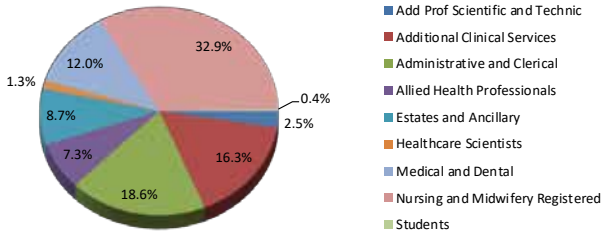
Pay Band	Count of FTE
Band 1 - 4	37.20%
Band 5 - 7	44.53%
Band 8a	3.39%
Band 8b	1.07%
Band 8c	0.70%
Band 8d	0.22%
Band 9	0.23%
Consultant	4.38%
Directors & Chief Executive	0.15%
Other Substantive	1.21%
Trainee Doctors	3.43%
Specialty	3.48%
Grand Total	**100.00%**

Managers and Senior Managers	Band 8 - Range A	74
	Band 8 - Range B	39
	Band 8 - Range C	31
	Band 8 - Range D	11
	Band 9	13
	Directors & Chief Executive	14

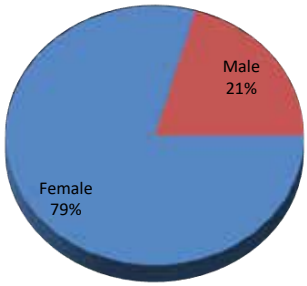
Workforce Profile 2023



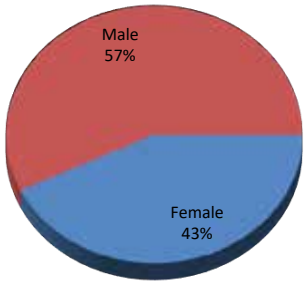
Workforce Profile 2023



All Employees Gender Profile 2023

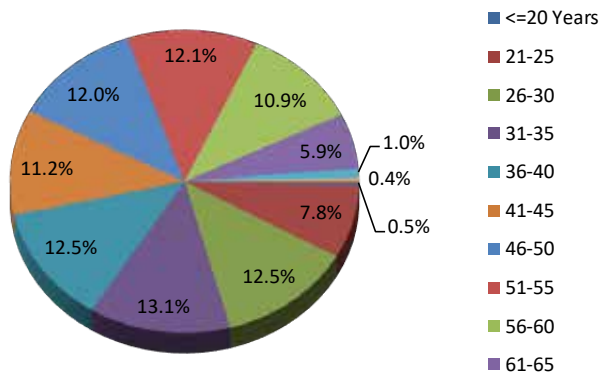


Directors Gender Profile 2023

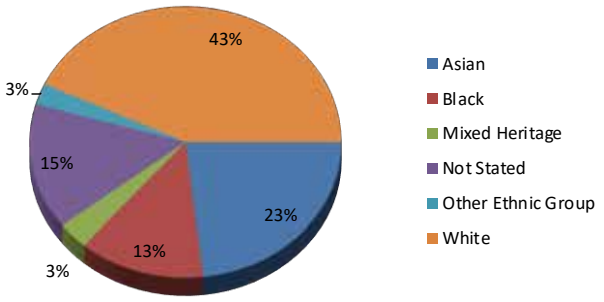


*Definition of Directors: A person who (a) has responsibility for planning, directing or controlling the activities of the Trust, or a strategically significant part of the Trust, and (b) is an employee of the Trust.

Age profile



Ethnicity profile 2023



Staff costs

			2022/23	2021/22
	Permanent	Other	Total	Total
	£000	£000	£000	£000
Salaries and wages	345,918		**345,918**	318,505
Social security costs	36,300		**36,300**	32,857
Apprenticeship levy	1,662		**1,662**	1,617
Employer's contributions to NHS pension scheme	51,375		**51,375**	48,044
Temporary staff	-	10,193	**10,193**	17,022
Total gross staff costs	**435,255**	**10,193**	**445,448**	**418,045**
Recoveries in respect of seconded staff	-	-	**-**	-
Total staff costs	**435,255**	**10,193**	**445,448**	**418,045**
Of which				
Costs capitalised as part of assets	2,046	-	**2,046**	2,028

Average number of employees (WTE basis)

			2022/23	2021/22
	Permanent	Other	Total	Total
	Number	Number	Number	Number
Medical and dental	802	131	**933**	**996**
Ambulance staff	-	-	**-**	**-**
Administration and estates	1,153	164	**1,317**	**1,372**
Healthcare assistants and other support staff	1,498	350	**1,848**	**1,956**
Nursing, midwifery and health visiting staff	2,271	427	**2,698**	**2,570**
Scientific, therapeutic and technical staff	567	13	**580**	**613**
Healthcare science staff	119	21	**140**	**154**
Other	5	-	**5**	**6**
Total average numbers	**6,415**	**1,106**	**7,521**	**7,667**
Of which:				
Number of employees (WTE) engaged on capital projects	33	-	**33**	**64**

Sickness absence data

Groups	Group FTE	Target (%)	Baseline (20/21) (%)	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Corporate	1490.36	4.00	5.10	5.30	5.33	5.37	5.48	5.55	5.61	5.57	5.63	5.76	5.77	5.78	??
Imaging	276.26	4.00	6.13	6.24	6.26	6.32	6.53	6.46	6.27	6.23	6.08	6.04	5.88	5.82	??
Medicine & Emergency Care	1616.78.84	4.00	6.55	6.71	6.79	6.83	6.75	6.74	6.69	6.78	6.78	6.80	6.66	6.54	??
Primary Care, Community and Therapies	1262.03	4.00	5.75	5.97	5.97	6.03	6.21	6.21	6.14	6.12	6.16	6.18	5.96	5.92	??
Surgical Services	1359.63	4.00	6.67	6.84	6.91	6.94	7.11	7.15	7.08	7.04	7.00	7.04	6.73	6.58	??
Women & Child Health	904.05	4.00	5.60	5.77	5.82	5.92	6.06	6.24	6.25	6.26	6.38	6.42	6.38	6.45	??
Trust	**6909.12**	**4.00**	**5.97**	**6.15**	**6.20**	**6.25**	**6.35**	**6.40**	**6.36**	**6.37**	**6.39**	**6.44**	**6.29**	**6.23**	**??**
				12m Rolling Sickness Percentage (%)											

Reporting of compensation schemes - exit packages 2022/23

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£10,000	-	**1**	**1**
£10,000 - £25,000	-	**-**	**-**
£25,001 - 50,000	-	**-**	**-**
£50,001 - £100,000	-	**-**	**-**
£100,001 - £150,000	-	**-**	**-**
£150,001 - £200,000	-	**-**	**-**
>£200,000	-	**-**	**-**
Total number of exit packages by type	**-**	**1**	**1**
Total cost (£)	£0	**£2,000**	**£2,000**

Reporting of compensation schemes - exit packages 2021/22

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£10,000	-	**-**	**-**
£10,000 - £25,000	-	**-**	**-**
£25,001 - 50,000	-	**-**	**-**
£50,001 - £100,000	-	**-**	**-**
£100,001 - £150,000	-	**-**	**-**
£150,001 - £200,000	-	**-**	**-**
>£200,000	-	**-**	**-**
Total number of exit packages by type	**-**	**-**	**-**
Total cost (£)	£0	**£0**	**£0**

Exit packages: other (non-compulsory) departure payments

	2022/23		2021/22	
	Payments agreed	Total value of agreements	Payments agreed	Total value of agreements
	Number	£000	Number	£000
Total	**1**	**2**	**-**	**-**
Of which	1	2	**-**	-
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-	**-**	-

Staff policies applied during the financial year

Over the last 12 months there has been significant work undertaken in partnership with staff side colleagues in relation to the review of Trust policies.

The Attendance at Work policy has been reviewed further to its implementation in 2020 to expand its support for staff and managers to take account of the Dying to Work Charter, which the Trust signed up to in 20222. The Charter ensures individualised support for colleagues battling terminal ill health.

A new Home Working policy has been implemented to support our staff who continue to work from home.

In the next quarter our new flexible working and retirement policies will be launched to support colleagues to maintain and enhance their work life balance and to provide colleagues with flexible retirement options.

Our Management of Change policy has been redesigned and will be implemented in the first quarter of 2023 along with a manager's toolkit and training to support staff with the psychological, emotional and legal and technical aspects of change.

The Trust is in the process of agreeing our Baby Loss Policy as part of our commitment to supporting all employees who suffer the loss of a pregnancy, whether it happens directly to them, their partner or their baby's surrogate, regardless of the nature of their loss, or their length of service and have enhanced leave and support available to colleagues who suffer this trauma. This will be launched in the first quarter and the Trust will be signing up to the Smallest Things Employee Charter alongside the launch of the policy.

We believe it is important that we have a culture of openness, trust, learning and accountability. A culture where we learn from things that go wrong and where we have the confidence to raise concerns and report on safety issues without fear of retribution . With this in mind we are embarking on a journey towards implementing Just and Learning principles to ensure that all matters related to safety and conduct are dealt with in in a fair and consistent manner and ensure swift and proportionate action is taken to address the identified concerns also enabling accountability and learning from things that go wrong. To support us on this journey, we will be undertaking a review of our Disciplinary, Grievance and Dignity at Work to incorporate the Restorative, Just and Learning principles as well to take account of the Civility Saves Lives principles.

Deputy Chief People Officer Meagan Fernandes.

Diversity issues and equal treatment in employment and occupation

At the heart of our Trust Strategy and People Plan is a significant focus on addressing the issue of 'fairness' including taking meaningful action in Equality, Diversity and Inclusion (EDI) so that everyone can thrive.

We recognise that there is significant work we must do to improve the experience of our staff and create a culture where we truly value and nurture the diverse backgrounds, identities and lived experience of our staff.

Our newly developed Equality, Diversity and Inclusion Plan incorporates key actions set out within the People Plan that impact on EDI from a culture and staff experience perspective and also includes specific additional work designed to help us get the basics right with regards to our EDI obligations, address consistent underperformance in workforce representation and set up the building blocks necessary to creating a strong foundation to build a more diverse and inclusive organisation .

The plan is split into four key quadrants as following:

In addition to the key actions that have been implemented as part of the People Plan, we have over the last year:

- Signed up to the Race Code, our Anti-Racist declaration. Embedding the principles of the code across the Trust – Reporting, Action, Composition, Education and implemented a board development session with a focus on "race"
- Commenced the Equality Delivery System (EDS) 2022 assessment in relation to Domain 1 (Services) to help improve the services we provide our local communities and provide better working environments, free of discrimination, for our staff, while meeting the requirements of the Equality Act 2010.
- Developed the next phase of the innovative Live and Work project at Sandwell Hospital with the refurbishment of former doctors and nurses' residences to create an aspirational young workers' village in partnership with St Basils.
- Commenced the design of an evidence-based development programme for staff network leads and sponsors (executive and non-executive directors) in order to strengthen the role of our staff networks and use the networks more effectively as reference groups in helping us improve the experience of our diverse staff.

- Launched our cultural ambassador Programme where we have 14 Cultural Ambassadors representing all specialities and grades. Cultural Ambassadors have a very specific role to support equity and fairness in the disciplinary process. Their remit is to identify and explore any issues of cultural and unconscious bias, less favourable treatment and discrimination and ensure that these matters are taken into consideration in the decision-making process.
- Developed a programme of work to enhance our workforce EDI data on ESR to inform priorities for creating a more inclusive and compassionate workplace.
- Signed up to Rainbow Badge Assessment to create awareness and outline the challenges that our LGBT+ communities can face in relation to accessing healthcare.
- Commenced the implementation of a programme of work through Project Search that is aimed at transforming the lives of young adults with autism and learning disabilities through internship opportunities in our hospitals, to gain the experience skills and recognition to apply for a substantive post-completion.
- Undertaken a baseline assessment to support us in developing a programme of work that improves the experience of our patients from an EDI perspective.
- Through the implementation of our Workforce Plan for the Midland Metropolitan University Hospital and as part of our Widening Participation and Learning Campus Education Strategy we are developing education and employability programmes to support disadvantaged groups in our community to access training and meaningful employment.

Staff networks

We have the following staff networks and groups within the Trust:

- Black and Minority Ethnic Communities Network
- Disability & Long Term Conditions Network
- LGBTQ+ Network
- Muslim Advice and Liaison Group (MLG)
- Women Clinician Group
- Women's Network.

Over the last 12 months our staff networks have undertaken a number of inclusion events such as:

- National Inclusion week
- Iftar & Eid
- Black History Month
- Pride
- Staff Network day.

In addition to the above programmes of work our EDI Lead for Maternity has led on the implementation of a number of key work programmes that have positively impacted on patient experience. Below is are examples of key programmes delivered.

Maternity career workshop

Forty per cent of the maternity workforce falling under Agenda for Change band 5 – 8C identified as belonging to non-white background yet only made up 24 per cent of the senior leadership team. A review of the Trust WRES data supported by a local maternity survey identified that colleagues from Black, Asian and minority ethnic groups perceived that they did not have equal access to non-mandatory training and therefore did not fee adequately equipped to plan and develop their future career aspirations.

In response the EDI Lead Midwife and the HR business partner joined forces to organise a career workshop. Bringing together a variety of learning and development teams, clinical education showcase what is on offer for our clinical staff within maternity and neonatal service alongside how they can enrol to these opportunities including accessing funding.

On the day the following stalls were available

- Apprenticeship team (apprenticeship opportunities within the trust)
- Clinical education team (career development and accessing learning fund)
- Learning and Development (coaching, interview techniques and leadership development within the trust)
- University of Birmingham (Continuous Professional Development)
- Health Visiting (career progression)

- Royal College of Midwives (career progression and online courses)
- Online courses (e.g. Leadership Academy and e-Learning for Healthcare)
- Inspiration board (messages of affirmation and showcasing the career and development pathways of our very own workforce).

The event was well attended in particular by Black, Asian and minority ethnic workforce and it was evaluated very positively. Indeed, some commented on how it enabled them to approach their PDR well equipped with a plan of what they wanted for their future progression. Everyone who attended reported that their expectations of what they had hoped to gain from attending the workshops had been met.

As a result of the event and ensuring that everyone would have the opportunity to access the information that was provided, the stands and information leaflets were left overnight in the same venue. This enabled the night staff to access at their own leisure.

EDI Lead Midwife Co-Chairing the Midlands Maternity & Neonatal Workforce EDI Steering Group

The EDI Lead Midwife alongside the regional Deputy Chief Midwifery Officer co-chairs the first Midlands Maternity and Neonatal Workforce Equality, Diversity, and Inclusion Steering Group. The steering group has been established to provide support and direction to the Midlands Local Maternity & Neonatal Systems in relation to the National Equality and Equity Guidance. The group aims to provide regional leadership for the implementation of the recommendations arising from both national and regional ethnic minority maternity and neonatal survey findings and reviews.

Ramadan baskets

To support colleagues to break their fast during the holy month of Ramadan where Muslims fast from dawn to dusk, Ramadan baskets were created and placed in different areas of the maternity unit. The baskets not only included food items, but also a prayer timetable and disposable prayer mats. Included in the baskets was a card explaining how non fasting colleagues could support their fasting Muslim colleagues during the breaking of the fast.

The aim of the Ramadan baskets was to support colleagues observing the fast therefore, creating a sense of belonging and welcome to bring whole self to work. This was alongside building inclusive habits amongst our wider workforce by providing guidance and learning on how to support fellow fasting colleagues.

Supported access into maternity services

Following obtaining funding to pilot a quality improvement project where maternity services partnered with Sandwell Children's Centres to provide equitable access into maternity services via the self-referral portal pathway, we are pleased to announce that Sandwell Public Health will now embed this service as part of their Family Hub offer.

The new referral pathway will now enable local families to register their pregnancy with maternity services via the Family Hubs alongside receiving brief pregnancy related health information at the point of referral as recommended by Nice Antenatal Care guidelines (August 2021). This new pathway is an additional equitable door into maternity services where the Family Hubs' bilingual staff and volunteers received training and teaching resources created by the EDI lead midwife enabling them to proficiently refer expectant families for midwifery care alongside giving brief pregnancy related health information. The aim is to encourage early access into midwifery care and the introduction to provision of local family support particularly to vulnerable families traditionally experienced barriers to access.

English for pregnancy and birth

The EDI Lead partnered with Sandwell Adult Family Learning partners to create a bespoke English for Speakers of other Languages (ESOL) programme for expectant families. The programme aimed to introduce families with limited to no English speaking language abilities to words that they may encounter during their pregnancy and birth journey. The programme included role plays of how to contact maternity triage to remove hesitancy or delay in making contact with them in an emergency situation therefore potentially reducing perinatal morbidity or mortality. Because of the success and the innovation of this programme Sandwell Public Health Family Hubs model will now take this forward and embed the English for Pregnancy and Birth classes in their offer to families therefore sustaining the programme.

SWB chaplaincy

The last year saw the team make 10,684 bed side visits to patients and families which included 1,643 meaningful discussions with staff.

The chaplaincy team take their role very seriously, working hard to make sure patients, families and staff are supported and cared for. Our staff conversations increased due to the fall out of the COVID pandemic and the pressure they were still under, both emotionally and physically. Patients are mostly grateful for the visit from the chaplains, whether they are people or faith or none.

Our celebrations were a good time to start saying hello to staff we had not really seen since the start of COVID, a samosa or two normally brings people together!

In December 2022 in partnership with Sue Edwards (bereavement team) the chaplaincy had the privilege of placing the beautiful Tree of Hope in Sandwell Gardens. Families came on behalf of those who had died in our care during the previous couple of years. The tree which holds 2,000 stars, symbolising both patients and staff, it stands light up for all to see and for families to visit.

As a team the chaplaincy are on call 24/7, responding to calls from family and patients, some who are seriously ill, and see it as a privilege to be with families and friends at the end of someone's life.

Our very diverse chaplaincy team continues to grow and change as we prepare for our move to MMUH next year. We will have a great opportunity to reach out, not only to the hospital, but to our communities that surround it.

Equal opportunities

The Trust remains an Equal Opportunities Employer, and is proudly a National Living Wage Employer. We are also a Disability Confident Employer and we are working towards making the Stonewall Top 100 Employers list.

Employment issues including employee consultation and/or participation

Collaborative working with our Trade Union colleagues continues to be positive and partnership working has increased, ensuring that open communication and transparency is maintained. We continue to hold monthly forums such as our Joint Consultative and Negotiation Committee (JCNC) and monthly Staff Terms and Conditions Committee (STACC) with our union colleagues to review any concerns to enable joined up resolution. Our staff side colleagues are also actively involved and engaged in wider programmes of work related to the implementation of our People Plan and related culture change and staff satisfaction programmes .

Health and safety at work

Our organisation accepts its humane, economic and legal responsibilities in respect of the management of health and safety risks arising from its activities that may affect staff, patients and others. We are committed to:

- Provision of adequate control of the health and safety risks arising from our work activities
- Consultation with employees on matters affecting their health and safety
- Provision and maintenance of safe plant and equipment
- Safe handling and use of substances
- Provision of information, instruction, training and supervision for employees
- Developing and maintaining the competence of all employees to do their work safely
- Prevention of accidents and workplace ill-health
- Maintenance of safe and healthy working conditions
- Review and revision of this policy at three-yearly intervals and whenever necessary.

Trade union relationships

The Trust continue to benefit from the support of a full time Staff Side Convenor and a full time Deputy Staff Side Convenor. New union colleagues were elected to these posts last year through the appropriate mechanisms and have been pivotal in ensuring the continued positive work with staff, People and OD and other key stakeholders in the Trust. We retain in post a full time Organisational Change Lead to support with the Management of Change and future changes required for MMUH. This post has been key, working alongside managers, HR colleagues and staff to provide transparency and ensure engagement for colleagues through these processes. We also retain a

full time policy lead to support the review, update and introduction of all policies and has significantly aided the progression of our catalogue of policies. Staff side representatives are granted facility time to cover duties carried out for the trade union or as a union learning representative, for example, accompanying an employee to disciplinary or grievance hearing. It also covers training received and duties carried out under the Health and Safety at Work Act 1974. Monthly meetings are held with our staff side colleagues and there is open dialogue to discuss any concerns.

Human capital management such as career management and employability

In line with our People Plan, the Trust has a clear focus on recruiting to our priority vacancies both within our core organisation as well as to new posts identified within the agreed workforce model for MMUH.

Over the last 18 months we have filled more than 370 band 5 nursing vacancies, this includes successfully recruiting and supporting internationally trained nurses and midwives.

We have developed strategies to fill our hard- to- fill priority posts including AHP, nursing and specific consultant posts.

We are also focusing on increasing employment opportunities we offer to our local population with targeted local recruitment events for Health Care Support Worker roles.

All new starters continued to receive an induction and the corporate welcome session has returned to a face-to-face classroom session, enabling networking and a positive new joiner experience.

A new induction and onboarding process has been launched with the online induction portal, (which enables new starters to access key supportive information prior to their start date), continuing to be further developed.

A new staff handbook and a revised induction and onboarding checklist were also launched alongside the development of a comprehensive framework which sets out the key points of contact that managers should have with new starters throughout the induction and on-boarding process - from the point of formal conditional offer, through to the first anniversary of starting in post and beyond.

Due to the impact of the COVID-19 pandemic, the Trust carefully considered its approach to its Aspiring to Excellence Personal Development Review Process (PDR) to ensure that it is both meaningful and conducted in a way which was practical, given ongoing constraints on capacity. This approach has continued and further developed further to ensure staff have a personalised discussion to take account of their wellbeing alongside learning from the year, personal aspirations, agreement of objectives and development planning. Pre-set objectives were also included to support the focus on achieving the strategic objectives: Patients, People, Population.

The Trust continues to provide a ring-fenced and dedicated training budget in excess of £1m to support staff to undertake further development for their role and future careers. In 2022/23 this was also supplemented by Health Education England (HEE) Continuing Professional Development (CPD) funding for nurses, midwives and allied health professionals (AHPs). A wide range of development opportunities were undertaken by staff ranging from university modules to short courses and conferences.

Following COVID-19 and returning to business as usual, some Trust provided learning has returned to face-to-face classroom delivery and it is envisaged that this transition will continue where appropriate, whilst retaining the positive aspects of providing virtual online classes, video and e-learning that was introduced during the pandemic.

The Trust is one of a small number of NHS Apprenticeship Providers and we continue to be proud of our 'Good' Ofsted rating achieved in 2021. The apprenticeship provision supports employment for local people with progression into careers in the Trust and the development of our own workforce. Approximately 100 apprentices are currently on programme with plans for an additional 100 over the next two to three years in support of our Learning Campus ambitions. Working with external partners, we also offer an 'extended work experience' placement for a small number of students with learning disabilities and/or a neurodevelopment disorder. Our wider work experience placement programme works with local schools to offer a range of work experience places across the Trust.

We continued to work closely with local universities, colleges and other external providers for the provision of higher level apprenticeships and there are currently c 140 colleagues undertaking higher level apprenticeship training which range from advanced clinical practitioners

relate to in-house training/development. In addition, there is also a requirement for external development, some of which will utilise apprenticeship levy funding e.g. ACP and nurse associates.

Widening participation continued to be a core strategy which benefits both the organisation and our local community. This included supporting people who may be overseas healthcare qualified refugees or migrants from our local population to access and return to a career in healthcare, alongside working with young people at risk of homelessness and ex-offenders. A key focus in 2022 has been the development of the education and employability programme for the new Learning Campus which will be located on the MMUH site and which will also involve partnerships with stakeholders such as local authorities, colleges and universities.

Wellbeing update

The Occupational Health and Wellbeing service for Sandwell and West Birmingham NHS Trust receives referrals from both NHS and non-NHS organisations and meets the needs of over 50,000 employees across the region, including income generating contracts with other NHS Trusts and commercial organisation. In addition to providing services to SWB, it also provides services to neighbouring Trusts across the Black Country, primary care, pharmacies, dental practices and local authorities. Regionally our Trust is considered as a leader in the occupational health and Wellbeing space and, an exemplar of good practice. This helps us attract external funding and to be an important influencing factor within the ICB and nationally.

This year Sandwell and West Birmingham NHS Trust occupational health department has been successful in being SEQOHS re-accredited for a further five years, providing assurance to all stakeholders that we protect people at work by ensuring the highest professional standards of competence, quality and ethical integrity. The service was commended in the Outstanding occupational health team category of the Society of Occupational Medicine Awards 2022, whilst the Clinical Lead for the service Dr Masood Aga was the winner in the Outstanding Occupational Practitioner category at the Awards.

Sandwell and West Birmingham NHS Trust was shortlisted for a Nursing Times Workforce Award for the second consecutive year in the Best Staff Wellbeing Initiative category for our Enhanced Wellbeing Support Project, developed in response to the physical and mental health challenges faced by our colleagues during the COVID-19 pandemic. The programme includes a wide range of wellness initiatives and activities aimed at promoting, preventing, and providing early intervention and meaningful support in a measurable manner.

The wellbeing service been accessed by over 2,000 staff over the past year with a range of interventions which have received national recognition. Our comprehensive specialist wellbeing service benefits from trained coaches to deliver evidence- based interventions. We are proud to be able to deliver the widest range of physical and mental support activities including a well-equipped gym, yoga, therapeutic massage, and meditation.

Dr Syeda Huma Naqvi and Dr Vikranth Venugopalan were jointly appointed the Senior Medical Staff Wellbeing Leads. Both hold senior medical positions within the trust in orthogeriatrics and neonatology, respectively. The role aims to promote engagement of senior medical staff in wellbeing initiatives and facilitate peer to peer support. This initiative has been received well by the senior medical body and wellbeing 'coffee and chat' afternoons as part of this are becoming popular.

Dr Michael Blaber continues to lead the Junior Medical Staff Wellbeing offer and his excellent work widely recognised within the organisation and the region. The measures taken to enhance the wellbeing of the junior doctor cohort at SWB has seen some good success, with local surveys showing a resultant increase in the proportion of this staff group perceiving the Trust to be supportive of their wellbeing, rising from 65 per cent to 92 per cent of trainees surveyed. The strategy for junior doctors has been informed by three seminal reports: "Caring for doctors, Caring for patients" (GMC, 2019), "NHS Staff and Learners Mental Wellbeing Commission" (HEE, 2019) and the "Fatigue and Facilities Charter" (BMA, 2018).

All medical staff wellbeing leads work in closely with the Trust Occupational Health and Wellbeing Service for a coordinated approach to wellbeing of the staff groups. The plan is to extend a similar model to other staff groups in the coming future.

Our Enhanced Occupational Health and Wellbeing Service offers end to end pathways for staff requiring musculoskeletal and mental health support. The counselling is currently provided by our external partner Kaleidoscope Plus Group and delivered face-to-face, online or by telephone according

to client preference. Clients are offered between four and six sessions, depending on need, with an option for onwards referral to other agencies should an extended period of counselling be required. Approximately, 1,500 sessions were delivered over the past year, with the majority of clients being successfully discharged from the service without needing referral to other providers. The success of our service therefore also created a wider gain across the system. We have also introduced specialist trauma focussed therapy and Eye Movement Desensitisation and Reprocessing (EMDR) Therapy within the department, provided by a specialist psychologist.

We are currently undertaking an independent review of this model for mental health support in the Trust with engagement from a wide range of stakeholders to inform the future model and that it meets the needs of our staff.

Musculoskeletal problems are another major area of concern with regards to staff wellbeing and sickness absence. We have adopted a multi-disciplinary team approach with physiotherapy, specialist input and occupational health support as a one-stop-shop to help avoid delays for colleagues with MSK problems who may have difficulty accessing services due to pressures on primary care. In addition, the support from the Trust physiotherapy department for staff remains available via self-referral and management referral as well. We target all musculoskeletal absence by early identification, assessment and intervention with particular focus on proactively managing all staff members who are off work for more than eight days with musculoskeletal problems. The aim is to prevent any long-term sickness absence where possible, by taking a coordinated and proactive approach.

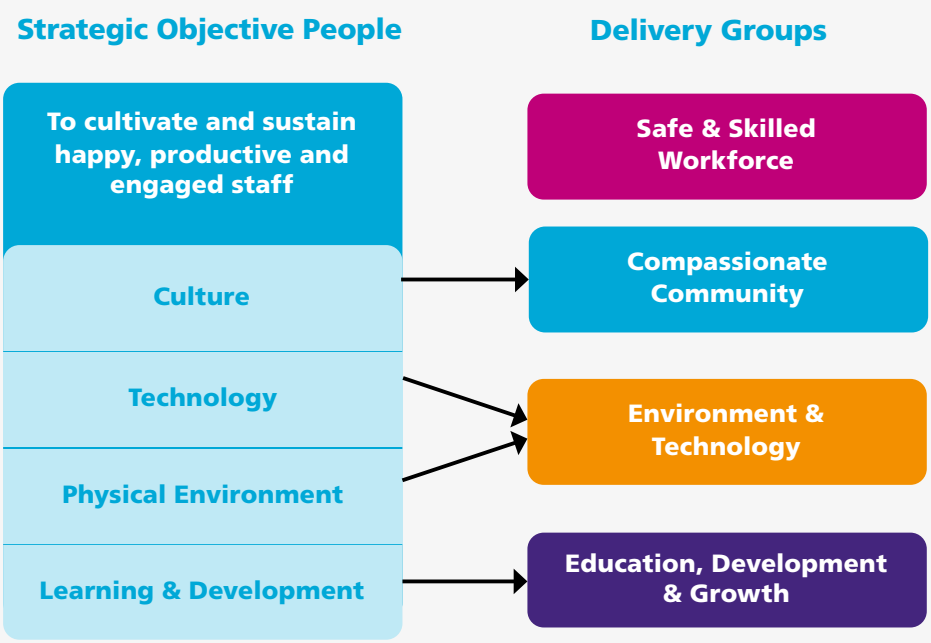
Dr Aziz Abdul, Specialist Registrar

People Plan update

Our workforce has always been important to who we are and what we do as an organisation, but supporting our staff has not been a strategic objective in its own right before. Along with Patients and Population, we have made People a strategic objective in its own right in our five year strategy and developed a five year Plan to support "*Developing and cultivating happy, productive and engaged staff*". This was approved by our Trust Board in January 2023.

The focus of our People Plan is to improve staff satisfaction and experience and develop a positive organisational culture.

We aim over the next five years to improve staff satisfaction and be in the top 25 per cent of NHS Trusts through four means: culture, technology, physical environment, and learning and development. We have established dedicated delivery groups to drive the work forward as outlined below:



Over the next five years we will:

- Focus on Compassionate Leadership and create a 'Just Culture' where we listen, learn and live our values. This includes a new training offering and changing our processes e.g. in HR and patient safety
- Invest in leaders as a priority annual plan objective in 2023 to take ownership of their services, create a great staff experience, and be supported to do so
- Open our new hospital - the Midland Metropolitan University Hospital - and improve our existing sites. We are creating new roles and ways of working, a state of the art working environment, and a Learning Campus to develop our local population to access employment opportunities
- Take real action on fairness, equality, diversity and inclusion
- Work differently by adopting a continuous quality improvement system, where everyone can make positive changes, every day
- Improve our digital technology so that work is easier and more productive
- Work more closely with our neighbouring Trusts in the Black Country, West Birmingham and our Place Based Partnerships as an extension of our own teams.

We have recognised that we can't do everything at once, especially as we prepare to open our new hospital, Midland Metropolitan University Hospital (MMUH). We also know that our staff are tired and stretched following the pandemic, as well as there being lower levels of morale across the wider NHS. This People Plan is our commitment to our staff that we will do better, and keep doing better. The diagram below is our agreed priorities from our Trust 2022-27 strategy, separated by before and after opening the new hospital.

Our Trust Priorities

Before MMUH

- **Launch our Strategy and co-develop the plans e.g. Fundamentals of Care**
- **Value and Behavioural Framework**
- **Prepare for and open MMUH**
- **Staff journey from recruit to retire**
- **Budget reset and cost control**
- **Place Base Partnership Development**
- **Agree a Continuous Quality Improvement approach**

MIDLAND METROPOLITAN UNIVERSITY HOSPITAL

After MMUH

- **Embed new ways of working and Continuous Quality Improvement**
- **Make significant improvement in our Board Level Metrics, Staff Survey and Patient Experience**
- **Develop a Learning Campus**
- **Work closer with partners in the Integrated Care System**

After the opening of MMUH, we expect to see the full benefits of closely integrated working arrangements with our Place and other hospital provider partners in our two Integrated Care Systems. At this time, we will also demonstrably evidence clear approaches to the standardisation and engagement of our workforce across the system. We will grow further our role as an influential employer in our communities, including the development of our Learning Campus in collaboration with partners in higher education and local authorities.

Compassionate communities

We have developed and launched our **new 'Trust Values' of Ambition, Respect and Compassion**. This is based on what our staff told us about what was important to them, and what they wanted to see in the Trust. Achieving this, consistently, will be the true impact of our People Plan. A **behavioural framework** to support the embedding of our new values has also been developed and is currently being rolled out across the organisation.

We continue to strengthen our approach to developing a Just and Learning culture through a framework that enables us to embed **'just' and learning principles** across our HR processes, to improve the experience of our staff and address the disproportionate impact of our processes on certain staff groups such as our staff from Black and minority ethnic communities.

An evidence-based and comprehensive **organisational development programme** has been implemented for teams moving to the new hospital, with baseline assessments completed identifying high priority teams and targeted diagnostic and interventional support implemented for these teams.

As part of our Trust retention programme we have developed a **Continuous Quality Improvement approach to staff retention** using appreciative inquiry , where colleagues have a say and can make change happen in their area; this approach has been piloted into two departments and is currently being evaluated with a view to roll this out to the wider organisation. The approach has received recognition in a joint report published by Birkbeck University on "organisational interventions to support staff health wellbeing in the NHS " and has been shared with NHS England, the Society of Occupational Medicine, and the European Academy of Occupational Health Psychology.

We have commenced a programme of work to strengthen our existing wellbeing provision, in particular **our psychological and mental health support for staff**. The work is overseen through the People and OD Directorate with external mental health expertise commissioned to support the development of a new evidence-based model that effectively supports the mental health and psychological wellbeing needs of our staff.

Our Trust Equality, Diversity and Inclusion Plan (EDI) was approved by our People and OD Board Sub Committee in January 2023. The plan supports us in getting the basics right with regards to our EDI obligations, addressing consistent underperformance in workforce representation and in setting up the building blocks necessary to creating a strong foundation to build a more diverse and inclusive organisation.

Safe and skilled workforce

We have spent the last two years forecasting our workforce requirements and developing a **multidisciplinary evidence-based workforce model** to support MMUH which has been externally validated through an independent professional feasibility assessment. This is also supported by a resourcing plan that tackles 'hard to recruit' posts and is informed by upskilling requirements that are fed through into Learning Campus course planning and provision. At least 34 per cent of our recruitment for the new hospital will come through widening access routes from our own local communities, facilitated by the learning campus.

Our workforce information and planning processes are informed by a more sophisticated approach to analysis with the use of a **comprehensive demand and supply forecast tool** which has been developed in house by the People and OD Directorate. This has received national recognition for the additional insights it provides to ensure an intuitive and sustainable approach to workforce planning to reduce the reliance on temporary staffing solutions. This will inform the development of innovative workforce models so that we build teams that are led by patient need rather than roles. This includes growing our advanced practitioner workforce and new roles outside of the hospital setting.

Education, development and growth

We have developed a **new Leadership Framework** based on the work of Professor Michael West on Compassionate and Inclusive Leadership, Sidney Dekker on developing a Just Culture and Amy Edmundson's work on creating fearless organisations and developing psychological safety. The new *'Leadership Framework'* will focus on three core areas, Compassionate and inclusive leadership, Restorative People Management Practice and Safety and Service Innovation. Ensuring the right balance on core technical skills and Trust values aligned behavioural competencies to support culture transformation commitments. The programme will be modular at various levels for all staff. It will utilise a range of training methodologies from interactive classroom sessions to supportive and exploratory workshops, Action learning sets, leadership forums and online materials and videos with the content being contextualised for three broad staff levels; senior leaders, line managers and team members. A pilot on the Compassionate and Inclusive Leadership module was introduced in November 22 and has been well received. The module has now been finalised and updated based on the outcome of the pilot and is will be launched in Q1 of 23/24 .

Widening participation' has been part of our Trust's identity for several years, where we have undertaken numerous schemes to support disadvantaged groups in our community to access training and employment. This includes our 'live and work' scheme for homeless people, internships for people with learning disabilities, and recruiting former offenders to support the construction of our new hospital.

The future development of the MMUH Learning Campus on our MMUH Hospital site is a brilliant opportunity to improve the life chances not only of our staff but also of our communities, thereby starting to deliver on our Population objective and our organisation's purpose. The development of the education and employability aims of the 'Learning Campus' is led by the People and OD directorate with the Deputy Chief People Officer chairing a multi-disciplinary group involving the Trust, Aston University, Sandwell College, Wolverhampton University, the West Midlands Combined Authority and Health Education England. Through the Sub Group we have developed our learning as well as employability offering, the focus of which is to develop clear "learning journeys" and career progression pathways support our local communities to gain sustainable employment. This includes level 1 -7 programmes for over 1,280 learners within the first year opening and extensive opportunities for pre employment learning and work placements to provide access to job relevant skills, apprenticeship programmes and opportunities to deliver long term careers.

Environment and technology

A safe and supportive culture is not the only driver of staff experience. We know that access to getting to work (including car parking), catering, IT systems and equipment can frustrate colleagues and chip away at morale. It is important that we get these basic needs right if we are to enable staff to improve the life chances and health outcomes of our communities. Through this delivery workstream we are looking at how we improve staff experience of IT systems, including digital proficiency to develop staff and to deliver against estates improvement requests more quickly, to make staff rooms and areas better.

We continue to embed flexible working as a first wave site for the national NHS England 'Flex for the Future' scheme. A multidisciplinary change team has been established to undertake this programme, comprising of representatives from People & OD, nursing, medical, AHP, midwifery and staff side . We have so far:

- Implemented an interim flexible working procedure to reflect new agenda for change terms and conditions of service and NHS flexible working principles. This opens opportunities for flexible working for all and provides a supportive framework for finding solutions. This will be fully embedded as part of the wider policy review which is currently in consultation with staff side.
- Introduced electronic flexible working requests via ESR in September 2021. This enables us to better monitor and analyse requests in line with new AFC requirements. We are an early adopter and have been sharing our learning with other organisations, including being invited to speak at NHSE Retention Masterclass and other ICS meetings.
- Promoted the new NHSE Manager and Individual toolkits, which can help both parties identify workable solutions and hold constructive conversations.
- Jointly developed an ICS-wide standard flexible working statement, plus a flexible working document with case studies and videos for recruitment adverts.
- Increased the number of roles specifically advertised as open to flexible working options from 6 per cent in the 12 months to 31 August 2021 to 36 per cent by the end of July 2022.

Home working update

Subsequent to COVID-19 many of our colleagues continue to work effectively from home or in a hybrid manner where they spend a percentage of time working from home and on site. We have recognised the need to further develop modern working practices to enable our staff to maximise their performance and productivity and deliver the greatest value to the organisation, whilst maintaining a good work life balance. As such our new Home Working Policy has been developed in partnership with staff side and launched in the last quarter. The policy aims to support the safe and effective implementation of home working to ensure working obligations are met and to help create an environment which allows employees to achieve an improved work life balance, greater job satisfaction, and improved motivation, morale and productivity.

The introduction of agile or enhanced flexible working approaches across the Trust will not only provide an enhanced safer working environment for staff, improve service delivery but also places emphasis on the importance on our environment sustainability responsibility. The benefits of improved work life balance, employee engagement and reduced travel make a direct contribution to this strategic priority.

Emergency Preparedness, Resilience and Response (EPRR) Statement of Compliance

As a category one responder under the Civil Contingencies Act 2004, we completed the annual self-assessment for the NHS England Core Emergency Preparedness Response and Recovery (EPRR) Standards, although due to extensive changes to the scoring process we achieved partial compliance and are working on achieving full compliance.

Over the past year we have been focussed on working to ensure our emergency plans are in place for our move to our new hospital, whilst proactively supporting colleagues on plans to maintain a safe service during escalating industrial action alongside maintaining a watching brief on COVID.

Modern slavery statement

We fully support the Government's objectives to eradicate modern slavery and human trafficking and recognise the significant role the NHS has to play in both combatting it, and supporting victims. In particular, we are strongly committed to ensuring our supply chains and business activities are free from ethical and labour standards abuses. We confirm the identities of all new employees and their right to work in the United Kingdom, and pay all our employees above the National Living Wage. Our Dignity at Work, Grievance and Disputes and Whistleblowing policies additionally give a platform for our employees to raise concerns about poor working practices. We provide training on safeguarding in respect of adults and children which includes reference to modern slavery as a form of abuse. Our policy on safeguarding adults provides advice and guidance to front line practitioners to ensure they are aware of and able to respond to incidents of modern slavery within care settings. Our

procurement approach follows the Crown Commercial Service standard and includes a mandatory exclusion question regarding the Modern Slavery Act 2015. When procuring goods and services, we additionally apply NHS Terms and Conditions (for non-clinical procurement) and the NHS Standard Contract (for clinical procurement). Both require suppliers to comply with relevant legislation. Procurement staff receive training on ethical and labour issues in procurement.

Sustainability report

Transitioning to Net Carbon Zero

The Trust is committed to making a positive contribution to the community we serve and the environment where we work.

We have developed a Trust Board approved Green Strategic Plan to transition the organisation towards sustainable healthcare excellence. The plan takes a coordinated, strategic and action-oriented approach to sustainability, delivering sustainable healthcare to ensure services remain fit for purpose today, and for the future. It addresses impact through medicines, asset management, travel and logistics, climate adaption, capital projects, green spaces, sustainable care models, our people, sustainable use of resources including local procurement and management of carbon emissions.

The plan reaches beyond the walls of our hospital and community buildings and aims to affect our people and local population. Working with strategic partners our influence allows us to contribute to local regeneration through improved health, wealth and environmental improvements.

For the plan to be successful, it requires everyone to work collaboratively with other partners whose services impact all facets of healthcare provision, including clinicians looking at care pathways, procurement for goods and services, and finance to where investment is needed in order to meet standards and generate efficiencies. Our patients and service users are also integral in providing insight and feedback on how we can continually improve and strive towards providing outstanding sustainable healthcare.

Alongside this plan, we are also working to develop a roadmap that will detail what we need to do in order to transition to net carbon zero. It will highlight projects, funding and resource requirements, and timeframes to allow us to prioritise those that contribute the highest impact.

Our green vision

We recognise that sustainable development is a critical factor in our organisation being able to deliver excellent healthcare, both now and in the future. We are therefore dedicated to enabling the creation and embedding of sustainable models of care throughout our operations. We will ensure that our operations and our estates are as efficient, sustainable and resilient as they possibly can be.

Our ambition is:

1. To deliver **high quality care without exhausting resources** or causing environmental damage to preserve resources for future generations.
2. To **embed sustainability into the heart of our organisation** and lead on driving working practice towards using resources, like energy and water, more efficiently to reduce wastage. We believe that investing in infrastructure to improve energy and water efficiency will bring about positive environmental impacts and cost savings.
3. To **engage and inspire our people, patients and our population** to take actions that will collectively make a big impact. Reducing energy and water wastage, generating less waste, and travelling actively and sustainably will benefit the environment and improve physical and mental wellbeing.
4. To be an **anchor institute, leading and influencing key partners in sustainable development**. This includes partnering to create master plans for regeneration of the local area and optimisation of sustainability plans through the scale achieved in partnership working.

Energy use in our buildings

The Trust is focused on the continual reduction of operational resource use and running costs of essential utilities such as water, electricity, gas and fuel oil. Figure 1 illustrates the total energy use trends for the Trust.

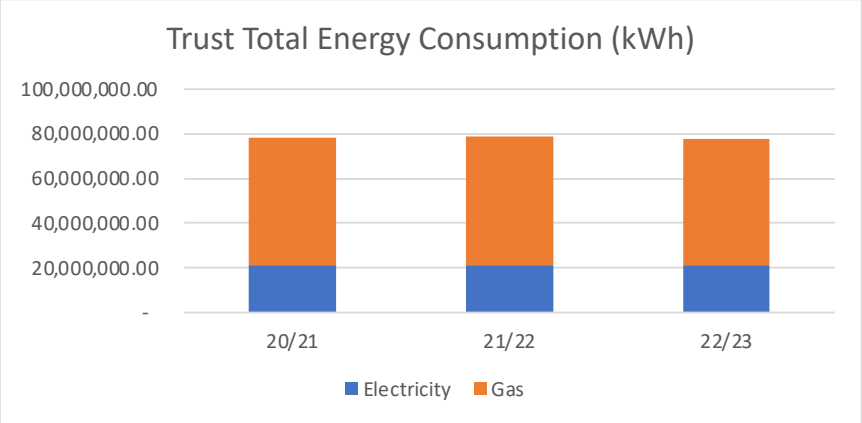
We are developing ambitious plans to decarbonise our energy - reaching net carbon zero for energy related activities ahead of the NHS target of 2040. To support this ambition, we will carry out major infrastructure changes including:

- De-steaming our estates
- Upgrading our building management systems so we can better monitor and adjust our energy usage dependant on what is required
- Installing more solar PV so we can generate more renewable energy on site
- Rolling out further LED (energy efficient) lighting programmes.

The Trust has secured £12.6m government Public Sector Decarbonisation Funding (including £1.5m internal funding) to install air source heat pumps, put in place further external wall insulation, install further LED lighting and solar PV at Sandwell Hospital to improve the energy performance of our buildings.

We will also continue to drive our accredited environmental engagement programme, Green Impact – which involves colleagues working together in teams to complete simple actions that collectively have a big impact. The programme makes strides towards more efficient ways of working, reducing costs and has a positive impact on wellbeing.

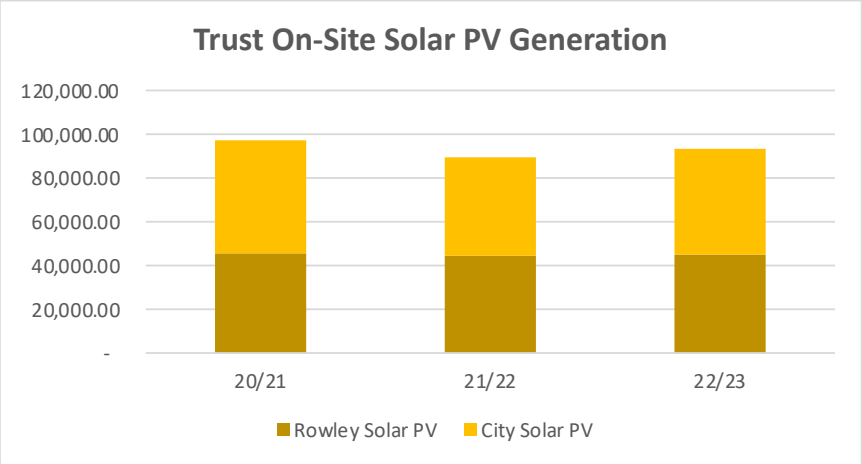
Figure 1: Total energy use 2020-21 to 2022-23



Note: March 2023 data has been estimated using winter averages as this data was not available from suppliers at the time of compiling this report.

The Trust has two owned solar PV systems to increase the amount of renewable energy we generate on our sites. These are located at City Hospital (Birmingham Midland Eye Centre) and Rowley Regis Hospital. Figure 2 illustrates the total electricity generated by the on-site solar panels.

Figure 2: Total Trust on-site solar PV generation



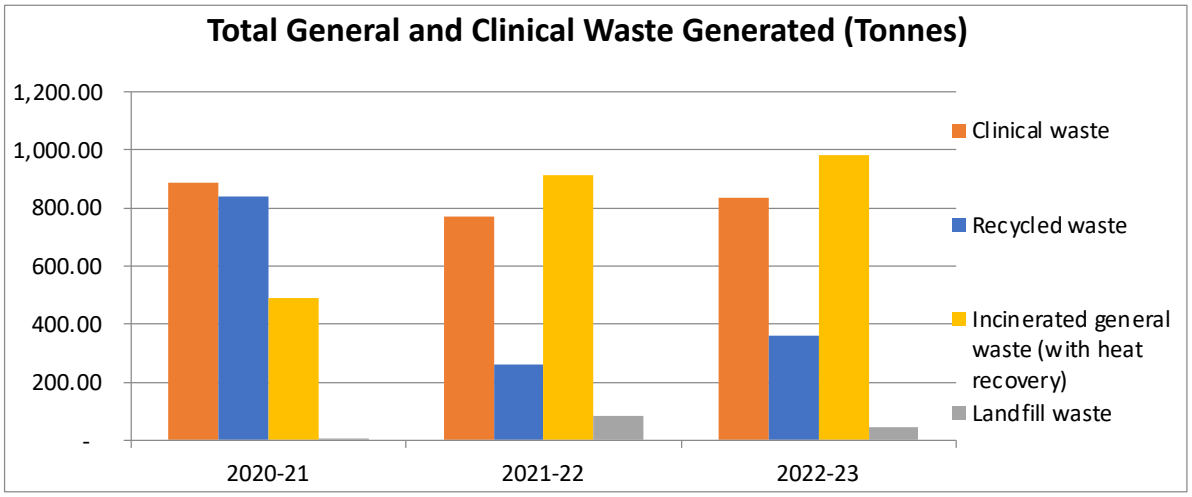
*Note: March 2023 data has been estimated using winter averages as this data was not available from suppliers at the time of compiling this report.

The Trust is working with suppliers to gather data on water consumption. We are committed to making on-going improvements to ensure that water is used wisely and efficiently so that we can work towards our aim of stabilising consumption. This has been a challenge in recent times, with more intensive services and stringent regulations on water safety and hygiene.

Waste

Our vision is to move towards whole lifecycle environmental, social and costings decision-making (i.e. long-term thinking). We strive to adopt the waste hierarchy (reduce, re-use, repurpose, recycle) across all activities and reduce the amount of disposable items we procure, use and dispose of. We aspire to improve correct waste segregation and engage our staff in paper light ways of working.

Figure 3: General and clinical waste trends



*Note: March 2023 data has been estimated using winter averages as this data was not available from suppliers at the time of compiling this report.

Our 2022-23 Sustainability Highlights

Our People

- ✓ One of our Senior Critical Care Nurses is working on secondment (1 day a week for the year) from Jan 2023 to support sustainability works in clinical settings. They will support clinicians moving towards more sustainable practices – identifying areas for improvement, driving positive change projects forward, engaging teams and compiling metrics
- ✓ Sustainability Impact Assessments in place for key projects so that sustainable development and social value are considered in relevant business cases and key procurement decisions. This is tracked in our 'Social Value' template
- ✓ Green Impact, our staff environmental engagement programme, has been running for over 3 years. Last year (2021/22), 462 actions were completed by the teams over 7 months and saved over 77,000 kg CO2e
- ✓ Sustainable School Swap Shop now in place. This has been set up to support staff in the cost of living crisis and reduce waste
- ✓ QIHD spotlight on sustainability in January 2023 to engage colleagues. This will also generate ideas and points of contact so local projects can be put in place to create positive, sustainable changes

Travel and Transport

- ✓ We are adapting to low and ultra-low emission fleet and currently have 5 fully electric fleet and 2 hybrid fleet vehicles in operation (total fleet of 40)
- ✓ One month free bus pass offered to all new starters as part of a trial
- ✓ Regular, free Dr Bike checks for all staff
- ✓ Staff access a 10% discount on passes via an online, easy to use portal
- ✓ 25% discount on Daysaver tickets for patients
- ✓ Our Head of Sustainability Chairs the ICB Greener Travel and Transport Workstream
- ✓ Personalised travel planning offered to all staff to support getting to/from work, in partnership with Sustrans

Estates and Facilities

- ✓ Successful bid for £12.6m 'Public Sector Decarbonisation Funding' for our Sandwell Hospital site to install lower temperature air source heat pumps, LED and solar PV installations, alongside insulation and external building fabric works to ensure higher energy efficiency
- ✓ 100% electricity purchased is sourced from renewable energy
- ✓ We now have 44 electric vehicle charging sockets across City, Sandwell and Rowley Regis. Scoping installation of rapid chargers for taxi's, fleet and potentially ambulances
- ✓ De-mobilisation of the Trust estates

Medicines

- ✓ Our 'Patients Own Medicines' project run in Pharmacy, saving money and reducing waste
- ✓ A 'Greener Theatres Working Group' was established in November 2022 and colleagues are engaged. An action plan has been developed.
- ✓ The Trust is one of the lowest users locally of desflurane (an environmentally harmful anaesthetic gas). We are performing ahead of the national target for desflurane which is usage of less than 5% of overall volatile anaesthetic gases volume
- ✓ Clinical engagement has commenced on the impact of high carbon inhalers (Meter Dose Inhalers) and the need to transition to local carbon Inhalers (e.g. Dry Powder Inhalers). Patient engagement will follow

Sustainable Use of Resources

- ✓ Trialling re-usable tourniquets for all staff that undertake cannulation and phlebotomy activities, saving circa 299,000 single-use tourniquets used each year. We were successful in obtaining £12,000 to fund this via the Healthier Futures Action Fund
- ✓ No longer purchase the 'do not disturb' single-use plastic aprons, saving circa 12,500 single use plastic items from incineration every year and 100kg of carbon emissions
- ✓ Identified all contracts over £5m and requested suppliers upload their carbon reduction plans so these can be viewed as part of the contact award or tender process
- ✓ Transitioned to UV Cleaning better sterilisation and reduced environmental impact in GI Physiology. The Tristel single-use wipe system was previously being used
- ✓ Circa 6.4 million piece of paper saved between 2019/20 and 2021/22 per year through paper-lite and digital ways of working. Paper reductions continuing through 2022/23

Carnival comes to the Star Awards

The tables were laid, the drinks were poured and the scene was set – the carnival was coming to Villa Park!

On the evening of Friday 7 October, we celebrated teams and colleagues from across the Trust at the Star Awards 2022.

With 14 awards up for grabs, colleagues from departments across the Trust arrived eager to find out who had won the coveted prizes and enjoy the carnival.

Around 350 colleagues, families, friends as well as our community and partners were in attendance to celebrate another year of outstanding service provided by colleagues at the Trust.

We must say a special thank you to our sponsors whose support helped us to put together the event and gave attendees a special night to remember and for this, we share our sincere thanks.

We must also share a special thanks to Des Coleman, ITV weatherman who did a superb job at hosting the evening once again. Each year the awards attract hundreds of nominations that showcase the hard work, talent and dedication of our fantastic colleagues here at the Trust.

We saw stories of kindness, innovation, leadership, teamwork, excellent patient care and much more. Each and every single nomination highlighted one important thing – we have some truly remarkable people working at SWB.

Helping to decide the most deserving winners, we opened the vote to colleagues where four awards were voted for by colleagues. These awards were Clinical Team of the Year, Non-Clinical Team of the Year (Children), Non-Clinical Team of the Year (Adults) and Employee of the year.

Congratulations to everybody that was nominated and shortlisted and to all of our winners. You are the people who truly make our organisation a fantastic place to work.

Engaging with colleagues

In September 2022 we issued the national staff survey to all colleagues. Everyone had an opportunity to give their feedback via a unique email link. Colleagues in portering, ward services, transport and catering received paper copies directly to their home addresses or to their work base.

The response rate for our organisation was 38.3%, that is 2,863 responses from a usable sample of 7,483. The response rate was down slightly from 39.3% last year.

The survey which is conducted once a year allows us to see how colleagues feel about their jobs and working for our Trust and examines the sentiments of colleagues across a range of key areas. Data is then compared against our performance in previous years and comparisons made against other similar organisations to determine our relative performance.

The national survey is mandatory for all NHS organisations with the results being used to inform national initiatives that can help support improvements in staff experience and wellbeing. The results of the national staff survey are also used by NHS England to support national assessments of quality and safety.

We recognise that our survey results are not where we want them to be, however, we have seen an improvement in how colleagues view their managers. Scores are better compared to 2021 across all the questions relating to line managers. Here is an example of the scores:

	2021 %	2022 %
My immediate manager encourages me at work	64.6	69.2
My immediate manager gives me clear feedback on my work	60	62.9
My immediate manager is interested in listening to me when I describe challenges I face	65.1	67.6
My immediate manager cares about my concerns	63.5	65.7
My immediate manager takes effective action to help me with any problems I face	60.1	63

2022 staff survey areas for improvement

Following the release of the 2022 staff survey results, the Trust Board and clinical leadership executive agreed to focus on four key areas for improvement:

- The wellbeing support offered to all staff

- Equality, diversity and inclusion
- Leadership development
- Enhance quality of PDRs

The below table outlines our scores compared to the average and best scores.

	SWB	Average score	Best score
Health and safety climate	5.3	5.2	5.9
Equality and diversity	7.8	8.1	8.8
Inclusion	6.5	6.8	7.3
Line management	6.6	6.7	7.3
Personal Development Reviews	4.5	4.4	5.1

Listening to our colleagues and learning from others

This year we have continued to talk to colleagues about what would make the most difference to how they feel about their jobs and working for our organisation.

Each clinical group and corporate directorate has committed to hold regular listening events where team members are invited to take part in a discussion about the feedback received and what improvement can be made. The events are attended by two executive directors and the group / directorate leads. Each session is recorded and published on our intranet site.

In 2022/23 nearly all the clinical groups have held at least two listening events in addition to more localised engagement activities.

Acting on feedback

Clinical groups continue to be encouraged to adjust their action plans in view of the staff survey results. Clinical groups are asked to ensure that:

- Managers discuss the survey results with their teams and review or identify new actions
- Managers are required to evidence the actions they have taken to ensure their teams have an opportunity to feedback on the results
- Managers are required to complete an action plan template and share it with the group leadership who will use it as a reference for improvements to be made in their areas.
- Action plans are discussed and reviewed at group review meetings

Corporate directorates have been encouraged to share the survey findings with their teams at meetings and Quarterly Improvement Half Days and also share their action plans.

One of our three strategic objectives is to cultivate and sustain happy, productive and engaged staff. Our new People Plan supports that strategic objective by focussing on improving staff satisfaction and experience and developing a positive organisational culture.

Within the People Plan we are also focusing on leadership as a separate objective for the year ahead. This means that we have chosen leadership development as an immediate deliverable which we believe will have the biggest overall impact on our three strategic objectives in the Trust's strategy. We know from our staff survey results that line managers have a significant impact on staff experience and retention. Developing highly skilled, empowered and compassionate leaders at all levels of the organisation is one of the most powerful things we can do to help staff and in turn, our patients and population.

NHS quarterly Pulse survey

We are now in our second full year of conducting the NHS England quarterly Pulse survey as a regular check in to help improve the support that we provide to colleagues.

The survey asks the nine mandatory engagement questions that are posed in the national staff survey. At SWB we also use the opportunity to ask extra questions to align with the national people plan promises.

The results of the quarterly Pulse survey have remained consistent with findings in the national staff survey in 2021 and 2022. Results are shared with managers and published on the intranet. Publication of the results are also used as a basis for listening events that are organised by clinical groups and corporate departments.

Our finances and investments

Directors' Report

The 22-23 financial year reflected a "reset" following the pandemic, with significant reductions in specific funding for covid related costs and an expectation that all Covid related costs would be removed from plans, and a continued focus on reducing care backlogs. There was a very clear expectation that systems would plan for, and deliver as a minimum, break even financial positions. System-wide resource allocations of capital and revenue were embedded further to support formal and legal creation of Integrated Care Boards as system leaders. As expected, a simplified payment system was retained, meaning block payments continued for non-elective activity, with variable rules in relation to planned care, to incentivise elective recovery. Nationally, there was a move to return to population-based allocations for systems, a link that was lost during the pandemic. Population based allocations are a fundamental principle in NHS funding to support equal opportunity of access for equal need and contributes to a reduction in avoidable health inequalities. 22-23 also represented the first year in a multi-year convergence towards needs based target allocations, to address the differential consumption of resource across systems. Those systems receiving above their fair share would therefore have a higher efficiency ask than others. The Black Country system has been assessed as above target allocation and therefore a convergence adjustment was applied, which impacted on resource allocated to providers.

Despite the significant challenges identified at planning stage on being able to achieve a break-even position, the system submitted a break even plan, based on stretching efficiency plans and an assumption that much of the unfunded capacity opened during the pandemic would be closed. SWB as part of that plan set a deficit budget of £17.1m, including £25m of cost improvement (c4%) and identified that in order to reach a break-even position, funding would be required from the previously established risk share agreement. This was as opposed to assuming additional cost reduction which the Trust Board determined would not be achievable, as excluding the impact of inflation on costs, the Trust was already planning to spend considerably less than it had done in 21-22.

During the year, the Trust was not able to deliver planned closures of unfunded capacity, due to continued pressure in urgent and emergency care, driven in the main by an ingress of patients from the Birmingham and Solihull ICS who typically then had high levels of acuity and required a longer than average length of stay. At the end of Month 4, the Trust was at significant risk of not delivering its plan, and developed a financial recovery plan. This became part of a system wide recovery plan in November 2022. The system wide recovery planning process identified funding for the risk share to be activated, and the Trust over-delivered against its recovery plan, achieving a c£10m deficit by the end of the financial year, and received c£10m of funding from the risk reserve to achieve a surplus of £99k against its system control total of break even. Despite this headline success, a significant amount of improvement delivered in year was non-recurrent in nature, c£20m. The Trust therefore exited the financial year with an underlying deficit position much worse than the headline result. This route to achieving the plan also hangs over in to 23-24, with the risk share income being non-recurrent, and the non-recurrent benefit of 22-23 improvement reversing out.

We continued to focus on completing the construction of our new hospital, the Midland Metropolitan University Hospital (MMUH) in Smethwick, working with the New Hospitals Programme to agree a revised completion contract with Balfour Beatty. Alongside the construction progress, the Trust completed in year an extensive governance process to refresh the clinical and workforce associated with the MMUH care model. This was required as we approach completion of the building begin to change services outside the hospital to support the care model inside the building and to ensure activity and bed capacity are appropriate to meet demand. We used this work to refresh a 3-year financial strategy which was approved by Trust Board in January 2023. The Trust outlined an approach to reducing the underlying deficit of the organisation by delivery of at least 4% efficiency and seeking central support for the capital charge and workforce impact of the MMUH. This work continues at the time of writing the report.

The Trust's financial performance continues to be measured against four primary duties:

- The delivery of an Income and Expenditure (I&E) position consistent with the target set by the Department of Health (DH) (the breakeven target);
- Not exceeding its Capital Resource Limit (CRL);
- Not exceeding its External Financing Limit (EFL);
- Delivering a Capital Cost Absorption Rate of 3.5%.

These duties are further explained as follows:

Breakeven Duty

Due to system risk reserve and financial recovery plan enacted by the Trust during the year, and continued receipt of Elective Recovery Funding despite under-performance against those targets, the Trust was able to achieve a small surplus position of £0.099m. This performance therefore meets the breakeven duty required of the Trust.

Figure 1 shows how the Trust's reported performance is calculated. The surplus in the published Statutory Accounts is subject to technical adjustment and does not affect the assessment of the Trust's performance against the duties summarised above (i.e., I&E breakeven, CRL, EFL, capital cost absorption).

Figure 1 Income and Expenditure Performance

Although impairments and reversals are not counted towards measuring I&E performance, they must be included in the Statutory Accounts and on the face of the Statement of Comprehensive Income (SOCI). Impairments and reversals transactions are non-cash in nature and do not affect patient care budgets. However, it is important that the Trust's assets are carried at their true values so that users of its financial statements receive a fair and true view of the Statement of Financial Position (Balance Sheet). The Department of Health and Social Care (DHSC) holds allocations centrally for the impact of impairments and reversals.

Figure 1

Income and Expenditure Performance	2022/23	2021/22
	£000s	£000s
Income for Patient Activities	640,604	594,329
Income for Education, Training, Research & Other Income	56,6440	65,986
Total Income	**697,248**	**660,315**
Pay Expenditure	(443,402)	(416,017)
Non Pay Expenditure including Interest Payable and Receivable	(205,921)	(465,037)
Public Dividend Capital (PDC) - Payment	(5,544)	(5,790)
Total Expenditure (Including Impairments and Reversals)	**(654,867)**	**(886,844)**
Surplus/(Deficit) per Statutory Accounts	42,381	(226,529)
Exclude Provider Sustainability Fund (includes Prior Year incentives)	0	0
Exclude Impairments and Reversals	(42,449)	230,743
Adjustment for elimination of Donated and Government Grant Reserves	167	197
Total I&E Performance	**99**	**4,411**

CRL

Further detailed information on capital spend is shown below at Figure 5. The CRL sets a maximum amount of capital expenditure a Trust may incur in a financial year (April to March). Trusts are not permitted to overshoot the CRL although the Trust may undershoot. Against its CRL of £125.48m for 2022/23, the Trust's relevant expenditure was £125.46m, thereby undershooting by £0.02m and achieving this financial duty.

EFL

The EFL is a control on the amount of funding a Trust may source externally and also determines by default the amount of cash that must be held at the end of the financial year. Trusts are not allowed to overshoot the EFL although the Trust is permitted to undershoot. Against its EFL of £118.36m, the Trust's cash flow financing requirement was £90.05m, resulting in an undershoot of £8.56m, thereby achieving this financial duty.

Capital Cost Absorption Rate

The capital cost absorption rate is a rate of return on the capital employed by the Trust and is set nationally at 3.5%. The value of this rate of return is reflected in the SOCI as PDC dividend (as shown in Figure 1), an amount which trusts pay back to DHSC to reflect a 3.5% return. The value of the dividend/rate of return is calculated at the end of the year on actual capital employed being set automatically at 3.5%, and accordingly the Trust has achieved this financial duty.

It should be noted that the Trust has not charged a 3.5% dividend charge on MMUH construction costs during 22/23 as this is an exceptional item to be excluded from the calculation (DH GAM 20/21). This policy and PDC dividend charge exclusion applies to all assets of over £50m in construction value.

Income from commissioners and other sources

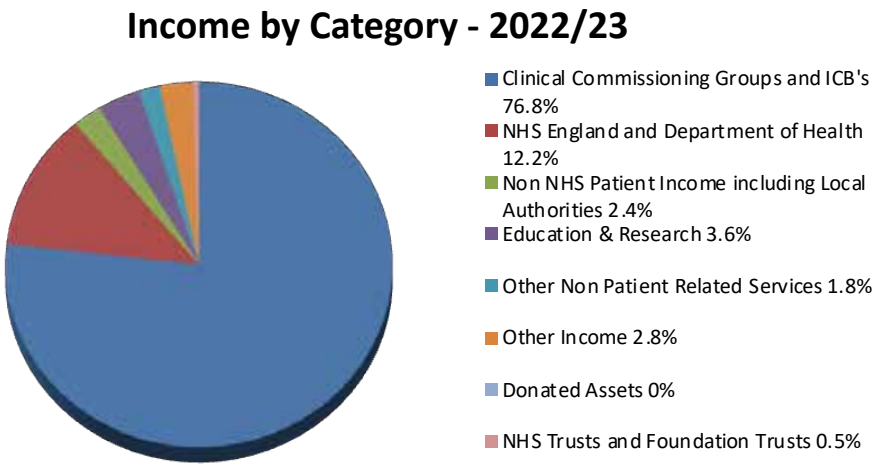
The main components of the Trust's income of £697.248m in 2022/23 are shown below in Figure 2, showing an overall increase of £36.933m – of which £13.037m was funding for the Agenda for Change Pay Award, to be settled in 2023/24. The remaining increase is driven by the income received by commissioners, mainly under the income block arrangements.

Figure 2 Sources of Income

Sources of Income £000s	2022/23	2021/22
Clinical Commissioning Groups 74.7%	535,582	493,462
NHS England and Department of Health 12.8%	84,971	95,426
Non NHS Patient Income including Local Authorities 2.5%	16,701	3,696
Education & Research 3.5%	24,859	23,261
Other Non Patient Related Services 2.2%	12,336	14,408
Other Income 3.9%	19,390	28,270
Donated Assets 0%	59	47
NHS Trusts and Foundation Trusts 0.3%	3,350	1,422
NHS Other (including Public Health England and Prop Co) 0%	0	323
Total Income	**697,248**	**660,315**

Within Figure 3, the pie chart below, the largest element of the Trust's resources flowed directly from CCGs and ICBs, 12.2% from NHSE, and education training and research funds at 3.6%. The Trust is an accredited body for the purposes of training undergraduate medical students, postgraduate doctors and other clinical trainees. It also has an active and successful research community, which continued during and since the pandemic. The proportions of income received are broadly similar to previous years.

Figure 3 – Income by Category

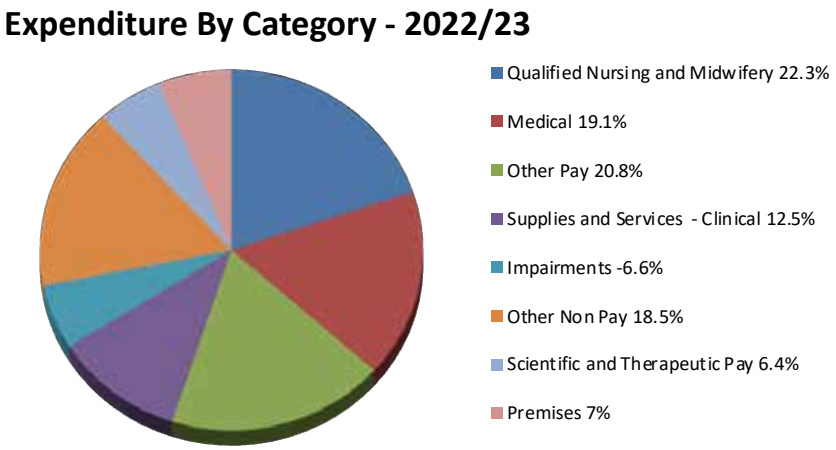


Expenditure

Figure 4 shows that this year, 68.6% (21/22, 47%*) of the Trust's cost was pay and, within this, were nursing and midwifery 22.3% (21/22, 15.8%), medical staff 19.1% (21/22, 12.8%), other pay 20.8% (21/22, 14.3%) and scientific and therapeutic 6.4% (21/22, 4.4%). The categories contain total agency spend of £10.19m for the Trust for the year. This included the continued impact of additional working capacity required for urgent and emergency care pressures, and elective recovery during the year, and the filling of vacancies and sickness backfill. The remaining 31.4% (21/22, 53%) of operational expenditure was non pay, the largest elements of which was clinical supplies and services at 12.5% (21/22, 8.3%). This figure includes drug costs and the costs incurred for centrally procured PPE, which continued to be supplied following the pandemic.

*As 21/22 included a large impairment value, the % of spend categories is skewed compared to prior years. Excluding the Impairment charge in 21/22, the total Pay cost would represent 64% of total Expenditure.

Figure 4 Expenditure by category



Use of Capital Resources

Capital expenditure differs to day-to-day operational budgets and involves tangible and non-tangible items costing more than £5,000 and having an expected life of more than one year. In total, the Trust's gross spend during 22/23 on capital items was £126.95m, including self-funded schemes and those externally funded by PDC, the latter being mainly MMUH and PDC awards to support IT and medical equipment purchases in line with in national initiatives. This figure is adjusted by any donated items and the book value of assets disposed when measured against the CRL (see above). A breakdown of this gross expenditure is shown in the pie chart below.

The Trust spent a significant proportion, 75% (21/22, 82%) of its capital budget on the Midland Metropolitan University Hospital (MMUH); the spend of £96.133m was funded by PDC contributions. The Trust also spent £11.028m (21/22, £21.792m) on upgrading the Trust's residual Estate, including ensuring compliance with statutory standards.

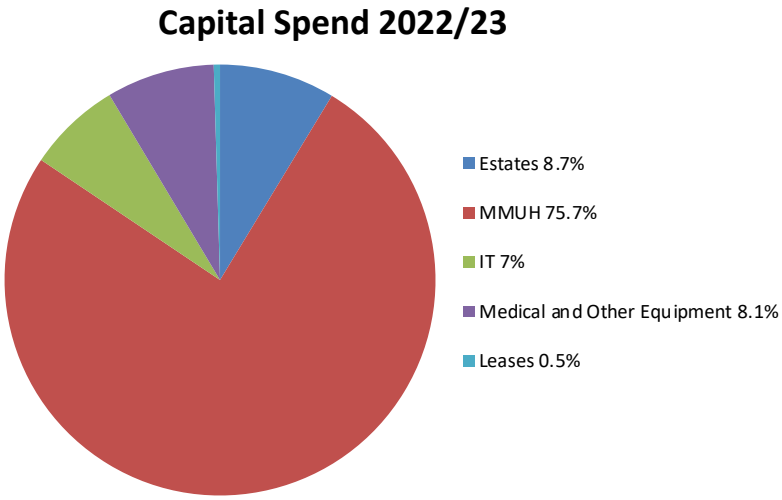
Key schemes within the estates capital programme included;

- Expenditure for the new Learning Campus on the MMUH site
- Local projects at the City and Sandwell sites
- Backlog maintenance and statutory standards Medical and Other Equipment accounted for £10.295m all of which has a direct impact on clinical quality improvement. Key schemes include;
- Routine replacement rolling programme
- Additional MRI Imaging Equipment
- Managed Equipment Service

IT spend included planned investment on the IT infrastructure, including networks and end user devices. This totalled £8.911m. Key schemes include;

- Continued development of the Trust's new EPR system
- Network infrastructure investment
- Hardware
- Shared Care Record
- Telephony

Figure 5 Capital Spend, 2022/23



Audit

The Trust's External Auditors are Grant Thornton UK LLP. They were appointed for the 2017/18 audit by the Trust, following a competitive tendering process undertaken during 2016/17 ready for when the previous contract with KPMG LLP expired. The contract has been extended to provide an audit service for 22/23 and 23/24.

The cost of the work undertaken by the Auditor in 2022/23 was £0.126m including VAT. The fee in respect of auditing the Quality Accounts is included.

As far as the Directors are aware, there is no relevant audit information of which the Trust's Auditors are not aware. In addition, the Directors have taken all the steps they ought to have taken as directors to ensure they are aware of any relevant audit information and to establish that the Trust's Auditor is aware of that information.

The members of the Audit and Risk Management Committee as at 31 March 2023 were Rachel Hardy, (Chair), Lesley Writtle, Mick Laverty, Lorraine Harper, Mike Hallisey, Jo-Anne Wass and Val Taylor.

A&E Matron Michael Brennan

Statement of directors' responsibilities in respect of the accounts

The Chief Executive of NHS England has designated that the Chief Executive should be the Accountable Officer of the trust. The relevant responsibilities of Accountable Officers are set out in the *NHS Trust Accountable Officer Memorandum*. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- value for money is achieved from the resources available to the trust
- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- effective and sound financial management systems are in place and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, other items of comprehensive income and cash flows for the year.

As far as I am aware, there is no relevant audit information of which the trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Signed ..... Chief Executive

Date 30th June 2023

Statement of the chief executive's responsibilities as the accountable officer of the Trust.

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

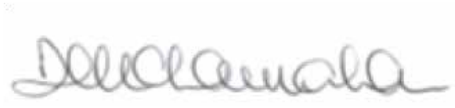
The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS trust's performance, business model and strategy.

By order of the Board

30th June 2023 ..... Date  ..... Chief Executive

30th June 2023 ..... Date  ..... Chief Finance Officer

Statement of Comprehensive Income

	Note	2022/23 £000	2021/22 £000
Operating income from patient care activities	3	640,604	594,329
Other operating income	4	56,644	65,986
Operating expenses	6, 8	(688,937)	(648,065)
Net impairments / (reversals)	6, 8	42,449	(230,743)
Operating surplus/(deficit) from continuing operations		**50,760**	**(218,493)**
Finance income	10	1,232	29
Finance expenses	11	(2,628)	(2,275)
PDC dividends payable		(5,544)	(5,790)
Net finance costs		**(6,940)**	**(8,036)**
Other gains / (losses)	12	(1,439)	-
Surplus / (deficit) for the year from continuing operations		**42,381**	**(226,529)**
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations	14	-	-
Surplus / (deficit) for the year		**42,381**	**(226,529)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	234	3,503
Revaluations	16	1,846	2,225
Other reserve movements		-	4
Total comprehensive income / (expense) for the period		**44,461**	**(220,797)**

Statement of Financial Position

	Note	31 March 2023 £000	31 March 2022 £000
Non-current assets			
Intangible assets	13	136	183
Property, plant and equipment	14	794,380	646,763
Right of use assets	17	11,260	
Receivables	19	623	100
Other assets	21	-	-
Total non-current assets		**806,399**	**647,046**
Current assets			
Inventories	18	4,561	3,585
Receivables	19	55,270	44,141
Cash and cash equivalents	20	56,216	55,013
Total current assets		**116,047**	**102,739**
Current liabilities			
Trade and other payables	21	(98,644)	(76,279)
Borrowings	23	(4,353)	(2,055)
Provisions	24	(3,513)	(3,580)
Other liabilities	22	(11,734)	(10,118)
Total current liabilities		**(118,244)**	**(92,032)**
Total assets less current liabilities		**804,202**	**657,753**
Non-current liabilities			
Borrowings	23	(30,519)	(23,721)
Provisions	24	(3,057)	(3,390)
Other liabilities	22	(14,891)	(15,424)
Total non-current liabilities		**(48,467)**	**(42,535)**
Total assets employed		**755,735**	**615,218**
Financed by			
Public dividend capital		760,998	664,942
Revaluation reserve		13,954	14,660
Other reserves		9,058	9,058
Income and expenditure reserve		(28,275)	(73,442)
Total taxpayers' equity		**755,735**	**615,218**

The notes on pages 98 to 154 form part of these accounts.

Name 

Position Chief Executive

Date 30th June 2023

Statement of Changes in Equity for the year ended 31 March 2023

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2022 - brought forward	**664,942**	**14,660**	**9,058**	**(73,442)**	**615,218**
Implementation of IFRS 16 on 1 April 2022	**-**	**-**	**-**	**-**	**-**
Surplus/(deficit) for the year	-	-	-	42,381	**42,381**
Other transfers between reserves	-	(2,673)	-	2,673	**-**
Impairments	-	234	-	-	**234**
Revaluations	-	1,846	-	-	**1,846**
Public dividend capital received	106,487	-	-	-	**106,487**
Public dividend capital repaid	(10,431)	-	-	-	**(10,431)**
Other reserve movements	-	(113)	-	113	**-**
Taxpayers' and others' equity at 31 March 2023	**760,998**	**13,954**	**9,058**	**(28,275)**	**755,735**

Statement of Changes in Equity for the year ended 31 March 2022

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2021 - brought forward	**486,117**	**8,932**	**9,058**	**153,083**	**657,190**
Surplus/(deficit) for the year	-	-	-	(226,529)	**(226,529)**
Impairments	-	3,503	-	-	**3,503**
Revaluations	-	2,225	-	-	**2,225**
Public dividend capital received	178,825	-	-	-	**178,825**
Other reserve movements	-	-	-	4	**4**
Taxpayers' and others' equity at 31 March 2022	**664,942**	**14,660**	**9,058**	**(73,442)**	**615,218**

Information on reserves

Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Financial assets reserve
This reserve comprises changes in the fair value of financial assets measured at fair value through other comprehensive income. When these instruments are derecognised, cumulative gains or losses previously recognised as other comprehensive income or expenditure are recycled to income or expenditure, unless the assets are equity instruments measured at fair value through other comprehensive income as a result of irrevocable election at recognition.

Other reserves
The other Reserve of £9.058m (as per the Statement of Financial Position) represents the difference between the carrying value of Assets at the Trust inception date and the value of PDC attributed to the Trust. This reserve was created under the guidance of the Department of Health as a result of imbalances between the transfer of assets to Sandwell Primary Care Trusts and the issue of Public Dividend Capital (PDC) to Sandwell & West Birmingham Hospitals when the remainder of the Trust merged with City Hospital NHS Trust to become Sandwell and West Birmingham Hospitals NHS Trust on 1st April 2002.

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the trust.

Statement of Cash Flows

	Note	2022/23 £000	2021/22 £000
Cash flows from operating activities			
Operating surplus / (deficit)		50,760	(218,493)
Non-cash income and expense:			
Depreciation and amortisation	6	24,522	21,331
Net impairments	7	(42,449)	230,743
Income recognised in respect of capital donations	4	(59)	(47)
Amortisation of PFI deferred credit		-	-
Non-cash movements in on-SoFP pension liability		-	-
(Increase) / decrease in receivables and other assets		(10,957)	(18,029)
(Increase) / decrease in inventories		(976)	(148)
Increase / (decrease) in payables and other liabilities		28,973	(3,682)
Increase / (decrease) in provisions		(353)	2,410
Net cash flows from / (used in) operating activities		**49,461**	**14,085**
Cash flows from investing activities			
Interest received		1,232	29
Purchase of PPE and investment property		(130,425)	(204,737)
Net cash flows from / (used in) investing activities		**(129,193)**	**(204,708)**
Cash flows from financing activities			
Public dividend capital received		106,487	178,825
Public dividend capital repaid		(10,431)	-
Capital element of finance lease rental payments		(2,570)	-
Capital element of PFI, LIFT and other service concession payments		(2,231)	(1,686)
Interest paid on finance lease liabilities		(118)	-
Interest paid on PFI, LIFT and other service concession obligations		(2,555)	(2,311)
PDC dividend (paid) / refunded		(7,647)	(633)
Net cash flows from / (used in) financing activities		**80,935**	**174,195**
Increase / (decrease) in cash and cash equivalents		**1,203**	**(16,428)**
Cash and cash equivalents at 1 April - brought forward		**55,013**	**71,441**
Cash and cash equivalents at 31 March	20	**56,216**	**55,013**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2022/23 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

Note 1.3 Interests in other entities

The Trust does not have any interests in associates, joint ventures or joint operations.

Note 1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's income is earned from NHS commissioners in the form of fixed payments to fund an agreed level of activity.

In 2022/23 fixed payments are set at a level assuming the achievement of elective activity targets. These are termed 'aligned payment and incentive' contracts. These payments are accompanied by a variable-element to adjust income for actual activity delivered on elective services and advice and guidance services. Where actual elective activity delivered differs from the agreed level set in the fixed payments, the variable element either increases or reduces the income earned by the Trust at a rate of 75% of the tariff price.

Elective recovery funding provides additional funding for the delivery of elective services. In 2022/23 elective recovery funding was included within the aligned payment and incentive contracts. In 2021/22 income earned by the system based on achievement of elective recovery targets was distributed between individual entities by local agreement and income earned from the fund was accounted for as variable consideration.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner. In 2022/23 payment under these schemes is included in fixed payments from commissioners based on assumed achievement of criteria. Adjustments for actual performance are made through the variable element of the contract payments.

Revenue for Education and Training

The Trust receives income from Health Education England for education and training of medical and non-medical trainees. Revenue is in respect of training provided and is recognised when performance obligations are satisfied when training has been performed. All performance obligations are undertaken within the financial year and is agreed and invoiced to Health Education England

Revenue from Local Authorities:
The Trust's main income from Local Authorities is from a contract held with Sandwell Council for Public Health Services The related performance obligation is the delivery of Healthcare and related services during the period, with the trust's entitlement to consideration based on the levels of activity performed.

Note 1.5 Other forms of income

Grants and donations
Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.6 Expenditure on employee benefits

Short-term employee benefits
Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

Note 1.7 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.8 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

• it is held for use in delivering services or for administrative purposes
• it is probable that future economic benefits will flow to, or service potential be provided to, the trust
• it is expected to be used for more than one financial year
• the cost of the item can be measured reliably
• the item has cost of at least £5,000, or
• collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the trust's Private Finance Initiative (PFI) scheme where the construction is completed by a special purpose vehicle and the costs have recoverable VAT for the trust.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.
Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

This includes assets donated to the trust by the Department of Health and Social Care or NHS England as part of the response to the coronavirus pandemic. As defined in the GAM, the trust applies the principle of donated asset accounting to assets that the trust controls and is obtaining economic benefits from at the year end.

Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions

PFI and LIFT transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's *FReM*, are accounted for as 'on-Statement of Financial Position' by the trust. In accordance with HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost, the charges for services and lifecycle replacement of components of the asset. The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as a finance cost as incurred.

The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income.

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	**Max life Years**
Land	-	-
Buildings, excluding dwellings	15	75
Dwellings	-	-
Plant & machinery	3	15
Transport equipment	7	7
Information technology	1	10
Furniture & fittings	2	10

Note 1.9 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method

The Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.10 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.11 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

Financial liabilities classified as subsequently measured at amortised cost

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

Credit losses are determined by review of individual debt over 90 days old, in addition, a full provision is made for overseas visitors income and invoices raised for delayed treatment of care with Local Authorities

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.12 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as a lessee

Recognition and initial measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 0.95% applied to new leases commencing in 2022 and 3.51% to new leases commencing in 2023.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term or other systematic basis. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust as a lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Initial application of IFRS 16

IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury has been applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaces *IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations.

The standard has been applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 have only been applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments have not been revisited.

The Trust as lessee

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability . Hindsight has been used in determining the lease term where lease arrangements contain options for extension or earlier termination.

No adjustments have been made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets has a value below £5,000. No adjustments have been made in respect of leases previously classified as finance leases.

The Trust as lessor

Leases of owned assets where the Trust is lessor were unaffected by initial application of IFRS 16.

2021/22 comparatives

Comparatives for leasing transactions in these accounts have not been restated on an IFRS 16 basis. Under IAS 17 the classification of leases as operating or finance leases still applicable to lessors under IFRS 16 also applied to lessees. In 2021/22 lease payments made by the Trust in respect of leases previously classified as operating leases were charged to expenditure on a straight line basis.

Note 1.13 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2023:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	3.27%	0.47%
Medium-term	After 5 years up to 10 years	3.20%	0.70%
Long-term	After 10 years up to 40 years	3.51%	0.95%
Very long-term	Exceeding 40 years	3.00%	0.66%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2023:

	Inflation rate	Prior year rate
Year 1	7.40%	4.00%
Year 2	0.60%	2.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of 1.70% in real terms (prior year: minus 1.30%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 25.2 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.14 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 26 where an inflow of economic benefits is probable.
Contingent liabilities are not recognised, but are disclosed in note 26, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.15 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the “pre-audit” version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.16 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2022/23.

Note 1.17 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases - application of liability measurement principles to PFI and other service concession arrangements
From 1 April 2023, the measurement principles of IFRS 16 will also be applied to the Trust's PFI liabilities where future payments are linked to RPI. The PFI liability will be remeasured when a change in the index causes a change in future repayments and that change has taken effect in the cash flow. Such remeasurements will be recognised as a financing cost. Under existing accounting practices, amounts relating to changes in the price index are expensed as incurred.

Initial application of these principles will be on 1 April 2023 using a modified retrospective approach with the cumulative impact taken to reserves. This is expected to result in an increased PFI liability on the statement of financial position. The effect of this has not yet been quantified.

Note 1.18 Critical judgements in applying accounting policies

The following are the critical judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.
• Accounting for PFI
• Application of IFRIC 4 Determining whether an Arrangement contains a Lease
• Application of IFRIC12 Service Concession Arrangements

Birmingham Treatment Centre are owned by Birmingham Healthcare Services Ltd and provided to the trust under a Private Finance Initiative (PFI) contract.

The Managed Equipment Scheme represent individual equipment items owned by Siemens and provided to the trust under a PFI contract

Multi Storey Car Parking at the Trust is owned by QPark and provided to the trust under a PFI contract.
The accounting judgement is around the classification of the transaction under IFRIC 4 and IFRIC 12. Management have reviewed the service concession of each PFI scheme and has confirmed it is within the scope of IFRIC 12. The PFI schemes are 'on-balance sheet' meaning that the buildings and equipment are recognised in the Trust's balance sheet along with a finance lease liability for the amount owed by the Trust over the PFI contract term.

Note 1.19 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

Property Valuation
Assets relating to land and buildings were subject to a formal valuation at 31st March 2023, completed on an 'alternate MEA' basis. Note 14.1 provides the detail of the carrying value for land and building assets as at this date. The basis assumes the asset would be replaced with a modern equivalent on smaller site due to changes in the way services are provided. The site is valued based on the size of the modern equivalent, and not the actual site area occupied at current. The objective of the valuation is to place a value upon the asset, and in this the value of the land in providing a modern equivalent facility must be considered. The Depreciated Replacement Cost approach assumes that the current cost of replacing an asset with its modern equivalent less deductions for physical deterioration and all relevant forms of obsolescence and optimisation, and not a building of identical design, with the same service potential as the existing asset. VAT is excluded from any IFRIC12 valuations.

The UK and other countries continue to experience heightened uncertainty due to a number of factors. Inflationary pressures continue to weigh on the economy and whilst having peaked still remain at high levels having a very material effect on higher cost of living expenses. Base rates have increase rapidly to combat the inflationary conditions and the expectation is for further rises still to come. The cost of debt has risen, and its availability reduced which together with the outward movement in gilt yields from historically low levels has weighed on investor sentiment and had an adverse impact on property values. Confidence in the banking sector is fragile as seen in the recent actions around a handful of banks but most particularly Credit Suisse and this is likely to result in the further tightening of debt available to investors. Whilst the UK is now expected to escape a recession, despite this having been widely predicted, it is clear that economic conditions remain challenging in the short to medium term. In recognition of the potential for market conditions to move rapidly in response to wider political and economic changes, the Valuers highlight the importance of the Valuation Date as it is important to understand the market context under which the valuation opinion was prepared. At this point the Valuers anticipate longer marketing periods being required to elicit bids.

For classes of asset held at a revalued amount, the effective date of the most recent valuation is 31 March 2023 and was carried out by an independent valuer who applied the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 ('Red Book'). The values in the report have been used to inform the measurement of property assets at valuation in these financial statements. Further information is disclosed in Note 16. The carrying value of these assets total £203,602k, as presented in Note 14.1.

Methods and significant assumptions applied in valuing the assets comprise; using build cost information published by the RICS Building Costs Information Service. It is acknowledged that there are uncertainties when using BCIS indices, as these are not formalised in real time, instead finalised and reported historically. It is accepted by the Trust that changes to the indices could have a material impact on the reported carrying values, an example of the range of potential change is presented below

Possible % change in indices	**Revised Carrying value of Assets**		**Change in valuation**
+3% change in BCIS Indices	209,710		6,108
-3% change in BCIS Indices	197,494	-	6,108

Valuation of Assets Under Construction - Midland Metropolitan Hospital

As at 31/3/23 the Trust considered the carry value of the asset under construction “Midland Metropolitan University Hospital”. The IAS16 complaint carrying value is Cost less Impairment and the Trust has previously disclosed that an impairment was expected at the date of completion which would reflect the known inefficiencies in building costs and contracts. The Trust, in 21/22 sought an estimate of cost of the asset at 31/3/22, to represent the investment it would require to build the hospital without contractual delays or inefficiencies that have been experienced on the build historically. The valuation included estimated Finance Costs at a rate of 3.5%. The valuation was then reduced to reflect the current percentage of completion at 31/3/22, to provide a proxy for the costs to build the hospital to its present state. This valuation was then compared to the current ‘at cost’ carrying value, and the difference impaired. As there is no market for partly completed hospitals or a reliable method to measure the cost to re-provide the partly completed asset, the Trust utilised this as a reasonable estimate. In 22/23 the Trust has repeated the valuation exercise on the same basis, which has given rise to a reversal of the past impairment.

The revaluation details and impact on the Financial statements is shown below:-

	£'000
Valuation at 31/3/2023 (a)	£591,049
Assessed completion % of the Asset at 31/3/23 (b)	88.69%
Carrying value estimated cost at 31/3/2023 (a x b)	£524,201
Carrying value of asset at 31/3/23 (Previous valuation plus costs incu	£488,980
Reversal of Impairment recognised in 22/23 (a-b)	£35,221

The Trust recognises that this process will need to be repeated at subsequent reporting dates, until completion. It is also acknowledged that there are uncertainties when using BCIS indices, as these are not formalised in real time, instead finalised and reported historically. It is accepted by the Trust that changes to the indices could have a material impact on the reported carrying values, an example of the range of potential change is presented below.

Possible % change in indices	**Change in Carrying Value**	**Absolute change**	**Change in Impairment**	**Absolute change**
+3% change in BCIS	539,927,592	15,726,046	50,947,411	15,726,046
-3% change in BCIS	508,475,500	-15,726,046	19,495,319	-15,726,046

On completion of the build, the Hospital will revert to a IAS16 compliant valuation and will be included within the revalued amounts held under Note 14.1 as Buildings. This will resolve the specific uncertainty.

PFI Liabilities

When calculating the PFI liabilities, there is uncertainty in volatility of consumer price index (cpi) which the operator applies to the contract payments each year.

Note 2 Operating Segments

The Board, as 'Chief Operating Decision Maker', has determined that the Trust operates in one material segment which is the provision of healthcare services. The segmental reporting format reflects the Trust's management and internal reporting structure.

The provision of healthcare (including medical treatment, research and education) is within one main geographical segment, the United Kingdom, and materially from Departments of HM Government in England.

The Trust has only one business segment which is provision of healthcare. A segmental analysis is therefore not applicable.

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4

Note 3.1 Income from patient care activities (by nature)	2022/23 £000	2021/22 £000
Acute services		
Income from commissioners under API contracts*	432,830	403,095
High cost drugs income from commissioners (excluding pass-through costs)	25,184	22,646
Other NHS clinical income	107,304	101,075
Community services		
Income from commissioners under API contracts*	38,079	32,780
Income from other sources (e.g. local authorities)	8,483	8,511
All services		
Private patient income	-	-
Elective recovery fund	-	5,967
Agenda for change pay offer central funding***	13,037	
Additional pension contribution central funding**	15,687	14,586
Other clinical income	-	5,669
Total income from activities	**640,604**	**594,329**

* Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners.

** The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

*** The Trust has accounted for the formal pay offer for 22/23, which at this time has not been formally agreed. The award is based on two, one off non consolidated pay awards for all AFC bands and a one off backlog bonus.

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2022/23 £000	2021/22 £000
NHS England	84,971	84,121
Clinical commissioning groups	125,046	493,462
Integrated care boards	410,536	
Department of Health and Social Care	-	323
Other NHS providers	3,350	2,079
NHS other	1,224	83
Local authorities	11,888	11,305
Non-NHS: private patients	147	107
Non-NHS: overseas patients (chargeable to patient)	1,492	1,333
Injury cost recovery scheme	1,354	996
Non NHS: other	596	520
Total income from activities	**640,604**	**594,329**
Of which:		
Related to continuing operations	640,604	594,329
Related to discontinued operations	-	-

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

	2022/23	2021/22
	£000	£000
Income recognised this year	1,492	1,333
Cash payments received in-year	380	378
Amounts added to provision for impairment of receivables	1,062	1,090
Amounts written off in-year	1,036	1,853

Note 4 Other operating income

	2022/23			2021/22		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	2,300	-	**2,300**	1,858	-	**1,858**
Education and training	22,559	264	**22,823**	21,403	249	**21,652**
Non-patient care services to other bodies	12,336		**12,336**	14,408		**14,408**
Reimbursement and top up funding	449		**449**	2,014		**2,014**
Income in respect of employee benefits accounted on a gross basis	-		**-**	-		**-**
Receipt of capital grants and donations and peppercorn leases		59	**59**		47	**47**
Charitable and other contributions to expenditure		1,228	**1,228**		1,740	**1,740**
Other income	154	17,295	**17,449**	494	23,773	**24,267**
Total other operating income	**37,798**	**18,846**	**56,644**	**40,177**	**25,809**	**65,986**
Of which:						
Related to continuing operations			56,644			65,986
Related to discontinued operations			-			-

*Other income comprises

	2022/23			2021/22		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
MMUH/Taper Support			**-**	-		**-**
Car Parking income	1		**1**	334		**334**
Catering		1,949	**1,949**		1,513	**1,513**
Staff accommodation rental	153		**153**	160		**160**
Toxicology		3,893	**3,893**		3,676	**3,676**
Distinction awards		419	**419**		887	**887**
Grants income		-	**-**		1,421	**1,421**
Taper Relief		4,330	**4,330**		4,800	**4,800**
Projects income		309	**309**		392	**392**
Other income		5,656	**5,656**		10,178	**10,178**
Other income generation schemes		739	**739**		906	**906**
Total 'Other Income'	**154**	**17,295**	**17,449**	**494**	**23,773**	**24,267**

Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the period

	2022/23	2021/22
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	5,995	2,444
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	-	-

Note 5.2 Transaction price allocated to remaining performance obligations

	31 March 2023	31 March 2022
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	£000	£000
within one year	7,765	5,472
after one year, not later than five years	615	
after five years	2,821	
Total revenue allocated to remaining performance obligations	**11,201**	**5,472**

The trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the trust recognises revenue directly corresponding to work done to date is not disclosed.

Note 6 Operating expenses

	2022/23	2021/22
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	31,086	30,801
Purchase of healthcare from non-NHS and non-DHSC bodies	19,645	16,818
Purchase of social care	-	-
Staff and executive directors costs	439,932	412,964
Remuneration of non-executive directors	177	144
Supplies and services - clinical (excluding drugs costs)	38,957	36,815
Supplies and services - general	6,526	5,309
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	41,701	35,948
Consultancy costs	2,752	3,880
Establishment	5,898	5,071
Premises	45,106	44,949
Transport (including patient travel)	2,114	1,408
Depreciation on property, plant and equipment	24,475	21,282
Amortisation on intangible assets	47	49
Net impairments	(42,449)	230,743
Movement in credit loss allowance: contract receivables / contract assets	3,051	531
Change in provisions discount rate(s)	(846)	128
Fees payable to the external auditor		
audit services- statutory audit	178	181
Internal audit costs	167	156
Clinical negligence	16,546	19,232
Legal fees	430	732
Insurance	56	74
Research and development	1,913	1,972
Education and training	3,705	4,297
Expenditure on short term leases (current year only)	138	-
Expenditure on low value leases (current year only)	-	-
Variable lease payments not included in the liability (current year only)	-	-
Operating lease expenditure (comparative only)		24
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	3,097	2,693
Other	2,086	2,607
Total	**646,488**	**878,808**
Of which:		
Related to continuing operations	646,488	878,808
Related to discontinued operations	-	-

Note 6.1 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £1 million (2021/22: £1 million).

Note 7 Impairment of assets

	2022/23 £000	2021/22 £000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	(42,449)	230,743
Total net impairments charged to operating surplus / deficit	**(42,449)**	**230,743**
Impairments charged to the revaluation reserve	(234)	(3,503)
Total net impairments	**(42,683)**	**227,240**

The reversal of impairment of Midland Metropolitan University Hospital of £35.2m is included within the total above, further information on this impairment can be found at Note 1.19 in these Accounts

Note 8 Employee benefits

	2022/23 Total £000	2021/22 Total £000
Salaries and wages	345,918	318,505
Social security costs	36,300	32,857
Apprenticeship levy	1,662	1,617
Employer's contributions to NHS pensions	51,375	48,044
Temporary staff (including agency)	10,193	17,022
Total gross staff costs	**445,448**	**418,045**
Recoveries in respect of seconded staff	-	-
Total staff costs	**445,448**	**418,045**
Of which		
Costs capitalised as part of assets	2,046	2,028

Note 8.1 Retirements due to ill-health

During 2022/23 there were 2 early retirements from the trust agreed on the grounds of ill-health (none in the year ended 31 March 2022). The estimated additional pension liabilities of these ill-health retirements is £295k (0k in 2021/22).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 9 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2023, is based on valuation data as at 31 March 2022, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 at 20.6% of pensionable pay.

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

Note 10 Finance income

Finance income represents interest received on assets and investments in the period.

	2022/23	2021/22
	£000	£000
Interest on bank accounts	1,232	29
Total finance income	**1,232**	**29**

Note 11.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2022/23	2021/22
	£000	£000
Interest expense:		
Interest on lease obligations	119	-
Main finance costs on PFI and LIFT schemes obligations	1,169	1,164
Contingent finance costs on PFI and LIFT scheme obligations	1,387	1,147
Total interest expense	**2,675**	**2,311**
Unwinding of discount on provisions	(47)	(36)
Total finance costs	**2,628**	**2,275**

Note 12 Other gains / (losses)

	2022/23	2021/22
	£000	£000
Gains on disposal of assets	-	-
Losses on disposal of assets	(1,439)	-
Total gains / (losses) on disposal of assets	**(1,439)**	**-**
Other gains / (losses)	-	-
Total other gains / (losses)	**(1,439)**	**-**

The above Loss on Disposal wholly represents the loss for disposals of property, plant and equipment

Note 13 Intangible assets - 2022/23

	Software licences £000	Licences & trademarks £000	Total £000
Valuation / gross cost at 1 April 2022 - brought forward	**3,201**	**43**	**3,244**
Additions	-	-	**-**
Valuation / gross cost at 31 March 2023	**3,201**	**43**	**3,244**
Amortisation at 1 April 2022 - brought forward	**3,061**	**-**	**3,061**
Provided during the year	47	-	**47**
Amortisation at 31 March 2023	**3,108**	**-**	**3,108**
Net book value at 31 March 2023	**93**	**43**	**136**
Net book value at 1 April 2022	**140**	**43**	**183**

Note 13.1 Intangible assets - 2021/22

	Software licences £000	Licences & trademarks £000	Total £000
Valuation / gross cost at 1 April 2021 - as previously stated	**3,201**	**43**	**3,244**
Additions	-	-	**-**
Valuation / gross cost at 31 March 2022	**3,201**	**43**	**3,244**
Amortisation at 1 April 2021 - as previously stated	**3,012**	**-**	**3,012**
Prior period adjustments	-	-	**-**
Amortisation at 1 April 2021 - restated	**3,012**	**-**	**3,012**
Provided during the year	49	-	**49**
Amortisation at 31 March 2022	**3,061**	**-**	**3,061**
Net book value at 31 March 2022	**140**	**43**	**183**
Net book value at 1 April 2021	**189**	**43**	**232**

Note 14.1 Property, plant and equipment - 2022/23

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2022 - brought forward	**18,850**	**177,019**	**393,731**	**102,246**	**348**	**70,105**	**2,828**	**765,127**
IFRS 16 implementation - reclassification of existing finance leased assets to right of use assets	-	-	-	-	-	-	-	**-**
Transfers by absorption	-	-	-	-	-	-	-	**-**
Additions	-	5,355	104,839	8,909	-	7,221	43	**126,367**
Impairments	-	(657)	-	-	-	-	-	**(657)**
Reversals of impairments	3	888	-	-	-	-	-	**891**
Revaluations	2,162	(1,006)	35,221	-	-	-	-	**36,377**
Reclassifications	-	988	(988)	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	(47,945)	(218)	(512)	(147)	**(48,822)**
Valuation/gross cost at 31 March 2023	**21,015**	**182,587**	**532,803**	**63,210**	**130**	**76,814**	**2,724**	**879,283**
Accumulated depreciation at 1 April 2022 - brought forward	**-**	**-**	**-**	**73,829**	**342**	**42,296**	**1,897**	**118,364**
IFRS 16 implementation - reclassification of existing finance leased assets to right of use assets	-	-	-	-	-	-	-	**-**
Transfers by absorption	-	-	-	-	-	-	-	**-**
Provided during the year	-	7,918	-	6,297	2	7,483	139	**21,839**
Impairments	-	1,599	-	-	-	-	-	**1,599**
Reversals of impairments	(1,826)	(7,001)	(35,221)	-	-	-	-	**(44,048)**
Revaluations	1,826	(2,516)	35,221	-	-	-	-	**34,531**
Reclassifications	-	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	(46,505)	(218)	(512)	(147)	**(47,382)**
Accumulated depreciation at 31 March 2023	**-**	**-**	**-**	**33,621**	**126**	**49,267**	**1,889**	**84,903**
Net book value at 31 March 2023	**21,015**	**182,587**	**532,803**	**29,589**	**4**	**27,547**	**835**	**794,380**
Net book value at 1 April 2022	**18,850**	**177,019**	**393,731**	**28,417**	**6**	**27,809**	**931**	**646,763**

The Trust has analysed the method, data and assumptions used to derive the depreciation accounting estimate for equipment and IT assets. The range of useful lives applied in the depreciation calculation do not appear to be unreasonable for the assets in question, and our analysis suggests that the depreciation charge is not materially misstated. There is a level of uncertainty due to the significant balance of fully depreciated assets carried at 31st March 2023 resulting in an overstatement of up to £45m on the gross book value offset by an equal overstatement of depreciation, the two of which has a nil impact on the book value. The situation occurred due to time and resource constraints to complete a full asset verification exercise in both the current and prior years which the Trust plan to complete in 2023-24.

Note 14.2 Property, plant and equipment - 2021/22

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2021 - as previously stated	**18,850**	**140,022**	**467,627**	**97,729**	**3,599**	**64,253**	**2,219**	**794,299**
Transfers by absorption	-	-	-	-	-	-	-	**-**
Additions	-	19,754	177,051	8,389	-	5,852	609	**211,655**
Impairments	-	(133)	(239,192)	-	-	-	-	**(239,325)**
Reversals of impairments	-	3,636	-	-	-	-	-	**3,636**
Revaluations	-	1,985	-	-	-	-	-	**1,985**
Reclassifications	-	11,755	(11,755)	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	(3,872)	(3,251)	-	-	**(7,123)**
Valuation/gross cost at 31 March 2022	**18,850**	**177,019**	**393,731**	**102,246**	**348**	**70,105**	**2,828**	**765,127**
Accumulated depreciation at 1 April 2021 - as previously stated	**-**	**-**	**-**	**72,106**	**3,583**	**35,394**	**1,811**	**112,894**
Transfers by absorption	-	-	-	-	-	-	-	**-**
Provided during the year	-	8,689	-	5,595	10	6,902	86	**21,282**
Impairments	-	6,820	-	-	-	-	-	**6,820**
Reversals of impairments	-	(15,269)	-	-	-	-	-	**(15,269)**
Revaluations	-	(240)	-	-	-	-	-	**(240)**
Disposals / derecognition	-	-	-	(3,872)	(3,251)	-	-	**(7,123)**
Accumulated depreciation at 31 March 2022	**-**	**-**	**-**	**73,829**	**342**	**42,296**	**1,897**	**118,364**
Net book value at 31 March 2022	**18,850**	**177,019**	**393,731**	**28,417**	**6**	**27,809**	**931**	**646,763**
Net book value at 1 April 2021	**18,850**	**140,022**	**467,627**	**25,623**	**16**	**28,859**	**408**	**681,405**

Note 14.3 Property, plant and equipment financing - 31 March 2023

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	21,015	134,338	433,714	24,060	4	27,547	835	**641,513**
On-SoFP PFI contracts and other service concession arrangements	-	47,127	-	4,945	-	-	-	**52,072**
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	**-**
Owned - donated/granted	-	1,122	99,089	584	-	-	-	**100,795**
Total net book value at 31 March 2023	**21,015**	**182,587**	**532,803**	**29,589**	**4**	**27,547**	**835**	**794,380**

The Assets under construction balance at 31st March 2023 is predominantly represented by the carrying value of the Midland Metropolitan University Hospital, at £524.2m. Details regarding the treatment of the asset in 22/23 can be found in the Notes to these Accounts under section 1.19

Note 14.4 Property, plant and equipment financing - 31 March 2022 - Restated

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	18,850	131,258	301,374	20,757	6	27,775	931	**500,951**
Finance leased	-	-	-	-	-	-	-	**-**
On-SoFP PFI contracts and other service concession arrangements	-	44,651	-	6,936	-	34	-	**51,621**
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	**-**
Owned - donated/granted	-	1,110	92,357	724	-	-	-	**94,191**
Total net book value at 31 March 2022	**18,850**	**177,019**	**393,731**	**28,417**	**6**	**27,809**	**931**	**646,763**

The above table for 2021-22 has been restated and detailed in Note 37 PPA Disclosure.

Note 14.5 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2023

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Subject to an operating lease	-	-	-	-	-	-	-	**-**
Not subject to an operating lease	21,015	182,587	532,803	29,589	4	27,547	835	**794,380**
Total net book value at 31 March 2023	**21,015**	**182,587**	**532,803**	**29,589**	**4**	**27,547**	**835**	**794,380**

Note 15 Donations of property, plant and equipment

	Cost £000
3 x Carl Zeiss SL 800 System Photo Slit Lamps	53
NuStep T4r - Recumbent Cross Trainer &	6
Total Assets donated in 2022-23	**59**

Note 16 Revaluations of property, plant and equipment

The valuation exercise was carried out in March 2023 with a valuation date of 31 March 2023. In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 ('Red Book'). The values in the report have been used to inform the measurement of property assets at valuation in these financial statements and the Valuer continues to exercise professional judgement in providing the valuation and this remains the best information available to the Trust.

The Trust owns non Operational Land assets of £911,375 which are currently held as surplus assets and are included within the Land Valuation in Note 14.1

These assets are required to be valued at 'Fair Value' in accordance with IFRS13. The valuation technique applied by the appointed Valuer in respect of all the Fair Value figures contained in his assessment was the market approach using prices and other relevant information generated by market transactions involving identical or comparable assets.

For classes of asset held at a revalued amounts, the effective date of the most recent valuation is 31 March 2023 and was carried out by an independent valuer.
Methods and significant assumptions applied in valuing the assets comprise; using build cost information published by the RICS Building Costs Information Service.
Additionally, the valuers have adjusted the remaining useful lives for each element within a building to take account of the expected physical depreciation since the previous assessment. This has been undertaken on a desktop basis other than for significantly altered buildings and new additions which have been assessed through site inspection

There have been no changes in accounting estimates related to the valuation of property, plant and equipment - including changes to residual values, useful lives, valuation methodology or depreciation methods.

The Trust holds no temporarily idle assets or assets not in active use but not classified as held for sale.

Note 17 Leases - Sandwell And West Birmingham Hospitals NHS Trust as a lessee

This note details information about leases for which the Trust is a lessee.

The Trust is a Lessee for a number of properties held by NHS Property Services and Community Health Partnerships, in addition the Trust holds leases for fleet vehicles and medical equipment

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis.

The standard has been applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 have only been applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments have not been revisited.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate (if applicable) and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 0.95% applied to new leases commencing in 2022 and 3.51% to new leases commencing in 2023

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term or other systematic basis. Irrecoverable VAT on lease payments is expensed as it falls due.

As required by a HM Treasury , the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

Note 17.1 Right of use assets - 2022/23

	Property (land and buildings) £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Intangible assets £000	Total £000	Of which: leased from DHSC group bodies £000
IFRS 16 implementation - adjustments for existing operating leases / subleases	12,656	46	602	-	-	-	**13,304**	12,292
Additions	564	-	28	-	-	-	**592**	526
Valuation/gross cost at 31 March 2023	**13,220**	**46**	**630**	**-**	**-**	**-**	**13,896**	**12,818**
Provided during the year	2,428	27	181	-	-	-	**2,636**	2,257
Accumulated depreciation at 31 March 2023	**2,428**	**27**	**181**	**-**	**-**	**-**	**2,636**	**2,257**
Net book value at 31 March 2023	**10,792**	**19**	**449**	**-**	**-**	**-**	**11,260**	**10,561**
Net book value of right of use assets leased from other NHS providers								206
Net book value of right of use assets leased from other DHSC group bodies								10,355

Note 17.2 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 23.1.

	2022/23 £000
Carrying value at 31 March 2022	**-**
IFRS 16 implementation - adjustments for existing operating leases	13,304
Transfers by absorption	-
Lease additions	592
Lease liability remeasurements	-
Interest charge arising in year	119
Early terminations	-
Lease payments (cash outflows)	(2,688)
Other changes	-
Carrying value at 31 March 2023	**11,327**

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.
These payments are disclosed in Note 6. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

Note 17.3 Maturity analysis of future lease payments at 31 March 2023

	Total 31 March 2023 £000	Of which leased from DHSC group bodies: 31 March 2023 £000
Undiscounted future lease payments payable in:		
- not later than one year;	2,680	2,321
- later than one year and not later than five years;	5,194	4,863
- later than five years.	3,853	3,853
Total gross future lease payments	**11,727**	**11,037**
Finance charges allocated to future periods	(400)	(392)
Net lease liabilities at 31 March 2023	**11,327**	**10,645**
Of which:		
Leased from other NHS providers		207
Leased from other DHSC group bodies		10,438

Note 17.4 Commitments in respect of operating leases at 31 March 2022 (IAS 17 basis)

This note discloses costs incurred in 2021/22 and commitments as at 31 March 2022 for leases the trust previously determined to be operating leases under IAS 17.

	2021/22 £000
Operating lease expense	
Minimum lease payments	24
Contingent rents	-
Less sublease payments received	-
Total	**24**

	31 March 2022 £000
Future minimum lease payments due:	
- not later than one year;	3,149
- later than one year and not later than five years;	7,699
- later than five years.	5,861
Total	**16,709**
Future minimum sublease payments to be received	-

Note 17.5 Initial application of IFRS 16 on 1 April 2022

IFRS 16 as adapted and interpreted for the public sector by HM Treasury has been applied to leases in these financial statements with an initial application date of 1 April 2022.

The standard has been applied using a modified retrospective approach without the restatement of comparatives. Practical expedients applied by the Trust on initial application are detailed in the leases accounting policy in Note 1.12.

Lease liabilities created for existing operating leases on 1 April 2022 were discounted using the weighted average incremental borrowing rate determined by HM Treasury as 0.95%.

Reconciliation of operating lease commitments as at 31 March 2022 to lease liabilities under IFRS 16 as at 1 April 2022

	1 April 2022 £000
Operating lease commitments under IAS 17 at 31 March 2022	**16,709**
Impact of discounting at the incremental borrowing rate	
IAS 17 operating lease commitment discounted at incremental borrowing rate	**15,766**
Less:	
Commitments for short term leases	(21)
Commitments for leases of low value assets	-
Commitments for leases that had not commenced as at 31 March 2022	-
Irrecoverable VAT previously included in IAS 17 commitment	-
Services included in IAS 17 commitment not included in the IFRS 16 liability	(2,441)
Total lease liabilities under IFRS 16 as at 1 April 2022	**13,304**

Note 18 Inventories

	31 March 2023 £000	31 March 2022 £000
Drugs	2,019	1,913
Work In progress	-	-
Consumables	2,151	1,380
Energy	391	347
Other	-	(55)
Total inventories	**4,561**	**3,585**
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £43,152k (2021/22: £35,948k). Write-down of inventories recognised as expenses for the year were £0k (2021/22: £0k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2022/23 the Trust received £1,228k of items purchased by DHSC (2021/22: £1,740k).

The deemed cost of these inventories was charged directly to expenditure on receipt with the corresponding benefit recognised in income

Note 19.1 Receivables

	31 March 2023 £000	31 March 2022 £000
Current		
Contract receivables	52,966	40,930
Allowance for impaired contract receivables / assets	(5,336)	(4,884)
Prepayments (non-PFI)	601	1,081
PFI lifecycle prepayments	5,098	5,298
PDC dividend receivable	695	-
VAT receivable	1,246	1,716
Total current receivables	**55,270**	**44,141**
Non-current		
Other receivables	623	100
Total non-current receivables	**623**	**100**
Of which receivable from NHS and DHSC group bodies:		
Current	38,108	27,815
Non-current	623	100

Note 19.2 Allowances for credit losses

	2022/23		2021/22	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 April - brought forward	**4,884**	**-**	**6,594**	**-**
Transfers by absorption	-	-	-	-
New allowances arising	3,051	-	531	-
Utilisation of allowances (write offs)	(2,599)	-	(2,241)	-
Allowances as at 31 Mar 2023	**5,336**	**-**	**4,884**	**-**

* Increases in the allowances for credit losses is predominantly represented by a proportionate increase in the Trust's indebtedness with Overseas Patients, for which the Trust provides in full. Write offs in 2022/23 represent the impact of the Trust writing off debts due from prior years and not solely debts that relate to 2022/23 - see Note 29 of these Accounts

During 2022/23 the Trust wrote off debts relating to Overseas Visitors following external NHSE/I instruction. This write off is 'ledger only' as per best practice guidance and included debt raised in both the current and previous financial years, since the Trust began invoicing for activity where the receiver does not have the right to NHS funded care. The Trust always provides in full for its Overseas debt each year, to limit financial risk and exposure. Once written off in the Trust ledger, the debt is referred to a specialist debt recovery agent to pursue to ensure the Trust achieves maximum possible recovery. Monthly debt recovery has been reported to the Chief Executive and during 2022/23.

Note 19.3 Exposure to credit risk

Because the majority of the Trust’s revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2023 are in receivables from customers, as disclosed in the Trade receivables and other receivables note

Note 20 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2022/23 £000	2021/22 £000
At 1 April	**55,013**	**71,441**
Net change in year	1,203	(16,428)
At 31 March	**56,216**	**55,013**
Broken down into:		
Cash at commercial banks and in hand	34	38
Cash with the Government Banking Service	56,182	54,975
Total cash and cash equivalents as in SoFP	**56,216**	**55,013**
Bank overdrafts (GBS and commercial banks)	-	-
Drawdown in committed facility	-	-
Total cash and cash equivalents as in SoCF	**56,216**	**55,013**

Note 20.1 Third party assets held by the trust

Sandwell And West Birmingham Hospitals NHS Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2023 £000	31 March 2022 £000
Bank balances	15	15
Total third party assets	**15**	**15**

Note 21.1 Trade and other payables

	31 March 2023 £000	31 March 2022 £000
Current		
Trade payables	52,823	39,211
Capital payables	13,078	17,195
Accruals	17,522	17,291
Receipts in advance and payments on account	738	240
Social security costs	4,786	768
Other taxes payable	4,470	129
PDC dividend payable	-	1,408
Pension contributions payable	5,227	37
Total current trade and other payables	**98,644**	**76,279**
Of which payables from NHS and DHSC group bodies:		
Current	1,815	2,223

Note 21.2 Early retirements in NHS payables above

The payables note above includes no amounts in relation to early retirements (2021-22 £0)

Note 22 Other liabilities

	31 March 2023 £000	31 March 2022 £000
Current		
Deferred income: contract liabilities	11,202	9,586
Deferred PFI credits / income	532	532
Total other current liabilities	**11,734**	**10,118**
Non-current		
Deferred PFI credits / income	14,891	15,424
Total other non-current liabilities	**14,891**	**15,424**

Note 23.1 Borrowings

	31 March 2023 £000	31 March 2022 £000
Current		
Lease liabilities*	2,583	-
Obligations under PFI, LIFT or other service concession contracts	1,770	2,055
Total current borrowings	**4,353**	**2,055**
Non-current		
Lease liabilities*	8,744	-
Obligations under PFI, LIFT or other service concession contracts	21,775	23,721
Total non-current borrowings	**30,519**	**23,721**

* The Trust has applied IFRS 16 to lease arrangements within these accounts from 1 April 2022 without restatement of comparatives. More information about leases and the impact of this change in accounting policy can be found in note 17.

Note 23.2 Reconciliation of liabilities arising from financing activities - 2022/23

	Lease Liability	PFI and LIFT schemes	Total
	£000	£000	£000
Carrying value at 1 April 2022	**-**	**25,776**	**25,776**
Cash movements:			
Financing cash flows - payments and receipts of principal	(2,570)	(2,231)	**(4,801)**
Financing cash flows - payments of interest	(118)	(1,169)	**(1,287)**
Non-cash movements:			
Impact of implementing IFRS 16 on 1 April 2022	13,304	-	**13,304**
Additions	592	-	**592**
Application of effective interest rate	119	1,169	**1,288**
Carrying value at 31 March 2023	**11,327**	**23,545**	**34,872**

Note 23.3 Reconciliation of liabilities arising from financing activities - 2021/22

	Lease Liability	PFI and LIFT schemes	Total
	£000	£000	£000
Carrying value at 1 April 2021	**-**	**27,464**	**27,464**
Cash movements:			
Financing cash flows - payments and receipts of principal	-	(1,686)	**(1,686)**
Financing cash flows - payments of interest	-	(1,166)	**(1,166)**
Non-cash movements:			
Application of effective interest rate	-	1,164	**1,164**
Carrying value at 31 March 2022	**-**	**25,776**	**25,776**

Note 24.1 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Re-structuring	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000	£000
At 1 April 2022	**694**	**2,932**	**305**	**47**	**224**	**2,768**	**6,970**
IFRS 16 implementation - adjustments for onerous lease provisions	-	-	-	-	-	-	**-**
Transfers by absorption	-	-	-	-	-	-	**-**
Change in the discount rate	(80)	(766)	-	-	-	-	**(846)**
Arising during the year	60	152	-	-	-	673	**885**
Utilised during the year	(77)	(158)	(70)	-	-	-	**(305)**
Reclassified to liabilities held in disposal groups	-	-	-	-	-	-	**-**
Reversed unused	(45)	(2)	-	(40)	-	-	**(87)**
Unwinding of discount	(9)	(38)	-	-	-	-	**(47)**
At 31 March 2023	**543**	**2,120**	**235**	**7**	**224**	**3,441**	**6,570**
Expected timing of cash flows:							
- not later than one year;	74	155	235	7	224	2,818	**3,513**
- later than one year and not later than five years;	295	620	-	-	-	623	**1,538**
- later than five years.	174	1,345	-	-	-	-	**1,519**
Total	**543**	**2,120**	**235**	**7**	**224**	**3,441**	**6,570**

Provisions relating to Early Departure Costs covers pre 1995 early retirement costs. Liabilities and the timing of liabilities are based on pensions provided to individual ex-employees and projected life expectancies using government actuarial tables. The major uncertainties rest around life expectancies assumed for the cases.

Legal claims cover the Trust's potential liabilities for Public and Employer liability. Potential liabilities are calculated using professional assessment of individual cases by the Trust's insurers. The Trust's maximum liability for any individual case is £10,000 with the remainder being covered by insurers.

Other provisions cover Working Time Directive £2,179k, Clinician Pension Tax Provision £693k, National Poisons potential expenditure of £69k and OIC provision of £500k

Pensions: Injury benefit provisions are calculated with reference to the NHS Pensions Agency and actuarial tables for life expectancy.

Redundancy provisions covers staff who will be made redundant as part of the Trust's ongoing restructuring scheme

The timing and amount of the cash flows is shown above but it must be pointed out that, in the case of provisions, there will always be a measure of uncertainty. However, the values listed are best estimates taking all the relevant information and professional advice into consideration.

Note 24.2 Clinical negligence liabilities

At 31 March 2023, £284,535k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Sandwell And West Birmingham Hospitals NHS Trust (31 March 2022: £320,142k).

Note 25 Contingent assets and liabilities

	31 March 2023 £000	31 March 2022 £000
Value of contingent liabilities		
NHS Resolution legal claims	(153)	(170)
Other	(429)	(440)
Gross value of contingent liabilities	**(582)**	**(610)**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**(582)**	**(610)**
Net value of contingent assets	**-**	**-**

NHS Resolution Legal claims are informed by NHS Resolution. Other includes claims for Pension and Injury Benefit which are informed by the NHS Pensions Agency

Note 26 Contractual capital commitments

	31 March 2023 £000	31 March 2022 £000
Property, plant and equipment	26,672	6,083
Intangible assets	-	-
Total	**26,672**	**6,083**

Note 27 On-SoFP PFI, LIFT or other service concession arrangements

Birmingham Treatment Centre (BTC) Length of Contract is 30 Years: The purpose of the scheme was to provide a modern, acute facility on the City Hospital site which has now been fully operational since June 2005.The Trust is committed to the full unitary payment until 30th June 2035 at which point the building will revert to the ownership of the Trust. **Multi Storey Car Parking** Length of Contract is 25 Years: The purpose of the scheme is to provide car parks with an accociated car parking service. The scheme has no unitary payment **Managed Equipment Scheme (MES)** Length of Contract is 10 Years: The Scheme provides for the maintenance and replacement of the Trust's Imaging Equipment. This contract was assessed against the scope of IFRC12 to establish the appropriate accounting treatment and it was determined that the criteria to account for the scheme as an on SOFP service concession arrangement had been met. The contract, with Siemens Healthcare Limited, commenced on 1st May 2016 and the Trust is committed to the full unitary payment until May 2026 at which point the Trust has the right to exercise an option to take ownership of the equipment.

Note 27.1 On-SoFP PFI, LIFT or other service concession arrangement obligations

The following obligations in respect of the PFI, LIFT or other service concession arrangements are recognised in the statement of financial position:

	31 March 2023 £000	31 March 2022 £000
Gross PFI, LIFT or other service concession liabilities	**31,556**	**34,439**
Of which liabilities are due		
- not later than one year;	3,136	3,159
- later than one year and not later than five years;	11,423	11,869
- later than five years.	16,997	19,411
Finance charges allocated to future periods	(8,011)	(8,663)
Net PFI, LIFT or other service concession arrangement obligation	**23,545**	**25,776**
- not later than one year;	1,770	2,055
- later than one year and not later than five years;	7,695	8,078
- later than five years.	14,080	15,643

Note 27.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future commitments under these on-SoFP schemes are as follows:

	31 March 2023 £000	31 March 2022 £000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**91,226**	**95,832**
Of which payments are due:		
- not later than one year;	9,692	8,659
- later than one year and not later than five years;	31,514	33,416
- later than five years.	50,020	53,757

Note 27.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	2022/23	2021/22
	£000	£000
Unitary payment payable to service concession operator	**9,445**	**8,844**
Consisting of:		
- Interest charge	1,169	1,164
- Repayment of balance sheet obligation	2,222	1,687
- Service element and other charges to operating expenditure	3,097	2,693
- Capital lifecycle maintenance	1,570	2,153
- Contingent rent	1,387	1,147
Total amount paid to service concession operator	**9,445**	**8,844**

Note 28 Financial instruments

Note 28.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS Trust has with CCGs/ICB's and the way those CCGs/ICB's are financed, the NHS Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The NHS Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Trust in undertaking its activities.

Note 28.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2023	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	44,882	-	-	**44,882**
Other investments / financial assets	-	-	-	**-**
Cash and cash equivalents	56,216	-	-	**56,216**
Total at 31 March 2023	**101,098**	**-**	**-**	**101,098**

Carrying values of financial assets as at 31 March 2022	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	36,046	-	-	**36,046**
Other investments / financial assets	-	-	-	**-**
Cash and cash equivalents	55,013	-	-	**55,013**
Total at 31 March 2022	**91,059**	**-**	**-**	**91,059**

A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the Trust elected to measure an equity instrument in this category on initial recognition.

Note 28.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2023	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	-	-	**-**
Obligations under leases	11,327	-	**11,327**
Obligations under PFI, LIFT and other service concession contracts	23,545	-	**23,545**
Other borrowings	-	-	**-**
Trade and other payables excluding non financial liabilities	84,161	-	**84,161**
Other financial liabilities	-	-	**-**
Provisions under contract	-	-	**-**
Total at 31 March 2023	**119,033**	**-**	**119,033**

Carrying values of financial liabilities as at 31 March 2022	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	-	-	**-**
Obligations under leases	-	-	**-**
Obligations under PFI, LIFT and other service concession contracts	25,776	-	**25,776**
Other borrowings	-	-	**-**
Trade and other payables excluding non financial liabilities	73,734	-	**73,734**
Other financial liabilities	-	-	**-**
Provisions under contract	-	-	**-**
Total at 31 March 2022	**99,510**	**-**	**99,510**

Note 28.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2023 £000	31 March 2022 £000
In one year or less	89,977	76,893
In more than one year but not more than five years	16,617	11,869
In more than five years	20,850	19,411
Total	**127,444**	**108,173**

Note 28.5 Fair values of financial assets and liabilities

All of the financial assets and all of the financial liabilities of the Trust are measured at fair value on recognition and subsequently amortised cost.

Note 29 Losses and special payments

	2022/23		2021/22	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	5	230	1	7
Fruitless payments and constructive losses	-	-	-	-
Bad debts and claims abandoned	366	2,636	925	1,999
Stores losses and damage to property	12	146	12	143
Total losses	**383**	**3,012**	**938**	**2,149**
Special payments				
Compensation under court order or legally binding arbitration award	-	-	-	-
Extra-contractual payments	-	-	-	-
Ex-gratia payments	68	277	98	500
Special severance payments	1	2	-	-
Extra-statutory and extra-regulatory payments	-	-	-	-
Total special payments	**69**	**279**	**98**	**500**
Total losses and special payments	**452**	**3,291**	**1,036**	**2,649**
Compensation payments received				

Note 30 Related parties

During the year none of the Department of Health Ministers, Trust Board members or members of the key management staff, or parties related to any of them, have undertaken material transactions with Sandwell & West Birmingham Hospitals NHS Trust.

The Department of Health and Social Care is regarded as a related party. During the year 2022/23 Sandwell and West Birmingham Hospitals NHS Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These are NHS Black Country ICB, NHS Birmingham and Solihull ICB, Health Education England, The Royal Wolverhampton NHS Trust, NHS Resolution and NHS England, Midlands Regional Office (including specialised commissioning), NHS Black Country and West Birmingham CCG (demised 01/07/22) and NHS Birmingham and Solihull CCG (demised 01/07/22).

The Trust has also received capital payments from the Sandwell & West Birmingham Hospitals NHS Trust Charity, certain of the trustees for which are also members of the Trust board, the transactions in 2022-23 are detailed in Note 15.

Note 31 Events after the reporting date

There were no events after the reporting date

Note 32 Better Payment Practice code

	2022/23 Number	2022/23 £000	2021/22 Number	2021/22 £000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	103,126	447,020	98,102	613,411
Total non-NHS trade invoices paid within target	93,750	421,060	91,004	595,674
Percentage of non-NHS trade invoices paid within target	90.9%	94.2%	92.8%	97.1%
NHS Payables				
Total NHS trade invoices paid in the year	2,073	44,780	2,293	39,830
Total NHS trade invoices paid within target	1,652	40,042	1,663	35,583
Percentage of NHS trade invoices paid within target	79.7%	89.4%	72.5%	89.3%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

Note 33 External financing limit

The trust is given an external financing limit against which it is permitted to underspend

	2022/23 £000	2021/22 £000
Cash flow financing	90,052	193,567
Finance leases taken out in year	-	-
Other capital receipts	-	-
External financing requirement	**90,052**	**193,567**
External financing limit (EFL)	98,617	193,567
Under / (over) spend against EFL	**8,565**	**-**

Note 34 Capital Resource Limit

	2022/23 £000	2021/22 £000
Gross capital expenditure	126,959	211,655
Less: Disposals	(1,440)	-
Less: Donated and granted capital additions	(59)	(47)
Plus: Loss on disposal from capital grants in kind and peppercorn lease disposals	-	-
Charge against Capital Resource Limit	**125,460**	**211,608**
Capital Resource Limit	134,054	218,261
Under / (over) spend against CRL	**8,594**	**6,653**

Note 35 Breakeven duty financial performance

In 2022/23 the Trust revalued assets which resulted in a net reversal of impairment of £45m, the details for which can be found at Note 1.19 and Note 14.1

	2022/23 £000	2021/22 £000
Surplus / (deficit) for the period	42,381	(226,529)
Remove net impairments not scoring to the Departmental expenditure limit	(42,449)	230,743
Remove (gains) / losses on transfers by absorption	-	-
Remove I&E impact of capital grants and donations	167	197
Adjusted financial performance surplus / (deficit) (control total basis)	**99**	**4,411**
Remove impairments scoring to Departmental Expenditure Limit	-	-
Remove I&E impact of capital grants and donations	-	-
Add back non-cash element of On-SoFP pension scheme charges	-	
IFRIC 12 breakeven adjustment	350	-
Breakeven duty financial performance surplus / (deficit)	**449**	**4,411**

Note 36 Breakeven duty rolling assessment

	2008/09 £000	2009/10 £000	2010/11 £000	2011/12 £000	2012/13 £000	2013/14 £000	2014/15 £000	2015/16 £000
Breakeven duty in-year financial performance		7,260	2,193	1,863	6,523	6,751	4,653	3,857
Breakeven duty cumulative position	4,669	11,929	14,122	15,985	22,508	29,259	33,912	37,769
Operating income		384,774	387,870	424,144	433,007	439,022	446,590	443,698
Cumulative breakeven position as a percentage of operating income		3.1%	3.6%	3.8%	5.2%	6.7%	7.6%	8.5%

	2016/17 £000	2017/18 £000	2018/19 £000	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000
Breakeven duty in-year financial performance	(11,933)	24,165	17,835	576	383	4,411	449
Breakeven duty cumulative position	25,836	50,001	67,836	68,412	68,795	73,206	73,655
Operating income	460,197	494,158	655,374	544,033	615,209	660,315	697,248
Cumulative breakeven position as a percentage of operating income	5.6%	10.1%	10.4%	12.6%	11.2%	11.1%	10.6%

The Trusts Financial Performance was materially different to the expected breakeven duty level in the following years:-

In **2016-17** there were environmental factors that contributed to the underlying deficit which continued to impact the Trust. Manifestations of these included greater attendances at A&E, high levels of beds occupied by people medically fit for discharge as well as difficulties in the recruitment of certain staff groups. As a consequence of these factors elective income was below the level planned and agency spend continued at high levels.

In **2017-18** the Trust disposed of land at the City Hospital site in preparation for the completion of the new Midland Metropolitan University Hospital development. As a result, the Trust recorded a profit on disposal of £16,288k.

In **2018-19** the Trust began the year with a headline surplus, over-achieving against its control total by £5m, which attracted a "£2 for £1" Sustainability and Transformation Fund (STF) bonus payment from the Department of Health of £12,573k.

Note 37 PPA Disclosure

Original Note 14.4 Property, Plant and equipment financing as per 2021-22 Accounts

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Owned - purchased	18,850	151,065	-	337,321	28,145	6	27,809	931	**564,127**
Finance leased	-	-	-	-	-	-	-	-	**-**
On-SoFP PFI contracts and other service concession arrangements	-	25,907	-	-	-	-	-	-	**25,907**
Off-SoFP PFI residual interests	-		-	-	-	-	-	-	**-**
Owned - donated/granted	-	47	-	56,410	272	-	-	-	**56,729**
Total net book value at 31 March 2022	**18,850**	**177,019**	**-**	**393,731**	**28,417**	**6**	**27,809**	**931**	**646,763**

Movement in Note 14.4 Property, Plant and equipment financing for 2021-22

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Owned - purchased	-	(19,807)	-	(35,947)	(7,388)	-	(34)	-	**(63,176)**
Finance leased	-	-	-	-	-	-	-	-	**-**
On-SoFP PFI contracts and other service concession arrangements	-	18,744	-	-	6,936	-	34	-	**25,714**
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	-	**-**
Owned - donated/granted	-	1,063	-	35,947	452	-	-	-	**37,462**
Total net book value at 31 March 2022	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

Restated Note 14.4 Property, Plant and equipment financing for 2021-22

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Owned - purchased	18,850	131,258	-	301,374	20,757	6	27,775	931	**500,951**
Finance leased	-	-	-	-	-	-	-	-	**-**
On-SoFP PFI contracts and other service concession arrangements	-	44,651	-	-	6,936	-	34	-	**51,621**
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	-	**-**
Owned - donated/granted	-	1,110	-	92,357	724	-	-	-	**94,191**
Total net book value at 31 March 2022	**18,850**	**177,019**	**-**	**393,731**	**28,417**	**6**	**27,809**	**931**	**646,763**

Note 14.4 property,plant and equipment financing - 31st March 2022 has been restated to amend the categorisation of On-SoFP PFI contracts and other service concession arrangements and Owned-donated/granted assets due to an error in the classification reported in the 2021-22 accounts. There has been no change to the individual category totals reported overall for 2021-22.

Independent auditor's report to the directors of Sandwell and West Birmingham NHS Trust

Report on the audit of the financial statements

Opinion on financial statements

We have audited the financial statements of Sandwell and West Birmingham NHS Trust (the 'Trust') for the year ended 31 March 2023, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 15 of the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2022-23.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2023 and of its expenditure and income for the year then ended; and
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2022-23; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2020) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Trust's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the Trust to cease to continue as a going concern.

In our evaluation of the directors' conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2022-23 that the Trust's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services provided by the Trust. In doing so we had regard to the guidance provided in Practice Note 10 Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2022) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the Trust and the Trust's disclosures over the going concern period.

In auditing the financial statements, we have concluded that the directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not comply with the guidance issued by NHS England, or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2022-23; and
- based on the work undertaken in the course of the audit of the financial statements, the other information published together with the financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we refer a matter to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we make a written recommendation to the Trust under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit.

We have nothing to report in respect of the above matters.

Responsibilities of directors

As explained more fully in the Statement of directors' responsibilities in respect of the accounts, the directors are responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions and for being satisfied that they give a true and fair view, and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the directors are responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the

going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. Irregularities, including fraud, are instances of non-compliance with laws and regulations. The extent to which our procedures are capable of detecting irregularities, including fraud, is detailed below.

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the Trust and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2022-23).
- We enquired of management and the Audit and Risk Management committee, concerning the Trust's policies and procedures relating to:
  - the identification, evaluation and compliance with laws and regulations;
  - the detection and response to the risks of fraud; and
  - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.
- We enquired of management, internal audit and the Audit and Risk Management committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.
- We assessed the susceptibility of the Trust's financial statements to material misstatement, including how fraud might occur, evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls and the evaluation of fraud in revenue and expenditure recognition. We determined that the principal risks were in relation to:
  - Journal entries that altered the Trust's financial performance for the year;
  - Potential management bias in determining accounting estimates, especially in relation to the valuation of property, plant and equipment, occurrence and accuracy of non block funded income, and existence and accuracy of year-end payables.
- Our audit procedures involved:
  - evaluation of the design effectiveness of controls that management has in place to prevent and detect fraud;
  - journal entry testing, with a particular focus on significant journals at the end of the financial year which impacted on the Trust's financial performance, and those which were posted by officers who in our view had access and/or approval privileges in excess of the requirements of their role;
  - challenging assumptions and judgements made by management in its significant accounting estimates in respect of land and building valuations and accruals for non-block income and year end payables;
  - assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item.
- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error and detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.

- The team communications in respect of potential non-compliance with relevant laws and regulations, including the potential for fraud in revenue and/or expenditure recognition, and the significant accounting estimates related to valuation of the Trust's property, plant and equipment and income and expenditure accruals.
- Our assessment of the appropriateness of the collective competence and capabilities of the engagement team included consideration of the engagement team's.
  - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
  - knowledge of the health sector and economy in which the Trust operates
  - understanding of the legal and regulatory requirements specific to the Trust including:
    - the provisions of the applicable legislation
    - NHS England's rules and related guidance
    - the applicable statutory provisions.
- In assessing the potential risks of material misstatement, we obtained an understanding of:
  - The Trust's operations, including the nature of its income and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, expected financial statement disclosures and business risks that may result in risks of material misstatement.
  - The Trust's control environment, including the policies and procedures implemented by the Trust to ensure compliance with the requirements of the financial reporting framework.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory requirements –the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2023.

Our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources is not yet complete. The outcome of our work will be reported in our commentary on the Trust's arrangements in our Auditor's Annual Report. If we identify any significant weaknesses in these arrangements, they will be reported by exception in a further auditor's report. We are satisfied that this work does not have a material effect on our opinion on the financial statements for the year ended 31 March 2023.

Responsibilities of the Accountable Officer

As explained in the Statement of the chief executive's responsibilities as the accountable officer of the Trust, the Chief Executive, as Accountable Officer, is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under Section 21(2A)(c) of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We undertake our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in January 2023. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these

arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We document our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we consider whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate for Sandwell and West Birmingham NHS Trust for the year ended 31 March 2023 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice until we have completed our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources.

Use of our report

This report is made solely to the directors of the Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Trust's directors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's directors as a body, for our audit work, for this report, or for the opinions we have formed.

Signature: Andrew Smith

Andrew Smith

Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

Birmingham

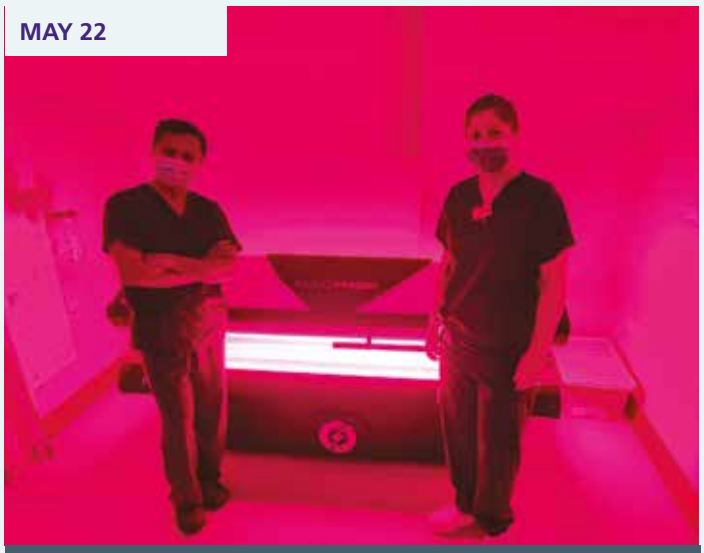
30th June 2023

Our year in pictures

APRIL 22

New acute medical short stay unit opens at Sandwell

MAY 22



Trust amongst first in world to conduct research trial in chronic pain

AUGUST 22

Nursing associate apprentices graduate at SWB

SEPTEMBER 22

Youth forum launched to give young people a voice

DECEMBER 22

Breast screening team clear COVID backlog

JANUARY 23

NCOT service celebrate a year in service

JUNE 22

New support programme in elderly care welcomes international nurses

JULY 22

Trust commits to TUC's dying to work charter

OCTOBER 22

Opening of Sandwell's discharge lounge

NOVEMBER 22

Opening of Harvest View

FEBRUARY 23

Research in myeloma – a blood cancer, has greatly improved the survival and quality of life of myeloma patients at SWB.

MARCH 23

A schoolboy became the first patient in the Midlands to receive a pioneering treatment for his peanut allergy.

Further Information

Car parking

Car parks are situated near the main entrance of each hospital. Vehicles are parked at owners' risk. Spaces for disabled badge holders are at various points around our sites.

For convenience patients and visitors can now tap in and out on their credit/debit card to save on taking a ticket. Alternatively, they can take a ticket and pay by credit/debit card at the exits of the car parks as well as by cash at the traditional pay stations around site.

The car parks operate a pay on foot facility except for one pay and display car park at City Hospital next to Hearing Services.

Following its opening this year, City Hospital also has a multi-storey car park available for use.

Please note: The multi-storey car park at Sandwell Hospital is only available to staff.

Besides the car park outside the main and outpatient entrances, patients and visitors attending Sandwell Hospital or the Lyndon Primary Care Centre are able to access the All Saints car park, situated on Little Lane, opposite the Emergency Department.

Visitor Charges

The visitor charges are:

Standard tariff for City Hospital and Sandwell Hospital

Up to 15 minutes	FREE
Up to 1 hour	£2.80
Up to 2 hours	£3.90
Up to 3 hours	£4.40
Up to 5 hours	£4.80
Up to 24 hours	£5.30

Tariff for Rowley Regis Hospital

Up to 15 minutes	FREE
Up to 6 hours	£2.80
Up to 24 hours	£5.30

Season tickets

3 days	£9.20
7 days	£18.50
3 months	£43.00

The new multistorey car park at Sandwell hospital.

Disabled parking

Parking for Blue Badge Scheme users is free and is located as close to main hospital buildings as possible. To qualify for free parking you must be parked in a blue badge bay with your blue badge clearly displayed while parked on site. Please take a paper ticket to enter. When you are ready to leave please press and hold the telephone symbol on the exit barrier machine and show your blue badge to the camera to leave.

Patients on benefits

Patients on a low income who are entitled to qualifying benefits, or receive income support, can claim for reimbursement of bus fare or receive a ticket to allow free exit from hospital car parks. Bring proof of your benefits/income support to one of the following places:

- Birmingham Treatment Centre reception
- Birmingham and Midland Eye Centre general office
- City Hospital Cash Office (ground floor, main corridor, near the Medical Assessment Unit)
- Sandwell General Hospital main reception
- Rowley Regis Hospital main reception

For further information on the Healthcare Travel Costs Scheme and to check qualifying benefits, please visit https://www.nhs.uk/nhs-services/help-with-health-costs/healthcare-travel-costs-scheme-htcs/

Frequent Outpatient Attenders

If you attend outpatient appointments three or more times per month for a period of at least three months (eg nine or more appointments per three month period) you can reclaim the cost of your parking. You must ensure that you ask for (and retain) a receipt at the pay station each time you pay for your parking. Once you have reached the nine appointments in three months please take your nine parking receipts and proof of your nine appointments (this might be appointment letters, cards or text messages) to one of the following places to claim your refund:

- Birmingham Treatment Centre reception
- Birmingham and Midland Eye Centre general office
- City Hospital Cash Office (ground floor, main corridor, near the Medical Assessment Unit)
- Sandwell General Hospital main reception
- Rowley Regis Hospital main reception

The application form to reclaim can be found here: Frequent Outpatient Attenders parking reclaim form v5

Parents of sick children staying in hospital overnight

We offer free parking for the parent or guardian of a child or young person, under 18 years of age, who is admitted as an inpatient at hospital overnight. The parent or guardian can receive free parking between the hours of 7.30pm and 8am while visiting the child. This applies to a maximum of two vehicles per child or young person. Please ask a member of staff on the Neonatal or Children's Wards for your car park exit ticket.

Parking Charge Notices

Parking Charge Notices (PCNs) may be issued if a vehicle causes an obstruction or if a permit or pay and display ticket isn't displayed. Please note:

- Only vehicles displaying a valid blue disabled badge can be parked in a disabled bay.
- Vehicles must be parked in designated parking bays. Vehicles must not be parked on double red/double yellow lines or yellow hatched areas.
- Vehicles must not cause an obstruction, e.g. blocking building entrances, fire access/exit routes, cycle-ways, car park entrances, coned off areas and pavements/footpaths

If a vehicle breaches the Trust parking regulations a notice may be placed on it advising that an additional parking charge will be payable. The date, time, location, violation, vehicle make, model and registration will be recorded, and a photograph will be taken showing the position of the vehicle. The PCN will be attached to the windscreen. Payment of PCNs should be made to a third party contractor by telephone or online. The appeals process and method of payment is detailed on the reverse of the PCN.

If you are not satisfied with the outcome, you can make a further appeal to Parking On Private Land Appeals (POPLA). Imperial may engage with the POPLA service at their discretion should further dispute arise over this charge in the future.

Security

Security officers are on duty at City and Sandwell Hospitals 24 hours per day, 365 days per year. Intercoms are linked directly to Security from entry/exit barriers and the pay on foot machines. All car parks at City and Sandwell Hospitals are illuminated at night, monitored by CCTV and patrolled regularly by security officers.

Electric charging points

The Trust has installed electric vehicle charge points to reduce our impact on the environment and support staff and the public in charging vehicles on our hospital sites. The Trust has multiple sockets across all three hospital sites. These are located at:

- City Hospital – multi-storey car park, Sheldon Block, Birmingham and Midland Eye Centre car park.
- Sandwell Hospital – outpatients car park, main entrance car park.
- Rowley Regis – main entrance car park.

The Trust is not able to offer guarantee of charging unit availability at any site and accepts no responsibility for any damages or loss as a result of using the charge point. Use of the vehicle charging point is at the risk of the vehicle driver. Damage allegedly caused by the vehicle charging point to the vehicle is a matter solely between the device manufacturer and/or the device manufacture company. Damage caused to the charging point by the user will be repaired at the expense of that user.

Parking spaces and length of stay

Electrical charging points will be given an allocated parking space for vehicles recharging and are available on a first come, first served basis. These spaces must only be used for vehicles that are in charge. The charging point parking area must be vacated (and left empty) immediately once the vehicle has reached a serviceable charge (i.e. sufficient to complete their next journey), this is to ensure that using the charging point is not abused as a means of obtaining a parking space for the day. The **maximum stay is three hours**. Parking penalties apply.

Out of courtesy to other users, please clearly display your mobile phone number in the vehicle so other users can contact you should they need to.

Loss of power

The Trust runs regular generator tests at City Hospital and Rowley Regis Hospital which may interrupt power to the charge points. When the power resumes, the charging session should also resume.

Faults and any issues

For any issues or faults, please contact GeniePoint support via the website, call or email:

Tel: 020 3598 4087

Email: geniesupport@chargepointservices.com

www.cpsgenie.com

The electric car charging point at Sandwell hospital.

Cost of vehicle charging

The user will be charged for the energy consumption during charging. Please see guidance below for staff and public use.

The current rate to charge is £0.30 per KWH and a transaction fee of £0.50 as at September 2017. For up to date pricing and to register, please visit www.cpsgenie.com. Once registered, you will also be able to access the wider GeniePoint Network charge points.

Compliments and Complaints

When we have not been able to resolve your concerns, you can make a complaint; we can investigate further and respond as soon as we can. We might ask you to meet with us to talk through your concerns and where we need to put things right, we will.

Who can complain?

Anyone who is receiving, or has received, NHS treatment or services can complain. You can complain for yourself, a friend or a relative, but you must have their permission to do so. If the patient is deceased, young or very ill, then you need consent from the next of kin.

How can I complain?

To make a complaint, you can;

Send it in writing to: Complaints Department, Sandwell and West Birmingham NHS Trust, Sandwell Hospital, Lyndon, West Bromwich, B71 4HJ

Phone: 0121 507 6440, 4080, 5892 10am – 4pm, Monday – Friday.

Email: swbh.complaints@nhs.net

Purple Point telephones can be used by our inpatients or their loved ones to raise concerns or compliment staff whilst they are still in hospital.

Further Information

Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator for all health and social care services in England. They can be contacted for information and advice. You can also give them feedback about your experiences of health and social care services, although CQC cannot investigate individual complaints.

Telephone: 0300 616161 – Monday to Friday 8.30am – 5.30pm

Fax: 0300 616 171

Address: CQC National Correspondence, Cityscape, Newcastle Upon Tyne, NE1 4PA

Website: www.cqc.org.uk

Sandwell and West Birmingham NHS Trust

Sandwell General Hospital
Lyndon
West Bromwich
West Midlands
B71 4HJ
Tel: 0121 553 1831

Birmingham City Hospital
Dudley Road
Birmingham
West Midlands
B18 7QH
Tel: 0121 554 3801

Birmingham Treatment Centre
Dudley Road
Birmingham
West Midlands
B18 7QH
Tel: 0121 507 6180

Leasowes Intermediate Care Centre
Oldbury Rd
Smethwick
B66 1JE
Tel: 0121 612 3444

Rowley Regis Hospital
Moor Lane
Rowley Regis
West Midlands
B65 8DA
Tel: 0121 507 6300

www.swbh.nhs.uk

Find out more

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