

READING ROOM DOCUMENTS - TRUST BOARD SESSION IN PUBLIC

Venue:

Being held via MS Teams
 (joining details within Outlook Calendars)

Date:

Wednesday 11th January 2023,
 010:00 – 13:30

Item	Title	Reference Number	Lead
1.	Chief Executive's Report <ul style="list-style-type: none"> Great Bridge HC CQC Report YHP CQC Report 	TB (01/23) 003	RBe
2.	Board Assurance Framework <ul style="list-style-type: none"> Board BAF Template 	TB (01/23) 004	KD
3.	Maternity Improvement Plan <ul style="list-style-type: none"> Final Birth-rate Plus Workforce Report 	TB (01/23) 017	MR
4.	Winter Plan Recruitment Tracker and Risk Assessment <ul style="list-style-type: none"> 	TB (01/23) 018	JN
5.	Your Trust Charity Annual Report and Accounts <ul style="list-style-type: none"> Your Trust Charity Annual Report 2021-22 	TB (01/23) 019	RW
6.	Winter Plan Recruitment Tracker and Risk Assessment <ul style="list-style-type: none"> PCCT Winter Plan Schemes 	For Information	JN

Great Bridge Health Centre

Inspection report

18 The Great Bridge Centre
Charles Street
West Bromwich
B70 0BF
Tel: 01216123650

Date of inspection visit: 11 October to 28 October
2022
Date of publication: 19/12/2022

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced comprehensive inspection at Great Bridge Health Centre between 11 and 28 October 2022. Overall, the practice is rated as requires improvement.

Safe - requires improvement.

Effective - requires improvement.

Caring – good.

Responsive - requires improvement.

Well-led - requires improvement.

Why we carried out this inspection

We carried out this inspection in line with our inspection priorities and to provide a rating for the service. The practice had not been inspected before under the current provider registration.

This was a comprehensive inspection and included all 5 key questions, to see if safe, effective, caring, responsive and well-led services were being provided.

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff and focus group interviews using video conferencing. Interviews were held between 11 and 28 October 2022.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider before and after the site visit.
- A shorter site visit on 18 October 2022.

Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We found that:

- Systems and processes that were implemented to keep patients and staff safe and protected from avoidable harm required improvement.

Overall summary

- Patients did not always receive effective care and treatment that met their needs.
- Not all staff had completed required training that was relevant for their role, including safeguarding and basic life support training.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients could not always access care and treatment in a timely way. The senior management team were taking appropriate action to improve access for patients.
- Whilst governance processes required improvement, the senior leadership team demonstrated that they understood the challenges to delivering high-quality, person-centre care.
- The practice was part of a wider organisation that promoted joined up working between primary and secondary care to improve services for its patient population.

We found 2 breaches of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

The provider **should**:

- Continue to improve uptake with children's immunisations and cervical cancer screening.
- Take action to improve policies such as management of clinical waste and prescription security and demonstrate they are working as intended.
- Take steps to ensure all staff have access to safeguarding information as relevant for their role.
- Take action to review patients with long term conditions and/or learning disabilities where reviews are indicated or records have been coded incorrectly.
- Continue to monitor and respond to patient feedback to improve access.
- Take action to be fully compliant with the accessible information standard.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a second CQC inspector who also undertook a site visit and a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Great Bridge Health Centre

Great Bridge Health Centre is located in West Bromwich at: 18 The Great Bridge Centre, Charles Street, West Bromwich, B70 0BF.

The practice has a branch surgery at: Lyndon Primary Care Centre, Sandwell Hospital, Lower Lyndon, B71 4HJ

As part of this inspection we visited the main practice and branch practice.

The provider, Sandwell and West Birmingham Hospitals NHS Trust, is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, family planning, treatment of disease, disorder or injury and surgical procedures. These are all delivered from both sites except for surgical procedures which is delivered from the branch practice.

Patients can access services at either surgery.

The practice is situated within the NHS Black Country Integrated Care Board (ICB) and delivers Alternative Provider Medical Services (APMS) to a patient population of about 9,400. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices called the Your Health Partnership primary care network (YHP PCN).

Information published by Public Health England shows that deprivation within the practice population group is in the second lowest decile (two of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 16% Asian, 75% White, 5% Black, 3% Mixed, and 1% Other.

The PCN sits within the Primary Care Community Therapies group within the Trust. The provider has appointed a senior management team to manage the day to day running of this practice along with other practices that are part of the YHP PCN.

The senior management team is made up of a lead GP, a lead for quality and safety, head of nursing, clinical director for PCN and directorate lead for the PCN, lead for patient engagement, a business manager, head of acute clinical service and head of finance.

All staff employed by the provider work at this practice as well as the other practices within the PCN.

For all practices with the PCN there is a team of 30 salaried GPs, 20 nurses and 8 advanced clinical practitioners (ACPs) and 7 healthcare assistants. There is a home visiting team, and a team that provides support to care homes. There are 6 pharmacists and 2 pharmacy technicians and a team of social prescribers and 6 physicians associates.

Clinical staff are supported at the practice by a team of reception and administration staff.

Each of the practices have a non-clinical lead (outlet lead), who staff can escalate concerns to.

The practice is open between 8am to 6.30 pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by practices within the PCN, where late evening and weekend appointments are available. Out of hours services are provided by 111.

Patients can call the practice between 8am and 8pm Monday to Friday, and calls are managed by non-clinical staff working in the contact centre.

The provider introduced a new appointment booking system in September 2022. Patients have to submit a request online including details of their reason for appointment preferred, clinician and preferred method of appointment. If patients are unable to submit this request, staff are able to do this for patients either face to face or on the telephone.

Appointments requests can be made while the practice is open and are triaged by a clinician and then prioritised in terms of urgency. Requests are either dealt with at the time if the clinician is able to or an appointment is arranged.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment.</p> <p>In particular: the sites that we visited had not had a fire drill in the past 12 months, the provider could not demonstrate that health and safety checks were adequate or that infection, prevention and control action plans had been completed.</p> <p>The provider could not demonstrate that all people providing care and treatment had completed all required training relevant for their role. For example sepsis, safeguarding, infection, prevention and control, and basic life support training.</p> <p>The practice did not keep on site all of the suggested emergency medicines including those included in the provider's policy, no risk assessment was provided to demonstrate the rationale for these decisions.</p> <p>This was in breach of Regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk were not adequate. In particular:</p> <p>Systems to monitor that staff were following policies and processes as intended were not adequate for example we found sharps bins had not been labelled in line with policy,</p>

Requirement notices

and processes to ensure that staff had relevant immunisations were not being followed as intended, there was no monitoring of this and no risk assessments in the absence of required immunisation status.

The provider did not have adequate systems and processes to monitor and manage all risks to premises. This included no fire risk assessments for all sites and safe and legal checks were not adequate in identifying all potential risks. Staff were not able to locate the COSHH risk assessment at the main site and the COSHH risk assessment for the branch site had expired, IPC audits had not picked up issues we found during our site visits.

Processes to monitor that patients were receiving care and treatment in line with guidelines or following safety alerts were not adequate.

Processes to monitor that tasks, letters, bloods results and urgent referrals were not adequate

Processes to monitor quality of records keeping including that records were coded correctly; medication reviews were comprehensive or that relevant action plans were completed were not adequate

The process of clinical supervision was not adequate and the provider could not demonstrate that they monitored the prescribing decisions of all non-medical prescribers.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Your Health Partnership (YHP)

Inspection report

Darby Street
Rowley Regis
B65 0BA
Tel: 01215593957
yhp.org.uk

Date of inspection visit: 11 October to 28 October
2022
Date of publication: 19/12/2022

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Requires Improvement	
Are services safe?	Requires Improvement	
Are services effective?	Requires Improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Requires Improvement	
Are services well-led?	Requires Improvement	

Overall summary

We carried out an announced comprehensive inspection at Your Health Partnership between 11 and 28 October 2022. Overall, the practice is rated as requires improvement.

Safe - requires improvement.

Effective - requires improvement.

Caring – good.

Responsive - requires improvement.

Well-led - requires improvement.

Why we carried out this inspection

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We found that:

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- Patients did not always receive effective care and treatment that met their needs.

Overall summary

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- Whilst governance processes required improvement, the senior leadership team demonstrated that they understood the challenges of delivering high-quality, person-centre care.
- The practice was part of a wider organisation that promoted joined up working between primary and secondary care to improve services for its patient population.

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The provider **should**:

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- Take action to improve policies such as management of clinical waste and demonstrate they are working as intended.
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Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

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Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services.

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Background to Your Health Partnership (YHP)

Your Health Partnership (YHP) has a main practice, also the registered location with CQC, and is located in Rowley Regis at: Regis Medical Centre, Darby St, Rowley Regis B65 0BA.

The practice has 5 branch surgeries:

Lyndon Primary Care Centre, Sandwell Hospital, Lower Lyndon, B71 4HJ.

Mace Street Clinic, Mace St, Old Hill, Cradley Heath B64 6HP.

Oakham Surgery, 213 Regent Rd, Tividale, Oldbury B69 1RZ

Rowley Village Surgery, 91 Rowley Village, Rowley Regis, B65 9EN

Whiteheath Medical Centre, Badsey Rd, Oldbury B69 1EJ

As part of this inspection, we visited the main practice and the branch practice at Lyndon Primary Care Centre.

The provider Sandwell and West Birmingham Hospitals NHS Trust is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, family planning and treatment of disease, disorder or injury and surgical procedures. These are delivered from all sites except for surgical procedures, which is delivered from the main practice Regis Medical Centre and the branch practice Lyndon Primary Care Centre.

The practice is situated within the NHS Black Country Integrated Care Board (ICB) and delivers General Medical Services (GMS) a contract held with NHS England.

The practice is part of a wider network of GP practices called the Your Health Partnership Primary care network (YHP PCN).

Information published by Public Health England shows that deprivation within the practice population group is in the second lowest decile (two of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 8% Asian, 87% White, 2% Black, 2% Mixed, and 1% Other.

The PCN sits within the Primary Care Community Therapies group within the Trust. The provider has appointed a senior management team to manage the day to day running of this practice along with other practices that are part of the YHP PCN.

The senior management team is made up of a lead GP, a lead for quality and safety, head of nursing, clinical director for the PCN, directorate lead for the PCN, lead for patient engagement, a business manager, head of acute clinical service and head of finance.

All staff employed by the provider work at this practice as well as the other practices within the PCN.

For all practices with the PCN there is a team of 30 salaried GPs, 20 nurses and 8 advanced clinical practitioners (ACPs) and 7 healthcare assistants. There is a home visiting team, and a team that provides support to care homes. There were 6 pharmacists and 2 pharmacy technicians and a team of social prescribers and 6 physicians associates.

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Appointment requests can be made while the practice is open and are triaged by a clinician and then prioritised in terms of urgency. Requests are either dealt with at the time if the clinician is able to or an appointment is arranged.

See the practice website yhp.org.uk for opening times for each practice.

This section is primarily information for the provider

Requirement notices

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The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

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Processes to monitor quality of records keeping including that records were coded correctly; medication reviews were comprehensive or that relevant action plans were completed were not adequate.

The process of clinical supervision was not adequate and the provider could not demonstrate that they monitored the prescribing decisions of all non-medical prescribers.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Strategic Objective: Patients - To be good or outstanding in everything we do	Risk Ref: BAF 001		Lead Committee: Quality and Safety Committee				
	Risk: There is a risk that the Trust fails to deliver safe, high-quality care. Executive Lead(s): Chief Nursing Officer & Chief Medical Officer Existing Risk Appetite: Cautious Aspirational Risk Appetite: Seek						
	Risk to objective <ul style="list-style-type: none"> There is a risk that the Trust fails to deliver safe, high-quality care. Cause <ul style="list-style-type: none"> Lack of implementation of a continuous quality improvement process Unwarranted variation of clinical practice outside acceptable parameters Insufficient understanding and sharing of excellence and learning in its own systems and processes lack of self-awareness of services that are not delivering Insufficient staff with the correct skill set Lack of engagement and implementation of the Fundamentals of care framework 	Controls <ul style="list-style-type: none"> CQC Fundamental Standards, legislation and statutory duties setting out the regulatory compliance requirements The Delivery of the Fundamentals of Care (FOC) Strategy Monitor and support the People Plan for the FOC Workstreams Review of Incident, complaints, compliments and claims to identify issues with processes and embed the learning Gaps in controls <ul style="list-style-type: none"> A lack of Continuous Quality Improvement Method in place. Overall Fundamentals of Care Dashboard not in place to support understanding and sharing of excellence and learning in its own systems and processes Group Dashboards not in place to support understanding and sharing of excellence and learning in its own systems and processes Risk of a lack of engagement and implementation by all staff of the patient strategic objective Fundamentals of Care Framework Safe and skilled Workforce not where it needs to be 	Sources of assurance Management assurance <ul style="list-style-type: none"> Q&S Committee Meetings Risk Management Committee Safeguarding Reports Safe Staffing Reports Infection Prevention and Control We learn Progress Report Reports Learning from Deaths Report HSMR and SHMI indices We Assure Reports Mental Health Update Reports Tendable Metrics Fundamentals of Care Report including updates on 7 standards of care Monthly Mortality Dashboard Serious Incident Reports Never Events Reports Patient experience Action Plan Safe Staffing Reports FFT reports EQC Meetings monthly Complaints, Compliments & Pals Reports People and OD Committee Meetings Q&S Representation at the POD Meeting POD Metrics Workforce Development & Transformation Meetings Safe Staffing Reports Independent / semi-independent <ul style="list-style-type: none"> CQC Action Plan reporting Internal Audit Reports 	Metrics <ul style="list-style-type: none"> Summary Hospital-level Mortality Index SHMI (monthly) Confirmed sepsis treated within 1 hour Patient safety incidents Patient safety incidents with moderate harm or above Hospital / community caseload acquired pressure ulcers (incidents reported) Falls (incidents reported) Medicines management incidents reported VTE - risk assessed required prophylaxis, administered within 12 hours Safe staffing - doctors in post (move to Allocate) Safe staffing -Band 5 Nurse vacancies (move to Allocate) Pathway 1 % patients seen within target timescales Complaints per 1000 whole time equivalent Friends & family test score by area Friends & family test response rate % staff recommend care (staff survey) Readmissions within 30 days for patients aged 65 or over Primary care appointments per 1000 population (SWBH Practices) Bed moves per patient / outliers Bed days with no criteria to reside Discharges before 5pm Of the people who died in hospital % with a Supportive Care Plan ED average wait 62 day RTT Ambulance handovers within 30 minutes 2 hour urgent community response Hospital acquired - e-coli Hospital acquired - c-difficile Hospital acquired - MRSA Hospital acquired - MSSA 	Risk mitigation plan <ul style="list-style-type: none"> The Trust is currently deciding on the approach for Continuous Quality Improvement (CQI) Implementation programme for QI methodology. Once agreed it will see staff across all levels of the organisation trained in quality improvement skills. By doing so, we will have a shared way of doing things, making it easier to work together and have a positive impact on care delivery. Reporting dashboard development for specialty areas in relation to Fundamentals of Care is not in place. There are several Achieving Clinical Excellence (ACE) components within FOC that will support learning and sharing within the Trust. Ensure that the Fundamentals of Care are implemented, understood through an engagement plan which includes, patient and stakeholder engagement sessions and Staff engagement sessions. This will support the Trust to gather a frontline view of where services are not meeting expectations. Recruitment/retention and induction process refinement for senior medical staff, Nursing staff, Midwifery and NHPs. This will feature within the newly developed People Plan which aims to remedy to our long-standing recruitment challenges and retention issues. NEW <ul style="list-style-type: none"> Fundamentals of Care Dashboard and Mortality dashboard to be developed and reported on through the governance system. This will improve our patient experience and clinical outcomes. 		

Inherent risk level			Current risk level			Target risk level		
Consequence	Likelihood	Score	Consequence	Likelihood	Score	Consequence	Likelihood	Score
4	4	16	4	4	16	4	1	4

Strategic Objective: Patients - To be good or outstanding in everything we do	Risk Ref: BAF 002		Lead Committee: Finance, Investment & Performance Committee				
	Risk: There is a risk that the Trust fails to make best strategic use of its resources		Executive Lead(s): Chief Finance Officer				
	Existing Risk Appetite: Cautious		Aspirational Risk Appetite: Seek				
	Risk to objective	Controls	Sources of assurance	Metrics	Risk mitigation plan		
	<ul style="list-style-type: none"> There is a risk that the Trust fails to make best strategic use of its resources <p>Cause</p> <ul style="list-style-type: none"> Lack of clarity regarding commissioning arrangements Failure to return to pre-pandemic levels of productivity (NEW) Uncertainty regarding the impact of Acute Care collaboration The unknown impact of the establishment of ICSs and ICPs Failure to return financial grip to the system Incomplete or poorly implemented sustainability plans Insufficient workforce capacity or misaligned objectives 	<ul style="list-style-type: none"> Long Term Finance Strategy and associated delivery plan that sets out the direction of the Trust and how it is to be achieved 2022/23 Plan and Better Value Quality Care (BVQC) - This one-year cost improvement plan reflects the Trust's commitment to provide efficient and high-quality services to local and regional populations within a challenging financial environment both locally and nationally. Budgetary Control Processes in place to manage the Trust's cost bases. Robust supporting policies and procedures Delivery plans for MMUH Delivery of the Trust Digital Strategy Monitoring of performance related requirements <p>Gaps in controls</p> <ul style="list-style-type: none"> Lack of clarity regarding route to affordability, MMUH ACM Uncertainty regarding the impact of Acute Care collaboration The unknown impact of the establishment of ICSs and ICPs Failure to return financial grip to the system Incomplete or poorly implemented sustainability and efficiency and productivity plans Gaps in establishment controls driving budgetary variances Significant uncertainty in relation to economic outlook and impact of public sector, out with the Trust's control 	<p>Management assurance</p> <ul style="list-style-type: none"> CFO engagement across ICS and Regional footprints on medium term cost model Quality Impact Assessment and Equality Impact Assessments FIP Representation at the MMUH Opening Committee Meeting FIP Committee Meetings Reporting against the delivery of Plan Monthly Finance Report Key Performance Indicators Scheme of Delegation & Standing Financial Instructions Review Financially related suite of policies and procedures Planned Care Reports EAS Report Model Hospital data <p>Independent / semi-independent</p> <ul style="list-style-type: none"> National financial sustainability review Internal Audit Reports 	<ul style="list-style-type: none"> Performance Against Capital Plan (Variance to Plan - £000s) Performance Against Income & Expenditure Plan (Variance to Plan - £000s) Performance Against Cash Plan (Variance to Plan - £000s) 	<ul style="list-style-type: none"> Complete the cost allocation work against commissioning activity (Complete) Develop and implement costing strategy and plan aligned to system providers (March 23 – CFO) Work with POD colleagues to improve workforce controls impacting on budgetary control (ongoing CFO) Agree Finance Well led action plan on use of Resources (Complete) Model Hospital data agreed and reported on through FIP to help provided benchmarked insights across the quality of care, productivity and organisational culture to identify opportunities for financial improvement. (Dec 22 – CFO) Redesign financial reporting to ensure a triangulated and informed view of I&E, and supporting cash (linked to I&E) and capital detail (Dec 22 – CFO) Establish the Business Investment Group and use to drive right behaviours <p>NEW</p> <ul style="list-style-type: none"> Complete affordability model, secure funding sources, support tracking against the plan, Logistics preparation Consider enhanced budgetary controls through accountability framework Review arrangements for efficiency and productivity Review PO versus non POP and level of matching to GRNI and invoice Review Governance pack reported to ARMC and ensure action focused 		

Inherent risk level			Current risk level			Target risk level		
Consequence	Likelihood	Score	Consequence	Likelihood	Score	Consequence	Likelihood	Score
4	4	16	4	5	20	4	1	4

Strategic Objective: People - To cultivate and sustain happy, productive, and engaged staff	Risk Ref: BAF 003		Lead Committee: People and OD Committee				
	Risk: There is a risk that the Trust fails to recruit, retain, train, and develop an engaged and effective workforce Executive Lead(s): Chief People Officer Existing Risk Appetite: Open Aspirational Risk Appetite: Significant						
	Risk to objective <ul style="list-style-type: none"> There is a risk that the Trust fails to recruit, retain, train, and develop an engaged and effective workforce Cause <ul style="list-style-type: none"> Insufficient training places competition in the local health and care system Poor technology and physical infrastructure Lack of delivery on strategic objectives Poor recruitment processes Insufficient opportunities for professional development Job dissatisfaction Uncompetitive remuneration Insufficient opportunities for professional development Job dissatisfaction Uncompetitive remuneration Inefficiencies and ineffectiveness in critical processes Lack of shared ambition across the system Too many priorities and calls on management time 	Controls <ul style="list-style-type: none"> People Plan Fundamentals of Care: Delivery plans for MMUH Recruitment & selection process ensuing prompt and efficient recruitment takes place for all roles Staff Retention/Team Culture – Quality Improvement Approach Gaps in controls <ul style="list-style-type: none"> Scope of work for external partner being clearly defined. Resource request being approved as part of the MMUH OD submission and link with other work streams such as values being clearly mapped. Evaluation of findings from pilot and opportunity to replicate learning as part of CQI work programme is required. Need to have a link with E-Rostering and E-Job Planning work programme to be explored to ensure the aims of the work streams are appropriately aligned. Risks to operational delivery to be identified Mapping of values against leadership development framework and the use of these in the change management process for MMUH. EDI Strategy needing to be developed setting out future work plan along with reviewing leadership accountability and oversight Reviewing leadership accountability and oversight Performance management approach to be identified along with embedding into leadership framework Interdependence with decision making in respect of resource request Lack of oversight by Workforce Development and Transformation Committee to ensure links with the broad Leadership development and Resourcing Strategy. Links with Research and Innovation need to be strengthened. 	Sources of assurance Management assurance <ul style="list-style-type: none"> People and OD Committee Meetings Safe Staffing Reporting Staff Survey and Pulse Checks Reporting EDI Reporting POD Representation at the MMUH Opening Committee Meeting Implementation Timeline to Onboard Additional POD Resource Reports to POD Independent / semi-independent <ul style="list-style-type: none"> Annual Staff Survey Outcomes Internal Audit Reports 	Metrics <ul style="list-style-type: none"> Compassionate Community: Percentage of Consultants or Band 7 above staff who are Lesbian, Gay, Bisexual, or Transgender (LGBT) Compassionate Community: Percentage of Consultants or Band 7 above staff with a declared disability Compassionate Community: Percentage of Consultants or Band 7 above staff who are of a black or minority ethnic background Compassionate Community: Percentage of Consultants or Band 7 above staff who are female Compassionate Community: Percentage of Employee Relations (ER) cases related to staff with a declared disability Compassionate Community: Percentage of Employee Relations (ER) cases related to staff of a black or minority ethnic background Environment & Technology: Percentage of calls rectified within service level agreement time frame Education, Development & Growth: Training budget spend per quarter Safe & Skilled Workforce: Time to hire in days Safe & Skilled Workforce: Average days that an Employee Relations (ER) case has exceeded the target date Safe & Skilled Workforce: Count of Employee Relations (ER) cases open Safe & Skilled Workforce: Percentage of staff who are 100% compliant with mandatory training Safe & Skilled Workforce: Percentage of posts vacant Board Level Metric: Percentage of sickness absence Board Level Metric: Percentage of turnover Board Level Metric: NHS Staff Survey & People Pulse Board Level Metric: NHS Staff Survey & People Pulse 	Risk mitigation plan <ul style="list-style-type: none"> MMUH POD Resource Implementation Plan and Management of Recruitment Service by Remedium to agreed and implemented. New Trust wide Staff Values to be agreed and in place. These will act as the core principles that the Trust and its people should live by. Once our values and behaviours are finalised, we need to ensure that these are embedded across the Trust, running through everything we do at work including decision-making, how we recruit and our PDR processes. Behaviour Compact linked to Values to be agreed and implemented. EDI Strategy to be agreed and implemented. To set out our vision, aims and objectives for equality across the Trust and is intrinsic to the People Plan EDI Plan NEW <ul style="list-style-type: none"> Leadership Development Framework agreed and implemented. The Leadership Framework provides a consistent approach to leadership development for staff in the Trust irrespective of discipline, role, or function, and represents the foundation of leadership behaviour. 		

Inherent risk level			Current risk level			Target risk level		
Consequence	Likelihood	Score	Consequence	Likelihood	Score	Consequence	Likelihood	Score
4	4	16	4	4	16	4	1	4

Strategic Objective: Population- To work seamlessly with our partners to improve lives.	Risk Ref: BAF 004		Lead Committee: Integration Committee					
	Risk: There is a risk that the Trust fails to deliver on its ambitions as an integrated care organisation							
	Executive Lead(s): Chief Integration Officer Existing Risk Appetite: Open Aspirational Risk Appetite: Seek							
<u>Risk to objective</u> <ul style="list-style-type: none"> There is a risk that the Trust fails to deliver on its ambitions as an integrated care organisation 	<u>Controls</u> <ul style="list-style-type: none"> Ensure that the place-based partnership has a local strategy that is built on consensus and has the means for delivery Have assurance oversight of the services in scope for the Sandwell Place Based Partnership Be a key stake holder in the Ladywood and Perry Barr Place Based partnership, the committee will seek assurance of delivery plans that align with the Trust strategic direction. Host provider for the Sandwell Place Based Partnership Delivery plans for MMUH The Delivery of the Fundamentals of Care (FOC) Strategy Delivery of the Green Delivery Plan 	<u>Sources of assurance</u> <u>Management assurance</u> <ul style="list-style-type: none"> Integration Committee (IC) Meetings Partnership Board/Groups and meetings Health & Wellbeing Board aligned Strategy Sandwell Health and Care Partnership Reports Trusts primary care strategy & delivery plan IC Representation at the Q&S Committee Meeting 	<u>Metrics</u> <ul style="list-style-type: none"> Patients seen by urgent community response within target 2 hours Admission Avoidance Schemes Days Exceeded Target Discharge Date Discharge 2 Assess (D2A) Length of Stay by pathway (0-4) Emergency Readmissions within 30 days Occupied Bed Days Patients aged 65 or over admitted under general medicine (no named specialty) Primary Care Appointments per 1000 population Volume of Contacts to Care Navigation Centre (CNC) % Contact to CNC that went to ED % people seen by Community falls team went to ED Frailty Intervention Team (FIT) Activity Frailty Intervention Team (FIT) Admission Avoidance Of the people who died in hospital % patients with a supportive care plan / didn't want to die in hospital % Patients with a Supportive Care Plan School Days Missed due to hospital visits Virtual wards length of stay Virtual wards count Readmissions from virtual wards % 30 days Count of people seen at integrated front door % discharged to community Bi-annual progress report Bi-annual progress report Bi-annual Town Teams report Annual Public Health report Metrics TBD as Provider Collaborative develops 	<u>Risk mitigation plan</u> <ul style="list-style-type: none"> Refresh of an approach to health communities linked to a new style Joint Strategic Needs Assessment coordinated by place partners. (Sandwell) Develop population health management strategy across Sandwell and PCNs including the deployment of the population health module (Digital work stream). Develop robust governance for Sandwell with devolved responsibility to the host (SWB) structure. This should include an outline governance structure that shows the links to other committees and acknowledge the transition to holding a formal PBP contract. Agree a leadership and delivery approach with partners in Birmingham for the Ladywood and Perry Barr locality. Workstreams under the Senior Management Team Leadership to scope and document the plans and the delivery timescales 	<u>Cause</u> <ul style="list-style-type: none"> Inadequate or inappropriate foundations for effective collaborative working across the system (Sandwell) Poor progress on a delivery plan between partners (Sandwell) Ineffective delivery of a shared plan across health and social care (Perry Barr) Poor support from primary care and added challenge from other providers outside of the place 	<u>Gaps in controls</u> <ul style="list-style-type: none"> A single operating plan for the partners working jointly in Ladywood & Perry Barr Locality A clear view of the health inequalities for the population we serve and the key areas of public and wider health focus A lack of live data based on the needs of the population. This will inform the plan that is scoped in the previous action Formal governance that will close the due diligence gaps set out on governance and decision making in the white paper once the system has deployed its operating model A clear leadership and delivery plan for Ladywood & Perry Barr which sets out a route to a future state operating model. Variable commitment from GP's to the delivery of place due to different delivery models being offered Board level metrics for Green Delivery Plan Regeneration delivery plan 	<u>Independent / semi-independent</u> <ul style="list-style-type: none"> Town Teams: reducing health inequalities Data Ladywood and Perry Barr Partnership Reports Place operational delivery plans 	<u>NEW</u> <ul style="list-style-type: none"> Develop board level metrics for the Green Delivery Plan The design of a longer term regeneration plan is part of work with scheduled partners to co-create a joint regeneration plans to influence population health indicators

Inherent risk level			Current risk level			Target risk level		
Consequence	Likelihood	Score	Consequence	Likelihood	Score	Consequence	Likelihood	Score
4	4	16	4	4	16	4	1	4

Strategic Objective: Population - To work seamlessly with our partners to improve lives.	Risk Ref: BAF 005		Lead Committee: MMUH Opening Committee				
	Risk: There is a risk that the Trust fails to deliver the MMUH benefits case						
	Executive Lead(s): Chief Development Officer						
Existing Risk Appetite: Cautious							
Aspirational Risk Appetite: Seek							
Risk to objective	Controls	Sources of assurance	Metrics	Risk mitigation plan			
<ul style="list-style-type: none"> There is a risk that the Trust fails to deliver the MMUH benefits case <p>Cause</p> <ul style="list-style-type: none"> Lack of clarity regarding commissioning arrangements Uncertainty regarding the impact of Acute Care collaboration The unknown impact of the establishment of ICSs and ICPs Failure to return financial grip to the system Incomplete or poorly implemented sustainability plans 	<ul style="list-style-type: none"> Establishing the Managing Successful Programme (MSP) methodology through the implementation of the MMUH Programme Company approved by Trust Board in October 22. Integrated master plan working towards readiness May 2023 inclusive; underpinned by robust work stream plans that are fully aligned. Implementation of the Communications and Engagement plan Delivery of the MMUH Affordability Plan <p>Gaps in controls</p> <ul style="list-style-type: none"> Assurance of alignment with all work streams with new construction programme Full exception reporting of driver measures and impact measures. This evidence should inform the RAG rating reported by the workstreams Understand and report forward programme performance Assurance of corporate and operational/clinical capacity to deliver the programme Data set not yet available to track recruitment Lack of assurance on scope and resource to deliver recruitment and organisational development plan Alignment with activity assumptions Analysis and mitigation plans of significant activity deviation 3rd party assurance on integrated programme Adequate benefits tracking The IT workstream is red and does not yet have a plan scheduled to reach amber or green. The Decommissioning workstream IT workstream is red and does not yet have a plan scheduled to reach amber or green. The Affordability workstream is red and does not yet have a plan scheduled to reach amber or green. The Workforce workstream is red and does not yet have a plan scheduled to reach amber or green. 	<p>Management assurance</p> <ul style="list-style-type: none"> MMUH Opening Committee (MMUHOC) Meetings Private / Public Trust Board report Across Committee Representation at the MMUHOC Risk Register Reports with Programme level risks Peer evidence for acute care and workforce models MMUH Programme Company Implementation reports and quarterly reporting through to programme closure/exit Workstream maturity assessment monthly reporting Revised PMO reporting Across Committee Representation at the MMUHOC Risk Register Reports with Programme level risks MMUH Reports to Board Recruitment dashboard MMUH Communications Plan Update Report Stakeholder relationship assessment and plan MMUH Finance Report to FIPC MMUH Finance Report to Private Trust Board <p>Independent / semi-independent</p> <ul style="list-style-type: none"> New Hospital Programme (NHP) focussed support for specific workstreams NHP review of communication and engagement workstream NHP review and full support for proposal External assurance on affordability via ICS financial plan alignment 	<ul style="list-style-type: none"> Activity Modelling Major Bed saving schemes Occupied Bed Days Older People Bed Days Cardiology Bed Days Inpatient RTT Incomplete Pathways Imaging Investigations Theatre Productivity Total Admission Avoidance 	<ul style="list-style-type: none"> Rephrase the implementation of all workstreams with the new construction programme. Track implementation of all workstreams by both input activities and impact measures. Forecast workstreams RAG rating as well as report current RAG status from September 2022. Confirm funding for resources (aligned to confirmation of Trust delay costs in NHP review). Managing Successful Programme (MSP) structure to be implemented. Workforce capacity for recruitment and organisational development to be presented to the relevant Committees with funding proposal in June /July 2022. Procure agreed resources. Significant activity deviations to be explored and mitigated. Stress test scenarios to be rescoped considering current and highly significant activity increases from non SWBH population and mitigation proposals to be considered by September 2022 both internally and at ICS level. 3rd party assurance on integrated programme Reposition programme to be driven by benefits delivery. The Affordability status is known and presented to MMUH and FIPC in July 2022. Actions are clear to seek mitigation through financial planning. The MSP structure if approved will increase very senior financial capacity to concentrate on this work stream. In October we will review the timeline to move to amber rating. <p>NEW</p> <ul style="list-style-type: none"> 			

Inherent risk level			Current risk level			Target risk level		
Consequence	Likelihood	Score	Consequence	Likelihood	Score	Consequence	Likelihood	Score
4	4	16	4	4	16	4	3	12

SANDWELL & WEST BIRMINGHAM HOSPITALS NHS TRUST

MIDWIFERY WORKFORCE REPORT

September 2022

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Birthrate Plus®: THE SYSTEM

Birthrate Plus® (BR+) is a framework for workforce planning and strategic decision-making and has been in variable use in UK maternity units since 1988, with periodic revisions as national maternity policies and guidance are published.

It is based upon an understanding of the total midwifery time required to care for women and on a minimum standard of providing one-to-one midwifery care throughout established labour. The principles underpinning the BR+ methodology are consistent with the recommendations in the NICE safe staffing guideline for midwives in maternity settings and have been endorsed by the RCM and RCOG.

The RCM strongly recommends using Birthrate Plus® (BR+) to undertake a systematic assessment of workforce requirements, since BR+ is the only recognised national tool for calculating midwifery staffing levels. Whilst birth outcomes are not influenced by staff numbers alone, applying a recognised and well-used tool is crucial for determining the number of midwives and support staff required to ensure each woman receives one-to-one care in labour (as per recommendation 1.1.3).

Birthrate Plus® has been used in maternity units ranging from stand-alone community/midwife units through to regional referral centres, and from units that undertake 10 births p.a. through to those that have more than 8000 births. In addition, it caters for the various models of providing care, such as traditional, community-based teams and continuity caseload teams. It is responsive to local factors such as demographics of the population; socio-economic needs; rurality issues; complexity of associated neo-natal services, etc. The methodology remains responsive to changes in government policies on maternity services and clinical practices. Birthrate Plus® is the most widely used system for classifying women and babies according to their needs and using clinical outcome data to calculate the numbers of midwives required to provide intrapartum and postpartum care.

An individual service will produce a casemix based on clinical indicators of the wellbeing of the mother and infant throughout labour and delivery. Each of the indicators has a weighted score designed to reflect the different processes of labour and delivery and the degree to

deviations from obstetric normality. Five different categories are created - the lower the score the more normal are the processes of labour and delivery.

Other categories classify women admitted to the delivery suite for other reasons than for labour and delivery.

Together with the casemix, the number of midwife hours per patient/client category based upon the well-established standard of one midwife to one woman throughout labour, plus extra midwife time needed for complicated Categories III, IV & V, calculates the clinical staffing for the annual number of women delivered.

Included in the workforce assessment is the staffing required for antenatal inpatient and outpatient services, ante and postnatal care of women and babies in community birthing in either the local hospital or neighbouring ones.

The method works out the clinical establishment based on agreed standards of care and specialist needs and then includes the midwifery management and specialist roles required to manage maternity services. Adjustment of clinical staffing between midwives and competent & qualified support staff is included.

The recommendation is to provide total care to women and their babies throughout the 24 hours 7 days a week inclusive of the local % for annual, sick & study leave allowance and for travel in community.

Factors affecting Maternity Services for inclusion within the Birthrate Plus[®] Study

The Governance agenda, which includes evidence-based guidelines, on-going monitoring, audit of clinical practices and clinical training programmes, will have an impact upon the required midwifery input; plus, other key health policies. Birthrate Plus[®] allows for inclusion of the requisite resources to undertake such activities.

Increasingly, with having alongside midwife units where women remain for a short postnatal stay before being transferred home, the maternity wards provide care to postnatal women and/or babies who are more complex cases. Transitional care is often given on the ward

rather than in neonatal units, safeguarding needs require significant input which put higher demand on the workload.

Shorter postnatal stays before transfer home requires sufficient midwifery input in order to ensure that the mothers are prepared for coping at home. It is well known that if adequate skilled resources are provided during this postnatal period, then such problems as postnatal depression or inability to breast-feed can be reduced or avoided.

Community based care is expanding with the emphasis being placed on 'normal/low risk/need care being provided in community by midwives and midwifery support roles. Women and babies are often being seen more in a clinic environment with less contacts at home. However, reduced antenatal admissions and shorter postnatal stays result in an increase in community care. Midwives undertake the Newborn and Physical Examination (NIPE) instead of paediatricians, either in hospital or at home.

Cross border activity can have an impact on community resources in two ways. Some women may receive antenatal and/or postnatal care from community staff in the local area but give birth in another Trust. This activity counts as extra to the workload as not in the birth numbers. They have been termed as "imported" cross border cases. Equally, there are women who birth in a particular hospital but from out of area so are 'exported' to their local community service. Adjustments are made to midwifery establishments to accommodate the community flows. Should more local women choose to birth at the local hospital in the future adjustments will need to be made to workforce to provide the ante natal and intrapartum care.

The NICE guideline on Antenatal Care recommends that all women be 'booked' by 10 weeks' gestation, consequently more women are meeting their midwife earlier than previously happened. This early visit requires midwifery assessment/advice, but the pregnancy may end as a fetal loss, so the total number of postnatal women is less than antenatal.

Discussion of Data

1. The results are based on three months casemix data obtained for the months of June - August 2021.
2. Allowances of 19.68% uplift for annual, sick and study leave, and 10% community travel are included in the staffing figures. The Head of Midwifery has also requested calculations based on 22% Uplift.
3. Annual Activity is based on the FY 2020/2021 and total births of 5535, allocated as below:
 - 4461 Delivery Suite births
 - 881 Serenity Birth Centre births
 - 193 births at Home/BBAs
4. The Birthrate Plus[®] staffing is based on the activity and methodology rather than on where women may be seen and/or which midwives provide the care.
5. Time is included for Band 7 Coordinators, Ward and Department Managers and Team Leaders to cover the day-to-day management and coordination in all areas.
6. The casemix (Table 1) indicates that 54.1% of women are in the 2 higher categories IV and V which is slightly lower than the average for England of 58% based on 55 maternity units from a wide range of size and location. The casemix is unique to each service as reflects the clinical and social needs of women, local demographics, clinical decision making and adherence to national guidelines. Appendix 1 provides a description of the 5 categories. See Table 2 which demonstrates the change in casemix from 2018/19.
7. There is a noticeable increase in the casemix since the 2018 assessment and comparing Tables 1 and 2 show an increase of almost 10% for all hospital births, and for delivery suite alone, a rise of 7%.

	% Cat I	% Cat II	% Cat III	% Cat IV	% Cat V
2021 DS % Casemix	1.6%	8.2%	25.0%	28.8%	36.4%
	34.8%			65.2%	
2021 Generic % Casemix	11.5%	13.6%	20.8%	23.9%	30.2%
<i>(Includes births on the Serenity Birth Centre)</i>	45.9%			54.1%	

2021 Casemix Table 1

	% Cat I	% Cat II	% Cat III	% Cat IV	% Cat V
2018 DS % Casemix	7.2%	16.5%	19.1%	27.7%	29.5%
	42.8%			57.2%	
2018 Generic % Casemix	19.9%	20.6%	14.8%	21.7%	23.0%
<i>(Includes births on the Serenity Birth Centre)</i>	55.3%			44.7%	

2018 Casemix Table 2

8. There will be a correlation between the casemix, and maternity stats recorded on the dashboard especially in relation to Induction rates, delivery method, post-delivery problems, obstetric and medical conditions.
9. Table 3 shows the additional intrapartum activity on the Delivery Suite.

	Annual Total
Antenatal cases	1308
P/N readmissions	96
Escorted transfers out	60
Non-viable pregnancies	68
Inductions of labour (75%)	1652

Additional Intrapartum Activity Table 3

10. Table 4 shows the annual activity on the Serenity Birth Centre

Births with P/N care	688
Births only (transfers to P/N Ward)	193
Transfers to D/Suite	301
Triage cases	736

Annual activity on Serenity Birth Centre Table 4

11. The staffing for the Maternity Triage is staffed to the BSOTS model i.e., 2 RMs to provide a 24 hour service, 7 days a week. There are 8,688 episodes annually.
12. The Day Assessment Unit is staffed 12hrs a day, 5 days a week with 2 RMs, and a midwife sonographer 7.5hrs, 5 days a week who provides a 'one stop' service.

13. Table 5 shows the annual activity on the Antenatal Ward M1 and Postnatal Ward M2

	Annual Total
Antenatal admissions	1092
Induction of labour	551
Postnatal women	4654
P/N readmissions	90
NIPE	3798
Extra care babies	1066

Antenatal/Postnatal Ward activity Table 5

14. Often the antenatal activity taking place in hospital is reflective of the higher % in Categories IV & V, as women with medical/obstetric problems, low birth weight &/or preterm infants require more frequent hospital based care. The annual activity indicates 1092 admission episodes to the ward excluding inductions and elective sections.

15. The 'extra care babies' of 1066 are those that have a postnatal stay longer than 72hrs. The increase in babies that require frequent monitoring is covered in the casemix as more hours are allocated to women in the higher categories IV and V.

16. Staffing is included for 3798 babies to have their NIPE carried out by a midwife on the postnatal ward. NIPE for Serenity Birth Centre and home births is routinely included.

17. Outpatient Clinic services are based on session times and numbers of staff to cover these, rather than on a dependency classification and average hours. Professional judgement is used to assess the numbers of midwives and support staff required to 'staff' the clinics/sessions. The outpatients' profile is unique to each maternity service.

18. Table 6 provides a summary of the community population receiving maternity care from Sandwell & West Birmingham Hospitals NHS Trust community midwives.

Community Imports	4948
Community Exports	403
Home births	193
Community cases <i>(AN and PN care – hospital birth)</i>	10,359
Attrition Cases <i>(pregnancy loss or move out of area)</i>	1440
Significant Safeguarding	865

Community Activity Table 6

19. The community annual total includes 4948 women who birth in neighbouring units, and who receive ante/postnatal care from Sandwell & West Birmingham Hospitals NHST community midwives (community imports). The birth episodes for this group of women are provided by neighbouring maternity units.

This activity has increased from 3773 in the previous workforce assessment carried out in 2019 and significantly impacts on the resources required in the community.

20. There are 403 women who birth in Sandwell & West Birmingham hospital and as from 'out of area' receive their community care from their home Trust (community exports). In 2018/19, the annual total was 553.

21. As with all services, there are women who may be booked or see a midwife in early pregnancy but will have a pregnancy loss or move out of area, namely, attrition cases of 1440.

22. Additional staffing is included for community staffing due to the high incidence of women with significant safeguarding needs which will affect own births and the community imports.

23. The total clinical establishment will contain the contribution from Band 3 MSWs in hospital and community postnatal services. Most maternity units work with a minimum of 90/10% skill mix split of the clinical total wte, although this is a local decision by the Senior Midwifery Team. The current skill mix is based on 90% of RMs, and 10% Band 3 Midwifery support workers on the Postnatal Ward/Community.
24. In addition, there is a need to have support staff usually at Band 2 working on delivery suite, maternity wards and in outpatient clinics. These roles are essential to the service but are not included in the midwifery ratio. To calculate the requirement for these support staff, professional judgement of the numbers per shift is used rather than a clinical dependency method.

Birthrate Plus[®] Staffing: inclusive of 19.68% uplift

Clinical WTE required	
Delivery Suite: <ul style="list-style-type: none"> • Births • A/N cases • Postnatal Readmissions • Non-viable pregnancies • Escorted transfers out • Inductions of labour 	61.73wte
Triage - BSOTS Model	10.72wte
Serenity Birth Centre <ul style="list-style-type: none"> • Births & postnatal care • Births only • Transfers to Delivery Suite • Triage cases 	14.72wte
Antenatal Ward – M1 <ul style="list-style-type: none"> • A/N Admissions • Inductions of Labour Postnatal Ward – M2 <ul style="list-style-type: none"> • Postnatal women • NIPE • Extra Care Babies • Postnatal readmissions 	10.54wte 47.60wte <i>(Includes MSWs for postnatal care)</i>
Patients Services <ul style="list-style-type: none"> • Midwives/Specialist clinics • Midwife sonography COGs • Obstetric/Specialist clinics • Fetal medicine • Maternity Day Unit 	11.33wte MWs 5.03wte (includes midwife sonographer)
Community Services: <ul style="list-style-type: none"> • Home births • Community cases (10,359) • Attrition • Additional safeguarding 	103.30wte <i>(Includes MSWs -postnatal care)</i>
Total Clinical WTE	264.97wte RMs & PN MSWs

Birthrate Plus Staffing Table 7

Current Clinical Funded Bands 3 – 7

Comparisons are made with the current funded establishment as per table 8 below.

RMs Bands 5-7	Contribution from Specialist roles	B3 MSWs	Total Clinical wte
205.08	11.99	22.32	239.39

Current Funded Establishment Table 8

Comparison of Clinical Staffing

Current Funded Establishment bands 3 – 7	Birthrate Plus establishment bands 3 – 7	Variance Bands 3 – 7
239.39	264.97	-25.58

Comparison of Clinical Staffing Table 9

Clinical Specialist Midwives

25. The clinical specialist midwives have both a clinical and non-clinical role. The decision of senior midwifery management is that 53% (11.99wte) of the total wte contributes to the clinical staffing. The remaining 47% (10.62wte) is included in the non-clinical roles.

Non-Clinical Midwifery Roles

26. The total clinical establishment as produced from Birthrate Plus[®] of 264.97wte excludes the non-clinical midwifery roles needed to provide maternity services, as summarised below:

- Director of Midwifery, Head of Midwifery, Matrons/managers with additional hours for team leaders to participate in strategic planning & wider Trust business
- Additional time for specialist midwives to undertake audits, training of staff, etc.

- Bereavement
- Antenatal / Newborn Screening midwives
- FGM midwife
- Digital midwife
- Clinical Educators
- Perinatal Mental Health
- Infant Feeding leads
- Consultant Midwife
- Vulnerable women's midwife
- Young parents midwives
- Fetal Medicine
- Infant Feeding midwives
- Diabetes
- Risk & Governance leads

The above roles require 23.85wte applying 9% based on the clinical total wte.

Note: To apply a % to the clinical total ensures there is no duplication of midwifery roles. The % can be set locally, although the RCM Staffing Guidance support 9-11% and Birthrate Plus is NICE endorsed hence being generally applied in maternity services.

Current Funded wte	Additional wte	Birthrate Plus wte (9%)	Variance wte
20.62		23.85	-3.23

Comparison of additional specialist and management wte Table 10

Summary of Results

Current Funded Clinical, specialist and management roles	Birthrate Plus wte	Variance wte
260.01	288.82	-28.81

Total Clinical, Specialist and Management wte Table 11

27. Based on 2020/21 activity, a 19.68% uplift the clinical total recommended for Sandwell & West Birmingham Hospitals NHS Trust is 264.97wte, of this based on a 90/10 skill mix 238.47wte could be Registered Midwives bands 5 -7 and 26.50wte MSWs providing postnatal care (on the ward/community). The current clinical variance is -21.40wte RMs and -4.18wte MSWs.
28. In addition, based on 9% 23.85wte is recommended for non-clinical roles, which compared to the current establishment of 20.62wte, means that there is a non-clinical variance of -3.23wte. *Note: The recommended establishment is for the baseline based on acuity and activity and does not specifically reflect Continuity of Carer caseload teams.*
29. The calculated total workforce requirement for Sandwell & West Birmingham Hospitals NHS Trust is 288.82wte, which includes an additional 9% for non-clinical roles. The comparative current funded establishment is 260.01wte which means that there is a total deficit of -28.81wte.
30. Based on 22% Uplift the workforce requirements are as shown in the table 12 below, which equates to an additional 7.57wte.

Total Clinical WTE	271.92
Non Clinical	24.47
Clinical, Specialist, Management Total	296.39

Workforce Requirements based on 22% Uplift Table 12

Using ratios of births/cases to midwife wte for projecting staffing establishments

To calculate for staffing based on increase in activity, it is advisable to apply ratios of births/cases to midwife wte, as this will consider an increase or decrease in all areas and not just the intrapartum care of women. There will be changes in community, hospital outpatient and inpatient services if the annual number of women giving birth alters.

Once the clinical 'midwifery' establishment has been calculated using the ratios, a skill mix % can be applied to the total clinical wte to work out what of the total clinical 'midwifery' wte can be suitably qualified support staff, namely MSWs Band 3. Nursery Nurses and RGNs working in postnatal services only.

In addition, a % is added (9%) to include the non-clinical roles as these are outside of the skill mix adjustment as above. However, the addition of other support staff (usually Band 2s MCAs) that do not contribute to the clinical establishment will be necessary.

Calculating staffing changes using a ratio to meet increase in births assumes that there will be an increase in activity across ALL models of care and areas including homebirths.

If there is an increase or decrease in activity, then the appropriate ratio can be applied depending on the level of care provided to the women. For example, if the women just have community care as birth in a neighbouring unit, it is only necessary to estimate the increase in community staffing so the ratio of 105.6 cases to 1wte is the correct ratio to apply. To use the ratio will overestimate the staffing as this covers all ante, intra and postnatal care.

Example: A woman who births in the Delivery Suite but is 'exported' to another community, then the ratio of 30.4 births to 1wte should be applied. The main factor in using ratios is to know if having total care for the 'Trust' midwives or only hospital or community.

Midwife Ratios based on above data and results

The ratios below are based on the Birthrate Plus® dataset, national standards with the methodology and local factors, such as % uplift for annual, sick & study leave, case mix of women birthing in hospital, provision of outpatient/day unit services and total number of women having community care irrespective of place of birth.

The low % uplift and high import activity have a significant impact on the overall ratio and without this extra workload, the ratio is 24.3 births to 1wte, which is similar to many other maternity services

Delivery Suite births, all hospital care	30.4 births to 1wte
All hospital births (all hospital inpatient and outpatient care)	31.8 births to 1 wte
Birth Centre births	46.7 births to 1wte
Home births	36.5 births to 1wte
Community care (hospital births)	105.6 cases to 1wte
Overall ratio for all births	20.9 births to 1wte

Sandwell & West Birmingham NHST Ratios Table 13

Note: The overall ratio for Sandwell & West Birmingham NHS Trust of 20.9 births to 1wte equates to the often-cited ratio of 28 or 29.5 births to 1 wte, but they are not directly comparable for the above local factors. The latter ratios were based on extensive data from Birthrate Plus studies and whilst published so seen as 'up to date', more recent studies in the past 3 years are indicating that these ratios may not be appropriate to use for comparison, mainly due to increase in acuity of mothers and babies and subsequent care required. These factors have changed the overall and, indeed, individual ratios. Therefore, it is advisable to use own ratios calculated from a detailed assessment for workforce planning purposes.

Appendix 1

Method for Classifying Birthrate Plus[®] Categories by Scoring Clinical Factors in the Process and Outcome of Labour and Delivery

There are five [5] categories for mothers who have given birth during their time in the delivery suite [Categories I – V)

CATEGORY I **Score = 6**

This is the most normal and healthy outcome possible. A woman is defined as Category I [*lowest level of dependency*] if:

The woman's pregnancy is of 37 weeks' gestation or more, she is in labour for 8 hours or less; she achieves a normal delivery with an intact perineum; her baby has an Apgar score of 8+; and weighs more than 2.5kg; and she does not require or receive any further treatment and/or monitoring

CATEGORY II **Score = 7 – 9**

This is also a normal outcome, very similar to Category I, but usually with the perineal tear [score 2], or a length of labour of more than 8 hours [score 2]. IV Infusion [score 2] may also fall into this category if no other intervention. However, if more than one of these events happens, then the mother and baby outcome would be in Category III.

CATEGORY III **Score = 10 – 13**

Moderate risk/need such as Induction of Labour with syntocinon, instrumental deliveries will fall into this category, as may continuous fetal monitoring. Women having an instrumental delivery with an epidural, and/or syntocinon may become a Category IV.

CATEGORY IV **Score = 14 –18**

More complicated cases affecting mother and/or baby will be in this category, such as elective caesarean section; pre-term births; low Apgar and birth weight. Women having epidural for pain relief and a normal delivery will also be Category IV, as will those having a straightforward instrumental delivery.

CATEGORY V **Score = 19 or more**

This score is reached when the mother and/or baby require a very high degree of support or intervention, such as, emergency section, associated medical problem such as diabetes, stillbirth, or multiple pregnancy, as well as unexpected intensive care needs post-delivery. Some women who require emergency anaesthetic for retained placenta or suture of third degree tear may be in this category.



YOUR TRUST CHARITY



ANNUAL REPORT AND ACCOUNTS OF THE CORPORATE TRUSTEE 2021 - 2022





FRONT COVER PHOTOS

MAIN PHOTO - Mum Alison and Kailen Williams with granddad Bernard supporting Your Trust Charity

PHOTO 2 - The Critical Care Team fundraising at Wolf Run

PHOTO 3 - Peter Upton donating to the Cardiac Rehab team

SANDWELL AND WEST BIRMINGHAM NHS TRUST

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Foreword

2021/22 will be remembered as the year we began our collective journey of recovery from Covid-19. Your Trust Charity, the registered charity of Sandwell & West Birmingham Hospitals (SWB) NHS Trust, played a key role in supporting the gradual restoration of services for our staff, volunteers, patients, families and their carers. Once again, we were truly humbled by the fantastic generosity of our local community, and we are so grateful to you all for your support.

Although social restrictions began to lift during the year, we were once again unable to host face-to-face fundraising activities in our hospitals, healthcare facilities and out in our community. However, we continued to receive financial donations and gifts in kind, as well as wonderful thank you messages from many of our supporters. This meant we could continue to make a real difference in our four priority areas of charitable spend, especially towards community resilience.

We are grateful once again to the supporters on NHS Charities Together, who continued to provide grant assistance to us and our regional partners in the Black Country and West Birmingham. We were also delighted to be successful in their first ever competitive funding round, match funded by the Department of Culture, Media and Sport, which has enabled us to deliver added value services for young volunteers.

This goes hand in hand with Your Trust Charity's first 'payment by results' contract award by the Prince's Trust, via the Department of Health. The contract, entitled 'SCORE' (Supporting Career Opportunities, Recruitment & Employment) is aimed at creating 150 much needed entry level roles for young people in health and social care by March 2024. Your Trust Charity, in partnership with the Trust's volunteer services and Aston Villa Foundation, is proud to be one of only six projects in the country delivering this much needed work.

The We are Metropolitan campaign, aiming to raise at least £2m for our new hospital, continues to go from strength to strength. We'd like to thank Listers Group, in particular, for an amazing and life-changing donation towards our cardiology research agenda at the Midland Met, as well as so many of our supporters who have signed up to the planned zip wire fundraiser.

Please find out more about these and many other exciting activities in our report. As always, none of this would be possible without the continued support of our donors and fundraisers. My genuine and heartfelt thanks go to you all, as we continue on our collective road of recovery and restoration.

Councillor Waseem Zaffar MBE,
Chair of Charitable Funds Committee



Councillor Waseem Zaffar MBE, Chair of Charitable Funds Committee

//
**My genuine and heartfelt
thanks go to you all, as we
continue on our collective
road of recovery and
restoration.**

//

About Your Trust Charity

Your Trust Charity - the registered charity of Sandwell & West Birmingham NHS Trust - has the following mission:

“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 & equipment

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

2. Staff education & development

- 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 & research

- 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



Children donating Easter eggs to SWB Day Nursery



Smethwick Gurdwara visiting Midland Met

We Are Metropolitan

We Are Metropolitan continues to be the most important and ambitious fundraising campaign in our history.

The cost of building the Midland Metropolitan University Hospital is already paid for. But the charity, through our minimum £2 million campaign, needs to make it more than a hospital. Through this, we will fund those things over and above core NHS funding, which will enhance our hospital's ability to deliver exceptional care in a world class building. But we need your help to make it more than a hospital.

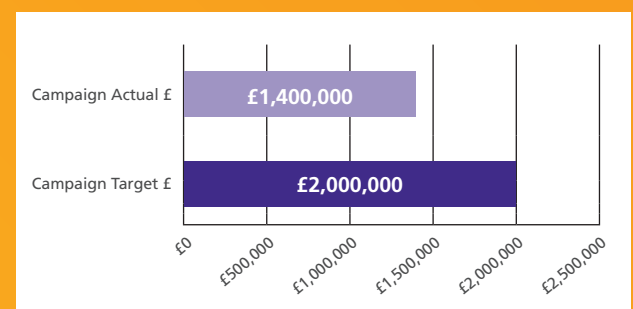
We continue to offer our grateful thanks to our business committee members, co-chaired by Henrietta Brealey, chief executive of the Chambers, and Deb Leary, president of the Chambers and CEO/Founder of Forensic Pathways, who took over from Steve Allen as past president during the year. We'd also like to thank our community committee members, co-chaired by Dr Sarb Clare and Dr Nick Makwana from our Trust, and particular thanks to Peter Salt, Chief Executive of Salts Healthcare, who chairs our Campaign Council.

We'd also like to thank the Listers Group, in particular group chairman, Keith Bradshaw and managing director, Terry Lister for an amazing donation of £178,000 towards cardiovascular research as part of our campaign, which will help to change many of our patients' lives as we move

into our new hospital. Heart disease is the biggest cause of mortality in the West Midlands, and the number of patients with coronary heart disease is above the national average in both Sandwell and West Birmingham.

Tim Bradshaw, Chief Operating Officer of Listers Group and member of our business committee said: "The Bradshaw and Lister families are delighted to be able to support this new hospital in the West Midlands, where our family and business roots began, and where a number of our 2,000 employees live and work. Better heart health and living a longer and healthier life, is vitally important for the area. We are very excited to work with the Trust on furthering their research agenda and making Midland Met more than a hospital."

Figure 1
Summary of the We Are Metropolitan fundraising campaign and progress to date





The Guru Nanak Nam Ladies Jatha UK Group donating to We Are Metropolitan

We Are Metropolitan

As at 31st March 2022, we have secured almost £1.4m towards our target of £2 million. However, we still need the help of our local community and businesses to 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 if we raise these vital funds.

Every penny raised will help us make a real difference in the following 3 areas:

1. Community spaces

These spaces will be within the hospital or the grounds, these might be play areas or a community garden. Midland Met will also house an 88 metre gallery space, one of the biggest in our region, open to the public where we will showcase exhibitions, visual art, and run cultural education programmes.

2. A welcome, healing environment

Healing and getting better is more than curing ailments - it is about creating a positive atmosphere. As well as hosting play areas for children inside the hospital, we'll

also create engaging displays in patient waiting areas and departments, and display flagship sculptures in our hospital grounds.

3. Research & development

Our fundraising will open the door to new research, not just with our facilities but also involving patients and the public. This will help us better understand conditions reflecting the growing ethnic diversity of our patients, and strengthening our ability to tackle future virus outbreaks.

We continue delivery on our innovative INside OUTside: A Hospital of the Future programme, which has received further grant assistance this year from NHS Charities Together. In partnership with Sandwell Cultural Education Partnership (SCEP), as well as our investment partner Arts Connect, we have been able to bring children young people, schools, artists and our clinicians together in this exciting programme. Focused on Science, Technology, Arts, Engineering, and Maths (STEAM), children and young people are exploring what happens inside and outside their bodies, helping them make the connection between how our environment affects us and what choices we need to make to help us thrive.

Children and young people from up to 20 local schools in Sandwell, with the support of commissioned artists in Sandwell, are creating a range of high quality art activities, including drama, art, music, poetry, robotics and animation. The children will celebrate their work with exhibitions, displays and performances will take place in and around the Trust going forward, culminating in a showcase at the opening of the new hospital. Ultimately, this is enabling children to be creative: innovators; inventors; researchers; designers, performers and makers; co-producers in partnership with health professionals and artists.



The Winter Garden under construction at Midland Met

Supporting We Are Metropolitan

We want to be able to recognise every supporter for contributions they are able to make to the We Are Metropolitan campaign.

1. Wards, Departments and Rooms

We have several areas within the Midland Metropolitan University Hospital that need support from benefactors. These include the maternity ward, where babies from across Sandwell and West Birmingham will be born, or the A & E department, which will merge two facilities to operate as one major service. We also have a range of seminar rooms where teaching for our students and clinical staff will take place. Depending on which area is of interest, we are happy to discuss the level of support required, and how we will recognise this support within the chosen area. We can also arrange site visits and meetings with the consultants who will run these areas, to learn more about how donations to their department will make a real difference.







2. Garden of Gratitude

Your Trust Charity is keen to give everyone a chance to support our We Are Metropolitan fundraising campaign. That's why we have come up with the option to show your support by having your name inscribed onto one of our glass courtyards borders in our Garden of Gratitude.

Our Garden of Gratitude is on level five, where everyone will visit on arrival.

You can choose to have the names of family, friends, or loved ones inscribed onto the glass. Businesses are also welcome to have their company name printed.

There are three levels of donations available which result in three different sizes of name. Please see our pricing levels below:

Individuals and community:		
Daisy	Rose	Sunflower
		
£100	£200	£300
Business:		
Daisy	Rose	Sunflower
		
£500	£750	£1,000

Our architects Edward Williams have kindly created renderings of what this will look like.



A rendering of supporter names printed in our Garden of Gratitude kindly provided by Edward Williams Architects

3. Fundraising Events

As we begin to take steps out of lockdown, Your Trust Charity is excited to confirm a new date for its flagship fundraising event to help raise charitable funds for We Are Metropolitan.

We'll be hosting our biggest fundraising event to date. It is your opportunity to descend down a 220 metre zip wire. A crane will lift a cage into the air and once the

cage reaches the agreed height you will zip wire out one by one, enjoying panoramic views across Birmingham and Sandwell. You will reach speeds of up to 35mph as you enjoy one of the most exhilarating adventures of your life.

With brighter days on the horizon, this is the ideal opportunity for thrill-seekers to enjoy this adrenaline packed adventure. Every single penny raised will go towards our £2 million fundraising campaign.

swbh.nhs.uk/charity

*Your
Trust
Charity*
making everyone matter

NHS
Sandwell and
West Birmingham
NHS Trust

Join our crane
**ZIP WIRE
CHALLENGE**

and raise money for
Your Trust Charity's We Are
Metropolitan campaign.

**Saturday 1 and
Sunday 2 July 2023**



#MoreThanAHospital



**M
M
M**
MIDLAND
METROPOLITAN
UNIVERSITY HOSPITAL

Join our charity zip wire challenge on 1st & 2nd July 2023

We also welcome any supporters wishing to fundraise in their own way for We are Metropolitan - either through a virtual or face-to-face event. Please get in touch and we'll provide our fundraising pack to help with that essential planning. We're also on hand for any advice needed.

4. Donate

Please donate to We are Metropolitan online: <https://donorbox.org/your-trust-charity>

Please contact us at trustcharity@nhs.net if you would like to discuss any of the opportunities above.



Kristine and her granddaughter selling artificial flowers for Your Trust Charity

How you can get involved

- **Donate by cheque to:**
- **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** - you 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:**



Contact us:

Telephone: 0121 507 5196

Email: trustcharity@nhs.net

Website: <https://www.swbh.nhs.uk/charity/>



Our Appeals

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

The current appeals and themes are as follows:

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
- Endocrine & Metabolic R&D

Community Appeal

- iCares
- Palliative Care
- Dementia Support

Birmingham Midland Eye Centre (BMEC) Appeal

We Are Metropolitan Appeal



A kind donation of teddies from Sandwell Freemasons

What we have achieved

We are pleased to report total charitable income for the year of £1,687,000. Charitable expenditure was £1,196,000, and an overall surplus of £491,000. Your Trust Charity's five year strategy continues to focus on spending our donations wisely in line with donor wishes. We have continued to use our commissioning model, introduced in 2018, to assess new funding requests.

Based on our four priority areas of **infrastructure, education, innovation and community resilience**, and also including We Are Metropolitan, Your Trust Charity has spent the following during 2021-22:

Priority Area	Amount (£)
Infrastructure and equipment	66,000
Education and development	60,000
Innovation and research	235,000
Community resilience	505,000
We Are Metropolitan	73,000
Total	939,000



The EyeSi VR Magic Vitreoretinal Surgical Simulator Module

Within **Infrastructure & Equipment**, the charity funds 'over and above' improvements to the Trust's environment, or purchases enhanced capital equipment supplied to the Trust. This last year we have:

- Purchased the EyeSi VR Magic Vitreoretinal Surgical Simulator Module, housed within our Academic Unit of Ophthalmology. Thanks to a very generous further grant by the Roper-Hall Eye Foundation, this high-end virtual reality simulator module is being used for intraocular surgery training. Trainees can now see the virtual surgical field in stereo and high resolution, while operating with life-like surgical instruments. This greatly increases their surgical experience at our lead site for clinical trials, without risk to patients.
- Provided a 32 inch Smart TV to our Leasowes Intermediate Care Centre, to enhance the environment for our rehabilitation and end of life patients, particularly those in side rooms
- Supplied the Acheeva Graduate Learning Station to children with very complex needs at the Orchard Special School. This will greatly aid 24-hour postural management which is vital for the prevention of deformity. As a result, this will help in the prevention of surgery as well as helping with the child's comfort and wellbeing. It also emphasises our role in supporting our partners within Sandwell & West Birmingham to deliver integrated care.



The Acheeva Graduate Learning Station

Our **Education and development** priority supports the non-mandatory education of our staff, as well as supporting their wellbeing needs during recovery and restoration of services from Covid-19. We have funded:

- The support of several clinical teams, including Stroke Therapy, ICU and Day Hospice, to take much-needed time out from our sites for team building away days. This has helped to re-energise and refocus them for the challenges ahead
- 6 staff from our cardiac rehabilitation team to complete the nationally recognised REACH Heart Failure programme provided by NHS Lothian. This provides vital self-management skills for individuals living with heart failure and their family/caregivers
- An MSC in Advanced Clinical Practice, to support our nurse-led acute oncology service to provide enhanced person-centred care, enabling further developments in patient experience
- Presenting Trust work at the European Association of Poison Centres and Clinical Toxicologists (EAPCCT) annual conference. This is one of the world's leading forums for advancing knowledge and understanding of the diagnosis and treatment of all forms of poisoning
- The provision of fruit and snacks to our frontline services during the 3rd peak of Covid admissions in winter 2021, as well as providing our junior doctors with meals whilst they were away from home during extremely busy shifts

Our **Innovation** Research priority, we want to support our Trust on pilot projects to help uncover ground breaking research into conditions that affect our patient population. This last year, we have been extremely grateful to Behçet's UK, who have provided match-funding to Your Trust Charity. This has enabled us to establish a study by our lead researcher Dr Priyanka Chandratre, based at our Behçet's Syndrome National Centre of Excellence.



Dr Priyanka Chandratre, Consultant Rheumatologist

Behçet's syndrome is a rare and chronic auto-inflammatory multisystem disorder of unknown cause. This study is investigating the incidence and prevalence of Behçet's Disease in England using data from the last 10 years, and is assisted by University Hospitals Birmingham's Informatics team. Following this, the project also seeks to establish the first disease registry for Behçet's Disease in collaboration with National Disease Registration Service (NRDS).

We anticipate this research will enable us to examine longer-term changes in the health and outcome of patients with Behçet's Disease and improve access to emerging clinical trials where available. There is currently no cure for Behçet's syndrome, stressing the vital importance of this work.

Measuring Impact: : Our commissions & grant-aided programme

Community resilience is our largest area of charitable expenditure over recent years and will most likely continue to be as we steadily progress our work programmes around co-developments and co-financing of patient facing services within our region. As in previous years we will use this area to measure and demonstrate our impact and beneficiary take-up by those accessing and using our services.

The evaluation of our charity funded projects looks at:

- a) Evidence, beneficiary feedback and take-up by patients, performance monitoring of indicators that helped us determine how the funds generated from grant aided commissions and contracts were spent, and where there was potential scope to scale up the project.
- b) Contribution to our regional health and social care outcomes and where applicable how projects both add values and complemented regional employability objectives,
- c) Identifying and supporting of meaningful developments with stakeholders within our regional NHS Trust Charity catchment and the potential of co-developments with sector-based partnerships

Thank you to NHS Charities Together, which granted us a further £254,723 during 2021-22. This has meant we could support, amongst other projects:

Our people

- Plans to install an outdoor gym at our City Hospital site
- Running a number of 'pop-up staff wellbeing hubs', rotating across our 3 hospitals and community sites
- Creating and operating a new support programme for our staff with MSK disorders

Our patients

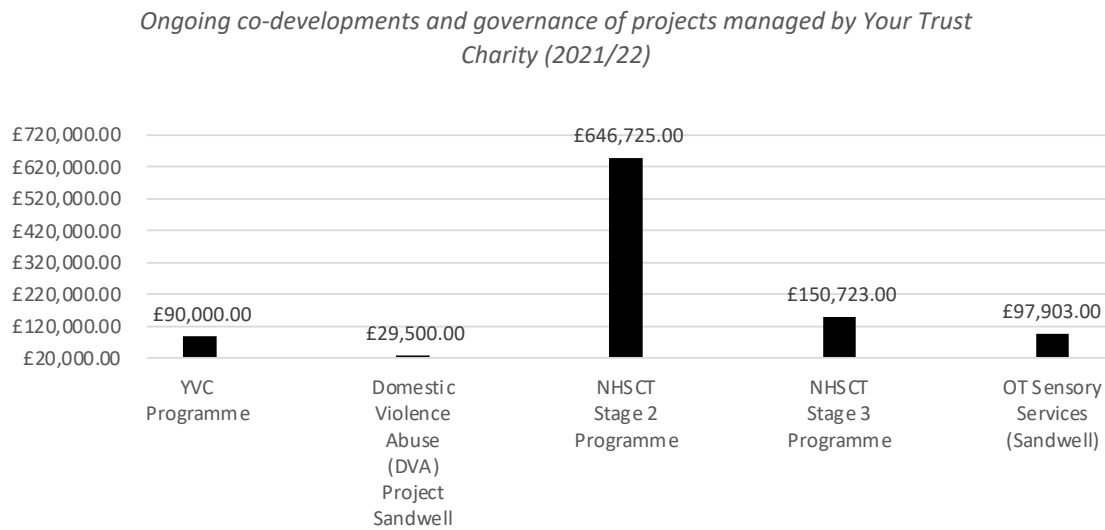
- Rolling out of our E-bike pilot in our Trust and local community, to benefit our staff and socially prescribed patients
- Setting up a volunteer befriending local support service for our patients living with and beyond cancer (LWBC)
- Setting up a pilot sensory processing project for children and young people with speech and language needs, delivered by our occupational therapists in the community

Our population

- Supporting our 'Inside Outside' programme as part of our art in hospital strategy at Midland Met, bringing together artists, children and young people, and clinicians to create high quality art
- Establishing the Youth Volunteering Champions (YVC) project, which will support 16 – 25 year olds through work placement opportunities to youths across the community in the healthcare sector

Figure 3

Your Trust Charity's ongoing co-development projects and programmes during 2021/22



Stage 2 - NHS Charities Together Community Partnerships Grant for Black Country & West Birmingham (BCWB) Consortium - awarded £646,725

Project Duration: January 2021 - December 2022

Background:

Your Trust Charity was the accountable organisation that secured this grant and undertook the lead role for project management, governance, performance monitoring and financial compliance for the BCWB consortium. The NHS Trust charities involved in the delivery of this included:

- Birmingham Community Health Care
- Black Country Healthcare NHS Foundation Trust
- Dudley Group NHS Foundation Trust
- Sandwell & West Birmingham Hospitals NHS Trust
- The Royal Wolverhampton NHS Trust
- Walsall Healthcare NHS Trust

Your Trust Charity's function was to ensure that main focus of projects commissioned by NHS Charities Together were patient facing services and interventions. These were targeted at diverse and marginalised communities, and within neighbourhoods across the region most impacted by Covid-19.

Funding was to address not just health-related issues, but also a cross selection of complex high-level outcomes in terms of poverty that impacted the most across key sectors. These included support for beneficiaries impacted by social housing and/or living in poor environmental conditions, and had compounding issues that sadly were contributing to high levels of deprivation.

Projects included:

- Supporting elderly people at risk of isolation and vulnerability, interventions supporting the homeless, and aiding those placed in furlough
- Assisting those severely impacted by other welfare poverty issues brought about by the pandemic, including households where more than one adult was unemployed,
- Targeted support for end-of-life patients and their families from diverse communities, in partnership with hospices operating within the region
- Supporting delivery of the 'Inside Outside' cultural education programme with artists, children, young people and schools within the catchment of the Midland Metropolitan University Hospital
- Supporting advanced healthcare in care homes, as well as an early intervention project for patients with physical and mental health needs

The consortium needed to re-direct delivery and secure additional funds to address issues in high density areas. These arose due to growing health inequalities, such as an increase in low-income households, and families at risk of homelessness.

Project Outcomes:

The evaluation of beneficiary take-up and the overall impact being made is still ongoing, but even so datasets from mid-year project reports have indicated that up to 4,000 beneficiaries from across the region will be supported. Work achieved to date includes the following:

- Many families, households and some individuals that were supported included those that had refugee status, including those with limited recourse to access additional public funds. Because of Covid-19 risks, many were isolating within households where English was not the first spoken language within the home

- Elderly beneficiaries supported from diverse communities included those from the Windrush generation who were embargoed by the Home Office. Subject to appeals, they were unable to receive welfare benefits, or were restricted from receiving treatment from directly funded NHS care services
- Consortium-led projects have engaged with extensive numbers of beneficiaries, carers & families, multi-occupancy households with people from more than one family
- Some projects were re-aligned and delivered to support co-developed services with groups ranging from community and voluntary organisations to credit unions, food banks and local schools. These projects supported isolated families impacted issues such as poor health, low income, longstanding levels of unemployment, and welfare poverty and accelerated by the pandemic



arts connect

Your Trust Charity are proud to be a co-investor with Arts Connect for the Inside Outside project

Case Studies and Quotes:

'Albert' (not his real name) was identified following several visits to A&E in the last few months. Albert had a range of health conditions, including dementia and heart disease. Albert had recently moved into his daughters home following a failed move into a residential care home. He had an inadequate bed, a foot wound, and his daughter was exhausted from caring for her father and often woken at night by rattling bed frames, for which they had sewn together some material to prevent the bed from knocking so loudly at night. The patient was referred to District Nurses for his foot care. A suitable bed was provided the next day. Support for the daughter is ongoing.

"Thanks to this funding, we have been able to support many employers in order to help their workforce dealing with and managing employees who experience poor mental health. Overall, this contributes to reducing pressures on primary care and also supports employers to better assist their employees with mental health conditions. This helps to avoid relapses due to work pressures and stigma".

"This is a landmark moment with Midland Metropolitan University Hospital and Arts Connect, this will drive our mission to put art at the he[art] of Sandwell to drive the possibilities for children and young people to access high-quality arts experiences through Sandwell Cultural Education Partnership!"

Stage 3 - NHS Charities Together Grant – awarded £150,723

Project Duration: July 2021 – March 2023

Background:

Your Trust Charity also undertook the lead role for project management, governance, performance monitoring and financial compliance, on behalf of an identified cohort of patient facing projects and in-house services.

This was to ensure the projects to be commissioned were a combination of evidenced-based research on restoration and recovery of patient facing services. Extensive engagement sessions and consultations, led by the charity, were undertaken with in-house teams, clinical and non-clinical leads, and representatives of patient facing groups.

Following this, the charity identified two overarching priority groups during the first 12 - 18 months of the Covid-19 pandemic we wished to support:

- a) Our staff, including those with musculoskeletal (MSK) disorders
- b) Our patients, in particular those that have been most negatively affected by the pandemic

The following added value pilot projects were selected to enhance the mental health, wellbeing and physical recovery of our staff and patients:

1. Rolling out of an E-bike pilot in our Trust and local community, to benefit our staff and socially prescribed patients
2. The installing of an outdoor gym at one of our hospital sites
3. The development and co-ordination of several 'pop-up staff wellbeing hubs', rotating across our 3 hospitals and community sites
4. Creating and operating a new support programme for our staff with musculoskeletal (MSK) disorders
5. Setting up of a Volunteer Befriending Local Support Service for our patients Living with and Beyond Cancer (LWBC)

Project Outcomes:

Due to the delays to most of the projects not all starting as planned, the quarterly monitoring of beneficiary take-up (patients and staff) and an interim evaluation on impact is still ongoing at the time of writing.



Nahida from Lyndon 4 accessing the pop-up wellbeing service

Case Studies and Quotes:

Thanks to the e-bike project, Andy went from not riding a bike at all to an average of eight rides per week commuting to and from the hospital. His average time per week spent on a bike as opposed to the car was 6 hrs per week, with an average distance of 115km per week. The distance he has travelled in one year (2021) is 2,917km, with a carbon emission saving of 498 kg and according to Strava a fitness score increase of 8,500%.

"I didn't know what to expect, it was amazing. I used the massage chair, seeing a familiar face, made it even better. Well done!"

"Everything was perfect; the wellbeing service is the only thing that actually makes a difference."

"These sessions teach me to be myself and that it is ok to realise my inner most thoughts. "

Sandwell Sensory Processing Occupational Therapy Pilot Project - allocated £171,584, awarded match-funding of £97,903 from Sandwell Metropolitan Borough Council (Inclusive Learning Services)

Project Duration: September 2021 - September 2023

Background:

Why a sensory processing project?

The project was developed in response to a need identified by Sandwell Autism Group (SAG), who received ninety five responses from parents; identifying dissatisfaction with the current commissioning arrangements for meeting the sensory processing needs of children & young people.

The Sandwell Sensory Processing Occupational Therapy Project is a 2-year pilot project to establish the effectiveness of Occupational Therapy interventions for children with sensory processing differences. The SAG form part of the project development team along with representation from SWB NHS Trust & the local authority. The project is funded by Your Trust Charity and Inclusion Support at Sandwell Metropolitan Borough Council.

What is sensory processing dysfunction?

Sensory Processing Disorder is not itself a diagnosis, but a clinical feature of other developmental or behavioural disorders, for example autistic spectrum disorder, developmental co-ordination disorder, attention deficit hyperactivity disorder, anxiety disorder.

Where does the project happen?

Therapists are embedding within a school for half a term, this enables them to develop an in-depth knowledge & understanding of the challenges children and young people (CYP) face within that specific environment.

Advice & recommendations can be made to benefit the whole school (Universal), interventions for identified small groups CYP (Targeted) and interventions for CYP with the greatest need (Specialist). This model aims to build the capacity of educators and families to support children in all spaces and places. Therapists do this by collaborating with educators and families and providing coaching in school. Assessment and intervention will mainly take place in the context of school.

Project Outcomes:

What has been achieved?

- Early identification of need; over two terms 13 classes have received support at a universal level and 59 children have received targeted or specialist intervention
- Building the capacity of educators and families
- Delivery of staff training sessions and facilitation of parents' coffee mornings
- Whole class observations and recommendations to adapt the environment, staff member's approach or the task the child is working on
- Specific small group work; sensory motor groups, understanding of levels of alertness / emotions and how these have an effect on ability to attend to learning activities, specific task focussed groups (for e.g. using strategies to improve handwriting)
- Specialist assessment / intervention with individual children
- Increasing the young person's participation at school, home and as part of the wider community; at a universal level therapists have provided advice leaflets and information on appropriate community activities for children to access and embed strategies into their daily routines



The Childrens Therapies Team

Quotes:

"I can't stress enough what a success the project was. Our children and staff benefitted greatly. If it were possible we would be keen to enter into an SLA for OT service, especially if M could continue to work with us." Comment from SENCO and Deputy Principal.

"Staff were really approachable, friendly and helpful. I really enjoyed the training provided by the OTs and will introduce some of the strategies onto my classroom." Class team.

"Just wanted to say a big thank you for all of your support this week. It really is great having you in school and you have already offered some wonderful suggestions to our staff.

As a school, we really appreciate you selecting us as one of the pilot schools. Your input is invaluable and has been and areas we have lacked expertise in."

Domestic Abuse Service - awarded funding of £29,500 from Sandwell Safer Partnership (SSP)

Project Start Date: November 2015

Beginning in November 2015, Your Trust Charity funded an integrated response service to Domestic Violence and Abuse (DVA), initially in partnership with Black Country Women's Aid. Two Independent Domestic Violence Advisers (IDVAs) are placed within in Sandwell and City Hospital emergency departments respectively, and an Information Officer captures data across both sites. Since 2019, the charity has received an annual grant of £29,500 from Sandwell Safer Partnership (SSP) towards the Sandwell service. During the year the team transferred to Sandwell & West Birmingham NHS Trust.

From April 2021 - March 2022, 264 referrals were received by the service (138 from Sandwell), an increase of 9.5 and 12.2 per cent respectively on prior year. Of those:

- 76 (29 per cent) were referred to ongoing community support from Black Country Women's Aid
- 116 (44 per cent) were referred to other support services, an increase of 16 per cent on prior year
- 50 (19 per cent) received advice and guidance/crisis intervention only
- 36 (14 per cent) are still open to the service for further crisis interventions, an increase of nine per cent on prior year

The service has observed a greater proportion of victims in the age group of 50+ and a higher proportion of White British victims in the final quarter of the financial year. This quarter also saw a much higher proportion of male victims being identified up from 5 per cent to 11.43 per cent. A higher percentage of victims originated from West Bromwich as opposed to Oldbury being the highest in the previous quarter.

Although the highest number of referrals present with physical abuse, the majority experience more than one type of abuse with multiple combinations, including psychological, financial and coercive.

Comments from service users included:

"You're like a breath of fresh air to the NHS. I can't thank you enough for the support if it wasn't for you God knows what would have happened"

"Thank you for listening and believing me. I like how you say nice things to make me feel better and after am happy"

"It is really calming to know all this support is on offer"

Case Study:

'Amy' (a pseudonym) was on AMU after admittance through ED for a physical assault. Amy is a 73 year old woman who moved in with her son and partner during lockdown to help with childcare. Amy's son lost his job during lockdown and started drinking. During an argument with Amy, he pushed her over, bruising her ribs and knocking some of her teeth out. Amy did not feel safe to return to the home.

Amy explained to IDVA she had sold her house to move in with her son and help out. IDVA provided emotional support to Amy who was very distressed that her son could do this and hadn't seemed to value that she'd given up everything to help them. Amy was very tearful but decided to go into refuge, and after a conversation with the refuge over the phone, Amy was 'beaming'.

"I feel like the biggest weight has been lifted off me. I really didn't want to go back there but didn't think I had a choice. I can't believe so many people have helped me and been nice to me. In refuge as well, they are so kind."

SCORE (Supporting Career Opportunities, Recruitment & Employment) - awarded payment by results contract by The Prince's Trust and Department of Health & Social Care

Project Duration: January 2022 - March 2024

In September 2021, Your Trust Charity, in partnership with Aston Villa Foundation were one of six projects in the country awarded a payment by results contract by The Prince's Trust. This contract aims to recruit, train and equip 16-30-year-olds from across the region in readiness for entry level jobs and apprenticeships.

Part of an ongoing workforce development drive to meet the shortfalls within the health and social care sector, young adults are taking part in an accredited employment pathway coordinated by the Trust's volunteer services

team. This includes mandatory training in English and Maths, accredited modules built around health and social care, wellbeing and sports leadership, as well as work placements and CV writing.

Johnny Shah, Head of Your Trust Charity said "On completion we are aiming to provide 150 entry level opportunities, including apprenticeships, as we develop and look to expand our workforce within the Trust and with our supply chain of partners."

Guy Rippon from Aston Villa Foundation added: "It is a great opportunity for us to be working closely in partnership with the Trust and we envisage that with the input of The Prince's Trust we will have a flagship project that we can all be proud of. Through SCORE we have a project that will empower, support and look to employ young people for meaningful jobs within in a much-needed sector."



Cohort 2 completing our SCORE programme

Youth Volunteer Champions (YVC) - awarded £90,500 by NHS Charities Together & Department of Culture, Media & Sport (DCMS) through the Volunteer Futures Fund

Project Duration: January 2022 - March 2023

Running alongside SCORE, the YVC project is benefit 16 to 18 year-olds looking for experience in the healthcare sector, or those up to 25 with additional support needs, by creating a number of innovative volunteering opportunities within the Trust and wider partners.

Wari Gharib (pictured), aged 19, has ambitions to become a neurosurgeon. He has applied to study medicine at

university and hopes that the experience he gains in clinical settings at the Trust which runs Sandwell, City and Rowley Regis Hospitals, 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."



Wari Gharib - one of our Youth Volunteer Champions

Fundraising and Working within our Community

Our community has continued to provide amazing support for Your Trust Charity and the NHS. We could achieve none of our impact without your help and we are indebted to you for your kindness. We were

also delighted to be nominated for Excellence in Third Sector at the Greater Birmingham Chamber of Commerce annual awards in March 2022, alongside a shortlist of regional and national charities.

Greater Birmingham
Chambers
of Commerce

#GBCCAwards22

GBCC ANNUAL DINNER & AWARDS 2022
FRIDAY 4TH MARCH | ICC, BIRMINGHAM

HEADLINE PARTNERS & SPONSORS:

Birmingham City Council BIRMINGHAM CITY University

WE'VE BEEN SHORTLISTED!

Your Trust Charity shortlisted for Excellence in Third Sector

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

School raises £4.5k for intensive care team

In December 2021, intensive care staff were left overwhelmed by a generous £4,500 donation received from a Sandwell school. Pupils and staff from The Phoenix Collegiate in West Bromwich raised the cash for Your Trust Charity by taking part in a sponsored fun run as well as other charity events.

Rebecca O'Dwyer, Lead Nurse, who accepted the cash alongside intensive care consultant Dr Jon Hulme, said: "This is an amazing amount of money that will be used towards maintaining the health and wellbeing of the staff. The team has been working tirelessly throughout the pandemic and have been faced with extremely challenging circumstances. But this donation is such a lift for us all. We are so grateful to each and every single one of them for such a kind and generous donation."

Head teacher Mike Smith added: "It has been really important as a school to recognise and support the

amazing work that our local hospitals, especially the work intensive care units have done over the past 21 months. I have seen first hand the dedication and care they have shown to our loved ones. This donation by Harvie Lal and Hollie Vazey on behalf of the school is to say thanks for this effort."

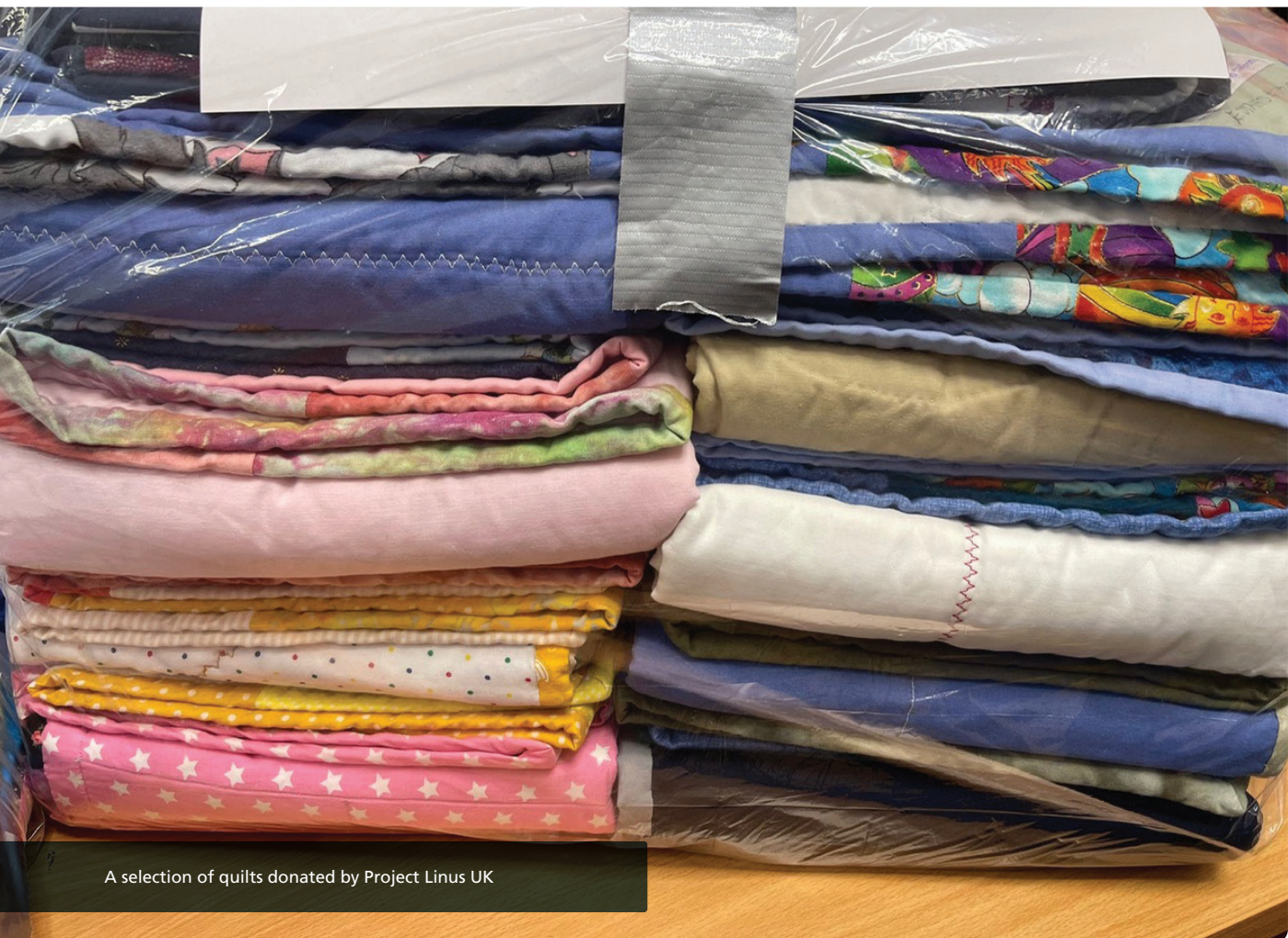


'A quilt is a hug you can keep'

In May 2021, Project Linus UK made a wonderful donation of quilts to Your Trust Charity to use across our children's unit. Coming in to a hospital for anyone is quite daunting but for our youngest patients having home comforts around them can ease their fear.

Project Linus was originally formed in the USA on Christmas Eve 1995, some 5 years later Project Linus UK was formed, Anne Salisbury-Jones began a sewing group and they started to make quilts for their local children's ward. The project has grown and volunteers give their time up and down the UK to provide these lovely quilts. The name 'Project Linus' is after the security blanket toting character 'Linus' from the Peanuts comic strip. The late Charles Schultz the creator gave permission for the name 'Linus' to be used for the quilts.

In 2021 we were contacted by Vivienne and Kim who are our local group leads and they supplied us with some beautiful quilts to pass on to our young patients. The quilts are gifted to individual children who are 'in need of a hug', they were all sizes and colours and are designed for babies, children and teenagers and provide warmth, comfort and security. We are now on our second delivery and look forward to working with the group through 2022. The quilts are given out by our play team and they have been received very well on the children's ward, providing much needed comfort to our youngest patients at a difficult time for them.



A selection of quilts donated by Project Linus UK

Your Trust Charity pays tribute to fundraiser Sally Gutteridge

With great sadness in May 2021 we announced the passing of Sally Gutteridge, a great supporter of Your Trust Charity, who raised more than £6,000 over the years for the organisation.

Mum-of-two Sally, a former patient at the Trust, approached the charity in 2016 as she wanted to make a difference to other patients starting their chemotherapy journey at the Trust. She created 'Sally's Sunshine Packs', which included items like puzzle books, hand cream, crayons and boiled sweets. These have received so much positive feedback from patients receiving the bags.

She also held bake sales at the local library and decided to go one step further and hold a 1940s tea party at Brook Street Centre. She rallied her own army of helpers who prepared prizes, sold tickets, made sandwiches and cakes and made the day a huge success. The charity even managed to get the backing of former Mayor of Sandwell Councillor Haque, who supported Sally's projects

and as a result named Your Trust Charity as one of his chosen charities of the year. She raised over £1,500 at this event alone.

In 2019, Sally won Aston Villa Foundation's Community Most Valuable Player and the Trust's Fundraiser of the Year at the annual Star Awards. She also won the Pride of Birmingham Fundraiser of the Year award. Sally was particularly elated by the latter as she got to sit next to the news presenter Bob Warman for the evening. In her words, she 'talked his ear off'!

Sally raised over £6,000 in total herself - an amazing achievement considering she was in and out of hospital as she battled cancer. Amanda Winwood, Senior Fundraising Manager said "We need more Sallys to make a difference. Sally was ridiculously happy in life, always upbeat, cheeky and thinking about the next event, so let us celebrate her life and keep her legacy going!"



Sally Gutteridge who sadly passed away this last year

Our Future Plans

Your Trust Charity has now completed its five year fundraising strategy to 2022, and is finalising a new fundraising and business development plan up to 2027, which will continue to deliver our main strategic aim of positioning Your Trust Charity **as a key service deliverer and facilitator of partnerships within the region.**

Key charity objectives within the next year are as follows:

Area	Objective	Key Performance Indicators
People	Co-development of existing and new charity projects with staff teams and volunteer services, helping to restore the services across the Trust	<ul style="list-style-type: none"> Target number of quarterly open half-day charity workshops & QIHDs Target number of staff signed up to fundraising activities Target number of volunteers by year end
Patients	Monitoring and measuring the impact of our existing and new projects for both the charity and volunteer team	<ul style="list-style-type: none"> Target number of surveys, case studies & questionnaires completed by patients Target number of charity press releases Target number of patients/families signed up to fundraising activities
Population	Charity and volunteers team to achieve income target	<ul style="list-style-type: none"> Target number of maintaining existing charity & volunteer service projects Target number of new co-developments with clinical/ services teams and fund ambassadors Target number of engagements with external organisations i.e. VCS, schools/colleges Leading committee structure supporting Midland Met campaign Completing charity independence decision, commencing recruitment of new posts in fundraising and business development

The achievement of these objectives will crucially support the challenges of our people, patients and population as the NHS recovers from the effects of COVID-19. We simply cannot succeed without our donors, supporters, fund ambassadors and colleagues, and would like to thank you all for your ongoing support.

Monitoring our Fundraising Performance

A selection of our core key performance indicators for fundraising in 2021-22 were as follows:

Key Performance Indicator	Actual	Status
To achieve total income target of £1,534,000	£1,687,000	
To secure grants target of £552,000	£710,000	
To generate £6.38 per £1 spent on charity fundraising costs (or 16p in every £1 spent)	£9.93 per £1 spent (or 10p in every £1 spent)	

The objectives and performance of Your Trust Charity continue to be monitored and governed by the Charitable Funds Committee, a Sub-Committee of the Trust Board, chaired by a Non-Executive Director.

In summary, the Corporate Trustees of Your Trust Charity have confidence in the fundraising and business development plan up to 2027, underpinned by the charity brand which continues to act as a focal point of engagement with our supporters and donors.

Our Supporters

We'd like to recognise the grateful support, through fundraising, grant aid and gifts in kind support from the following supporters of Your Trust Charity:

Arts Connect

Aston Villa Foundation

Balfour Beatty

Behçet's UK

Birmingham City Council

Black Country Living Museum

Brandhall Primary School

Bristnall Hall Academy

BT

Cash For Kids Midlands

Charities Aid Foundation

Corin Godsmark

Critical Care Team

Deb Leary

Deli France UK

Dr Derek Connolly

Dr Nick Makwana

Dr Sarb Clare

Edward Williams (Ltd)

Elaine Shiels

George Betts Primary Academy

GL Education

Groundwork UK

Gurpreet Bhatia

Guru Nanak Gurdwara Smethwick

Guru Nanak Nam Ladies

Hagley Catholic High School

Harvis Hawthorn Primary School

Henrietta Brealey

HSBC

Jewellery Quarter Academy

Keith Bradshaw

Listers Group

Lyng Primary School

Monarch Education

Monica Tatton

Neelam Afzal

NHS Charities Together

NHS England 2021 Volunteering Services Fund

Paul Faulkner

Peter Salt

Project Linus UK

Remedium Partners

RSM UK

Sally Gutteridge and family

Salts Healthcare

Sandwell Cultural Education
Partnership

Sandwell Freemasons

Sandwell Metropolitan Borough
Council (Inclusion Services)

Sandwell Safer Partnership

Sarindar Sahota

Staffordshire Freemasons

Starbucks Birmingham Colmore Row

Starbucks Birmingham New Street

Starbucks The Fort Birmingham

Sewa Day

Steve Allen

Sylvia Parkin

Tesco New Square

The ABCD Charitable Trust

The Department of Culture, Media &
Sport

The Department of Health & Social
Care

The Greater Birmingham Chambers of
Commerce

The Phoenix Collegiate

The Prince's Trust

The Roper-Hall Eye Foundation

The University of Birmingham

Terry Lister

Tim Bradshaw

Tividale Community Primary School

Tom Edgcumbe

Tony Shergill

Tusker UK

Upper GI Blues

Utilita Energy West Bromwich Hub

West Bromwich Albion Foundation

West Bromwich Police

West Bromwich Town BID

Wood Green Academy

Appendix 1

Reference and administrative information

CHARITY NAME:

SANDWELL & WEST BIRMINGHAM HOSPITALS NHS TRUST CHARITIES

CHARITY REGISTRATION NO.:

1056127

GOVERNING DOCUMENT:

DECLARATION OF TRUST DATED 5 JUNE 1996
(Amended by Supplemental deed: 5th June 2003)
(Linked charities removed and funds transferred into main umbrella NHS charity: 10th May 2017)

CHARITY TRUSTEES:

The Charity has a Corporate Trustee, the Sandwell and West Birmingham Hospitals NHS Trust (established by Statutory Instrument in March 2002 under the NHS and Community Care Act 1990). The NHS Trust Board comprises the Chairman, seven Non-Executive members and five Executive members. Non-Executive members are appointed by NHS Trust Development Agency (now NHS Improvement) and the Executive members are all Directors of the NHS Trust and comprise the Chief Executive, the Director of Finance and Performance/Chief Finance Officer, Chief Nurse, Medical Director and the Chief Operating Officer.

The NHS Trust Board has devolved responsibility for the ongoing management of funds to a Charitable Funds Sub-Committee of the Board which administers the funds on behalf of the Corporate Trustee. The Committee meets four times a year. Representatives of the Charitable Fund Investment advisors are required to attend the Committee on at least a yearly basis to present appropriate investment reports.

Persons who have acted as voting members of the Trust Board at any time during the course of the financial year include:

Sir D Nicholson (appointed Chair 2021)
R Hardy (appointed 2021)
M Hoare (employment ceased 2021)
H Kang (employment ceased 2021)
M Lavery
R Samuda (employment ceased 2021)
Prof K Thomas (employment ceased 2021)
L Writtle
Cllr W Zaffar MBE (Chair of the Charitable Funds Committee)
R Beeken (appointed substantive CEO 2021)
Prof D Carruthers
K Dhami
F Mahmood
L Kennedy
T Lewis (employment ceased 2021)
D McLannahan
M Roberts (appointed substantive Chief Nurse 2021)

REGISTERED OFFICE:

Sandwell and West Birmingham NHS Trust
City Hospital
Dudley Road
Birmingham
West Midlands
B18 7QH

Telephone: 0121 507 5196

OBJECTIVES AND STRATEGY

All Charities must have charitable purposes or aims that are for the 'public benefit'. This is known as the 'public benefit requirement'. 'Public benefit' is the legal requirement that every organisation set up for one or more charitable aims must be able to demonstrate that its aims are for the public benefit if it is to be recognised, and registered, as a charity in England and Wales. There are two key principles, both of which must be met in order to show that an organisation's aims are for the public benefit. Firstly there must be an identifiable benefit or benefits and secondly the benefits must be to the public or section of the public. The Corporate Trustee confirms that it has had regard to the Charity Commission public benefit guidance where relevant.

The Charity has a main Umbrella Charity, formally known as "Sandwell and West Birmingham Hospitals NHS Trust Charities". The objects of this fund are registered as being:

"To apply the income for any charitable purpose or purposes relating to the National Health Service wholly or mainly for the service provided by Sandwell and West Birmingham Hospitals NHS Trust."

This main charity fund is considered to have NHS wide objectives and as such the Corporate Trustee considers this to be for the public benefit and as such complies with the Charity Commissions guidance on public benefit.

STRUCTURE, GOVERNANCE AND MANAGEMENT

The Charity's main fund was established using the model declaration of trust and all the funds held on trust as at the date of registration were either included as part of this unrestricted fund or registered as part of separate restricted funds under the main umbrella charity. As of 10th May 2017, the previous linked charity structure was dissolved and merged into the main umbrella NHS charity, in line with the charity's appeals.

During 2017/18, continued consolidation of designated funds took place, with reduction to c. 100 funds in total. Following a relaunch of the role in November 2019, fund ambassador(s) are appointed. Their responsibility is to ensure that the funds are spent accordingly, and to follow best practice in terms of appropriate charitable spend. Under a scheme of delegated authority approved by the Corporate Trustee these fund ambassadors have delegated authority for expenditure, excluding salaries, to spend up to £5,000 per request in conjunction with a nominated representative of the Chief Finance Officer. Requests less than or equal

to £20,000 require the authority of the Fund Ambassador and the Chief Finance Officer; requests less than or equal to £50,000 require the authority of the Fund Ambassador, Chief Finance Officer and the Chief Executive Officer. Any request in excess of £50,000 requires the approval of the Charitable Funds Committee. In the case of any salary expenditure (including on costs) as part of a linked research programme then this will require the approval of the Fund Ambassador, Chief Finance Officer, and Director of Research & Development.

Restricted Funds

Individual fund ambassadors are requested to submit annual plans to the Corporate Trustee detailing how and on what the restricted funds are to be spent. The Corporate Trustee regularly monitors this spend against the available fund balance and takes appropriate action to ensure that funds are spent in a timely manner and in accordance with the donor's wishes.

Designated Funds

Where general donations are received on behalf of individual wards or departments of Sandwell and West Birmingham Hospitals NHS Trust, the Corporate Trustee has agreed to transfer the donations received to a fund designated for that particular ward or department. By their very nature these funds are generally held for the purposes of satisfying needs on a day to day basis rather than for long term projects. Internal controls prevent the possibility of these funds spending in excess of the outstanding balance.

Individual fund ambassadors for these ward and departmental designated funds are required to submit annual spending plans to the Corporate Trustee setting out how they intend to spend the balance on their fund on an annual basis.

Other designated funds may be created from time to time by the Corporate Trustee in order to fund specific charitable activities.

It should be noted that the designation of funds does not commit the funds legally. Such designation may be cancelled by the Corporate Trustee if it is later decided that the Charity should not proceed or continue with the use or purpose for which the funds were originally designated.

Legal Duties

The Corporate Trustee fulfils its legal duty by ensuring that the funds are spent in accordance with the objectives of each fund and, by designating certain monies within the existing charities, the Corporate Trustee is able to respect the wishes of our generous donors to benefit patient care and advance the good health and welfare of patients, carers and staff.

Non-Executive members of the Trust Board are appointed by the NHS Trust Development Agency (now NHS Improvement) and Executive members of the Board are subject to recruitment by the NHS Trust Board. Members of the Trust Board and the Charitable Funds Committee are not individual trustees under Charity Law but act as agents on behalf of the Corporate Trustee.

Acting for the Corporate Trustee, the Charitable Funds Committee is responsible for the overall management of the charitable funds. As defined in the updated Charitable Funds Policy, the duties of the Committee are to:

- Act in the best interests of the Charity
- Manage the Charity's resources responsibly, which includes protecting and safeguarding its reputation
- Act with reasonable care and skill

The Committee is authorised by the Trust Board to:

- To investigate any activity within its Terms of Reference. It is authorized to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.
- To instruct professional advisors and request the attendance of individuals and authorities from outside of the Trust with relevant experience and expertise if it considers this necessary or expedient to carrying out its functions.
- To obtain such internal information as is necessary and expedient to the fulfillment of its functions.
- Trustees are legally responsible for the Charity's fundraising. Operating effective control over the Charity's fundraising is a vital part of their compliance with legal duties as outlined in the commission guidance on the Trustee duties set out in "the essential Trustee: what you need to know, what you need to do "(CC3).

The Trustees have the right to:

- Prevent the withdrawal of funds, which do not meet the conditions set out in these guidelines.
- Authorise expenditure from a fund if the Trustees believe this to be an appropriate use of resources.
- Cease to delegate their authority to a Fund Ambassador if they believe that the regulations in this document are not fulfilled. In this case they may appoint an alternative manager or take control of the fund themselves.
- Amend these Guidelines as and when necessary. Amendments will be communicated to all Fund Managers.
- Authorise investigation of a breach of this policy that may result in the matter being treated as a disciplinary offence under the Trust's disciplinary procedure.

The accounting records and the day-to-day administration of charitable funds are dealt with by the NHS Trust Finance Department which is located in Trinity House on the Sandwell General Hospital Site, Lyndon, West Bromwich, B71 4HJ. The NHS Trust levies a charge for providing this service which is reviewed on an annual basis.

RISK ASSESSMENT

A summary of the major risks to which the Charity is exposed have been identified and placed on the Trust's Risk Register. A summary of responsibilities for managing those risks and the control and security systems in place to alleviate these risks are contained within the Risk Register. A summary of risks is below:

Financial Risk

- Expenditure is inappropriately high
- Expenditure is not spent for purposes intended, or inappropriately authorised
- Cash handling loss
- Loss of income due to poor investment arrangements of poorly performing market
- Income is not appropriated to specific funds, or not recognised when received
- Accounting transactions are inadequately recorded

Operational Risk

- Inadequate insurance cover
- Covid-19 pandemic limits ability to meet income targets
- Limited charity sector experience and level of involvement in management of the charity, inadequate delivery of services

Compliance Risk

- Risk in relation to VAT/Corporate Tax; legislation i.e. GDPR/Data Protection/Human Rights/Health & Safety/Employment law; and statutory accounts i.e. SORP compliance and accounting standards

Reputational Risk

- Risk of negative press and social media stories
- Risk that campaigns are not funding enhanced services and do not represent value for money

The Charitable Funds Committee, Chair of Corporate Trustee, Chief Finance Officer, Associate Director of Finance, Director of Communications and Head of Trust Charity will regularly

monitor, review and review on procedures in place and performance in relation to the above, obtaining professional advice where applicable.

The Corporate Trustee is content that the controls described have operated effectively during the year and therefore that the risks outlined have been mitigated.

The most significant ongoing risk to the Charity is the potential losses arising from a fall in the value of the investments held and the level of reserves available to offset the impact of any such losses. These have been carefully considered and there are procedures in place to review the investment policy and to ensure that both spending and financial commitments remain in line with income streams.

PARTNERSHIP WORKING AND NETWORKS

The Charity continues to be a member of NHS Charities Together, the trading name of the Association of NHS Charities. This organisation ensures that the Charity is kept informed and fully updated on all current and developing issues in relation to charitable funds. Concerns are highlighted and the knowledge shared with similar organisations.

The Charity has a small in-house team, and each member is involved in fundraising activities. The charity also has a number of volunteers supporting our fundraising activities. SWBH NHS Trust Charities did not contract any third-party suppliers in a professional fundraiser or commercial participator capacity during 2021/22.

Sandwell and West Birmingham Hospitals NHS Trust Charities abide by the Fundraising Promise and Code of Conduct of the Institute of Fundraising and are registered with the Fundraising Regulator. This report covers the requirements charities must follow as set out in the Charities Act 2016.

The charity website outlines the complaints policy for the public and clearly explains how an individual can complain.

The charity received no complaints during the 2021-22 financial year and no complaints in the previous year.

The charity responds to all complaints within 10 days. Complaints are dealt with in-line with the fundraising complaints policy. Any serious complaints are escalated to the Head of Trust Charity, Director of Communications and Corporate Trustee to consider lessons learnt. The charity reports to the Fundraising Regulator on the totality of complaints.

The charity is also signed up to the Fundraising Preference Service to enable individuals to opt out from receiving fundraising communications. The charity actioned no requests from this service last year.

Safeguarding and Protection of Vulnerable Adults policy and Safeguarding Children policy are available from the Trust and details are contained on the Trust website. In addition to these policy the Trust has an agreed operating procedure to protect vulnerable people. Charity staff and volunteers are familiarised with the code of conduct to ensure that it is applied properly.

Sandwell and West Birmingham Hospitals NHS Trust is the main beneficiary of the Charity and is a related party by virtue of being the Corporate Trustee of the Charity. By working in partnership with the Trust, the charitable funds are used to the best effect for public benefit. When deciding upon the most beneficial way to use charitable funds, the Corporate Trustee has due regard to the main activities, objectives, strategies and plans of the NHS Trust.

REVIEW OF 2021/2022 - FINANCES

The Financial information presented below is drawn from the Charity Accounts 2021/22.

Income and Expenditure

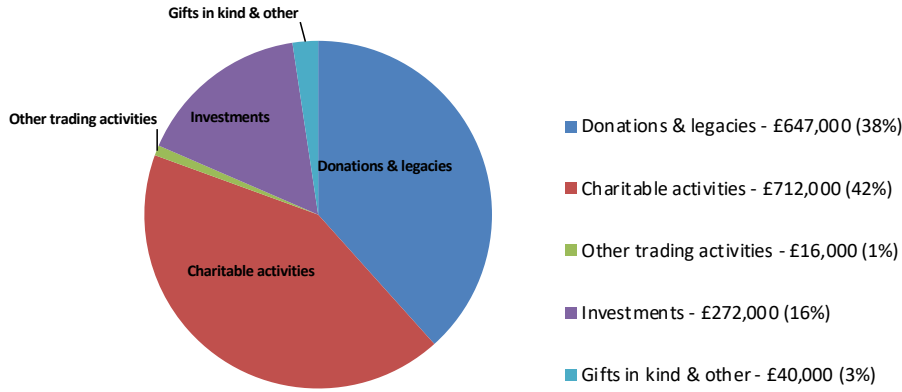
The table below summarises the overall analysis of the income and expenditure position for 2021/22:

	Unrestricted Funds	Restricted Funds	Total
	£000's	£000's	£000's
OPENING FUND BALANCE (1 April 2022)	3,164	3,027	6,191
ADD: Donations / Legacies / Grants and other incoming resources for the year. Interest and Dividends for the year	833	582	1,415
Interest and Dividends for the year	118	154	272
LESS: Expenditure for the year	-709	-487	-1,196
I&E SURPLUS / (DEFICIT) FOR YEAR	242	249	491
Investment gains (losses) recognised in the year	115	118	233
CLOSING FUND BALANCE (31 March 2021)			

The net assets of the Charity as at 31 March 2022 were £6,915 million (2021: £6,191 million). Overall net assets increased during the year by £0.724 million.

The Charity received a total of £1,687,000 from the following sources:

Income 2021-22: £1,687,000



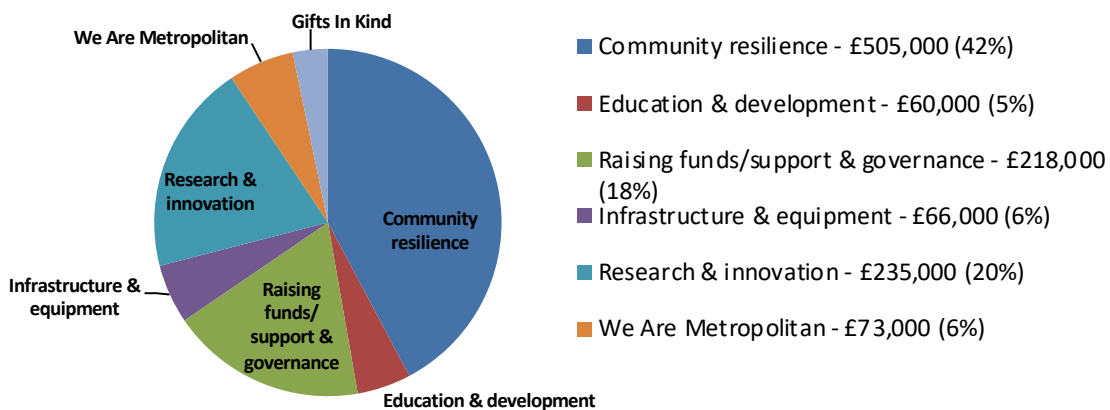
The Charity’s fundraising efforts continues to rely upon the generosity of the general public through individual, regular, corporate, event and in memory donations, gifts in wills, a staff lottery, grants from commercial and non-commercial organisations and income from investments held to fulfil its objectives. The considerations given by the public usually represent the excellent standard of care received from the staff of the hospital or healthcare service whilst they, or a relative or a friend, were being treated, or to assist the Trust in providing additional facilities and comforts for patients. Grants from commercial organisations are usually given in support of ongoing charitable medical research in various clinical areas. Grants from non-commercial organisations primarily represent income from trusts, foundations, commissions, or for added-value activities. The income received from investments

(i.e. company dividends, bank interest and royalties) is apportioned quarterly.

The Charity committed £1,196,000 during the year to enhance the experience of all people using services, including staff, patients, and their families. This reflects an overall surplus of £491,000. Your Trust Charity’s five year strategy continues to focus on spending our donations wisely in line with donor wishes. Our four priority areas (also including We Are Metropolitan) are as follows:

- Infrastructure and equipment
- Education and development
- Research and innovation
- Community resilience
- We Are Metropolitan

Expenditure 2021-22: £1,196,000



Investments

The Corporate Trustee is empowered under the declaration of trust to invest funds in stocks and shares. Following a re-tendering exercise in January 2020, the Corporate Trustees appointed Brewin Dolphin to provide continuing advice in respect of the management of investments.

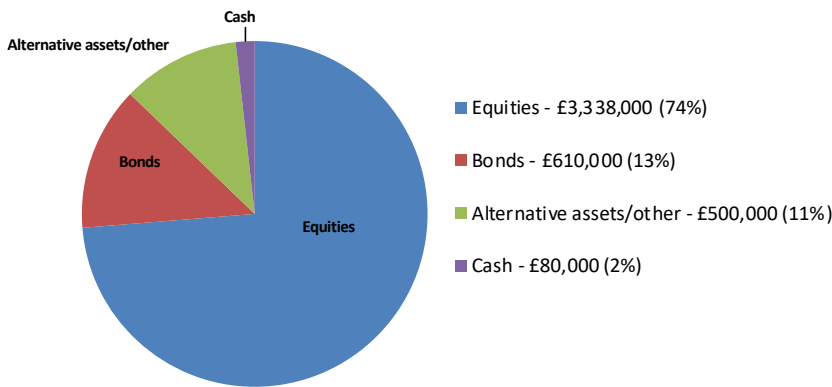
The risk category has been agreed by the Corporate Trustee, and the portfolio meets the agreed ethical investment criteria. The investment managers select investments and adjust the structure of the portfolio to achieve objectives. There has been a drop in values during the 4th quarter, with inflation being partly driven by the reopening of

economies as countries learn to live with the presence of Covid. However, it is also quite common for stocks to continue to rise alongside interest rates, as both reflect strong economic activity, and the Corporate Trustee expects the position to improve in due course.

Cash is held in deposit accounts, to ensure the charity has sufficient liquid cash resources to meet the liabilities of the charity.

The managed investments of the Charity at 31 March 2022 were £4,528,000. The asset allocation was as follows:

Asset Allocation: £4,528,000



STATEMENT OF INVESTMENT POLICY

The Corporate Trustee updated the charity investment policy in November 2019. The following statements are extracted from the policy:

1. Your Trust Charity's financial investments will yield the best financial return within the level of risk considered to be acceptable. This return can then be spent on the charity's aims.
2. The charity will utilise professional investment managers to support the active implementation of its investment policy and their performance is reviewed annually.
3. The charity's assets are held in financial investments (shares, equity investments, hedge funds, cash), in line with ethical restrictions and the risk profile of the charity.
4. The Charity objectives for investment are:
 - 4.1 For the Corporate Trustee to periodically review the way in which the portfolio is managed by the

investment manager, with a view to exploring short- and long-term positioning within portfolios, as well as alternative options.

- 4.2 For investment to maximise returns on free reserves and provide an ongoing source of funding.
- 4.3 To protect and enhance the value of the Charity's assets in order to maintain the purchasing power of the funds when taking into account the effects of inflation using the published UK CPI rate, [tax] and fees.
- 4.4 To ensure the performance target is measured and defined within the target period of 3-5 years, the Committee wish the investment managers to generate 3.5% +CPI on a net of fee basis.

- 4.5 The Charitable Funds Committee expects investment income to cover, at a minimum, the support, governance and contingency costs of the charity. This is £120,000.
5. The charity's beneficiaries are all linked to the Trust whose primary aims are healthcare related. The Corporate Trustee have therefore decided to preclude investment in companies with any direct investment in tobacco, alcohol and arms, as they are specifically contrary to the objectives of the charity to enhance the care of patients. Furthermore, the investment manager is expected to conduct screening for companies in relation to modern slavery.
6. For the purpose of facilitating the Trustees with the process of monitoring the portfolio the investment manager will be required to provide the Charitable Funds Committee with quarterly performance, asset allocation and currency allocation data together with copy valuations in accordance with the Committee's instructions.

RESERVES POLICY

The charitable funds committee has established a reserves policy as part of their plans to provide long term support to the four priority areas of the charity, along with the We Are Metropolitan campaign:

- Community Resilience
- Infrastructure and equipment
- Research
- Education and Development

The charitable funds committee calculate the reserves as that part of the charity's unrestricted income funds that is freely available after taking account of designated funds that have been earmarked for specific projects. These projects include core activities and forward planning commissions, in line with the four priority areas.

The free reserves currently stand at £0.1m and are calculated as follows:

• Total unrestricted funds	£3.6m
• Less designated funds	(£3.5m)
• Total free reserves	£0.1m

The proposed target range within the current reserves policy is between £1m to £1.5m. The reserves held are currently below our target range due in large part to the ongoing expenditure of core activities and forward planning commissions.

The charitable funds committee expects that designated funds will be spent within three years. The committee continue to review balances held in designated funds through a 'dormant funds pathway', to determine whether inactive funds are likely to be committed soon, and the extent to which there is a continuing need identified for any particular designated fund(s). Where it is decided that the designation is no longer necessary or the designated fund is inactive, the funds are closed and transferred to reserves.

ACCOUNTING AND REPORTING RESPONSIBILITIES

The Charities Act 2011 requires the Corporate Trustee to prepare accounts for each financial year which give a true and fair view of the Charity's financial activities during the year and of its financial position at the end of the year. In preparing these accounts the Corporate Trustee is required to:

- apply accounting policies on a consistent basis;
- make judgements and estimates which are reasonable and prudent;
- follow applicable accounting standards and the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102), disclosing and explaining any material departures in the accounts;

- prepare the accounts on the going concern basis unless it is inappropriate to assume that the Charity will continue in operation.

The Corporate Trustee is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Charity and to enable them to ensure that the accounts comply with charity law. The Corporate Trustee is also responsible for establishing and monitoring a system of internal control and establishing arrangements for the prevention and detection of fraud and corruption.

The Corporate Trustee confirms that they have met the responsibilities set out above and complied with the requirement for preparing the accounts on a going concern basis.

Appendix 2

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST CHARITIES OTHER LEGAL AND ADMINISTRATIVE DATA

INVESTMENT ADVISORS:

Brewin Dolphin
9 Colmore Row
Birmingham
B3 2BJ

BANKERS:

National Westminster Bank PLC
309 High Street
West Bromwich
West Midlands
B70 8ND

AUDITORS:

Crowe UK
Black Country House
Rounds Green Road
Oldbury
West Midlands
B69 2DG

SOLICITORS:

Capsticks Solicitors LLP
35 Newhall Street
Birmingham
B3 3PU

CHARITABLE TRUST ACCOUNT - SANDWELL & WEST BIRMINGHAM HOSPITALS NHS TRUST CHARITIES - 2021/2022**Statement of Trustee's responsibilities in respect of the annual report and the financial statements**

Under charity law, the trustees are responsible for preparing the trustees' annual report and accounts for each financial year which show a true and fair view of the state of affairs of the charity and of the excess of expenditure over income for that period

In preparing these financial statements, generally accepted accounting practice requires that the trustees:

- Select suitable accounting policies and then apply them consistently
- Make judgments and estimates that are reasonable and prudent
- State whether the recommendations of the SORP have been followed, subject to any material departures disclosed and explained in the financial statements
- State whether the financial statements comply with the trust deed, subject to any material departures disclosed and explained in the financial statements
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue its activities.

The trustees are required to act in accordance with the trust deed and the rules of the charity, within the framework of trust law. The trustees are responsible for keeping proper accounting records, sufficient to disclose at any time, with reasonable accuracy, the financial position of the charity at that time, and to enable the trustees to ensure that, where any statements of accounts are prepared by the trustees under section 132(1) of the Charities Act 2011, those statements of accounts comply with the requirements of regulations under that provision. The trustees have general responsibility for taking such steps as are reasonably open to the trustees to safeguard the assets of the charity and to prevent and detect fraud and other irregularities.

By Order of the Corporate Trustees

Chairman

Date

Corporate Trustee

Date

Independent Auditor's Report to the Members of Sandwell and West Birmingham Hospitals NHS Trust Charities

Opinion

We have audited the financial statements of Sandwell and West Birmingham Hospitals NHS Trust Charities ('the charity') for the year ended 31 March 2022 which comprise the statement of financial activities, balance sheet, statement of cash flows and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 March 2022 and of the income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. 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 charity 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

In auditing the financial statements, we have concluded that the trustee's 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 charity'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 trustees with respect to going concern are described in the relevant sections of this report.

Other information

The trustees are responsible for the other information contained within the annual report. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. 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 this gives rise to 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.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 requires us to report to you if, in our opinion:

- the information given in the financial statements is inconsistent in any material respect with the trustees' report; or
- sufficient and proper accounting records have not been kept by the charity; or
- the financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we require for our audit

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees 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 trustees are responsible for assessing the charity'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 the trustees either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under section 151 of the Charities Act 2011 and report in accordance with the Acts and relevant regulations made or having effect thereunder.

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.

Details of the extent to which the audit was considered capable of detecting irregularities, including fraud and non-compliance with laws and regulations are set out below.

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.

Extent to which the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We identified and assessed the risks of material misstatement of the financial statements from irregularities, whether due to fraud or error, and discussed these between our audit team members. We then designed and performed audit procedures responsive to those risks, including obtaining audit evidence sufficient and appropriate to provide a basis for our opinion.

We obtained an understanding of the legal and regulatory frameworks within which the charity operates, focusing on those laws and regulations that have a direct effect on the determination of material amounts and disclosures in the financial statements. The laws and regulations we considered in this context were the Charities Act 2011 together with the Charities SORP (FRS 102). We assessed the required compliance with these laws and regulations as part of our audit procedures on the related financial statement items.

In addition, we considered provisions of other laws and regulations that do not have a direct effect on the financial statements but compliance with which might be fundamental to the charity's ability to operate or to avoid a material penalty. We also considered the opportunities and incentives that may exist within the charity for fraud. The laws and regulations we considered in this context for the UK operations were General Data Protection Regulation (GDPR), Anti-fraud, bribery and corruption legislation, Health and safety legislation.

Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the Trustees and other management and inspection of regulatory and legal correspondence, if any.

We identified the greatest risk of material impact on the financial statements from irregularities, including fraud, to be within the of recognition of grant, legacy and donations income and the override of controls by management. Our audit procedures to respond to these risks included enquiries of management and the Charitable Funds Committee about their own identification and assessment of the risks of irregularities, sample testing on the posting of journals, reviewing accounting estimates for biases, reviewing regulatory correspondence with the Charity Commission, and reading minutes of meetings of those charged with governance.

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations (irregularities) is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it. In addition, as with any audit, there remained a higher risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. We are not responsible for preventing non-compliance and cannot be expected to detect non-compliance with all laws and regulations.

Use of our report

This report is made solely to the charity's trustees, as a body, in accordance with Part 4 of the Charities (Accounts and Reports) Regulations 2008. Our audit work has been undertaken so that we might state to the charity's trustees 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 charity and the charity's trustees as a body, for our audit work, for this report, or for the opinions we have formed.

Crowe U.K. LLP
Statutory Auditor
Black Country House
Rounds Green Road
Oldbury
West Midlands
B69 2DG
Date:

Crowe U.K. LLP is eligible for appointment as auditor of the charity by virtue of its eligibility for appointment as auditor of a company under section 1212 of the Companies Act 2006.

Appendix 3

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST CHARITIES ANNUAL ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022



SANDWELL & WEST BIRMINGHAM HOSPITALS NHS		Charity Number	1056127
Annual Accounts For The Period			
Period start date	01/04/2021	To	Period end date 31/03/2022

Section A Statement of financial activities

Recommended categories by activity	Note	Guidance Notes	Unrestricted	Restricted	Endowment	Total Funds	Prior Year
			Funds	Income	Funds	Funds	Funds
			£000	£000	£000	£000	£000
			F01	F02	F03	F04	F05
Incoming resources (Notes 2 & 4)							
Income and endowments from:							
Donations and legacies	2	S01	339	308	-	647	620
Gifts in kind			-	39	-	39	420
Charitable activities	2	S02	483	229	-	712	823
Other trading activities	2	S03	10	6	-	16	31
Investments	2	S04	118	154	-	272	245
Separate material item of income	2 & 4	S05	-	-	-	-	-
Other		S06	1	-	-	1	-
Total		S07	951	736	-	1,687	2,139
Resources expended (Note 5 & 6)							
Expenditure on:							
Raising funds	3	S08	189	29	-	218	242
Charitable activities	3	S09	520	419	-	939	1,014
Gifts in kind	3 & 4	S10	-	39	-	39	420
Other		S11	-	-	-	-	-
Total		S12	709	487	-	1,196	1,676
Net income/(expenditure) before investment gains/(losses)		S13	242	249	-	491	463
Net gains/(losses) on investments		S14	119	114	-	233	618
Net income/(expenditure)		S15	361	363	-	724	1,081
Extraordinary items		S16	-	-	-	-	-
Transfers between funds		S17	(4)	4	-	-	-
Other recognised gains/(losses):							
Gains and losses on revaluation of fixed assets for the charity's own use		S18	-	-	-	-	-
Other gains/(losses)		S19	-	-	-	-	-
Net movement in funds *	18	S20	357	367	-	724	1,081
Reconciliation of funds:							
Total funds brought forward		S21	3,164	3,027	-	6,191	5,111
Total funds carried forward		S22	3,521	3,394	-	6,915	6,191

Section B Balance sheet

	Guidance Notes	Unrestricted	Restricted	Endowment	Total This Year	Total Last Year
		Funds	Income	Funds		
		£000	£000	£000	£000	£000
		F01	F02	F03	F04	F05
Fixed assets						
Intangible assets	B01	-	-	-	-	-
Tangible assets	B02	-	-	-	-	-
Heritage assets	B03	-	-	-	-	-
Investments (Note 8)	B04	2,265	2,183	-	4,448	4,207
Total fixed assets	B05	2,265	2,183	-	4,448	4,207
Current assets						
Stocks	B06	-	-	-	-	-
Debtors (Note 9)	B07	107	104	-	211	102
Investments (Note 8)	B08	41	39	-	80	108
Cash at bank and in hand (Note 11)	B09	1,274	1,228	-	2,502	2,718
Total current assets	B10	1,422	1,371	-	2,793	2,928
Creditors: amounts falling due within one year (Note 10)	B11	166	160	-	326	944
Net current assets/(liabilities)	B12	1,256	1,211	-	2,467	1,984
Total assets less current liabilities	B13	3,521	3,394	-	6,915	6,191
Creditors: amounts falling due after one year	B14	-	-	-	-	-
Provisions for liabilities	B15	-	-	-	-	-
Total net assets or liabilities	B16	3,521	3,394	-	6,915	6,191
Funds of the Charity						
Endowment funds	B17	-	-	-	-	-
Restricted income funds (Note 14)	B18	-	3,394	-	3,394	3,027
Unrestricted funds (Note 14)	B19	3,521	-	-	3,521	3,164
Revaluation reserve	B20	-	-	-	-	-
Total funds	B21	3,521	3,394	-	6,915	6,191
Signed by one or two trustees on behalf of all the trustees		Signature		Print Name		Date of approval dd/mm/yyyy

CHARITABLE TRUST ACCOUNT - SANDWELL & WEST BIRMINGHAM HOSPITALS NHS TRUST CHARITIES- 2021/2022

Notes on the accounts**1. Accounting Policies****(a) Basis of preparation**

The Charity is a public benefit entity. The financial statements have been prepared under the historic cost convention, with the exception of investments which are included at fair value.

The accounts (financial statements) have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Charities Act 2011 and UK Generally Accepted Practice as it applies from 1 January 2015.

The trustees consider that there are no material uncertainties about the SWBH Charities' ability to continue as a going concern for at least 12 months from the date that the accounts are to be signed. There are no material uncertainties affecting the current year's accounts.

In future years, the key risks to the SWBH Charities are a fall in income from donations or investment income but the trustees have arrangements in place to mitigate those risks (see the risk management and reserves sections of the annual report for more information).

(b) Funds structure

Where there is a legal restriction on the purpose to which a fund may be put, the fund is classified as restricted.

Restricted funds are those where the donor has provided for the donation to be spent in furtherance of a specified charitable purpose. SWBH Charities' restricted funds tend to result from appeals for specified purposes.

Those funds which are not restricted income funds, are classed as unrestricted income funds which are sub analysed between designated (earmarked) funds where the trustees have set aside amounts to be used for specific purposes or which reflect the non-binding wishes of donors and unrestricted funds which are at the trustees' discretion, including the general fund which represents the charity's reserves. The major funds held in each of these categories are disclosed in note 26.1

(c) Incoming resources

All incoming resources are recognised once the charity has entitlement to the resources, it is probable (more likely than not) that the resources will be received and the monetary value of incoming resources can be measured with sufficient reliability.

Where there are terms or conditions attached to incoming resources, particularly grants, then these terms or conditions must be met before the income is recognised as the entitlement condition will not be satisfied until that point. Where terms or conditions have not been met or uncertainty exists as to whether they can be met then the relevant income is not recognised in the year but deferred and shown on the balance sheet as deferred income.

(d) Incoming resources from legacies

Legacies are accounted for as incoming resources either upon receipt or where the receipt of the legacy is probable.

Receipt is probable when:

- Confirmation has been received from the representatives of the estate(s) that probate has been granted
- The executors have established that there are sufficient assets in the estate to pay the legacy and
- All conditions attached to the legacy have been fulfilled or are within the charity's control.

If there is uncertainty as to the amount of the legacy and it cannot be reliably estimated then the legacy is shown as a contingent asset until all of the conditions for income recognition are met.

(e) Resources expended and irrecoverable VAT

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to each category of expense shown in the Statement of Financial Activities. Expenditure is recognised when the following criteria are met:

- There is a present legal or constructive obligation resulting from a past event
- It is more likely than not that a transfer of benefits (usually a cash payment) will be required in settlement
- The amount of the obligation can be measured or estimated reliably.

Irrecoverable VAT is charged against the category of resources expended for which it was incurred.

(f) Recognition of expenditure and associated liabilities as a result of grant

Grants payable are payments made to linked, related party or third party NHS bodies and non NHS bodies, in furtherance of the charitable objectives of the funds held on trust, primarily relief of those who are sick.

Grant payments are recognised as expenditure when the conditions for their payment have been met or where there is a constructive obligation to make a payment.

A constructive obligation arises when:

- We have communicated our intention to award a grant to a recipient who then has a reasonable expectation that they will receive a grant
- We have made a public announcement about a commitment which is specific enough for the recipient to have a reasonable expectation that they will receive a grant
- There is an established pattern of practice which indicates to the recipient that we will honour our commitment.

The trustees have control over the amount and timing of grant payments and consequently where approval has been given by the trustees and any of the above criteria have been met then a liability is recognised. Grants are not usually awarded with conditions attached. However, when they are then those conditions have to be met before the liability is recognised.

Where an intention has not been communicated, then no expenditure is recognised but an appropriate designation is made in the appropriate fund. If a grant has been offered but there is uncertainty as to whether it will be accepted or whether conditions will be met then no liability is recognised but a contingent liability is disclosed.

(g) Allocation of support costs

Support costs are those costs which do not relate directly to a single activity. These include some staff costs, costs of administration, internal and external audit

(h) Fundraising costs

The costs of generating funds are those costs attributable to generating income for the charity, other than those costs incurred in undertaking charitable

(i) Charitable activities

Costs of charitable activities comprise all costs incurred in the pursuit of the charitable objects of the charity. These costs, where not wholly attributable, are apportioned between the categories of charitable expenditure in addition to the direct costs. The total costs of each category of charitable expenditure include an apportionment of support costs as shown in note 4.

(j) Fixed asset investments

Investments are a form of basic financial instrument. Fixed asset investments are initially recognised at their transaction value and are subsequently measured at their fair value (market value) as at the balance sheet date. The Statement of Financial Activities includes the net gains and losses arising on revaluation and disposals throughout the year. Quoted stocks and shares are included in the Balance Sheet at the current market value quoted by the investment analyst, excluding dividend. Other investments are included at the trustees' best estimate of market value.

The main form of financial risk faced by the charity is that of volatility in equity markets and investment markets due to wider economic conditions, the attitude of investors to investment risk, and changes in sentiment concerning equities and within particular sectors or sub sectors. Further information on the SWBH Charities investments can be found in note 16.

(k) Debtors

Debtors are amounts owed to the charity. They are measured on the basis of their recoverable amount.

(l) Cash and cash equivalents

Cash at bank and in hand is held to meet the day to day running costs of the charity as they fall due. Cash equivalents are short term, highly liquid investments,

(m) Creditors

Creditors are amounts owed by the charity. They are measured at the amount that the charity expects to have to pay to settle the debt. Amounts which are owed in more than a year are shown as long term creditors.

(n) Realised gains and losses

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening carrying value (purchase date if later). Unrealised gains and losses are calculated as the difference between the market value at the year end and opening carrying value (or purchase date if later).

(o) Key Accounting Judgements and estimation of uncertainty

Gifts in kind are accounted for when the charity has entitlement, can be valued accurately, and there is reasonable probability of receipt. Management use judgement to arrive at an appropriate value of gifts in kind.

There are no other significant judgements that management has made in the process of applying the Charity's accounting policies. There are no key assumptions concerning the future, nor other key sources of estimation uncertainty which have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

Section C Notes to the accounts (cont)
Note 2 Analysis of income

Analysis	Unrestricted	Restricted	Endowment	Total funds	Prior year
	funds	income	funds		
	£000	£000	£000	£000	£000
Donations and legacies:					
Individual Donations	64	10	-	74	86
Corporate Donations	5	-	-	5	113
Legacies	251	15	-	266	368
Fundraising Event - External	16	3	-	19	50
Gift Aid	3	-	-	3	3
Midland Metropolitan Hospital	-	280	-	280	-
Total	339	308	-	647	620
Gifts in Kind					
Gifts in kind	-	39	-	39	420
Total	-	39	-	39	420
Charitable Activities:					
Collections	-	-	-	-	1
Grant for the Provision of Goods and Services	446	180	-	626	808
Appeals/Campaigns	0	2	-	2	-
Grant for the Core Funding or General in Nature	37	47	-	84	14
Total	483	229	-	712	823
Other Trading Activities:					
Sale of Merchandise	1	-	-	1	18
Fundraising Event- Internal	3	-	-	3	6
Lotteries	5	-	-	5	5
Course Fees	-	-	-	-	-
General Grants	-	-	-	-	-
Sponsorships	1	6	-	7	3
Total	10	6	-	16	31
Income from Investments					
Interest Received	-	-	-	-	32
Dividends	118	-	-	118	64
Conversion of Endowment Funds into Income	-	-	-	-	-
Gain on disposal of a tangible fixed asset held for charity's own use	-	-	-	-	-
Gain on Disposal of a Programme Related Investment	-	-	-	-	-
Other Income Not Listed	-	-	-	-	-
Royalties from the Exploitation of Intellectual Property Rights	-	154	-	154	149
Total	118	154	-	272	245
Separate Material Item of Income					
Separate Material Item of Income	-	-	-	-	-
Total	-	-	-	-	-
Other:					
Other	1	-	-	1	-
Total	1	-	-	1	-
	951	736	-	1,687	2,139

Section C	Notes to the accounts	(cont)
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Note 3 Analysis of expenditure

	Unrestricted funds £000	Restricted income funds £000	Endowment funds £000	Total funds £000	Prior year £000
Analysis					
Expenditure on raising funds:					
Incurring seeking donations	-	4	-	4	11
Incurring seeking legacies	-	-	-	-	-
Incurring seeking grants	-	-	-	-	-
Operating membership schemes and social lotteries	-	-	-	-	-
Staging fundraising events	-	-	-	-	-
Fundraising agents	170	25	-	195	219
Operating charity shops	-	-	-	-	-
Operating a trading company undertaking non-charitable trading activity	-	-	-	-	-
Advertising, marketing, direct mail and publicity	-	-	-	-	-
Start up costs incurred in generating new source of future income	-	-	-	-	-
Database development costs	-	-	-	-	-
Other trading activities	-	-	-	-	-
Investment management costs:	19	-	-	19	12
Portfolio management costs	-	-	-	-	-
Cost of obtaining investment advice	-	-	-	-	-
Investment administration costs	-	-	-	-	-
Intellectual property licencing costs	-	-	-	-	-
Rent collection, property repairs and maintenance charges	-	-	-	-	-
	-	-	-	-	-
Total expenditure on raising funds	189	29	-	218	242
Expenditure on charitable activities *					
Charitable Activities					
	520	419	-	939	1,014
Total expenditure on charitable activities	520	419	-	939	1,014
Gifts in Kind					
	-	-	-	-	-
Gifts in Kind Recognised	-	39	-	39	420
Total	-	39	-	39	420
Other					
Salary recharges	-	-	-	-	-
Audit	-	-	-	-	-
support costs	-	-	-	-	-
bank & Investment charges	-	-	-	-	-
Other	-	-	-	-	-
Total other expenditure	-	-	-	-	-
TOTAL EXPENDITURE	709	487	-	1,196	1,676

Other information:

*** Analysis of expenditure on charitable activities**

Activity or programme	Activities undertaken directly £000	Grant funding of activities £000	Support Costs £000	Total this year £000	Total prior year £000
Community Resilience	479	-	26	505	809
Education and Development	56	-	4	60	17
Infrastructure and Equipment	63	-	3	66	82
Research & Innovation	223	-	12	235	55
Midland Metropolitan Hospital	69	-	4	73	51
Total	890	-	49	939	1,014

Section C**Notes to the accounts****(cont)****Note 4 Extraordinary items**

£38,700.00 worth of gifts in kind was provided during 2021-22 by our corporate and community partners.

Section C	Notes to the accounts	(cont)
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Note 5 Support Costs

Please complete this note if the charity has analysed its expenses using activity categories and has support costs.

Support cost (examples)	Community Resilience £000	Education and Development £000	Fundraising cost £000	Infrastructure and equipment £000	Other £000	Research & Innovation £000	MMH £000	Grand total £
Salary Recharges- Fundraising Cost	-	-	170	-	-	-	25	195
Salary Recharges	156	-	-	-	-	39	-	195
Audit	4	-	-	1	-	2	1	8
Support cost	24	3	-	3	-	11	3	44
Bank & Investment Charge	-	-	-	-	1	-	-	1
Total	184	3	170	4	1	52	29	443

Support costs have been apportioned based on total theme expenditure.

Section C **Notes to the accounts****Note 6** **Details of certain items of expenditure****6.1 Fees for examination of the accounts****Audit fees**

The audit fee for the year was £6,250 plus VAT.

This year £000	Last year £000
8	9

Section C**Notes to the accounts****(cont)****Note 7 Grantmaking**

The charity paid grants to external organisations totalling £332,479.

Section C	Notes to the accounts	(cont)
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Note 8 Investment assets

8.1 Fixed assets investments (please provide for each class of investment)

	Cash & cash equivalents	Listed investments	Investment properties	Social investments	Other	Total
	£000	£000	£000	£000	£000	£000
Carrying (fair) value at beginning of period	108	4,207	-	-	-	4,315
Add: additions to investments during period*	-	373	-	-	-	373
Less: disposals at carrying value	-	(365)	-	-	-	(365)
Less: impairments	-	-	-	-	-	-
Add: Reversal of impairments	-	-	-	-	-	-
Add/(deduct): transfer in/(out) in the period	28	-	-	-	-	28
Add/(deduct): net gain/(loss) on revaluation	-	233	-	-	-	233
Carrying (fair) value at end of year	80	4,448	-	-	-	4,528

*Please specify additions resulting from acquisitions through business combinations, if any.

--

Please note that Fair Value in this context is the amount for which an asset could be exchanged between knowledgeable and willing parties in an arm's length transaction. For traded securities, the fair value is the value of the security quoted on the London Stock Exchange Daily Official List or equivalent. For other assets where there is no market price on a traded market, it is the trustees' or valuers' best estimate of fair value.

8.2 Please provide a breakdown of investments shown above agreeing with the balance sheet differentiating between those held at fair value and those held at cost less impairment.

Analysis of investments

	Fair value at year end	Cost less impairment
	£000	£000
Cash or cash equivalents	80	-
Equities	3,338	-
Bonds	610	-
Alternative assets	204	-
Other investments	296	-
Total	4,528	-
Grand total (Fair value at year end+Cost less impairment)		

Section C	Notes to the accounts	(cont)
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Note 9 Debtors and prepayments

Please complete this note if the charity has any debtors or prepayments.

9.1 Analysis of debtors

Trade debtors

Prepayments and accrued income

Other debtors

This year	Last year
£000	£000
-	-
211	102
-	-
211	102

Section C	Notes to the accounts	(cont)
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Note 10 **Creditors and accruals**

Please complete this note if the charity has any creditors or accruals.

10.1 Analysis of creditors

	Amounts falling due within one year		Amounts falling due after more than one year	
	This year £000	Last year £000	This year £000	Last year £000
Accruals for grants payable	-	-	-	-
Bank loans and overdrafts	-	-	-	-
Trade creditors	151	907	-	-
Payments received on account for contracts or performance-related grants	-	-	-	-
Accruals and deferred income	174	37	-	-
Taxation and social security	-	-	-	-
Other creditors	-	-	-	-
Total	325	944	-	-

Section C	Notes to the accounts	(cont)
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Note 11 **Cash at bank and in hand**

Short term cash investments (less than 3 months maturity date)
Short term deposits
Cash at bank and on hand
Other
Total

This year £000	Last year £000
-	-
-	-
2,502	2,718
-	-
2,502	2,718

Section C**Notes to the accounts****(cont)****Note 12 Fair value of assets and liabilities**

12.1 Please provide details of the charity's exposure to credit risk (the risk of incurring a loss due to a debtor not paying what is owed) , liquidity risk (the risk of not being able to meet short term financial demands) and market risk (the risk that the value of an investment will fall due to changes in the market) arising from financial instruments to which the charity is exposed at the end of the reporting period and explain how the charity manages those risks.

As Debtors are immaterial, the charity is not exposed to Credit risk.

12.2 Please give details of the amount of change in the fair value of basic financial instruments (debtors, creditors, investments (see section 11, FRS 102 SORP)) measured at fair value through the SoFA that is attributable to changes in credit risk.

There have been no changes in fair value due to credit risk.

Section C**Notes to the accounts****(cont)****Note 13** **Events after the end of the reporting period**

Please complete this note events (not requiring adjustment to the accounts) have occurred after the end of the reporting period but before the accounts are authorised which relate to conditions that arose after the end of the reporting period.

Please provide details of the nature of the event

No events have occurred after the reporting date which require reporting.

Provide an estimate of the financial effect of the event or a statement that such an estimate cannot be made

No estimate is required as there have been no events that require reporting.

Section C	Notes to the accounts	(cont)
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Note 14	Charity funds
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14.1 Details of material funds held and movements during the CURRENT reporting period

* Key: PE - permanent endowment funds; EE - expendable endowment funds; R - restricted income funds, including special trusts, of the charity; and UR - unrestricted funds

Fund names	Type PE, EE R or UR *	Purpose and Restrictions	Fund balances brought forward £000	Income £000	Expenditure £000	Transfers £000	Gains and losses £000	Fund balances carried forward £000
THE OAKLEY THEATRE EQUIPMENT FUND	R	BMEC THEATRE EQUIPMENT	807	15	-	-	-	822
PHARMACY	R	PHARMACY ROBOT- MMH	127	-	-	-	-	127
MIDLAND METROPOLITAN HOSPITAL - LEUKAEMIA RESEARCH	R	RESEARCH POSTS UHB	128	-	-	-	-	128
MIDLAND METROPOLITAN HOSPITAL- APPEAL FUND	R	ENHANCING THE EXPERIENCE OF STAFF, PATIENTS AND THEIR FAMILIES THROUGH DEVELOPMENTS AT MIDLAND MET HOSPITAL	11	279	(98)	-	-	192
CANCER DEVELOPMENT	R	ENHANCING CANCER RESEARCH	237	0	-	-	-	237
CHILDREN'S THERAPIES TRUST FUND	R	GRANTS/ROYALTIES	546	249	(135)	-	-	660
OPHTHALMIC/BMEC RESEARCH AND TRAINING FUND	R	ENHANCING EYE TRAINING AND RESEARCH	166	47	(35)	-	-	178
LEONARD DYER LEGACY	R	ENHANCING THE EXPERIENCE OF TOXICOLOGY STAFF, PATIENTS AND THEIR FAMILIES	65	-	(3)	-	-	62
WoW Project Fund	R	ENHANCING THE EXPERIENCE OF VOLUNTEERS	153	(44)	0	-	-	109
IDVA FUND	R	GRANT - INDEPENDENT DOMESTIC VIOLENCE ADVOCATE PROJECT	79	30	-	-	-	109
BREAST RESEARCH FUND	R	ENHANCING BREAST SURGERY AND SURGERY RESEARCH	44	-	-	-	-	44
ACADEMIC CARDIOLOGY RESEARCH	R	ENHANCING CARDIOLOGY RESEARCH	72	-	(25)	-	-	47
EYE OCULUS COURSE FUND	R	ENHANCING THE EXPERIENCE OF OPTHALMOLOGY STAFF, PATIENTS AND THEIR FAMILIES	39	-	-	-	-	39
G008VOL	R	ENHANCING THE EXPERIENCE OF VOLUNTEERS	32	71	(63)	-	-	40
SKIN GENERAL PURPOSES FUND	R	ENHANCING THE EXPERIENCE OF DERMATOLOGY STAFF, PATIENTS AND THEIR FAMILIES	44	6	(4)	-	-	46
SWBH REVALUATION RESERVE	R	UNREALISED GAINS FROM INVESTMENTS	349	-	-	-	-	349
OTHER FUNDS	R	ENHANCING THE EXPERIENCE OF STAFF, PATIENTS AND THEIR FAMILIES	128	83	(124)	4	114	205
TOTAL RESTRICTED FUNDS	R		3,027	736	487	4	114	3,394
TOTAL UNRESTRICTED FUNDS	UR	ENHANCING THE EXPERIENCE OF STAFF, PATIENTS AND THEIR FAMILIES	3,164	951	(709)	(4)	119	3,521
Total Funds			6,191	1,687	(1,196)	-	233	6,915

Note 14.1 WoW Project Fund- Birmingham City Council originally agreed to pay this project upto £118k. After the project had completed the grant received was £74K. A Credit Memo for £44k was raised.

Section C Notes to the accounts (cont)

Note 14 Charity funds (cont)

14.2 Details of material funds held and movements during the PREVIOUS reporting period

* Key: PE - permanent endowment funds; EE - expendable endowment funds; R - restricted income funds, including special trusts, of the charity; and U - unrestricted funds

Fund names	Type PE, EE R or UR *	Purpose and Restrictions	Fund balances brought forward £000	Income £000	Expenditure £000	Transfers £000	Gains and losses £000	Fund balances carried forward £000
THE OAKLEY THEATRE EQUIPMENT FUND	R	THEATRE EQUIPMENT	504	325	22	-	-	807
PHARMACY	R	PHARMACY ROBOT- MMH	127	-	-	-	-	127
MIDLAND METROPOLITAN HOSPITAL - LEUKAEMIA RESEARCH	R	RESEARCH POSTS UHB	128	-	-	-	-	128
OTHER FUNDS	R	N/A	1,623	810	997	10	302	1,728
CANCER DEVELOPMENT	R	CANCER RESEARCH	237	-	-	-	-	237
TOTAL RESTRICTED FUNDS	R		2,619	1,135	1,019	10	302	3,027
CHILDREN'S THERAPIES TRUST FUND	UR	GENERAL	431	154	(39)	-	-	546
COVID-19	UR	STAFF WELLBEING	-	609	(287)	(63)	-	259
OPHTHALMIC/BMEC RESEARCH AND TRAINING FUND	UR	GENERAL	229	1	(14)	(50)	-	166
AMALGAMATED ONCOLOGY FUND- HISTORICAL	UR	GENERAL	152	12	-	-	-	164
Wow Project Fund	UR	GENERAL	25	119	(43)	52	-	153
UROLOGY FUND	UR	GENERAL	147	-	-	-	-	147
OTHER FUNDS	UR	N/A	1,508	109	(274)	71	316	1,730
TOTAL UNRESTRICTED FUNDS	UR		2,492	1,004	(657)	10	316	3,165
Total Funds			5,111	2,139	(1,676)	-	618	6,191

Section C Notes to the accounts (cont)

Note 14 Charity funds (cont)

14.3 Transfers between funds

		Amount £ '000s
Between unrestricted and restricted funds	Simplification of the Charity structure was continued this year in order to report to the Charitable Funds Committee. This has resulted in a net transfer between restricted and unrestricted funds.	4
Between endowment and restricted funds	No endowment funds held	-
Between endowment and unrestricted funds	No endowment funds held	-

14.4 Designated funds

All unrestricted funds are considered to be designated with the exception of:
HOSPITAL GENERAL FUND 0012
TRUST CHARITY 2111

Of the Charity's Designated Funds, the following Material Fund balances are detailed below:-

Fund	Balance £	Purpose	Spend Plan
7005-1 COVID-19	343,387.31	Enhancing the experience of staff, patients and their families relating to Covid-19	Fundraising team are liaising with Fund Ambassador's to establish a spend plan for 2022/23
5193 OPHTHALMIC SUPPORT FUND	205,920.43	Enhancing the experience of ophthalmology staff, patients and their families	Fundraising team are liaising with Fund Ambassador's to establish a spend plan for 2022/23
0082 Amalgamated Oncology Fund - Hist	158,863.75	Enhancing the experience of oncology staff, patients and their families	Fundraising team are liaising with Fund Ambassador's to establish a spend plan for 2022/23
0045 UROLOGY FUND	147,191.73	Enhancing the experience of urology staff, patients and their families	Fundraising team are liaising with Fund Ambassador's to establish a spend plan for 2022/23
0915 ADMIN APPORTIONMENT - HOLL	95,037.04	Enhancing the experience of staff, patients and their families	Fundraising team are liaising with Fund Ambassador's to establish a spend plan for 2022/23
5186 BREAST SURGERY FUND	88,024.44	Enhancing the experience of breast surgery staff, patients and their families	Fundraising team are liaising with Fund Ambassador's to establish a spend plan for 2022/23
9020 T&O CHARITY FUND	76,657.38	Enhancing the experience of T & O staff, patients and their families	Fundraising team are liaising with Fund Ambassador's to establish a spend plan for 2022/23
1035 LEASOWES INTERMEDIATE CAF	75,010.07	Enhancing the experience of Leasowes staff, patients and their families	Fundraising team are liaising with Fund Ambassador's to establish a spend plan for 2022/23
0146 CRITICAL CARE (ITU) SERVICES	69,977.52	Enhancing the experience of critical care staff, patients and their families	Fundraising team are liaising with Fund Ambassador's to establish a spend plan for 2022/23
5085 X-RAY DEPARTMENT	62,892.86	Enhancing the experience of imaging staff, patients and their families	Fundraising team are liaising with Fund Ambassador's to establish a spend plan for 2022/23
0090 CORONARY CARE UNIT FUND	54,272.27	Enhancing the experience of cardiology staff, patients and their families	Fundraising team are liaising with Fund Ambassador's to establish a spend plan for 2022/23
6030 Palliative Care Fund	53,975.37	Enhancing the experience of palliative care staff, patients and their families	Fundraising team are liaising with Fund Ambassador's to establish a spend plan for 2022/23
0056 MICROBIOLOGY NO.2 FUND	47,796.93	Enhancing the experience of pathology staff, patients and their families	Fundraising team are liaising with Fund Ambassador's to establish a spend plan for 2022/23
0180 GASTROENTEROLOGY AND HEI	42,294.26	Enhancing the experience of gastroenterology/hepatology staff, patients and their families	Fundraising team are liaising with Fund Ambassador's to establish a spend plan for 2022/23
0163 RADIOISOTOPE FUND	39,260.47	Enhancing the experience of nuclear medicine staff, patients and their families	Fundraising team are liaising with Fund Ambassador's to establish a spend plan for 2022/23
2108 CHRONIC LUNG DISEASE	38,411.43	Enhancing the experience of acute respiratory staff, patients and their families	Fundraising team are liaising with Fund Ambassador's to establish a spend plan for 2022/23
0089 CARDIAC REHABILITATION TRU	37,631.99	Enhancing the experience of cardiac rehab staff, patients and their families	Fundraising team are liaising with Fund Ambassador's to establish a spend plan for 2022/23
0102 Emergency Medicine Fund	37,269.79	Enhancing the experience of ED staff, patients and their families	Fundraising team are liaising with Fund Ambassador's to establish a spend plan for 2022/23
0028 GENERAL RESEARCH FUND	35,993.41	Enhancing the experience of R & D staff, patients and their families	Fundraising team are liaising with Fund Ambassador's to establish a spend plan for 2022/23
7005 Your Trust Charity-Micro Grant Proc	35,852.66	Enhancing the experience of staff, patients and their families	Fundraising team are liaising with Fund Ambassador's to establish a spend plan for 2022/23
0120 RHEUMATOLOGY RESEARCH FL	35,398.18	Enhancing the experience of rheumatology staff, patients and their families	Fundraising team are liaising with Fund Ambassador's to establish a spend plan for 2022/23
0125 ANAESTHETIC EDUCATION & RE	35,067.17	Enhancing the experience of anaesthetic staff, patients and their families	Fundraising team are liaising with Fund Ambassador's to establish a spend plan for 2022/23
1375 CLINICAL CARDIOLOGY	33,814.13	Enhancing the experience of cardiology staff, patients and their families	Fundraising team are liaising with Fund Ambassador's to establish a spend plan for 2022/23

Section C	Notes to the accounts	(cont)
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Note 15 Transactions with trustees and related parties

If the charity has any transactions with related parties (other than the trustee expenses explained in guidance notes) details of such transactions should be provided in this note. If there are no transactions to report, please enter "True" in the box or "False" if there are transactions to report.

15.1 Trustee remuneration and benefits

None of the trustees have been paid any remuneration or received any other benefits from an employment with their charity or a related entity (True or False)

TRUE

15.2 Trustees' expenses

If the charity has paid trustees expenses for fulfilling their duties, details of such transactions should be provided in this note. If there are no transactions to report, please enter "True" in the box below. If there are transactions to report, please enter "False".

No trustee expenses have been incurred (True or False)

TRUE

15.3 Transaction(s) with related parties

Please give details of any transaction undertaken by (or on behalf of) the charity in which a related party has a material interest, including where funds have been held as agent for related parties. If there are no such transactions, please enter 'true' in the box provided.

There have been no related party transactions in the reporting period (True or False)

FALSE

Sandwell and West Birmingham Hospitals NHS Trust is considered to be related party. The Sandwell and West Birmingham Hospitals NHS Trust (members of the Corporate Trustee are also members of the Trust Board) had a turnover in 2021/22 of £660,315,000 (£615,209,000 in 2020/21) with a reported deficit of £218,493,000 (deficit £5,910,000 in 2020/21).

The Charitable funds reimbursed Sandwell and West Birmingham Hospitals NHS Trust £390,277.43 (£361,885.61 2020/21) for the costs of staff employed by the Trust but working on behalf of the Charities and for the purposes of the Charities in 2021/22.

The Charitable funds has an amount owing to Sandwell and West Birmingham Hospitals NHS Trust of £151,344 at 31 March 2022 (£906,618 at 31 March 2021).

16.1 Volunteers

Your Trust Charity is very proud to be supported by a number of volunteer roles that are essential to the functioning of the team:

- Fund Amandassors – we have over 100 charitable funds overseen by SWBH staff who are volunteering their time as fund managers. They have delegated authority from the Trustees and manage how the charity's designated funds should be spent.

- Staff Fundraisers – Members of staff from various wards, services or departments are involved in fundraising activities both onsite at SWBH and offsite i.e. challenge events

- External Fundraisers – we have a small but growing number of fundraisers who participate in external challenge events to raise money for us – often through online fundraising pages i.e. Justgiving and Virgin Money Giving

- Charity Volunteer Resource – we have future plans to develop a charity specific volunteer resource as part of our 5 year fundraising strategy

Section C	Notes to the accounts	(cont)
Note 17	Additional Disclosures	
The following are significant matters which are not covered in other notes and need to be included to provide a proper understanding of the accounts. If there is insufficient room here, please add a separate sheet.		
There are no significant matters for the Charity to disclose that are not covered in others notes in these accounts.		

Note 18

CHARITABLE TRUST ACCOUNT - SANDWELL & WEST BIRMINGHAM HOSPITALS NHS TRUST CHARITIES- 2021/2022**Cash flow for year ending 31st March 2022**

	Notes	Total Funds 31st March 2022 £000	Total Funds 31st March 2021 £000
Cash flows from operating activities		(326)	(257)
Net Cash used in operating activities		(326)	(257)
Cash flows from investing activities	8		
Interest Income		118	245
Proceeds from sale of investments		365	3,607
Purchase of investments		(373)	(3,644)
Net Cash provided by (used in) investing activities		110	208
Increase(decrease) in cash and cash equivalents in year		(216)	(49)
Cash and cash equivalents at the beginning of the year	11	2,718	2,767
Total Cash and cash equivalents at the end of the year		2,502	2,718

Reconciliation of net income/(expenditure) to net cash flow from operating activities

	31st March 2022 £000	31st March 2021 £000
Net income/(expenditure) for the reporting period (as per the statement of financial activities)	724	1,081
(Gains)/Losses on investment	0	0
Unrealised Gains/Loss on investment	(233)	(618)
Dividends and interest from investments	(118)	(245)
(increase)/decrease in debtors	(109)	(36)
(increase)/decrease in short term investments	28	(9)
Increase/(decrease)in creditors	(618)	(430)
Net cash provided by (used in) operating activities	(326)	(257)

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



PCCT Winter Schemes Update

November 2022 Update

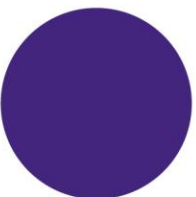
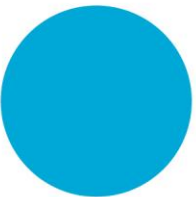




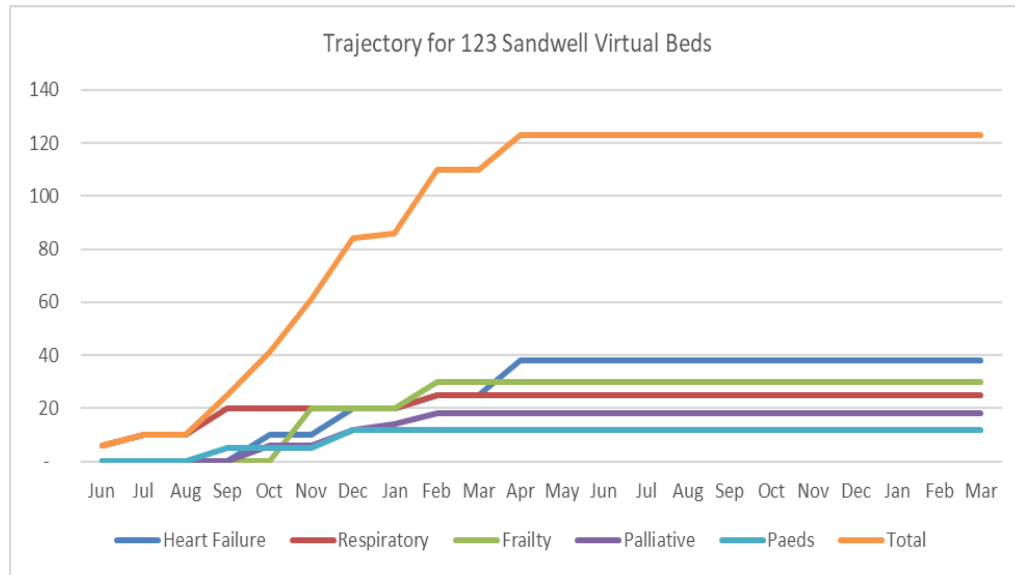
Virtual Wards

- **Aim:** Deliver 123 virtual ward beds by April 2023 for Sandwell Place and 78 for West Birmingham Place by June 2023.

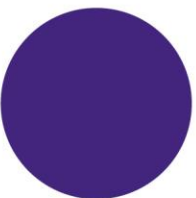
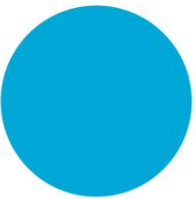
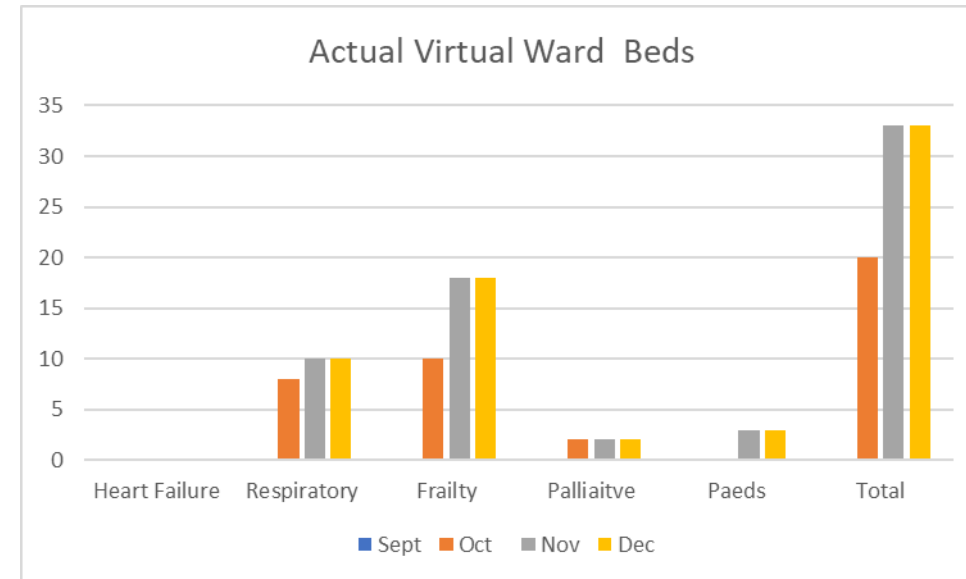
Speciality	Sandwell	West Birmingham
Hospital at Home (Epicentre)	0	20
Heart Failure	38	0
Respiratory	25	16
Frailty	30	15
Palliative and End of Life	18	5
Paediatrics	12	22



Trajectory for Delivery

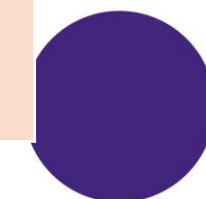
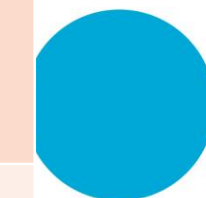
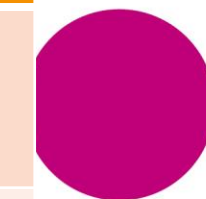


Actual Delivery



Activity to Date

Ward	Planned Go Live	Actual Go Live	Beds Plan Oct 2022	Actual Beds open	Actual Admissions up to 30.11.22	Average LOS (days)	% face to face contacts	No. of readmissions
Frailty includes H@H	Nov 2022	April 2022	20	18	130	5	Frailty: 69% H@H: 90%	Frailty: 1 H@H: 9
Respiratory	June 2022	Oct 2022	20	8	10	7	53%	1
Cardiology	Sep 2022	Nov 2022	10	0	0	n/a	n/a	n/a
Palliative	Oct 2022	Oct 2022	6	2	2	17	90%	1
Paediatrics	Sep 2022	Oct 2022	5	3	16	3	50%	1



Progress

Opening of additional beds restricted due to workforce

Awaiting start of 10.6 wte in Jan 23 which will see a ramp up of activity

Posts out to recruitment

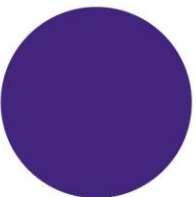
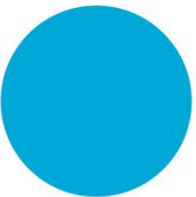
Skill mix being adapted to deliver clinical model

Acuity of patient cohorts requiring more face to face than anticipated by national modelling

Continuing to in reach to support identification and discharge of patients suitable for virtual ward

Not yet live with Docobo – using telephone and f2f to support patients

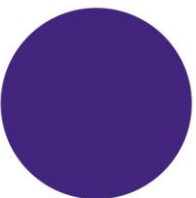
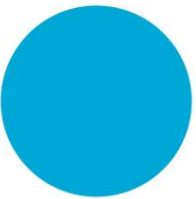
Early positive incidental patient feedback



UCR – Falls

- **Aim:** To commence a pick up service and reduce the number of WMAS incidences
- Current position
- community alarms already provide a pick up service if the person has an alarm
- Activity for community alarms

	Oct	Nov
Community Alarms Responded	116	112
Ambulance Called	70	66
No conveyed	38	21



Progress

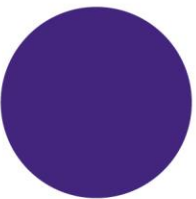
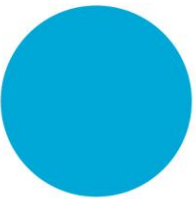
Recruitment of 2.0 wte B7 ENP posts on Trac

View to commence service in Jan 23

Interim measure - Workflow with community alarms to assist in identification and contact UCR for non injurious falls rather than WMAS

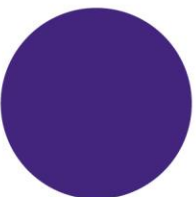
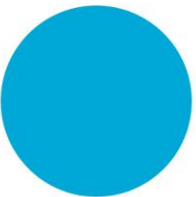
Continue to work with community alarms to provide a pick up service for all referrals

Community Alarms unable to support winter meeting with Red Cross to support during winter



UCR Update

- Reporting in place to capture District Nursing, OOH District Nursing and Palliative Urgent Response Service
- Expansion of service delivery beyond 8pm substantively in place for OOH District Nursing and Palliative Care
- Expansion of UCR to 10 pm plan being worked up to deliver a robust service till 10 pm mitigation in place where a patient cannot be safely safety netted and there are no alternative community pathways this is delivered via bank for extended hours
- Care homes team are retraining homes in UCR pathways
- Virtual monitoring (LTC) in care homes will increase demand.
- ARI pathway is in place VW set up to deliver and support additional referrals from WMAS 111.
- Single point of referral for Care Homes to access dedicated Care Homes team and or UCR as deemed appropriate.



Integrated Front door

- Project group with PCCT, M&EC and Local Authority underway
- Recruitment commenced for AHP and ACPs
- Medical model needs agreement
- Scoping third sector input
- Developing SOP with ED teams
- Developing alignment with RRT & FIT
- Current in reaching by VW and UCR into ED and Assessment Units
- Start Date Jan 23.

