

## **Bundle Public Trust Board 9 July 2025**

- 0    Agenda
  - 000 - Agenda July 2025 Public Trust Board v0,1
- 1    Welcome, apologies and declarations of interest
- 2    Patient Story
- 3    Minutes of the previous meeting, action log and attendance register
  - 000a - flash briefing
  - 001 - Public Trust Board Minutes 14.05.25
  - 002 - Action items (2)
- 4    Chair's opening comments
- 5    Questions from members of the public
- 6    Chief Executive's Report
  - 003 CEOs Public Trust Board Report July 2025 v0.4
- 7    Integrated Board Committees Assurance Report Joint Provider Committee Report
  - 004 - Integrated Committee Chairs Reportjuly2
  - 004a - AA4MayJuneACchairreport
  - 004b - Integration Committee Chairs Report May 25 v2 (1)
  - 004c - People Committee Chairs Report 25 06 (1)
  - 004d - Quality Committee Chairs Report April-May 2025 Final
  - 004e - Fipc May and June 2025
  - 004f - BC JPC - Report to Trusts Boards - May 25
- 8    Board Assurance Framework
  - 005 - Draft BAF Report July 2025
- 9    Place Report
  - 006 - Public Trust Board Place Based Update July 2025 v3
- 10    Sandwell UTC procurement
  - 007 - Public Trust Board - Sandwell UTC award (1)
- 11    Chief Nursing Officer and Chief Medical Officer's Report
  - 008 - Public Trust Board CNOCMO Report July 2025
- 12    Winter Plan 2025/26
  - 009 - Winter Plan 25-26 v3
- 13    Finance report Month 2 (May '25) inc. Cost Improvement update
  - 010 - Public Trust Board M2 Finance July 2025
- 14    Maternity Report
  - 011 - Public Trust Board July 2025 Perinatal report v2 (002)
- 15    Emergency Preparedness, Resilience and Response (EPRR) Annual Report
  - 012 - EPRR Trust Board Paper July 2025
- 16    Performance Against Workforce Forecast
  - 013 Board Workforce Paper (July 25)SWB. updated.FINAL
- 17    New Joint Board Committee Report
  - 014 - Public Trust Board Joint Committee Report
  - 014a - 25-05-30 TOR Infrastructure Committee March 2025 v0.8
- 18    Any other business

# AGENDA - TRUST BOARD SESSION IN PUBLIC

**Venue:** Seminar Room of MMUH Education Centre, Level 5

**Date:** Wednesday 9<sup>th</sup> July 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
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Time	Item	Title	Reference Number	Lead
10:00	1.	<b>Welcome, apologies and declarations of interest</b> <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> <a href="https://www.swbh.nhs.uk/our-trust/trust-board/board-members-and-exec-team/">https://www.swbh.nhs.uk/our-trust/trust-board/board-members-and-exec-team/</a>  <b>NEW DECLARATION:</b>  <b>Rachel Barlow – Governor at Sandwell college from 25/6/2025</b>  <b>Apologies:</b> Andrew Argyle	Verbal	DN
	2.	<b>Patient Story</b>		
10:05	3.	<b>Minutes of the previous meeting, action log and attendance register</b> <i>To approve the minutes of the meeting held on Wednesday 12<sup>th</sup> March as a true/accurate record of discussions, and update on actions from previous meetings</i>	TB (07/25) 001 TB (07/25) 002	DN

Time	Item	Title	Reference Number	Lead
	4.	Chair’s opening comments	Verbal	DN
	5.	Questions from members of the public <i>[as submitted]</i>	Verbal	DN
10:25	6.	Chief Executive’s Overview	TB (07/25) 003	DW
10:40	7.	Integrated Board Committees Assurance Report Joint Provider Committee Report	TB (07/25) 004 TB (07/25) 004a TB (07/25) 004b	LW
10:50	8.	Board Assurance Framework	TB (07/25) 005	KD
Our Population To work seamlessly with our partners to improve lives				
11:05	9.	Place Report	TB (07/25) 006	ST
11:15	10.	Sandwell UTC procurement	TB (07/25) 007	ST
Break (10 minutes) - 11:25				
Our Patients To be good or outstanding in everything we do				
11:35	11.	Chief Nursing Officer and Chief Medical Officer’s Report	TB (07/25) 008	MR / MA
11:45	12.	Winter Plan 2025/26	TB (07/25) 009	JN
11:55	13.	Finance report Month 2 (May ’25) inc. Cost Improvement update	TB (07/25) 010	SS
12:05	14.	Maternity Report	TB (07/25) 011	MR
12:15	15.	Emergency Preparedness, Resilience and Response (EPRR) Annual Report	TB (07/25) 012	JN
Our People To cultivate and sustain happy, productive and engaged staff				
12:25	16.	Performance Against Workforce Forecast	TB (07/25) 013	JF
Governance, Risk & Regulatory				
12:45	17.	New Joint Board Committee Report	TB (07/25) 014	KD
For Information				
12:55	18.	Any other business: - Integrated Performance Report (in the Reading Room) - Annual Report & Accounts & External Audit Report (In the Reading Room)	VERBAL	-
	19.	Details of next meeting of the Public Trust Board: 10 <sup>th</sup> September 2025 at 10:00am.		
13:00	Meeting Close			

## SANDWELL AND WEST BIRMINGHAM NHS TRUST

Quality Committee: June 25<sup>th</sup> 2025

### Patient Story

#### **Summary of the Story :-**

The story starts with a patient who had surgery on one of our wards at MMUH. He was missing his dog and his wife asked the question could the dog visit him? We had recently had our dog therapy and pets guidance go live so this was possible. During the visit it transpired that the dog a Westland terrier was a trained therapy dog. Amanda Flashes who is the owner (there is another story attached to his name) agreed to becoming a volunteer and began bringing Flash every Wednesday to MMUH to make a difference to patients and their experience within our hospital.

Flash has brought an immense difference to each patient he has visited, the areas he has been to are critical care, paediatrics, stroke, elderly care, AMU, surgical wards and attended events such as “dying Matters”.

Each patient contact is unique and impactful. Flash also impacts on staff raising morale and bringing a smile to everyone’s faces even in the busiest of days

#### **What are the key lessons / themes to emerge from this story?**

- The impact to patients has been immeasurable ranging from a child of 9 who had never stroked a dog before feeling the joy of touching his fur and giving him treats.
- Attending Critical care and bringing joy to patients who are dependent on ventilatory support.
- In elderly care the doctors were amazed that a lady who had been very depressed and they had tried so hard to stimulate reacted for the first time when seeing Flash smiling and engaging with him.
- A prisoner who was morose and bored with prison guards present who when meeting with Flash became animated and opened up to about himself and his life

Exchanges such as this are numerous and what it demonstrates is that animals especially dogs bring out joy, reduce stress and loneliness and a sense of connection. Their ability to mirror human emotions can lead to a deeper understanding and empathy between humans and the dog. Overall it enhances the patient experience in ways that we cannot.

<https://youtube.com/shorts/cnx6NGTFzcU?feature=share>





# MINUTES OF THE PUBLIC TRUST BOARD MEETING

**Venue:** Meeting held at Sandwell Health Hub **Date:** Wednesday, 14<sup>th</sup> May 2025,  
10:00 – 13:00

## Voting Members:

Sir D Nicholson (Chair) (DN)  
Mr M Laverty, Non-Executive Director (ML)  
Mr A Argyle, Non-Executive Director (AA)  
Mr M Anderson, Chief Medical Officer (MA)  
Mrs J Newens, Chief Operating Officer (JN)  
Mrs M Roberts, Chief Nursing Officer (MR)  
Mr S Sheppard, Acting Chief Finance Officer (SS)

## Non-Voting Members:

Mr J Sharma, Associate Non-Executive Director (JW)  
Mr A Ubhi, Associate Non-Executive Director (AS)  
Mr J Fleet, Group Chief People Officer (JF)  
Mrs R Barlow, Group Chief Development Officer (RB)  
Mr A Thomas, Group Chief Strategy and Digital Officer (Part meeting) (AT)  
Miss K Dhami, Chief Governance Officer (KD)  
Ms S Thomas, Interim Chief Integration Officer (ST)

## In Attendance:

Dr D Sarma, Guardian of Safe Working (DS)  
Mr J Johnson, Interim Lead for FTSU (JJ)  
Mr D Conway, Associate Director of Corporate Governance/Company Secretary (DC)  
Mrs S Harris, Senior Executive Assistant (Minute taker) (SH)

## Apologies:

Mrs D Wake, Group Chief Executive (DW)  
Mrs L Writtle Non-Executive Director (LW<sup>r</sup>)  
Prof L Harper, Non-Executive Director (LH)  
Mrs R Hardy, Non-Executive Director (RH)  
Mrs V Taylor, Non-Executive Director (VT)  
Dr M Hallissey, Associate Non-Executive Director (MH)  
Mr A Ali, Associate Non-Executive Director (AA)  
Mr L Williams, Associate Non-Executive Director (LW)

## Patient / Service Story Presenters:

Ms S Whitehouse, Disability and Long-Standing Conditions Network Chair (SW)  
Ms N Anya, Associate Director of People Services (NA)  
Ms F Jackson, Head of People Engagement & Experience (FJ)

Minutes	Reference
<b>1. Welcome, apologies and declaration of interest</b>	<b>Verbal</b>
The Chair welcomed members and attendees to the meeting. Apologies were received and noted above.	
<b>2. People Story</b>	<b>Verbal</b>
The Chair welcomed Ms Whitehouse, Ms Anya and Ms Jackson to the meeting. A presentation on the Disability and Long-Term Conditions Network was shared with members which included the current agenda, results from the Health Passport survey and health and wellbeing support available within the Trust.	
Members of the Board were interested to understand the number of people willing to declare their disability across the organisation. It was noted that this was recorded via the Electronic Staffing Record	

(ESR) and the numbers were around 20% below what would be expected. The network was working to increase these numbers, and it had been agreed that some videos would be recorded of staff talking about their disability and the introduction of the health passport and how it could support staff. The Chair highlighted that a lot of work had been done at the Dudley Group Foundation Trust (DGFT) to increase the number of people who had shared details of their disability with the Trust, and he raised that this would be the only way to improve connections and support for staff.

Mr Sheppard highlighted that the Trust had seen an improvement in the recent staff survey results in relation to local engagement and suggested the implementation of disability champions to support and advocate for others in their area. Ms Whitehouse highlighted that there was a project search team who manage a group of neurodiverse apprentices, and they did a lot of championing in this area. she agreed that this could be widened to support other disabilities.

There was a further discussion about reasonable adjustments, and it was noted that this had been included as a core module within the ARC leadership training which would support managers in agreeing individualised reasonable adjustments for staff. Mr Laverty queried whether there was any data that demonstrated that investment into reasonable adjustments would outweigh the cost of staff absences. Ms Whitehouse confirmed that there were some national statistics relating to how much Trusts would save by getting people who are off sick with a disability back into work and she agreed to share this with members along with the average costs of reasonable adjustments required for staff. Mrs Anya added that there had also been some research undertaken by NHS productivity which referenced that productivity levels increased as a result of reasonable adjustments being agreed for staff.

Mr Argyle queried whether the support being offered to staff could be communicated throughout the recruitment process so that applicants knew what to expect from the organisation. It was noted that there is a section included in job adverts which welcomed applications from individuals with a disability and the support offered to staff was also being published as part of upcoming recruitment campaigns.

Mr Ubhi queried what the consequences were of managers not providing support to staff. Mrs Roberts confirmed that managers were expected to follow the relevant policies, however, there would need to be adequate training to support managers to implement reasonable adjustments for their staff. It was noted that some focus groups had been held with managers which highlighted a lack of awareness and tools to support their staff as well as fear around what might happen if they agreed adjustments that impacted negatively on the service. Some experiences were shared, and colleagues were encouraged to be more creative in offering support in quite complex situations. Ms Whitehouse added that the attendance at work policy had been reviewed and included a section in relation to managing disability related sickness which allows managers to adjust triggers accordingly. She had raised concerns that there may be a lack of awareness and inability to define whether the illness is linked to a disability, and managers would need to consider all elements of the individual's disability and how this could impact them. The health passport would support with this. There had also been discussions about the development of a disability policy which would be supported by the reasonable adjustment framework.

Mr Fleet highlighted that another issue for providers in the NHS was in relation to staff attending work when they are unwell which impacts productivity. He highlighted that the network would be responsible for challenging the organisation's leaders on services being provided and work underway. The network would continue to report into the People Committee and Kay's story would be shared widely. He concluded that Mrs Jackson would be working with DGFT to offer some support to cover maternity leave within occupational health and improving services across both organisations.

The Chair thanked colleagues for their presentation and commended them on their hard work and ability to transform people's issues into something constructive for the organisation. It was encouraging to hear that this is a key area of focus within the ARC leadership programme, and it was recognised that executive

colleagues would need to ensure that managers were provided with the relevant tools to support their staff and make reasonable adjustments.

The Board **NOTED** the presentation from the Disability and Long-Term Conditions Network.

### 3. Minutes of the previous meeting, action log and attendance register

TB (05/25) 001 / 002

The minutes of the meeting held on Wednesday 12<sup>th</sup> March 2025 were reviewed and **APPROVED** as a true and accurate record of discussions. The action log was received, and all actions had been completed.

### 4. Chairs Opening Comments

Verbal

The Chair highlighted that delivery of the Trust's operational and financial plans is the main area of focus for the Board. He recognised that there were a number of changes taking place across the NHS nationally and the Trust would need to be prepared to respond to these changes.

### 5. Question from members of the public

Verbal

There were no questions from members of the public.

### 6. Chief Executive's Overview

TB (05/25) 003

In the absence of the Chief Executive, Mrs Roberts provided an update on leadership across SWB and DGFT which included the appointment of four group roles: Group Chief People Officer, Group Chief Development Officer, Group Chief Strategy and Digital Officer and Group Director of Communications. A Deputy Chief Executive had also been appointed for each organisation on an interim basis for the next 12 months.

Mrs Roberts thanked executive colleagues for their support with an incident that occurred over the weekend in relation to a traveller community arriving on site at City Hospital. Appropriate actions had been taken and a hot debrief had taken place to review learning points. It was noted that this had been a difficult experience for some staff members throughout the night and colleagues were asked to thank the teams involved, particularly the security team.

Mr Laverty queried whether Newton had been agreed as the delivery partner working with the Trust. It was noted that discussions were ongoing, and a recommendation was due to be presented to the Joint Provider Committee for approval.

There was a further discussion about the Rapid Process Improvement Weeks (RPIW) being undertaken by KPMG, and Mr Argyle queried how changes would be sustained within the organisation once KPMG had completed their work. The Board were advised that KPMG were working closely with the Trust's improvement team to support them in implementing tools and processes to ensure improvements were sustainable and that the appropriate monitoring mechanisms were in place. The services selected for the RPIW had been agreed internally by executive colleagues as a result of productivity and performance issues being identified in these areas. It was agreed that feedback from one of the RPIW would be presented as a service story to the Board to include progress to date presented by the service.

The Board **NOTED** the report.

**Action: Feedback from one of the RPIW to be presented as a service story to the Board to include progress to date presented by the service.**

### 7. Integrated Board Committees Assurance Report Joint Remuneration Committee Report

TB (05/25) 004

Mr Laverty presented the report on behalf of the Mrs Writtle and the following points were noted:

- There is a lot of work to do to deliver the workforce trajectories and reduce the number of Whole Time Equivalent posts.
- There had been a lack of assurance at the Finance and Productivity Committee (FPC) in relation to the delivery of the Financial Improvement Plan, however, Mr Sheppard had shared a detailed report on the plan this week which would continue to be monitored by the committee.
- The Urgent Treatment Centre business case had been included on the Private Board agenda for further discussion as there had been a lack of information presented to the FPC in relation to the clinical model and revenue implications.
- Due to the focus on updating Trust policies, there were a large number of clinical guidelines out of date. Trajectories had been set for each of the clinical groups and progress would be overseen by the Quality and Safety Group and escalated to the Quality Committee, as required.

The Trust Board **NOTED** the report.

## 8. 2025-26 Operational Plan and Annual Plan

TB (05/25) 005

Mrs Roberts reminded the Board that the submission of the high-level plan for 2025-26 had been approved at the March Board meeting. The operational plan had been shared and included activity and workforce plans and it was noted that maintaining quality and safety as well as supporting the 10-year plan in relation to community first were key elements of the plan. The plan presented to the FPC had not provided adequate assurance, however, a briefing had since been shared which provided further clarity on the Financial Improvement Plan and following weekly monitoring a trajectory had been agreed for the final plans to be shared with the executive team by 23<sup>rd</sup> May prior to submission to the FPC on 31<sup>st</sup> May. Mrs Roberts stated that although the plan is ambitious and contains a high level of risk, a number of schemes had been agreed with mitigations. Regular meetings had been set up including the Financial Improvement Group, to continuously monitor the position and mitigate any deviations from the plan. She added that there would need to be an agreed Voluntary Redundancy (VR) or Mutually Agreed Resignation Scheme (MARS) to support delivery of the workforce workstream within the plan, however, some progress had already been made in relation to the workforce position as a result of some of the schemes put in place and the grip and control taking effect. Finally, Mrs Roberts highlighted the importance of the operational plan being discussed in consideration with the annual plan and the trust objectives. She handed over to colleagues to present the report.

Mr Sheppard presented the summary in relation to the plan agreed in March and reiterated that this was changing rapidly, however, the Trust had committed to deliver all operational targets which would be monitored through FPC. An activity plan had also been developed in line with an indicative activity plan agreed with commissioners to ensure that activity delivers the operational targets as well as being affordable from a system perspective. The annual plan was also received which outlined the key focus areas to support delivery of the operational plan. There had been learning identified for the executive team following the FPC meeting and members were assured that plans would be agreed by 23<sup>rd</sup> May in readiness for submission to FPC.

Mrs Newens updated on the access standards and highlighted that the Trust had not agreed a target against the DM01 6-week diagnostic standard and had also been notified informally that this standard was due to be withdrawn by NHS England. She raised concerns that removing this standard would have an impact on the ability to treat patients within 18 weeks, therefore would be proposing that the Trust continue to monitor performance against this standard internally to drive performance with the 18-week

referral to treatment standard. She agreed to update on other access targets as part of the operational performance item.

Mrs Thomas highlighted that support from the project management office, finance, data and operational colleagues had been fantastic and weekly meetings were in place to monitor progress with the plans for A&E and SDEC efficiency opportunities which would be submitted within the deadline.

The Chair recognised that there were a number of processes in place to underpin the plan, however, the Board would need to be assured regularly that progress is being made, particularly in relation to the workforce trajectories as these had not been delivered previously. The scale of the Financial Improvement Programme was noted including the importance of delivery of recurring schemes. The Chair advised that the Board had previously agreed that the 6-week diagnostic target is an important driver to a number of other targets particularly in relation to cancer.

Mr Fleet confirmed that there were robust processes in place to monitor the workforce trajectories on a weekly basis, and it was recognised that this was the most challenging element of the plan accounting to £30.6m of the £50m target. The trajectories had started to reduce, however, as previously described, a number of workstreams were reliant on national schemes being agreed in relation to VR and MARS. Discussions were ongoing with NHS England and a decision in relation to these schemes would be announced imminently. Mr Fleet highlighted that the organisational change management process had been agreed for implementation across both SWB and DGFT to support these workstreams.

There was a further discussion about corporate services infrastructure which is a large part of the workforce reduction plans, and Mr Fleet clarified that this related to the 50% growth seen in corporate costs since before the COVID pandemic, which equated to 141 FTE posts. Trusts were required to submit plans to achieve a 50% reduction by quarter 3. There were a number of mechanisms being put in place to support delivery of this as a large proportion of these posts were not vacant. Mr Laverty queried how the executives would keep the focus on areas with the largest cost reduction and maximised productivity. Mr Fleet confirmed that the project management office had been established to support with this, and executive directors would be required to report back on prioritisation focusing on productivity through the Finance Improvement Group which meets every two weeks. It was noted that the workforce trajectories had been agreed on the basis that a VR scheme would be in place from April, however, the process associated with the MARS scheme should help in making up some time and executives had used a phased approach when setting these trajectories. All other schemes were on track and costs would be reconciled back to the overall workforce trajectory. It was also noted that all schemes would be subject to a quality impact assessment which may result in further risk to the plan if schemes are not agree due to the impacts on quality, this would be continuously monitored through the rhythm of meetings in place and mitigations would be implemented as required.

The Board **NOTED** the report.

## Our Population

### 9. Place Report

TB (05/25) 006

Mrs Thomas highlighted that Place is often an area that lacks focus; however, she felt that the Trust's role within Place is essential in terms of developing pathways and improving productivity going forward. She presented the report, and the following points were noted:

- A session had been held with the West Birmingham partnership to review activity over the last 12 months, celebrate successes and plan for the year ahead. There had been a significant increase in resources which had supported in some positive developments and strengthened relationships

across the partnership. The next Board session would be focused on developing the workplans for the next year.

- Within the Birmingham and Solihull (BSol) system, it had been recognised that localities were power engines in supporting the implementation of a different model of care. All Chief Executives had made a commitment to support locality working and each organisation have nominated an executive director to represent each locality.
- There would be a particular focus on Urgent and Emergency Care and supporting this winter across BSol which had been identified within the group.
- There had been a number of review and development sessions with the Sandwell Health and Care Partnership (SHCP) to look back at work undertaken, celebrate success and agree the focus going forward for 2025 and the key successes of the partnership were shared.
- The Board had approved the SHCP Strategic Framework and agreed its two transformation priorities: Connected Communities and Home First.

Mr Sharma queried whether the West Birmingham partnership was working with other agencies on their priority to provide better mental health for children, young people and adults. Mrs Thomas recognised the scale of the challenge and confirmed that she would be working closely with colleagues from the Mental Health trust to improve access to information and support. She added that annex 1 of the report also outlined details of the Fairer Futures fund which included some specific projects focusing on mental health and wellbeing.

The Chair recognised that one of the main challenges for the organisation had been operating within two ICBs with very different approaches to place working. The options being explored for future working would mean that the Trust would be operating under one ICB, which would support in driving improvements and priorities within the partnerships.

There was a further discussion about financial activity within the partnerships and the cost of schemes vs the benefits realised. Mrs Thomas highlighted that the approach to managing this had been discussed with Mr Sheppard and there was a greater need for Trusts to be transparent in terms of budgets and how risks could be shared across the partnership. Mr Sheppard highlighted that service line reporting had been widened to include community services, to understand the cost base as well as the mechanisms of the productivity tools. This is an area of focus and would be reported through to FPC in the next few months.

Mr Ubhi declared an interest in some of the projects and voluntary sector organisations listed in the report. He highlighted that these organisations were working hard to support, however, the pathway into the wider system is difficult. Mrs Thomas recognised that this was a challenge, and the commissioning of the voluntary sector sits across a number of different agencies, she felt that a more coordinated approach to this would be critical to support with some of the pressures faced by these organisations.

The Board **NOTED** the report.

## Break

## Our Patients

### 10. Chief Nursing Officer and Chief Medical Officer's Report

TB (05/25) 007

Dr Sarma joined the meeting.

Dr Anderson shared the new report which would be presented to the Board at each meeting. He advised that the purpose of the joint report was to update on key elements of the Chief Nursing Officer and Chief

Medical Officer's portfolios, including interaction with external bodies and feedback from peer reviews. The following points were noted:

- The British Orthopaedic Association had been invited to conduct a service review following a high 30-day mortality rate for patients with hip fractures reported on the national audit last year. The review identified areas to improve, as well as areas of good practice. The formal report is expected, and the action plan will be monitored via the Quality and Safety group.
- Following an investigation into an incident in rheumatology, it had been discovered that there were 1,000 unendorsed results on the EPR by a locum consultant who had since left the organisation. Immediate actions were taken in relation to the incident and all unendorsed results had been reviewed which found appropriate actions had been taken and there had been no harm. The Chief Clinical Information Officers had been asked to share a report with clinical groups to alert them of any unendorsed results going forward.
- An update was received in relation to the blood-borne opt out testing in EDs launched by NHS England, which meant that all adults having a blood test are screened for Hepatitis B, Hepatitis C and HIV unless they opt-out.
- The Trust continued to exceed the target number of participants being recruited into research projects and was the highest recruiter in the Black Country.
- Positive feedback had been received from two recent coroner's inquests where patient safety investigators gave evidence, which was part of the new Patient Safety Incident Reporting Framework (PSIRF). PSIRF would be included on a future Board workshop.
- The Trust had switched the largest proportion of prescriptions to biosimilar drugs (90%) in the Black Country by the end of 2024/25 and spent the least amount on non-biosimilar originator drugs.

Mr Sharma queried whether the Trust were funded for research studies, and it was noted that all studies were funded, and additional funds were used for raising awareness and engagement in particular areas.

There was a further discussion about collaboration with DGFT on the research strategy and Dr Anderson highlighted that there were some differences in each of the strategies however, both Trusts were working towards getting University status, therefore there would be a collaborative approach to this. The Research and Development lead appointed in February is also the Non-Executive Director lead at DGFT. It was also noted that the Research and Development function had also been included in the corporate services programme, and this was expected to progress quickly.

The Chair commended colleagues on the format of the report which was informative for the Board.

The Board **NOTED** the report.

## 11. Operational Year End Performance Report

TB (05/25) 008

Mrs Newens presented the report which provided a summary and analysis of performance, key achievements and mitigations for improvement against the 24/25 and 25/26 NHS national targets. It was noted that a number of the performance standards had been included in the operational report and would be largely the same as last year. The following points noted:

- Performance with all metrics had been improved on from the 2023/24 to 2024/25 position except for the emergency access standard.
- The biggest improvements in performance were seen during quarter 4, as expected, particularly in relation to planned care metrics, cancer targets, reduction of 52 week waits and patients waiting over 18 weeks for treatment. This had been reflected in both elective and urgent care standards and productivity and income had improved as a result.



- Concerns remained in relation to performance with the 62-day referral to treatment for cancer which had been variable over the previous months. The challenging areas were noted as dermatology and gynaecology oncology, both of which had improvement plans in place and a piece of work was taking place across the Black Country Provider Collaborative in relation to the gynaecology oncology service which is an issue across the region.
- The national target for urgent care performance is for Trusts to achieve 78% by March 2026. The Trust were on track to deliver 77% this month, therefore would be ahead of trajectory for the year end position.
- There were further opportunities for improvement across the performance trajectories and a RPIW is due to take place to look at streaming to support improvements across a number of areas.

Mr Thomas joined the meeting at 11:52.

Mr Lavery raised concerns that performance metrics presented to the FPC for 2024/25 had not been consistent with the report presented to the Board and reported that a number of national targets had not been achieved. Mrs Newens confirmed that she and Mr Thomas would be meeting with the chair of FPC to understand what level of information would be useful for the committee in relation to operational performance. She clarified that the position reported to FPC was in relation to achievement of the Trusts trajectories to achieve the national targets at the end of March, as agreed with the ICB, not performance against the national targets. It was noted that a trajectory had been submitted in relation to the national targets that had not been met, and a tiering process was in place to increase scrutiny in those areas. Mrs Newens confirmed that the Trust were at risk of being tiered for cancer performance and would be scrutinised by ICB and NHSE against the performance framework.

The Chair recognised improvements made during 2024/25, however, highlighted that further clarity was required within the report to outline performance against the Trust's trajectories as well as the end of year position against the national targets.

Mr Thomas apologised for joining the meeting late due to attendance at a regional performance meeting. He advised that the regional team were focused on the Trust's trajectory for change and acknowledged that the trajectories that the Trust were being regulated on by the regional teams would need to be aligned with the data being presented to the Board.

The Board **NOTED** the report.

## 12. Finance Year End Position

TB (05/25) 009

Mr Sheppard presented the report and advised the Board that at the end of March 2025, the Trust had reported a surplus of £5.95 million and had therefore delivered the financial plan. This had contributed to the delivery of the Black Country Integrated Care System financial position. Future focus would be on delivery of the 2025/26 plan and the improvement on the recurrent position.

The Chair commended the team for delivery of the high-risk plan and highlighted that this reinforced the focus on workstreams in place to deliver this year's plan.

The Board **NOTED** the report.

## 13. Patient story feedback and learning from the last 12 months

TB (05/25) 010

Mrs Roberts presented the report which outlined feedback from the patient, staff and community stories shared with the Trust Board over the past 12 months. The report also included a summary of key actions that had been taken as a result of the discussions and issues that were raised as part of the stories. Key themes had been identified and would contribute to workplans that would be taken forward through the

Fundamentals of Care mechanism. The Board were advised that stories are now also being presented at the board subcommittees.

Mr Argyle queried how feedback from the Non-Executive Director visits was being captured and Mrs Roberts confirmed that discussions had taken place to relaunch the Executive and Non-Executive Director visits, and the Board would receive a separate report on feedback from the visits.

The Board **NOTED** the report.

## Our People

### 14. People Plan Progress Report

TB (05/25) 011

Mr Fleet presented the report which outlined a summary update of delivery against the People Plan and specific actions. It was noted that good progress had been made, however, there was still a lot of work to do to deliver the ambitious plan. The People Committee had signed off a revised set of People Priorities for 2025/26 which had been reset in line with the changing environment within the organisation since the plan was signed off in 2023. There had been a significant improvement in relation to the staff survey engagement score and a number of the workforce performance metrics as a result of the focused work within the plan. Areas for ongoing improvement were also outlined and included ongoing themes from the staff survey feedback and continued focus on the delivery of the workforce efficiency plan for 2025/26.

Mr Laverty reminded the Board of previous discussions relating to the age profile of the Trust's workforce and concerns being raised in relation to staff members approaching retirement who were not aware of their options for staying in the workplace. It was noted that this was still the case, and although feedback from the staff survey had identified that there had been improvements in relation to staff being able to work flexibly, Mr Fleet felt there was more that could be done to communicate these options with staff. He agreed to explore this through the People Committee.

The Chair recognised that there is a lot of activity taking place to support the People Plan and advised that the Board would need to be cited on the benefits associated with this going forward.

The report was **NOTED** by the Board.

**Action: Mr Fleet to explore options in relation to communicating retirement options with staff through the People Committee.**

### 15. Freedom to Speak Up 6-month Report Guardian of Safe Working Report

TB (05/25) 012

Mr Anderson highlighted that Freedom to Speak Up (FTSU) had been included in the Chief Medical Officer portfolio since December 2024, however, following recent leadership changes it had been agreed that this would now report directly to the Chief Executive going forward which was consistent with the arrangements in place at DGFT. Mr Johnson presented the report and provided an update on activity for the previous six months and the Trust's position against the national perception of speaking up. Themes were identified in relation to worker safety or wellbeing, inappropriate behaviours or attitudes, bullying and harassment, patient safety or quality and detriment. These are consistent with the national picture with the top three themes being related to behaviours and internal processes. Mr Johnson thanked Dr Anderson and Mrs Taylor for their support with the FTSU agenda.

Dr Anderson recognised that the themes highlighted were similar with those that had been raised by the Disability and Long-Term Conditions Network which would be addressed through the ARC leadership training. Mr Sharma queried whether there had been improvements in areas where managers had

undertaken the ARC training and it was noted that this was difficult to assess, however, there had been an improvement in managers within certain groups reaching out for specialist advice to support their staff.

Dr Anderson noted that the FTSU function had been set up for staff to raise clinical concerns and it was interesting that it had resulted in staff being able to report concerns in relation to behaviours and processes. Mr Argyle queried whether there had been any concerns raised in relation to inefficiencies within the Trust. It was noted that there had been no themes relating to inefficiencies from staff and the main feedback in relation to productivity is received from patients and their relatives. Mr Thomas highlighted that all wards at Dudley have a QR code that can be scanned for patients to raise concerns, and it was suggested this was something that could be implemented within SWB.

The Chair thanked Mr Johnson for his ongoing hard work and commitment to this agenda.

Dr Anderson introduced Dr Sarma, Colorectal Surgeon and Guardian of Safe working. Dr Sarma advised the Board that the purpose of his role is to ensure safe working conditions for all resident doctors employed by the Trust. The report provided an update on metrics and a steady reduction in exception reporting. It was noted that updated national guidance is due to be published in September as a result of industrial action and will require further action to be taken by medical staffing to support doctors for example payment for additional hours rather than giving time back in lieu. Dr Anderson confirmed that a paper is due to be presented to the People Committee in June to outline the changes and how the Trust will respond to this.

The Chair acknowledged that there would be other reports in relation to training for doctors and relationships and it was confirmed that data could be correlated with the concerns raised to the guardian of safe working so that additional support could be provided.

The Chair thanked Dr Sarma for his ongoing hard work in the role.

The Board **NOTED** the report.

## 16. 2024 National Staff Survey Results and Response

TB (05/25) 013

Mr Fleet presented the report and highlighted that the Trust had achieved a response rate of 34% and had delivered improvements across all of the People Promises and all domains in the 2024 national staff survey compared to the 2023 survey. The Trust had received a certificate of achievement from NHS England to celebrate this. Each group had been asked to identify the biggest opportunities within the People Promises and plans were due to be presented to the People Committee this month. Mr Fleet highlighted that the Pulse surveys would continue to be used to check progress throughout the year.

Mr Laverty queried whether there would be a “you said, we did” approach taken when writing out to teams with their staff survey results. Mr Fleet confirmed that the letter that went out to staff included direct actions in response to the survey results. A line managers briefing had also taken place to launch the survey and the “you said, we did” approach was used as part of that. The same approach would also be used for future Pulse surveys.

The Board **NOTED** the report.

## Governance, Risk & Regulatory

## 17. New Joint Infrastructure Committee TORs

TB (05/25) 020

The terms of reference for the New Joint Infrastructure Committee had been shared with members. This would be one of the first joint committees between SWB and DGFT and would focus on infrastructure and

digital services. The first meeting was due to take place on 30<sup>th</sup> May. Miss Dhami requested comments on the terms of reference which would be approved outside of the meeting following some agreed changes. The terms of reference were **NOTED** by the Board.

#### For Information

#### 18. Any other business

Verbal

The Board agreed for the approval of the annual report and accounts to be delegated to the Audit Committee.

The Integrated Performance Report had been included in the reading room.

Details of the next meeting of the Public Trust Board: 9<sup>th</sup> July 2025 at 10:00am in person, meeting in the Seminar Room of MMUH

**Meeting close**

List of action items

Agenda item		Assigned to	Deadline	Status
Public Trust Board 08/01/2025 9 MMUH Update Report (first 100 days)				
1462.	Capital case on Urgent Treatment Centre to be brought to the next meeting.	Thomas, Sian	07/05/2025	Pending
	<i>Explanation action item</i> On the Agenda to be closed after discussion			
Public Trust Board 08/01/2025 7 Integrated Committee Chairs Report				
1461.	Action: Feedback from one of the RPIW to be presented as a service story to the Board to include progress to date presented by the service.	Mel Roberts/Adam Thomas	TBC	Pending
Public Trust Board 14/05/2025 7 Integrated Committee Chairs Report				
1461.	Action: Mr Fleet to explore options in relation to communicating retirement options with staff through the People Committee.	James Fleet	TBC	Pending

<b>REPORT TITLE:</b>	Chief Executive's Report
<b>SPONSORING EXECUTIVE:</b>	Diane Wake, Chief Executive
<b>REPORT AUTHOR:</b>	Diane Wake, Chief Executive
<b>MEETING:</b>	Public Trust Board
<b>DATE:</b>	09/07/2025

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

Advise

- Operational performance
- CQC Engagement Meeting
- Recognition from the Royal College of Physicians
- Representation of national groups
- Black Country Finance Undertakings
- National and Regional changes
- NHS Oversight Framework
- Hospital to community
- NHS Structure
- Visits and Events

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

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

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

None

**4. Recommendation(s)**

The Public Trust Board is asked to:

a) **DISCUSS** the contents of the report

**5. 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: 9<sup>th</sup> July 2025**

### **Chief Executive's Report**

#### **1. Operational Performance**

- 1.1 The Trust has seen some significant progress in our urgent care performance. May's Emergency Access Standard (EAS) was 78.0%, a 2.0% improvement on the previous month, and achieving the national target expected by the end of March 2026. Average ambulance turnaround was reported at 23 minutes in May, an improvement of 22 minutes on the previous month and under the 30-minute national target for March 2026.
- 1.2 The total Referral to Treatment (RTT) waiting list for the Trust currently stands at 65,739 patients, with 37,062 patients waiting within the 18-week RTT standard, reflecting a compliance rate of 56.38%. The Trust is ahead of our submitted trajectory to deliver 60% of patients no more than 1 week by March 2026. More challenged specialities such as Gynaecology, Dermatology, Oral Surgery, and ENT have detailed recovery plans that are being monitored closely to ensure continued progress.
- 1.3 The Trust needs to achieve <1% of patients waiting more than 52 weeks by March 2026, as of the end of May there were 1,220 patients waiting over 52 weeks, unfortunately exceeding the planned in month trajectory of 1,204 by 16 patients which means currently we have 1.85% of patients waiting more than 52 weeks. Around 80% of the current 52-week waiters are concentrated within our four challenged specialities: ENT (both adult and paediatric), Oral Surgery, Dermatology, and Gynaecology. There is daily management of patients in these areas, and clinical groups have been asked to present sustainable clinical models for these specialities. Our confidence rating of returning to our trajectory and delivering the year-end target remains high.
- 1.4 Our cancer targets remain challenging, with the Faster Diagnosis Standard at 68.7% in May against a 77.78% trajectory, the 31-day standard at 94.03% against a 96.3% trajectory, and the 62-day standard at 70.23% against a 71.78% trajectory. We have submitted a Trust wide cancer recovery plan to the Integrated Care System and NHS England and are focused on delivering improvements. We have requested additional support from West Midlands Cancer Alliance in realigning pathways for Skin, Gynaecology, Head and Neck, and Lung services. We plan to implement a tele dermatology pathway later this year and have been paying particular attention to our diagnostic turnaround times for patients on a cancer referral pathway.

#### **2. Care Quality Commission Engagement Meeting**

- 2.1 We recently hosted our second meeting virtually with the CQC as part of their engagement pilot. We produced a slide pack against the agenda they set and invited Surgical Services to discuss their clinical group, and the outpatient and theatre improvement work they are leading on. This presentation was met with positive feedback.
- 2.2 Further face to face meetings with the CQC will be held quarterly. The next meeting is due in September 2025 when they will visit surgical services as a follow up to this month's presentation.

### **3. Recognition from the Royal College of Physicians**

- 3.1 The Trust is going to be recognised for its leadership in the field of medical examinations for the membership of the Royal College of Physicians. Professor Hany Eteiba, a consultant cardiologist, who is the President of RCPSG and current chair of the Federation of Royal Colleges of Physicians of the UK will visit MMUH after the summer. He will attend a grand round with an audience of all grades of resident doctors, physicians and surgeons.
- 3.2 He will present us with a recognition plaque to celebrate the 10th Anniversary of Physician Assessments at SWB and acknowledge our support of the PACES exams despite the pandemic and the closure and move of acute hospital sites.
- 3.3 In 2020, we conducted the first PACES Exam during the pandemic. We successfully hosted the exam with the new hybrid format: physical examination stations were assessed face-to-face with infection control measures in place, while history and clinical communication stations were evaluated remotely via Microsoft Teams, at the same time. This approach has demonstrated nationally that the PACES Examination could be conducted in this hybrid format, allowing over 1,300 resident doctors in Internal Medicine Training to advance their career trajectories since the pandemic. PACES Centres in England are successfully implementing this new PACES format, now known as PACES23

### **4. Representation on national groups**

- 4.1 Both Chief Nursing Officers across SWB and Dudley Group have been offered a place on the National Strategic Nursing Advisory Group which advises the England CNO on matters relating to nursing, particularly in relation to corporate nursing and the recent letters and workforce returns from NHS England.
- 4.2 Following offering some informal support our Chief Nursing Officer, Mel Roberts, has been invited to be part of the National Enhanced Therapeutic Observation Strategic Group, an advisory forum to improve care and consistency across England for patients who require enhanced support. This work will be shared across the Acute Provider Collaborative



## 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 in 2024/25 and the underlying deficit, 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.
- 5.2 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 and progress. Performance is monitored through the Executive Group and the Finance & Productivity Committee prior to the Trust Board.
- 5.3 The Acting Chief Finance Officer is working with system colleagues to improve the underlying financial position of the Integrated Care System and partner organisations.
- 5.4 The key focus will be on developing a medium-term plan. Medium term plans will be required for each statutory body linked to their specific roles and responsibilities in the context of an effective system approach to addressing key opportunities and challenges. Planning over multiple years creates the opportunity to focus on longer-term strategic changes that support population health need, through service transformation, reconfiguration and adoption of new technology. The three-year revenue and four-year capital spending review provides the opportunity to pivot to a mature, transparent and strategic approach to medium term planning.
- 5.5 Integrated Care Boards and providers will be asked to develop the foundational elements for their medium-term clinical and financial sustainability plans inclusive of:
  - Coherent clinical strategy
  - Robust understanding of productivity and efficiency opportunities and how they will be delivered
  - Shared view on service reconfiguration opportunities and plans including fragile services
  - Transparent articulation of underlying financial position
  - Strong core demand and capacity planning approach and capability within and across organisations
  - Rebasing fixed payments impact assessment
- 5.6 Progress against all the actions is described in **Annex 1** (in the Reading Room).

## 6. Regional and National changes

- 6.1 Integrated Care Boards: Cluster arrangements have now been confirmed and approved by the Secretary of State. The Black Country will cluster with Birmingham and Solihull. The Leadership arrangements of the Chair and Chief Executive will be confirmed in the next few weeks

- 6.2 Maternity letter 24th June 2025: There was a Webinar to support this on 25<sup>th</sup> June. The Secretary of State has initiated a national investigation into Maternity services which will report at the end of this calendar year. There will be a task force focusing on 10 organisations' who are yet to be confirmed. The indicators to undertake this assessment and prioritise the 10 organisations have not been shared.
- 6.3 Urgent and Emergency Care: from next week 3 indicators will be looked at and scrutinised nationally for every provider- these are:
- a) 45-minute handover
  - b) TES data and corridor care- this must be eliminated
  - c) 12 hour waits This does NOT mean that achieving 4 hours is not important

## **7. NHS Oversight Framework**

- 7.1 The consultation has now concluded with fewer indicators, but this does not mean the ones not in it are not important e.g. health inequalities This framework will be published tomorrow. League tables of providers not ICBs will be published on the 14th of July 2025. Two individuals have been nominated per Trust to access the model health care system to see the ratings and check that the data is correct.

## **8. NHS Structure**

- 8.1 The new arrangements will be introduced over the next few months, in preparation for NHS England being formally abolished in coming years. There will be 13 director generals, plus five "national priority programme" leads, and seven regional directors, who will have the status of DGs (see chart in the Reading Room).
- 8.2 Several will report jointly to the DHSC permanent secretary, Samantha Jones, and to the NHS chief executive, Jim Mackey, who will take on the status of a permanent secretary in the department. The joint reports include the DG for finance, meaning the department and the NHS will not have separate top-level finance directors for the first time in about 20 years.

## **9. Hospital to community**

- 9.1 A National Accelerator program for the development of neighbourhood teams is being worked up by the national team and DHSC. It will be launched with the 10-year plan and will support exemplars and the development of the neighbourhood health care systems.
- 9.2 Each ICB will be asked to nominate one or more places with their system - we need to ensure all 5 places are put forward. A National community Board will be launched and chaired by Dr Clare Fuller. A Neighbourhood health maturity self-assessment will be issued this week and will need completing by 24th July 2025

## **10. Recommendation**

The Public Trust Board is asked to:

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

Diane Wake  
Chief Executive

26<sup>th</sup> July 2025

**Annex 1:** 2024/25 Undertakings Progress Report - in the Reading Room

## **Black Country Provider Collaborative – June 2025**

The following are the key messages from the **2<sup>nd</sup> June 2025** - Black Country Provider Collaborative (BCPC) Executive meeting.

### **A. GENERAL**

- **Updates from the BC ICB** – BC ICB Board has received the output of an options appraisal for future clustering arrangements and supported the proposal to cluster with neighbours BSOL. This still requires national approval, with a formal merger unlikely to be anytime before April 2027. In parallel, discussions on possible delegations are likely to commence shortly and key operational services may transition as soon as possible.
- **Updates from NHS West Midlands** – A full list of existing subsidiary information (across the BC) has been requested and will be shared when available. Revised guidance on “Wholly owned Subsidiaries” has been developed and subject to feedback from key stakeholders it is hoped that this will be published imminently. Timelines for the publication of shared leadership and governance guidance remains unknown.

### **B. IMPROVEMENT**

- 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. Positive strides continue to be made with a more detailed timeline of actions to be presented in the BCPC Managing Directors quarterly highlight report next month.
  - **Clinical Service Transformation** – The BCPC Managing Director and CMO provided an overview of progress against key priorities which included:
    - **BC Elective Hub** – Capital secured (in principle), the South Group Strategy Officer continues to drive the development of the business case alongside a “programme of works” return to NHSE. In parallel the new SWB COO (and SRO) is driving the mobilisation efforts working with estates colleagues and the two operational teams. HOSCs have been engaged, and a public Involvement exercise will commence shortly.
    - **Breast DIEP Reconstruction** – Following engagement earlier in the year, a draft business case has been developed and shared widely for engagement. Comments to be received by mid-June and a final draft to be presented to the next Collaborative Executive for support and endorsement, prior to approval from JPC.
    - **Vascular services** – a positive engagement event was held in May involving all key stakeholders – DGFT, SWBT and UHB. A briefing paper will now be taken

through the two South Executive teams, with a 'Task & Finish' group to be established, and a Vascular Services plan to be developed for consideration by late summer.

- **North Group** – the Group Strategy Officer continues to work with the BCPC CMO (and other colleagues) to develop a robust timeline of deliverables, with a focus on the BC Elective Hub (North), routine General Surgery activity & BC Bariatrics service at WHCT, and the expansion of the Bladder Cancer activity.
- **System Transformation** – Engagement work will re-commence on Breast Unit consolidation to enhance the current socialisation between colleagues at the north so that is on a par with that at the south of the Black Country.

The Pharmacy Aseptic feasibility study progresses at pace with a well-attended first workshop resulting in a robust baselines assessment. It is anticipated that this work will result in a report for review, support and progression in late summer.

Early work has also commenced in reviewing the plans to establish a robust gynae-oncology service, with baselines work underway, and a workshop planned for mid-July.

Finally, work has re-commenced in drafting the Urological Cancer business case with a view to taking through due governance processes in the summer.

- **CNO update** – The BCPC CNO provided a brief update on key activities. The "Workforce Alignment" programme is making good progress on aligning their safe staffing policies (as and when current policies are due for updating), a focus on aligning nursing JDs at Band 4/5, and 3 of the 4 partner Trusts have now moved to the bottom of the bank rate with SWB moving to this position on the 1<sup>st</sup> September 2025.

BCPC CNO and Managing Director met with the BC ICB Chief Nurse to discuss the possibility of delegating the LMNS to the BCPC. Given the uncertainty on future ICB arrangements and national guidance yet to be received this has been deferred for now with further discussions planned for late July.

The BCPC CNO is also working with the BCPC Clinical Lead for Critical Care on a concern around nurse staffing levels that had been received. This is not uniform across all partner NHS Trusts, and the CNO's are working in tandem to provide a position statement for the Critical Care Network shortly.

- **Community First 'Delivery Partner'** – The BCPC had received an output report following some free consultancy work undertaken by an external partner on the possible scale of efficiency and productivity savings that may be available across the system.

This was recently presented to JPC and given the level of proposed contingency fee being sought by the external partner in addition to reservations about the return on investment, the Community First "Delivery Partner" work has been stood down.

CEO's have been asked to review and consider alternative opportunities which may be localised (in which case pursue internally) or if at scale to present a plan for consideration by the BCPC and subsequently JPC.

## C. 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.
- In short there are now three parallel phases to this work which are:
  - **Phase 1A** – local partner Trust pursuit of the “corporate services – cost reduction target” set nationally. This will be routinely managed at the Trust/Group level.
  - **Phase 1B** – In parallel, and through the CST Programme Board, pursuit in the consolidation of a small set of corporate services which would enable ‘proof of concept’, in addition to delivering enabling priorities.
  - **Phase 2** – Building on the output of Phases 1A and 1B, to consider a forward programme for 26/27 across the remaining key corporate services areas.

A more concise update is provided from the summary notes of the CST Programme Board, which was scheduled (and held) on Monday 16<sup>th</sup> June 2025 (see below – section E).

## D. 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. This is due to commence in mid-June for a period of 6-8 weeks across two parallel parts – part 1 will focus on the Elective Hub (South), with part 2 focusing on the wider concept of elective care transformation.

Work continues on the development of the BCPC Annual report, which should be available shortly, and active contribution in the development of key system business cases.

- **Medical Bank Rate Harmonisation** – The task group led by the BCPC CMO is making positive progress and has been provided a target of concluding with an aligned rate for the system by the 1<sup>st</sup> August 2025.

## Key Messages on the Corporate Services Transformation Programme Board – June 2025

The following are the key messages from the **16<sup>th</sup> June 2025** Corporate Services Transformation Programme Board.

## E. KEY MESSAGES

- **Scope & Delivery Approach:** following the approval of recommendations at JPC held 16<sup>th</sup> May 2025, the Corporate Services Transformation Programme has established three distinct but integrated delivery phases. The programme is finalising a simple, one-page summary overview to provide '*clarity at a glance*' of the key elements of the programme to support understanding and drive alignment to the scope and scale of ambition for this work. The importance of both digital and communication and engagement as enabling workstreams of effective delivery phases was reinforced. The key delivery phases are:
  - **Phase 1A** - recognises ownership of the delivery of the NHSE corporate cost reduction target with Trusts, with the timescale for delivery would be over the course of 2025/26, which creates the foundation from which further opportunity at scale can be pursued.
  - **Phase 1B** – running in parallel to Phase 1A, the programme continues to develop the Legal Framework to implement the agreed strategic vehicle of a managed shared service and working with programme board has identified early adopters for transition to this model as proof of concept. These are: Collaborative Bank, Recruitment, Communications and Research & Development. This, in parallel to a review of potential digital investment requirements, will be delivered over the course of 2025/26.
  - **Phase 2** - and finally, building on the Phase 1A foundation, to consolidate further across the remaining in-scope functions to deliver further opportunity at scale through the transition to a managed shared service model. The timescale for progressing and delivering Phase 2 is likely to commence from the latter part of 2025/26.
- **Critical Path:** the programme board received an overview of the draft critical path summary which is in development to identify key deliverables and decision points, month on month, for each of three delivery phases. This will be evolved further to reflect decisions taken as part of the meeting's agenda and will be underpinned by a detailed implementation plan with defined milestones to drive effective day to day management of programme activities.
- **Digital Assessment:** both early internal engagement and recent independent external analysis identifies digitisation and automation as key enablers for transformative benefit realisation. As part of Phase 1B activity, JPC has endorsed the need to assess the current digital landscape of the in-scope corporate services across the four provider trusts and our partner trust, in order to identify opportunities to standardise and optimise functionality and could be used to inform any future digital investment business case. A draft specification for this work has been developed, and programme board confirmed their approval to engage inhouse digital expertise to lead and undertake this assessment.
- **Robotic Process Automation:** the programme has continued to support participation in the 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, rule-based, repeatable tasks. All five trusts in scope of the programme have now confirmed their pilot RPA processes and are progressing with onboarding activities with the national team. Early estimations suggest a promising potential benefit value of circa £170K with further detailed analysis to be undertaken.
- **Legal Framework:** the programme board received an update regarding the work commissioned from an external Legal partner to develop a 'Legal Framework' for the

establishment of a managed shared service. A draft framework has been received and is under review. Further consideration of national guidance relating to wholly owned subsidiaries is being considered against the contractual joint venture approach which was initially considered.

In addition to key messages, a summary of the noted decision and actions are provided below:

## F. DECISIONS

- **Scope:** The programme board confirmed support for providing visibility of the detail and ongoing progress of the Phase 1A corporate reduction plans to CSTP to ensure alignment with Phase 1B and Phase 2 planning.
- **Scope:** The programme board agreed the following four early adopters for Phase 1B focus of: Collaborative Bank, Recruitment, Communications and Research & Development, with Collaborative Bank identified as the first priority area for progression.
- **Scope:** The North Group, comprising of The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust has deemed some of Finance out of scope for their organisations in response to their preferred option relating specifically to their Ledger Replacement Programme.
- **Digital Assessment:** The programme board approved the option to establish a small Task & Finish Group approach with inhouse digital expertise to lead and deliver the digital assessment. Further discussion will be progressed ahead of next programme board to identify named leads and step forward with a confirmed specification to initiate this activity.

## G. ACTIONS

- **Key Messages:** a summary of key messages from the programme board to be shared with CEOs for onward dissemination to executive teams. (Cheryl Scott)
- **Digital Assessment:** CEOs to advise the programme of nominations to engage with the Digital Assessment activity. (CEOs)
- **Collaborative Bank:** James Fleet to meet with Georgina Dean to discuss considerations of collaborative bank in respect of the BCHFT organisation. (James Fleet)
- **Legal Framework:** Sohaib Khalid to discuss with Georgina Dean the latest considerations regarding the legal framework options, specifically corporate joint venture or contractual joint venture. (Sohaib Khalid)
- **Corporate Cost Reduction Plans:** provision of a summary update of the plans at next programme board. (James Fleet)
- **Estates & Facilities:** Georgina Dean and Rachel Barlow to discuss potential collaborative opportunities specific to Estates & Facilities. (Rachel Barlow)



## Visits and Events

1 May	Black Country ICB Board Development
2 May	Finance and Performance Committee – Sandwell & West Birmingham
2 May	Local MPs visit to Midland Metropolitan University Hospital
7 May	Black Country – Regional Performance Tier Call
7 May	NHSE Agency Price Cap Oversight Group
16 May	Birmingham & Solihull Chief Executive's Time Out Session
16 May	Black Country Provider Collaborative Joint Provider Committee
19 May	Audit Committee – Dudley Group
19 May	Black Country Integrated Care System Cancer Board
20 May	Black Country System Chief Executives Meeting
21 May	NHSE Regional Director Update Briefing
21 May	Black Country – Regional Performance Tier Call
21 May	Audit Committee – Sandwell & West Birmingham
22 May	Midland Metropolitan Learning Campus Topping Out Ceremony
23 May	Birmingham and Solihull System Chief Executive's meeting
23 May	Midland Metropolitan - Staff Meet and Greet
28 May	Russells Hall - Staff Meet and Greet
28 May	Black Country Elective and Diagnostic Strategic Board
29 May	Finance and Productivity Committee – Dudley Group
29 May	Black Country Integrated Care Board
30 May	Finance and Productivity Committee – Sandwell & West Birmingham
30 May	Joint Infrastructure Committee – Dudley Group/Sandwell & West Birm
2 June	Black Country Provider Collaborative Executive
3 June	Midlands NHS Leadership meeting
4 June	NHS Providers visit to Midland Metropolitan
4 June	NHSE/ICB Dudley Group Oversight and Assurance Meeting
16 June	Integrated Cancer System Cancer Board
16 June	Black Country Corporate Services Transformation Programme Board
18 June	Mayor visit to Midlands Metropolitan
18 June	Audit Committee – Sandwell & West Birm
18 June	Black Country – Regional Tier Call
18 June	Aston University Charter Dinner
19 June	Council of Governors – Dudley Group
23 June	Audit Committee – Dudley Group
23 June	Black Country System Chief Executive's meeting
25 June	NHSE Regional Director Update Briefing
25 June	Remuneration Committee – Dudley Group
25 June	Black Country Elective and Diagnostic Strategic Board
26 June	Finance and Productivity Committee – Dudley Group
26 June	Health and Life Sciences Advisory Board

## Events

### Learning Campus Stakeholder and Media Day – 22 May

On 22 May, we held a Midland Met Learning Campus Stakeholder and Media Day, where local leaders, education providers, partners and students gathered on-site to celebrate reaching half-way of the construction and highlight the transformational impact the campus will have for learners today and generations to come.

The event featured voices from current learners, who spoke passionately about how the new campus will enhance their training and career prospects. Students from Sandwell College shared personal stories and aspirations, describing how access to cutting-edge facilities and on-site NHS placements will bring their learning to life and open doors to real world employment.

The landmark project is led by Sandwell and West Birmingham NHS Trust, in partnership with Sandwell Council, Sandwell College, Aston University and the University of Wolverhampton. It is funded by the Government's Towns Fund programme, overseen by the Smethwick Partnership Board, with additional co-funding from the NHS Trust and the West Midlands Combined Authority (WMCA). Construction is being led by Kier.

We look forward to the campus opening to our first students on 6 January 2026.



### Coffee and Chat – 23 May

I continue to hold regular coffee and chat sessions at all sites and have been able to speak with a whole host of different colleagues, some sharing positive news and some raising queries or concerns, which I am either able to answer there and then, or take away with a commitment of following up with the correct person.

I have found that staff engage with these well and I have also been joined by Jamil Johnson, who is our Freedom to Speak Up Lead, who has been able to talk to staff about the various ways in which they can Speak Up.



## NHS Providers Chief Executive Visits Midland Met – 4 June

In early June we received a visit from newly appointed Chief Executive of NHS Providers, Daniel Elkeles.

Daniel met various members of staff and also enjoyed a short tour of some of the facilities at Midland Met and was impressed with what he witnessed.

He said: "It was a real privilege to visit Midland Metropolitan University Hospital and meet so many of the dedicated staff who are bringing to life what it truly means to be 'more than a hospital'. While the building itself is remarkable and the regeneration work inspiring, what impressed me most was the clinical ambition and the commitment to integrated care."

"Your work—particularly on the frailty pathway, community investment, and seamless collaboration across services—is delivering real results: fewer admissions, shorter stays, and one of the best ED and ambulance handover performances in the Midlands. Thank you for the warm welcome and for showing what the future of healthcare can look like when people, are at the heart of it."



## From Dudley Road to Midland Met – A reunion of generations – 5 June

On 5 June, we rolled out the welcome mat for our incredible former colleagues who came back to share stories, laughter and memories of their much-loved Dudley Road (City) Hospital at a special alumni celebration.

Held at Midland Met, the event was a beautiful mix of nostalgia and pride, as we honoured nearly *140 years* of healthcare history. From the Victorian workhouse infirmary of 1887 to the innovations that shaped the NHS led by those working at our Trust.

The day's programme featured contributions from some of the hospital's most respected clinical leaders, with reflections on everything from elderly care and surgery to toxicology and infection control.

To everyone who helped make the day happen - thank you. And to all our former colleagues - we loved having you back.





## NHS Confed Expo – 11 June

Group Chief Development Officer, Rachel Barlow, Acute Medical Consultant, Sarb Clare and Dani Joseph, Director of Operational Performance were invited to presented at the coveted NHS Confederation Expo.

They presented on the role of new hospitals in transforming healthcare and communities, talking about their leadership journeys during the build and opening of the new hospital and told how we are making exemplary progress just seven months after opening.

They shared data including the 30% reduction in medical take and readmission rates, improved ED performance, a 1.5 day decreased LOS for the over 65 year old age group and enhanced staff satisfaction, truly highlighting the positive changes that are possible when we embrace new community based clinical models of care , 7 day workforce planning and have a modern well designed hospital with logical clinical adjacencies.

The session was very well attended, with the audience asking lots of interesting questions.



## Richard Parker visits Midland Met – 18 June

We were delighted to welcome Richard Parker, Mayor of the West Midlands, to Midland Met during June. in the day to meet with Group Chief Development Officer, Rachel Barlow, our Trust Chair, Sir David Nicholson, and I. We had a great conversation, and he was impressed with the impact that the 'spectacular new Midland Metropolitan University Hospital' (his words!) has made in and around Smethwick.

He said it is so much more than a healthcare facility; it's a catalyst for growth, prosperity, and hope.

He committed to working with partners to support the continued levelling up of our local community.



## Clean Air Day Reception – 18 June

The Winter Garden played host to a Clean Air Day Reception, an event run by Birmingham Clean Air Coalition, in partnership with the West Midlands Combined Authority. It was a really engaging evening, and I am delighted that Group Chief Development Officer, Rachel Barlow, Head of Sustainability, Fran Silcocks and Head of Clinical Products Management, Clare Nash, were all invited to speak as part of the event.

Clean Air is not just an environmental concern or just about improving the quality of life for those with respiratory conditions; it is a critical determinant of health that has a profound impact on life chances and health outcomes. Air pollution impacts heart health, lung function and even mental health, and addressing it is a shared responsibility. As a healthcare provider, we have a unique role in advocating for sustainable practices, educating our patients and local community and protecting vulnerable members of the population from the adverse effects of polluted air.



<b>REPORT TITLE:</b>	Integrated Committee Chairs Report		
<b>SPONSORING EXECUTIVE:</b>	Kam Dhami, Chief Governance Officer		
<b>REPORT AUTHOR:</b>	Lesley Writtle, Non-Executive Director, Deputy Chair		
<b>MEETING:</b>	Public Trust Board	<b>DATE:</b>	09/07/2025

<b>1. Suggested discussion points</b> <i>[two or three issues you consider the PublicTB should focus on in discussion]</i>
<p>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.</p> <p>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).</p> <p>The report includes key issues to advise, assure and alert the Board from May and June 2025 committees:</p> <p>Quality Committee: Chaired by Mike Hallisey  People Committee: Chaired by Jatinder Sharma/ Val Taylor  Finance and Productivity Committee: Chaired by Rachel Hardy  Audit Committee: Chaired by Andy Argyle  Integration Committee: Chaired by Val Taylor</p>

2. Alignment to our Vision [indicate with an 'X' which Strategic Objective[s] this paper supports]				
OUR PATIENTS		OUR PEOPLE		OUR POPULATION
To be good or outstanding in everything that we do		To cultivate and sustain happy, productive and engaged staff		To work seamlessly with our partners to improve lives

<b>3. Previous consideration</b> <i>[at which meeting[s] has this paper/matter been previously discussed?]</i>

<b>4. Recommendation(s)</b>
The Public Trust Board is asked to:
a. <b>NOTE</b> the report and assurance provided.
b. <b>PROVIDE</b> feedback for any identified issues shared for escalation

5. Impact [indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]		
Board Assurance Framework Risk 01	x	Deliver safe, high-quality care.
Board Assurance Framework Risk 02	x	Make best strategic use of its resources

Board Assurance Framework Risk 03	x	<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

- Delivery of the Financial Improvement plan in 25/26. significant work is required to ensure there is a level of recurrent and non-recurrent delivery that delivers the financial position and protects the cash position of the organisation. Finance committee has requested clarification on the deliverability of the programme, and the level of risk and the trajectory of delivery for the programme. A recommendation was made there should be a discussion regarding the delivery position of the programme at board and what additional work and schemes will be required.
- Audit committee in June discussed the external audit VFM opinion on financial sustainability which remains, not unexpectedly, a “significant weakness”. Improvement in CIP project management and delivery is required to upgrade the opinion in future years 25/26.
- Workforce control: whilst significant work has been undertaken on workforce reductions and there is a clear reduction in bank and agency, reduction in owed hours and sickness. The plan remains challenging given the scale of reduction of 8.5% required. A gap has been highlighted following group reviews. Most sub committees have asked if the challenge is too great.
- Ophthalmology Booking System: Quality Committee heard there is risk of harm due to process failures and this is further compounded by backlogs in follow ups. This has caused patient harm. The committee heard there is also evidence of similar issues in another speciality linked to missing follow up appointments. A robust solution is awaited and needs review of both electronic and manual systems to significantly reduce risk.
- Deteriorating Patient: Quality Committee will remain sighted on the Trusts priority area. Currently there are gaps in processes which could have potential for harm. There is a workplan in place but it is yet to yield results.

### ADVISE

- The joint Infrastructure committee with Dudley Group NHSFT have met for the first time and the chair has reported that this was a very valuable first meeting. An away day has been scheduled in July. The work plan will focus on the 3 Ten-year Health Plan shift areas: Analogue to digital, hospital to community and treatment to prevention. This will ascertain our current benchmark and where our journey is on the spectrum.
- Repositioning of the Financial Improvement Programme for July is required to set out the delivery trajectory of each group with a view of the likelihood of delivery by the end of the year. To include a clear view of the likely delivery gap, the impact on I&E and cash. Clarity of delivery realisation of each scheme, what it will take to deliver the programme. How the assumptions regarding delivery impact on the run rate month by month and finally a plan to finalise and accelerate all QIAs.
- The Maternity Theatres Business case and Resuscitation officers/ training were presented to Finance committee as urgent safety issues without a solution regarding funding. Both matters have been discussed earlier in the year in quality committee/ People committee so some concern that this was not picked up in budget setting. Due to risk of harm this was supported.
- MARS was discussed in both people and finance committee, more detail was requested to understand the impact on the Groups workforce plans, also to mitigate any unintended consequences of the scheme. More detail has been requested on the budgeting and capacity to provide sufficient QIA panels.



## ASSURE

- External Audit process and annual report preparation in particular the Value for Money (VFM) was much more efficient than last year, however there is an opportunity for a refresh to streamline for next year. Also need to ensure requested MMUH benefits work has greater focus for next year so that benefits achieved can be tracked.
- The People engagement teams (PET) teams in the Trust are proving to be very successful within the Groups. There are some strong recommendations and actions for the trust to continue to improve staff engagement and satisfaction. Also continuing to increase staff recognition.
- Workforce efficiency programme. June's People Committee staff story highlighted the culmination of a lot of hard work and collaborative effort resulting in a reduction of owed hours from a peak initially of 97000 to 4000 hours.
- Integration Committee reports positive feedback on work happening at Place which continues to demonstrate positive work in Health and Social Care partnerships. Critical to success in Birmingham is recognition of Localities and as such CEO's have made commitments to align senior and executive leads to this work.

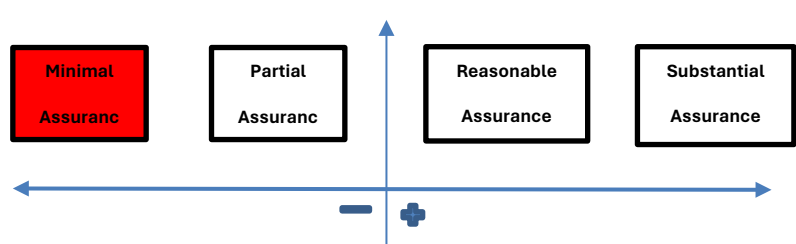
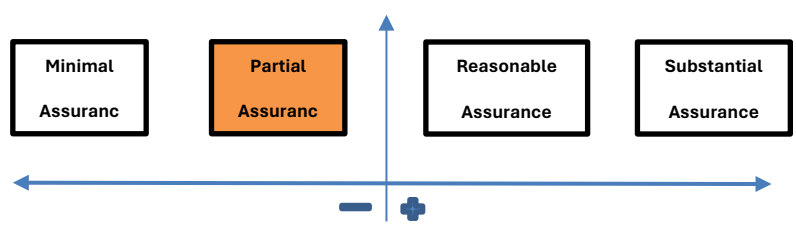
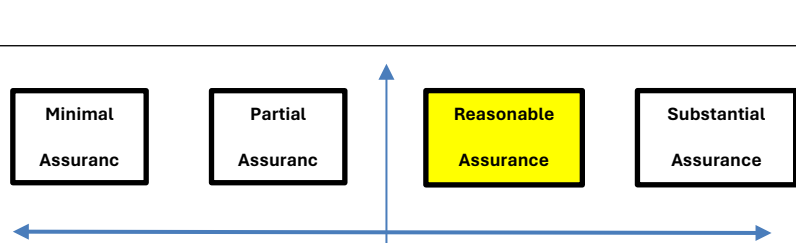
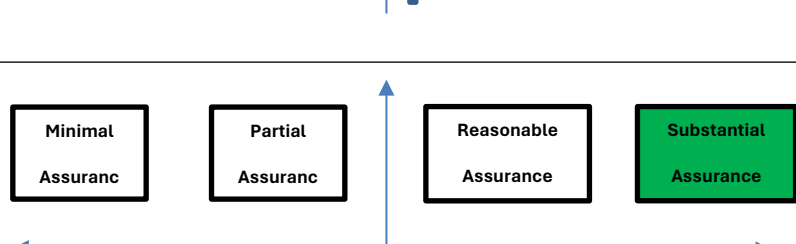
# Audit Committee Chairs Report

Committee Chair: Andrew Argyle

5 <sup>th</sup> May 2025	
Internal Audit Annual Report, including HOIA opinion	Minimal Assurance
Internal Audit Progress Report	Partial Assurance
Internal Audit Annual Plan	Reasonable Assurance
Counter Fraud Work plan 2024/25	Reasonable Assurance
Counter Fraud Annual plan 2024/25	Reasonable Assurance
Audit Plan 2024/25.	Substantial Assurance
Governance Pack	Substantial Assurance
Draft Annual Accounts	Reasonable Assurance

18 <sup>th</sup> June 2025	
Internal Audit Progress Report	Reasonable Assurance
2024/25 Annual Auditor’s Report: Grant Thornton	Substantial Assurance
External Audit Findings 2024/25 & Letter of Representation	Substantial Assurance
Annual Report including the Financial Statements	Reasonable Assurance

<div><div>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</div><div><ul style="list-style-type: none"><li>Negative internal audit opinion due to the number of adverse reports and lack of follow up against agreed timelines. Need to be more realistic about deadlines / progress on complex change projects and ensure appropriate project management in place.</li><li>Reaudit of “job planning’ delayed until November 2025 due to delays in external consultant (Missang) work (visa delays)</li><li>Vfm opinion on financial sustainability remains, not unexpectedly, a “significant weakness”. Improvement in CIP project management and delivery required to upgrade the opinion in FY25/6.</li></ul></div></div>	<div><div>MAJOR ACTIONS AGREED</div><div><ul style="list-style-type: none"><li>More rigorous focus on internal audit actions already implemented by the new chief exec.</li><li>Continue work on ensuring documentation / procedures are up to date. Errors are arising due to out of date / unavailable documentation.</li><li>We need a ‘refresh’ of the Annual Report format with the aim of streamlining the document.</li><li>Audit committee to receive a summary of audits / opinions from quality and similar non- financial audits undertaken at the Trust.</li><li>Governance pack to be updated with external consulting spend and analysis of overseas visitor “write off” by specialty.</li><li>Forecast MMUH benefits table to be included in Annual Report so that the benefits achieved can be tracked.</li></ul></div></div>
<div><div>POSITIVE ASSURANCES TO PROVIDE</div><div><ul style="list-style-type: none"><li>External audit process and annual report preparation, in particular the vfm work, more efficient than last year.</li><li>Some improvement areas noted in GT report but all understood / able to be actioned by the Trust.</li></ul></div></div>	<div><div>DECISIONS MADE</div><div><ul style="list-style-type: none"><li></li></ul></div></div>

 <p>A horizontal scale with four boxes labeled 'Minimal Assurance', 'Partial Assurance', 'Reasonable Assurance', and 'Substantial Assurance'. The 'Minimal Assurance' box is highlighted in red. Below the boxes is a horizontal line with a minus sign on the left and a plus sign on the right, with an upward arrow in the center.</p>	<p>Management cannot clearly articulate the matter or issue; something has arisen at Committee for which there is little or no awareness and no action being taken to address the matter; there are a significant number of risks associated where it is not clear what is being done to control, manage or mitigate them; and the level of risk is increasing.</p>
 <p>A horizontal scale with four boxes labeled 'Minimal Assurance', 'Partial Assurance', 'Reasonable Assurance', and 'Substantial Assurance'. The 'Partial Assurance' box is highlighted in orange. Below the boxes is a horizontal line with a minus sign on the left and a plus sign on the right, with an upward arrow in the center.</p>	<p>There is partial clarity on the matter to be addressed; some progress has been made but there remain a number of outstanding actions or progress against any plans so will not be delivered within agreed timescales; independent or external assurance shows areas of concern; there are increasing risks that are only partially controlled, mitigated or managed.</p>
 <p>A horizontal scale with four boxes labeled 'Minimal Assurance', 'Partial Assurance', 'Reasonable Assurance', and 'Substantial Assurance'. The 'Reasonable Assurance' box is highlighted in yellow. Below the boxes is a horizontal line with a minus sign on the left and a plus sign on the right, with an upward arrow in the center.</p>	<p>There is evidence of a good understanding of the matter or issue to be addressed; there are plans in place and these are being delivered against agreed timescales; those that are not yet delivered are well understood and it is clear what actions are being taken to control, manage or mitigate any risks; where required there is evidence of independent or external assurance.</p>
 <p>A horizontal scale with four boxes labeled 'Minimal Assurance', 'Partial Assurance', 'Reasonable Assurance', and 'Substantial Assurance'. The 'Substantial Assurance' box is highlighted in green. Below the boxes is a horizontal line with a minus sign on the left and a plus sign on the right, with an upward arrow in the center.</p>	<p>There is evidence of a clear understanding of the matter or issue to be addressed; there is evidence of independent or external assurance; there are plans in place and these are being actively delivered and there is triangulation from other sources (e.g. patient or staff feedback)</p>

# Integrated Committee Chairs Report

Committee Chair: Val Taylor

29 May 2025	
Strategic Approach to Primary Care	Reasonable Assurance
Health Inequalities	Reasonable Assurance
Community First Update	Partial Assurance
Place Update	Reasonable Assurance
System Update	Reasonable Assurance
Working Group ToR	Substantial Assurance
Birmingham Health & Wellbeing Board Update	Reasonable Assurance

25 <sup>th</sup> June 2025	
Primary/Secondary Care Interface	Reasonable Assurance
Social Values & Community Involvement Approach	Substantial Assurance
Community First	Reasonable Assurance
Sandwell Place Updates	Reasonable Assurance
West Birmingham Updates	Reasonable Assurance
Community Performance Update	Reasonable Assurance
BAF Risk Paper	Reasonable Assurance

<div>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</div> <ul style="list-style-type: none"><li>Place – suggested feedback to be given, via the CEO, of the level of commitment required by the Sandwell Health and Care Partnership members to have representation at up to 16 meetings per year which has a considerable amount of overlap in the areas that they are responsible for.</li></ul>	<div>MAJOR ACTIONS AGREED</div> <ul style="list-style-type: none"><li>Community First plan – revised paper to be submitted to next committee that shows clearly the projects underway along side proposed timescales and potential contributions to the Trust cost improvement programme.</li></ul>
<div>POSITIVE ASSURANCES TO PROVIDE</div> <ul style="list-style-type: none"><li>Place updates from West Birmingham and Sandwell continue to demonstrate positive work in both health and care partnerships. Localities in Birmingham have been recognised as critical to the success of the system, and as such the CEOs have made personal and organisational commitments to support their delivery, including the alignment of senior and executive leads to each locality.</li><li>Community First – A verbal update was provided as no formal meeting has been held since the last committee however positive progress was noted on the frailty scheme with the development of four pilots<ul style="list-style-type: none"><li>Geriatrician and GP in Care Navigation</li><li>Care Home Readmission 72 hour support</li><li>Palliative care at the front door (ED)</li><li>Proactive community/primary care MDT for frailty@risk</li></ul></li><li>Progress is underway to better align the activities of the Trust Charity with the priorities and work of the Integration Committee.</li><li>A Social Values charter to be co-produced in partnership with Voluntary, Community, Faith and Social Enterprise (VCFSE) Sector</li></ul>	<div>DECISIONS MADE</div> <ul style="list-style-type: none"><li>A new strategic approach to primary care integration was accepted by the committee with the following 3 areas identified as part of the strategic intent - Priority 1 - Internal Operational • Priority 2 - Internal Transformational • Priority 3 - External Offer</li><li>The Health Inequalities Plan was updated and was signed off by the committee</li><li>The Committee was asked to support the change to the BAF risk and recommend the change to Board. “There is a risk the Trust fails to deliver its strategic objective to work with partners to improve care and lives, resulting in continued poor outcomes for our patients and residents”</li></ul>

# People Committee Chairs Report

Committee Chair: Jatinder

28 <sup>th</sup> May 2025	
Pulse Survey Results and Staff Survey Actions Plans ( Groups)	Reasonable Assurance
Learning Campus Project Update	Reasonable Assurance
Policy Paper Update	Reasonable Assurance
POD Group Model	Reasonable Assurance
People Metrics – Workforce Financial Improvement Programme NHSE SPC Charts – All POD Metrics	Partial Assurance

25 <sup>th</sup> June 2025	
Workforce Workstream (25/26) Assurance Report	Reasonable Assurance
Job Evaluation	Partial Assurance
Sickness Deep Dive	Reasonable Assurance
Medical Revalidation Policy for Career Grade Medical Staff	Substantial Assurance
Changes to Resident Doctor Exception Reporting Process	Reasonable Assurance
MARs Scheme	Partial Assurance
People Metrics and Workforce Optimisation Programmes Update	Reasonable Assurance

<p><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"><li>Whilst the Group leaders demonstrated commitment to achieving their 25/26 workforce plan reductions, and there is clear evidence of a marked reduction in FTE deployment (bank/agency), as well as additional schemes and initiatives in development, achieving the 25/26 plan requirements remains challenging given their scale (8.5%) as well as delays in the anticipated national VR scheme. A gap of circa 230 FTEs was highlighted through review of the Group workforce trajectories to achieve the year-end planned FTE reduction.</li><li>Concerns were raised that the MAR scheme may have unintended consequences for the workforce, including a negative impact on staff morale among those whose applications are unsuccessful, as well as potential disruption to workforce trajectory plans.</li><li>Report from Quality committee around a risk that staff are not adequately recognising when patients in ED are deteriorating. There are insufficient resuscitation officers. People committee is asked to support the requirement to resource the training of new resuscitation officers</li><li></li></ul>	<p><b>MAJOR ACTIONS AGREED</b></p> <ul style="list-style-type: none"><li>Review of QIHD approach to be brought back to Committee.</li><li>Refinement of communication message to staff with regard to reduction in staffing to be determined, to include trade unions.</li><li>Further development of Group workforce plans and trajectories to reduce the current 25/26 FTE gap</li></ul>
<p><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"><li>People Engagement Teams (PET) – the Trust continues to perform well in its engagement score (April PULSE Survey), albeit there has been a slight deterioration. The Committee received a strong people Story from the Women’s &amp; Children Group PET regarding the work that they are taking forward to improve staff engagement and satisfaction. Clear evidence of impact. Also positive to see consistent improvements in staff engagement for Imaging, given the poor 2024 Annual Staff Survey scores in this area. MEC also demonstrating improved performance in engagement score.</li><li>PET -Staff recognition strongly welcomed.</li><li>The People Story highlighted a remarkable collaborative effort across teams, resulting in a reduction of owed hours from a peak of 97,000 to just 4,000, a significant achievement in workforce management.</li><li>There has been a consistent decrease in the percentage of sickness absence in the rolling 12-months from April 2024. Although the percentage remains above the Trust target of 5%.</li></ul>	<p><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"><li>Mandatory training update provided, further work on safeguarding levels and type to be brought back.</li><li>Deep-dive into sickness Absence, particularly aligning Good-Shape data on outstanding management actions with highest areas of sickness absence across Groups/Directorates.</li><li>Follow-up session on Staff Engagement at People Committee following the July PULSE Survey.</li></ul>

	<p>Management cannot clearly articulate the matter or issue; something has arisen at Committee for which there is little or no awareness and no action being taken to address the matter; there are a significant number of risks associated where it is not clear what is being done to control, manage or mitigate them; and the level of risk is increasing.</p>
	<p>There is partial clarity on the matter to be addressed; some progress has been made but there remain a number of outstanding actions or progress against any plans so will not be delivered within agreed timescales; independent or external assurance shows areas of concern; there are increasing risks that are only partially controlled, mitigated or managed.</p>
	<p>There is evidence of a good understanding of the matter or issue to be addressed; there are plans in place and these are being delivered against agreed timescales; those that are not yet delivered are well understood and it is clear what actions are being taken to control, manage or mitigate any risks; where required there is evidence of independent or external assurance.</p>
	<p>There is evidence of a clear understanding of the matter or issue to be addressed; there is evidence of independent or external assurance; there are plans in place and these are being actively delivered and there is triangulation from other sources (e.g. patient or staff feedback)</p>

# Quality Committee Chairs Report

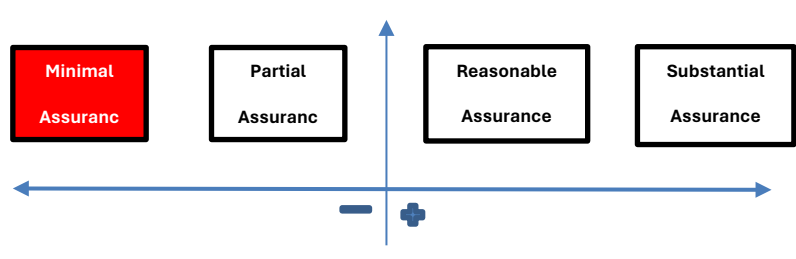
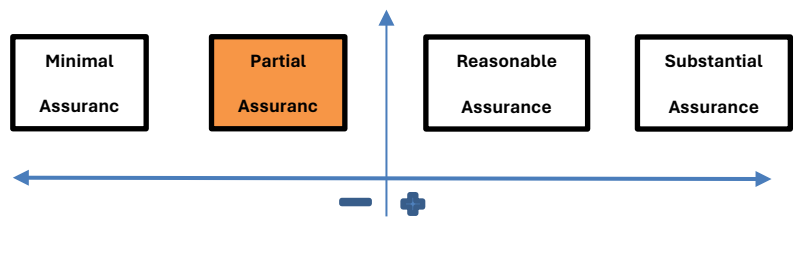
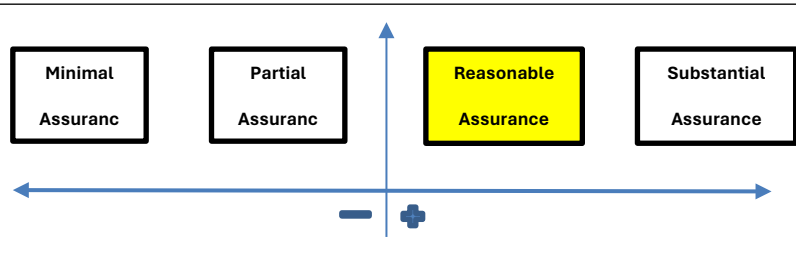
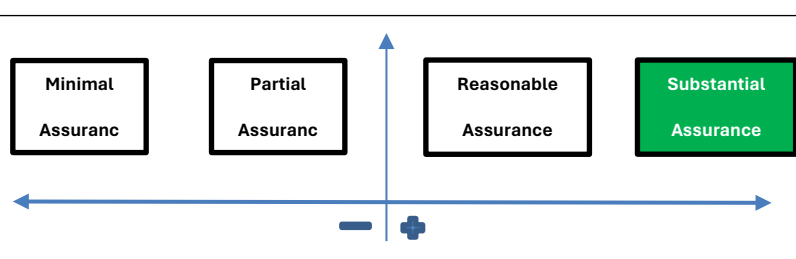
Committee Chair: Mike Hallissey

28 <sup>th</sup> May 2025	
Mental Health Update	Partial Assurance
Safeguarding Improvement Plan Update	Reasonable Assurance
Cancer Update	Partial Assurance
PSIRF	Reasonable Assurance
Infection Prevention & Control ICB Assurance Visit	Noted
Learning From Deaths/Mortality & Morbidity incl. HSMR & SHIMI	Reasonable Assurance
Maternity Dashboard incl Ockenden	Reasonable Assurance
Learning Report Summary 24/25 and Next steps	Reasonable Assurance
Fundamentals of Care Metrics	Reasonable Assurance
Patient Experience Work Plan	Noted
Quality Account	Noted
Quality Committee Forward Plan	Noted

25 <sup>th</sup> June 2025	
BMEC SI investigation report follow-up	Partial Assurance
Fundamentals of Care Metrics	Noted
Corporate Risk Register: Quality and Safety Risks	Noted
Learning From Deaths/Mortality & Morbidity incl. HSMR & SHIMI	Reasonable Assurance
Perinatal Data Report including Ockenden	Reasonable Assurance
Deteriorating Patient Plan	Minimal Assurance
QIA Terms of Reference	Noted

<div><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b><ul style="list-style-type: none"><li>Two Never events in the January – safety alerts sent out and actions being followed up</li><li>C diff rates above trajectory but not an outlier nationally. Work ongoing on using the right antibiotics</li><li>CPE outbreak in Neonates, a potential area for network wide action – shared across the system</li><li>Concern about jump risk at MMUH, subject to action and further review</li><li>There are significant risks of harm due to process failures in ophthalmology booking and backlog. This has cause patient harm. The solution developed is not robust</li><li>The work on deteriorating patient shows large gaps in the processes and has significant potential for harm. Workplan in place but not yet yielding results</li></ul></div>	<div><b>MAJOR ACTIONS AGREED</b><ul style="list-style-type: none"><li>Identify other services which may have similar process issue to ophthalmology</li><li>Business case to be developed for the Resuscitation team to meet national guidelines</li></ul></div>
<div><b>POSITIVE ASSURANCES TO PROVIDE</b><ul style="list-style-type: none"><li>CQC Visit to YHP resulted in good feedback</li><li>All ICB acute providers aligned over CQC methodology</li><li>PSIRF now embedded and working, learning to follow</li><li>Fewer infection outbreaks following move to MMUH</li><li>No issues have arisen following change to 45 minute offload</li><li>Positive External review of IPC standards</li><li>Fundamentals of care dashboard is being utilised by leadership teams to drive improvement</li><li>Positive Recruitment to Midwifery vacancies</li></ul></div>	<div><b>DECISIONS MADE</b><ul style="list-style-type: none"><li>CNST submission for maternity approved for submission</li><li>Agreed patient experience workplan</li><li>Agreed QEIA/EIA Terms of Reference</li></ul></div>



 <p>A horizontal scale with four boxes: Minimal Assurance (red), Partial Assurance, Reasonable Assurance, and Substantial Assurance. A vertical line separates the first two from the last two. A minus sign is on the left and a plus sign is on the right of the vertical line.</p>	<p>Management cannot clearly articulate the matter or issue; something has arisen at Committee for which there is little or no awareness and no action being taken to address the matter; there are a significant number of risks associated where it is not clear what is being done to control, manage or mitigate them; and the level of risk is increasing.</p>
 <p>A horizontal scale with four boxes: Minimal Assurance, Partial Assurance (orange), Reasonable Assurance, and Substantial Assurance. A vertical line separates the first two from the last two. A minus sign is on the left and a plus sign is on the right of the vertical line.</p>	<p>There is partial clarity on the matter to be addressed; some progress has been made but there remain a number of outstanding actions or progress against any plans so will not be delivered within agreed timescales; independent or external assurance shows areas of concern; there are increasing risks that are only partially controlled, mitigated or managed.</p>
 <p>A horizontal scale with four boxes: Minimal Assurance, Partial Assurance, Reasonable Assurance (yellow), and Substantial Assurance. A vertical line separates the first two from the last two. A minus sign is on the left and a plus sign is on the right of the vertical line.</p>	<p>There is evidence of a good understanding of the matter or issue to be addressed; there are plans in place and these are being delivered against agreed timescales; those that are not yet delivered are well understood and it is clear what actions are being taken to control, manage or mitigate any risks; where required there is evidence of independent or external assurance.</p>
 <p>A horizontal scale with four boxes: Minimal Assurance, Partial Assurance, Reasonable Assurance, and Substantial Assurance (green). A vertical line separates the first two from the last two. A minus sign is on the left and a plus sign is on the right of the vertical line.</p>	<p>There is evidence of a clear understanding of the matter or issue to be addressed; there is evidence of independent or external assurance; there are plans in place and these are being actively delivered and there is triangulation from other sources (e.g. patient or staff feedback)</p>



# Finance and Productivity Committee Chairs Report

Committee Chair: Rachel Hardy

30 <sup>th</sup> May 2025	
Operational Performance Report	Reasonable Assurance
Deep Dive into Cancer Services	Partial Assurance
Workforce Report	Partial Assurance
Contractual Activity Report	Partial Assurance
Month 1 Finance Report	Partial Assurance
Month 1 Cash and Capital	Partial Assurance
Financial Improvement Programme	Partial Assurance
Staffing Model for Urgent Primary Care Service	Reasonable Assurance
Undertakings	Reasonable Assurance
SWB Oversight Meeting	Reasonable Assurance

Update on Community Performance	Reasonable Assurance
Operational Performance Report	Reasonable Assurance
Month 2 Finance Report	Partial Assurance
Month 2 Cash and Capital	Partial Assurance
Financial Improvement Programme	Partial Assurance
National Cost Collection Submission	Reasonable Assurance
Sandwell UTC Procurement Sign Off	Reasonable Assurance
Maternity Theatres Business Case	Partial Assurance
Undertakings	Reasonable Assurance

<div><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b><ul style="list-style-type: none"><li>The Financial Improvement Programme – significant work is required to ensure there is a level of recurrent and non recurrent delivery that delivers the financial position and protects the cash position of the organisation.</li><li>It is still unclear whether the majority of the programme is on course to deliver, the level of risk and the trajectory of delivery for the programme.</li><li>There should be an urgent discussion regarding the delivery position of the programme at board and what additional work and schemes will be required.</li><li>The Maternity Theatres Business case was presented to FIPC as an urgent safety issue without a solution regarding funding.</li><li>The month 2 position of the organisation is off plan due to income issues which require rapid escalation and resolution and delivery of the Financial Improvement Plan.</li></ul></div>	<div><b>MAJOR ACTIONS AGREED</b><ul style="list-style-type: none"><li>Deep Dive into Diagnostics in June Fipc</li><li>Further Deep Dive into the cancer Improvement Plan in September</li><li>Repositioning of the Financial Improvement Programme for next month to set out :- The delivery trajectory of each area and honest view of the likelihood of delivery by the end of the year. Clear view of the likely delivery gap, the impact on I&amp;E and cash Developing a discussion for board to look at the risk and discuss Plan B and next steps Clarity of delivery realisation of each scheme What it will take to deliver the programme How the assumptions regarding delivery impact on the run rate month by month A plan to finalise and accelerate all QIAs.</li></ul></div>
<div><b>POSITIVE ASSURANCES TO PROVIDE</b><ul style="list-style-type: none"><li>Clarity and reporting of Operational Performance and community performance has significantly improved and leads to clear and beneficial discussions at the committee</li><li>The developing work on community performance and metrics has really improved and will enable a broader review of performance.</li></ul></div>	<div><b>DECISIONS MADE</b><ul style="list-style-type: none"><li>Staffing model for Urgent Primary Care Services</li><li>Sandwell UTC Procurement Sign off</li><li>Maternity Theatres Business Case</li></ul></div>



## Joint Provider Committee – Report to Trust Boards

Date: 9<sup>th</sup> June 2025

Agenda item: 004

TITLE OF REPORT:	Report to Trust Boards from the 16 <sup>th</sup> May 2025 JPC meeting.
PURPOSE OF REPORT:	To provide all partner Trust Boards with a summary of key messages from the 16 <sup>th</sup> of May 2025 Joint Provider Committee.
AUTHOR(S) OF REPORT:	Sohaib Khalid, <i>BCPC Managing Director</i>
MANAGEMENT LEAD/SIGNED OFF BY:	Sir David Nicholson - <i>Chair of BC JPC &amp; Group Chair of DGFT, SWBH, RWT, &amp; WHT</i> Diane Wake - <i>CEO Lead of the BCPC</i>
KEY POINTS:	<p>The Joint Provider Committee (JPC) was held, and was quorate with attendance by the Chair, three Deputy Chairs, and both CEO's.</p> <p>Key discussion points included:</p> <ol style="list-style-type: none"> <li>A progress update from the BCPC CEO Lead with a particular focus on highlighting progress within key clinical networks, the recent national visit from the GiRFT team, and a detailed trajectory of deliverables for the agreed Clinical Services Transformation programme of work.</li> <li>Progress update on the Corporate Services Transformation work, highlighting the repositioned (and phased) programme of work, which has taken account of recent national 'corporate services – cost reduction' targets for each partner Trust.</li> <li>Confirmation that external capacity / support for partner Trusts to enable faster productivity and efficiency delivery is to be stood down, pending a review by CEO's on any possible next steps, as the contingent fee proposal was deemed to be expensive with a high level of risk attached.</li> <li>A brief review of possible NHS reforms and exploration of possible opportunities that the four partner Trusts may wish to maximise.</li> </ol>
RECOMMENDATION(S):	<p>The partner Trust Boards are asked to:</p> <ol style="list-style-type: none"> <li><b>RECEIVE</b> this report as a summary update of key discussions on the 16<sup>th</sup> May 2025 JPC meeting.</li> <li><b>NOTE</b> the key messages, agreements, and actions in section 2 of the report.</li> </ol>
CONFLICTS OF INTEREST:	There were no declarations of interest.
DELIVERY OF WHICH BCPC WORK PLAN PRIORITY:	The Joint Provider Committee oversees and assures progress against the agreed BCPC annual Work Plan, as outlined in schedule 3 of the Collaboration Agreement.
ACTION REQUIRED:	<input checked="" type="checkbox"/> Assurance <input type="checkbox"/> Endorsement / Support <input checked="" type="checkbox"/> Approval <input checked="" type="checkbox"/> For Information

## 1. PURPOSE

- 1.1 To provide all partner Trust Boards with a summary of key messages from the 16<sup>th</sup> of May 2025 Joint Provider Committee.

## 2. SUMMARY

- 2.1 The Joint Provider Committee was held on the 16<sup>th</sup> of May 2025. The meeting was quorate with attendance by the Chair, both CEO's and three of the Deputy Chairs.
- 2.2 The minutes of the previous meeting were accepted as an accurate record and the Action Log was reviewed for progress with completed actions noted.
- 2.3 The following is a summary of discussions with agreements noted:

### a) Items for Noting

- **CEO Leads update report** – The JPC received an update report from the Chair of the Collaborative Executive, which highlighted:
  - The positive progress being made across the Clinical Networks in delivering agreed priorities within the BCPC Workplan, showcasing the work of:
    - Gynaecology Clinical Network in preparing for changes to the national criteria for Endometriosis.
    - The magnificent progress by the DGFT Ophthalmology team in delivering 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; and the
    - Partnership work being progressed with commissioners to develop 'specialty specific service specifications, which will support the management of NHS resources within the Black Country, whilst retaining high standards of care delivery for the Black Country population.
  - The positive GiRFT visit by Prof Tim Briggs and national colleagues on Monday 28<sup>th</sup> April 2025. The Clinical Leads from across the BCPC showcased and highlighted the many areas of good practice that belies its presence on a regional and national stage. Many commendations were received from Prof Tim Briggs alongside challenge in key areas too where unwarranted variance was still visible, with the system commended for its approach to working collaboratively and the presentation that it had diligently put together
  - Key updates regarding the Clinical Service Transformation Programme were also provided, and included:
    - **DIEP Breast Reconstruction** - positive engagement activities have enabled the development of a business case which we hope to take through governance processes and seek approval in early summer.
    - **Gynae-oncology** - Work has commenced on reviewing a future service model to establish a robust and resilient Black Country service, with an engagement workshop planned and baseline work underway.
    - **Pharmacy Aseptic Service Transformation** – work continues at a pace to establish the Pharmacy Aseptic Service proposal, with two stakeholder engagement workshops being delivered in early May & June, and a draft output report due for circulation to all partners in early June prior to discussion at the next available BCPC Executive.

- **Urology Cancer Transformation** – The BCPC team is actively working on finalising a draft of the required Business Case, in tandem with operational teams from both RWT and DGFT working through the final transition and SOP arrangements to ensure that a robust and full service can formerly be established. There continues to be active dialogue and engagement with commissioners to ensure that all issues are addressed and processes for repatriation of Black Country activity is readied and/or being progressed.
- **Looking ahead** - there are a number of key clinical workshops planned (Vascular Services, Colorectal, Pharmacy Aseptics, Gynae-oncology, and Endoscopy), in addition to the forthcoming BCPC Joint Board Development workshop (20<sup>th</sup> June 2025), and the first Joint Professional Networking Workshop between clinical and medical workforce across mental health, primary and secondary care, scheduled for early September 2025.

b) **Items for Discussion**

- **Corporate Services Transformation** – The JPC received an update from the CSTP SRO. Given the change to the NHS environment which has resulted in a specific Trust level “*corporate services – cost reduction target*” being established, the CST programme has adjusted its approach and agreed with CEO’s a phased way forward as follows:
  - **Phase 1A** – the pursuit in delivery of the Trust specific target for corporate services cost reduction, to be led at a Trust level, through the two Groups.
  - **Phase 1B** – in parallel the CST Programme Board would seek to pursue early and obvious service areas for progression through 2025/26. This programme of work would be crafted and progressed through the Programme Board.
  - **Phase 2** – building on the delivery of Phase 1A, the programme Board would seek to identify a route through for the remaining corporate function areas from late 25/26.
- It is also worth noting that there has been key progress in several parallel and supporting / enabling pieces of work which have focused on:
  - Commissioning the development of the Legal Framework for the agreed strategic vehicle of a Managed Shared Services (MSS).
  - Validating the numbers, commissioning a new free piece of work from external partners to determine opportunity at scale.
  - Firming up the “Case for Change” in readiness for the formation of a Business Case in due course.
- **Update on the ‘Delivery Partner’** – The JPC received an update on the commissioning of a ‘Delivery Partner’. The SRO took the committee through the recent ‘rapid exercise’ undertaken by an external partner which identified the potential opportunity available at each partner Trust, over and above existing CIPs.

It was evident that whilst the opportunity was variable (greater at two partners and less so at the other two), following discussion it was agreed that the contingent fee was deemed to be expensive and risky.

It was agreed that the CEO’s would scrutinise and review the scale of the opportunities identified at each partner Trust and consider a ‘Plan B’ which may be presented for discussion in the future if appropriate.

- **Emerging NHS Changes (a horizon scan)** – The JPC received an update from the BCPC CEO Lead highlighting the recent NHS landscape changes following the announcements made by the new NHSE CEO on the 13<sup>th</sup> March 2025.

It was noted that the NHS 10-year plan is due imminently, together with further operational guidance on aspects of the proposed changes (e.g. Wholly Owned Subsidiaries, voluntary redundancy schemes etc.).

In parallel, preparatory work is underway in ICBs to consider future configuration options, with some early thought being given to possible delegations to other parts of local systems (e.g. Provider Collaboratives, or 'Place').

The JPC discussed these impending changes to the ecosystem noting that they provide an opportunity for evolving local systems, and the opportunity to both influence and shape the future local NHS landscape. All members of the JPC will remain active to future system wide discussions.

### 3. REQUIRED ACTIONS

- 3.1 The partner Trust Boards are asked to:
- a. **RECEIVE** this report as a summary update of key discussions at the 16<sup>th</sup> of May 2025 JPC meeting.
  - b. **NOTE** the key messages, agreements, and actions in section 2 of the above report.

<b>REPORT TITLE:</b>	Board Assurance Framework		
<b>SPONSORING EXECUTIVE:</b>	Kam Dhami, Chief Governance Officer		
<b>REPORT AUTHOR:</b>	Dan Conway, Associate Director of Corporate Governance/Company Secretary		
<b>MEETING:</b>	Public Trust Board	<b>DATE:</b>	09/07/2025

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

This report provides a strategic overview of the development and governance of the Trust's five principal risks within the Board Assurance Framework (BAF). It includes updated risk scores and trajectories across key domains: safe, high-quality care, strategic use of resources, workforce, integrated care delivery, and MMUH benefits realisation. The report highlights both progress made and ongoing challenges.

Key governance developments include the formal closure of BAF005, with residual risks transferred to the Infrastructure Committee, and the reframing of BAF004 to better align with the Trust's strategic objectives. The report also summarises findings from a recent internal audit, which provided reasonable assurance on the BAF's effectiveness and outlined several recommendations for improvement.

Finally, it outlines the plan for a series of preparatory sessions with NED Chairs and Executive Leads ahead of the October Board Workshop. These sessions will inform a refreshed discussion on strategic risk appetite and the future governance structure of the BAF.

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

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

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

None

**4. Recommendation(s)**

The Public Trust Board is asked to:

- NOTE** the current position, progress, and committee-level assurance for each of the five principal BAF risks.
- APPROVE** the revised BAF004 risk statement for the Integration Committee.
- APPROVE** the formal closure of BAF005, with its residual risk transferred to the Infrastructure Committee.

<b>d.</b>	<b>SUPPORT</b> the planned pathway to the Board Workshop session in October 2025 to further embed strategic risk governance
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<b>5.</b>	<b>Impact</b> <i>[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]</i>
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 09 July 2025

### Board Assurance Framework

#### 1. Purpose






1.1 This report provides a comprehensive overview of the development, current position, and governance oversight of the five principal risks articulated within the Trust's Board Assurance Framework (BAF) for the period 2023–25. It draws together evidence from quarterly BAF updates, committee reviews, internal audit recommendations, and recent risk realignment initiatives. The report also aligns the risks on the June 2025 Corporate Risk Register (CRR). The report includes:

- Updated risk scores, trajectories, and committee assurances
- Detailed key risks linked to each principal BAF risk.

1.2 Key governance changes, including:

- Closure of BAF005 and transfer of residual risk to the new Infrastructure Committee.
- Reframing of BAF004 by the Integration Committee to better align with the Trust's strategic intents.

#### 2. Summary of Principal BAF Risk Scores

BAF Risk No	Description	Initial Score	Current Score	Target Score	Trend
BAF001	Safe, high-quality care (QC)	16	12	8	Improving 
BAF002	Strategic use of resources (F&P)	16	20	4	High Concern 
BAF003	Workforce (PC)	16	12	4	Improving 
BAF004	Integrated care delivery (IC)	16	12	4	Static (to be updated) 
BAF005	MMUH benefits realization (MMUHOC)	16	15	8	Improving (to be transferred) 

### 3. Review of Principal Risks

#### 3.1 BAF001 – Safe, High-Quality Care

***Current Score: 12 (Target: 8)***

***Lead Committee: Quality and Safety Committee***

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##### Progress:

- Risk reduced due to sustained PSIRF implementation, high-quality governance processes, and zero "never events" over an 18-month period.
- Fundamentals of Care Framework refreshed in preparation for the opening of MMUH.

##### Key Linked Gaps in Controls and Assurance:

- Failure to deliver clinical standards may result in preventable harm, poor outcomes, and increased litigation.
- Ineffective organisational learning from incidents, complaints, or reviews.
- Failure to recognise clinical deterioration (e.g., sepsis, cardiac arrests) in a timely manner.
- Limited spread of systematic quality improvement methods across the Trust.

##### Linked Corporate Risk Register Risks:

- Risk 1762 (Follow-up appointment delays in ophthalmology)
- Risk 3831 (Community midwifery staffing vacancies)
- Risk 3802 (ED overcrowding)
- Risk 5204 (Emergency maternity theatre team availability)
- Risk 4706 & 4707 (Medication management and ePMA compliance)
- Risk 6132 (Security risks in Pediatric ED)
- Risk 6253 (Mental health bed shortages in ED)

##### Key Actions to close gaps and move the risk forward.

- Prioritise integration and embed the early warning systems across clinical areas.
- Enhance ward-level ownership of improvement metrics and link them to PSIRF data.
- Review due to recent 'never events'
- Expand on how current risks reflect systemic pressure in urgent/emergency and maternity services.
- Note the sustained pressure in EDs from CRR Risks 3802 and 6253 as a persisting gap in controls despite PSIRF improvements.

- Include reference to medicines management governance gaps (4706, 4707) and security risks in ED (6132).
- Link the Risk ID 1762 to service sustainability and regulatory intervention potential.

### 3.2 BAF002 – Strategic Use of Resources

**Current Score: 20 (Target: 4)**

**Lead Committee: Finance and Productivity Committee**

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#### Progress:

- Financial plan delivered in 2024/25 and improvement across all the constitutional targets
- Persistent high risk due to national and local financial pressures, and Trust's ambitious 2025/26 efficiency requirement (>6% of turnover).
- Gap identified in linking financial risk with strategic transformation and performance delivery.

#### Key Linked Gaps in Controls and Assurance:

- Underperformance in income and expenditure may directly impact operational delivery and capital programme.
- Alignment between cost improvement planning (CIP) and wider performance goals.
- Inadequate capital to support transformation and estate rationalization and digital transformation.
- Governance limitations in prioritising recurrent cost mitigations.

#### Relevant CRR Risks:

- Risk 6207 (Failure to deliver Cost Improvement Programme)
- Risk 6208 (Income and expenditure performance instability)
- Risk 6209 (Estates strategy funding risk)
- Risk 5939 (Digital strategy delivery risk)
- Risk 5104 (Loss of aseptic services due to infrastructure)

#### Actions to close gaps and move the risk forward.

- Refocus the BAF narrative to capture transformation delivery, not just financial metrics.
- Transfer non-financial strategic enabler risks (e.g., estates and digital) to the Infrastructure Committee.
- Enhance productivity reporting and integrate CIP performance dashboards.

- Oversight of a medium-term plan inclusive of workforce, operational, quality and financial objectives
- Emphasize the interdependency between capital, workforce, and digital investments as seen in Risks 6207–6209 and 5939.

### 3.3 BAF003 – Workforce

**Current Score: 12 (Target: 4)**

**Lead Committee: People Committee**

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#### Progress:

- Score reduced following rollout of e-rostering, e-job planning, and workforce optimisation.
- MMUH workforce transition completed; ARC and leadership programmes showing traction.

#### Key Linked Gaps in Controls and Assurance:

- Gaps in safe staffing levels, skill mix, and workforce planning threaten service quality.
- Workforce CIP (25/26) Delivery Assurance and Governance embedded.
- Poor retention and inconsistent staff experience, particularly in high-pressure services.
- Culture and climate challenges remain, including EDI and leadership development.

#### Relevant CRR Risks:

- Risk 6266 (Violence and aggression risk to ED staff)
- Risk 6253 (Mental health care pressures affecting staff stress)
- Risk 1762 (Capacity issues in follow-up services)
- Risk 4706/4707 (Training/competency for meds processes)

#### Key Actions to close gaps and move the risk forward.

- Strengthen triangulation between People metrics (turnover, sickness, engagement) and BAF narrative.
- Local accountability to be embedded through regular exception reporting.
- Note the impact of workplace safety issues (6266) and ongoing high vacancy areas like midwifery and ED on staff wellbeing.
- Emphasise the training and compliance challenges from CRR risks 4706/4707 to demonstrate development needs.
- Reinforce the link to retention and burnout risk through frontline operational pressures.

### 3.4 BAF004 – Integrated Care

**Current Score:** 12 (Target: 8)

**Lead Committee:** Integration Committee (reconvened April 2025)

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#### Progress:

- Risk wording proposed to be updated by Integration Committee to:  
“There is a risk the Trust fails to deliver its strategic objective to work with partners to improve care and lives, resulting in continued poor outcomes for our patients and residents.”

#### Key Linked Gaps in Controls and Assurance:

- Lack of a clear strategy resulting in ineffective delivery.
- We do not build and maintain effective partnerships resulting in poor collaboration.
- We do not have sufficient resources or the necessary infrastructure resulting in siloed working
- Cultural barriers and resistance to change resulting in a lack of support for integration.

#### Relevant CRR Risks:

- Risk 5157 (MMUH clinical model fit for changing population needs)
- Risk 5638 (Suicide prevention design considerations—linked to partnership working)

#### Key Actions to close gaps and move the risk forward.

- Board to approve revised BAF risk statement.
- New actions to be reviewed and formally assessed, with clear ownership.
- Clear measures of success to be determined for the Integration workplan.
- Risk 6253 offers a tangible example of system-level resource shortages requiring cross-organisational pathways.

### 3.5 BAF005 – MMUH Benefits Realisation

**Current Score:** 15 (Target: 8)

**Lead Committee:** MMUH Opening Committee (until March 2025)

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#### Progress:

- Major milestones achieved in the MMUH build completion, workforce preparation, and clinical mobilisation.

- One residual risks remain:
  - Digital Enablement: Need for further maturity to achieve SMART-enabled care.

#### Governance Change:

As the MMUH Opening Committee closed in March 2025, this risk will formally transfer to the newly formed Infrastructure Committee for ongoing oversight.

#### Key Linked CCR Risks:

- Risk 5939 (Digital enablement shortfalls)
- Risk 5104 (Aseptics infrastructure non-compliance)
- Risk 5448 (FM provider assurance failures)
- Risk 5638 (Environmental safety design at MMUH)

#### Recommendations for BAF005:

- Formally close BAF005 at Board level.
- Embed transferred risk into Infrastructure Committee reporting framework.
- Ensure a MMUH benefits tracking dashboard is created with inputs from Finance, Digital, and Workforce leads.

### **4. Internal Audit Findings and Cross-System Risk Improvements**

- 4.1 The BAF was reviewed in January/February 2025 by RSM, the Trust's Internal Auditors, received an audit opinion of Reasonable Assurance. The audit evaluated the framework's effectiveness and the validity of controls and assurances in place.
- 4.2 RSM made the following recommendations:
  - Update the Risk Register and Risk Management Policy
  - Ensure all assurances are clearly dated
  - Present the BAF with the CRR for breath of Board understanding
  - Fully implement a risk escalation framework
  - Present the BAF to the Board quarterly to enhance governance oversight

### **5. Board Workshop**

- 5.1 The Board Assurance Framework (BAF) has not been the subject of a dedicated Board workshop since its inception in 2023. Since then, the Trust has achieved several key milestones, including:
  - The successful opening of MMUH
  - The launch of an updated Trust Strategy

- Progression toward a group model with The Dudley Group NHS Foundation Trust

5.2 To ensure robust oversight of the BAF, a series of preparatory sessions will be held ahead of the October Board Workshop. These will involve individual discussions between Non-Executive Director (NED) Chairs and Executive Leads for each BAF risk. The purpose of these sessions is to:

- Review the detailed content and actions outlined in this report
- Identify required changes to strengthen BAF oversight and governance

5.3 Following these discussions, proposed amendments will be presented through the September committee cycle for review and agreement, ahead of formal discussion at the October Board Workshop.

5.4 The October Board Workshop will focus on:

- Revisiting and setting the Trust's Strategic Risk Appetite
- Determining how BAF risks will be managed within the new joint committee structure
- Aligning the BAF with the revised Strategic Planning Framework (SPF)

#### 4. Recommendations

4a The Board is asked to:

- a) **NOTE** the current position, progress, and committee-level assurance for each of the five principal BAF risks.
- b) **APPROVE** the revised BAF004 risk statement for the Integration Committee.
- c) **APPROVE** the formal closure of BAF005, with its residual risk transferred to the Infrastructure Committee.
- d) **SUPPORT** the planned pathway to the Board Workshop session in October 2025 to further embed strategic risk governance

<b>REPORT TITLE:</b>	Sandwell and West Birmingham Place Based update		
<b>SPONSORING EXECUTIVE:</b>	Sian Thomas, Chief Integration Officer		
<b>REPORT AUTHOR:</b>	Lisa Maxfield, Associate Chief Integration Officer Steve Phillips, Deputy Chief Integration Officer		
<b>MEETING:</b>	Public Trust Board	<b>DATE:</b>	09/07/2025

<b>1. Suggested discussion points</b> <i>[two or three issues you consider the PublicTB should focus on in discussion]</i>
This report provides an update on the Sandwell Health & Care Partnership (SHCP) and the West Birmingham Locality Partnership (WBLP). The paper also provides the Board with an update on some of the work the Integration Team are leading and delivering within the partnership space.

2. Alignment to our Vision [indicate with an 'X' which Strategic Objective[s] this paper supports]					
OUR PATIENTS		OUR PEOPLE		OUR POPULATION	
To be good or outstanding in everything that we do		To cultivate and sustain happy, productive and engaged staff		To work seamlessly with our partners to improve lives	X

<b>3. Previous consideration</b> <i>[at which meeting[s] has this paper/matter been previously discussed?]</i>
Place based updates have been presented to Integration Committee on 26th June 2025. Integration Committee have also received and supported the Primary Care Strategic Approach and the Health Inequalities Annual Plan in May 2025.

<b>4. Recommendation(s)</b>
The Public Trust Board is asked to:
<b>NOTE</b> the Report and DISCUSS the Place Based Updates
<b>SUPPORT</b> the Primary Care Approach and Health Inequalities Annual Plan

5. Impact [indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]									
Board Assurance Framework Risk 01		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							
Corporate Risk Register [Safeguard Risk Nos]									
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed			
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed			



# **SANDWELL AND WEST BIRMINGHAM NHS TRUST**

## **Report to the Public Trust Board on 9<sup>th</sup> July 2025**

### **Sandwell and West Birmingham Place Based update**

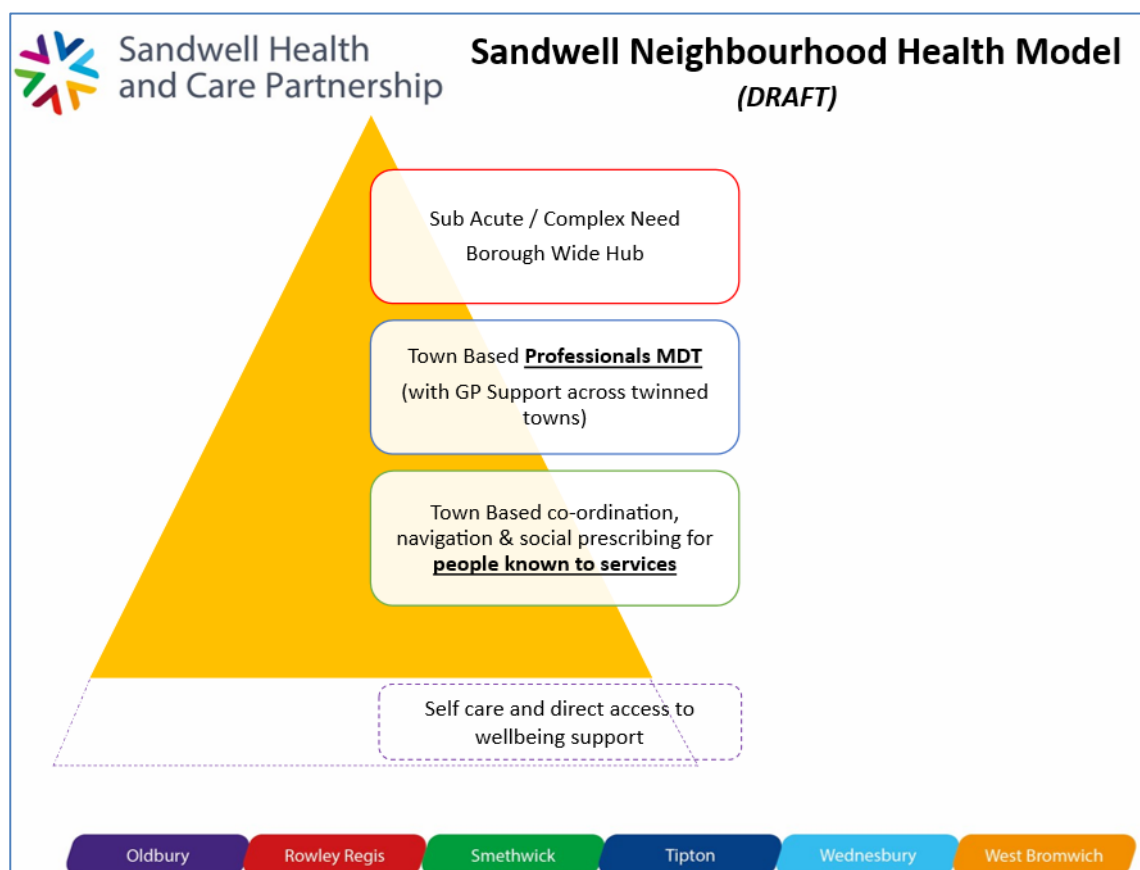
#### **1. Introduction or background**

- 1.1 This report provides an update on the Sandwell Health & Care Partnership (SHCP) and the West Birmingham Locality Partnership (WBLP). The paper also provides the Board with an update on some of the work the Integration Team are leading within the partnership space.

#### **2. Sandwell Health & Care Partnership Board Update**

- 2.1 A formal Partnership Board meeting was held in May 2025, key items to note from the agenda were a Black Country system update, a report from Healthwatch regarding their annual work plan and assurance on the progress against the key transformation priority 'Connected Communities'.
- 2.2 The system update covered the Integrated Care Partnership Strategy and Joint Forward Plan Strategic Intent. A number of delivery plans, with associated oversight meetings, have been developed covering the below priority areas, however, in the current context of NHSE and ICB changes it is not clear how these plans will impact in the future.
- Underserved Communities
  - Prevention & Personalisation
  - Black Country Anchor Institutions
  - Health & Housing
- 2.3 Healthwatch presented their 2025/26 Work Programme explaining the engagement they had gone through to shape the areas of focus, listed below. The Trust is actively working with Healthwatch on the hospital specific area, which is focussing on wayfinding, as well as on dementia and cancer.
- Cancer Services
  - Hospital Care – Midland Metropolitan University Hospital
  - Children with Special Educational Needs
  - GP Services
  - Dementia Care Providers
- 2.4 The Connected Communities transformation priority has seen significant progress over the last few months, building on the good work already undertaken in Sandwell developing town-based teams and the Care Navigation Centre. In recognition of the broader model required for 'Neighbourhood Health' several multi-disciplinary visits have been undertaken across the Black Country and Birmingham to look at alternative models and ensure we are learning from elsewhere. There has also been a well-attended development session that included a number of new partners, in recognition of their role in wider neighbourhood

health - such as the Department of Work and Pensions. Together this work has supported the development of the draft Sandwell Neighbourhood Health Model, outlined below.



2.5 Supporting the rapid testing of the draft model it has been agreed to progress several rapid tests of change and data reviews,

- Pilot of GPs in Care Navigation – Dr Andreou & Dr Mavi
- Pilot of GP identified cases (risk stratification) in a town-based MDT – Dr Rahman
- Data review of onward referrals for non-statutory support in one town, and how to better co-ordinate & meet the need
- Data review through public and partner engagement to understand and address low uptake, and barriers to access, for Healthy Sandwell.

2.6 Outside of the Board work continues to progress the data and KPIs needed to support the Partnership, as well as establishing a clear work plan for the Home First transformation Priority. A Board team development session, with external facilitation, was held in May to support the one Place one team ethos of the partnership, the session was well received, and further development is planned for September.

### 3. West Birmingham Locality Partnership (WBLP)

- 3.1 The Trust Board heard in its May 2025 meeting that 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 enable more autonomy of the localities. A programme of work has now been established, the Senior Responsible Officers agreed and executive level sponsors for each locality have been nominated. Moreover, OD support has been put in place and agreed system metrics as detailed in the infographic below have been confirmed.

It is proposed that we have 5 indicators as the key measures, at Locality level, for the impact of the Locality and Neighbourhood model which will be implemented by the Locality Partnerships.

Indicator	Explanation	Supporting...	Aim
No. of Hospital Occupied Bed Days (OBDs) for the Locality population	To reduce the number and LOS of 'locality' residents in hospital, regardless of acute site across <a href="#">BSO!</a>	Acute care bed pressures	Reduce
No. of Primary and Community Care Amenable Conditions in ED	To reduce the number of individuals presenting to ED, for whom their care and support could be provided within a community setting	Acute care ED pressures	Reduce
Total no. of 'hours' in ED for Mental Health service users, from point of arrival	To reduce both the number of MH presentations to ED along with the time spent within ED for the locality. Will consolidate presentations and LOS.	Acute care ED pressures	Reduce
No. of 'repeat' GP Contacts	Reduction in number of contacts per high-intensity patient (frequent attenders) following MDT input. (Indicates MDT support is helping to stabilise complex patients and reduce GP time burden)	General Practice	Reduce
Number of Pathway 1 patients on caseload for >42 day <a href="#">LoS</a>	To reduce the number of people on Pathway 1 for over 42 days – with a subsequent impact on the home-based domiciliary care service	Adult Social Care / Community Care	Reduce

- 3.3 Each of the 6 Locality Partnerships have been formally written to by the Senior Responsible Officer for the Birmingham and Solihull Community Care Collaborative. The letter sets out the need to roll out the integrated care model to improve urgent and emergency care pathways for Winter 2025. Locality Partnerships have been asked to set out their own plans for the year ahead, ensuring that the following are incorporated: -

- service integration to improve urgent and emergency care pathways.
- delivery of the neighbourhood and locality operating model in the locality in line with the roll out plan to support urgent and emergency care improvement.
- the development of an effective locality partnership that over time can contribute to our broader objectives.

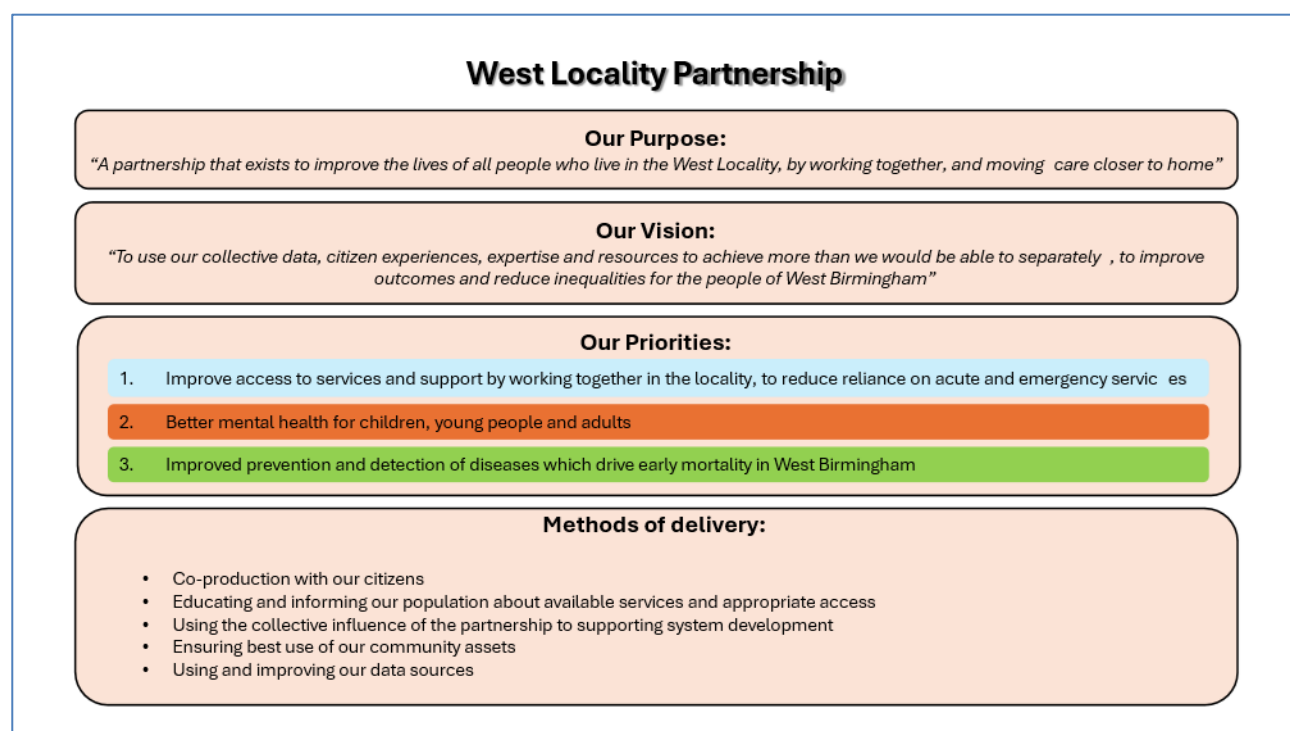
- 3.4 The DRAFT Locality plans are to be submitted by Friday 4th July, with final plans to be submitted on Friday 25th July. The plans must incorporate proposals to impact winter 2025 and must include the following: -

- the actions that the Locality Partnership plans to take to improve urgent and emergency care pathways for Winter 2025.
- the approach to the roll out our integrated care model in the Locality including establishing a locality hub in each Locality by end October 2025 and establishing integrated neighbourhood teams so that every Locality has at least two by March 2026.

- improving care for high users of ED, emergency care and primary care to reduce use of urgent and emergency care in winter 2025.

3.5 The West Locality Partnership had already planned a development workshop on 4th June 2025 to focus on its work programme. The session was well attended by all partners and saw new attendance from senior/executive members from partner organisations.

3.6 The Locality Partnership, in its previous development session, had agreed 3 priorities it wanted to focus on, outlined below - all of which will support the requirements described in the letter above. The June session further developed the priorities into deliverable workstreams with short term (3-6 months), medium term (6-18 months) and long term (12-24 months) deliverables. Appropriate leadership, membership and governance is now being put in place to take this work forward.



## 4. Integration Work

4.1 It is important to recognise that as well as hosting both of our place-based health and care partnerships the Trust is a member of both partnerships and therefore has responsibilities to be a good partner and support the delivery of partnerships ambitions. The Trust integration team are therefore leading several key pieces of work that are highlighted below.

### 4.2 Prevention, Promotion & Health Inequalities

4.3 Sandwell and West Birmingham NHS Trust's Health Inequalities Annual Plan 2025/26 outlines a focused approach to addressing disparities in health outcomes, access, and experience across its diverse populations in Sandwell and West Birmingham. Guided by national strategies like Core20PLUS5, and informed by local data, the Trust will drive action

through five pillars: building data-driven insights, prioritizing Core20PLUS5 clinical areas, embedding the Making Every Contact Count (MECC) approach, integrating health equity into service development via the Health Equity Assessment Tool (HEAT), and engaging communities in co-designing solutions. Governance will be led by the new Prevention, Promotion, and Health Inequalities Steering Group, ensuring robust oversight, shared learning, and a measurable impact on reducing health inequalities. This will support wider partnership delivery by ensuring the Trust has a clear approach to tackling health inequalities within its sphere of influence and control.

#### 4.4 **Primary Care Strategic Approach**

4.5 The Trust's ambition to work seamlessly with its partners, commenced in 2019, with a vertical integration between primary care and secondary care. Over the course of 6 years, the Trust has become integrated with four General Practice providers across the Sandwell and West Birmingham geography, covering a population of circa 65,000 patients. This puts the Trust in a unique position and creates opportunities for transformational service delivery across primary, community and acute.

4.6 While services have developed during this time it has been recognised that we have not capitalised on this unique opportunity and nor have we made a clear plan to grow or maintain our primary care offer. Our Primary Care Strategic Approach has been developed in partnership with our in-house GPs as well as in response to feedback from our wider primary care partners. The approach sets out 3 priorities, each of which will be underpinned by a clear delivery plan.

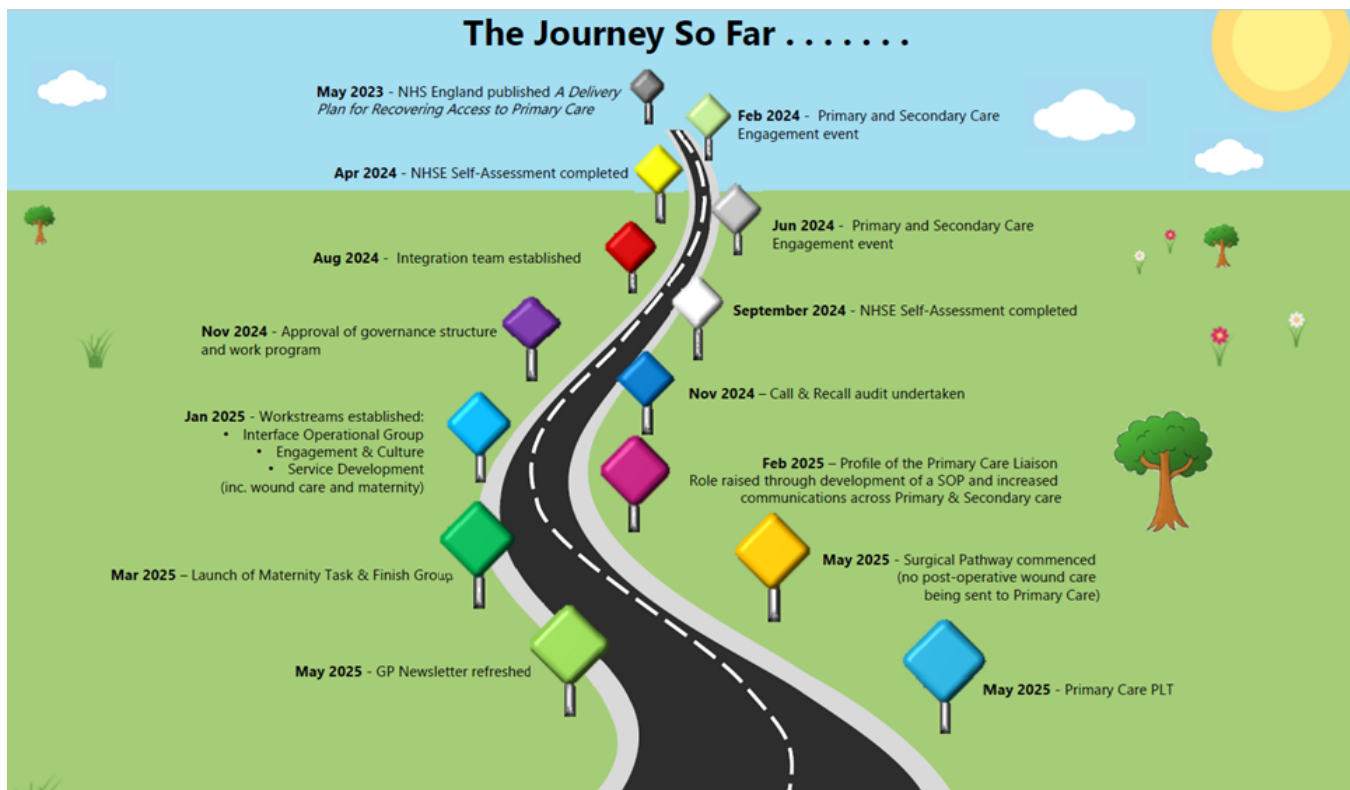
- **Priority 1 - Internal Operational** – How we strengthen our approach internally to ensure our practices are fully integrated into our Trust
- **Priority 2 - Internal Transformational** – How we test and evaluate primary, acute and community integration/community first models
- **Priority 3 - External Offer** – how we develop a wider offer of support to primary care partners that is broad in its range, for example extending from one-off assistance for projects, through to corporate support in defined areas and up to a clear model for any partners interested in vertical integration in the future.

#### 4.7 **Primary Secondary Care Interface**

Nationally and locally positive relationships between primary and secondary care clinicians continues to be emphasised as essential to not only providing more efficient care but also better outcomes for patients. As highlighted previously there are long standing strong relationships locally with GP colleagues in both Sandwell and West Birmingham, and the Trust has been noted for its interface approach. In the last two months several pieces of work have come to fruition, and have been well received:

- Launch of a new post operative wound care pathway
- Launch of a joint professional learning session between primary and secondary care clinicians, the first of which which was attended by over 40 staff
- Development of a series of pilots to test joint service delivery models for a range of pathways

The diagram below summarises the work, and the notable impact on delivery following the start of the integration team in October 2024.



## 5. Recommendations

### 5.1 The Public Trust Board is asked to:

- NOTE** the Report and Discuss the Place Based Updates
- SUPPORT** the Primary Care Approach, primary-secondary care interface work and Health Inequalities Annual Plan

Sian Thomas  
Chief Integration Officer

Steve Philips  
Deputy Chief Integration Officer

Lisa Maxfield  
Associate Chief integration officer

18<sup>th</sup> June 2025

<b>REPORT TITLE:</b>	Sandwell Urgent Treatment Centre – Malling Health contract award		
<b>SPONSORING EXECUTIVE:</b>	Sian Thomas, Interim Chief Integration Officer		
<b>REPORT AUTHOR:</b>	Chris Archer, Associate Director of Strategic Development		
<b>MEETING:</b>	Public Trust Board	<b>DATE:</b>	09/07/2025

<b>1. Suggested discussion points</b> <i>[two or three issues you consider the PC should focus on in discussion]</i>
<p>This report proposes award of a one-year contract, with potential to extend for a further year, to Malling Health Ltd for provision of Urgent Treatment Centre services at Sandwell UTC on the Sandwell Health Campus.</p> <p>The contract would run for 12 months from 1<sup>st</sup> October 2025 to 30<sup>th</sup> September 2026 and be awarded under the direct award to an existing provider route under the national provider selection regime. Contract value is to be confirmed following negotiation but is anticipated to reflect current arrangements with an inflationary uplift from the current 2025/26 annual equivalent value of £4,426,054.</p> <p>Contract award would allow the existing UTC service to continue. Malling Health provide an urgent illness and urgent injury service under the national specification for UTC services as a sub-contract to the Trust's main NHS services contract with Black Country ICB. The service operates 18 hours daily 7am to 1am.</p> <p>The contract remains a block value and does not vary either with numbers of patients attending nor with performance against contractual KPIs.</p>

2. Alignment to our Vision [indicate with an 'X' which Strategic Objective[s] this paper supports]					
OUR PATIENTS		OUR PEOPLE		OUR POPULATION	
To be good or outstanding in everything that we do	X	To cultivate and sustain happy, productive and engaged staff		To work seamlessly with our partners to improve lives	X

<b>3. Previous consideration</b> <i>[at which meeting[s] has this paper/matter been previously discussed?]</i>
Executive Group 23 <sup>rd</sup> June 2025 Finance and Productivity Committee 27 <sup>th</sup> June 2025

<b>4. Recommendation(s)</b>
The Public Trust Board is asked to: <ul style="list-style-type: none"> <li><b>a. APPROVE</b> award of the Sandwell UTC contract to Malling Health for a period of 12 months from 1<sup>st</sup> October 2025, subject to contract to be signed by the CEO and CFO.</li> </ul>

<b>5. Impact</b> <i>[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]</i>
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Board Assurance Framework Risk 01		<i>Deliver safe, high-quality care.</i>					
Board Assurance Framework Risk 02		<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		<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]							
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	

# **SANDWELL AND WEST BIRMINGHAM NHS TRUST**

## **Report to Public Trust Board on 09 July 2025**

### **Sandwell Urgent Treatment Centre – Malling Health contract award**

#### **1 PURPOSE**

##### **1.1 Scope**

- 1.1.1 This report proposes award of the Sandwell UTC contract to Malling Health Ltd for 12 months from 1st October 2025 to 30th September 2026.

#### **2 CURRENT ARRANGEMENTS**

- 2.1.1 The Trust is contracted to Black Country ICB to provide Urgent Treatment Centre services from Sandwell Health Campus. The Trust sub-contracts UTC provision to Malling Health Limited, a third-party healthcare provider with significant experience of providing NHS services.
- 2.1.2 The current Malling Health contract was entered into in 2021/22 and has been extended a number of times, most recently to 30<sup>th</sup> September 2025. This date was chosen such that it expired at the same time as the Malling Health contract for GP Urgent Primary Care services at Mid Met and allowed new contract arrangements to start at the Mid Met UTC and Sandwell UTC at the same time, in line with the previous timetable for delivering the substantive UTC at MMUH.
- 2.1.3 The plan for delivery of UTC premises at Mid Met changed in April 2025 with the decision being made to locate the UTC on floor 9 of Mid Met rather than constructing a separate stand-alone building. This has extended the timeline for opening the Mid Met UTC beyond October 2025. In addition, the Trust is now planning to take the GP Urgent Primary Care Service in house from 1<sup>st</sup> October 2025.
- 2.1.4 The current Sandwell UTC service is for treatment of minor illness and injury, consistent with the national guidance for UTCs. It is open 18 hours daily, from 7am to 1am, 365 days a year. The annual equivalent contract value is £4,426,054 at 2025/26 prices. The contract is a block value and does not vary with number of patients attending nor with performance against contractual KPIs.

#### **3 PROPOSED ARRANGEMENTS**

- 3.1.1 It is proposed to extend the existing contract with Malling Health for up to 12 months, running from 1<sup>st</sup> October 2025 to 30<sup>th</sup> September 2026, with potential to extend for a further 12 months. The contract will be remain a block subject to uplift for inflation from April 2026 (and April 2027 if extended).

#### **4 PROCUREMENT APPROACH**

- 4.1.1 The Provider Selection Regime (PSR) was introduced in 2024 to update procurement arrangements and requirements of NHS commissioning. It applies to the Trust when sub-contracting healthcare provision. Annex 1 gives an overview of the provider selection process.
- 4.1.2 The assessment is in two parts, the first being against the following basic criteria:
- The provider's ability to pursue a particular activity;

- Economic and financial standing
- Technical and professional ability.

4.1.3 Further assessment is then undertaken against:

- Quality and innovation;
- Value;
- Integration, collaboration and service sustainability;
- Improving access, reducing health inequalities and facilitating choice;
- Social value.

4.1.4 Annex 2 (in the Reading Room) is the completed national template assessing Malling Health's position as provider.

## 5 ASSESSMENT OF MALLING HEALTH

### 5.1 Basic criteria

5.1.1 Malling Health are an established UTC services provider, including having delivered Sandwell UTC for five years from its current location. The latest company accounts for Malling Health UK Ltd are for 2023-24 and show a profit after tax of £1.9m, 7% of turnover [£2.3m in 2022-23, 8.8%]. A Dun & Bradstreet credit report June 2025 shows a financial score of 67/100 (medium) and rating of 3A2 (medium financial strength / lower risk). Malling Health have demonstrated ability to meet the 11 national UTC standards. Performance against key indicators is shown in the table.

	Dashboard excerpt Sandwell UTC Sept 24 - May 25								
	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Total Attendances	2543	2645	3667	3573	3433	3357	4179	3734	3834
Seen within 2 hours	78.1%	73.9%	69.3%	74.3%	70.3%	73.6%	83.1%	82.7%	85.4%
Seen within 4 hours	98.7%	95.6%	92.9%	95.2%	94.3%	95.4%	98.2%	98.3%	99.0%
Staffing Rota Fill	98.03%	95.0%	97.8%	95.6%	97.2%	96.7%	98.0%	96.3%	94.7%
15 Minute assessment	98.50%	92.55%	93.09%	91.6%	93.9%	90.7%	95.1%	95.2%	93.8%

### 5.2 Key criteria

5.2.1 Detailed assessment is shown in Annex 2. KPI performance is consistently high as shown in the table. Malling managed the smooth transition from 12-hour illness-only service to 18-hour illness and injury service at the point Sandwell ED closed. The Trust has a strong and proactive relationship with Malling Health at both the day-to-day operational level and at strategic level.

5.2.2 The cost per attendance of the service is estimated at £109 under the proposed block contract. This compares unfavourably with the benchmark £91 per attendance for low acuity ED attendances. However this is primarily a feature of the 18-hour opening required by Black Country ICB. Cost per operating hour at £659 compares favourably with similar services, including £687 for illness-only UTC attendances.

## 6 BENEFITS AND RISKS

### 6.1 Benefits

6.1.1 The benefits of retaining Malling Health are that the service will be maintained to its current standard, with continuity of staffing, delivery, performance and patient experience. Awarding to Malling Health reduces the uncertainty associated with change as well as avoiding workload for Trust staff associated with undertaking a competitive tender.

## 6.2 Risks

- 6.2.1 The key risks are that any innovation in service provision arising from other clinical service providers will not be available; the procurement approach is subject to transparency in the market and therefore may result in a challenge; Black Country ICB may require changes to operating hours; there will be a change in location within the Sandwell Health Campus when works to old ED are completed. There is a risk that an inflationary uplift for 2026/27 based on CPI may outstrip the NHS inflationary uplift.

## 7 TIMETABLE

- 7.1.1 The indicative timetable is set out below to achieve contract start and service continuation from 1<sup>st</sup> October 2025.

27 <sup>th</sup> June 2025	FPC approval to direct award
w/b 30 <sup>th</sup> June	Prepare notification of award
7 <sup>th</sup> – 16 <sup>th</sup> July	Eight working day standstill period
w/b 21 <sup>st</sup> July	Contract negotiation
w/b 11 <sup>th</sup> August	Contract signature
18 <sup>th</sup> Aug to 30 <sup>th</sup> Sept	Mobilisation period (minimal requirement as existing service continues)
1 <sup>st</sup> October 2025	Contract start

## 8 RECOMMENDATIONS

### 8.1 Trust Board is asked to:

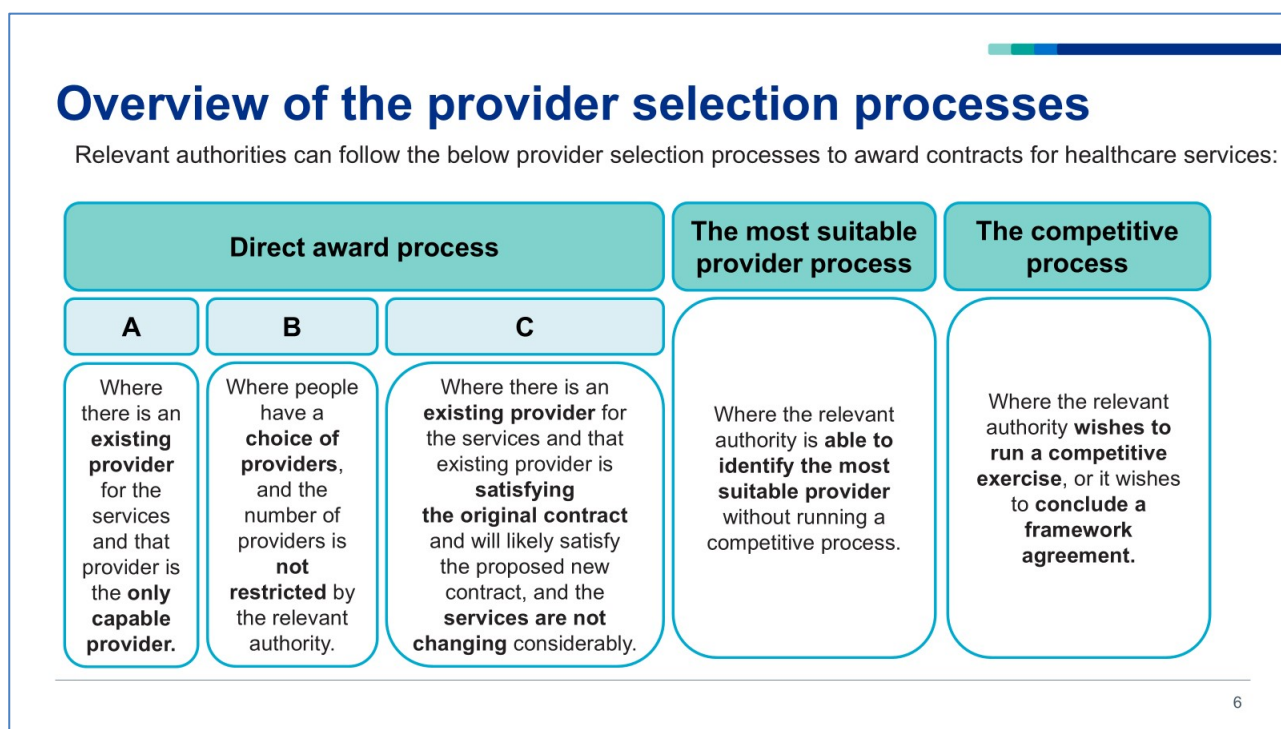
- 8.1.1 **APPROVE** award of the Sandwell UTC contract to Malling Health for a period of 12 months from 1st October 2025, subject to contract to be signed by the CEO and CFO.

## Annex 1 : Provider Selection Regime overview

The Provider Selection Regime (PSR) was introduced in 2024 to update procurement arrangements and requirements of NHS commissioning. It applies to the Trust when sub-contracting healthcare provision. Annex 1 gives an overview of the provider selection process and Annex 2 is the completed national template assessing Malling Health's position as provider.

The options for the Trust are set out in the diagram.

### Provider selection processes

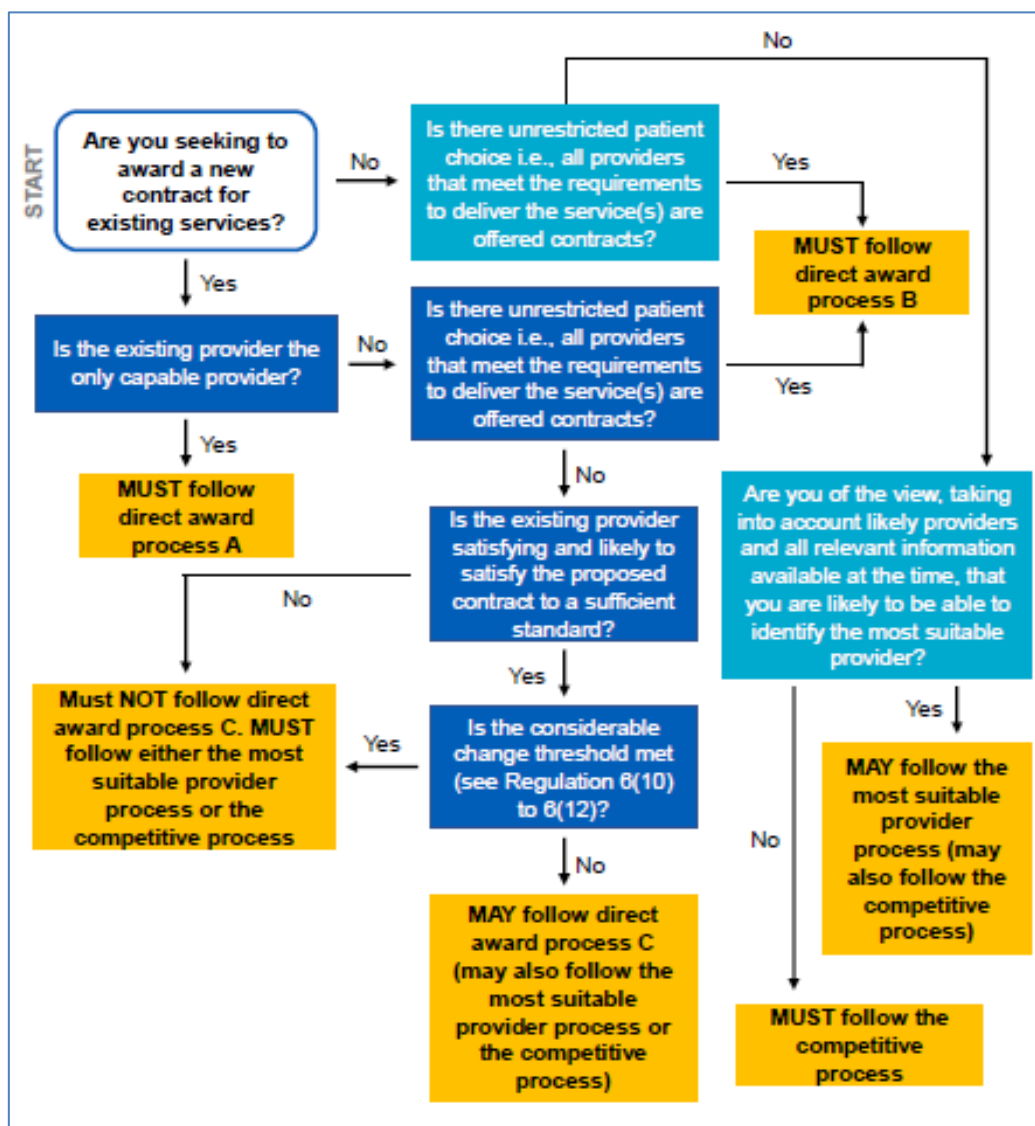


The diagram below sets out the PSR procurement decision tree to be followed to determine the appropriate approach. The Trust intends to use the direct award to existing provider route to award the Sandwell UTC contract to Malling Health for 12 months.

The direct award process requires that the threshold for considerable change be not met:

- The change to proposed contracting arrangements as compared to the existing contract is attributable to a decision by the Trust as relevant authority;
- The lifetime value of the contract is not anticipated to be more than £500,000 higher than the existing contract value or be more than 25% higher in value.
- The proposed contracting arrangements are not materially different in character to the existing contract.

## Provider selection regime decision tree



The Trust has assessed Malling Health against the following basic selection criteria:

- The provider's ability to pursue a particular activity:
- Economic and financial standing:
- Technical and professional ability:

In addition, as the Trust intends to direct award the contract, it has also assessed:

- Quality and innovation;
- Value;
- Integration, collaboration and service sustainability;
- Improving access, reducing health inequalities and facilitating choice;
- Social value.

The detail of the assessment is shown in Annex 2.

<b>REPORT TITLE:</b>	CNO/CMO Report		
<b>SPONSORING EXECUTIVE:</b>	Diane Wake – Chief Executive Officer		
<b>REPORT AUTHOR:</b>	Melanie Roberts, Chief Nursing Officer, Mark Anderson, Chief Medical Officer		
<b>MEETING:</b>	Public Trust Board	<b>DATE:</b>	09/07/2025

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

The report updates Trust Board on areas within the CNO/CMO Portfolio as follows:

- Alert - Reducing blood culture contamination in ED, BMEC Serious Incident Update
- Advise – Medical job planning progress and plans as Missang leave, CQC Ionising Radiation (Medical Exposure) Regulations (IRMER) Visit, NHS Providers Managing Risk Conference, National Nursing Strategic Advisory Group, National Enhanced Therapeutic Observation Strategic Group, New Healthcare Acquired Infection Thresholds
- Assure - Urgent Community Response (UCR) Quality Assurance visit, Finalist in awards for reducing length of stay and excellence in patient care, Red for Research Day, Fundamentals of Care – Mouth Care matters Launch

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

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

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

**4. 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

**5. Impact** *[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]*

Board Assurance Framework Risk 01	X	Deliver safe, high-quality care.					
Board Assurance Framework Risk 02		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]							
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	

# SANDWELL AND WEST BIRMINGHAM NHS TRUST

## Report to the Public Trust Board on 09 July 2025

### CMO/CNO Report

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#### 1. ALERT

- Reducing blood culture contamination in ED

- 1.1 The Emergency Department is significantly above the accepted standard of contaminated blood cultures. Contamination of blood cultures produces a significant level of false positive readings which can lead to unnecessary antibiotic therapy for the patient and can artificially raise the incidence of infections such as MRSA.
- 1.2 IPC have delivered blood culture training within the ED department. Feedback from the ED team implied an educational gap in the correct blood culture sampling knowledge and understanding. ED leads have been asked to ensure that all ED doctors all complete or refresh their e-learning blood culture training as soon as possible. 14 staff have completed the e-learning training so far. The next face-to-face training in ED was planned for the 26<sup>th</sup> June.
- 1.3 The ED blood culture contaminate rate has decreased from 11.1% in Dec to 5.97% in March against a Department of Health accepted benchmark of 3%. An improvement plan is in place and this is monitored monthly by the clinical group and copied to the Director of Infection/Prevention & Control

Blood culture contaminates percentage AE					
	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25
	MMUH	MMUH	MMUH	MMUH	MMUH
Total Blood Cultures taken	414	366	290	286	318
Total Blood Culture Contaminants	46	36	19	24	19
BCC Percentage	11.11	9.84	6.55	8.39	5.97

- BMEC Serious Incident Update

- 1.4 In view of media interest we have revisited two serious incidents from 22/23 in relation to delays in Ophthalmology pathways following surgery to assure the correct actions were implemented and to assess if any further actions are required. This has been presented in detail to Quality Committee by the Surgical Services Team.



## **2. ADVISE**

- **Medical job planning progress and plans as Missang leave**

- 2.1 NHSE recently wrote to all providers detailing high impact interventions each organisation can make to achieve 'levels of attainment'. Our external support from Missang is due to end by July.
- 2.2 There are five levels of attainment, and like most trusts, we are currently sitting at Level 1 with progress towards level 2 – 3 with the implementation of Activity based Job Planning already underway. This will be completed for 5 Specialties – T & O, Imaging, ENT, Rheumatology and General Surgery at the end of Missang's tenure after which the work will form part of the Job Planning Unit modus operandi to drive forward working in partnership with the Clinical Groups.
- 2.3 There is a Medical Job Planning Group in place which meets monthly and is well attended by the Medical leaders in the Trust . This is chaired by the COO and CMO and aims to give oversight and scrutiny of job plan metrics, and consistency with the job planning policy.
- 2.4 A dashboard detailing key KPI's is in place both at Trust and Clinical Group level. This is produced monthly. In addition, a weekly Sitrep is produced and circulated detailing Job Plan sign off progress which is available. All Consultant staff now have their Job Plans on the system, and these are progressing to sign off through the current hierarchy.
- 2.5 One of the interventions is to ensure operational teams have regular training so they understand the job planning approach and how to apply good practice. This has started with the Activity based Job Planning work but is an area that needs further development. Managers are involved in the Activity based Job Planning conversations, but a regular training fora led by the Job Planning Unit needs to be put in place. SOP have been developed by Missang which can help this process.
- 2.6 Another intervention is to move to service level or team job planning to align all plans to service demand. Missang have been leading this with five specialities being completed before they exit at the end of June. The Job Planning Unit will continue this work going forward. The approach focusses heavily on demand and activity data including backlog to predict DCC requirements. Assumptions are discussed with the Specialty leads and GMs to ensure they agree with these that are built into the model. Capacity is reviewed looking at current Job Plans as well as funded WTE Consultant workforce to assess any gaps. SPA and other portfolios reviewed as part of the work to ensure these meet speciality requirements. Sessions delivered will be assessed using Activity Manager. Missang have handed this work over whilst writing a SOP for the Job Planning Unit.
- 2.7 We have worked to build trust in the job planning process. A clear and consistent approach to job planning nomenclature and a clear delineation between Direct Clinical Care activities and Supporting Professional Activities is contained within the Job Planning Policy. In addition, there is a video which has been produced by the CMO explaining this. Over 90% of consultants have taken up the online training in the job plan process and system. There are FAQ 's available for any Consultants that have questions re Job Planning and a number of in person Q and A Sessions have been scheduled over June and July led by the Deputy CMO.

- **CQC Ionising Radiation (Medical Exposure) Regulations (IRMER) Visit**

- 2.8 On the 18<sup>th</sup> June the Trust received a CQC Irmer Visit. Initial feedback was that there are no red flags but some areas of improvement would be required. The report should be with us 10 days after we have submitted any further information the CQC team request. This was part of the routine IRMER Visits across Trusts which have been prioritising any new hospitals or Trusts they haven't visited for a long period of time

- **NHS Providers Managing Risk Conference**

- 2.9 Chief Nursing Officer (CNO) presented the Trusts CQC Self-Assessment process and how all four acute trusts are working together to manage this process together at the NHS Employers "Managing Risk" in May. Lots of enquires for further information have since been received from other organisations

- **National Nursing Strategic Advisory Group**

- 2.10 Both CNOs across SWB and Dudley Group have been offered a place at this meeting to advise the England CNO on matters related to nursing in particular in relation to corporate nursing and the recent letters and workforce returns from NHSE

- **National Enhanced Therapeutic Observation Strategic Group**

- 2.11 CNO has been invited to be part of this advisory group to improve care and consistency across England for patients who require enhanced support. This work will be shared across the Acute Provider Collaborative

- **New Healthcare Acquired Infection Thresholds**

- 2.12 These have recently been published and an assessment against our current position is being undertaken and will be presented to the Infection Control Strategic Group

- **Appointment of new Deputy Chief Medical Officer**

- 2.13 Professor Niten Makwana has been appointed Deputy Medical Director 0.6 WTE. He will hopefully commence the role in September

### **3. ASSURE**

- **Urgent Community Response (UCR) Quality Assurance visit**

- 3.1 An announced visit by the ICB Quality Assurance Team to the Urgent Community Response service took place.
- 3.2 The visiting team found that the staff demonstrated "no wrong door" ethos; stating ' *We particularly liked the ethos of "there is no inappropriate patient referral" and the willingness to support the patients in receiving care they needed, either directly through the UCR Team or by transferring the patient to a Team who could assist. This provides a much better patient experience rather than the patient being sent back to the referrer. It is clear, that the service is determined to operate a highly effective service, preventing hospital admissions and providing a first class urgent and emergency community response for the patients of Sandwell.*

- 3.3 The visiting team acknowledged that SWB had made the most progress across the ICB in implementing e-prescribing for community and that there should be support from the ICB to support delivery. The service has access to Community EPR system and Trust systems whilst in the patient's "home" which mitigated the previous risk of access to patient's electronic record.
- 3.4 The team also identified opportunities for improvement. These areas to act on included addressing the limited usage of Call Before You Convey by West Midland Ambulance Crews and the need to work in partnership with the WMAS to instil confidence. Also the multiple IT systems the teams were needing to use, which can be addressed by the use of the Adastra system; the need to develop the ACP workforce, and improvements needed in the governance of FP10 prescriptions.
- 3.5 The UCR team presented their action plan to address these to Quality and Safety group in June.
- **Finalist in awards for reducing length of stay and excellence in patient care**
- 3.6 The team from the Medicine and Emergency Care group have been shortlisted for the national patient safety awards run by HSJ, for their work on reducing length of stay on medical wards. This arena offers finalists the opportunity to promote and spotlight their progress. The ceremony will be attended by senior NHS and clinical leaders, leading innovators and policymakers from digital industries, journalists and media.
- 3.7 The Trust has been shortlisted for the Royal College of Physicians Awards for excellence in patient care for addressing health Inequalities with opportunities in local employment, regeneration and education as part of our strategy "More than a Hospital – The Midland Metropolitan University Hospital."
- **Red for Research Day**
- 3.8 After the success of last year's Research Participation Thank you event, R&D hosted another Thank you event for those who participated in research in the last 12 months. Whilst we couldn't invite all 4000 participants back, key projects were selected, and participants were invited to attend. Over 40 participants signed up and many brought relatives and children to find out more about research. The event was informal and provided an opportunity for those who participated to share experiences, views, and hear about other areas of research going on across the organisation. They heard from Prof Hughes, Dr Wandroo, Dr Hulme and Dr. Makwana as to how research has impacted their clinical practice and the offer for patients on a daily basis.
- 3.9 Participants were given a thank you 'goodie bag' at the end of the event. This event provided an opportunity for participants to ask questions and engage with the delivery team, and other participants. Feedback, like last year was a resounding, 'can we do this again' how can we get more involved, is there anything else we can sign up for. This year we even had some children attending, undertaking some simple activities (research word search, coloring etc.) which will now be put on our noticeboard in the CRF for all to see.
- **Fundamentals of Care – Mouth Care matters Launch**
- 3.10 On Monday 9<sup>th</sup> Mouthcare Matters campaign launch was launched- which is all about improving oral health - an important aspect of general health and wellbeing for our patients . Research shows that oral care is often lacking in hospital and community care settings, especially to those patients who may be unable to carry out their own personal care and rely on others for support; Mouth Care Matters seeks to address this.

- 3.11 The Mouth Care Matters programme aims to ensure we are more responsive, provide personalised care for patients and delivers better clinical outcomes, bringing an increased awareness of the importance of good mouth care and how it impacts on general health and quality of life. It is part of our fundamentals of care programme and thank you to Sarah Bone, Deputy Director of Nursing for Surgical services and Stryker for developing this programme, the training element and the mouthcare assessment tool on unity. This programme will make such a difference to our patients, with the increased use of the assessment tool and the available mouthcare products to offer our patients. Sarah and the Stryker team will be visiting wards to offer training over the coming months. This work will also support the reduction of Hospital Acquired Pneumonia.

#### **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  
July 2025

<b>REPORT TITLE:</b>	SWB Winter Plan 2025/2026		
<b>SPONSORING EXECUTIVE:</b>	Johanne Newens – Chief Operating Officer		
<b>REPORT AUTHOR:</b>	Demetri Wade – Deputy Chief Operating Officer Taj Virk-Dhugga – Assistant Director of Urgent Care		
<b>MEETING:</b>	Public Trust Board	<b>DATE:</b>	09/07/2025

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

This paper describes the winter plan for 2025-2026 for Sandwell and West Birmingham NHS Trust. The plan has been produced using:

- Data outcomes, and lessons learnt and reflections from last winter
- Modelling assumptions for activity and beds
- National expectations on performance
- Multi- disciplinary feedback from a facilitated cross group workshop

The plan also includes expectations outlined in the NHS England Urgent and Emergency Care plan 2025/26 this includes not only KPIs outlined in section 2.2 but also an increase in our staff flu vaccination rates, outlined in section 6.

Modelling and analysis of the forecast demand is outlined with proposed mitigation through Clinical Group interventions that are focused primarily on admission avoidance and reduction in length of stay. An overview of recent performance against Urgent and Emergency Care metrics is also included to demonstrate current challenges and to measure the impact of delivery against the interventions included in the plan.

The aim of the plan is to maintain safe, quality care through the winter period and support the delivery of key performance and safety metrics.

The actions outlined in the plan therefore are designed to respond to increased unplanned care activity and the delivery of effective flow through our service areas. Included are the governance arrangements and key quality and safety metrics we will monitor.

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

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

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

The plans delivery, mitigations, quality considerations, and performance metrics have been considered at Operational Performance Group and Trust Management Group.

<b>4.</b>	<b>Recommendation(s)</b>
The Public Trust Board is asked to:	
	<b>REVIEW and DISCUSS</b> the local and national context for this winter.
	<b>CONSIDER</b> the winter modelling and activity assumptions confidence of interventions
	<b>DISCUSS and ACCEPT</b> the winter plan and mitigation proposals

5.	Impact	[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]						
Board Assurance Framework Risk 01		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						
Corporate Risk Register	[Safeguard Risk Nos]							
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed		
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed		

# SANDWELL AND WEST BIRMINGHAM NHS TRUST

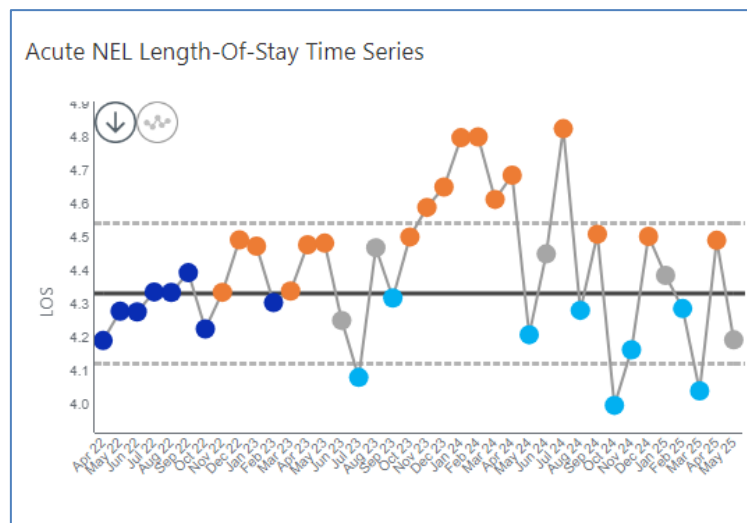
## Report to the Public Trust Board

### Sandwell and West Birmingham Winter Plan

#### 1. Winter 24/25

1.1. As anticipated through national and local intelligence and activity modelling, last year's winter was challenging with significant pressure on Urgent and Emergency Care (UEC) services, with December 2024 being the most difficult month for service resilience with the organisation struggling to de-escalate from sustained demands for admission and discharge on the acute site compounded by the adjustments required by teams following the move to Midland Metropolitan University Hospital.

1.2. Average length of stay last winter was highest in December 24, however, did not hit the peaks seen during the previous winter. The chart below demonstrates the comparison with winter 22/23 and 23/24.



1.3. Overcrowding in the Emergency Department (ED) was more frequent in December 24 with long waits to be seen and delays for transfer into appropriate beds leading to an increased risk of mortality and morbidity, and reduced ability to provide critical interventions in a timely manner. In December 24, EAS performance was reported at 71.6%, however in the months that followed, performance improved steadily month on month alongside other quality indicators.

1.4. The Winter Plan 24/25 focused on delivery against the MMUH Rightsizing transformational schemes, key workstreams within the Urgent and Emergency Care (UEC) Improvement

programme and additional interventions from the clinical groups with the aim of improving performance, minimising or avoiding harm whilst transitioning to the new estate at MMUH. Although December 24 was the most challenging month, the Group level interventions and rightsizing schemes supported recovery in performance.

1.5. The Winter Plan update was presented to March Trust Board and outlined progress against key performance and quality indicators. EAS performance was reported at 74.3% for January 25, placing SWBH 5<sup>th</sup> out of 23 providers in the Midlands region and 30<sup>th</sup> out of 122 national acute providers. The update also demonstrated improvement across several emergency care clinical indicators including ambulance offloads and 12-hour trolley waits. These improvements were attributed to the various initiatives as part of the UEC Improvement programme including Medicine Length of Stay, Same Day Emergency Care (SDEC), implementation of the Quality Standards and ED Operational Processes.

1.6. Continued delivery of the MMUH bed rightsizing programme was a key contributor to our winter resilience in 24/25 and included the following schemes:

- Medical Same Day Emergency Care (SDEC) – Funded in current run rate
- Frailty Virtual Ward (VW) and Frailty Intervention Team (FIT) – System Development Funding and within current run rate
- Respiratory Virtual Ward (VW) – System Development Funding
- Heart Failure – System Development Funding and within current run rate
- Birmingham Care Homes – Birmingham Community Healthcare funding

1.7. The winter plan update reported that at the end of January 25, an equivalent of 78 fewer beds were used compared to the pre-MMUH programme baseline. Rightsizing was reported to be delivering at 59% where there was a target of 70% with the biggest under-delivery being related to Walsall/Dudley catchment. Despite close-to-planned number of ED attendances, the change from pre-MMUH ambulance conveyances was small, and length of stay for that patient group was above baseline, resulting in less impact on MMUH bed usage.

1.8. In preparation for the Sandwell and City site moves to MMUH, 24 PCCT beds were released into the Trust capacity. These beds were closed at the end of March 25 as planned and there are no plans to open these additional beds this winter.

1.9. Each clinical group identified and implemented a separate set of interventions to reduce bed occupancy pre and post MMUH move.

1.10. In Primary Care, Community and Therapies, these included Stroke decoupling and delivery/optimisation of ICSS for the move of rehabilitation services to Rowley Regis



Hospital and changes to roles in the Integrated Discharge hub to ensure capacity to accommodate 'live' TOCs throughout the entire shift to prevent delays.

- 1.11. Medicine and Emergency Care focused on Length of Stay, using the PFIT tool to identify wards that required additional support to meet discharge targets and ensuring Consultant ward cover was routinely undertaken with Clinical Director led review of the ward areas/referee rounds where appropriate.
- 1.12. Across Surgical Services, Consultant presence on wards was increased by introducing 7-day Consultant rounds for every specialty. Confirm and challenge, MADE events and the presence of the senior leadership team at huddles helped deliver a reduction in length of stay in Trauma and Orthopaedics and General Surgery during the winter months.
- 1.13. Women's and Child Health also increased Consultant presence to facilitate timely discharges. Gynaecology and Breast services focused on review of elective caseloads to identify patients for earlier intervention, reducing recovery times and length of stay.
- 1.14. To support the clinical groups in reduction of bed occupancy, additional Imaging hot slots were made available alongside additional CTCA sessions during weekends.
- 1.15. The patient census prior to the Sandwell and City move to MMUH was successful in reducing the number of patients for transfer. During the census weeks the Ward Manager/Nursing Lead, Consultant and Operational lead for each ward presented to a panel made up of an MDT from clinical support services (Imaging, Pharmacy, IDU, Therapies, Virtual Wards) and clinical leaders for confirm and challenge. Sandwell safely transferred 176 of 320 inpatients (55%) and City, 112 of 220 (51%) with the remaining discharged or transferred to PCCT beds. The census facilitated a reduction in length of stay and improved flow and alongside the other interventions we have continued to deliver improvements in length of stay, EAS performance including quality and safety indicators across the urgent care pathway.

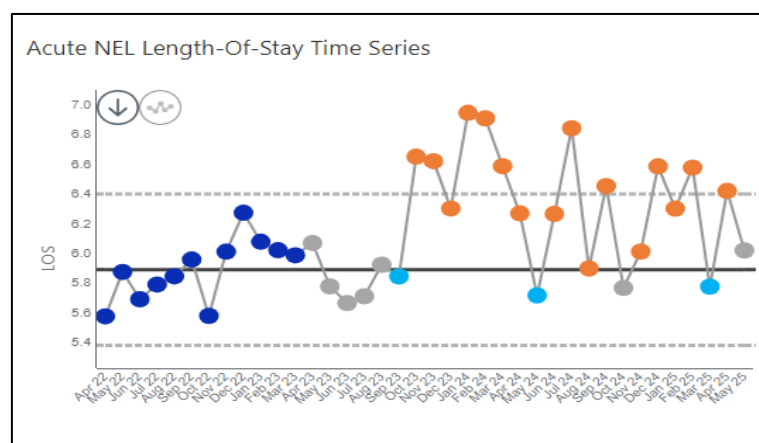
## **2. National Requirements - Urgent Care Performance Targets 25/26**

- 2.1. The Urgent and Emergency Care Plan 25/26 sets out priority actions that are expected to have the greatest impact on Urgent and Emergency Care Services this winter. Aligned with several of these priorities are the outputs of key workstreams within the UEC Improvement Programme. It is imperative that we build and expand on what has already been delivered through these workstreams so that we continue to improve the performance, quality and safety of our services, now and extending throughout winter.

2.2. The following priorities are currently being tracked against trajectories as part of the operational performance requirements. The table illustrates performance for the most recent month, which is ahead of trajectory and what we are expected to achieve by March 2026.

UEC Plan 25/26 Priority	May 2025 Performance	May 2025 Trajectory	March 2026 Target
A minimum of 78% of patients who attend an A&E to be admitted, transferred or discharged within 4 hours	78%	72%	78%
Eradicating last winter's lengthy ambulance handover delays to a maximum handover time of 45 minutes	23 minutes	46 minutes	25 minutes
Reducing the number of patients waiting over 12 hours for admission or discharge from an emergency department compared to 2024/25, so that this occurs less than 10% of the time	5.73%	14.4%	10.5%

2.3. An additional priority outlined in the plan is tackling the delays in patients waiting once they are ready to be discharged. The length of stay project in Medicine and Emergency Care has returned length of stay to the 22/23 target at 6 days though data-led improvement to increase efficiency, improve patient outcomes and experience. Strategies implemented, specifically 'Your Next Patient' also promote flow from the assessment units and into the bed base, releasing cubicle space in the Emergency Departments.



### 3. National Requirements: Vaccination

- 3.1. The Urgent and Emergency Care Plan 25/26 also outlines the priority to improve vaccination rates for frontline staff towards the pre-pandemic uptake level of 2018/19. In 2025/26, the aim is to improve uptake by at least 5 percentage points nationally. Trusts are expected to have an accessible occupational health vaccination offer to staff throughout the entire flu campaign, including onsite bookable and walk-in appointments. A fully developed plan for improving flu vaccine uptake for NHS staff is to be available by the end of Q1, incorporating a stretching target percentage increase on last year's uptake.
- 3.2. 25.7% of the substantive SWBH workforce took up the offer of a flu vaccination in 2024/25, which was below the national average of 37.5%.
- 3.3. To meet this requirement, a delivery plan and approach have been compiled in annex 1 and will be explored in detail in section 6 of this report.

#### **4. Winter Plan Scenarios**

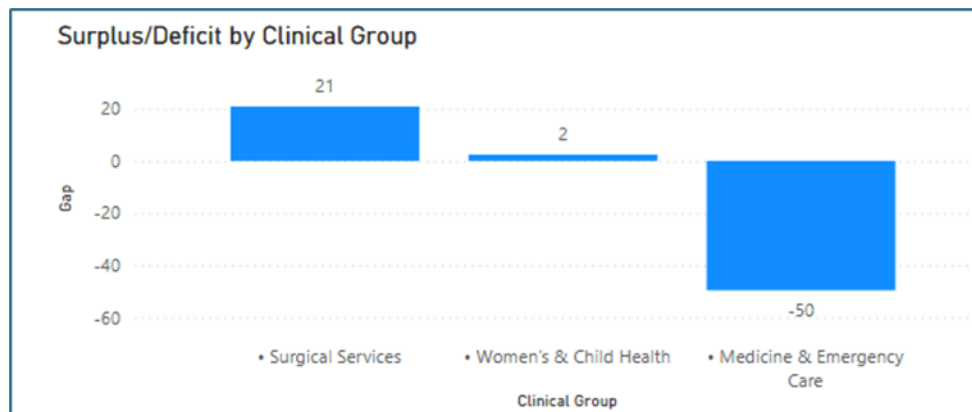
- 4.1. The charts below show a range of scenarios based on bed occupancy and length of stay. Modelled increases in bed occupancy are also applied to assessment units and direct access wards.

##### Scenario 1: Do nothing

Based on MMUH planned occupancy levels, the forecast suggests that there is likely to be a bed deficit in Cardiology, Elderly Care, General Medicine and Trauma & Orthopaedics. Medicine has a forecast deficit of -50 beds. Taking into account the projected surplus in Acute Medicine, Surgery, Gynaecology and Elective Orthopaedics the overall bed deficit is expected to be -26 beds.

### Summary by Ward Specialty

Site	ClinicalGroup	Bed Type	Open Beds	Bed Occupancy	Forecast Beds Required	Surplus / Deficit
MMUH	• Medicine & Emergency Care	AMU - Medical	108	80%	98	10
MMUH	• Medicine & Emergency Care	Cardiology	32	80%	56	-24
MMUH	• Medicine & Emergency Care	Elderly Care	96	90%	115	-19
MMUH	• Medicine & Emergency Care	Gastroenterology	32	90%	30	2
MMUH	• Medicine & Emergency Care	General Medicine	32	90%	52	-20
MMUH	• Medicine & Emergency Care	Haematology	16	90%	14	2
MMUH	• Medicine & Emergency Care	Respiratory	32	90%	36	-4
MMUH	• Medicine & Emergency Care	Stroke	32	80%	30	2
MMUH	• Surgical Services	Surgical	64	90%	59	5
MMUH	• Surgical Services	Surgical SAU	23	85%	0	23
MMUH	• Surgical Services	T&O - Ortho	16	90%	8	8
MMUH	• Surgical Services	T&O - Trauma	32	90%	46	-14
MMUH	• Women's & Child Health	Paediatrics	36	75%	47	-11
MMUH	• Women's & Child Health	Paediatrics - PAU	10	75%	2	8
MMUH	• Women's & Child Health	Womens	24	90%	18	6
<b>Total</b>			<b>585</b>	<b>90%</b>	<b>611</b>	<b>-26</b>

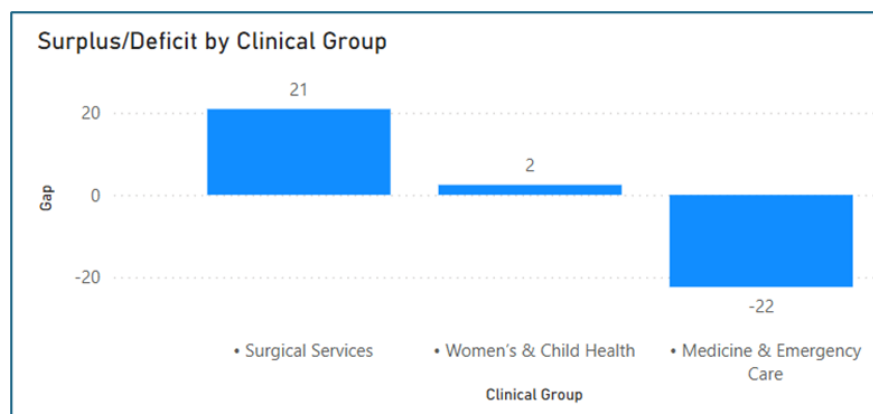


### Scenario 2: Planned Occupancy & LOS Recovery

This scenario is based on the planned MMUH occupancy levels. 2024/25 has seen a gradual recovery of LOS across all groups so where medical specialties have a length of stay over the 22/23 level, we expect recovery to the baseline. With LOS recovery at planned occupancy, the modelling suggests that there will be a reduced bed demand in Acute Medicine (-12.5%), Geriatric Medicine (-11.7%) and Gastroenterology (-5.3%). The Medicine Deficit reduces to 22 beds, with surplus in AMU partly offsetting deficits in Cardiology & General Medicine.

### Summary by Ward Specialty

Site	ClinicalGroup	Bed Type	Open Beds	Bed Occupancy	Forecast Beds Required	Surplus / Deficit
MMUH	• Medicine & Emergency Care	AMU - Medical	108	80%	98	22
MMUH	• Medicine & Emergency Care	Cardiology	32	80%	56	-24
MMUH	• Medicine & Emergency Care	Elderly Care	96	90%	115	-5
MMUH	• Medicine & Emergency Care	Gastroenterology	32	90%	30	4
MMUH	• Medicine & Emergency Care	General Medicine	32	90%	52	-20
MMUH	• Medicine & Emergency Care	Haematology	16	90%	14	2
MMUH	• Medicine & Emergency Care	Respiratory	32	90%	36	-4
MMUH	• Medicine & Emergency Care	Stroke	32	80%	30	2
MMUH	• Surgical Services	Surgical	64	90%	59	5
MMUH	• Surgical Services	Surgical SAU	23	85%	0	23
MMUH	• Surgical Services	T&O - Ortho	16	90%	8	8
MMUH	• Surgical Services	T&O - Trauma	32	90%	46	-14
MMUH	• Women's & Child Health	Paediatrics	36	75%	47	-11
MMUH	• Women's & Child Health	Paediatrics - PAU	10	75%	2	8
MMUH	• Women's & Child Health	Womens	24	90%	18	6
<b>Total</b>			<b>585</b>	<b>90%</b>	<b>611</b>	<b>1</b>

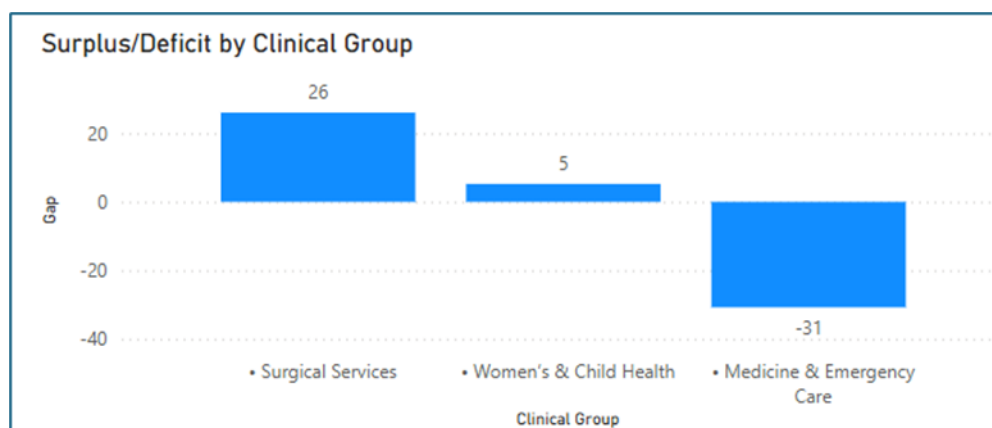


### Scenario 3: +5% Bed Occupancy & No LOS Changes

Based on planned MMUH occupancy levels + 5%, the Medicine deficit reduces to -31 beds, however, there is still the expected shortfall in Cardiology, Elderly Care and Gastroenterology. The deficit in Trauma is offset by the surplus beds in Surgery. Women's and Child Health have surplus +5 beds predicted through the modelling.

### Summary by Ward Specialty

Site	ClinicalGroup	Bed Type	Open Beds	Bed Occupancy	Forecast Beds Required	Surplus / Deficit
MMUH	• Medicine & Emergency Care	AMU - Medical	108	85%	94	14
MMUH	• Medicine & Emergency Care	Cardiology	32	85%	54	-22
MMUH	• Medicine & Emergency Care	Elderly Care	96	95%	109	-13
MMUH	• Medicine & Emergency Care	Gastroenterology	32	95%	28	4
MMUH	• Medicine & Emergency Care	General Medicine	32	95%	50	-18
MMUH	• Medicine & Emergency Care	Haematology	16	95%	13	3
MMUH	• Medicine & Emergency Care	Respiratory	32	95%	34	-2
MMUH	• Medicine & Emergency Care	Stroke	32	85%	28	4
MMUH	• Surgical Services	Surgical	64	95%	56	8
MMUH	• Surgical Services	Surgical SAU	23	90%	0	23
MMUH	• Surgical Services	T&O - Ortho	16	95%	8	8
MMUH	• Surgical Services	T&O - Trauma	32	95%	44	-12
MMUH	• Women's & Child Health	Paediatrics	36	80%	45	-9
MMUH	• Women's & Child Health	Paediatrics - PAU	10	80%	2	8
MMUH	• Women's & Child Health	Womens	24	95%	18	6
<b>Total</b>			<b>585</b>	<b>95%</b>	<b>584</b>	<b>1</b>

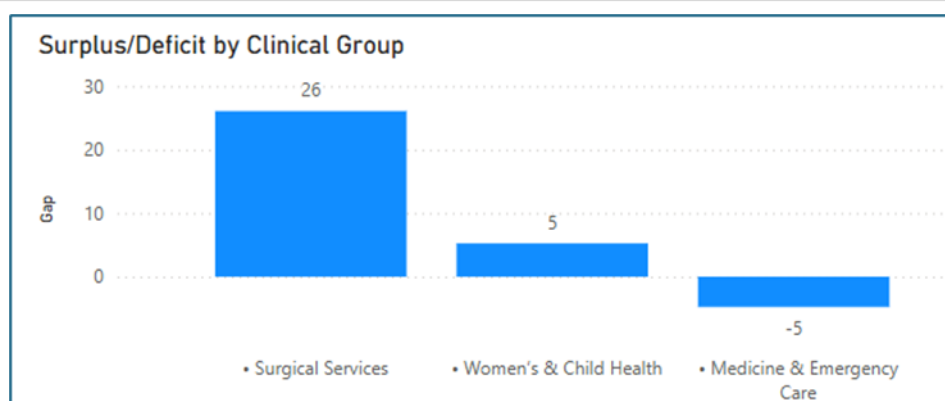


### Scenario 4: +5% Bed Occupancy and Length of Stay Recovery to 22/23

Where medical specialties are still over the 2022/23 level, this modelling estimates LOS will recover back to baseline, as per the UEC Improvement programme. Bed demand reduces in Acute Medicine (-12.5%), Geriatric Medicine (-11.7%) and Gastroenterology (-5.3%). The Medicine bed deficit reduces to -5 beds with surplus beds in Acute Medicine partially offsetting deficits in Cardiology and General Medicine.

### Summary by Ward Specialty

Site	ClinicalGroup	Bed Type	Open Beds	Bed Occupancy	Forecast Beds Required	Surplus / Deficit
MMUH	• Medicine & Emergency Care	AMU - Medical	108	85%	98	26
MMUH	• Medicine & Emergency Care	Cardiology	32	85%	56	-22
MMUH	• Medicine & Emergency Care	Elderly Care	96	95%	115	-1
MMUH	• Medicine & Emergency Care	Gastroenterology	32	95%	30	5
MMUH	• Medicine & Emergency Care	General Medicine	32	95%	52	-18
MMUH	• Medicine & Emergency Care	Haematology	16	95%	14	3
MMUH	• Medicine & Emergency Care	Respiratory	32	95%	36	-2
MMUH	• Medicine & Emergency Care	Stroke	32	85%	30	4
MMUH	• Surgical Services	Surgical	64	95%	59	8
MMUH	• Surgical Services	Surgical SAU	23	90%	0	23
MMUH	• Surgical Services	T&O - Ortho	16	95%	8	8
MMUH	• Surgical Services	T&O - Trauma	32	95%	46	-12
MMUH	• Women's & Child Health	Paediatrics	36	80%	47	-9
MMUH	• Women's & Child Health	Paediatrics - PAU	10	80%	2	8
MMUH	• Women's & Child Health	Womens	24	95%	18	6
<b>Total</b>			<b>585</b>	<b>95%</b>	<b>611</b>	<b>27</b>



4.2. The chart below summarises the four scenarios

	Medicine & Emergency Care	Surgical Services	Women's and Child Health	Overall Trust surplus/deficit
Scenario 1: Do nothing	<b>-50</b>	<b>+21</b>	<b>+2</b>	<b>-26</b>
Scenario 2: Planned occupancy and LOS recovery to 22/23	<b>-22</b>	<b>+21</b>	<b>+2</b>	<b>+1</b>
Scenario 3:	<b>-31</b>	<b>+26</b>	<b>+5</b>	<b>+1</b>

+5% bed occupancy and no LOS changes				
Scenario 4: +5% bed occupancy and LOS recovery to 22/23	<b>-5</b>	<b>+26</b>	<b>+5</b>	<b>+27</b>

4.3. The modelling alongside learning from previous winters suggests that improvement activities already in place are not sufficient to deliver the beds required this winter and that additional clinical group level interventions are required.

## 5. Clinical Group Level Interventions winter 25/26

5.1. The following intervention have been informed by the previous sections i.e. learning from last winter, analysis and modelling of variances and requirements of the national plan.

5.2. To support the development of this year's winter plan, a session was held with clinical group leads and corporate operations to review the modelling assumptions, occupancy and length of stay data from last winter to consider potential interventions that would have the most significant impact this winter (annex 3). A review of the schemes implemented during winter 24/25 was undertaken as an opportunity to reflect and identify points to learn from.

5.3. Each clinical group has a separate set of proposed interventions that can be implemented to reduce bed occupancy, length of stay and also support in the delivery of priorities included in the NHS Urgent and Emergency Care Plan 25/26. Several proposed interventions are listed below. A full list of the proposed interventions can be found in annex 3.

### 5.4. Primary Care, Community and Therapies

- Move 20 Leasowes Beds to Rowley – Single site consolidation to improve efficiency across multiple teams and creates bed flexibility if required.
- Access to CHC beds for End of Life which has the potential to decommission 2 EOL beds at Leasowes creating 2 extra IMC beds for use during winter.
- Step up pathway from community for Virtual Ward to support admission avoidance and reduce readmission risk for patients discharged requiring O2 support.
- Agree a shared outcome measure for 3 Rs patients – One functional outcome measure recorded for all patients would give greater ability for comparator metric in which to challenge readiness for Pathway 1 services, supporting earlier discharges and greater flow.

### 5.5. Medicine and Emergency Care

- Implementation of 7-day 'Your Next Patient' to consistently manage ED outflow
- Continuous improvements in Length of Stay with specific focus on Elderly Care
- Changes in out of hours leadership in Emergency Medicine to ensure senior operational support extending into the evening



- Census activity to support busiest periods

#### *5.6. Surgical Services*

- Increase in Virtual Ward usage to expedite discharges from the surgical wards. Further work planned to look at opportunities to review pathways and increase virtual ward referral.
- Expand and streamline existing Surgical SDEC pathways to support admission avoidance and improve patient flow. This includes clarity in the referral criteria from ED and primary care to maximise utilisation and relieve pressure on inpatient beds.
- Embed a 'Discharge Before Noon' culture across surgical wards to support earlier bed availability and improve flow during high-pressure winter periods. This includes setting daily discharge targets, ensuring timely TTO (To Take Out) completion, early therapy input, and senior clinical decision-making during morning board rounds.
- Ensure timely access to emergency theatres by maintaining full compliance with the CEPD rota and robust escalation protocols. Sustain adequate staffing and diagnostics support within Surgical Assessment Units (SAUs) to prevent delays and reduce pressure on ED. Proactive planning for increased demand in trauma and other winter-sensitive emergencies, ensuring appropriate surgical cover, bed capacity, and pathways are in place.

#### *5.7. Women's and Child Health*

- Review of Paediatric Virtual Ward criteria to focus on high volume winter conditions supporting maximum opportunity for reduction in length of stay.
- Review of elective activity at MMUH and potentially transfer to Sandwell to optimise utilisation and patient flow.
- Strengthen Paediatric SDEC pathways to reduce avoidable admissions and improve patient flow during peak winter period.
- Co-ordination with System Partners: Primary care opportunities for RSV pathways, working with social care and mental health providers to ensure robust plans are in place.

#### *5.8. Imaging and Pathology*

- CT3 at MMUH to be fully operational: CT staff to be at fully competent by September, to be opened to meet peak demand during weekdays. Consistently staffing a third CT scanner provides 4320 additional scanning minutes, this would tolerate the growth and predicted peaks, inclusive of winter.
- Radiographer vetting for urgent scans to reduce Consultant vetting delays.
- Expand Hot Reporting Capacity for MRI to support earlier ward discharges.
- Prioritise Discharge-Critical Imaging Work by working with ward teams to identify patients whose discharge is awaiting imaging, fast-tracking both scanning and reporting.

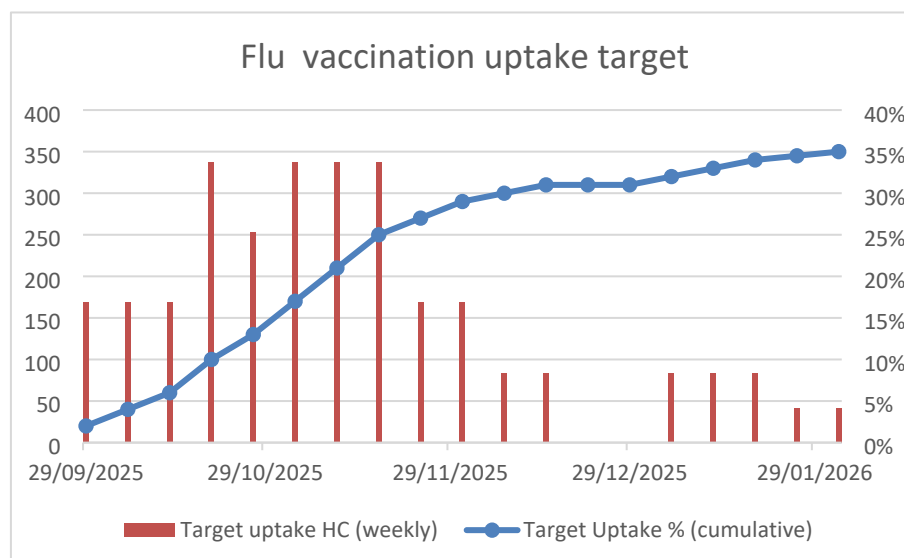
### **6. Workforce Resilience**

6.1. To support staff wellbeing and resilience, the clinical groups with the support of Trust corporate services will ensure the following actions are completed:

- Define and secure minimum staffing levels.
- Develop robust winter rota plans, including clear escalation protocols and a proactive bank strategy to fill anticipated gaps.
- Implement cross-cover arrangements between acute and community services where feasible to ensure service continuity during staff absence or activity surges.
- Reinvigorate triumvirate working and shared ownership of the winter response for our multidisciplinary teams with specific leadership session.
- Clearly define roles and responsibilities to prevent duplication and support collective resilience. Socialise any changes to expectations ahead of winter and implement new ways of working.
- Support flexible working to ensure adequate rest and recovery periods are provided.

## 7. Staff Flu Vaccinations

7.1. A key expectation as part of the national urgent care plan is the robust delivery of a staff vaccination plan. The plan is outlined in Annex 1 and is designed to deliver 5% more vaccinated staff than last winter which would require us to achieve 30.7%. The table below shows a stretch target of 35% which equates to 2950 staff (percentage based on May 2025 head count).



Provide early access for our staff to covid and flu vaccinations (annex 1).

7.2. Whilst this level of attainment is challenging we have already secured the commitment of the clinical Group directors of nursing to put in place peer vaccinators in each service area and on each trust site. This weekly metric will be monitored in the newly created operations cell.

## 8. Leadership and Oversight

- 8.1. Appropriate oversight of all winter interventions is vital to ensure we continue to drive forward performance and deliver the target trajectory for improvement. Delivery against key performance indicators will be monitored at the Urgent Care Delivery Group reporting to Operational Performance Group using existing reporting templates.
- 8.2. Urgent Care dashboards will be used alongside daily UEC data to inform decision making and progress against our plans, ensuring that corrective measures are implemented when required.
- 8.3. Regular reports will be submitted to the Quality Committee detailing performance against Fundamentals of Care metrics using the quality assurance reporting template (annex 4).
- 8.4. The Trust escalation process is utilised to mobilise Tactical and Strategic command as required in addition to daily Executive oversight. This report has referred to an “Operations Cell” which we will enact from the 1<sup>st</sup> September. This daily huddle will review all key metrics associated with this plan to enable us to adapt and respond in a timely way to any adverse variance.
- 8.5. Regular reports will be submitted to Finance and Performance Committee and Trust Board to ensure that the plan continues to deliver against our strategic objectives.

## 9. Summary

- 9.1. This year’s winter plan focusses on continuing to deliver the Operating Framework targets that as a trust we have committed to deliver. In addition, it includes additional clinical metrics focused on admission avoidance and reduction in length of stay and safety metrics.
- 9.2. Modelling and scenario testing suggest that although +5% bed occupancy and a reduction in length of stay will result in higher numbers of beds, flow will be restricted. Given one of the biggest risks during winter is the availability on non-elective medicine beds, Scenario 2 where there is no change to MMUH bed occupancy but there is a return to 22/23 LOS is the scenario that this plan has primarily focused.

## 10. Recommendations

10.1. The Public Trust Board is asked to:

- a) **REVIEW and DISCUSS** the local and national context for this winter
- b) **CONSIDER** the winter modelling and activity assumptions confidence of interventions
- c) **DISCUSS and ACCEPT** the winter plan and mitigation proposals

Sandwell and West Birmingham NHS Trust Winter Plan

Demetri Wade

Deputy Chief Operating Officer

Taj Virk-Dhugga

Assistant Director of Urgent Care

26<sup>th</sup> June 2025

**Annex 1- Vaccination Plan**

**Annex 2- Group Level Data- Winter Planning Workshop**

**Annex 3- Clinical Group Proposed Interventions**

**Annex 4- Fundamentals of Care- Quality Assurance Report Template**

**Reading Room Documents**

1. Urgent & Emergency Care Plan 2025/2026, June 2025- NHS England & Department of Health & Social Care
2. Urgent and Emergency Care System Communications Plan Autumn/Winter 2024-25- Black Country Integrated Care System

<b>REPORT TITLE:</b>	<b>Finance report Month 2 (May '25) inc. Cost Improvement update</b>		
<b>SPONSORING EXECUTIVE:</b>	Simon Sheppard, Acting Chief Finance Officer		
<b>REPORT AUTHOR:</b>	Simon Sheppard, Acting Chief Finance Officer		
<b>MEETING:</b>	Public Trust Board	<b>DATE:</b>	09/07/2025

<b>1. Suggested discussion points</b> <i>[two or three issues you consider the PublicTB should focus on in discussion]</i>
<p>As of the end of May 2025, the Trust reported a deficit of £5.94 million, which is £0.90 million adverse to the plan, spend of £6.57m against the capital programme with a cash balance of almost £38m.</p> <p>The Trust Board is asked to discuss the financial position at the end of May, the progress of the financial improvement programme and the risks and mitigations to ensure delivery of the 2025/26 financial plan.</p>

2. Alignment to our Vision [indicate with an 'X' which Strategic Objective[s] this paper supports]				
OUR PATIENTS		OUR PEOPLE		OUR POPULATION
To be good or outstanding in everything that we do		To cultivate and sustain happy, productive and engaged staff		To work seamlessly with our partners to improve lives

<b>3. Previous consideration</b> <i>[at which meeting[s] has this paper/matter been previously discussed?]</i>
Finance & Productivity Committee

<b>4. Recommendation(s)</b>
The Public Trust Board is asked to:
<b>a. NOTE</b> the financial performance as at the 31 May 2025 (month 2)
<b>b. NOTE</b> the progress of the Financial Improvement Programme and the key next steps
<b>c. NOTE</b> the key risks and mitigations to delivery of the Income and Expenditure financial plan.

5. Impact [indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]									
Board Assurance Framework Risk 01			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						
Corporate Risk Register [Safeguard Risk Nos]									
Equality Impact Assessment			Is this required?	Y		N	X	If 'Y' date completed	
Quality Impact Assessment			Is this required?	Y		N	X	If 'Y' date completed	

# SANDWELL AND WEST BIRMINGHAM NHS TRUST

## Report to the Public Trust Board on 09 July 2025

### Finance report Month 2 (May '25) inc. Cost Improvement update
















#### 1. Executive summary

- 1.1 This report updates the Trust Board on the 2025/26 financial position against the income & expenditure plan and the capital and cash programmes. It also provides an update on the financial improvement programme and the key risks / mitigations to delivery of the financial plan.
- 1.2 As the Board is aware, the Trust submitted a plan at the end of March of breakeven for 2025/26. This was inclusive of £14.2m of national deficit funding and a cost improvement programme of £50.8m.
- 1.3 The key performance measures at the end of May 2025 (month 2):
- The Trust has reported a deficit of £5.94m which is £0.90m adverse to the income & expenditure plan of £5.04m deficit.
  - £6.57m capital spend in line with the planned capital programme phasing.
  - A cash balance of £37.86m.
  - £3.7m delivered against the financial improvement (efficiency).
  - £1.82m favourable position against the elective recovery/ variable activity funding
  - 17 whole time equivalents (WTE) above the workforce plan trajectory reflecting an improvement of over 90 WTE from the April position.

#### 2. Financial Overview

- 2.1 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	(2.52)	(3.42)	 (0.91)	(5.04)	(5.93)	 (0.90)
	Agency Costs	0.60	0.92	 (0.32)	1.21	2.11	 (0.90)
	Capital Expenditure (ICB Allocation)	1.09	0.46	 0.63	2.18	0.82	 1.37
	Capital Expenditure (Other)	2.81	3.22	 (0.41)	4.09	5.75	 (1.66)
	Cash Balance	49.42	37.86	 (11.56)	49.42	37.86	 (11.56)

## Income & Expenditure Performance

2.2 The summary position at the end of May 2025 is shown below:

	Plan £000s	Actual £000s	Variance £000s
Patient Related Income	119,576	122,104	2,528
Other Income	11,712	9,403	(2,309)
Pay	(82,622)	(84,589)	(1,967)
Non Pay	(53,701)	(52,852)	849
Total	(5,035)	(5,934)	(899)

2.3 At Month 2, the Trust reported a £5.934m deficit, against a plan deficit of £5.035m, an adverse variance of £0.899m.

2.4 The key drivers for this position are:

- A favourable position against the elective income plan of £1,818k.
- An adverse position against the specialist services contract of £1,000k
- An adverse position against the planning assumption regarding urgent and emergency care activity of £333k
- An overspend against the pay budget of £1,967k. Whilst we have seen an improvement in our monthly run rate, and reductions in the full time equivalents (FTE's), we are above our pay budget (both full time equivalents and £'s) year to date. This reflects being off the workforce trajectory, increases in maternity leave payments and an increase in waiting list payments to support elective activity.
- Non pay is underspent year to date despite overspends in the Groups / Corporate Directorates. This reflects non pay inflation currently being held centrally. This will be devolved to the Groups / Corporate Directorates for Month 3 reporting.

## Workforce

2.5 In March 2025, the Trust Board approved a stretching workforce plan for 25/26, which delivers a 718 FTE reduction (8.5%), i.e. an exit position of 7,693 FTEs in March 2026. Whilst markedly higher than any of the other Black Country Trust's (DGFT 5.1%, RWHT 3.4%, WHT 4.3%) SWB's planned workforce reductions reflect:

- 90% reduction in agency usage
- 75% reduction in bank usage
- 140 reduction in corporate services FTE's
- 106 net FTE increase in substantive (clinical) staff

2.6 As of May 2025, the Trust has:

- Reduced total FTE deployment by 174 FTEs compared to January 2025

- Between January and May 2025, there has been a net increase in the substantive workforce of 86 FTEs. Over the same period, bank usage reduced by 219 FTEs, representing approximately 31% of the total planned bank reduction by March 2026.
- Agency usage reduced by 41 FTEs, which equates to approximately 34% of the total planned agency reduction by March 2026.

2.7 Despite the Trust deploying fewer FTEs in May 2025 (8,237 FTEs) than in any other month during the previous 12 months, we were 114 FTE above plan in April and 17 FTE in May. This alongside increased waiting list initiatives to support elective activity is driving the current pay overspend.

2.8 It is vital that the workforce plan and trajectory is delivered to support achieving the financial plan, and where there are risks, mitigating actions need to be implemented.

### Elective Recovery

2.9 As part of financial performance management, it is vital that the Trust monitors and manages the activity levels against the 2025/26 contract and against previous trends. This will help to make informed decisions around productivity, changes to the cost base and the overall financial improvement programme, whilst balancing these decisions against the operational targets and quality / safety.

2.10 The following chart summarises the monthly profile for 2025/26 in terms of the plan and actuals for activity linked to elective recovery.



2.11 Month 2 financial performance can be summarised in the following tables. By point of delivery, we can see a favourable position against ERF - £1,951k. (£1,818k for all variable activity).



Variable Type	PODGrpCode2	Total Activity Plan	Total Activity Actual	Total Activity Diff	Total Price Plan	Total Price Actual	Total Price Diff
Variable ERF	Daycase	5,623	6,689	1,066	£6,131,427	£7,200,077	£1,068,650
	Elective	833	847	14	£3,504,477	£3,995,708	£491,231
	Excess Bed Days	234	147	-87	£81,151	£57,471	£-23,680
	OP New Attendances	35,080	32,059	-3,020	£7,316,222	£6,729,930	£-586,291
	OP New Virtual Attendances	4,211	5,948	1,738	£953,932	£1,390,484	£436,552
	OP Procedures	31,767	34,039	2,272	£5,970,816	£6,534,953	£564,137
Variable ERF Total		77,747	79,730	1,983	£23,958,025	£25,908,624	£1,950,599
Variable Other Elective	Chemotherapy	441	411	-30	£126,147	£113,737	£-12,410
	Direct Access - Imaging	9,098	9,523	426	£580,535	£589,208	£8,672
	Outpatient Diagnostic Imaging	11,224	10,686	-538	£1,383,563	£1,254,502	£-129,061
Variable Other Elective Total		20,763	20,621	-142	£2,090,246	£1,957,447	£-132,799
Grand Total		98,510	100,351	1,841	£26,048,271	£27,866,071	£1,817,800

## Capital and Cash

- 2.12 The Capital Position in **Annex 1** shows the current spend to May 2025. Spend on internally funded schemes is behind plan but there is a robust forecast for each workstream which will see delivery ramp up through the year. The Finance teams are working with operational leads to ensure that the Trust avoids a repeat of historical, disproportionately high spending patterns in Q4. In addition, the Capital Management Group meets monthly to monitor and manage delivery of the programme.
- 2.13 The cash balance at the end of January of £37.86m. Cash was behind plan for May due to the settlement of invoice earlier than planned to the Trust's facilities management provider, Engie.
- 2.14 The forecast shows a cash balance at the end of the financial year of £51.7m, However, the delivery of 2025/26 CIP schemes (£50.8m) and the Trust's I&E plan will significantly impact the Trust's ability to deliver cash balances. In addition, the forecast includes the receipt of £14m national deficit support from NHSE, which will be under review throughout the year.

## 3. Financial Improvement Programme

- 3.1 The Trust has a very stretching and ambitious financial improvement programme of £50.8m in 2025/26, 6.2% of turnover. The target is profiled approximately 31% (£16m) in the first half of the year and 69% (£35m) in the second half.
- 3.2 The financial improvement programme is structured across quality and productivity workstreams and efficiency workstreams, inclusive of workforce. Each workstream has an Executive sponsor, senior responsible officer and support from a multi-disciplinary team (finance, HR, analysts).
- 3.3 At the end of May we are reporting £3.7m delivered against the programme, which is ahead of plan. However, a simple extrapolation to year end would only achieve £22m.
- 3.4 The focus during July is to ensure all schemes are fully developed inclusive of quality impact assessments, detailed milestones and monthly trajectories for both 2025/26 and the

recurrent full year effect. Where there are gaps to the workstream targets mitigating actions will need to be put in place.

#### **4. Risks and Mitigations**

4.1 The 2025/26 financial plan is stretching yet ambitious, and risk management is vital to ensure timely mitigations.

4.2 The risks can be summarised into 3 categories:

- Contractual negotiations particularly Birmingham and Solihull (BSOL) Integrated Care system. This relates to a post planning submission change to the contractual offer - linked to proposed changes in Emergency Department and Urgent & Emergency Care activity based on interventions in BSOL and intelligent conveyancing.
- Financial Improvement Programme (as discussed above)
- Performance risks – national deficit funding and the Black Country Integrated care system risk pool.

4.3 The private board will receive a paper detailing the financial position, risks and mitigating actions.

#### **5. Recommendations**

5.1 The Public Trust Board is asked to:

- a. **NOTE** the financial performance as at the 31 May 2025 (month 2).
- b. **NOTE** the progress of the Financial Improvement Programme and the key next steps.
- c. **NOTE** the key risks and mitigations to delivery of the Income and Expenditure financial plan.

**Simon Sheppard**  
**Acting Chief Finance Officer**

**27 June 2025**

**Annex 1: Capital Programme**

## Annex 1 – Capital Programme

### SANDWELL & WEST BIRMINGHAM HOSPITALS NHS TRUST

#### Summary Capital Expenditure: FY 2025/26 to P02

	Annual	Year to Date			Year End Forecast		
	NHSE Plan £000s	NHSE Plan £000s	Actual £000s	Variance £000s	NHSE Plan £000s	Forecast £000s	Variance £000s
<b>Internal - Self Financing</b>							
Estates	12,651	1,192	549	643	12,651	12,651	0
Mid Met Urgent Treatment Centre	5,082	0	10	-10	5,082	5,082	0
IT	4,192	868	254	614	4,192	4,192	0
Medical equipment	1,328	121	3	118	1,328	1,328	0
Charity	0	0	0	0	0	0	0
<b>Sub total</b>	<b>23,253</b>	<b>2,181</b>	<b>816</b>	<b>1,365</b>	<b>23,253</b>	<b>23,253</b>	<b>0</b>
<b>External/PDC Funded</b>							
MMUH - Cost to complete (PDC)	345	154	345	-191	345	345	0
Learning Hub / Campus (Grant Funded)	12,000	2,667	5,178	-2,511	12,000	12,000	0
Eradication by RAAC (PDC)	3,100	0	0	0	3,100	3,100	0
Rowley Regis Roof Replacement RAAC (PDC)	717	0	0	0	717	717	0
Elective Hub (PDC)	9,750	0	0	0	9,750	9,750	0
National Energy Efficiency Fund-Solar (PDC)	404	0	0	0	404	404	0
<b>Sub total</b>	<b>26,316</b>	<b>2,821</b>	<b>5,523</b>	<b>-2,702</b>	<b>26,316</b>	<b>26,316</b>	<b>0</b>
<b>TOTAL INTERNAL &amp; PDC FUNDED</b>	<b>49,569</b>	<b>5,002</b>	<b>6,339</b>	<b>-1,337</b>	<b>49,569</b>	<b>49,569</b>	<b>0</b>
<b>Technical-IFRIC12</b>							
BTC & MES	1,709	286	229	57	1,709	1,709	0
<b>ROU Assets - IFRS16</b>							
ROU Leased Assets (internally Funded)	5,920	986	0	986	5,920	5,920	0
<b>Trust Wide Programme</b>	<b>57,198</b>	<b>6,274</b>	<b>6,568</b>	<b>-294</b>	<b>57,198</b>	<b>57,198</b>	<b>0</b>



<b>REPORT TITLE:</b>	Perinatal Services Update to Board		
<b>SPONSORING EXECUTIVE:</b>	Melanie Roberts – Chief Nursing Officer & Deputy Chief Executive Mark Anderson – Chief Medical Officer		
<b>REPORT AUTHOR:</b>	Helen Hurst – Director of Midwifery		
<b>MEETING:</b>	Public Trust Board	<b>DATE:</b>	09/07/2025

<b>1. Suggested discussion points</b> <i>[two or three issues you consider the PublicTB should focus on in discussion]</i>
<p>The report updates Trust Board on the following areas:</p> <ul style="list-style-type: none"> <li>National Education and Training Survey (NETS) and General Medical Council National Training Survey Results 2024 &amp; the Maternity Incentive Scheme Year 7 changes and escalations</li> <li>Assure – Progress against Ockenden Letters and Recommendations, Perinatal Improvement Plan Progress &amp; update on the recent Perinatal Mortality Workshop</li> <li>Advise – Maternity &amp; Neonatal Letter from Jim Mackie &amp; Duncan Burton</li> </ul>

2. Alignment to our Vision [indicate with an "X" which Strategic Objective[s] this paper supports]				
OUR PATIENTS		OUR PEOPLE		OUR POPULATION
To be good or outstanding in everything that we do		To cultivate and sustain happy, productive and engaged staff		To work seamlessly with our partners to improve lives

<b>3. Previous consideration</b> <i>[at which meeting[s] has this paper/matter been previously discussed?]</i>

<b>4. Recommendation(s)</b>
The Public Trust Board is asked to:
a. <b>NOTE</b> and <b>DISCUSS</b> the report and supporting data
b. <b>NOTE</b> the update in Annex 1 on the Maternity Incentive Scheme year 7
c. <b>NOTE</b> the Ockenden Framework Update in Annex 2

5. Impact [indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]									
Board Assurance Framework Risk 01			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						
Corporate Risk Register [Safeguard Risk Nos]									
Equality Impact Assessment		Is this required?	Y		N	X	If 'Y' date completed		
Quality Impact Assessment		Is this required?	Y		N	X	If 'Y' date completed		

# **SANDWELL AND WEST BIRMINGHAM NHS TRUST**

## **Report to the Public Trust Board on 09 July 2025**

### **Perinatal Services Update**

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#### **1. Introduction**

- 1.1 The paper supports Board level oversight for the perinatal service which is fundamental to quality improvement, to ensure transparency and safe delivery of services. The paper presents five areas to highlight as matters of information and escalation from Quality Committee, as well as an update on progress.
- 1.2 The Ockenden Framework update can be found in Annex 2, with additional supporting documents in the reading room.

#### **2. Alert**

- **National Education and Training Survey (NETS) and General Medical Council National Training Survey Results 2024**

- 2.1 The NETS survey midwifery student's results have shown several areas where the service is an outlier, in total there were 21 respondents out of all student cohorts of the 3-year course across 3 Universities, compromising of a total of 132 students.
- 2.2 Analysis of the results highlighted these were in the majority related to one of the three Universities, which incidentally as the smaller cohort of students. The team have met with the University to work collaboratively on actions to support improvement. A compounding factor is the short rotation of students on placement, which will be reviewed as part of the actions taken. An action plan has been submitted to NHSE workforce, training and education.
- 2.3 The service introduced the safer learner experience charter at the end of last year and were awarded gold awards for student experience across four of the areas within the service from Birmingham City University earlier this year.
- 2.4 Following publication of the Survey (NETS) results, notification has been received that NHS England will be attending the Trust to complete an assurance visit.
- 2.5 Both the NETS 2023 and GMC 2024 survey outcomes highlighted several indicators which were below the national average and as such outliers. A review was undertaken by NHSE in December 2024, with the final report received in March 2025.

- 2.6 The review highlighted both positive feedback from the resident doctors, with also areas for improvement, an action plan is in place to support these.
- 2.7 To support improvement of the educational environment for all students and learners, organisational development support has commenced within delivery suite and a refresh within the neonatal unit.
- **Maternity Incentive Scheme Year 7**
- 2.8 Year 7 of the scheme has launched with changes to all safety actions apart from safety action 6, Annex 1 contains a summary of the actions and the changes, with additional information in the reading room. Progress will be monitored via monthly updates through established internal governance.
- 2.9 Safety action 7 includes an increased requirement for the maternity and neonatal voices partnership (MNVP) to form part of the quoracy of meetings. If the commissioned service by the Integrated Care Board does not meet the requirements, this should be escalated in line with the perinatal quality surveillance model.
- 2.10 Following review of that action a risk has been identified in relation to achievement of Safety Action Seven due to the current commissioning arrangements of the Maternity and Neonatal Voices Partnership by the ICB not meeting the increased requirements for year seven of the scheme.
- 2.11 This has been escalated via internal governance to LMNS Board, as the current commissioning does not meet the new requirements for the MNVP to be quorate members of a significant number of meetings at each Trust. Please note safety action 7 states no further evidence is required other than this escalation.

### **3. Assure**

- **Progress against Ockenden Letters and Recommendations**
- 3.1 As part of the National Maternity Improvements, following the Ockenden review of the maternity services at Shrewsbury and Telford Hospitals, and the ongoing review at Nottingham University Hospitals, Trust Board are required to receive an update on progress on the recommendations and letters that have been received.
- 3.2 Of the 20 points required for update and progress the service provided a positive return for 16.
- 3.3 One of the 20, was purely an update on the number of vacancies currently in community midwifery (9.64 wte) and where this is greater than 10% it being on the Trust risk register, risk number 3831. To note a successful round of recruitment has taken place, with all vacancies across the service being appointed to.

- 3.4 The remaining 3 negative responses, either have work in progress or are delayed due to external change factors required:
- I. One of these is in relation to the introduction of the new version of the maternity early warning score, which is due to be launched via System C in August.
  - II. For early pregnancy services to have access to maternity information systems, all colleagues within gynaecology early pregnancy service are undertaking training.
  - III. For parents who have suffered a previous pregnancy loss to have access to a Rainbow Clinic, work ongoing, working towards full implementation in January 2026, partial implementation in place, with antenatal support from the bereavement midwives.

- **Perinatal Improvement Programme Progress**

- 3.5 Work continues to drive forward quality improvement across the service, with both internal and external oversight.
- 3.6 To date 72% of actions within the plan are complete and evidenced, with aligned metrics to support ongoing surveillance. There are now only 4% of the actions delayed, these are purely transactional and do not present a safety concern.
- 3.7 Detail can be found of progress in the reading room, within the Improvement Oversight and Assurance Group presentation.
- 3.8 The Regional Perinatal Team will be undertaking a supportive diagnostic on the 24th and 25th of July. The terms of reference can be found in the reading room.

- **Perinatal Workshop**

- 3.9 As part of the wider community first programme and to support a reduction in health inequalities and improve outcomes a workshop was held on the 12th of June, which included key stakeholders across health and third sector organisations.
- 3.10 The workshop brought together what was working well, with examples such as services engaging better with communities, the improved communication with women and birthing people and availability of Mother tongue speakers and translation tools, family hubs and the energy and focus.
- 3.11 We also heard the areas that could be better, such as, lack of home birth choice, better data, pre-conception care, housing and funding for third sector organisations.
- 3.12 The workshop focused on both quick wins and longer-term goals. The most important next step was overwhelmingly the formation of a Perinatal Community Partnership Forum. An exciting quick win will be the establishment of a pilot pre-conception clinic hosted by YHP.

## **4. Advise**

- **Maternity & Neonatal letter**



- 4.1 The Secretary of State for Health and Social Care has announced a rapid independent investigation into maternity and neonatal services. He has also announced an independent taskforce, alongside immediate actions to improve care. every local NHS Board with responsibilities relating to maternity and neonatal care to:
- Be rigorous in tackling poor behaviour where it exists. Where there are examples of poor team cultures and behaviours these need addressing without delay.
  - Listen directly to families that have experienced harm at the point when concerns are raised or identified. It is important we all create the conditions for staff to speak up, learn from mistakes, and at the same time staff who repeatedly demonstrate a lack of compassion or openness when things go wrong need to be robustly managed.
  - Ensure you are setting the right culture: supporting, listening and working, through coproduction, with your Maternity and Neonatal Voice Partnership, and local women, and families.
  - Review your approach to reviewing data on the quality of your maternity and neonatal services, closely monitoring outcomes and experience and delivering improvements to both.
  - Retain a laser focus on tackling inequalities, discrimination and racism within your services, including tracking and addressing variation and putting in place key interventions.
  - A new anti-discrimination programme from August will support our leadership teams to improve culture and practice. This also means accelerating our collective plans to provide enhanced continuity of care in the most deprived neighbourhoods, providing additional support for the women that most need it

A joint briefing was held for all maternity and neonatal staff across SWB and DGFT on July 1<sup>st</sup> to both brief them and answer any concerns

## 5. Recommendations

5.1 The Public Trust Board is asked to:

- a. **NOTE** and **DISCUSS** the areas outlined in the three sections
  - b. **NOTE** the update in Annex 1 on the Maternity Incentive Scheme year 7
  - c. **NOTE** the Ockenden Framework Update in Annex 2
- Error! Reference source not found.**

Helen Hurst  
Director of Midwifery  
Wednesday, 25 June 2025

**Annex 1:** Maternity Incentive Scheme Year 7

**Annex 2:** Ockenden Framework Update

**Reading Room documents:**

MIS year & full briefing paper

IOAG presentation on the perinatal improvement programme

Ockenden Letters and Recommendations Response











Quality Committee Report

Terms of reference for the NHSE diagnostic

## Maternity Incentive Scheme Year 7

## What are the ten safety actions?













<b>1. PMRT</b>  All eligible perinatal deaths reviewed using PMRT; parents must be given opportunity to contribute; 50% of reviews must include an external member	<b>2. MSDS</b>  Accurate submission of data (80% valid birthweight and 90% valid ethnicity records)	<b>3. Transitional care</b>  Reduce avoidable separation of mothers and babies, aligned with <b>BAPM framework</b>	<b>4. Clinical workforce</b>  Staffing levels, locum policy, and compliance with RCOG & BAPM standards	<b>5. Midwifery workforce</b>  Funded establishment must match evidence-based tools (e.g. BirthRate+); supernumerary coordinator on every shift; 1:1 care in active labour
<b>6. Saving Babies' Lives</b>  Evidence of progress on all six SBLCBv3 elements; QI discussions with ICB	<b>7. Listening to families</b>  Must have a functioning MNVP (as per new 2023 guidance), action plans based on CQC survey	<b>8. Training</b>  90% attendance for all relevant staff at annual fetal monitoring, maternity emergencies, and neonatal resuscitation	<b>9. Board Oversight</b>  Full PQSM implementation; Safety Champion involvement; triangulation of data with complaints, incidents, claims	<b>10. MNSI and EN</b>  100% of qualifying cases reported; families must receive info in accessible formats; duty of candour applied

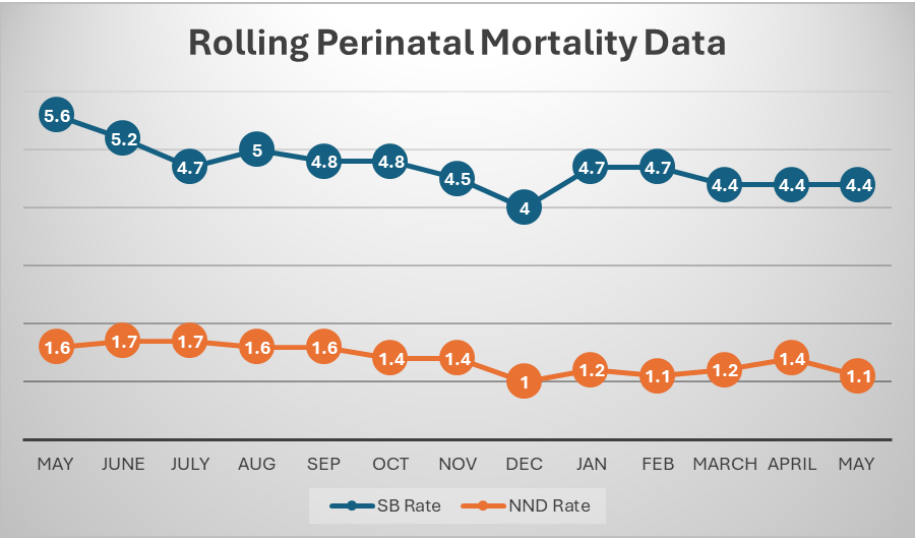
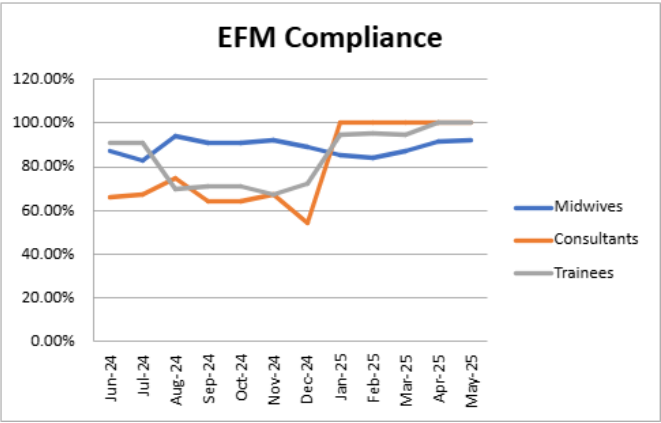
Advise / Resolve / Learn

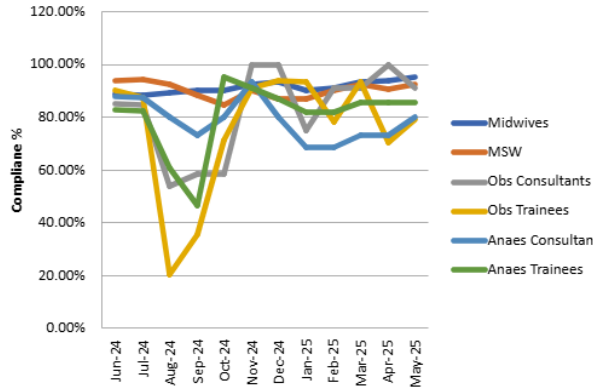
## MIS year 7 summary of changes



 <b>SA1</b> <ul style="list-style-type: none"> <li>Inclusion of external members in PMRT reviews.</li> <li>75% reviews to be completed in 6 months</li> </ul>	 <b>SA6</b> <ul style="list-style-type: none"> <li>No changes</li> </ul>
 <b>SA2</b> <ul style="list-style-type: none"> <li>Removal of previous CQIM metrics.</li> <li>Addition of valid birthweight data for 80% babies in given month as a minimum.</li> </ul>	 <b>SA7</b> <ul style="list-style-type: none"> <li>If ICB commissioned MNVP services not in place, Trusts must escalate formally via PQSM. No further evidence required.</li> </ul>
 <b>SA3</b> <ul style="list-style-type: none"> <li>Option to continue previous or start new QI project to reduce admissions.</li> <li>TC care focus on babies 34+ to 35+6.</li> </ul>	 <b>SA8</b> <ul style="list-style-type: none"> <li>Improved technical guidance re: rotational medical staff, staff sickness/maternity leave, and neonatal resuscitation training.</li> </ul>
 <b>SA4</b> <ul style="list-style-type: none"> <li>80% compliance with RCOG Consultant attendance over 3-month period.</li> <li>Neonatal staffing - added to risk register.</li> </ul>	 <b>SA9</b> <ul style="list-style-type: none"> <li>Maternity and neonatal safety PQSM review by Boards required quarterly.</li> <li>Perinatal leadership team includes MNVP.</li> </ul>
 <b>SA5</b> <ul style="list-style-type: none"> <li>BirthRate+ - Professional judgement of DOM/HOM</li> </ul>	 <b>SA10</b> <ul style="list-style-type: none"> <li>Families to receive information in a format accessible to them, and a SMART plan must be shared with Board if not possible.</li> </ul>

Advise / Resolve / Learn

Data Measures	Summary	Key Points														
<p>Findings of review of all perinatal deaths using the real time data monitoring tool</p> <p>Rate is per thousand births.</p>	<p><b>Rolling Perinatal Mortality Data</b></p>  <p>Monthly oversight via Quality Committee, with quarterly dedicated paper on outcomes of PMRT grading and actions.</p>	<p>Deep dive undertaken Review findings and any immediate actions required PMRT will review in depth cases. A number of still birth cases are those under going enhanced care for fetal concerns through fetal medicine department.</p>														
<p>Findings of review all cases eligible for referral to Maternity and neonatal safety investigation (MNSI)</p> <p>The number of incidents logged graded as moderate or above and what action being taken.</p>	<table border="1"> <thead> <tr> <th colspan="2">Current ongoing MNSI</th><th rowspan="2">Themes of Cases</th></tr> </thead> <tbody> <tr> <td>Cases 6 in total 5 from 2024, with 1 from March 2025.</td><td></td></tr> <tr> <td colspan="2">Draft/Completed Reports</td><td></td></tr> <tr> <td>Draft</td><td>2</td><td></td></tr> <tr> <td>Completed</td><td>2</td><td>2 HIE each with 2 recommendations</td></tr> </tbody> </table>	Current ongoing MNSI		Themes of Cases	Cases 6 in total 5 from 2024, with 1 from March 2025.		Draft/Completed Reports			Draft	2		Completed	2	2 HIE each with 2 recommendations	
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Completed	2	2 HIE each with 2 recommendations														
<p>Training compliance for all staff groups in maternity, related to the core competency framework and wider job essential training.</p>	<p><b>EFM Compliance</b></p> 	<p>EFM all above 90%</p>														

	<div><p><b>PROMPT Compliance</b></p><table><caption>PROMPT Compliance Data (Estimated %)</caption><thead><tr><th>Month</th><th>Midwives</th><th>MSW</th><th>Obs Consultants</th><th>Obs Trainees</th><th>Anaes Consultants</th><th>Anaes Trainees</th></tr></thead><tbody><tr><td>Jun-24</td><td>90</td><td>92</td><td>88</td><td>85</td><td>88</td><td>85</td></tr><tr><td>Jul-24</td><td>90</td><td>92</td><td>88</td><td>85</td><td>88</td><td>85</td></tr><tr><td>Aug-24</td><td>85</td><td>90</td><td>85</td><td>20</td><td>85</td><td>85</td></tr><tr><td>Sep-24</td><td>80</td><td>88</td><td>80</td><td>35</td><td>80</td><td>80</td></tr><tr><td>Oct-24</td><td>85</td><td>90</td><td>85</td><td>85</td><td>85</td><td>85</td></tr><tr><td>Nov-24</td><td>90</td><td>92</td><td>90</td><td>90</td><td>90</td><td>90</td></tr><tr><td>Dec-24</td><td>90</td><td>92</td><td>90</td><td>90</td><td>90</td><td>90</td></tr><tr><td>Jan-25</td><td>85</td><td>90</td><td>85</td><td>90</td><td>85</td><td>85</td></tr><tr><td>Feb-25</td><td>80</td><td>88</td><td>80</td><td>85</td><td>80</td><td>80</td></tr><tr><td>Mar-25</td><td>85</td><td>90</td><td>85</td><td>90</td><td>85</td><td>85</td></tr><tr><td>Apr-25</td><td>90</td><td>92</td><td>90</td><td>90</td><td>90</td><td>90</td></tr><tr><td>May-25</td><td>90</td><td>92</td><td>90</td><td>90</td><td>90</td><td>90</td></tr></tbody></table></div>	Month	Midwives	MSW	Obs Consultants	Obs Trainees	Anaes Consultants	Anaes Trainees	Jun-24	90	92	88	85	88	85	Jul-24	90	92	88	85	88	85	Aug-24	85	90	85	20	85	85	Sep-24	80	88	80	35	80	80	Oct-24	85	90	85	85	85	85	Nov-24	90	92	90	90	90	90	Dec-24	90	92	90	90	90	90	Jan-25	85	90	85	90	85	85	Feb-25	80	88	80	85	80	80	Mar-25	85	90	85	90	85	85	Apr-25	90	92	90	90	90	90	May-25	90	92	90	90	90	90	Anaesthetists all booked, small numbers lower compliance. All others above 90%.  Resuscitation of the newborn compliant
Month	Midwives	MSW	Obs Consultants	Obs Trainees	Anaes Consultants	Anaes Trainees																																																																																							
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Minimum safe staffing in maternity services, to include obstetric cover on the delivery suite, gaps in rotas and minimum midwifery staffing, planned vs actual prospectively.	<p><b>Midwifery</b></p> <p>Current vacancy with increase to establishment through approval to implement the Bronze inpatient model, within the current financial envelope. 31.93 FTE, 29.73FTE to recruit to (4 held for completion of seconded training). Fully appointed to June to commence in post from Oct-Dec 2025.</p> <p><b>Obstetric workforce</b></p> <table><tr><td><b>8 Obstetrics only consultants-</b> <b>2 vacancies</b></td><td><ul style="list-style-type: none"><li>1<sup>st</sup> vacancy created since January 2024. Interviews planned for June- No short listable candidates. Currently covered by locum Obstetrician; Readvertisement failed as no candidates applied. Locum cover will be extended</li><li>2<sup>nd</sup> vacancy from Mid-October- Locum Consultant has commenced from 9<sup>th</sup> December</li></ul></td></tr><tr><td><b>4 Obstetrics and Gynae consultants-</b> <b>3 vacancies</b></td><td><ul style="list-style-type: none"><li>1<sup>st</sup> Vacancy- Job shared by 2 consultants- One half of Obstetrics on calls- locum for the last 3 years due to job plan changes. The 2<sup>nd</sup> half of Obstetrics on calls- currently covered by locum due to long term sickness- Due to commence phased return as per OH advice</li><li>3<sup>rd</sup> vacancy- maternity leave - from November- Locum consultant due to commence in March.</li></ul></td></tr></table> <p><b>Neonatal Workforce</b></p> <p>Medics: Tier 1-3 BAPM compliant</p> <ul style="list-style-type: none"><li>2 substantive consultant posts still going through RCPCH (2 good locums in post currently)</li><li>Money from NHSE for use on more ANNP hours to support NICU experience and support shifts for new community registrars</li></ul>	<b>8 Obstetrics only consultants-</b> <b>2 vacancies</b>	<ul style="list-style-type: none"><li>1<sup>st</sup> vacancy created since January 2024. Interviews planned for June- No short listable candidates. Currently covered by locum Obstetrician; Readvertisement failed as no candidates applied. Locum cover will be extended</li><li>2<sup>nd</sup> vacancy from Mid-October- Locum Consultant has commenced from 9<sup>th</sup> December</li></ul>	<b>4 Obstetrics and Gynae consultants-</b> <b>3 vacancies</b>	<ul style="list-style-type: none"><li>1<sup>st</sup> Vacancy- Job shared by 2 consultants- One half of Obstetrics on calls- locum for the last 3 years due to job plan changes. The 2<sup>nd</sup> half of Obstetrics on calls- currently covered by locum due to long term sickness- Due to commence phased return as per OH advice</li><li>3<sup>rd</sup> vacancy- maternity leave - from November- Locum consultant due to commence in March.</li></ul>	Vacancies now include the funding for triage, an establishment options paper has been agreed, realigning banding to increase midwifery establishment. We continue to see positive interest in posts, including out of area contacts.  NNU nursing plan in place, to over recruit at band 5 to grow QIS.																																																																																							
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	<ul style="list-style-type: none"> <li>Work ongoing to move 1 paed's SHO to neonates to support NIPE service (agreed by paed's. RCPCH tutor and foundation HoS) Current plan for this to commence 01.04.25</li> </ul> <p>AHPs:</p> <ul style="list-style-type: none"> <li>80% BAPM compliant for physio, OT, SALT and dietician</li> <li>NHSE recurring money to be used on psychology &amp; dietician to fulfil BAPM compliance; work in progress</li> </ul> <p>Nurses:</p> <ul style="list-style-type: none"> <li>Nurse establishment BAPM compliant</li> <li>70% QIS (BAPM standard)</li> <li>NHSE recurring money to be used to support all BAPM requirements for nurse specialist roles; work in progress</li> </ul>	
Service User Voice feedback	<p>After birth listening service is working well, with positive feedback Collaboration with MNVP continues to ensure voices are heard and ensure, 'you said, we did' to transform the service to meet the needs of our population.</p> <p>Complaint themes monitored, communication, treatment being the top themes.</p>	15 steps taking place on 30 <sup>th</sup> June.
Staff feedback from frontline champions and walk-about	<p>New safety champion posters to be introduced, including QR codes for staff to be able to contact the safety champions.</p> <p>Informal walkabout undertaken by associate non-executive director, positive overall, with 1 area raised around support with zero tolerance in antenatal clinic.</p>	
MNSI/NHSR/CQC or other organisation with a concern or request for action made directly with Trust	None	
Coroner Reg 28 made directly to Trust	None	None
Progress in achievement of CNST10	MIS update in report	
Proportion of midwives responding with 'Agree or Strongly Agree' on whether they would recommend their trust as a place to	Reported via staff survey report.	

work or receive treatment																																																											
Proportion of specialty trainees in Obstetrics & Gynaecology responding with 'excellent or good' on how they would rate the quality of clinical	<div> <div>GMC National Training Survey - Obs &amp; Gynae specialty</div> <table> <tr> <th>Indicator</th><th>Mean score</th><th>Outcome</th></tr> <tr><td>Adequate Experience</td><td>67.76</td><td>Within IQR</td></tr> <tr><td>Clinical Supervision</td><td>90.66</td><td>Within IQR</td></tr> <tr><td>Clinical Supervision out of hours</td><td>86.46</td><td>Within IQR</td></tr> <tr><td>Educational Governance</td><td>62.72</td><td>Within IQR</td></tr> <tr><td>Educational Supervision</td><td>82.24</td><td>Within IQR</td></tr> <tr><td>Facilities</td><td>56.77</td><td>Within IQR</td></tr> <tr><td>Feedback</td><td>59.87</td><td>Within IQR</td></tr> <tr><td>Handover</td><td>71.27</td><td>Within IQR</td></tr> <tr><td>Induction</td><td>86.84</td><td>Within IQR</td></tr> <tr><td>Local Teaching</td><td>52.40</td><td>Within IQR</td></tr> <tr><td>Overall Satisfaction</td><td>67.11</td><td>Within IQR</td></tr> <tr><td>Regional Teaching</td><td>73.44</td><td>Within IQR</td></tr> <tr><td>Reporting Systems</td><td>68.42</td><td>Within IQR</td></tr> <tr><td>Rota Design</td><td>38.82</td><td>Within IQR</td></tr> <tr><td>Study Leave</td><td>63.16</td><td>Within IQR</td></tr> <tr><td>Supportive Environment</td><td>65.79</td><td>Within IQR</td></tr> <tr><td>Teamwork</td><td>73.69</td><td>Within IQR</td></tr> <tr><td>Work Load</td><td>32.46</td><td>Within IQR</td></tr> </table> </div>	Indicator	Mean score	Outcome	Adequate Experience	67.76	Within IQR	Clinical Supervision	90.66	Within IQR	Clinical Supervision out of hours	86.46	Within IQR	Educational Governance	62.72	Within IQR	Educational Supervision	82.24	Within IQR	Facilities	56.77	Within IQR	Feedback	59.87	Within IQR	Handover	71.27	Within IQR	Induction	86.84	Within IQR	Local Teaching	52.40	Within IQR	Overall Satisfaction	67.11	Within IQR	Regional Teaching	73.44	Within IQR	Reporting Systems	68.42	Within IQR	Rota Design	38.82	Within IQR	Study Leave	63.16	Within IQR	Supportive Environment	65.79	Within IQR	Teamwork	73.69	Within IQR	Work Load	32.46	Within IQR	
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<b>REPORT TITLE:</b>	Emergency Preparedness Resilience and Response for Sandwell and West Birmingham NHS Trust Annual Board Report		
<b>SPONSORING EXECUTIVE:</b>	Johanne Newens – Chief Operating Officer		
<b>REPORT AUTHOR:</b>	Caroline Rennalls – Assistant Director of Operations and Resilience Management		
<b>MEETING:</b>	Public Trust Board	<b>DATE:</b>	09/07/2025

<b>1. Suggested discussion points</b> <i>[two or three issues you consider the PublicTB should focus on in discussion]</i>
<p>The Trust is legally obligated to perform its duties as a category 1 responder under the Civil Contingency act 2004 and subsequent related legal guidance. The Trust is required to have efficient and tested Emergency Preparedness, Resilience and Response (EPRR) and Business Continuity (BC). The Accountable Emergency Officer (AEO) role to provide executive leadership for the whole programme sits within the Chief Operating Officers post.</p> <p>This paper outlines the work undertaken by the Trust to provide assurance to the Integrated Care Board (ICB) that whilst non-complaint for the 23/4 EPRR Core Standards:</p> <ul style="list-style-type: none"> <li>- The Trust can respond to an incident meeting its legal responsibilities.</li> <li>- The framework undertaken to demonstrate rapid improvement in Plans, Policies and SOPs for specific domains of the NHSE Core Standards.</li> <li>- All plans, Standard Operating Procedures (SOPs) and Policies include the latest national and legal guidance.</li> <li>- We have exceeded the minimal exercise and training requirements for the NHSE Core standards.</li> <li>- Introduced a phase 2 into the EPRR recovery programme. Our focus with the EPRR ICB Lead, has been on the 22 domains of the core standards which we were considered 'partially complaint'.</li> <li>- Our approach aims to eliminate any areas of non-compliance from our 2024/5 annual self-assessment.</li> </ul> <p>This annual board paper includes, the plans, governance arrangements, the EPRR Policy, Business continuity plan, and the training schedule.</p>

2. Alignment to our Vision [indicate with an 'X' which Strategic Objective[s] this paper supports]					
OUR PATIENTS		OUR PEOPLE		OUR POPULATION	
To be good or outstanding in everything that we do	X	To cultivate and sustain happy, productive and engaged staff	X	To work seamlessly with our partners to improve lives	X

<b>3. Previous consideration</b> <i>[at which meeting[s] has this paper/matter been previously discussed?]</i>
--

**4. Recommendation(s)**

The Public Trust Board is asked to:

**REVIEW** and **ACCEPT** our annual EPRR NHSE Core standards and the recovery plan for 2025/26 and the assurance for the recovery strategy in place.

**ACCEPT** the EPRR Policy, Business continuity management System (BCSM) and Training and exercise plan.

**5. Impact** *[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]*

Board Assurance Framework Risk 01	x	<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		<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]							
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	



# **SANDWELL AND WEST BIRMINGHAM NHS TRUST**

## **Emergency Preparedness Resilience and Response for Sandwell and West Birmingham NHS Trust**

### **Report to the Public Trust Board on 09 July 2025**

#### **1. Introduction or background:**

- 1.1 The NHS needs to be able to plan for and respond to a wide range of incidents and emergencies which could affect health or patient care. These could be anything from extreme weather conditions, an infectious disease outbreak, a major transport accident, a cyber security incident or a terrorist act. This is underpinned by legislation contained in the CCA 2004, the NHS Act 2006 and the Health and Care Act 2022.
- 1.2 This work is referred to in the health service as emergency preparedness, resilience and response or EPRR.
- 1.3 Under the NHS Constitution the NHS is there to help the public when they need it; this is especially true during an incident or emergency. Extensive evidence shows that good planning and preparation for any incident saves lives and expedites recovery.
- 1.4 All NHS-funded organisations must therefore ensure robust and well-tested arrangements are in place to respond to and recover from these situations.
- 1.5 NHS Trusts are required to comply with guidance and framework documents, including but not limited to:
  - NHS England Emergency Preparedness, Resilience and Response Framework
  - NHS Core Standards for Emergency Preparedness, Resilience and Response
  - NHS England (Operating Framework) Everyone Counts: Planning for Patients 2015/16

#### **2. Governance and Audit**

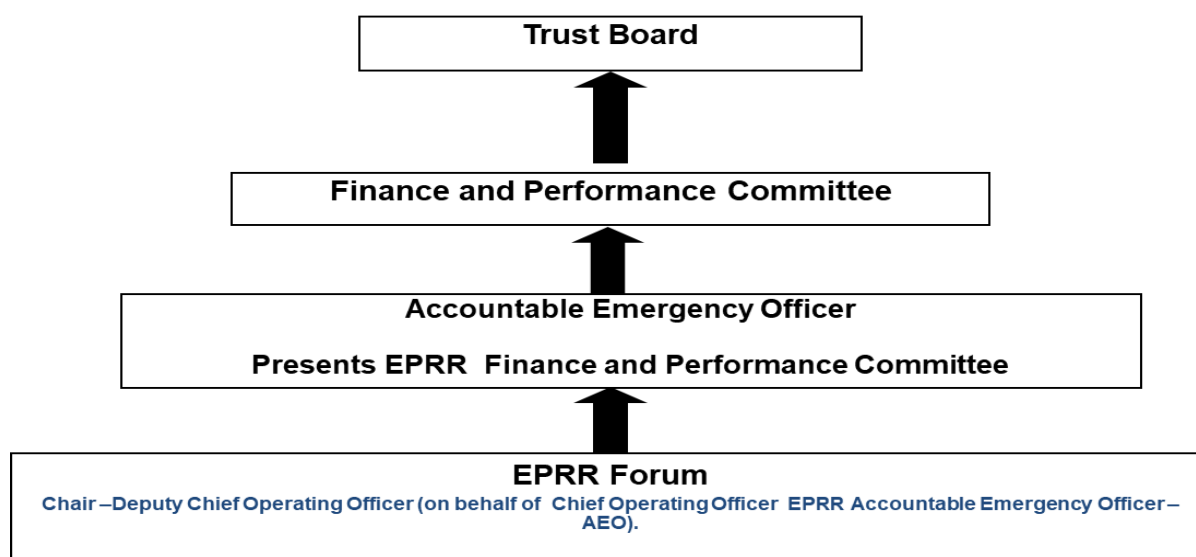
- 2.1 The EPRR function of SWB is supported by key policies /plans/SOPs:

- EPRR Policy
- Incident Response Plan (IRP)
- Business Continuity Management System (BCSM)
- Trust wide Business Continuity Plans
- Adverse Weather Plan
- Lockdown Plan
- New and Emerging Pandemic Plan
- Chemical Biological Radiological Nuclear Plan (CBRN)
- High Consequence Infectious Disease Plan (HCID)
- Bomb Threat Plan
- Mass Casualty Plan
- Evacuation and Shelter Plan

- Surge Plan

- 2.2 These documents have been developed in line with the EPRR Framework and consulted on with system partners, including, Integrated Care Board (ICB) and NHS England (NHSE). The latest versions are available on the Trust internet (SPARC on the emergency plan Page)
- 2.3 The Trust Board annually receives and reviews a report to ensure the Trust meets its legal duties to report to trust Board.

The diagram below depicts the governance structure:



- 2.4 The SWB internal auditors RSM UK, are scheduled to audit EPRR and Business Continuity in 2027 as part of the five-year plan.
- 2.5 The EPRR team have also carried out both the 724 unannounced audits for MMUH and the retained estate providing reassurance for the resilience of how we care for IP safety in the event of a Unity (Electronic Patient Records) unplanned down time.

### 3. NHSE Core Standard:

- 3.1 All NHS – Funded organisations are required annually to provide evidence of their compliance to their Board, in a public board meeting, and for their board to issue a statement of EPRR conformity to their commissioners. NHS England will, in collaboration with the Local Health Resilience Partnership (LHRP) ensure an annual assurance programme is undertaken to inform the national report to the secretary of state.
- 3.2 EPRR NHSE Core standards are submitted annually with a cut of a date stated in August each year.
- 3.3 Table 1 Core Standard compliance

2022	2023*	2024
47%	74%	53%
Non-compliant	Practically Compliant	Non-complaint

- 3.4 The percentage assigned by NHSE for the EPRR self-assessment is shared with the AEO and Emergency Planning Officer within a circa of 6/8 weeks.
- 3.5 Additional evidence is requested, and a submission made in November 2024. This is usually followed by a meeting between the ICB AEO and SWB AEO to agree the final score. This meeting was stood down.
- 3.6 The Chief Operating Officer as AEO meet with BCICB Chief Delivery Officer to identify and agree the priority areas of concern to offer assurance to the BCICB by 14.03.2025. This deadline was met and the COO meet with the EPO and signed off the plans, Policies and SOP listed below confirming
- a) The latest related legislative guidance for the subject matter
  - b) The documents applied to MMUH. All documents apply to SWB estate including MMUH that opened after the submission in 2024.
  - c) The removal of redundant EPRR terminology
  - d) Plans are to be in date.
- 3.7 Table 2: documents included in Phase 1 EPRR Rapid Improvement programme.

1.	Infectious disease plan / HCID plans
2.	Mass Cas plan
3.	Counter Measures
4.	On call supporting documents and SOP
5.	Evac and Shelter
6.	VIP visits / treatment arrangements
7.	Lockdown Plan

- 3.8 The progress, compliance and delivery of the EPRR programme was overseen by the ICB and SWB Accountable Emergency Officers.

#### **4. Business Continuity**

- 4.1 SWB is committed to ensuring the continuity of critical services during and after disruptive events through the implementation and maintenance of effective Business Continuity Management (BCM) arrangements. These arrangements form a core component of the Trust's wider Emergency Preparedness, Resilience and Response (EPRR) framework.
- 4.2 Business Continuity ensures that essential clinical and non-clinical services can continue to operate or be recovered to an acceptable level in the event of:
- Internal incidents (e.g. power failures, IT outages, infrastructure issues).

- External disruptions (e.g. supplier failures, fuel shortages, transport disruption).
- Widespread emergencies (e.g. pandemics, cyber-attacks, adverse weather).

#### 4.3 The Trust's BCM programme is aligned with:

- The Civil Contingencies Act 2004.
- NHS England Business Continuity Management Framework.
- The ISO 22301 standard for Business Continuity Management.

#### 4.4 Key principles include:

- Identifying critical functions and dependencies through Business Impact Analysis (BIA);
- Developing and maintaining Business Continuity Plans (BCPs) at corporate, clinical and departmental levels.
- Regular testing, exercising and reviewing of BCPs.
- Integrating business continuity into the Trust's on-call, escalation and incident response structure

#### 4.5 Sandwell and West Birmingham is part of the Local Resilience Forum and Participates with any with request made by the ICB or NHSE.

The key performance indicators below are in place to ensure SWB compliance with the standard requirements of Business continuity Management system. Following the opening of MMUH and the new services on the retained estates, Business Continuity Management System (BCMS) was relaunched in January 2025, with targeted training and support for each clinical and non-clinical department to develop their business Impact Assessment (BIAs) and Business Continuity Plans (BCPs).

#### 4.6 Key Performance Indicators – as of the 24.06.2025

KPI 1 - Business Continuity arrangements				
1	Is the main SWB BC Plan in date	Yes	Currently being reviewed July 2025	
2	Percentage of plans tested in the last 3 years	90%	24.06.2025	
3	Are all plans accessible to all members of staff	Yes	on the Trust Intranet	
4	Percentage of staff who have received the BC Leads Training	95%	100% for all clinical services	
5.	Percentage of Business Continuity Champions trained	30%	New Additional BC role training ongoing 80% by December 2025	
5	Percentage of departments with completed and in date BIAs	70%	All clinical groups validated	
6	Percentage of departments with completed and in date BC Plans	70%	Pending BCPs for Quality & Safeguarding	
7	Has the SWB BC arrangements been reviewed by Internal Audit	24/25	Not in 2024/25 EPRR review from internal Auditors 2027	
KPI 2 - Appropriate assurances that effective BCPs are in place at provider organisations				

1	All provider contracts have been reviewed via risk stratification	Yes	EPRR working with head of procurement SWB & DGH to implement a tracking tool for 3 <sup>rd</sup> party BCPs  95% of contracts are purchased within the framework of the national procurement team. Endorsed by NHSE	
2	BC Training in place for those that manage procurements	Yes	BCMS training Delivered bimonthly	
<b>KPI 3 - There are effective reporting arrangements in place to inform the Board as to the adequacy of arrangements for Emergency Planning within the ICB.</b>				
1	Standard report to Finance and Performance Committee	Yes	April 2025	
2	Annual report format to Board at least annually	Yes	Jul-25	
3	Ensure that an Audit review is carried out within the three-year audit plan	Yes	Annual refresher of All BCPs/BIAs  Unannounced assurance audits for MMUH and retained estate every 6 month	

<b>KPI 1 – EPRR</b>				
1	Monthly testing of all ICC equipment	100%	MMUH and Sandwell	
2	Ward -to Ward cascade communication test x4 in 12 months	100%	Legal requirements 2 per year	
3	Major incidents call out x2 per year	100%	2 tests carried out since opening MMUH	
4	Annual EPRR Training for executives and on call managers	30%	Training to be planned or Executive Directors	
5.	60% ED staff major incident training including CBRNe	65%	Training ongoing, all senior ED nurses CBRN trained	
5	50% of Executives Director On-Call have had media training	70%		
6	60% Principles of Health command (POHC). For senior on call managers and Executive Directors	40%	Waiting more dates for training from NHSE	
7	100% of on-call managers and On-Call Executives receive on boarding training prior to going live on the on-call	100%		
1	EPRR awareness x2 sessions in 12 months	100%	QIHD/Cyber Attack	

## 5. Training and Exercising

## 5.1 EPRR post 100 days in MMUH

- 5.1.1 The training needs delivered to prepare for, during and after the Move into MMUH both meets and exceeds the minimal legal requirement expectations as a category 1 provider.
- 5.1.2 To ensure the organisation and staff were prepared and able to respond to a declared incident from the day of the final MMUH move in Nov 2024, Executive On-Call Directors and Senior On-Call Managers, MMUH onboarding training ensured that commanders were orientated to the location and contents of their Incident Command Centres (ICCs), the decontamination unit outside the emergency department.
- 5.1.3 our communication exercises are a legal requirement and need to exercise once every 6 months. The Ward-to-Ward cascades (x3,) & Reach, Major Incident call out (x2) exceeds our legal duties.
- 5.1.4 Three tabletop exercises, Exercise Suspense (28<sup>th</sup> November 2024), Exercise Grounded (13<sup>th</sup> February 2025), Exercise from Dusk to Dawn (March 2025)
- 5.1.5 The EPRR team have attended external exercises to participate or observe the identified learning to support the developments of our polices, Plans and Sops.
- 5.1.6 Additional workstreams included:
- Launched the Business continuity plans (BCPs) and related Business Impact Assessments (BIA) (January 2025),
  - Taxonomy of services (January 2025), Business Continuity Management System (BCMS),
  - the introduction of the BC Champions.
  - Decision Loggist training,
  - Upgraded EPRR related documents on the Trust internet page
  - Run a cyber roadshow and communication campaign first roadshow was held in MMUH May 2025 next planned for August 2025.
  - EPRR and Business continuity statement Included in May 2025 QIHD information pack.
- 5.1.7 SWBHT EPRR 2024/25/26 Training Needs Analysis has been developed, consulted on with the ICB, cross referenced with best practice and the requirements outlined in NHSE Core standards. The full work programme is listed below.

SWB NHST EPRRR Training Needs Analysis
SWB NHST Training and Exercise schedule
SWB NHST Training List
SWB NHST West Midlands Resilience Forum Training

EPRR awareness log
SWB NHST EPRR and Business Continuity KPIs
SWB NHST EPRR Training compliance
SWB NHST Principles of Health Command Training Records
SWB NHST Joint Emergency Services Interoperability Principles Training Records
SWB NHST MAGIC Training Records
SWB NHST MATIC Training Records
SWB NHST Media Training Records
SWB NHST Strategic and Tactical On-Call Managers Training Records
SWB NHST Decision Loggist Training Records
SWB NHST Major Incident (Inc. CBRNe) Training Records
SWB NHST Business Continuity Management System Training Records
SWB NHST Business Continuity Champions Training Records
SWB NHST EPRR and Business Continuity Exercise Compliance Summary
SWB NHST Command and Control Exercise Records
SWB NHST EPRR Live Exercise Records
SWB NHST Tabe Top Exercise records
SWB NHST EPRR Communications Exercise
SWB NHST Business Continuity Plan and Business Impact Analysis Dashboard
SWB NHST Group of Women and Children BCP and BIA tracker
SWB NHST Group of Surgical Services BCP and BIA tracker
SWB NHST Group of Primary Care, Community and Therapies tracker
SWB NHST Group of Medicine and Emergency Care tracker

SWB NHST Group of Imaging and Pathology tracker
SWB NHST Group of Nursing and Therapies
SW NHST Estates tracker
SWB NHST Site Management Team tracker
SWB NHST Cancer Services tracker
SWB NHST Governance tracker
SWB NHST Workforce tracker
SWB NHST Elective Access tracker
SWB NHST Corporate Services tracker
SWB NHS Soft Facilities Management tracker
SWB NHST - Primary Care - GP Practices tracker

## 6. Incidents

6.1 SWB have had 1 declared Business Continuity incident since September 2024 to date. At MMUH we had an Intercom failure across several departments restricting access into various departments including maternity, all services on the second floor of MMUH.

## 7. Lessons learnt

7.1 SWB and all NHS and local authority organisation are required to share lessons identified through exercising or incidents in line with the Civil Contingency Act 2004. During an incident there is an agreed process place to evaluate the effectiveness of the response and the recovery and identify lessons. Hot and cold debriefs, action plans, audits and reports that will be adapted into the EPRR plans polices and Sops, alongside operational teams learning support the culture and behaviour of continual development and improvement. This is managed in the EPRR committee chaired by the AEO.

7.2 Two lessons identified, an action plan developed by the lead service and both actions on track to be closed and become Business as usual by 30.06.2025



## 8. Resources

8.1 SWB EPRR team consists of 1WTE Emergency Planning Officer, 0.6 WTE of a team General Manager managed by the Assistant Director of Operations and Resilience Management.

8.2 SWB and DGH EPRR teams have started to work together and together with the ICB. It is envisaged that both teams will benefit from the additional input from the ICB and the shared learning between all.

## 9. Recommendations

The Public Trust Board is asked to:

- a) **REVIEW and ACCEPT** our annual EPRR NHSE Core standards and the recovery plan for 2025/26 and the assurance for the recovery strategy in place.
- b) **ACCEPT** the EPRR Policy, Business continuity management System (BCSM) and Training and exercise plan.

Caroline Rennalls  
Assistant Director of Operations and Resilience Management

25<sup>th</sup> June2025

<b>REPORT TITLE:</b>	Early Performance Against 2025/26 Workforce Plan		
<b>SPONSORING EXECUTIVE:</b>	James Fleet, Group Chief People Officer		
<b>REPORT AUTHOR:</b>	James Fleet, Group Chief People Officer Simon Sheppard, Acting Chief Finance Officer Johanne Newens, Chief Operating Officer Melanie Roberts, Chief Nurse/Deputy Chief Executive Andy Harding, Associate Director of People Transformation and Optimisation		
<b>MEETING:</b>	Public Trust Board	<b>DATE:</b>	09/07/2025

<b>1. Suggested discussion points</b> <i>[two or three issues you consider the PublicTB should focus on in discussion]</i>
<p>This report summarises for the Board:</p> <ol style="list-style-type: none"> <li>1. The 2024/25 workforce exit position (context/background).</li> <li>2. The Trust's 2025/26 month 2 (*and indicative M3) workforce deployment (FTE) position, within the context of the 2025/26 workforce plan</li> <li>3. Progress in implementing key workforce efficiency and optimisation interventions</li> <li>4. The identified risks to delivering the 2025/26 workforce plan</li> <li>5. The action being taken to mitigate these risks and accelerate the pace and scale of delivery</li> <li>6. An update on key workforce performance metrics.</li> </ol>

2. Alignment to our Vision <i>[indicate with an 'X' which Strategic Objective[s] this paper supports]</i>					
OUR PATIENTS		OUR PEOPLE		OUR POPULATION	
To be good or outstanding in everything that we do	X	To cultivate and sustain happy, productive and engaged staff	X	To work seamlessly with our partners to improve lives	X

<b>3. Previous consideration</b> <i>[at which meeting[s] has this paper/matter been previously discussed?]</i>
None

<b>4. Recommendation(s)</b>
<p>The Public Trust Board is asked to:</p> <ol style="list-style-type: none"> <li><b>ASSURANCE:</b> Receive the report for assurance that there is robust monitoring of performance against the 2025/26 workforce plan.</li> <li><b>NOTE:</b> the M2 (*and indicative M3) performance against the 2025/26 workforce plan</li> <li><b>NOTE:</b> the identified risks to delivering the 25/26 workforce plan</li> <li><b>NOTE:</b> the actions in place to mitigate these risks and support delivery</li> </ol>

<b>5.</b>	<b>Impact</b> <i>[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]</i>						
Board Assurance Framework Risk 01	<input checked="" type="checkbox"/>	Deliver safe, high-quality care.					
Board Assurance Framework Risk 02	<input checked="" type="checkbox"/>	Make best strategic use of its resources					
Board Assurance Framework Risk 03	<input checked="" type="checkbox"/>	Deliver the MMUH benefits case					
Board Assurance Framework Risk 04	<input type="checkbox"/>	Recruit, retain, train, and develop an engaged and effective workforce					
Board Assurance Framework Risk 05	<input type="checkbox"/>	Deliver on its ambitions as an integrated care organisation					
Corporate Risk Register [Safeguard Risk Nos]	<input type="checkbox"/>						
Equality Impact Assessment	Is this required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If 'Y' date completed	
Quality Impact Assessment	Is this required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If 'Y' date completed	

# **SANDWELL AND WEST BIRMINGHAM NHS TRUST**

## **Report to the Public Trust Board on 09 July 2025**

### **Early Performance Against 2025/26 Workforce Plan**

#### **1. Workforce Deployment 2024/25**

- 1.1 Total workforce deployment increased by 390.8 FTE during 2024/25, resulting in a year-end position of 577 FTE above plan (520 FTE above budget). Whilst necessary to enable the opening of MMUH (e.g. safe-staffing, logistics), the MMUH substantive recruitment programme plus an increase in the deployment of bank capacity to support MMUH induction contributed to the over-deployment position in 2024/25. Non delivery of core parts of the 2024/25 financial improvement plan, both in-year and recurrently, also contributed to the 24/25 outturn position. Most clinical groups, particularly Medicine and Emergency Care, Primary Care and Therapies, and Surgical Services, saw sustained over-deployment and increased utilisation, contributing to an overall Trust overspend of £3.07m against the annual pay budget.
- 1.2 During 2024/25, a range of workforce transformation and system optimisation programmes were initiated. This included a Trust-wide rostering optimisation programme, encompassing the rollout and integration of key digital platforms such as e-Rostering, eJob Planning, eLeave, and Activity Manager, alongside the development of a unified suite of training resources covering both Rostering and GoodShape systems. In parallel, the GoodShape healthy attendance platform was successfully implemented. Given the transformational scale and scope of these interventions, the benefits were forecast to be realised during 2025/26.

#### **2. The 2025/26 Workforce Plan**

- 2.1 In March 2025, the Trust Board approved a stretching workforce plan for 25/26, which delivers a 718 FTE reduction (8.5%), i.e. an exit position of 7,693 FTEs in March 2026. Whilst markedly higher than any of the other Black Country Trust's (DGFT 5.1%, RWHT 3.4%, WHT 4.3%) SWB's planned workforce reductions reflect:
- 90% reduction in agency usage (116 FTE)
  - 75% reduction in bank usage (708 FTE)
  - 143 reduction in corporate services FTE's
  - 249 FTE gross/106 net FTE increase in substantive (clinical) staff
- 2.2 The principal enablers for delivering the Trust's 2025/26 workforce plan are as follows:
1. 1% reduction in sickness absence (80 FTE reduction)
  2. Optimisation of e-rostering, including the transacting of 'owed hrs'
  3. Implementation of a MARS scheme
  4. Voluntary/compulsory redundancies
  5. Enhanced 'grip & control' measures

6. Releasing clinical & non-clinical MMUH efficiencies
7. Corporate services FTE efficiencies.

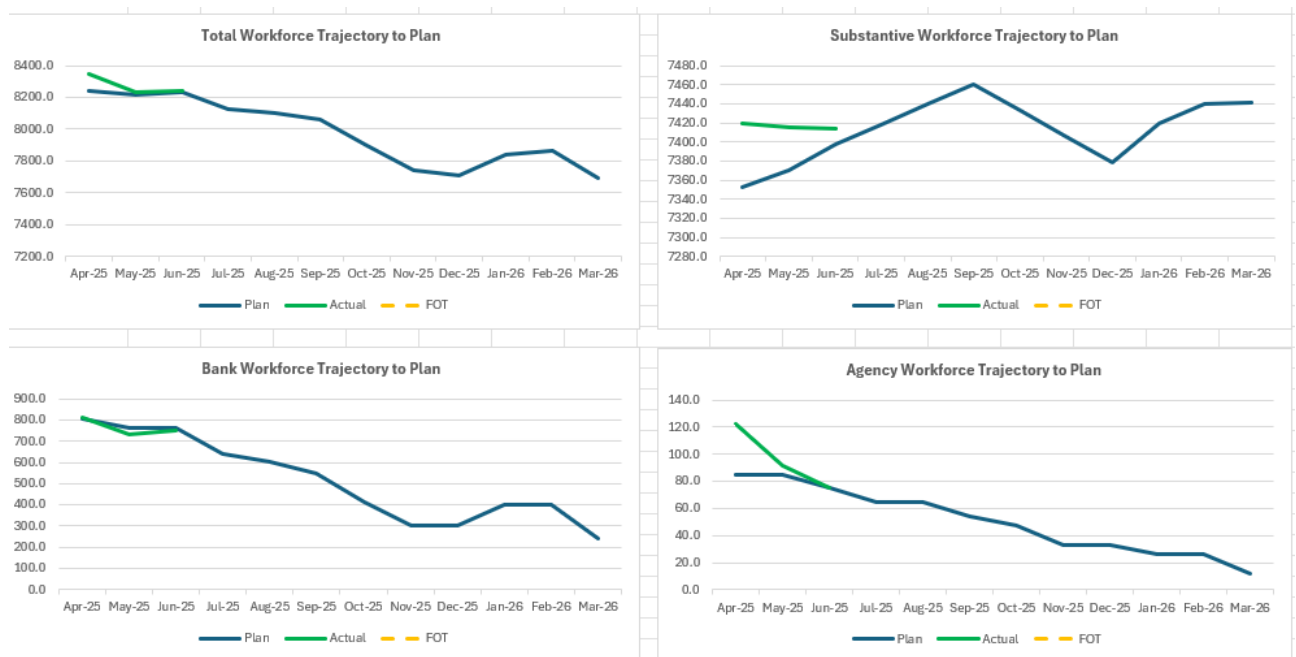
### **3. Leadership & Governance for Delivering the 25/26 Workforce Plan**

- 3.1 Whilst the Group Chief People Officer is the overall Senior Responsible Officer (SRO) for the 25/26 workforce efficiencies, these schemes impact across all parts of the Trust. There is a shared Executive responsibility for delivering the workforce plan, with key Executives assigned as Executive leads for delivery, as follows:
- Group workforce delivery – Johanne Newens, Chief Operating officer
  - Corporate workforce delivery – Simon Sheppard, Acting Chief Finance officer
  - E-rostering - Melanie Roberts, Chief Nurse (SWB)/Deputy CEO
  - Medical workforce efficiencies – Mark Anderson, Chief Medical Officer
- 3.2 A Weekly Executive Workforce CIP Delivery Assurance Group Chaired by the Group Chief People Officer is in place to oversee and track the delivery of the above workstreams.

### **4. Actual Workforce Deployment – April/May/\*indicative for June 2025**

- 4.1 Actual workforce deployment in the first 3 months of 2025/26 has reduced significantly, which reflects the impact of the workforce transformation and system optimisation programmes that were launched in 2024/25, as well as the implementation of a set of enhanced grip and control measures, including a 'vacancy freeze' for corporate posts.
- 4.2 In agreement with the ICB/NHSE, provider 2025/26 workforce plans utilised the month 10 (January 2025) deployed FTE's as the baseline position. SWB's month 10 position was 8,411 FTEs, of which 7,330 FTEs were contracted, 948 were bank and 133 were agency:
- As of April 2025, the Trust had reduced total FTE deployment by 61 FTEs compared to January 2025 and by 210 FTEs compared to March 2025.
  - As of May 2025, the Trust had reduced total FTE deployment by 174 FTEs compared to January 2025 and by 324 FTEs compared to March 2025.
  - As of June 2025 (\*indicative values), the Trust has reduced total workforce FTE deployment by 171 FTEs compared to January 2025 and by 321 FTEs compared to March 2025.
- 4.3 Between January and May 2025, there has been a net increase in the substantive workforce of 86 FTEs (chart below illustrates the April to June position). The indicative data for June shows a net increase in the substantive workforce of 84FTE (inclusive of the April/May FTE's, i.e. 86 FTEs). For the purposes of Board member reference, the 25/26 workforce plan incorporates a gross increase (recruitment) of 249 FTEs and a net increase of 106 FTEs.

- 4.4 Between January and May bank usage reduced by 219 FTEs, representing approximately 31% of the total planned bank reduction by March 2026 (chart below illustrates the April to June position). The indicative data for June represents a 199 FTE reduction (28%) in bank usage between January and June (\*note that the increased bank usage in June compared to May, 20 FTEs, principally relates to the fact that there were 2 bank holidays in May where bank usage is typically lower).
- 4.5 Between January and May agency usage reduced by 41 FTEs (chart below illustrates the April to June position), which equates to approximately 34% of the total planned agency reduction by March 2026. The indicative data for June highlights a further reduction in agency usage from 41 FTEs to 57 FTEs (47%).
- 4.6 The charts below highlight the actual performance against the workforce plan during the first 3 months of 2025/26, across substantive, bank and agency deployment.



- 4.7 The Trust deployed fewer FTEs in May 2025 (8,237 FTEs) than in any other month during the previous 12 months.
- 4.8 As the table below highlights the Trust's adverse performance against plan has continued to reduce between April 2025 and May 2025 and indicatively for June. In April 2025 the deployed FTEs were 111 FTEs adverse to plan (Substantive: 70 adverse, Bank: 4 adverse, Agency: 37 adverse), this reduced to 16 FTEs adverse to plan in May (Substantive: 45 adverse, Bank: -35 i.e. better than plan, Agency: 6 adverse) and indicatively the June data shows a further improvement resulting in the Trust being 2 FTE's adverse to plan in June (Substantive: 16 adverse, Bank: -15 i.e. better than plan, Agency: 1 adverse).
- 4.9 There has been consistent delivery of the Trust's planned reduction in temporary staffing over the first 3 months of 2025/26.

### Plan Numbers Jan-25 to Jun-25

Plan	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Movement
	Total FTE	Total FTE	Total FTE	Total FTE	Total FTE	Total FTE	Total FTE
Total	7,999.0	7,995.5	7,983.0	8243.28	8220.21	8237.53	(238.5)
Contracted	7,212.0	7,212.0	7,212.0	7353.17	7370.96	7398.33	(186.3)
Bank	720.0	720.0	711.0	805.07	764.21	764.21	(44.2)
Agency	67.0	63.5	60.0	85.04	85.04	74.99	(8.0)

### Actual Numbers Jan-25 to Jun-25

Actuals	M10	M11	M12	M01	M02	M03	Actuals
	Total FTE	Total FTE	Total FTE	Total FTE	Total FTE	Total FTE	Movement
Total	8,411.4	8,481.6	8,560.6	8356.85	8237.08	8239.73	171.7
Contracted	7,330.3	7,336.9	7,382.0	7425.45	7416.00	7414.43	(84.1)
Bank	948.3	1,014.1	1,065.3	808.91	729.56	749.68	198.6
Agency	132.8	130.6	113.4	122.49	91.52	75.62	57.2

- 4.10 The improvement through the first 3 months of 25/26 reflects the impact of the enhanced 'grip & control' measures, as well as the early benefits from the work to optimise e-rostering for nursing, particularly the transacting of 'owed hrs' which is now evident across most inpatient areas and reductions in sickness absence. However, delivery of the 2025/26 workforce plan exit position for March 2026 (7,693) will require delivery of the wider components of the workforce CIP programme, in particular the delivery of the Group level plans and the corporate services workforce efficiency plans.

## 5. Enhanced 'Grip & Control' Measures:

- 5.1 A strengthened suite of grip and control measures is in place (focusing on efficiency, compliance and cost control), including:
- A corporate vacancy freeze
  - Enhanced vacancy control process
  - Regular oversight through monthly 'Confirm & Challenge' sessions with all Clinical Groups, chaired by the Group CEO
  - Reporting to weekly Executive team meetings
  - Financial Improvement Group (takes place twice monthly) Chaired by the Group CEO
  - Weekly nurse leadership workforce and rostering reviews
  - Monthly job planning group oversight group
  - Reporting to Finance & Productivity Committee and People Committee.

## 6. Workforce Efficiencies & Optimisation:

- 6.1 Progress has been made across key workforce efficiency and optimisation workstreams, including:

- E-rostering:  
As reported to the June People Committee, there has been strong progress in the work programme to optimise e-Rostering, including having started to transact 'owed hrs' in inpatient nursing areas. There is a commitment to transact the majority of the validated 'owed hrs' by end of March 2026, this work is being led by the Chief Nurse/Deputy CEO. The Chief Nurse/Deputy CEO and nurse leaders are also working with OceansBlue to enhance reporting through its console functionality, allowing cross-checking of owed hours with actual shift activity, therefore increasing accountability and supporting efforts to further accelerate the transacting of 'owed hrs'. Ongoing focus via the weekly rostering group will continue to ensure sustained momentum.
- Sickness management (GoodShape):  
As reported to the June People Committee, the Trust now has circa 70% of all staff registered onto Goodshape, with 76% of all absence being reported through Goodshape and therefore real-time visibility of management effectiveness in this key area. There is a monthly focus on addressing all outstanding management actions, as highlighted through the Goodshape system, led by the Chief People Officer and Chief Operating Officer. This information is being used in all Group Check and Challenge sessions to further reduce sickness absence levels.

## 7. Corporate Services Workforce Efficiencies

- 7.1 SWB has established a robust corporate services efficiency plan, which covers all corporate services. Each corporate executive has submitted plans to achieve the target 140 FTE reductions by the end of 2025/26, with implementation from Q3. The Acting Chief Finance Officer is the Executive Lead for this scheme.
- 7.2 The Table below highlights the latest position – the target in the table below also includes the 2024/25 recurrent requirement.

Corporate Directorate	Target WTE	Mar-26 WTE	Variance WTE
Group Chief Development Officer	80.70	80.75	0.05
Group Chief People Officer	15.22	15.97	0.75
Chief Executive Officer	8.63	8.63	0.00
Chief Operating Officer	23.74	15.74	(8.00)
Chief Nursing Officer	20.48	12.35	(8.13)
Chief Medical Officer	26.13	12.00	(14.13)
Group Chief Strategy & Digital Officer	22.74	18.40	(4.34)
Chief Finance Officer	20.83	20.90	0.07
<b>Total</b>	<b>218.47</b>	<b>184.74</b>	<b>(33.73)</b>

- 7.3 Of the posts identified to date these can be summarised across 4 main categories; removal of vacancies; review of the MMUH service; MARS and those requiring a change to the service provision.



The delay in the launch of the national Voluntary Redundancy (VR) Scheme, originally anticipated to be 1<sup>st</sup> April 2025, represents a risk to the original timelines for implementing the corporate services FTE reductions where redundancies are required. A full timetable and plan to implement the 'management of change' process for all corporate services has been developed and will be implemented during July 2025.

## 8. Group Workforce Trajectories

- 8.1 The overall Group FTE reduction requirement by March 26 is 574 FTEs and the corporate reduction is 143 FTE's.
- 8.2 Work to develop robust workforce reduction trajectories for all Groups and Corporate areas continues to be advanced. Johanne Newens, Chief Operating Officer, is the Executive lead for this work. At the end of June 2025, based on the current workforce trajectories, there is a Trust level gap of 139 FTEs against the 25/26 plan requirements. The Groups have gap of 146 FTE's, whilst corporate services are planning to overachieve their target of 143 by 7 FTE's.
- 8.3 The current gap between the Group workforce trajectories and the target March 2026 position is 146 which represents a gap of 25%. Medicine and Emergency Care (MEC), are currently forecast to exit March 2025/26 by circa 135 FTE adverse to plan, therefore MEC represents 92% of the total Group workforce CIP gap as at end of June. The other Clinical Groups have produced workforce trajectories which move close to closing their delivery gap versus their allocation of the 25/26 workforce plan (see most current trajectories below). However, the Board should be advised that a number of the trajectories remain 'back loaded' in terms of their delivery phasing (i.e. Surgery and PCCT) which represents increased risk to delivery.
- 8.4 Unless mitigated, the current gap of 139 FTE's reduces the Trust's workforce CIP from c8.5% to 6.8%. The financial impact of this gap, as well as likely phasing risks associated with MARS and Management of Change, drives a £9.5m financial pressure (risk).

MEC - Workforce Trajectory												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Plan	2,013	2,004	2,011	1,966	1,957	1,941	1,873	1,810	1,799	1,852	1,861	1,791
Act / FOT WTE	2,093	2,032	2,045	2,011	1,995	1,983	1,980	1,980	1,980	1,926	1,926	1,926
Gap	-80	-28	-34	-45	-38	-42	-107	-170	-181	-74	-65	-135

PCCT - Workforce Trajectory												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Plan	1,496	1,492	1,495	1,478	1,475	1,469	1,443	1,419	1,415	1,435	1,438	1,412
Act / FOT WTE	1,479	1,469	1,472	1,480	1,476	1,472	1,468	1,465	1,461	1,449	1,445	1,414
Gap	17	23	23	-2	-2	-4	-26	-46	-46	-14	-7	-2

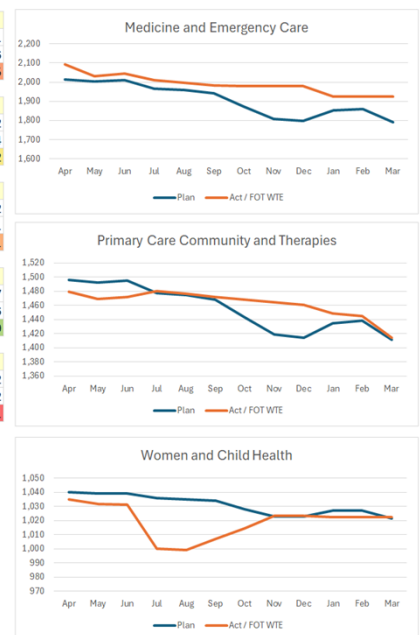
Imaging - Workforce Trajectory												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Plan	361	360	361	357	356	355	349	343	342	347	348	342
Act / FOT WTE	356	355	360	346	348	346	346	344	344	344	341	341
Gap	4	5	0	11	8	9	3	-1	-2	3	7	1

Surgical Services - Workforce Trajectory												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Plan	1,511	1,507	1,510	1,491	1,487	1,480	1,452	1,425	1,420	1,443	1,446	1,417
Act / FOT WTE	1,535	1,535	1,514	1,532	1,532	1,522	1,509	1,501	1,496	1,466	1,431	1,426
Gap	-25	-28	-4	-41	-44	-41	-57	-76	-76	-23	15	-9

WCH - Workforce Trajectory												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Plan	1,040	1,039	1,039	1,036	1,035	1,034	1,028	1,023	1,023	1,027	1,027	1,022
Act / FOT WTE	1,035	1,032	1,031	1,000	999	1,007	1,015	1,023	1,023	1,022	1,022	1,022
Gap	5	7	8	36	36	27	13	0	0	5	5	-1



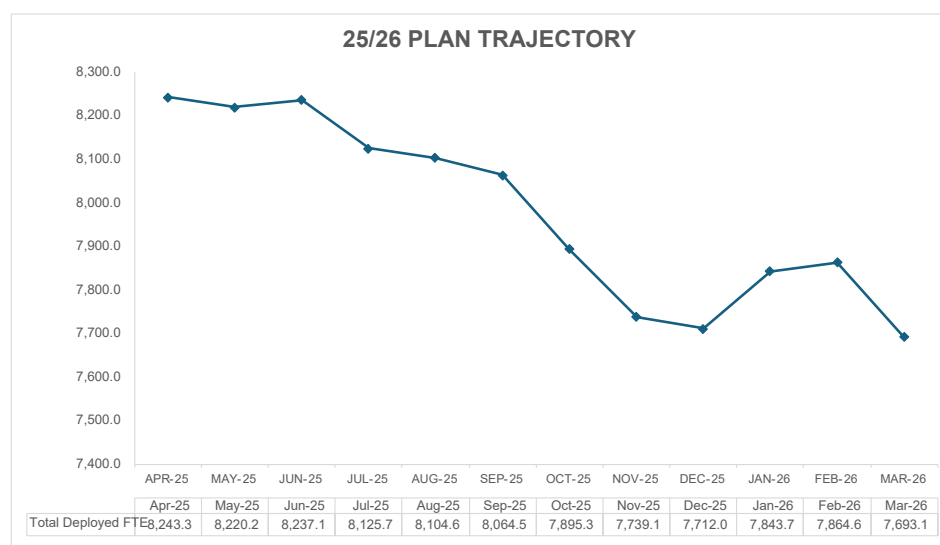
## 9. Mutually Agree Resignation Scheme (MARS):

- 9.1 In collaboration with The Dudley Group NHS Foundation Trust (DGFT), The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust, SWB has submitted an application to NHS England to implement a MARS (ref AfC s20.5), to be launched in July 2025. The MARS scheme will support the Trust's overall workforce efficiency programme, principally through creating job vacancies that can be filled by redeployment of staff from other jobs or as a suitable alternative to mitigate redundancies. MARS also provides greater flexibility to NHS organisations in managing cost reductions (ref NHS Employers).

## 10. Risks to delivering the 2025/26 workforce plan

- 10.1 Given the scale of SWB's planned 2025/26 workforce efficiencies the Board is advised that there are some key risks to delivery, these are:

1. Much of the improvement in months 1 and 2 has been delivered through non-recurrent means, particularly holding vacancies and the cessation of bank and agency capacity.
2. The phasing of the 25/26 plan becomes more challenging from M4 (July) onwards (see table below):



3. There is no guarantee that the MARS will deliver the target benefit, either due to a lower level of applications than required and/or less applications being approved than required (i.e. there is currently an assumption of 134 MARS across the Group and Corporate services workforce plan trajectories). There is an associated risk relating to funding the in-year costs of MARS, this has been considered at the June Finance & Performance Committee (this risk also relates to VR – see below), with additional steps being included into the authorisation process to mitigate.

It appears increasingly unlikely the NHSE will permit exit costs (MARS/VR) to be dealt with as 'allowable costs'.

4. There is a high risk of slippage on the timelines associated with the management of change process that is required to implement key parts of the 25/26 plan, including corporate services FTE reductions.
5. Lack of capacity to implement the scale of management of change (MoC) required to deliver the 2025/26 workforce efficiencies, particularly within the Workforce Team. There is also likely to be a requirement to increase trade union facilities time to support the necessary MoC programme.
6. There is currently no firm timeline for release of the anticipated national VR scheme (the VR scheme is still with the treasury), which had originally been expected for April 2025.
7. There is currently a gap of 146 FTE's in the Group level trajectories. Whilst the Groups are actively working to reduce this gap in line with the 25/26 plan requirements, there is a risk that this gap cannot be fully closed.
8. All workforce reduction schemes are subject to Quality Impact Assessment (QIA) via panel which reports to Quality Committee. There is a risk that the QIA process reduces the scale of the schemes being proposed depending on the adverse risks within the schemes presented and whether these risks can be positively managed.

#### **11. Actions to Mitigate the Risks to Delivering the 25/26 Workforce Plan**

1. Fully embedding the enhanced 'grip & control' measures.
2. Timely implementation of corporate workforce efficiencies, subject to requirements for management of change/VR.
3. Increase workforce team capacity, on a short-term/fixed/project term basis, to implement the MoC process in the most timely and effective way. Similarly increase trade union facilities time/capacity to support the MoC.
4. Stress test and finalise the Group workforce trajectories
5. Accelerate QIA's for all Group workforce efficiency schemes during July 25
6. Fast-track pipeline schemes, for development, QIA and implementation
7. Optimise the MARS
8. Implement VR as quickly as possible, following launch of the national scheme (noting the funding risk as highlighted above).
9. Develop mitigating measures for Executive/Board review and approval

10. Wider roll-out of workforce optimisation interventions, i.e. e-rostering for other clinical staff groups (i.e. AHPs, Clinical Scientists).

11. A number of wider non-pay CIP plan mitigations are presented in a paper to the Private Board.

11. In summary, while the Trust has made demonstrable progress in reducing workforce deployment in the early part of 2025/26, these improvements are principally non-recurrent and there are some key risks to delivery, particularly relating to the MEC plans, as well as the timescales for 'management of change', MARS and VR. Delivery of the 7,693 FTE March 2026 target will require sustained efforts and pace across the Groups and Corporate areas to finalise the range of workforce efficiency/cost reduction schemes that are currently in development to close the existing gap.

## **12. People Metrics**

12.1 As reported regularly to the People Committee, the standard people metrics show improving trends in retention, training compliance, and sickness absence, although recruitment (time-to-hire) and turnover will require continued monitoring to avoid a deterioration in performance. However, further focus with the Group leadership teams is required to ensure that recent gains are consolidated and translated into permanent/recurrent workforce efficiencies.

12.3 The Board is asked to note both the progress and outstanding risks to delivering the 25/26 workforce plan and the actions underway to accelerate momentum and mitigate the identified delivery risks.

## **13. Recommendations**

13.1 The Public Board is asked to:

- A. **RECEIVE** this report for assurance that there is robust monitoring of performance against the 2025/26 workforce plan
- B. **NOTE:** the M2 (\*and indicative M3) performance against the 2025/26 workforce plan
- C. **NOTE:** the identified risks to delivering the 25/26 workforce plan
- D. **NOTE:** the actions in place to mitigate these risks and support delivery

**James Fleet**  
**Group Chief People Officer**  
**30<sup>th</sup> June 2025**

<b>REPORT TITLE:</b>	New Joint Board Committee's Report		
<b>SPONSORING EXECUTIVE:</b>	Kam Dhami, Chief Governance Officer		
<b>REPORT AUTHOR:</b>	Dan Conway, Associate Director of Corporate Governance/Company Secretary		
<b>MEETING:</b>	Public Trust Board	<b>DATE:</b>	09/07/2025

<b>1. Suggested discussion points</b> <i>[two or three issues you consider the PublicTB should focus on in discussion]</i>
<p>Following review by both Trust Boards in May 2025, the draft Terms of Reference (ToR) for the Joint Infrastructure Committee were formally endorsed at the committee meeting held on 30 May 2025.</p> <p>The Board is now asked to approve the Joint Infrastructure Committee Terms of Reference (Appendix 1), noting that further refinements may be made following the upcoming Infrastructure Committee workshop in July 2025.</p> <p>The establishment of this Committee demonstrates the Trust's commitment to enhanced oversight and strategic leadership across key domains, including estates, facilities, sustainability, digital infrastructure, and capital planning.</p> <p>The ToR clearly define the Committee's purpose, scope, responsibilities, and reporting arrangements, and have been developed in alignment with the Group's governance framework.</p> <p>Both Trusts have expressed interest in exploring the formation of additional joint committees in the future, as part of ongoing efforts to strengthen collaboration and shared governance.</p>

2. Alignment to our Vision [indicate with an 'X' which Strategic Objective[s] this paper supports]					
OUR PATIENTS		OUR PEOPLE		OUR POPULATION	
To be good or outstanding in everything that we do	X	To cultivate and sustain happy, productive and engaged staff	X	To work seamlessly with our partners to improve lives	X

<b>3. Previous consideration</b> <i>[at which meeting[s] has this paper/matter been previously discussed?]</i>
None

<b>4. Recommendation(s)</b>
The Public Trust Board is asked to:
a. <b>APPROVE</b> the Joint Infrastructure Committee Terms of Reference
b.
c.

<b>5.</b>	<b>Impact</b> <i>[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]</i>						
Board Assurance Framework Risk 01		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]							
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	

## **Board**

### **Joint Infrastructure Committee**

#### **Terms of Reference**

- Reference to “the Committee” shall mean the Infrastructure Committee
- Reference to “the Trusts” shall mean The Dudley Group NHS Foundation Trust and Sandwell and West Birmingham NHS Trust
- Reference to “the Boards” shall mean the Trust Boards of the above-mentioned organisations
- Reference to “the infrastructure” shall mean digital, data and technology, estates and facilities management strategies and assets for both Trusts

#### **1. Constitution**

- 1.1 The Dudley Group NHS Foundation Trust and Sandwell and West Birmingham NHS Trust hereby resolve to establish a joint Committee of their respective Boards to be known as the Infrastructure Committee. The Committee has the executive powers, delegated in these Terms of Reference. The Terms of Reference can only be amended with the approval of both Boards.

#### **2. Authority**

- 2.1 The Committee is invested with the delegated authority to act on behalf of Boards. The limit of such delegated authority is restricted to the areas outlined in the duties of the Committee contained within these Terms of Reference and subject to the rules on reporting, as defined below.
- 2.2 The Committee is authorised to investigate any activity within its Terms of Reference, and to seek any information it requires from staff, who are requested to co-operate with the Committee in the conduct of its inquiries.
- 2.3 The Committee is authorised by the Boards to obtain independent legal and professional advice and to secure the attendance of external personnel with relevant experience and expertise, should it consider this necessary. All such advice is to be arranged in consultation with the Trust Secretary.

#### **3. Purpose**

- 3.1 The purpose of the Committee is to oversee the development of digital, estate and sustainability plans inclusive of the regenerative opportunities with partners that significantly improve customer and staff experience and rationalise the Trusts’ estate, whilst improving efficiency and saving money.
- 3.2 In overseeing the development of plans, the Committee will seek assurance that they align with the national shifts\* in healthcare that are part of the government's 10-Year Health Plan, aimed at modernising the NHS and meeting the needs of a changing population.

*\*Moving care from hospitals to communities, embracing digital technology, and shifting from treating illness to preventing it.*

- 3.3 The Committee will provide oversight of, and assurance, to the Boards on aspects of the respective Trusts' infrastructure supporting the provision of high quality, patient-centred care.
- 3.4 The Committee will support the Boards by obtaining objective assurance that:
- a. The digital, data and technology, estate and facilities management (i.e. the infrastructure) for both Trusts, enable the provision of outstanding care for patients.
  - b. Processes for the management and delivery of the infrastructure across the Trusts are robust and effective in supporting the organisation to deliver its strategic objectives.
  - c. Structures to support the governance of the infrastructure operate effectively and action is taken to address areas of concern.
  - d. Risks relating to the infrastructure, as contained in the Board Assurance Frameworks and Corporate Risk Registers, are being managed and that action taken will result in the intended outcomes.
  - e. Effective and active stakeholder engagement is in place to optimise regenerative and investment opportunities.
  - f. All major investment cases demonstrate delivery of a benefits case.
  - g. There is an effective communication and engagement plan supporting the plans.
- 3.5 The Committee will alert the Boards where assurance cannot be given, or further work or consideration is recommended.
- 3.6 The Committee will advise the Boards on matters within these Terms of Reference.

#### **4. Duties**

The duties of the Committee are as follows:

- 4.1 At the time of establishment of the Committee, receive a baseline assessment of estates, facilities management, sustainability, digital, data and technology.
- 4.2 Provide oversight and assurance on the development and delivery of plans relating to estates and facilities management, sustainability, digital, data and technology which support the Trusts' plans and operational requirements.
- 4.3 Receive reports relating to the creation and delivery of infrastructure plans, aligned to Trusts' strategies, to provide assurance that the Trusts have an adequate infrastructure with the necessary plans and resources to meet the present and future needs of patients and staff.
- 4.4 Ensure alignment with the Black Country and Birmingham and Solihull Integrated Care Systems' plans for infrastructure and sustainability, including progress towards net zero.



- 4.5 Review long-term capital planning for new facilities, systems and equipment, upgrades, and maintenance.
- 4.6 Receive assurance that adequate resources (staff, technology, funding) are allocated to support the Trusts' infrastructure need.
- 4.7 Receive reports and track progress made in realising the expected benefits from estates and digital investments made by the Trusts.
- 4.8 Have oversight of independent internal and external reviews and audits of the infrastructure through the receipt of progress reports and oversee the post-review and audit implementation plans and impact.
- 4.9 Have oversight of premises risks, including those arising from health and safety matters, private finance initiative (PFI) compliance and remediation of passive fire protection issues within the estate; PFI managed or by direct management.
- 4.10 Provide assurance to the Boards that:
  - a. Legal and regulatory requirements relating to digital, data and technology, estates and facilities management are met.
  - b. The Trusts are meeting their obligations relating to nationally mandated standards for the delivery of digital, data and technology, and the management of estates and facilities.
  - c. Group level estates solutions which provide the opportunity to deliver improvements at pace and scale, leveraging and harnessing collaborative resources and efforts across DGFT and SWB, are identified and sequenced to meet the strategic objective priorities; this includes
  - d. Removal of RAAC (Trinity House, Rowley and Russells Hall) with significant decant required to maintain full-service portfolio
  - e. Oversee the development of NHS Local Improvement Finance Trust (LIFT) opportunities, such as Ridge Hill Stourbridge, to establish community-based services such as stroke rehabilitation, community outpatients and step-down facilities, which promote better care for the Black Country population.
  - f. The master plan for development of the City Health Campus, inclusive of:
    - The development of the City Health Campus, including future right sizing of the Birmingham Midlands Eye Centre
    - Business case for mixed residential/commercial development and associated revenue opportunities
  - g. Master plan for the development of the Sandwell Health Campus, inclusive of:
    - Service reconfiguration to optimise use of space and asset
    - Establishment of a high performing elective hub
    - Potential future development of a diagnostic community hub
    - Business case to release land asset and associated revenue opportunities
  - h. Processes are in place to understand and utilise digital, data and technology, estates and facilities management.

- i. Operational IT infrastructure risk, including cyber security, is appropriately and effectively managed.
- j. Estates, digital and sustainability plans enable delivery of the Trusts strategic objectives for patient, people and population/ place, inclusive of wider stakeholder engagement.
- k. Benefits are identified and delivered against all major investment cases.
- l. The associated communications plans for infrastructure are insight led and measurable.

4.11 Provide assurance to the Boards regarding the content of:

- a. Digital Plans (including Maturity Assessment and associated action plan).
- b. The digital International Organisation for Standardisation (ISO) accreditations and associated action plans.
- c. Cybersecurity and Cyber-resilience.
- d. Data Security and Protection Toolkit.
- e. IT Operations service performance reporting and quality improvement plans.
- f. Data and Analytics performance reporting and quality improvement plans.
- g. Oversight of delivery plans which support the Trust strategy / annual plan.
- h. Premises Assurance Model.

4.12 Receive reports as follows.

- a. Data Protection Officers
- b. Estates Operations and Compliance Group
- c. Digital Steering Group
- d. Data Quality Group
- e. Sustainability and Green Plan Groups
- f. Digital, Data and Technology SLT
- g. From Executive Directors

4.13 Consider the control and mitigation of infrastructure related risks, and review and provide assurance to the Boards on those elements of the Strategy identified as the responsibility of the Committee (digital, data and technology, estates and facilities management), seeking where necessary further action and / or assurance to control and mitigate. This review should be upwardly reported to the Boards.

4.14 Report any areas of significant concern to the respective Audit Committees or Boards as appropriate.

4.15 Recommend changes to the Board Assurance Frameworks relating to emerging risks and existing entries within its remit for the executive to consider.

4.16 Give due consideration to equality, diversity, and inclusion in carrying out its duties.

4.17 Maintain oversight of the respective Trust policies within the scope of the Committee.

## **5. Membership**

5.1 Members of the Committee shall be appointed by, and may be removed by, the Boards.

5.2 The Committee shall be made up of at least nine members drawn from the Boards, comprising a minimum of five Non-executive Directors and four members of the Executive teams, including the Group Chief Strategy and Digital Officer, Group Chief Development Officer and Chief Finance Officers. Non-executive Director members shall be greater than the number of Executive Director members.

5.3 One of the Non-executive Director members will be appointed by the Trust as the Chair of the Committee across the two Trusts.

5.4 The following roles holders from each organisation will be regular attendees at the Committee meeting, or in their absence a suitable deputy:

- Director of Estates
- Operational Chief Information Officer
- Director of Digital / IT / Operational IT
- Digital Strategy Director
- Chief Operating Officer
- Group Chief People Officer
- Chief Nursing Officer/Chief Medical Officer (Rotational)
- Group Director of Primary Care, Community and Therapies.
- Senior Information Risk Owner
- Trust Data Protection Officer

5.5 In the absence of the Committee Chair, the remaining members present shall elect one of the Non-Executive Director members present to chair the meeting.

5.6 Other individuals may be invited to attend and assist the Committee from time to time in relation to specific items of business.

5.7 The Group Chief Development Officer and Group Chief Strategy and Digital Officer shall act as the joint executive leads for the Committee.

5.8 Board members from each Trust shall be permitted to attend or receive meeting minutes.

## **6. Frequency**

6.1 Meetings shall be held no fewer than six times per year and at such other times as the Chair of the Committee shall require.

6.2 The Chair can cancel and/or reschedule meetings if required.

## **7. Quorum**

- 7.1 The Committee shall be deemed quorate if there is representation of a minimum of five members, at least three of whom shall be Non-executive Directors representing both Trusts (the Chair of the Committee may be counted as a Non-executive Director for quorum purposes).
- 7.2 A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers, and duties vested in or exercised by the Committee.
- 8. Agendas and Reporting**
- 8.1 Meetings of Committee shall be called by the Trust Secretary at the request of the Chair of the Committee.
- 8.2 Agendas and briefing papers will be prepared and circulated in sufficient time, at least five working days in advance, for Committee Members to give them due consideration.
- 8.3 Minutes and actions of Committee meetings to be formally recorded and distributed to the Committee Chair within 10 working days of the meetings.
- 8.4 The Committee shall report to each Board meeting held in public, through the Deputy Chairs' Integrated Board Committees Assurance Report, to:
- 8.4.1 Advise, alert, and assure the Boards of any matters pertaining to the business of the Committee; and
- 8.4.2 notify the Boards should any irregularity be identified.
- 8.5 The Committee shall report to the Council of Governors (for DGFT) via the Chairs' report on matters pertaining to the business of the Committee as deemed necessary.
- 8.6 An annual report from the Committee to the Boards to be produced to demonstrate the Committee's discharge of its duties.
- 8.7 The Chair of the Committee shall attend the Annual General Meetings / Annual Members Meetings of the Boards prepared to respond to any member's questions on the Committee's activities.
- 9. Other Matters**
- 9.1 The Committee shall be supported administratively by a Trust Secretary, or their nominee, whose duties in this respect will include:
- 9.1.1 Agreement of agenda with Chair of the Committee and attendees and collation and circulation of papers.
- 9.1.2 Arranging for taking the minutes and keeping a record of matters arising and issues / actions to be carried forward.

9.1.3 Advising the Committee on pertinent areas; and

9.1.4 Arranging for the Committee to receive independent legal and professional advice, if required.

**10. Conduct of Business**

10.1 The conduct of business will conform to guidance set out in the Boards' Standing Orders, unless alternative arrangements are defined in these Terms of Reference.

10.2 The Committee's performance will be reviewed annually and reported to the Trusts' Audit Committee and the Board.

**11. Declaration of Interests**

11.1 All members must declare any actual or potential conflicts of interest in advance. These must be recorded in the minutes. Members must exclude themselves from any part of the meeting where a potential or actual conflict of interest may occur.

**12. Review and Approval**

12.1 The Terms of Reference are to be reviewed by the Committee and approved by the respective Boards at least annually.

**Date of Approval:**

The Dudley Group NHS Foundation Trust Board of Directors:	
Sandwell and West Birmingham NHS Trust Board:	