

AGENDA - TRUST BOARD SESSION IN PUBLIC

Venue:

Conference Room, Sandwell Education Centre, Sandwell Health Campus, Lyndon, West Bromwich. B71 4HJ

Date:

Wednesday 14th May 2025,
10:00 – 13:00

Voting Members:

Sir D Nicholson	(DN)	Chair
Mr M Laverty	(ML)	Non-Executive Director
Mrs R Hardy	(RH)	Non-Executive Director
Mrs L Writtle	(LW)	Non-Executive Director
Prof L Harper	(LH)	Non-Executive Director
Mr A Argyle	(AA)	Non-Executive Director
Mrs V Taylor	(VT)	Non-Executive Director
Mrs D Wake	(DW)	Chief Executive
Dr M Anderson	(MA)	Chief Medical Officer
Mrs J Newens	(JN)	Chief Operating Officer
Ms M Roberts	(MR)	Chief Nursing Officer
Mr S Sheppard	(SS)	Acting Chief Finance Officer

Non-Voting Members:

Mr M Hallissey	(MHa)	Associate Non-Executive Director
Mr J Sharma	(JS)	Associate Non-Executive Director
Mr A Ali	(AAl)	Associate Non-Executive Director
Mr A Ubhi	(AS)	Associate Non-Executive Director
Mr L Williams	(LW)	Associate Non-Executive Director
Mr J Fleet	(JF)	Group Chief People Officer
Mrs R Barlow	(RB)	Group Chief Development Officer
Mr A Thomas	(AT)	Group Chief Strategy and Digital Officer
Miss K Dhami	(KD)	Chief Governance Officer
Ms S Thomas	(ST)	Interim Chief Integration Officer

In attendance:

Mr D Conway	(DCo)	Associate Director of Corporate Governance/Company Secretary
Mr J Johnson	(JJ)	Interim Lead for FTSU
Mr D Sarma	(DS)	Guardian of Safe Working

Time	Item	Title	Reference Number	Lead
10:00	1.	Welcome, apologies and declarations of interest <i>To declare any interests' members may have in connection with the agenda and any further interests acquired since the previous meeting.</i> <i>Board members declarations available here:</i> https://www.swbh.nhs.uk/wp-content/uploads/2025/04/Trust-Board-Register-of-Interests-March-2025.docx Apologies: Diane Wake, Lesley Writtle	Verbal	DN
	2.	People Story	Verbal	JF
10:20	3.	Minutes of the previous meeting, action log and attendance register <i>To approve the minutes of the meeting held on Wednesday 12th March as a true/accurate record of discussions, and update on actions from previous meetings</i>	TB (05/25) 001 TB (05/25) 002	DN
	4.	Chair's opening comments	Verbal	DN
	5.	Questions from members of the public [as submitted]	Verbal	DN

Time	Item	Title	Reference Number	Lead
10:25	6.	Chief Executive’s Overview	TB (05/25) 003	MR
10:40	7.	Integrated Board Committees Assurance Report Joint Remuneration Committee Report	TB (05/25) 004 TB (05/25) 004a	ML
10:50	8.	2025-2026 Operational Plan and Annual Plan	TB (05/25) 005	SS
Our Population To work seamlessly with our partners to improve lives				
11:05	9.	Place Report	TB (05/25) 006	ST
Break (10 minutes) - 11:20				
Our Patients To be good or outstanding in everything we do				
11:30	10.	Chief Nursing Officer and Chief Medical Officer’s Report	TB (05/25) 007	MR / MA
11:40	11.	Operational Year End Performance Report	TB (05/25) 008	JN
11:50	12.	Finance Year End Position	TB (05/25) 009	SS
12:00	13.	Patient story feedback and learning for the last 12 months	TB (05/25) 010	MR
Our People To cultivate and sustain happy, productive and engaged staff				
12:10	14.	People Plan Progress Report	TB (05/25) 011	JF
12:20	15.	Freedom to Speak Up 6-month Report Guardian of Safe Working Report	TB (05/25) 012 TB (05/25) 013	MA
12:35	16.	2024 National Staff Survey Results and Response	TB (05/25) 014	JF
Governance, Risk & Regulatory				
12:55	17.	New Joint Infrastructure Committee TORs	TB (05/25) 015	KD
For Information				
	18.	Any other business: - Delegation to Audit Committee for approval of annual report and accounts - Integrated Performance Report (in the Reading Room)	VERBAL	SS
	19.	Details of next meeting of the Public Trust Board: 9 th July 2025 at 10:00am. In person, meeting in the Seminar Room of MMUH		
13:00	Meeting Close			

New Board Members Declarations May 2025

Adam Thomas

- Voting member of the DGFT board
- Managing Director of Dudley Clinical Services Ltd. a wholly owned subsidiary of DGFT.

Lowell Williams

- Voting member of the DGFT board
- Chair, Dudley Academies Trust
- Director of Dudley Clinical Services Limited which is 100% owned subsidiary of the Trust
- Lowell Williams Consulting Limited
- Registered as Director at NCHSR Limited. National College for High Speed Rail
- Director - Transformational Technologies Partnership Ltd (which oversees the Black Country & Marches Institute of Technology)
- Elected as a Councillor to Warwick District Council on behalf of the Green Party

TRUST BOARD – PUBLIC SESSION MINUTES

Venue: Conference Room of the Sandwell Education Centre

Date: Wednesday, 12th March 2025, 10:00 – 13:00

Voting Members:

Sir D Nicholson (Chair) (DN)
Mr M Laverty, Non-Executive Director (ML)
Mrs R Hardy, Non-Executive Director (RH)
Mrs L Writtle, NED (Deputy Chair) (LW)
Prof L Harper, Non-Executive Director (LH)
Mr A Argyle, Non-Executive Director (AA)
Mrs V Taylor, Non-Executive Director (VT)
Mrs D Wake, Chief Executive (DW)
Dr M Anderson, Chief Medical Officer (MA)
Ms M Roberts, Chief Nursing Officer (MR)
Mr S Sheppard, Acting Chief Finance Officer (SS)

Population Story Presenters:

Dr S Blake, GP, YHP
Advanced Clinical Practitioner, Care Home Support
Mrs L Johnson, Matron, Care Home Support

Apologies:

Ms J Newens, Chief Operating Officer (JN)

Non-Voting Members:

Mr M Hallissey, Assoc. Non-Executive Director (MH)
Mr J Sharma, Associate Non-Executive Director (JS)
Mr A Ali, Associate Non-Executive Director (AAI)
Mr A Ubhi, Associate Non-Executive Director (AU)
Miss K Dhami, Chief Governance Officer (KD)
Mr D Baker, Chief Strategy Officer (DB)
Mr J Fleet, Interim Chief People Officer (JF)
Mrs R Barlow, Managing Director MMUH (RB)
Programme
Ms S Thomas, Interim Chief Integration Officer (ST)

In Attendance:

Ms H Hurst, Director of Midwifery (HH)
Mr D Conway, Associate Director of Corporate Governance/Company Secretary (DCO)
Mr D Wade, Deputy Chief Operating Officer (DeW)

Minutes	Reference
1. Welcome, Apologies and Declarations of Interest	Verbal
<p>The Chair, Sir David Nicholson, opened the meeting at 10:00am. The Chair welcomed Board members and attendees to the meeting. Introductions were made for the purposes of minute taking.</p> <p>Apologies were received from Ms Johanne Newens. Mr Demetri Wade (DeW) was welcomed to the meeting by the Chair.</p> <p>There were no additional declarations of interest.</p>	
2. Story - Population	Verbal
<p>The Chair emphasised the value of opening the session with the regular Staff and Patient Stories, and today's Population Story, to provide insights for the Board.</p> <p>Ms Thomas (ST) introduced the importance of more proactive care for those with frailty to change outcomes for the population, both nationally and as a strong theme from the workshop.</p> <p>The presenters introduced themselves as Dr Steven Blake, a GP at Your Health Partnership (YHP), an Advanced Clinical Practitioner at the Care Home Support Team, and Mrs Louise Johnson, Matron for the Care Home Support Team.</p> <p>Dr Blake described their proactive approach of using a frailty register as part of a pilot project that had started three months ago. Comprehensive geriatric assessments by a GP specialist in frailty were</p>	

offered, followed by signposting to community groups to keep patients active. Loneliness and lack of mobility were the main issues. A frailty multi-disciplinary team targeted the most complex cases.

The Care Home Support Team described how residents' needs were met through a range of proactive weekly services at the top 20 complex care homes to minimise hospital admissions. Care home staff were provided with training. Discharged patients at the top 21 to 40 care homes were supported reactively with rehabilitation and a range of projects. 70% of hospital admissions had been reduced over 10 months. An integrative service was provided with YHP and the local Quality Teams.

Comments and questions:

Mrs Writtle (LW) queried the practical measures to combat loneliness. Dr Blake described strong links with public health community groups and in arranging transport catering to individual needs.

Mr Sharma (VS) queried whether a tangible reduction had been seen in hospital admissions. Mrs Johnson confirmed that monthly reports of patients dying in hospital within 72 hours were reviewed to take forward learnings about avoidable admissions to prevent future cases. Learnings were shared across the team and in care homes to build trusting relationships. The goal was to reduce only avoidable incidents, whilst acknowledging that there were patients who did need to be admitted.

VS queried whether gaps had been identified through data sharing with agencies and pharmacies. Dr Blake advised that patient reports on SystmOne helped to categorise patients' histories and ages. Greater resources would be needed to proactively tackle crisis avoidance through a community approach.

Mr Baker (DB) described the Buurtzorg approach by nurses in the Netherlands to keep patients well in their homes by engaging neighbours to provide support. Dr Blake confirmed that they had considered a future project with frailty health care assistants (HCAs) targeting patients to collect information about their needs to signpost them to get the relevant care. Dr Blake agreed with DB that a volunteer workforce was needed in the local community.

Mr Lavery (ML) queried how to discuss investment in community. ST reported that she and Ms Newens (JN) had agreed to hold a multi-disciplinary workshop in April 2025 with frailty colleagues from Primary Care, Community and Therapies into the Hospital to identify all the current projects that could be scaled up with more resources. The Midland Metropolitan University Hospital (MMUH) Programme modelling approach for resource utilisation and cost within the organisation would be applied to look at better potential allocation for those who were frail. The same colleagues would present at this workshop.

Dr Blake confirmed that the validated tools they had for assessing and diagnosing frailty resulted in patients with learning disabilities scoring less well because there was an overlap with deterioration in functionality due to age. Holistic assessments would result in prioritised levels of holistic care.

Mr Ubhi (AU) observed that faith groups had provided support during and after COVID to conquer isolation and transportation issues. Hot meals and company were offered in people's mother tongue. People from Asian cultures would prefer to die at home for reasons that should be supported.

Dr Blake reported that language problems and the lack of a therapist or clinician who could identify with one of his patients had been a barrier to providing medical care.

The Chair thanked the presenters for specific examples of what had been accomplished and suggested that there were two next steps:

1. Encouraging better connections to engage local communities would make neighbourhood an important part of solutions.
2. Preventative work to identify people earlier on and to support people would avoid hospital admissions to create a sustainable system.

The Chair stated that the marked impact made by the services presented regarding admissions from care homes compared significantly better than anywhere else in the Black Country.

3. Minutes of the previous meeting and action log

TB (03/25) 001
TB (03/25) 002

The Board reviewed the minutes from 8th January 2025 and **APPROVED** them as a true and accurate record of the meeting.

The action log was reviewed. One of two items had been completed.

ST reported that quotes had been received for the design regarding the capital case on the Urgent Treatment Centre. A decision had been made that the external new build option would not provide value for money. Affordable and viable alternative options within the MMUH footprint had been scoped. The capital case would be presented to the Board in May 2025.

4. Chair's opening comments

Verbal

The Chair commented on the change of NHS England Chief Executive, which was a common result of governmental change. The spending review would be challenging. Any money allocated to the NHS would be expected to deliver for the government. The NHS Plan would be in line with the recent direction of travel. The future of NHS England connected to the Department of Health would be sorted out through activities over the next few months. The summoning of Chief Executives and Chairs would lead to reinforcing the tough planning rounds to deliver for this year and next year.

Absolute focus was required to put community first to ensure the best outcomes for patients as proactively as possible, transferring outpatient arrangements to make these more effective for patients, reducing waiting lists to provide greater access to services, and ensuring that money spent on corporate services was in the right places whilst providing the resilience and efficiency needed.

5. Questions from members of the public

Verbal

No questions had been raised by members of the public.

6. Chief Executive's Report

TB (03/25) 003

Mrs Wake (DW) highlighted the following main topics from her report, which was taken as read:

1. Operational Performance
 - The emergency access standard (EAS) 4-hour performance had shown an incremental improvement, which was getting closer to approaching the 78% standard. DW had challenged the Deputy Chief Operating Officer (DeW) with achieving the 78% target in March 2025 to allow the Trust to become one of the top 10 most improved Trusts within the month of March in order to receive £1m in capital. There was a real opportunity for the Trust to join the 3 out of 4 Trusts who were in the top 10 in the five categories in the Black Country.

- The Trust was one of the best in the Midlands at ambulance handover. The team were commended for this achievement, especially given the high volume of ambulance arrivals.
 - Non-admitted pathways required further work. Most organisations struggled with the admittance pathways to move patients requiring beds out of the ED, which often compromised 4-hour performance. It was the opposite for the Sandwell and West Birmingham Trust, who needed to work with the ED teams to treat patients within the 4-hour window.
2. Productivity Pack Metrics
- Validation of the patient waiting list had been a key area identified for improvement. The Trust had committed to validate 20,000 records over a six-week period. 10,829 patient records had been validated so far, with 2,837 patients moved from the waiting list. This had identified the need for a training session on how to manage referral to treatment time (RTT). Training had not been done since COVID and would be cascaded throughout the organisation. This would give the Trust a better chance to move their average RTT position from 54% or 55% to the benchmark of 60% for the Black Country. The RTT target by the end of the next financial year was to reach 65%.
 - Cancer service provision of services was generally good at the Trust. A slight dip in the 62-day standard performance had been seen but was approaching 70% in February 2025. Three pathways had been identified in the report where further work was necessary to be done.
3. MMUH 100+ Days
- A key aim of the MMUH 100+ Days Report was to monitor patient length of stay (LOS). LOS appeared to be fairly static.
 - No moderate or high-risk incidents had occurred in critical pathways.
 - Stroke pathway times to CT scans had improved by 9%.
 - Discharges before midday had continued to improve due to cultural shifts in the organisation with implementation of the Rhythm of the Day.
 - There had been a 40% reduction in referrals to the Medical Examiner and for referrals requiring a structured judgement review.
 - 30 admissions per day had reduced in line with the bed rightsizing programme.
4. Care Quality Commission (CQC) Engagement
- The CQC were changing how they engaged with NHS trusts. A provider oversight lead named Laura Harrison, and an operations manager named Karen Williams would engage more regularly with the Trust.
5. Never Events
- Two Never Events had occurred in January 2025. One was a wrong site surgery to a patient who had arrived with a fractured neck of femur. The anaesthetic block had been performed on the wrong side. The proper investigation processes had been followed. A patient safety bulletin and a campaign on 'stop before you block' had been issued. Learnings from the review had undertaken.

- The second Never Event was due to mis-selection of high-strength midazolam during conscious sedation. Investigations were still underway. A patient safety bulletin had been issued on safe storage of the product. Further learnings would emerge from the investigation.

6. 'Improving Together' Implementation

- Staff were excited about the range of improvement plans over coming weeks and months.
- Improvement Week events had been launched last week with as many staff as possible. Five areas would be targeted initially: (1) Endoscopy, with only 43% getting endoscopies within an appropriate timeframe, (2) Pre-Operative Assessment due to capacity issues, (3) Central Admissions Unit due to insufficient size and cancellations, (4) Surgical Length of Stay in Elective Orthopaedics, and (5) Streaming in the Emergency Department.
- Change events would follow implementation to ensure that the desired impact was achieved.
- Two Value Stream Events in Theatres and Hospital to Community were being planned.

7. Place

- West Birmingham and Sandwell updates were included in the report.

8. Black Country Finance Undertakings

- The Black Country had committed to delivering a £120m deficit, followed by a £90m deficit challenge for the next financial year.
- Many meetings had taken place regarding accountability and planning. The Executive team had discussed feedback on scrutiny and the potential need for significant workforce reductions.

9. External Visits

10. 18 Headline Targets for 2025/26 NHS Priorities and Operating Planning Guidance

11. Black Country Provider Collaborative Work and Opportunities

12. Corporate Service Transformation

13. Strategic and Enabling Priorities across the Black Country

- The Business Case for £9m for the Sandwell Elective Hub was being reviewed to ensure that this was supported by the regional team. The System had agreed to the Trust making a bid.

Comments and questions:

DW confirmed that the Delivery Partner referred to in the report was required for assistance due to the amount of work needed across the System to maximise opportunities identified through productivity metrics, hospital to community, elective work, and outpatient transformation. This Delivery Partner would be sought to work alongside the Trust. A payment by results scheme could be a model for a partner to work across the Black Country with acute and community providers and into Primary Care.

DW confirmed that the CQC would review any incidents, complaints and whistleblowing reported in the organisation to collate a view. The Trust aimed to provide transparency in reporting. The CQC would also occasionally contact the Trust for feedback on issues. The CQC met regularly with NHS England and Integrated Care Boards (ICBs).

The Board **NOTED** the Chief Executive's Report.

7. Integrated Committee Chairs' Report	TB (03/25) 004
<p>LW highlighted the following key points from the Integrated Committee Chairs' Report:</p> <ul style="list-style-type: none"> • Key risks in common across the Committees regarded ambitions to reduce workforce numbers. This would not be achieved by the end of the financial year. Detailed plans would be required to deliver in 2025/26. • Quality Committee had discussed the incidents of people potentially wanting to jump at the MMUH site. Comprehensive plans were in place to reduce the risk. Further assurance would be sought by requesting an update on the completion of actions in a couple of months' time. Positive reports had been received regarding the staff response and mobilisation of security and support staff around vulnerable people. • A comprehensive Audit Committee meeting had been held last week. Split opinions last year regarding internal audit findings would not be an option this year. Actions regarding 78+ week waits and in delivering the Cost Improvement Programme (CIP) would be the focus of stronger audit evidence for the Audit Committee. • All Committee Chairs and Executive Leads had met with Mrs Barlow (RB) and had taken ownership of performance metrics. They were starting to move MMUH Benefits into the normal cycle of business. • The Staff Survey results would be reviewed at Private Board. <p>The Chair queried concrete steps taken to address the jump risk issue. LW reported on tangible actions that had been taken and reported to the Quality Committee. Ms Roberts (MR) reported that seven anticipated incidents had been reported, primarily on Level 2 and outside of ED above the drop to the car park. The Governance and Health and Safety teams together with MR and Marsha Jones had been working on implementing actions and further risk assessment work. Netting was being considered around ED, but a company was looking at a better solution. Decisions on Level 5 handrails and the opening of doors were being addressed. RB reported that the original risk assessments prior to opening had not prevailed. The main issue had been identified as Level 2 after moving into the building.</p> <p>LW confirmed for the Chair that outstanding internal audit actions from last year had led to the early recognition that improvements were necessary this year.</p> <p>Mr Argyle (AA) reported that the internal auditors had been pragmatic by stating that they would not come to an opinion because of the amount of work ongoing. The pressure was now on the next two reports to answer the queries satisfactorily, especially regarding 78+ week waits. The Trust's response to queries had improved significantly. More positive assurance would now be a greater focus.</p> <p>A meeting with the new Audit Partner was suggested.</p> <p>The Board NOTED the Integrated Committee Chairs' Report.</p>	
MMUH	
8. MMUH Benefits Review	TB (03/25) 005
<p>SS highlighted the following key points from the MMUH Benefits Review:</p>	

- The original Benefits Report on anticipated benefits of MMUH had been written with PwC in early 2023. This had identified approximately £2.2 billion in benefits. This included wider benefits, for example, building dwellings on the City Hospital site.
- An annual independent review had been commissioned by RSM to assess the re-baselining of benefits following the successful opening of MMUH. A full assessment had been provided by RSM within a few weeks, through good engagement with Executives.
- The benefits had subsequently increased to £3.8 billion. Assurance had been provided on the benefits' scoping, methodology, and calculations.
- Benefit tracking and optimisation would become a standing item for Board Committees, overseen by the Audit Committee. This would become part of daily work and a critical part of the financial short, medium and long-term improvement programme. Structures and governance had been agreed.

Mrs Hardy (RH) commented that this report provided a snapshot of the kind of benefits they should be integrating in improvement for the organisation over the next few years.

ML advised that the intention was to have a report commissioned every year to provide a record. This would be discussed with Grant Thornton to add to the Annual Report to create a useful form of data.

SS confirmed that the benefits methodology had been validated by an external expert. New benefits were emerging every month that had not been thought of.

The Chair commented that Andy Burnham had announced that Greater Manchester's economic growth was over 3% above the rest of the country's, arguing that they should attract increasing investment. The Chair queried whether MMUH could be considered as a contribution to the Black Country's economic growth.

RB advised that significant growth in return on investment had been regarding the Elective Hub. RB agreed with the strategic economic, societal and environmental benefits. The Mayor had been invited to discuss the strategic priorities and how the Mayor and his team could influence investment.

The Board discussed being an ambassador for the Black Country and promoting the benefits better.

The Board **ACKNOWLEDGED** the growth in the MMUH benefits baseline to £3.8 billion and recognised the importance of engaging the organisation to make the MMUH Benefits Review work part of 'business as usual' and part of the Annual Report.

9. MMUH Closure – Programme Assurance Review (PAR)

TB (03/25) 006

RB highlighted the following main points from the MMUH Closure – Programme Assurance Review (PAR) report:

- The first PAR had been commissioned in October 2023 in line with the Infrastructure Project Authority (IPA) independent assurance process.
- The second PAR had also been led by Eamonn Sullivan, Director Clinical Transformation, NHP. This had provided consistency across the two reviews.
- A positive report had been received.
- The Senior Responsible Officer (SRO) comments highlighted exemplar work and best practice in relation to clinical transformation, pre-move patient census work, and innovative ways of

working in pathways going forward. There had been a compelling programme vision. Best practice learned from this project should be applied to the delivery of future transformation. The mass population campaign had been evaluated nationally against research as best practice. The theme of partnership working and collaboration was acknowledged.

- Three areas were being transitioned into 'business as usual' and 2025 governance:
 1. The Automated Guided Vehicle (AGV) roll out had been postponed due to health and safety requirements. AGVs would start to be used in April 2025. This project would continue under Mr Sheppard's (SS's) leadership with RB's involvement until October 2025.
 2. SMART infrastructure technology had not been enabled due to a lack of funding. This needed to be a strategic priority to avoid falling behind.
 3. A research meeting would be held for those who had demonstrated an interest. Commissioning research through Dr Anderson (MA) would also be added to the benefits case.

The Chair commended RB and the team for something the organisation could be proud of having accomplished.

The Board **RECEIVED** and **ACKNOWLEDGED** the PAR report.

10. MMUH Programme Closure Report – DRAFT

TB (03/25) 007

RB observed that the Closure Report had input from a wide audience, including members of the Programme Company, Non-Executive Directors, and some of the Trust's partners. The workstreams and what they had delivered were summarised with lessons learnt, case studies, and successful working practices.

This document would be helpful for stakeholders and for future projects. The audience would include both ICB Boards and the National Team. Full archiving of the project sat under Mr Conway (DCo).

The design work was being finalised. Final feedback was sought on the report's contents, providing any personal reflections.

RB explained how they had decided to prioritise the sharing of their learnings. Case studies and lessons learnt would be made available in electronic form.

ML observed that this was a great opportunity to tell the story of how they had accomplished everything. This document was helpful to create a record that would have been invaluable to have been received three years ago. It provided an opportunity to share their learnings with others.

RB observed that this was a practical example of the Managing Successful Programmes (MSP) methodology. MSP had no healthcare case studies in their guidance and therefore RB intended to suggest that this document became one of their examples.

LW queried whether they had considered how they would have done anything differently in hindsight. RB highlighted the compressed activation period, as outlined in both reports. There were candid reflections around changes to how relationships and collaboration had worked with partners. Lessons learnt had been quite open but without anything commercially sensitive.

ML added that receiving funding in a piecemeal fashion had been problematic. This point about revenue and capital certainty had been made to the New Hospital Programme (NHP).

The Chair observed that the Board had taken on the risk of embracing the project without having identified the revenue to pay for it.

Mr Fleet (JF) commented on how they had turned around the workforce workstream from being rated as 'red' to back on track. A 'deep dive' had identified obstacles and overengineering.

RB advised that the workstream introduction was longer because it explained how they had not got this right at the beginning and what they had done about it. Assurance had been documented from the external review.

Mr Ali (AAI) queried the inclusion of key stakeholders in the report. RB confirmed that stakeholders were listed in the communications chapter. They were also thanked several times.

It was suggested that passing on the pitfalls and learnings from the journey should be added to the benefits case. They should consider submitting applications for the King's Awards for Enterprise regarding innovation and changing social mobility, and the King's Award for Voluntary Service. Applying for awards would help to scrutinise internal processes.

Praise for the Children's Emergency Department was noted by AU, who shared a positive personal experience about his grandson.

The Chair thanked everyone for the work done to create the Closure Report.

The Board **APPROVED** the MMUH Programme Closure Report, subject to inclusion of feedback.

Action: RB to investigate putting MMUH elements forward for the King's Awards for Enterprise and for the King's Awards for Voluntary Service.

BREAK

Our Patients

11. Perinatal Service Report

TB (03/25) 008

MR highlighted the following key points from the Perinatal Service Report:

- The Perinatal Improvement Plan had extra governance added. This required that the additional actions from review of the current plan and following reports were to be agreed at the Perinatal Improvement meeting first. The Group now had project support to help to align the significant size of this Plan. The Trust was held accountable by NHS England and ICB Assurance Group and provided monthly exception metrics.
- Support from NHSE's perinatal quality improvement team would be done on specific areas over two days to be defined in the Terms of Reference. Involvement in the Maternity Safety Programme may be recommended along with an assessment of the Trust's progression on the Improvement Plan for assurance.

HH highlighted the following five areas to update the Trust Board:

1. The Carbapenemase Producing Enterobacteriaceae (CPE) outbreak in Neonates following repatriation from an external organisation had been identified following screening. The Trust was the only place where screening was undertaken in line with BAPM guidance. No harm had come to any babies. All but one premature baby had been sent home. Regional changes to implement screening were expected as a result of this outbreak.

2. Core competency training compliance had improved as part of a 10-month training cycle. Escalation was included for non-compliance.
3. The Trust's service had been identified as an outlier for babies born before arrival. The majority of women and birthing people this had happened to had not made contact with the birthing unit prior to giving birth. There were good working relationships and pathway definitions between Maternity and ED following the two incidents. Actions were in place to improve the number of pre-hospital births.
4. Lower than national average involvement of parents on ward rounds had been noted against the National Neonatal Audit Programme standard of 40%. This was a newly set target. Ward rounds had been introduced twice a day instead of in the morning. Isolated families had reasons not to be there. Virtual ward rounds with interpretation would be a huge innovation.
5. Two reviews had taken place with the ICB Insights visit supported by NHS England three weeks ago, with overall positive feedback. Improvements suggested were mainly around the BCG vaccination required to be provided at 28 days instead of at discharge. The NHS England Regional team would be providing support towards driving forward a resolution. They had commended the fairly new Head of Midwifery for the improvement in culture. The West Midlands Perinatal Network review had taken place last week. The transport solution had been seen as innovative regarding going into the incubator to be cared for at the point of birth.

MA reported on his Safety Champion walkabout. Morale appeared to be better than on previous visits. Staff had pride in their work and in their environment since the move. There was more confidence that staff were being heard. Leaders were more visible, according to staff. Parents had been universally happy about the care received. The team were working together to respond to the surge in demand during the visit.

Professor Harper (LH) reported on the significant change in culture during her Safety Champion walkabout, compared to her previous visit in September 2024. There had been pride and ownership displayed and a greater team ethos. They showed pride in the Serenity Birthing Suite being open.

HH reported that there had been 180 births through Serenity since November 2024, with the change in model of continuity of care if the woman or birthing person had to move to the higher-risk ward.

MR reported that she did walkabouts every week or two weeks with a focus on Section 29 to ensure a sustained continued improvement. MA and LH's formal walkabouts also bore this in mind. There was still a large action plan, but progress was being made.

ML welcomed the Improvement Plan. MR confirmed for ML that the individual outstanding actions were able to be prioritised according to risk level.

Mrs Taylor (VT) noted that work had been done previously to review barriers to accessing care, yet the action for babies born before arrival was to have the Equality, Diversity and Inclusion Lead Midwife explore barriers. HH agreed that work had been done on barriers to access and advised that this action was bespoke to this cohort of women. More in-depth understanding was required on why this cohort were not using the telephone triage before they went into labour and if there were any other areas of support required. This was known to be a regional issue.

VT queried the other factors in addition to interpretation requirements that had led to the Trust having a 22.6% parental involvement in ward rounds compared to the national average of 40%, and how this was being addressed. HH reported that the virtual ward rounds would involve using an iPad to dial in interpreters. Lunchtime options would also help the team to reach the estimated increase in

compliance to 35% after 2 to 3 months and to 60% by September 2025. They also had to ensure that parents had the digital technology to support virtual ward rounds. Parents with multiple pre-school aged children who were single parents or had their partner at work also struggled to take part where they lived remotely, without family support.

MR added that it was key to ask mothers at admission how they wished to do the ward rounds, in order to understand what would work for families. The virtual ward would be the next step after that if they could not do the ward round in the time that the consultant was available. The virtual ward would be complicated to implement.

LH suggested that virtual ward communication learnings from COVID could be helpful. MR reported that they had challenges during COVID as well. They had three or four different ways of doing interpreting that would depend on the primary language.

AU observed that the interpreters would be unlikely to be able to solve this challenge because it was more of a cultural engagement problem. This would be masked even more by using a digital solution because the group that led the interpreters would not have the digital capability to engage. They would therefore not engage for cultural reasons. AU agreed with MR that the discussion upon admission would be more helpful. Engaging with this group could lead to a better understanding of how to support them through an offline focus group discussion, before going to digital solutions with interpreters.

AU stressed the need to make the solution beneficial to parents and their babies rather than 'ticking a box' as part of a compliance solution. MR agreed that the local needs of the patients and the population had to play a part.

The issues with antenatal neighbourhood provision of care were raised as a driver that should be improved through a better model, working with voluntary services.

The Chair commented that he had just visited all the maternity units across the Black Country. The Chair queried the issue of bookings being made but without babies being born at the hospital. HH reported that 10,000 were booked and only 5,000 were birthed. This issue was part of a five-year transformation plan to encourage women to birth at the hospital where they had chosen to birth.

MR agreed with the Chair that this issue was not improving, and a consistent solution was required. MR explained the multifactorial reasons involving culture, confidence and geography. The current arrangement was to get antenatal care in the area where people lived, but people chose where to deliver, often elsewhere. The consistency of carer role was not in place across the board. The four Black Country Trusts needed to work together to solve this problem.

HH assured the Board of the support behind the five-year plan to move away from the old model.

The Chair queried the best time to hold a conversation about improving antenatal care. MR suggested that this was discussed at Development Board. It was agreed to add this to the agenda in June 2025.

The Board **NOTED** the Perinatal Service Report for assurance and the Ockenden Framework Update.

Action: MR/HH to arrange for a discussion about improving antenatal care to be added to the Development Board agenda in June 2025.

12. Finance Report

TB (03/25) 009

SS highlighted the following key points about the financial position to 31 January 2025:

- The Trust had reported a deficit of £2.2 million, which was £40,000 favourable to the plan.
- An overspend of £1.5 million against the capital programme showed positive management. This meant that there had been a more realistic profile. Schemes were delivering slightly ahead of plan. This reduced the risk of not spending on capital investment in the last quarter.
- The Finance Improvement Programme had delivered £34 million.
- The Trust had overperformed overall against their elective recovery / variable activity plans. There had been overperformance in Women & Child Health specialties and a couple of Medicines areas. Activity underperformance had been particularly in Orthopaedics. Elective activity was 310 patients below plan.
- Workforce plans were over trajectory. The trajectory had been revised for the end of the financial year. This was being tracked by the People Committee and Executive Committee.
- The Trust forecasted the delivery of their financial plan for 2024/25 and were managing the appropriate risks. Trends for February 2025 were continuing in a similar direction as in January 2025. Orthopaedics had delivered their in-month plan during February 2025 for the first time.

ML queried progress in achieving recurrent savings through the exercise to reduce workforce vacancies. SS reported that the focus was on workforce for maximising recurrent delivery of CIP. Establishments would need to be reset based on vacancies in place throughout the year without bank agency. The wider implications of quality and safety were considered within application of this model. The Group would review this work next week prior to presentation to the Finance Investment and Performance Committee on 28th March 2025.

VT queried the reduction of 190 full-time equivalents to meet the revised January 2025 targets. DW advised that workforce reduction would be key for the next financial year to avoid further slippage. They would need to plan appropriately during the year. Engagement across the whole organisation would be critical.

SS confirmed for JS that the approach taken with DW in post as Chief Executive would focus on Group engagement to ensure delivery through the leadership of JN and DeW, JF, MR, and MA. A good session had been held to make everyone aware of productivity opportunities at the Trust Management Committee. The Trust were headed in the right direction and needed to step up further.

The Board **NOTED** the financial position at the end of January 2025 and the year-end forecast.

13. Acute and Community and Winter Plan Report

TB (03/25) 010

DeW reported the following key points from the Winter Plan 2024/2025 Update Report:

- The emergency access standard (EAS) performance for January 2025 was 74.4%. This represented a 2.9% improvement on the previous month. The Trust had begun to move higher up the regional and national rankings since moving to the new hospital.
- A 10% improvement in ambulance offload timings within 30 minutes had contributed to the System position of being one of the best in the country. This had been accelerated by the ambulance service pushing a maximum 45-minute offload process, implemented by the Trust.
- MMUH Rightsizing Schemes had focused mainly on admission avoidance, bed fit, and reduced delays on discharge. Tracking continued to ensure that ongoing progress was driven.

- The key drivers for lower-than-expected results against rightsizing opportunities had clear sets of actions set against them, with close tracking discussed weekly.
- Medicine and Emergency Care length of stay (LOS) improvements were a focus of attention. LOS varied and had improved compared to a year ago. Average LOS for January 2025 was 6.3 days against a target of 6 days. The Trust was in a good position relative to others.
- LOS drove bed occupancy, which was at 92% in January 2025.
- Group-based interventions were in place to optimise the pathways to the right places.
- The Urgent and Emergency Care (UEC) Programme had been refreshed to recognise transitions into MMUH. Non-admitted EAS performance was related to efficiency and ways of working. An external review by one of the Emergency Care Improvement Support Team Clinical Directors had led to positive feedback. They had identified efficiencies and better use of space.

Mr Hallissey (MH) observed that rightsizing performance had been greater than in 2022 but had not been great in 2023 and 2024. MH queried what the Trust intended to do differently to change this. DeW advised that 60% of the rightsizing opportunity had been delivered out of a 70% target.

MH commented that the paper did not describe what would be done differently to ensure delivery. DeW advised that a significant driver was ambulance conveyancing activity moving away from the Trust, which was being discussed in the System. MH suggested that this would not change the LOS.

DeW explained that patients arriving at the acute site were more likely to need acute care. There were less opportunities for immediate discharges. This was driving up LOS. DeW described the interventions being used. Frailty LOS drivers included weekend consultancy cover with the transition to MMUH. Related improvements were anticipated throughout March. The weekend discharge team doing ward rounds had transitioned to an established team to provide proper ward cover. They were focusing on discharge rather than just safety reviews. They were also enabling the streaming of patients to Medical Same Day Emergency Care (SDEC) to find the best opportunities for admission avoidance.

DeW confirmed for the Chair that these initiatives were expected to shift the LOS from 6.3 days to 6 days over the next month.

In response to the Chair's challenge, DeW acknowledged that they needed to do better regarding the non-admitted emergency access support. The review by Mr Ben Owens from Sherwood Forest Hospitals previously referred to had been valuable from the clinical teams' perspective in hearing about opportunities for change from an objective voice. Mr Owens had been complimentary about the Trust's admitted flow, for providing cubicles in a more efficient way than other hospitals. The Trust needed to focus on time to make a decision and discharge within the department.

The Board **NOTED** the report for assurance.

Governance and Risk

14. BAF Report

TB (03/25) 011

Miss Dhami (KD) highlighted the following key points from the Board Assurance Framework (BAF) report:

- The internal audit of the Trust's BAF had resulted in a rating of 'reasonable assurance'. The auditors' recommendations would be implemented.

- The paper summarised the Trust's five strategic risks linked to the Trust Strategy. These had been further detailed into supporting risks.
- Two risks were rated as 'red': The risk that the Trust fails to make best strategic use of its resources, and that the Trust fails to deliver the MMUH benefits case.
- Next steps were to refresh the BAF and its controls and assurances. Work on emerging risks was recommended, with the creation of plans around these.
- An April 2025 Board workshop was recommended to review the BAF.

The Chair observed that it was positive that the Trust had a reasonable number of risks to focus on within their BAF. The Chair supported the recommendation of having an interactive conversation.

The Board **NOTED** the current position of the BAF risks and scores and **SUPPORTED** review of the BAF at the April 2025 Board Workshop.

For information

15. Board Level Metrics and IQPR Exceptions

Reading Room

DB highlighted the workforce metrics and the learning disability and mental health annual checks that were happening in Primary Care ahead of schedule.

The Board **NOTED** the report for assurance purposes.

16. Any Other Business

Verbal

There being no other business, the Chair thanked everyone for their contributions and closed the meeting at 12:37pm.

Details of next meeting of the Public Trust Board: **14th May 2025 at 10:00am**

Signed

Print

Date

Public Trust Board Action Log: 12th March 2025

Action			Assigned To	Due Date	Status/Response
1.	TB (03/25) 007	Investigate putting MMUH elements forward for the King's Awards for Enterprise and for the King's Awards for Voluntary Service.	RB	May 2025	COMPLETE: In traction
2.	TB (03/25) 008	Arrange for a discussion about improving antenatal care to be added to the Board Workshop agenda in June 2025.	MR/HH/KD	Apr 2025	COMPLETE: on the planner



Sandwell and West Birmingham
NHS Trust

REPORT TITLE:	Chief Executive's Report
SPONSORING EXECUTIVE:	Diane Wake, Chief Executive
REPORT AUTHOR:	Diane Wake, Chief Executive
MEETING:	Public Trust Board
DATE:	14/05/2025

Suggested discussion points *[two or three issues you consider the PublicTB should focus on in discussion]*

Advise

- Leadership update at The Dudley Group NHS Foundation Trust and Sandwell and West Birmingham NHS Trust
- Operational Performance
- Getting it Right First Time' GERI score (Elderly Care Index of Patient Flow)
- Rapid Process Improvement Weeks (RPIWs)
- Black Country Finance Undertakings
- Black Country Provider Collaborative
- Visits and Events

Alignment to our Vision *indicate with an 'X' which Strategic Objective[s] this paper supports*

OUR PATIENTS: To be good or outstanding in everything that we do	X
OUR PEOPLE: To cultivate and sustain happy, productive and engaged staff	X
OUR POPULATION: To work seamlessly with our partners to improve lives	X

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

Sandwell Health and Care Partnership Board 24 March 2025
West Birmingham Locality Delivery partnership 19 March 2025

Recommendation(s)

The Public Trust Board is asked to:

DISCUSS the contents of the report

Impact

Board Assurance Framework Risk 01	x	Deliver safe, high-quality care.
Board Assurance Framework Risk 02	x	Make best strategic use of its resources
Board Assurance Framework Risk 03	x	Deliver the MMUH benefits case
Board Assurance Framework Risk 04	x	Recruit, retain, train, and develop an engaged and effective workforce
Board Assurance Framework Risk 05	x	Deliver on its ambitions as an integrated care organisation

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board: 14th May 2025

Chief Executive's Report

1. Leadership update at The Dudley Group NHS Foundation Trust and Sandwell and West Birmingham NHS Trust

- 1.1 I am pleased to announce four appointments to my executive team structure. These group roles will work across both Dudley and Sandwell and West Birmingham to enhance our capabilities, streamline operations, and ultimately improve the quality of care we provide to our patients.

To lead this transformation, we have appointed key leaders who will play pivotal roles in moving our organisations forward.

Rachel Barlow as Group Chief Development Officer, looking at regenerative opportunities with wider partners and focussing on how we use our estate to maximise productivity and create environments to support high quality care.

James Fleet as Group Chief People Officer, with a focus on our most important asset – our people. His focus will be on wellbeing, optimising our workforce and developing a positive workplace culture.

Adam Thomas as Group Chief Strategy and Digital Officer, spearheading our strategic planning and digital transformation efforts, looking at how we can optimise technology to enhance patient care and operational efficiency.

All commenced in role on 1 April 2025.

Laura Broster will join the organisations on 1 June 2025 as Group Director of Communications, managing our internal and external communications, to ensure that staff have the information they need to deliver high quality care and that our patients and local communities feel informed, engaged and connected with our organisations.

- 1.2 Deputy Chief Executive appointments have also been made in each organisation. **Mel Roberts**, who is Chief Nursing Officer at Sandwell and West Birmingham, and **Karen Kelly** who is Chief Operating Officer at Dudley Group. These are for an initial 12-month period.

2. Operational Performance

- 2.1 Total EAS performance for April 2025 was 76.01% which is an improvement in March 2025 which was 74.9%. Ambulance turnaround within 30 minutes was reported at 73.0% in March, an improvement of 13% on February. Final data for April is not yet available.
- 2.2 At the end of March 2025, the Trust met both the 78-week standard and achieved the "route to zero" target of 65 weeks for planned treatment.

- 2.3 The Trust's performance against key GIRFT metrics reveals strong alignment with national best practices and notable outperformance in several areas. The Trust achieves a day case rate of 89.8%, closely matching the top decile benchmark of 90.9% and exceeding the national median of 84% and system average of 88.5%. This indicates efficient surgical pathways and effective day case optimisation. Furthermore, 58% of outpatient procedures are conducted on tariff, surpassing the national median of 45.2% and system average of 47.5%. This reflects strong utilisation of procedure coding and tariff opportunities, boosting financial recovery and encouraging outpatient surgical activity.
- 2.4 Our cancer targets remain the most challenging, however we have secured additional support from West Midlands Cancer Alliance in realigning pathways for Skin, Gynaecology, Head and Neck, and Lung services. The workforce and complex diagnostic pathways are challenges for these specialties. Support with clear mitigation is in place including additional capacity being implemented where necessary through Waiting List Initiatives (WLIs), outsourcing, and insourcing.

3. 'Getting it Right First Time' GERI score (Elderly Care Index of Patient Flow)

- 3.1 Our elderly care team have been benchmarked nationally as the number 1 out of 171 organisations as measured by a GIRFT tool (GERI score) that assesses patient flow and reducing in-patient bed days for elderly patients.
- 3.2 The score is generated using weighted averages of three aggregate discharge metrics:
- Older patients with less than 3-day bed use
 - >21-day length of stay hospital bed use.
 - Use of hospital beds by patients who have had multiple (3+) admissions throughout the year.

The score essentially aims to evaluate how effectively services are managing the care pathway for older adults (particularly in relation to flow) - and it does this by looking at the frequency of short stay admissions, long stay admissions and recurrent admissions across the cohort of over 65s.

- 3.3 Our team perform particularly well at long stay and recurrent admissions but feel they can improve further at short stay admissions/deaths within 48 hours of admission. They plan to focus on the Frailty Assessment Unit area and what they refer to as the "Silver 72 hours" - where they aim for specialist input and continuity concentrated in the first 3 days of any admission.

4. Rapid Process Improvement Weeks (RPIWs)

- 4.1 As part of our focus on improvement this year, we have introduced Rapid Process Improvement Weeks (RPIWs). The aim of the RPIWs is to work with clinical teams across the Trust to tackle some of the issues that are preventing them performing as effectively as they could do for the benefit of patients and staff.

4.2 The focus on Rapid Process Improvement is underway across the organisation with 3 of the first 5 areas selected to make improvement holding their test of change weeks at the end of April following a period of intense planning. The aims of the 3 focus areas are:

- **Pre-Operative**- increase 80% pre-op slots utilisation to 90% (including DNA rates)
- **Endoscopy** – reduce the number of cancellations on the day and DNAs (<5% resulting in utilisation to 95%)
- **Central Admissions Unit** – reduce the late starts to theatre because of CAU logistics down to 0mins/day

Positive comments have been received from staff about feeling engaged and empowered to make changes locally and at speed to improve care for their patients. The support of an Executive sponsor to unblock issues that may prevent implementation of locally agreed improvement ideas has been welcomed.

The weekly Executive summary shows the progress already made and the remaining areas for improvement (see **Annex 1** in the reading room). Continuous monitoring is in place to ensure sustained improvement is achieved.

5. **Black Country Finance Undertakings**

- 5.1 As the Trust Board is aware NHS England Midlands concluded that, given the scale of financial challenge within the system, it is important to place a common and consistent set of expectations on all key NHS partners in the ICS. The regulatory mechanism to do this via agreement of undertakings.
- 5.1 The Undertakings letter was received from NHS England, outlining the Undertakings to the Trust and an action tracker (Annex 1) developed to monitor the Trust's performance throughout the year. Performance is monitored through the Trust Management Group and the Finance & Productivity Committee prior to the Trust Board.
- 5.2 The key point to bring to the Trust Board's attention is the Acting Chief Finance Officer is working with system colleagues to improve the underlying financial position of the Integrated Care System and partner organisations.
- 5.3 Progress against all the actions is described in **Annex 1** (in the Reading Room).

6. **Recommendation**

The Public Trust Board is asked to:

- a. **DISCUSS** the contents of the report

Diane Wake
Chief Executive

7th May 2025

Annex 1: Rapid Process Improvement Week (RPIW) reporting Executive Summary - in the Reading Room
Annex 2: 2024/25 Undertakings Progress Report - in the Reading Room

Black Country Provider Collaborative – April 2025

The following are the key messages from the 7th April 2025 - Black Country Provider Collaborative (BCPC) Executive meeting.

A. IMPROVEMENT

- **Clinical & Operational Productivity** – The Collaborative Executive were provided a brief update on the following key items:
 - **Clinical Improvement programme** – The BCPC CMO presented a summary report highlighting the key progress reported at the recent monthly Clinical Network meetings. Key highlights include:
 - **Breast Service developments** – work is progressing at a pace to draft a business case in support of the Breast DIEP reconstruction service, with work on track to share in late May / early June. A further workshop will be progressed to explore deeper the concept of the Breast Unit consolidation in late May / early June to ensure input, buy-in and ownership of the preferred solutions.
 - **Colorectal** – the Clinical Leads will be discussing and agreeing a way forward with colleagues on the current ‘double-FIT’ testing (and its implications) in addition to refocusing on assessment against NBOCA data.
 - **Gynaecology** – work continues to on the development of a single Endometriosis Centre for the Black Country, to comply with future national requirements. Focus will also turn to the development of Gynae-Oncology arrangements for the Black Country, with a meeting scheduled for mid-April to progress this.
 - **Ophthalmology** – ahead of the forthcoming national GiRFT visit, the Ophthalmology team at DGFT delivered in excess of 20 Cataract cases in a day for the first time, a significant step up from an average of 3 per session 6 months ago. Furthermore, the Clinical Network has reached an agreement on the expansion of the Wolverhampton Glaucoma Referral Refinement Scheme (GERS) across the Black Country, with commissioning teams finalising the updated specification and to confirm the rollout model shortly.
 - **Orthopaedics** – following the recent interview processes, one of the two Clinical Leads being recruited for has been appointed. Dr. William Hart from RWT was the successful candidate for the North patch and has accepted the appointment on a 1PA per week arrangement for the 25/26 financial year.
 - **Pharmacy** – work continues at a pace to establish the Pharmacy Aseptic proposal, with two stakeholder engagement workshops being delivered in early May, and a draft output report due for circulation to all partners in early June prior to discussion at the next available BCPC Executive.
 - **Elective Care** – work continues with ICB and primary care colleagues on the development of specialty specific service specifications, which will support the management of NHS resources within the Black Country NHS, whilst retaining high standards of care delivery for the Black Country population.
 - **CNO update** – The BCPC CNO provided a brief update on key activities including “Workforce Alignment”, and the Neonatal Partnership Board and its key workstreams. Of particular note was the proposed future arrangement of the “Local Maternity & Neonatal System” (LMNS) transitioning to the BCPC, with further dialogue required to understand, responsibility, accountability and liability issues aligned to governance arrangements.

- **‘Delivery Partner’** – Work continues with the procurement team and the preferred Delivery partner and will be concluded shortly. Final elements of the work will ensure that any “diagnostic phase” will be reduced with a greater emphasis on supporting delivery of productivity and efficiency opportunities. The host organisation for this has been identified as SWBT, and it is anticipated that the work will commence imminently.

B. TRANSFORMATION

- **Corporate Service Transformation (CST)** – The BCPC SRO and Programme Lead provided a brief update on progress against the 8 recommendations agreed at the recent JPC.

A more concise update is provided from the summary notes of the Programme Board, which was scheduled (and held) on Monday 14th April 2025.

C. STRATEGIC & ENABLING PRIORITIES

- **Communications - Public Involvement Exercise** – The BCPC System Lead for Communications provided an update on Public Involvement activities being undertaken to support the range of Clinical Service Transformation work agreed by JPC in February 2025.

Learning from the previous ‘North Hub’ experiences it was essential that early engagement and public involvement activities commenced to inform the development and establishment of subsequent Business Cases as part of any service transformation / change processes.

Work is rapidly being progressed in parallel to ensure that a briefing is provided for a Joint Health & Overview Scrutiny Committee, alongside a briefing for staff and stakeholders, combined with preparation for a wider public involvement exercise, the outputs of which can be appropriately used in all appropriate business cases.

- **Medical Bank Rate Harmonisation** – The task group led by the BCPC CMO continues to work on analysing the current Medical Bank rates being paid across the four partner Trusts, with a view to recommending a standard rate for all. Initial assessment is that there is a significant opportunity for efficiency through harmonisation and it is anticipated that this work will navigate some remaining steps arriving at a conclusion shortly.
- **BCPC Governance** – Draft terms of reference were received for two new proposed forums. The BCPC Managing Director will review with authors and consider their alignment in due course.

Key Messages on the Corporate Services Transformation Programme Board – April 2025

The following are the key messages from the 14th April 2025 Corporate Services Transformation Programme Board.

KEY MESSAGES

- **Terms of Reference:** the draft Terms of Reference for this new programme board were approved subject to the amendments to include CEO delegated representation within the formal membership and to explicitly document the seven corporate services that are in scope of this programme for 2025/26

- **Progress against JPC actions:** the board received progress updates against a series of actions that were identified following the approval of eight recommendations presented to Joint Provider Committee in February 2025.
- **Robotic Process Automation:** the programme is supporting participation in an exciting free national NHSE Robotic Process Automation (RPA) pilot. RPA enables the automation of workflows to follow a predefined process. It enables the ability to automate high volume, rulebased, repeatable tasks. Three RPA opportunities specific to Human Resources workflows are explored. A digital Project Manager has been assigned and is working with HR colleagues across the system to progress the pilot, with support from the NHSE Head of Digitisation and Automation.
- **Delivery Partner Opportunity Analysis:** an update was received regarding the recently commissioned rapid analysis work which is progressing with two external consultancies. The aim of this activity is to obtain an independent assessment of the scale of opportunity to deliver improvement, resilience, and efficiency through a single, system-level transformation approach for the seven in-scope corporate service areas. The analysis specification also seeks insight, based on consultancy experience and industry best practice, as to optimum service models, a consideration of potential digital investment and automation opportunities, and recommended delivery roadmap. Final reports are due later this month and following review, a summary paper will progress to JPC schedule in May 2025 outlining recommended next steps.
- **Legal Framework:** the programme board received an update regarding the work that has been commissioned from an external Legal partner to develop a 'Legal Framework' (which would be consistent with the Collaboration Agreement) for the establishment of a managed shared service. Consideration of recent national guidance relating to "wholly owned subsidiaries" (WoS) is also being considered and work continues to develop the framework.
- **Case for Change:** in response to early programme engagement activity and in readiness to progress to formal Business Case, the board received a draft Case for Change for review and comment. This consolidates several early governance reports and materials developed during the early programme preparation phase. Its purpose is to summarise the challenges identified across the system which need to be address and provides the rationale for why change is needed. The draft was received with initial amendments noted and further feedback to be provided by Thursday 17th April to support final updates to support its progress to final approval.

Visits and Events

3 March 2025	Black Country Provider Collaborative Executive
3 March 2025	Sandwell College Strategic Conversation
5 March 2025	Audit Committee
6 March 2025	Rapid Improvement Week Launch Event
7 March 2025	Black Country Financial Recovery System Oversight Group
7 March 2025	Birmingham and Solihull ICB Finance Recovery Board
7 March 2025	Staff Meet and Greet - MMUH
10 March 2025	NHSE/Black Country ICB Operational Plan Review
12 March 2025	Public and Private Trust Board
13 March 2025	NHSE National Planning Event
14 March 2025	Urgent Treatment Centre visit
14 March 2025	Staff Star Awards Evening
17 March 2025	Black Country Integrated Care System Cancer Board
17 March 2025	Birmingham and Solihull ICB SRO Management Meeting
17 March 2025	Black Country Provider Collaborative Senior Responsible Officers
17 March 2025	Staff Meet and Greet - MMUH
17 March 2025	Ward D47 City Hospital visit
18 March 2025	Black Country ICB Planning Assurance – Follow up
20 March 2025	HSJ Visit and Interview - MMUH
21 March 2025	Black Country Provider Collaborative Joint Board Workshop
21 March 2025	Black Country Integrated Care System Leadership Event
25 March 2025	Trust Management Committee
25 March 2025	Midlands Endoscopy Network Board
26 March 2025	NHSE Midlands Regional Director monthly update
26 March 2025	Quality Committee
26 March 2025	Black Country Regional Performance Tiering Call
26 March 2025	Staff Meet and Greet – Sandwell Hospital
26 March 2025	Black Country Elective and Diagnostic Strategic Board
26 March 2025	Extra-ordinary Private Board meeting
27 March 2025	Black Country Integrated Care Board meeting
28 March 2025	Finance and Productivity Committee
3 April 2025	Black Country Provider Collaborative Senior Responsible Officers
3 April 2025	ICB/NHSE Oversight and Assurance meeting
4 April 2025	Birmingham and Solihull ICB CEO Meeting
4 April 2025	Staff Meet and Greet – City Hospital and Midlands Eye Centre
7 April 2025	Black Country Provider Collaborative Executive
7 April 2025	Visit to Palliative Care Team
8 April 2025	West Midlands Cancer Alliance Investment Committee
8 April 2025	MMUH Gallery Launch
8 April 2025	Birmingham Health Partners Board meeting
8 April 2025	Black Country System Chief Executive Officer meeting
9 April 2025	Board of Director Development Workshop
11 April 2025	Birmingham and Solihull CEO meeting
14 April 2025	Visit to Harvest View

14 April 2025	Visit to Leasowes
14 April 2025	Corporate Services Transformation Programme Board
14 April 2025	Joint Dudley and Sandwell Team Brief
15 April 2025	NHSE/ICB Oversight and Assurance
17 April 2025	Black Country Provider Collaborative Senior Responsible Officers
23 April 2025	NHSE Midlands Regional Director monthly update
24 April 2025	MMUH Site Tour
25 April 2025	Birmingham and Solihull CEO meeting
28 April 2025	Black Country Integrated Care System Cancer Board
29 April 2025	NHSE Leadership Event
30 April 2025	Black Country Elective and Diagnostic Strategic Board

Star Awards – 14 March



Friday 14 March saw the Trust host the 2025 Star Awards Ceremony, held at Aston Villa Football Club, with over 350 people in attendance. Fully funded by sponsorship (over £50,000 generated in total) – the event was a brilliant success, with around 50 individuals and teams being recognised for their hard work and dedication over the past year.

Amanda Pritchard visit – 28 March



Outgoing Chief Executive of NHS England, Amanda Pritchard visited Midland Met on Friday 28 March. She met staff on Level 5 and remarked on the friendly and warm atmosphere. She was also taken on a tour of the new hospital and was impressed, not only with the building and facilities, but also with how staff deliver care to our patients.

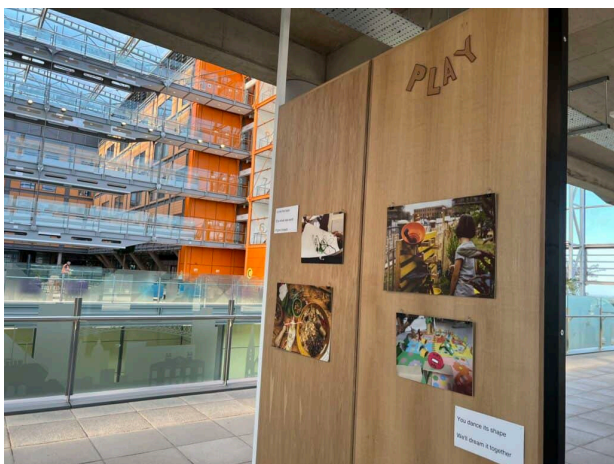
She said: “It was a pleasure to be welcomed to the Midland Metropolitan University Hospital, to see first-hand the excellent care you are providing in this new ultra-modern setting. “But it’s not only about the building – I was privileged to meet so many dedicated and compassionate staff and hear about how you are transforming acute and community care across Sandwell and West Birmingham making a real difference to the people you serve. I have seen the future, and it is the Black Country!”

Staff Tea Party – 28 March



Friday 28 March was planned to be the official opening of Midland Met, by HRM King Charles III, unfortunately this was postponed due to HRM's illness - we are currently awaiting another date. As part of the celebrations, we had planned a tea party for staff in the Winter Garden, which we decided to still go ahead with. Lots of colleagues attended and there was a wonderful atmosphere as they interacted with each other and members of the Trust Board. This is something that we will look to do on a quarterly basis.

Community Garden and Art Gallery Official Opening – 8 April



April saw the official opening of the Commons Community Garden and The People's Art Gallery at Midland Met. The People's Gallery, located in the Winter Garden, measures 288-feet-long and features artwork by local photographers and community organisations. It's funded by Your City and Metropolitan Hospitals Charity.

The community garden features creations from local people including mosaics, flags and painted stones, with places for the public to sit and rest. The space was co-created and co-designed by arts organisation Spectra and community partners.

The projects are an important part of our 'More Than a Hospital' ethos and are funded by Your City and Metropolitan Hospitals Charity. Both The Commons and the People's Gallery have also received grants from the Arts Council England and The National Lottery Community Fund.

Leasows and Harvest View – 14 April

During April I visited two of our community sites - Harvest View and Leasowes Intermediate Care Centre, to see firsthand the outstanding work our staff do to care for our local community.

From this visit, it was clear that colleagues take immense pride in serving our patients within the community. The work that the teams have done over the years to improve the lives of our patients was touching to see and hear about.



MP visit to Midland Met – 2 May

On Friday 2 May, we welcomed some of our local MPs to Midland Met.

We were joined by:

Gurinder Josan, MP for Smethwick, Sonia Kumar, MP for Dudley, Alex Ballinger, MP for Halesowen and a representative of Antonia Bance, MP for Tipton and Wednesbury.

The group visited paediatrics, neonatal, and ED and had the opportunity to hear about the exciting new Learning Campus that is being built on the Midland Met site, which is due to be completed later this year.



The MPs were impressed with the building and with the colleagues that they spoke to, but also by our 'community first' clinical model, which is making a difference to our local community.



Sandwell and West Birmingham

NHS Trust

Paper ref: PublicTB (05/25) 004

REPORT TITLE:	Integrated Committee Chairs Report
SPONSORING EXECUTIVE:	Kam Dhami, Chief Governance Officer
REPORT AUTHOR:	Lesley Writtle , Non executive Director, Deputy Chair
MEETING:	Public Trust Board
DATE:	14/05/2025

Suggested discussion points *[two or three issues you consider the PublicTB should focus on in discussion]*

This report provides a summary of assurance levels and issues identified by the Trust Sub-Committee Chair's, offering an opportunity to review, triangulate, and escalate concerns, as well as identify good practices aligned with the strategic priorities.

Sub Committees provide regular reports to the Trust Board providing assurance on key items discussed and progress made to resolve identified issues. This report combines the committee assurance report's, which were previously separate agenda items (they are still produced and available in the Board Reading Room).

The report includes key issues to advise, assure and alert the Board from April and May 2025 committees:

Quality Committee: Chaired by Mike Hallisey

People Committee: Chaired by Lesley Writtle/ Jatinder Sharma

Finance and Productivity Committee: Chaired by Rachel Hardy

Audit Committee: Chaired by Andy Argyle

Integration Committee: Chaired by Val Taylor

At the next Board meeting we will triangulate with key risks from the Board Assurance Framework (BAF)

Alignment to our Vision *indicate with an 'X' which Strategic Objective[s] this paper supports*

OUR PATIENTS: To be good or outstanding in everything that we do	X
OUR PEOPLE: To cultivate and sustain happy, productive and engaged staff	X
OUR POPULATION: To work seamlessly with our partners to improve lives	X

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

LNCC

DME/Clinical Tutor Meeting

Recommendation(s)

NOTE the report and assurance provided.

PROVIDE feedback for any identified issues shared for escalation

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Impact		
Board Assurance Framework Risk 01	x	<i>Deliver safe, high-quality care.</i>
Board Assurance Framework Risk 02	x	<i>Make best strategic use of its resources</i>
Board Assurance Framework Risk 03	x	<i>Deliver the MMUH benefits case</i>
Board Assurance Framework Risk 04	x	<i>Recruit, retain, train, and develop an engaged and effective workforce</i>
Board Assurance Framework Risk 05	x	<i>Deliver on its ambitions as an integrated care organisation</i>
Corporate Risk Register [Safeguard Risk Nos]		

KEY ITEMS DISCUSSED AT THE BOARD COMMITTEES IN MAY & JUNE 2024	
ALERT	
<ul style="list-style-type: none"> • <u>Workforce control</u>: whilst significant work has been undertaken on workforce, all directorates have more WTE in post than budget in 24/25 and forecast. Discussions regarding accountability and budget setting underway but this is urgent. Enhanced controls need to be in place now to gain further assurances. We start the year 150 FTE over plan. Both Finance Committee and People committee are aligned on this work. • <u>Delivery of the Financial Improvement plan in 24/25</u> The committee requires presentation of a detailed plan on how the recurrent target be achieved and to reflect on programme structures and accountability to enable delivery of a significant programme recurrently in 25/26 of the key financial and performance targets in 2025. There is clearly a lot of work underway, however, there was no assurance or presentation of the delivery plan at the FIPC. This will be urgently brought forward to the next meeting in May. • <u>UTC Business Case</u> – It was acknowledged and agreed that the capital sum was available and the facility should be supported, BUT as the clinical model is yet to be developed and therefore the revenue implications, it was agreed that a discussion regarding decision making taking account a balance of the risks involved should be discussed further. • <u>Clinical Guidelines</u> - Significant gaps in guidelines completion but the groups are setting trajectories to rectify. 	
ADVISE	
<ul style="list-style-type: none"> • <u>Operational Performance report</u> review to be undertaken to enable a more detailed review of key performance areas and trajectories of delivery. To link with an amended accountability structure to enable deep dives and more detailed reviews to be undertaken during the year. This will Link community targets development into this work. This work will aim to have high quality performance data at all committees. • <u>Primary/Secondary care interface</u> – minor concern raised that although the BMA dispute with the Government has been settled, collective action will now be aimed locally at Integrated Care Boards and Systems rather than the Government. • <u>Maternity 2023 MBRRACE</u> report shows a 5% higher than expected rate of stillbirths and extended perinatal mortality than comparable trusts. However, 2024 data shows rolling average to be declining, with lowest mortality rate reported Q3 24/25. Compliant with <27 week pathway and progress continues with maternity and neonatal action plans 	
ASSURE	
<ul style="list-style-type: none"> • <u>Integration Committee</u> will receive the final Health Inequalities plan and Primary Care strategy in Mays meeting. There has also been a review of the Community engagement 	

approach with the proposal of widening involvement from VCSFE sector to co-produce a social/corporate responsibility charter.

- Research and Development showing sustained improvement recruiting to studies 36% over target with improvements in study delivery, despite staffing challenges
- Positive assurance received on the delivery of the forecast outturn and delivery of the financial improvement plan for 24/25, albeit not against recurrent targets. Positive assurance on the capital and cash position in 24/25. Really focussed work has been undertaken on high-cost medical bank which has led to a number of difficult to fill consultant posts filled with a reduction in medical bank costs.
- People Plan annual review, strong approach achieved by focussing on fewer areas of delivery, positive outcomes seen in staff engagement, EDI, Turnover and early signs of improvement in sickness. The ARC leadership programme has been a very positive initiative. New plan to be presented to Trust board. Although things are improving, we cannot be complacent about sustainability



Sandwell and West Birmingham
NHS Trust

Paper ref: PublicTB (05/25) 004a

REPORT TITLE:	Joint Remuneration Committee Meeting Summaries
SPONSORING EXECUTIVE:	Lesley Writtle, SWB Deputy Chair Gary Crowe, DGFT Deputy Chair
REPORT AUTHOR:	Dan Conway, Associate Director of Corporate Governance/Company Secretary (SWB)
MEETING:	Public Trust Board
DATE:	14/05/2025

Suggested discussion points *[two or three issues you consider the PublicTB should focus on in discussion]*

The narrative below summarises the first 3 meetings of the Remuneration & Nominations Joint Working Committee.

January 8, 2025

Key Points:

Introduction and Establishment: The first meeting of the joint committee, chaired by Lesley Writtle, focused on establishing the committee and drafting the Terms of Reference.

Director of Communications Appointment: Diane Wake presented the recruitment process for the Joint Director of Communications and Engagement. Laura Broster was appointed with a salary of benchmarked against 2019 VSM pay benchmarks. The committee approved the proposed remuneration for the Joint Director of Communications and Engagement.

Future Recruitment Panels: Emphasis on balanced representation from both Trusts in future recruitment panels.

March 25, 2025

Key Points:

Terms of Reference: The draft Terms of Reference were presented and approved with amendments to ensure fair representation across both organisations.

Group Chief People Officer Appointment: James Fleet was appointed as the Group Chief People Officer with a salary reflecting a 5% increase from his previous salary. The role is strategic, leading workforce priorities across both organisations.

April 4, 2025

Key Points:

Group Appointments: The committee discussed the appointments of the Group Chief Development Officer and the Group Chief Strategy & Digital Officer. Rachel Barlow and Adam Thomas were appointed with proposed salary uplifts.

Chief Nurse Pay Increase: The committee approved a substantive pay increase and a temporary responsibility allowance for the Chief Nurse at Sandwell & West Birmingham, reflecting additional responsibilities as the Deputy Chief Executive for 12 months.

Alignment to our Vision *indicate with an 'X' which Strategic Objective[s] this paper supports*

OUR PATIENTS: To be good or outstanding in everything that we do

X

OUR PEOPLE: To cultivate and sustain happy, productive and engaged staff

X

OUR POPULATION: To work seamlessly with our partners to improve lives

X

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

Remuneration Committee

Dudley Private Board May 2025

Recommendation(s)

NOTE the contents of the report

Impact

Board Assurance Framework Risk 01	x	Deliver safe, high-quality care.
Board Assurance Framework Risk 02	x	Make best strategic use of its resources
Board Assurance Framework Risk 03		Deliver the MMUH benefits case
Board Assurance Framework Risk 04	x	Recruit, retain, train, and develop an engaged and effective workforce
Board Assurance Framework Risk 05		Deliver on its ambitions as an integrated care organisation
Corporate Risk Register [Safeguard Risk Nos]		

Quality Committee Chairs Report

Committee Chair: Lorraine Harper (March) Mike Hallissey (April)

26/03/2025	
Research & Development Strategy Update Research & Development IG Incident Report	Substantial Assurance
Maternity Dashboard and Perinatal Update	Reasonable Assurance
Learning from Deaths/Mortality & Morbidity incl. HSMR & SHMI	Reasonable Assurance
Deteriorating Patient	Partial Assurance
Urgent & Planned Care Update	Partial Assurance
Fundamentals of Care 25/26 Plan	Reasonable Assurance
Improving Together: Update on the delivery of six Rapid Process Improvement Week (RPIW) cycles and two Value Stream Events (VSE)	Partial Assurance
SWB Documentary proposal	Substantial Assurance

30/04/2025	
UTC Proposal	Support for UTC in Level 9
Maternity Dashboard incl Ockenden	Partial Assurance
Learning From Deaths/Mortality & Morbidity incl. HSMR & SHMI SJR LD Thematic Review	Reasonable Assurance
FOC Metrics	Partial Assurance
Clinical Effectiveness Update	Partial Assurance
Current use of Physician Associates	Agreed
Complaints, Compliments, PALS & PP	Reasonable Assurance
Patient Experience Trust Objectives 25/26 Plan	Partial Assurance
Draft Terms of Reference for Approval	Substantial Assurance
Jump Risk Update	Reasonable Assurance
Quality Metrics	Noted

<div>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</div> <ul style="list-style-type: none">2023 MBRRACE report shows a 5% higher than expected rate of stillbirths, and extended perinatal mortality than comparable trusts. However, 2024 data shows rolling average to be declining, with lowest mortality rate reported Q3 24/25. Compliant with <27 week pathway and progress continues with maternity and neonatal action plansSignificant gaps in guidelines completion but the groups are setting trajectories to rectify.Risk due to poor access to second theatre for emergency Caesarean sections	<div>MAJOR ACTIONS AGREED</div> <ul style="list-style-type: none">Significant gaps in plans for the deteriorating patient workstream. To bring results of audit back and updates on progress to committee on bimonthly basis. Need to identify how information systems will support. Delays in changes to IT an issue with implementing progress on pneumonia care bundle and highlighted as an issue by audit on deteriorating patients which identified issues with documentationBring CAPROM (tier 3 mortality review) patient story to board to learn lessons from caseConcerns about sustainability of actions and benefits achieved through the CQI workstreams. To return in 6 months presenting evidence of sustainability of learning
<div>POSITIVE ASSURANCES TO PROVIDE</div> <ul style="list-style-type: none">Research and Development showing sustained improvement recruiting to studies 36% over target with improvements in study delivery, despite staffing challengesNoted improvements in completion of SJRs and reduction in 12 month cumulative HSMR at 108.9, below 3 of our peer trusts.Total EAS performance remains off track but other metrics are improving need to continue to observeFoC dashboard is now functioning and an assetCurrently on track to meet rout to zero for 65 week waits by March but missed in February	<div>DECISIONS MADE</div> <ul style="list-style-type: none">Agreed to support proposal for documentary provided key messages for each programme were appropriately agreed with media companySupport for Jump mitigation on level 2 and barrier covers on level but review on the need for extension of barrierSupport continuation of current PA practiceSupport UTC placement on level 9

Integrated Committee Chairs Report

Committee Chair: Val Taylor

27 th March 2025	
Approval of TOR	Reasonable Assurance
Review of our Community Engagement Approach	Reasonable Assurance
Draft Health Inequalities Plan	Reasonable Assurance
Primary/Secondary Care Interface Update	Reasonable Assurance
Community First Update	Reasonable Assurance
PLACE updates	Reasonable Assurance
BAF Update	Partial Assurance

<div>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE<ul style="list-style-type: none">Primary/Secondary care interface – minor concern raised that although the BMA dispute with the Government has been settled, collective action will now be aimed locally at Integrated Care Boards and Systems rather than the Government.</div>	<div>MAJOR ACTIONS AGREED<ul style="list-style-type: none"></div>
<div>POSITIVE ASSURANCES TO PROVIDE<ul style="list-style-type: none">A draft Health Inequalities Plan was presented to the committee for initial review and discussion. The plan outlined key priorities and proposed actions aimed at addressing disparities in health outcomes across the community. Based on feedback from members, the plan will be further refined. The revised and completed version of the Health Inequalities Plan will be brought forward for formal presentation and approval at the May committee meeting.A review of our community engagement approach was discussed with a proposal to establish a task and finish group to include colleagues from VCSFE to co-produce a social/corporate responsibility charter setting out the opportunities to support the VCSFE sectorPrimary/Secondary care interface – update given on the progress made on the workstreams within this programme. Particularly good relationships established with primary care colleagues in West Birmingham.Place – good progress continues to be made in both Sandwell and West Birmingham.Community First – initial plan presented highlighting work on frailty, dermatology, joint work with Dudley as well as schemes in the pipeline; antibiotic prescribing, diabetes and perinatal health.</div>	<div>DECISIONS MADE<ul style="list-style-type: none">The Committee approved the revised Terms of Reference for the Integration committeeFollowing discussion around the draft BAF it was agreed that the committee would not progress the final risk until post the Board workshop on riskIt was agreed a primary care strategy will be presented to at the next committee meeting (May)</div>

People Committee Chairs Report

Committee Chair: Lesley Writtle

26/03/2025	
Trust People Plan update and priorities 25/26	Substantial Assurance
Chief Nurses Report	Reasonable Assurance
25/26 Planning People Metrics – Workforce Financial Improvement Programme NHSE SPC Charts – All POD Metrics	Partial Assurance
CMO – Update on Management of change GIM Issue	Reasonable Assurance

30/04/2025	
Wellbeing Deep Dive	Reasonable Assurance
Outcome of PET Session (March)	Substantial Assurance
Enhanced Controls & 25/26 Delivery	Partial Assurance
Goodshape	Partial Assurance
People Metrics – Workforce Financial Improvement Programme NHSE SPC Charts – All POD Metrics	Partial Assurance

<div>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE<ul style="list-style-type: none">Work on workforce number reduction very challenging, looking at very close scrutiny by People and Finance committee to ensure month on month achievement.</div>	<div>MAJOR ACTIONS AGREED<ul style="list-style-type: none">Awaiting full recruitment to Occupational Health positions and location to new learning campus – Wellbeing deep dive.Outcome of PET session- good engagementEnhances controls – emerging controls in place to early to gain further assurances. We start the year 150 FTE over plan.Goodshape – actions to determine roll out of Goodshape App, 64% current adoption. Directorates aware.</div>
<div>POSITIVE ASSURANCES TO PROVIDE<ul style="list-style-type: none">People Plan annual review, strong approach by focussing on fewer areas of delivery positive outcomes seen in staff engagement, EDI Turnover and early signs of improvement in sickness. Arc leadership programme a very positive initiative. New plan to be presented to Trust board. Although things are improving, we cannot be complacent about sustainabilityGood engagement via PET People Engagement Teams confidence emerging. Excellent to see Directorates present.</div>	<div>DECISIONS MADE<ul style="list-style-type: none">People Metrics- report noted trust closed with 8,560 FTE directorates aware of the need to close the gap on budget.</div>

Finance and Productivity Committee Chairs Report

Committee Chair: Rachel Hardy

28/03/2025	
Operational Performance Report	Reasonable Assurance
Community Targets Proposal	Reasonable Assurance
Theatre Improvement Programme (Surgery Group to be invited)	Reasonable Assurance
Emergency Preparedness, Resilience and Response Action Plan	Reasonable Assurance
Contractual Activity Report	Reasonable Assurance
Workforce Report	Partial Assurance
Month 11 Financial Improvement Programme Update	Reasonable Assurance
Month 11 Finance Report	Reasonable Assurance
Year End Forecast	Substantial Assurance
Month 11 Cash and Capital	Substantial Assurance
Digital Update	Partial Assurance
Rapid Process Improvement Week (RPIW) cycles and Value Stream Events	Partial Assurance
Undertakings	Reasonable Assurance

02/05/2025	
Operational Year End Performance	Reasonable Assurance
Financial Year End Performance 2024/25	Substantial Assurance
Underlying Financial Position	Substantial Assurance
Year End Activity Performance	Substantial Assurance
Deep dive into Emergency Access Standard	Reasonable Assurance
Annual Plan 25/26	Partial Assurance
Undertakings	Reasonable Assurance
Waste Contract	Substantial Assurance
UTC Business Case	Partial Assurance

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE 28/3/2025	MAJOR ACTIONS AGREED 28/3/2025
<ul style="list-style-type: none">A rework of the Operational Performance report to be undertaken to enable a more detailed review of key performance areas and trajectories of delivery. To link with an amended accountability structure to enable deep dives and more detailed reviews to be undertaken during the year. Link community targets development into this work.Delivery of the Financial Improvement plan in 24/25, however, the recurrent target will not be achieved. To reflect on programme structures and accountability to enable delivery of a significant programme recurrently in 25/26.Workforce – whilst significant work has been undertaken on workforce, all directorates have more WTE in post than budget in 24/25 and forecast WTE have increased this month. Discussions regarding accountability and budget setting underway. 2/5/2025 <ul style="list-style-type: none">Reporting of the key components of the plan and the delivery model underpinning this, to support the delivery of the key financial and performance targets in 2025. There is clearly a lot of work underway, however, there wasn't a presentation of the delivery plan at the Finance Committee. This will be brought forward to the next meeting.	<ul style="list-style-type: none">A review of the 2025/26 plan to be undertaken in the April meeting (2/5) to focus on the overall plan and the following key components<ul style="list-style-type: none">PerformanceProductivityWorkforce planThe financial planThe Cost Improvement / Improvement PlanProgramme delivery and accountability <p>This should develop and drive the agenda for the future FIPC meetings enabling detailed focus on key areas This should drive the content of the new style operational performance report and the Improvement focus.</p> <ul style="list-style-type: none">Deep Dives on EAS and CANCER in May. Theatre Productivity to be reviewed again further into the agendaA plan for community targets to review priorities, where there are any gaps in service, what the focus should be over the next 12-24 months, looking at standards, costs, targets and trajectories. 2/5/2025

<ul style="list-style-type: none"> UTC Business Case – Whilst it was acknowledged and agreed that the capital sum was available and the facility should be supported, as the clinical model is yet to be developed and therefore the revenue implications, it was agreed that a discussion regarding decision making taking account a balance of the risks involved should be discussed further. 	<ul style="list-style-type: none"> The delivery plan for finance and performance to be discussed in detail at the next meeting, with all directors presenting their component, with the overall presentation coordinated by Chief Finance Officer and PMO lead. Capital for Urgent Treatment Centre (UTC) Business case agreed with a recommendation for further clarification of the clinical model and revenue implications and the associated risks. Waste Contract approved.
<p style="text-align: center;">POSITIVE ASSURANCES TO PROVIDE 28/3/2025</p> <ul style="list-style-type: none"> Positive assurance received on the delivery of the forecast outturn. Positive assurance received on the delivery of the financial improvement plan for 24/25, albeit not against recurrent targets. Positive assurance on the capital and cash position in 24/25 Really focussed work has been undertaken on high-cost medical bank which has led to several difficult to fill consultant posts filled with a reduction in medical bank costs. <p>2/5/2025</p> <ul style="list-style-type: none"> The year end position for finance and some of the operational performance targets. Really helpful and detailed deep dive into EAS, with an action to bring back in September demonstrating progress and improvement. 	<p style="text-align: center;">DECISIONS MADE 28/3 /25</p> <ul style="list-style-type: none"> Review of the Improvement action plan, programme resources and accountability structure at the April meeting Review of the community targets and work programme at the April meeting Deep dives in 2 areas in May, Cancer and EAS Develop a reworked operational performance report <p>2/5/25</p> <ul style="list-style-type: none"> UTC Business case Waste Contract Detailed coordinated view of the plan for 2025 and the key components of delivery.



Sandwell and West Birmingham
NHS Trust

Paper ref: PublicTB (05/25) 005

REPORT TITLE:	2025-2026 Operational Plan and Annual Plan.
SPONSORING EXECUTIVE:	Simon Sheppard, Acting Chief Finance Officer, Adam Thomas, Group Director of Strategy and Digital
REPORT AUTHOR:	Martin Chadderton, Associate Director of Strategy, Simon Sheppard, Acting Chief Finance Officer
MEETING:	Public Trust Board
DATE:	14/05/2025

Suggested discussion points *[two or three issues you consider the PublicTB should focus on in discussion]*

The Trust Board approved submission of the 2025/26 Operational Plan in March 2025. This encompassed the following key components:

- Performance against the Operational Targets
- Income & Expenditure financial plan
- Capital Plan
- Workforce Plan
- Board Assurance Statement

This paper should be read alongside the Annual Plan paper, which sets out the Strategic Planning Framework (SPF), governance structures, and delivery arrangements that underpin implementation.

Alignment to our Vision *indicate with an 'X' which Strategic Objective[s] this paper supports*

OUR PATIENTS: To be good or outstanding in everything that we do	X
OUR PEOPLE: To cultivate and sustain happy, productive and engaged staff	X
OUR POPULATION: To work seamlessly with our partners to improve lives	X

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

None

Recommendation(s)

The Public Trust Board is asked to:

NOTE the Annual Plan, which sets out the Strategic Planning Framework (SPF), governance and delivery arrangements supporting implementation.

NOTE the approval of the 2025/26 Operational Plan at the Private Trust Board meeting on 26 March 2025

Impact

Board Assurance Framework Risk 01	x	<i>Deliver safe, high-quality care.</i>
Board Assurance Framework Risk 02	x	<i>Make best strategic use of its resources</i>
Board Assurance Framework Risk 03	x	<i>Deliver the MMUH benefits case</i>

Board Assurance Framework Risk 04	x	<i>Recruit, retain, train, and develop an engaged and effective workforce</i>
Board Assurance Framework Risk 05	x	<i>Deliver on its ambitions as an integrated care organisation</i>

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board on 14 May 25

2025/26 Operational Plan

1. Introduction

- 1.1 The Trust Board approved submission of the 2025/26 Operational Plan on the 26 March 2025. This included:
- Performance against the Operational Targets
 - Income & Expenditure financial plan inclusive of a 6.2% cost improvement target
 - Capital Plan
 - Workforce Plan
 - Board Assurance Statement
- 1.2 This paper should also be read in conjunction with the Annual Plan paper describing the Strategic Planning Framework (SPF), governance and delivery arrangements and confirms, in public, the approved Operational Plan for 2025/26.

2. Sandwell & West Birmingham Operational Plan

A. Performance against the Operational Targets

- 2.1 Led by the Chief Operating Officer, with support from the wider Executive team, the Trust has submitted plans to deliver all operational targets in 2025/26.
- 2.2 The Trust has produced monthly trajectories for each metric that will be monitored on at least a monthly basis.

Indicator	Target	SWBH	Compliant
52 weeks	<1% of total RTT waiting list	<1%	✓
18-week referral to treat	Provider specific	60%	✓
18-week first appointment	Provider specific	67%	✓
Cancer 28 Day	>=80%	80%	✓
Cancer 31 Day	>=96%	96%	✓
Cancer 62 Day	>=75%	75%	✓
A&E 4 Hour	>=78%	78%	✓
PIFU	>=5%	5%	✓
DMO1	No specific target for 2025/26	n/a	

B. Activity, inclusive of elective recovery

- 2.3 The Trust has undertaken detailed activity forecasts via the clinical groups and is planning to delivery activity levels to support the operational targets.

- 2.4 The Trust Board is asked to note that following plan submission further changes to the NHS standard contract, published as part of a further consultation at the beginning of April, propose changes that appear to work in a very similar way to the withdrawn limits (Elective Recovery Funding Cap).
- 2.5 The changes would require commissioners and providers to agree an **indicative activity plan (IAP)** by the end of May 2025 setting out the local waiting time targets and the level of affordable activity. If such a plan can't be agreed within three months, then the commissioner will have the right to impose an IAP.
- 2.6 If thresholds are exceeded that indicate a provider might exceed the indicative activity level, then this could lead to an **activity management plan (AMP)**, setting out how activity will be managed to align with the activity level included in the IAP. This could include financial consequences 'including not funding activity carried out above the IAP.

C. Workforce

- 2.7 The Trust's workforce plan for 2025/26 has been developed to align with both financial and activity assumptions and results in 7,693 FTE by year-end. This represents a planned net reduction of 718 FTE, comprising the following movements:
- A 75% reduction in bank usage (approximately 708 FTE)
 - A 90% reduction in agency usage (approximately 116 FTE)
 - 250 FTE of targeted clinical recruitment
 - 140 FTE reduction in corporate infrastructure posts, including clinical non-patient-facing roles
- 2.8 The overall plan delivers a net increase of 106 substantive FTE, after accounting for the corporate reduction. The specific workforce schemes are shown below.

Workforce Efficiency Scheme	Contracted WTE	Agency WTE	Bank WTE	Total WTE
Sickness Reduction - 1% reduction		X	X	80
Rostering Efficiencies - Transacting 'owed hrs'		X	X	80
Agency Reduction - Targeted Nurse reduction plan - Medical reduction plan		X		100
Reduction in A4C bank rates (bottom of scale)				
MARS	X			100
Direct Post Removal - Red pen	X	X	X	50
Group based targets - Productivity (activity per FTE) - Optimise job planning/team job planning - Service Reviews - Enhanced Grip & Control - Bank reductions - Minimum safe staffing	X	X	X	120
Review of MMUH investments - 10% FTE reduction (BAU)		X	X	48
Corporate Services/Infrastructure (A&C) - Group structure (Q1/2) - Tactical (Q1/2) - CSTP (Q3/4)	X	X	X	140
Review of partially / non funded services	X	X	X	TBC
Total	(106)	116	708	718

- 2.9 Workforce productivity will be supported by targeted improvement initiatives. The Theatre Improvement Programme will increase throughput by reducing late starts, minimising changeover gaps, and introducing flexible scheduling using pooled, pre-assessed patients. In Outpatients, efficiency gains will be realised through greater use of Patient-Initiated Follow-Up (PIFU) in high-volume specialities such as Orthopaedics and Gastroenterology, freeing capacity for new appointments and reducing avoidable follow-ups. Waiting list validation will support accurate demand forecasting, while expanded Advice & Guidance (A&G) will help manage referrals more effectively at source.
- 2.10 Temporary staffing usage will reduce through improvements in eRostering, and proactive absence management supported by GoodShape. The Nursing Agency reduction plan will see agency usage eliminated in Paediatrics and the Emergency Department by June 2025, with progressive reductions in Theatres. Further reductions in agency expenditure will be delivered through the Medical Master Vendor arrangement and focused recruitment in Medics, Maternity, and Therapies.
- 2.11 Additional improvements will be delivered through standardised clinic templates, reduced DNAs, and more effective deployment in diagnostic and elective services through 6-4-2 scheduling. Real-time service dashboards will strengthen oversight and resource management. Together, these measures support a planned reduction in deployed workforce while maintaining safe and responsive care.
- 2.12 An Enhanced Controls Framework currently being implemented across Sandwell and West Birmingham NHS Trust, alongside a forward-looking view of how the Trust's 2025/26 workforce plan will be delivered. These controls form a key part of how the Trust intends to manage workforce demand, reduce temporary staffing, and ensure resources are aligned with patient need and available funding.

D. Income & Expenditure inclusive of the efficiency

- 2.13 The Trust Board approved a financial plan in 2025/26 of breakeven. The material two drivers for this position are:
- Deficit funding of £36.6m
 - A cost improvement target of £50.8m, 6.2%.
- 2.14 The cost improvement target is stretching and ambitious and is structured on a number of workstreams including workforce and operational productivity, better procurement and medicines management, and ensuring we secure all income streams available to the Trust.
- 2.15 Each workstream has an executive lead and will report into a Financial Improvement Group. The Finance & Productivity Committee will receive monthly reports on the progress.
- 2.16 At the time of writing the position by workstream is reflected in the following table alongside the Executive Sponsor.

Workstream	Executive Sponser	Target £000s
Community First / Non Elective	Chief Integration Officer	3,100
Elective	Chief Operating Officer	8,700
Outpatients	Chief Operating Officer	1,050
Workforce	Group Chief People Officer	30,850
Corporate & Commerical	Chief Finance Officer	1,250
Medicines Management	Chief Medical Officer	1,000
Procurement	Chief Finance Officer	1,750
Other		950
Unidentified		2,135
	Total	50,785

- 2.17 The continued focus is on ensuring an overall detailed 'improvement plan' (CIP) with a simple dashboard summary that has been stress-tested and risk assessed. For each workstream there will be clear trajectories for delivery with associate project initiation documentation and quality impact assessments.

E. Capital

- 2.18 The Trust has an operational capital budget of £18.2m in 2025/26. Following a detailed prioritisation, internally and with Black Country Integrated Care System partners the following table summarises the approved schemes against the operational capital funding and leases / surgical hub.

	£000s
Estates	12,651
Equipment	1,328
IT	4,192
Sub Total	18,171
Leases	5,920
Surgical Hub	9,750
Total Capital Alloocation	33,841

F. Cash

- 2.19 The Trust ended 2024/25 with a healthy cash balance in excess of £46m. The breakeven plan, inclusive of deficit funding in 2025/26 will enable the Trust to manage with its own cash resources and not need any external cash support.

Simon Sheppard
Acting Chief Finance Officer

4 May 2025

Annual Plan

2025/26



Annual Plan: 2025/26

Context

In 2022, The Trust Board signed off our five-year strategy. The strategy set out a clear purpose for the Trust: to “improve the life chances and health outcomes of our population”. In doing so, it focused on the delivery of three strategic objectives:

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

The strategy acknowledged the amount of effort that would be required by the whole organisation to prepare for and safely open our new hospital and to deliver the care models that underpin it. As such, it set priorities for before and after the opening of the new Midland Metropolitan University Hospital (MMUH), as shown in the diagram Below:

Trust Priorities Before and After Opening MMUH



What have we achieved so far?

During October to November 2024, we successfully opened MMUH, transitioning patients and staff while ensuring continuity of care. This state-of-the-art facility now provides maternity, children, and inpatient adult services to over 500,000 people. Beyond healthcare, MMUH is a catalyst for social and economic regeneration, improving life chances and long-term health outcomes.

While opening MMUH marked the culmination of years of planning, it is just the beginning. The hospital is an enabler for transformation, driving improvements in care, workforce development, and value for our patients and communities.

Strategic Vision for MMUH

As we progress, our commitment is to fully embed service efficiencies and optimise resource allocation, enabling the Midland Metropolitan University Hospital (MMUH) to operate at its full potential. This approach aims to enhance patient care and ensure financial sustainability.

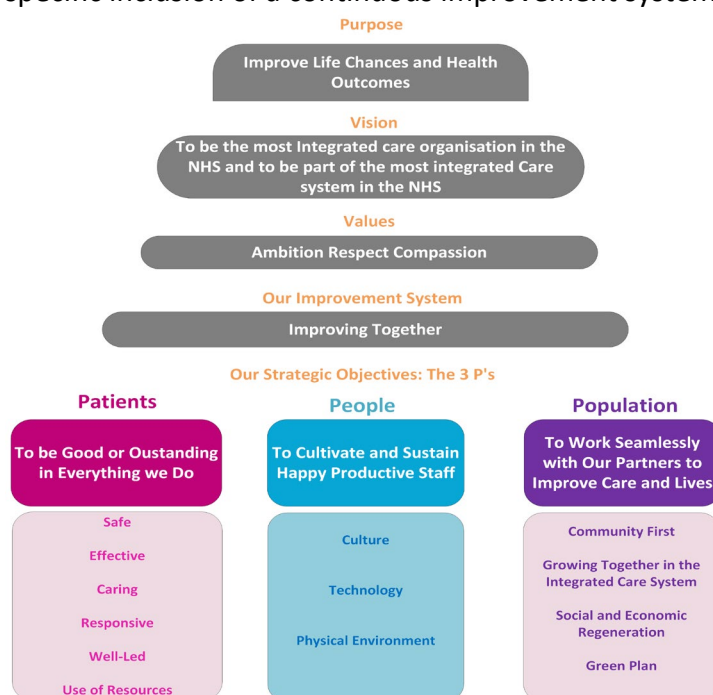
We are dedicated to delivering the highest standards of care, adapting our services to meet the evolving needs of our communities. In alignment with the NHS Long Term Plan, our transformation strategy focuses on three pivotal shifts:

- **From Treatment to Prevention:** Emphasising proactive health measures to improve long-term outcomes and reduce the incidence of chronic diseases.
- **From Analogue to Digital:** Accelerating the adoption of digital technologies to enhance operational efficiency and patient experience.
- **From Hospital to Community:** Transitioning care delivery closer to home to provide more integrated and accessible services.

These strategic priorities underpin our mission to provide safe, effective, and sustainable healthcare, ensuring MMUH remains responsive to the needs of our population and resilient in the face of future challenges.

Looking ahead into 2025/26

The strategy has had a refresh from 2024/25 and now benefits from an extended vision, specific inclusion of a continuous improvement system and integration of L&D into culture.



Alt-Text (Accessibility):

A pyramid-style graphic representing the purpose, vision, values, and strategic objectives of a healthcare organisation. At the top, the purpose is stated as "Improve Life Chances and Health Outcomes." Below it, the vision describes the goal of becoming the most integrated care organisation in the NHS. The values listed are "Ambition, Respect, Compassion," followed by the Improvement System, labelled "Improving Together." At the base, the Strategic Objectives: The 3 P's are shown in three coloured sections:

Patients (Pink): "To be Good or Outstanding in everything we Do," with key aspects like Safe, Effective, Caring, Responsive, Well-Led, and Use of Resources.

People (Blue): "To Cultivate and Sustain Happy Productive Staff," focusing on Culture, Technology, and Physical Environment.

Population (Purple): "To Work Seamlessly with Our Partners to Improve Care and Lives," emphasising Community First, Integration in the Care System, Social and Economic Regeneration, and the Green Plan.

Alignment to Local and National Frameworks

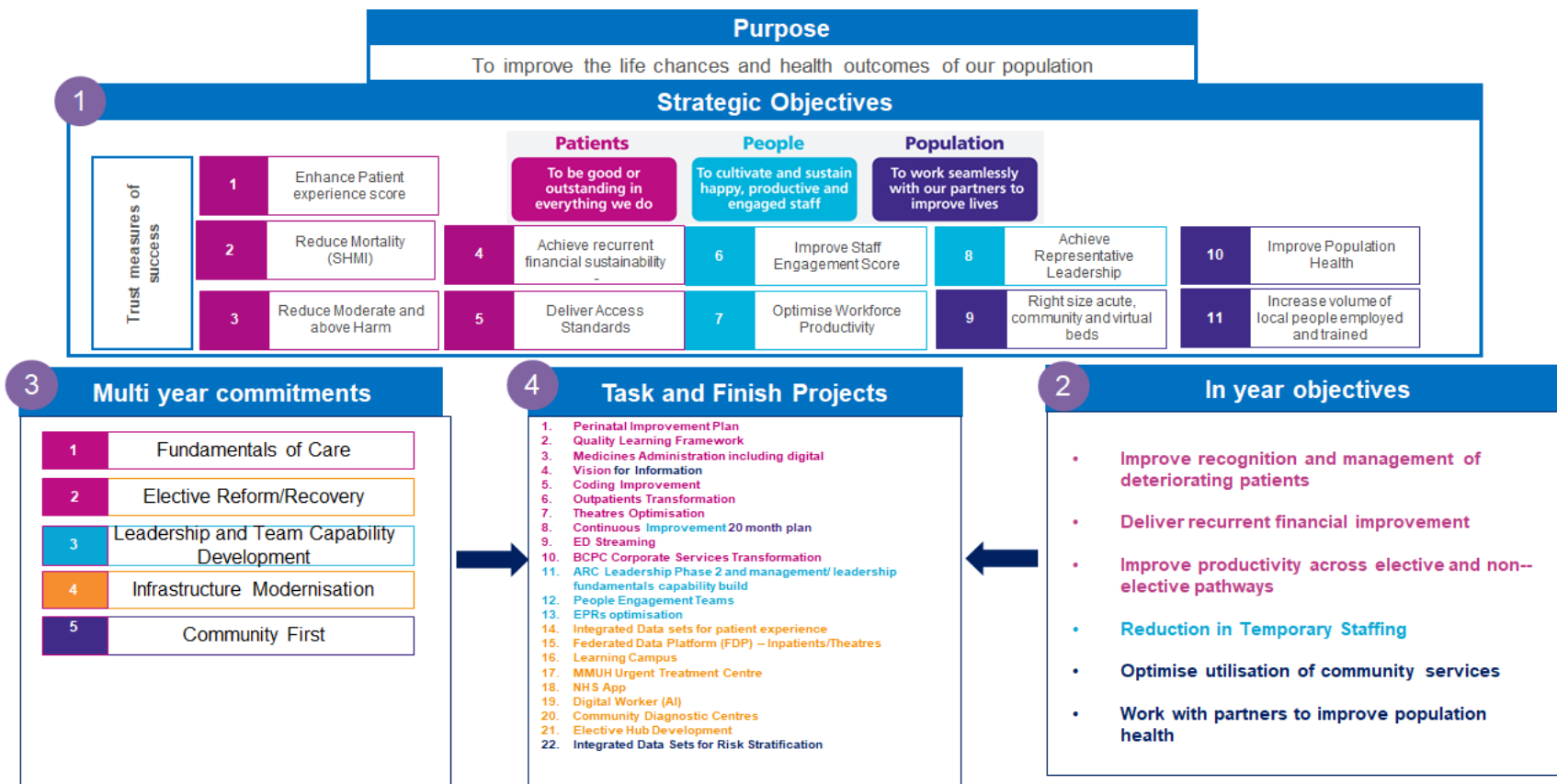
In developing this plan, we have aligned with national frameworks including:

- **NHS England operational planning guidance 20 and NHS Oversight Framework.** This sets out targets to be achieved by all types of services and organisations in the NHS to improve quality and access.
- **Care Quality Commission (CQC).** The standards set out by NHS England align with and inform the Care Quality Commission quality standards. Our Patient strategic objective is to be Good or Outstanding in everything we do, therefore our annual objectives address key areas to improve our overall CQC rating.
- **NHS Staff Survey.** Our People annual objectives, like our overall People plan, directly aligns to the national People plan.
- As with our five-year strategy, we have considered other long-term frameworks such as the **NHS Long Term Plan**, **NHS IMPACT (Improving Patient Care Together)** and the **Five-Year Joint Forward Plan** in our Black Country Integrated Care System.

Strategic Planning Framework

This annual plan sets out what we need to deliver in the next 12 months to continue to improve and ultimately achieve our five-year strategy. Our annual plan for 2025/26 is set out in the Strategic Planning Framework (SPF), which acts as a plan on a page and sets both long term , in-year improvements and short-term task and finish projects, aligned to our 2022-27 strategy.

SWBT Strategic Planning Framework 2025/26 Final



Alt-Text (Accessibility): A structured strategic framework for SWBT (Sandwell and West Birmingham Trust) for 2025/26, focusing on improving health outcomes for the population. The framework is divided into four main sections:

Strategic Objectives (Top Section)

Patients: Enhance patient experience, reduce mortality (SHMI), reduce moderate and above harm, achieve financial sustainability, and deliver access standards.

People: Improve staff engagement, optimise workforce productivity, and achieve representative leadership.

Population: Right-size acute, community, and virtual beds, improve population health, and increase local employment and training.

In-Year Objectives (Right Section) Key goals include better management of deteriorating patients, financial improvements, increased productivity across elective and non-elective pathways, reduction in temporary staffing, optimising community service utilisation, and working with partners to improve population health.

Multi-Year Commitments (Left Section) Focus areas include Fundamentals of Care, Elective Reform/Recovery, Leadership and Team Capability Development, Infrastructure Modernisation, and Community First.

Task and Finish Projects (Bottom Section)

A list of specific improvement initiatives, including perinatal care, quality learning framework, workforce projects, leadership programs, and digital data integrations. Logos for NHS and Sandwell and West Birmingham NHS Trust are positioned in the top right, and the "Patients, People, Population" branding is in the top left. The color-coded sections differentiate between priorities for clarity.

Our measures of success

The Strategic Planning Framework (SPF) sets out how we drive improvement against our long-term goals (measures of success), which we will track over multiple years. These are the key metrics that show if our strategy is working, and we are improving life chances and health outcomes.

	Measures of success	Why is this important?
Patients	Enhance Patient experience score	Measuring patient experience helps make sure we are meeting the needs and expectations of patients, building trust, satisfaction and continually improving services.
	Reduce Moderate and above Harm	Reducing harm is crucial for patient safety, ensuring that healthcare practices minimise risks and adverse outcomes, thereby improving overall quality of care.
	Achieve recurrent financial stability	<p>Removing our underlying financial deficit and getting a financial surplus is essential for keeping services running smoothly, allowing us to invest in resources, infrastructure, innovations to better serve patients and communities.</p> <p>In 2025/26 the focus is meeting the targets within our deficit plan and achieving national standards on productivity and reducing reliance on the use of temporary staffing.</p>
	Deliver Access Standards	<p>Making sure we consistently meet access standards required nationally means patients get the care they need when they need it, leading to better health outcomes and happier patients. These will be updated annually in line with national guidance.</p> <p>In 2025/26, key targets include:</p> <ul style="list-style-type: none"> • Reduce the time people wait for elective care, improving the percentage of patients waiting no longer than 18 weeks for elective treatment to 65% nationally by March 2026, with every trust expected to deliver a minimum 5% point improvement. • Improve performance against the cancer 62-day and 28-day Faster Diagnosis Standard (FDS) to 75% and 80% respectively by March 2026 • improve A&E waiting times and ambulance response times compared to 2024/25, with a minimum of 78% of patients seen within 4 hours in March 2026. Category 2 ambulance response times should average no more than 30 minutes across 2025/26. • improve patients' access to general practice, improving patient experience. • improve patient flow through mental health and acute pathways, reducing average length of stay in adult acute beds, and improve access to children and young people's (CYP) mental health services, to achieve the national ambition for 345,000 additional CYP aged 0 to 25 compared to 2019. <p><i>source: NHS England</i></p>

	Reduce Mortality	Reducing avoidable mortality is a fundamental indicator of care quality and safety. Higher-than-expected mortality rates highlight potential issues in clinical pathways, responsiveness, or system reliability, and addressing them is essential to delivering safe, effective care for our patients.
People	Improve Staff Engagement score	If staff are happier, we are more likely to retain them and be more productive, which ultimately leads to better care for patients.
	Optimise Workforce Productivity	Monitoring and optimising workforce capacity ensures that teams have the right number of skilled staff to deliver high-quality care, improving resilience and maintaining service levels.
	Achieve Representative Leadership	Ensuring there is diversity in leadership helps us make better decisions, it reflects the people we serve and ensures everyone's voice is heard.
Population	Right size acute, community and virtual beds.	The Trust has successfully improved patient flow and reduced bed use through innovative models like Frailty at the Front Door and Virtual Wards. However, some physical and virtual services are not yet fully utilised, which could lead to extra pressure on acute services if not addressed. The focus this year is on maximising the use of existing services to enhance patient care.
	Improve population health	Facilitating more preventative care in long-term conditions stops the exacerbation of clinical conditions and avoidable use of health and care services. Through a targeted approach, this ultimately helps to narrow the gap in health outcomes between different population groups. This is part of our commitment to the NHS Core20plus5 framework and reducing health inequalities.
	Increase volume of Local People employed and trained	Employing and training local people helps us to connect with our community, creates jobs, and it means we can provide healthcare that's tailored to local needs.

To impact these measures of success, we have three areas of improvement:

- **In-year objectives**, which are our most impactful improvement areas this year. Everyone in the Trust can contribute in some way to achieving these.
- **Multi-year commitments**, which are our long-term strategic changes.
- **Task and finish projects**, which are the key changes to be delivered this year. These either support a multi-year commitment or an in-year objective.

Our in-year objectives for 2025/2026

The table below sets out the 6 in-year objectives to be achieved by 1 April 2026. These have been identified through data analysis, problem solving tools and stakeholder engagement to determine the most impactful areas to focus on.

By focusing on these 6 indicators, we can use the power of everyone in the organisation working together. These in-year objectives drive multiple strategic objectives. Our Clinical Groups and their teams will be the driving force behind these objectives.

In-year objective	Illustrative Performance Measures	Why is this important?
Improve Recognition and management of deteriorating patients	<p>Improve compliance against NEWS scores:</p> <ul style="list-style-type: none"> Compliance with recording of NEWS2 scores (e.g. % of patients with complete and timely NEWS2 observations). Timely escalation based on NEWS2 trigger (e.g. % of cases where escalation occurred within policy timeframes). Use of structured response tools (e.g. % of cases where SBAR or structured communication was used during escalation). 	Ensuring early recognition and intervention for patients who are getting worse keeps them safe, allows us to catch problems early, and helps us avoid serious complications, which means better care and outcomes for everyone.
Deliver recurrent financial improvement	Deliver against recurrent cost improvement in line with our deficit plan.	Achieving recurrent financial improvement means we can keep providing services, spend money on what's needed, and ensure we're using our resources wisely while still providing the best care possible.
Improve Productivity across Elective and Non-Elective pathways	<p>Achieve production plan as agreed in the 25/26 financial plan and National targets:</p> <ul style="list-style-type: none"> Production Plan Delivered (Elective & Non-Elective) Theatre Utilisation Rate RTT Performance Income vs Activity Plan (Elective & Non-Elective) 	Doing more during each session of care and sticking to our plan helps us use our time and resources well, reduces waiting times for patients, and makes sure as many patients as possible get the care they need when they need it.
Reduction in Temporary Staffing	<p>Deliver against the whole time equivalent (WTE) budget and Pay cost budget:</p> <ul style="list-style-type: none"> Pay Cost vs Budget. WTE vs Budgeted Establishment Agency Spend Bank spend. % of Rostered Hours Covered by Agency / Bank 	Effective workforce control ensures that staffing levels align with patient demand, optimising productivity, building resilience, maintaining quality of care, and promoting a positive work environment.

<p>Optimise utilisation of Community services</p>	<p>Model for Virtual and Community Beds:</p> <ul style="list-style-type: none"> • Virtual Ward Occupancy Rate • Referrals to Virtual Wards/ admission avoidance. <p>Seamless Criteria-Led Transfer from Acute to Community Beds</p> <ul style="list-style-type: none"> • % of Acute Patients Discharged to Community Beds via Criteria-Led Pathway 	<p>Optimising the use of community bed capacity — both virtual and physical — is essential to reducing unnecessary hospital stays, improving patient flow, and ensuring people receive care closer to their homes and communities. Despite investment in high-quality services, underutilisation reflects missed opportunities to relieve acute pressure and deliver more personalised, localised care. Gaps in daily operational processes and clarity around post-hospital care pathways, particularly in areas like West Birmingham, contribute to inefficiencies, delays, and avoidable strain on acute services. Unlocking the full potential of community capacity is critical to building a sustainable, integrated system that supports patients in the right place, at the right time.</p>
<p>Work with Partners to improve population Health</p>	<p>Strategic Shift to Prevention.</p> <p>Delivery of Prevention strategy</p> <ul style="list-style-type: none"> • Proportion of spend on prevention vs reactive care (per place) <p>Integrated, Place-Based Working</p> <ul style="list-style-type: none"> • Population satisfaction with co-ordinated care. <p>Infrastructure for Collaboration and Intelligence</p> <ul style="list-style-type: none"> • Reduction in duplicated contacts, assessments or referrals 	<p>Improving population health is critical to creating a sustainable health and care system that supports people to live longer, healthier lives. Without a strong focus on prevention, the system faces rising levels of long-term conditions, late diagnoses, and widening health inequalities — all of which lead to increased demand for intensive and reactive care.</p>

Annex 1 shows how these objectives align into our governance structure, including alignment to the Board committees.

Multi-year Commitments

The table below sets out the Multi-year Commitments which will drive the organisation forward in achieving our 3 P's (Patients, People, population) strategy. These are the central pillars of transformational work that will take several years to complete. Within these, a series of Task and Finish Projects are identified each year to be delivered.

	Multi-year Commitment	Why is this important?
Patients	Fundamentals of Care	Focusing on getting the basics of care right keeps patients safe, respects their dignity, and ensures they get good care every time they need it.
	Elective Reform/Recovery	Elective reform and recovery is vital to restoring timely access to planned care, reducing waiting lists, and improving patient outcomes and experience. Delays in elective treatment can lead to avoidable deterioration in health, reduced quality of life, and greater demand on urgent and emergency services. Recovery alone is not enough — sustained reform is needed to build a more resilient and responsive system that offers flexible capacity, streamlined pathways, and personalised care. By transforming how elective care is delivered — including through digital tools, high-volume hubs, and pathway redesign — we can better meet rising demand, reduce inequalities in access, and ensure long-term sustainability for patients and the health and care system.
People	Leadership and Team Capability development	Looking after our people well means we can create a good working environment, help staff develop and feel valued, which helps them do their jobs better and make sure patients get the best care possible.
	Infrastructure Modernisation	Modernising our infrastructure is essential to delivering safe, effective, and sustainable care in the 21st century. Ageing estates and outdated digital systems limit our ability to provide high-quality services, constrain productivity, and increase operational risk. By investing in fit-for-purpose buildings, digitally enabled care environments, and interoperable IT systems, we can create a more agile, efficient, and patient-centred health and care system.
Population	Community First	We are host and lead of the Sandwell Health and Care Partnership and West Birmingham Locality Partnership, respectively. These partnerships support residents with their health, social care and community needs. They have been formed to improve health and wellbeing and reduce health inequalities for all people who live and work within our rich, diverse and multicultural communities. The partnerships will refocus care towards more preventative, primary and community models of care. Elements of our Strategic Planning Framework will be delivered together with our Placed Based Partnerships.

Task & Finish Projects

The table below sets out the projects that we need to deliver by 1 April 2026. These have been identified as the 'must do's' this year through development of our in-year objectives and multi-year commitments.

	Task & Finish Project	Why is this important?	Link to In Year Objective/ Multi-Year Commitment/ Trust Measure of Success	How will we measure this?
Patients	1 Perinatal Improvement Plan	Improving perinatal care reduces avoidable harm, improves outcomes for mothers and babies, and addresses known inequalities in access and experience. It supports delivery of national priorities and ensures safer, more personalised care.	Fundamentals of Care	Stillbirth and neonatal mortality rates. Compliance with the Saving Babies' Lives Care Bundle Patient experience and feedback (e.g. FFT, surveys)
	2 Quality Learning Framework	A strong quality learning framework helps the organisation learn from incidents, feedback, and data to continuously improve care, reduce harm, and support a culture of openness and improvement.	Fundamentals of Care Improve Recognition and management of deteriorating patients	% of incidents with completed learning and actions. Staff survey scores on learning culture and psychological safety. Evidence of learning themes driving quality improvements
	3 Medicines Administration including digital.	Safe and effective medicines administration reduces harm, supports clinical outcomes, and ensures patients receive the right treatment at the right time. Digitally enabled systems improve safety, accuracy, and efficiency.	Fundamentals of Care	Medication administration error rates (including severity).
	4 Vision for Information	A clear, shared vision for information enables better decision-making, improved patient care, and stronger system integration through timely, accurate, and accessible data.	Infrastructure Modernisation	Adoption of the agreed information strategy across partners. % of services using shared data platforms or dashboards Evidence of data driving service improvements or clinical decisions
	5 Coding Improvement	Accurate clinical coding ensures correct income, supports performance monitoring, and enables reliable data for planning and improvement.	Deliver recurrent financial improvement	Clinical coding accuracy rate (audited). % of coded activity completed within agreed timeframe. Improvement in income linked to coding quality

	6	Outpatients Transformation	Transforming outpatient services improves access, reduces unnecessary appointments, and ensures patients receive the right care, in the right setting, at the right time. It also helps manage rising demand and supports long-term sustainability.	Improve Productivity across Elective and Non-Elective pathways. Optimise utilisation of Community services	% of outpatient appointments delivered virtually or via PIFU New-to-follow-up ratio. Utilisation of Community services Outpatient DNA rate
	7	Theatres Optimisation	Optimising theatre use increases elective capacity, reduces cancellations and delays, and ensures we make best use of our most resource-intensive clinical space. It is critical to meeting demand, reducing waiting lists, and improving patient flow.	Improve Productivity across Elective and Non-Elective pathways.	Theatre utilisation rate (% of scheduled time used for operating) Theatre productivity: Number of cases per session or per list (adjusted for case mix)
	8	Continuous Improvement 20-month plan	A structured improvement plan builds the capability, culture, and infrastructure needed to drive sustainable change. It ensures that improvement is not ad hoc but embedded and aligned to strategic priorities across the organisation.	Leadership and Team Capability development	% of staff trained in improvement methodology Number of active improvement projects aligned to Trust priorities. Evidence of measurable impact from completed improvement work (e.g. cost savings, quality gains, outcome shifts)
	9	ED Streaming	Effective ED streaming ensures patients are quickly directed to the most appropriate service, reducing pressure on emergency departments, shortening wait times, and improving safety and experience for both patients and staff.	Community First Deliver Access Standards Right size acute, community and virtual beds.	Emergency Access Standards.
	10	BCPC Corporate Services Transformation	Transforming corporate services within the BCPC (Black Country Provider Collaborative) enables more efficient, standardised, and collaborative corporate functions improving value across the system.	Deliver recurrent financial improvement. Optimise Workforce Capacity	Efficiency in Corporate services
People	11	ARC Leadership Phase 2 and management/leadership	Developing and retaining compassionate and skilled leaders and colleagues is essential to an effective organisation. This year will see the development of module two of the programme after the success of module 1 on compassionate leadership.	Leadership and Team Capability development	% of leaders completing ARC Phase 2 or equivalent development Improvement in staff survey scores related to leadership and management. Evidence of leadership-led improvement projects delivering measurable impact

	12	People Engagement Teams	People Engagement Teams help build a more inclusive, responsive, and supportive workplace by strengthening the connection between staff and the organisation. They play a vital role in improving morale, retention, and the overall staff experience.	Leadership and Team Capability development	Improvement in staff survey scores related to engagement and inclusion. % of teams with active People Engagement Team involvement or champions Retention or turnover rates in areas supported by the teams
	13	EPR's optimisation	Optimising the EPR ensures clinicians can access and document information efficiently, improving patient safety, reducing duplication, and enabling better decision-making across the system. This improves the quality, safety, and coordination of patient care by ensuring that clinical information is accurate, timely, and accessible at the point of care.	Infrastructure Modernisation	% of medications reconciled and prescribed electronically on admission and discharge Time to access and complete key clinical documentation (e.g. discharge summaries, handovers) Reduction in clinical incidents related to documentation, prescribing, or information access.
Infrastructure Modernisation	14	Integrated Data sets for patient experience	Integrating patient experience data from multiple sources provides a richer, real-time understanding of what matters to patients. It enables faster, more targeted improvements in care quality, equity, and experience across pathways and settings.	Enhance Patient experience score	Use of integrated insights to inform service changes or quality improvements Increase in response rates and representation across patient groups (e.g. by age, ethnicity, condition) Improvement in patient experience scores in targeted areas following action based on integrated data.
	15	Federated Data Platform (FDP) – Inpatients/Theatres	A Federated Data Platform enables real-time, joined-up insight across inpatient and theatre settings, improving patient flow, surgical planning, and resource use. It supports safer, more efficient care by helping staff make faster, data-driven decisions.	Infrastructure Modernisation	Reduction in elective cancellations due to flow or planning issues Improvement in theatre scheduling efficiency (e.g. reduced late starts, improved utilisation) Faster discharge planning decisions enabled by real-time inpatient data access
	16	Learning Campus	The Learning Campus will develop a skilled, confident, and future-ready workforce by providing accessible, high-quality education and training. It supports better patient	Infrastructure Modernisation	Improvement in patient care indicators linked to trained competencies.

			care by ensuring staff have the knowledge and capability to deliver safe, effective, and compassionate services.	Leadership and Team Capability development	% of staff completing mandatory and role-specific clinical training Staff-reported confidence and preparedness to deliver safe care (linked to training impact)
	17	MMUH Urgent Treatment Centre	The MMUH UTC will improve access to timely urgent care, reduce pressure on the emergency department, and ensure patients are seen and treated in the most appropriate setting. This supports safer, faster care and better patient flow across the hospital.	Infrastructure Modernisation Deliver Access Standards	% of patients seen, treated, and discharged from UTC within 2 hours Reduction in non-urgent attendances to ED Patient satisfaction with timeliness and appropriateness of care received in UTC.
	18	NHS App	The NHS App empowers patients to manage their health more proactively by providing access to appointments, records, and test results. It improves communication, supports self-management, and reduces avoidable contact with services.	Infrastructure Modernisation	Increase in patients accessing their health information via the app (e.g. test results, appointments) Reduction in missed appointments (DNAs) linked to app use. Patient-reported experience of using the NHS App to manage care
	19	Digital Worker	Digital workers (automation tools like RPA – robotic process automation) free up clinical and administrative time by handling repetitive tasks, allowing staff to focus more on direct patient care and improving service responsiveness and efficiency.	Infrastructure Modernisation	Reduction in administrative delays affecting patient care (e.g. faster discharge letters, referrals processed) Staff time released and redirected to patient-facing activities. Improvement in turnaround times for key patient processes (e.g. test result entries, booking updates)
	20	Community Diagnostic Centres	Community Diagnostic Centres bring vital tests closer to where people live, improving early diagnosis, reducing hospital footfall, and speeding up access to treatment. They support faster, more equitable care and help reduce pressure on acute diagnostic services.	Infrastructure Modernisation	Time from referral to diagnostic test (for key pathways) % of diagnostics delivered in community settings vs acute

					Patient satisfaction with access, location, and timeliness of CDC services
	21	Elective Hub Development	Developing a dedicated Elective Hub increases protected capacity for planned care, reduces waiting times, and minimises cancellations caused by emergency pressures. It supports timely treatment, better outcomes, and a more resilient elective recovery.	Infrastructure Modernisation	<p>Reduction in waiting times for key elective procedures (e.g. RTT performance)</p> <p>Number of elective cancellations due to lack of capacity or flow issues</p> <p>Utilisation rate of elective hub theatres and beds</p>
Population	22	Integrated Data sets for Risk Stratification	Integrating data for risk stratification helps identify patients most at risk of deterioration, admission, or poor outcomes. It enables earlier intervention, targeted care, and better use of resources to improve patient safety and population health	Infrastructure Modernisation	<p>Number of high-risk patients identified and proactively managed.</p> <p>Reduction in unplanned admissions or ED attendances among stratified cohorts</p> <p>Timeliness and completeness of data feeding into risk stratification tools.</p>

Annex 2 shows how these task & finish projects align into our governance structure, including Executive Sponsors.

Risks and Mitigations

The following risks to the delivery of the plan have been identified.

	Risk	Risk Rating	Mitigation
ERF	There is a risk that due to both the ERF cap and the volume of activity required to hit constitutional targets, the income gap drives a further increase in the trusts CIP target.	16- High	
Workforce	There is a risk that due to the scale of the transformation, delivery of the wte reduction is not achieved.	16- High	
	There is a risk that due to the volume of wte reduction there is a potential negative impact on delivery of Clinical Services.	16- High	
	There is a risk of additional non-recurrent expenditure due to MARS and voluntary/ compulsory redundancy schemes.	20- High	
	There is a risk of reduced productivity due to the uncertainty and change around workforce transformation.	16- High	
	There is a risk of delays in decision making at a system and central level due to the reductions in workforce at the ICS and NHS England.	20- High	
Digital Infrastructure	There is a risk that due to restricted capital and revenue funding the organisation misses the opportunity to implement digital options for increased clinical and operational productivity.	12- Moderate	Rephasing of works and prioritisation of projects. Seek external funding from national bids such as Frontline Capability.
	There is a risk that due to a variety of digital infrastructure, the corporate transformation programme is delayed or requires significant funding to implement.	16- High	Conduct an audit, standardise systems, develop a phased roadmap and allocate funding to prevent delays and excessive costs.
	There is a risk that due to the corporate services transformation programme and a reduction in staff morale, the digital and informatics delivery programme is adversely impacted.	9- Moderate	Implement proactive engagement, clear communication, staff support initiatives, workload prioritisation, and resource optimisation.

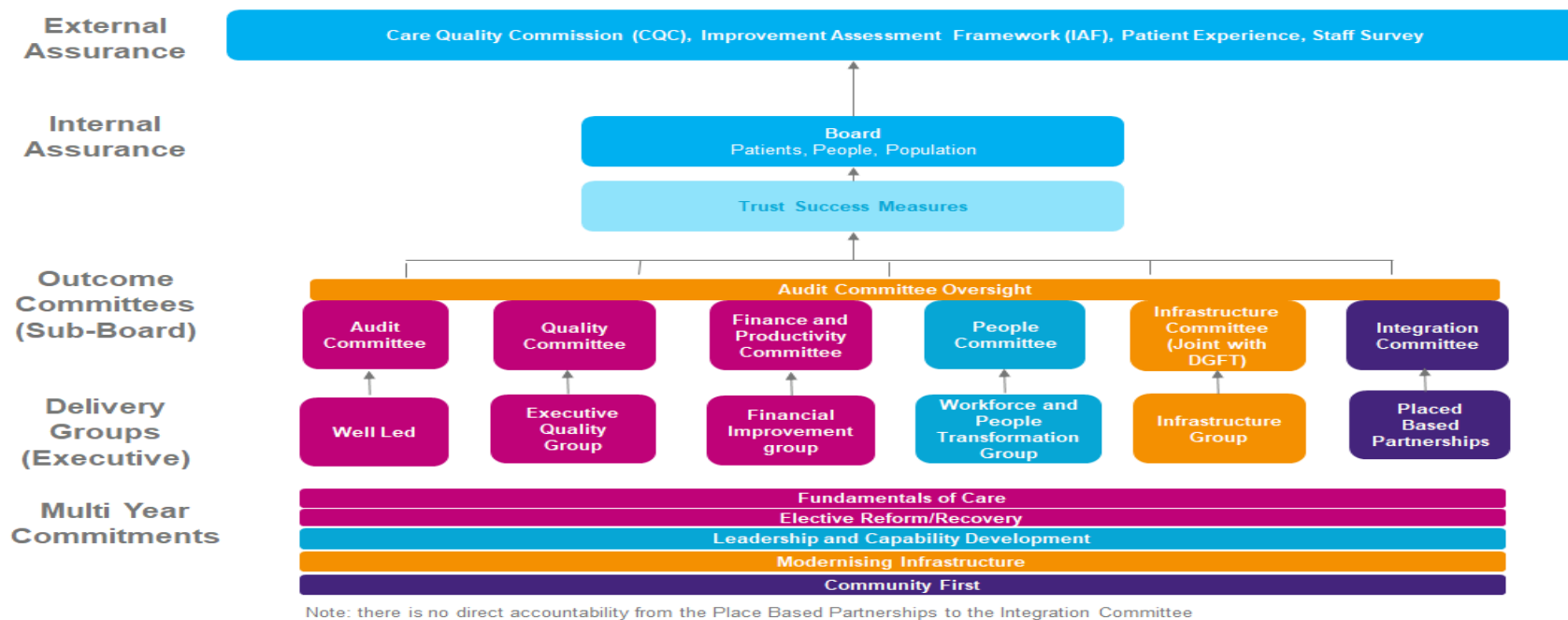
	Risk	Risk Rating	Mitigation
Estates	There is a risk of delay to delivery of the Elective Hub at Sandwell due to unforeseen estates implications.	6- Low	EQUANS completing assessment of works in advance of capital approval to improve timeline.
	There is a risk of pressure to the trust's capital budget due to high levels of estates backlog maintenance.	16- High	Priority projects £24m, trust total £18m, estates total tbc. Rephasing of works and reprioritisation.
	There is a risk that we do not undertake the opportunity to reduce estate footprint due to a low appetite for significant estates change.	12- Moderate	Working through estates strategy plans, deliverability likely in subsequent years
	There is a risk of unforeseen additional capital spend due to the required RAAC works.	6-Low	External funding, currently in design stage

Governance

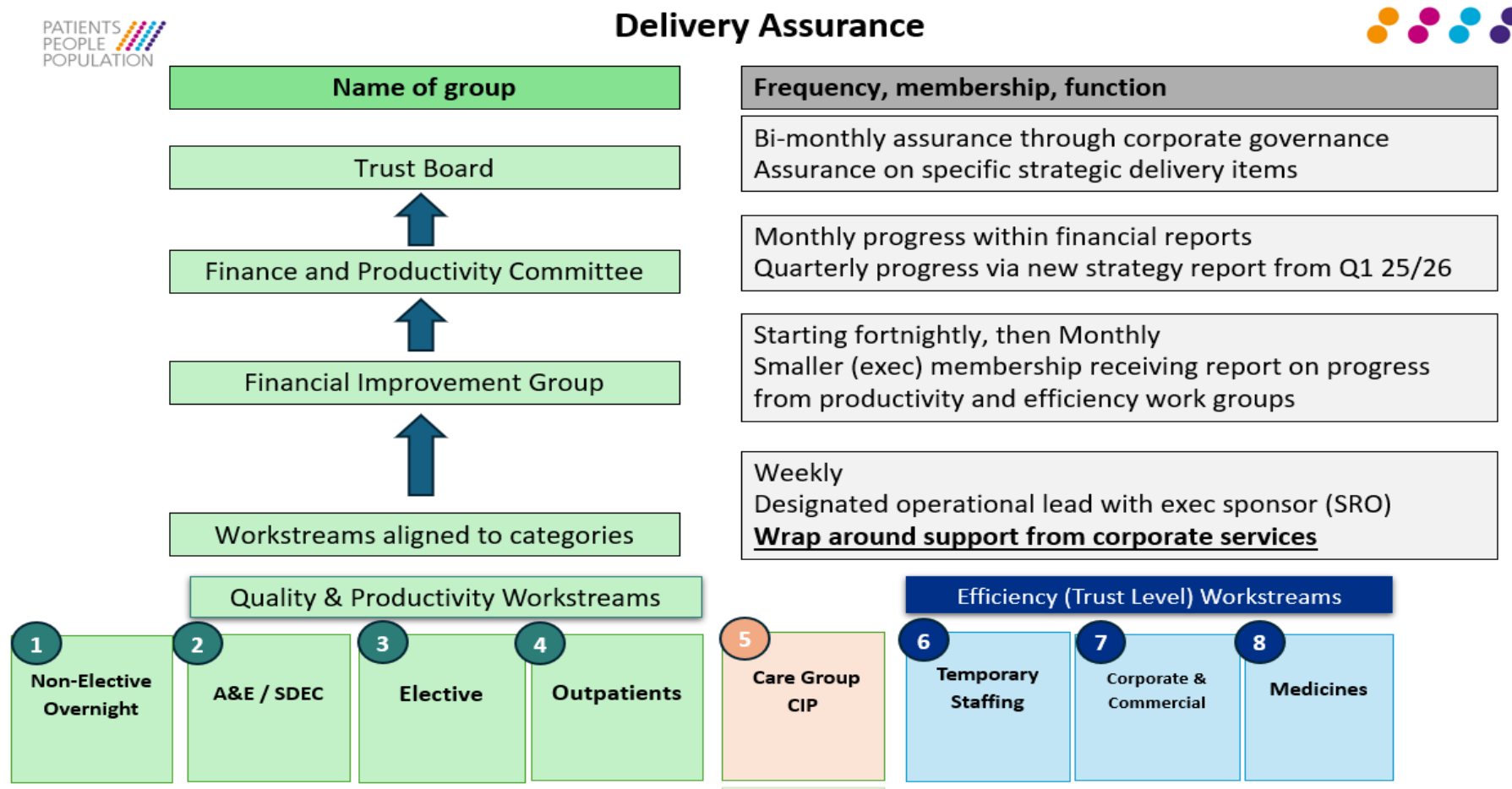
Our priorities for 2025/26 make it clear what we are trying to achieve. To deliver the plan, we must embed this focus and accountability throughout the organisation by creating a delivery rhythm.

Annex 1 overviews how the annual plan aligns to our governance structure.

Annex 1: Governance of Annual Plan

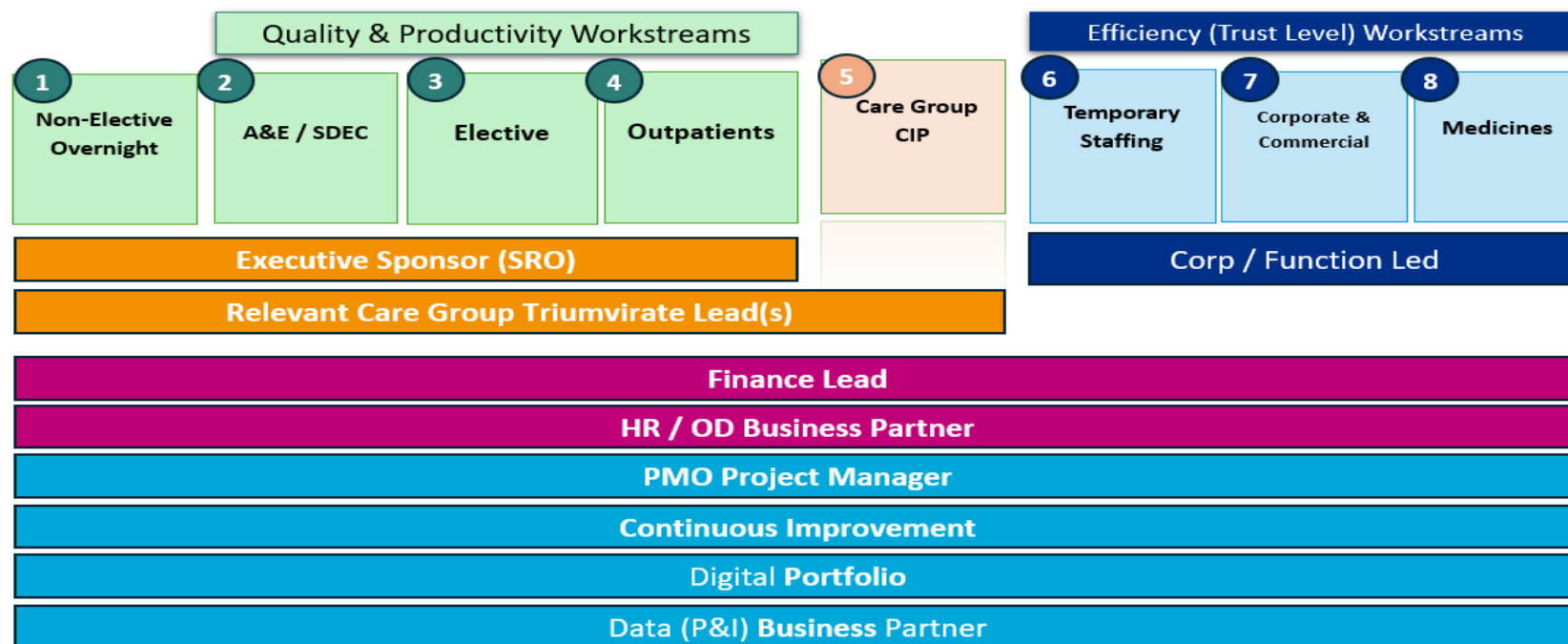


Annex 1.1 Delivery Assurance of Delivery of Operational Plan (In Year Objectives : Deliver Recurrent Financial Improvement and Reduction in Temporary staffing)



Annex 1.2 Resource Allocation to underpin delivery of the Operational Plan (In Year Objectives : Deliver Recurrent Financial Improvement and Reduction in Temporary staffing)

Resource Allocation



Annex 2: Governance of Task & Finish Projects

	Committee	Task & Finish Project	Executive Sponsor
Patients	Quality	1.Perinatal Improvement Plan	Chief Nursing Officer / Chief Medical Officer
	Quality	2.Quality Learning Framework	Chief Nursing Officer / Chief Medical Officer
	Quality	3.Medicines Administration including digital.	Chief Nursing Officer / Chief Medical Officer
	Finance and Productivity	4.Vision For Information	Executive Director for IT & Digital
	Finance and Productivity	5. Coding Improvement	Executive Director for IT & Digital
	Finance & Productivity	6. Outpatient Transformation	Chief Operating Officer
	Finance & Productivity	7. Theatres Optimisation	Chief Operating Officer
	Quality	8. Continuous Improvement 20-month plan	Executive Director for IT & Digital
People	Finance & Productivity	9. ED Streaming	Chief Integration Officer
	People	10. BCPC Corporate Services Transformation	Chief People Officer
	People	11. ARC Leadership Phase 2 and management/leadership	Chief People Officer
	People	12. People Engagement Teams	Chief People Officer
Infrastructure Modernisation	People	13. EPR's optimisation	Executive Director for IT & Digital / Digital Director
	Quality Committee/ Infrastructure Committee	14.Integrated Data sets for patient experience	Chief Nursing Officer/ Executive Director for IT & Digital
	Infrastructure Committee/ Finance and Productivity	15.Federated Data Platform (FDP) – Inpatients/Theatres	Chief Operating Officer/ Executive Director for IT & Digital
	Infrastructure Committee/ People Committee	16.Learning Campus	Chief People Officer
	Infrastructure Committee	17.MMUH Urgent Treatment Centre	Chief Integration Officer
	Infrastructure Committee	18.NHS App	Executive Director for IT & Digital/ Digital Director
	Infrastructure Committee	19.Digital Worker	Executive Director for IT & Digital / Digital Director
	Infrastructure Committee	20.Community Diagnostic Centres	Chief Integration Officer/ Chief Operating Officer
Population	Infrastructure Committee	21. Elective Hub Development	Chief Operating Officer
	Integration	Integrated Data sets for Risk Stratification	Chief Integration Officer

Annex 3 : Financial Plan 2025-2026

Sandwell And West Birmingham Hospitals NHS Trust (SANDWELL / RXK)

Statement of comprehensive income		04FOTPY Forecast Out-turn 31/03/2025 Year Ending £'000	04PLANM01 Plan 30/04/2025 Month 1 £'000	04PLANM02 Plan 31/05/2025 Month 2 £'000	04PLANM03 Plan 30/06/2025 Month 3 £'000	04PLANM04 Plan 31/07/2025 Month 4 £'000	04PLANM05 Plan 31/08/2025 Month 5 £'000	04PLANM06 Plan 30/09/2025 Month 6 £'000	04PLANM07 Plan 31/10/2025 Month 7 £'000	04PLANM08 Plan 30/11/2025 Month 8 £'000	04PLANM09 Plan 31/12/2025 Month 9 £'000	04PLANM10 Plan 31/01/2026 Month 10 £'000	04PLANM11 Plan 28/02/2026 Month 11 £'000	04PLANM12 Plan 31/03/2026 Month 12 £'000	04PLANCY Plan 31/03/2026 Year Ending £'000
Operating income from patient care activities	+	716,592	60,021	60,021	60,021	60,021	60,021	60,021	60,021	60,021	60,021	60,021	60,021	60,021	720,251
Other operating income	+	63,253	5,926	5,926	5,976	5,976	5,976	5,976	5,976	5,976	5,976	5,976	5,976	6,002	71,638
Employee expenses	-	-483,254	-41,311	-41,311	-41,140	-40,752	-40,647	-40,250	-39,735	-39,644	-39,540	-39,495	-39,390	-39,354	-482,569
Operating expenses excluding employee expenses	-	-268,937	-25,655	-25,654	-25,641	-24,803	-24,619	-24,258	-24,043	-23,697	-23,524	-23,382	-23,194	-22,820	-291,290
OPERATING SURPLUS/(DEFICIT)	+/-	27,654	-1,019	-1,018	-784	442	731	1,489	2,219	2,656	2,933	3,120	3,413	3,848	18,030
FINANCE COSTS															
Finance income	+	2,712	241	241	241	241	241	241	241	241	241	241	241	242	2,893
Finance expense	+/-	-2,999	-209	-209	-209	-208	-208	-209	-208	-208	-209	-208	-209	-215	-2,509
PDC dividend expense	i +/-	-14,224	-1,692	-1,692	-1,692	-1,692	-1,692	-1,692	-1,692	-1,692	-1,692	-1,692	-1,692	-1,692	-20,304
NET FINANCE COSTS	+/-	-14,511	-1,660	-1,660	-1,660	-1,659	-1,659	-1,660	-1,659	-1,659	-1,660	-1,659	-1,660	-1,665	-19,920
Other gains/(losses) including disposal of assets	+/-	-218	0	0	0	0	0	0	0	0	0	0	0	0	0
Share of profit/(loss) of associates/joint ventures	+/-	0													0
Gains/(losses) from transfers by absorption	i +/-	0													0
Movements in fair value of investments, investment property, financial liabilities and finance lease receivables	+/-	0													0
Corporation tax expense	-	0													0
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	+/-	12,925	-2,679	-2,678	-2,444	-1,217	-928	-171	560	997	1,273	1,461	1,753	2,183	-1,890

Adjusted financial performance		04FOTPY Forecast Out-turn 31/03/2025 Year Ending £'000	04PLANM01 Plan 30/04/2025 Month 1 £'000	04PLANM02 Plan 31/05/2025 Month 2 £'000	04PLANM03 Plan 30/06/2025 Month 3 £'000	04PLANM04 Plan 31/07/2025 Month 4 £'000	04PLANM05 Plan 31/08/2025 Month 5 £'000	04PLANM06 Plan 30/09/2025 Month 6 £'000	04PLANM07 Plan 31/10/2025 Month 7 £'000	04PLANM08 Plan 30/11/2025 Month 8 £'000	04PLANM09 Plan 31/12/2025 Month 9 £'000	04PLANM10 Plan 31/01/2026 Month 10 £'000	04PLANM11 Plan 28/02/2026 Month 11 £'000	04PLANM12 Plan 31/03/2026 Month 12 £'000	04PLANCY Plan 31/03/2026 Year Ending £'000
Surplus/(deficit) for the period/year	+/-	12,925	-2,679	-2,678	-2,444	-1,217	-928	-171	560	997	1,273	1,461	1,753	2,183	-1,890
Add back all I&E impairments/(reversals)	i +/-	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Adjust (gains)/losses on transfers by absorption	+/-	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surplus/(deficit) before impairments and transfers	+/-	12,925	-2,679	-2,678	-2,444	-1,217	-928	-171	560	997	1,273	1,461	1,753	2,183	-1,890
Retain impact of DEL I&E (impairments)/reversals	i +/-	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Remove capital donations/grants/peppercom lease I&E impact	i +/-	-8,840	212	211	211	210	210	208	209	208	209	209	207	211	2,515
Prior period adjustments to correct errors and other performance adjustments	i +/-	0													
Remove net impact of consumables donated from other DHSC bodies	+/-	0													
Remove loss recognised on peppercom lease disposals	+/-	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Remove PFI revenue costs on an IFRS 16 basis	+/-	7,856	717	717	718	716	716	718	716	716	718	716	717	715	8,600
Add back PFI revenue costs on a UK GAAP basis	+/-	-9,290	-770	-769	-770	-768	-768	-770	-768	-768	-770	-768	-769	-767	-9,225
Adjusted financial performance surplus/(deficit)	+/-	2,651	-2,520	-2,519	-2,285	-1,059	-770	-15	717	1,153	1,430	1,618	1,908	2,342	0
Adjusted financial performance excluding Non-Recurrent Deficit Funding															
Adjusted financial performance surplus/(deficit)	+/-	2,651	-2,520	-2,519	-2,285	-1,059	-770	-15	717	1,153	1,430	1,618	1,908	2,342	0
Less Non-Recurrent Deficit Funding	-	-41,292	-3,046	-3,046	-3,046	-3,046	-3,046	-3,046	-3,046	-3,046	-3,046	-3,046	-3,046	-3,042	-36,548
Adjusted financial performance surplus (deficit) excluding Non-Recurrent Deficit Funding	+/-	-38,641	-5,566	-5,565	-5,331	-4,105	-3,816	-3,061	-2,329	-1,893	-1,616	-1,428	-1,138	-700	-36,548

Annex 4 : Workforce Plan 2025-2026

Planned Monthly Staff in Post 2025/26															
	Baseline		Planned Staff in Post (SiP)												Plan
	SIP Outturn	Establishment													Establishment
	Year End Mar - 25	Year End Mar-25	Month End Apr-25	Month end May-25	Month End Jun-25	Month End Jul-25	Month End Aug-25	Month End Sep-25	Month End Oct-25	Month End Nov-25	Month End Dec-25	Month End Jan-26	Month End Feb-26	Year End Mar-26	Year End Mar - 26
Total Workforce	8,411.51	8,040.35	8,243.28	8,220.21	8,237.09	8,125.74	8,104.60	8,064.47	7,895.32	7,739.13	7,711.97	7,843.74	7,864.58	7,693.35	7,693.15
Total Substantive	7,335.38	8,040.35	7,353.18	7,370.97	7,397.89	7,418.64	7,439.48	7,460.31	7,433.15	7,405.97	7,378.81	7,419.64	7,440.48	7,441.40	7,693.15
Total Bank	948.28		805.07	764.21	764.21	642.09	600.11	550.18	415.17	300.15	300.15	398.10	398.10	240.12	
Total Agency	127.85		85.03	85.03	74.99	65.01	65.01	53.98	47.00	33.01	33.01	26.00	26.00	11.83	

Annex 5 : Activity Plan 2025-2026

25/26 Planning Elective Activity- SWBH

Outpatient Activity

	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Outpatient procedures - ERF definition	15,787	15,787	16,577	16,577	18,155	15,787	17,366	18,155	15,787	16,577	16,577	15,787	17,366
Outpatient first attendances without a procedure - ERF definition	19,741	19,741	20,728	22,703	19,741	21,716	22,703	19,741	20,728	20,728	19,741	21,716	21,716
Outpatient follow up attendances without procedure - ERF definition	26,454	26,454	27,776	30,422	26,454	29,099	30,422	26,454	27,776	27,776	26,454	29,099	29,099
Percentage outpatients follow-up without a procedure	42.68	42.68	42.68	42.68	42.68	42.68	42.68	42.68	42.68	42.68	42.68	42.68	42.68
Consultant-led first outpatient attendances (Spec)	20,063	20,063	21,066	23,072	20,063	22,069	23,072	20,063	21,066	21,066	20,063	22,069	22,069
Consultant-led follow-up outpatient attendances (Spec acute)	24,079	24,079	25,283	27,691	24,079	26,487	27,691	24,079	25,283	25,283	24,079	26,487	26,487

Elective Spells

	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Total number of specific acute elective spells in the period	3,426	3,426	3,597	3,939	3,426	3,769	3,939	3,426	3,597	3,597	3,426	3,769	3,769
Total number of specific acute elective day case spells in the period	2,939	2,939	3,086	3,379	2,939	3,233	3,379	2,939	3,086	3,086	2,939	3,233	3,233
Total number of specific acute elective ordinary spells in the period	487	487	511	560	487	536	560	487	511	511	487	536	536
Total number of specific acute elective day case spells in the period of which children under 18 years of age	310	310	325	356	310	341	356	310	325	325	310	341	341
Total number of specific acute elective ordinary spells in the period of which children under 18 years of age	52	52	54	60	52	57	60	52	54	54	52	57	57

Diagnostics

	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Diagnostic Tests - Magnetic Resonance Imaging	3,534	3,700	3,034	3,059	2,902	3,048	3,209	3,692	3,199	3,659	3,118	3,525	3,525
Diagnostic Tests - Computed Tomography	5,286	5,491	5,401	5,620	5,315	5,511	5,324	5,265	4,901	5,204	4,524	4,963	4,963
Diagnostic Tests - Non-Obstetric Ultrasound	5,720	5,793	6,846	7,526	6,262	6,633	6,231	6,307	5,319	6,522	5,980	6,606	6,606
Diagnostic Tests - Colonoscopy	312	272	241	255	269	264	259	293	298	362	298	312	312
Diagnostic Tests - Flexi Sigmoidoscopy	88	62	76	99	88	84	69	75	67	101	87	88	88
Diagnostic Tests - Gastroscopy	324	315	314	283	401	326	288	314	270	329	294	324	324
Diagnostic Tests - Cardiology - Echocardiography	1,170	1,163	1,019	1,102	909	963	943	791	703	1,075	911	1,132	1,132
Diagnostic Tests - DEXA Scan	116	157	191	155	167	165	195	91	119	158	174	102	102
Diagnostics Tests - Audiology	978	1,022	1,128	1,031	960	860	910	843	820	867	1,018	878	878

25/26 Planning Access Targets- SWBH Trajectories

Cancer 31 day performance

	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Booked in Target		165	173	159	161	172	147	181	165	144	156	150	161
Total		171	179	165	167	178	153	187	171	149	162	156	167
% Performance Trajectory		96.49%	96.65%	96.36%	96.41%	96.63%	96.08%	96.79%	96.49%	96.64%	96.30%	96.15%	96.41%
Actual Performance	92.75%												

Cancer 62-day pathways.

	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Booked in Target		110	117	99	108	111	96	124	110	95	104	105	101
Total		150	163	137	148	144	131	168	154	132	143	141	134
% Performance Trajectory		73.33%	71.78%	72.26%	72.97%	77.08%	73.28%	73.81%	71.43%	71.97%	72.73%	74.47%	75.37%
Actual Performance	68.61%												

Cancer 28 day waits (faster diagnosis standard)

	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Informed in Target		1328	1250	1210	1400	1340	1285	1342	1289	1218	1358	1354	1325
Total		1730	1607	1561	1796	1723	1636	1693	1642	1536	1718	1702	1655
% Performance Trajectory		76.76%	77.78%	77.51%	77.95%	77.77%	78.55%	79.27%	78.50%	79.30%	79.05%	79.55%	80.06%
Actual Performance	79.30%												

Time to first attendance, waiting for first event and of those waiting less than 18 weeks.

	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Seen in Target		16572	16572	16572	16572	16572	16572	16572	16572	16572	16572	16572	16572
Total		29946	29472	28999	28525	28051	27577	27103	26629	26156	25682	25208	24734
% Performance Trajectory		55.34%	56.23%	57.15%	58.10%	59.08%	60.09%	61.14%	62.23%	63.36%	64.53%	65.74%	67.00%
Actual Performance	59.79%												

% of Patients on a PIFU pathway

	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Total outpatient attendances (all TFC; consultant and non consultant led)		71,388	71,388	74,957	82,096	71,388	78,526	82,096	71,388	74,957	74,957	71,388	78,526
Number of patients moved or discharged to a PIFU pathway		928	1,142	1,424	1,806	1,785	2,199	2,545	2,427	2,773	2,998	3,212	3,926
% Performance Trajectory		1.30%	1.60%	1.90%	2.20%	2.50%	2.80%	3.10%	3.40%	3.70%	4.00%	4.50%	5.00%
Actual Performance	1.29%												

Referral to Treatment Time

	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
RTT waiting list – total		67,811	67,083	66,355	65,627	64,899	64,171	63,443	62,715	61,987	61,259	60,531	59,803
RTT waiting list – total children under 18		6,418	6,325	6,395	6,030	6,046	5,981	5,580	5,457	5,635	5,352	5,273	5,255
RTT waiting list – less than 18 weeks		35,888	35,888	35,888	35,888	35,888	35,888	35,888	35,888	35,888	35,888	35,888	35,888
RTT waiting list – less than 18 weeks children under 18		3,562	3,542	3,613	3,437	3,476	3,469	3,264	3,203	3,319	3,174	3,148	3,153
% Performance Trajectory		52.92%	53.50%	54.08%	54.68%	55.30%	55.93%	56.57%	57.22%	57.90%	58.58%	59.29%	60.01%
Actual Performance	55.30%												



Sandwell and West Birmingham

NHS Trust

REPORT TITLE:	Sandwell and West Birmingham Place Based updates
SPONSORING EXECUTIVE:	Sian Thomas, Chief Integration Officer
REPORT AUTHOR:	Lisa Maxfield, Associate Chief Integration Officer Steve Phillips, Deputy Chief Integration Officer
MEETING:	Public Trust Board
DATE:	14/05/2025

Suggested discussion points *[two or three issues you consider the PublicTB should focus on in discussion]*

This report provides an update on the Sandwell Health & Care Partnership (SHCP) and the West Birmingham Locality Delivery Partnership (WBLDP). Both Partnerships have reviewed their 2024/25 delivery, celebrating their successes and being open about their challenges.

Sandwell has developed and signed off its strategic framework and transformation priorities. West Birmingham is in the processes of finalising this work.

The Birmingham and Solihull system has recognised the power of locality working and have, as a system, made a commitment to strengthen the support to and autonomy of the localities. A programme of work is currently underway to identify executive level sponsors for each locality, director level involvement in each locality, OD support and agreed system metrics.

Alignment to our Vision *indicate with an 'X' which Strategic Objective[s] this paper supports*

OUR PATIENTS: To be good or outstanding in everything that we do

OUR PEOPLE: To cultivate and sustain happy, productive and engaged staff

OUR POPULATION: To work seamlessly with our partners to improve lives

X

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

Sandwell Health and Care Partnership Board 24 March 2025

West Birmingham Locality Delivery partnership 19 March 2025

Recommendation(s)

The Public Trust Board is asked to:

NOTE the details in the report

DISCUSS the Place Based Updates

Impact

Board Assurance Framework Risk 01		Deliver safe, high-quality care.
Board Assurance Framework Risk 02		Make best strategic use of its resources
Board Assurance Framework Risk 03		Deliver the MMUH benefits case
Board Assurance Framework Risk 04		Recruit, retain, train, and develop an engaged and effective workforce
Board Assurance Framework Risk 05	X	Deliver on its ambitions as an integrated care organisation

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board on 14th May 2025

Sandwell and West Birmingham Place Based update

1. Introduction

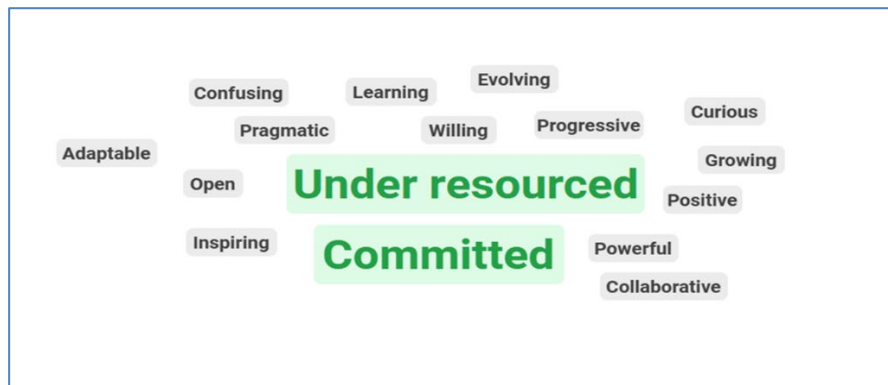
- 1.1 This report provides an update on the Sandwell Health & Care Partnership (SHCP) and the West Birmingham Locality Delivery Partnership (WBLDP). Both Partnerships have reviewed their 2024/25 delivery, celebrating their successes and being open about their challenges.
- 1.2 Sandwell has developed and signed off its strategic framework and transformation priorities. West Birmingham is in the processes of finalising this work.
- 1.3 The Birmingham and Solihull system has recognised the power of locality working and have, as a system, made a commitment to strengthen the support to and autonomy of the localities. A programme of work is currently underway to identify executive level sponsors for each locality, director level involvement in each locality, OD support and agreed system metrics.

2. West Birmingham

2.1 West Birmingham Locality Delivery Partnership

- 2.1.1 The West Birmingham Delivery Partnership (WBLDP) undertook a development session on 19th March 2025, with all partners. The focus of the session was to: -
 - Look back at our journey as a partnership
 - Celebrate our successes
 - Look forward and identify our priorities for the next phase of the partnership
- 2.1.1.1 The development session was well attended, and all partner representatives were engaged throughout the session, with positive feedback received regarding the value of the meeting.
- 2.1.1.2 The development session used a series of questions, both individual and collective, (using Slido) to stimulate discussion.

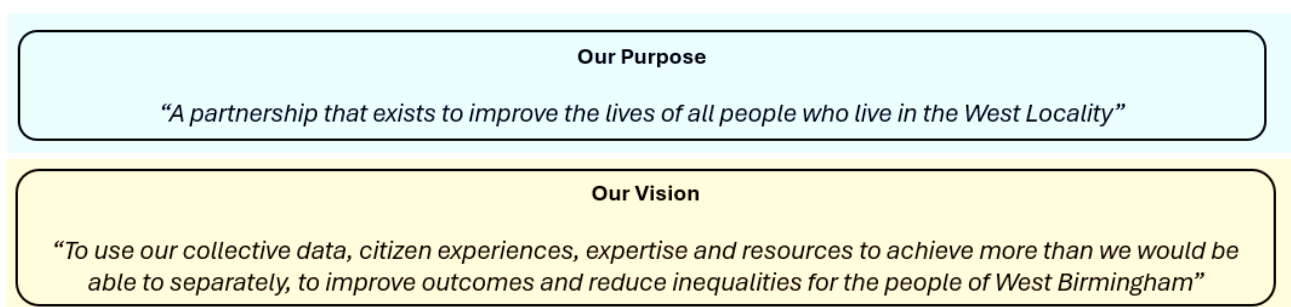
Question 1 - What one word would you use to describe the partnership in West Birmingham?



Question 2 – What successes has the partnership achieved?

- We have built a strong, long-standing relationship since 2019
- There is commitment from all partners with regular and ongoing attendance and input
- There is a strong sense of purpose and shared sense of agreement
- We are always learning from each other and about each other's services for the benefit of our populations and seeking opportunities for collaborative working
- We have pioneered the way on the delivery of the Birmingham and Solihull Integrated Care System Fairer Futures Funding process, led by Flourish, our Voluntary Sector partner. Our robust approach has paved the way for other localities to adopt and implement
- We have influenced the development of the Locality Hub and the services it delivers
- Despite a lack of funding, we have been able to support our communities to deliver on some outcomes, this was particularly evident during the Covid 19 Pandemic
- A solid relationship has been established with the Voluntary Sector and NHS

Question 3 - What is the purpose and vision of the partnership?



Question 4 – What are the top priorities for the partnership in 25/26?

Our Priorities

1. Better mental health for children, young people and adults
2. Improve access to services and support by working together in the locality, to reduce reliance on acute and emergency services
3. Improved prevention and detection of diseases which drive early mortality in West Birmingham

(A list of over 15 priorities had been developed from previous work, and in discussion it was agreed this was too many for the group to focus on)

2.1.1.3 The final section of the meeting focussed on next steps for taking the priorities forwards, and the key actions required to set up for success. Draft proposals are being presented to the WBLDP on 7 May 2025.

2.1.2 The WBLDP also continues to progress its work on the Fairer Futures fund projects, aligning a sponsor partner to each of the projects to support them through the 3-year life cycle. All projects for West have all been signed off and commenced in April. The outline of these projects can be found in Appendix 1. A regular update on the progress, delivery and issues will be reported through the WBLDP on a quarterly basis.

2.2 Locality working in Birmingham

2.2.1 The Chief Executives of the Birmingham and Solihull Integrated Care System (Bsol ICS) have been meeting regularly to discuss how as a system we move to a more “Community First” model.

2.2.2 Bsol ICS have developed three main integrators – community, acute and mental health – and have, in parallel, developed and tested integrated neighbourhood teams (INTs) and a locality model in the East of Birmingham.

2.2.3 The data from the East locality and the INTs underscores the significant scalable potential across all localities for improving access to care and substantially impacting on reducing pressures around Urgent and Emergency Care.

2.2.4 It has therefore been proposed that localities become the vehicle for driving change, with a focus on improving access and performance across the UEC pathway. This means aligning staff and services at the locality level to drive vertical integration. This does not mean major structural re-organisation affecting the sovereignty of any organisation, rather it is a how organisations work collaboratively and flexibility at this scale.

2.2.5 All partners have been asked to make commitments to working in this way, providing executive and director level support to the localities. Key performance indicators, that will measure the impact if this new way of working, are being developed in collaboration with all partners.

- 2.2.6 For the WBLDP will have a refresh of executive/senior leadership membership across all partners to ensure focussed delivery and rapid decision making.
- 2.2.7 For the Trust will continue being the “host provider” with the Chief Integration Officer for the Trust being the Senior Responsible Officer. However, our role in the wider BSoL system will grow and solidify as a result of these changes.

3. Sandwell Health & Care Partnership (SHCP)

- 3.1 Following the appointment of the Chief Integration Officer the Sandwell Health & Care Partnership Board undertook a number of review and development sessions to look back at work undertaken, celebrate success and agree the focus going forward for 2025/26.

November	December	January & February	March
Partnership Working	Purpose	Review existing and	Develop 2025/26 priorities
Defining Integration	Vision	achievements	
Governance	Ambition	Primary Care & Integrated Town Teams Mental Health Community Prevention Children & Young People Home First	Develop governance structure(s)

- 3.2 Key successes of the partnership in 2024/25 were recognised around:
- Re-launching the Acute respiratory Illness (ARI) Hubs
 - Publishing the Preventing ill health and improving health outcomes in Sandwell Report
 - Publishing the Annual Winter Booklet
 - Establishing the WorkWell Programme
 - Developing our health intelligence for Sandwell on Long term conditions
 - Establishment of monthly Integrated Town Team meetings in all six towns of Sandwell.
 - Providing a partnership response to the Sandwell Better Mental Health Strategy delivery.
- 3.3 The role of the partnership in supporting and enabling wider system changes and improvements were also noted:
- Implementation of Family Hubs
 - Ongoing improvements in Discharge to Assess across Pathways 1 & 2
 - Development of the Integrated Discharge Team
 - Co-location of Care Navigation

- Successful opening of Midland Metropolitan University Hospital.

3.4 In April, following the work over the previous months, the Board approved the SHCP Strategic Framework (figure 1). The Board also agreed its two transformation priorities: Connected Communities and Home First. The high level aims and deliverables were also agreed (figures 2 & 3). These are now being developed into delivery plans for 25/26.

Figure 1

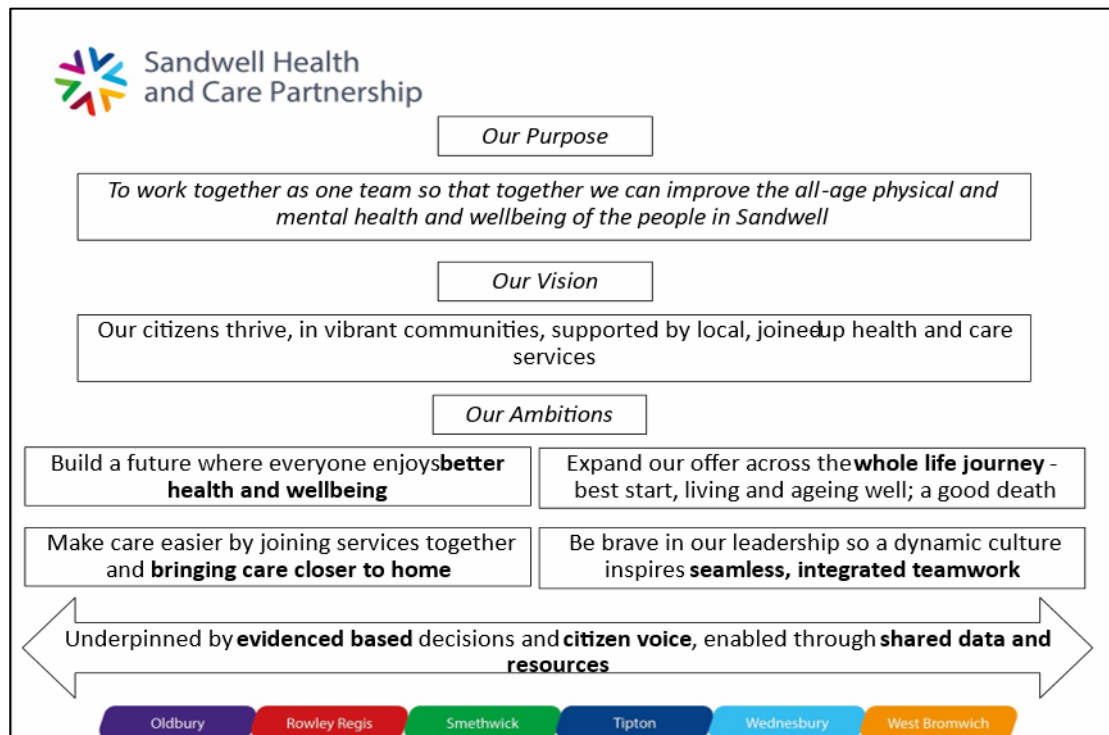


Figure 2

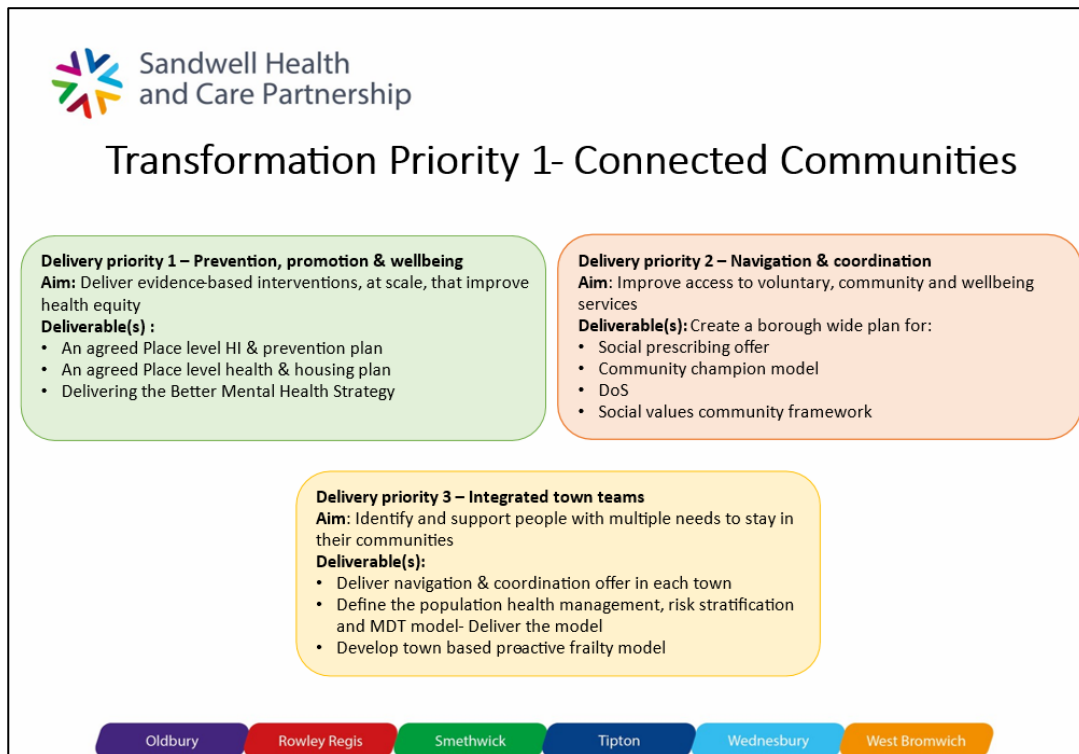
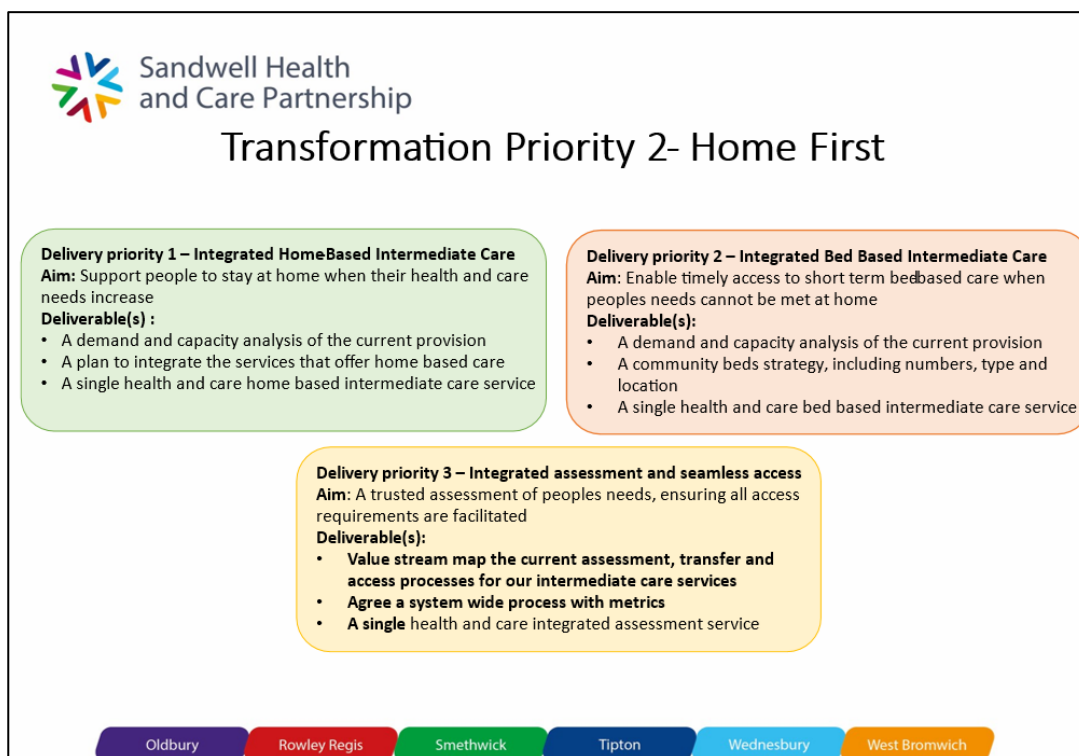


Figure 3



4. Recommendations

4.1 The Public Trust Board is asked to:

- a. **NOTE** the Report

b. **DISCUSS** the Place Based Updates

Sian Thomas
Interim Chief Integration Officer

Lisa Maxfield
Associate Chief integration officer

Steve Philips
Deputy Chief Integration Officer

Appendix 1: West Birmingham Fairer Futures Fund

West Locality Fairer Futures Fund – overview

Context

The West Locality Outcomes Framework identifies 6 core priority areas:

1. Maternity Care & Infant Mortality
2. Better Start for our Children
3. Better Prevention, Detection Treatment of Major Diseases
4. Better Outcomes for People with Mental Illness
5. Improved Outcomes for Inclusion Health Groups
6. Wider Determinants of Health

The agreed programme of FFF projects will specifically address 1-5, with priority 6 addressed as a by-product of all projects.

Detail

The following table shows the FFF-funded projects which have been signed off by the West Locality Delivery Partnership:

Project Summary	Priority Outcomes addressed	Lead VCFSE / partnership	LDP Lead	Proposed direct impacts
This project targets people from South Asian and African-Caribbean communities who have persistently high HBA1C levels and poor diabetes control. It aims to bring about behavioural change by addressing physical, emotional, and mental wellbeing through a culturally appropriate six-week programme covering nutrition, cardiovascular health and weight management. Additional support with debt, homelessness, energy prices etc will be offered.	Major Disease (3)	Communities Engage and Thrive & Saathi House	Steph Dawe	400
This project addresses inequalities in maternal health, mental health care, and economic outcomes in West Birmingham. It focuses on reducing high maternal and infant mortality rates among African, Caribbean, and Bangladeshi women, and increasing attendance at postnatal check-ups. The project offers community volunteering and accredited training for residents to become Listener or Doula Champions, providing culturally appropriate support. It targets vulnerable pregnant women, particularly in Nechells and Aston, and aims to improve access to mental health support and early intervention services. The project also seeks to provide a pathway to entry-level employment with SWBH through training opportunities with BMet.	Infant Mortality/ Maternity (1)	Bethel Health and Healing Network & SOS Education	Claire Paintain	160
This project will offer conception to birth support to individuals through expert-led antenatal classes in a culturally appropriate setting. It addresses issues like high maternal BMI, teenage pregnancy, smoking, reduced breastfeeding and poverty in West Birmingham, aiming to reduce infant mortality. Parents receive enhanced support from GPs, Health Visitors, and Maternity Services, with targeted support for those from marginalized ethnic backgrounds. There is a focus on reducing health inequalities and improving outcomes for communities with high ethnic diversity, collaborating within an integrated neighbourhood system to deliver health and wellbeing education. The project aims to empower parents to positively influence their children's start in life.	Infant Mortality/ Maternity (1)	Nishkam Civic Association	Claire Paintain	1030

This project will expand men's health and wellbeing activities in West Birmingham, building on an established model. It will use Community Champions to promote positive behaviours and peer leadership through accessible community activities and currently engages men from northwest Birmingham, particularly of South Asian heritage. The project will raise awareness about long-term health conditions like diabetes, COPD, hypertension, and prostate cancer, developing a GDPR-compliant directory of service users for targeted healthcare provisions. The aim is to widen the service user base to target all adult men in West Birmingham, offering various health services and leveraging social networks to enhance engagement and wellbeing. This project links with all other projects in the portfolio.	Health Inclusion (5)	Legacy WM	Steph Dawe	tbc
Enhances community engagement and empowerment to improve immunisation uptake across all ages. This involves raising awareness about the importance of vaccines in preventing serious diseases through targeted outreach to underserved groups, building trust, and providing tailored resources. The project will collaborate with community groups and health professionals to promote informed choices and engage with more people, especially those who do not regularly access health services. This project links with all other projects in the portfolio.	Health Inclusion (5)	Young Peoples' Education Community (YPEC)	tbc	c1575
Offers creative interventions to support children's mental wellbeing. It connects community therapeutic services to schools, following the THRIVE Framework to create resource-efficient communities of mental health support. The project will work with 10-12 schools to identify at-risk children through whole-class resilience-building, and will collaborate with various partners to address emotional and mental wellbeing, providing advice, help, and targeted interventions. Also aims to reduce health inequalities, promote resilience, and improve mental wellbeing through early support and community engagement.	Mental Health – Young People (2)	Handsworth Association of Schools (HAOS) & Edu-k-Fun	MH rep TBC	1642
Adult counselling for those with low to moderate mental health needs, helping individuals to access and navigate healthcare - typically people who wouldn't access mental health services. Clients also receive support for finance, benefits, housing, and employment. Funding will expand an existing service to 40 counselling hours per week, meeting growing demand in the local area. GPs will feed into this 18-month project run by Nishkam Mental and Emotional Wellbeing Service.	Mental Health- Adults (4)	Nishkam Healthcare Trust	MH rep TBC	520
Funding has also been set aside from the West's overall FFF allocation as a contingency against unforeseen project costs. These costs may be those which arise due to national policy changes, or due to an increase in budgeted costs. Any requests made for Contingency funding would be subject to sign-off by the West LDP.	All		Joy Krishnomorphy	



Sandwell and West Birmingham
NHS Trust

Paper ref: PublicTB (05/25) 007

REPORT TITLE:	CNO/CMO Report
SPONSORING EXECUTIVE:	Diane Wake – Chief Executive Officer
REPORT AUTHOR:	Melanie Roberts, Chief Nursing Officer, Mark Anderson, Chief Medical Officer
MEETING:	Public Trust Board
DATE:	14/05/2025

Suggested discussion points *[two or three issues you consider the PublicTB should focus on in discussion]*

This new report updates Trust Board on areas within the CNO/CMO Portfolio. The report is written within the Alert, Assure, Advise format

Alert - Clinical service review by British Orthopaedic Association (BOA)

Advise - Incident in rheumatology with unendorsed results on EPR, Blood-borne viruses opt-out testing in emergency department, Infection Control (IPC) ICB Visit, West Midlands Neonatal Network Peer Visit, Summary of VC case and learning for NHS Trusts

Assure - Research and Development year end KPI performance, switching to biosimilars for high-cost drugs, Recent Coroners Cases feedback

Alignment to our Vision *indicate with an 'X' which Strategic Objective[s] this paper supports*

OUR PATIENTS: To be good or outstanding in everything that we do	X
OUR PEOPLE: To cultivate and sustain happy, productive and engaged staff	
OUR POPULATION: To work seamlessly with our partners to improve lives	

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

None

Recommendation(s)

The Public Trust Board is asked to:

NOTE the report and offer any feedback on the content

DISCUSS the two areas highlighted in the ALERT Section

Impact

Board Assurance Framework Risk 01	x	Deliver safe, high-quality care.
Board Assurance Framework Risk 02		Make best strategic use of its resources
Board Assurance Framework Risk 03		Deliver the MMUH benefits case
Board Assurance Framework Risk 04		Recruit, retain, train, and develop an engaged and effective workforce
Board Assurance Framework Risk 05		Deliver on its ambitions as an integrated care organisation

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board on 14 May 2025

Chief Medical Officer/Chief Nursing officer Report

1. ALERT

- **Clinical service review by British Orthopaedic Association (BOA)**

- 1.1 Following a high 30-day mortality rate last year for patients with hip fractures reported on the national audit, we invited the BOA to conduct a service review once we had moved into MMUH. They undertook a multi-disciplinary review on 24th and 25th February. The first feedback suggests they have identified areas to improve under the themes of data issues, pathway inefficiencies and communication. They have also listed areas of excellence including multidisciplinary ward leadership, a cohesive team open to change, and specifics such as the role of perioperative anaesthetic input and high levels of training in trauma competencies. Mortality was noted to have improved and we continue to engage with the national audit. The formal report is expected and the orthopaedic team will subsequently follow an action plan based on the recommendations made. This will be monitored via Quality and Safety group

2. ADVISE

- **Incident in rheumatology with unendorsed results on EPR**

- 2.1 An incident was raised following the departure of a locum in rheumatology who saw patients over a year long period. It was found that an MRI scan had been endorsed but no actions had been made. This led to the discovery of 1,000 unendorsed results on the EPR by the locum consultant, who had since left. Immediate actions included a letter to the index patient and follow up arranged. She was reviewed and booked for MRI and Dexa scan. The fracture team were waiting for results then an MDT harm review to determine any impact will be done.
- 2.2 All the unendorsed results identified within Rheumatology have been cleared and no harm, and no result was found that should have prompted action that had not already been taken. Measures to prevent recurrence have been implemented so that all leavers are proxied into consultant inboxes and it is then the rheumatology consultant on-call for the week's responsibility to act on all results for clinicians who have left the trust.
- 2.3 The CCIO has been asked to construct a data feed to the clinical groups that would alert if any other consultant was failing to endorse results on the EPR.
- **Blood-borne viruses opt-out testing in emergency department**
- 2.4 NHS England identified funding over 3 years to implement emergency department (ED) opt out HIV testing in local authorities with high diagnosed HIV prevalence as part of the

national HIV Action Plan. Partnering with the NHS England Hepatitis C Elimination Programme enabled the scope to expand to include testing for hepatitis B and C. This programme of routine blood-borne viruses (BBV) opt out testing in EDs launched April 2022. In participating EDs all adults who are having blood tests are tested for BBVs unless they opt-out. We postponed our roll-out until after the first 100 days of opening MMUH and running the new ED. We launched our first phase of routine testing in late March.

- 2.5 We began with a phased approach to test the first cohort to ensure we tested the full pathway from inputting the request onto FirstNet (CERNER app for the Emergency Department), ensuring the additional blood samples are received and uploaded correctly onto Unity to positive results being flagged accordingly and directed to the right service.
- 2.6 Once this is proven successful, all adults (16+) who attend A&E and have routine bloods taken will have an additional 5ml sample taken for BBV.
- 2.7 Posters and Banners will be displayed in the ED department waiting area, informing them of the scheme. An opt out approach will be applied where patients will be automatically screened for blood borne virus through local labs (Black Country Pathology) unless they specifically opt out.
- 2.8 If patients or relatives have any queries or concerns, there is a generic email address that patients can contact for more information. There is also a QR code on all posters and banners that provide additional information about the reason for the additional tests and how to opt out (by informing a member of staff). The QR code links to a SWB external webpage approved by comms. It can also be translated into multiple languages.
- 2.9 As part of this is NIHR funded and evaluated, the director of R&D is maintaining oversight of this.

- **Infection Control (IPC) ICB Visit**

- 2.10 As Trust Board will be aware we have had 6 monthly IPC visits from NHSE over the last 5 years. We achieved Green status 2 years ago and have now been stepped down from NHSE visits to ensure we are maintaining good infection control and cleanliness to ICB visits. The most recent visit happened on the 9th April and the feedback was mainly positive, Areas of improvement were primarily managing devices such as cannulas and catheter's and the associated infections risks. We should receive a full report by the end of May 2025

- **West Midlands Neonatal Network Peer Visit**

- 2.11 Our Neonatal services underwent their regular Peer review on March 7th which was undertaken by the Neonatal Network. 14 specialists from the network undertook the visit. The feedback was primarily positive such as the transport solution between maternity & neonates but also highlighted some areas of improvement such as involvement of families within the ward rounds which we are working on as a Trust, the environment needing more colour. We await the full report.

- **Summary of VC case and learning for NHS Trusts**

2.12 The tragic case of VC, who fatally attacked three individuals in Nottingham in June 2023, has prompted significant scrutiny of mental health services within NHS trusts, particularly Nottinghamshire Healthcare NHS Foundation Trust. Independent investigations have revealed systemic failures in VC's care, leading to a series of recommendations aimed at preventing similar incidents. Key Findings and Lessons for NHS Trusts:

1. Inadequate Risk Management and Discharge Procedures: VC was discharged from mental health services in September 2022 despite a history of non-compliance with medication and signs of aggression. A critical 2022 risk assessment failed to address how to manage potential violence resulting from medication non-compliance.
2. Ignored Family Concerns: VC's family repeatedly contacted the trust to share concerns about his deteriorating mental state, but these warnings were largely ignored.
3. Systemic Issues in Mental Health Services: The Care Quality Commission (CQC) identified "systemic issues with community mental health care," noting that without immediate action, these would continue to pose risks to patient and public safety.

2.12 Actions Taken and Recommendations:

2.13 NHS England commissioned an independent investigation into the care and treatment provided to VC, leading to a series of recommendations for Nottinghamshire Healthcare NHS Foundation Trust and NHS England.

- Policy Revisions: The trust has developed an action plan to address the recommendations, including revising its serious incident policy to align with the Patient Safety Incident Response Framework (PSIRF) .
- Enhanced Oversight: Extensive governance arrangements have been established, involving oversight from the Integrated Care Board (ICB), regional and national NHS England teams, to monitor the trust's response to quality and regulatory concerns .

2.14 Implications for Other NHS Trusts: This case underscores the importance of robust risk assessment procedures, effective communication with patients' families, and adherence to national safety frameworks. NHS trusts are encouraged to review their policies and practices to ensure they can identify and mitigate risks effectively, thereby safeguarding both patients and the public. SWB will be reviewing inline with the above ask.

3. ASSURE

- **Research and Development year end KPI performance**

3.1 Key metrics agreed for reporting on a regular basis are; recruitment to Research Studies, Average number of days taken to open a study, Average number of days taken to recruit a patient into a trial, number of staff acting as Chief/Principal Investigators at SWB. Our recruitment figures by end of March showed good progress that we have built on over the last two years.

3.2 An agreed annual target was set at 2500 participants for 2023/24 financial year. A total number of 2701 participants were recruited into research projects. This is the highest number recruited for our organisation since 2017/18 (COVID studies excluded). This has

resulted in being the 4th highest recruiting trust in the West Midlands. The 2024/25 financial year saw a target of 3166 recruits. To date this has been exceeded with 4323 participants being recruited so far. This table shows results of organisations in our ICB.

Organisation	NIHR Recruitment 2023/24	NIHR Recruitment 2024/25
SWB	2534	4323
RWT	1709	1578
DGOH	771	1145
WHT	261	222

3.4 In 2023 year a total of 25 studies were open with 3 Chief Investigators and 24 Principal Investigators. For 2024 year a total of studies 58 were open with 3 Chief Investigators and 43 Principal Investigators.

3.5 Work is ongoing to speed up our processes to shorten the time it takes to initiate and open a study. Our metrics show improvement but still a wide range depending on the type of study. We also work to secure commercial income for R&D. Our strategy set a target of increasing this by £50k each year. This table shows our progress.

	Baseline	2023/24	2024/25
Target	80k	130k	180k
Actual		£145,099	£250,158

▪ **Recent Coroners Cases feedback**

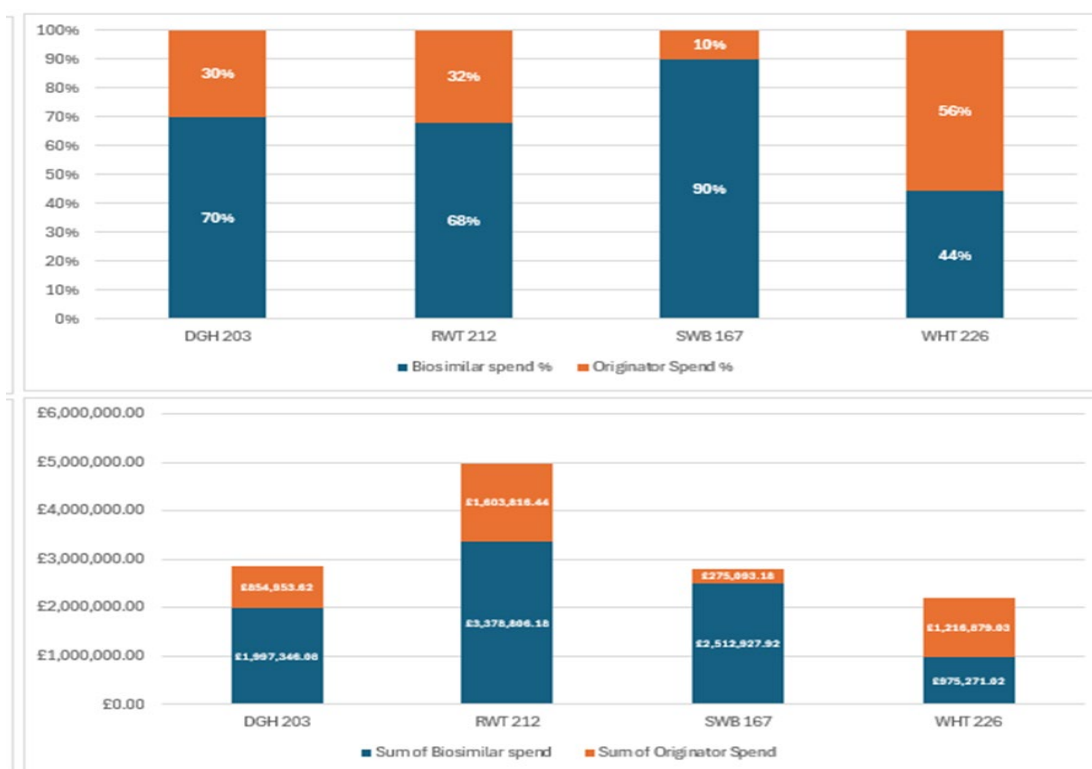
3.6 As a Trust we received positive feedback from two recent coroner's inquests where PSIs were completed, and the patient safety Investigator gave evidence at the inquest. Both families commented on the content of the reports and that they had helped the understand what had happened and why.

3.7 In each case, they also thanked the Patient Safety Investigator for their Candour in each report. In the most recent inquest, the barrister (Kings Chambers, Manchester) representing the family, verbally commented on how the quality of the report was notably better than previous serious incident reports from other Trusts.

3.8 The PSIRF process and increased compassionate engagement with staff, patients, and families has provided a much better experience for all.

• **Switching to biosimilars for high-cost drugs**

3.9 As part of our cost improvement programme and our aim to use biosimilar drugs by default, we have tracked spend throughout the year. By year end for 24/25 we could see our progress in comparison to the other acute trusts in the black country. The blue bars below show success at using biosimilar options for our patients. At SWB we had switched the largest proportion of our prescriptions over to biosimilars (90%) and had spent the least amount on non-biosimilar originator drugs.



- **CPE Outbreak – Neonatal Unit**

- 3.10 A significant CPE outbreak was confirmed in February 2025 involving four positive babies and multiple additional contacts. This has had a significant ongoing impact on capacity and flow within the Neonatal Unit, further compounded by a reduction in available isolation rooms due to planned installation of pendants and malfunction of the air pressure system within the isolation room lobbies. This led to a delay in repatriation within the West Midlands Neonatal Operational Delivery Network.
- 3.11 The CPE outbreak has been effectively managed, and March 2025 saw all contacts and the babies with CPE colonisation discharged home. No evidence of harm has been identified as a result of this outbreak.
- 3.12 The two isolation cubicles with doffing and donning facilities have been successfully opened at MMUH for the first time, following resolution of the technical fault in these rooms.
- 3.13 The Neonatal Unit has been able to accept external admissions and repatriations again, to support flow and capacity within the network. The readmission policy for babies returning to the Trust has been amended to prevent a similar outbreak occurring in the future. Negative swabs to include CPE are requested from referring units prior to return and babies are admitted into an isolation cubicle until admission swab results are confirmed as negative. Units within the network are aware of the amended policy.

- **Uterine Artery Doppler Scanning for women at high risk of fetal growth restriction.**

3.14 Following review of the existing divergence agreement for implementation of the Saving Babies Lives Care Bundle v3 in relation to provision of Uterine Artery Doppler scans, a robust plan is in place that ensured the pathway commenced from April 2025. Implementation of this service will lead to closure of the open divergence and bring the service in line with the National requirements of the care bundle.

- **Nursing Practice Placements Gold Award**

3.15 A number of our clinical areas have been the recipients of a gold award for education and in particular student experience when on practice placement. These include the surgical assessment unit and Neonatal Services among others. These were awarded by Birmingham City University to those areas.

4. Recommendations

4.1 The Public Trust Board is asked to:

- a. **NOTE** the report and offer any feedback on the content
- b. **DISCUSS** the two areas highlighted in the ALERT Section

Mark Anderson, Chief Medical Officer,
Mel Roberts, Chief Nursing Officer
May 2025



REPORT TITLE:	24/25 Year End Performance Report
SPONSORING EXECUTIVE:	Johanne Newens – Chief Operating Officer
REPORT AUTHOR:	Danielle Joseph- Director of Operational Performance Taj Virk-Dhugga, Assistant Director for Urgent Care Demetri Wade, Deputy Chief Operating Officer
MEETING:	Public Trust Board
DATE:	14/05/2025

Suggested discussion points *[two or three issues you consider the PublicTB should focus on in discussion]*

This paper provides a summary and analysis of our performance, key achievements, and mitigations for improvement against the 24/25 and 25/26 NHS national targets.

- There has been improvement against the Urgent and Emergency Care and Planned Care performance Standards through 24/25
- There has been improvement in performance against cancer standards in 24/25 however the variability in this performance needs addressing and is a Quarter 1 focus, as is the variability in diagnostic performance .
- The trust is in a strong position at the start of 25/26 for delivery against the submitted Operational Planning performance trajectories

Alignment to our Vision *indicate with an 'X' which Strategic Objective[s] this paper supports*

OUR PATIENTS: To be good or outstanding in everything that we do

X

OUR PEOPLE: To cultivate and sustain happy, productive and engaged staff

OUR POPULATION: To work seamlessly with our partners to improve lives

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

None

Recommendation(s)

REVIEW and DISCUSS performance against the 24/25 targets

REVIEW and ACCEPT plans for improvement against the 25/26 targets

Impact

Board Assurance Framework Risk 01	x	Deliver safe, high-quality care.
Board Assurance Framework Risk 02	x	Make best strategic use of its resources
Board Assurance Framework Risk 03		Deliver the MMUH benefits case
Board Assurance Framework Risk 04		Recruit, retain, train, and develop an engaged and effective workforce
Board Assurance Framework Risk 05		Deliver on its ambitions as an integrated care organisation
Corporate Risk Register [Safeguard Risk Nos]		

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to Private Trust Board on Wednesday 14th May 2025

Operational Performance Report

1. 24/25 Year End Performance

1.1 Urgent and Emergency Care Standards

1.1.1 ED 4-hour standard: At the start of 24/25, the trusts 4-hour ED performance was 70.64% against a national standard of 78%. 24/25 has seen some significant changes within the way we deliver Emergency Care as a trust, with the combining of City and Sandwell EDs into MMUH in November. **Annex 1** illustrates the % of patients seen within 4 hours each month and there is a clear improvement in performance associated with the move to MMUH. This is due to a combination of changes in patient behaviour and attendances, as well the benefit of a purpose-built space for the ED team to operate in. The year ended at 75.01% in March 2025- a **4.37% improvement** in the year.

1.1.2 ED 12hr trolley waits: April 24 reported 459 12-hour trolley waits against a national target of zero. Aligned with the improvement in performance seen in the ED 4 hour standard, the year ended with 237 reported 12-hour trolley waits at the end of March 25, a **48.3% improvement** in the year (**annex 2**).

1.1.3 Ambulance Handover within 30 minutes: At the start of 24/25, the trusts Ambulance turnaround within 30 minutes was 67.6% against a national standard of 100% (**annex 3**). A national focus in January on zero handovers over 45 minutes has driven improvement in this metric in Q4 and the year ended with a March performance of 73%, a **5.4% improvement** in the year.

1.2 Planned Care Standards

1.2.1 Cancer 28-day Faster Diagnosis Standard (FDS): The FDS standard was at 76.8% in April 24 and ended the year at 77% in March 25 against a 77% national target (**annex 4**). Throughout the year, performance against the 77% standard fluctuated within 5 percentage points, but ended with a **0.2% improvement** in the year. Performance against this standard varies within each tumour site, with strong performance within the breast and skin pathways and services such as Head and Neck and Urology considered to have more complex diagnostic pathways.

1.2.2 Cancer 31-day Decision to Treat (DTT): At the start of 24/25 performance against the 31-day cancer standard was 91.9% against a national standard of 96% (**annex 5**). Performance against this standard dropped significantly to 83.9% in September, impacted by the reduced capacity as part of the move to MMUH and spent many months slowly recovering before ending the year at 95% in March 25, a **3.1% improvement** in the year.

1.2.3 Cancer 62-day Referral to Treatment (RT)T: April 24 performance for the 62-day cancer RTT Target was 69.7% against a national standard of 85% (**annex 6**). Achievement of this

standard has fluctuated throughout 24/25, with a low of 64.6% in May and a high of 75.6% in August. The year ended with 70% in March, a **0.3% improvement** in the year.

- 1.2.4 18-week Referral to Treatment (RTT): At the start of 24/25 the RTT performance against the 18-week standard was 51.69% against a national constitutional standard of 92%. By March 25, this had increased to 55.34%, a **3.65% improvement** in the year.
- 1.2.5 52 week waits: Significant improvement has been made in the reduction of long waits in 24/25- April 24 had 3,067 patients that had waited over 52 weeks from referral to treatment. Through a combination of intense focus and management, and waiting list validation, this had reduced to 1,349 by March 25, a **56% improvement** against the starting year position.
- 1.2.6 DM01: Performance against the diagnostic 6-week standard in April 24 was 53.69% against a national standard of 99%. **Annex 8** shows the month-on-month improvement against this performance standard, and the year ended at 77.97% in March 25, a **24.28% improvement** in the year. Improvement in Non-Obstetric Ultrasound performance is of note in 24/25, where the backlog reduced from 8,622 patients over 6 weeks in April to 443 in February. This was delivered through temporary outsourcing of activity which finished in February, and it is worth noting that the backlog increased by 315 in March. There is still a significant way to go to achieve the national target for this standard.

2. 25/26 Operational Planning Performance Trajectories- National and Local measures

- 2.1 The 25/26 priorities and operational planning guidance outlines performance targets focused on reducing waits for elective care, improvement in ED waiting times and ambulance response times. The table below summarises the success measures against priority for planned and urgent care:

Priority	National Success measure	Local Success Measure where variation from National
Reduce the time people wait for elective care	Improve the percentage of patients waiting no longer than 18 weeks for treatment to 65% nationally by March 2026, with every trust expected to deliver a minimum 5%-point improvement	Improve the percentage of patients waiting no longer than 18 weeks for treatment to 60% locally by March 2026
	Improve the percentage of patients waiting no longer than 18 weeks for a first appointment to 72% nationally by March 2026, with every trust expected to deliver a minimum 5%-point improvement	Improve the percentage of patients waiting no longer than 18 weeks for a first appointment to 67% locally by March 2026
	Reduce the proportion of people waiting over 52 weeks for treatment to less than 1% of the total waiting list by March 2026	As per national measure
	Improve performance against the headline 62-day cancer standard to 75% by March 2026	As per national measure

	Improve performance against the 28-day cancer Faster Diagnosis Standard to 80% by March 2026	As per national measure
Improve A&E waiting times and ambulance response times	Improve A&E waiting times, with a minimum of 78% of patients admitted, discharged and transferred from ED within 4 hours in March 2026 and a higher proportion of patients admitted, discharged and transferred from ED within 12 hours across 2025/26 compared to 2024/25	As per national measure
	Improve Category 2 ambulance response times to an average of 30 minutes across 2025/26	As per national measure

- 2.2 Trajectories have been set out against the performance targets and monthly targets will be tracked against and where required, mitigation put in place where there is under-delivery. The April position against the targets will be reported to the Board next month.

3. Performance in March '25 as a starting point against 25/26 trajectories

- 3.1 The March starting point for ED performance against the 4-hour standard is **ahead of trajectory** as shown in **annex 9** as 74.9%. April 2025 forecast was 71% however we have achieved 76% EAS for this month. The 25/26 trajectories were developed in February against a baseline performance position of an average April 24-Jan 25 position. Significant improvement in Q4 of 24/25 and month 1 outturn has placed us well to achieve the 78% target well ahead of the March 26 trajectory.
- 3.2 Due to a March performance of 8.5% of patients waiting more than 12 hours in the ED department, the trust is **already achieving** the 10.5% set out for 25/26 as shown in **annex 10**. The intention is to better this performance throughout the year.
- 3.3 The trust is **ahead of trajectory** for average handover times, with a March average time of 44 minutes, in line with expected performance in June as seen in **annex 11**. There is still work to be done to achieve the overall target of less than 30 minutes by March 26.
- 3.4 The March starting point for the cancer 28-day Faster Diagnosis Standard is slightly **ahead of trajectory** at 77% against an April target of 76.76% and an overall target to hit 80% by March 26 (**annex 12**). There is a **risk of deterioration** in April and May due to capacity challenges for first appointments in Skin and Gynaecology cancer pathways in March and April.
- 3.5 The 31-day DTT standard is at 95.3% for March, against an April trajectory of 96.49% and an overall target of 96% (**annex 13**). There is a **risk of deterioration** in April and May due to Skin and Gynaecology cancer pathway delays at in March and April.
- 3.6 The 62-day RTT cancer standard is at 69.5% for March, against an April plan of 73.3% and an overall trajectory to achieve 75% by March 26 (**annex 14**). Again, there is **risk of deterioration** in April and May due to the challenges in Gynaecology and Skin.

- 3.7 Performance against the 18-week RTT standard in March was 55.3%, which is **ahead of trajectory** as show in **annex 15**. The April plan was to achieve 52.92%, and the trajectory for March 26 is to achieve 60%.
- 3.8 The 25/26 trajectory to achieve less than 1% of the total waiting list as over 52 Weeks had an April plan of 2.8%. The March starting point is 2.07%- 1349 of a total waiting list of 65,195 which is **ahead of trajectory**.
- 3.9 The trajectory to achieve 90% by March 26 for the DM01 diagnostic standard is challenging and requires a targeted focus. The March 25 starting position is slightly **ahead of trajectory** 78.71% against an April plan of 78.39%, however there is **risk of deterioration** due to the worsening position of MRI, Non-Obstetric Ultrasound and Neurophysiology.

4. Performance Improvement focus for 25/26

4.1 Urgent and Emergency Care Improvements

- 4.1.1 There is an established improvement programme within UEC focussed on Streaming, SDEC, ED and Acute Operational Processes, and Length of Stay underpinned by Quality Standards, Patient Safety Flow Hub, Business Intelligence and Diagnostics.
- 4.1.2 A new dashboard has been designed and is now in use to support reporting to the UEC Delivery Group which allows monitoring against key KPIs and improvement trajectories. Monitoring of Quality Standards delivery will be included which will support delivering 78% EAS by the end of 25/26.
- 4.1.3 Medicine delivered its lowest Group LOS since May 2024 with significant reductions compared to February in LOS across Acute Internal Medicine, Geriatric Medicine, Respiratory Medicine, Gastroenterology and Cardiology. Opportunities have been identified in Surgical services with work already in progress in T&O through application of the Rapid Improvement methodology. In the next month we expect to establish a workgroup to identify key areas of focus in reduction of unnecessary delays with the aim of reducing overall length of stay for Surgical patients
- 4.1.4 The Streaming project has been receiving intensive support through the Rapid Improvement programme. Scheduled for wb. 12th May, in preparation, the working group have planned for test of change with specific focus on:
- The best and most effective healthcare professional for streaming- Single Point of Access (SPA) Nurse, ED Nurse, GP or a combination.
 - Streaming (in some cases via ED triage) to Surgical and Gynae SDEC as per the agreed pathways
 - Impact an SPA nurse brings to ambulance assessment (Call before convey and redirection of patients to community services).

Each of these changes will be measured against key performance and quality indicators, evaluated with the most effective and beneficial being adopted as part of the future streaming model.

- 4.1.5 Urgent Community Response (UCR): UCR utilises the wider community services to step down patients earlier for ongoing monitoring and support. The current length of stay for UCR patients is 55 hours with the national average of LOS on UCR being 72 hrs. Readmission to ED within 48 hours of UCR intervention continues to remain below 5%.

4.2 **Planned Care Improvements- RTT and Diagnostics**

- 4.2.1 In April there has been a reset of the Planned Care programme across the trust, incorporating the improvement programmes handed over by the FIP PMO, realigning the programme with GIRFT, developing Demand and Capacity capabilities and reestablishing the message that Planned Care performance improvement is one of the trusts priorities and an operational and clinical necessity.

- 4.2.2 The theatre improvement workstream is already well established and focuses on the following areas:

- High-level overview of theatre specialties.
- Emphasis on Trauma & Orthopaedics (T&O) and Ophthalmology.
- Adherence to the 6-4-2 processes.
- Initiatives for scheduling efficiency.
- Addressing late starts, early finishes, and overruns.
- Improving list management efficiencies for orthopaedic day cases, injections, and pre-admissions.

- 4.2.3 The outpatient improvement program was developed to support workstreams focusing on utilisation, booking efficiency, and reduction of follow-ups. The programme is being reworked due to a high level of SMEs in 24/25, and the new structure is focusing on:

- Getting the basics right- auditing clinic templates, reviewing clinic letters, converting temporary clinic builds to permanent, implementing a 5,4,2 process for clinic booking, cashing up and coding.
- Outpatient Productivity- increasing rates of PIFU, reducing DNA rates in key specialities through targeted interventions.
- Digital Outpatients- developing an overarching digital outpatient strategy to provide a fully electronic and automated end to end service for outpatients reducing administrative burden and taking advantage of AI and automation technologies.

- 4.2.4 A revamped Diagnostic Improvement Group is being established with the Endoscopy Improvement Plan, Imaging Improvement Group and plans to progress with a Physiological Improvement Group reporting into it. This will focus on key areas around scheduling,

utilisation, and missed appointments, coinciding with efforts to reduce premium spend whilst maximising capacity.

4.2.5 We are working to embed the GIRFT Further Faster Programme objectives into all aspects of the Planned Care programme, with quarterly trust based GIRFT workshops and targeted interventions in areas where GIRFT metrics are highlighting opportunities.

4.2.6 We are reinforcing the expectation that all clinical groups and specialties have documented improvement plans with quantifiable impacts that inform speciality improvement trajectories, and that specialties with already strong performance in planned care are expected to maximise that to the best of their ability to deliver at a trust level, balancing the areas which need a longer recovery period.

4.3 **Planned Care Improvements- Cancer**

4.3.1 A fortnightly cancer performance meeting has been established to review mitigation strategies for current challenges and to create an action plan for delivery. In addition, a weekly PTL is in place to monitor, track, escalate, and manage pathways to enhance FDS performance and reduce the 62-day backlog.

4.3.2 Demand and capacity assessments are being carried out in specialties that have experienced increased demand, with plans for additional capacity being implemented where necessary through Waiting List Initiatives (WLIs), outsourcing, and insourcing.

4.3.3 The cancer team are working closely with the Clinical Groups to ensure the Cancer Access Policy is utilised and best practice is adopted. There is additional support from WMCA in realigning pathways for Skin, Gynaecology, Head and Neck, and Lung services.

4.3.4 Proactive patient pathway validation is being undertaken, focusing particularly on tertiary referrals where reliance on other providers is critical for achieving pathway compliance.

5. **Summary**

5.1 Performance in all UEC metrics improved throughout 24/25, with some significant improvements.

5.2 Performance in all planned care metrics either improved or was maintained throughout 24/25 with some significant improvements.

5.3 The 25/26 priorities and operational planning guidance outlines performance targets focused on reducing waits for elective care, improvement in ED waiting times and ambulance response. In all areas we are in a strong position based on March performance to deliver against the submitted performance trajectories in 25/26.

5.4 Cancer performance remains an area of high risk due to variability in maintaining performance at pathway level and the impact of capacity gaps to service delivery in key specialties.

5.5 Diagnostic DM01 performance also remains an area of high risk due to a worsening position within MRI, NOUS and Neurophysiology.

6. **Recommendations**

6.1 The Finance and Productivity Committee is asked to:

- a. **REVIEW and DISCUSS** performance against the 24/25 targets.
- b. **REVIEW and ACCEPT** plans for improvement against the 25/26 targets.

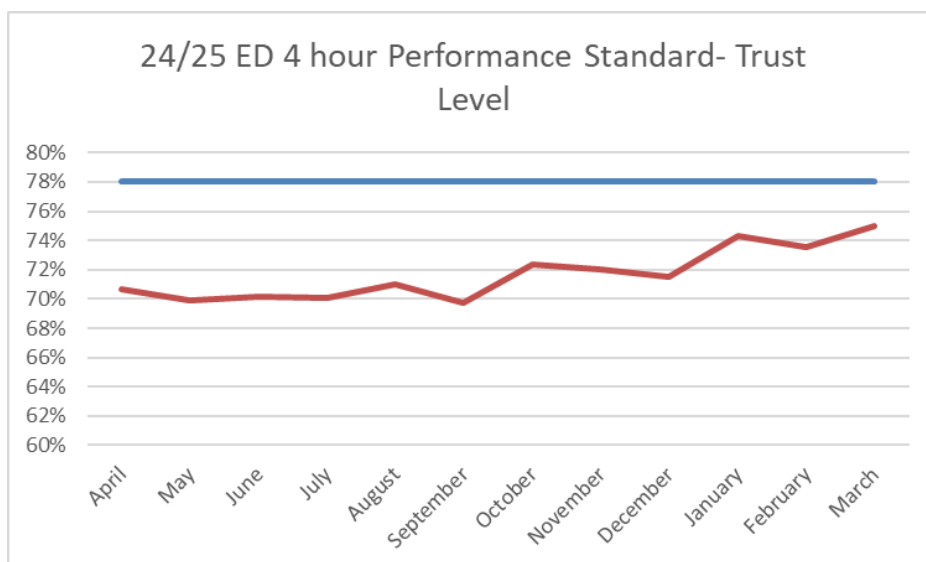
Danielle Joseph- Director of Operational Performance
Taj Virk-Dhugga, Assistant Director for Urgent Care
Demetri Wade, Deputy Chief Operating Officer

30th April 2025

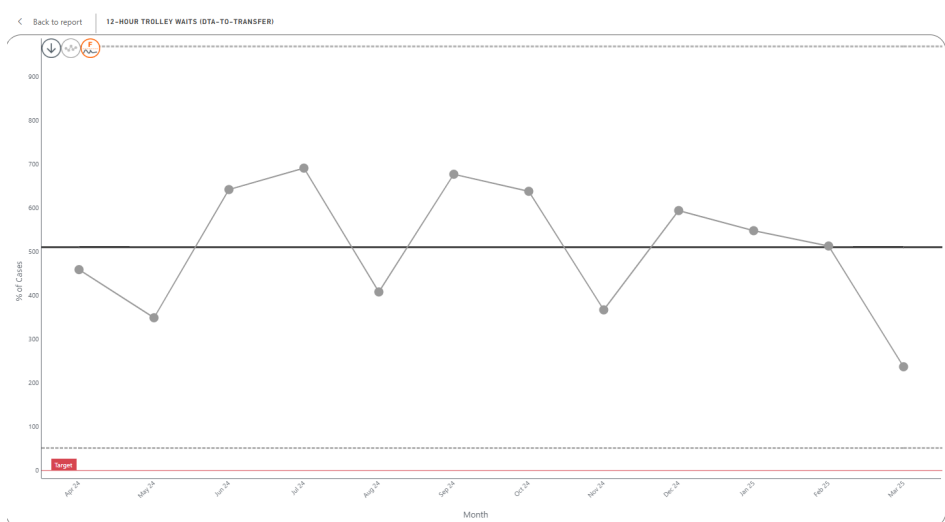
Annex 1: 24/25 Performance for ED 4-hour standard
Annex 2: 24/25 Performance for ED 12hrs in dept
Annex 3: 24/25 Performance for Ambulance Handover
Annex 4: 24/25 Performance for Cancer 28 day FDC
Annex 5: 24/25 Performance for Cancer 31 day DTT
Annex 6: 24/25 Performance for Cancer 62 day RTT
Annex 6: 24/25 Performance for 18 week RTT
Annex 7: 24/25 Performance for 52 week waits
Annex 8: 24/25 Performance for DM01
Annex 9: Trust wide ED performance trajectory (all types) where the patient is seen and departs or is admitted within 4 hours
Annex 10: Trajectory of % ED patients in the department for more than 12 hours
Annex 11: Trajectory of average ambulance handover time
Annex 12: Cancer 28-day Faster Diagnosis standard trajectory
Annex 13: Cancer 31-day DTT trajectory
Annex 14: Cancer 62-day RTT trajectory
Annex 15: 18-week RTT Trajectory
Annex 16: 52+ week waits as a % of total waiting list
Annex 16: 52+ week waits as a % of total waiting list
Annex 17: DM01 Diagnostic Standard Trajectory

Urgent and Emergency Care Standards

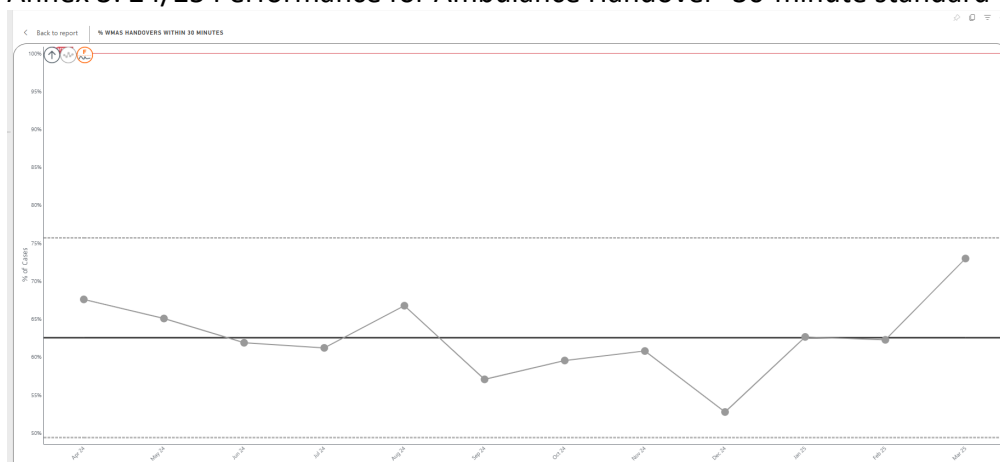
Annex 1: 24/25 Performance for ED 4-hour standard



Annex 2: 24/25 Performance for ED 12hrs trolley waits

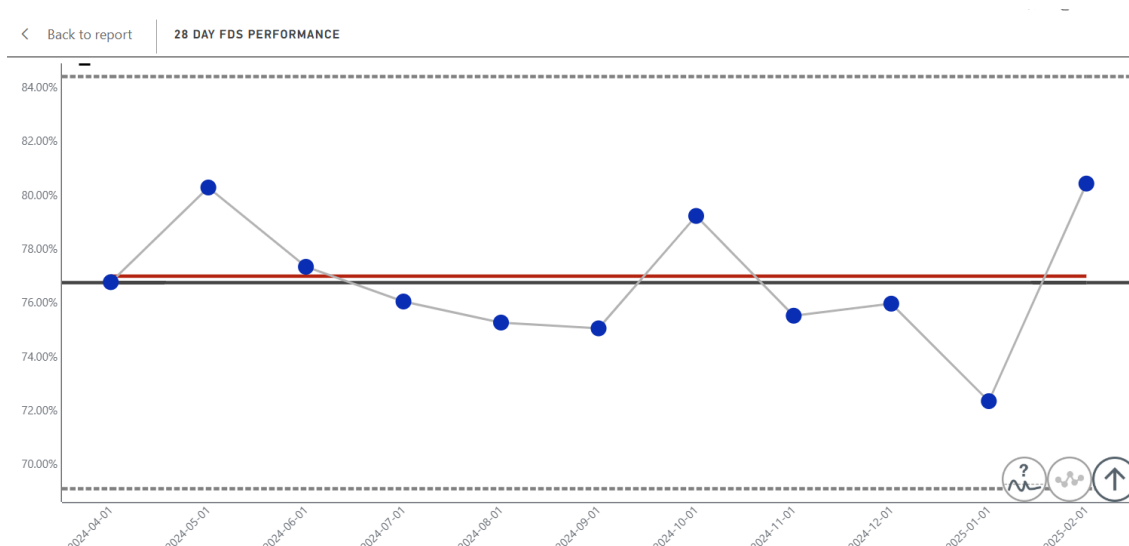


Annex 3: 24/25 Performance for Ambulance Handover- 30-minute standard

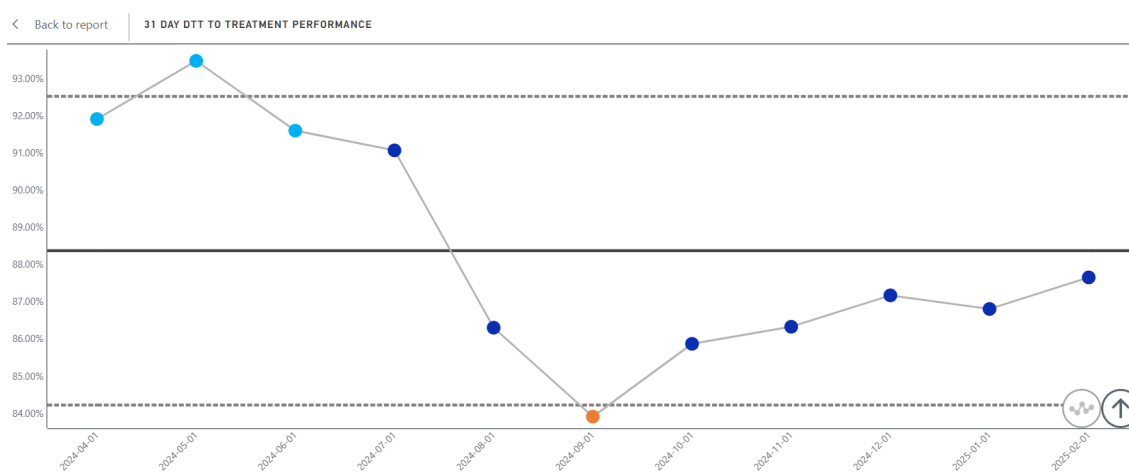


Planned Care Standards

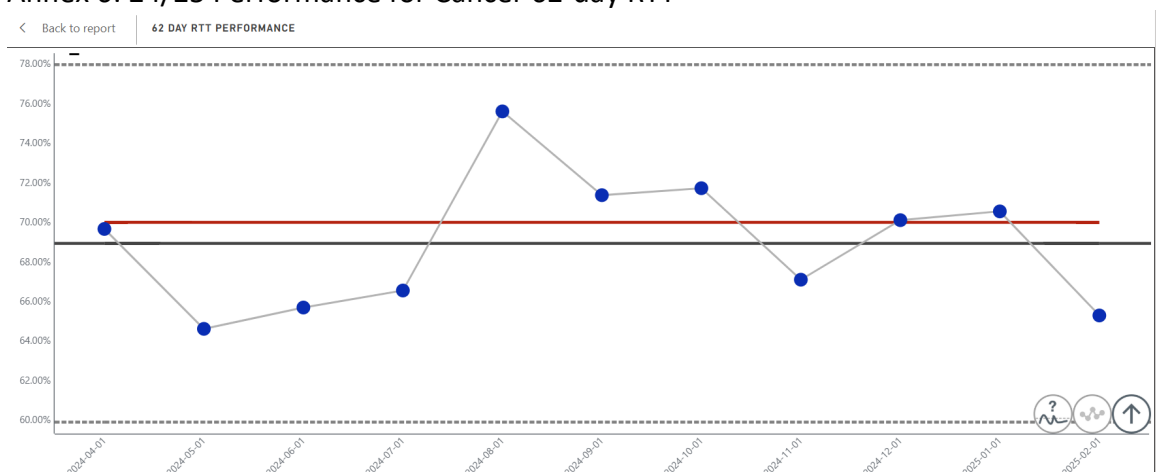
Annex 4: 24/25 Performance for Cancer 28-day FDS



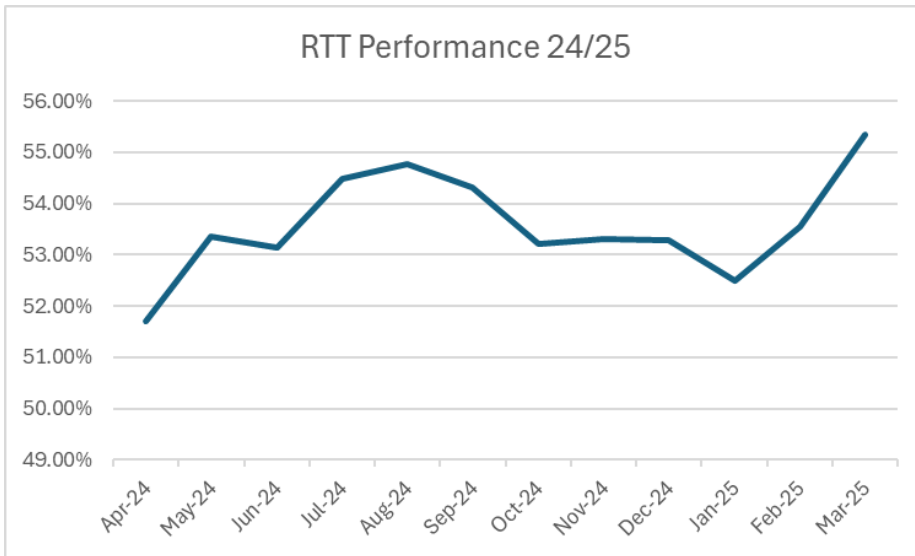
Annex 5: 24/25 Performance for Cancer 31-day DTT



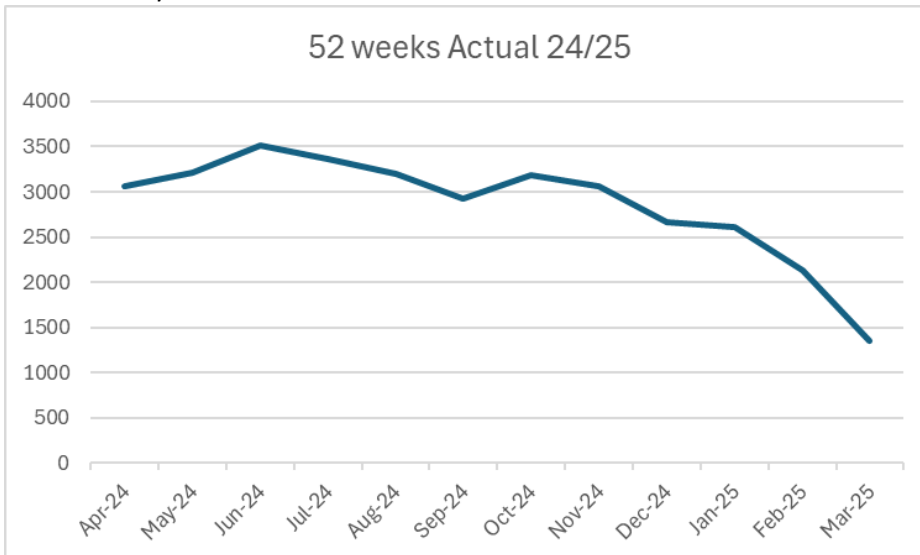
Annex 6: 24/25 Performance for Cancer 62-day RTT



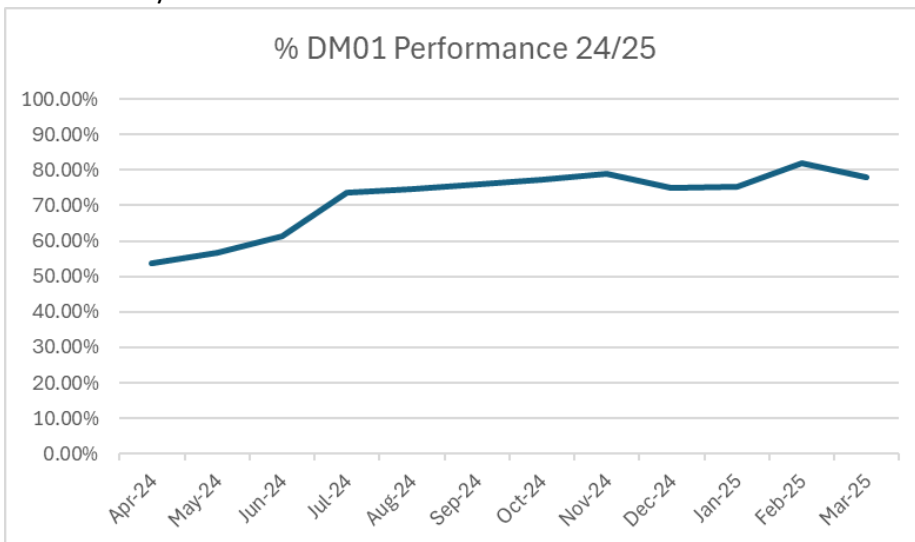
Annex 6: 24/25 Performance for 18-week RT



Annex 7: 24/25 Performance for 52 week waits

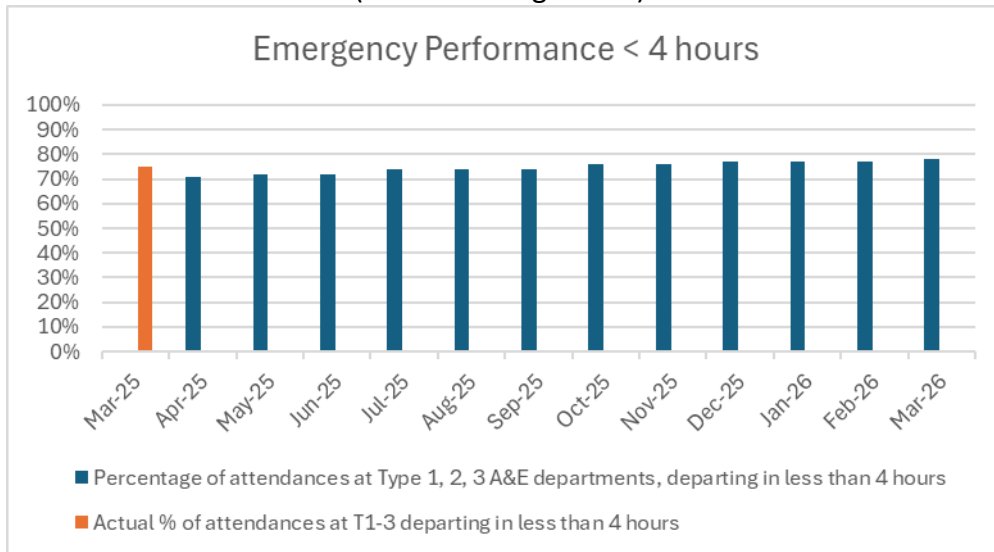


Annex 8: 24/25 Performance for DM01

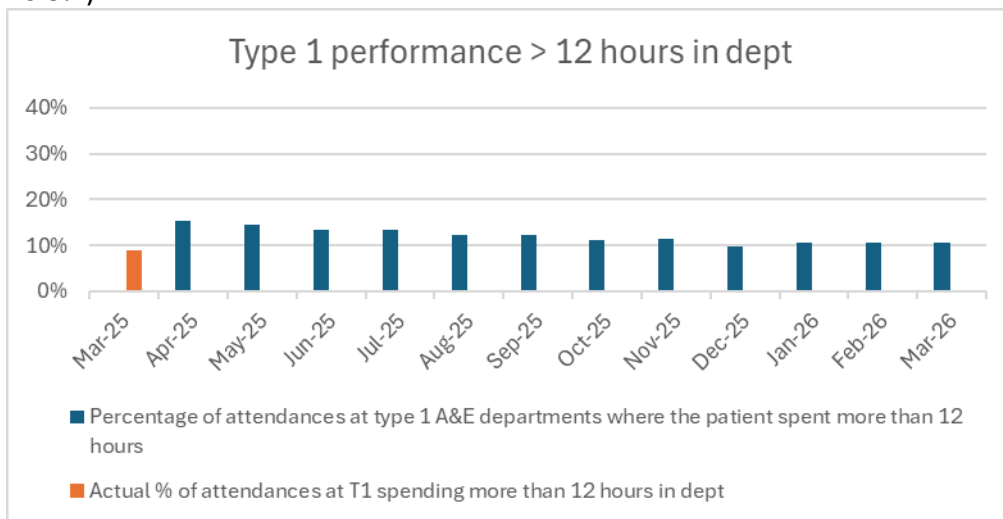


25/26 Operational Planning Trajectories

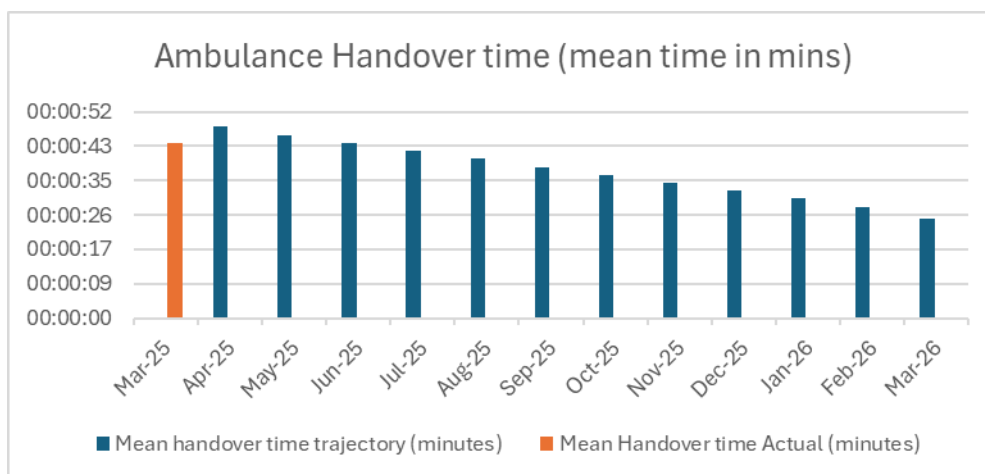
Annex 9: Trust wide ED performance trajectory (all types) where the patient is seen and departs or is admitted within 4 hours (March 26 target 78%)



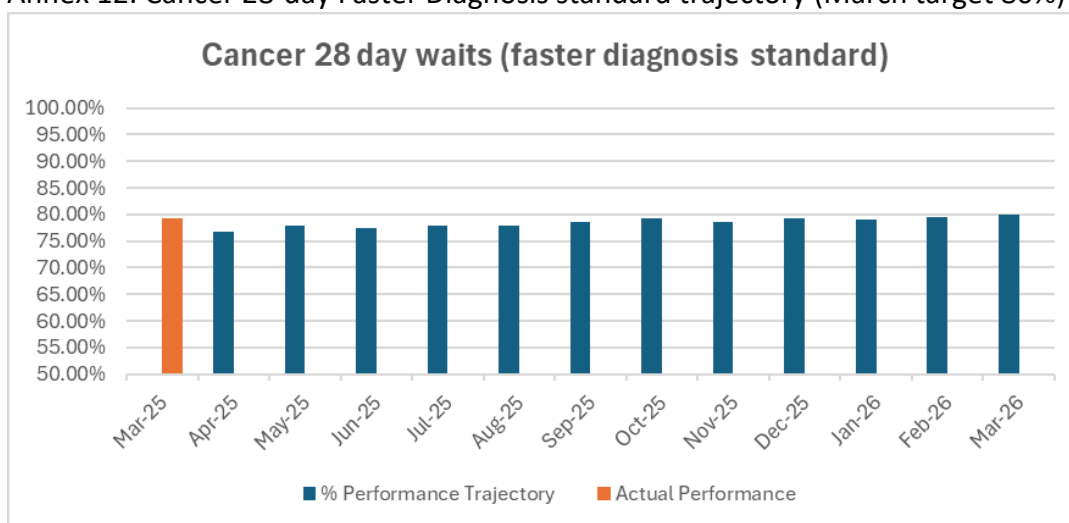
Annex 10: Trajectory of % ED patients in the department for more than 12 hours (March 26 target 10.5%)



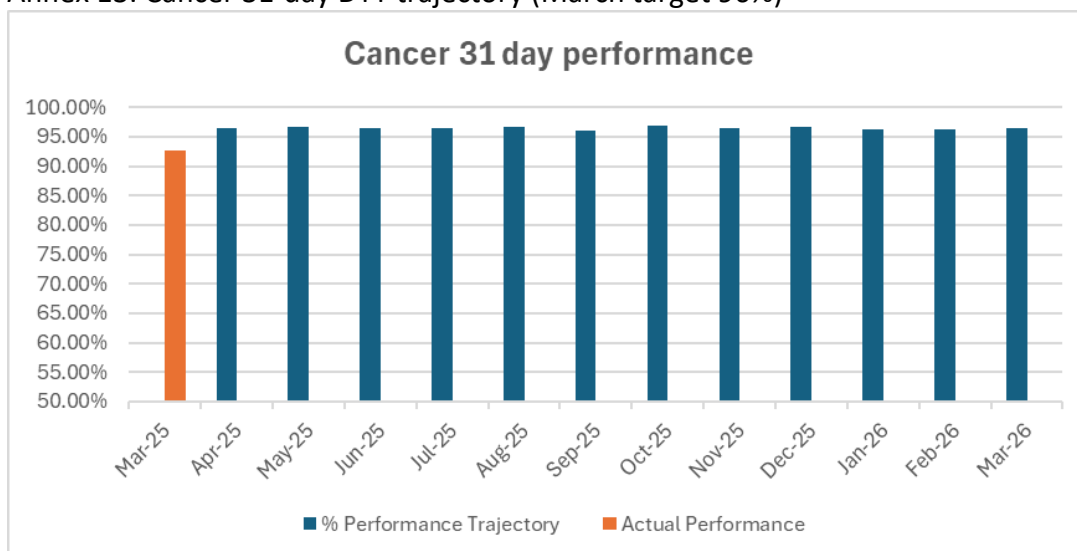
Annex 11: Trajectory of average ambulance handover time (March 26 target 25 mins)



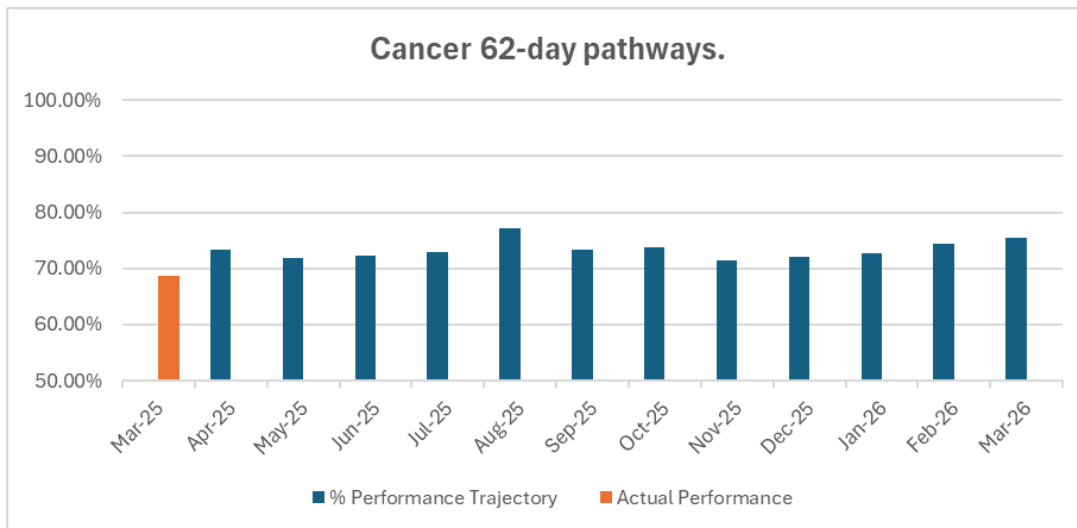
Annex 12: Cancer 28-day Faster Diagnosis standard trajectory (March target 80%)



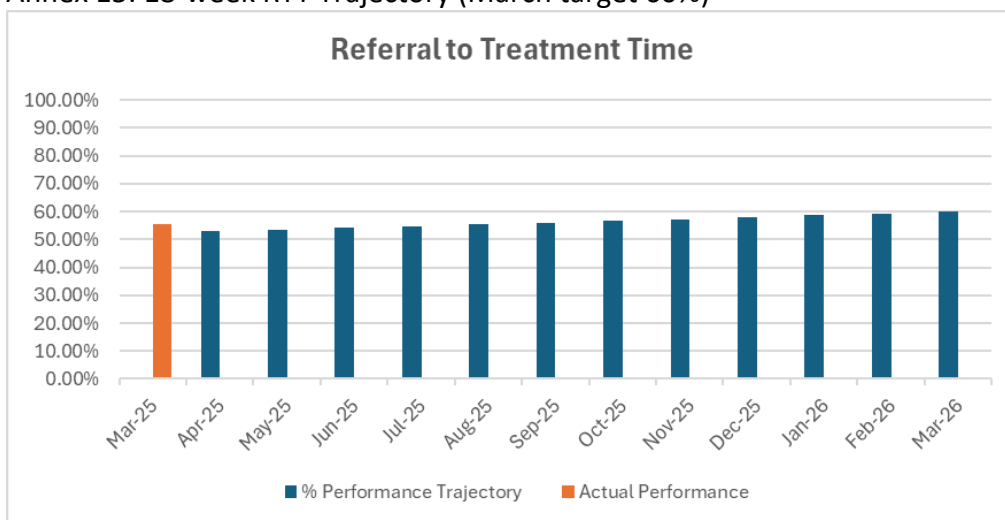
Annex 13: Cancer 31-day DTT trajectory (March target 96%)



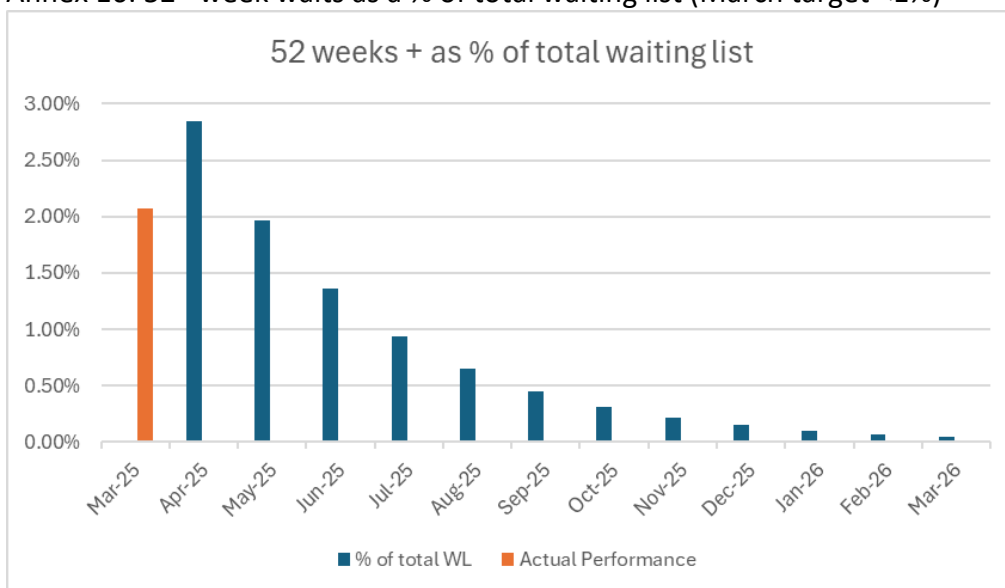
Annex 14: Cancer 62-day RTT trajectory (March target 75%)



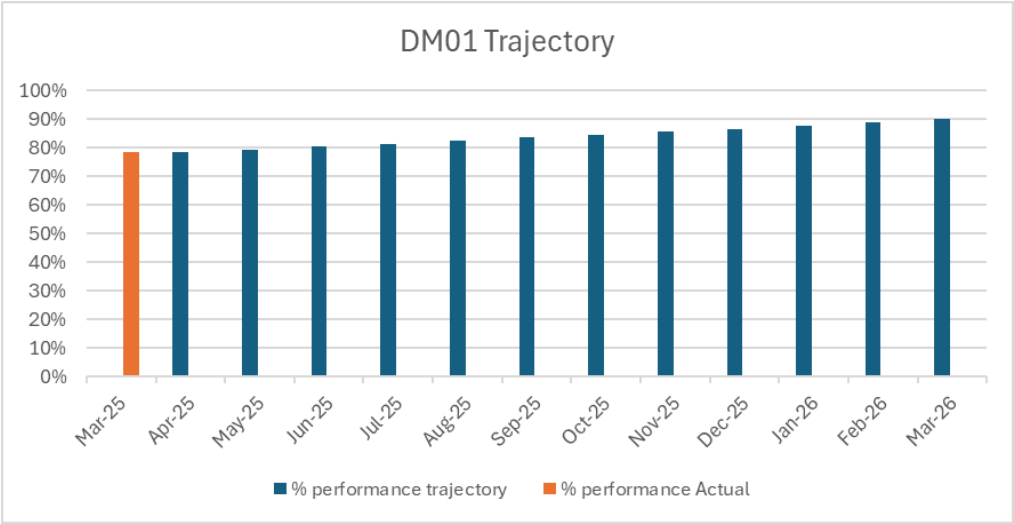
Annex 15: 18-week RTT Trajectory (March target 60%)



Annex 16: 52+ week waits as a % of total waiting list (March target <1%)



Annex 17: DM01 Diagnostic Standard Trajectory (March target 90%)





Sandwell and West Birmingham
NHS Trust

Paper ref: PublicTB (05/25) 009

REPORT TITLE:	Finance Year End Position
SPONSORING EXECUTIVE:	Simon Sheppard, Acting Chief Finance Officer
REPORT AUTHOR:	Simon Sheppard, Acting Chief Finance Officer
MEETING:	Public Trust Board
DATE:	14/05/2025

Suggested discussion points *[two or three issues you consider the PublicTB should focus on in discussion]*

As of the end of March 2025, the Trust reported a surplus of £5.95 million, which is £7.90 million favourable to the plan, spend of £124m against the capital programme which reflected plan delivery with a cash balance of £46 million.

The Trust Board is asked to discuss the delivery of the financial plan for 2024/25, the overall Black Country Integrated Care System financial plan delivery and the underlying financial position.

Alignment to our Vision *indicate with an 'X' which Strategic Objective[s] this paper supports*

OUR PATIENTS: To be good or outstanding in everything that we do	X
OUR PEOPLE: To cultivate and sustain happy, productive and engaged staff	
OUR POPULATION: To work seamlessly with our partners to improve lives	

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

Finance & Productivity Committee

Recommendation(s)

NOTE the delivery of the financial plan for 2024/25

NOTE the delivery of the Black Country Integrated Care System financial plan for 2024/25

NOTE the 2024/25 exit underlying deficit and the planned position for 2025/26

NOTE the delivery of the financial plan for 2024/25

Impact

Board Assurance Framework Risk 01	X	Deliver safe, high-quality care.
Board Assurance Framework Risk 02	X	Make best strategic use of its resources
Board Assurance Framework Risk 03		Deliver the MMUH benefits case
Board Assurance Framework Risk 04		Recruit, retain, train, and develop an engaged and effective workforce
Board Assurance Framework Risk 05		Deliver on its ambitions as an integrated care organisation
Corporate Risk Register [Safeguard Risk Nos]		

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board on 14 May 2025

Finance Year End Position

1. Executive summary

- 1.1 This report updates the Trust Board on the year financial position against the income & expenditure plan and the capital and cash programmes. It also provides an update on the key drivers of the financial plan, these being, workforce, elective recovery and the financial improvement programme.
- 1.2 The report also updates on the Black Country Integrated Care System (ICS) financial position and the underlying position of the System and partner organisations.
- 1.3 As the Board is aware, the Trust submitted a plan at the beginning of May, a deficit of £43.24m. During September, NHSE released details of deficit funding, of which the Trust's share is £41.3m, moving the plan to a deficit of £1.95m.
- 1.4 The key performance measures are:
 - At the end of March 2025, the Trust has reported a surplus of £5.95m which is £7.90m favourable to the Income & Expenditure Plan, £1.95m deficit.
 - £124.2m capital spend in line with the planned capital programme.
 - A cash balance of £46.1m.
 - £41m delivered against the financial improvement (efficiency)
 - £3.7m favourable position against the elective recovery/ variable activity funding exclusive of significant clinical coding and counting improvements.
 - 578 whole time equivalents (WTE) above the workforce plan trajectory
- 1.5 The Trust Board is asked to note the year financial position of the Trust and ICS, and the subsequent underlying position.

2. Introduction



















- 2.1 The Trust Board on 8 May 2024 approved the Operational Plan for 2024/25. From a financial perspective this included:
 - The Income & Expenditure (I&E) Plan of £43.2m deficit plan inclusive of a £44.1m (5.7%) efficiency plan. Due to the deficit funding the I&E plan improved to a £1.95m deficit plan. The requirement to deliver £44.1m financial improvement / efficiency remained the same.
 - A monthly cashflow plan that ends the year with a circa £6m balance (from £65m as at 31st March 2024). This was then £47m as a consequence of the deficit funding.
 - A reduction in deployed workforce of 158wte by 31st March 2025, net of the Midland Metropolitan University Hospital agreed staffing investment.

- 2.2 This report updates the Trust Board on the year-end financial position at the end of March 2025 (Month 12), and the key elements of this position including performance against the workforce plan and the elective activity plan.

3. Financial Overview

- 3.1 Table 1 provides a summary of the key financial metrics.

Table 1 – Financial Key Metrics

		In Month Plan £ms	In Month Actual £ms	In Month Variance £ms		Year to Date Plan £ms	Year to Date Actual £ms	Year to Date Variance £ms
	I&E Performance	1.46	7.82	 6.36		(1.95)	5.95	 7.90
	Agency Costs	0.78	1.18	 (0.40)		9.78	17.58	 (7.80)
	Financial Improvement Programme	4.81	3.81	 (1.00)		44.14	41.04	 (3.10)
	Capital Expenditure (ICB Allocation)	5.29	3.06	 2.23		20.86	20.86	 0.00
	Capital Expenditure (Other)	24.40	25.12	 (0.72)		103.35	103.35	 0.00
	Cash Balance	52.69	46.08	 (6.61)		52.69	46.08	 (6.61)

Income & Expenditure Performance

- 3.2 At the end of the 2024/25 the Trust is reporting **delivery of the Income & Expenditure Plan**.
- 3.3 The Trust has achieved a surplus of £5.95m which is £7.90m favourable to the Income & Expenditure Plan, £1.95m deficit.
- 3.4 The key points for the Trust Board to note are:

A favourable position at year end of £7.90m. This is driven by:

- £9.2m+ adverse “other income” from Birmingham & Solihull Integrated Care Board for MMUH costs (the annual plan assumption of £18.75m from BSOL less the contractual offer)
- £41m delivered against the financial improvement programme, £3m below the target.
- ERF performance above plan, £3.7m after excluding the significant coding and counting improvements
- Offset by non-recurrent benefits e.g. favourable Elective Recovery Funding settlement of £2.6m relating to 2023/24; higher interest receivable; balance sheet and reserves management.

- 3.5 This in year position also needs discussing alongside the underlying financial position of the Trust (section 5).

Workforce

- 3.6 The Trust has agreed on a stretch workforce plan for the current financial year targeting a circa 5% reduction, excluding MMUH, equivalent to approximately 400 full time equivalent (FTE). With the need to recruit for MMUH (242 FTE), the net planned reduction is 158 'deployed' FTE, representing around a 2% reduction. However, by the end of March, the Trust was 578 FTE adverse to the plan. Details are provided in Annex 1.
- 3.7 Despite clear plans for a gradual reduction in deployed Full-Time Equivalents (FTE), staffing levels continue to exceed both the original and revised trajectories. Instead of aligning with the 2024/25 Plan target of 7,983 FTE, actual deployment has remained consistently high, prompting multiple revisions. However, this period has been marked by significant operational challenges, particularly the commissioning and move to MMUH during the no-fly zone (which have driven the requirement for additional temporary staffing; MMUH induction, Omnicell training and clinical and corporate service set-up).
- 3.8 The original plan aimed for a reduction to 7,983 FTE by year end, balancing cost efficiency with service continuity. However, evolving requirements of the MMUH transition have kept actual FTEs above this target, leading to a September 2024 revision to 8,181 FTE and a further increase to 8,227 FTE in January 2025.
- 3.9 The Trust closed the year with a total deployed FTE of 8,560.6, the highest in 12 months and a 390.8 FTE increase from April. This also marked a widening variance against both budget and plan. Temporary staffing - particularly bank and agency - remained a key contributor to over-deployment, prompting a 2025/26 target to reduce workforce levels. This will be driven by substantial reductions in bank and agency use, supported by better rostering, planning, and focused recruitment into substantive roles.

Elective Recovery

- 3.10 As part of the 2024/25 Operational Plan the Trust Board approved the activity and elective recovery trajectory. This included a submission of 103.4% relating to the value weighted activity. This SWB submission supported the Black Country ICB in submitting in excess of the national target of 107%.
- 3.11 In total the Trust needed to deliver a minimum £128.2m income in 2024/25 to meet the elective recovery funding (ERF) target. This target has been increased to £142.6m as a consequence of the significant improvements in coding and counting, the increase being part of the financial improvement programme, and the impact of the pay award.
- 3.12 The monthly values reflected a realistic profile taking account of working days and the opening of MMUH. Annex 2 graphically shows performance to date and the monthly trajectory.

3.13 Month 12 performance is summarised in the table below - £4.528m favourable to the plan for ERF and £0.813m adverse for other elective activity.

		Total Activity Plan	Total Activity Actual	Total Activity Diff	Total Price Plan	Total Price Actual	Total Price Diff	Activity Variance	Price Variance	Total Variance
Variable_Type	PodGrpCode2									
Variable ERF	Daycase	35,799	36,407	608	£38,942,785	£38,696,453	-£246,332	£661,283	-£907,615	-£246,332
	Elective	5,492	5,303	-190	£22,529,488	£21,696,633	-£832,855	-£777,552	-£55,303	-£832,855
	Excess Bed Days	1,549	1,367	-182	£588,403	£466,430	-£121,973	-£69,205	-£52,768	-£121,973
	OP New Attendances	213,117	210,690	-2,427	£43,154,747	£42,846,362	-£308,385	-£491,416	£183,031	-£308,385
	OP New Virtual Attendances	22,115	27,054	4,939	£4,875,242	£6,038,772	£1,163,530	£1,088,745	£74,785	£1,163,530
	OP Procedures	183,130	204,476	21,346	£32,511,870	£37,386,688	£4,874,818	£3,789,641	£1,085,177	£4,874,818
	Variable ERF Total	461,202	485,296	24,094	£142,602,535	£147,131,338	£4,528,802	£4,201,496	£327,307	£4,528,802
Variable Other Elective	Imaging - Direct Access	65,207	58,298	-6,909	£4,828,549	£3,985,316	-£843,233	-£511,586	-£331,647	-£843,233
	Imaging - OP Diagnostics	68,176	68,015	-161	£7,896,670	£8,123,152	£226,482	-£18,700	£245,182	£226,482
	Chemotherapy	3,772	2,707	-1,065	£951,467	£754,990	-£196,476	-£268,641	£72,165	-£196,476
Variable Other Elective Total		137,155	129,020	-8,135	£13,676,685	£12,863,458	-£813,227	-£798,927	-£14,300	-£813,227
Grand Total		598,357	614,316	15,959	£156,279,221	£159,994,796	£3,715,575	£3,402,568	£313,007	£3,715,575

3.14 With regard to elective recovery performance the Trust Board is asked to note:

- An over delivery against the plan of £3.716m
- Recurrent coding and counting improvements of £8.002m
- A year end position for variable ERF activity of £147.1m, in line with the revised forecast submitted at the end of December 2024 as part of the national review of elective activity.

Capital and Cash

3.15 The Trust is reporting a year end spend of £124.2m against the capital programme in line with the plan. This includes the final settlement of delay funding associated with MMUH.

3.16 The cash balance at the end of the financial year was £46.1m.

4. Black Country Integrated Care System Financial Position

4.1 The table below summarise the system position, with the key points being:

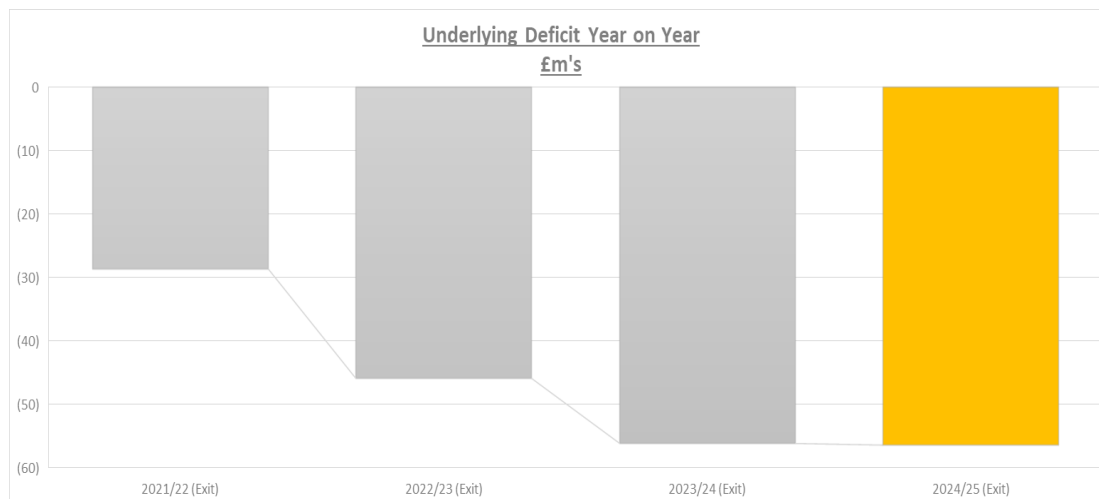
- After receipt of deficit funding, £119.2m, the system has delivered a year end £593k surplus.
- The £593k surplus is also favourable position against a break-even plan.
- There is variation by system partners as to their delivery of their respective organisation plans.

Organisation	Revenue Position				
	Plan	Actual		Variance to Plan	
	Year End £'000	Year End £'000	Year End % *	Year End £'000	Year End %
BCICB	7,857	16,334	0.5%	8,477	108.0%
BCH	(0)	(2,078)	(0.6%)	(2,078)	#####
DIHC	583	587	4.8%	4	0.7%
SWBH	(1,949)	5,951	0.8%	7,900	(405.3%)
DGFT	(1,590)	(1,543)	(0.3%)	47	(3.0%)
RWT	(2,377)	(13,103)	(1.3%)	(10,726)	451.2%
WHT	(1,228)	(8,204)	(1.8%)	(6,976)	568.1%
WMAS	(1,297)	2,648	0.6%	3,945	(304.2%)
ICS	(1)	592	0.0%	593	0.0%
Deficit Funding	(119,200)	(119,200)	(3.4%)	0	0.0%
ICS (Adjusted)	(119,201)	(118,608)	(3.4%)	593	(0.5%)

* Percentage for Trusts is calculated as a proportion of turnover, for the ICS as a proportion of the ICB revenue resource limit

5. Underlying Financial Position

- 5.1 As well as reporting the in-year financial position and year end forecast it is vital we continue to understand the recurrent impact of any decisions / actions – this is the underlying position. This also helps to support the medium-term financial plan and is a key element of the Strategic Planning Framework – recurrent financial improvement.
- 5.2 The chart below shows the underlying position of the Trust from 2021/22 to 2024/25. This clearly shows a continued deterioration in our underlying position (£56.5m underlying deficit at the end of 2024/25) despite strong performance against the in-year financial plan.



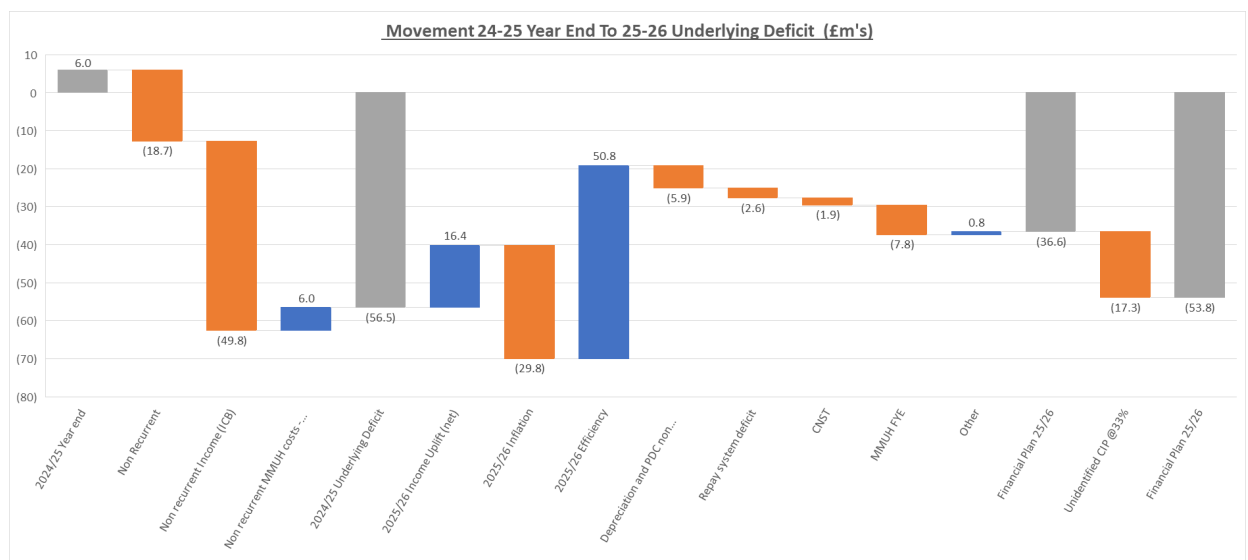
- 5.3 The key drivers for the deterioration in the underlying position were:

- Increases in workforce (WTE)
- Relative reduction in activity levels
- Non recurrent receipt of income to support the in year financial position
- Non recurrent delivery of CIPs.

5.4 Despite the delivery of almost a £6m surplus in 2024/25 the Trust's underlying deficit has not improved. The key factors affecting our underlying position when compared to the 2024/25 year end position are:

- £41.2m non recurrent deficit funding
- £8.6m non recurrent income in 2024/25 from the Black Country Integrated Care system
- £18.7m on non-recurrent solutions.
- £6.0m of MMUH costs relating to the Programme Company ending on 31 March 2025.

5.5 The 2024/25 exit underlying position is a deficit of £56.5m. Building on the 2024/25 exit position we are forecasting a 2025/26 exit position as reflected in the following chart. This is very much the first iteration and will be updated and monitored monthly during the financial year.



5.6 The key movements from the 2024/25 exit position are:

- Income uplift, £16.4m
- Assumed pay and non-pay inflation of £29.8m
- An in-year CIP assumption of £50.8m in line with the plan
- Unavoidable cost pressures assumed in the financial plan recurrently:
 - Depreciation and public dividend capital for non MMUH of £5.9m
 - Repayment of the system deficit of £2.6m
 - CNST contract of £1.9m
 - Full year costs of MMUH £7.8m

- 5.7 Delivery in line with the assumptions in section 5.6 would improve our underlying deficit to £36.6m. For illustrative purposes only, if the recurrent full year effect of the CIP was only 67% of the annual target, the underlying position to deteriorate to £53.8m.
- 5.8 The continued reporting of the underlying financial position will continue throughout 2025/26 to support our ongoing objective of recurrent financial improvement and will be a key factor in our medium-term financial plan.

6. Recommendations

- 6.1 The Public Trust Board is asked to:
- a. **NOTE** the delivery of the financial plan for 2024/25
 - b. **NOTE** the delivery of the Black Country Integrated Care System financial plan for 2024/25
 - c. **NOTE** the 2024/25 exit underlying deficit and the planned position for 2025/26

Simon Sheppard
Acting Chief Finance Officer

30 April 2025

Annex 1: Workforce trajectory and performance to date

Annex 2: Elective Recovery Performance

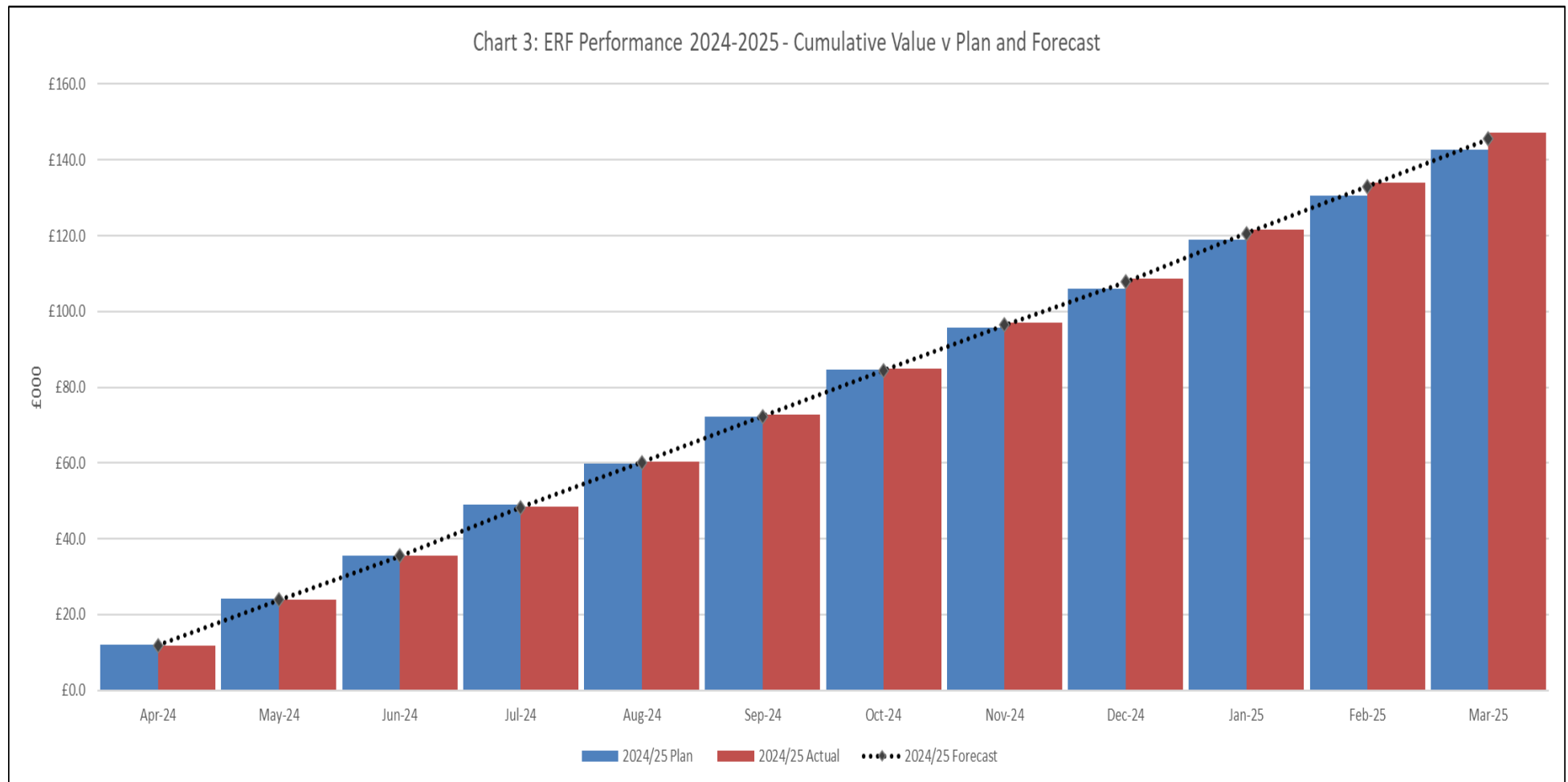
Annex 3: Capital Programme

Annex 1 - Workforce trajectory and performance to date

Date	01/03/2024	01/04/2024	01/05/2024	01/06/2024	01/07/2024	01/08/2024	01/09/2024	01/10/2024	01/11/2024	01/12/2024	01/01/2025	01/02/2025	01/03/2025
	Baseline	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan
	Staff in post outturn Year End (31 Mar-24)	As at the end of Apr- 24	As at the end of May- 24	As at the end of Jun- 24	As at the end of Jul- 24	As at the end of Aug- 24	As at the end of Sep- 24	As at the end of Oct- 24	As at the end of Nov- 24	As at the end of Dec- 24	As at the end of Jan- 25	As at the end of Feb- 25	As at the end of Mar- 25
	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE
Total	8141.03	8109.50	8085.11	8080.48	8087.58	8122.53	8106.11	8088.69	8071.28	8063.25	7999.00	7995.50	7983.00
Contracted FTE	7041.03	7036.92	7039.94	7062.73	7097.25	7159.61	7170.61	7180.61	7190.61	7210.00	7212.00	7212.00	7212.00
bank	998.00	974.08	950.17	926.25	902.33	878.42	854.50	830.58	806.67	782.75	720.00	720.00	711.00
agency	102.00	98.50	95.00	91.50	88.00	84.50	81.00	77.50	74.00	70.50	67.00	63.50	60.00

In-Month Actuals / Contracted												
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Substantive - Contracted	7,060.9	7,094.0	7,102.5	7,116.2	7,127.4	7,200.6	7,253.9	7,293.1	7,290.2	7,335.3	7,336.9	7,382.0
Administration and Estates	1,062.0	1,075.3	1,084.3	1,082.6	1,078.2	1,082.7	1,064.2	1,065.2	1,063.4	1,064.1	1,061.7	1,069.3
Healthcare Assistants and Support Staff	1,310.7	1,331.7	1,335.9	1,357.5	1,356.3	1,373.5	1,391.9	1,412.9	1,407.0	1,416.2	1,412.7	1,421.6
Management	304.6	307.6	310.2	310.5	306.4	301.7	305.7	307.1	308.1	305.5	305.5	299.2
Medical Staffing	923.6	924.7	921.9	904.1	930.4	946.6	959.2	959.8	960.2	952.3	954.9	959.2
Other Pay	-	-	-	-	-	-	-	-	-	-	-	-
Qualified Nursing and Midwifery	2,377.5	2,375.8	2,376.4	2,382.9	2,371.8	2,388.0	2,402.1	2,417.8	2,418.7	2,443.0	2,446.5	2,471.4
Scientific, Therapeutic and Technical	1,082.5	1,078.9	1,073.8	1,078.6	1,084.4	1,108.2	1,130.7	1,130.3	1,132.8	1,154.4	1,155.5	1,161.4
Bank	981.6	977.7	1,033.0	993.6	994.5	975.3	1,075.6	1,053.6	953.4	948.3	1,014.1	1,065.3
Administration and Estates - Bank Staff	151.9	161.5	164.0	172.8	161.4	187.8	215.1	192.3	163.7	162.2	170.8	175.1
Healthcare Assistants and Support Staff - Bank Staff	358.6	338.0	365.0	325.6	339.8	327.8	328.5	333.3	312.2	304.6	346.1	367.0
Medical Staffing - Bank Staff	97.5	100.9	103.1	116.7	114.9	96.8	112.4	101.1	94.4	102.2	99.8	104.1
Qualified Nursing and Midwifery - Bank Staff	329.4	336.4	362.1	334.0	340.4	320.5	364.7	375.5	338.6	334.9	353.3	375.1
Scientific, Therapeutic and Technical - Bank Staff	44.2	40.9	38.8	44.5	38.1	42.4	55.0	51.4	44.6	44.4	44.0	43.9
Agency	127.2	124.3	122.2	133.3	131.0	135.7	132.3	126.0	121.5	132.8	130.6	113.4
Administration and Estates - Agency Staff	2.6	16.3	16.2	16.2	14.6	15.0	15.0	4.8	5.1	5.5	3.9	1.4
Healthcare Assistants and Support Staff - Agency Staff	0.8	-	3.5	2.4	1.6	9.9	12.2	18.6	16.9	17.8	24.3	18.4
Medical Staffing - Agency Staff	52.2	43.8	42.8	44.1	51.6	45.2	38.4	41.3	34.4	44.1	39.6	40.8
Qualified Nursing and Midwifery - Agency Staff	51.7	40.8	40.6	43.4	32.1	31.8	37.5	38.0	41.2	43.4	39.5	33.3
Scientific, Therapeutic and Technical - Agency Staff	20.0	23.4	19.2	27.2	31.1	33.8	29.3	23.4	24.0	22.1	23.3	19.4
Grand Total	8,169.8	8,196.0	8,257.7	8,243.0	8,252.9	8,311.6	8,461.9	8,472.7	8,365.1	8,416.4	8,481.6	8,560.6

- Plan workforce trajectory at the end of March of 7,983 WTE
- Actual workforce WTE of 8,561.



Annex 3 – Capital Programme

SANDWELL & WEST BIRMINGHAM HOSPITALS NHS TRUST				
Summary Capital Expenditure: FY 2024/25 to P12				
	Year to Date			Notes
	NHSE Plan £000s	Actual £000s	Variance £000s	
Internal - Self Financing				
Estates	7,766	7,862	-96	
Mid Met Urgent Treatment Centre	6,045	6,045	0	Achieved through bring forward of 25/26 Estates Spend
IT	4,147	3,486	661	
Medical equipment	3,855	3,855	0	
Charity	0	0	0	
Sub total	21,813	21,248	565	(i) Planned underspend to offset overspend on leased assets (ii)
External - PDC Funded				
MMUH - Cost to complete	66,589	66,589	0	
Learning Hub / Campus	6,336	6,336	0	
Eradication by RAAC (PDC)	12,698	12,698	0	Achieved through bring forward of 25/26 Estates Spend
Genesis Handheld Devices (PDC)	60	59	1	
CT Scanner (PDC)	1,725	1,725	0	
National Energy Efficiency Fund-LED (PDC)	45	45	0	Achieved through bring forward of 25/26 Estates Spend
National Energy Efficiency Fund-BMS (PDC)	134	134	0	Achieved through bring forward of 25/26 Estates Spend
National Energy Efficiency Fund-Solar (PDC)	322	322	0	Achieved through bring forward of 25/26 Estates Spend
SGH Aseptics/Pharmacy Pressures (PDC)	75	75	0	Achieved through bring forward of 25/26 Estates Spend
SGH Critical infrastructure Work-Fire Safety/Emergency Lighting (PDC)	500	500	0	Achieved through bring forward of 25/26 Estates Spend
SGH Critical infrastructure Work-Fire Door & Aesthetics (PDC)	1,050	1,050	0	Achieved through bring forward of 25/26 Estates Spend
Sub total	89,534	89,533	1	
TOTAL INTERNAL & PDC FUNDED	111,347	110,781	566	
Technical-IFRIC12				
BTC & MES	11,393	11,393	-0	
ROU Assets - IFRS16				
ROU Leased Assets (internally Funded)	1,475	2,033	-558	(ii) Balanced against underspend above (i)
Trust Wide Programme	124,215	124,207	8	



Sandwell and West Birmingham
NHS Trust

Paper ref: PublicTB (05/25) 010

REPORT TITLE:	Key learning and Improvements from Trust Board Stories
SPONSORING EXECUTIVE:	Melanie Roberts - Chief Nursing Officer
REPORT AUTHOR:	Jamie Emery – Head of Patient Insights & Involvement
MEETING:	Public Trust Board
DATE:	14/05/2025

Suggested discussion points *[two or three issues you consider the PublicTB should focus on in discussion]*

The Trust Board is committed to learning from actual patient, staff and community experience. The Fundamentals of Care Framework is based on feedback from across these sources.

Patient, family, staff, or community service stories reflect active listening to the real experiences. The story enables the Trust Board to learn how problems in care provision affect and impact upon, patients, families and our staff. This enables the Trust to maintain a focus on continually improving patient safety and experience.

This report reviews the last 12 months of Trust Board stories to understand what improvement we have made and what the lessons learnt have been. The report also outlines next steps.

Alignment to our Vision *indicate with an 'X' which Strategic Objective[s] this paper supports*

OUR PATIENTS: To be good or outstanding in everything that we do	X
OUR PEOPLE: To cultivate and sustain happy, productive and engaged staff	X
OUR POPULATION: To work seamlessly with our partners to improve lives	X

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

None

Recommendation(s)

REFLECT on the Trust Board stories

NOTE improvements made and lessons learnt

REVIEW and **AGREE** next steps.

REFLECT on the Trust Board stories

Impact

Board Assurance Framework Risk 01	x	Deliver safe, high-quality care.
Board Assurance Framework Risk 02	x	Make best strategic use of its resources
Board Assurance Framework Risk 03		Deliver the MMUH benefits case
Board Assurance Framework Risk 04	x	Recruit, retain, train, and develop an engaged and effective workforce
Board Assurance Framework Risk 05	x	Deliver on its ambitions as an integrated care organisation
Corporate Risk Register [Safeguard Risk Nos]	x	Workforce risks 4480,3831,3576,4575,4326,2625

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to Public Trust Board: 14th May 2025

Key learning and Improvements from Trust Board Stories

1. Introduction

- 1.1 The Trust Board is committed to learning from actual patient, staff and community experience. The Fundamentals of Care (FoC) Framework is based on feedback across these sources.
- 1.2 At each Trust Board we have patient, family, staff, service or community stories where we actively listen to the lived experiences. The story enables the Board to learn how problems in care provision affect and impact upon, patients, families, and our staff. This enables the Trust to maintain a focus on continually improving patient safety and experience.
- 1.3 This report reviews the last six Trust Board stories during 2024 / 25 to understand what improvement we have made and what the lessons learnt have been. These will be presented in themes within the report. Annex 1 outlines the stories, actions completed and ongoing.
- 1.4 The report also outlines next steps in relation to the sharing of stories at both Trust Board, it's committees and Group boards.

2. Themes/learning from Board Stories

- 2.1 Over the last 12 months the Trust Board stories that have been presented can be categorised in three broad strategic categories of 'patients, people and population.' (see Annex 1 – overview of Trust Board stories and the learning and action from these).
- 2.2 The themes have primarily been in relation to: -
 - Support for vulnerable people
 - Listening to family / essential companions' knowledge and expertise
 - Community involvement and empowerment
 - Partnership working for families' benefit
 - Cultural awareness and competency, particularly at the end of someone's life
 - Communication, kindness and compassion
 - Aligned and effective leadership with shared goals
 - Preventative assessment, care and treatment
 - Specialised care improving outcomes
 - Staff development and team support
 - Personalisation of care
 - Fundamentals of care

- 2.3 These themes contributed to the development of projects that progress within the FoC framework. Personalisation of care is a key theme throughout the stories and is a stated driver and priority across all FoC workstreams and projects for the year ahead.
- 2.4 Patient Experience training function is established, providing training and education around personalisation and communication. Patient Experience Group (PEG) oversees development of the work and is supported by a steering group and Group governance.
- 2.5 Actions from both Trust Board and its committee's stories are fed back to PEG (or other relevant committee) so the appropriate individual / group can action them, improve services and feedback.

3 Next Steps

- 3.1 Over the year ahead Trust Board will continue to receive stories, two stories to reflect each objective of patients, people and population. A representative patient and public voice group is being convened through a series of workshops focusing on each of patients, people and population. The output of this will drive co-produced work plans around communications and involvement over the year ahead.
- 3.2 Clinical Group Boards are also having patient and service stories presented at the start of their meetings.
- 3.3 The FoC communication project will continue to review and develop relevant education and training available to various staff groups across SWB, also specific tools to improve and support our staff in how we do this.

4 Recommendations

The Trust Board is asked to:

- a) **REFLECT** on the Trust Board stories
- b) **NOTE** improvements made and lessons learnt
- c) **REVIEW** and **AGREE** next steps.

Jamie Emery
Head of Patient Insights & Involvement
May 2025

Response to Patient / Staff / Service Stories shared with the public Trust Board in 2024/25

Story synopsis	Key themes/ learning points	Actions taken and planned
APRIL 2024 – Patient Story / Family – Learning Disability		
<p>Richard was a 29-year-old man; he was obese with diabetes and lived with a learning disability / autism. He had also experienced a recent and significant bereavement.</p> <p>Richard fractured his ankle which required surgical intervention. Post operatively Richard displayed distressed behaviours whilst on the ward and requested to self-discharge. Richards mobility was significantly reduced following surgery and he struggled to transfer from bed to chair.</p> <p>Richard lived with his father, who had agreed to support Richard on his return home and was able to relocate Richards sleeping arrangements to a downstairs room. Richards father had broken his arm and also had a learning difficulties himself (no diagnosis). He was therefore unable to care for Richard. Both Richard and his father failed to recognise the surgical wound deterioration and associate the smell with infection.</p> <p>The consequence of this was a below the knee amputation. His infections became more problematic and was returned to Sandwell Hospital. He was discharged to a nursing home that was not suitable and could not meet his needs.</p>	<ul style="list-style-type: none"> ▪ Clear LD assessments are required so the team caring for the patient understand them and provide the right support for patients and families. ▪ Lack of recognition of a learning disability by some staff resulted in lack of reasonable adjustments and appropriate mental capacity assessment. ▪ All Safeguarding reviews should be shared with the teams and uploaded to the patients' Unity record, so it is available for interdisciplinary working and future decision making. ▪ All patients must have a consultant review within 14 hours of admission. ▪ Unity documentation requires improvement. ▪ All complaints must be circulated via Group including the Group and Directorate Triumvirate prior to investigation; approval should be sought from Group Triumvirate prior to Executive sign off. 	<ul style="list-style-type: none"> ▪ Employment of learning disability nurses to support the clinical teams and patients. ▪ Review of all learning disability patient deaths. ▪ Structured judgement reviews and referral to the LeDeR pathway. ▪ Oliver McGowan training launch. ▪ LD assessment to be developed and built into unity system. ▪ Review of self-discharges and appropriate safety netting including POCs. ▪ Personalised care planning and the promotion of getting to know me posters. ▪ Trauma informed approach to vulnerable adults recognising significant life changing events to be included in Safeguarding Training delivery. ▪ Updated and robust complaints management processes implemented.

<p>Richard returned to Sandwell Hospital; his physical and mental health deteriorated. Behaviours changed from being polite and pleasant to aggressive and sometimes violent.</p> <p>Family made efforts to highlight deficits in care, also to stress that behaviour was not normal. Family described not being listened to. Richard subsequently died.</p>		
JULY 2024 – Population Story – Youth Space		
<p>Youth Space (YS) is the SWB youth forum. It has membership of approximately 210 young people between 13 and 21 years of age. Young people are recruited through local schools and colleges. YS is representative of the SWB population served, across protected characteristic groups.</p> <p>YS is led the Head of Public and Community Engagement within the remit of Women and Children’s Health, under the Group Director of Nursing. The Chief Nursing Officer is the YS Executive sponsor. YS meets monthly and co-produces its agenda.</p> <p>YS supported the Associate Director of Strategy in the Annual Planning Process. Via the ICB, Barnardo’s, approached YS to identify the most effective ways to engage children and young people within the healthcare system.</p> <p>To inspire the next generation of healthcare professionals, colleagues are asked each month to talk about their role and career pathway at YS meetings. For example, School Nursing talked about their role</p>	<ul style="list-style-type: none"> ▪ The contribution YS makes to SWB was acknowledged early; the Trust recognises and rewards the contribution of members’ time, their knowledge and expertise, by supporting quarterly ‘thank you’ activities. ▪ The role and contribution of YS was recognised in 2023 in its winning of the award for Partnership with the Community at the annual STAR Awards. ▪ YS members also talked about their role and some of their findings at the 2024 AGM. 	<ul style="list-style-type: none"> ▪ YS contributed to the development of children’s ED, PAU, paediatric wards and the MMUH teen zone within MMUH. They developed some of the artwork which now adorns the walls. ▪ YS members visited MMUH and advised on making MMUH child and young person friendly. ▪ YS recruited new members via careers fayres and large-scale events (e.g. Youth Fest). ▪ YS undertook 3 x 15 Steps inspection visits through April 25 talking to our younger patients, their relatives and visitors and our staff, to ensure that we are on a continuous improvement journey. Using the experience and insight of the people who use our services and those that deliver them. ▪ YS has a waiting list of organisations who want to talk to them about shaping the work they do that has an impact on young people.

<p>and how they could improve their offer to young people. NHSE/Bristol University wanted YP views on a piece of work and collateral they are creating around vaping.</p> <p>YS has participated in the below, producing insight reports on each, sharing findings with wards, departments and group staff.</p> <ul style="list-style-type: none"> ▪ Survey of Children EDs and PAU. ▪ 15 Steps Inspection of Children's Wards. ▪ Involved in the Sandwell Health and Wellbeing Board takeover. 		
SEPTEMBER 2024 – People / Population Story – End of Life / Bereavement		
<p>A working group to improve how we communicate and support patients, their essential companions, their relatives and SWB people was established in March 2023.</p> <p>Two engagement events around death, dying and bereavement were held to gain understanding of people's perceptions of end-of-life care and their experience as families, and staff surrounding end of life within SWB.</p> <p>The first event was held in September 2023 at a community venue with the aim of engaging with our community. The second event was held during "dying matters week" in May 2024 with the aim of engaging with our staff across the organisation.</p> <p>Both events had keynote speakers inclusive of patient and carer stories. Each event had Executive sponsorship and was opened by a member of the</p>	<ul style="list-style-type: none"> ▪ The main themes to emerge were very similar across staff and the public. Communication was the strongest theme. ▪ Active listening was not always felt to have taken place to allow for patients' and families' wishes and wants for end-of-life. ▪ Inconsistent communication also featured as receiving different messages from different members of staff, which left families unsure of what the reality was. Effective and honest communication before death was overwhelmingly important to all as this impacted on grief in the time to come. ▪ Staff felt that they needed more education in relation to difficult communication, especially being honest in relation to death, which correlated with what the public had said. ▪ Personalised care featured strongly. Meeting individual needs and wishes at such a crucial time was thought paramount. This included the inclusion and consideration of cultural differences 	<ul style="list-style-type: none"> ▪ Scoping educational needs ▪ New bereavement information wallets available in the five most spoken languages locally ▪ End of life resource boxes for wards and Improved information to support staff available via SPARC. <p>This is being monitored via the working group referred to left.</p>

<p>Executive team. Attendance across both sessions was strong.</p>	<p>and traditions at end of life. It was thought that staff who did not recognise these needs or assumed cultural practices were the same as theirs' impacted on end-of-life experience in a negative way.</p> <ul style="list-style-type: none"> ▪ Staff highlighted that they did not have knowledge about all cultures and religions and therefore could not always meet the needs. ▪ Empathy and compassion were not considered to be consistent from all staff. ▪ Staff felt that they needed increased awareness around behaviours at end-of-life. They also highlighted they felt that they needed "permission" to sit with the dying person as it was not considered a good use of their time. 	
NOVEMBER 2024 – People – OD team / Elderly Care		
<p>The Elderly Care team reviews one in three patients and requires specialist competencies. The team have huge pride in the quality of care that they provide. OD team effectiveness and leadership development interventions were deployed to support the transition of the Elderly Care service to MMUH. This ensured safe patient care, whilst also strengthening team dynamics and staff well-being, in bringing five wards into four, merging different leadership styles. Targeted support enabled Elderly Care to form and embed a strong leadership team.</p> <p>A new reporting structure was needed for greater clarity of roles and responsibilities within the new environment. Also, a reset and roll-out of new expectations, including behaviours, new ways of working, compassion and care for patients and colleagues.</p>	<p>OD support was valued by individuals and the team. This supported work to improve staff engagement and experience, establishing a shared vision and standards for the service.</p> <p>The work has strengthened team dynamics, building a collaborative and cohesive approach to changes, enabling staff across wards to build strong working relationships and consistency.</p> <p>Team members have greater role clarity and they benefitted from individual coaching for improved performance, strengthened team effectiveness and optimised multi-disciplinary/inter-team working.</p> <p>Evaluation reflected greater role clarity for staff, improved team culture and effectiveness and improved team communication. Staff felt patient</p>	<p>The work described helped to drive the following improvements:</p> <ul style="list-style-type: none"> ▪ Improved clarity on admission criteria ▪ Smoother transition of patients and staff across the wards. ▪ Shared leadership across wards. ▪ Optimisation of the patient pathway – Right Patient, Right Bed, Right Time. ▪ Gold standards embedded across all wards. ▪ Greater & faster sharing of knowledge and information about patients ▪ More upskilled competencies.

<p>The Elderly Care consultants formed a core leadership team to review consultant team working.</p> <p>OD interventions were:</p> <ul style="list-style-type: none"> ▪ Focused workshops to strengthen leadership (Matrons & B7s). ▪ MDT workshops to shape vision and service in MMUH. ▪ Creation and clarification of MDT roles and responsibilities. ▪ Creation of rhythm of day and expectations. ▪ Setting values and team culture shaped by behaviours. ▪ Creation of a 'Gold Standards' document and expectations for staff to level-up practice within the team. ▪ Affina Team Performance Inventory diagnostic – ongoing development of effective team working within the core leadership team. 	<p>safety would be improved following the intervention.</p>	
JANUARY 2025 – Patient Story – Targeted Lung Health Checks - Abdominal Aortic Aneurism (AAA)		
<p>Targeted Lung Health Checks cover the whole of Sandwell population that had ever smoked in a particular age range. An initial scan is provided and if there are no findings, people are invited to a further scan every 24 months until the individual ages out of the programme.</p> <p>The patient himself, a 62-year-old ex-smoker, attended Trust Board and explained that he was invited to a Targeted Lung Health Check by his GP. He attended his appointment at a mobile scanner in Oldbury and was told he would receive the results three to four weeks later.</p>	<p>Working with partners and place are crucial.</p> <p>Recovering at home, the patient contacted the team via e-mail to highlight his experience and to pass on his thanks. He commented <i>"I can only say thank you to your team and, in particular, whoever spotted my aneurysm and started this whole thing rolling. Without you I would not be here."</i></p>	<p>Two weeks after he had a planned inpatient stay at Heartlands Hospital in Birmingham, where he underwent a five-hour abdominal aortic aneurysm open-repair surgery.</p> <p>He spent five days recovering in hospital and was able to be discharged in time for his son's 21st birthday.</p> <p>Work is taking place around individual practices and getting out into the local communities as the national publicity is increasing.</p>

<p>Clinicians reviewing his initial CT scan found an abdominal aortic aneurysm, estimated to be 5cm in size. NICE guidance recommends surgical repair of aneurysm when diameter exceeds 5.5cm, even if asymptomatic.</p> <p>Four days after his initial scan, he received an appointment at the Vascular Surgery department at Sandwell, where a follow-up ultrasound showed that it was in fact 9cm in size and critical.</p>		
MARCH 2025 – Population – Frailty		
<p>A Your Health Partnership (YHP) GP, Care Home Support Team Advanced Clinical Practitioner and Matron attended. They described the importance of more proactive care for those living with frailty to change outcomes for the population locally and nationally.</p> <p>Their approach of using a frailty register as part of a pilot project that had started three months prior, was explained. Comprehensive geriatric assessments by a GP specialist in frailty were offered, followed by signposting to community groups to keep patients active. A frailty multi-disciplinary team targeted the most complex cases.</p> <p>The Care Home Support Team described how residents' needs were met through a range of proactive weekly services at the top-twenty complex care homes to minimise hospital admissions and care home staff were provided with training. Discharged patients at the top twenty-one to forty care homes were supported reactively with rehabilitation and a</p>	<p>70% of hospital admission had been reduced over 10 months following frailty training to the care home staff and categorising the residents based on a Clinical Frailty Score.</p> <p>Loneliness and lack of mobility were the main issues.</p> <p>Patient reports on System One helped to categorise patients' histories and ages. Monthly reports of patients dying in hospital within 72 hours were reviewed to take forward learnings about avoidable admissions to prevent future cases. Learnings were shared across the team and in care homes to build trusting relationships. The goal was to reduce only avoidable incidents, whilst acknowledging that there were patients who did need to be admitted.</p> <p>Validated tools for assessing and diagnosing frailty resulted in patients with learning disabilities scoring less well because of an overlap with deterioration in functionality due to age. Holistic assessments would result in prioritised levels of holistic care.</p>	<ul style="list-style-type: none"> ▪ Strong links with public health community groups and in arranging transport, catering to individual needs. ▪ Consideration of a future project with frailty HCAs targeting patients to collect information about their needs to signpost them to relevant care. ▪ A multi-disciplinary workshop in April 2025 with frailty colleagues from Primary Care, Community and Therapies to identify all the current projects that could be scaled up with more resources. ▪ The MMUH programme modelling approach for resource utilisation and cost within the organisation to be applied to look at better potential allocation for those who live with frailty. ▪ Preventative work to identify people earlier on and to support people would avoid hospital admissions to create a sustainable system.

<p>range of projects. An integrative service was provided with YHP and the local quality teams.</p>	<p>Language problems and the lack of a therapist or clinician who could identify with a patient had been a barrier to providing medical care.</p> <p>A volunteer workforce was needed in the local community. Greater resources would be needed to proactively tackle crisis avoidance through a community approach. Encouraging better connections to engage local communities would make neighbourhood an important part of solutions.</p>	
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REPORT TITLE:	SWB People Plan Delivery Overview
SPONSORING EXECUTIVE:	James Fleet, Group Chief People Officer
REPORT AUTHOR:	James Fleet, Group Chief People Officer, Meagan Fernandes, Director of People and Organisational Development
MEETING:	Public Trust Board
DATE:	14/05/2025

Suggested discussion points *[two or three issues you consider the PublicTB should focus on in discussion]*

The SWB People Plan, approved in January 2023, set out an ambitious agenda for staff engagement, development, transformation, equality and inclusion.

Despite being implemented at a time of significant workforce and operational challenges, including the legacy impact of the pandemic, operational recovery, industrial action, financial pressures, high sickness and turnover rates, the Trust has remained focused on delivering the People Plan and embedding the benefits. Furthermore, the recent move to MMUH and the planned transformation of the Sandwell and City Health Campuses have provided additional impetus for accelerating the implementation of the SWB People Plan.

The People Committee and Trust Board have received regular updates on progress, including a deep dive at the March 2025 People Committee meeting, which provided assurance on the status of delivery across all parts of the Plan. The People Committee Chair recommended that the Trust Board receive a summary update of delivery against the People Plan.

This paper highlights that whilst positive progress has been made, particularly in key areas such as reduced turnover and sickness, improvements the NHS People Promises and staff survey domains, sustained effort is required to sustain the improvements in staff experience that have been achieved during the past 12 months, particularly whilst also driving greater workforce productivity and implementing a major programme of workforce reductions.

Aligned with the 2025/26 operating priorities, this paper also sets out the refreshed SWB People Plan priorities, incorporating full delivery of the NHS People Promise and the national EDI action plan.

Alignment to our Vision *indicate with an 'X' which Strategic Objective[s] this paper supports*

OUR PATIENTS: To be good or outstanding in everything that we do	X
OUR PEOPLE: To cultivate and sustain happy, productive and engaged staff	
OUR POPULATION: To work seamlessly with our partners to improve lives	

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

None

Recommendation(s)

The Public Trust Board is asked to:
NOTE the review of progress in delivering the SWB People Plan
RECOGNISE the ongoing work and efforts to build on early successes and progress work across all key people domains.
SUPPORT the priorities identified for 25/26.

Impact		
Board Assurance Framework Risk 01	x	<i>Deliver safe, high-quality care.</i>
Board Assurance Framework Risk 02	x	<i>Make best strategic use of its resources</i>
Board Assurance Framework Risk 03	x	<i>Deliver the MMUH benefits case</i>
Board Assurance Framework Risk 04	x	<i>Recruit, retain, train, and develop an engaged and effective workforce</i>
Board Assurance Framework Risk 05	x	<i>Deliver on its ambitions as an integrated care organisation</i>

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board on 14th May 2025

SWB People Plan – Delivery Overview

1. Introduction

- 1.1 The SWB People Plan, approved by the Trust Board in January 2023, is a core part of SWB's Trust Strategy, with the strategic objective being 'to cultivate and sustain happy, productive and engaged staff'.
- 1.2 Despite being implemented at a time of significant workforce and operational challenges, including the legacy impact of the pandemic, operational recovery, industrial action, financial pressures, high sickness and turnover rates, the Trust has remained focused on delivering the People Plan and embedding the benefits. Furthermore, the recent move to MMUH and the planned transformation of the Sandwell and City Health Campuses have provided additional impetus for accelerating the implementation of the SWB People Plan.
- 1.3 The SWB People Plan sets out key five-year outcomes (2022–2027), including:
 - Embedding compassionate leadership and a 'Just Culture'
 - Investing in leaders to improve staff experience
 - Launching Midland Met and enhancing existing sites
 - Advancing equality, diversity, and inclusion
 - Enabling everyday improvement through new ways of working
 - Enhancing digital tools for productivity
 - Strengthening collaboration across local NHS partnerships
- 1.4 Delivery is structured around four pillars: (a) Culture, (b) Technology, (c) Physical Environment, and (d) Learning & Development. A commitment was made to implement 22 targeted improvement actions across these areas.
- 1.5 Since launching the People Plan, there has been strong progress against its ambitious agenda, with consistent and cumulative early evidence of positive impact across key People Metrics and staff survey outcomes.
- 1.6 The People Committee receives regular progress and delivery updates, including focused deep-dive sessions, across all of the People Plan actions, with reporting covering all associated KPIs and metrics. A full deep-dive into progress across the domains of the People Plan was convened by the People Committee at its March 2025 meeting. This deep-dive provided the opportunity for the Committee to assess delivery status at a detailed and granular level and provide the necessary challenge. The People Committee recommended that a paper summarising the outputs of this review be presented to the public meeting of the Trust Board at its April 2025 meeting.

2. Summary Progress & Delivery Update

2.1 The Trust's People Plan sets out 22 improvement actions to be delivered by 2024. The following table summarises the current progress against these actions:

	Action Area	Status
Complete (Business as Usual)		
1	Values and Behavioural Framework	Complete (Business as Usual embedding)
2	Freedom to Speak Up Relaunch	Complete (Business as Usual)
3	Estates Improvement (Agile Working)	Complete (Business as Usual)
4	Recruitment for MMUH	Complete (Business as Usual)
5	Staffing Establishment Review	Complete (Business as Usual with Biannual Reviews)
Phase 1 Complete		
6	OD Support for MMUH Move	Phase 1 Complete, Positive Early Impact and transition to Business as Usual
7	Strengthen Wellbeing Provision	Phase 1 Complete, Positive Early Impact
8	Flexible Working Expansion	Phase 1 Complete, Further Initiatives Underway
9	Opening of MMUH and Site Improvements	Phase 1 Complete, Ongoing Development
10	Leadership Framework Launch	Phase 1 Complete (Expansion Planned for 2025/26)
11	Talent Management Development	Phase 1 Complete (Expansion Planned for 2025/26)
12	Education and Career Development (Local Communities)	Phase 1 Complete (Ongoing Improvements)
Launched / In Progress		
13	Continuous Improvement Launch	Launched (Implementation Ongoing)
14	Improve Digital Systems for Staff	Progressing (New Training Launch April 2025)
15	Single Electronic Rostering Solution	Implementation Ongoing
16	Reduce Temporary Staffing	Ongoing (Positive Early Impact, Further Reductions Targeted)
17	Learning Campus Development	Ongoing (Construction and Partnership Development Underway)
Substantial Progress		
18	EDI Plan Delivery	Substantial Progress (Ongoing with phased implementation)
19	Adopt Just Culture in HR Processes	Substantial Progress (New policy ratification underway)
20	Develop Staff Portal (SPARC)	Launched (Optimisation Ongoing)

	Action Area	Status
On Hold		
21	Digitise Staff Records	On Hold (to be reviewed as part of business-as-usual priorities)

2.2 Those actions which require further focus and development have been incorporated into the Trust's 2025/26 priorities, i.e. the Strategic People Objectives within the Strategic Planning Framework, therefore also addressing key BAF risks and meeting 2025/26 NHS operational planning requirements.

2.3 Whilst the People Committee deep-dive session considered progress against the full range of breadth of the People Plan, this paper highlights those areas which commanded the greatest attention, specifically;

3. Action Updates

3.1 Values & Behaviour Framework

There has been focussed work undertaken to develop and embed our new values and behavioural framework, in order to create the structure by which we can recognise great colleagues who live our values, and challenge poor behaviours

3.1.1 Progress against 2024 improvement actions includes:

- Development and launch of our new Trust Values and Behavioural Framework:
 - Launched the new ARC values (2022) following extensive staff and stakeholder engagement.
 - Introduced a Behavioural Framework to recognise positive behaviours and challenge behaviours inconsistent with our values.
- Strengthening the Employee Value Proposition (EVP):
 - Rolled out the EVP "With You All the Way," reinforcing our ambition to cultivate happy, productive, and engaged staff, aligned with our Trust values and People Plan.
- Inclusive Recruitment Practices:
 - Piloted values-based interview questions to be fully integrated into the recruitment process by 2025/26.
- Embedding Values in Leadership and Team Development:
 - Integrated Trust values into the ARC Leadership and Team Effectiveness programme, strengthening alignment at leadership and team levels.
- Alignment of Appraisal Processes:
 - Updated the PDR process, to include specific reflection on how staff and leaders demonstrate Trust values.
- Policy Development Supporting Culture Change:
 - Embedded Trust values and Just and Restorative Culture principles into updated People and OD policies, including the new Management of Conduct Policy.

3.2 Freedom to Speak Up (FTSU) – Relaunch

- 3.2.1 The Trust has successfully relaunched its Freedom to Speak Up (FTSU) mechanism in line with internal audit recommendations, ensuring regulatory compliance and improved accessibility for staff. A new centralised electronic dashboard has been implemented, enabling better reporting, tracking, and actioning of concerns raised.
- 3.2.2 Early indicators show increased reporting volumes and more robust follow-up. A new three-year FTSU strategy has been approved by the Board, with a clear focus on raising awareness, enhancing training, and ensuring timely and constructive feedback to staff.

3.3 Estates Improvement Agile Working

- 3.3.1 As part of the transition to MMUH, the Trust launched a comprehensive Agile Working Programme, supporting both the environmental transformation and the shift toward a more agile organisational culture.
- 3.3.2 Over a six-month period, approximately 160 team moves (affecting around 550 colleagues) were successfully delivered, underpinned by a structured OD and training programme, extensive communication, consultation, engagement activities, and the implementation of a desk and room booking system.
- 3.3.3 To support teams relocating into new spaces, many areas received a "light-touch" refurbishment including decoration, new flooring, and window blinds. To maintain and sustain environmental standards going forward, an in-house decoration team is being re-established to provide a proactive estate maintenance service.
- 3.3.4 All departments operating within MMUH now benefit from dedicated staff rest rooms. In addition, a full rest room upgrade project across the Retained Estate was completed approximately 12 months ago.
- 3.3.5 This improvement programme is now complete and will transition to business-as-usual operations through ongoing facilities management.

3.4 Recruitment for Midland Metropolitan University Hospital (MMUH)

- 3.4.1 A targeted recruitment campaign commenced two years ahead of the MMUH opening to ensure that community-based clinical pathways were fully established in advance. In the nine months prior to opening, 1,338 staff were successfully recruited, including 204 medical staff. Notably, recruitment success in acute medicine, emergency medicine, respiratory, and radiology has enabled the removal of these specialties from the Trust's "hard-to-fill" list. Over 70% of new recruits are now drawn from local communities, contributing to the Trust's commitment to social value. The nationally recognised #MoreThanAJob programme has been instrumental in addressing high local unemployment, providing innovative and inclusive routes into employment. Through this initiative:
 - Over 1,000 individuals have participated in employability skills events.
 - 200 local residents have secured employment with either the Trust or partners such as EQUANS, Marks & Spencer, and Greggs.
 - The wider benefits of this programme include measurable economic impact and improved health outcomes for local communities.

3.4.2 This strategic approach to workforce transformation has not only supported MMUH operational readiness but also strengthened the Trust's long-term commitment to creating sustainable career pathways for local people.

3.5 Develop and deliver against commitments in our EDI Plan.

3.5.1. In January 2023, the Trust launched its first EDI Plan structured to achieve four key objectives:

- Enabling Collective Leadership
- Creating a Compassionate and Inclusive Culture
- Improving Staff Experience
- Delivering Inclusive Services to Patients and Communities

3.5.2 Following a rapid review in February 2024, the People Committee endorsed a refined focus on the "Improving Staff Experience" objective, aligning efforts with the national Six High-Impact Inclusion Actions and the ICB EDI Pledges, as follows:

3.5.3 Strengthening and Empowering Staff Networks:

- Terms of reference and roles of the Networks were refreshed; Executive and Non-Executive Sponsors appointed.
- A Trust-wide appointment process for Chairs and Deputy Chairs across 7 Networks was completed in June 2024, securing high engagement with over 130 staff votes.
- Chairs and Deputy Chairs for 6 Networks have been confirmed and are being inducted through a dedicated development programme.
- Network Chairs are now actively championing inclusion; the Chair of the Disability Network shared progress at People Committee in February 2025.

3.5.4 Optimising the Role of the EDI Team:

- The EDI Team's remit has been strengthened through OD development sessions, team coaching, and a clear alignment to the Trust's EDI vision and plan.
- The team is leading education and awareness initiatives, and representing the Trust in key ICS-wide EDI programmes.
- This programme of work has transitioned to business-as-usual delivery.

3.5.5 Embedding Inclusive Recruitment Practices:

- An Inclusive Resourcing Programme has been implemented through the Inclusive Talent Management and Resourcing Group, with six key workstreams:
- Rollout of values-based interviews and embedding of the EVP ("With You All the Way")
- Pre-interview sharing of questions/themes
- Evaluation and optimisation of the BME Advisor role in recruitment
- Review of recruitment documentation for inclusivity
- Targeted action to improve representation of BME and disabled staff at Band 7 and above
- Strengthening local employability initiatives with pastoral support for new starters

3.5.6 Launching an Inclusive Talent Management Programme:

- The SWB Inclusive Talent Management Programme, launched in 2024, focuses on addressing the underrepresentation of BME staff at senior leadership levels (Band 8c–VSM).
- This initiative supports the development of a diverse leadership pipeline, directly responding to WRES findings.

- Phase 2 of the programme is scheduled for rollout from April 2025.

3.5.7 While continued focus and attention is required across the EDI agenda, the initial 2024 WRES and WDES results show positive signs:

- Increased representation of BME staff across most Agenda for Change bands, including Band 8D, Band 9, and medical roles
- Reduction in the number of BME staff involved in formal disciplinary processes
- Increase in employment and recruitment success rates for disabled colleagues

3.6. Embedding a Just and Learning Culture in People Management

3.6.1 Significant progress has been made in embedding Just Culture principles across our HR processes. In collaboration with trade union partners, the Trust has developed a revised Conduct Policy, which incorporates a new decision-making framework and practical toolkit. This approach promotes earlier resolution of concerns and reduces formal case escalation, particularly for BME staff.

3.6.2 The impact of these changes is already evident. The 2024 Workforce Race Equality Standard (WRES) results show a notable reduction in the disproportionate likelihood of BME staff entering formal processes, a key indicator of improved fairness in the system.

3.6.3 To further embed these principles, Module 2 of the ARC Leadership Programme (“Restorative People Management”) is being introduced to strengthen management capability in adopting supportive, fair and learning-based approaches to people issues.

3.7 Flexible Working Expansion

3.7.1 As a first-wave site for NHS England’s ‘Flex for the Future’ programme, the Trust has taken significant steps to embed flexible working as a core element of its employment offer. Following the programme’s completion, a comprehensive action plan was developed to broaden access and improve uptake of flexible working across all staff groups.

3.7.2 Key actions delivered include:

- Implementation of new Flexible Working, Flexible Retirement, and Home Working policies, underpinned by Agile Working principles.
- Introduction of a new flexible working application process via ESR, enhancing transparency and reporting capability.
- Development of manager toolkits to support implementation, including NHSE-endorsed guidance for individual and line managers.
- Promotion of flexible working through targeted staff communications, retention roadshows, and the summer ‘Benefits and Beyond’ event.
- Inclusion of flexible working commitments in local induction, job adverts, and through guidance on advertising flexible options via TRAC, with the aim of diversifying applicant pools and improving retention.

3.7.3 As a result of these interventions, the Trust’s “We work flexibly” score in the national Staff Survey has shown year-on-year improvement, with a statistically significant uplift in 2024, now exceeding the national average—an important milestone given its previous below-average standing.

3.7.4 Further work is underway to:

- Scope the introduction of Team-Based Rostering to improve flexible working for ward-based staff.

- Embed flexible working principles within the Wellbeing module of the ARC Leadership Development Programme to support cultural change at all levels.

3.7.5 These initiatives are key to positioning the Trust as an employer of choice and aligning with national workforce reform priorities.

3.8 Strengthen Wellbeing Provision

3.8.1 Following an independent review of the Trust's mental health and wellbeing support, a new Health & Wellbeing Plan was launched in April 2024, structured around the NHS England Seven Elements of Health & Wellbeing Framework. The Plan aims to enhance the psychological, mental health, and overall wellbeing support available to staff.

3.8.2 Since the Plan's launch, several priority initiatives have been implemented:

- Employee Assistance Programme introduced via PAM Wellbeing, offering psychological support services.
- 87 Mental Health First Aiders trained, with a Community of Practice group established to provide peer support.
- Manager guidance launched to embed wellbeing into regular 1:1 conversations, and wellbeing conversations are now a formal part of the Performance Development Review (PDR) process.
- Wellbeing framework developed for use in formal HR processes, ensuring pastoral and mental health support during investigations.
- Good Shape sickness management system introduced to improve sickness absence oversight and support early intervention.
- Sickness absence management policy reviewed and updated with a new focus on 'recovery', currently under consultation.
- A new Health and Wellbeing brochure launched to showcase the full range of holistic support available to staff.

3.8.3 The Trust's most recent Staff Survey results show a statistically significant improvement in the "We are safe and healthy" People Promise, now scoring above the national average. Furthermore, the Trust's sickness absence rates are showing a sustained downward trend, reflecting the early positive impact of these interventions.

3.8.4 Ongoing delivery against the Health & Wellbeing Plan will continue to be a key priority to support staff resilience and organisational performance.

3.9 Development of Inclusive Talent Management

3.9.1 In Spring 2024, the Trust launched a pilot Inclusive Talent Management Programme aimed at improving senior leadership diversity through a structured career development framework.

- Six individuals from the ICB's Next Generation of Senior Leaders programme were enrolled; three remain active participants.
- An initial evaluation has been completed, with a second cohort planned to commence in Q1 2025.
- In response to feedback, enhancements for the next phase include the creation of a sponsorship pool, improved coaching access, and expanded leadership skills development sessions.

- 3.9.2 To complement the Talent Management Programme, the Trust has broadened the support available for career development across the organisation:
- The 2024 PDR cycle incorporated new guidance and training to strengthen career development conversations, the setting of SMART objectives, and to reinforce inclusion, values, and behaviours.
 - A new Learning & Organisation Development Prospectus was launched to provide comprehensive access to internal and system-wide learning opportunities.
 - Learning and development opportunities were showcased during the "Benefits and Beyond" event in Summer 2024.
 - The ARC Leadership Development Programme continues to provide leadership and team development opportunities, including modules for both managers and non-managerial staff (Compassionate Caregiver module).
 - Apprenticeship, widening participation, and work experience programmes continue to create pathways into employment for local and diverse communities.
- 3.9.3 The Trust is actively involved in the development of a system-wide Talent Management Strategy in partnership with ICS organisations, aiming to share resources and broaden access to development pathways across the region.
- 3.9.4 The 2024 Staff Survey results demonstrate that the Trust made the greatest improvement in the "We are always learning" People Promise domain, although this remains the Trust's lowest scoring area, signalling that further sustained focus is required.

3.10 Single Electronic Rostering Solution

- 3.10.1 To support operational readiness for the opening of Midland Metropolitan University Hospital (MMUH), deliver the multi-year MMUH benefits case, achieve the Trust's Financial Improvement Programme (FIP), and fulfil the Strategic Planning Framework (SPF) objective to optimise workforce capacity, a comprehensive workforce systems integration programme was launched in April 2024.
- 3.10.2 The programme focuses on the integration, alignment, and optimisation of several key workforce systems, including:
- Electronic Staff Record (ESR)
 - e-Roster (Optima) – replacing the previous Kronos system
 - eJob Plan and Activity Manager
 - SafeCare (workforce acuity management)
 - eLearn (training management)
 - Goodshape (absence management)
- 3.10.3 Additionally, workstreams have been established to reduce agency expenditure through the introduction of a Master Vendor Framework and a Centralised Agency Team.
- 3.10.4 The transition from Kronos to Allocate (Optima) for nursing staff was completed around September 2023. A significant rostering optimisation programme is now underway, extending electronic rostering coverage to other staff groups, including:
- Allied Health Professionals (AHPs)
 - Medical staff
- 3.10.5 This work is critical to improving workforce efficiency, enhancing staff experience, and supporting financial sustainability as part of the wider workforce transformation agenda.

4. Impact & Improvement

- 4.1 The impact of the Trust's People Plan initiatives is increasingly evident across key workforce and people metrics. Notably, the 2024 Annual Staff Survey results show a marked and significant improvement in overall staff engagement and satisfaction at SWB.
- 4.2 The latest Annual Staff Survey outcomes demonstrate improvements across all NHS People Promise themes and all Staff Survey Domains (see Table 2 below for detailed results). This represents a comprehensive and positive shift compared to previous years.

People Promise elements	2023 score	2023 respondents	2024 score	2024 respondents	Statistically significant change
We are compassionate and inclusive	7.03	2290	7.13	2733	Significantly higher
We recognised and rewarded	5.8	2296	5.93	2736	Significantly higher
We each have a voice that counts	6.58	2273	6.61	2709	Significant
We are safe and healthy	6.08	2132	6.2	2715	Significantly higher
We are always learning	5.31	2128	5.44	2478	Significant
We work flexibly	6.11	2282	6.27	2718	Significantly higher
We are a team	6.58	2280	6.7	2731	Significantly higher
Themes					
Staff engagement	6.7	2295	6.75	2741	Significant
Morale	5.79	2295	5.97	2741	Significantly higher

- 4.3 A particular highlight is the continued upward trend in the Trust's Staff Engagement Score, which increased from 6.71 in 2023 to 6.76 in 2024, against a Trust improvement target of 7%. This is the second consecutive year of improvement, reinforcing the progress being made to create a more positive, engaged, and supportive workplace culture.
- 4.4 Maintaining and accelerating this momentum will be a key focus in 2025/26 through targeted interventions aligned with the People Plan, supported by Group and Directorate-led action planning based on detailed survey feedback. The Trust People Committee and Trust Board received a report on the Annual Staff Survey results in March 2025, which included an EDI analysis of the results.
- 4.5 In addition to improvements in staff engagement and satisfaction, the Trust has seen positive progress across key workforce performance indicators over the past year.
- **Sickness Absence:**
The Trust's rolling sickness absence rate has reduced from 5.89% in April 2024 to 5.74% in March 2025, reflecting the early impact of enhanced health and wellbeing initiatives.
 - **Vacancy Rate:**
The Trust's vacancy rate has decreased from 13.36% to 11.24% as of March 2025, supporting greater workforce stability and service resilience.
 - **Turnover Rate:**
The Trust's rolling 12-month turnover rate continues to show a downward trajectory, reaching its lowest point at 9.29% in March 2025, from 12.40% in April 2024 indicative of the effectiveness of our retention and staff experience strategies.
- 4.6 These workforce improvements are critical enablers of the Trust's wider strategic objectives, contributing to improved service delivery, financial sustainability, and organisational resilience

5. SWB People Plan Priorities for 2025/26

- 5.1 While the improvement actions delivered through the People Plan have had a positive impact, the Trust recognises that further sustained effort is needed to continue improving staff experience and embedding a consistently positive workplace culture.

5.2 Areas for Ongoing Improvement

- 5.2.1 Key challenges identified through the 2024 Staff Survey and feedback include:
- Lower scores remain in areas such as "Autonomy and Control" and the People Promise "We each have a voice that counts".
 - Although "We are always learning" achieved the strongest year-on-year improvement, it remains the lowest scoring People Promise.
 - "We are recognised and rewarded" remains the second-lowest scoring area, albeit showing strong improvement.
 - Persistent disparities in experiences between BME and White colleagues and a significantly poorer experience for disabled staff were highlighted, particularly challenges around accessing reasonable adjustments as discussed during the February People Committee's People Story from the Chair of the Disability Network. Furthermore, the Networks require more focused support and championship during 25/26.
- 5.2.2 Furthermore, the Trust ended 2024/25 at a significant variance to the workforce plan (FTE) and budget. Delivering the planned 25/26 workforce efficiencies will require full leadership commitment, as well as enhanced 'grip and control' and fully optimising workforce capacity, enabled and leveraged through digital workforce systems, processes and practices.

5.3 People Priorities for 2025/26

- 5.3.1 The Trusts People priorities for 25/26 are:

1. Improve Staff Engagement Score
 - Deliver sustained improvements across all NHS People Promises.
2. Increase Representational Leadership
 - Implement national EDI high-impact actions.
 - Drive further improvements in the Trust's WRES and WDES outcomes.
3. Optimise Workforce Productivity
 - Deliver the 25/26 Workforce Plan, including significant workforce efficiencies, through:
 - 75% reduction in bank usage.
 - 90% elimination of agency usage.
 - Streamlined clinical recruitment to maintain safe staffing and service resilience.
 - Improved workforce productivity, increasing activity per FTE across all clinical groups.
 - Deliver 25/26 operational guidance requirements, including 50% reduction in corporate growth.

- 5.3.2 These priorities will be delivered at 4 levels: (1) Leadership (2) Teams (3) Individuals and (4)

Organisation wide:

- Leadership: Strengthen leadership capability and accountability.
- Teams: Build high-performing, engaged teams.
- Individuals: Empower colleagues to own and shape their experience.
- Organisation-wide: Systematically embed improvements across policies, systems, and culture.

(Figure 2 outlines the specific action plan to address these improvement areas.)



5.3.3 The BAF will be reviewed to ensure the progress made in delivering 24/25 actions as well as proposed priorities for 25/26 are reflected, with progress monitored through the People Committee.

6. Recommendations

6.1 The People Committee is asked to:

- NOTE** the review of progress in delivering the SWB People Plan
- RECOGNISE** the ongoing work and efforts to build on early successes and progress work across all key people domains.
- SUPPORT** the priorities identified for 25/26.

James Fleet, Group Chief People Officer

Meagan Fernandes, Director of People and OD

17 April 2025



REPORT TITLE:	Freedom to Speak Up 6 monthly Update
SPONSORING EXECUTIVE:	Mark Anderson Chief Medical Officer and Executive lead for Freedom to Speak Up (November 24- April 25) Diane Wake – Group Chief Executive Officer and Executive Lead for Freedom to Speak Up (April 25- Present)
REPORT AUTHOR:	Jamil Johnson- Lead for Freedom to Speak Up
MEETING:	Public Trust Board
DATE:	14/05/2025

Suggested discussion points *[two or three issues you consider the PublicTB should focus on in discussion]*

The paper provides the Trust Board with an overview of the Freedom to Speak Up activity to support colleagues to raise concerns and the work being done to support cohesive organisational learning.

The national perception of speaking up and how the organisation compares, and the work needed to address this.

Alignment to our Vision *indicate with an 'X' which Strategic Objective[s] this paper supports*

OUR PATIENTS: To be good or outstanding in everything that we do	X
OUR PEOPLE: To cultivate and sustain happy, productive and engaged staff	X
OUR POPULATION: To work seamlessly with our partners to improve lives	

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

None

Recommendation(s)

The Public Trust Board is asked to:

RECEIVE the contents of the report.

DISCUSS the contents of the report.

CONTINUE to invest in the agenda.

Impact

Board Assurance Framework Risk 01	x	Deliver safe, high-quality care.
Board Assurance Framework Risk 02	x	Make best strategic use of its resources
Board Assurance Framework Risk 03		Deliver the MMUH benefits case
Board Assurance Framework Risk 04	x	Recruit, retain, train, and develop an engaged and effective workforce
Board Assurance Framework Risk 05		Deliver on its ambitions as an integrated care organisation

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board on 14 May 2025

Freedom to Speak Up Six monthly update

1. Introduction or background

- 1.1 Freedom to Speak Up remains a business-critical component in supporting the provision of safe and effective care for our patients, in addition to supporting the safety and wellbeing of colleagues throughout the organisation. The organisation has significantly altered the Freedom to Speak Up mechanisms, in recognition of barriers to a robust and equitable speaking up process. Recent events within the healthcare sector, reinforce the importance of speaking up mechanisms which remain robust, impartial and empowered to bring 'truth to power'.
- 1.2 The report will provide the board with an overview of the speaking up culture nationally and in comparison, to the local speaking up culture, with a focus on the area where there has been suboptimal progress and the work the Freedom to Speak Up team are doing to support an improvement in the score.
- 1.3 The report will provide the board with a thematic overview of concerns raised through Freedom to Speak Up, with particular focus provided on the top three concerns raised with a summary of the actions taken and the work undertaken to support organisational learning.

2. National speaking up picture - 'Making Speaking up Business as usual' and the local perception of speaking up.

- 2.1 The National guardian's office published their annual report in March 2025, which highlights the increasing number of concerns raised through Freedom to Speak Up, however the sub score for raising concerns does not correlate with the quantity of concerns raised. The sub score is made up for four questions two focusing on clinical concerns and two focusing on non-clinical concerns. The perception of speaking up in the NHS remains static with the national average being 6.45 (6.46), with acute and acute community trusts being 6.38 (6.38).
- 2.2 The sub score for Sandwell and West Birmingham has also remained static in line with the national median result of 6.38 (6.31). The further breakdown in the sub scores suggests (Annex 1), there is a lack of confidence the organisation would address their concerns if raised. This is likely to be multifactorial in nature for instance, the quality of the feedback provided, the follow up of agreed actions or the concern being related to permissive culture, which requires intense organisational development input which takes time to see meaningful change.

- 2.3 It is crucial to improve the sub score. To do this there is continued commitment from all leaders to role model behaviours conducive of a positive speaking up culture, demonstrating listening with curiosity, ensure purposeful feedback and in turn meaningful actions. The Freedom to Speak up strategy aims to equip leaders to respond to concerns in a manner which views concerns as a tool for continual improvement.

3. Concerns raised through Freedom to Speak Up

- 3.1 The Freedom to speak up team received 184 concerns during the period of April 24- March 25 (**Annex 2**). This included the following themes being reported; worker safety or wellbeing (157), inappropriate behaviours or attitudes (122), bullying and harassment (51), patient safety or quality (29) and detriment (17). The themes being raised are consistent with the national picture with the top three themes being related to behaviours and internal processes.
- 3.2 The Freedom to Speak Up team often receive concerns relating to worker safety and wellbeing , which is often impacted due to the perceived inequitable application of Human Resource processes ranging from the flexible working process to recruitment practices. The team are actively working with colleagues from people services, to better understand the barriers to any inequitable application of processes, in turn supporting learning to be disseminated to groups. In addition, the Freedom to Speak Up lead remains a key stakeholder in the Inclusive talent management and resourcing group and the ARC Inclusive and people managements group to support sharing of concerns and identified learning opportunities for directorates to identify and work cohesively to embed.
- 3.3 There continues to be concerns raised regarding Inappropriate behaviours or attitudes experienced by colleagues. This is not entirely exclusive to any particular group of colleagues. The inappropriate attitudes range from interpersonal disputes because of workloads to colleagues feeling managers are being dismissive of their concerns. It cannot be underestimated the negative impact of incivility can have on the wellbeing of colleagues and the potential implications on care delivery. The Freedom to Speak Up team with support of the people services team, proactively support local resolution with reflective exercises and mediation when deemed appropriate.
- 3.4 The Freedom to Speak Up team do hear from colleagues who raise concerns regarding experiencing behaviours they feel align with those associated with bullying and harassment. In such circumstances the Freedom to Speak Up team ensures there is sufficient wellbeing support and advocate for appropriate mitigations to be put in place to mitigate against any further potential harm, working in with colleagues from people services to ensure the correct utilisation of internal processes.
- 3.5 The Freedom to speak up data suggests 94 of the concerns raised are from colleagues who identify from a Black, Asian, Ethnic Minority (BAME) background, in comparison to 61 colleagues who identified from a Caucasian background. This is a positive indicator that our revived Freedom to Speak Up mechanisms are in parts addressing the barriers to raising

concerns for colleagues from a BAME background, which have been researched on a national level. It is to note 29 colleagues did not wish to disclose their ethnic background.

4. Freedom to Speak Up activity

- 4.1 The Team continues with monthly walk arounds of all our sites accompanied by non-executive lead for Freedom to Speak Up and colleagues from the Equality, Diversity and Inclusion team, to increase visibility of team. This approach has supported colleagues to build rapport and trust with the team, which has seen colleagues feeling able to raise concerns.
- 4.2 The team launched the speak up training through ESR for all colleagues to complete, this is in addition to the team delivering training to students, newly qualified nursing staff and apprentices to further strengthen their knowledge of speaking up.
- 4.3 The team continues to work in close collaboration with the guardians across the Black Country System to share best practices and shared resourcing to support learning across the system. This supports the completion of the Internal audit action with the planned development session to take place in June 25 (**Annex 3**).
- 4.4 The Freedom to Speak Up team are working collaboratively with the Equality, Inclusion and Diversity team, to embed the sexual safety charter at the trust, to support colleagues to raise concerns of sexual misconduct and ensure the correct actions are taken.

5. Recommendations

- 5.1 The Public Trust Board is asked to:
 - a. Receive the contents of the report.
 - b. Discuss the contents of the report.
 - c. Continue to invest in the Freedom to Speak Up agenda.

Diane Wake
Group Chief Executive Officer
Mark Anderson
Chief Medical Officer
Jamil Johnson
Lead For Freedom to Speak Up
Monday, 28 April 2025

Annex 1: NHS staff survey Sub scores raising concerns

Annex 2: Breakdown of Freedom to Speak Up concerns

Annex 3: NHSE 30, 60, 100 day and Internal Audit action plan

Annex 1- Raising concern sub scores

Q20a I would feel secure raising concerns about unsafe clinical practice.

	2022	2023	2024
SWB	69.9%	69.15%	70.82%
Median	79.4%	77.96%	70.44%
Best	70.8%	70.24%	79.71%
Worst	61.8%	63.19%	60.03%
Responses	2825	2288	2727

Q20b I am confident that my organisation would address my (clinical practice) concern

	2022	2023	2024
SWB	55.1%	53.85%	55.73%
Median	73.6%	69.29%	55.91%
Best	60.3%	55.90%	68.85%
Worst	49.0%	43.62%	40.42%
Responses	2727	2283	2725

Q25e I feel safe to speak up about anything that concerns me in this organisation.

	2022	2023	2024
SWB	53.7%	57.90%	60.22%
Median	69.1%	73.98%	60.29%
Best	55.7%	60.89%	72.15%
Worst	42.2%	50.32%	43.56%
Responses	2817	2276	2713

Q25f If I spoke up about something that concerned me, I am confident my organisation would address my concern.

	2022	2023	2024
SWB	42.8%	46.26%	47.64%
Median	63.9%	66.13%	48.23%
Best	55.7%	48.65%	63.63%
Worst	33.7%	35.26%	29.35%
Responses	2721	2280	2712

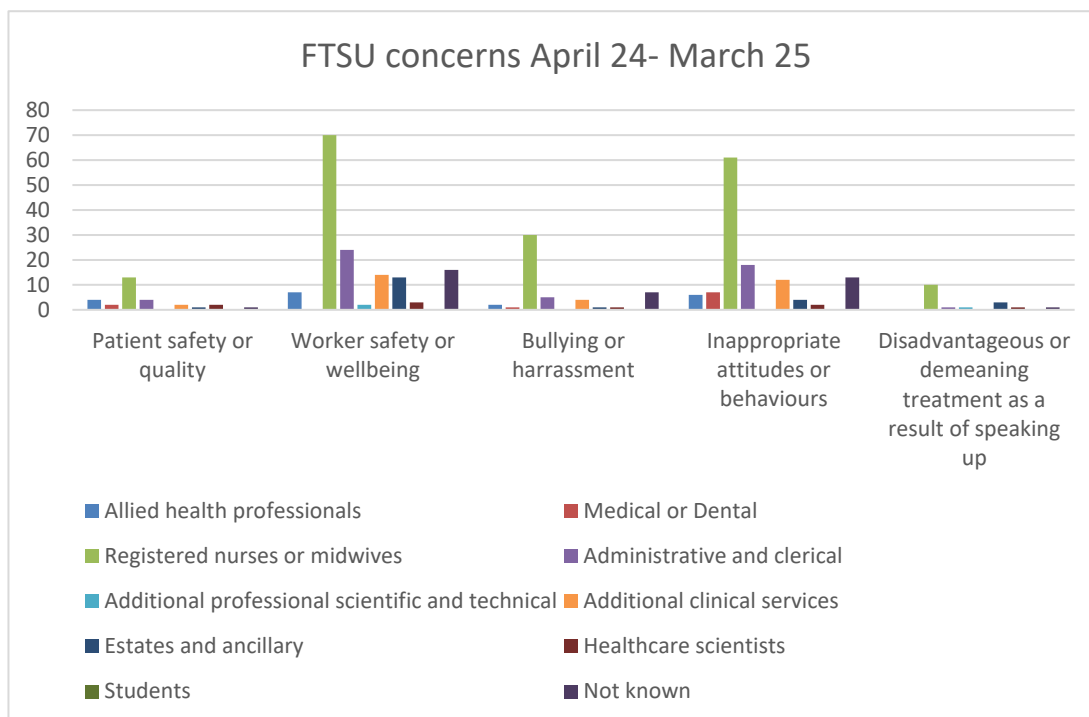


Figure 1 Freedom to Speak Up concerns by Professional group

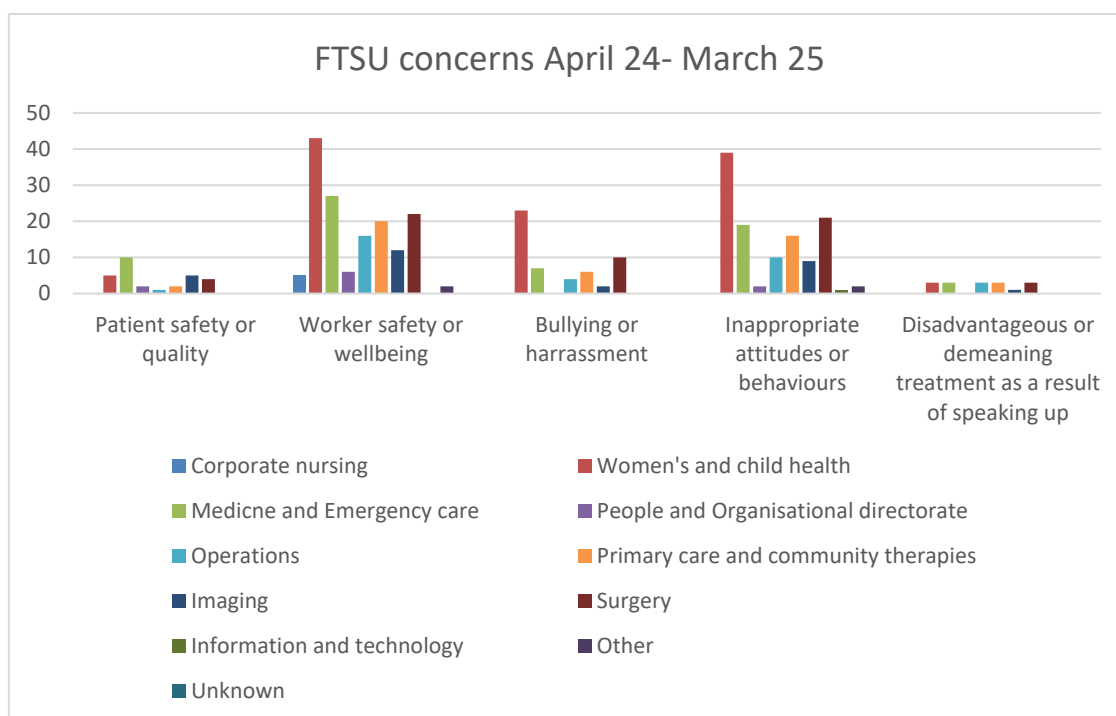


Figure 2 Freedom to Speak Up concerns by directorate

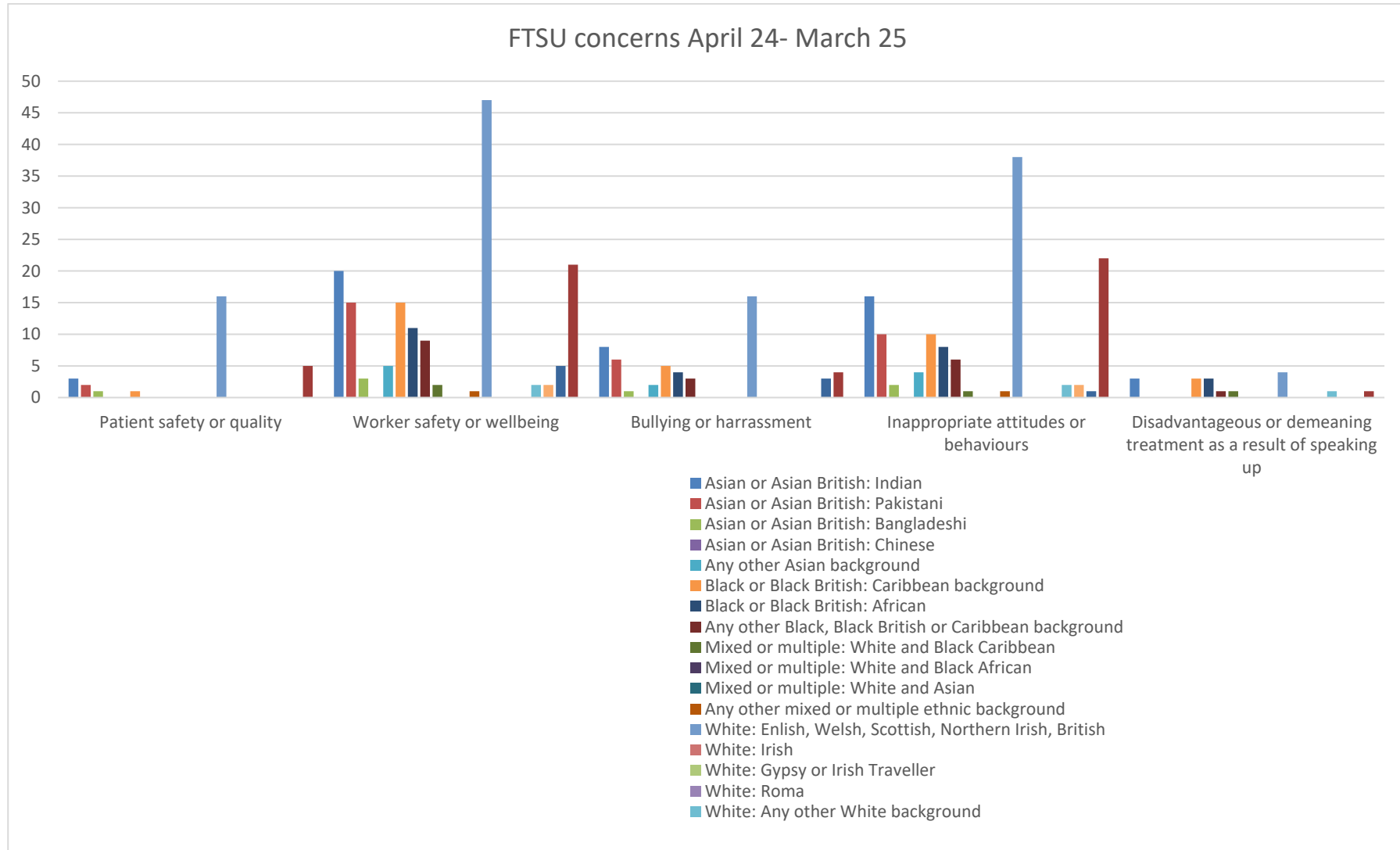


Figure 3 Freedom to speak up concerns by ethnic background

Annex 3- NHSE 30. 60, 100 day and Internal Audit action plan

Owners	Actions	Variable Target	Fixed Target	Status
Mark Anderson/ Jamil Johnson	Board development session	27/07/2025	30/03/2025	Inprogress
Mark Anderson/Jamil Johnson	A Freedom to Speak Up Strategy will be developed in line with the guidance issued by NHSE/I.	14/11/2024	21/12/2022	Completed
Mark Anderson/ Jamil Johnson	Confirm qualitative reporting supporting and quantitative metrics and triangulation approach	30/08/2024	01/09/2022	Completed
Mark Anderson/ Jamil Johnson	Review of HR processes in line with strategy	01/01/2024	30/10/2023	Completed
Mark Anderson/ Jamil Johnson	Guardians to develop plan to host regional events and meetings	25/10/2024	25/10/2024	Completed
Mark Anderson/ Jamil Johnson	Visit Trusts viewed as outstanding for Speak Up culture	27/11/2023	21/12/2022	Completed



Sandwell and West Birmingham
NHS Trust

Paper ref: PublicTB (05/25) 013

REPORT TITLE:	Guardian of Safe Working Report
SPONSORING EXECUTIVE:	Mark Anderson, Chief Medical Officer
REPORT AUTHOR:	Diwakar Ryali Sarma, Guardian of Safe Working
MEETING:	Public Trust Board
DATE:	14/05/2025

Suggested discussion points *[two or three issues you consider the PublicTB should focus on in discussion]*

The Guardian of Safe Working Role is to ensure safe working conditions of all resident doctors employed in the trust.

This brief paper summarises our metrics and describes a steady reduction in exception reporting.

Updated national guidance is expected and will be incorporated into our trust approach.

Alignment to our Vision *indicate with an 'X' which Strategic Objective[s] this paper supports*

OUR PATIENTS: To be good or outstanding in everything that we do	X
OUR PEOPLE: To cultivate and sustain happy, productive and engaged staff	X
OUR POPULATION: To work seamlessly with our partners to improve lives	

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

LNCC
DME/Clinical Tutor Meeting

Recommendation(s)

ACKNOWLEDGE the trust position and reducing trajectory of exception reporting

SUPPORT the on-going works towards safe working

Impact

Board Assurance Framework Risk 01	x	Deliver safe, high-quality care.
Board Assurance Framework Risk 02	x	Make best strategic use of its resources
Board Assurance Framework Risk 03		Deliver the MMUH benefits case
Board Assurance Framework Risk 04	x	Recruit, retain, train, and develop an engaged and effective workforce
Board Assurance Framework Risk 05		Deliver on its ambitions as an integrated care organisation
Corporate Risk Register [Safeguard Risk Nos]		

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Private Trust Board on 14 May 2025

Guardian of Safe Working Report

1. Introduction: Safe working for Doctors in training and Exception reporting (reforms) for resident doctors

- 1.1 What is exception reporting?: It is a process used to identify and document deviations from expected outcomes or work expectations. It is commonly used in project management and audit analytics. In Hospital it means safe working conditions of resident doctors to provide safe patient care. Extra hours of work (unplanned) are not –ideal. The expectations are for the doctors to report them – so that:
- The Doctors are paid back Time off in Lieu OR
 - The Doctors are paid for the extra hours
 - The circumstances leading to such an event is addressed and changed for the better
- 1.2 Guidance – Updated guidance on exception reporting reforms is due (Implementation date 12th Sep 2025) and additional resources for doctors in training. This will be distributed trust wide. The background of the reform is an underlying ethos to empower doctors to conduct themselves professionally.
- 1.3 SWBH is proud to be aligned with the National framework agreement of exception reporting and safe working of resident doctors. We have the least number of exception reports from GP trainees nationally (average 0.25 every quarter) over the last 3 consecutive years – report submitted and published by the Lead Employer (HEE- for GP trainees)
- 1.4 Trust wide we have addressed, responded and resolved more than 96% of all exception reports submitted by resident doctors in all specialities within the stipulated timeframe (in the form of time off in lieu or payments)
- 1.5 Among all specialities - Department of Acute Medicine, Respiratory Medicine and Ophthalmology have had the maximum number of exception reporting by resident doctors in the last quarter – which are primarily down to heavy work load and staffing issues – these have been addressed and have already indicated a positive shift
- 1.6 Snap shot surveys and audit of working conditions (across one subspecialty – Gen Surgery every rotation over 2 years) – have made us improve by reflective practice in improving morale and working conditions of resident doctors

- **Total Number of Exception Reports – In 2025 – till 30th Apr**

- **32 (all were Low/Moderate/No Harm)**
- **22 FY1 Grade; 6 FY2 Grade and 4 ST1-4 Grade**
- **10 reports from Acute Medicine**
- **Projected for the year - 96**

Total Number of Exception Reports – In 2024-

- 109

Total Number of Exception Reports – In 2023-

- 138

Total Number of Exception Reports – In 2022-

- 141

2. Recommendations

2.1 The Public Trust Board is asked to:

- a. **ACKNOWLEDGE** the trust position and reducing trajectory of exception reporting
- b. **SUPPORT** with the on-going reforms and works – towards safe working of doctors in training

Diwakar Ryali Sarma

Guardian of Safe Working SWBH

Wednesday, 30 April 2025



Sandwell and West Birmingham
NHS Trust

Paper ref: PublicTB (05/25) 014

REPORT TITLE:	National Staff Survey 2024 SWB Results & Improvement Plan
SPONSORING EXECUTIVE:	James Fleet, Interim Chief People Officer
REPORT AUTHOR:	James Fleet, Interim Chief People Officer
MEETING:	Public Trust Board
DATE:	14/05/2025

Suggested discussion points *[two or three issues you consider the PublicTB should focus on in discussion]*

The Trust Board has received regular briefings and updates on the Annual Staff Survey and Pulse Survey results and associated improvements plans and actions.

Previous papers and deep-dive presentations have demonstrated that during 2024 the Trust has seen a marked improvement in the pulse survey response rate, plus improvements across several of the survey domains, including the Engagement Score, which is one of the Trust's strategic success measures within the Strategic Planning Framework (SPF).

The Trust has received and analysed the responses from the 2024 annual staff survey. This paper presents a summary of the results at organisation and Group level, with comparisons to national averages. For reference the survey results are currently under embargo (until national publication on 13th March) and therefore circulation needs to be restricted to internal use only.

A more detailed paper, setting out the survey results and key themes at Trust, Group, Directorate, Team level, Staff Group and across the EDI areas was used to inform a deep-dive workshop session at the February People Committee.

The Trust achieved a response rate of 34% and has delivered improvements across all People Promises and all Domains compared to the 2023 staff survey and peer averages. As this paper sets out, the survey results also highlight key areas that require focused leadership and improvement action.

The paper sets out the commitment to build on the improvements in the 2024 Annual Staff Survey, particularly further embedding the coverage and impact of the People Engagement Teams, continuing to roll-out the ARC leadership programme, strengthening the provision of core people management skills for line managers, re-setting the Trust's PDR process, re-energising the Staff Inclusion Networks and delivering the wider actions within the SWB People Plan, drawing on valuable learning from the successes achieved during 2024.

Alignment to our Vision *indicate with an 'X' which Strategic Objective[s] this paper supports*

OUR PATIENTS: To be good or outstanding in everything that we do	X
OUR PEOPLE: To cultivate and sustain happy, productive and engaged staff	X
OUR POPULATION: To work seamlessly with our partners to improve lives	X

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

Recommendation(s)

RECEIVE, CONSIDER and **NOTE** the summary analysis of the 2024 annual staff survey, including key areas of improvement, as well as areas requiring focused improvement action and intervention.

Take **ASSURANCE** that the survey results have been fully analysed, understood and that a robust plan is in place to drive forward actions to secure significant improvements for future surveys

SUPPORT the key actions that are outlined in this paper for responding to the survey feedback and improving staff satisfaction

REQUIRE further updates on the actions being taken to improve the experience of staff across the Trust.

Impact

Board Assurance Framework Risk 01	x	<i>Deliver safe, high-quality care.</i>
Board Assurance Framework Risk 02	x	<i>Make best strategic use of its resources</i>
Board Assurance Framework Risk 03		<i>Deliver the MMUH benefits case</i>
Board Assurance Framework Risk 04	x	<i>Recruit, retain, train, and develop an engaged and effective workforce</i>
Board Assurance Framework Risk 05		<i>Deliver on its ambitions as an integrated care organisation</i>
Corporate Risk Register [Safeguard Risk Nos]		

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board on 14th May 2025

National Staff Survey 2024 SWB Results and Improvement Plan

1. Introduction

- 1.1 The NHS Staff Survey measures progress and improvement against the seven elements of the People Promise, these being; 'We are compassionate and inclusive', 'We are rewarded and recognised', 'We each have a voice that counts', 'We are safe and healthy', 'We are always learning', 'We work flexibly', 'We are a team' and key themes of 'Staff Engagement' and 'Morale'. The NHS Staff Survey provides valuable insights into how to improve the way that the Trust engages, resources, supports, develops and communicates with staff across the organisation.
- 1.2 The evidence highlighting the correlation between the NHS Staff Survey questions and the five domains of the Improving Patient Care Together (IMPACT) approach is compelling. This demonstrates that the strongest performing organisations (as measured by the Single Oversight Framework) have greatest levels of staff engagement. "The evidence is clear that engaged, motivated staff improve productivity and patient outcomes" (2025/25 Priorities and Operational Planning Guidance).
- 1.3 The staff survey and pulse survey feedback also measures progress against the SWB People Plan and the key people objectives for opening the Midland Metropolitan Hospital (MMUH).
- 1.4 The National Staff Survey ran between 7th October and 29th November 2024. This coincided with the period of the move to MMUH.
- 1.5 In March 2024, following the publication of the 2023 Annual Staff Survey results, the Trust launched a fundamental re-set of the approach, which principally transitioned away from a centralised, corporately driven approach (which was principally owned by the People & OD Team and Communications Team) to a devolved model, which placed the responsibility for engaging with teams and developing locally driven action plans directly with the Groups. This approach was set out in a paper to the Trust Board in March 2024. At the heart of this approach was the establishment of People Engagement Teams for all Groups and Corporate services. These People Engagement Teams were launched at an event in March 2024 which was supported by Professor Michael West and attended by over 150 of the Trust's leaders, trade union reps and Staff Networks representatives. The People Engagement Teams are a vehicle through which Groups and Corporate services drive improvements in survey response rates, as well as better engagement with teams. The People Engagement Teams take the lead in co-ordinating the development and delivery of meaningful and impactful local improvement plans. This ensures that agreed actions are relevant to the people working in those areas. These local action plans were supported by a set of corporate staff survey objectives. The 2024 NHS Annual Staff Survey results indicate that this approach has positively impacted on staff engagement and satisfaction, although the results show there is more work required to achieve the commitments that are set out within the SWB People Plan.

- 1.6 This paper:
- Provides the Board with a summary of the key headlines from the 2024 annual staff survey.
 - Presents the plan for sharing the results with colleagues across the Trust.
 - Outlines the plans for further embedding and strengthening the impact of the People Engagement Teams, to enable them to deliver their key role in co-developing and delivering targeted high impact improvement actions with colleagues from within their Groups.
 - Directs Board members to the reading room to access more detailed analysis of the 2024 national staff survey results.

2. Improving Staff Engagement and Satisfaction

- 2.1 Systematically implementing all elements of the **People Promise** to improve the working lives of all staff and increase staff retention and attendance is a key requirement in the 2025/26 Priorities and Operational Planning Guidance.
- 2.2 The Trust is committed to continuing to take focused action, at corporate, Group, Directorate and local team levels, based on the feedback received through the surveys, to improve the working lives of our people. This will be achieved through the further development and embedding of People Engagement Teams, continuing to roll-out the ARC leadership and Team Effectiveness programme, strengthening the provision of core people management skills for line managers, re-setting the Trust's PDR process, re-energising the Staff Inclusion Networks and delivering the wider actions within the SWB People Plan.

3 Response Rates

- 3.1 The Trust's response rate for both the Pulse Survey's and Annual Staff Survey has been historically low compared to peers. The response rate for the 2023 annual staff survey (29%) was the lowest in the Trust's history, whilst the following 2003/24 Q4 pulse survey response rate (40%) was the highest in the Trust's history.
- 3.2 The 2024 annual staff survey had a **34% response rate**, which was a 5% **increase** from the previous year despite the survey falling over the MMUH move period whereby considerably less leadership capacity was available. Therefore, whilst the Trust's survey response was markedly below the average response rate nationally (48%), the improvement on the 2023 survey was delivered at the same time as the Trust was moving to MMUH. The work undertaken by the People Engagement Teams and line managers in encouraging and supporting colleagues to complete the survey has had a significant impact in achieving this improvement. The executive placed a heavy emphasis on management responsibility in staff engagement.

4 2024 Annual Staff Survey - Results Summary

- 4.1 A detailed paper, setting out the survey results and key themes at Trust, Group, Directorate, Team level, Staff Group and across the EDI areas was presented to the February meeting of the People Committee (this paper is made available to Board members via the reading room). This analysis informed a deep-dive workshop session with Group leads and Staff

Inclusion Network leads at the People Committee, which focused on actions to build on areas of demonstrable improvement, including scaling best practice across the organisation, whilst also targeting specific measures to address areas of deterioration and persistent under-performance.

- 4.2 The 2024 staff survey results have shown an improvement across all People Promises and Staff Survey Domains (as summarised in tables 1 & 2 below), as well as improvements in the Staff Engagement and Morale scores. Six of these scores are characterised as a **statistically significant change** when compared to the previous year's score; these are: "We are compassionate & inclusive", "We are recognised and rewarded", "We are safe & healthy", "We work flexibly", "We are a team" and "Morale". The **greatest improvement** has been in "We are always learning", albeit this remains our lowest scoring People Promise. The **most improved staff survey domains** are "Your Organisation" and "People in your Organisation". These results are encouraging and have been driven by the implementation and delivery of the programmes aligned to the SWB People Plan, as well as early benefits from the opening of MMUH (people benefits case and metrics) and local improvements implemented by the Groups through the People Engagement Teams.

Table 1: People Promise Scores

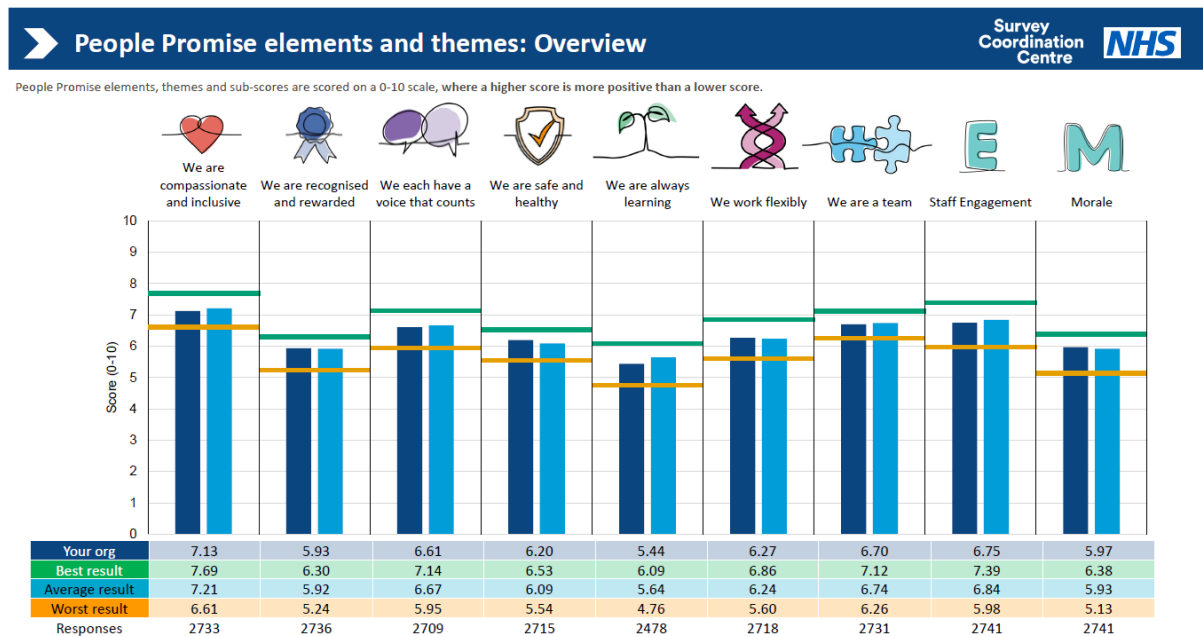
Area	SWB			
	Year			
People Promise	2023	2024	% Movement	Movement
People Promise element 1: We are compassionate and inclusive	7.05	7.15	1.39%	↑
People Promise element 2: We are recognised and rewarded	5.85	5.98	2.08%	↑
People Promise element 3: We each have a voice that counts	6.60	6.62	0.39%	↑
People Promise element 4: We are safe and healthy	6.08	6.23	2.46%	↑
People Promise element 5: We are always learning	5.29	5.45	2.94%	↑
People Promise element 6: We work flexibly	6.18	6.32	2.27%	↑
People Promise element 7: We are a team	6.61	6.72	1.68%	↑

Table 2: Average Positivity Scores by Staff Survey Domain

	Year			
Section	2023	2024	% Movement	Movement
BACKGROUND INFORMATION	68.94%	71.94%	4.34%	↑
PEOPLE IN YOUR ORGANISATION	61.13%	63.78%	4.33%	↑
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	63.14%	64.20%	1.68%	↑
YOUR JOB	57.11%	58.16%	1.84%	↑
YOUR MANAGERS	66.08%	68.34%	3.42%	↑
YOUR ORGANISATION	54.65%	57.10%	4.48%	↑
YOUR PERSONAL DEVELOPMENT	51.28%	52.27%	1.93%	↑
YOUR TEAM	64.48%	65.58%	1.71%	↑

- 4.3 The national benchmarking report, which compares the Trust results to 122 other Acute and Acute & Community Trusts, demonstrates that **four** out of the nine People Promises and Themes are now **Above Average** (see chart 1 below), compared to the 2023 survey in which the Trust scored **below the national average in all** of the People Promises and Themes. The People Promise elements that are now above national average which were previously not are "We are recognised and rewarded", "We work Flexibly" and "Morale". "We are Safe & Healthy" remains above average.

Chart 1: People Promise Elements and Themes: National Benchmarking Data

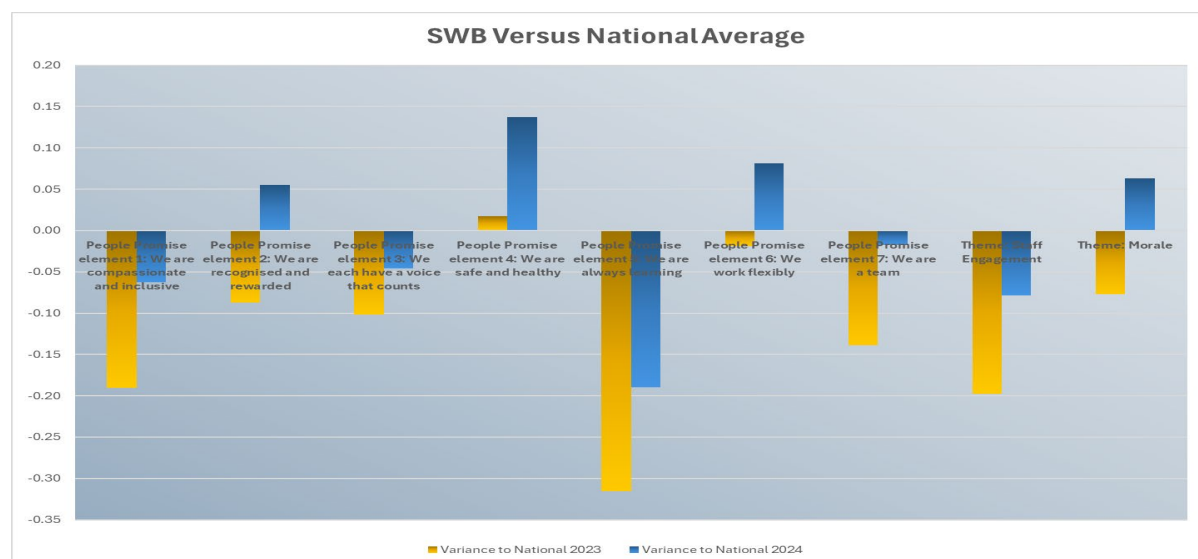


- 4.4 The People Promise elements that remain **below national average** are “We are compassionate and inclusive”, “We each have a voice that counts”, “We are always learning”, “We are a team” and “Staff engagement”. However, whilst these results remain below the national average, and key areas for focused improvement action, there has been positive improvements consistently across all areas (see table 3 below), and the gap between the national average and the Trust’s score narrowing compared to the previous year.

Table 3: People Promise Elements and Themes: Variance from National Average

Area	Variance to National 2023	Variance to National 2024	SWB 23 v 24
People Promise element 1: We are compassionate and inclusive	-0.19	-0.06	+0.10
People Promise element 2: We are recognised and rewarded	-0.09	+0.06	+0.12
People Promise element 3: We each have a voice that counts	-0.10	-0.05	+0.03
People Promise element 4: We are safe and healthy	+0.02	+0.14	+0.15
People Promise element 5: We are always learning	-0.32	-0.19	+0.16
People Promise element 6: We work flexibly	-0.02	+0.08	+0.14
People Promise element 7: We are a team	-0.14	-0.02	+0.11
Theme: Staff Engagement	-0.20	-0.08	+0.05
Theme: Morale	-0.08	+0.06	+0.16

Chart 2: People Promise Elements and Themes: Variance from National Average



- 4.5 As previous updates to the Trust Board have shown there has been a consistent improvement in the Trust's staff engagement score (one of the Trust's SPF strategic success measures) during the past 12 months, against the target of 7.0. The 2024 annual staff survey results show a further improvement in the trust's engagement score, increasing from 6.71 (2023) to 6.76 in 2024 (see table 4 below). However, this score remains below national average and is impacted by a slight deterioration in the "Autonomy and Control" sub-score (see table 5 below).

Table 4: Staff Engagement Score

Theme	2024	2023	Movement	National Average	Comparison National Average
Staff Engagement Score	6.76	6.71	0.73%	6.84	Below

Table 5: People Promise Sub-Scores

	People Promise sub-scores	2024	2023	Movement
We are compassionate & inclusive	Compassionate culture sub-score	6.91	6.81	1.52%
	Compassionate leadership sub-score	6.98	6.83	2.26%
	Diversity and equality sub-score	7.99	7.95	0.43%
	Inclusion sub-score	6.73	6.61	1.72%
We each have a voice that counts	Autonomy and control sub-score	6.85	6.87	-0.28%
	Raising concerns sub-score	6.39	6.33	0.98%
We are safe and healthy	Health and safety climate sub-score	5.65	5.49	2.95%
	Burnout sub-score	5.15	5.01	2.78%
	Negative experiences sub-score	7.88	7.73	1.95%
We are always learning	Development sub-score	6.32	6.28	0.55%
	Appraisals sub-score	4.55	4.26	6.81%
We work flexibly	Support for work-life balance sub-score	6.33	6.15	2.94%
	Flexible working sub-score	6.31	6.20	1.79%
We are a team	Team working sub-score	6.61	6.52	1.28%
	Line management sub-score	6.83	6.70	2.02%

- 4.6 Our "We are always learning" people promise remains our **lowest scoring**, despite it achieving the strongest level of improvement since the previous survey. Whilst there has

been positive responses to launching a comprehensive learning prospectus, low levels of satisfaction relating to PDR's and low completion rates have driven the results in this area. The survey results demonstrate that PDR's are important to staff. PDR's are critical to engaging, supporting, enabling and empowering staff to deliver their greatest contribution for our patients, people and population. The appraisal timescales were previously extended due to the leadership capacity pressures of opening MMUH. The 2025/26 PDR timelines are being re-set to run from April to July, with a clear monitoring process in place. Managers will be supported to deliver effective performance and development conversations through the roll out of Module 2 of the ARC Leadership Programme (Restorative People Management Practice). A Career Development Workbook for staff is also in development as part of the Inclusive Talent Management programme, with the plan to roll this out more widely across the Trust.









- 4.7 “We are recognised and rewarded” remains our **second-lowest scoring** People Promise, albeit also being one of our most improved areas. The People Engagement Teams will be crucial in identifying ways in which staff can feel valued and rewarded in their local teams. In addition, the Trust is in the process of resetting and relaunching its long service awards for staff, which have been paused since the pandemic. The revised approach will expand awards to include awards for 10- and 50-years’ service. This is an important celebration and recognition of significant dedication and services by colleagues.
- 4.8 Whilst being our **highest scoring People Promise**, “We are compassionate and inclusive” is scoring below the national average. Significant improvements have been seen in this People Promise driven by the delivery of our ARC leadership and team effectiveness programme (as reported to the Board in recent months and highlighted in a recent People Story), however there is more work to do within the Diversity and Equality sub-score, this is also reflected in the positivity/experience scores from diverse staff groups (as highlighted in section 6 of this paper). Having re-launched the Staff Inclusion Networks during 2024, the People and Organisational Development team will be working closely with the Networks to support a robust re-launch, along with further actions and interventions to embed a stronger culture of inclusion within SWB, including extending and scaling the coverage and impact of the Inclusive Talent Management and Resourcing programme. Work with Inclusion Network leads, the EDI team, People Engagement Teams and Group leadership teams will be key to delivering further improvements.
- 4.9 The sub-score for Autonomy and Control is the only score showing a deterioration in the 2024 survey. This feeds into the “We each have a voice that counts” People Promise, which is scoring below the national average and impacts on the Trust’s Staff Engagement score. The work of the People Engagement Teams is essential in identifying meaningful improvements at local level in this area. The re-setting of the PDR cycle and objective setting should also help with this, alongside the plans to further embed the ARC Team Effectiveness programme.
- 4.10 Within the staff survey **domains**, ‘Your Personal Development’ scores least positively. This domain is closely aligned to the “We are always learning” people promise. This is a change from the previous year when ‘Your Manager’ was the worst performing domain having also shown no notable improvement since the previous year. Re-setting the PDR cycle and rigour, as well as rolling out the ARC programme (modules 1 & 2), implementing robust core people management skills training for line managers and improving access to the training budget,

informed through robust PDR's and training needs analysis for staff will be hugely important actions for 2025.

5 Group-level Results

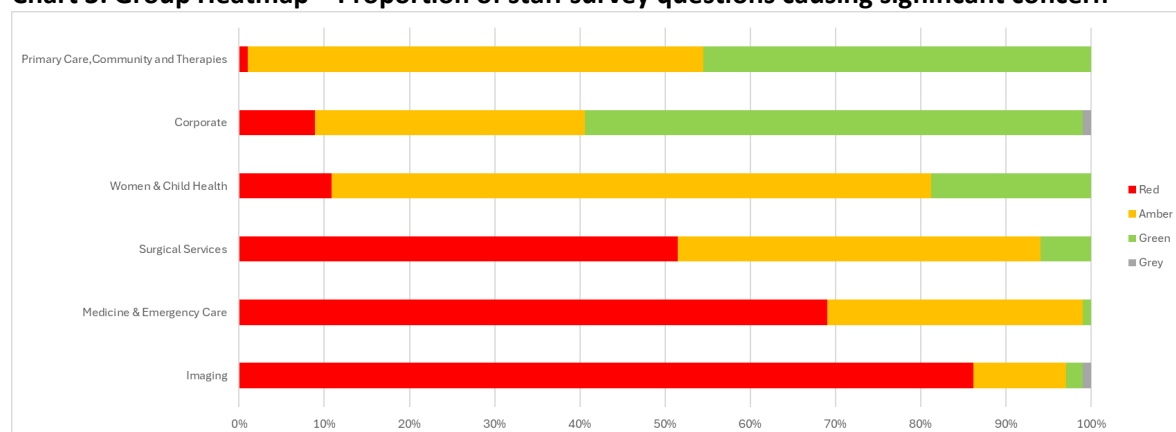
- 1.1 Detailed analysis of the staff survey performance at Group, Directorate and team level has been developed (a full summary of the staff survey analysis is made available for Board members in the reading room). The February meeting of the People Committee convened a deep dive workshop with Groups into the 2024 annual staff survey results. Clinical Group leads and Staff Inclusion Network leads were invited to a facilitated discussion on the Trust and Group-level survey results, supported by detailed Group-level data packs which were distributed in advance of the session. These discussions focused on identifying areas of good practice, as well as the improvement actions required to improve staff engagement and experience across the Trust, in line with the commitments and expectations within the SWB People Plan.
- 1.2 Improvements in the average **positivity scores** across all staff survey questions have been seen across all but one of the Groups (Imaging), see table 6 below. Surgical Services has made the greatest improvement in their positivity scores. Primary Care, Community & Therapies (PCCT) also have the smallest proportion of 'below average' scores (as compared to the Trust average) across all Groups.

Table 6: Positivity Movement (Average Scores) by Group

	Year 			
Group 	2023	2024	% Movement	Movement
Corporate	64.90%	64.92%	0.03%	
Imaging	54.70%	49.51%	-9.50%	
Medicine & Emergency Care	56.02%	56.57%	0.98%	
Primary Care,Community and Therapies	62.66%	64.26%	2.55%	
Surgical Services	53.32%	58.66%	10.02%	
Women & Child Health	60.35%	62.05%	2.83%	

- 1.3 The chart below (chart 3) provides a summary Group-level heatmap highlighting the average positivity scores against the staff survey questions when compared to the Trust average. Whilst improvements have been made across the People Promises and Domains, this chart helps to identify which Groups have survey questions which are scoring significantly above or below Trust average. This analysis demonstrates that despite clear improvements from the previous year there are still key 'areas of concern' (i.e. 3% or more below Trust average) that require action and intervention. The analysis shows that PCCT have the fewest areas of concern, followed by Corporate and Women & Child Health. Imaging, Medicine & Emergency Care and Surgical Services have the greatest proportion of 'areas of concern' within the staff survey (albeit Surgical Services have made a significant improvement since the previous survey).

Chart 3: Group Heatmap – Proportion of staff survey questions causing significant concern



1.4 Discussions at the February People Committee highlighted that Group-level improvements have been achieved through improved leadership visibility when supporting the changes related to opening of MMUH and the support received through the Organisation Development programme, which has been invaluable in driving improvements at team level. Group leaders also demonstrated increased accountability and a greater understanding of their survey results than in previous years, as well as ownership for the improvements required. There was a clear commitment across all Groups to re-focus on the PDR process and support staff development in 2025, as well as to reinvigorate and embed the work of their People Engagement Teams, with the support of the Staff Inclusion Networks, to address specific local issues.

1.5 The Imaging Group results are a significant area of concern, being the only Group having a deterioration in its scores. The Group were disappointed but unsurprised with these results due to the unprecedented challenges experienced, particularly in relation to medics, sonographers and radiographers. These included:

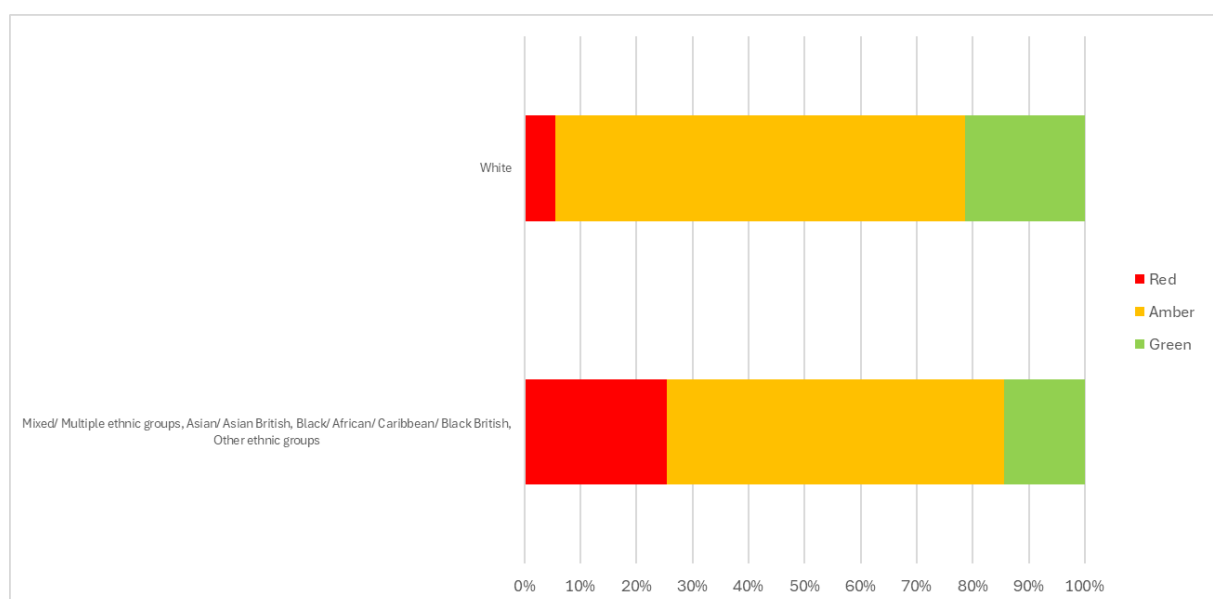
- **Medics** – a gap in leadership caused by the Group Director vacancy has led to a lack of overall leadership for the group. A reduction in the insourcing rates paid to Consultants and the significant increase in on-call demand/hot reporting demand, reporting from UTC which is not funded has created additional pressure.
- **Sonographers** – Proposed Acute Care Model led to a complex change management process. Whilst a compromise was reached this led to some turnover of sonographers and managers. The lack of professional leadership due to vacancies and a lack of career progression. The ultrasound service also saw a rapid increase in obstetric demand which resulted in reduced training opportunities due to clinical priority, impacting NOUS covid/post covid backlog.
- **Radiographers** – the imaging element for our UEC Acute Care Model needs to be reviewed, there is a high level of pressure across the service, which at times necessitates the team stretching to cover extended areas. This has impacted on career opportunities and the ability to train. Lack of resources has resulted in communication problems with other departments and staff conflict.

- 5.6 The Imaging Group have proactively established several priority improvement actions to address these areas of concern, with early anecdotal staff feedback, since the 2024 Staff Survey, indicating that this is starting to show improvements. There has been a Band 7 reset day, to review and agree the roles and responsibilities of managers to ensure that they feel empowered to act as managers in the department. There has also been more robust management of absence to help improve resourcing and enable staff to feel supported. Implementation of the Goodshape system since December 2024 will help to further accelerate this work. OD support, using the ARC team effectiveness approach, is being delivered within the areas of greatest concern which has been positively received. The People Engagement Team will be re-invigorated to ensure the right membership is in place and communication of actions taken is improved. The People Committee will be reviewing ongoing progress in this area in the coming months, including review, check and challenge of the upcoming April Pulse survey results, when available in May.

2. Equality, Diversity, and Inclusion Results

- 2.1 The staff survey results have been analysed across equality, diversity and inclusion areas. The data was discussed with the Staff Inclusion Network leads at the February People Committee, with a commitment to continue to empower and embed the networks within the organisation, work with them to develop targeted actions and to ensure a greater involvement in the People Engagement Teams.
- 2.2 When comparing the average positivity results across all survey questions from the 2024 survey to the previous year, the gap between the experience of colleagues from Black, Asian and Minority Ethnic backgrounds and colleagues from White backgrounds has narrowed, with a decrease in the proportion of survey questions of 'significant concern' (i.e. 3% or more below Trust average) from approx. 65% to 25% (see chart 4 below). However, there is still a notable disparity in the experiences of colleagues from BME backgrounds and colleagues from White backgrounds which the Trust is committed to address.

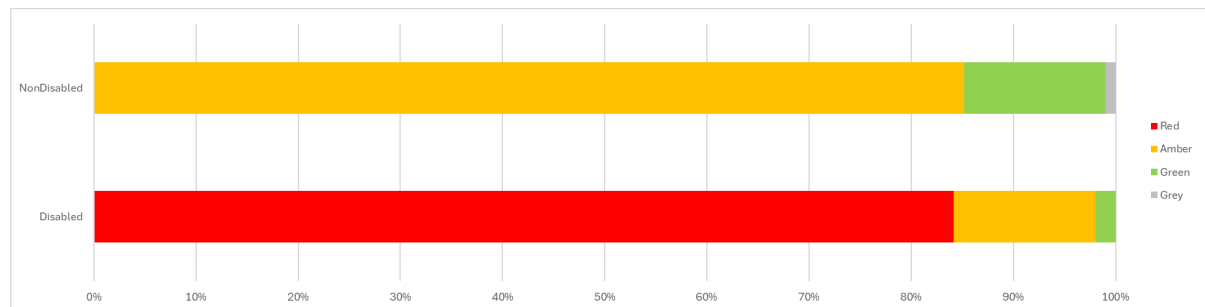
Chart 4: Positivity Scores by Ethnic Group (grouped)



2.3 The domain which has the most significant impact on these ‘areas of concern’ is “Your Health, Wellbeing and Safety at Work”, which is consistent with the ‘White’ demographic and the trend found across the organisation. In the previous survey the domain having the most impact was “Your Managers”, however in the 2024 survey this has improved significantly for this group and reflects the change in the Compassionate Leadership sub-score.

2.4 Whilst there has been an improvement in the positivity scores of disabled colleagues compared to the previous survey, the heatmap below shows that the experience of disabled staff within the Trust is significantly worse when compared to those without a disability. Feedback from the Chair of the Disability Network, as part of a powerful People Story, at the February People Committee highlighted that many staff are struggling to access reasonable adjustments and the necessary support from their line managers to deliver their job roles effectively. Following the relaunch of the Staff Inclusion Networks the People and Organisational Development team are working closely with the Disability and Long-Term Health Condition Network to identify targeted actions that will help to improve this experience.

Chart 5: Positivity Scores by Disabled vs Non-Disabled



2.5 Analysis of the 2024 staff survey responses against the WRES questions shows a general improvement in comparison with the previous survey, with the exception of a small (but relevant) deterioration the percentage of colleagues from Black, Asian and Minority Ethnic backgrounds that have experienced discrimination from their manager or colleagues. The most improved score relates to fair career progression. This reflects significant work undertaken during 2024 to strengthen career progression opportunities for BME staff, including the launch of the Inclusive Talent Management Programme and roll-out of the Inclusive Resourcing Programme which includes:

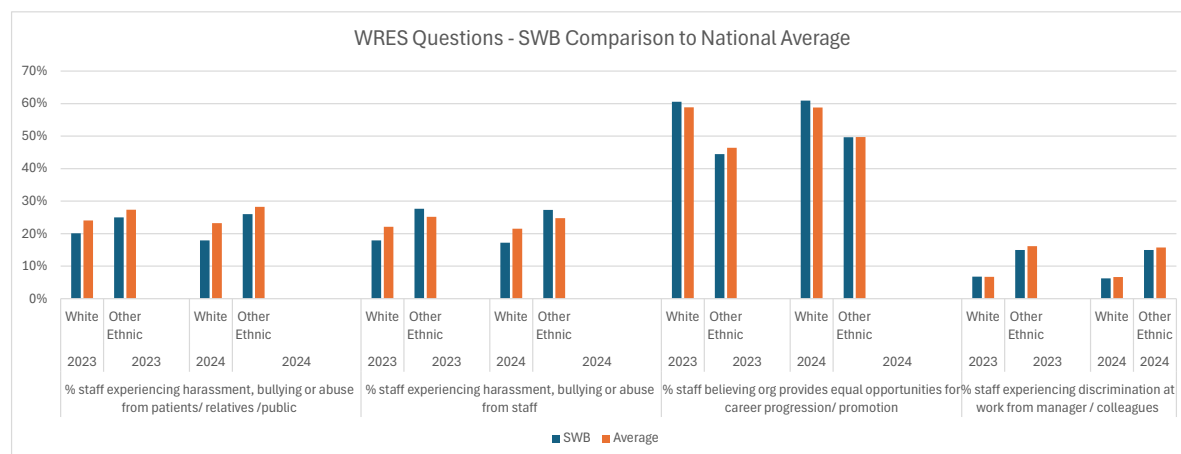
- Values based interviews and assessment processes
- Making processes fairer for all by sharing interview questions/themes in advance of interview.
- Evaluation of the role of the BME advisor in the recruitment process.
- Review of recruitment documentation to support a fully inclusive approach.
- Implementation of the Trust’s new employer value proposition “With you all the way” within the Trust recruitment processes.
- Specific measures intended to target underrepresented groups (BME and Disability) at Band 7 and above.

- 2.6 However, all WRES questions for colleagues from Black, Asian and Minority Ethnic backgrounds have lower positivity scores than the organisational average, whereas colleagues from White backgrounds score above the organisational average for these questions (see table 7 and chart 6 below). When comparing the WRES questions to the national averages, the scores for staff from non-white backgrounds (classed as “other ethnic” in the national benchmarking report) are below average or average, except for the percentage of staff experiencing harassment, bullying or abuse from staff which is higher than national average.

Table 7: WRES Standard Staff Survey Responses

	Year					
	2023	2024	% Movement	Movement	Organisation Av	Versus Org
÷ Mixed/ Multiple ethnic groups, Asian/ Asian British, Black/ African/ Caribbean/ Black British, Other ethnic groups	72.9%	74.2%	1.8%	↑	79.2%	↓
Not experienced discrimination from manager/team leader or other colleagues	85.0%	85.0%	0.0%	↓	90.0%	↓
Not experienced harassment, bullying or abuse from managers	86.1%	88.4%	2.6%	↑	90.4%	↓
Not experienced harassment, bullying or abuse from other colleagues	76.0%	77.0%	1.3%	↑	82.5%	↓
Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	72.7%	74.0%	1.8%	↑	78.6%	↓
Organisation acts fairly: career progression	44.5%	46.4%	4.4%	↑	54.4%	↓
÷ White	81.7%	83.1%	1.7%	↑	79.2%	↑
Not experienced discrimination from manager/team leader or other colleagues	93.2%	93.7%	0.5%	↑	90.0%	↑
Not experienced harassment, bullying or abuse from managers	90.2%	92.1%	2.2%	↑	90.4%	↑
Not experienced harassment, bullying or abuse from other colleagues	86.1%	86.5%	0.5%	↑	82.5%	↑
Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	78.4%	82.1%	4.7%	↑	78.6%	↑
Organisation acts fairly: career progression	60.5%	60.9%	0.6%	↑	54.4%	↑

Chart 6: WRES Questions – SWB Comparison to National Average



- 2.7 The staff survey responses against the WDES questions show that 8 out of 10 WDES questions have shown an improvement (see table 8 below). However, there has been a deterioration in the experiences of disabled colleagues in reporting incidents of bullying and harassment, and the extent to which people feel valued by the organisation. The most improved question relates to not feeling pressure to work when unwell.

Table 8: WDES Standard Staff Survey Responses

	2023	2024	% Movement	Movement	Organisation Av	Versus Org
Disabled	63.0%	64.7%	2.7%	↑	68.8%	↓
Disability: organisation made reasonable adjustment(s) to enable me to carry out work	68.9%	71.9%	4.3%	↑	71.9%	↑
Last experience of harassment/bullying/abuse reported	55.6%	53.3%	-4.1%	↓	53.7%	↓
Not experienced harassment, bullying or abuse from managers	80.6%	84.2%	4.4%	↑	90.4%	↓
Not experienced harassment, bullying or abuse from other colleagues	75.2%	76.4%	1.6%	↑	82.5%	↓
Not experienced harassment, bullying or abuse from patients/service users, their relatives or friends	70.3%	73.9%	5.1%	↑	78.6%	↓
Not felt pressure from manager to come to work when not feeling well enough	65.3%	72.1%	10.3%	↑	75.7%	↓
Organisation acts fairly: career progression	51.6%	52.0%	0.8%	↑	54.4%	↓
Satisfied with extent organisation values my work	36.5%	33.6%	-7.8%	↓	43.5%	↓
NonDisabled	68.1%	70.0%	2.9%	↑	68.8%	↑
Disability: organisation made reasonable adjustment(s) to enable me to carry out work						
Last experience of harassment/bullying/abuse reported	49.0%	53.0%	8.3%	↑	53.7%	↓
Not experienced harassment, bullying or abuse from managers	90.7%	92.5%	2.0%	↑	90.4%	↑
Not experienced harassment, bullying or abuse from other colleagues	83.5%	84.5%	1.2%	↑	82.5%	↑
Not experienced harassment, bullying or abuse from patients/service users, their relatives or friends	78.0%	80.4%	3.1%	↑	78.6%	↑
Not felt pressure from manager to come to work when not feeling well enough	76.7%	77.6%	1.2%	↑	75.7%	↑
Organisation acts fairly: career progression	54.0%	55.6%	2.9%	↑	54.4%	↑
Satisfied with extent organisation values my work	44.8%	46.7%	4.3%	↑	43.5%	↑

3. Next Steps – Driving Improvement

7.1 The 2024 Annual Staff Survey results highlight several important improvements from previous staff surveys, which reflect:

- The impact of improvement actions and interventions that have been implemented during the past 12 months in response to the 2023 feedback, including; establishing People Engagement Teams, re-launching the Staff Inclusion Networks, launching the new health & wellbeing programme, launching the Inclusive Recruitment and Talent Management programmes as part of our EDI priorities and promoting learning and development opportunities via our new Learning & Development Prospectus.
- Embedding and benefits realisation of existing developments and programmes of work, such as rolling out module 1 of the ARC Leadership and Team Effectiveness programme.
- Early anticipated benefits from opening MMUH.

7.2 The Trust will continue to build on these positive developments, to progress and embed these important improvement initiatives and those within our People Plan during the next 12 months. Other priority corporate actions which will be a priority for 2025/26 are:

- Re-setting and re-focusing the PDR process and supporting tools. The PDR process for 2025/26 has been launched with the Trust's TMC and delivery will be reviewed through the Trust Executive, as well as reported through People Committee and Board level workforce metrics.
- Roll out of Module 2 the ARC leadership programme (Restorative People Management Practice) to support line manager development.

- Prioritise the roll out of the ARC Team Effectiveness programme to teams that require support the most.
- Strengthen the provision of core people management skills for line managers. A collaborative approach is being taken with Dudley Group FT.
- Implementation of the 2025/26 Health and Wellbeing priority workstreams.
- Re-set and relaunch long service awards.
- Strengthen the support to, coverage of, and impact of the Staff Inclusion Network leads to identify actions required to improve the diversity and equality elements of the survey aligned to our EDI priorities.
- Working with the Trust's staff side and trade unions to highlight additional actions, based on staff feedback and local knowledge of issues and challenges that staff are facing. The JCNC will facilitate a forum for regular conversation on staff engagement and staff satisfaction, which will inform and prompt additional action and focus.

7.3 Importantly, the Trust will continue to support a focus on growing, developing and embedding the People Engagement Teams across all parts of the Trust. There will be a greater focus on the delivery of improvement actions against Group scores in 2025/26 now that MMUH has opened. A workshop for the People Engagement Teams is scheduled for late March to help focus the teams on the year ahead.

7.4 Group improvement plans will be developed by the **end of April** to provide for a full 6 months for the actions to be developed and implemented prior to the next annual survey. Progress against these plans will be monitored via Group Reviews, regular updates to the Trust Executive, as well as assurance through People Committee. Pulse survey scores will also be monitored to ensure staff experience continues to improve.

7.5 Following the full publication of the 2024 Staff Survey results (once out of embargo in March 2025) a programme of staff engagement session will be convened, to communicate and socialise the results with staff and wider leadership teams.

- Diane Wake (Joint CEO) will write to all staff on the day the staff survey results are released summarising the results, celebrating achievements and setting our commitments for the year around how we will continue to improve staff experience.
- Diane Wake (Joint CEO), James Fleet (Interim Chief People Officer) and other Executive colleagues will host a series of line manager briefings during March to share the headlines with leaders, provide a chance for discussion and to set expectations around good staff engagement going forward.
- A workshop will be held with the People Engagement Teams at the end of March to focus on the priorities for the year ahead and support their development.
- Survey results will be published on the People Engagement Page of SPARC, including the Group level results packs.

- Group leaders and their People Engagement Teams will be required to hold a series of engagement sessions with their teams during March and April to share the results, invite suggestions, highlight the work done in 2024 and co-develop actions for 2025.
- Briefing sessions will also be held with Staff Inclusion Networks and Staff Side.

7.6 There will remain a strong focus from the Joint Chief Executive Officer, the Interim Chief People Officer and wider Executive team, through corporate communications, to highlight the importance of the staff survey engagement and staff satisfaction in improving not only the working lives of our people, but also the care to our patients. Groups will continue to be held accountable for driving survey response rates as well as implementing relevant actions locally.

8 Recommendations

8.1 The Public Trust Board is asked to:

- a. **RECEIVE, CONSIDER and NOTE** the summary analysis of the 2024 annual staff survey, including key areas of improvement, as well as areas requiring focused improvement action and intervention.
- b. Take **ASSURANCE** that the survey results have been fully analysed, understood and that a robust plan is in place to drive forward actions to secure improvements for future surveys.
- c. **SUPPORT** the key actions that are outlined in this paper for responding to the survey feedback and improving staff satisfaction.
- d. **REQUIRE** further updates on the actions being taken to improve the experience of staff across the Trust.

James Fleet
Interim Chief People Officer
 27th February 2025